



Beaumont Hospital
Annual Report
2018



Mission Statement:

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



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Beaumont Hospital Board members - Meeting attendance

Figure 1

Name	Nominated by	Term of office	Board Meetings attended in 2018	
			No. of meetings in 2018	No. of meetings attended 2018
Mr Enda Connolly, Chair	Minister for Health	29.06.17 - 29.06.20	10	9
Dr Tom Houlihan	ICGP	17.02.17 - 16.02.20	10	6
Professor Kate Irving	Dublin City University	17.02.17 - 16.02.20	10	9
Professor Conor C Murphy	RCSI	30.09.16 - 16.12.19	10	8
Mr Adrian Henchy	Minister for Health	09.04.17 - 08.04.20	10	8
Mr David Madigan	Minister for Health	29.06.17 - 29.06.20	10	9
Mr Gerry Murray	Minister for Health	29.06.17 - 29.06.20	10	9
Mr Henry McGarvey	Minister for Health	29.06.17 - 29.06.20	10	8
Ms Gillian Harford	Minister for Health	29.06.17 - 29.06.20	10	9
Ms Caitriona Sharkey	Minister for Health	29.06.17 - 29.06.20	10	8





Executive Management Group

Corporate Team

Ian Carter, Chief Executive

Valerie Caffrey, Chief Operations Officer - appointed 21.12.18

Karen Greene, Director of Nursing

Mark Graham, Director of ICT

Fiona Edwards, Head of General Services

Pauline Ackermann, Head of Clinical Services

Peter O'Donovan, Head of Facilities Management

Anne McNeely, Deputy CEO, Head of Organisational Development

Mary Farrelly, Director of Finance - replaced by Adam O'Hare 21.09.18

Patricia Owens, HR Director - replaced by David Sweeney 11.06.18

Clinical Directors

Mags Bourke, Clinical Director, Anaesthetics / Critical Care Directorate

Peter Conlon, Lead Clinical Director

Patricia Houlihan, Clinical Director, Emergency Department

Mohsen Javadpour, Clinical Director, Neurocent Directorate
- replaced by Mr Stephen MacNally 13.11.18

Dilly Little, Clinical Director, TUN Directorate

Seamus Looby, Clinical Director, Radiology Directorate

Daragh Moneley, Clinical Director, Surgical Directorate

Conall O'Seaghdha, Clinical Director, TUN Directorate

Edmond Smyth, Chair of Clinical Governance - replaced by John Caird 28.02.18

Chris Thompson, Clinical Director, Medical Directorate

Patrick Thornton, Clinical Director, Laboratory Director





Bank

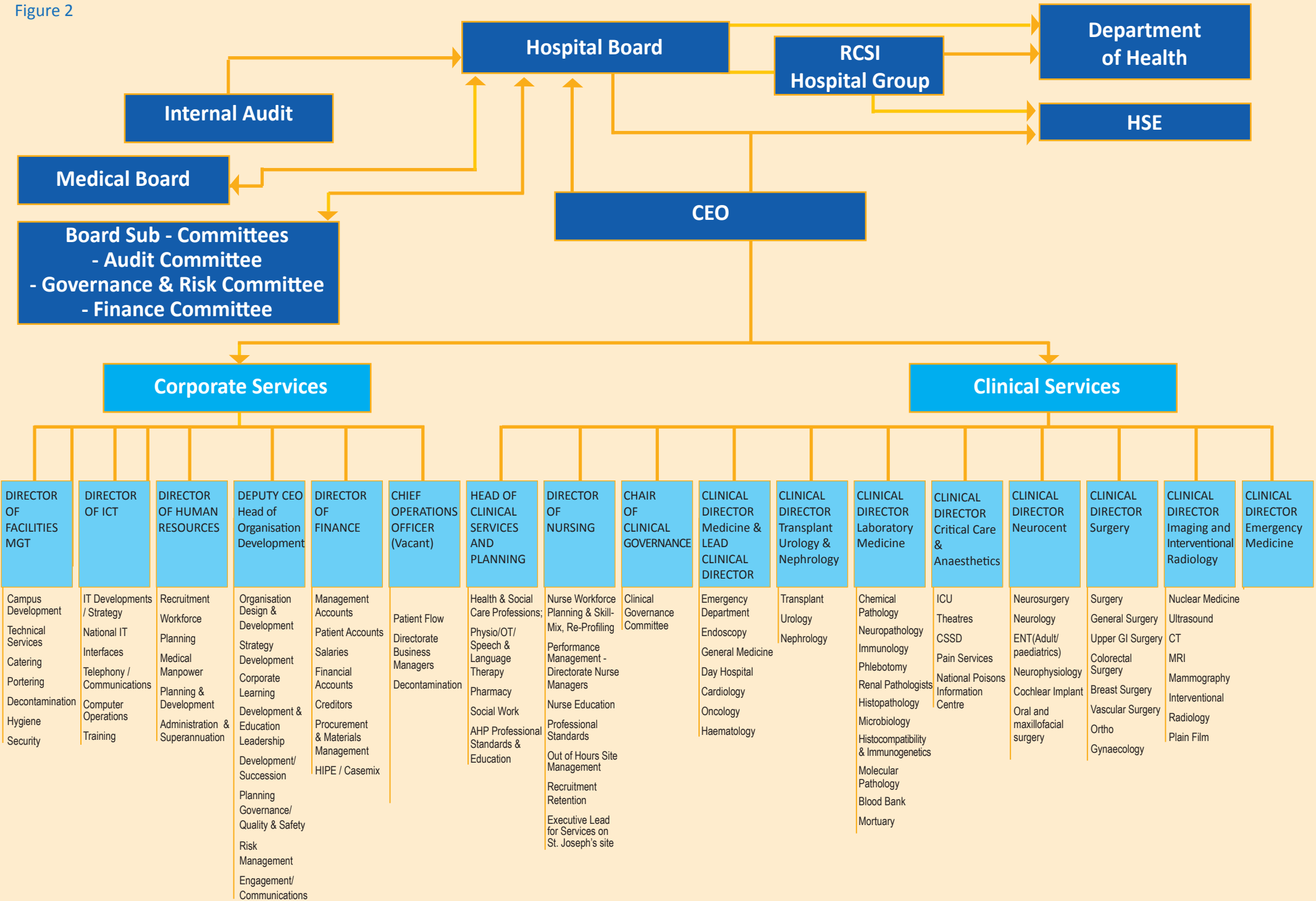
Bank of Ireland,
19 Main Street,
Swords,
Co Dublin,
Ireland

Legal Advisors

Byrne Wallace
88 Harcourt Street,
Dublin 2



Figure 2



Consultant Staff

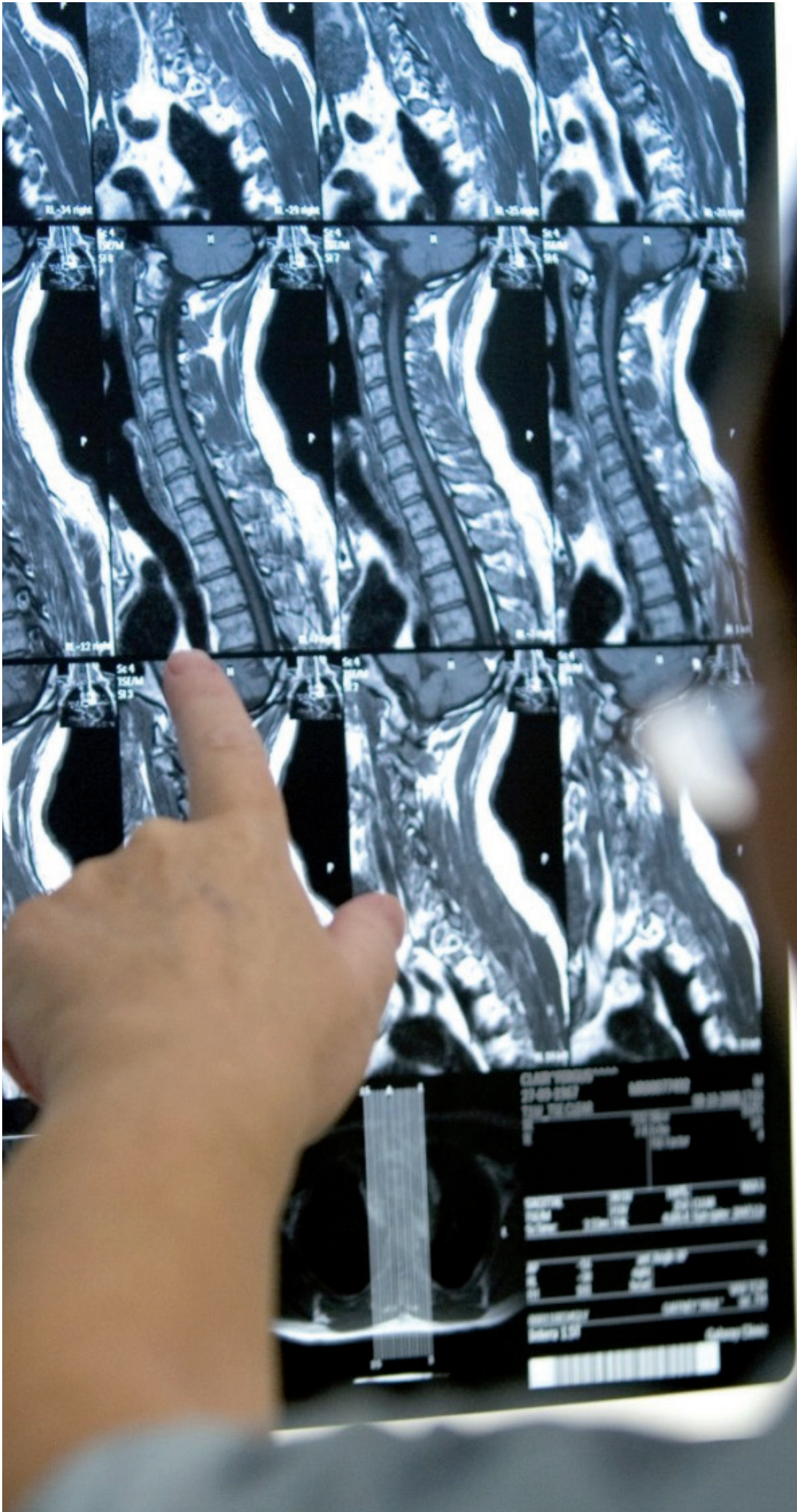
Agha	Amar	Consultant Endocrinologist
Ahmad Nizam	Adriana	Consultant Anaesthetist
Ahmareen	Oneza	Consultant Paediatrician
Ajmal	Nadeem	Consultant Plastic Surgeon
Alexander	Michael	Consultant Neurophysiologist
Allen	Michael J	Consultant General Surgeon Breast
Alraqi	Shafeeq	Consultant Rheumatologist
Aly	Sayed	Consultant General Surgeon Vascular
Awan	Atif	Consultant Nephrologist
Barrett	Helen	Consultant Histopathologist
Barry	Helen	Consultant General Adult Psychiatrist
Beausang	Alan	Consultant Neuropathologist
Beddy	David	Consultant General Surgeon
Boland	Karen	Consultant Gastroenterologist
Bolger	Ciaran	Consultant Neurosurgeon
Bourke	Margaret	Consultant Anaesthetist
Boyle	Karl	Consultant Geriatrician
Branagan	Peter	Consultant General Physician
Breathnach	Oscar Seamus	Consultant Medical Oncologist
Brennan	Paul	Consultant Radiologist
Brett	Francesca	Consultant Neuropathologist
Brewer	Linda	Consultant Geriatrician
Buckley	Elma	Consultant Anaesthetist
Burke	John	Consultant General Surgeon
Burke	Neil	Consultant Orthopaedic Surgeon
Burns	Karen	Consultant Microbiologist
Byrne	Ann-Maria	Consultant Orthopaedic Surgeon
Caird	John	Consultant Neurosurgeon
Cannon	Mary	Consultant General Adult Psychiatrist
Chalissery	Albi Jose	Consultant Neurologist
Cheasty	Marese	Consultant General Adult Psychiatrist
Cheema	Ijaz	Consultant Urologist
Cheriyian	Danny	Consultant Gastroenterologist
Coffey	Jerome	Consultant Medical Oncologist
Collins	Denis	Consultant Orthopaedic Surgeon
Conlon	Peter	Consultant Nephrologist
Connolly	Sean	Consultant Neurophysiologist
Conway	Frances	Consultant Anaesthetist
Cosgrave	Mary	Consultant General Adult Psychiatrist
Costello	Richard	Consultant Respiratory & General Physician
Costelloe	Elizabeth	Consultant Neurologist
Cotter	David	Consultant General Adult Psychiatrist
Counihan	Ian	Consultant Respiratory & General Physician
Creagh	Thomas	Consultant Urologist
Crimmins	Darach	Consultant Neurosurgeon
Cryan	Jane	Consultant Neuropathologist
Cunningham	Jane	Consultant Radiologist
Curley	Gerard	Consultant Anaesthetist
Curran	Carmel	Consultant Geriatrician
De Barra	Eoghan	Consultant Infectious Diseases
De Freitas	Declan	Consultant Nephrologist
Deasy	Joseph	Consultant General Surgeon
Delanty	Norman	Consultant Neurologist
Delargy	Mark	Consultant Rehabilitation Medicine
Denton	Mark	Consultant Nephrologist
Dinesh	Binu	Consultant Microbiologist

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

Kearns	Grainne	Consultant Rheumatologist
Keeling	Aoife	Consultant Radiologist
Kelada	Sherif	Associate Specialist
Kelly	Peter	Consultant Neurologist
Kelly	Siobhan	Consultant Neurologist
Kennedy	Mark	Consultant Cardiologist
Keogan	Marie	Consultant Immunologist
Kerr	Jennifer	Consultant Radiologist
Khalib	Khairin	Consultant Immunologist
Kheirelseid	Elrasheid	Consultant General Surgeon Vascular
Kieran	Stephen	Consultant Otolaryngologist
Kiernan	Fiona	Consultant Anaesthetist
Kilbride	Ronan	Consultant Neurophysiologist
Kneafsey	Brian	Consultant Plastic Surgeon
Lacy	Peter	Consultant Otolaryngologist
Larkin	Caroline	Consultant Anaesthetist
Larney	Vivienne	Consultant Anaesthetist
Law	Ruth	Consultant Histopathologist
Leader	Mary	Consultant Histopathologist
Lee	Michael	Consultant Radiologist
Leonard	Irene	Consultant Anaesthetist
Leonard	Jane	Consultant Paediatrician
Linnane	Seamus	Consultant Respiratory & General Physician
Little	Dilly	Consultant Urologist
Little	Mark	Consultant Nephrologist
Logan	Mark	Consultant Radiologist
Logan	Patrica	Consultant Ophthalmic Surgeon
Looby	Seamus	Consultant Radiologist
Lynch	Bryan	Consultant Neurologist
Lynch	Timothy	Consultant Neurologist
Mac Hale	Siobhan	Consultant General Adult Psychiatrist
Macnally	Stephen	Consultant Neurosurgeon
Magee	Colm	Consultant Nephrologist
Martin	Alan	Consultant Geriatrician
Martin	Fiachra	Consultant Plastic Surgeon
Mastrosimone	Achille	Consultant General Surgeon
Mc Adam	Brendan	Consultant Cardiologist
Mc Aleese	Paul	Consultant General Surgeon
Mc Ardle	Orla	Consultant Radiation Oncologist
Mc Cabe	Dominick	Consultant Neurophysiologist
Mc Cawley	Niamh	Consultant General Surgeon
Mc Conkey	Samuel	Consultant Infectious Diseases
Mc Conn Walsh	Rory	Consultant Otolaryngologist
Mc Dermott	Helene	Consultant Microbiologist
Mc Donnell	Ciaran	Consultant General Surgeon
Mc Elvaney	Noel	Consultant Respiratory & General Physician
Mc Erlean	Aoife	Consultant Radiologist
Mc Grath	Frank	Consultant Radiologist
Mc Grath	Andrew	Consultant Radiologist
Mc Guigan	Christopher	Consultant Neurologist
Mc Hugh	John	Consultant Neurophysiologist
Mc Hugh	Seamus	Consultant General Surgeon Vascular
Mc Lean	Sarah	Consultant Palliative Medicine
Mc Lornan	Liza	Consultant Urologist
Mc Mahon	Desmond	Consultant Palliative Medicine
Mc Nally	Cora	Consultant General Physician
Mc Namara	Deborah	Consultant General Surgeon
Mc Quillan	Regina	Consultant Palliative Medicine

Mc Williams	Sebastian	Consultant Neuro-Radiologist
Merwick	Aine	Consultant Neurologist
Mishra	Shailendra	Consultant Anaesthetist
Mohan	Ponnusamy	Consultant Urologist
Molloy	Fiona	Consultant Neurophysiologist
Moneley	Daragh	Consultant General Surgeon Vascular
Moore	Alan	Consultant Geriatrician
Moore	David	Consultant Anaesthetist
Moore	Michael	Consultant Anaesthetist
Morgan	Jacinta	Consultant Rehabilitation Medicine
Morgan	Ross	Consultant Respiratory & General Physician
Moroney	Joan	Consultant Neurologist
Morrin	Martina M	Consultant Radiologist
Morris	Patrick Glyn	Consultant Medical Oncologist
Moynihan	Barry	Consultant Geriatrician
Mudrakouski	Aliaksandr	Consultant Anaesthetist
Mullett	Hannan	Consultant Orthopaedic Surgeon
Mullins	Gerard	Consultant Neurophysiologist
Murphy	Denis	Consultant Urologist
Murphy	Kieran	Consultant General Adult Psychiatrist
Murphy	Philip	Consultant Haematologist
Murphy	Sinead	Consultant Neurologist
Murray	Francis	Consultant Gastroenterologist
Nakhjavani	Solmaz	Consultant Anaesthetist
Naughton	Peter	Consultant General Surgeon Vascular
Ni Mhuircheartaigh	Neasa	Consultant Radiologist
Ni Raghallaigh	Siona	Consultant Dermatologists
Ntlholang	Ontefetse	Consultant Geriatrician
O Brien	David	Consultant Neurosurgeon
O Brien	Donncha	Consultant Neurosurgeon
O Brien	Margaret	Consultant Neurologist
O Carroll Kuehn	Britta	Consultant Anaesthetist
O Ceallaigh	Padraig	Consultant Oral & Maxillo Facial Surgeon
O Connell	Karina	Consultant Microbiologist
O Connell	Paul	Consultant Rheumatologist
O Donohoe	Martin	Consultant General Surgeon Vascular
O Dowd	Sean	Consultant Neurologist
O Dwyer	Tim	Consultant Otolaryngologist
O Hare	Alan	Consultant Neuro-Radiologist
O Kane	Marina	Consultant Dermatologist
O Neill	Brian	Consultant Radiation Oncologist
O Neill	James Paul	Consultant Otolaryngologist
O Neill	Tanya	Consultant Anaesthetist
O Riordan	Sean	Consultant Neurologist
O Rourke	Declan	Consultant Nephrologist
O Rourke	James	Consultant Anaesthetist
O Seaghdha	Conall	Consultant Nephrologist
O Shea	Anne-Marie	Consultant Histopathologist
O Sullivan	John Barry	Consultant Plastic Surgeon
O Toole	Aoibhlinn Mary	Consultant Gastroenterologist
Patchett	Stephen	Consultant Gastroenterologist
Pollard	Valerie	Consultant Anaesthetist
Power	Colm	Consultant General Surgeon
Power	Michael	Consultant Anaesthetist
Power	Richard	Consultant Urologist
Power	Sarah	Consultant Neuro-Radiologist
Quinn	John	Consultant Haematologist
Quirke	Michael	Consultant Accident & Emergency

Rajab	Hassan	Consultant Obstetrician & Gynaecologist
Rawluk	Daniel	Consultant Neurosurgeon
Redmond	Janice	Consultant Neurologist
Redmond	Maeve	Consultant Histopathologist
Reid	Valerie	Consultant Neurophysiologist
Rivera	Eddy Ferrufino	Consultant Respiratory & General Physician
Robb	William	Consultant General Surgeon
Roche	Muireann	Consultant Dermatologist
Rowley	Helena	Consultant Otolaryngologist
Ruttledge	Martin	Consultant Neurologist
Ryan	Cliona	Consultant Histopathologist
Ryan	Dorothy	Consultant General Physician
Ryan	Ronan	Consultant Cardio-Thoracic Surgeon
Sargent	Jeremy	Consultant Haematologist
Sattar	Mohammad	Consultant Neurosurgeon
Shahwan	Amre	Consultant Neurophysiologist
Sheahan	Richard	Consultant Cardiologist
Sheehan	Gerard	Consultant Infectious Diseases
Sherlock	Mark	Consultant Endocrinologist
Shine	Neville	Consultant Otolaryngologist
Smith	Diarmuid	Consultant Endocrinologist
Smith	Eimear	Consultant Rehabilitation Medicine
Smyth	Edmond	Consultant Microbiologist
Smyth	Gordon	Consultant Urologist
Srinivasan	Saradha	Consultant Chemical Pathologist
Stack	Maria	Consultant Nephrologist
Stanton	Alice	Consultant Clinical Pharmacology
Staunton	Marie	Consultant Histopathologist
Sullivan	Paul	Consultant Plastic Surgeon
Talento	Alida Fe	Consultant Microbiologist
Thompson	Christopher	Consultant Endocrinologist
Thorne	Jane	Consultant Histopathologist
Thornton	Eavan	Consultant Radiologist
Thornton	Michael	Consultant Radiologist
Thornton	Patrick	Consultant Haematologist
Tormey	William	Consultant Chemical Pathologist
Tubridy	Niall	Consultant Neurologist
Viani	Laura	Consultant Otolaryngologist
Wakai	Abel	Consultant Accident & Emergency
Walsh	James	Consultant Orthopaedic Surgeon
Walsh	Richard	Consultant Neurologist
Walshe	Criona	Consultant Anaesthetist
Walshe	Peter	Consultant Otolaryngologist
Webb	David	Consultant Neurologist
Widdess Walsh	Peter	Consultant Neurologist
Williams	David	Consultant Geriatrician
Young	Steven	Consultant Neurosurgeon





Corporate Reports



Chair Report

*Enda Connolly
Chair*



Since foundation, Beaumont Hospital has been one of Ireland's leading acute health care institutions delivering innovative, high quality and safe patient services for the people of North Dublin and nationally. This has only been achieved through the commitment, hard work and professionalism of every member of the hospital staff.

As a Board, we are committed to supporting this work by providing strategic direction, appropriate governance and fiducial stewardship, thereby enabling staff to execute their roles and responsibilities effectively.

The Board is particularly pleased to highlight and generally commend the efforts of staff in developing improved internal and external patient treatment pathways which have enabled more effective management of ever increasing patient referrals and attendances, including achievement of significant reductions in patient wait times. That this has been achieved within a patient-centric framework is reflected in the 2018 HIQA Patient Experience Survey, where patients have recorded they were generally treated with respect and dignity and have both confidence and trust in Beaumont Hospital staff.

Whilst the hospital demonstrated particularly effective fiduciary stewardship, as such achieving a near breakeven position at year end. The Board would remain very concerned by the financial predicaments being faced by the hospital. Specifically increased pay and non-pay costs driven by increased patient demand. These increases, when combined with reducing levels of private health insurance income, a 2018 budget allocation below 2017 expenditure levels and a historic accumulated deficit arising from pre-2016 under provisions, have negatively impacted on financial working resources throughout the year. Prospectively it is important that these 4 matters are recognised and appropriately addressed by the HSE.

The challenges faced by Beaumont Hospital remain substantial. Externally an increase in patient presentations and less than optimal provision of community support placements / services. Internally insufficient general and specialist appropriate bed capacity, theatres and ICT capability. Increasingly clinical services are being hampered by this absence of necessary investment to expand and generally upgrade a rapidly aging campus infrastructure. As such it is essential that already developed capital plans particularly for the replacement and general expansion of the Emergency Department and the creation of additional bed capacity are directly advanced (funded) by the HSE

The Board will continue to do all in its power to support Management effectively address these matters in terms of securing additional resources and generally advocate to relevant stakeholders for these requirements.

For more than 30 years, Beaumont Hospital has been proud to have as its medical training, research and academic partner, the Royal College of Surgeons Ireland. This important partnership has played a pivotal role, not only in training health care professionals, but has enabled, through the RCSI academic departments and research based on the Beaumont campus, the provision of best practice clinical services to our patients. As such the Board would like to acknowledge and express gratitude to the RCSI for their very significant contributions.

Beaumont Hospital is part of the RCSI Hospital Group and has an agreement with the HSE whereby the RCSI Hospital Group CEO Ian Carter simultaneously holds the position of Chief Executive of the hospital. This arrangement continues to prove very satisfactory and has enabled necessary important development within Beaumont and the wider Hospital Group in terms high quality safe service provisions. The Board continues to welcome this agreement and views it as one of the key arrangements to address the challenges to be faced in the future.

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

Enda Connolly
Chair

CEO Report

CEO
Ian Carter



Primary executive and operational focus for 2018 centered on achievement of planned levels of service with particular focus on further improvement in terms of wait time / volume reductions for both elective and emergency patient care within available finances and specified quality parameters, combined with general advancement of the hospital's capital development programme.

Performance outcomes for the year were generally satisfactory.

Clinical Treatments

Overall patient volumes across all macro treatment cohorts exceeded 2017 performance / 2018 target volumes

Figure 3:

Activity	2017 (activity)	2018 (activity)	2017/2018 Value Variance	2018/2017 % Variance
ED attendances (New)	52,696	54,430	1,734	3 %
ED attendances (Follow up)	3,742	3,433	(309)	(8.3%)
Inpatient FCEs emergency	19,420	19,093	(327)	(1.7%)
Inpatient FCEs elective	6,081	6,364	283	4.6%
Day Care attendances	66,589	68,913	2,324	3.5%
OPD attendances (New)	40,258	43,399	3,141	7.8%
OPD attendances (Follow up)	120,515	121,550	1,035	0.9%

Access

In terms of performance in relationship to access:

During 2018, the hospital has continued a series of both internal and external patient pathway initiatives designed to both decrease wait times for both emergency and elective patients and increase overall number of patient treatments undertaken across all treatment modalities. These have been largely successful.

Emergency Department 2018

- 36% reduction in average number of patients in ED waiting for bed accommodation @ 08.00 (2018 / 2017 total patient count reduction 1,398)
 - reduction commenced in July 2016 and generally improved during 2017 / 2018
 - average daily count value < 7 achieved for 2018 - (national total count 4% increase n = 3600)

Inpatient / Day Care (IP.DC) - secured 31.12.18

- 84% of patients requiring elective admission / day case attendance waiting < 9 months (National Performance Status 79% wait < 9 months)
 - 8% reduction in total number of patients waiting (n=464)
 - 28% reduction in number of patients waiting > 9 months (n=340)
 - achieved through improved internal management and increased productivity rather than outsourcing

Neurosurgery

- 100% of patients triaged with traumatic brain injury admitted within 12 hours of acceptance (target 100%)
- 100% of patients with sub-arachnoid haemorrhage admitted within 24 hours of acceptance (target 90%)
- 92% of patients diagnosed with brain tumour admitted within 5 working days of acceptance (target 90%)

Endoscopy

- 100% compliance with patients requiring urgent colonoscopy undergoing procedure / offered appointment within 28 days of referral
- 91% compliance with patients requiring routine GI endoscopy undergoing procedure / offered appointment < 3 weeks of referral - (National Performance 60% compliance)

Outpatient (OPD)

- 84% of patients requiring OPD appointments (new) wait < 9 months - (National Performance Status 62% waiting < 9 months)
 - 10% reduction in total number of patients waiting (n=2764)
 - 42% reduction in number of patients waiting > 9 months (n=2764)
 - achieved through improved internal management and increased productivity rather than outsourcing

Rapid Access Clinics - 2018 Performance

Symptomatic Breast Service - target 95% compliance exceeded

- 100% compliance with patients triaged as urgent attending service / offered appointment within 2 weeks of referral (national Performance Status 75% compliance)

Lung Clinic - target 95% compliance exceeded

- 99% compliance (n=3 non-compliant) with patients attending service / offered appointment within 10 days of referral (National Performance Status 88% compliance)

Prostate Clinic - target 90% compliance exceeded

- 97% compliance (n=10 non-compliant) with patients attending service / offered appointment within 20 working days of referral (National Performance Status 78% compliance)

Systemic Therapy - target 90% compliance exceeded

- 96% compliance with patients attending service 15 working days of date deemed ready to treat

Key Service Achievements in 2018

TUN Directorate

- a total of 167 kidney transplants, including 40 living donor kidney transplants and 5 simultaneous kidney pancreas transplants in collaboration with St Vincent's Hospital
- in 2018 the National Kidney Transplant service passed the significant milestone of performing the 500th kidney transplant from a living donor
- the first Template (TP) biopsy for diagnostic purposes of organ confined prostate cancer undertaken
- first robotic radical prostatectomy using the da Vinci robot undertaken

Imaging and Interventional Radiology Directorate

- significant improvement in outpatient services with regard to ultrasound wait times: September 2015 8.4 months / December 2018 1 month
- continuous growth in mechanical thrombectomy for acute large vessel ischemic stroke (ALVIS) with a total of 245 procedures performed in 2018 - representing 11% increase 18 / 17

Critical Care and Anaesthetic Directorate

- opening of High Dependency Unit (Phase 1) - 4 beds
- reversal of previous theatre rolling closure programme and opening up of 12th theatre

Medical Directorate

- TIA length of stay reduced by 37% - 5.4 days (2017) / 3.4 days (2018) with 50 patients discharged early (ESD - Early Supportive Discharge)
- 40% reduction in bed day usage for hip fracture patients
- completion of treatment for 120 patients - Hepatitis C⁺ with a 98% cure rate

Laboratory Medicine Directorate

- INAB accreditation status retained
- pilot study undertaken to enable transplantation opportunity for highly sensitised patients who have HCA antibodies to 99.9% of Irish donors - to date 5 highly sensitised patients transplanted

NeuroCENT Directorate

- 30% reduction in number of patients waiting >12 months for OPD appointments (n = 777)
- introduction of neurosurgical pre assessment service
- enhancement of MSK service
- 11% reduction in number of patients waiting >12 months for IP.DC treatment (n = 32)
- completion of national Hearing Implant and Research Centre construct
- in 2018 all children who had received one cochlear implant prior to 2014 received 2nd implant

Surgical Directorate

- undertaking of 73 GI cancer resections - gastrectomy and oesophagectomy
- undertaking of 36 DIEP breast reconstructions
- undertaking of 135 colorectal surgeries

Emergency Medicine Directorate

- 36% reduction in average number of patient in ED waiting for bed accommodation.

Key Quality Achievements in 2018

- national patient experience survey undertaken in 2018 which confirmed:
 - 98% of patients identifying they always, or to some extent, have confidence and trust in Beaumont Hospital staff
 - 98% of patients identifying they always are, or to some extent, were treated with dignity and respect at Beaumont Hospital
- establishment of Clinical Effectiveness Committee - chaired by Prof. Peter Colon
- establishment of Clinical Audit Programme Director - Dr Dorothy Ryan

Key Education and Research Development initiatives and achievements in 2018

- a total of 124 peer review publications during the year from staff of the hospital
- work was completed on the expansion of the Education and Research Centre, The Smurfit Building, on the grounds of Beaumont Hospital
- new and extended RCSI campus at 26 York Street opened in 2018

Finances

- commendable performance was demonstrated in 2018 with a minor deficit position of < €0.5million (0.1% variance) on a total allocation of €316.1 million

Human Resources

Effectiveness of recruitment and retention within the hospital was formally recognised in the Annual National HR Leadership Awards with the hospital receiving awards for *'Best public sector HR initiative'* and *'Most effective recruitment and retention strategy'*.

Capital Development

Important capital development, equipment replacement / additionality and preventative maintenance was possible in 2018, particularly:

CT Scanner

- completion of the CT upgrade Phase 2. This project consisted of major alteration of the work space including mechanical and electrical installation up grades. This necessitated the replacement of the sub main electrical distribution board feeding part of the radiology department.

Cochlear Implant department

- the successful delivery of the National Hearing Implant Research Centre.

Cystic Fibrosis

- submission for planning permission.

Emergency Department

- site location and general construct selected for Emergency Department.

Minor Capital Works

- minor capital works including DOSA, TCU, staff restaurant, Trim Road entrance, GITU, Emergency Department flooring, theatre storage and installation of a family room sponsored by Irish Hospice Foundation on Banks Ward.

Preventative maintenance

- with a particular emphasis on water hygiene issues, High Volume air-conditioning systems and emergency backup power systems.
 - PPM for the theatre air handling plant - PPM / regular testing of emergency power systems
 - PPM for the X-Ray department HVAC plant PPM - PPM / replacement of UPS

Key Challenge Factors

Whilst overall clinical volume and emergency access performance improvements were affected in 2018, there remains certain presenting external and internal factors that present challenges to overall clinical delivery system capacity and capability within the hospital.

External

ED attendances

- presentation volume - 3% increase (n=1,427), acuity / complexity and patients aged >75 years 2.4% increase (n=231) / (17% of new attendances aged >75 n=9875)

Discharge

- inconsistent and limited provision of timely community care and support placements
- during 2018 the target set by HSE of <35 patient requiring HCP / LTC placement was generally not achieved, with a monthly average of 51 patient awaiting transfer inappropriately occupying acute beds - this equates to a lost acute bed capacity equating to treatment of 2700 elective / emergency patients, on an annual basis (based on a 7 day ALOS)

OPD

- increase in OPD referrals - 7%

Internal

General Treatment Capacity

- ongoing insufficient bed capacity to admit patients for both emergency and elective patient cohort in a timely manner
- reduced general critical care capacity arising from staffing shortages
- ongoing insufficient OPD capacity to service access in a timely manner
- ED Department generally not fit for purpose in terms of size and design

Impact of these Factors

Impact of these external and internal factors are as follows:

- capability of ED to satisfactorily manage and appropriately progress 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
- 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
- existing OPD demand and practise exceeds existing capacity with resultant less than satisfactory wait times for new referrals

Change Requirements 2018

As such there is a clear and immediate requirement to:

Increase overall general service capacity

Developing and expand existing Emergency Department

- recognising that existing design, space and general lay out are generally not fit for purpose, hospital has developed necessary construct location and design that will ensure general effective patient accommodation / processing without any significant service decant or disruption.
 - direct request to now implement this development.

Additional Acute Bed Capacity

- progress capital development of additional acute bed capacity planning (95) and development of dedicated Cystic Fibrosis construct
- full roll out of HDU capacity

Increased OPD capability

- necessary offsite facility scheduled for opening 2nd quarter 2019
- however, there remains an overall requirement to redesign patient access pathways, particularly for those patients with chronic disease - this will require significant engagement with Community Services

Effective discharge to Community pathway / service provision

- key requirement remains steady state appropriate access to these facilities and services - this was generally not achieved through 2018

Co-joint Working within the RCSI Hospital Group construct

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

Overall Beaumont Hospital has successfully delivered on all agreements with the HSE in relationship to service delivery, development and financial terms for 2018.

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

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

IAN CARTER
CHIEF EXECUTIVE



Clinical Performance

Emergency Department

Figure 4

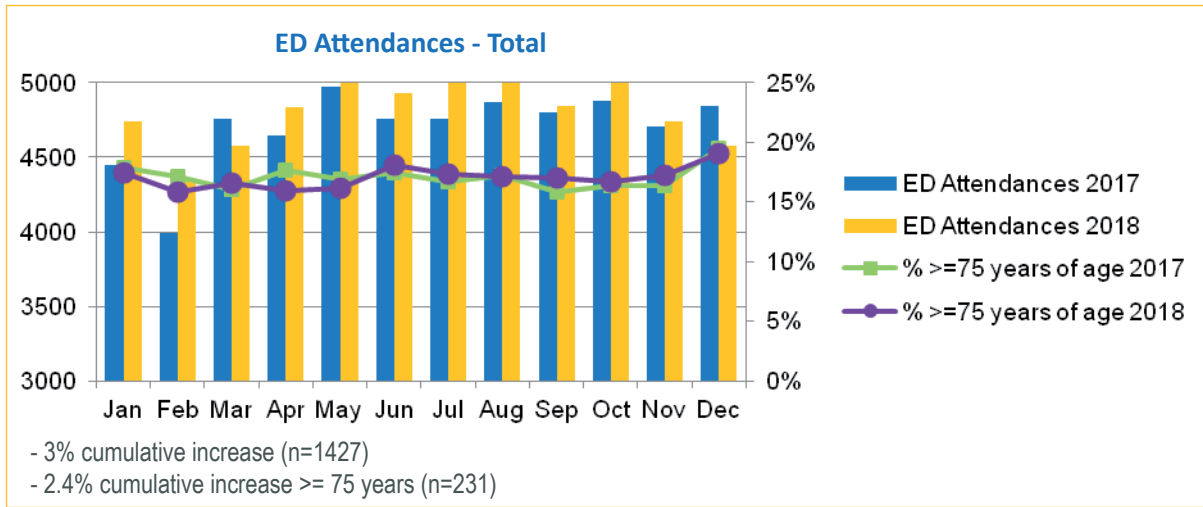


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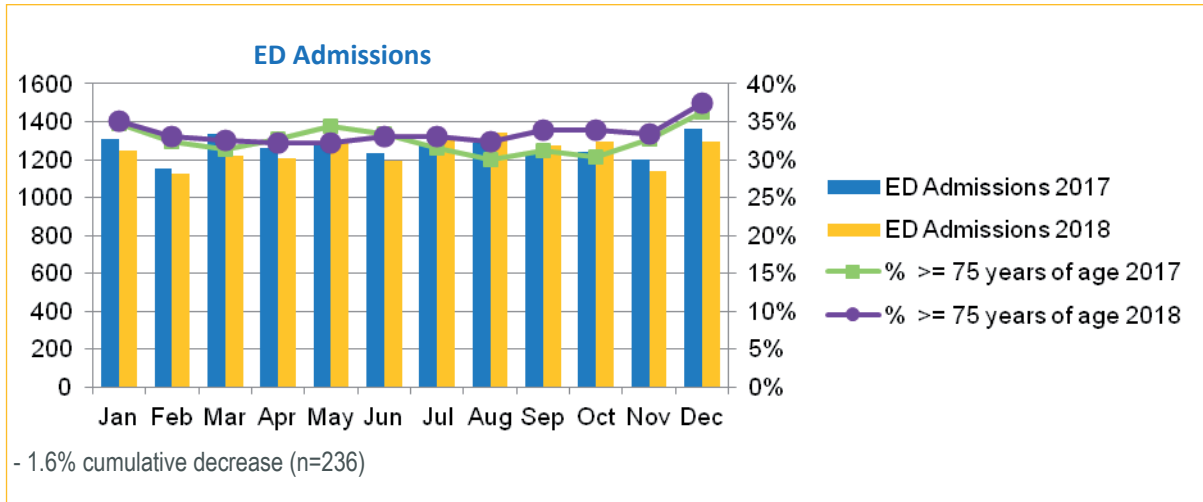


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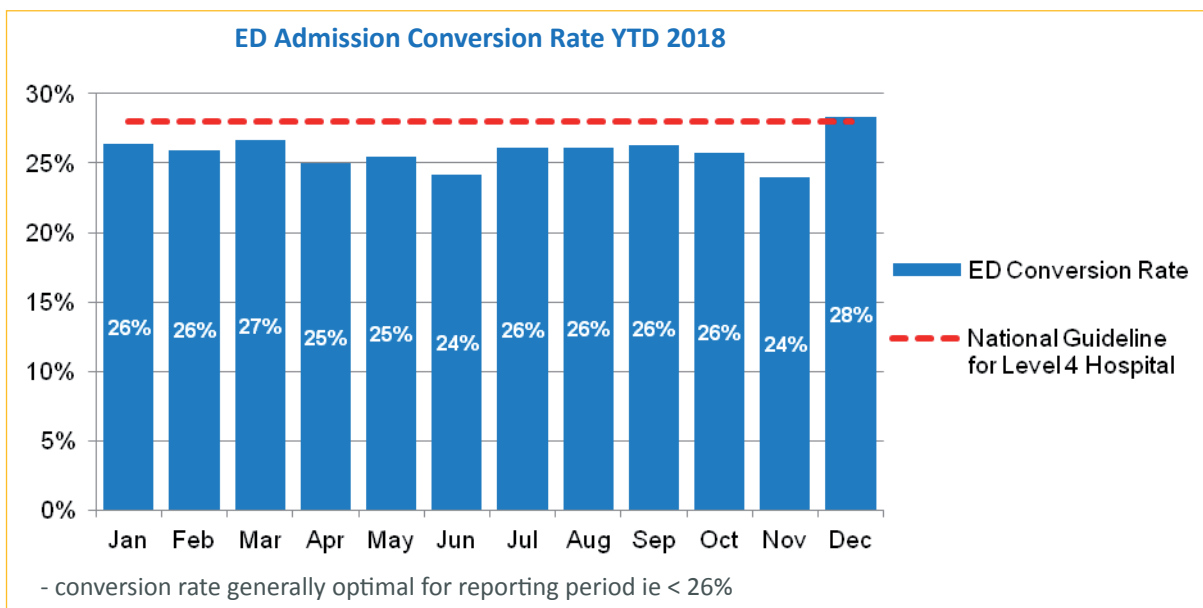


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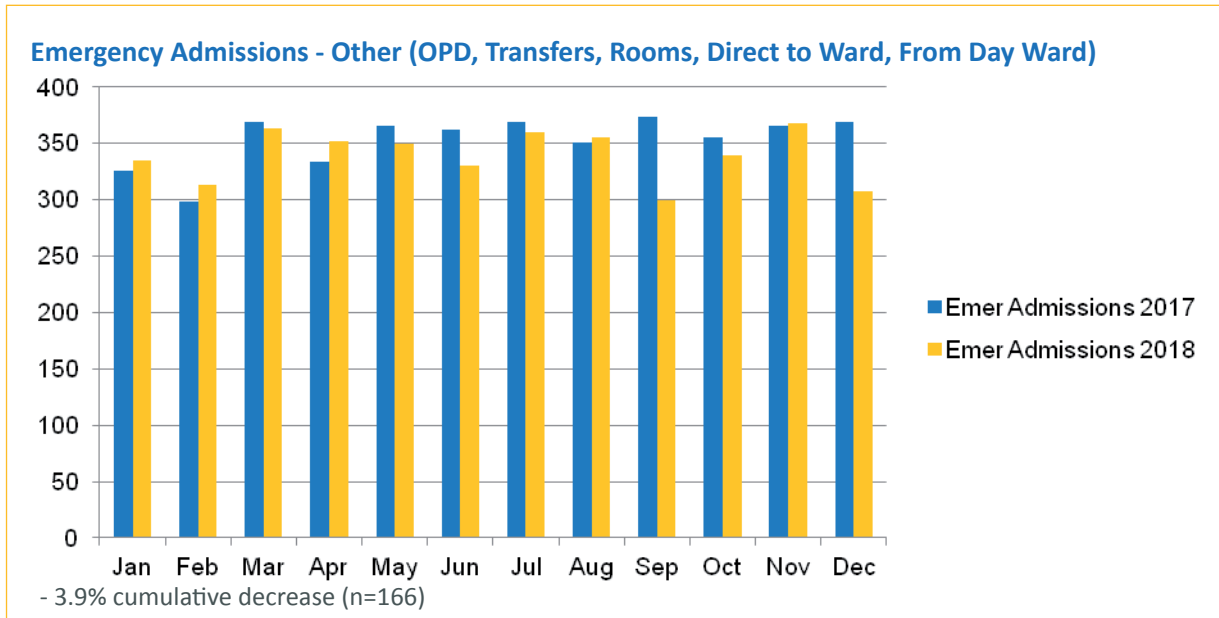


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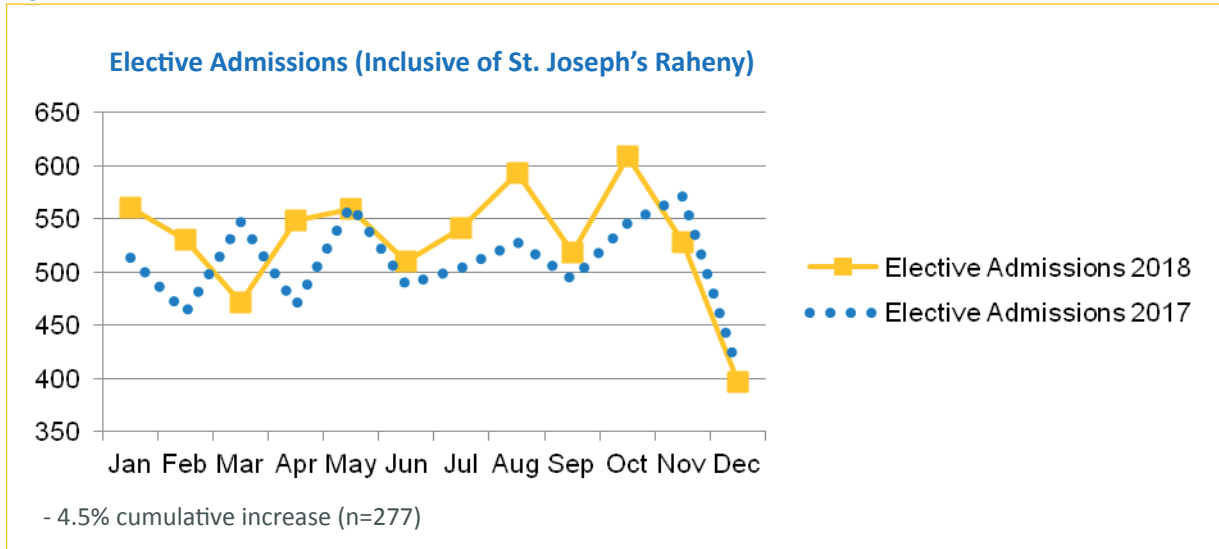


Figure 9

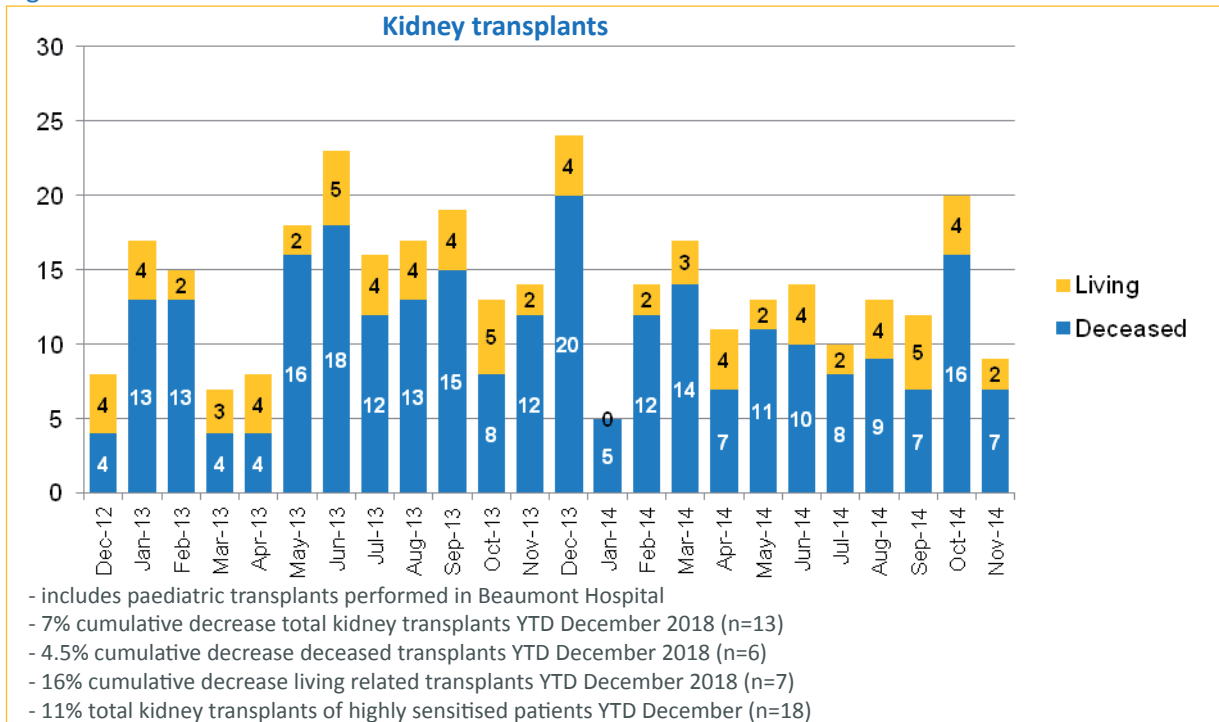


Figure 10

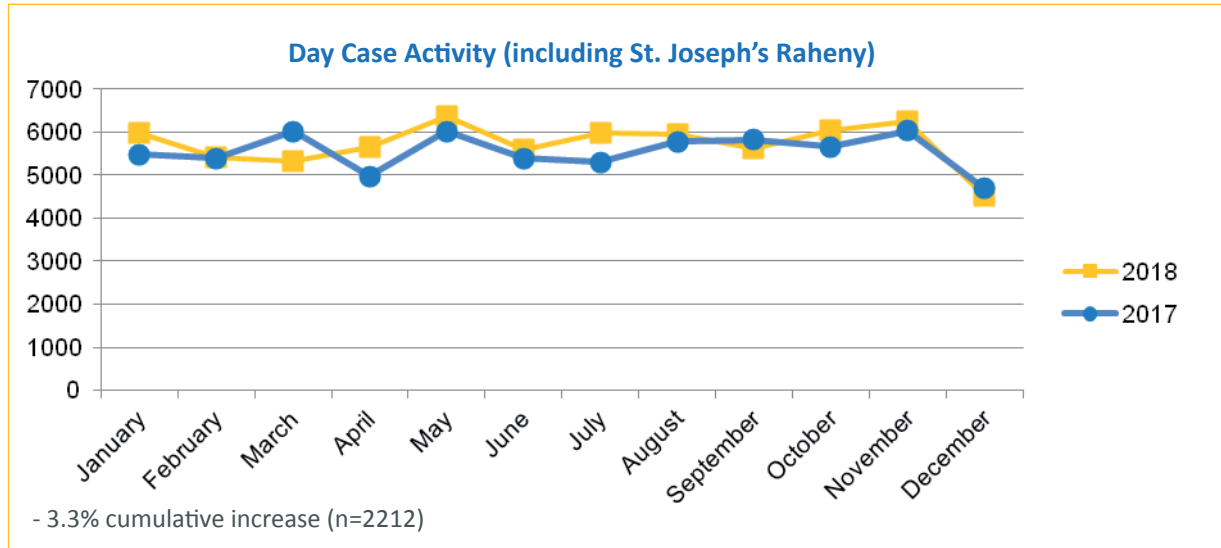


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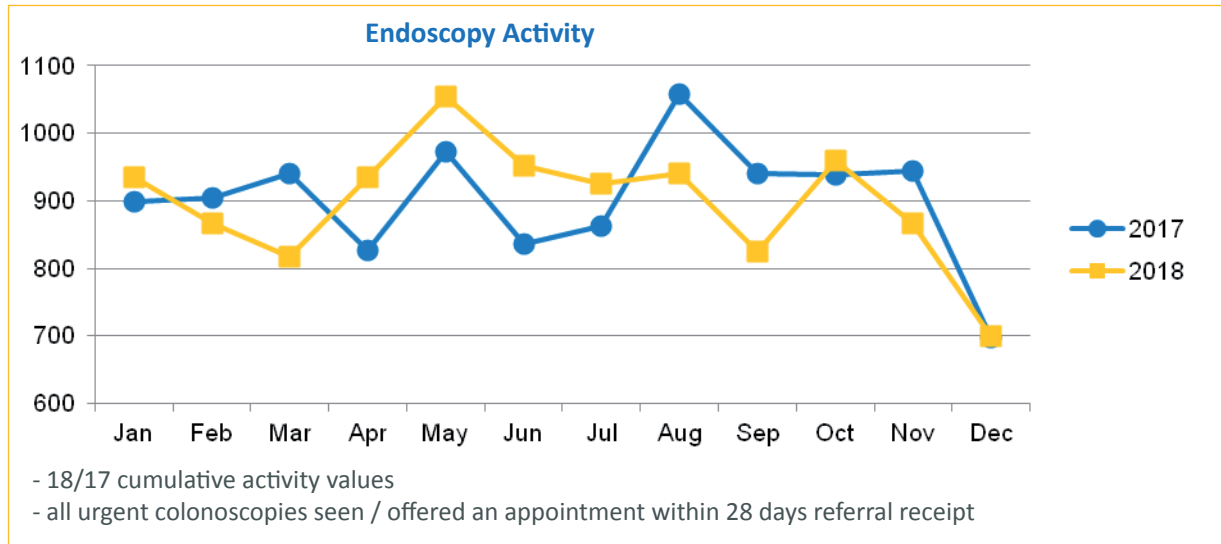


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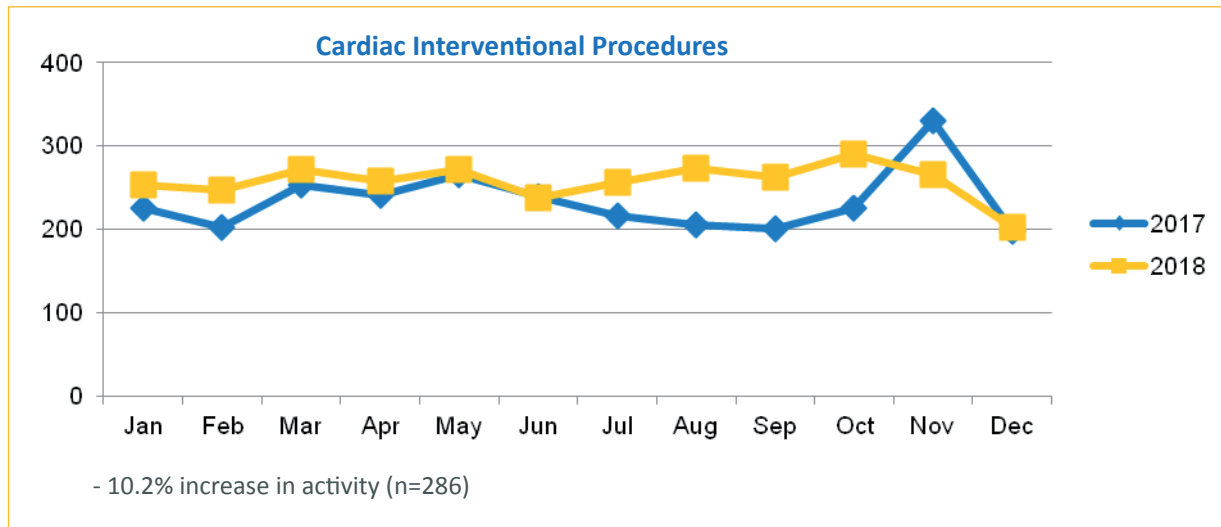


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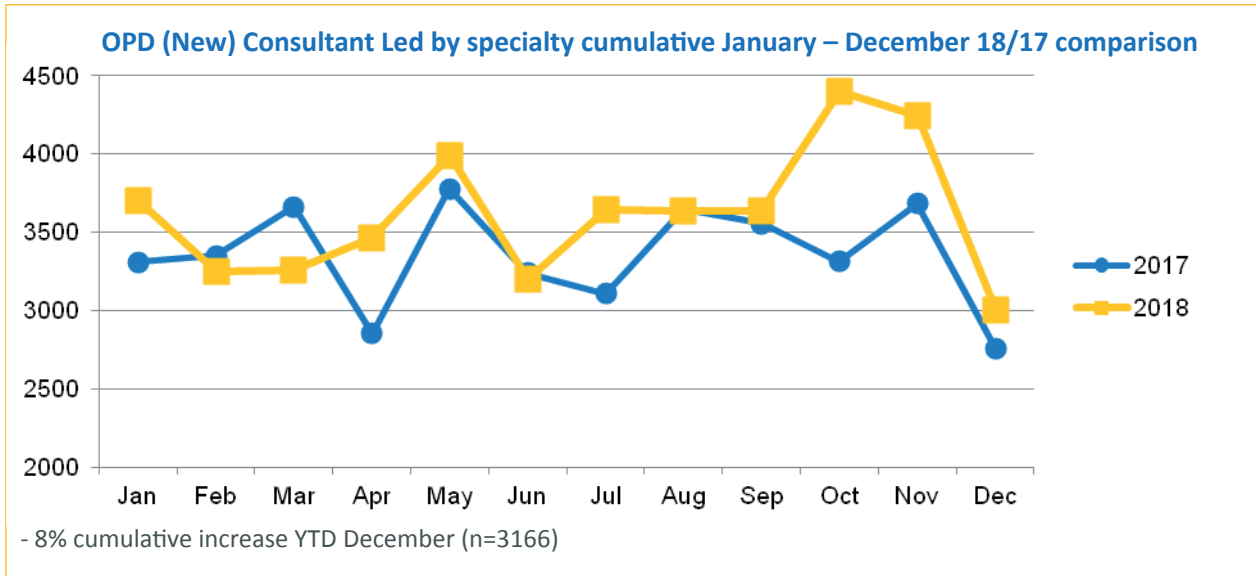


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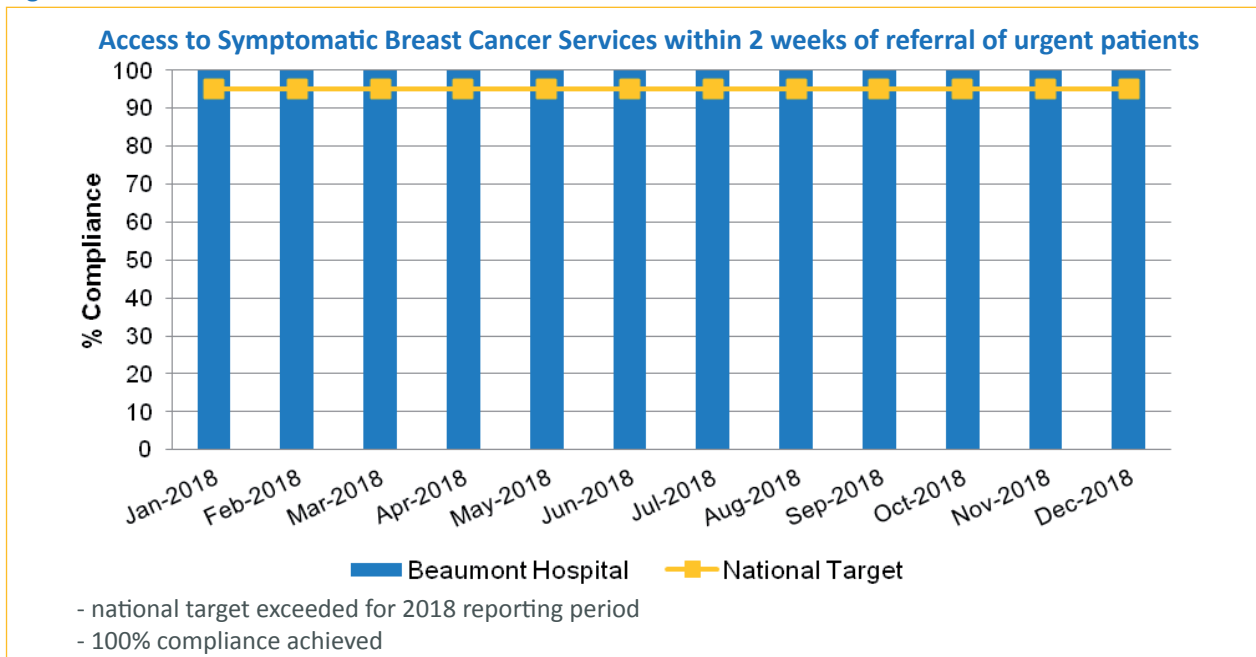


Figure 15

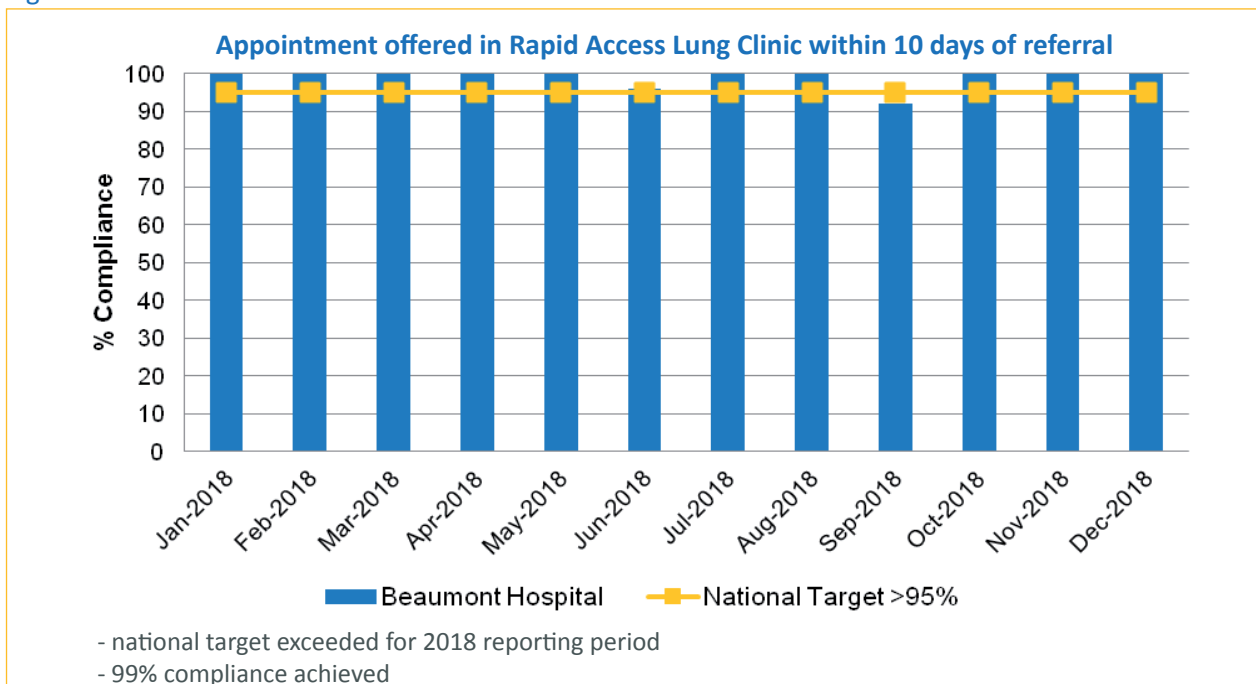


Figure 16

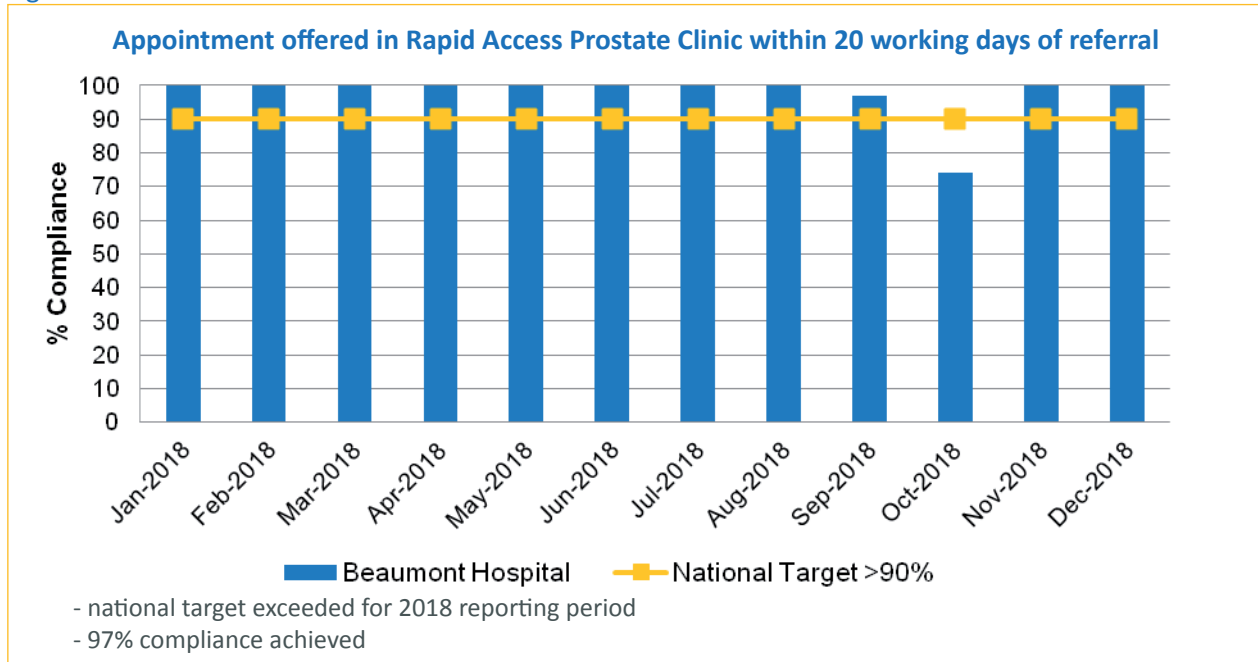


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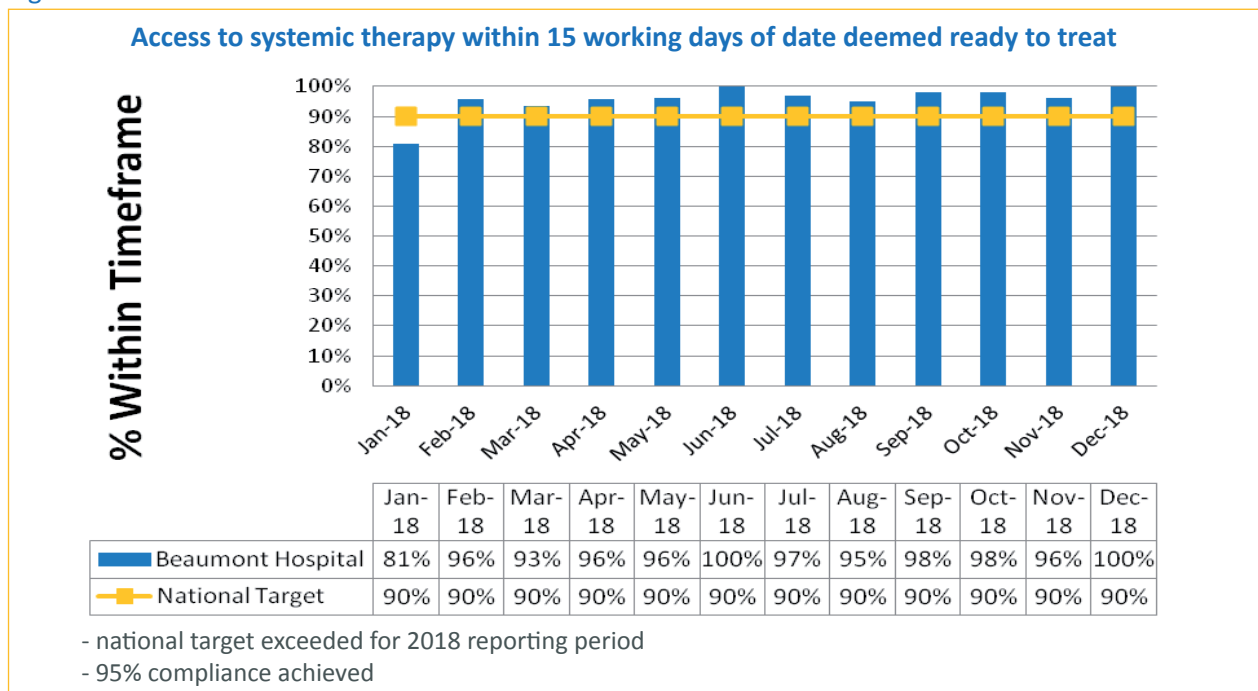


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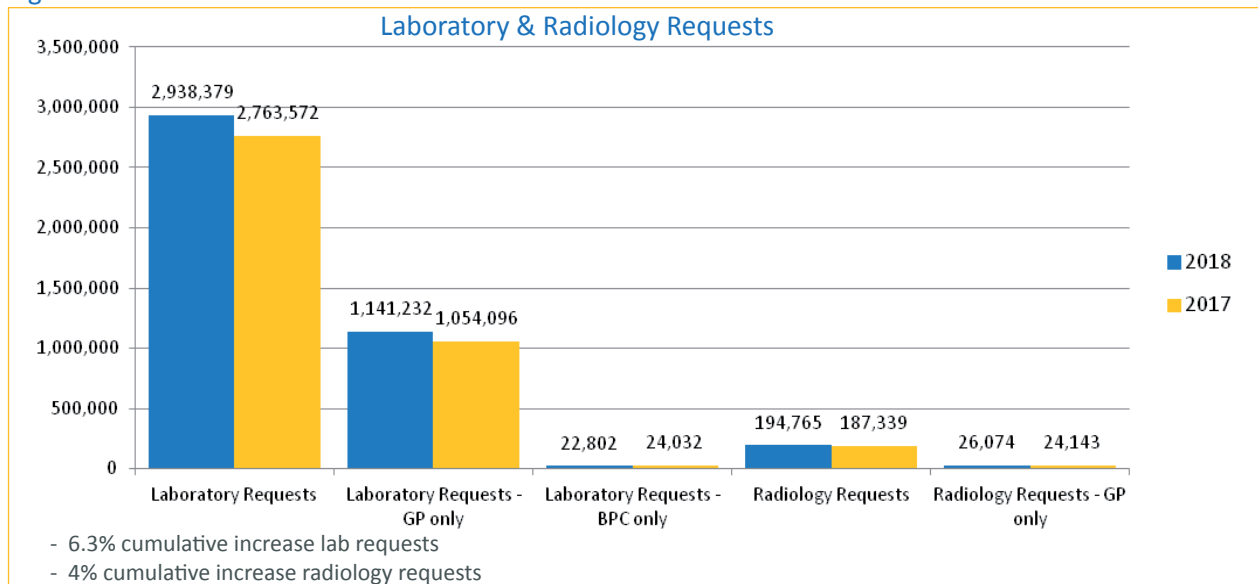


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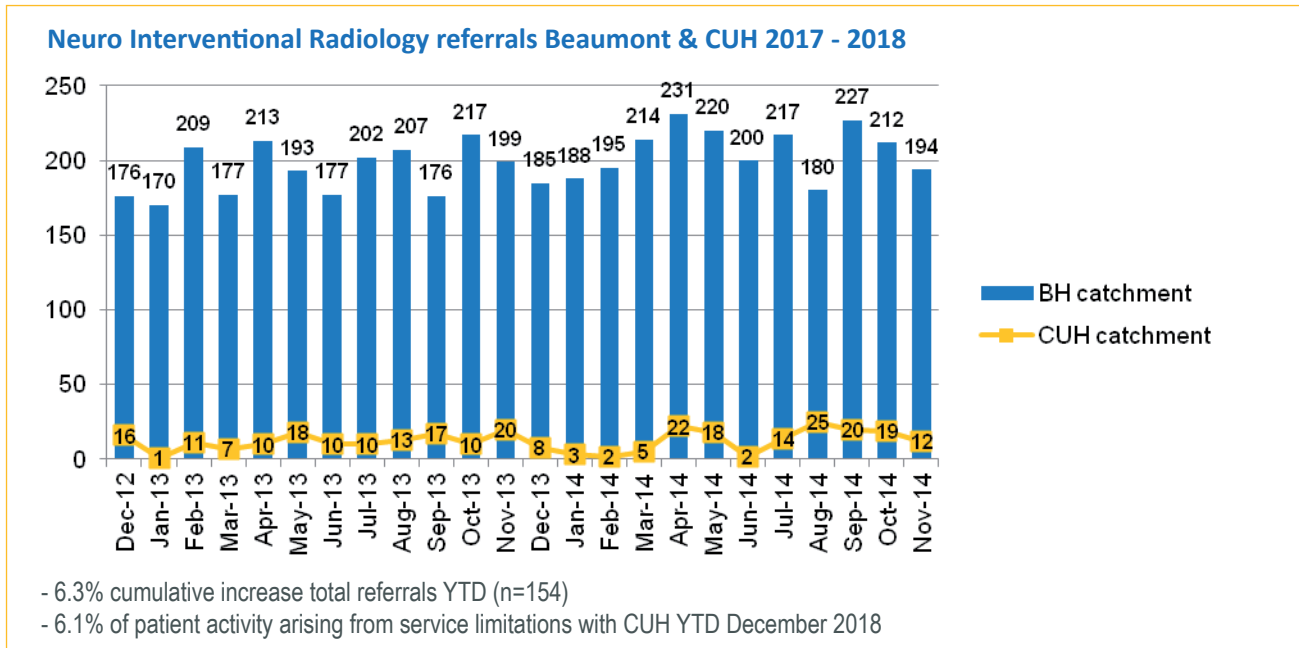


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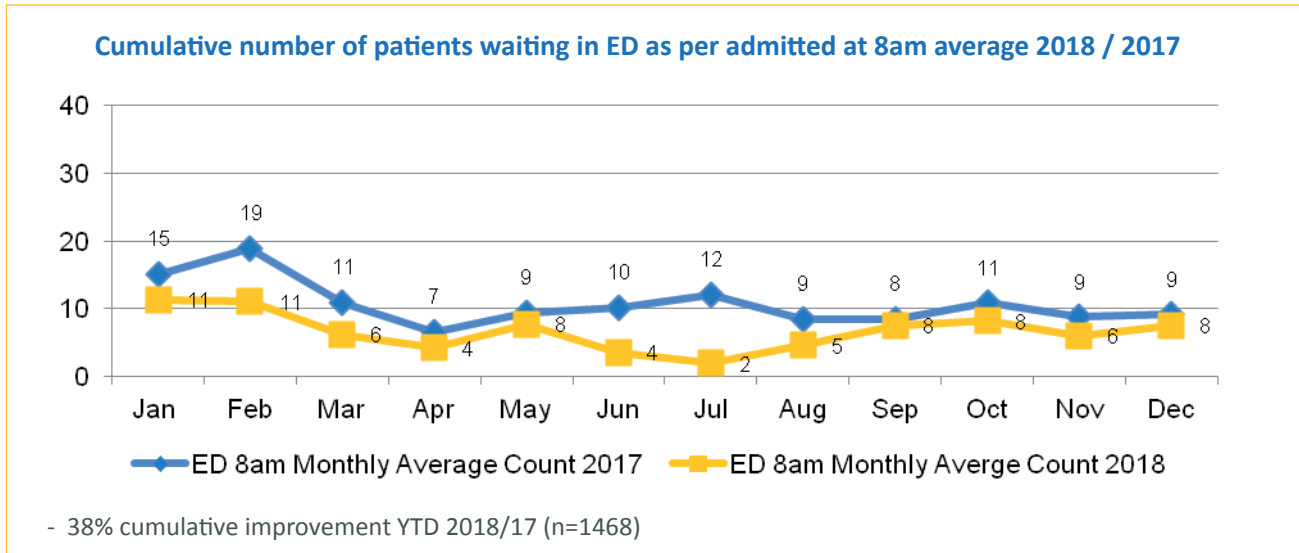


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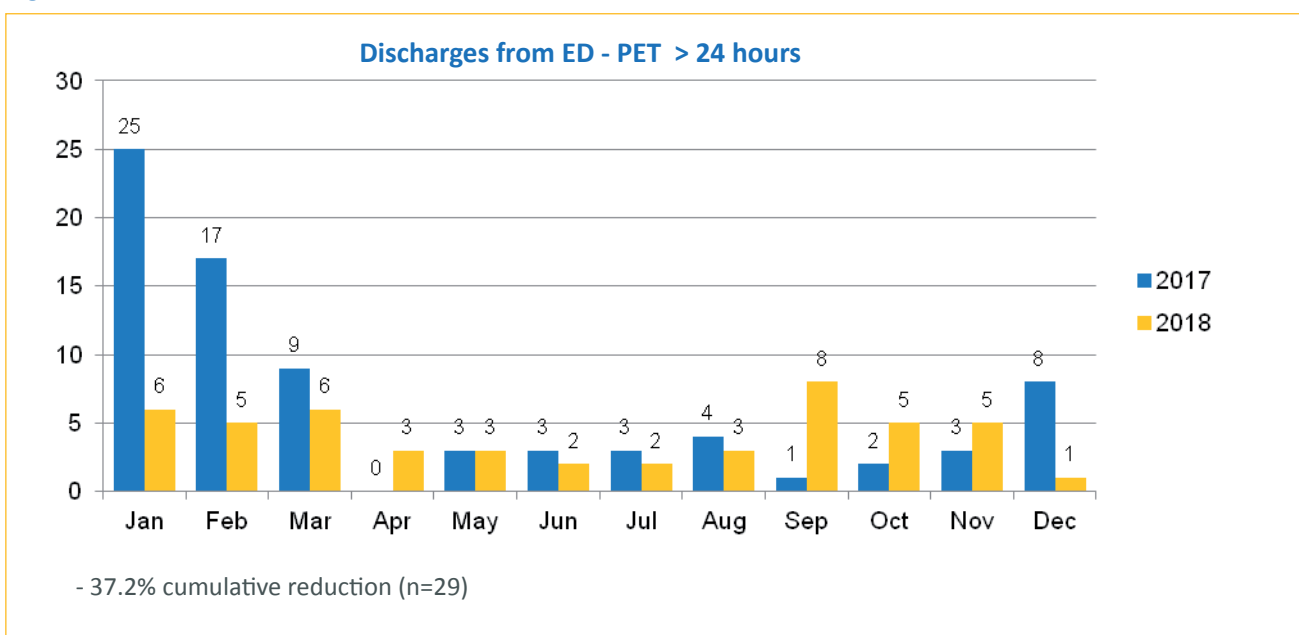


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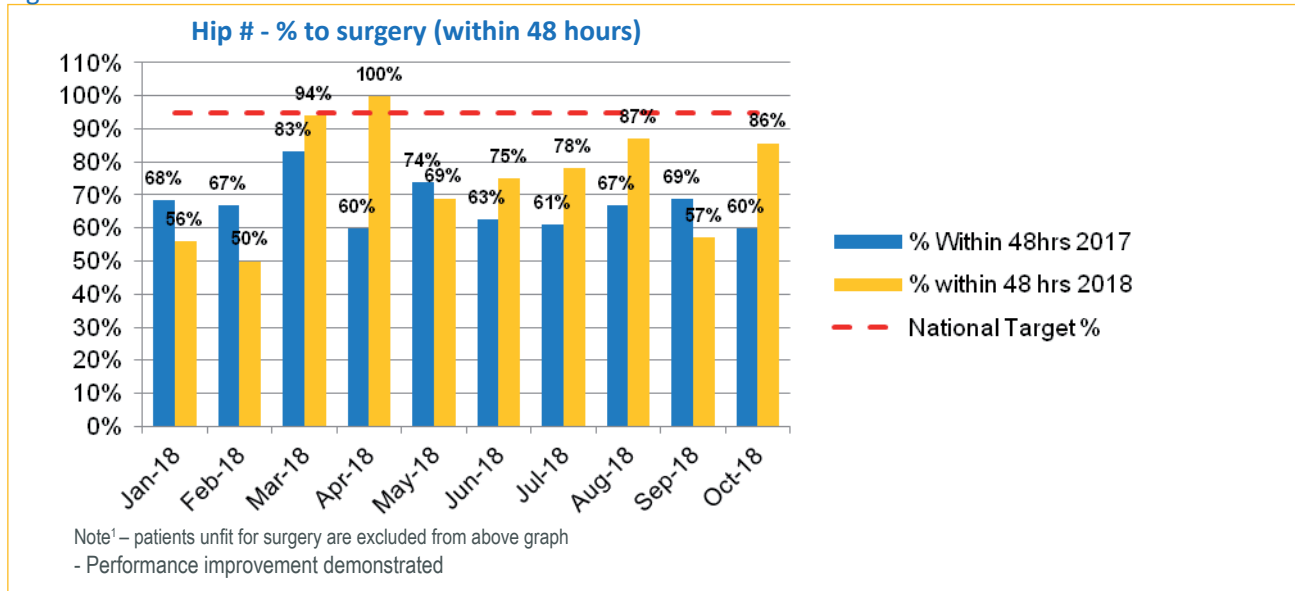


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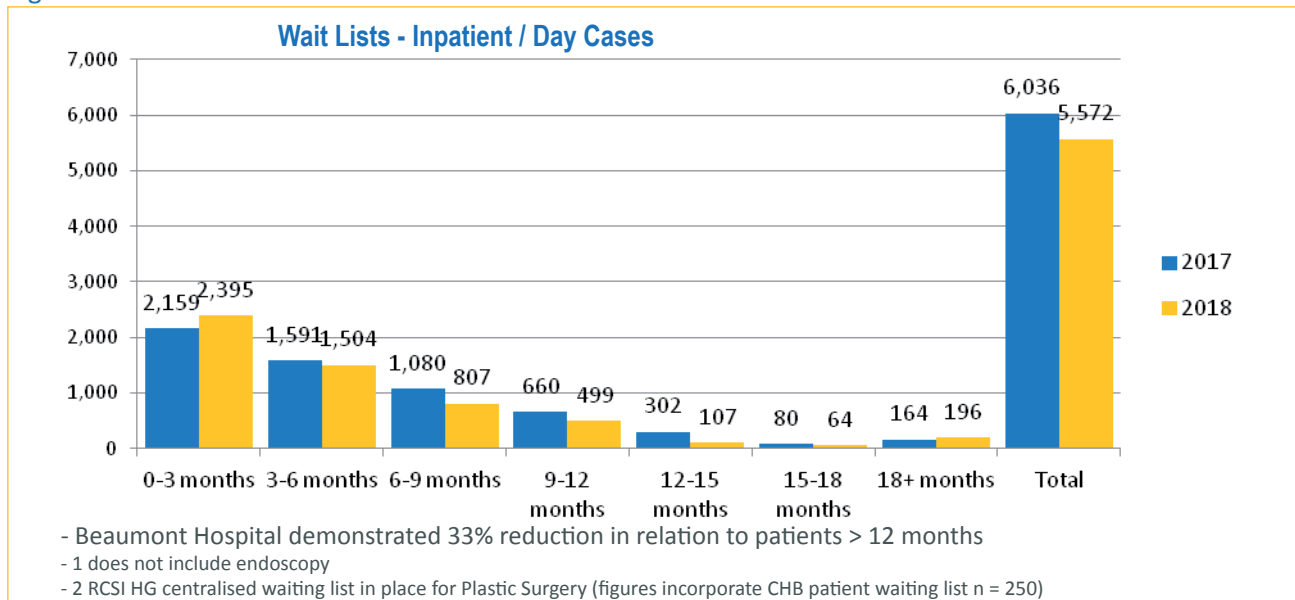


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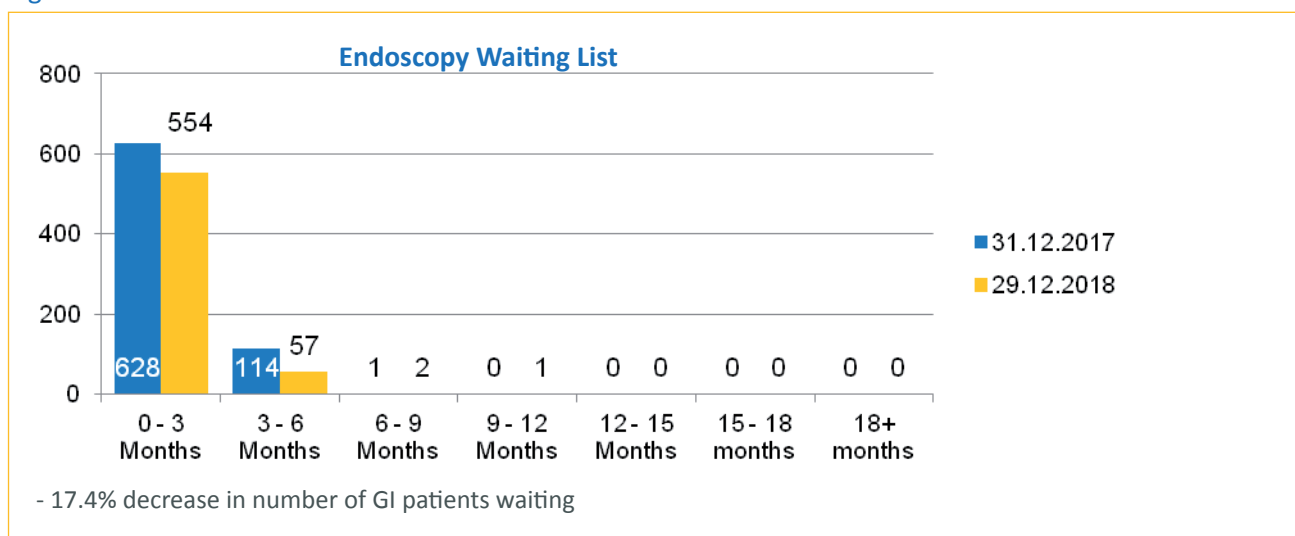


Figure 25

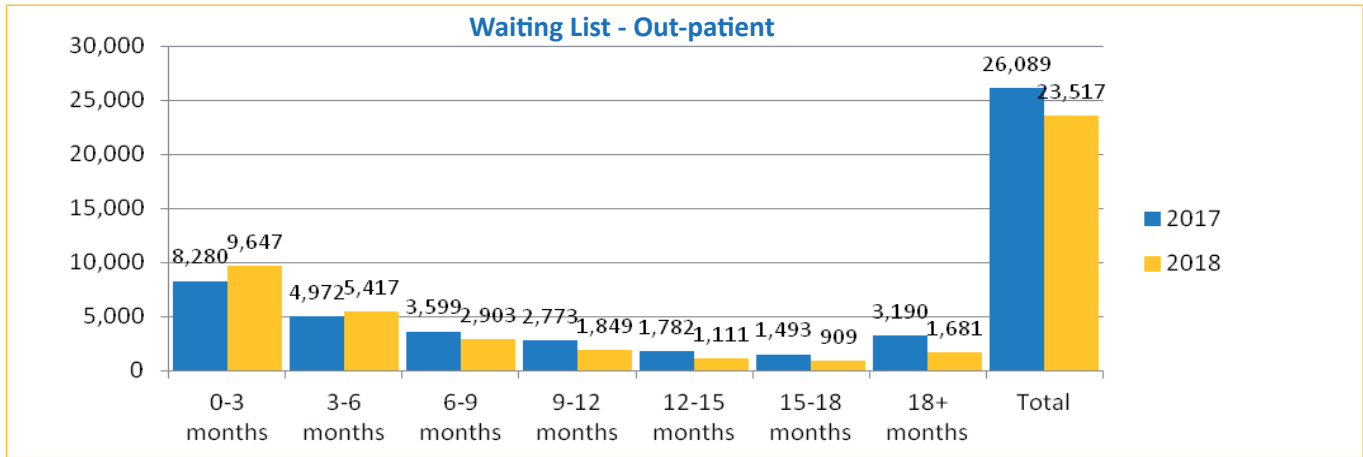


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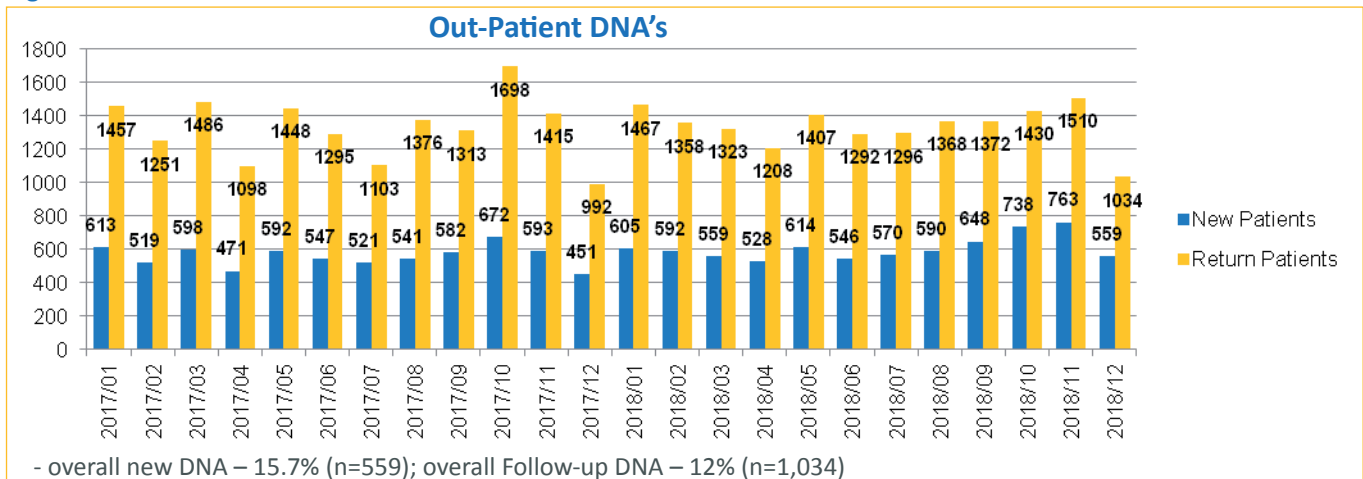


Figure 27

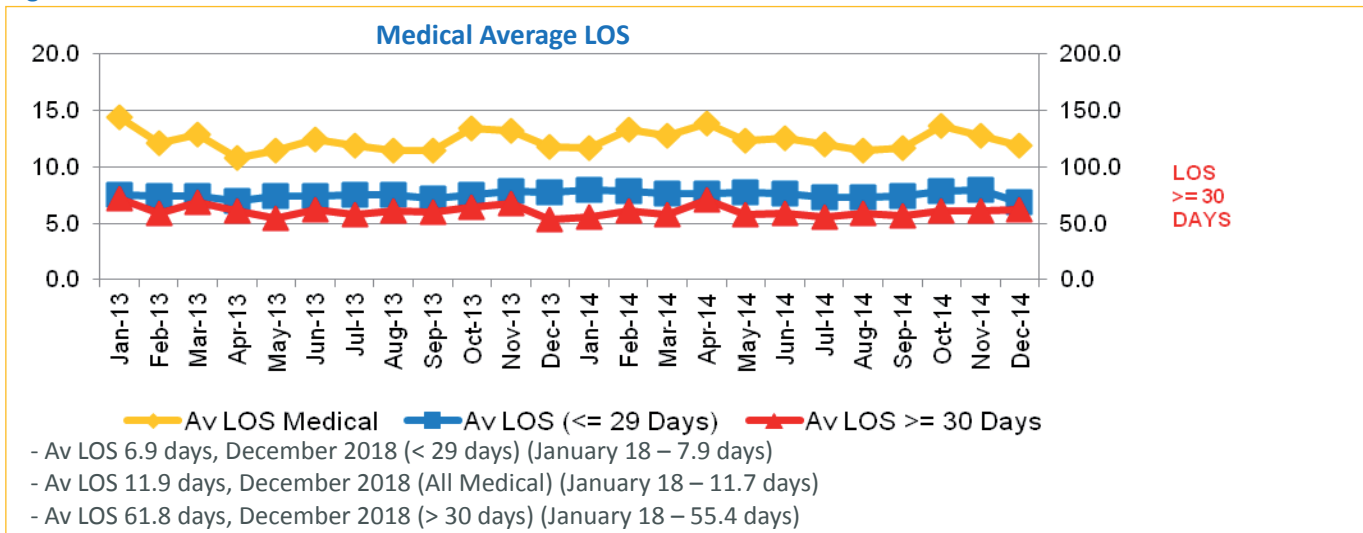
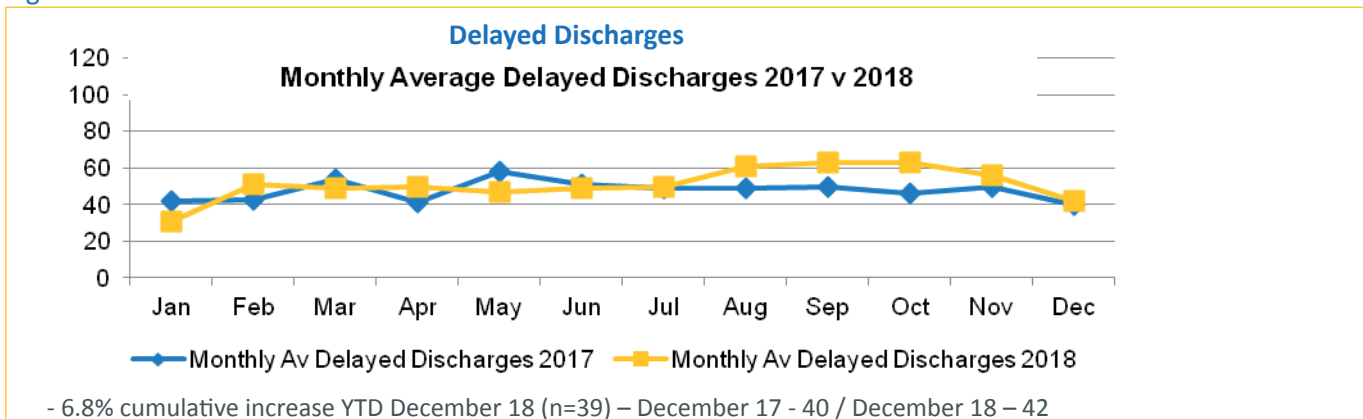


Figure 28



Integrated Quality and Safety Department

Director Clinical Governance:
Mr John Caird

Executive Lead:
Ms Anne Mc Neely, Deputy CEO



Introduction

The Integrated Quality & Safety Department's aim is to support front-line and supporting services to provide patient care that is safe, effective and person-centred.

The IQSteam's work includes risk management, driving quality improvement and promoting standards of care, the health and safety of staff and patients, establishing and supporting effective clinical governance and responding to patient and family feedback to improve the overall patient experience.

The IQS Department guides, supports and facilitates services in the Hospital to achieve the highest quality of care for patients through the implementation of, adherence to and compliance with relevant standards and guidelines.

The committee meets on an alternate month basis and is composed of all the Clinical Directors, Director of Nursing, Director of Clinical Audit and Clinical Audit Manager.

During the year, the committee reviewed data on 1 and 5 year mortality on each of the common cancers Beaumont Hospital treats, National audit of in hospital mortality, National Audit of ICU outcome and National Audit of hip fractures. The committee also reviewed presentations by the vascular surgery department concerning outcome of major vascular surgery, the stroke service on outcome of stroke treatment at Beaumont Hospital and the treatment of subarachnoid haemorrhage. Each of these disciplines has demonstrated progressive improvement in recent years.

The Clinical Audit Programme Director works within the Integrated Quality and Safety and Clinical Governance Programmes and reports to the Lead Clinical Director / CEO. The ultimate purpose of the role is to establish a system which ensures safe and effective clinical practices for patients and staff at Beaumont Hospital through the establishment of a Clinical Audit Programme. The role continued to evolve and expand throughout 2018.

Clinical audit is affected by recent changes to GDPR and upcoming legislation on open disclosure and consent. Reflecting an increased awareness of the importance of clinical audit in ensuring clinical effectiveness and safety, 5 Consultant Surgeons volunteered to become Clinical Audit Leads within their speciality. We are in the process of developing a similar initiative within the Medical Directorate.

In an effort to drive continued improvement in quality, ensure clinical effectiveness, promote accountability and ensure efficient use of resources we began an initiative to commission specific Key Performance Indicators per speciality and will continue to develop this project throughout 2019.

Clinical Governance and Audit

The Clinical Governance Committee meets on a regular basis (7 meetings in 2018), chaired by Mr. John Caird, Director Clinical Governance and continues to work to ensure mechanisms are identified and put in place to review and monitor the effectiveness and quality of care and actions are taken to address areas that require improvement.

A number of groups / committees reported to the Clinical Governance Committee in 2018 providing quality assurance and updates on quality improvement activity.

Performance Highlights

Clinical Effectiveness Committee

During 2018 the hospital established a Clinical Effectiveness Committee under the chairmanship of the Lead Clinical Director Prof Peter Conlon. The mission of the committee is to review the clinical effectiveness of the hospital clinical activities and output of national and local audits.



Lead Clinical Director:
Prof Peter Conlon.

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Clinical Audit Programme Director:
Dr. Neasa Ni Mhuirheartaigh



Clinical Governance/Audit Manager:
Ms Linda McEvoy

Clinical Audit

Clinical audit is a tool which can be used to demonstrate how effectively clinical care is being provided and to learn if there are opportunities for improvement. The clinical audit programme includes hospital directed clinical audit projects in addition to locally initiated audits which individual clinicians undertake as part of their ongoing professional development and improvement.

In 2018 the clinical audit department continued to build on relationships across all departments to enhance and encourage the registration of audits. With the introduction of GDPR legislation in May updated education sessions were delivered as to how clinical audit sits within this legislation.

It is expected that further legislation is due to come into place in 2019 which will directly affect clinical audit and preparations are underway for these proposed changes.

There were 224 audits registered in 2018, a 100% increase from that registered in 2017, this equates to an average of 19 audits registered per month (Figure 29).

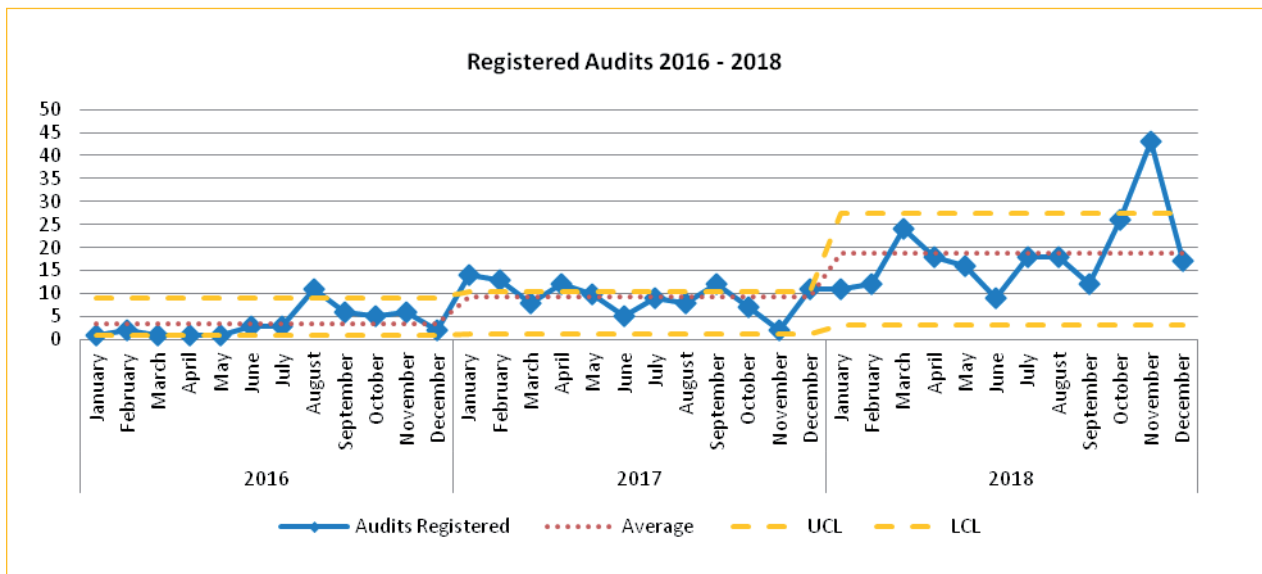


Figure 29: Monthly Audit Registrations 2016 - 2018

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

Open Disclosure

A working group, consisting of trained trainers in Open Disclosure was established in 2017 to roll out briefing sessions and workshops.

598 employees attended briefing sessions in 2017 and a further 529 in 2018 with 40 staff members attending the more intensive training during the workshops.

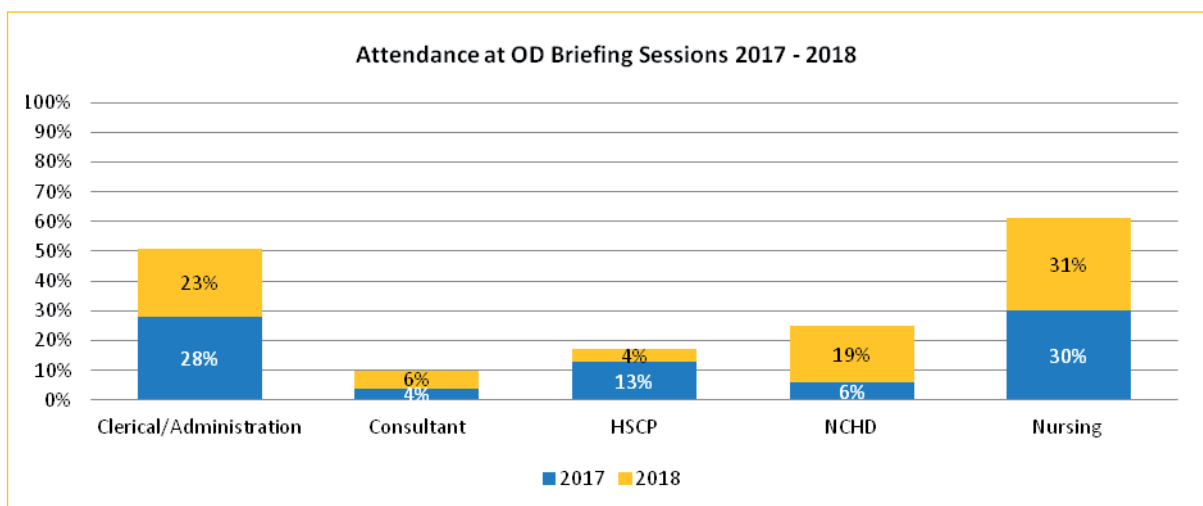


Figure 30: Attendance at OD Briefing Sessions 2017 & 2018

Freedom of Information (FOI)

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

In 2018 the Freedom of Information Department received 391 requests for personal information and 26 requests for non personal information. 269 of requests were granted.

The department continued to witness an increase in subject access requests, reaching 2,652 requests in 2018.



*Health and Safety
Manager:*
Ms Stephanie O'Gara

Health & Safety Department

The Health and Safety Department provide appropriate and effective support to facilitate the Hospitals attainment of its core objective of safe patient care whilst preserving the highest quality of health and safety practices across the Hospitals wide spectrum of activities.

Key Performance Indicators

Risk Assessment

- To facilitate and provide advice on the development of risk assessments and risk registers at departmental level.

Auditing

- To ensure the completion of monthly fire safety audits at directorate and departmental level.
- Facilitate the Dangerous Goods Safety Advisor to complete bi-annual audits across the hospital directorates and departments.

Training

- To provide a programme of mandatory health and safety training which includes fire safety training and inanimate manual handling training.
- To ensure that the mandatory health and safety training programmes form part of the hospitals new Learning Management System, BORIS.
- To provide reports to both directorate and departments on compliance with attendance at mandatory health and safety training.

Fire Safety

- To work with the Major Incident Management Team on the delivery of fire evacuation exercises.
- To liaise with Dublin Fire Brigade and other hospital stakeholders on the development of pre fire plans.

Communication and Consultation Strategy

- Co-ordinate an awareness campaign reflecting the European theme for Health and Safety Week.
- Conduct staff safety committee meeting bi-monthly.

System Analysis Investigation

- To complete system analysis investigations for all HSA reportable incidents.
- To report, to the HSA, all three day reportable incidents.

Minor/Capital Projects

- The delivery of construction projects within the statutory parameters of construction safety legislation.

Performance Highlights

Risk Assessment

- The department continued its work on the provision of guidance and facilitation in the development of risk registers at departmental level.
- In 2018 the department facilitated completion of 61 risk assessments across various services including manual handling, ergonomics and chemical risk assessments.

Auditing

- Fire safety auditing measures the hospitals performance against set standards and legislation such as the *Fire Services Act 1981, Safety Health & Welfare at Work Act 2005 and the Safety Health & Welfare at Work (General Application) Regulations 2007*. In 2018 there were 104 audits scheduled and completed throughout all the directorates and departments. On foot of the audits 61 key box units & keys were purchased and installed. There were an additional 34 carbon dioxide extinguishers installed, 5 fire blankets, 85 fire extinguisher identification labels and 78 fire point signs. Fire safety signage such as external assembly points and fire action notices were updated and displayed.

- A DGSA audit involves the auditing of the processes involved in the segregation, storage, handling, transport and disposal of Dangerous Goods. The DGSA audits for St. Josephs Campus and Beaumont Hospital took place in July & December 2018 with 11 observations and two non conformances reported in the St. Josephs Campus audit. There was a 26% decrease in the number of observations compared to 2017. Action plans have been developed to close out on the non conformances and observations identified. The Hospital awaits receipt of the DGSA audit report from December 2018.

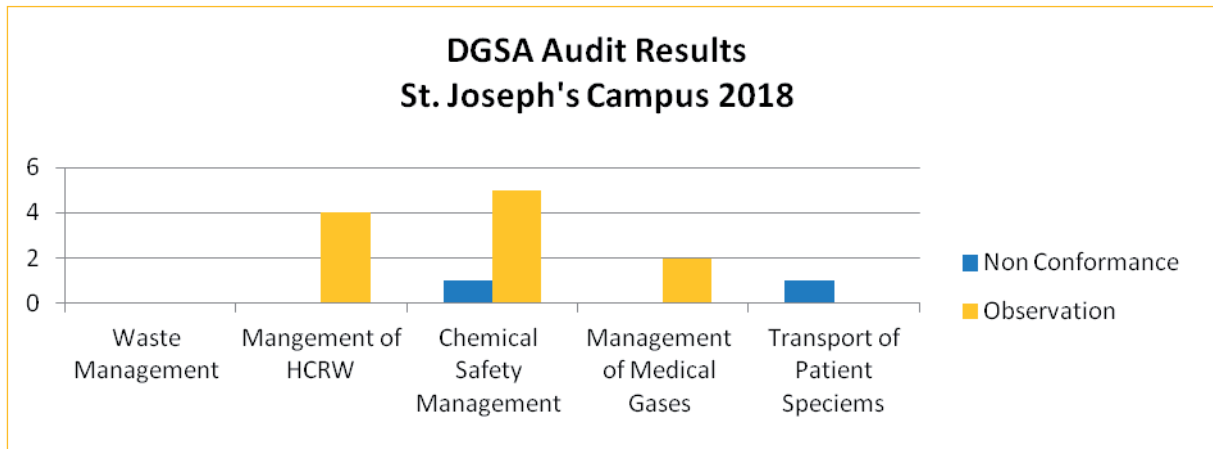


Figure 31: DGSA Audit Results St. Josephs Campus 2018

Training

Mandatory health and safety training, fire safety and manual handling, are now accessible for all hospital staff, via the on line learning management system, (BORIS). In 2018 directorates received a bi-annual report detailing their compliance at attendance at mandatory health and safety training.

Major Incident Management / Fire Safety

- Under the direction of the Major Incident Management Team led by Sue Burrows, the Health and Safety Department along with other key stakeholder's co-ordinated evacuation exercises for 8 wards and 3 administration areas.
- The Health and Safety Department and other key stakeholders successfully liaised with Dublin Fire Brigade on the development of pre-fire plans for the hospital campus.
- Each floor of the hospital ward block underwent a weekly fire alarm bell test to ensure functionality of the Fire Alarm System.

Communication and Consultation Strategy

European Health and Safety Week (22nd-26th October 2018) focused on the theme of healthy workplaces, manage dangerous substances. The aim of the campaign was to raise awareness of the risks posed by dangerous substances and to promote a culture of risk prevention. The Department co-ordinated a week long awareness campaign reflecting the theme and included training on sharps awareness and healthcare risk waste segregation, information and awareness stands and a health screening day for staff. The message of 'Household Safety - Poisons Prevention' was wonderfully illustrated by the 52 children who entered the poster contest. The importance of the staff health was evident when 275 staff participated and had the opportunity to avail of a health check provided by specialist nursing staff and dieticians. The information and awareness stand which reflected the theme for the week was visited by 550 staff.

System Analysis Investigation

The principle of carrying out such investigations is to establish the root cause of the incident and to identify recommendations and learnings so as to reduce reoccurrence of such incidents. The Health and Safety Department carry out System Analysis Investigations for Health & Safety Authority Reportable incidents, serious near misses, Dangerous Occurrences (as prescribed by the HSA), Fires and non-clinical needlestick injuries. A HSA reportable incident is an incident where a staff member is out of work for greater than 3 days as a result of an incident at work, in turn this must be reported to the HSA. The top three reportable incident types, in 2018, were patient moving & handling, inanimate manual handling and slip / trips / falls.

In 2018 the Department reported 38 incidents to the HSA which equates to 9% of the total number of employee incident in 2018.

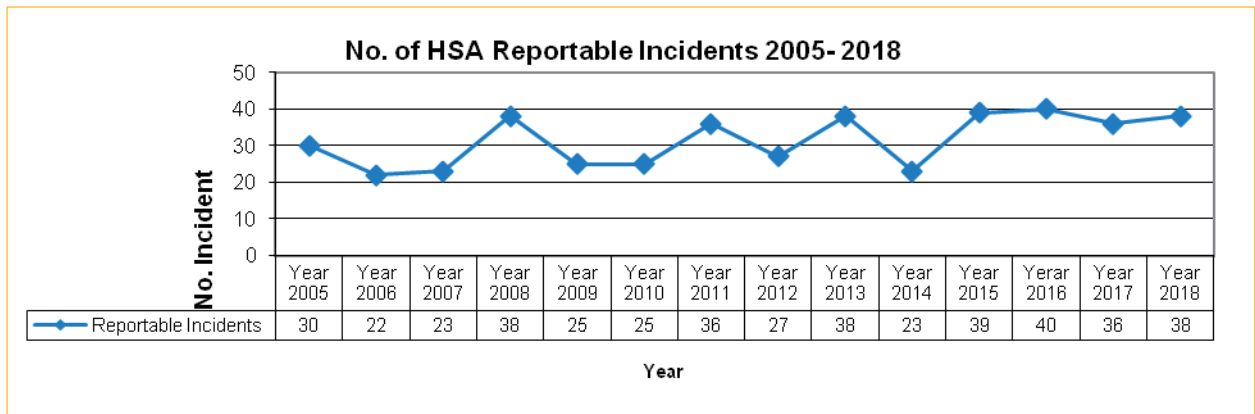


Figure 32: Number of HSA Reportable Incidents 2005 - 2018

Minor/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. The primary areas of focus for the department with these projects 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.
- The department worked in collaboration with the Project Management Team and other internal stakeholders on the following capital projects - Cochlear Implant Expansion, Breast-care building, the RCSI Extension, and the CT Replacement Project.

The Health and Safety Department continues to fulfil its fundamental mission to assist and advise 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.

Health Promotion Department

The Health Promotion Department linking with the community provide and promote wellbeing and illness prevention services to improve health outcomes for patients and staff.

Wellbeing and Stress Management Programme for Outpatients

“Health is not just the mere absence of illness but the development of a vital well-being” World Health Organisation. The Wellbeing and Stress Management Programme for Outpatients emphasises a lifestyle approach to achieving wellness and to equip the participant with coping skills to manage their own stress levels. The aim of the programme is to deliver a Wellbeing and Stress Management intervention for out-patients to effect change in well being and physical health.

Performance Indicators

- To run quarterly Wellbeing Programmes.
- To achieve target numbers of attendance of 10 patients per programme / 40 patients per year as a minimum.

In it’s ninth year, 40 patients in total completed the 6 hour programme.

Tobacco Cessation Support Service

Objectives:

- Provide a Quit Smoking Support Service for In-Patients, Out-Patients & Staff.
- To liaise with specialist staff and departments and provide Tobacco Health Promotion Awareness – eg. Lung Cancer Awareness.
- Quit smoking literature is disseminated throughout the hospital.

Key Performance Indicators:

- Patients who avail of the quit smoking support programme are followed up by phone up to a period of 1 year - minimum 7 contacts as per HSE National Standards for Tobacco Cessation Support Programme.

- At least 45% of patients who avail of the quit smoking support programme should have quit smoking at 1 month as per HSE targets.
- Out-Patient referrals are contacted regarding their appointment within 3 weeks of referral.

In 2018, 257 Patients availed of a one to one smoking cessation service with 60% of Patients who set a quit date and availed of quit smoking support programme quit smoking at 1 month (KPI = 45%). A further 173 people were contacted by phone.

A ‘*Stop before your Procedure*’ Initiative has been successfully piloted in 2018 and planned go live in Spring 2019. The Health Promotion, Pre-Assessment, Anaesthesia and the IT Departments collaborated and developed a plan to action this initiative.

Making Every Contact Count Training (MECC)

The MECC training is part of a HSE & Healthy Ireland (HI) National training programme and is a requirement for clinical staff. The training prepares staff to support their patients to make health behaviour changes.

Objectives 2018:

- To provide feedback to the MECC Development Team before the launch of the training programme nationally.
- To upload the MECC training programme onto BORIS the Hospital learning platform, in collaboration with the MECC Development Team, the Hospital learning and development staff and BORIS IT staff.
- To link MECC with hospital STORM system.

Performance Highlights:

- 7 staff members were trained in MECC in 2018
- Feedback from these staff has allowed for improvement to the content and flow of the training programme.
- MECC has been uploaded onto BORIS and in December 2018 linked with STORM.

Healthy Ireland (HI)

Objectives:

- Establish and co-ordinate a schedule of Beaumont Hospital Healthy Ireland (HI) Steering Committee meetings.
- Agree on the Terms of Reference of the Committee.
- Using the guide of RCSI Healthy Ireland Implementation Plan carry out Gap Analysis to ascertain what work is ongoing and requires support.
- Commence the development of a Hospital Healthy Ireland Implementation Plan.
- Co-ordinate sub-committees to action the Implementation Plan.

Performance Highlights:

- HI Steering committee established, Terms of Reference agreed on and meetings attended as scheduled.
- Sub-Committees formed: Staff Health & Wellbeing - Physical Health, HI Alcohol Awareness, and Healthy Eating - collaborating with existing Hospital Nutrition Committee with plans to progress actions in 2019.

Occupational Health Department

The department’s mission is to assess fitness for work and to detect, prevent and treat work-related health conditions, thus helping to ensure that quality patient care can be provided by healthy staff. The department provides services to Beaumont Hospital staff (incorporating St Joseph’s Unit and Raheny Community Nursing Unit) as well as to some of the Hospital’s contractors.

The organisation is assisted in complying with some of its KPIs (e.g. flu vaccination). We are in close contact with frontline staff and managers and are sensitive to issues that impact on wellbeing at work.

The department is staffed by a team of occupational physicians (consultant and specialist registrar), specialist nurses and an administrative support team. The collective practice is underpinned by absolute respect for the confidentiality of the consultation. We have been working towards a ‘*paper-lite*’ system of record keeping and continue to integrate GDPR requirements into our practice including the development of a Privacy Policy and amendments to how we do business to ensure legal compliance.

Our key responsibilities are:

- Managing occupational injury / illness e.g. needlestick injury, musculoskeletal disorders (assisted by our Senior Musculoskeletal Physiotherapist).
- Managing workplace exposures (infectious diseases, chemical hazards etc.).

- Providing periodic health surveillance to staff exposed to certain workplace hazards.
- Advising managers and the HR Department on fitness for work at all stages in working life (recruitment, returning to work after illness / injury, access to benefit schemes and ill health retirement).
- Assisting the Recruitment Department by timely completion of pre-employment health assessments.
- Delivering employee immunisation programmes determined by risk assessment (assisted by peer vaccinators in delivering seasonal influenza vaccine).
- Contributing to the optimisation of a healthy work environment for all by alerting managers when workplace hazards or unsafe practices are identified. We work closely with our H&S colleagues when incidents require investigation to help to make the workplace safer.
- Promoting healthy lifestyle behaviours opportunistically during consultation.
- Contributing to hospital committees which deal with occupational health, safety and wellbeing.
- Contributing to education of staff on issues of occupational health and safety e.g. at induction programmes.

Key Performance Indicators

- Employee attendances at OHD.
- Vaccinations administered (this does not include all seasonal influenza vaccinations as the season straddles 2 calendar years).
- Needlestick injuries.
- Management vs. self-referrals.

Departmental activity is currently tracked using the OPAS occupational health management software. Overall activity, described in Figure 33, showed overall attendances to have reduced by 18% from the activity observed in 2017. Analysis confirms this reduction is largely explained by reduced attendances with occupational health nurses. There are many reasons for this, including staff shortages during 2018 (maternity leave etc.), however, the nature of activities undertaken year by year can change as periodic activities undertaken preventatively (e.g. VDU assessments) are not done annually.

Detailed reports on influenza vaccination uptake and needle-stick injuries are tabled at the Infection Prevention and Control Committee on an annual basis.

Much of our activity is driven by management referrals who seek guidance on employee fitness for work and whether any work restrictions are necessary. Figure 34 illustrates the breakdown of these referrals in terms of disease category. Patterns are similar to those seen in 2017 i.e. largely musculoskeletal but a quarter relating to mental health (including stress).

Seen by	2017	2018
OHP*	1372	1347
OHA**	5284	4124
Total	6656	5471

*Occupational health physician **Occupational health advisor

Figure 33: Employee OHD attendances 2018 (vs. 2017)

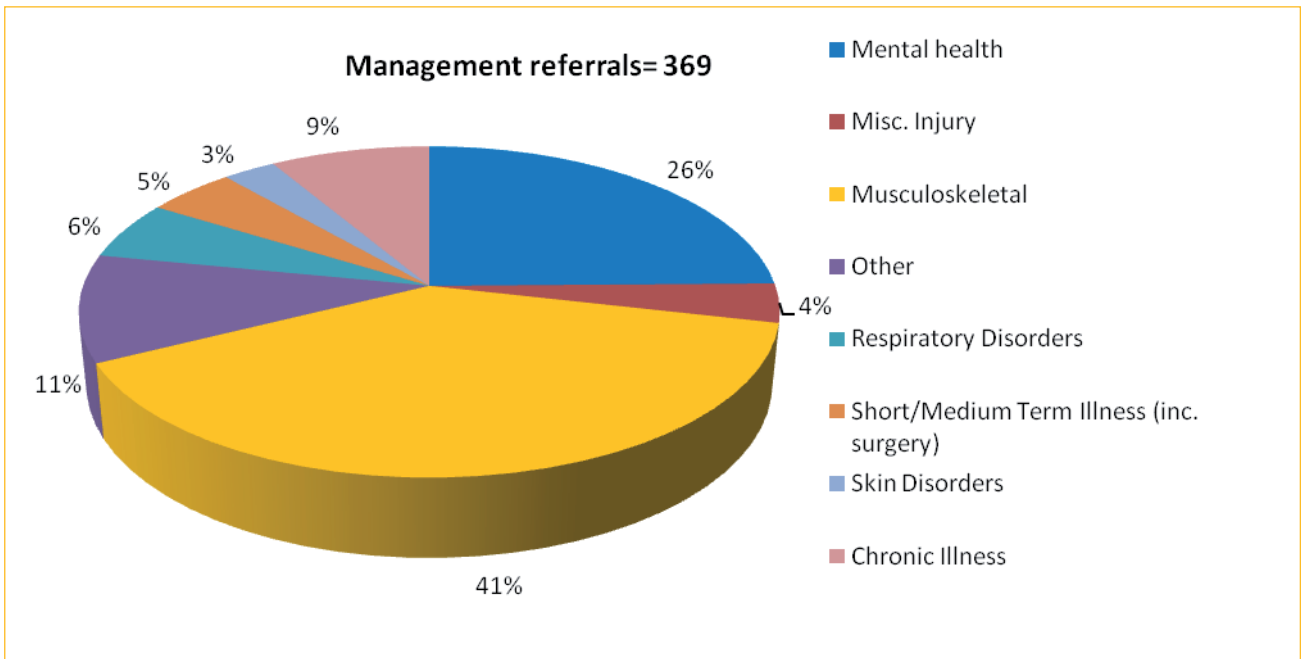
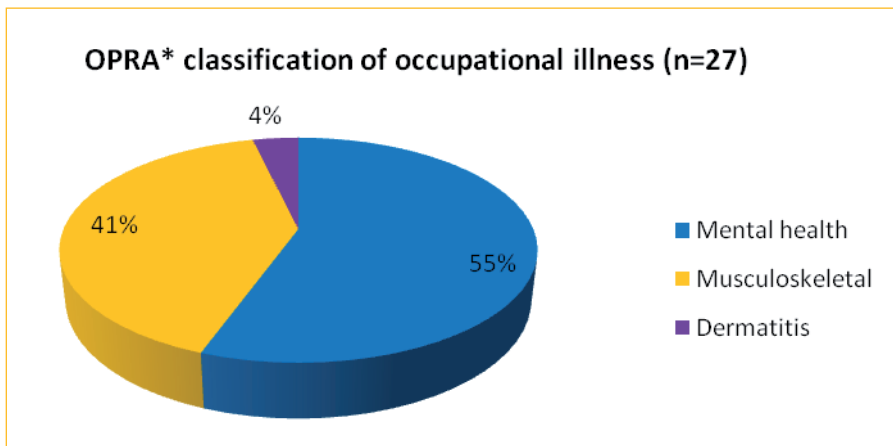


Figure 34: Disease categories of referrals by managers (not including occupational injuries)

Since 2017, we have been reporting the number of cases seen which are considered to be causatively linked with work risks and these are reported through the national reporting scheme which is funded by the Health and Safety Authority (HSA). Figure 35 illustrates the breakdown of these illnesses according to disease category. The trends are fairly consistent to date, with over 50% each year relating to mental health. The plan in relation to this issue is to work with HR and managers in the coming year to implement training and strategies to improve the capability of managers to manage stress within their teams.



*OPRA = Occupational Physicians Reporting Activity

Figure 35: Classification of occupational illness

Performance Highlights

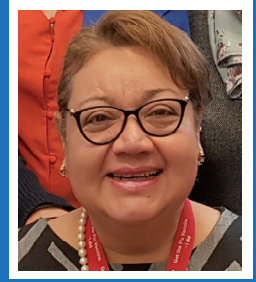
- HSE Excellence Award shortlisted project (February 1st 2018): *'Beaumont Hospital's Management of Seasonal Influenza'*.
- Highest uptake of flu vaccination of all DATHs (HPSC) - 58.4%.
- Ferguson - Glass Oration, May 15th 2018, RACP, Sydney. Invited paper on *'The Health and Wellbeing of Doctors'* was delivered by Dr Blánaid Hayes.
- ICOH (International Commission on Occupational Health) service Award received by Dr Blánaid Hayes following hosting of ICOH 2018 in the spring.
- RCPI cross faculty position paper entitled *'Influenza vaccination of healthcare workers'* (October 2018) was led by Dr Blánaid Hayes.

Patient Advice and Liaison Services

The Patient Advice and Liaison Service (PALS) is responsible for the management of complaints which are directed to the hospital. Formal complaints are logged onto the National System (NIMS) and managed under the provisions of the HSE Policy; Your Service, Your Say.

A Key Performance Indicator for PALS is the percentage number of formal complaints closed within 35 working days. The RCSI HG target is 75%. PALS during 2018 achieved 68% average compliance.

Formal complaints; Figure 36 illustrates the number of formal complaints received between January and December, 2017 & 2018.



*Patient Advice and Liaison Services Manager:
Ms Cecilia Ryan*

Figure 36: Formal Complaints received per Month

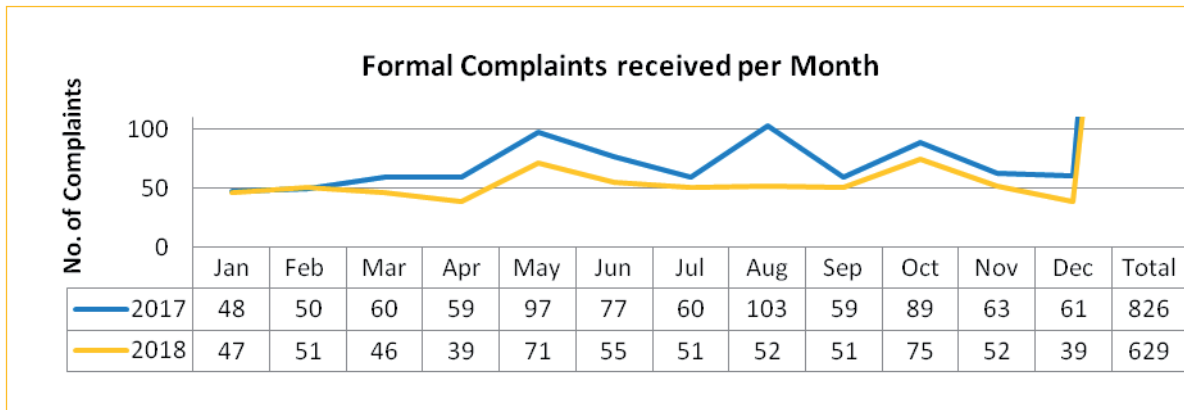


Figure 37: Complaint percentages - 2018.

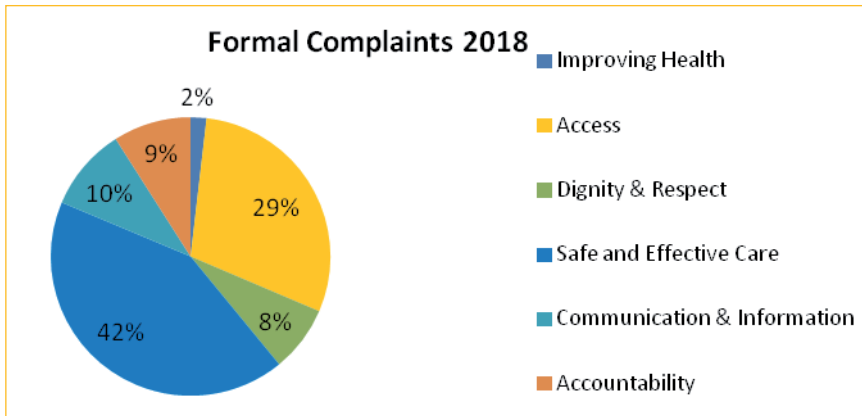


Figure 37 outlines the categories of formal complaints received during 2018 as a percentage of the overall formal complaint activity received through the PALS Department.

Figure 38: Formal Complaints, KPI

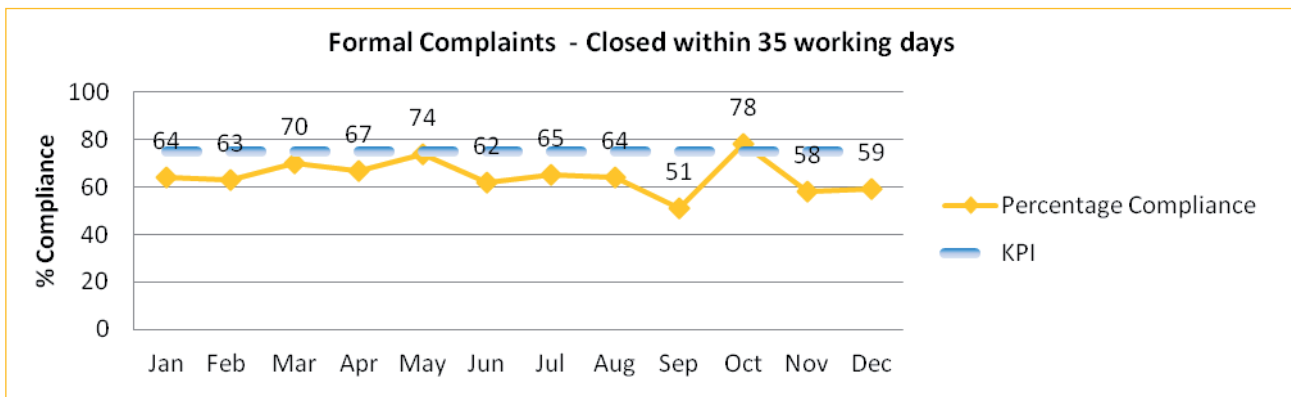


Figure 38 above outlines the PALS KPI with regard to complaints closed within 35 working days.

The PALS Department continue to manage formal complaints and concentrate further efforts on the collation and dissemination of the trends and themes of informal complaints, thereby engaging staff and resolving issues at local level with the aim of reducing the overall number of complaints received, thus leading to improvements in the patient's experience.

Quality & Standards Department

The Quality & Standards Department support a systematic, sustained approach to quality improvement in delivering safe and effective care in the hospital and continues to work collaboratively with Directorates and Departments to support the delivery of quality patient care.

National Standards for Safer Better Healthcare

The Health Information & Quality Authority (HIQA) continues with a programme of monitoring in relation to thematic inspections against the National Standards for Safer Better Healthcare (2012).

In 2018, HIQA outlined a programme of monitoring for Acute Hospitals as follows:

- The continuation of the programme of monitoring against the National Standards for the Prevention and Control of Healthcare Associated Infection in Acute Healthcare Settings (2017) with a focus on decontamination.
- Continuing the programme of monitoring against the National Standards for Safer Better Healthcare, with a thematic focus on medication safety.

Medication Safety

An announced inspection took place on July 3rd 2018. Inspectors met with hospital managers and staff and reviewed documentation and relevant data which demonstrated evidence of compliance with the standards. They observed practice within the clinical environment in two ward areas.

The report published in October 2018 was largely positive noting that the hospital demonstrated effective leadership, governance and management arrangements and had established governance arrangements and systems in place to support Medication Safety. Some areas were identified that required improvement and a quality improvement plan has been developed to address these issues and forms part of the medication safety work plan through 2018 and into 2019. It is planned to establish a Medication Safety Information Committee in 2019 which will progress actions for improvement and which will report to the Drugs & Therapeutics Committee.

Decontamination

An audit to assess all local and dedicated decontamination areas against the HSE Standards and Recommended Practices for the Decontamination of Reusable Invasive Medical Devices was undertaken in Q1 2018. Following the findings of the audit, areas for improvement were identified with actions to be undertaken outlined as part of corporate and local quality improvement plans.

The governance arrangements for decontamination were reviewed with Valerie Caffrey Chief Operations Officer taking up Executive Lead and Chair of the Decontamination Steering Group.

Consent Working Group

The Consent Working Group is chaired by Dr Diarmuid Smith, Consultant Endocrinologist and quarterly meetings were held in 2018. The Group reports annually to the Clinical Governance Committee.

- In Q2/3, 2018 an audit of completion of the consent form was undertaken by the Clinical Audit Manager reviewing the consent forms of patients who attended Theatre, Endoscopy, Cardiology Day Ward, Radiology and Theatre St Joseph's over a selected time period.
- The overall compliance in completion of the consent form was 84% with areas for improvement identified such as noting of the pregnancy status of a female patient, the documentation of the level / position of the healthcare professional who is taking consent and the documentation of a doctor's medical council number.
- The final report has been distributed to all areas involved in the audit and to all Directorate Management Teams.
- The Consent Group plan to review and, if required, update the hospital generic consent forms in 2019 taking into account the findings of the audit.

National Patient Experience Survey 2018

Beaumont Hospital performed well in the 2018 survey, receiving a 47% response rate with a total of 827 patients providing feedback. The majority of participants reported positive experiences in the hospital. 82% of patients who participated said they had 'good' or 'very good' overall experiences, compared with 84% nationally.

Survey feedback indicated that there were several areas where patients identified good experience of care. These were areas that were related to patient's overall experiences and where they gave above-average ratings.



*Quality and Standards
Manager:*
Ms Helen Ryan

For example, patients reported positively on how the risks and benefits of their operation or procedure were communicated to them. Similarly, the majority of patients said that if their family members or friends wanted to talk to a doctor, they at least got some opportunity to do so.

Some areas were highlighted as requiring improvement and these included; information at point of discharge, information on how to manage one's condition and the availability of meals when one was missed.

A number of quality improvement initiatives have been identified where actions will be progressed during 2019 through appropriate governance structures. In addition a facilitated workshop led by the CEO with approximately 60 senior nursing staff was held in August to review the findings from 2017 survey and preliminary data from 2018. Discussions regarding the findings took place with suggestions generated for improvements at local and hospital level.

In Q3 an information leaflet for patients at the point of discharge was developed and approved for implementation by the Discharge Committee. This was introduced Hospital wide in November with a plan to audit usage in Q1 2019.

Annual Quality & Patient Safety Meeting 2018

The 7th Annual Quality & Patient Safety meeting took place on November 21st. Organised by Quality & Standards/ Clinical Audit, the meeting provided an opportunity for staff to engage, discuss and learn how the Hospital is committed to improving the quality of care delivered to patients.

The theme of this year's meeting was *"Leading the way for quality care"*.

Two keynote speakers presented on the day: Captain Niall Downey, Airline Captain and Doctor who delivered an engaging and thought provoking presentation on Human Factors & Error Management. The second key note speaker Ms Melissa Redmond told of her experiences with healthcare and how she as a patient and as a parent has fought to make certain that improvements are made within the wider healthcare system to ensure that others do not have a similar experience to her.

The meeting then proceeded with 12 oral presentations from multiple disciplines representing many areas and demonstrating the wide range of quality improvement activities taking place across departments and directorates in the Hospital. Approximately 65 posters were presented throughout the morning with approximately 255 delegates registered on the day.

Prizes were awarded for each stream of oral presentations and 4 poster prizes were awarded.

Coinciding with the QPS Meeting, the hospital launched the "Safety Matters" newsletter.



Left to right: Anne Mc Neely, Deputy CEO; Linda McEvoy, Clinical Audit Manager; Helen Ryan, Quality & Standards Manager; Mr John Caird, Director Clinical Governance.

Risk and Legal Services

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

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

There are approximately 4,000 incidents reported annually. In line with the Hospital's Risk Management Policy and the HSE Incident Management framework 2018 all higher rated incidents are brought for discussion to the Hospital Serious Incident Review Team (SIRT) which oversees the management of category 1 incidents and serious reportable events.

Coroners Court Activity

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

In summary:

- 136 deaths have been reported
- 93 reports have been requested by the coroner
- 20 inquests were attended by clinician staff.

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

Year	Total Number of Claims at year end
2012	136
2013	161
2014	172
2015	193
2016	193
2017	200
2018	235

Figure 39: Total number of claims received per year

Insurance Portfolio

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

Staff Counselling Service

The SCS aims to align itself to the WHO definition (2010) of Healthy Workplaces by integrating a focus on the areas of wellbeing in the psychosocial work environment and providing personal health resources within the workplace.

Key Performance Indicators

Personal and Professional consultation (Counselling and Management support and counselling - one to one): In 2016 SCS introduced Feedback Informed Treatment (FIT) to actively audit and benchmark the service against the international standards. Figure 40 shows how data is captured and reported utilising MyOutcomes (a web based performance reporting system)



*Risk and Legal Services
Manager:
Ms Mary Rose*

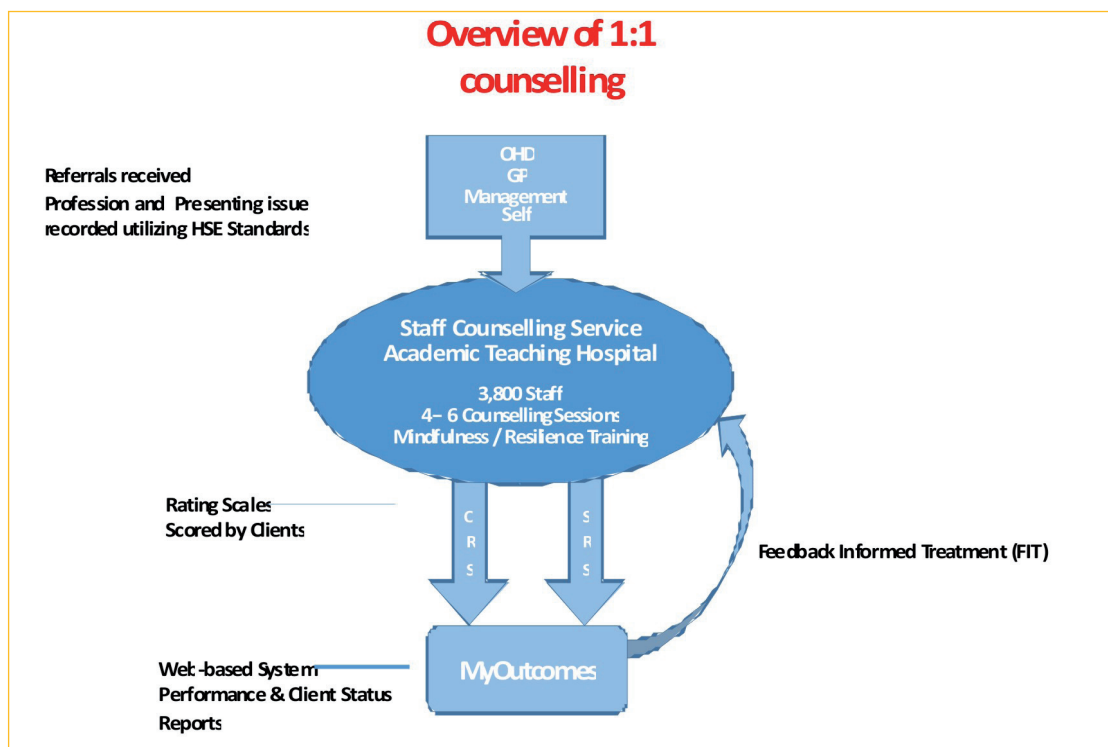


Figure 40: Overview of 1:1 Counselling

In addition SCS also captures data reflecting client’s profession and area of work / directorate and whether the client’s presentation is a work related or personal issue. Work related presentations are broken down utilising job coding and management standards.

Engaging with MyOutcomes enables the SCS to benchmark client presentations and therapist outcomes against international standards. This simple tool has been found effective in providing immediate information on client well being and provides direct feedback that assists counsellors in therapeutic planning. Figure 41 below reports some of the SCS statistics compared to international database users.

Performance Outcomes Source: MyOutcomes

Description	Comparison to database users
Average intake ORS : 18.4 (Beaumont hospital employees of the SCS)	Lower than Average 22 Below clinical cut off 25
Client progress compared to that of clients in clinical trial (no treatment control group).	Above Average (5 times more effective than no treatment)
Client progress compared to MyOutcomes clients with identical intake scores.	Above Average (positive relative effective size)

Figure 41: MyOutcomes.

A report outlining presentation by NCAD’s was provided to the Occupational Health Physician in November 2018. This explored rationale for pattern of referrals, engagement with the service and outcomes. It is planned to carry out a parallel report on a % of general client presentations population in 1st quarter 2019.

Mindfulness: Two 8-week Mindfulness Stress Reduction programmes (MBSR) were delivered during 2018. In addition a monthly newsletter to support graduates of the programme is circulated.

Raising Staff Awareness (RSA): 7 programmes in total were rolled out to various groups including student nurses.

Resilience Plus: In conjunction with the Learning & Development Department 3 Resilience plus programmes were delivered during 2018. A poster presentation on the results of the research carried out by the Psychology Department was presented at the ICOH world conference in Dublin in May.

Schwartz rounds: Both team members have been actively engaged in the Schwartz rounds and are members of the steering committee.

Serious Incident Support

Members of SCS attended the onsite simulations which took place and as a result a review of Action cards and the role of the department in the event of a Major Emergency has been undertaken. Local support was provided by SCS in regard to three incidents that fell under the title of Serious Incident during 2018.

After a busy 2018, the IQS Department look forward to 2019; to collaborating and working with all staff to enable the delivery of safe, effective patient centred care and to continue to improve the patient's experience and outcomes.

The IQS team will continue to facilitate and support all disciplines of staff in achieving key objectives of quality care under the framework of the National Standards for Safer, Better Healthcare.

The IQS Department have key deliverables outlined as part of a work plan for 2019, which include:

- Continue to disseminate and share learning from patient and staff safety events across the organisation:
 - Quality and Patient Safety meeting;
 - Safety Matters Newsletter;
 - Patient and staff safety alerts;
- Enhance, improve and further develop training programmes to support staff in delivering safe quality care.
- Review, update and develop relevant policies, procedures, protocols and guidelines.
- Respond to feedback from patients and staff to continuously improve the patient experience of care.



Medical Board

Prof. James Paul O'Neill
Dr. Patrick Morris



Introduction

Prof James Paul O'Neill is the Chairman and Dr Patrick G Morris is the Secretary of the Medical Board. There are over 25 Directorate and Specialty members including Medicine, Surgery, Anaesthetics, Radiology, Pathology, Nephrology, Neurocent (Neurology, Neurosurgery & Otolaryngology, Head and Neck Surgery), Emergency Medicine, Chairman of the Clinical Governance Committee and Head of the School of Medicine RCSI.

The Medical Executive was reformed in 2016 and meet every two months. We also meet on a monthly basis meet with the CEO Mr Ian Carter for discussion and feedback.

The Directorate

The main role of the Medical Executive Board is to provide a mechanism whereby the views of Consultants can be represented to Hospital Management in parallel to existing Clinical Directorate structures. The Medical Board aims to discuss all aspects of current and future planning in Beaumont Hospital, to maintain excellent communication links with all areas of the Hospital and to combat the challenges that arise from new developments. By discussing, managing and working together we create an environment where new ideas and suggestions can be explored and the best medical outcome is achieved for all our patients.

Key Performance Indicators

- Making strategic improvements in day-to-day running of the hospital.
- Analysing problem areas and seeking resolution.
- Reviewing Government policy and implications for Beaumont Hospital.
- Welcoming new consultants on staff.
- Continuing essential collaboration with The Royal College of Surgeons in Ireland
- Acknowledging Teaching in Beaumont and awarding the RCSI consultant teaching award.

Performance Highlights

New Consultant Appointments:

All directorates welcomed new consultant appointments over the course of 2018. Changes to the Interview process were made by the CEO in order to improve the structure and makeup of interview boards, while maintaining specialist representation. In addition to representation at all consultant interviews the commencement of new appointments were associated with delays in start dates due to logistics and contract issues. The Medical Executive has successfully negotiated early commencement of all positions in a timely manner.

Trauma:

A number of meetings were held by the Medical Board discussing Beaumont Hospital's continued and expansive role in Trauma care. In particular the Medical Board has examined the role of specific departments - Emergency Medicine, Orthopaedics, General Surgery and Neurosurgery and the continued support to these departments in delivering high quality care as per the Trauma Policy Document - Radiology, Neuroradiology, Skullbase surgery, Otolaryngology Head and Neck Surgery, Neuroendocrinology, Pathology & Neuropathology, Physiotherapy and allied specialties all of which exist in Beaumont Hospital. The Medical Board is supportive of the further development of Trauma Services in Beaumont Hospital and has undertaken preliminary work to highlight key areas for future investment.

Molecular Pathology

Beaumont Hospital has all aspects of oncological care on campus, including Medical, Surgical and Radiation Oncology, Microvascular reconstruction, Haematology, sub-specialist Pathology and Neuropathology services. As a National leader in the provision of all aspects of Oncological Care, and as a National Center for Molecular Diagnostics we recognise the need for molecular data in the multidisciplinary care of patients demanded by contemporary oncology. The Molecular Diagnostics facility in Beaumont Hospital is one of two such units in Ireland which receives funding from the National Cancer Control Programme (NCCP) providing molecular pathology services to hospital's both on a regional and supra-regional basis. The unit uses state of the art technology to provide details about the molecular make up of tumours. This plays an important role in the diagnosis of some cancers and is a critical component of personalised medicine for cancer patients. This allows for the provision of treatments that are targeted specifically at an individual's tumour, with the aim of maximising treatment effectiveness while minimising side effects. A working group has been established to examine the impact of this changing landscape of molecular pathology on existing services and patients.

HDU:

A High Dependency Unit (HDU) opened in Beaumont Hospital in December 2018. The HDU is a specially staffed and equipped section of Beaumont Hospital's Intensive Care complex that provides a level of care intermediate between intensive care and general ward care. Currently, the HDU consists of 4 beds providing level 2 care. The number of HDU beds will increase to 8 in March 2019. All patients admitted to the HDU are first referred to the attending intensive care specialist for management. Patients may be admitted to the HDU:

- from the ICU as a step-down prior to transfer to the ward, or
- directly from the ward, theatre, recovery or emergency areas.

Typically patients in HDU will have single organ failure and are at a high risk of developing complications. The HDU has resources for immediate resuscitation and management of the critically ill. Equipment is available to manage short term emergencies, e.g. the need for mechanical ventilation. In stable patients routine monitoring and support may include ECG, oximetry, invasive measurement of blood pressure, low level inotropic or pressor support, non-invasive ventilation and renal replacement therapy. Point of care ultrasound will be available for vascular access, echocardiography and lung ultrasound. The HDU will have formal audit of its activities and outcomes via the Clinical Information System.

Beaumont Hospital Consultant Teacher of the Year:

The Royal College of Surgeon in Ireland is continually working hard to improve student experience in St. Stephen's Green and Beaumont Hospital, to support the continuing development of the RCSI Hospital Group, and particularly our engagement with consultant staff. Beaumont Hospital is the main teaching hospital of RCSI. In recognition of the superb teaching of RCSI medical students we nominate a "*Consultant Teacher of the Year*". This award recognises the outstanding work and dedication to those that enhance the learning outcomes of tomorrows doctors. Staff in Beaumont play a vital role in educating the next generation of healthcare leaders and advancing research. The Chairman accepts the nominations and the decision is made within the Medical Board meeting.

We are delighted to announce Professor Shane O'Neill, Consultant Respiratory Physician is the 2018 recipient.

Microbiology:

Hospital acquired infections (HAI), including those due to antimicrobial resistant (AMR) bacteria contribute to increased length-of-stay (LOS), patient harm, death and hospital costs. Evidence links increased antimicrobial use, particularly broad spectrum agents with increasing AMR rates. Continued active surveillance and treatment of any microbiology outbreaks has been closely monitored by the Microbiology department to ensure safety of all Beaumont Hospital Patients.

Physician Associate Programme:

RCSI has opened the Physician Associate programme and the two class have officially completed their studies. Six new graduates are now working fulltime in Beaumont Hospital (and 12 employed around Ireland) and these numbers will grow given the need for additional clinical support and expertise, as such mirroring the North American and Australian models of care.

Robotics:

Robotics and the need for a robot had been discussed at length with multiple departments in Beaumont Hospital. The Robot is now in operation. Urology will have access to this for the first year for public patients undergoing prostate surgery.

Emergency Dept (ED):

Patient review and transit in Irish Emergency departments has been a key topic for all hospitals. Significant progress has been made in the review and efficient transit of patients in the Beaumont ED. Discussions were held on plans for the new ED rebuild and progress has been made with inclusion on the capital strategic plan.

Hand-over:

The Senior Clinical Director and the Medical Board discussed and agreed on a system to be put in place for hand-over of patients in the evening time. This ensures efficient and informed hand over.

Hospital Board Meetings:

The Chairman holds a place on the Hospital Board as such representing the Medical Board.



Department Of Nursing

Director of Nursing:
Karen Greene



Introduction

2018 brought a renewed focus from the outset of the year with the development of the Nursing Service Plan 2018-2020 entitled '*Translating Strategy to Reality*' which sets out the 5 strategic objectives for the Department of Nursing.

Key successes for 2018 were the continued implementation of the national framework for safe nurse staffing and skill mix to a further 11 clinical areas, reducing the overall incidence of stage 3 and 4 pressure injuries by 47% in a 12 month period, opening 4 HDU beds, ensuring delivery of a responsive nursing recruitment plan to successfully support the Hospital to expand its bed base and developing a frontline quality improvement workforce to progress the service plan objectives in each clinical area.

The Department of Nursing continued to respond to patient and service needs by appointing a number of additional candidate advanced nurse practitioners over the year. This brings a 190% increase in our advanced practice workforce in a 3 year period resulting in OPD waiting list reductions and improved care pathways across many specialities. It has also ensured the hospital has more attractive clinically based career pathways for its nursing workforce thereby ensuring we talent retention in frontline care.

Nursing Department

The department welcomed a number of new appointees to the senior nursing management team. Mary Cooney was appointed as Director of Nursing on the Raheny campus, Sinead Lardner took up the role of Deputy Director of Nursing bringing a wealth of experience from her previous roles. Yvonne Ryan was appointed as Directorate Nurse Manager for the medical directorate and Ms Fiona Hillary was appointed as Directorate Nurse Manager for the Emergency Department. The team have welcomed these appointments and the experience each brings to the department. A number of senior nursing managers provided shorter term cover to the nursing executive to maintain stability where gaps arose. This is hugely appreciated by the nursing executive team and provided huge opportunity to consider renewed leadership approaches to our management team.



Back Row; Paul Mahon, Nicola Campbell, Toney Thomas, Fiona Hillary, Yvonne Ryan, Maire Kelly, Sinead Connolly, Grainne Sheeran, Susan Hawkshaw, Clare Morris.

Front Row: Fiona Markey, Mary Cooney, Karen Greene (DON), Sinead Lardner (DDON), Melanie Mc Donnell

Key Performance Indicators

2018 saw the development of the Nursing Service Plan "*Translating Strategy to Reality*".

Bi-annually the Department of Nursing develops a number of strategic priorities based on the national HSE Service Plan, corporate strategic priorities and feedback from our staff and patients. The goal is to continually improve services for our patients and enhance the nursing contribution and role in service delivery with adaptivity and creativeness that allows for changing service needs in healthcare.



Building on the success of the 2016 -2017 nursing service plan, the Nursing Executive Team again partnered with frontline nurse leaders to develop strategic priorities, understanding a collaborative approach with staff directly involved with care delivery is an essential element to achieving these objectives. Recognising also a deep understanding that nursing is one component of a larger interdisciplinary team and it is only through a united approach with shared vision that meaningful change will happen and so many of our initiatives require interdisciplinary thinking and commitment.

Nursing Service Plan - 5 Key Priorities

The Nursing Executive team would like to acknowledge all staff that have engaged and contributed to the development of our service plan entitled 'Translating Strategy to reality'. The document is a 2 year plan and sets out five key priorities

The Nursing Service Plan identifies key areas for quality improvement with Key Performance Indicators (KPI's) attached to measure impact. These KPI's include;

- Reduce the incidence of PVC Staphaureus Bacteraemia by 50%
- Reduce the incidence of serious reportable pressure injuries by 50%
- Reduce the incidence of serious reportable falls by 25%



Recruitment:

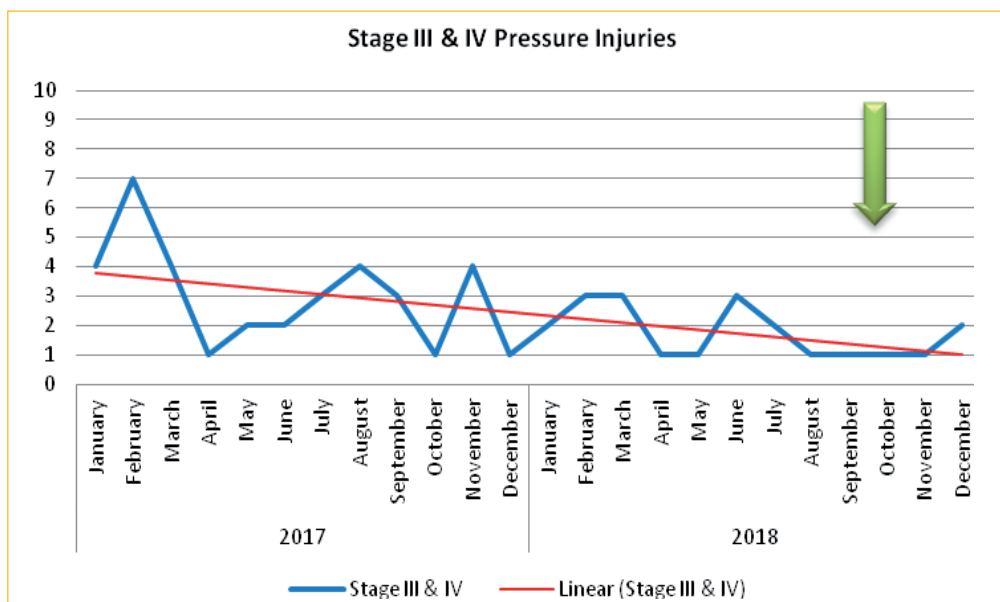
2018 saw in excess of 183 new staff nurses and 91 Health Care Assistants joining the Beaumont Team. 2018 also saw 70 new graduate nurse's both from Beaumont Hospital and other hospitals take up positions as staff nurses across the Hospital. Throughout 2018 over 140 nursing recruitment competitions / campaigns were run. The emphasis on recruitment and retention will continue into 2019.

Performance Highlights in 2018

Pressure Injury Incidence

Through the Nursing Service plan, the department of nursing set itself an ambitious aim to reduce the incidence of stage 3 and 4 pressure injuries by 50% over the life cycle of the service plan(2018-2020). The Director of nursing and quality manager worked in collaboration with other disciplines to set out a number of measures to achieve this target. With these measures the incidence within year 1 of the service plan has reduced by 33%. The pressure injury improvement steering group are on track to reach the 50% reduction goal by end of 2019. The achievement to date has required wide stakeholder input and a deep understanding at every clinical area level of the approach to care that is expected.

Figure 42 Incidence of stage 3 and 4 pressure injuries 2017 versus 2018



Developing frontline leadership capacity

In 2018 a quality improvement training programme was established to equip frontline nursing staff with the specific skills and tools required to operationalise the deliverables set out in the Nursing service plan 2018-2020. The Department received significant funding support from NMPDU to deliver this programme. Each clinical area nominated teams to be formally trained and mentored in quality improvement team. The teams were made up of CNM1's, staff nurses and healthcare assistants. Over 2 days over 100 staff attended the 1 day programme. This training gave the teams an opportunity to engage with a field expert and receive expert content in the specific areas of frontline accountability and quality improvement. It allows our language and communication to be standardised in relation to quality improvement. The training empowered frontline teams to "own their performance" and to contribute their views and expertise to the designed delivery of care resulting in measurable improvement in both local and hospital wide KPIs relevant to the nursing service plan.

After 6 weeks the teams returned for a follow up day which was attended by Director of Nursing and Directorate Nurse Managers, where the teams shared their QI work to date, troubleshoot problems and celebrated the successes so far. To ensure that focus remains on these quality initiatives there is scheduled walk arounds to clinical areas by members of senior nursing management, these walk arounds keep the teams focused but also give an opportunity to ask questions and get advice and support on their improvements. Similar training will occur in 2019 to build on the QI teams to ensure that a quality improvement culture is embedded in our clinical areas.

One aim of the leadership work stream of the nursing strategy 2018-2020 was to facilitate self-care and motivation training for senior and frontline managers. Frontiers Training facilitated 3 days of the Motivating Energising and Empowering (MEE) programme. Forty-four managers attended these days including members of the Nursing Executive team, CNM3's and front line CNM2's. Feedback from each of the days was overwhelming positive and with a waiting list for people to attend the MEE day, we will be running additional MEE days for frontline managers in 2019.

Expansion of Taskforce for Safe Nurse Staffing and Skill Mix

2018 saw the pilot of the national framework for safe nurse staffing and skill mix continue on a total of 11 wards. These wards completed an initial data collection period and in collaboration with the Department of Health staffing establishments were identified utilising the framework. Work continues on recruiting staff into these positions. Beaumont Hospital worked in collaboration with Professor Jonathan Drennan and his UCC team on the research component of the pilot. The research focused on the impact of implementing the framework on core areas such as: agency use, absenteeism and Nurse Sensitive Outcomes. Figure 43 below identifies the impacts that were noted.

Figure 43: Impact of implementation

Area	Impact
Agency Use	Throughout the wards that received staffing adjustments in line with the framework, substantial agency savings were noted. The initial 3 pilot wards noted decreases ranging from 66% to 95% in the usage of agency hours. This reduction has been sustained in the initial pilot wards.
Absenteeism	A decrease in the overall absenteeism was noted in the initial taskforce wards.
Skill Mix	Wards that had received an adjustment to staffing are moving to a stabilised workforce with an 80/20 (Nursing/HCA) skill mix as recommended.
Supervisory CNM2	The results show that the amount of time the CNM2 is spending in a supervisory role increased in line with the recommendations of the Framework. In many cases, due to the stabilisation of nursing staff in each of the sites, there is now the potential for CNM2s to undertake 100% of their role as supervisory.
Quality of Care	Staff surveys undertaken revealed an increase in the quality of care that is being delivered to our patients following implementation of the framework.
Care Left Undone Events	Care left undone events (CLUEs) decreased post implementation of the framework
Nurse Sensitive Outcomes	The time series analysis shows that counts of a nursing sensitive patient outcome (NSO) were increasing by 0.66% per day. Post implementation of the framework NSO's are decreasing by 0.88% per day. From an economic perspective, each NSO costs, on average €1,094.

It is important to note that the research component of the pilot is a 3 year longitudinal study and data will be reported at set periods throughout this time period.

During the pilot it was noted that there was a heavy reliance on agency to deliver the one to one care that was required on the wards. Going into 2019, there is an initiative in place to develop and implement an Enhanced Care Team to deliver this care. Enhanced care refers to the requirement of care outside of normal staffing levels. An Enhanced Care Team consists of a number of Health Care Assistants in established posts (number is determined by the data collected from the wards on the software system implemented as part of the pilot). This team is trained to the specific requirements of Beaumont Hospitals enhanced care needs and led by a CNM3. This approach has been piloted in another RCSI Hospital and is displaying economic savings, decrease in the amount of time enhanced care is required and an improvement in the quality of care being delivered to the patient.

Peer to Peer Influenza Vaccination programme

Beaumont Hospital plays a critical role within the health system in ensuring appropriate plans are in place to deal with influenza season. Prolonged outbreaks can lead to progressive spread of infection with rapidly increasing service demands that can potentially overwhelm the capacity of the Hospital and other referral hospitals.

Beaumont Hospital Influenza Preparation Group was established 4 years ago to enhance the readiness of Beaumont Hospital to cope with the operational challenges that influenza poses and examine and challenge the culture and behaviour of staff around vaccination uptake. Beaumont Hospital's Occupational Health Team have led the campaign to improve staff vaccination for many years.

To complement this and access local areas with flexibility while spreading a culture of change to do the right thing for both staff and patients requires positive action and a change in people's behaviour. Peer to peer vaccination commenced with 1 volunteer vaccinator in 2016 in one directorate. "The flu crew" grew to 9 members in 2017 and 2018 saw a strong team of 13 volunteers covering all directorates.

Staff influenza vaccine uptake became a key performance indicator for the HSE in 2015 with the target of 40%. In 2018, Beaumont Hospital (3500 WTE staff) achieved an overall compliance rate of 58% vaccination uptake this represents a 6% increase on the previous year. 2018 saw 24% of all influenza vaccines peer to peer delivered.

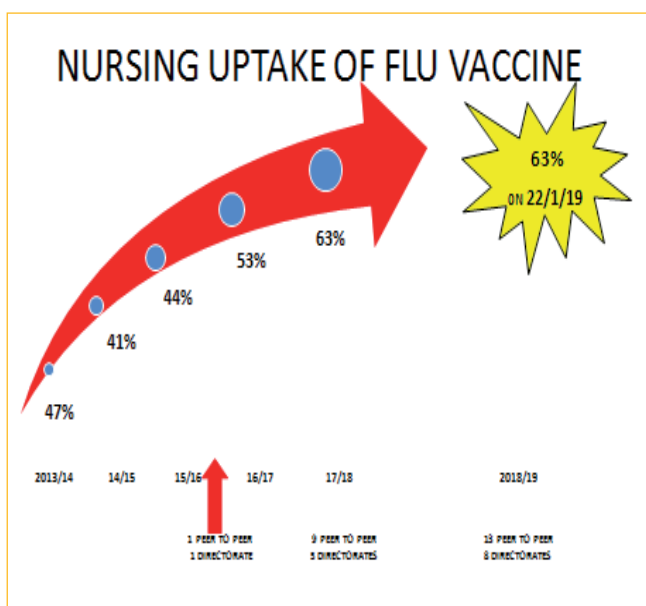


Figure 44: Beaumont Peer to Peer vaccination team

Expanding Bed base / Service capacity

Beaumont Hospital continued to trend with increased activity throughout 2018. In response to this demand, the Department of Nursing undertook various measures including development of a number of new advanced practice roles to create more efficient ambulatory patient pathways along with the opening of 20 additional beds. These resulted in continued improvements in the Emergency Department performance in terms of reduced patient wait volume / wait time and increased elective patient treatments.

High Dependency Unit

On December 3rd 2018 the High Dependency opened its doors with access to 4 level 2 beds for patients requiring complex specialist care. Although in its infancy it facilitated 33 admissions of patients requiring Level 2 care in its first month.

Theatre

The focus for 2018 was to support the opening of additional theatre capacity. 19 new nurses started in theatre which assisted in the reversal of closed theatres. In St. Joseph's Hospital, a 2nd Minor Procedure Room was commissioned, enabling an increase in surgical procedures under local anaesthetic.

Following months of preparation and specialised training, the first urology robotic surgery was performed on 23.11.18.



Figure 45: Celebrating the official opening of the Minor Theatre Dec 2018

Directorate Highlights

Haemodialysis Services

February 15th 2018 marked the first completed year post the opening of the newly commissioned 34 station out-patients haemodialysis unit in the Beaumont Hospital Dialysis Therapies Centre. In 2018 the total number of haemodialysis treatments carried out in all areas was 25,196 and an average of 2,100 treatments per month. There was an overall increase of 416 treatments on the previous year of 2017.

Figure 46: Total Haemodialysis Treatments at Beaumont Hospital

	2012	2013	2014	2015	2016	2017	2018
Total	29,181	28,522	28,859	27,157	25,928	24,780	25,196

Home Therapies

There are currently nearly 80 patients between the two modalities allowing people to dialyse independently at home with minimal hospital contact. Peritoneal dialysis (PD) saw a 15% increase in the number of Tenckhoff catheter insertions done under local anaesthetic compared to 2017. In conjunction the service commenced Acute PD on a number of patients. This enables rapid commencement of peritoneal dialysis when haemodialysis is not an option.



Home haemodialysis (HHD) referrals continued steadily in 2018 with the implementation of the self-needling programme within home therapies and the in centre haemodialysis units. Annette Butler CNM2 in Beaumont Hospital home therapies presented ‘*Setting up a Home dialysis Programme*’ at the Home dialysis Conference in Manchester in September 2018 which was well received.

Margaret Mulvaney, Gillian Mulvaney, Annette Butler CNM2 home therapies and Professor Peter Conlon, receiving a donation for the unit from Gillian and family who organised a fundraising event.

Haematology

A new candidate ANP (cANP) commenced training in September 2018. The impact of this initiative has already become evident in OPD waiting times and accessibility. A positive impact from this service from a diagnostics perspective has been the commencement of PICC line insertions by the cANP.

Cardiology Emergency Cardiology Service (ECS)

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

Figure 47: ECS total activity for 2018

ECS total activity for 2018	Total
Total Consults completed	2610
Total Patient Discharges	1356(51%)
Number of patients discharged by ANP following virtual clinic assessment	467(48%)
Number of patients discharged by ANP directly from ED or ward following consult	889(54%)

Rapid Access Virtual Cardiology Clinic (AVRC)

The AVRC continues to deliver rapid access and follow-up of outpatient diagnostics to low risk chest pain patients. Figure 48 identifies the activity throughout 2018.

Figure 48: AVRC activity 2018

AVRC activity 2018	Total
Total Referrals	962
Number of patients discharged by ANP following clinic assessment	467 (48%) 318 (33%) required no diagnostics
Total number diagnostics booked	619
Bed days saved assuming 2.4 days	2,308
Number of Cardiology OPD slots saved	467

Immunoglobulin Home/ Local hospital Therapies

The Home Therapy and local hospital support programmes which incorporate intravenous, subcutaneous and facilitated subcutaneous.

Figure 49: Breakdown of where patients receive immunoglobulin.

Site	Total
Beaumont	41
Home Therapy (self-administered)	41
Local Hospitals	25
Total	107

An IVIG care pathway for Immunology patients in collaboration with nursing and medical colleagues has been developed and piloted by the Infusion Room Nursing Team which will be implemented in 2019

Enhanced Recovery Nursing (ERP) 2018

During 2018 the colorectal service in Beaumont Hospital had 248 patients through the colorectal nurse - led pre-assessment service and 221 went on to have surgery on the Enhanced Recovery Programme. 2018 saw a 14% rise on the throughput of patients from 2017. Throughout 2018 the CNM2 assessed 155 cancer patients for surgery and 93 benign cases for surgery.

Parenteral Nutrition (PN) 2018

The PN Service is supported by the Clinical Nurse Manager and the main focus is to reduce the risk of catheter related bloodstream infection (CRBSI) and complications of PN. There was a reduction of PNCRBSI in 2018 - 2.1% compared with 3.7% in 2017. Of note both critical care units had no episode of PNCRBSI in 2018 which is a quality indicator that represents the care delivered.

DOSA Unit (Day of Surgery Admission Unit)

DOSA was assigned a new consultation room in 2018, which supported patient care delivery. Patient numbers have increased compared to 2017 by 15%.

St Joseph's Hospital Campus

September 2018 marked a change in the nursing structure in St. Josephs, with the appointment of Mary Cooney as Director of Nursing across the campus.

Raheny Community Nursing Unit (RCNU).

With provision of a quality service and resident safety top of the agenda, the RCNU increased its Clinical Nurse Manager compliment to ensure senior Nurse Manager cover 24/7. A focus on education enabled four staff nurses to commence the post graduate course in Gerontology. Two CNM2's completed courses in Leadership and one staff nurse completed the rehabilitation course. In relation to Safeguarding vulnerable adults there were four safe guarding officers and three trainers of this course appointed in 2018.

Mary Cooney (DON) Mary Keogh (Operations Manager)



Mary Cooney (DON) with the new nurse managers who joined the RCNU team in 2018



2018 saw Gemma Grace joined the Activity Team as Lead Co-ordinator, this role is paramount in planning each day ensuring there is a range of choice for all our residents



Pet therapy



Christmas celebrations



Remembering those who had left our home

6. Centre of Nurse Education

The Centre of Nurse Education continues to offer programmes, in the specialties of Emergency Department Nursing, Coronary Care Nursing, Operating Theatre Nursing, Intensive Care Nursing, Neuroscience Nursing, Gerontological Nursing, Renal Nursing, Urology Nursing, and Cancer Care. 118 nurses from Beaumont Hospital and across the country accessed our programmes in the 2017 - 2018 academic year, and 128 have registered for the 2018 - 2019 intake.

2018 saw the implementation of Foundation Programmes in Emergency Department Nursing and in Perioperative Nursing in line with national recommendations. An in-house Foundation Programme in Intensive Care Nursing was developed within the Centre of Nurse Education. This programme is now run nationally through UCD.

In addition to supporting nurses to undertake programmes run in Beaumont Hospital in conjunction with the RCSI, the Department of Nursing also supported a further 37 nurses to undertake programmes including PGDip Respiratory, Masters in Nursing, Advanced Leadership and AMU nursing in 2017 - 2018.

The Postgraduate Education team also hosted or supported a number of conferences in 2018 including the Care of the Older Person conference, the 4th Annual Frailty Conference, and the inaugural Beaumont Hospital Cardiology Conference. The National Neuroscience Conference was attended by 120 nurses from around the country and had a core focus on fundamentals of acute patient care.



Some of the Committee



Kidney Disease the Patients perspective

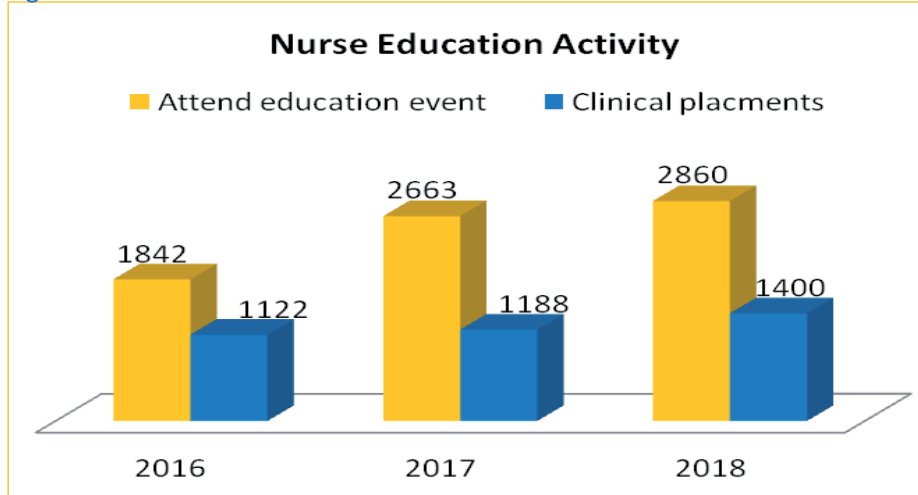


Prof Peter Conlon



Ms Emma Ohart briefing the room on the new Transplant Consent Process

Figure 50



The Beaumont Hospital 7th annual transplant, nephrology and urology conference was held in the Hilton Hotel Dublin Airport on Friday 23rd November. The day was very well attended with over 120 delegates with 10 counties within Ireland represented.

- 2860 nurses, HCA's and other healthcare professionals attended education programmes provided in the Centre of Education (Nursing). This activity is up 7.3% on activity recorded for 2017.
- 1400 clinical placements were provided for student nurses and candidate nurses, which was up 18%.
- 185 educational programmes were provided from a selection of 54 different programmes.
- 61 nurses graduated from DCU / Beaumont general nursing programme and 58 took up employment in Beaumont Hospital as a Registered Nurse.
- Over 200 nurses from other hospitals and the community attended programmes here

Within the Centre of Nurse Education we continue to develop new programmes to improve and equip our nurses with the skills necessary to deliver high quality care to our patients. 2018 saw the development of the following programmes which will progress to implementation in 2019:

- Acute and Complex Neuroscience Conditions, which will run from February 2019 - May 2019.
- Foundation Programme in Perioperative Nursing - The newly developed 26 week Foundation Programme in Perioperative Nursing was piloted in 2018. This programme was developed by Beaumont Hospital Theatre nurses in conjunction with the Centre of Education. It is aimed at new nurses with less than 6 month's experience. The programme uses a blended learning approach and comprises of 5 face-to-face study days, online learning, a clinical portfolio, online workbook, case studies, and clinical rotation. It has received NMBI Category I Approval (35 CEUs).

Infection Prevention and Control Nursing Team (IPCNT)

In 2018 the team developed an E learning programme: Standard and Transmission-based Precautions (STBP) and published on BORIS. The programme aims to standardise IPC knowledge and skills training for the healthcare workforce employed in diverse roles. Three levels of STBP education are available for employee training according to occupation, type of patient contact / task.

Outbreaks

A total of 13 outbreaks of infection were managed by the department in 2018. The IPC team in response to CPE, developed and implemented a nurse led clinic for the appropriate management of concerned patients.

Department Finance

Department Head
Adam O' Hare



2018 was another challenging year for the hospital as service demands and costs increased. The year commenced with an initial budget of €293.9 million, an increase of €2.8 million from the 2017 final allocation. The final budget allocation for 2018 was €316.1million which resulted in a minor deficit position of < €0.5 million (0.1%) for the year.

The significant financial requirements of the hospital impacted the working capital resources in 2018 and were compounded by a historic (pre 2016) deficit of €23 million. Pay expenditure remained within 0.4% of budget for the year, a very successful outcome given service pressures. Patient treatment and quality requirements in respect of non-pay expenditure remained in line with 2017 levels.

Figure 51

	Budget 2018 (€)	Expenditure 2018 (€)	Variance €	% Variance
Pay	269.102M	270.209 M	-1.107M	-0.4%
Non-Pay	136.982M	140.816 M	-3.834M	-2.8%
Income	-89.899M	-94.342 M	4.443M	4.9%

Key Performance Indicators

- Claims awaiting primary consultant action; **34** days at 31st December 2018 versus **38** days at 31st December 2017. (National average was 57 days at 31.12.18).
- Agency savings of €0.39 million achieved.
- Finance expense savings of €2.7m achieved.
- Insourcing initiatives resulting in savings of €1m.

Performance Highlights

Capital investment remains a critical focus for the Hospital in terms of both equipment and infrastructural improvements. There were a number of projects operating during 2018 as detailed in the table below.

Figure 52

Project Name	Total Allocation 2018
	€000's
Equipment Replacement Programme 2018	2,363
Cochlear Implant Expansion	900
Renal Dialysis Unit	271
IT Network Management Device	532
2018 Minor Capital Works	350
Total	4,416

Beaumont Hospital managed to secure an additional €0.4 million of funding for equipment replacement compared to 2017. In addition the Cochlear Implant expansion was successfully completed and the Renal Dialysis Unit was officially opened by Minister of State with responsibility for Disability, Mr Finian McGrath in the fourth quarter of 2018.

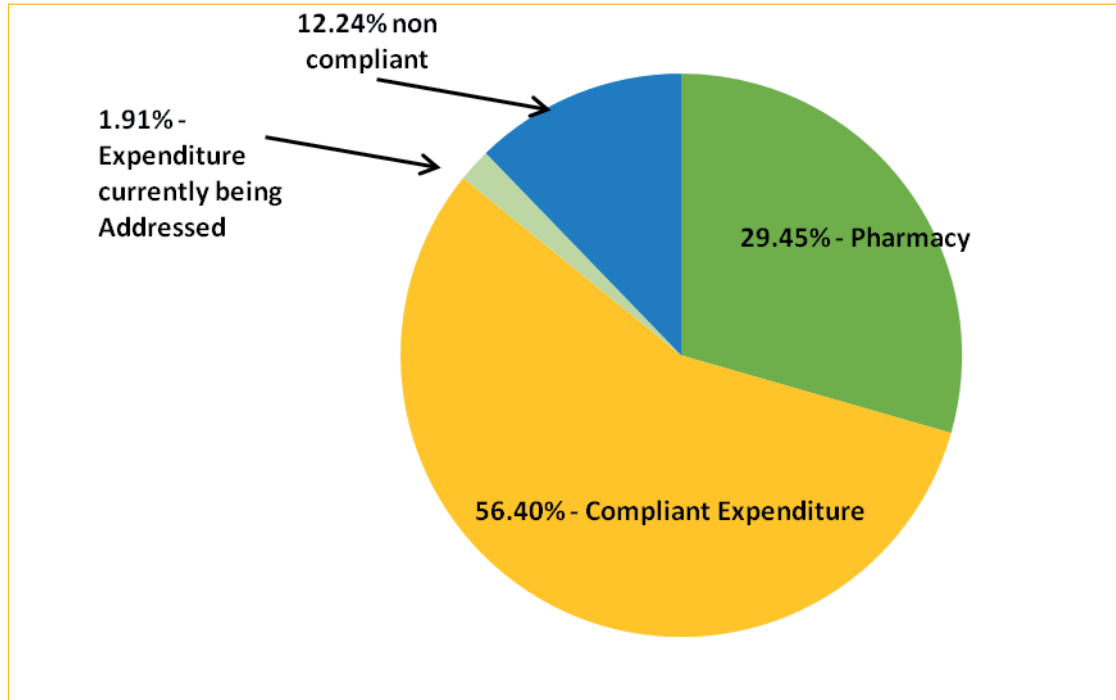
Beaumont Hospital has commenced with the modernisation of its laboratory and it is presently the largest project of its kind, not only in Ireland but all of Europe. With construction well under way and some of the new equipment in place the project is scheduled for completion in the final quarter of 2019. The project will deliver both state of the art facilities and the increased capacity required for the ever growing number of patients within the Hospitals catchment area.

Objectives 2018

Beaumont Hospital completed the upgrade of its financial ledger in 2018 and increased the number of areas placing orders with suppliers electronically. At the end of 2017 this stood at 70 but it has now increased to over 160.

The compliance levels from a procurement aspect continue to improve and currently stand at 87.8% up from 84.4% at the end of 2017. Figure 50 below gives an overview of the situation.

Figure 53



Whilst 2018 has been another challenging year for Beaumont Hospital, financial performance has been in line with expectations and has resulted in a break-even scenario.



Human Resources Department

David Sweeney
Director of Human Resources



Introduction

The Human Resources Department is responsible for delivering a suite of integrated policies and practices for the purpose of enabling the Hospital to achieve its strategic and operational objectives. It provides expert advice and support to management and staff on all aspects of Human Resource Management, (HRM), and plays a key role in strategic planning across the Hospital and its affiliate sites.

Key Performance Indicators

Key performance indicators are driven by both external and internal imperatives. National Performance & Accountability Framework has established four domains of performance against which hospitals are assessed. From a HR perspective, there is a continuous requirement to demonstrate effective harnessing of the workforce in the context of an overarching priority that we manage our activities within annual financial allocations. In parallel, the National Disability Authority also monitors performance against legislatively-driven targets for the employment of people with disabilities. Taking these themes into consideration, the following represented the Key Performance Indicators for the Human Resources Department in 2018:

- Recruitment and Retention Strategies
- Employee Absenteeism Targets
- Improved EWTD Compliance
- Employment Control
- Achieving a 3% Employment Quota for People With Disabilities

Performance Highlights

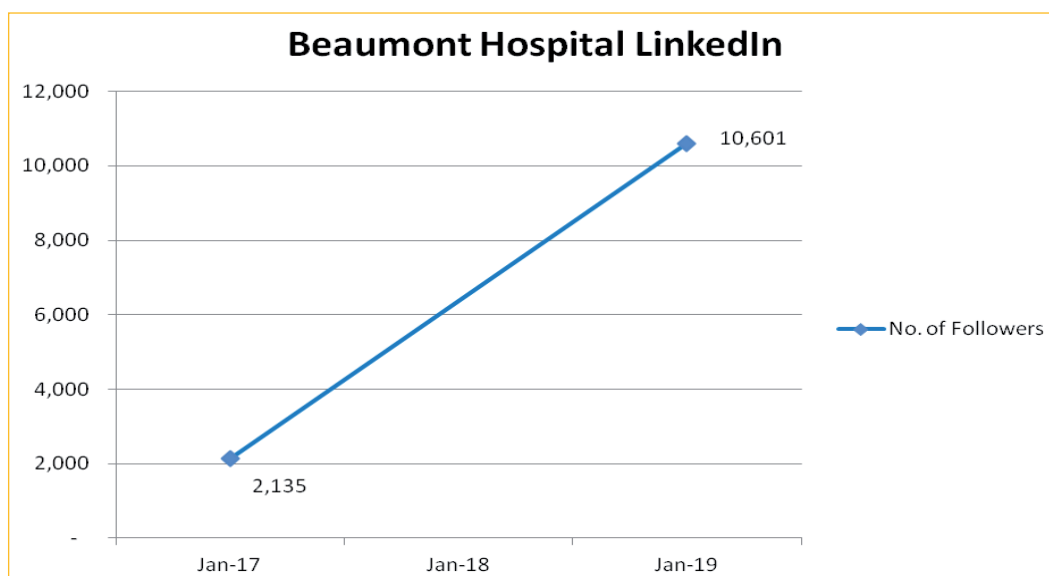
Recruitment and Retention

In order to provide high level and complex national and supra regional specialty services it is vital that we attract and retain high calibre staff to support patient care needs. Throughout the year, our recruitment team, in close collaboration with Hospital Managers, developed a number of innovative talent acquisition strategies and branding initiatives to ensure that the Hospital minimised its vacancy count and was well positioned to fill new and replacement posts. In particular, there was a significant focus on increasing followership on social media platforms and developing online recruiting capability. The Hospital has now achieved the position as most followed public hospital in Ireland, with over 10,000 LinkedIn followers who actively engage with career opportunity postings. An analysis of same is provided in Figure 54.

LinkedIn Followership Trends

The effectiveness of the aforementioned initiatives was formally recognised in the Annual HR Leadership & Management Awards. These National awards are the benchmark for those demonstrating excellence in HR in Ireland and are highly prestigious (nominations are covered by the Irish Independent). On behalf of the Hospital, the Recruitment Team were delighted to accept awards for 'Best Public Sector HR Initiative' and 'Most Effective Recruitment and Retention Strategy' for work on the Winter Capacity and Staff Nurse recruitment campaigns.

Figure 54

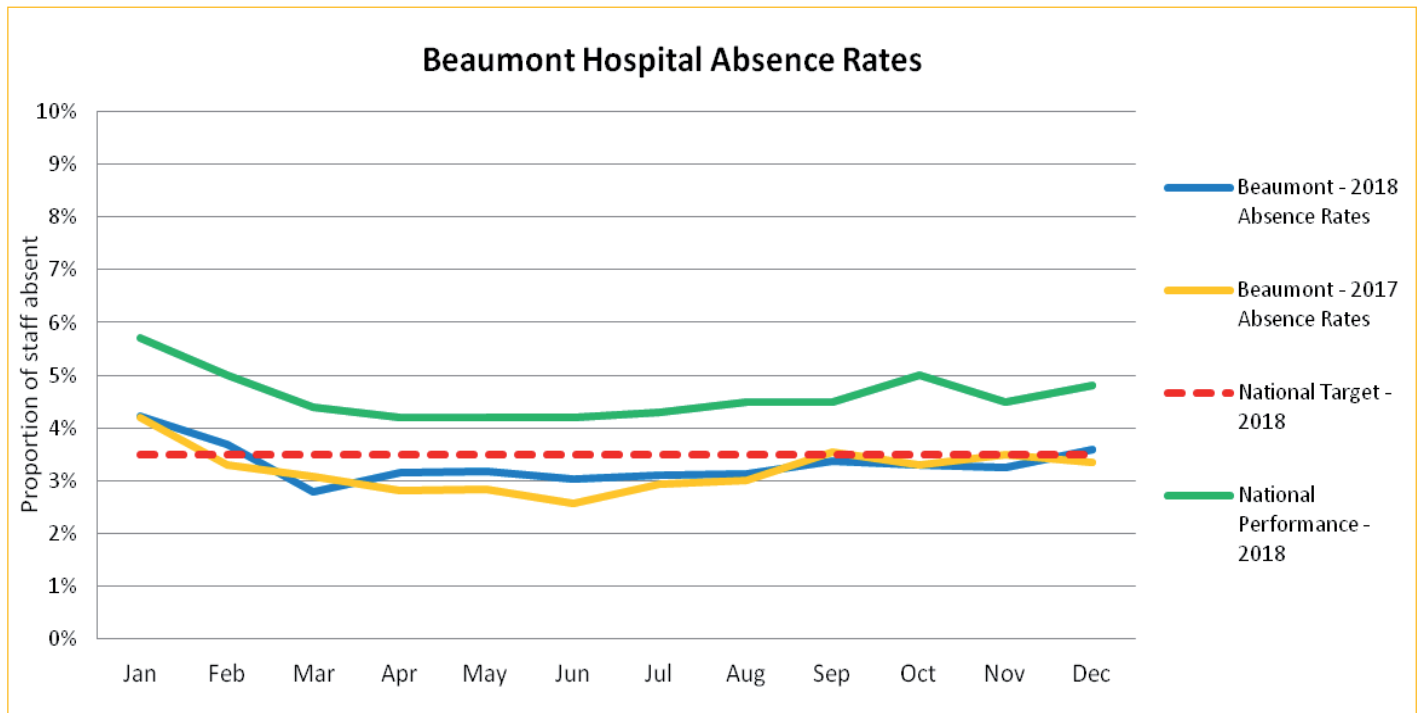


Employee Absenteeism

The HR Team continued to work collaboratively with managers and key stakeholders across all departments to improve levels of attendance, staff wellbeing and staff morale. The focus on absence management remained to be one of prevention, promotion and rehabilitation.

Figure 55 below demonstrates the monthly absenteeism rate for Beaumont Hospital from 1st January 2018 to 31st December, inclusive. The average absenteeism rate for the year was 3.32% which was comfortably within the HSE target of a maximum of 3.5% absenteeism. This is the fourth consecutive year in which the Hospital has been fully compliant with this key performance indicator.

Figure 55: Absenteeism Rates



EWTD Compliance

The terms of the European Working Time Directive, (EWTD), stipulate that an employer may not roster a doctor to work for more than 48 hours a week, averaged over a reference period of up to 12 months. The legislation also makes provision for maximum continuous duty periods of no more than 24 hours and mandatory minimum rest periods between rostered commitments.

Due to the cumulative efforts of our Medical HR Team and Medical Staff we managed to achieve a 71% level of EWTD compliance trends in 48 hours compliance for the reference period January to December, 2018. The Hospital continues to be 100% compliant with both maximum duty and rest periods.

Employment Control & Pay-Bill Management

In accordance with national performance measures, the focus for much of 2018 has been on pay-bill management as opposed to whole time equivalent, (WTE) values. That notwithstanding, the Hospital continues to operate a strict procedure for Employment Control in accordance with relevant HSE Pay-bill Management Circulars for the purpose of ensuring a continuous needs analysis is undertaken against service priorities.

Figure 56 details the hospital's whole time equivalent, (WTE), trend for the 12 month period spanning January, 2018 to 31st December, 2018 as returned to the HSE in our census report. The total whole time equivalent, (WTE), value as at 31st December, 2018 was 3,703.58. This value now represents the approved complement for Beaumont Hospital for the upcoming year with the exception of any new service development posts for which funding is provided.

Figure 56: Staff Levels - 2018

BH Staff	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
BH WTE's	3,592	3,607	3,629	3,644	3,653	3,659	3,681	3,648	3,643	3,671	3,697	3,704

Employment of Persons with Disabilities

The National Disability Authority, in accordance with the legislative provisions of the Disability Act, (2005), has established a 3% public sector employment quota for people with disabilities. Reports, which are predicated upon open disclosure of disabilities from among existing and new entrant staff, are provided on an annual basis for the purpose of assessing compliance against this target. Having achieved a circa 4% quota for 2018, Beaumont Hospital exceeded its obligations for the third successive year despite an increase in its whole time equivalent base. We will continue to closely monitor our performance against this statutory requirement and to take progressive action to build on our success to date through inclusion and diversity strategies.

2019

The overarching requirement for fiscal compliance requires that the Hospital continuously reviews and develops its procedures and controls in relation to staff costs. As we approach 2019, it is clear that achievement of this objective will be largely be determined by access to timely information and reports on efficiencies and effectiveness. In anticipation of this, towards the end of 2018, the HR Systems and Analytics Division commenced work on a number of projects aimed at building upon existing information repositories through automation of practices and establishment of HR Dashboard for line managers. In parallel, a new project is planned which will see the introduction of an integrated HR and Payroll Information System for the Hospital. The system will serve the Hospital well by automating manual processes thereby increasing patient contact time for staff and increasing analytical capability in relation to staffing issues.



Organisation Development

Head of Organisational Development
Ms. Anne McNeely,



Organisation Development

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

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

"Organisations learn only through individuals who learn. Individuals learning does not guarantee organisational learning, but without it no organisational learning occurs...." Peter Senge

OD Scope of Service

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

The work is based on an acknowledgement that staff have a unique insight into the challenges faced by the services they work in and are often best placed to identify areas for quality improvement and creative and practical solutions. Where dynamic staff engagement exists, staff have a strong level of connection to the service, take personal responsibility and support team colleagues to deliver better outcomes for patients and service users.

Schwartz Rounds

In our everyday lives we know that dealing with illness and loss is emotionally challenging. Yet as healthcare workers there are few opportunities to talk about experiences. Schwartz Rounds offer a safe, reflective space for staff to share stories with their peers about their work and its impact on them. Attendance is associated with a statistically significant improvement in staff psychological wellbeing and reported outcomes include increased empathy and compassion for patients and colleagues, and positive changes in practice. Rounds offer a unique organisation-wide 'all-staff' forum, allowing for a community conversation and for staff to speak honestly and openly about their experiences of delivering healthcare.

Having signed a two year contract in 2017 with the Point of Care Foundation, the first Beaumont Hospital Schwartz round took place in January 2018, with a further 4 rounds during the year. An average of 107 people attended each round (range 85-126), with a mix of clinical and non-clinical staff from a variety of professional and non-professional backgrounds, areas and seniority levels. The rounds have been well received and feedback shows a positive impact on staff. They are providing a safe space for staff to reflect on the social and emotional challenges of working in healthcare.

Evaluation

- 91% rate rounds as 'Excellent' or 'Exceptional'
- 97% plan to attend Schwartz Rounds again
- 99% recommend Schwartz Rounds to colleagues

Participants report gaining insights that will help them meet the needs of patients, and also work better with colleagues.

Feedback from Schwartz Round participants.

What our staff say about Schwartz Rounds:

Figure 57

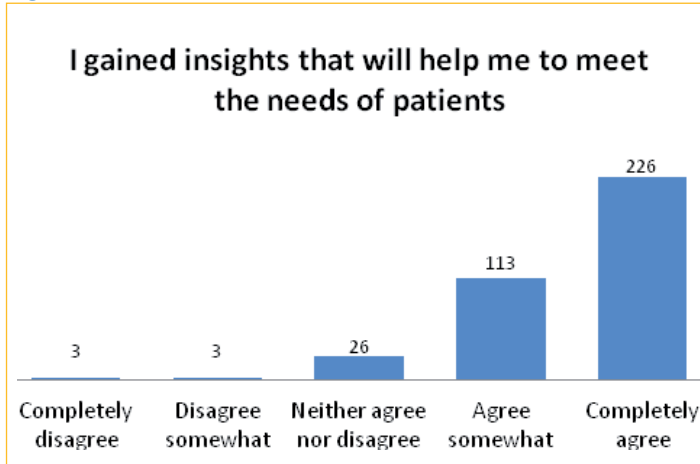
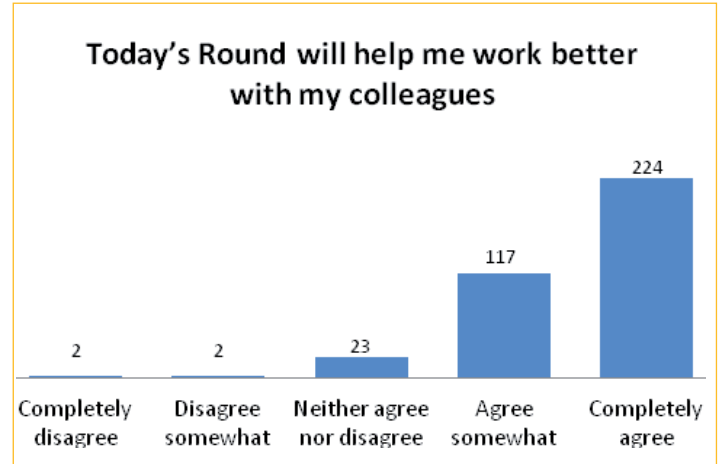


Figure 58



"We can go around carrying so many powerful emotions & feel so alone and question our own sense of self, skills etc. It is so supportive to know I am not alone and to remember to mind myself and my colleagues"

"It brought out a side of healthcare that doesn't often get discussed.....how do we make supporting each other in difficult times a normal part of our work?"

Members of the Schwartz Rounds Steering Group



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

Education, Learning & Development

Against the backdrop of managing increasing change and complexity during 2018 Learning & Development continued to work collaboratively with Staff across Directorates and Departments to identify and design learning and development interventions to support individual staff needs, team needs and business needs.

In January 2018 Learning & Development, in collaboration with colleagues from Nurse Education and IT, launched Beaumont's new learning management system entitled BORIS (Beaumont Online Resource for Interactive Study). BORIS provides all staff with access to a suite of online learning material and a self-enrolment facility for blended learning programmes enabling a much more dynamic approach to the administration, delivery and reporting of education & training activities. BORIS is a cloud based system which allows staff access whether onsite or offsite from any device (laptop, phone, tablet, PC). Just over 10% of access in 2018 was via a phone or tablet.

Currently at circa 3000 unique logins, BORIS has gone from strength to strength during its first year. 5657 mandatory courses and a further 132 corporate and clinical courses were completed.

BORIS 2018



5789 courses completed

2,830+ unique
staff logins

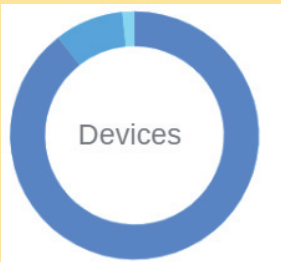
Welcome

299 completed
Corporate Induction

Children First
Manual Handling
Infection Prevention Control
4340 completed



Self Development
323 staff participated



Desktop 89.5%
Mobile 8.9%
Tablet 1.6%

LOGIN

20K+ logins



Blended Learning
2272 staff participated

Working and Learning across Boundaries

In 2018 we were very proud to welcome back participants from our first TY programme five years ago as new employees and contributors to the programme. Ninety eight TY students from local, regional and national second level schools attended our week long programme in October 2018 which is aimed at attracting the future healthcare workforce whilst contributing to building healthier communities. The programme which is a collaboration between Beaumont Hospital, RCSI Medical School & DCU School of Nursing & Health Sciences has evolved to being a highly sought after event marking the Hospital's commitment to community engagement and involvement.

38 frontline inter-disciplinary staff from across the Hospital and community nursing colleagues worked on local and cross-boundary improvement initiatives in part fulfilment of the QI Level 6 Organisational Skills & Development Programme. Line Managers worked closely with participants and LDE to support and to refine improvement initiatives which were directly linked to directorate and department priorities. Project themes included improving administrative workflow processes and systems, data integrity; getting it right from the start, enhancing the patient experience by improved communication and a range of quality improvement initiatives.

National Healthcare Communications Training Programme

In 2018, Beaumont Hospital was a pilot site for the National Healthcare Communication Training Programme (NHCP) which was developed in response to results of the national patient experience survey. Learning and Development worked with colleagues from Nursing & HSCP, the HSE NHCP Lead and the RCSI to co-ordinate and deliver module one and two of the inaugural training programme on site. 65 members of staff across all disciplines completed the training. Evaluations of the programme were extremely positive and further training will follow in 2019.

Management & Leadership Development

Two cohorts of managers from across clinical and non-clinical groups of staff attended our internal Level 6 Management & Leadership Development Programme aimed at supporting newly appointed managers and supervisors to be more effective in an ever changing workplace environment. The programme includes inputs from the CEO, HR and Finance Directors as well as industry experts. All participants are offered coaching to support the application of the learning in practice and to further enhance and sustain their leadership development experience.

A cohort of 10 managers completed the RCSI Hospital Group's Future Leaders programme designed to promote learning and working across boundaries to enhance care delivery systems.

Information & Communications Technology (ICT)

Director of ICT
Mark Graham



Introduction

The ICT Department in Beaumont Hospital constitutes a number of areas that all have a strong focus on the use and quality of technology, innovation, health informatics and supporting our users by delivering systems which aid the strategic objectives of the business of the hospital - delivering the best quality patient care.

The mission of the ICT department is to provide an innovative and resilient framework of Information Services to support all aspects of the Hospital's business. This includes the implementation and configuration of clinical and corporate IT systems, as well as supporting the underlying technology. The Department also delivers a data management and business intelligence function for all directorates.

Our main focus for 2018 was to continue on the path to replace our aging BHIS (Beaumont Hospital Information System) and to 'keeping the lights on' on our 30 year old legacy BHIS which has significant functional, usability and performance issues that 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 hospital's systems run).

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

The introduction of new GDPR regulations in 2018 changed the focus in relation to data privacy as we prepared to meet our legislative obligations and our compliance responsibilities. We undertook a review of the organisations understanding and obligations at a legal and governance level, in addition to the scale of the impact of the changes within the Hospital at the highest level. We introduced new processes and procedures which included data protection impact assessments on all projects which use patient data and data breach notifications. We introduced the concept of Data Protection Champions who are responsible for co-ordinating Data Protection compliance matters for their area. A mandatory education campaign was also designed and delivered to almost 2500 staff. We also offered bespoke training to various departments based on their specific needs.

During 2018 we removed the use of fax machines as a method of communication from all hospital departments. We put in place processes to encourage our referrers and staff to use electronic communications for patient and other business information and where that was not possible we installed centralised scanning stations for staff who needed to scan paper copies of notes etc to send out to GPs, other hospitals, primary care and public health facilities. All departments set up preferred referral email accounts to ensure business continuity which were widely publicised. This was a large scale change programme with staff recognising that on the one hand we have hugely innovative technology being implemented in the Hospital and on the other, we have technology that hasn't existed for decades in other industries.

Discharge Letter

We replaced our old patient discharge letter (in use since 2004) with a more flexible user friendly version. The new template is designed to comply with HIQA standards and the discharging doctor will have the ability to add any other section to the letter they feel is relevant.

Diagnosis and Procedures

A new Diagnosis and Procedures function was made available to our clinicians which will allow doctors add principal / secondary diagnosis along with procedures against the patient visit. This information also appears in the new Discharge letter.

HSPC Referrals

This new e-referral form will replace the ordering of in-patient and out-patient referrals to Dietetics, Occupational Therapy, Physiotherapy, Social Work and Speech Therapy from the Patient Ordering part of PIPE.

Patient documents

Patient Documents is a portal that allows the user to see a number of documents relating to a patient in one place.

OPD Search

A new simplified version of the outpatient search is now available. This search allows doctors to view a consultant's daily clinic list.

Digitizing paper forms

A number of paper forms were replaced by electronic forms and supporting processes:

- Waiting Lists Card to refer patients for procedures.
- Electronic form to record all surgery data, replacing the previous paper form.
- Electronic form available for users to submit requests regarding ICT systems, from new projects to amendments to current ones.

Data Protection Impact Assessment (DPIA) / Data Breach New GDPR regulations required that any new project / process that involves personal data needs a risk assessment to be completed (DPIA) and all data protection breaches are required to be documented. E-forms for both DPIA and data breach notifications were designed and are available for staff.



Beaumont Hospital IT Staff following the BHER rollout in September 2018

Other developments in 2018 centred on supporting the clinical care programmes and our national reporting requirements.

Public Health Nurse E-Referrals

We rolled out digital referral forms for referrals to public health nurses. This e-form allows for automatic sending of referrals to allocated email addresses within the HSE. This negates the need for staff to manually fill in a paper form and scan and email it to relevant HSE people, saving nursing and administrative time.

MedXNote

Medxnote is an app designed to allow for secure communication between medical professionals in hospitals and other healthcare institutions. It is designed to replace unsecure communication channels such as text messaging and outdated pager technology. Not only does it provide secure communication but also provides enterprise support and full audit trail security. Over 600 staff now use this App for colleague communication.

T-Pro letters

Every letter dictated and signed on TPRO is now available in the Patient Documents section of our patient portal. We have loaded 120,000 previously completed letters and new letters will be added within an hour of being completed.

Theatre Notes

A new Electronic form to record all surgery data replaced the old paper form. This gives instant access to the patient operation note post theatre. Coded procedures are recorded at the time of the operation which feeds the patient discharge letter.

OutPatient Daily Clinic List.

This is a view of every patient due in clinic for any consultant for that day. It provides quick access for the clinician to view his list of patients on the day of clinic and access their documents electronically while the patient is in the consulting room.

Migrate to ‘zero trust ‘ architecture for remote access.

Utilising a Zero Trust model strengthens IT / network security by implementing a “never trust” approach for everything. We now use a product called Duo which will ensure that users are who they say they are and assess whether they are permitted to access our applications. The user’s identity is confirmed with two-factor authentication (2FA) and access is granted via contextual user access policies.

Looking Towards 2019

The “*keeping the lights on*” for our aging hardware and software will continue apace in 2019 along with the work required to move towards a new modern hospital information system. We are hopeful that 2019 will see the implementation of MedLis as a replacement for our hospital laboratory system which will deliver significant benefits for all who rely on the services provided by the hospital laboratories.

The main benefits will include a reduction in test duplication, the wider availability of results to healthcare providers; faster electronic accessing of these results, enhanced clinical audit, and a more comprehensive and robustly stored patient laboratory record. MedLIS will allow for laboratory information to be shared with their relevant health care providers in line with clinical need and data protection requirements.

From an infrastructure perspective we are pleased to report that we have received HSE grant funding to replace our virtual infrastructure which is nearing 15 years old. This funding also included a full campus network upgrade which will include hospital wide WiFi for implementation in Q3 2019



Internal Audit

Internal Auditor
James Rogan



To maintain its objectivity and independence, the Internal Audit function reports to the Chairperson of the Audit Committee of the Board. The role of the Audit Committee is to oversee the Internal Audit function and advise the Board of the Hospital in relation to the operation and development of that function. The committee met four times during 2018. A strategic three-year Internal Audit programme 2018 -2020 was approved by the Audit Committee at its meeting of the 12th March, 2018

Key Performance Indicators

- Internal Audit has a number of key performance indicators (KPIs) in place;
- To ensure the service provided is effective and efficient.
- Completion of internal audit plan.
- Implementation of internal audit recommendations.
- To maintain an effective system of quality assurance.

Performance Highlights

Highlights for the 2018 included;

- 100% compliance against the audit plan in 2018 in presenting eleven reports to the Audit Committee.
- Updating of the Hospital's Internal Code of Governance in line with the updated Code of Governance for State Bodies.
- Utilising a continuous risk assessment process to help prioritise audit work and maximise the use of audit resources.

Objectives 2018

- Improve alignment with expectations of key stakeholders.
- Enhance internal auditing's capability to address critical, strategic business risks.
- To improve the knowledge, skills and other competencies required through continuing professional development.

Introduction

Internal audit is concerned with evaluating and improving the effectiveness of risk management, control and governance processes throughout the Hospital. As an independent function it provides a continuous review of the effectiveness of governance, risk management and control processes by;

- Providing independent, unbiased assessment of the Hospital's operations.
- Offering information to management on the effectiveness of governance, risk management and control processes.
- Acting as a catalyst for improvements in governance, risk management and control processes.
- The scope and authority of the Internal Audit (IA) function is defined in the Internal Audit Charter.



Professor Cathal Kelly
Chief Executive/ Registrar, RCSI

Introduction

Beaumont Hospital is the primary undergraduate medical training and research centre affiliated with RCSI and has been at the forefront of training future generations of medical professionals for more than 30 years.

RCSI at Beaumont Hospital

RCSI’s academic departments at Beaumont Hospital play a pivotal role in the provision of clinical services within the Hospital. The RCSI academic departments based in Beaumont Hospital are: the Departments of Surgery; Medicine; Pathology; Psychiatry; Molecular Medicine; Clinical Microbiology; Radiology; Otolaryngology / Head and Neck Surgery; Anaesthesia and Critical Care; Clinical Neurological Science; the RCSI Clinical Research Centre, and RCSI Beaumont Library.

2018 was a significant year in our long history which has seen the College make considerable advances in fulfilling our mission in support of better patient care.

Key Performance Indicators

Figure 59

Metric	
Times Higher Education World University Rankings	#201- 250
Research Citation Impact	91.3
RCSI publications (Scopus indexed)	779
Grant Awards*	205
Grant Income*	€29.1m
EU Funding success (Ireland and EU average 15%)	28%
Value of industry funded research programmes	€3.3m

*Preliminary figures

Performance Highlights

RCSI Strategic Plan 2018-2022

RCSI published a five year strategic plan, Transforming Healthcare Education, Research and Service in April 2018. Across three strategic pillars, we have identified 36 actions that will support us to realise our vision of being “an international leader in supporting healthcare professionals, through high quality education, research and service, to enable people to live long and healthy lives”.

The plan will see us embark on the largest overhaul of our curriculum since the College was established, invest in six research areas of strategic significance, and amplify our impact on healthcare and society. Our work to implement the actions set out in the plan has begun and efforts, across research, healthcare training and patient outcomes, are outlined throughout this report.

Campus Development

Smurfit Building, Beaumont Hospital

Work has been completed on a 30,000 sq. ft three storey extension to the education and research facilities at the Smurfit Building at Beaumont Hospital.

Representing an investment of €11 million, the facility has been designed and purpose-built to facilitate and inspire evolving educational and research practices, provide ease of access to the latest digital learning tools and support a diverse range of approaches to learning including virtual learning, individual study and small group teaching for up to 300 students.

The official opening is due to take place in 2019.

26 York Street

26 York Street is now an incredibly vibrant hub for our students from day to night, transforming the student experience at RCSI. The facilities allow us to provide a distinctive education, which allows students to achieve the highest clinical skill standards before they work directly with patients through the use of simulation.

We were delighted that the building was voted the public's favourite new building in 2018, through the RIAI 'Public's Choice' award, as well as RIAI 'Education Building of the Year'.

We now look forward to the next phase in our campus development at St. Stephen's Green, Project 'Arc'. The preliminary design for this project provides for a 12,500 sq metre building which will accommodate research space, teaching space, student amenity space office space and public civic space.



Smurfit Building, Beaumont Hospital extension



Pictured at the official opening of 26 York Street: Michael R. Bloomberg, WHO Ambassador for Noncommunicable Diseases, three-term mayor of New York City, and founder of Bloomberg LP and Bloomberg Philanthropies, observing a clinical scenario at 26 York Street.

University Rankings

The RCSI maintained position in the top 250 (top 2%) of universities worldwide in the 2019 Times Higher Education (THE) World University Rankings. RCSI ranks second out of nine institutions in the Republic of Ireland.

Maintaining strong performance in the THE World University Rankings in an increasingly competitive global education environment is testament to the commitment and innovation of our students, faculty, researchers and professional staff.

RCSI's performance in the rankings is linked in particular to continued strength in the citations pillar, with a field-weighted citation impact that is the highest in Ireland and twice the world average. This performance in citations demonstrates the highly influential health sciences research being carried out by our scientists, clinicians and educators, many of whom are based at Beaumont Hospital.

These indicators provide a strong evidence base for RCSI's impactful research in translational health sciences in areas including cancer; neuroscience; population health and health services; regenerative medicine; surgical science and practice; and vascular biology.

RCSI School of Medicine

The School of Medicine, under the leadership of Head of School, Professor Arnold Hill, oversaw the completion of the learning environment in the Smurfit Building, Beaumont Hospital and implemented the phased restructuring of the curriculum that will play a fundamental role in the transformation of the learning experience at RCSI.

Over the next five years, our aim is to provide a transformative education experience, one which educates a very different kind of clinical professional. We will prepare our students to thrive in an uncertain environment through a vertical focus on professionalism, wellness, resilience and leadership throughout the undergraduate medical curriculum from year one to six, employing varied methods of teaching and assessment.

At its core is patient centred care, incorporating patient safety and clinician wellbeing, helping to ensure RCSI graduates have the skills and personal characteristics to be 21st century, workplace ready.

MD Students Recruitment Programme

The School of Medicine continues to drive the MD programme, supporting clinical translational research while contributing to improving the quality of patient care.

The StAR MD Programme enables clinical doctors in training to undertake two years of research as part of the MD programme for higher degree. During 2017/2018, there were 55 active MD students in RCSI.

International Education Forum

The seventh International Education Forum (IEF) took place at RCSI in June 2018. The IEF has become an integral of RCSI's curriculum and assessment development, providing an opportunity for Faculty to discuss innovations and challenges, driving improvements in education across RCSI.

Bringing together more than 200 staff from RCSI Dublin and international campuses, the 2018 Ed-i-Med symposium focused on *'Healthcare Education and Research through Simulation'*. International guest speakers shared insights and experiences of patient simulation and experiential learning, the importance of quality assurance and standards, human factors and the future of healthcare delivery systems and facilities.



Delegates at the 7th International Education Forum

Physician Associates

Ireland's first ever cohort of Physician Associate students graduated from RCSI in May 2018. While the role is a new healthcare profession to Ireland, it is predicted that demand for qualified PAs will quickly grow. RCSI is delighted to be at the forefront of this exciting new profession.



Pictured L-R: Alex Troy, Jessica Maddock, Maria Macken, Michael Buljubasic, Ciara Melia and Patricia Anderson who are among Ireland's first ever cohort of Physician Associate students

that will generate papers to inform healthcare policy, patient care and service configuration. In February, HORC hosted the first national conference on healthcare outcomes where the discussion focused on the role of healthcare outcomes data in the development and implementation of health policy. A strong attendance of more than 250 delegates included clinicians, healthcare managers, health economists, patient representatives and politicians.

Healthcare Management

In 2018, RCSI's Healthcare Management capability achieved significant advances in leadership education, healthcare system research and service improvement driven by three dedicated units, the Institute of Leadership, the Healthcare Outcomes Research Centre and the Quality and Process Improvement Centre.

In line with its ambition to be the provider of choice of healthcare-related education and training for healthcare professionals, the Institute of Leadership has been working to broaden and deepen its suite of academic programmes for those who support the delivery of healthcare on a daily basis. The Institute has supported the development of the RCSI Hospitals Group through the delivery of four leadership development programmes to healthcare professionals across the Group.

The Health Outcomes Research Centre (HORC) continues to advance a range of research streams

The Quality and Process Improvement Centre (QPIC) has expanded its focus on improving effectiveness and efficiency through quality and process improvement in both the healthcare and college environments. During the past year, the HSE, NCPS and the National Clinical Programme for Anaesthesia (NCPA) collaborated with QPIC to deliver a Theatre Quality Improvement Programme (TQIP) where on-site facilitation and coaching was a central component.

Research and Innovation at RCSI

RCSI is home to a vibrant research community, with over 90 Principal Investigators and more than 450 research staff. The strategic investments we have made in our people and our research infrastructure has paid dividends with high-impact publications in top-tier research journals, outstanding growth in our funding, and more collaborations with industry and other institutions worldwide.

StAR Programme

The StAR programme has been key to help us accelerate the delivery of innovative, impactful research in the health sciences across a range of disciplines. Through the programme, we attract ambitious research talent to RCSI. In 2018, we welcomed new StAR PhDs, MDs and StAR scholars as well as new lectures who have joined RCSI under the StAR initiative including: Professor Norman Delanty (Molecular and Cellular Therapeutics, MCT), Professor Mark Sherlock (Medicine), Professor Christopher Thompson (Endocrinology), Dr Grace O'Malley (Population Health Sciences), Dr Jennifer Ryan (Epidemiology) and Dr Jamie O' Sullivan (MCT).

Research

Research output at RCSI has continued to grow in the past 12 months. RCSI researchers published a total of 779 Scopus indexed articles in 2018 communicating research from a broad range of health science disciplines including:

- **Study leads change in diagnosis and management of common bleeding condition**
A clinical study led by Professor James O'Donnell and Dr Michelle Lavin, Irish Centre for Vascular Biology, found that people with the inherited bleeding disorder Low Von Willebrand Factor have a much greater bleeding tendency than previously thought.
- **Study identifies how breast tumour cells can spread to the brain**
A study led by Professor Leonie Young, Department of Surgery, used genome-wide molecular profiling of patient tumours to reveal the molecular pathways that allow breast cancer cells to transform and spread to the brain. It is hoped that these findings will lead to novel therapeutic strategies in preventing and treating metastatic breast cancer.
- **Developing new regenerative materials for heart defects**
Professor Fergal O'Brien's team, in partnership with Trinity College Dublin (TCD) and Eberhard Karls University in Germany, developed a new biomaterial that is capable of both regenerating tissues that respond to electrical stimuli as well as eliminating infection - an ever-growing problem in hospitals. This could enable enhanced recovery for heart attack and burn patients
- **Time of day affects severity of autoimmune disease**
Dr Annie Curtis (MCT) and collaborators at TCD revealed how the body clock and time of day influence immune responses. Understanding the effect of the interplay between 24-hour day-night cycles and the immune system may help inform drug-targeting strategies to alleviate autoimmune disease.

Innovation

The number of commercialization agreements for Intellectual property created by RCSI researchers exceeded target by 50% and the number of industry funded research programmes grew to 27 with a value of €3.3m. RCSI and SurgaColl Technologies won the KTI2018 Spinout Company Impact Award while the RCSI Strategic Industry Partnership Seed Fund was one of three shortlisted finalists for the KTI 2018 Initiative of the Year Award. These prestigious awards recognise excellence and success in knowledge transfer activities across all Irish publicly-funded research organisations

FutureNeuro

FutureNeuro, a €13.6 million SFI Research Centre was officially opened in November 2018. The Centre aims to translate breakthroughs in understanding of brain structure and function to transform the patient journey for people with neurological diseases. Led by Professor David Henshall, the centre brings together world-leading multidisciplinary scientific teams from Ireland's top universities with a research-active network of neurological clinicians in Irish hospitals.



Colette Delahunt, parent of a person with epilepsy; Prof Orla Hardiman, Consultant Neurologist and FutureNeuro Principal Investigator; Professor Mark Ferguson, Director General of Science Foundation Ireland and Chief Scientific Adviser to the Government of Ireland; Minister for Business, Enterprise and Innovation, Heather Humphreys TD; Prof David Henshall, Professor of Molecular Physiology and Neuroscience at RCSI and Centre Director for FutureNeuro; Professor Cathal Kelly, CEO of RCSI; and Bridget Doyle, Business Development Manager at the FutureNeuro Centre.

We continue our work focusing on clinical and patient-centred research aimed at addressing key Irish and international health challenges. We will develop research centres in six areas of excellence and critical mass and support our researchers to maximise their contribution to healthcare knowledge.

The hard work, commitment and collegiality of the staff at RCSI over the last number of years has had an extraordinary impact as evidenced by our successes in 2018. The patients, clinicians and staff of our teaching hospital play a vital role in the education we provide our students and the generosity shown to the College's students and trainees must be acknowledged.





Clinical Directorates

Critical Care & Anaesthetics

Imaging & Interventional Radiology

Laboratory

Medicine

NeuroCENT

TUN

Surgical

Emergency Department

Critical Care and Anaesthesia

Clinical Director, Mags Bourke

*Directorate Nurse Manager
Sinead Connolly*

Business Manager, Adele Dunne



Introduction

The directorate embraces a range of areas within Beaumont Hospital, namely the theatre complex in Beaumont and St. Joseph's, General ITU, HDU, DOSA, Radiology nursing, CSSD, pain service, pre-assessment service and the National Poisons information centre.

Activity across many areas of the directorate increased from 2017, notably theatres, pain service and pre-assessment. Historic theatre closures have been reversed which has supported increased activity in theatre. Complex procedures including the introduction of robotic surgery have driven transformation of the service delivered within the theatre department.

The national services provided by Beaumont Hospital are strongly reliant upon a robust Anaesthesia and Critical Care Division i.e. Neurosurgery, Transplantation, Cochlear implantation and Cancer services as well as other complex surgeries. The Department provide anaesthesia in 11 theatres in Beaumont Hospital, 2 theatres in St Joseph's Raheny, Interventional Radiology as well as Preoperative assessment clinics, Acute and Chronic pain medicine. Intensive care medicine provides care of critically ill patients in general and neuro-intensive care and the high dependency unit. The units have a combined capacity for 19 beds admitting approximately 900 critically ill patients annually.

The Department of Anaesthesia consists of 32 Consultants and 35 NCHDs, including fellows in neuro-anaesthesia, difficult airways and intensive care special interest. We provide anaesthesia and perioperative care for all elective and emergency surgery at Beaumont and St. Joseph's Hospital, Raheny. We are committed to the provision of the highest standard of education and training and as such we deliver intensive teaching and training to all anaesthesia NCHDs.

Nursing

Education for nursing and nursing support staff remained a priority across the Directorate for 2018 with 6 nurses completing the Post Graduate Diploma in Intensive Care Nursing and 7 graduating from the Post graduate diploma in operating theatre department nursing. 5 staff successfully completed the Foundation Programme on perioperative nursing. 10 staff successfully completed specialist training for robotic surgery.

HDU opened its doors in 2018. Although in its infancy, it facilitated 33 admissions of patients requiring Level 2 care in its first month. With new staff coming in 2019 this service will continue to grow and provide a much needed service to the Hospital.

19 new nurses started in theatre which assisted in the reversing of closed theatres, enabling increase in theatre capacity. St Joseph's theatres saw the opening of a 2nd Minor Procedure Room enabling an increase in surgical procedures.

Support Staff

The directorate is supported by an administration team and theatre household staff whose daily contribution supports the highest delivery of care to our patients. The Critical Care and Anaesthesia directorate works closely with other groups of staff throughout the Hospital including Theatre Portering, Supplies Department Staff, the Pharmacy Department, radiographers, laboratory staff and clinical engineering.

CSSD

Figure 60: CSSD decontamination production

	2017	2018	+/-%
Instruments sets	34,433	35,008	+1.6%
Supplementary items	25,280	20,305	-19.3%
Ward Packs	12,791	12,179	-5%

Quality Improvement

There is a keen focus on quality improvement in the directorate with many QI initiatives being delivered on in 2018 in conjunction with Theatre Quality Improvement Programme (TQIP). Successful projects include:

- Pre-operative assessment and optimisation for elective Neurosurgical patients
- Identification and readiness of “golden” first patient for neurosurgery
- Streamlining DOSA pathway
- Pre-operative pathway for major vascular surgery

As part of our engagement in TQIP we developed several processes to reliably capture and integrate key performance indicators on theatre activity and utilisation. The collection of reliable data has facilitated the understanding of demand requirements allowing improved resource allocation.

Key Performance Indicators

Figure 61: Theatre Procedures

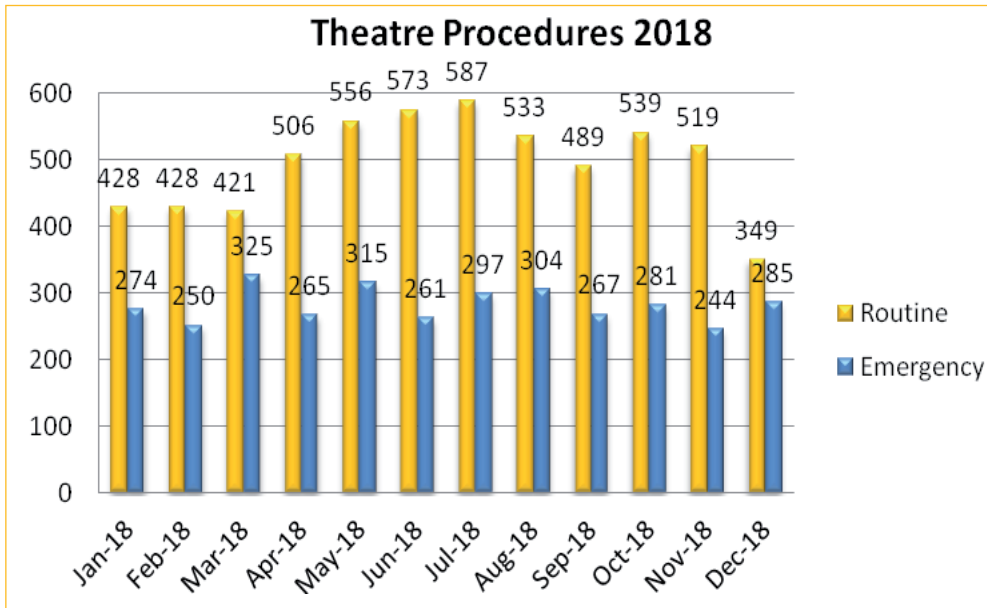
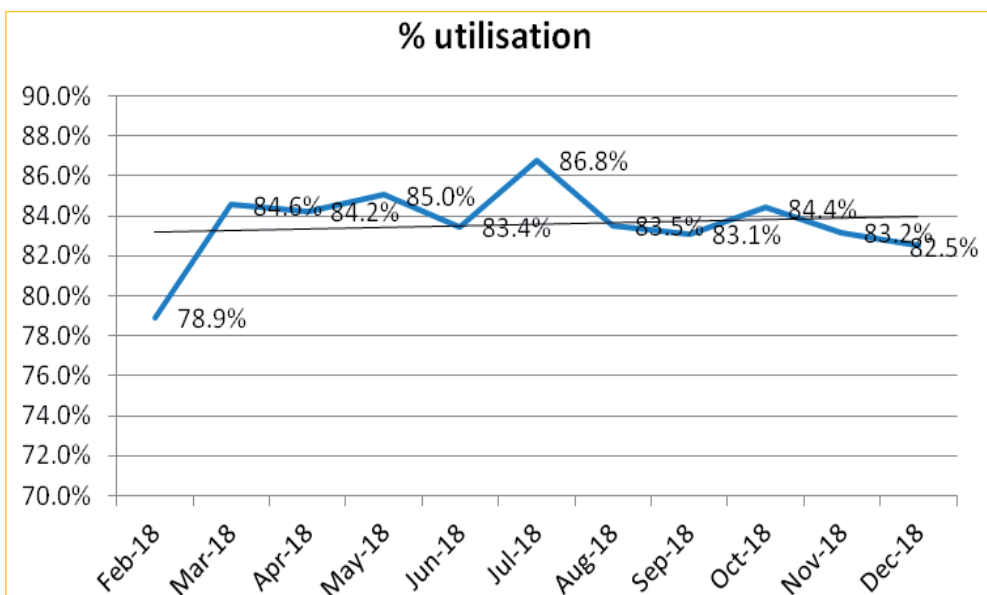


Figure 62: Theatre Utilisation



*In the context of increasing duration of procedures we now (from Feb 2018) measure theatre performance by utilisation.

Figure 63: ICU occupancy

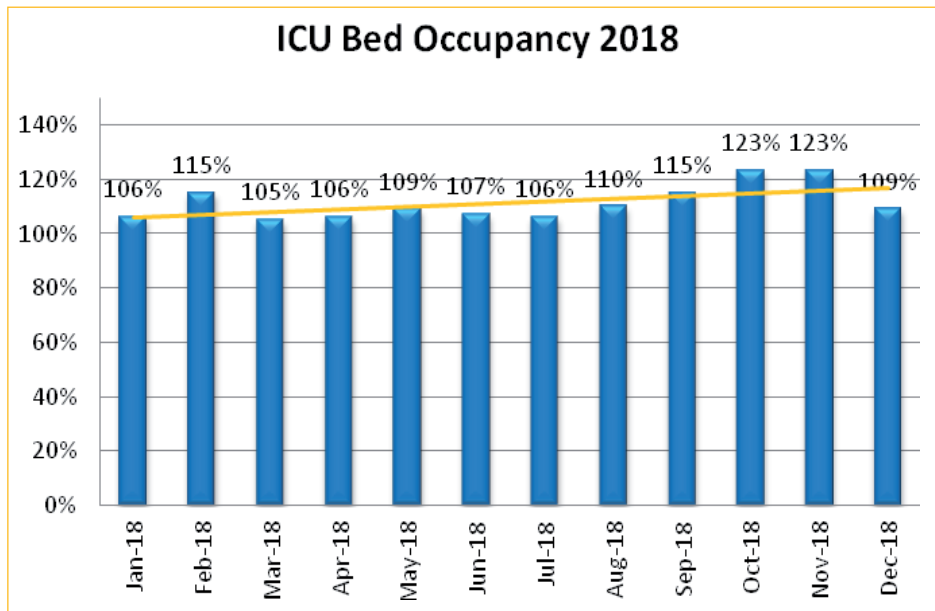
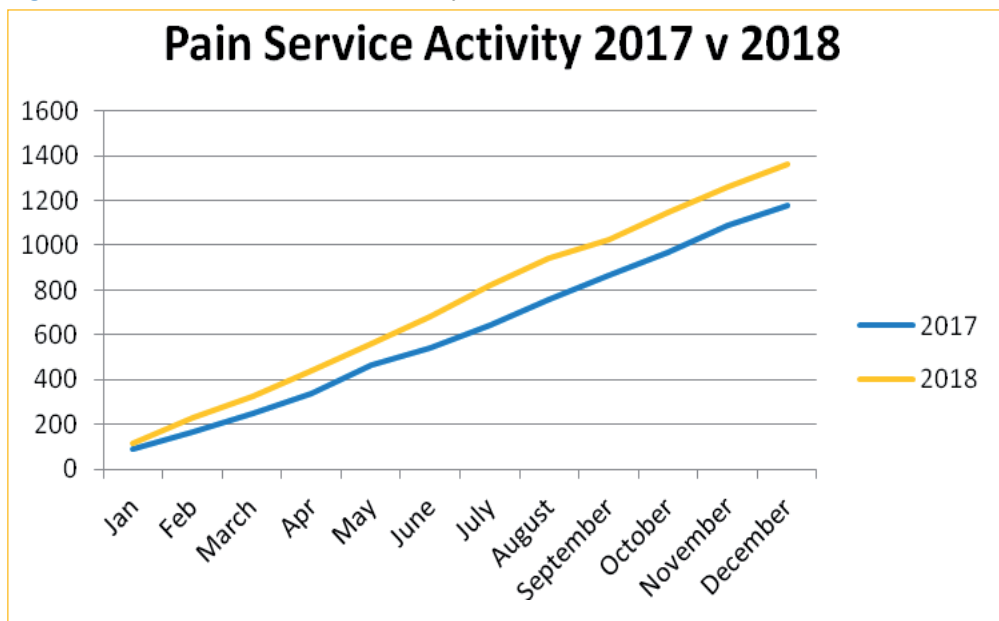


Figure 64: Pre-Assessment Activity

	2017	2018
Nurse Led / Consultant chart review	2472	3574
Consultant Led	437	396
Total	2909	3970

Figure 65: Pain Service activity



Performance Highlights

In 2018 the directorate achieved many of the priorities identified and progressed at the start of the year.

- Phased opening of High Dependency Unit
- Ceasing rolling closures in theatre
- Phased opening of T12
- Upgrade of the theatre lights
- Improved matching of capacity to demand, utilising the performance tool
- Introduction of regular multi-disciplinary theatre operations meetings
- Clinical Fellowship in Pain Medicine awarded by Faculty of Pain Medicine
- Accreditation awarded to ICU by Joint Faculty of Intensive Care Medicine of Ireland
- Neuro surgical pre-assessment service introduced
- Increased provision of anaesthesia for interventional radiology and cardiology

Objectives 2019

The directorate has developed the following objectives for 2019

- HDU open to full capacity
- T12 open to full capacity
- Continued alignment of theatre capacity to meet demand
- Continued development of pre-assessment service
- Ongoing engagement relating to staff wellbeing, building on the results of the staff survey
- Increase General ICU capacity to eleven beds
- Introduction of Risky Huddles
- Development of PACU
- Continue high standard of educational opportunities
- Explore and optimise opportunities for a greener directorate



Imaging and Interventional Radiology Directorate

Clinical Director:

Dr. Seamus Looby

Directorate Nurse Manager:

Sunita Thomas

Business Manager: Audrey Fitzgerald

Radiology Services Manager: Sean McArt



Introduction

It was a very busy and productive year for the Department of Radiology at Beaumont Hospital in 2018. The Department performed a record number of imaging procedures and interventions, across all modalities. There were a number of successful new infrastructural and equipment replacement projects. A number of new clerical staff, radiology nurses, radiographers, radiology registrars and consultant radiologists joined the Department. The Department's aim is to continue and sustain this progress in 2019, in conjunction with colleagues in all other directorates across Beaumont Hospital.

Productivity

The Department performed 194,959 radiological examinations and / or procedures in 2018. This represents a 4% increase on the 2017 year total figure of 187,979 and a substantial 14% increase on the 2016 year total figure of 169,087.

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

X-ray & Fluoroscopy

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

The Department performed a total of 97,040 x-ray examinations in 2018. There were a total of 695 fluoroscopy studies performed in 2018, representing a slight decrease on the previous year. This is in keeping with the general international decline in use of fluoroscopy with improved endoscopy, CT and other techniques.

Nuclear Medicine

The Department has two modern SPECT-CT nuclear medicine scanners, which were installed with a complete renovation of the nuclear medicine area at Beaumont Hospital in 2016.

There were a total of 2634 nuclear medicine studies performed in 2018. A comprehensive range of nuclear medicine studies are performed including bone scan, renogram, sestamibi scan, thyroid gland nuclear medicine studies, octreotide scans and several others.

Breast Imaging & Intervention

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

In 2018, 8,095 mammograms 5,190 breast ultrasound examinations were performed in the Department. A large number of ultrasound guided breast biopsy procedures, stereotactic wire placement for surgical localization procedures and MRI breast procedures were also performed.

Ultrasound (US)

The Department continues to focus on a fast and efficient turnover time for inpatient ultrasound procedures. There has been a tremendous success in outpatient ultrasound appointments, leading to a significant reduction in waiting list times, from a high of 8.4 months in September 2015 to 1 month in December 2018. A record number of 19,422 diagnostic ultrasound scans were performed in the Department in 2018.

Computed Tomography (CT)

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

Most recently, the Department was delighted to install two new Siemens Somatom Definition AS Scanners, the first in October 2017 and the second in May 2018. This allows now for the most up to date techniques in CT scanning with reduction in radiation dose to patients, improved workflows in CT and improved CT image quality.

A record number of 30,084 diagnostic CT scans were performed across the 3 CT scanners in the Department in 2018. This is a 9% increase on the year total for 2017.

Magnetic Resonance Imaging (MRI)

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

There have been many positive initiatives in the provision of MRI over the last number of years including extension to a 5 day scanning week in the St Lukes MRI scanner, a routine extended working day of 8am-8pm on one of the MRI scanners in the main hospital and a continued and successful insourcing project.

A record number of 19,943 diagnostic MRI scans were performed across the 3 MRI scanners (and including the insourced MRI scans) in the Department in 2017. A significant and sustained reduction in MRI outpatient waiting times has been achieved in the Department over the recent years, from a high of 16 months in October 2015 to 5.5 months in December 2018.

Interventional Radiology (IR)

The Department has a dedicated IR suite, staffed by a team of 5 consultant interventional radiologists. They are supported by radiology registrars and radiographers and radiology nurses with specialist interest in IR. A comprehensive range of IR procedures are performed including biopsy, abscess drainage, nephrostomy, biliary drainage and stent placement, TIPSS, port a cath placement, permanent catheter placement, renal dialysis graft procedures, diagnostic vascular angiography and the full gamut of IR vascular procedures.

A new initiative in 2018 saw the commencement of Ms Orla Kettle in the position of CNM I radiology nurse to provide a radiology led midline vascular access service.

Neurointerventional Radiology (IR)

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

As the national centre for neurology and neurosurgery, the Department performs a large number of cerebral angiograms and cerebral aneurysm coiling. It also performs cerebral vascular malformation endovascular procedures, inferior petrosal sinus sampling, lumbar punctures, vertebroplasty, CT guided nerve root blocks and CT guided head, neck and spine biopsies.

There has been substantial growth in mechanical thrombectomy for acute large vessel ischaemic stroke (ALVIS) in the Department. The Department was very fortunate to be part of the ESCAPE trial in 2015, which provided Level I evidence that mechanical thrombectomy leads to substantial better outcomes and decreased mortality in ALVIS, recruiting over 10% of patients that were included in the final analysis in the study. There has been a significant increase in the demand for this procedure, with a total of 245 performed in 2018, a substantial increase from previous years.

Clinical Directorate of Laboratory Medicine

Clinical Director:
Professor Patrick Thornton

Laboratory Manager:
Peter O' Leary

Business Manager:
Nikki Kane



Introduction

The Clinical Directorate of Laboratory Medicine provides an extensive clinical and diagnostic laboratory service to a range of hospitals (HSE, voluntary and private), other healthcare providing facilities both nationally and regionally and to General Practitioners (GP's) in Beaumont Hospital's primary care catchment area. In 2018 more than 5.5 million tests were performed, with a total repertoire of over 800 different test types being offered. Demand on Laboratory Services continues to rise by approximately 5% per annum.

Figure 66: Laboratory sample numbers 2017 - 2018 and patient type

Patient Type	Year	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
A/E	2017	9528	8338	9938	9821	10865	9591	9411	10423	10117	12532	9887	10123	120574
A/E	2018	11402	10346	10485	11725	11574	10547	11189	11864	11064	11996	12056	11537	135785
A/E	Diff	18.74%	24.10%	5.50%	19.40%	6.50%	10%	18.90%	13.80%	9.40%	-4.30%	21.90%	13.96%	13.16%
Inpatient	2017	78384	72408	76487	71101	78338	72833	75545	78566	77421	79812	81812	78040	920747
Inpatient	2018	84202	73102	78652	79987	85145	75419	79922	83165	80208	86839	85770	79512	971923
Inpatient	Diff	7.40%	1%	2.80%	12.50%	8.70%	3.60%	5.80%	5.90%	3.60%	8.80%	4.84%	1.87%	5.57%
Outpatient	2017	145592	143809	160446	133122	162005	139017	143820	153746	145902	143414	161963	107924	1740760
Outpatient	2018	155110	145975	150519	158442	176200	144068	151032	155250	141529	167783	170125	112930	1828963
Outpatient	Diff	6.50%	1.50%	-6.20%	19%	8.80%	3.60%	5%	1%	-3%	17%	5.04%	4.64%	5.24%
Overall	2017	233504	224555	246871	214044	251208	221441	228776	242735	233440	235758	253662	196087	2782081
Overall	2018	250714	229423	239656	250154	272919	230034	242143	250279	232801	266618	267951	203979	2936671
Overall	Diff	7.40%	2.20%	-2.90%	16.90%	8.60%	3.90%	5.80%	3.10%	-0.30%	13.10%	5.63%	4.02%	5.62%

Performance Highlights

Laboratory Modernisation

The Laboratory Modernisation project is a multimillion 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:

- Clinically appropriate turnaround times leading to reduced Length of Stay (LOS)
- Enhanced, clinically appropriate test repertoire
- Continued improvements in quality of results
- Decreased non-conformances in referred tests, through streamlining referral processes
- Increased opportunities for collaborative projects with scientific staff

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 and contribution 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, HR, TSD and IT teams in Beaumont Hospital. The project is on schedule for completion in Q4 of 2019 with building work well underway and early adoption of analysers in laboratories. 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 will be the first hospital in Ireland to go live. Key benefits of MedLIS include; essential first step in replacing BHIS in Beaumont Hospital, 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 December 2019. 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 Hospital laboratory staff have risen to this challenging and labour intensive project to ensure Beaumont Hospital is in a state of readiness to proceed with the project.

Irish National Accreditation Board (INAB)

INAB visit took place on May 16th 2018. The laboratory successfully retained its accreditation status. 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 2019. 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.

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

The NHISSOT provides a nationwide transplant immunology service for solid organ transplantation. The department is accredited by the European Federation for Immunogenetics (EFI). NHISSOT offers a national service for HLA typing and cross-matching 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.

Key performance indicators

Figure 67: Test requests: Pre-transplant and Post-transplant Programme

Test requests: pre-transplant and post-transplant programme	Number of tests	
	2017	2018
HLA Antibody Screening - Single Antigen Bead (SAB) Assays	8868	8715
HLA Antibody Screening - Serology Assays	94	120
HLA Typing-Molecular and Serology	6570	6425
Crossmatching-Flow cytometry and Serology	380	423

Figure 68: Living Donor Programme

Living Donor Programme	Number of patients	
	2017	2018
Recipients reviewed		
Review/reassess recipients and donors	12	18
1st work-up	151	126
2A work-up: full clinical evaluation and immunological assessment	65	42
2B work-up: full clinical evaluation and immunological assessment	20	26
3 rd and final work-up: proceed to donation and transplantation	54	42
Living Donor Transplants	51	40

Figure 69: Deceased Donor Programme

Deceased Donor Programme	Number of patients	
	2017	2018
Deceased Donors	99	81
Deceased kidney only transplants	136	122
Deceased kidney (from SPK donor) transplants	5 (17 crossmatched)	5 (17 crossmatched)
Pancreas (from SPK donor) transplants	5 (17 crossmatched)	5 (17 crossmatched)
Pancreas only transplants	0	0
Paired Kidney Exchange (PKE) transplants	3	3
Heart transplants	16* (50 crossmatched)	18 (38 crossmatched)
Lung transplants	36* (86 crossmatched)	28 (68 crossmatched)
Heart/Lung transplants	2	0
Liver Transplant Support	62	56

*includes 2 heart/lung transplants

Figure 70: Kidney and Kidney /Pancreas (SPK) Waiting Lists

Kidney, SPK waiting lists Figures from 31 st December	Number of patients	
	2017	2018
Total patients active on list	419	401
Total patients suspended due to clinical/personal reasons	63	61
Total patients on waiting list – Active and Suspended	482	462
New patients activated	141	178

Figure 71: Other Solid Organ Waiting Lists

Other solid organ waiting lists Figures from 31 st December	Number of patients	
	2017	2018
Total patients on heart waiting list	23	19
Total patients on lung waiting list	42	33
Total patients on heart/kidney waiting list	1	0
Total patients on liver waiting list	36	33
Total patients on pancreas only waiting list	0	2

Figure 72: Tissue Establishment Figures

Tissue Establishment	Number of vessels	
	2017	2018
Total vessels banked	35	62
Total vessels transplanted	2	5

Performance Highlights

- Dr Khairin Khalib received formal recognition by EFI as a co-director of NHISSOT.
- Antibody incompatible transplants (HLAi): a pilot study, using a programme written by a senior scientist, was undertaken to create windows of opportunity for highly sensitised patients who have HLA antibodies to 99.9% of Irish donors. To date, we have transplanted five highly sensitised patients using this innovative programme.
- There was an on-site inspection in June by two EFI inspectors. We received accreditation with no deficiencies identified. Our EFI commissioner congratulated the H&I team for the excellent outcome as it was the first time she had received a report with no mandatory findings.
- The updated version of the H&I database, Argon, is near completion. The process map for this version is complete and the validation of the database has now commenced.
- We undertook a collaborative approach to streamlining the potential recipient list for deceased donors with Prof. O'Seaghda and Ms Little of the National Kidney Transplant Service.
- A pilot study on real time PCR (rtPCR) was completed. This technique reduces the time for HLA typing for donors by 3 hours with higher resolution for most of the HLA loci. Funding for rtPCR was secured from Organ Donation and Transplant Ireland (ODTI). Currently on-hold because of reagent costs.
- A pilot study on a new cell separation technique for serology crossmatching was completed. The development and validation of this technique by Miltenyi, has demonstrated high cell quality preparations than the current technique without the need for expensive equipment.
- We validated the use of EDTA to enhance our HLA antibody screening technique which aids us in risk assessing patients at the time of transplant.

Haematology Department

Introduction

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. Timely and accurate results are central to the management of all Oncology & Haematology patients who attend our day clinics for chemotherapy. These STAT bloods are required to determine the need and consequent provision of blood products in a timely manner. There are 1,500 patients being monitored by the anticoagulant clinic.

Key Performance Indicators

The Laboratory KPI's are monitored on a quarterly basis. Data below reflects data calculated from Q1 and Q2 combined. Q3 is currently being analysed and Q4 can only be collated in February 2019.

- Ensured 95% of turnaround times for all assays are within quoted turnaround times: TAT's have been maintained in accordance with the Hospital Laboratory User Guide
- Maintained positive results in EQA at 90% or above: 97%
- Maintain complaints below 5 per annum: no complaints received in 2018
- To respond to 100% of complaints within 30days and to close out within 60days: 100% compliance
- Perform 70% of audits within 30 days of scheduled start date: 82%
- Close out of 85% of non-conformances within 30 days: 63.4%
- Close out of 60% of Non-conformances raised through audit within 30 days: 25.3%
- Perform 70% of ISO15189 audits within 60 days of scheduled date: 73.4%
- Maintain average sickness/absence for all levels of staff below 3.5% per annum: 6.7%
- Perform 90% of Joint Reviews within 60 days of scheduled date: 100%

Workload Activity

Figure 73: Workload Activity

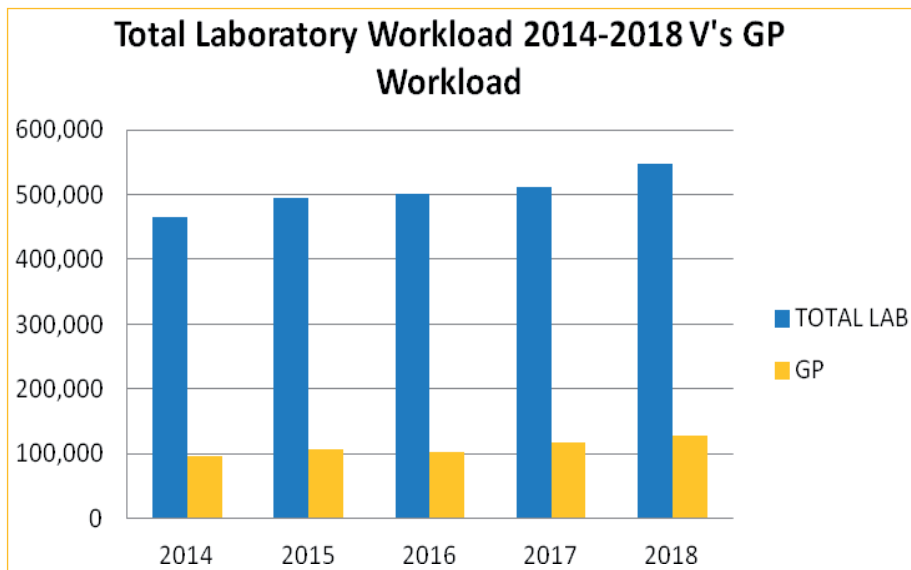
Test Name	2014	2015	2016	2017	2018	%+/- 2017/2018
FBC + RetFbc	321,372	339,455	350,874	363,922	393,466	+8.1%
ESR	24,763	22,183	21,308	21,673	22,665	+4.6%
Special Haematology	1,919	1,662	1,858	2,023	1,778	-12.1%
Bone Marrows	398	467	473	407	464	+14%
Blood Films	9,970	11,439	12,377	12,227	11,439	-6.45%
BF Review Rate	3.1%	3.7%	3.5%	3.4%	3.1%	-0.3%
Total Haematology Activity (includes Total Flow)	352,668	375,206	386,890 (including all morphology)	400,252 (including all morphology)	434,467 (including all morphology)	+8.5%
Coagulation Screen	58,227	63,892	63,106	63,626	70,057	+10.1%
INR Therapy (+WINR)	44,425	41,072	39,026	35,920	32,352	-9.4%
Warfarin Clinic	26,211	24,375	23,459	22,554	21,370	+5.25%
TPSC	189	182	155	158	137	-13.29%
Lupus only request	281	251	241	372	426	+14.5%
EX_TPSC (CHB)				48	109	+127%
Total Coagulation Activity (includes Total Molecular)	113,459	116,788	112,787	109,715	112,518	+2.6%
F V Leiden	21	39	37	32	51	+59%
Prothrombin Mutation	153	195	149	119	7	-94%
Jak2 V617F	99	92	129	152	170	+11.8%
MPN					74	+100%
Total PCR Activity	273	326	315	303	280	-7.6%
Total Immune Monitoring	2112	1950	1,876	1,857	1,970	+6.1%
Total Immunophenotyping	176	180	234	314	347	+10.5%
Total Laboratory Activity	466,127	494,450	502,102	512,289	546,985	+6.8%
Of Which, Total GP Requests	97150	106,270	102,939	116,725	127,295	+9.1%
	21%	21%	21%	22.8%	23%	+0.2%

Workload Changes

The Departments total Laboratory workload has increased in 2018 by 6.8% from 2017.

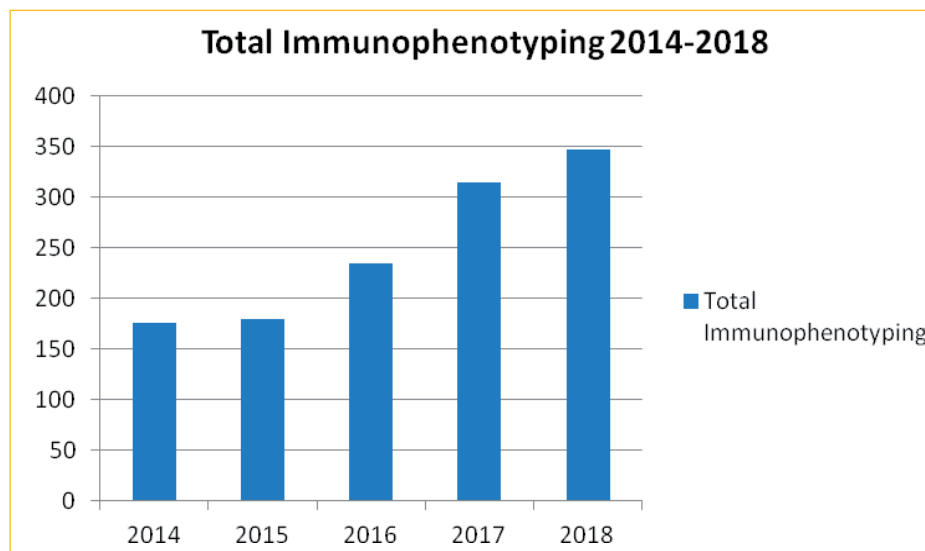
Overall, the Haematology department workload has increased by 17.3% in the last 5 years. The GP workload has increased by 9.1% in the last year (31% in the last 5 years).

Figure 74: Total Laboratory Workload Activity V's GP Workload Activity 2014-2018



We continue to expand our service to the RCSI Hospital Group for Flow Cytometry, Thrombophilia Screening and the Molecular services. These most notable 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. In 2018 there has been a 6.8% increase in Immunophenotyping performed by the Flow Cytometry department compared to 2017.

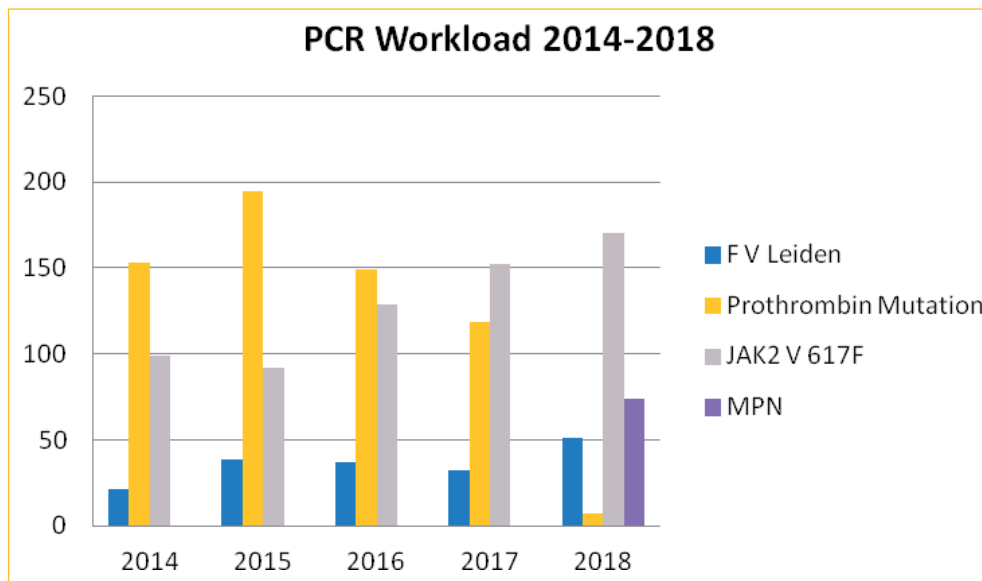
Figure 75: Immunophenotyping Workload Activity 2014-2018



PCR requests for JAK2 V617F increased by 11.8% since last year. As part of our annual service review, it was decided to withdraw the Prothrombin Mutation assay in 2017 as part of the Thrombophilia Screen, due to its limited clinical value and to otherwise invest our Molecular resources into the addition of the Myeloid Sequencing Panel to our repertoire. The Myeloid Sequencing Panel was introduced in August 2018 and by year end, 74 tests were reported. This diagnostic therapy driven Leukaemia panel is validated, is accredited and has been added to our scope of tests. Beaumont Hospital Haematology Department has become one of two hospitals accredited in Ireland with this molecular panel allowing defined targeted diagnosis and therapy.

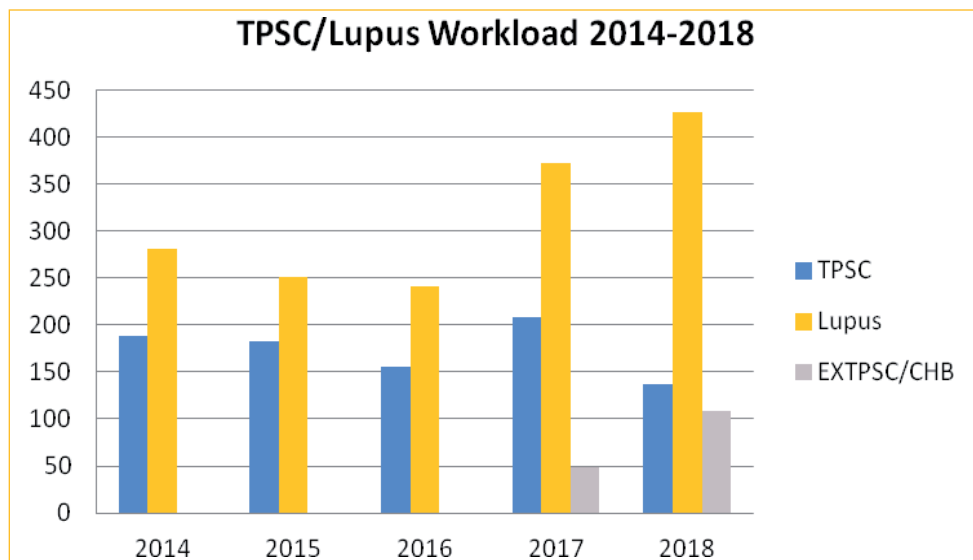
We have expanded this three gene panel to include 19 genes in total. The advantage of this technology is that more genes can be analysed per patient with a view to disease diagnosis, patient prognosis, disease monitoring and aiding in the selection of patient treatment.

Figure 76: Molecular Haematology Workload Activity 2014-2018



In quarter three of 2017, we became the referral centre for Connolly Hospital Blanchardstown (CHB) for Thrombophilia Screens and Lupus. As a result, there has been a marked increase in these specialised Coagulation tests with an associated increase in Factor V Leiden of 59%.

Figure 77: Thrombophilia Screen/Lupus Anticoagulant Workload Activity 2014-2018



Performance Highlights

- Dr Siobhan Glavey was appointed as Consultant Haematologist
- INAB Accredited Status maintained to ISO standards: ISO15189:2012
- Expanded the Haematology Molecular test repertoire to include “TruSight Myeloid Sequencing Panel”, achieved accreditation status
- Revised Thrombophilia Screen Request form and Molecular request forms to include Patient Consent
- APTT-R reporting revised in line with pharmaceutical protocol
- A clear out-of hours policy on the reporting of Critical Results from GP and External Hospitals was defined in order to ensure timely clinical intervention

Immunology Department

Introduction

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

Clinical Immunology Department

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 since 2016 (>600 new patient referrals/year), which likely reflected the development in service of another immunology centre located in south of Dublin.

On-going care was provided for over 500 patients with immunodeficiency of which 107 require immunoglobulin replacement therapy. A high proportion of these patients (40% of patients on immunoglobulin) were trained to give their immunoglobulin treatment at home, while a smaller proportion of patients (20%) were receiving their infusions in their local hospitals.

In 2016 a pilot project of a parallel allergy day ward and outpatient clinic was commenced. This initiative led to the Immunology Team successfully achieving local PTL targets for Day case Immunology patients of <18 months in 2016 and at the end of 2017 patients on the allergy day ward were offered their first appointments within 12 months. In 2017 there was also a significant increase in the numbers of new patients seen in the clinics compared to 2016 with more than 290 new referrals seen in the parallel clinic in the new area. In 2018, to increase efficiency in managing the increase in allergy day ward procedures required due to the increased number of new allergy assessments carried out, the Department had been working with the Directorate Management Team in acquiring another clinical area to allow more regular access for low - medium risk procedures. This would primarily act as a nurse-led allergy day ward and to support this development, a new CNS in Immunology post was approved.

Key Performance Indicators

Figure 78: Immunology Department Quality Indicators 2018

Indicator Set	Achieved	Comment
Maintain positive results in EQA at 90% or above	Yes (95.2%)	Q1-Q3 Cumulative Data, Q4 analysis in progress
Ensure 95% of turnaround times for a specified assay are within quoted turnaround times: ANCA	Yes (99.0%)	Q1-Q3 Cumulative Data, Q4 analysis in progress
Ensure 95% of turnaround times for a specified assay are within quoted turnaround times: GBM	Yes (97.0%)	Q1-Q3 Cumulative Data, Q4 analysis in progress
Ensure 95% of turnaround times for a specified assay are within quoted turnaround times: MPR/PR3	Yes (98.8%)	Q1-Q3 Cumulative Data, Q4 analysis in progress
Ensure 95% of turnaround times for a specified assay are within quoted turnaround times: DNA	Yes (99.4%)	Q1-Q3 Cumulative Data, Q4 analysis in progress
Ensure 95% of turnaround times for a specified assay are within quoted turnaround times: C3/C34	Yes (98.6%)	Q1-Q3 Cumulative Data, Q4 analysis in progress
Ensure 95% of turnaround times for a specified assay are within quoted turnaround times: EMA	No (93.3%)	Q1-Q3 Cumulative Data, Q4 analysis in progress
Maintain complaints below 5 per annum.	Yes	None in 2018
To Respond to 100% of Complaints within 30 Days	n/a	None in 2018
Close Out of 100% of Complaints within 60 days	n/a	None in 2018
Close out of 85% of non-conformances within 30 days	No (75.4%)	Q1-Q3 Cumulative Data, Q4 analysis in progress
Close out of 60% of Non-Conformances Raised Through Audit within 30 Days	No (15.8%)	Q1-Q3 Cumulative Data, Q4 analysis in progress
Perform 70% of audits within 30 days of scheduled start date	Yes (73.0%)	Q1-Q3 Cumulative Data, Q4 analysis in progress
Perform 70% of Audits ISO15189 Horizontal and Vertical Audits within 60 days of Scheduled Start Date	Yes (93.9%)	Q1-Q3 Cumulative Data, Q4 analysis in progress
Maintain average sickness/absence for all levels of staff below 3.5% per annum.	Yes	1.42%
Perform 90% of Joint Reviews within 60 Days of Scheduled Date	No	87.5%

Performance Highlights

Workload

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

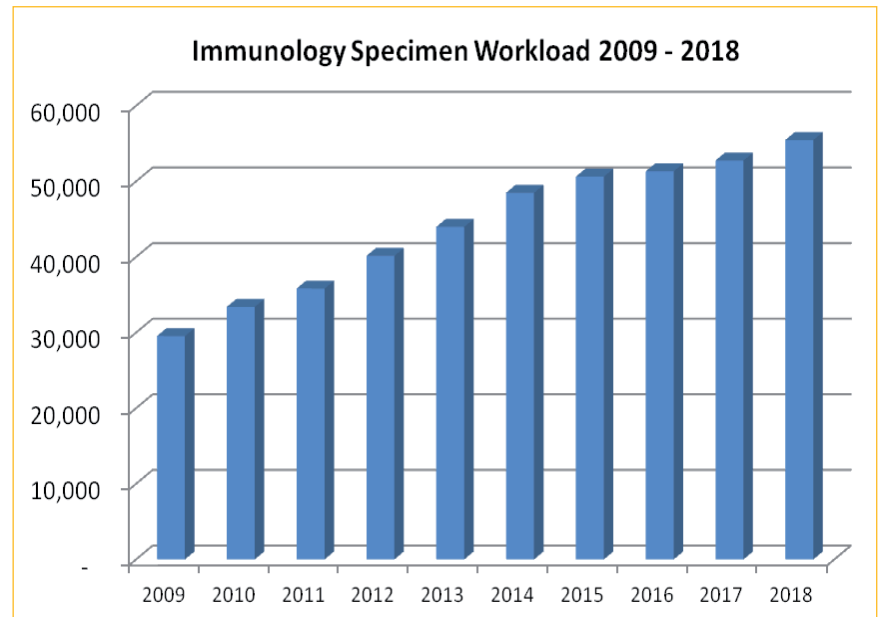
Figure 79: Immunology Department Workload 2018

Request Item	Patient Requests
Test sets	119,147
Individual tests	149,582
Specimens	55,475

Overall the number of specimens received increased by 5.1%. Test Sets & Total Tests performed have both increased by 3.8% & 4.3% respectively in 2018. The above data excludes Skin & Renal Biopsy workload. Table 4 summarises that workload for the last 10 years.

Figure 79 above demonstrates the 88% increase in samples processed in the Immunology Department in the last 10 years.

Figure 80: Immunology Department Specimen Workload 2009 - 2018



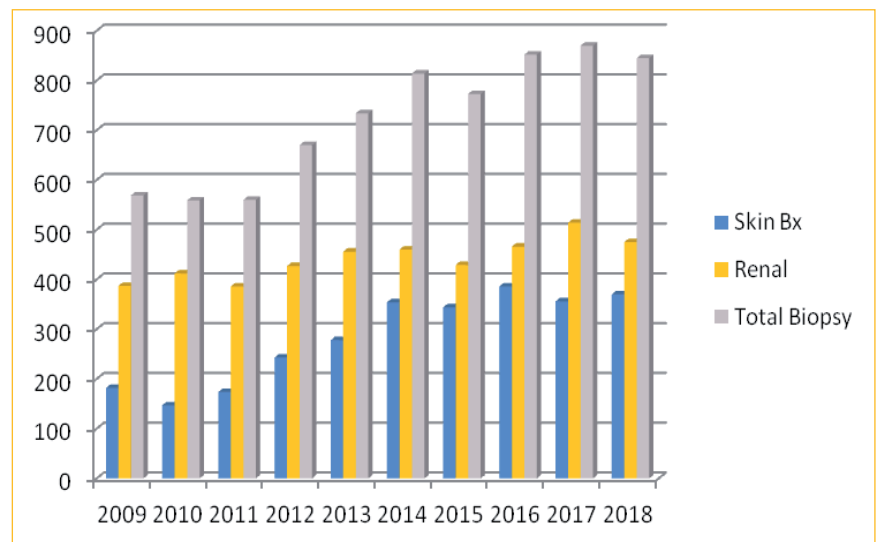
Repatriation & introduction of Neuroimmunology Tests

Following successful validation, the Immunology Department repatriated Anti-NMDA Antibody testing & introduced an Autoimmune Encephalitis Mosaic Panel to their repertoire of tests in November 2018 allowing a more timely service leading to improved TAT which can reduce diagnostic delay with the associated clinical risk and impact on length of inpatient stay. These new tests facilitate the clinical need to provide an urgent Neuroimmunology service for patients with autoimmune encephalitis. Up until this these tests were sent abroad with a minimum turnaround time of 2 weeks. More timely diagnosis can guide treatment with potentially reducing the duration of plasmapheresis by 1 week (with an associated cost of €5000/session, standard treatment involves one session on alternate day) which in turn reduces the significant infection risk associated with plasma exchanges. Repatriating these tests would also lead to laboratory cost savings (€18,465 based on data from 2017).

Figure 81: Skin & Renal Biopsy Workload 2009-2018

Year	Skin Bx	Renal	Total Biopsy
2009	182	387	569
2010	147	412	559
2011	174	386	560
2012	243	427	670
2013	278	456	734
2014	354	460	814
2015	344	429	773
2016	386	466	852
2017	356	514	870
2018	370	475	845

Figure 82: Skin & Renal Biopsy Workload 2009-2018



Staffing

Clinical Staff:

In January 2018, the Clinical Immunology nurse post was upgraded to an Advanced Nurse Practitioner in Immunology.

This is the first ANP in Immunology post in Ireland.

In July 2018, an International Fellow in Immunology joined the clinical team via the International Fellowship Programme organised by RCPI.

Accreditation

Assessment by the Irish National Accreditation Board was conducted in July 2018. The extension to scope included Anti-NMDA Antibodies & AIESCREEN. No findings were made in Immunology.

Objectives 2018

Figure 83: Quality Aims & Objectives 2018 Immunology Department

Quality Aims & Objectives 2018			
Area	Target	Timeframe	Current Status
Service	Continue to provide a high quality service	On-going	On-going
Accreditation	Prepare for re-inspection by INAB	Q2/Q3 2018	Completed July 2018
	Maintain accreditation status	Ongoing	Completed July'2018
	Validation plan for all assays being added to INAB scope	Q2/Q3 2018	Completed July 2018
QMS	All documents reviewed & updated	On-going	On-going
	Audits to be done & reviewed quarterly	On-going	On-going
	Trend review of NCs	On-going	On-going
Training	Promote CPD & presentation at academic meetings	On-going	10 academic meetings held in 2018
Assays	Repatriate NDMA Receptor testing (CC771)	Q2 2018	Completed Nov 2018
	Ethics approval for retention of residual sera from allergy clinic patients for verification of reference ranges (CC832)	Q4 2018	Deferred
Equipment	Lab Mod implementation	Q2 2019	On-going
	MedLIS implementation	Q4 2018	On-going
	Blot instrument (CC376)	Q3 2018	Delivered Dec 2018, validation in progress
Staffing	Recruit Medical Scientist as per Living Donor Programme (CC235)	On Hold	On Hold
	Address staffing issues including Action 592 & 593. (CC677)	Q1 2018	On-going
	Replace Locum Staff Grade Medical Scientist leaving 3rd November 2017 (CC750)	Q1 2018	Start Date April 2018.
	Replace Staff Grade Medical Scientist leaving Jan 2018 (CC762)	Q1 2018	Start Date March 2018

The Clinical Immunology service aims to continue to provide high quality care for patients with significant allergy, primary immunodeficiency and autoimmune disease. In order to manage the increasing workload demands, the need to improve the efficiency in the current system is required. Developing a primarily nurse-led allergy dayward will facilitate this with the aim of introducing a "one stop" style assessment where patients can be seen, assessed and have their allergy procedures in a more timely manner.

Staff in the department processed an 5.1% increase in specimens, successfully maintained INAB accreditation with no findings noted, including the addition of two new assays to our scope. We would like to acknowledge this achievement which is due to the strong staff commitment & teamwork throughout the Department.

Histopathology

Introduction

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.

Key performance indicators

Over the past five years we have seen a 17% increase in the workload across our service. During 2018 the Department processed over 22,000 surgical cases yielding over 146,000 stained slides. We have seen an increase in the number of GI Endoscopic, urology and dermatology cases. Also seen is an increase in the number of non-gynae cytology cases from the endoscopic ultra sound service. We attend and present at 97 different Multi-Disciplinary Meetings with our clinical colleagues per month.

Performance Highlights

During 2018 we successfully maintained and extended the scope of our INAB (Irish National Accreditation Board) accreditation to ISO standard 15189. The past year has seen the further development of a shared Molecular Diagnostic laboratory. We continue to develop collaborative work in the field of Molecular Pathology with the RCSI Histology Laboratory. We have validated the use of Next Generation Sequencing panels as applied to solid tumours. This assists in making tumour specific diagnosis and prognosis. During 2018, the Histology Laboratory continued to support the Bowel Screen programme for the early detection of Colorectal Cancer. Bowel Screen 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 RCSI Hospital Group initiative 2017 aimed at managing Beaumont Hospital's endoscopy waiting list. Postgraduate and graduate training in histopathology for both Pathologists and Medical Scientists is an integral component of the department and much time and effort is invested in this area. Our trainees continue to successfully complete their examinations.

Neuropathology

Introduction

The Neuropathology Department is part of the Laboratory Directorate but functions as an integral part of clinical neurosciences and the National Neurosurgical service at Beaumont Hospital. The Neuropathology Department is a consultant delivered service providing diagnostic, research and teaching commitments, not only to Beaumont Hospital but to hospitals in the greater Dublin area and national referrals received from hospitals roughly north of a line from Waterford to Limerick. Referrals south of this imaginary line are referred to Cork University Hospital.

The diagnostic workload of the department includes:

- Neuro-oncology - adult and all paediatric cases
- Molecular Oncology for the whole of the Republic of Ireland
- Complex neurological biopsies
- Neuromuscular referrals, adult and paediatric
- Neurological autopsies - including National Brain Bank referrals
- Forensic autopsies
- CJD referrals (Beaumont Neuropathology is the National CJD Surveillance Unit)

Key performance indicators

Overall Surgical workload (Figures A, B, C)

The principal increase in workload in recent years has resulted from the introduction of the new WHO classification of brain tumours in 2016. This has resulted in a substantial increase in both the number of specimens (Figure 80) but even more so the complexity of cases. These cases are worked up to international standards with a comprehensive range of immunocytochemical (Figure 84) and molecular tests (Figure 85), both of which are increasing at an exponential rate.

Intra-operative diagnosis turnaround time (as defined by the Faculty of Pathology)

- < 20mins: >95% cases

Report available for MDT the week following tumour surgery (Internal KPI)

- Report available: >95% cases

Figure 84

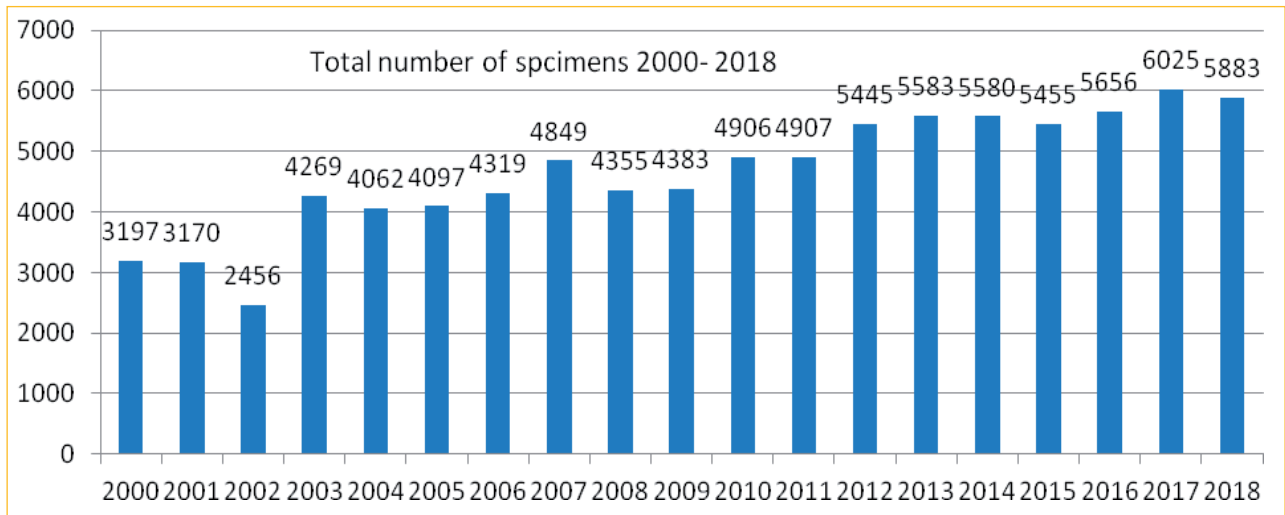


Figure 85

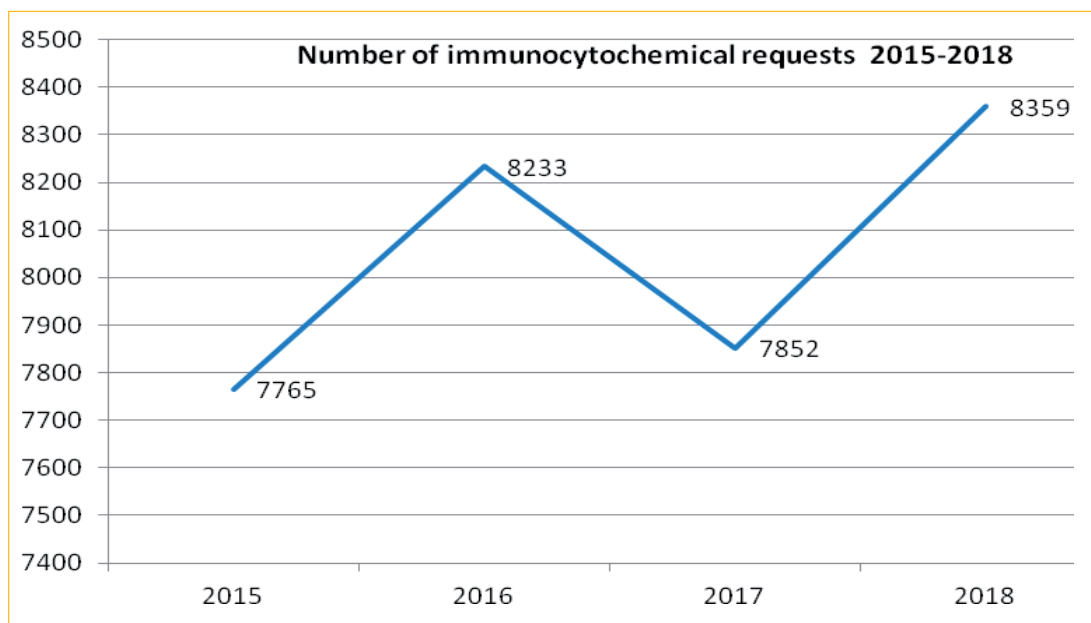
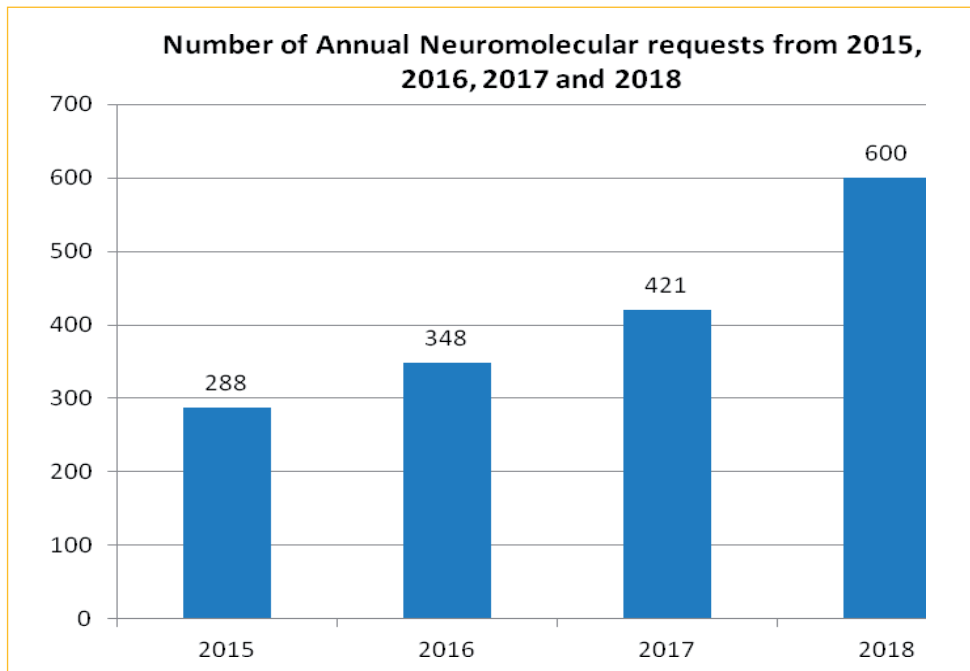


Figure 86



Neuro-molecular turnaround times (internal KPI) are set at 4-6 weeks. This is in keeping with best practice guidelines and means we can advise on appropriate therapy at an early stage.

Figure 87

2016 Summary		
Test Performed	Number of Requests	Turnaround time
aCGH	100	19 days
MGMT	214	19 days
BRAF Fusion	34	22 days

Figure 88

2018 Summary		
Test Performed	Number of requests	Turnaround time
aCGH	155	16 days
MGMT	273	17 days
BRAF Fusion	37	19 days
IDHSEQ	131	14 days
NGS	4	31 days

Figure 89

2017 Summary Jan-Sept		
Test Performed	Number of requests	Turnaround time
aCGH	66	24 days
MGMT	166	22 days
BRAF Fusion	31	27 days
IDHSEQ	28	23 days

Performance Highlights

Neuro-Molecular:

We continue to provide a national Neuro-molecular service to all neurosurgical centres in Ireland. In 2018 we delivered somatic DNA/ RNA and chromosomal analysis including array comparative genomic hybridisation and next generation sequencing (NGS). We have kept abreast of all new developments and are aware that a lot of centres internationally are not in a position to provide such a breadth of tests.

Dublin Brain Bank (DBB):

The key paper to arise out of the DBB this year documents the first 10 years of this national brain bank. The co-ordinator continues to raise the DBB profile by liaising with societies such as those for Alzheimer’s disease, Motor Neuron disease, Parkinson’s disease, the latter embarking on a fund raising table quiz with us.

National CJD Surveillance Unit:

A detailed review was undertaken of both autopsy and brain biopsy cases presenting to our department in which CJD was a diagnostic consideration. Arising from this, talks have taken place regarding the establishment of a national multidisciplinary CJD referral service involving clinical (neurologist), neuroradiologist and neuropathologist expertise. This we feel will significantly reduce the logistical issues facing the hospital when these cases arise.

Brain Tumour Biobank:

This tumour bank has one of the most successful early enrolment statistics with approximately 200 banked tumours since its introduction 18 months ago. In light of GDPR, consent and data management is under review pending Beaumont Hospital and RCSI guidelines.

Teaching:

The department participates in the training of pathology and neuroscience residents as well as medical scientists and we offer short and long-term rotations through the laboratory. In 2018 we hosted 2 Neurology SpRs in our fellowship post, and welcomed both national and international undergraduates from the USA and Germany. Undergraduate teaching is provided to medical and physiotherapy students at Trinity College, Dublin and at the Royal College of Surgeons in Ireland. Post graduate teaching is provided to both RCPI and RCSI.

Objectives 2019

- **Main diagnostic lab** - continue to support the excellent work performance of our specialised scientific staff who are always keen to learn and implement new techniques.
- **Expand Neuromolecular Diagnostics** by expansion of next generation sequencing panels and repatriation of methylation profiling. The fundamental difference with the introduction of the new WHO classification of Brain tumours in 2016 is that molecular diagnostics is now an integral and essential part of the diagnostic workload. The Neuromolecular facility here in Beaumont Hospital has kept abreast of this and provides a national service, including somatic DNA/ RNA and chromosomal analysis including array comparative genomic hybridisation and next generation sequencing (NGS). We will be the first laboratory in Ireland to provide methylation profiling with the repatriation of tests previously outsourced internationally.
- **Continue to increase the profile of the Dublin Brain Bank** – by attending and giving talks to the relevant societies and interacting with the Irish neuroscience community.
- **Establish a CJD assessment group** – where all cases of rapid onset dementia are assessed by a neurologist / neurophysiologist, neuroradiologist and neuropathologist before proceeding to biopsy.
- **Brain tumour biobanking** - ensure GDPR and Ethics compliance.

Blood Transfusion Department

Introduction

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

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

The Blood Transfusion Department, encompassing the Blood Transfusion Laboratory and the Haemovigilance Office, utilises the electronic crossmatch procedure for 90% of patients transfused. This technology facilitates a rapid turnaround time for the provision of red cells for patients with a valid Type & Screen specimen. This has enabled the Department to continue to maintain wastage in 2018 of red cells at .14% with the benchmark nationally less than 0.5% and platelet wastage of 3.13% with the benchmark nationally less than 8%. In addition Beaumont Hospital maintained the Crossmatched: Transfused (C:T) ratio of 1.39 (8468:6087). A C:T of greater than 1.5 usually indicates excessive crossmatch requests compared to units transfused (AABB, 2003).

Key Performance Indicators – Blood Transfusion

Figure 90

Indicator	Met
Wastage of Red Blood Cells: <0.5%	Yes
Wastage of Platelets: <8%	Yes
O Negative Red Blood Cell Usage: <11%	Yes
>90% of T&S samples taken using the BloodTrack PDA devices	Yes
>85% of transfusion completed using the BloodTrack PDA	Yes

Performance Highlights

Figure 91: Workload year ending 2018

Activity	Numbers
Specimens Received	19663
Red Cells Received	6243
Red Cells Transfused	6087
Platelets Received from IBTS	1686
Platelets Transfused	1578

Figure 92: Workload Figures 2013 to 2018

	2014	2015	2016	2017	2018
New Admissions	10537	10911	11319	10710	11231
ABO/Rh	22305	23530	23482	23082	24617
ABSC	15674	16854	16410	16277	17542
ABID	502	548	485	556	765
EC	8460	8571	7175	7195	7021
AHGXM	974	1280	928	915	1023
SDP Transfused	1110	1574	1165	900	469

Haemovigilance

The Haemovigilance Office provides a number of functions. Regular lectures are provided by the Haemovigilance Office for Doctors, Nurses and relevant Healthcare Professionals on Specimen Collection, Blood Administration and BloodTrack PDA use. Investigation is completed of all Serious Adverse Reactions (SAR) and Serious Adverse Events (SAE) along with relevant reporting to the National Haemovigilance Office (NHO). This office also ensures 100% traceability of blood and blood components.

Departmental Achievements

Turnaround Times (TAT's) of Blood Transfusion specimens have been maintained in accordance with Hospital Laboratory User Guide to aid in the provision of blood products in a timely manner. Implementation of a BSH Guidelines recommendation for red blood cell units out of controlled storage between 30 and 60 minutes to be quarantined for a certain period and re issued. This has saved on red cell stock, as these units would previously have been discarded. Implementation of an IBTS recommendation for reduction in age to 55 years for female patients requiring K- red blood cell units.

BloodTrack has had continued successful operation throughout 2018 in Beaumont Hospital. Usage has been consistent with usage for transfusion at 88.4% and specimen collection at 97%.

The Blood Transfusion Department maintained their accreditation to ISO15189:2012 following the surveillance visit in May 2018.

Blood Transfusion continues to adopt a policy of accepting short dated blood and blood components from Connolly Hospital, Our Lady of Lourdes Drogheda, Cavan General Hospital, and Bon Secours Glasnevin. These are products that would have otherwise expired.

Microbiology Department

Introduction

The primary role of the Department of Microbiology is the laboratory diagnosis, prevention and control of infection, including healthcare-associated infections (HCAI) and antimicrobial resistance (AMR), using evidence-based strategies and through provision of expert advice to healthcare staff.

A timely and accurate microbiology laboratory result is central to the management of any patient with suspected infection, enabling optimisation of treatment and facilitates further management of patients attending the Hospital, along with residents of long-term care facilities and patients attending primary care in the Hospital's catchment area.

In addition, screening of at-risk categories of hospital inpatients for carriage of antimicrobial resistant organisms, such as methicillin resistant *Staphylococcus aureus* (MRSA), vancomycin resistant enterococci (VRE) and carbapenemase producing Enterobacteriaceae (CPE/CRE) is a recommendation of national guidelines and helps to identify carriers and implement appropriate infection prevention and control precautions to prevent onward transmission within healthcare settings. The Microbiology Department actively participates in the Hospital's infection prevention and control programme and contributes data to local, national and international surveillance programmes.

Key Performance Indicators

The demand for the services of the Microbiology Laboratory has been increasing annually.

Figure 93

Total Workload Figures (2014 – 2018)				
2014	2015	2016	2017	2018
124,628	129,503	133,549	145,404	147,233

In particular, advances in molecular diagnostics have enabled on-site testing for influenza virus since 2013, to support the management and placement of patients throughout the busy annual influenza season. The Laboratory strives to improve the influenza testing service annually, with more rapid turnaround times for a test result, contributing to safer patient care.

Figure 94

Total Workload Figures Annual Influenza Seasons (2013/14 – 2017/18)				
2013/14	2014/15	2015/16	2016/17	2017/18
480	970	867	1,228	3,992

In October 2017, the Minister of Health declared CPE to represent a national public health emergency and national guidelines have been updated outlining patients who require CPE screening. The increased national incidence of CPE has been reflected in Beaumont Hospital, with annual increases in newly-detected patients with CPE observed. In turn, the Microbiology Laboratory has supported the management of CPE in the Hospital, responding to increased demand for CPE screening and strives to improve the CPE screening service, annually.

Figure 95

Total Workload Figures CPE Screening (2014 – 2018)				
2014	2015	2016	2017	2018
1,807	1,728	2,198	7256	9669

Performance Highlights

The Microbiology Department continues to improve the quality and scope of the service offered and successfully maintained accreditation with the Irish National Accreditation Board (INAB) in May 2018.

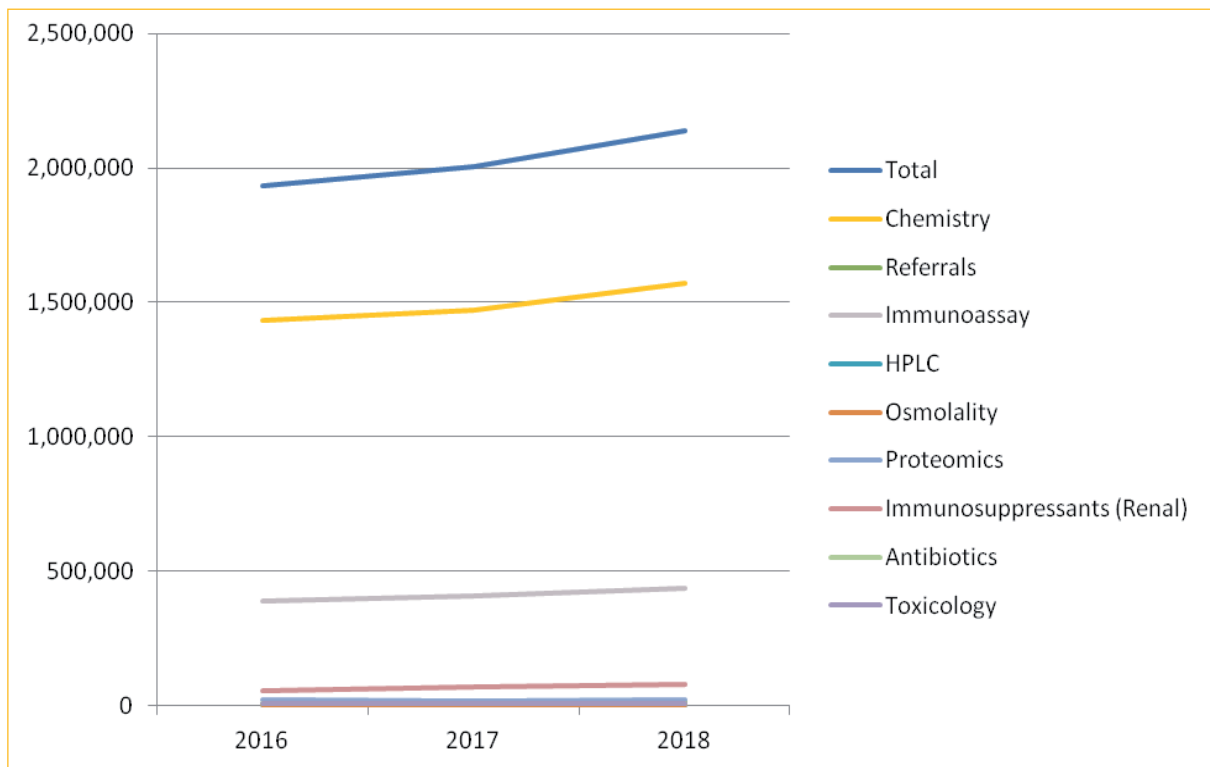
Chemical Pathology Department

Introduction

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. Demand for services is increasing annual as shown in figure 94 below.

Key performance indicators

Figure 96: Chemical Pathology sample numbers 2016 – 2018



Performance Highlights

Installation and validation of 2 Cobas Chemistry and Immunoassay analysers scheduled to go live in January 2019. Maintenance of chemical pathology services throughout significant renovations within the department.

Medical Directorate



Clinical Director:
Professor Christopher Thompson

Business Manager:
Mr. Paddy Clerkin

Directorate Nurse Manager:
Ms. Yvonne Ryan

Introduction

2018 was an extremely busy year for the Medical Directorate, both from an unscheduled care and scheduled care perspective. Medical LOS reduction has been sustained through various initiatives. This has been maintained, while maintaining a high quality service, based on best and innovative practice, with quality and patient safety at its core. The Medical Model for Medicine continues to reap dividends in terms of improving access for patients and alignment of patients with most suitable speciality.

Medical Directorate Structure

The Medical Directorate is led by Professor Christopher Thompson, with support from associate Clinical Directors Dr. Danny Cheriyan (Beaumont Endoscopy lead and Gastrointestinal Consultant) and Dr. Donough Howard (Rheumatology Consultant), the former who has taken this leadership role in lieu of Dr. Laura Durcan's maternity leave. There are 16 specialities that fall under the governance and management matrix of the Medical Directorate. They include Cardiology, Respiratory, Endocrinology, Rheumatology, Hepatology, Medical Oncology, Haematology, Radiation Oncology, Dermatology, Gastroenterology, Care of the Elderly, Stroke, Infectious Diseases, Palliative care and Psychiatry. Furthermore there are a further 23 shared clinical areas that are supported through the Medical Directorate governance structure. They include Endoscopy, Infusion Service, Raheny Community Nursing Unit, Cardiology Physiology, Respiratory Physiology and Podiatry. DMT supports and represents all areas and disciplines of the Directorate, regardless of size, function or alignment with National KPIs. The value and recognition of all team members is imperative to the Medical Directorate's success.

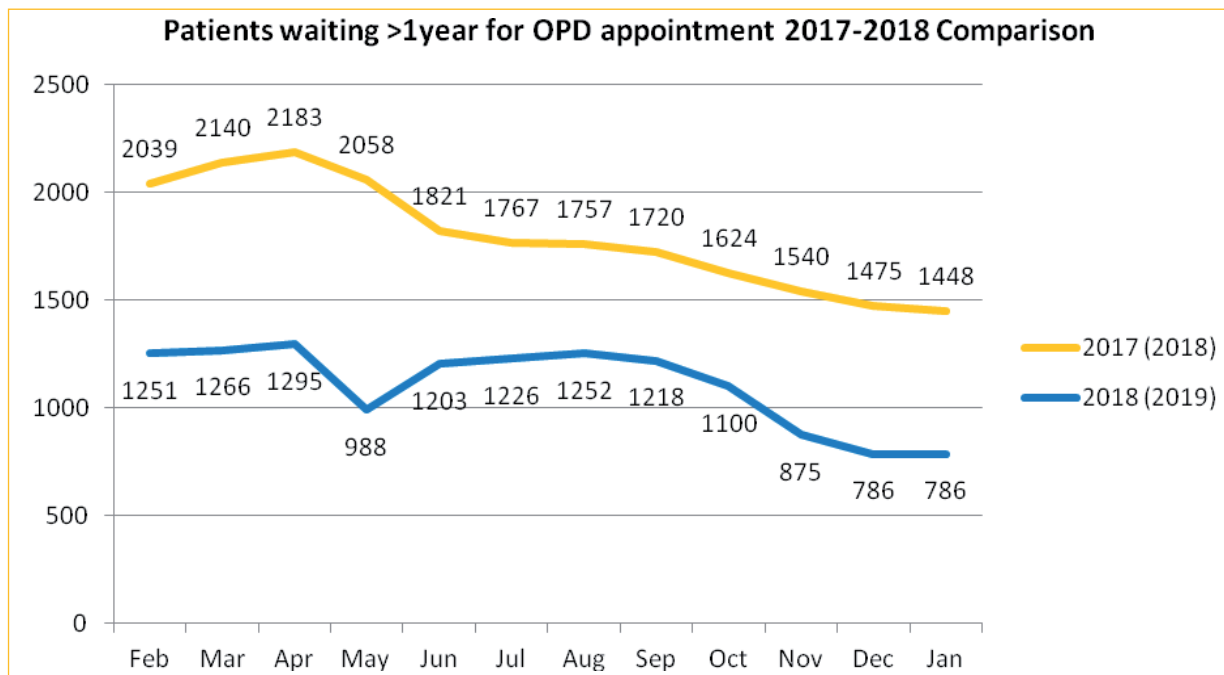
The Business team is led by Paddy Clerkin, Business Manager, who works collaboratively with Business Leads Sharon Geraghty and Elaine Bradley to support all services and areas for continued improvements to improve patient access and quality. The Directorate administrative management team work with 120 administrative staff assigned to the Medical Directorate to develop more efficient and smoother operation management systems and enable a more responsive, future proofed administrative process for all service users.

The Directorate Nursing function is led by Ms. Yvonne Ryan and previously Ms. Fiona Markey (replacement commenced in 2019 - Ms. Grainne Sheeran) with support from Clinical Nurse Managers 3; Catherine O'Shea and Ciara Hughes.

The Medical Directorate in collaboration with our colleagues in Patient Flow and Operations have been central to ensuring hospital access and safety during busy winter periods of early and late 2018. The Medical Directorate has been central to the continued and sustained improvements in the Emergency Department in terms of reduction in admitted patients in the Department and Patient Experience Time (PET).

A key success for the Medical Directorate in 2018 was the significant improvement in Outpatient (OPD) wait times across all specialities. There have been multiple clinical initiatives to support this reduction; such as Consultant led improvements, Advanced Nurse Practitioners and Clinical nurse specialists reducing waits and administrative inventiveness; some of which will be detailed below. Expansion of clinics on the St. Joseph's campus, St. John's and Hepatology unit, coupled with additional clinics in the main OPD has been imperative to this success. Furthermore and most poignantly, the consultant body have been the primary driving force in improving wait times in OPD. Their commitment to service and desire to improve access for patients has seen consultants commit to additional clinics such as Endocrinology, Haematology, Respiratory and Rheumatology. There was a 46% reduction in patients waiting greater than one year for their OPD appointment in 2018. The Directorate Management team are under no illusion that this work needs to continue in 2019, as a priority.

Figure 97: Patients waiting > 1 year for OPD appointment 2017-2018 Comparison



The Directorate Management team (DMT), led by Professor Christopher Thompson, have worked with multiple specialities in order to improve services on their behalf through open and collaborative engagement. Key developments in 2018 include; Ambulatory TIA and Syncope service, Sleep apnoea pathway, Haematology resource allocation and Waiting list initiatives, Endocrinology Waiting list initiatives, Rheumatology OPD reconfiguration, commitment to dedicated Dermatology space, nominated Endoscopy lead for Beaumont Hospital, acquisition of appropriate space to support TOE service, improved anaesthetic support for Catheterisation Laboratory, appropriate governance arrangements for Raheny Community Nursing Unit, Care of the Elderly physician dedicated to community care interface, air handling solution for Oncology areas and support for Psychiatry services with ED alcohol pathway

Gastro-intestinal colleagues have continued to reduce wait times for patients attending the Endoscopy Department for urgent, routine and surveillance procedures. This has shown a sustained improvement in wait times, coupled with an increased emphasis on a RCSI Hospital Group approach to achieving success. Improvements were also sustained in relation to wait times for in-patient and day case cardiology lists. By year end all patients were waiting <1 year; and while acknowledging that this is far from desired waits by both staff and patients, it is an improvement, with a dedicated emphasis to reduce further and extend Cath Lab capacity and Cardiology Day ward operations moving forward.

Performance

Stroke Department report

Introduction

The Stroke Service is provided by the Department of Geriatric and Stroke Medicine. They provide a local stroke service and support the National Thrombectomy Service (NTS). They also provide support to the National Neurosurgery Service for complex stroke cases and stroke input to regional Vascular Surgery cases for carotid endarterectomy, and provide the national carotid stenting service with Neuro-radiology.

The Stroke service provides a direct service to the ED for possible stroke and TIA during working hours. They see all FAST positive cases directly and have a rapid protocol with CT to speed up treatment decisions. They provide a Consultant-led 24/7 service for all acute stroke cases admitted to Beaumont Hospital. In addition, they support the National Thrombectomy Service, treating some of the sickest stroke patients in the country. The service is run by 2.5 WTE consultants and the on-call rota is supported by 5 Consultant Geriatricians. There 12 acute stroke beds on St Brigid's Ward and 12 stroke recovery beds on Hamilton Ward. Patients receive acute care and rehabilitation and when suitable, go home with Early Supported Discharge (ESD). Off-site stroke rehabilitation is provided by Dr. Moore and Prof. Donegan in St Joseph's Hospital, Raheny.

Key Performance Indicators

- KPI 1: % of acute stroke patients who spend all their time in a stroke unit.
- Target 90%. 2017 performance 61%. 2018 performance 62%.
- KPI 2: % of hospital stay in a stroke unit for those in KPI 1.
- Target 90%. 2017 performance 81%. 2018 performance 77%.
- KPI 3: % of patients with acute ischaemic stroke who receive tPA.
No target. 2017 - 10%; 2018 7.8%
- 588 discharges from the Stroke Service in 2018, up 1.7% from 2017.
- 304 patients transferred to Beaumont Hospital for consideration of thrombectomy in the NTS (11% increase on 2017)
- 231 referrals to the TIA service (37% increase since 2015)
- TIA length of stay reduced by 24% from 2017 to 2018 (5.4 to 4.1 days) and further improved to 3.4 days since Stroke took over these patients, rather than consulting, in July 2018.
- 50 patients discharged in 1st year of ESD service.

Performance Highlights

- Beaumont Hospital launched its ESD service in January 2018 and 50 patients were discharged home early in 2018.
- One of the highest thrombectomy rates in the country (16%) in the last NTS National Report.
- A direct referral pathway for the ED for suspected TIA's during the working day was launched.
- CT perfusion for better assessment of patients for thrombectomy was implemented. This has reduced the number of futile procedures by identifying areas of irreversible damage.
- The Department continues to have an active research programme and is currently recruiting patients to the CONVINCE, ESCAPE-NA1 and TEMPO2 trials. In addition the Department is conducting academic led studies in the fields of air pollution, secondary prevention and cognition in stroke.

Geriatric Medicine 2018

2018 has been a busy year for the Department with ongoing high levels of demand across our acute medical and inpatient rehabilitation wards as well as our outpatient, day hospital and community liaison services. We dealt with more than 1300 inpatient discharges and over 7000 ambulatory appointments (2000 outpatients and 5000 day hospital).

Highlights

In 2018 we welcomed the arrival of Dr Frances Dockery, Consultant Geriatrician, with a role in developing and supporting the community-based, multi-disciplinary Integrated Care Team for Older Persons (ICTOP). This is a joint project between Beaumont Hospital and CHO9. The team consists of a Geriatrician, Clinical nurse specialist, Occupational therapist, Physiotherapist and Social worker with a role that straddles primary and secondary care and provides more seamless integrated services for frail older people living in the local community who are frequent users of hospital services. All patients get a comprehensive geriatric assessment leading to interventions to address rehabilitation need, psychological and social issues. Priority is being given to those being discharged from the emergency department in Beaumont Hospital with the aim of admission avoidance and to community referrals that are at risk of hospital admission.

In July 2018 a Registrar in Ortho-geriatrics was appointed to support the Ortho-geriatric liaison service for older trauma orthopaedic patients in Beaumont Hospital. Q3 2018 versus Q3 2017 saw a 40% reduction in bed days for hip fracture patients. Beaumont Hospital continues to perform well in the NOCA governed IHFD and our developments were highlighted in the most recent national report 2017, in particular our consistent high performance with regard to geriatrician input and falls assessments for patients with hip fracture.

We welcomed the appointment of three candidate ANPs in Geriatric Medicine, Carol Lyons, Joe Morris and Elaine Butler. These ANPs will support services in ED liaison and syncope, dementia services and fracture liaison clinics for orthopaedic outpatients. We welcomed three new CNM2s to our specialist geriatric wards, Louise McLoughlin and Leanne Grehan on Hardwicke and Whitworth respectively as well as Evangeline Delos Santos in St Josephs Rehabilitation ward.

The campus at St Josephs Hospital has also seen the development of a new senior nursing post with the appointment of Mary Cooney to Director of Nursing for St Josephs and the Raheny Community Nursing Unit.

Figure 98: COTE & Stroke Inpatient Discharges Beaumont & SJR 2017-2018 Comparison

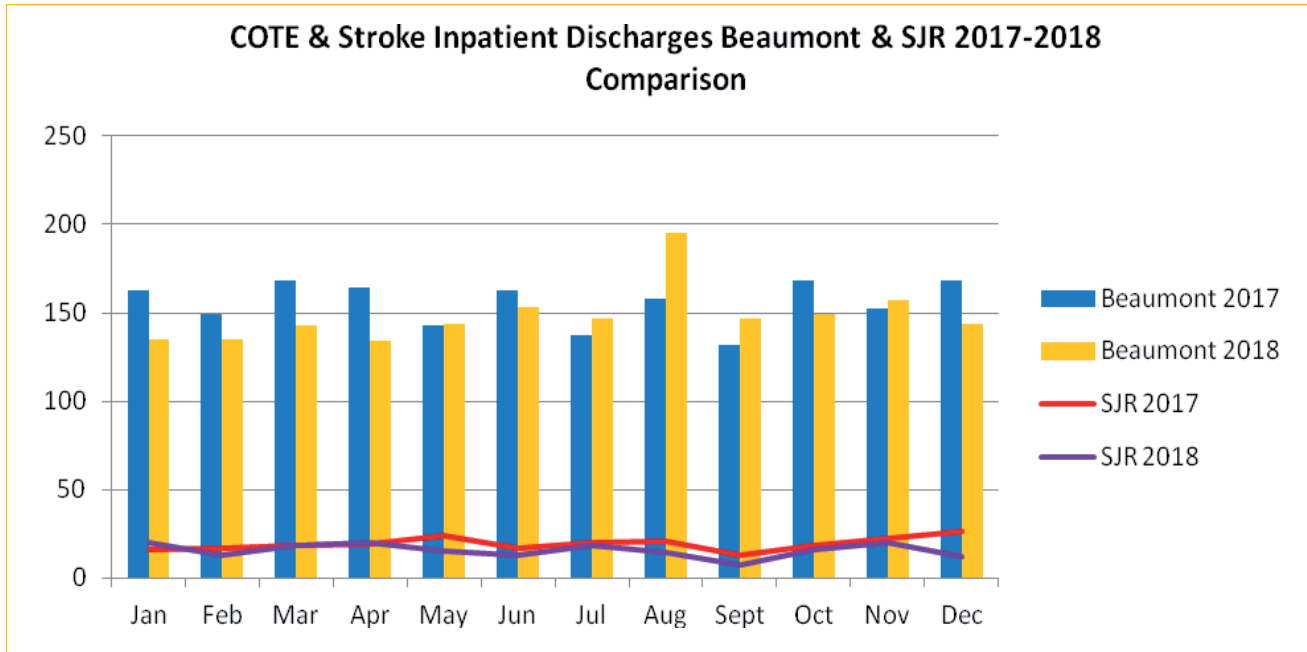


Figure 99: COTE & Stroke Average LOS 2017-2018 Comparison – Beaumont Hospital

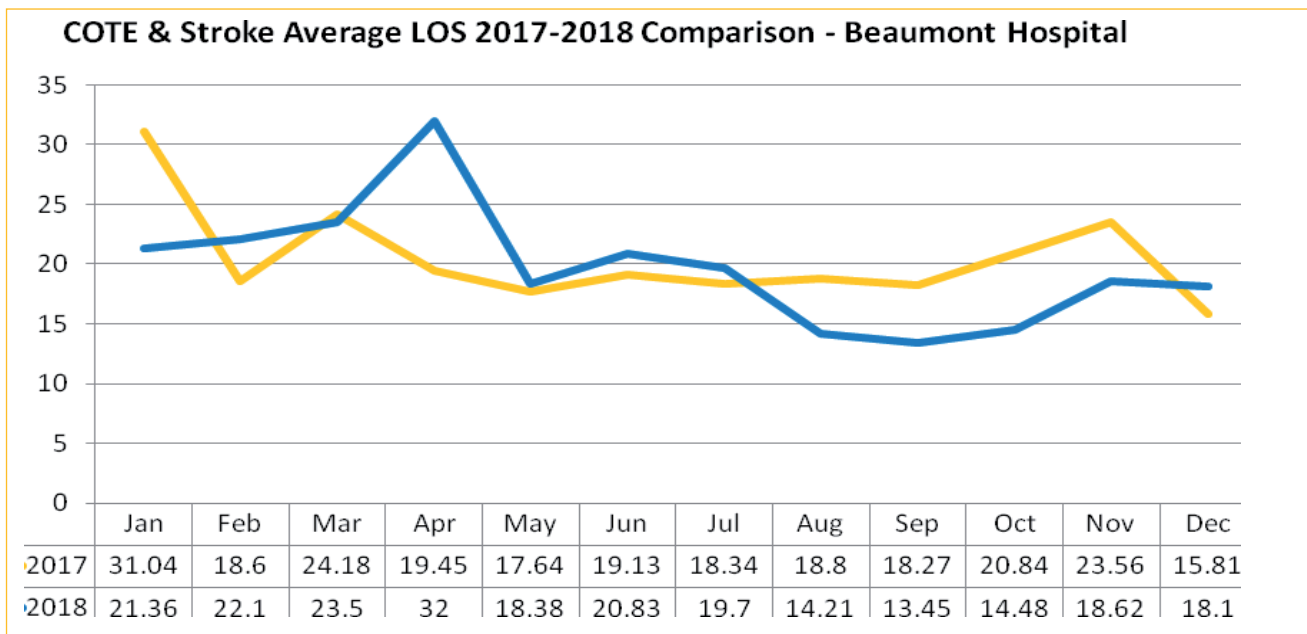


Figure 100: COTE & Stroke Average LOS 2017-2018 Comparison – St. Joseph’s Hospital Raheny

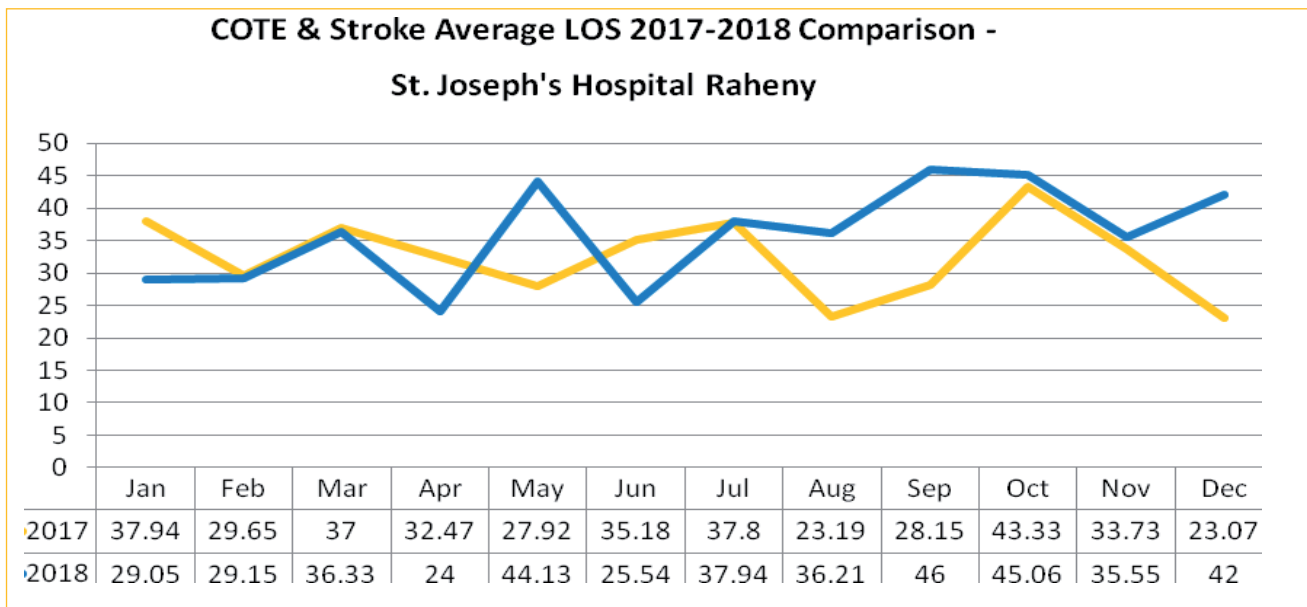
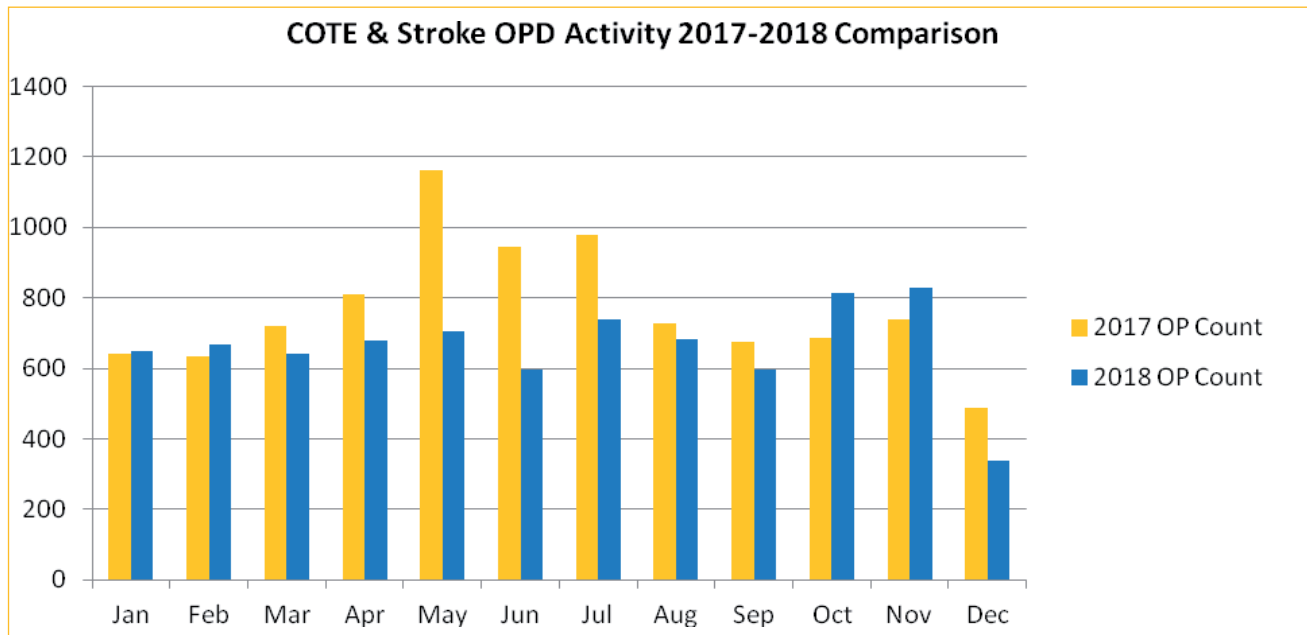


Figure 101: COTE & Stroke OPD Activity 2017-2018 Comparison



Beaumont Hepatology Unit

The Hepatology department serves over 2500 patients with liver disease. There is a dedicated multidisciplinary team in place.

Key Performance Indicators

- 900+ patients with Hepatitis C under active review.
- 120 patients completed treatment in 2018; with a 98% cure rate (previous cure rates 30-60%). National target for HCV eradication by 2030 requires at least another 2000 patients treated.
- approx. 600 patients with Hepatitis B are under active review, with 50 currently on treatment.
- Fibro-scan service performed over 1600 tests to date, 547 in 2018. Currently 200 referrals with an 8 month waiting list.
- 1150 patients with Haemochromatosis attending the day unit at St. Josephs Hospital.

Performance Highlights

- Unprecedented cure rate of HCV patients.
- Increased use of Fibro-scan service.

Objectives 2018

- Streamline Hepatology services and reduce variation in clinical practice across the RCSI Hospitals Group (through dedicated clinical pathways, protocols, GPs, physician/AHP and patient educational meetings).
- Increase new: return ratios in clinic.
- Increase number of patients discharged from clinic.
- Expand fibro scan service to meet demand for tests and allow same day discharges.

Medical Oncology

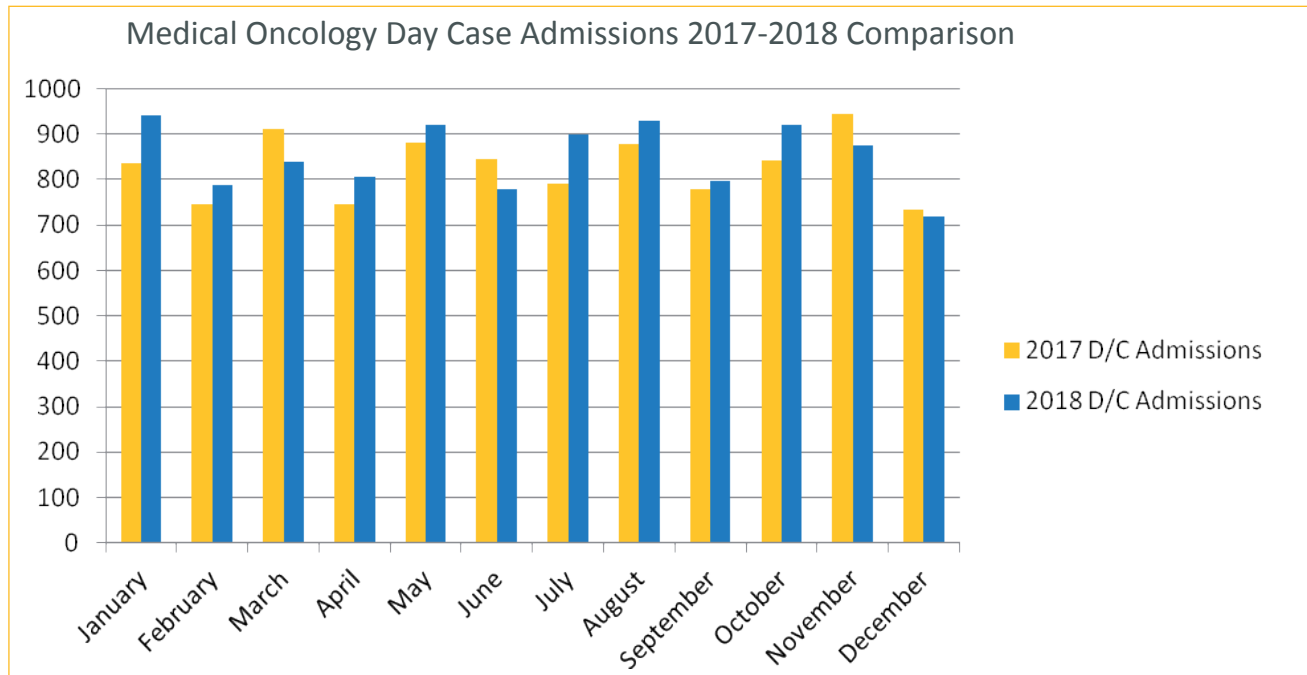
The number of new cancers is projected to increase in Ireland by 84% for females and 107% for males between 2010 and 2040. Population growth has been particularly pronounced in the North Dublin region and the corresponding commuter belt. Early cancer detection and increased number of available therapies means that more people are living with cancer for longer. Hence, in recent years there has been substantial increase in demand for systemic anti-cancer therapies in the Dublin North –North East Region. Beaumont Hospital is a dedicated National Cancer Centre and is the lead hospital within the RCSI Hospital group for cancer services. The Medical Oncology service includes acute in-patient care in a Specialist centre, Day services, Out-patient clinics and a Consultation service. Systemic anti-cancer therapy is currently delivered by four Consultant Medical Oncologists, two of whom have sessional commitments to Drogheda. Medical Oncologists work very closely together and provide regular specialist cover for one another. Specifically, Consultants within the group regularly make clinical decisions on one another's patients related to the complications of cancer and

its treatment. The close integration of this team, and our similar approach to cancer care, means that we attempt to deliver a Consultant-provided service. The Cancer Clinical Trials & Research Unit (CCTU), Beaumont Hospital is part of the Medical Oncology Service and conducts clinical, translational and outcomes research in patients with cancer across the region.

Key Performance Indicators

As predicted, there has been substantial increase in activity in the Medical Oncology Day Ward in the last 2 years. There has been annual increase of 20% in patient attendances each year since 2016. Current activity levels are almost 50% higher than 2016 levels.

Figure 102: Medical Oncology Day Case Admissions 2017-2018 Comparison



In the last few years there has been a substantial increase in the use of novel targeted cancer therapies. These agents are designed to target aberrant tumour growth pathways, tumour gene expression and the complex interaction between cancer and the immune system. Many of these new agents are orally available. In general, this offers patients the convenience of home administration of cancer therapy. Notably, most of the increased activity in the Medical Oncology Day Unit has been due to the increased use of oral therapy. However, this presents a series of novel challenges in terms of patient monitoring and patient safety. The side-effect profile of many of these agents differs from traditional cytotoxic chemotherapy, but there remains significant risk of serious adverse events. It is recognised that the trend towards increased use of oral anti-cancer medicines will continue in the future. As these agents require complex out-patient monitoring, this presents a substantial challenge for the workload of the Medical Oncology Service.

Performance Highlights

Clinical Trials remain an important part of the service. The value of drug administered to patients on Clinical Trial in 2017 amounted to approximately €2,330,605, almost double the 2016 value. Although figures for 2018 are not yet available it is anticipated that there will be similar substantial savings. In the absence of clinical trials, anti-cancer treatment for patients would be provided by the Hospital, often at substantial cost, which is difficult to quantify exactly. Indirect savings from Clinical trials include contributions towards laboratory and radiological tests and the provision of equipment. Income from clinical trials is also used to employ a Pharmacist (1.0 WTE) who fulfils roles on clinical trials but who spend most of their time in the clinical care of patients in Beaumont.

Recruitment of patients to clinical trials is considered a service quality marker and is the gold standard of care for many cancers. A key performance indicator from the recently published Cancer Strategy is an increase in the percentage of patients enrolled on clinical trials up to 6%. In 2018, 367 patients were screened for participation on a translational research study and 366 were successfully enrolled. In addition 49 patients were screen for participation in a therapeutic clinical trial and 34 were newly enrolled. In total 83 patients received treatment on therapeutic clinical trials in 2018. The service commitment to research is also highlighted by the large number of Pub-Med listed publications, which the Consultant Medical Oncologists have authored and which are listed below:

Objectives 2019

The increased use of novel targeted cancer therapies has led to greater use of oral and subcutaneous anti-cancer medicines, which have significant capacity to reduce drug costs. However, this will require investment in specialist day-ward services, in particular Nursing, Pharmacy and Consultant staff. Hence a key objective for 2019 is to deliver on the following new posts.

- One Consultant Medical Oncologist
- One Clinical Nurse Specialist
- Two Staff Nurses for the Oncology Day Unit

We are working with the planned Breast Cancer Building to develop designated research space for the CCTU. We will continue to develop standardised protocols and systems in conjunction with the National Cancer Control Programme (NCCP) for the administration of systemic anti-cancer therapy. We will continue to advance improvements in systems such as the use of dose banding, bio-similar medications and the use of subcutaneous formulations. The increase use of oral anti-cancer medicines necessitates an urgent need to review and restructure day ward clinics, in particular to expand the role of nurses and nurse specialists to deliver a high quality service.

Conclusion

There continues to be rapid growth in the number of attendances to the Medical Oncology Day Unit. Most of this is driven by the increased use of oral anti-cancer medicines, which bring specific challenges to the service. In order to address these challenges there is a need for increased staffing, particularly the important role of Nurse Specialists and Staff Nurses.

Figure 103: Medical Oncology OPD Activity 2017-2018 Comparison

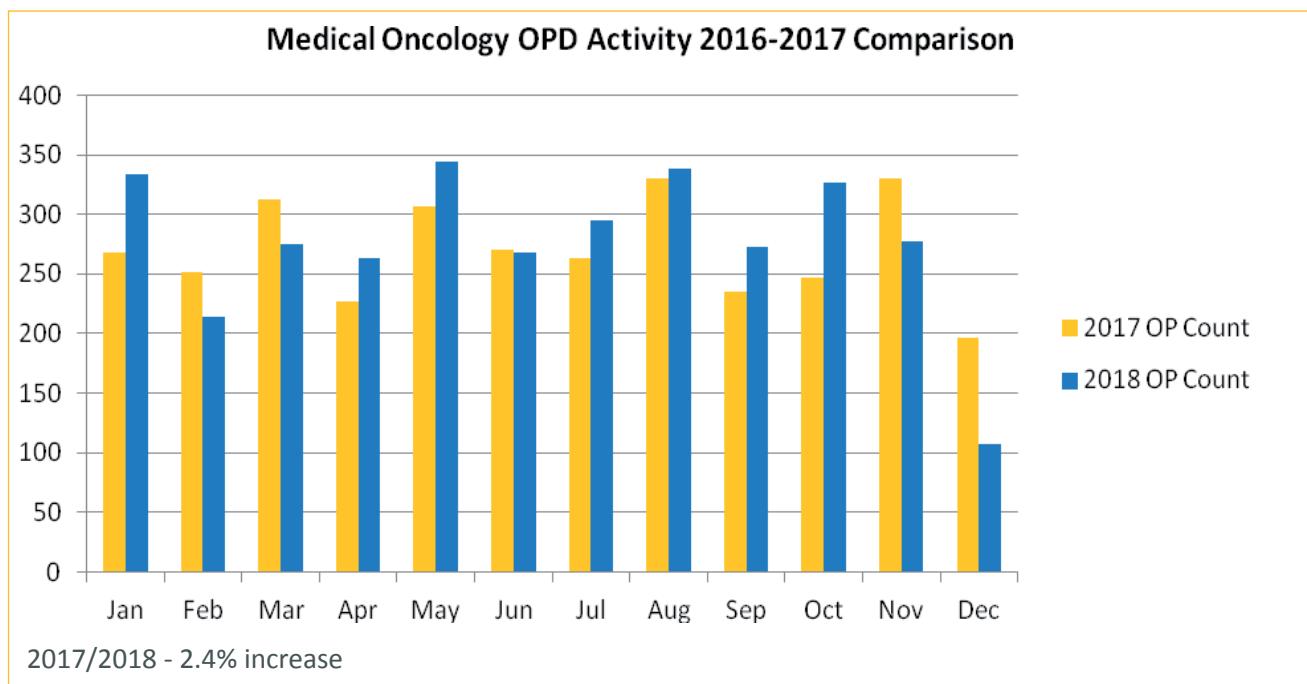
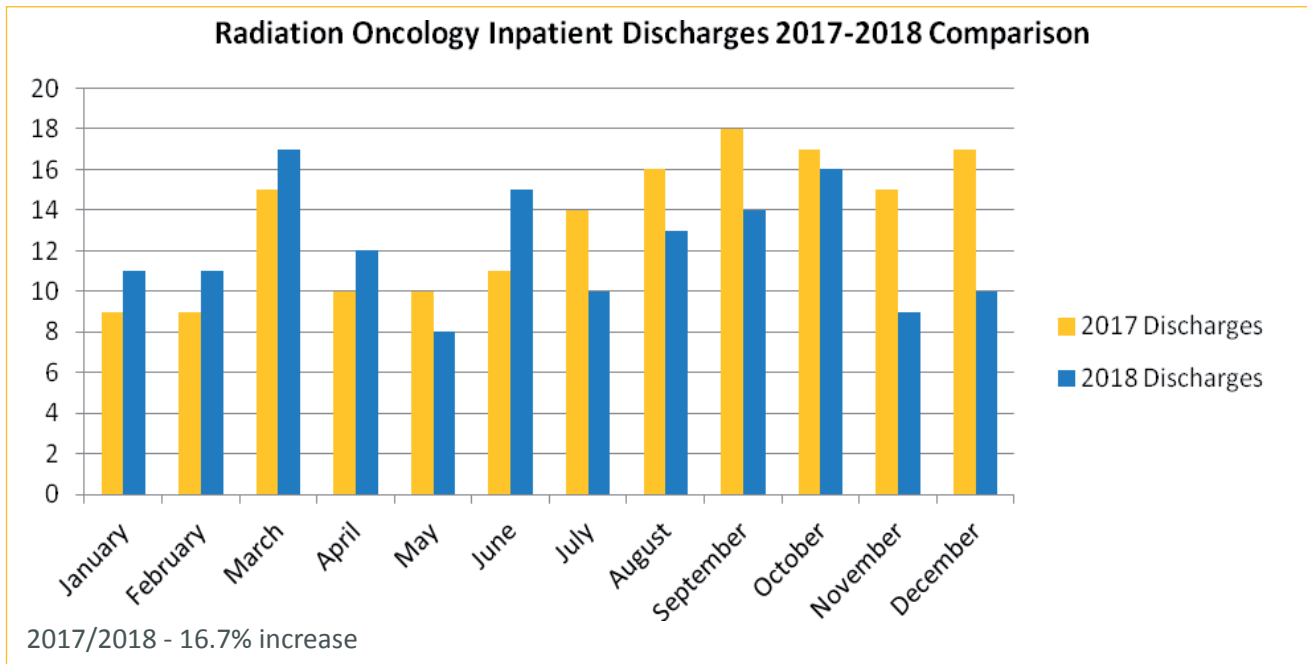


Figure 104: Radiation Oncology Inpatient Discharges 2017-2018 Comparison



Haematology

The Haematology service has seen a significant improvement in patients waiting >1 year for their OPD appointments, particularly in the latter part of 2018, most notably quarter 4. The consultant team in collaboration with the Advanced Nurse Practitioner have increased their numbers of “new” patients seen, while also modified their clinic model to improve access, coupled with additional clinics to facilitate demand. Dr. Siobhan Galvey was also appointed as Haematology Consultant in 2018.

Figure 105: Haematology Inpatient Discharges 2017-2018 Comparison

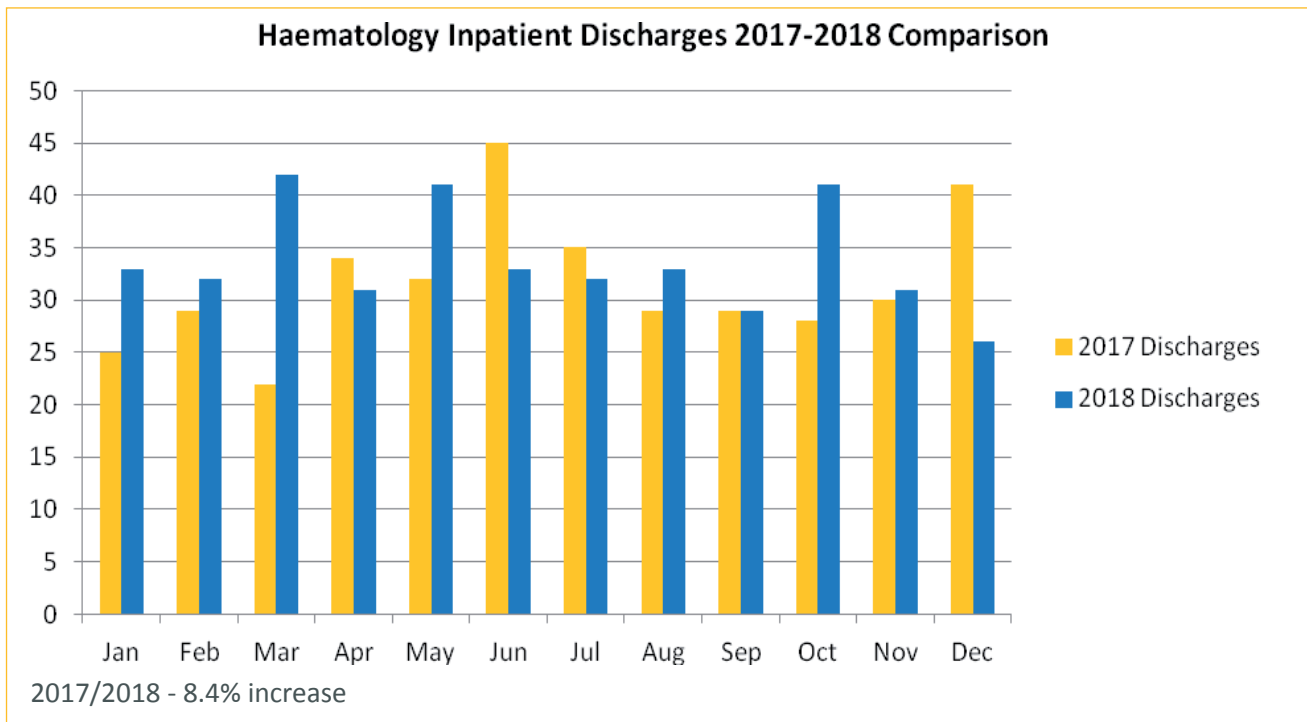


Figure 106: Haematology OPD Activity 2017-2018 Comparison

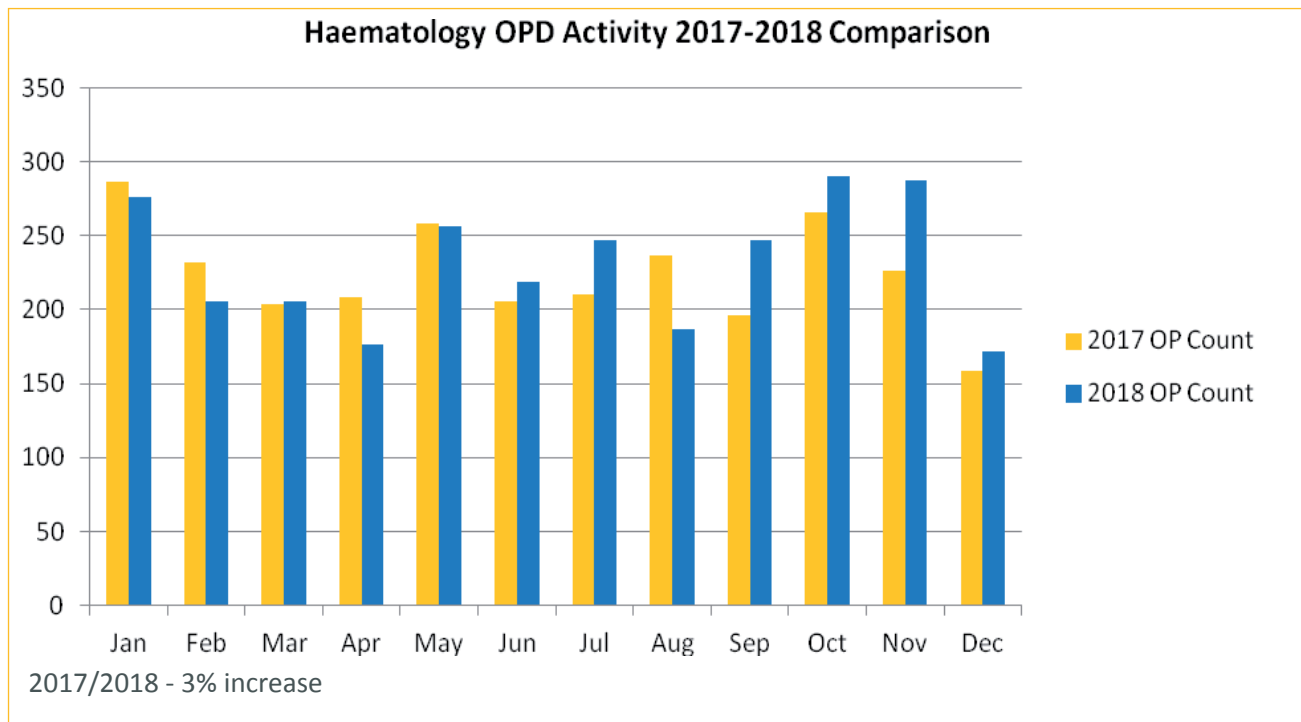
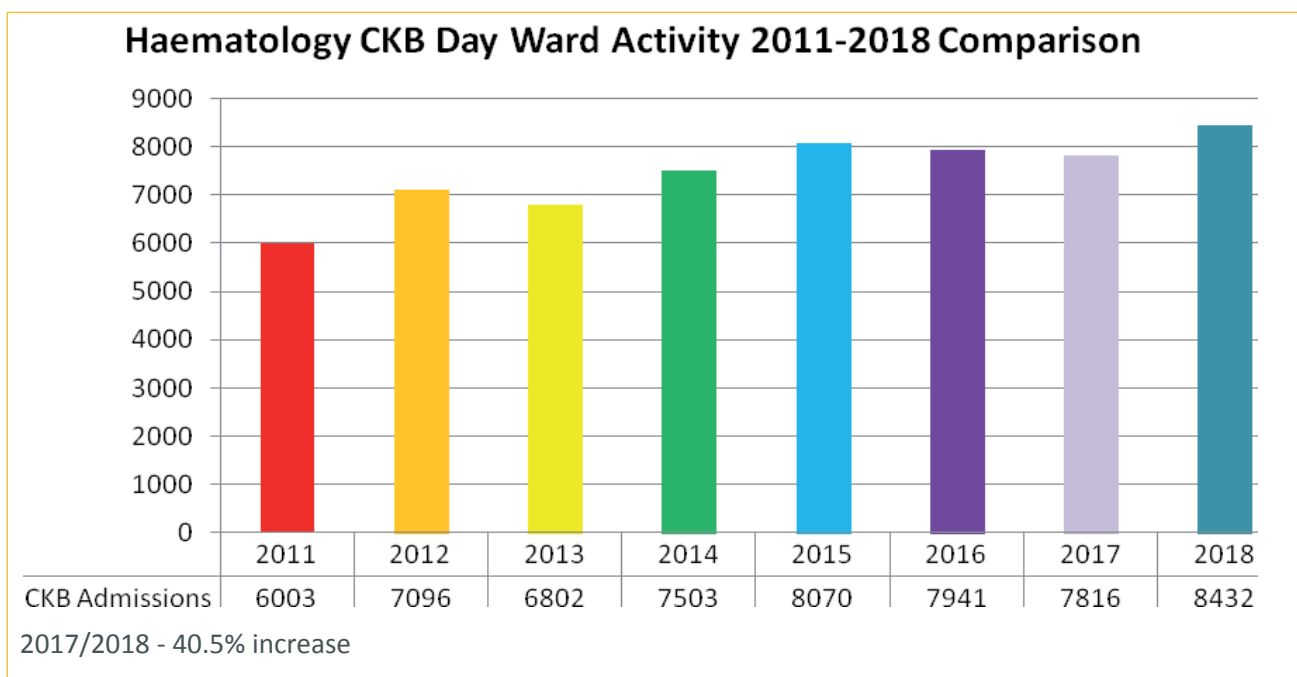


Figure 107: Haematology CKB Day Ward Activity 2011-2018 Comparison



Liaison Psychiatry

The Department of Liaison Psychiatry in Beaumont Hospital provides a multi-disciplinary team approach to the psychiatric and psycho-social assessment and management of patients with mental health problems across the hospital inpatient, outpatient and Emergency Departments.

We educate and support personnel across all hospital areas, with the aim of cascading skills to all staff in the care of patients' mental as well as physical health. We have developed 4 core protocols (in the Management of Acute Behavioural Disturbance, Alcohol Withdrawal, Delirium and Anorexia Nervosa) which are used throughout the hospital. Along with a liaison role in the Neuro-sciences and Renal services, we provide a stepped care support to a wide variety of teams, including Cancer services (medical and surgical), Gastroenterology, Cystic Fibrosis and Pain services. We continue to develop our alcohol service in recognition of the increasing challenges posed by alcohol-related problems to the general healthcare system. The Department has a strong focus on research with ongoing success in obtaining international funding and publications of papers in international high impact peer review journals, along with ongoing supervision of a number of MD and PhD students being supervised within the Academic department.

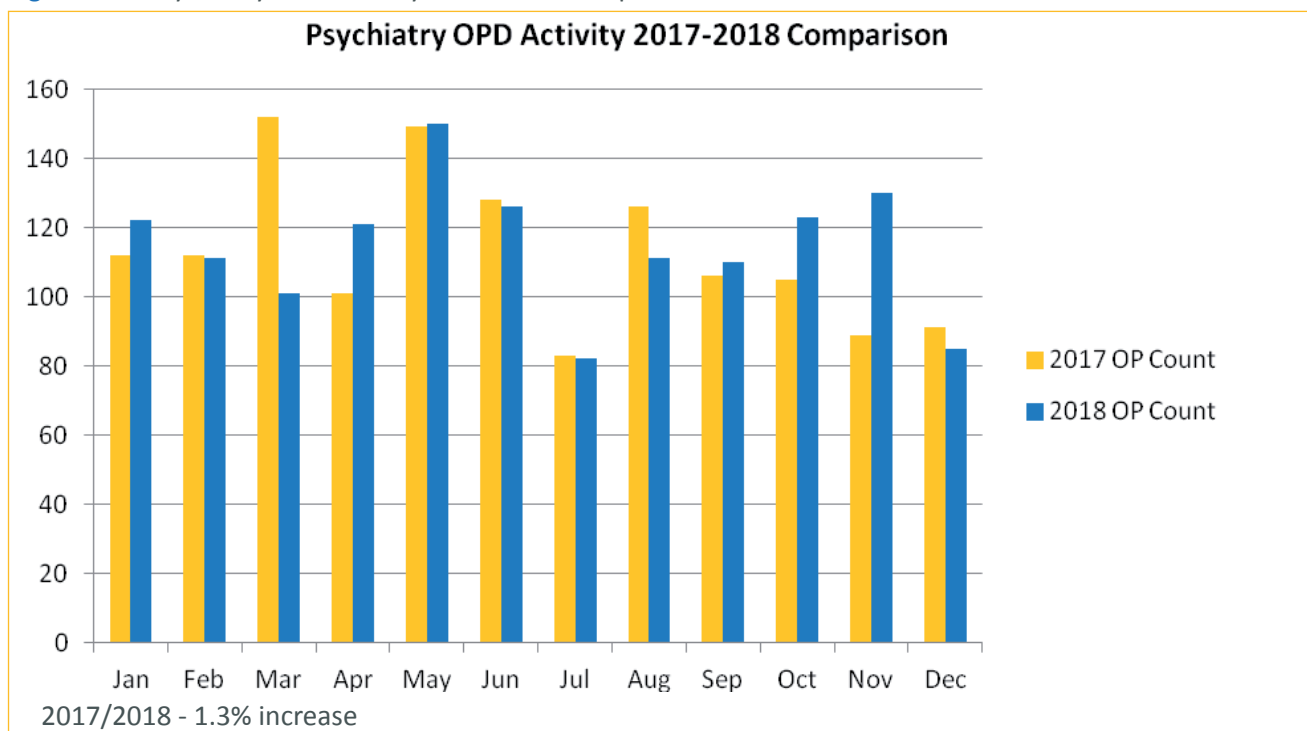
Key Performance Indicators

- National Clinical Programme in the Management of Self Harm in the Emergency Department KPIs show that we compare favourably with national data across a range of comparisons including lower rates of admission to Psychiatry inpatient care (7% vs 17%).
- Higher numbers of patients receiving an Emergency Care Plan on discharge from the ED (88% vs 76%) and having a GP letter sent out within 24 hours of assessment (97% vs 94%)

Performance Highlights

- Impact of Self Harm team in reducing waiting times for patients in the Emergency Department, despite reduction of nurse staff availability.
- Expansion of numbers and range of patient intervention groups available, including expanding the Chronic Disease Self-Management Programme to include a pain specific programme.
- Further development of the Psychiatry Electronic Patient Record, to capture ingress and egress data.
- Increased integrated working with North Dublin Mental Health Service, including joint induction.

Figure 108: Psychiatry OPD Activity 2017-2018 Comparison



Dermatology

Beaumont Hospital runs a busy Dermatology service, predominantly outpatient based, but also with a significant ward based consult component. The service deals with a large number of skin cancers as well as acute and chronic inflammatory disorders. 8 outpatient clinics are conducted per week, along with nurse-led treatment and triage clinics. Phototherapy services are provided on 3 half days per week and continue to give huge benefit to patients with severe eczema and psoriasis.

Daylight photo-dynamic therapy and patch testing are also provided. Dermatology work closely with colleagues in other disciplines and participate in a fortnightly Skin Cancer MDT meeting.

The Dept of Dermatology in 2018 comprised 2.5 x WTE consultant dermatologists, 1 x WTE phototherapy nurse, 1x WTE Dermatology CNS, 1 x WTE Advanced Nurse Practitioner.

Figure 109: Dermatology Day theatre Activity 2018 – 2017 Comparison

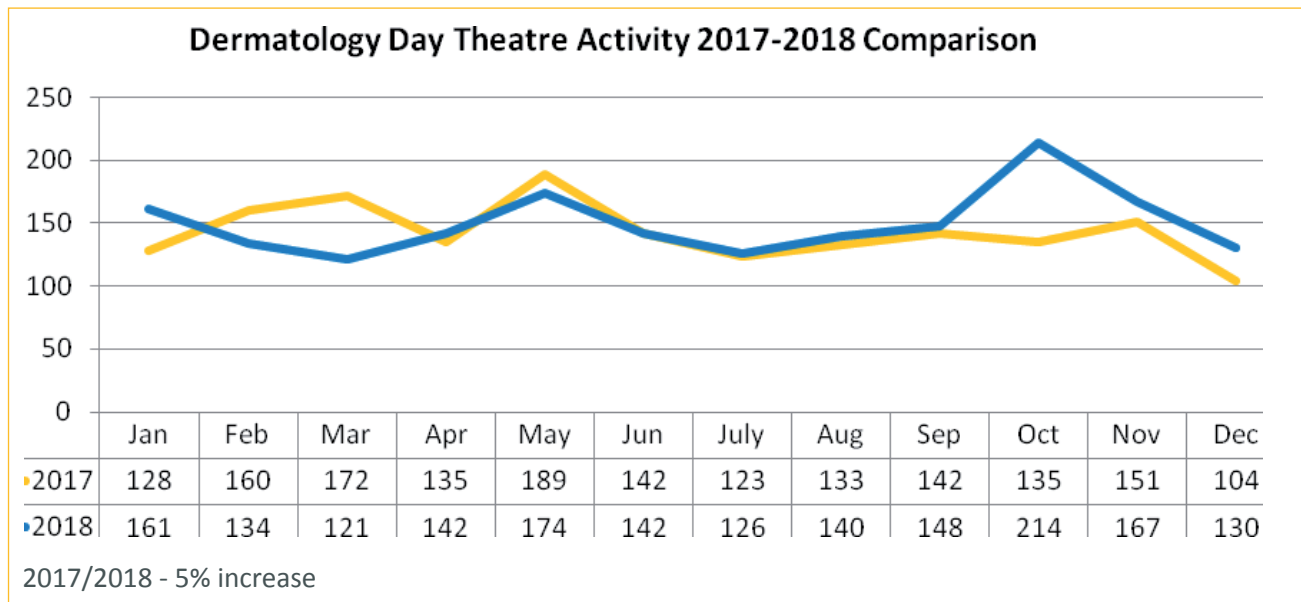
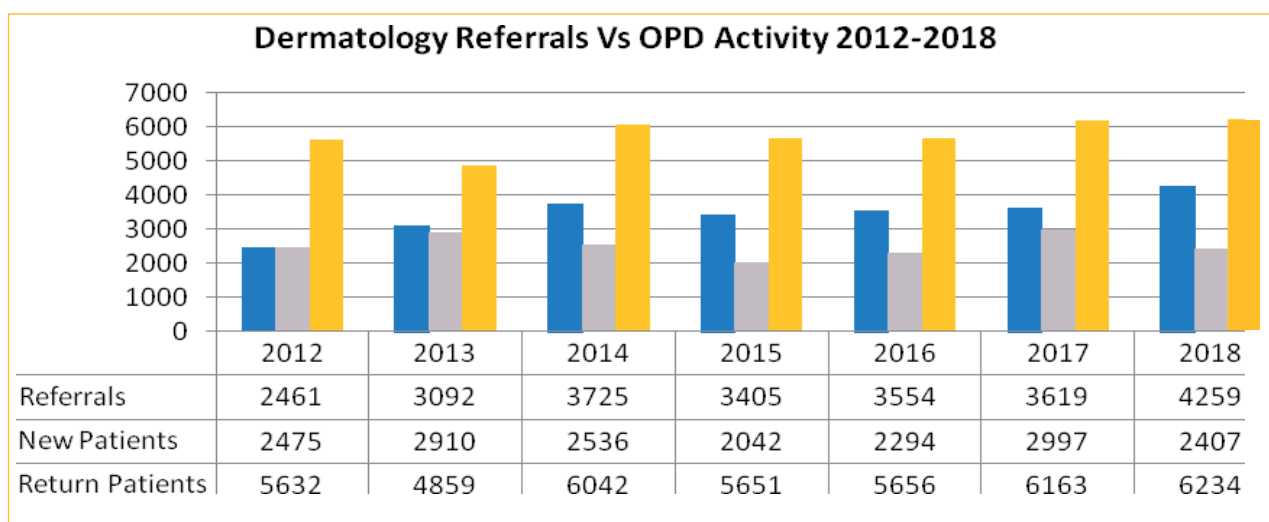


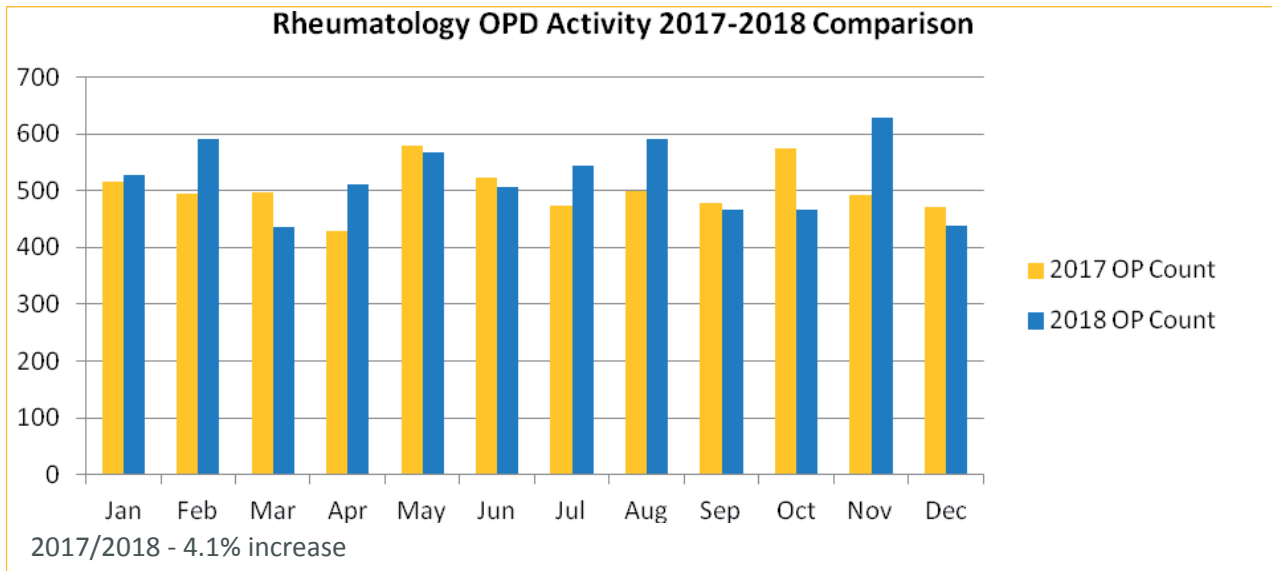
Figure 110: Year on Year Increase in Dermatology Referrals Vs OPD Activity 2012-2018



Rheumatology

The Rheumatology service made significant gains in terms of Outpatient access for their patients in 2018. Moving from a 22 month wait to a six month waiting time during 2018 was a remarkable achievement by the consultant group with support primarily from physiotherapy specialists as part of MSK initiatives. Remodelling their out-patients model, coupled with excellent clinical management of caseload and catchment area are cornerstones to success.

Figure 111: Rheumatology OPD Activity 2017-2018 Comparison



Respiratory

The Respiratory team have had significant success in terms of reducing their outpatient waiting lists from 38 months to 18 months in 2018. This success has been based on a remodelling of their OPD model, coupled with specific emphasis on improving access to sleep apnoea services on the St. Joseph’s campus, with realignment of RCSI HG resources and investment in respiratory and consultant services.

Figure 112: Respiratory Inpatient Discharges 2017-2018 Comparison

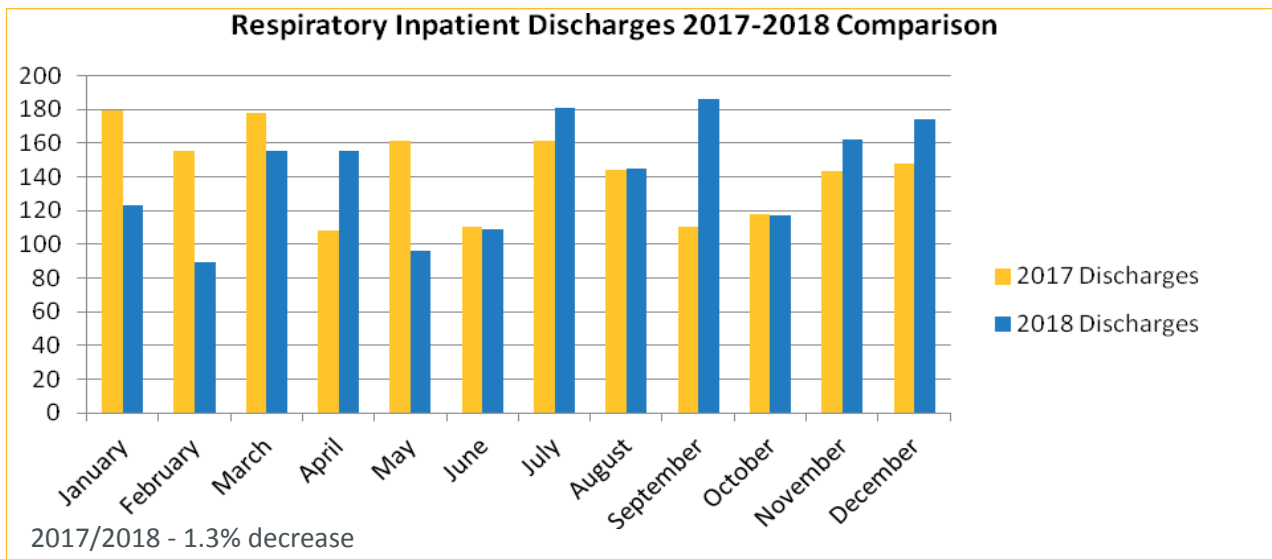


Figure 113: Respiratory OPD Activity 2017-2018 Comparison

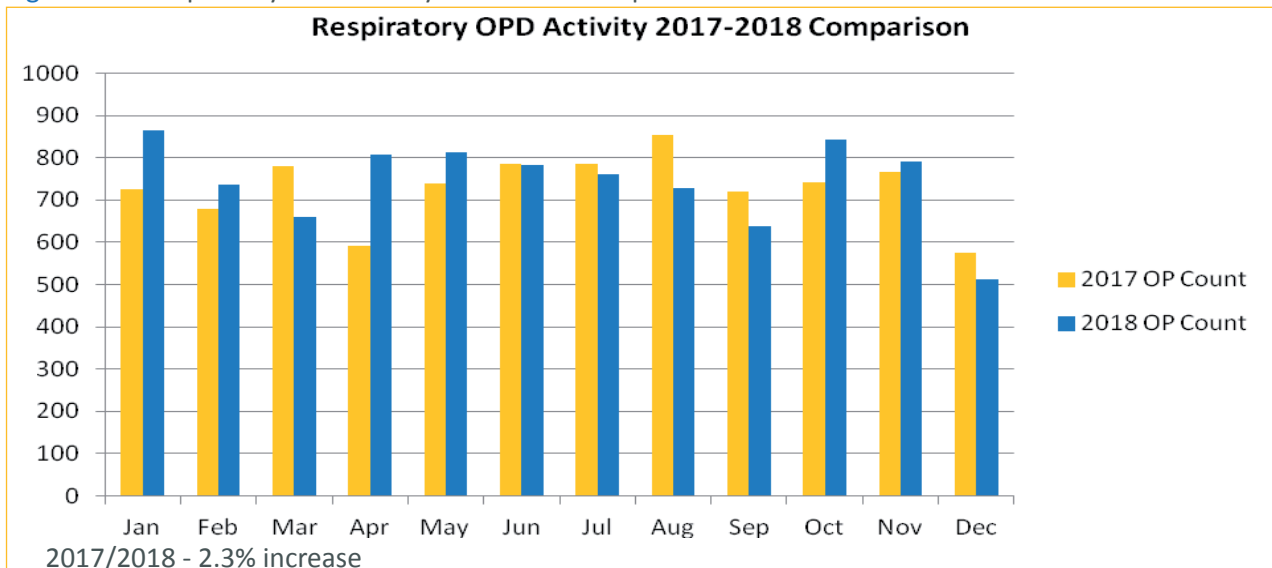
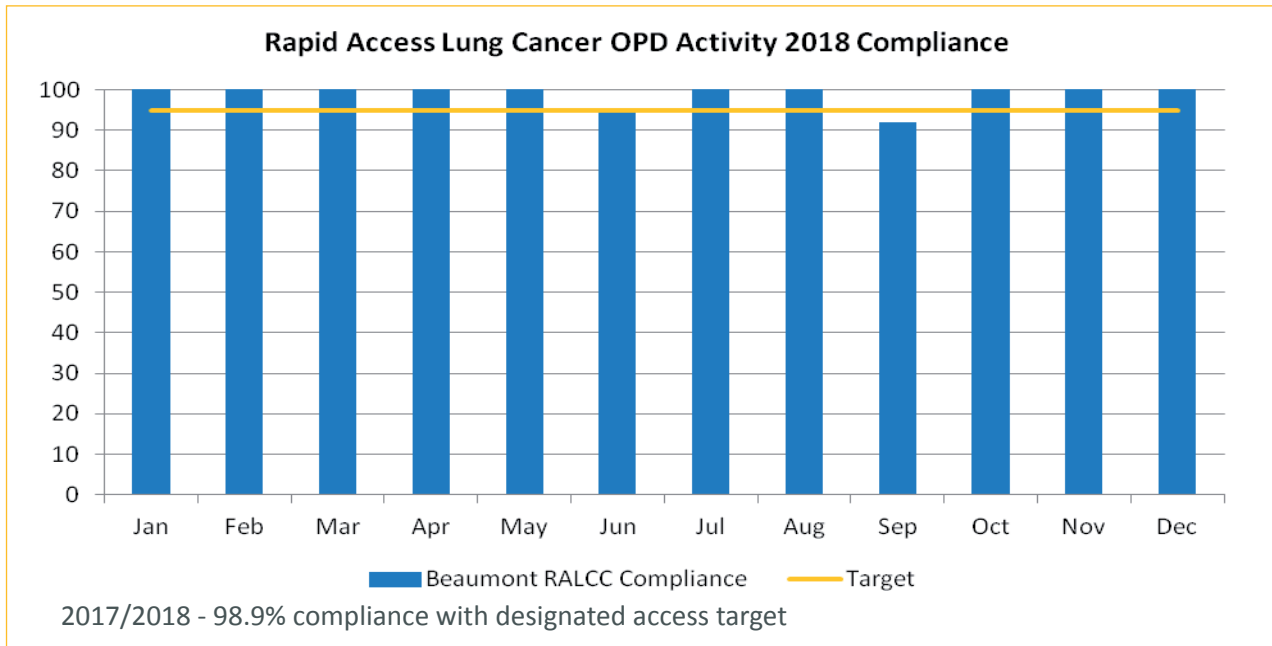


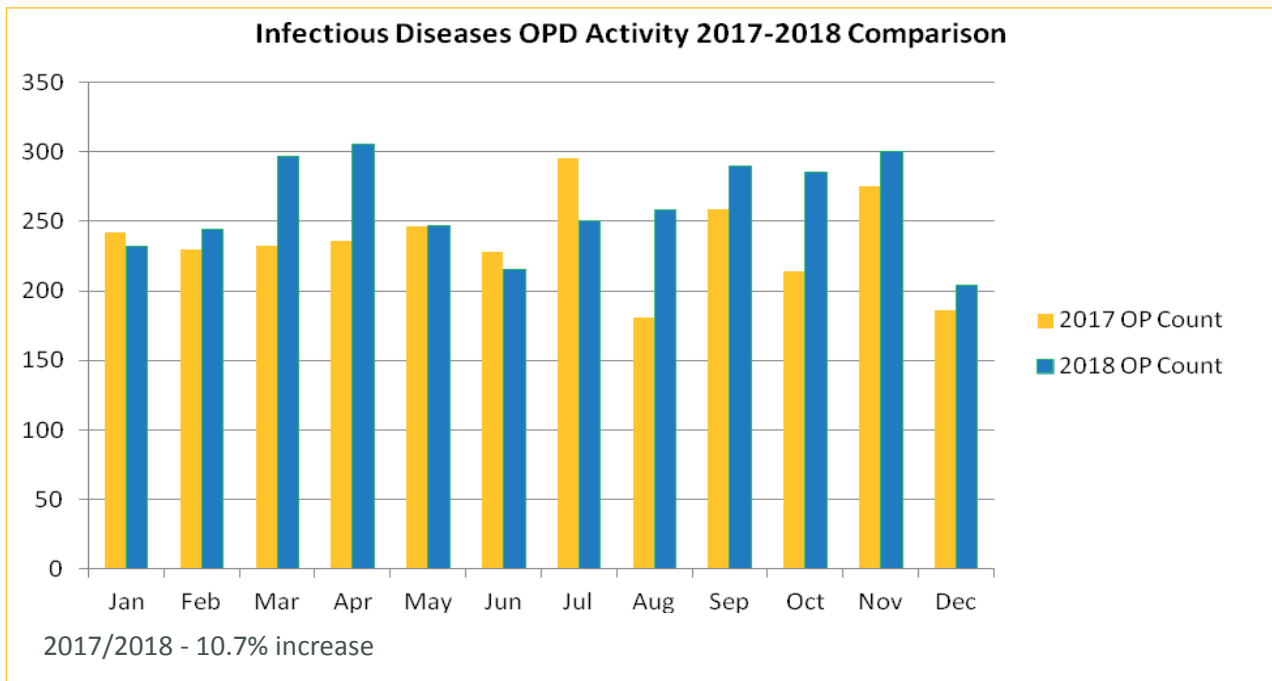
Figure 114: Rapid Access Lung Cancer OPD Activity 2018 Compliance



Infectious Diseases

The Infectious Diseases team continue to provide an excellent service to their patients, both from an inpatient and outpatient perspective. Dr. Cora McNally has joined the service on a WTE basis assisted greatly with Professor McConkey and Dr Eoghan De Barra in realigning services to improve quality, safety and access to services.

Figure 115: Infectious Diseases OPD Activity 2017-2018 Comparison



Cardiology

Cardiology services have improved and sustained improvements in 2018 from both an Inpatient and Day case perspective as well as continued improvements with OPD access across all consultants. A marked increase in utilisation of Catherisation Laboratory services has also been shown from RCSI Hospital group hospitals, primarily from Cavan General Hospital and Our Lady's of Lourdes Drogheda.

Figure 116: Cardiology OPD Activity 2017-2018 Comparison

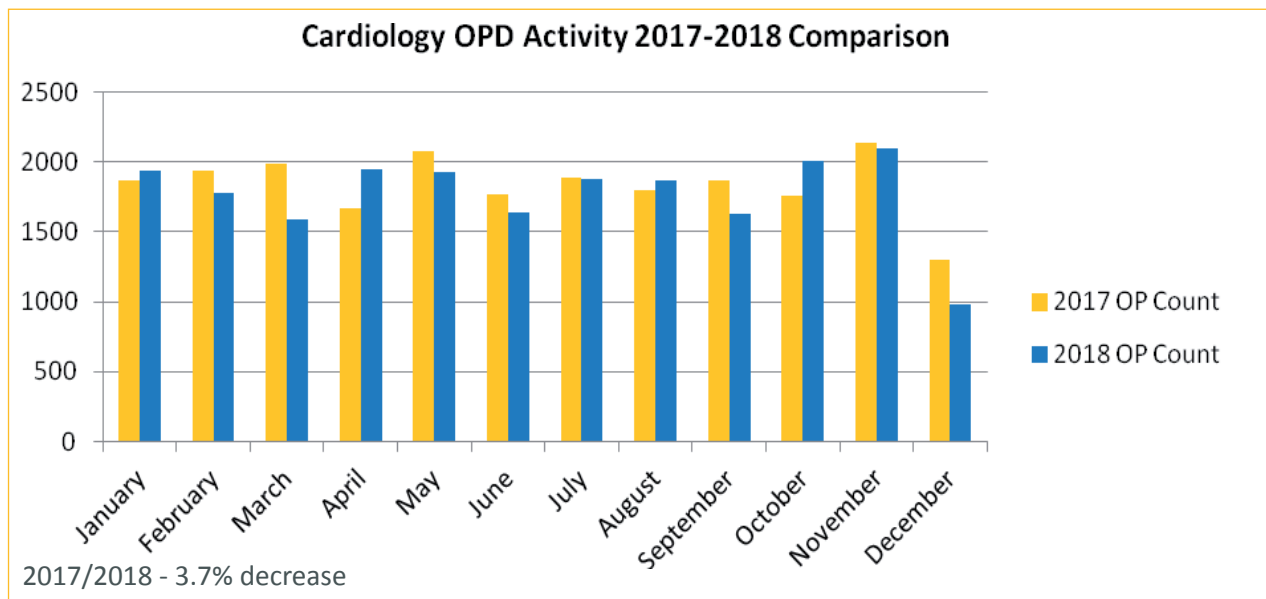
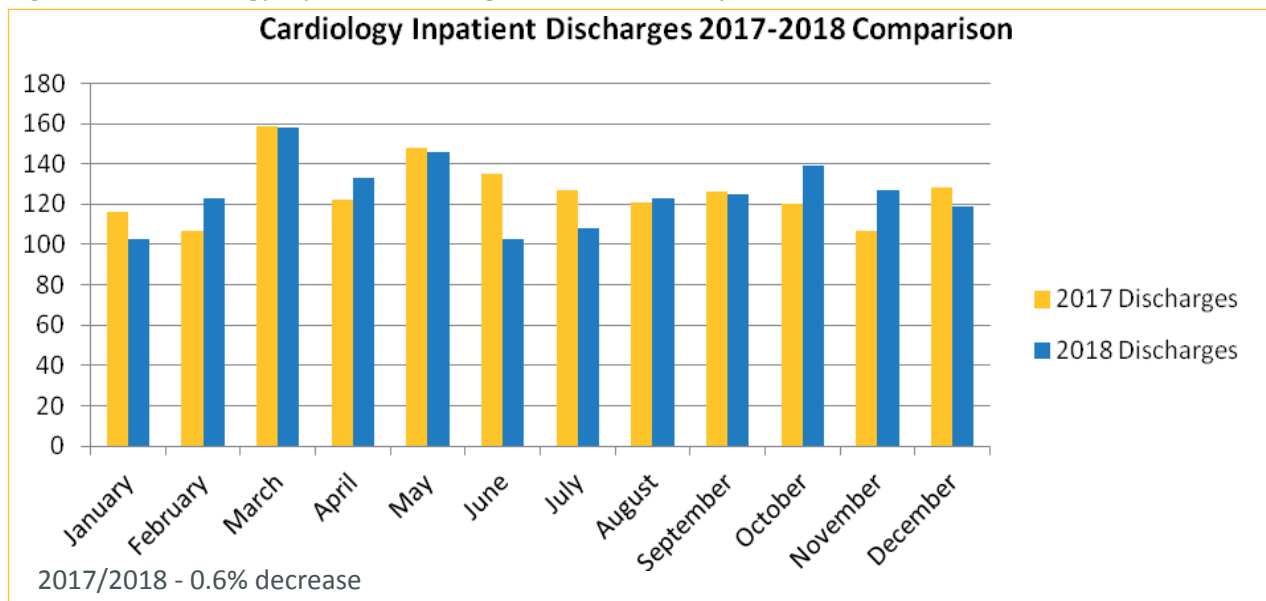


Figure 117: Cardiology Inpatient Discharges 2017-2018 Comparison



Emergency Cardiology Service (ECS)

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

Whilst the clinical role of the cardiology ANP has subtle differences dependent on the organization requirement, there are generic commonalities within the role regardless of geographical and organizational location, and these include: responsibility for obtaining consent, assessment, examining, consultation, reporting of diagnostics, requesting of diagnostics, diagnoses, therapeutic interventions and determining the existence of any other pathology / symptoms / presentation that he / she finds with regard to the area of cardiology.

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

The introduction of the AVRC pathway, which is endorsed by the consultant cardiology group and overseen by consultant Cardiologist Dr Mark Kennedy has largely eradicated the ‘*admit wait and watch*’ approach to the management of low risk chest pain into acute beds.

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

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

Gastroenterology and Endoscopy

The Gastroenterology service has continued and maintained its remarkable success in terms of OPD management and access. The speciality provides an excellent in-house and GP referral service for patients requiring potential Endoscopy procedures, whereby all patients are triaged and classified accordingly. Follow up through a virtual process allows for timely information and treatment solutions for all service users. The Endoscopy unit has continued to surpass essential National KPIs pertaining to P1 and P2 patients in collaboration with other Endoscopy sites in the RCSI HG region. This has been complimented with continuous improvements on surveillance patient’s access.

Figure 118: Endoscopy Inpatient Vs Outpatient Referrals 2018

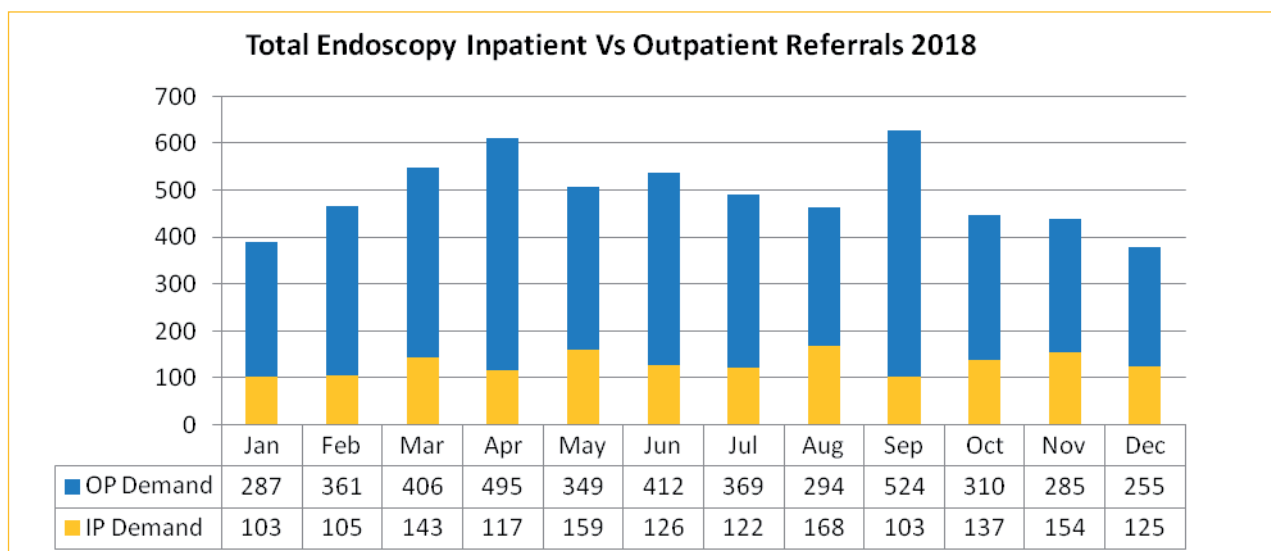


Figure 119: Total Endoscopy Activity 2018

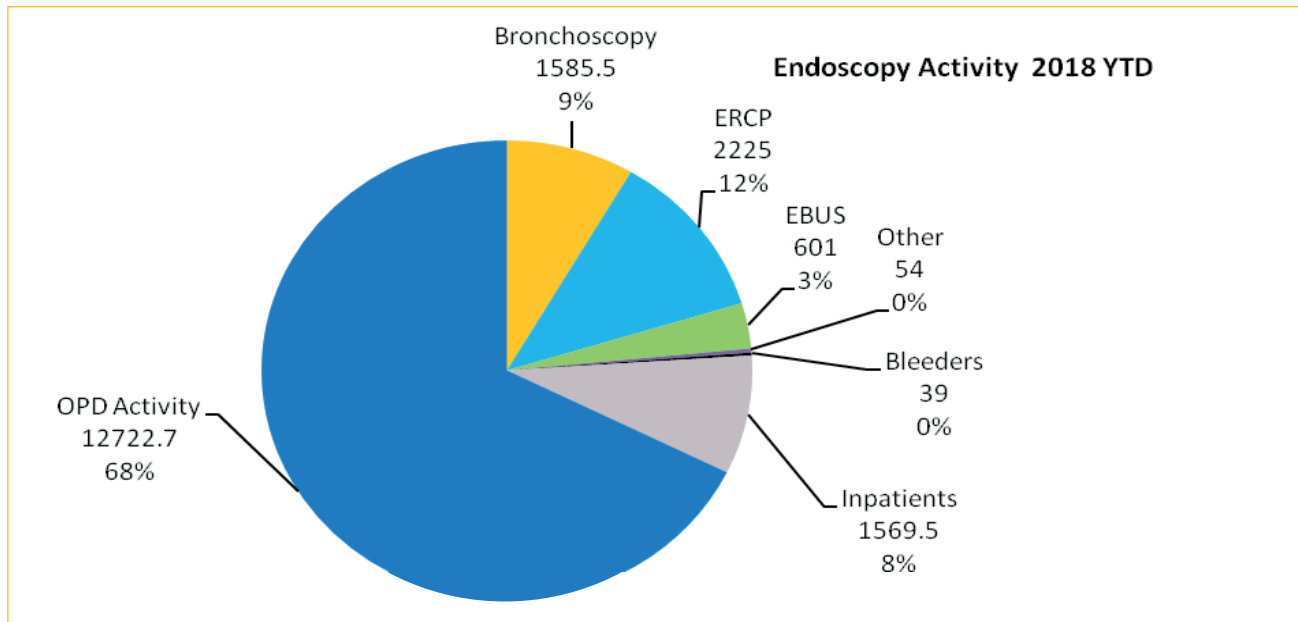
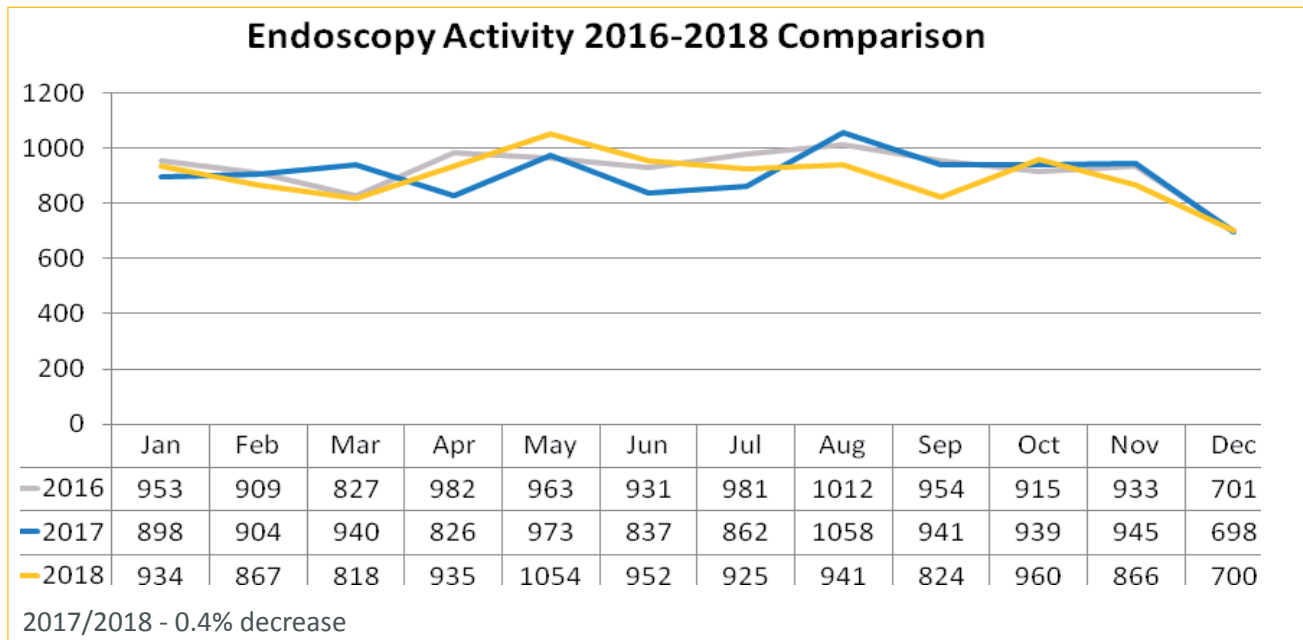


Figure 120: Endoscopy Comparison 2016-2018



Endocrinology

2018 presented the twin challenges to Endocrinology of balancing inpatient GIM commitments with the management of primarily ambulatory speciality work. The addition of Prof Mark Sherlock to the team brought innovative new services in the form of a new adrenal outpatient clinic to co-ordinate the investigation and management of adrenal tumours and a late of effects of cancer therapy clinic for young adults, in conjunction with Neurosurgery and Radiotherapy.

With the establishment of waiting list initiative clinics and the implementation of discharge of patients with type 2 diabetes under the GP Cycle of Care scheme, the waiting list for review of outpatient referrals fell significantly throughout the year.

Beaumont Endocrine unit continues to spearhead and lead the Irish Pituitary Interest Group with the development of a pituitary registry for the 32 counties of the island. 2018 saw the publication of the first two papers generated by this collaboration, documenting the Irish experience of isolated ACTH deficiency and pregnancy in acromegaly. Notable highlights:

- Dr Martin Cuesta graduated MD (RCSI) for his thesis entitled "Mortality in patients with hyponatraemia and SIAD" Supervisors C Thompson, M Sherlock.
- Dr Hannah Forde graduated PhD (RCSI) for her thesis entitled "The beneficial pleiotropic effects of Tumour necrosis factor-related apoptosis-inducing ligand (TRAIL) in cardiovascular disease" Supervisor D Smith.

- Prof Mark Sherlock was appointed National Lead for adult Endocrinology, within the Rare Diseases Network.
- Prof Chris Thompson was appointed Clinical Endocrinology Trust Visiting International Professor for 2018 and gave the CET medal lecture at the Society for Endocrinology Annual Meeting.
- Prof Diarmuid Smith continued as Secretary/Treasurer of the IES
- Prof Chris Thompson continued as chairman of the Endocrine Specialist Interest Group of the IES.

Figure 121: Endocrinology Inpatient Admissions 2017-2018 Comparison

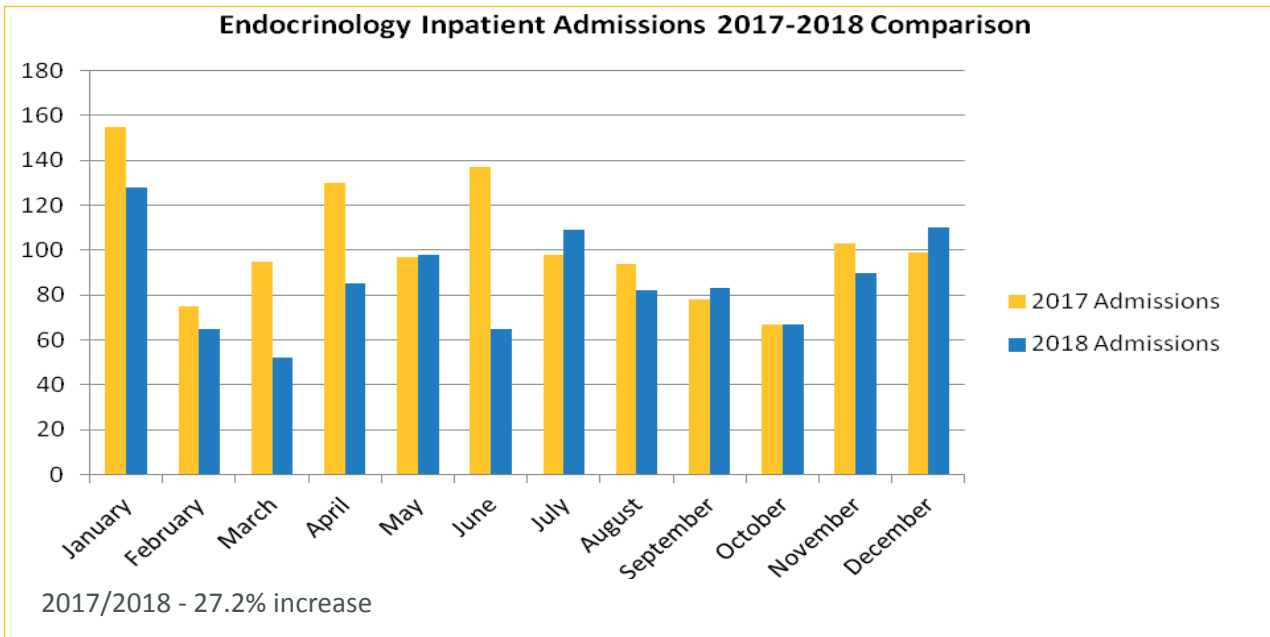


Figure 122: Diabetic Day Centre 2017-2018 Comparison

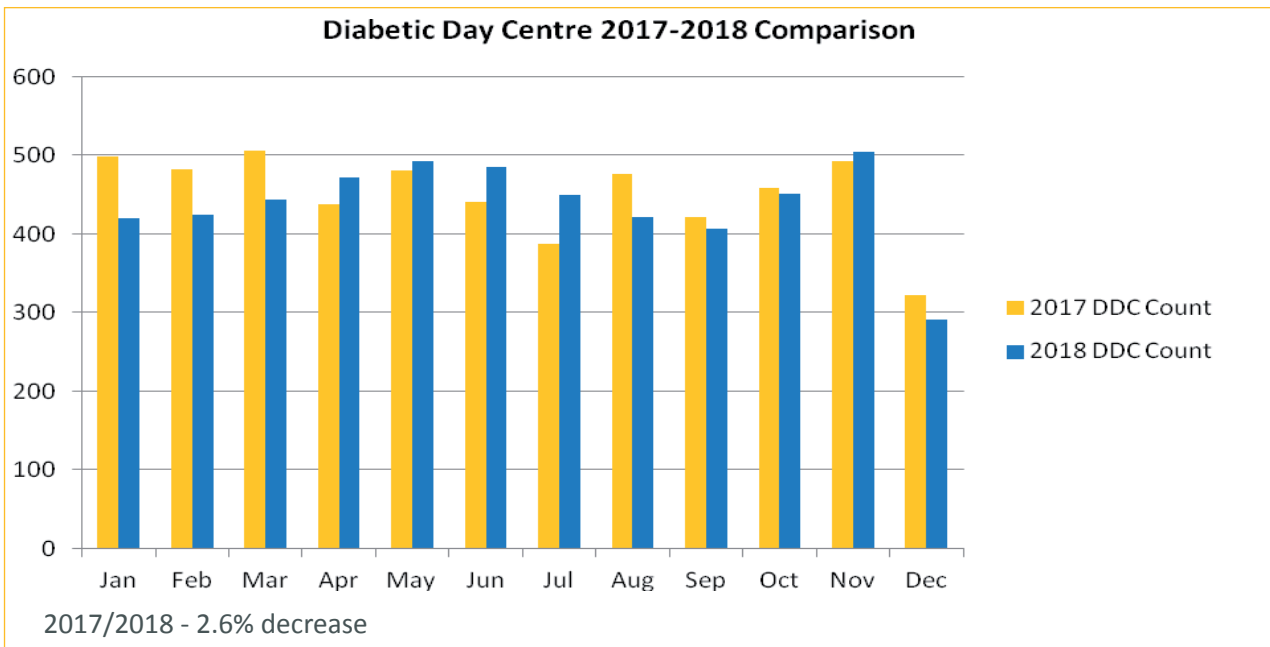


Figure 123: Endocrinology OPD Activity 2017-2018 Comparison

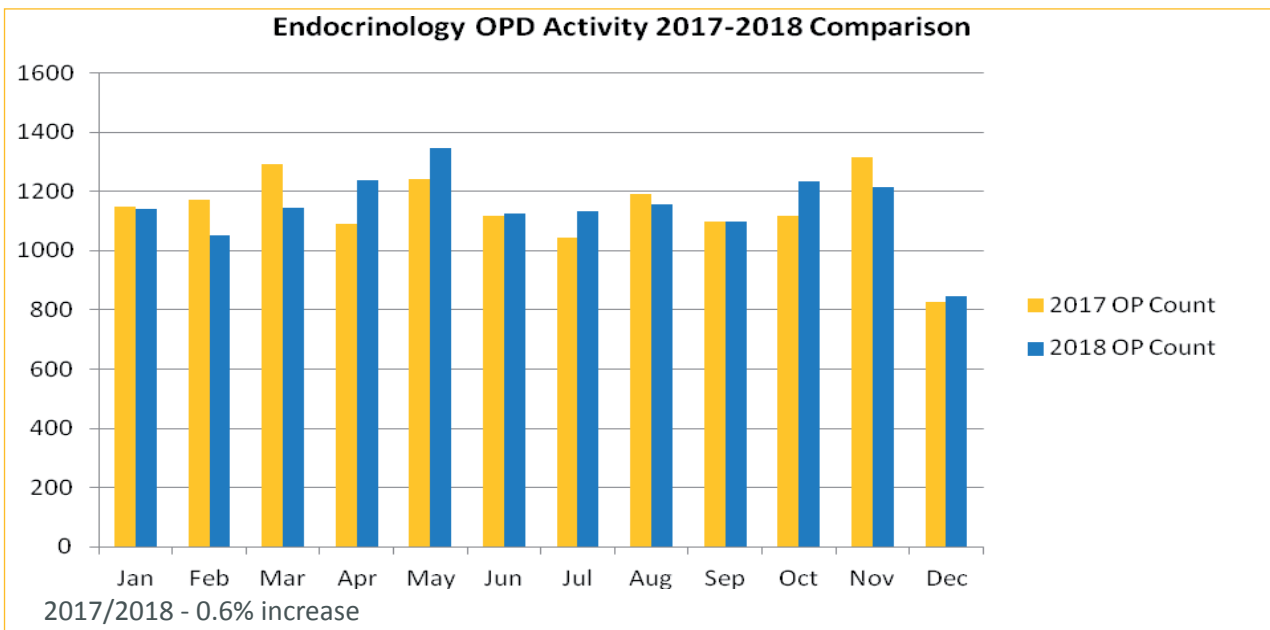
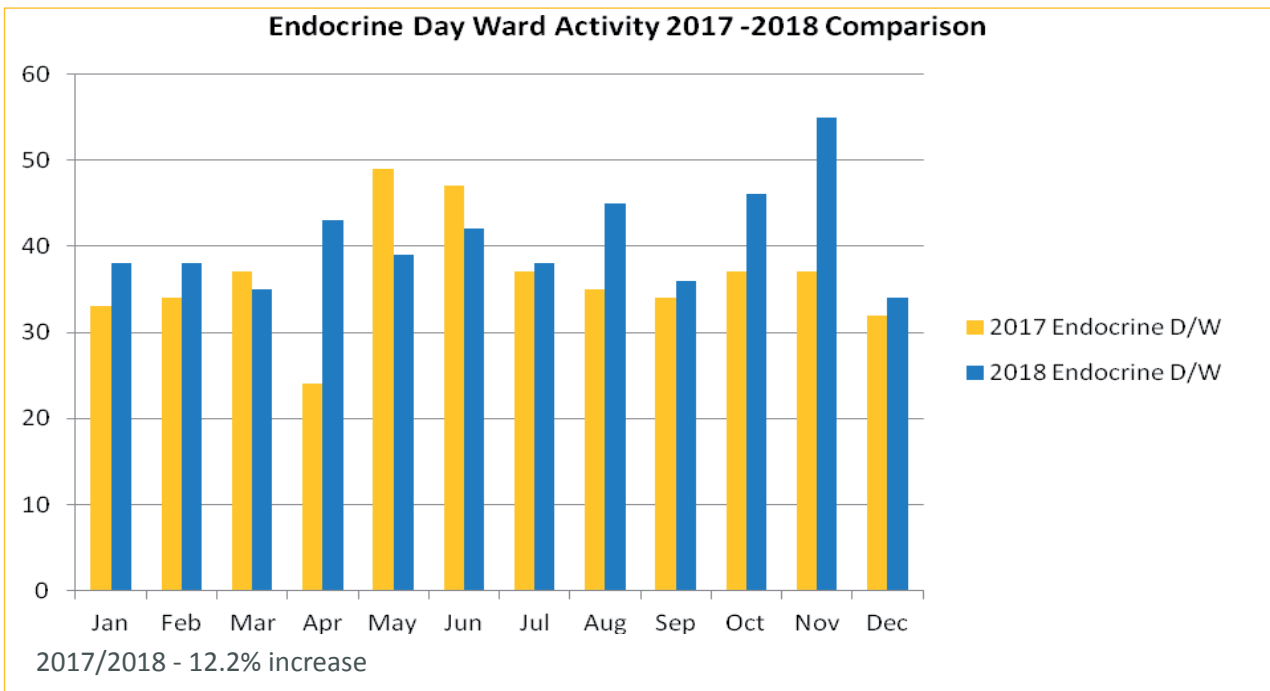


Figure 124: Endocrinology Day Ward Activity 2017-2018 Comparison



Neurocent Directorate



Clinical Director:
Mr. Mohsen Javadpour

Directorate Nurse Manager:
Ms Fiona Markey

Business Manager:
Ms Ciara Ni Fhlarthartaigh

Introduction

The Neurocent Directorate fosters world renowned excellence in patient care and research and sets a high healthcare standard for efficient interdisciplinary teamwork. We embrace a culture of patient centered care, while cultivating an environment of value and respect for the talented and committed workforce that make up our directorate.

The Neurocent Directorate is comprised of the following specialties, with all eight services intersecting at various points of the patient journey to provide integrated and seamless care:

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

New appointments to the management team

Mr. Stephen Mac Nally commenced in his new appointment as Clinical Director from September 2018. We would like to acknowledge the contribution to the directorate by Mr. Mohsen Javadpour and thank him for his leadership and guidance over the previous 3 years. We would also like to welcome Ms. Fiona Markey to the directorate and to acknowledge the significant legacy left by her predecessor Ms. Sharon Trehy.

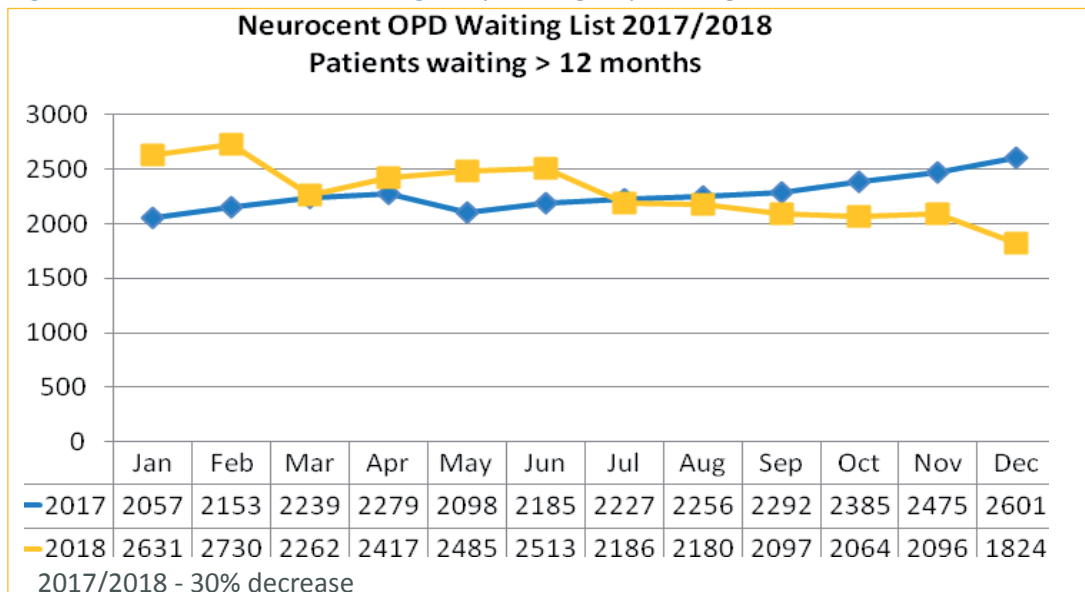
Key Performance Indicators

Throughout 2018, the Neurocent Directorate have placed a particular emphasis on reduction of wait times for patients to access our services, both from an in-patient and out-patient perspective. Across the specialities, there have been multiple innovations to improve the treatment pathway for all patient groups. These include changes to our out-patient scheduling processes, clinical nurse specialist led clinic development, allied health care professional targeted input, off-site patient pathways and outsourcing initiatives. We have expanded our patient pathways to St. Joseph's campus for both otolaryngology and neurosurgical services. We have transferred neurology day case procedures from the day ward to the Neurology Day Unit. We have increased our day of surgery admission rates for both neurosurgery and otolaryngology.

As a directorate, we have completed 9,666 day case procedures and admitted 4,864 patients for care under the various specialities. 2,600 of these were admitted as an emergency with 2,265 admitted on an elective basis.

We saw 36,628 patients in the out-patient department. 10,960 of these were new to our services and 25,668 were returning for a second or more appointment. Our endeavours to improve the patient pathway achieved an overall reduction of 777 in the patient cohort that are waiting in excess of 12 months for an OPD appointment.

Figure 125: Neurocent OPD waiting list: patient group waiting 12 months



NeuroCent Directorate Nursing Report: 2018

The NeuroCent Directorate experienced another busy year and welcomed many new nursing staff during 2018 with over 20 nurses joining the team.

There has been development of two new posts within the service. Deirdre Coffey was appointed to the post of Neuro-Vascular CNS whilst Adrienne O'Brien initiated and developed a neurosurgical pre-assessment service with support from our anaesthetic colleagues.

Education

The National Neuroscience conference was held in June 2018 in the Richard Carmichael lecture theatre and was attended by 120 nurses from around the country with its core focus on *'Fundamentals of acute patient care'*. The annual ENT / Head and Neck study day was also very well attended, staff from across the Directorate also attended and delivered talks at a number of conferences and study days including, Organ Donation, Preceptorship, CVVHD, Clinical Skills, Microbiology, Sepsis, ACLS, and ENRICH2. Mary Heffernan CNM2, Richmond ward, presented at the INMO conference on the challenges and successes of being involved with the "safe nurse staffing and skill mix" project. Niamh Fleming and Sarah Curran, both staff nurses from Adams McConnell ward were awarded "Excellence in Neuroscience" at the British Association of Neuroscience Nurses conference in Birmingham in October for their poster presentation on their "Nurse Assisted Intubation for Neuro Patients" project. They were also overall winners for the presentation of their project at the Beaumont Quality and Safety meeting.

Department of ENT - Otolaryngology / Head and Neck Surgery

The Department of Otolaryngology in Beaumont Hospital is the largest single provider of otolaryngology surgical primary procedures in the country. We also have a separate National Cochlear Implant Department which is one of the largest in the British Isles. Through clinical experience, research, and didactic lectures we strive to increase knowledge of otolaryngology disorders and their treatments for students and postgraduate surgeons at all levels of training.

The Department of Otolaryngology is a mix of subspecialty ENT interests including lateral and anterior skull base surgery, rhinology, paediatrics, facial plastic and head and neck cancer surgery. We are the national leaders in post graduate ENT education, organising weekly national teaching lectures for our trainees, grand round video conferencing, and ENT surgical skills courses running all year round.

There are 300 - 350 undergraduate students being taught every year by dedicated surgical and medical lecturers. We offer essential surgical care for many of our allied specialties both in malignant tumour extirpation and benign disease of the head, neck and skull base. Our departmental colleagues have leadership roles nationally and internationally in their respective fields namely lateral skull base surgery and head and neck cancer surgery.

Head and Neck Oncology Clinical Nurse Specialist

The Head & Neck Oncology service in Beaumont Hospital continues to grow with the appointment of a second head and neck consultant with over 2500 clinic attendances in 2018. The service is a consultant led service with a multidisciplinary approach to provide holistic patient centered care. An invaluable member of the team is the Clinical Nurse Specialist in Head and Neck Oncology, Emma Devoy Flood, working with the patient as their point of contact with the service, throughout treatment, disease surveillance and palliation.

Neuro-otology & Skull Base Clinical Nurse Specialist

A nurse-led telephone clinic was established in February 2018. This clinic is run by the CNS and is for patients with stable lateral skull base tumours, whose treatment plan is for surveillance with a watch, wait and rescan approach. All patients' scans are discussed and management outcomes decided in the MDM the day before the telephone clinic. This has improved wait times for patients that require review following their scans.

Key Performance Indicators

- Total Attendances to E.N.T. Clinic: 10438
- Total number of nasopharyngeal scopes : 3733
- Total number of ED patients seen: 347(clinic hours)
- Total number of ward patients seen in clinic : 355 (clinic hours) (excluding patients that are seen in ward)
- Total number of clinic patients procedures for : 5914

Figure 126: ENT Out-patient activity 2018

MONTH	TOTAL ATTENDANCES	CLINIC PROCEDURES	ED PATIENTS DURING CLINIC HOURS	WARD CONSULTATIONS	TOTAL NUMBER OF SCOPES
JANUARY	834	494	34	34	328
FEBRUARY	850	523	26	24	289
MARCH	806	436	18	32	272
APRIL	929	487	35	37	288
MAY	904	442	27	30	329
JUNE	864	445	29	22	305
JULY	809	503	22	29	324
AUGUST	933	468	33	30	343
SEPTEMBER	882	550	29	28	322
OCTOBER	923	526	35	35	328
NOVEMBER	1014	647	37	28	359
DECEMBER	690	393	22	26	246
TOTAL	10438	5914	347	355	3733

Figure 127: Departmental Academic Activities

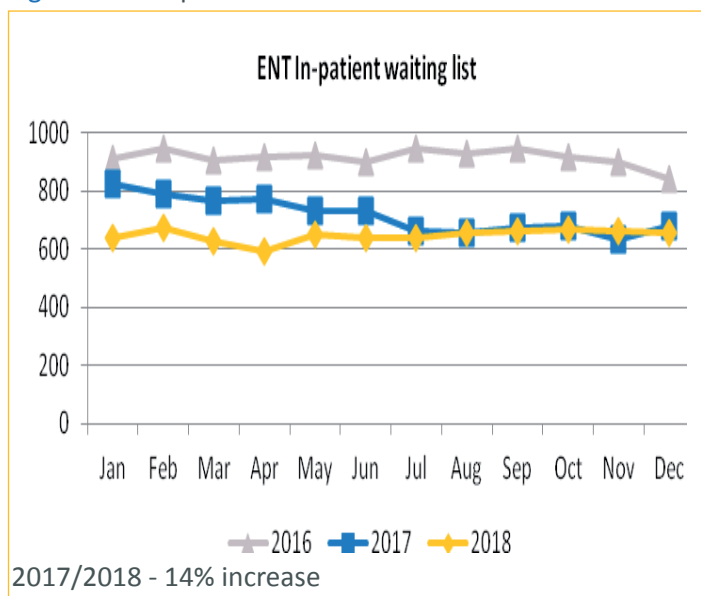
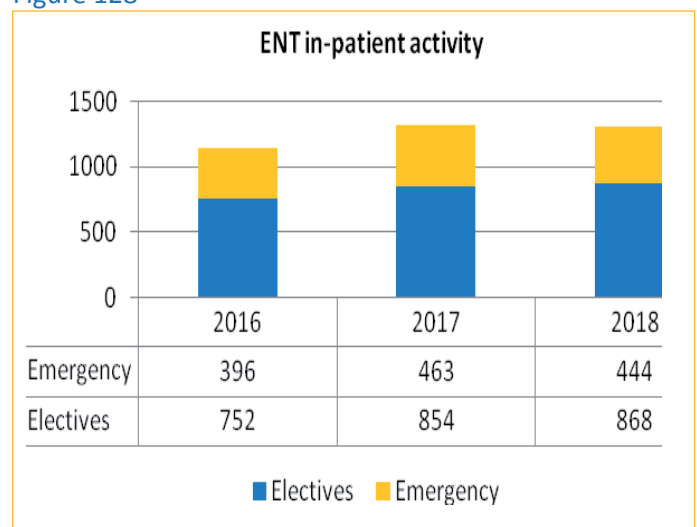


Figure 128



JCIE

Prof Rory McConn Walsh was involved in the Joint Committee on Intercollegiate Examinations - Intercollegiate Specialty Board in Otolaryngology which took place in the RCSI ERC Building and Beaumont OPD department. This was a great success examining over 30 candidates with approx. 40 examiners.

The Joint Committee on Intercollegiate Examinations (JCIE) organises, administers and is responsible, in line with the statutory requirements of the GMC Postgraduate Board, to the four surgical Royal Colleges of Great Britain and Ireland, for the supervision of standards, policies, regulations and professional conduct of the Specialty Fellowship Examinations. The JCIE is the parent body for its ten surgical Specialty Boards.



Academic Medal

The academic medal in honour of Prof Walsh - "Michael Walsh" Medal is an essay on contemporary Head and Neck surgical Oncology and presentations took place at the Irish Otolaryngology Society Meeting 2018.

Skull Base Society (BSBS)

Professor Mc Conn Walsh acted as the convenor for the British Skull Base Society meeting. The British Skull Base Society (BSBS) is the multidisciplinary, multi-professional body whose membership is the clinical specialists responsible for the treatment of patients in the UK and Ireland with skull base tumours and other disorders of the skull base.

IFHNOS

The IFHNOS appointed Professor James Paul O'Neill as Chairman of Examinations. IFHNOS (The International Federation of Head and Neck Oncologic Societies) is a global organisation established through cooperation of national and regional Societies and Organisations in the Specialty of Head and Neck Surgery and Oncology with membership from national and regional multidisciplinary organisations, representing 65 countries. The purpose of the Federation is to provide a common platform for Specialists in the field of Head and Neck Cancer to interact in professional matters of mutual interest.

Irish Otolaryngology Society

The 59th Annual Meeting of the Irish Otolaryngology Head and Neck society took place in Galgorm resort in Ballymena, Co Antrim. This annual meeting is considered a key event in the Irish Otolaryngology calendar, and proves hugely successful.

National Hearing Implant and Research Centre

Introduction

The National Hearing Implant and Research Centre was established in 1995 and 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 Hearing Implant Centres in the UK and Europe.

NHIRC team photo

Front row: Patsy Costello, Paula Mcauley, Bekah Gathercole, Emma Moloney, Deborah Peyton, Piumi Kosgallana, Rosemary McMahon. **Second row:** Stephen Quinn, Cristina Simoes-Franklin, Susan Pickett, Mr. Fergal Glynn, Prof. Laura Viani, Mr. Peter Walshe, Lesley Flood. **Third row:** Stephen Ryan, Eda Walshe, Olivia Ferguson, Cecilia Di Nardi, Emma Giles, Dr. Lina Geyer, Jaclyn Smith. **Fourth row:** Antonia Hussey, Yvonne Ward, Jenifer Robertson, Jyoti Thapa, Nicola Finnie, Christine McHugh, Rosemary O'Halpin, Renata Filippini, Mairead Dempsey.



Prof. Laura Viani
Consultant Otolaryngologist,
Director of National Hearing
Implant and Research Centre



Clinical Activity for 2018

Figure 129

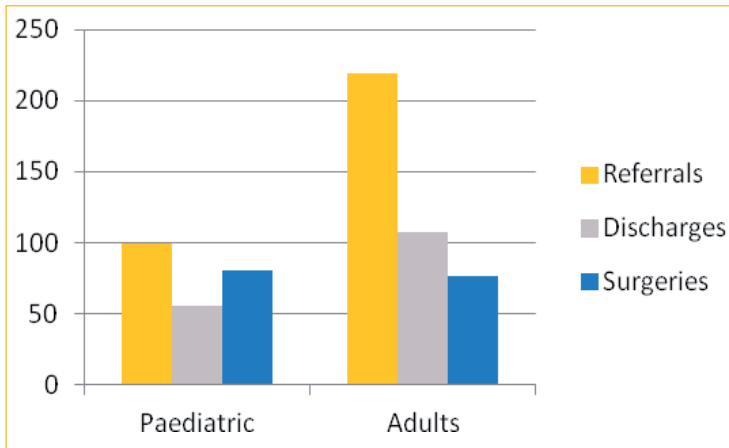


Figure 130

	Time from referral to initial appt	Time from appt to surgery
Paediatric	3 months	3 – 4 months
Adults	6 to 9 months	9 – 18* months

* range fluctuated depending on bed availability

Objectives 2018

Sequential Bilateral Implantation

Following the roll out of the bilateral programme in 2014, all children diagnosed with bilateral profound hearing loss are now offered bilateral implantation. We are extremely happy that in 2018 all the children who had received one cochlear implant prior July 2014 have now received their second implant.

Capital Project

Following additional funding for the expansion of the programme to facilitate the bilateral programme in 2014, at this point refurbishing and renovations were initiated. The project was completed at the end of 2018. An official opening of the department is planned for Q2 of 2019. We are pleased to have the infrastructure to accommodate the expanding number of patients attending the service.



Young People's Programme

In 2018, a new initiative called the 'Young People's Programme' (YPP) started within the NHIRC. This service development has been long identified as a need for the 13-24 years age group due to their specific needs pre and post cochlear implantation. Until recently, this population has been following either the paediatric or adult care pathways. The YPP aims to improve the service we currently offer to the 13-24 year old age group by addressing education, communication, social and emotional development, self-identity and autonomy needs on an individual and group basis. This support can have significant impact on the successful outcome of a cochlear implant both in the short and long term. The YPP ran a careers event in 2018 and a technology event is scheduled for 2019. This new initiative is proving successful to date and will be an ongoing service we offer.

Careers Day

In August 2018 a Careers Event was held in Beaumont Hospital. The aim of the event was to make students with cochlear implants aware of the options available to them at third level institutions. Speakers included a Career Guidance Teacher, Disability Officer from Trinity College and Cochlear Implanted students who are currently in third level. Adults from the programme gave their experience of working in a hearing environment. The main focus of the day was around CAO applications, Points System, Bonus Points, DARE Applications, Restricted courses and Exemptions for Deaf students.

Alternative routes to University were discussed such as Post Leaving Certificate (PLC) applications. Information on supports available to deaf students at third level was presented to them by the Disability Officer from Trinity College. Exam Accommodations, Assistive Technology, Live Captioning, ISL interpreting are all available to deaf students at third level. An evaluation was completed by parents and students. The day was very well received by all participants.

Research and Development

Clinical and translational research continues to be of foremost importance at the NHIRC. We strive to conduct regular clinical audits of our paediatric and adult services and to conduct high quality research on hearing loss and cochlear implantation. Our translational and clinical research activities include publication in international journals and presentations at national and international conferences in the fields of Otolaryngology and bioengineering.

Department Of Neurology

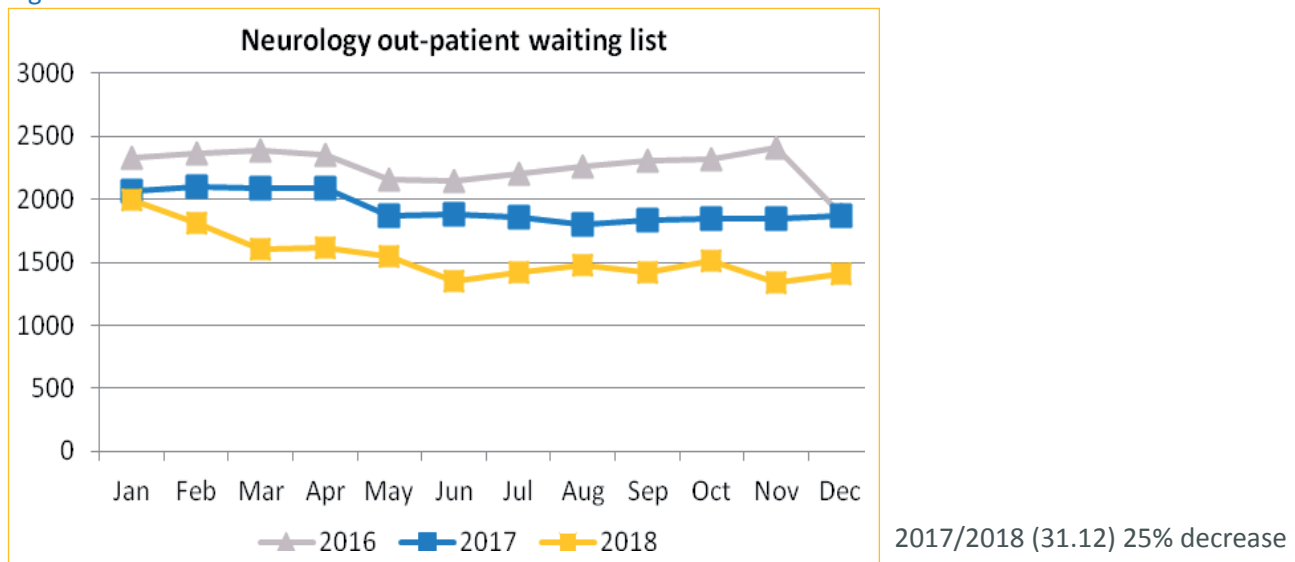
The Neurology Department in Beaumont Hospital provides Neurology services for the RCSI Hospitals Group. The Neurology Department sub-specialities include epilepsy, multiple sclerosis, migraine, movement disorders, metabolic disorders and motor neurone disease.

The Neurology Department works in conjunction with the Neuropathology Department at Beaumont to facilitate donations to the Dublin Brain Bank a unique resource nationally for world class research into brain disorders. The Dublin Brain Bank offers patients and members of the public the opportunity to support medical science in a very tangible manner. Donation of precious brain tissue facilitates research into neurological disorders, providing valuable information on the diagnosis and treatment of many common neurological diseases such as Alzheimer, Parkinson and Motor Neuron Disease. Dublin Brain Bank is a non-profit organisation run in conjunction with RCSI.

For 2018, the Neurology service had a particular focus on reducing wait times for patients to access an out-patient appointment. Several initiatives were implemented over the last 2 years that have had a significant impact on the length of time from referral to appointment. . These include the migraine pathway initiative for non complex primary care referrals, the pooling of long waiting patients across all members of the team, transfer of patients from Drogheda area to be seen in Our Lady of Lourdes OPD clinic and implementation of the transition clinic for epilepsy patients. These initiatives have resulted in significant improvements in wait times to access our out-patient services.

Key Performance Indicators

Figure 131



Epilepsy Programme

The epilepsy programme continues to progress with many new initiatives across the service. Some of the key developments during 2018 include the following:

- The surgical and complex epilepsy programme continues to expand. 200 patients were monitored in the Epilepsy Monitoring Unit during 2018. 123 patients were discussed at our multi-disciplinary epilepsy surgery review meeting. There were 79 epilepsy surgery resective operations, including eight invasive monitoring patients. 14 patients had insertion of a new vagal nerve stimulator (VNS) device, while 34 patients had a VNS battery change. The invasive programme continues to develop under the guidance of Dr. Ronan Kilbride and team.

- The Beaumont-initiated Epilepsy Electronic Patient Record has clinical data on over 8,600 patients, and is now used on a national basis.
- Prof. David Henshall and Prof. Gianpiero Cavalleri, epilepsy research collaborators at RCSI continue to drive their new FutureNeuro Centre, with a focus on complex and rare neurological disorders, including epilepsy and ALS. This funding of circa 9 million euros over the next five years, with an expectation of matching industry funding.
- An innovative epilepsy genomics review meeting continues to meet on a fortnightly basis. It is envisaged that this research-based meeting will gradually translate and develop into a clinical service meeting. A new genomics module on the Epilepsy EPR has been developed to facilitate this.
- We are also a clinical site for a large scale multi-centre study entitled Human Epilepsy Project (genotyping/phenotyping of recent onset epilepsy), and an international study on SUDEP (sudden unexplained death in epilepsy).
- The Temple Street-Beaumont paediatric / adolescent epilepsy transition clinic with preparatory clinics in Temple Street, and education sessions in Beaumont is now in its second year. This ensures a smooth transition from paediatric to adult services with full transfer of records followed by transition clinic appointments in Beaumont.
- New diagnostic procedure for epilepsy - ictal SPECT, due to start after >12 months of planning and coordination with radiology, nuclear medicine, radiation safety, neurophysics - injections of radioactive tracer at onset of a seizure with subsequent spect imaging co-registered with MRI to localise epilepsy focus
- Increased throughput of diagnostic and pre-surgical admissions through epilepsy monitoring unit, and leading to second highest epilepsy surgery volume by centre in Europe
- We are also clinical sites for multicentre large scale studies Human Epilepsy Project (geno/phenotyping of recent onset epilepsy) and a study on SUDEP (sudden unexplained death in epilepsy)

Key Performance Indicators

Epilepsy Monitoring Unit

- The total number of patients monitored in 2018 is 201 compared to 194 in 2017.
- The average weekly referrals received is 6
- 11 Invasive cases were monitored in 2018 in comparison to 8 cases in 2017.
- The average length of stay in the EMU is 7-10 days
- The wait time to access the EMU is between 6-10 months. The access wait time has been reduced by 3 months in 2018 (previously 10 -13months in 2017).

Regional Epilepsy Centre Dublin North East – Nursing Service

Figure 132

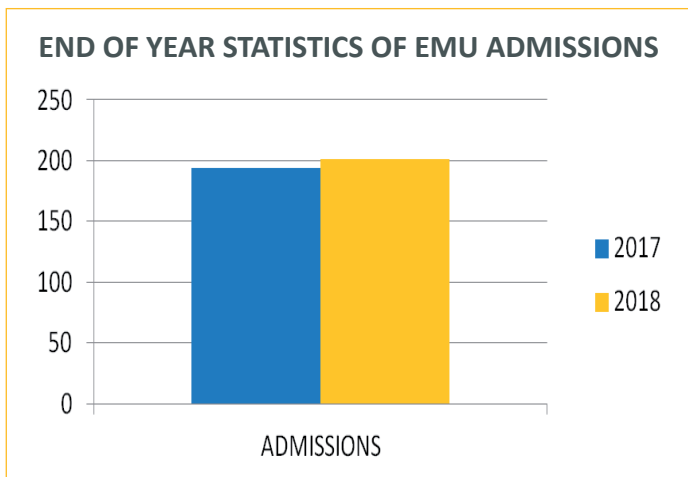


Figure 133

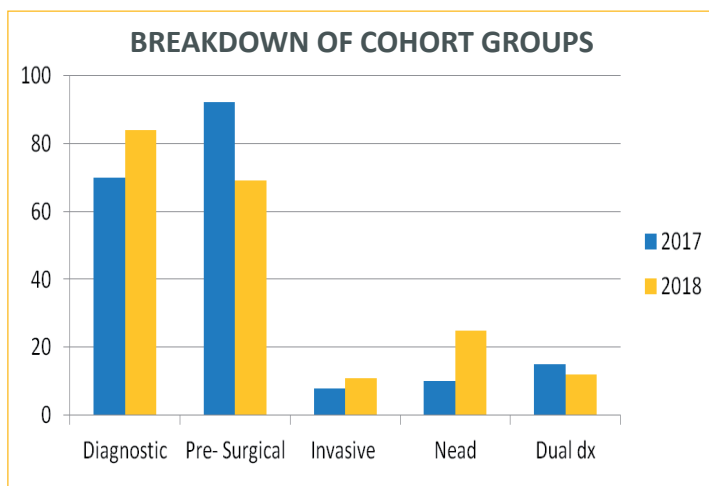
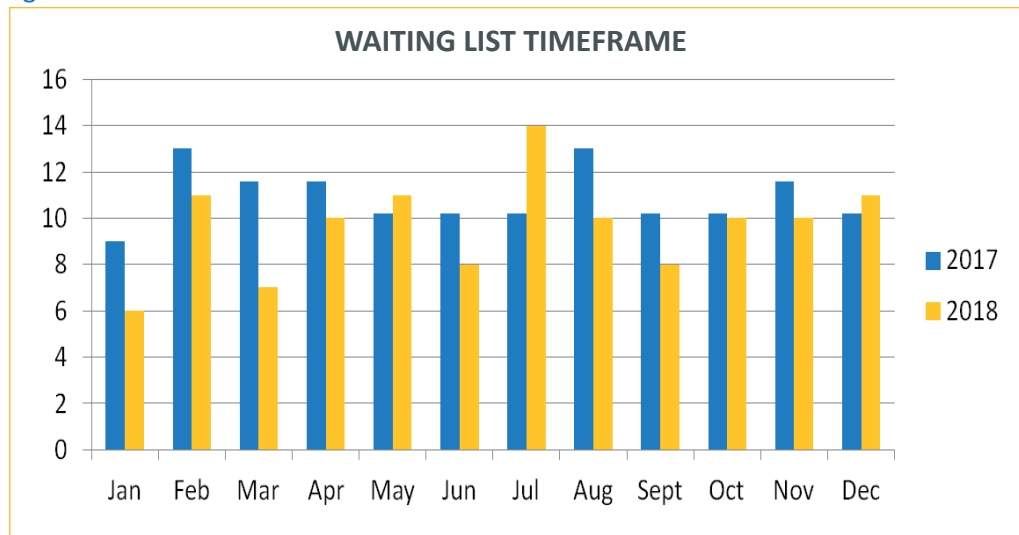


Figure 134



The epilepsy nursing service in Beaumont Hospital comprises of Advanced Nurse Practitioners (ANPs), the community epilepsy nurse specialist and clinical nurse specialist in epilepsy surgery. Epilepsy nursing staff provide chronic disease management of epilepsy in collaboration with medical colleagues. 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.

The cornerstone of the Epilepsy Nursing Service is the telephone advice service which is operational four days per week. The availability of the Epilepsy Electronic Patient Record (EPR) allows clinical care to be delivered at point of contact. Nurse Led outreach epilepsy clinics to the intellectual disability services in Louth and Dublin and to the maternity services in Dublin and Drogheda continue to be provided. Other nurse led clinics provided by this service include rapid access seizure clinics, vagal nerve stimulator clinics, and group education clinics. Home visits are provided when necessary by the community epilepsy nurse specialist. Regular review of inpatients and patients in the emergency department continues. The Epilepsy Nurse Telephone Advice Line (TAL) provides clinical and general advice on epilepsy related issues to patients and families, GPs, other hospital doctors and allied health professionals.

The Epilepsy Nurses continue to provide a service to in-patients referred to them. New patients are seen from an educational perspective and return patients in the emergency department or on the wards are seen for review.

The epilepsy ANPs continue to participate in various ehealth research projects including 'Co-producing health and well-being in partnership with patients, families and communities: The role of the epilepsy patient portal'.

Audits that commenced in 2018:

- Compliance with the National Valproate Pregnancy Prevention Programme (Máire White)
- Audit of the Epilepsy Outreach clinic - Daughters of Charity Intellectual disability service (Máire White)

Posters For Presentation at Beaumont Quality and Safety Conference Beaumont:

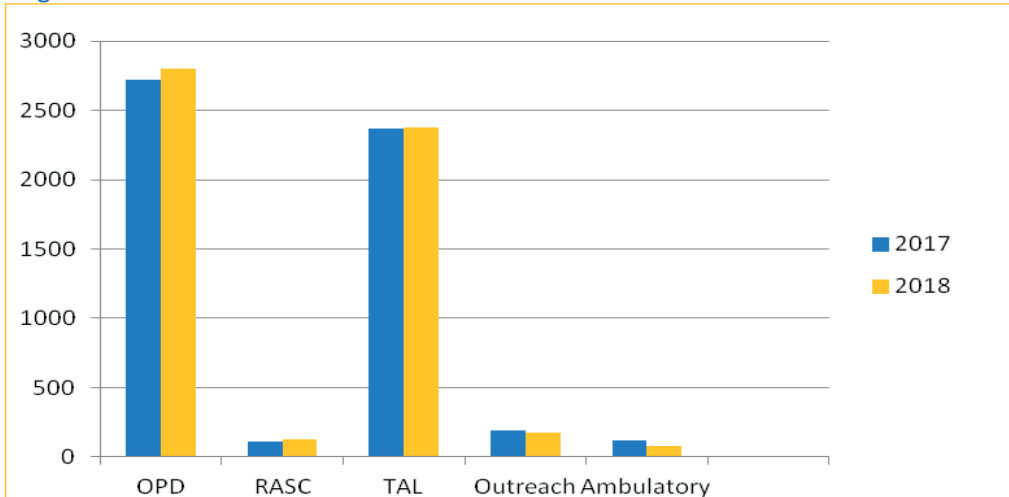
- Anti-epileptic Drug Errors: A standardised system for categorising errors in everyday practice.(Brenda Liggan)
- Compliance with the National Valproate Pregnancy Prevention Programme (Máire White)

Key Performance Indicators

Epilepsy Nursing Service

- During 2018 the delivery of the TAL service was maintained 4 days per week, The number of calls relating to clinical issues remained stable from 2017 to 2018 (2371 and 2378 respectively).
- Nurse led epilepsy outreach clinics are delivered from Beaumont Hospital to the intellectual disability service in St Mary's Drumcar (SJOG) Co Louth, and Daughters of Charity Disability Services Clonsilla, Dublin 15. Clinics for both services take place 8-10 times per year. A total of 175 patients were seen at outreach clinics during 2018.
- 128 patients attended the nurse led RASC (Rapid Access Seizure Clinic) during 2018. 165 appointments were scheduled, the DNA rate remains high at 30% but improved from 35% in 2017
- There were 115 VNS appointments at the VNS clinic in 2018. The DNA rate remained low at 6%.
- Currently 5700 patients with a BH MRN have an EPR record. During 2018, the total number of encounters recorded on the EPR remained stable (5559 in 2018 and 5509 in 2017) despite the ANPs not attending OPD clinics since September 2018. This reflects the increasing use of the EPR by NCHDs and consultant neurologists in OPD clinics.

Figure 135



Clinical Nurse Specialist in Epilepsy Surgery

The Epilepsy Surgical Programme is the second largest surgical programme in Europe. Two half time Clinical Nurse Specialists lead the coordination of the National Epilepsy Surgery Programme for children and adults between Beaumont Hospital and Temple Street Pre-surgery work up is extensive for this patient cohort and includes neuropsychology review, scanning and complex WADA diagnostics. Many surgical candidates also require invasive monitoring with multi-day admission to the epilepsy monitoring unit.. The Clinical Nurse Specialist also provides nurse led clinics and ambulatory care clinics on a weekly basis. There is a dedicated telephone support service for patients who are on the epilepsy surgery pathway that patients can access when they have any queries or concerns about their treatment pathway.

Motor Neurone Disease

There are approximately 350-400 patients in Ireland at any one time with MND/ALS with 140 new cases diagnosed each year. Life expectancy is 3 years from presentation of initial symptoms. Evidence based guidelines recommend that patients with ALS/MND should be managed by specialist multidisciplinary clinics. In Ireland, a national clinic is in operation at Beaumont Hospital with links to the MND/ALS Research Group at Trinity College Dublin. Patients receive streamlined coordinated care, with additional home-based outreach services including home visits provided by specialist nurses, psychologists and physicians. This care model saves the state over €60,000 per annum, as patients are visited at home and treated for ventilatory failure by the MND Specialist Nurse using non-invasive ventilation. ED attendance is reduced by 80%, and supportive care is provided that avoids invasive mechanical ventilation (costing saving of €13 million per annum).

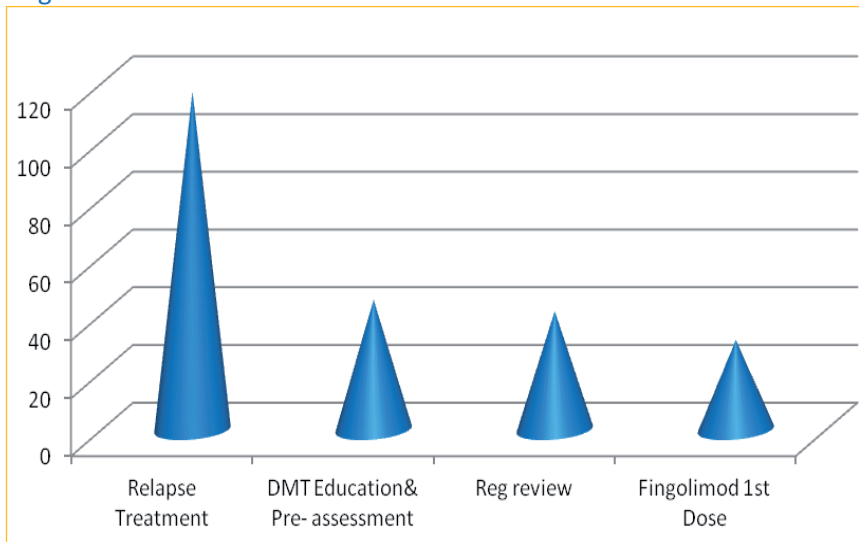
The weekly clinic provides integrated care, with onsite specialist ALS/MND physicians, specialist health care professionals experts in clinical measurement (respiratory function and functional assessment) and with representatives from the voluntary sector (IMNDA) as integrated members of the team. Over 80% of all Irish patients with ALS/MND are seen in this clinic.

The Beaumont Hospital MND service (led by Prof. Orla Hardiman) has recently been endorsed as a National Centre of Expertise by the RCPI/HSE Rare Disease Programme due to expertise in the service provided and contribution to international research on MND/ALS related topics. This is a significant achievement by the Beaumont MND team. The service works closely with the voluntary sector (IMNDA). Phase II and III clinical trials for MND are undertaken by specialist MND staff at the Smurfit Central Research Centre. The Clinic was one of only 12 services shortlisted from 187 applications to the HSCP Innovation Awards (Nov 03 2018)

Multiple Sclerosis Service

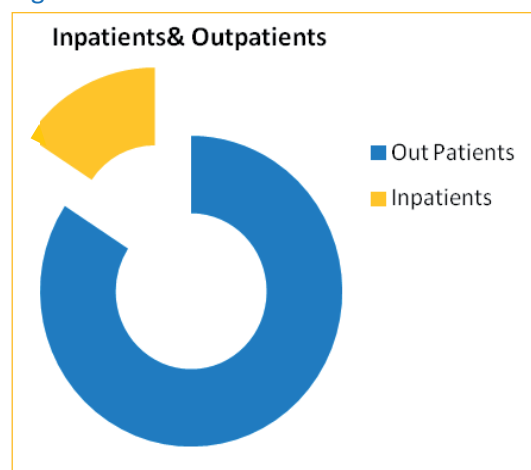
The MS service has had an extremely busy year with a number of patients attending the service totals 1,280 with an additional 82 new patients placed in 2018. The Fampyra clinic has also been expanded and now runs once per week allowing MS patients access and assessment to commence oral Fampyra and allows for the follow up specific to same. There are currently two full-time MS nurse specialists working in post, Ms Valerie Williams and Ms Bindu Joseph. Ms Joseph started in post on 11th November 2017. The role of the MS Nurse is varied and complex. It is a very busy service and a very rewarding role to maintain. They provide an invaluable service as members of the multidisciplinary team in Beaumont Hospital for patients with MS. The Multiple Sclerosis CNS team also run a Fingolimod pre assessment clinic and a Famperidine clinic twice a month in the NDU. Patients are brought in and pre assessed to determine suitability to start on oral Fingolimod or Famperidine

Figure 136



Total Number of MS Patients Attended Neurology Day Unit in 2018- 234

Figure 137



Total Number of Inpatients (186) and Outpatients (996) Reviewed by MS Nurse in 2018- 1182

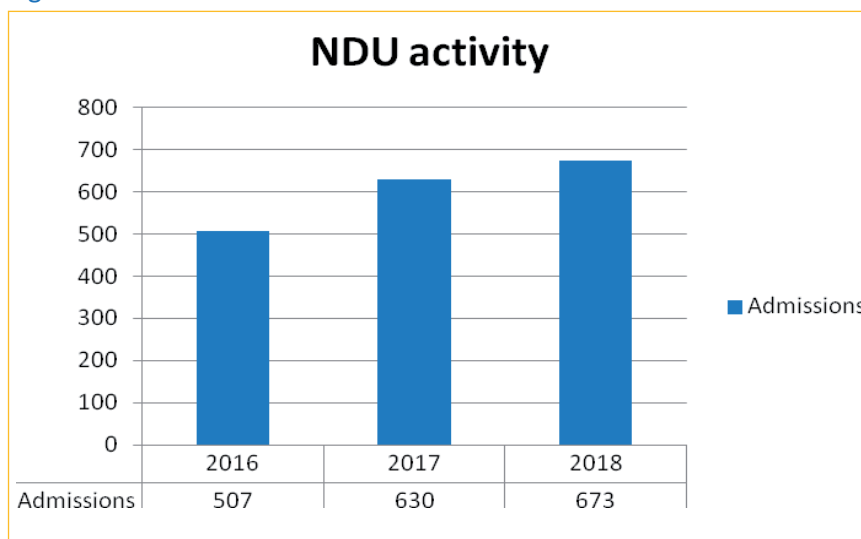
Migraine

The Migraine CNS currently operates a weekly (Thursday) nurse-led Headache / Migraine Clinic and routinely reviews 5 - 7 return patients each week. The patients attending this service are frequently complicated chronic migraine/headache patients, with many referred directly from the neurology and neurosurgical teams in Beaumont. This cohort of patients require the input of a specialist headache service as their diagnosis, treatment and management is often very complicated. Over 300 patients attended the nurse-led clinics in 2018. In addition, additional (new and return) headache patients (approximately 350) are seen on a further half day (Tuesday) each week with the support of Dr Martin Rutledge (Headache Specialist).

Neurology Day Unit

The Neurology Day Unit has expanded its services provided and increased its OPD service to support several additional clinics in 2018. These include a general neurology clinic and expansion of a botox clinic for patients with spasticity run by neuro-physiotherapists in conjunction with neurophysiology. An additional migraine clinic was also run in the NDU during 2018.

Figure 138



Over 600 day case procedures were performed in the NDU in 2018. These included multiple lumbar punctures, carpal tunnel releases, muscle biopsy, various infusions and first dose of Fingolimod. The infusion service for primary progressive MS patients whereby IV Rituximab is infused on a six monthly basis was expanded to take in a new cohort of patients. We continue to admit increasing numbers of patients for IVIg infusions and provide an emergency neurology review for patients attending the ED department. Over 1000 OPD patients attended the NDU in 2018 for an out-patient appointment. A weekly migraine botox treatment clinic and a weekly RASC seizure clinic are both based in the NDU.

Department of Clinical Neurophysiology

Introduction

The department provides a neurophysiology diagnostic service for the RCSI Hospitals Group. Routine, sleep deprived, prolonged and portable EEGs are performed in the neurophysiology department with 50% of the work load being in-patients. The department also provides nerve conduction studies and electromyography (NCS /EMG). The consultants supervise a clinical neuroscientist delivered carpal tunnel clinic and peripheral neuropathy screening service. Complex studies such as single fibre EMG, and screening for neurological conditions such as myopathy, neuropathies, radiculopathy and motor neuron disease are performed by the consultants.

The 4 bedded 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 and is a specialised 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.

Intraoperative Neurophysiology Monitoring (IONM)

The Beaumont hospital IONM service has been established for five years and is led by Dr Ronan Kilbride. The service supports neurosurgical operations such as complex spinal and cortical tumour removal, acoustic neuroma removal and refractory non-lesional epilepsy surgeries. It provides dynamic real time information to the surgical teams intra-operatively which aids the surgical teams in the intraoperative neurosurgical approach and helps minimise damage to the central nervous system. The IONM staff remains on the cutting edge of worldwide advancements in the IONM area attending and presenting at international education conferences throughout the year.

Botulinum Toxin Clinics for Neurological Disorders

Dr Fiona Molloy directs this weekly clinic and demands for the service are increasing as indications for the toxin are expanding. Ms Ryan, clinical nurse specialist, co-ordinates and organises the clinics and is actively involved in the annual workshop. Botulinum toxin intramuscular injections are an approved and very effective treatment for painful muscle spasms associated with both spasticity and dystonia. Beaumont Hospital supports the training of physiotherapists to perform this procedure and Dr Molloy supervises a monthly physiotherapy lead Botulinum Toxin Clinic for the treatment of patients with spasticity. Ms Vance and Dr Deirdre Murray currently provide a comprehensive service to these patients. A combined clinic with Mr Peter Lacy ENT Consultant Otolaryngologist continues to expand for treatment of patients with laryngeal dystonia.

Ophthalmology Department

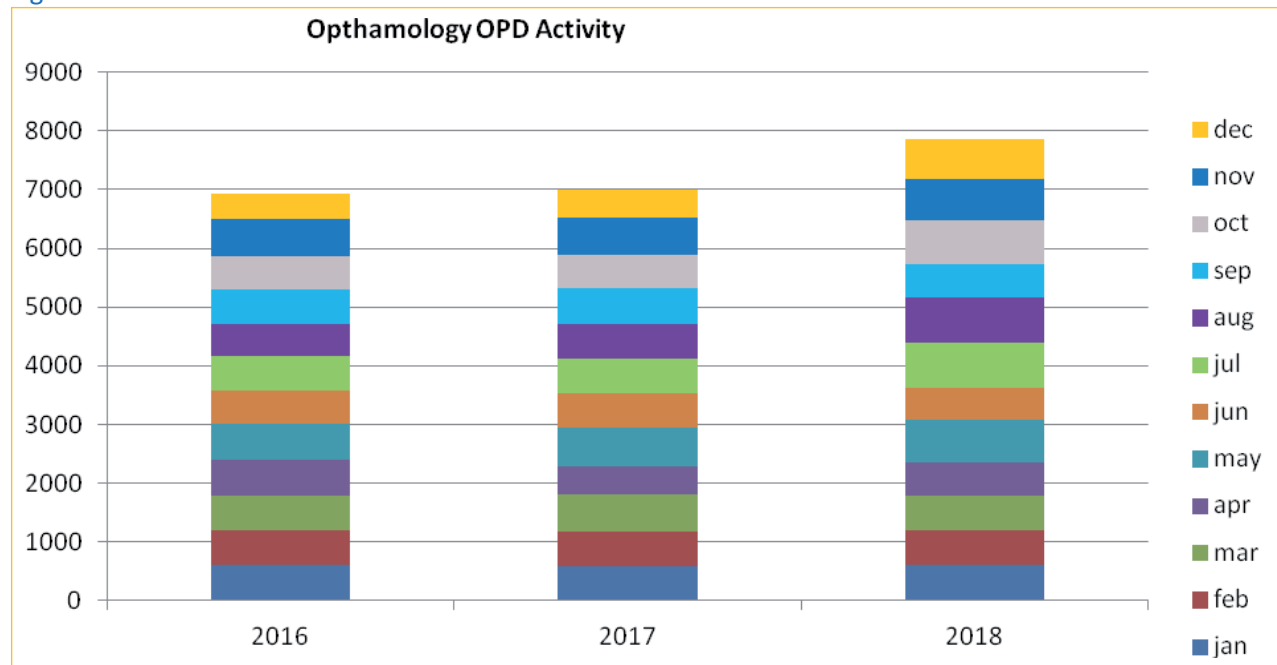
The Ophthalmic Department provides out-patient care along with day surgery services. The department team consists of 2 Consultant Ophthalmic Surgeons, 1 Community Ophthalmic Physicians, 4 NCHD's (rotating scheme with the Mater Hospital). 4 Orthoptists (2WTE), 1.4 Clinical Nurse Specialists and an administration team of 3 secretaries.

There is an established botulinum toxic clinic service for patients with blepharospasm/hemi facial spasm and laser treatments (Argon and Yag laser) are also available as required. In-patient consultations constitute a significant part of our service with a high number of referrals from neurosurgery, neurology, endocrinology, ENT and the emergency department. Specialist ophthalmic clinics include a neuro-ophthalmology service, glaucoma clinic, ocular toxicity clinics and oculoplastic/orbital service. We also provide visual field testing and an oculoplastic operating list. Other services include fundal photography and orthoptic out-patient services.

Key Performance Indicators

- the ophthalmology department saw 6959 patients for an out-patient appointment
- an additional 618 patients attended for procedures
- review of 1261 in-patients in 2018

Figure 139



Highlights

- The department has reduced patient waiting times from registration to discharge following the introduction of a staggered appointment time booking system. Patients have provided feedback on the the benefit of attending at their assigned times.
- Patient satisfaction with services provided in particular with the Botulinum toxic clinics since the Clinical Nurse Specialists started to treat stable patients in conjunction with the doctor, these are repeat clinics of high volume so a smooth and efficient service is important.

National Neurosurgical Department

Introduction

The Neurosurgical Department at Beaumont Hospital is the National Centre for Neurosurgery in Ireland. It provides general neurosurgical care for a population of 3.5 million people and specialist care for the population of the Republic of Ireland (e.g. epilepsy surgery, complex neurovascular conditions and paediatric neurosurgery in conjunction with Temple Street Children's University Hospital). As such, the department is a provider of neurosurgical care to one of the largest catchment populations amongst UK & Ireland Neurosurgical centres.

The department provides a broad range of neurosurgical subspecialties including neuro-trauma, neuro-oncology, epilepsy, anterior and lateral skull base, pituitary, neurovascular, hydrocephalus/CSF disorders, trigeminal neuralgia, stereotactic radiosurgery and complex spinal surgery. We continue to provide and contribute to national multi-disciplinary programmes in the above fields. In addition to providing neurosurgical care in a busy department, the neurosurgery department at Beaumont hospital strives to remain at the forefront of academic neurosurgery through education and research.

Neuro-Oncology

The neuro-oncology service is supported by a specialised interdisciplinary team and continues to adapt to changing health service demands while providing a quality and innovative service. The Neuro-Oncology Clinical Nurse Specialist (CNS) provides specialised support, education, advocacy and coordination of care for patients diagnosed with a brain tumour in Beaumont Hospital. The role involves providing information and support to inpatients, Outpatients Department and the telephone. A total of 392 either newly diagnosed or recurrent brain tumour patients were recorded on the Neuro Oncology database for 2018. In addition, telephone support was provided to in excess of 2000 callers per year.

The Brain Tumour Bio Bank is a large collection of biological data, medical data and tissue samples, collected for research purposes. It is a joint collaboration between Beaumont Hospital and RCSI; this is now up and running with the first sample banked in April 2017. The ongoing development of the Brain Tumour Bio Bank will provide opportunity for advancement in research and treatments while providing some degree of hope to the individual diagnosed with a brain tumour and their families. In response to changes in patient needs, ongoing service development, healthcare reform and reconfiguration programmes.

Acquired Brain Injury (ABI)

2018 has proven to be another busy year for the Acquired Brain Injury service with a total of 237 patients supported by the CNS in ABI. The ABI CNS is a member of the benchmarking group 'ABI HSE Group' and also the lead nurse on the rehabilitation medicine clinical care programme. This year saw the introduction of an ABI outpatients clinic for Beaumont Hospital which is currently running at one per month with plans to expand to two over the coming months. This clinic will also have a representative from Headway Ireland in attendance to ensure patients are integrated with the appropriate support network from an early stage in their pathway. The ABI nurse has also taken on the responsibility for co-ordinating planning of cranial plates for patients on the cranioplasty waiting list. There are currently patients awaiting long periods to have this surgery completed and the purpose of reviewing the list is to ensure that patients will have access in a timely manner for surgery and this will continue through 2018. There has been significant improvement in access to this service as an outcome of the improved co-ordination and planning.

Neurosurgery Research and Development Department

The neurosurgery research and development department is staffed by Paula Corr and Deirdre Nolan who collect and collate data regarding all admissions to the neurosurgical department sending quarterly reports to HIQA and the RCSI group.

Key Performance Indicators

OPD

A key performance indicator for the RCSI Hospital Group is that all routine out-patient waiting lists are maintained in the < 12 months category. Several initiatives were introduced in 2018 to improve wait times for our patients to access neurosurgical outpatient services. The > 12 months volume reduced from 818 to 489 during 2018 due to multiple waiting list initiatives across the speciality - nursing, clinician and physiotherapy led.

These included:

- 'New patient only' consultant clinic
- Virtual clinic run by Vascular Clinical Nurse Specialist
- Virtual Base of Skull clinic led by Clinical Nurse Specialist
- Vagal Nerve Stimulator clinic led by Epilepsy Surgical Nurse Specialists
- Improved consultant collaboration to review patients waiting in excess of 24 months
- Spinal clinical specialist physiotherapist clinics (see below for detail).

A recent review of the routine Neurosurgery waiting list has identified that 60% of patients referred (i.e. those with degenerative spinal pathology) are appropriate for initial assessment by a clinical specialist physiotherapist in the neurosurgical Consultant clinics. The recent recruitment of 2 clinical specialist physiotherapists has increased capacity in the Neurosurgical outpatient clinics has had a significant impact on wait times to access appointments for neurosurgical review. The clinics are run in conjunction with a named Consultant Neurosurgeon. The current primary objective of the additional clinics is to reduce and ultimately eliminate the number of patients waiting longer than 12 months for an outpatient appointment. The number of patients waiting > 12 months for an outpatient appointment has decreased 42% from a peak of 839 in May 2018 to 493 in December 2018 despite a 15% increase in referrals to Neurosurgery over the same period. It is anticipated that the clinics will have a more significant and sustained impact in 2019 when further clinic space is secured which will enable the capacity of the clinics to be maximised.

Figure 140

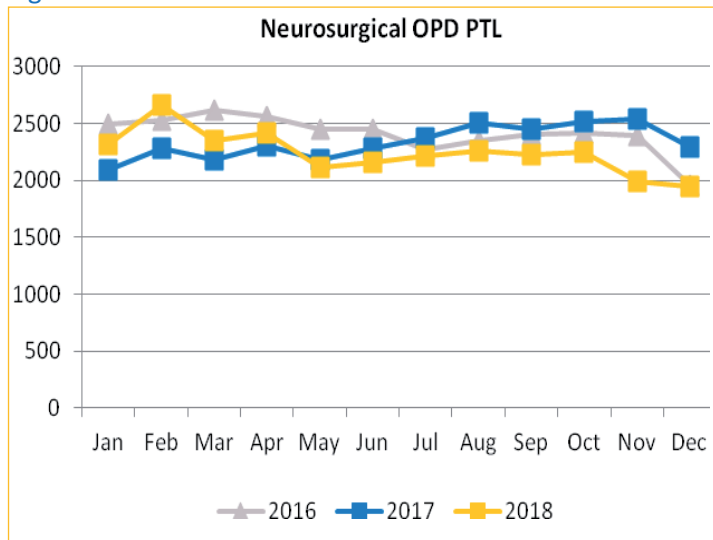


Figure 141

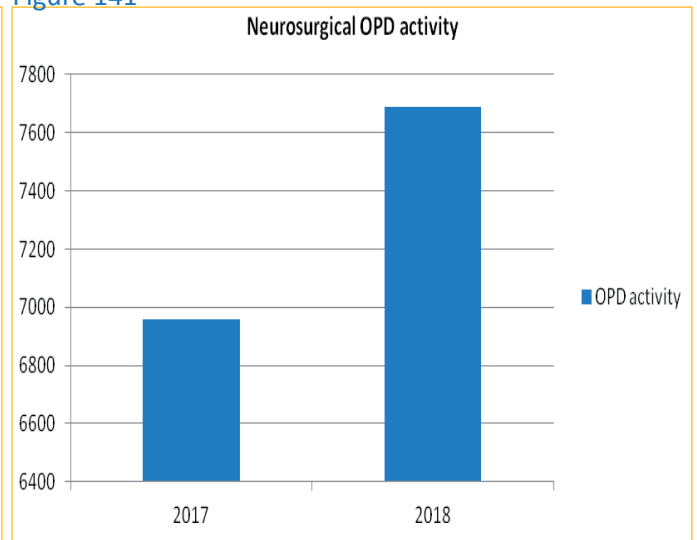
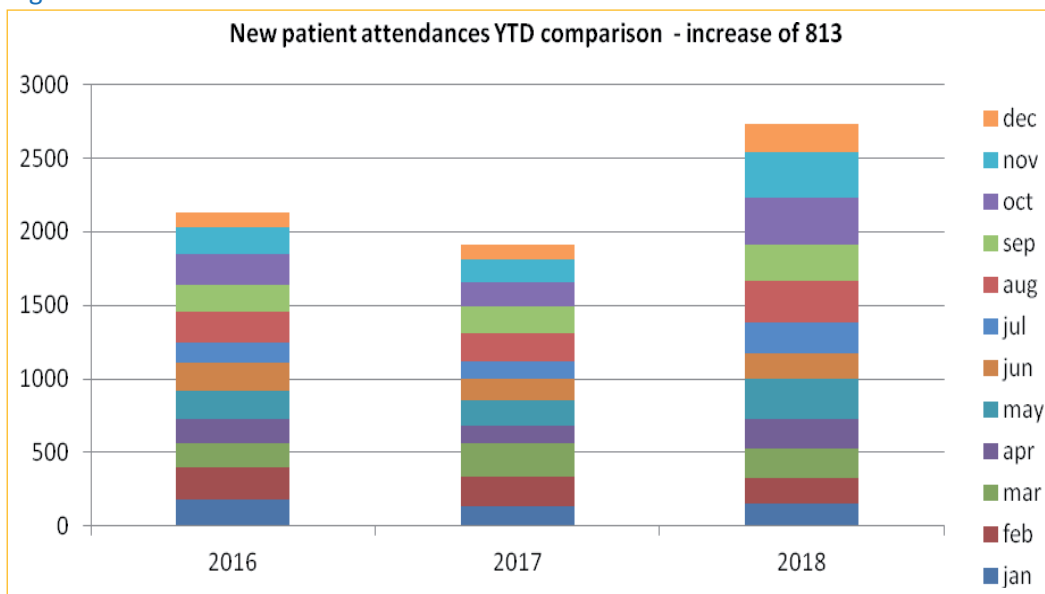


Figure 142



In-patient pathway

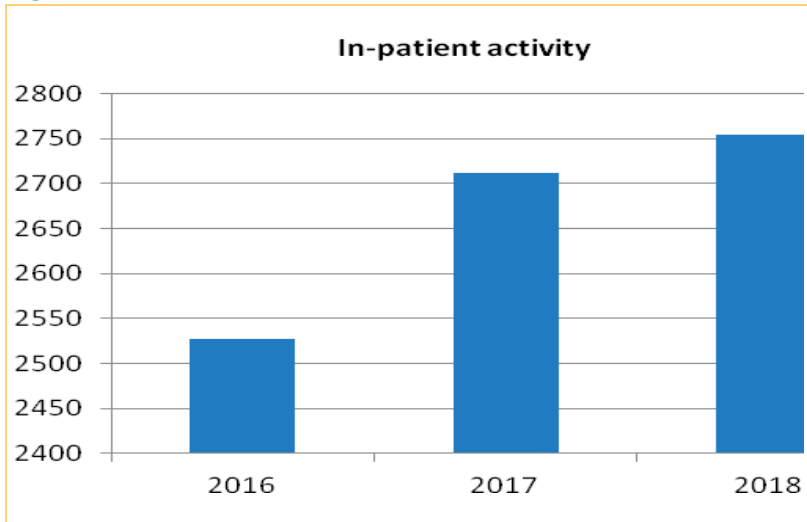
The neurosurgical service has achieved target access wait times for patients with specific neurological conditions. These include:

- 100% of patients admitted with traumatic brain injury admitted within 12 hours of acceptance - 99 % achieved (1 patient was not transferred within the 12 hour target due to the absence of an appropriate bed)
- 100% of patients with sub-arachnoid haemorrhage admitted within 24 hours of acceptance - target of 90% achieved
- 92% of patients diagnosed with a brain tumour to be admitted within 5 working days of acceptance - target of 90% achieved

The Neurosurgical Service have also endeavoured to improve the in-patient pathway with a focus on reducing length of stay and improving day of surgery admission (DOSA) pathways. The DOSA rate for the service has increased by almost 50% in 2018. This has facilitated an increased throughput of elective patients by 144 2017 vs 218.

A key enabler of this process was the introduction of a neurosurgical nurse-led pre-assessment clinic. This service pre-assessed 531 patients in 2018. Pre-admission anaesthetic assessment services decrease cancellations on the day of surgery, reduces investigations and is known to reduce patient anxiety (**Knox et al, 2009**). Briefing and debriefing processes, together with surgical checklists have been shown to reduce unexpected delays by 31% and surgeon-reported unexpected delays by 82% (**Royal Australasian College of Surgeons 2016**). Two key challenges included co-ordination of the multi-disciplinary team to ensure attendance at the briefing and also that elective patients were referred to the pre-assessment service in a timely manner. The project was supported by the RCSI TQIP Programme.

Figure 143



Transplant, Urology & Nephrology (TUN)

Co Clinical Directors

Miss Dilly Little MD, BSc, FRCS (Urol)
Prof. Conall O'Seaghda, MB MRCPI

Directorate Business Manager

Ms Catriona McDonald & Mr Tom Moran

Directorate Nurse Manager

Ms Melanie McDonnell



Introduction

The TUN Directorate encompasses the sub-specialties of Renal Transplantation, Urology and Nephrology and in 2018 included the following wards at Beaumont Hospital - St Damien's Transplant unit, St Peter's ward (Nephrology) including St Peter's Acute Haemodialysis Unit, St. Finbar's Dayward, St. Mary's ward (Urology), Dialysis Therapies Centre (DTC) as well as Home Renal Replacement Therapies, Renal Day and Urodynamics.

In total the Directorate employs approx. 250 staff, including 6 Consultant Nephrologists, 5 Consultant Urologists / Transplant Surgeons, 4 Consultant Urologists, approx. 178.5 wte Nursing and Healthcare Assistant/Household Staff and approx. 30 wte administration staff.

The National Kidney Transplant Service (NKTS) is based in Beaumont Hospital and provides kidney transplantation services for the Republic of Ireland - in 2018, we performed a total of 167 kidney transplants, including 40 living donor kidney transplants and 5 simultaneous kidney pancreas transplants, in collaboration with St Vincent's University Hospital. Uniquely in the Republic of Ireland, kidney transplants are performed by the Urology service, which also provides general urology services, uro-oncology services (Rapid Access), specialist female urology services, endo-urology services, andrology and trauma care. Tertiary referral of complex urological cases requiring kidney transplant and reno vascular intervention are also provided. The nephrology unit is closely linked to the transplant service and provides full nephrology, transplant and donor support.



The Renal Unit at Beaumont offers a full range of therapies for kidney failure including; Haemodialysis, Home therapies including Peritoneal dialysis and Home Haemodialysis, Plasma Exchange Therapy and Kidney Transplantation.

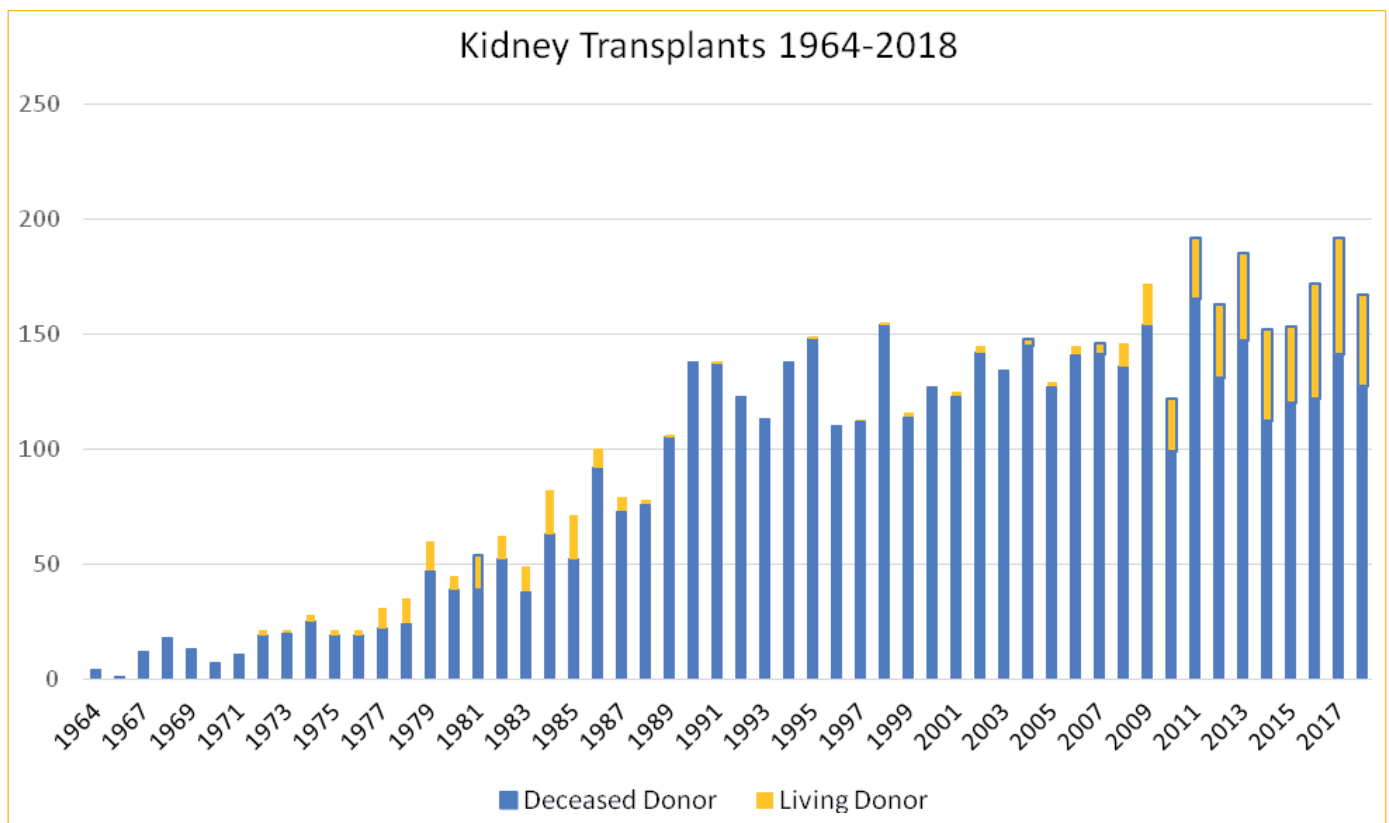
For further information please go to <http://www.beaumont.ie/kidneycentre-home>

Key Performance Indicators: Transplant

Figure 144: Summary of Kidney Transplant Activity 2013-2018

Category	2013	2014	2015	2016	2017	2018	Average for 6yrs
Total number of Transplanted kidneys*	185	152	153	172	192	167	170
Number of Deceased-Donor Kidney only transplants	135	107	120	122	136	122	124
Number of Living Donor Kidney transplants	38	40	33	50	51	40	42
Number of Simultaneous Pancreas Kidney Transplants	12	5	0	0	5	5	5
Number of Paired Kidney Exchange (Living donor UK)	1	5	8	7	3	3	5

Figure 145: Survival Data - graft and patient KM curves





(L to R: Prof Conall O' Seaghda, Clinical Director, Minister Simon Harris TD, Minister Finian McGrath, Ms Dilly Little Clinical Director)

Minister Harris visit to NKTS and unveiling of Organ Donor Memorial.

In January 2018, Minister Simon Harris TD, Minister for Health, unveiled a Memorial sculpture at the main entrance to Beaumont Hospital that was provided by Mr D Goggin in recognition of the generosity of all organ donors, whose gift of life makes transplantation possible. The sculpture was commissioned by the Irish Kidney Association. During this visit, Minister Harris also recognised the achievement of the National Kidney Transplant Service in performing over 5000 kidney transplants, since the unit was established in 1964. Currently over 2300 patients with End Stage Kidney Disease enjoy life with a functioning kidney transplant, freeing them from dialysis.



Visit to Áras an Uachtaráin on St Patrick's Day

President Michael D Higgins invited transplant recipients, some living kidney donors and families of deceased organ donors to Áras an Uachtaráin to celebrate St Patrick's Day with him and his wife Sabina. Members of the Beaumont Transplant team were introduced to the President and Mrs Higgins, in his highly informative speech; President Higgins recognised the generosity and life-giving role of all organ donors.



(L to R: Mrs Sabina Higgins, President Michael D. Higgins, Ms Dilly Little Clinical Director)



(L to R: Atif Awan, Eileen Buckley, Carmel Stephens, Laura Austin, Mrs Sabina Higgins, President Michael D. Higgins, Andrea Fitzmaurice, Dilly Little, Monica Cunningham and James O'Rourke)

Performing in excess of 500 living kidney donor transplants

In 2018, the National Kidney transplant service passed the significant milestone of performing over 500 kidney transplants from living donors. In recent years, the number of potential donors evaluated for donation has increased and there has been a significant increase in the numbers of living donor kidney transplants performed.

Highly sensitised recipient transplants

During 2018, the National Kidney Transplant Service redoubled its efforts to transplant patients with a high level of pre-formed circulating anti-HLA antibodies. Such patients may become sensitised because of previous blood transfusion, previous pregnancy and previous transplantation. Currently, there are approximately 140 such patients on the Kidney Transplant Waiting List. These patients are complex immunological, surgical and medical cases. A total of 18 such patients were transplanted in 2018 - 12 received kidneys from the deceased donor list and 6 from living donors.

Performing 11 kidney transplants in a 4 day period.

The National Kidney Transplant Service demonstrated its ability to cope with the challenge of a significant period of activity in late 2018 when, in a 4 day period, 10 kidneys were retrieved from 5 deceased donors and transplanted successfully, including a combined simultaneous kidney pancreas transplant, and a paediatric recipient transplant. In addition, during the same 4 days, the team performed a successful living donor nephrectomy and a living donor transplant.

Objectives 2018: Transplant

Transplant Activity

- A total of 448 new patients were evaluated for transplant in 2018 and 178 were activated on the transplant waiting list.
- 85 potential living donors were medically evaluated and a total of 156 interested potential donors underwent preliminary tissue typing.
- The National Kidney Transplant Service had an extremely active year in 2018 achieving a number of significant milestones. A total of 167 kidney transplants were performed, including 127 deceased donor transplants and 40 living donor transplants. The average patient wait time on kidney only transplant is currently 36.3 months.
- In addition to these transplant numbers, 3 kidney transplants were performed in the National Health Service (NHS) UK under the Shared Kidney Scheme.

Since 2003, the kidney transplant team from Beaumont has also performed paediatric kidney transplants in Temple Street University Children's Hospital and to date we have performed 149 transplants there.

In recent years, we have worked to expand our living kidney donor rates in line with international trends and over the last 7 years we have evaluated 581 potential living kidney donors and performed 311 living donor kidney transplants.



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.

UROLOGY

The Urology Team of seven consultants, based predominantly in Beaumont Hospital, continue to provide a regional urology service to patients for the RCSI Hospital 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 the urological care of patients with a high level of clinical complexity in Beaumont Hospital while developing urological services within Connolly Hospital, Blanchardstown. The Urology service has 9 Urology Consultants, 5 of whom are also transplant surgeons - Ms Dilly Little, Mr Gordon Smyth, Mr Ponnusamy Mohan, Mr Richard Power, Mr James Forde, Mr Ijaz Cheema, Mr Thomas Creagh, Mr Nicholas Hegarty and Ms Liza Mc Loran.

Key Performance Indicators: Urology

Expansion of Rapid Access Prostate Cancer Service

Rapid Access Prostate Clinic (RAPC): Clinical Lead: Mr R Power Consultant Urological Surgeon, Mr G Smyth, Consultant Urological Surgeon, Ms L Mc Loran Consultant Urological Surgeon, Mr P Mohan Consultant Urological Surgeon and 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. The delivery of the Rapid Access for Prostate Cancer Service has increased significantly in 2018

In 2018 there were:

- 75 Rapid Access Prostate Clinics in Beaumont Jan to Dec 2018 with 447 new patients reviewed. There were 313 patients reviewed in the same period 2017
- 98% of all patients referred were offered an appointment within 20 days (92% in 2017) (Figure 143).
- 367 TRUS biopsies were performed from Jan to Dec 2018 with 321 TRUS biopsies performed in 2017. In addition 8 transperineal biopsies were performed with 3 performed in 2017.
- 228 new diagnoses of Prostate Cancer Jan to Dec 2018, (195 new diagnosis in 2017)
- There were 53 Prostatectomies performed in 2018 in Beaumont: 4 Robotic, 28 open radical prostatectomies and 21 Laparoscopic prostatectomies.

Figure 146

Within 20 day timeframe	Target	2014	2015	2016	2017	2018
	90%	66.5%	80.7%	66%	92%	98%

Patients offered date of attendance within 20 working days.

Performance Highlights: Urology

Template (TP) Biopsy for Prostate Cancer.

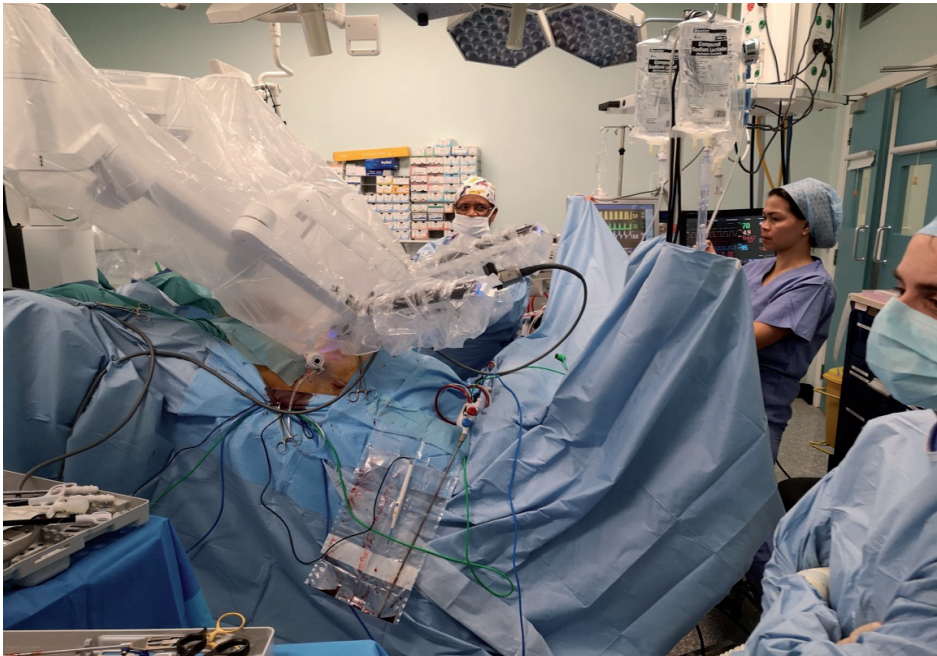
On the 16th of October 2018, the first Template (TP) Biopsy service for diagnostic purposes for organ confined prostate cancer was performed in St Joseph's Hospital. This technique is especially useful in directing patients in their decision making as to which treatment modality is best suited for management of their prostate cancer and offer the patient who ultimately opts for active surveillance a degree of confidence not afforded by standard biopsy.

Robotic prostatectomy

On the 23rd of November 2018, the urology service performed the first robotic radical prostatectomy in Beaumont Hospital using the da Vinci robot. A total of 4 surgeries were carried out in 2018 but we expect to provide approximately 100 surgeries using this method in 2019. The robotic prostate cancer surgery system is able to provide superior clinical prostate cancer treatment results when compared to non-robotic traditional and scope-assisted procedures. This is because the Surgeon Console is equipped to provide the surgeon with a revolutionary, three-dimensional, multi-level

magnification spectrum. More traditional scope-assisted surgery typically provides a much lower resolution image, and a far more limited field of vision. The precision offered improves clinical results, reduces scar tissue build up and contributes to an overall shorter recovery period after robotic prostate surgery.

This technique will facilitate enhanced recovery for men opting for surgery in the management of their prostate cancer, with shorter in hospital stay and improved out-comes in urinary continence and potency. The urology team are very excited that this technique is now available to our patients and hope to expand its use to include nephron sparing techniques and radical cystectomy.



1st Robotic Prostatectomy

Activity – Urology

The Urology Department in Beaumont and Connolly Hospitals receives approximately 250-300 and 80 - 100 new referrals, respectively per month.

Figure 147

Urology	2010	2011	2012	2013	2014	2015	2016	2017	2018
In patients									
In Pt Bed Days	8,111	8,639	8,644	8,533	8,711	7,932	7,675	8,026	7,619
In Pt Discharges	1,355	1,477	1,569	1,626	1,668	1,689	1,671	1,754	1,737
OPD attendances	8,497	9,027	9,183	9,294	9,038	8,444	8,570	8,710	9,270
Day Cases Total	3,600	3,443	4,265	4,372	4,535	4,614	4,604	4,546	4,290

NEPHROLOGY

The medical staff includes 5 WTE nephrologists / transplant physicians: Prof Peter Conlon, Dr Colm Magee, Dr Mark Denton, Prof Declan de Freitas, and Prof Conall O’Seaghda. In addition, Dr Mark Little is appointed on a shared appointment between AMNCH and Beaumont hospitals.

Today the Renal Unit at Beaumont Hospital is the largest and busiest unit of its kind in the Republic of Ireland. The facility provides for maintenance, acute, isolation dialysis treatments as well home therapy treatments (peritoneal dialysis and home haemodialysis) to patients from all over the country. There continues to be an increase in the number of people requiring dialysis treatments, this increase in demand for renal services is set to continue and is driven by Ireland’s increasingly ageing population, combined with the high numbers of people with diabetes and high blood pressure.

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.

Key Performance Indicators: Nephrology

Figure 148: Total Haemodialysis Treatments at Beaumont Hospital

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Total	31,182	31,002	29,573	31,000	29,181	28,522	28,859	27,157	25,928	24,780	25,196

Renal Day Care

Activity in Renal Day care in 2018 continued to grow with,

- 2,012 patients attended renal day care for bloods and review including patients attending the early transplant clinic
- 146 patients attended the vascular Access Clinic
- 84 patients were emergency admissions from home
- 116 patients were unscheduled attendances
- 440 IV infusions including iron, cyclophosphamide, rituximab, magnesium and methylprednisolone
- 53 Vascular Access procedures
- 101 renal biopsies
- 35 Tenckhoff catheters for peritoneal dialysis were inserted or removed
- 281 additional day cases which include permcath insertion /removal, fistulograms, CT venograms and dressings

Performance Highlights: Nephrology



Opening of New Kidney Transplant and Nephrology Day Ward (RTNDW) in Dialysis Therapies Centre

The newly refurbished Renal Day Ward opened in the Dialysis Therapies Centre on Monday 12th February 2018.

The new unit comprises a 3 bay day ward and 2 adjacent private consulting rooms. The new Renal Day Ward (RDW) facilitates the delivery of a wide range of renal services in the outpatient setting, avoiding the need for hospital admission.

As part of the National Kidney Transplant Service, the post-op management of all kidney transplant recipients nationally is delivered in the RDW, comprising approximately 180 patients, that are reviewed twice weekly for 6 to 12 weeks post-op. It also hosts all living kidney donor assessments (120 donors per year) and all transplant troubleshooting, including biopsies and other interventional procedures.

- Approximately 1700 nephrology and transplant patient reviews per annum
- 400 infusions (see below)
- 200 procedures requiring a sterile treatment room (biopsies, removal / insertion of vascular access and peritoneal dialysis catheters)
- 250 day case attendances for vascular access placement, review and troubleshooting
- Multiple miscellaneous attendances for radiology prehydration, angiograms etc.

The new Renal Day Ward (RDW) thus delivers an enormous return on investment and was a major nephrology service improvement in 2018.

First endovascular A-V Fistula formation

Most patients with kidney failure require haemodialysis, which typically requires a surgical procedure to create an arteriovenous (AV) fistula for dialysis access. Surgically created AV fistulas typically take several months to heal and for the vein to mature before they can be used. In a national first, Dr. Frank McGrath in the interventional radiology department Beaumont Hospital used a minimally invasive, catheter-based device to create an AV fistula percutaneously in an Irish dialysis patient. With the device, a catheter is inserted into a blood vessel in the forearm and is guided to the site of the planned fistula. Energy is then delivered to create a connection between an upper forearm artery and an adjacent vein. The procedure was a success, being performed without complication as a day case with fewer complications and no need for hospital admission, this procedure may be the future of dialysis access.

New practice and team approach initiatives

A team comprising of both nursing and HCA staff from the Dialysis units attended a quality improvement training programme to facilitate them to undertake an initiative at unit level. Both the training and ward level quality initiative is part of the overall QI element of the hospital's nursing service plan. The team members are Caroline Brummell (CNM2 & team leader), Ruth Mc Kenna (CNM1), Staff Nurse Kavitha Tauro, Staff Nurse Michelle Banez and Xiaohong Liu, Health Care Assistant. Their chosen topic was *"Reducing the risk of falls within the outpatient dialysis unit"*. Following research the QI team formed a falls risk assessment, a care plan and are in the process of updating guidelines. At present we



Pictured back row left Veronica Francis (CNM3), Sheila Hanevy, Ruth McKenna, and Melanie McDonnell. Front row Maeve McBride and Kristine Foley.

are awaiting final approval from the Falls Committee Team prior to implementation and evaluation of these forms within the haemodialysis setting. Also as part of this project the team successfully secured funding from Beaumont Foundation for wheelchairs including a bariatric wheelchair. There is a distance for patients to travel from the main entrance of the dialysis therapies centre to both Units 1 and 2 within the building this will assist patients and reduce a falls risk.

The home therapies team promotes self needling for patients attending for dialysis. This can also promote and motivate patients towards increased self care and promotes home dialysis as a treatment option.

In February 2018 Sheila Hanevy one of the dialysis patients attending Unit 2 in the DTC celebrated her 50th birthday and donated money in lieu of presents to Beaumont Hospital Foundation for the improvement of facilities within St Peter's ward. Picture below is Sheila presenting the cheque.

Honour your Heroes

As part of the Beaumont Hospital Foundation Honor your Heroes' programme on 22nd of August 2018, Sheila nominated both her Consultant Dr Colm Magee and Staff Nurse Kavitha Tauro in gratitude for all the care given to her. She is attending the unit since the age of 15years.



Internal Hygiene Audit

The Dialysis Therapies Centre achieved 100% in the hospital's internal hygiene audit in July 2018. Pictured are both members of the hygiene audit team and dialysis staff.



Objectives 2018: Nephrology

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.

2018 continued to be a busy year for the service. February 15th 2018 marked the first completed year post the opening of the newly commissioned 34 station out-patients haemodialysis unit in the Beaumont Hospital Dialysis Therapies Centre. The unit continues to operate during more social hours between 7am to 11pm and has reached its full capacity for both the early morning and afternoon shifts.

In 2018 the total number of haemodialysis treatments carried out in all areas was 25,196, an increase of 416 treatments on the previous year and an average of 2,100 treatments per month. Just over 22,500 outpatient haemodialysis treatments were performed and there were 76 patients on home therapies - 53 of whom were on peritoneal dialysis and 23 on home haemodialysis. Over 4400 treatments were performed in our acute haemodialysis unit on St. Peter's ward with the remainder treated in the Dialysis Therapy Centre (DTC).

The Home Therapies department at Beaumont Hospital facilitates both peritoneal dialysis (PD) and home haemodialysis (HHD), and is the largest provider of both therapies nationwide. The additional capacity in this unit will facilitate for patient training and the unique opportunity for patients to dialyse independently at home with minimal hospital contact.

Peritoneal dialysis (PD) saw a 15% increase in the number of Tenckhoff catheter insertions done under local anaesthetic compared to 2017. These are day case procedures avoiding a general anaesthetic, fewer patient bed days and a short waiting time. In conjunction we commenced Acute PD on a small number of patients allowing for rapid commencement of peritoneal dialysis when haemodialysis is not an option. Remote monitoring of patients was a huge topic of interest at the Baxter Home Therapies Symposium in October and a presentation was given by Beaumont home therapies staff on the success of this with our patient catchment.



Pictured are: Margaret Mulvaney, Gillian Mulvaney, Annette Butler CNM2 home therapies and Professor Peter Conlon receiving a donation for the unit from Gillian and family who organised a fundraising event.

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 64 Beaumont patients attending the unit at Drogheda. There were 47 patients attending the unit at Northern Cross.

Plasmapheresis Service

This service is carried out mainly in St Peter's dialysis unit or at the patient's bedside in the critical care units. It is supported by a small number of trained nurses from both St Peters and the Dialysis Therapies Centre (DTC) units. A total of 20 patients were treated in 2018 across 2 specialties which includes both Renal and Neurology services with 112 treatments carried out in total. There were 2 patients on regular plasma treatments throughout 2018. There was a decrease of 43 treatments compared to 2017. Of note there have been improvements in medication therapies which would account for a decrease to the Haematology service.

Renal Ambulatory Care:

The key areas of the ambulatory care role include education and follow up of patients with chronic kidney disease and post transplantation. Some of the statistics for the service in 2018 include:

- Currently 58 patients in active transplant work-up
- Follow-up of 780 transplants long term
- Currently 323 CKD patients stage IV/V
- Hi-Tech process flow facilitated over 200 prescriptions outside of clinic time and approximately 1500 in clinic.
- Management of follow-up calls from patients totally 186 between scheduled clinic visits which involved review by relevant doctor and communication back to patient
- Initiatives 2018:
 - Clinical Focus: To specifically target CKD patients stage iv/v for education and work-up, For RRT/Transplant work-up and also post transplant and conservative management patients.
 - Patient Pathways: we currently have 323 CKD stage iv/v, 58 patients undergoing transplant work-up and follow up of 780 long term transplant patients.
 - Patient Education and training: we organised quarterly pre-dialysis education days with the PCC. We also organised a transplant education day for patients already on the transplant list and those in work-up.
 - High-tech process flow: We have continued to facilitate the process flow for high tech prescriptions both in the clinic setting and in an emergency outside clinic hours. We also facilitated the change over from Mircerca to Aranesp high tech prescriptions for over 20 CKD patients.
 - We have commenced the roll out of the transplant blood sticker packs for all our 780 long term transplant patients. This roll out will continue over the next 3 months. This initiative should vastly improve the appropriate blood testing schedule and compliance of same.
 - We re-edited book 1 & 3 of the series *"Educational Guides for Renal Patients"*.

Renal IT services

- **Re - introduction of Therapy Monitor (TMON)** in to St Peters Dialysis Therapy Monitor HD session recording was reintroduced to St Peter's in April 2018. This is considered as a significant successful piece of work despite several challenges that are unique to acute dialysis unit. Only minimal hardware infrastructural reconfigurations were required which hugely helped in a smoother redeployment. Renal IT worked closely with staff and unit managers during the initial TMON reintroduction period. Providing bedside staff training and hands on support helped to achieve a 100% basic training in the first few weeks itself. The cohort of patients that are signed up on TMON is limited to regular and stable type. Improved TMON usage in St Peter's Dialysis has had some additional benefits such as accurate recording of HD prescriptions including vascular access history from the beginning itself, improved timely renal time line updates which is an important eMed KPI, continued TMON usage for DTC patients when they are admitted and overall improvement in HD documentation due to the automation involved. We take this opportunity to thank all dialysis unit staff, managers and dialysis technicians for all their support in this regard.
- **MEDLIS - Renal eMed lab Interface**
National Renal Office nominated Beaumont as the first site for MEDLIS - Renal eMed Lab interface integration. The preparatory work began in the last quarter of 2018 and renal IT is reviewing the current national renal lab data set. We are regularly attending MEDLIS - eMed conference calls to work through the data set and go in to the testing phase. This is co-ordinated between National MEDLIS project team and NRO.

Transition Clinic.

This initiative began in January 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 the initial clinic visits in Temple Street, where young adults are jointly reviewed by Dr de Freitas and his Transition Team with the Paediatric Multidisciplinary Team twice yearly. This is followed by transfer over to Beaumont Hospital where they are reviewed by our Transition Multidisciplinary Team comprising of Dr de Freitas, Patient Care Coordinator Andrea Scully and Psychologist Dr Diane Gillan. This transition is in a quiet clinic environment with dedicated Consultant input which has been shown to improve medication adherence and transplant outcomes in this at risk group of patients. Patients are reviewed for 1 year prior to being repatriated to their local centre. In 2018 a total 11 clinics took place. We had 8 new patients transitioning across - 1 female and 7 male.

Nurse Counselling Service.

Over the past eighteen months the service has provided 460 one-to-one sessions with patients. The Renal Counsellor would also see patients at their bedside or while on dialysis, offer telephone support calls to patients where travelling to the hospital, attended family meetings and given practical support when requested and relevant.

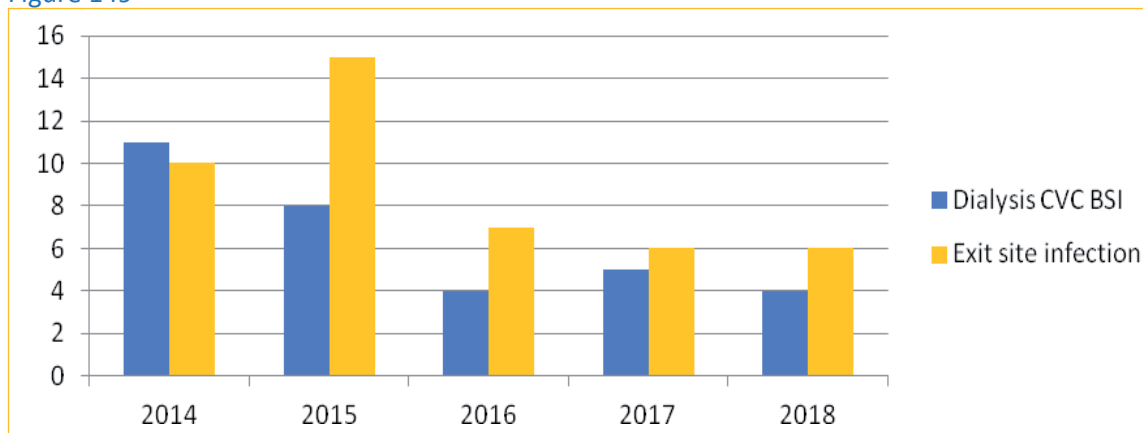
The Renal Counsellor works closely with the Psychiatrist, Psychologist and Social Worker along with the Patient Care Coordinators in the TUN Directorate.

In March 2018 with the assistance of Dr. Diane Gillan, Clinical Psychologist, the first 'Living Well with a Kidney Transplant' Conference was held. It was a one day event, with talks and workshops on enhancing the well-being of kidney transplant recipients, including medication tips, emotional well-being, psychological fitness, diet, skin care, and acknowledging the donors.

Renal Virology & Infection Control Surveillance

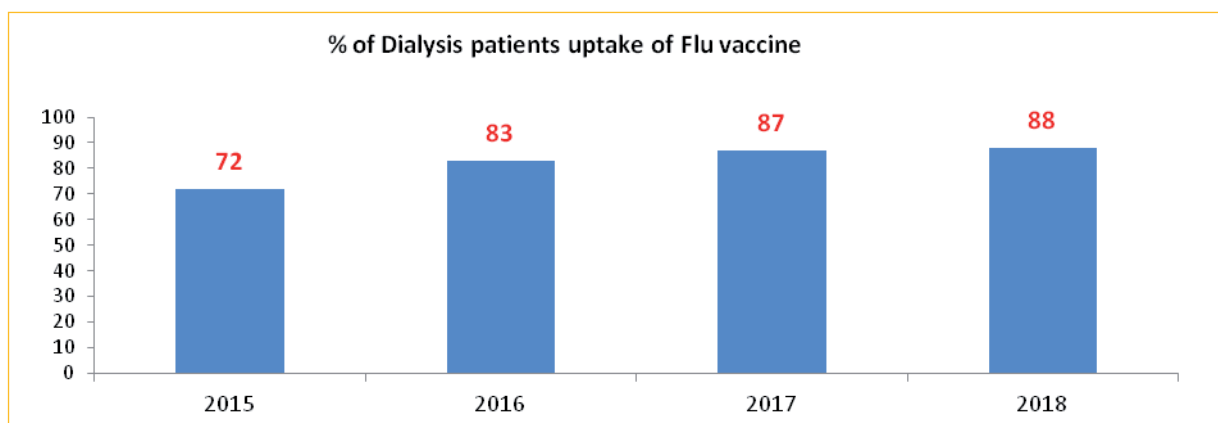
Beaumont Hospital aims to provide renal replacement therapy to the highest standards. Consistent with this philosophy and in response to workload, the Renal Virology & Infection Control Surveillance Co Ordinator is aimed at streamlining existing systems and practices in the unit for Prevention and Management of Infection, Blood Bourne Virus and Surveillance. In TUN the focus is hugely on multi disciplinary involvement with ongoing audit, feedback, education, quality improvement, data collection and team involvement.

Figure 149



Influenza vaccine uptake rose steadily over the years as dialysis patients can now avail of the vaccine while on dialysis rather than attending GP.

Figure 150



Urodynamics Service

This department provides a range of services and diagnostic testing for the out-patient and in-patient population with urinary symptoms or incontinence problems such as:

- Benign Prostatic Hyperplasia BPH (enlarged prostate gland)
- Stress urinary incontinence, Urge incontinence, Overactive bladder (OAB) and Neurogenic bladder

The following procedures are done in the Urodynamics Department:

- Uroflow
- Bladder Scans
- TWOCs
- Catheter insertions
- Urinary and Suprapubic catheter changes
- Urodynamics studies
- Anal manometry
- ISC and ISD teaching

Teaching and Training

The Urodynamics Department continues to work closely with Public Health Nurses and Community Nurses to ensure a high level of catheter care and competence is achieved. This involves ongoing practical training and catheter competencies assessment.

Nephrology Activity

2018 has been a very busy year of renal activity in the Department of Nephrology at Beaumont Hospital.

Figure 151

Nephrology	2010	2011	2012	2013	2014	2015	2016	2017	2018
In Patients									
In Pt Bed Days	12,185	11,814	10,613	10,505	11,525	11,442	11,633	12,271	12,435
In Pt Discharges	1,413	1,427	1,223	1,194	1,250	1,353	1,426	1,379	1257
OPD attendances	6,961	7,759	8,877	9729	9,187	9,319	9,166	9,275	8,207
Day Cases	602	685	791	944	913	1,053	1,013	892	953

Satellite Renal Out-Patient Clinics

In an effort to deliver care locally, Beaumont Consultant Nephrologists deliver out-patient clinics and see consults in the Rotunda, Temple Street, Drogheda and Connolly Hospital, Blanchardstown. The Rotunda Clinic, run by Dr Colm Magee and Dr Conall O'Seaghda, continues to grow. The clinic in Our Lady of Lourdes Hospital Drogheda is under Dr Declan deFreitas, delivering weekly clinics for local patients and allowing the repatriation of patients from Beaumont to their local hospital. Dr Mark Denton continues to run a satellite out-patient clinic in Blanchardstown to deliver local care.

Figure 152

Clinic location	2017 Activity	2018 Activity
Connolly Hospital	721	718
Our Lady of Lourdes	553	645
Rotunda Hospital	839	846

TUN Conference 2018

The Beaumont Hospital 7th Annual Transplant, Nephrology and Urology Conference was held in the Hilton Hotel Dublin Airport on Friday 23rd 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 *"Kidney's filtering with the Times"*. The goal was to demonstrate and share how renal care is growing and developing and the future of this service. It also demonstrated the history of treatment of kidney disease in Ireland as we celebrated 60 years of dialysis in Ireland. The theme of the poster presentations on the day was this topic. It showed how all disciplines have a role to play in the care and treatment of nephrology patients currently and how roles will develop and adapt for the future needs. We were delighted to welcome speakers from Beaumont and further afield.

The day was very well attended with over 120 delegates with 10 counties within Ireland represented. The Irish Kidney Association was also present. An informative great day was had by all and feedback, as always, was excellent.



L-R: Ms Veronica Francis, Ms Andrea Fitzmaurice, Ms Fiona Auguste, Ms Laura Byrne, Ms Denise McKernan, Ms Ciara Mc Brien, Ms Somy Alex, Ms Annette Butler, Ms Melanie McDonnell, Mr Binu Vasu



Ms Emma Ohart on the new Transplant Consent Process



Kidney Disease the Patients perspective



Prof Peter Conlon

TUN Wellness Day

For the last 3 years we have hosted a wellness day for staff nurses HCA's and household operatives. This is a day away from the clinical area where staff can take time out from clinical practice and learn skills and tools to promote health and well being. This year we were privileged to have a host of excellent speakers and interactive sessions. Following the talks there was Tai Chi, skin care and make up demonstrations. The day was a great success with excellent feedback.

TUN Post graduate badge presentation

For the first time in the TUN Directorate nurses that have completed a Postgraduate Course in Renal/ Transplant and Urology Nursing were presented with badges. The badges demonstrate their commitment to specialist nursing and are worn with pride. The symbol on the badges represents Transplant, Urology and Nephrology.



Education

The TUN 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. A wide variety of teaching strategies are utilised to ensure delivery and content is of the highest standard, with flexible options offered to accommodate the varying needs of potential students

The Post Graduate courses for the 2018-2019 academic year commenced in September with a fantastic uptake once again and applications for the 2019-2020 courses open in February.



Surgical Directorate



Clinical Director:
Mr Daragh Moneley

Business Manager:
Mr Gary Keenan

Nurse Manager:
Ms Marie Kelly

Introduction

The Surgical Directorate in Beaumont Hospital provides a number of key services for North Dublin and the North Eastern Region.

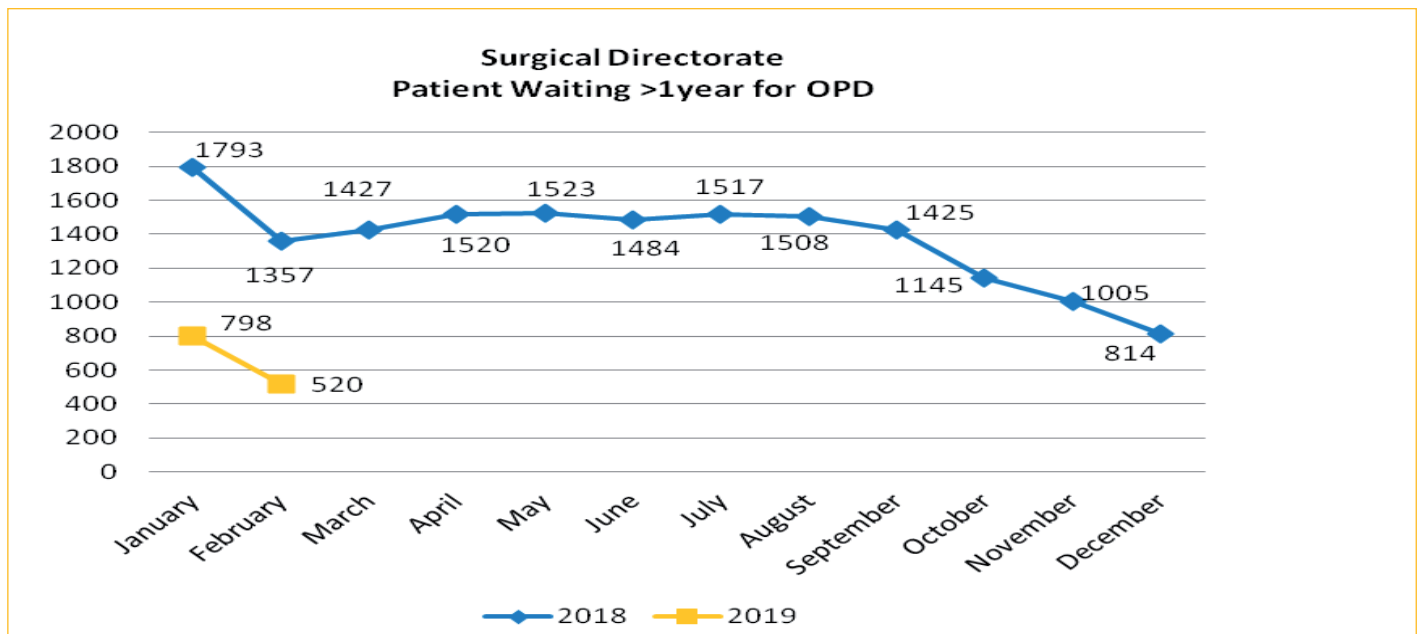
The Surgical Directorate is led by Mr Daragh Moneley. There are 8 specialities that fall under the governance and management of the Surgical Directorate. They include Upper GI, Colorectal, Breast & General Surgery, Gynaecology, Orthopaedic, Vascular and Plastic & Reconstructive Surgery.

Beaumont Hospital, Surgical Directorate, is one of eight nationally designated Cancer Centres and is:

- one of eight nationally designated breast cancer centres
- one of eight nationally designated colorectal cancer centres
- one of four nationally designated Upper GI cancer centres

A significant success for the Surgical Directorate in 2018 has been the improvement of access to outpatient appointments for patients awaiting their first appointment with a Consultant across all specialities in the Directorate. The establishment and expansion of new Consultant led outpatient clinics both in Beaumont Hospital and St Joseph's Hospital, Raheny, the centralisation of waiting lists for Plastics & Reconstructive Surgery and Vascular Surgery for the RCSI Hospitals Group in Beaumont, the expansion of Clinical Specialist Physiotherapist Musculoskeletal (MSK) outpatient clinics for orthopaedics, as well as, utilising capacity in other hospitals within the RCSI Hospital Group in Connolly Hospital, Cavan General Hospital and Louth County Hospital.

Figure 153: Patients waiting > 1 year for OPD appointment 2018 trend analysis



About the Surgical Directorate

Breast Surgery

The Symptomatic Specialist Breast Unit (SSBU) currently has a complement of three full-time Consultant Surgeons who run six out-patient clinics a week. Three of these are rapid access clinics (Triple Assessment Clinics) which aim to provide, in partnership with our Radiology colleagues, accurate and timely diagnoses of urgent breast conditions. There is an additional Family History Clinic which occurs once a month and is designed to assess and counsel patients who have a significant breast cancer risk profile. The latter is co-ordinated primarily by Ms Reema Salman.

Upper GI Surgery

The Department of Upper GI Surgery in Beaumont Hospital is currently staffed by 1 full-time consultant Upper GI Surgeon, Mr. William Robb, and one surgeon who attends Beaumont to perform cancer resections, Mr. Mayilone Arumugasamy.

We currently provide an Oesophageal and Gastric Cancer resectional service for cancers of the oesophagus and stomach and are one of 4 recognised centres for this surgery nationally. We provide minimally invasive gastric cancer surgery and totally minimally invasive oesophagectomy. The service also provides a service for complex benign upper GI surgery including anti-reflux surgery, surgery for achalasia and an adrenal surgery service. Beyond the speciality service consultants participate in the provision of emergency general surgery. Beaumont Hospital currently performs 50-60 upper GI cancer resections per annum - gastrectomies and oesophagectomies.

Colorectal Surgery

Colorectal cancer surgical services continue to be a key focus of our department but the full spectrum of colorectal conditions including benign colorectal conditions, continence, pelvic floor and emergency colorectal surgery is treated. Our newest consultant Ms Niamh McCawley is working closely with the Urology & Gynaecology departments to enhance surgical services to patients with pelvic floor conditions.

Vascular Surgery

Our overall strategy is to provide a service based on a Hub and Spoke model where the vast majority of Outpatient work and treatment of venous disease would take place at the spoke as is currently the case with St Josephs' Hospital Raheny, Louth County Hospital, Dundalk, Cavan General Hospital, Connolly Hospital and Major Arterial work at the Hub Beaumont Hospital which includes an emergency on call service.

The Vascular Service has been successful in centralising the waiting lists for Outpatient, Inpatient & Day cases in Beaumont Hospital for the RCSI Hospital Group. Mr Elrasheid Kheirleiseid has recently joined the Vascular Service in 2018 and has begun the process of expanding vascular outpatient and day case services to Cavan General Hospital.

Trauma & Orthopaedic Surgery

The department of Trauma & Orthopaedic Surgery in Beaumont hospital is currently staffed by 5 full-time and 1 half time consultant orthopaedic surgeons who provide a general orthopaedic service, which includes cover for basic trauma procedures (upper and lower limb fractures) and general elective upper and lower limb conditions (relating to bony and soft tissue orthopaedic problems). The Orthopaedic Department also provides subspecialty cover for shoulder and upper limb fractures, complex hip, knee and sports hip and knee injuries and foot and ankle trauma, along with subspecialty cover for elective conditions referred to the unit, relating to their relevant area of subspecialisation. In 2018 the trauma and orthopaedic surgery department welcomed 2 new Consultants to Beaumont, Mr Neil Burke (complex Hip & Knee surgery) and Ms Ann Maria Byrne (complex upper limb surgery).

Plastic & Reconstructive Surgery

The Plastic Surgery Department for the RCSI Hospital Group is based in Beaumont and provides a broad spectrum of care to the core and group hospitals encompassing both elective and emergency cases including consults.

The trauma service offered in Connolly Hospital continues to expand by over 13% in the last year and has a morning review clinic that facilitates same day minor trauma procedures and dressings as well as a semi-elective afternoon trauma operating list; most patients receive same day assessment and definitive care minimising delays and optimizing resource allocation. A specialist hand clinic runs each Tuesday morning in Connolly OPD in conjunction with dedicated clinical hand therapists and the opportunity to receive multi-disciplinary input from our local orthopaedic colleagues with a specialist interest in hand and upper limb surgery. Complex reconstruction especially for trauma, including free tissue transfer (flaps) is now occurring routinely in Connolly Hospital minimising the need for additional inter hospital transfers and delays in treatment demonstrating an enormous step forward in the type and complexity of the cases managed by that hospital.

The bulk of skin cancer care is provided through outpatients in Beaumont with operating lists in both Beaumont sites including St Joseph's Raheny. Record numbers of referrals were seen by the plastics department from the community and also as part of a reconstructive service for the groups dermatology units. The plastics CANP's clinical training is progressing well embedded in the team with a view to expanding see-and-treat clinic in the future in conjunction with dermatology. The advanced skin cancer MDT remains extremely busy again with new highs in the numbers of cases discussed; additional administrative support is now in place with a new data manager as part of the team.

Breast and complex head and neck reconstruction also occurs in Beaumont with increasingly close links between our colleagues in general/breast surgery and ENT. Plans for new specialist clinics in both these areas are in place to start in 2019. A new expanded facial palsy reconstruction clinic has been resourced with the first patients due to be seen in January 2019 facilitated and led by our new consultant colleague Mr Fiachra Martin who joined the plastics department in the autumn 2018. Having come back from fellowship in Brisbane and bringing a wealth of enthusiasm and specialist knowledge in head and neck oncology and reconstruction, Mr Martin will augment the unit and meet demand of the expanding ENT and neurosurgical cancer services needing complex microvascular solutions.

The NCHD team has kept pace with the increased workload and we now train doctors from internship to post-graduate fellow level with opportunities to gain clinical and research experience in a rich variety of general and sub-speciality areas.

Gynaecology

The Gynaecology Service in Beaumont Hospital provides a wide range of services in general benign gynaecology, including pelvic floor reconstructive surgery and advanced laparoscopic surgery. The Gynaecology Services has made significant progress in improving access for outpatient services in 2018. The number of patients waiting greater than 9 months for a first outpatient appointment has reduced from 400 in December 2017 to 14 in December 2018.

Key Performance Indicators

Outpatient

- Significant improvement in Outpatient waiting times over the course of 2018.

Key improvements in Outpatient waiting times include:

- reduction of 1142 patients waiting greater than 6 months.
- increase in numbers of patients in the 0-6 month category of 1160.
- no increase in aggregate number waiting for an outpatient appointment in Surgical Directorate - Aggregate number of patients waiting for an appointment remains similar at 6102 patients waiting.
- major progress made in reducing Orthopaedic and Gynaecology waiting List.
- orthopaedics greater than 12 months has reduced from 921 (Dec 17) to 245 (Dec 18) - reduced by 676
- Gynaecology greater than 9 months has reduced from 400 (Dec 17) to 14 (Dec 18) - reduced by 386
- Vascular and Plastic & Reconstructive Surgery Outpatient waiting lists have been centralised for the RCSI Hospital Group in Beaumont which contributes to the increase in the volume of patient waiting in these specialities
- across all specialities in the Surgical Directorate, 87% of patients waiting less than 12 months on outpatient waiting list

Inpatient & Day case (Elective)

- Improvement made in reducing both the length of time patients are waiting for surgery and the volume of patients on the Active Inpatient and Day case Waiting List. The Surgical Directorate, through (1) increased overall productivity (2) internal migration of patients to sites with underutilised capacity and (3) more effective chronological scheduling, secured a reduction in the length of time patients waiting for their elective Inpatient and day case treatment / surgery.

Key improvements in Inpatient & Day case waiting times include:

- there has been a reduction of 111 active day cases.
- all time bands greater than 3 Months have reduced.
- additional adhoc Theatre sessions in St Joseph's, Raheny for Plastics, Gynaecology, Vascular and Orthopaedics have contributed to the improved capacity and reduction in volume of patient waiting.
- there has been a reduction of 127 active in-patients waiting greater than 12 months.
- the centralisation of Inpatient & Day case waiting lists for Plastic & Reconstructive Surgery and Vascular Surgery for the RCSI Hospital Group in Beaumont has allowed us provide equity of access for all patients, ensure strict chronological scheduling and efficient use of capacity across the Group to target those patients waiting the longest for treatment/surgery.

Figure 154: Outpatient Wait List Comparison 29th December 2017 v 3rd January 2019

Specialty	0-3 Mth	3-6 Mth	6-9 Mth	9-12 Mth	12-15 Mth	15-18 Mth	18-21 Mth	21-24 Mth	24-36 Mth	36-48 Mth	Grand Total
Breast Surgery 29th December 2017	221	34		1							256
Breast Surgery 3rd Jan 2019	297	89	10	1							397
Volume Difference	76	55	10	0	0	0	0	0	0	0	141
%Volume Change	34%	162%	100%	0%							55%
General Surgery 29th December 2017	538	82	7	1							628
General Surgery 3rd Jan 2019	617	155	19								791
Volume Difference	79	73	12	-1	0	0	0	0	0	0	163
%Volume Change	15%	89%	171%	-100%							26%
Gynaecology 29th December 2017	159	151	89	105	116	90	71	18			799
Gynaecology 3rd Jan 2019	273	196	58	2	10	2					541
Volume Difference	114	45	-31	-103	-106	-88	-71	-18	0	0	-258
%Volume Change	72%	30%	-35%	-98%	-91%	-98%	-100%	-100%			-32%
Orthopaedics 29th December 2017	445	362	328	261	270	235	122	75	216	3	2317
Orthopaedics 3rd Jan 2019	588	382	256	205	132	95	17	1			1676
Volume Difference	143	20	-72	-56	-138	-140	-105	-74	-216	-3	-641
%Volume Change	32%	6%	-22%	-21%	-51%	-60%	-86%	-99%	-100%	-100%	-28%
Plastic Surgery 29th December 2017	401	227	205	178	138	139	97	78	56		1519
Plastic Surgery 3rd Jan 2019	588	419	261	206	160	103	133	98	44	3	2015
Volume Difference	187	192	56	28	22	-36	36	20	-12	3	496
%Volume Change	47%	85%	27%	16%	16%	-26%	37%	26%	-21%	100%	33%
Vascular Surgery 29th December 2017	295	188	78	4							565
Vascular Surgery 3rd Jan 2019	450	209	22	1							682
Volume Difference	155	21	-56	-3	0	0	0	0	0	0	117
%Volume Change	53%	11%	-72%	-75%							21%
Grand Total 29th December 2017	2059	1044	707	550	524	464	290	171	272	3	6084
Grand Total 3rd Jan 2019	2813	1450	626	415	302	200	150	99	44	3	6102
Volume Difference	754	406	-81	-135	-222	-264	-140	-72	-228	0	18
%Volume Change	37%	39%	-11%	-25%	-42%	-57%	-48%	-42%	-84%	0%	0%

Figure 155: Active Daycase Wait List Comparison 29th December 2017 v 20th December 2018

	Specialty	0-3 Months	3-6 Months	6-8 Months	8-12 Months	12-15 Months	15-18 Months	18-24 Months	Grand Total
ACTIVE	General Surgery DC 29th Dec 2017	134	102	39	47	6	1		329
	General Surgery DC 20th Dec 2018	150	99	54	72	1			376
	Volume Difference	16	-3	15	25	-5	-1	0	47
	%Volume Change	12%	-3%	38%	53%	-83%	-100%		14%
ACTIVE	Gynaecology DC 29th Dec 2017	75	53	9	29	8			174
	Gynaecology DC 20th Dec 2018	82	55	18	16				171
	Volume Difference	7	2	9	-13	-8	0	0	-3
	%Volume Change	9%	4%	100%	-45%	-100%			-2%
ACTIVE	Orthopaedic DC 29th Dec 2017	24	22	18	23	17			104
	Orthopaedic DC 20th Dec 2018	50	24	15	25				114
	Volume Difference	26	2	-3	2	-17	0	0	10
	%Volume Change	108%	9%	-17%	9%	-100%			10%
ACTIVE	Plastic Surgery DC 29th Dec 2017	240	154	58	85	20	2	1	560
	Plastic Surgery DC 20th Dec 2018	388	117	39	34		1		579
	Volume Difference	148	-37	-19	-51	-20	-1	-1	19
	%Volume Change	62%	-24%	-33%	-60%	-100%	-50%	-100%	3%
ACTIVE	Vascular Surgery DC 29th Dec 2017	120	95	102	148	38			503
	Vascular Surgery DC 20th Dec 2018	106	99	53	61				319
	Volume Difference	-14	4	-49	-87	-38	0	0	-184
	%Volume Change	-12%	4%	-48%	-59%	-100%			-37%
ACTIVE	Grand Total DC 29th December 2017	593	426	226	332	89	3	1	1670
	Grand Total DC 20th Dec 2018	776	394	179	208	1	1		1559
	Volume Difference	183	-32	-47	-124	-88	-2	-1	-111
	%Volume Change	31%	-8%	-21%	-37%	-99%	-67%	-100%	-7%

Figure 156: Active Inpatient Wait List Comparison 29th December 2017 v 20th December 2018

	Specialty	0-3 Month	3-6 Month	6-8 Month	8-12 Month	12-15 Month	15-18 Month	18-24 Month	24-36 Month	Grand Total
ACTIVE	General Surgery IP 29th Dec 2017	137	109	65	75	32	7			425
	General Surgery IP 20th Dec 2018	121	112	48	89					370
	Volume Difference	-16	3	-17	14	-32	-7	0	0	-55
	%Volume Change	-12%	3%	-26%	19%	-100%	-100%	0%	100%	-13%
ACTIVE	Gynaecology IP 29th Dec 2017	26	26	12	15	11				90
	Gynaecology IP 20th Dec 2018	22	29	24	19					94
	Volume Difference	-4	3	12	4	-11	0	0	0	4
	%Volume Change	-15%	12%	100%	27%	-100%				4%
ACTIVE	Orthopaedic IP 29th Dec 2017	15	17	12	20	7				71
	Orthopaedic IP 20th Dec 2018	21	16	7	4					48
	Volume Difference	6	-1	-5	-16	-7	0	0	0	-23
	%Volume Change	40%	-6%	-42%	-80%	-100%		100%		-32%
ACTIVE	Plastic Surgery IP 29th Dec 2017	26	21	14	20	15	14	18	6	134
	Plastic Surgery IP 20th Dec 2018	35	23	14	21					93
	Volume Difference	9	2	0	1	-15	-14	-18	-6	-41
	%Volume Change	35%	10%	0%	5%	-100%	-100%	-100%	-100%	-31%
ACTIVE	Vascular Surgery IP 29th Dec 2017	9	22	2	8					41
	Vascular Surgery IP 20th Dec 2018	15	7	5	2					29
	Volume Difference	6	-15	3	-6	0	0	0	0	-12
	%Volume Change	67%	-68%	150%	-75%					-29%
ACTIVE	Grand Total 29th December 2017	213	195	105	138	65	21	18	6	761
	Grand Total 20th Dec 2018	214	187	98	135					634
	Volume Difference	1	-8	-7	-3	-65	-21	-18	-6	-127
	%Volume Change	0%	-4%	-7%	-2%	-100%	-100%	-100%	-100%	-17%

Performance Highlights

Key Achievements:

- Centralisation of Vascular Surgery and Plastic Surgery IPDC and OPD Waiting Lists within the RCSI Hospital Group
- Significant reduction in Gynaecology outpatient waiting time
- Significant reduction in Orthopaedic outpatient waiting time
- Establishment of Specialist Plastic Surgery Hand outpatient clinic Connolly Hospital (Mr Paul Sullivan)
- Establishment of Specialist Plastic Surgery Rapid Access Head & Neck Outpatient clinic in Beaumont (Mr Barry O’Sullivan & Mr Fiachra Martin)
- Expansion of Plastic Surgery Post Surgery Clinic, Connolly Hospital (Mr Nadeem Ajmal)
- Expansion of Varicose Vein Outpatient clinic St Joseph’s, Raheny (Mr Peter Naughton)
- Expansion of Vascular Outpatient clinic and Day case services, Connolly Hospital (Mr Daragh Moneley)
- Establishment of Vascular Outpatient Clinic Cavan General Hospital (Mr Elrasheid Kheiralseid)
- Development of Vascular Abdominal Aortic Aneurysm surveillance Protocol – Roll out 2019
- Establishment of Gynaecology Day case surgery in St Joseph’s, Raheny (Mr Conor Harrity)
- Expansion of Gynaecology Outpatient Clinics, Beaumont Hospital (Mr Conor Harrity)
- Establishment of MSK for Foot & Ankle Outpatients alongside Orthopaedic outpatient Service
- Expansion of additional Fracture & Elective Orthopaedic Outpatient Clinic Beaumont Hospital (Mr Neil Burke)
- Establishment of Orthopaedic Day case Surgery in St Joseph’s, Raheny (Ms Ann Maria Byrne)
- Expansion of Orthopaedic Outpatient Clinic St Josephs, Raheny (Ms Ann Maria Byrne)
- Increase of 5% in total Outpatient attendances from 49,523 (2017) to 52,205 (2018) an increase of 2,682 attendances
- 59% increase in Gynaecology outpatient attendance - increase of 555 attendances
- 18% increase in General Surgical outpatient attendances - increase of 1,205 attendances
- 17% Increase in Orthopaedic outpatient attendances- increase of 577 attendances
- 13% increase in Vascular outpatient attendances - increase of 207 attendances
- 9% increase in referrals to Surgical Directorate - additional 1,792 referrals received compared to 2017

Figure 157

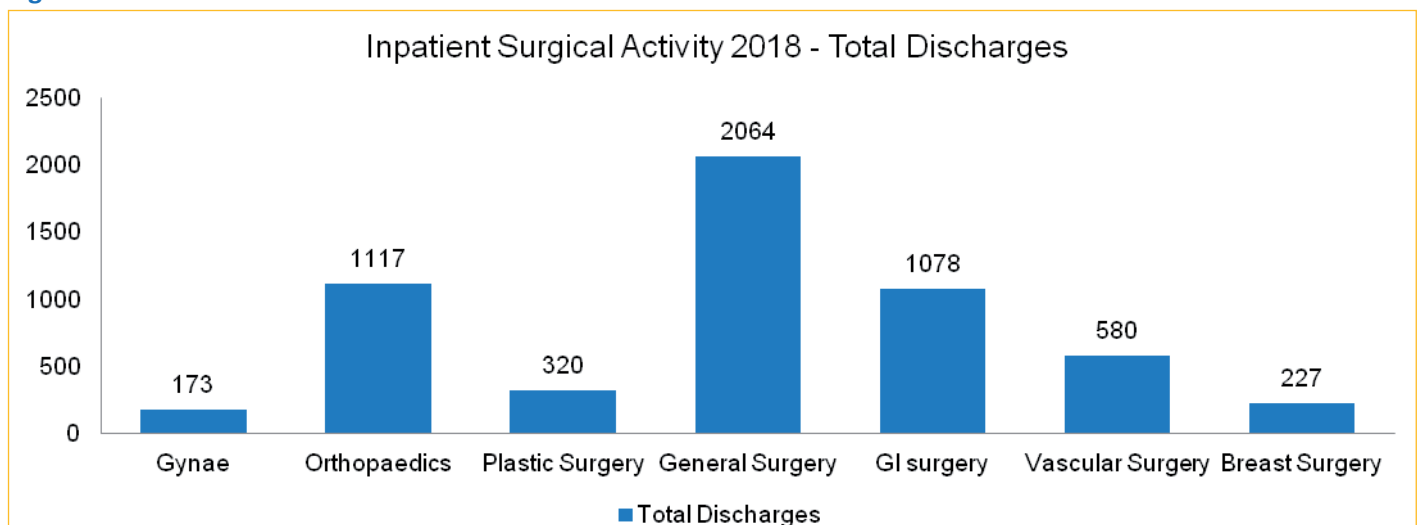


Figure 158

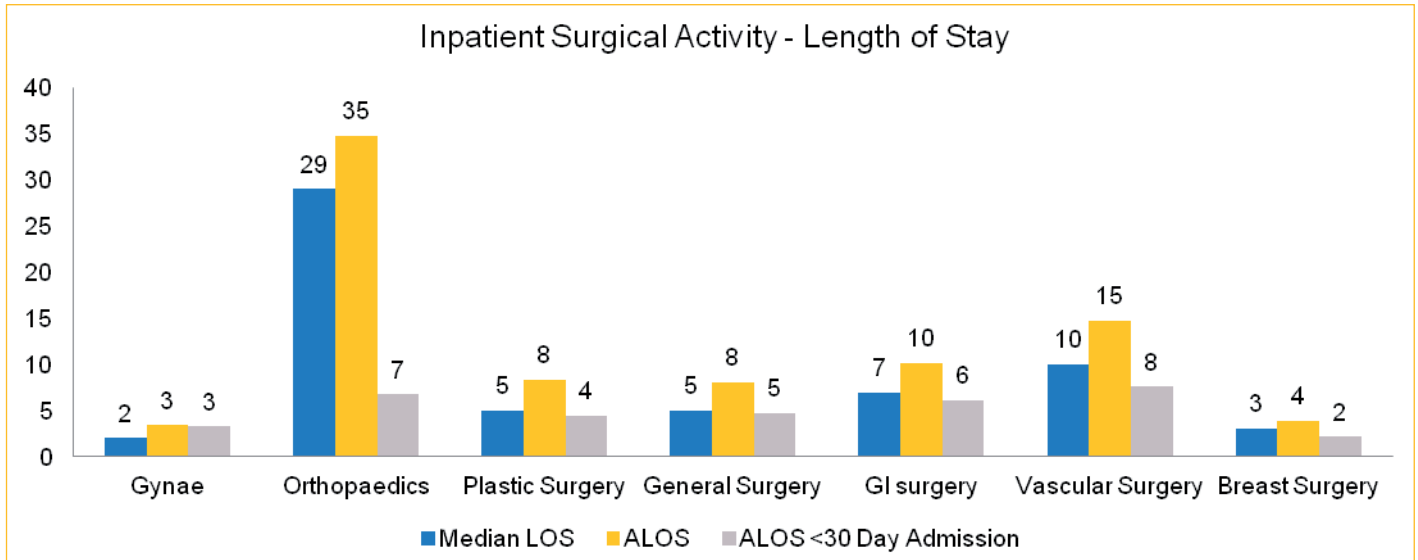


Figure 159

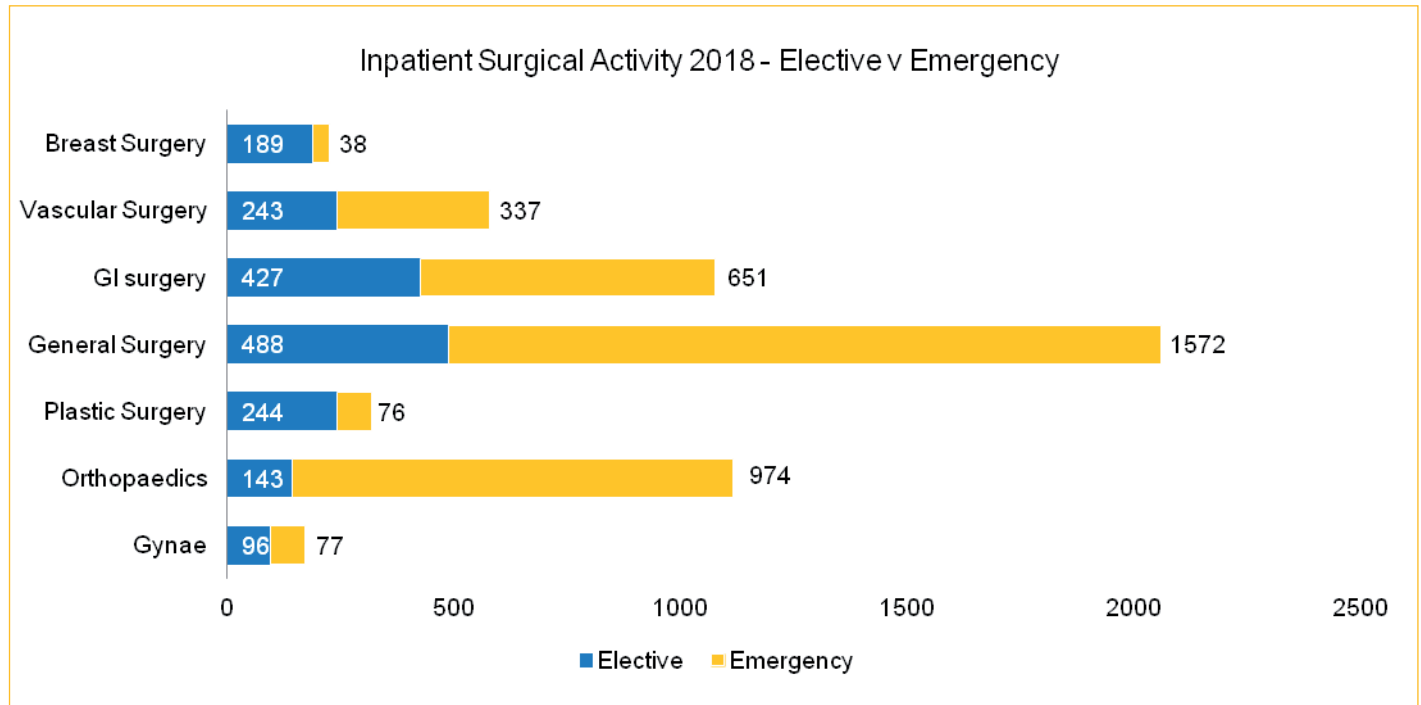


Figure 160

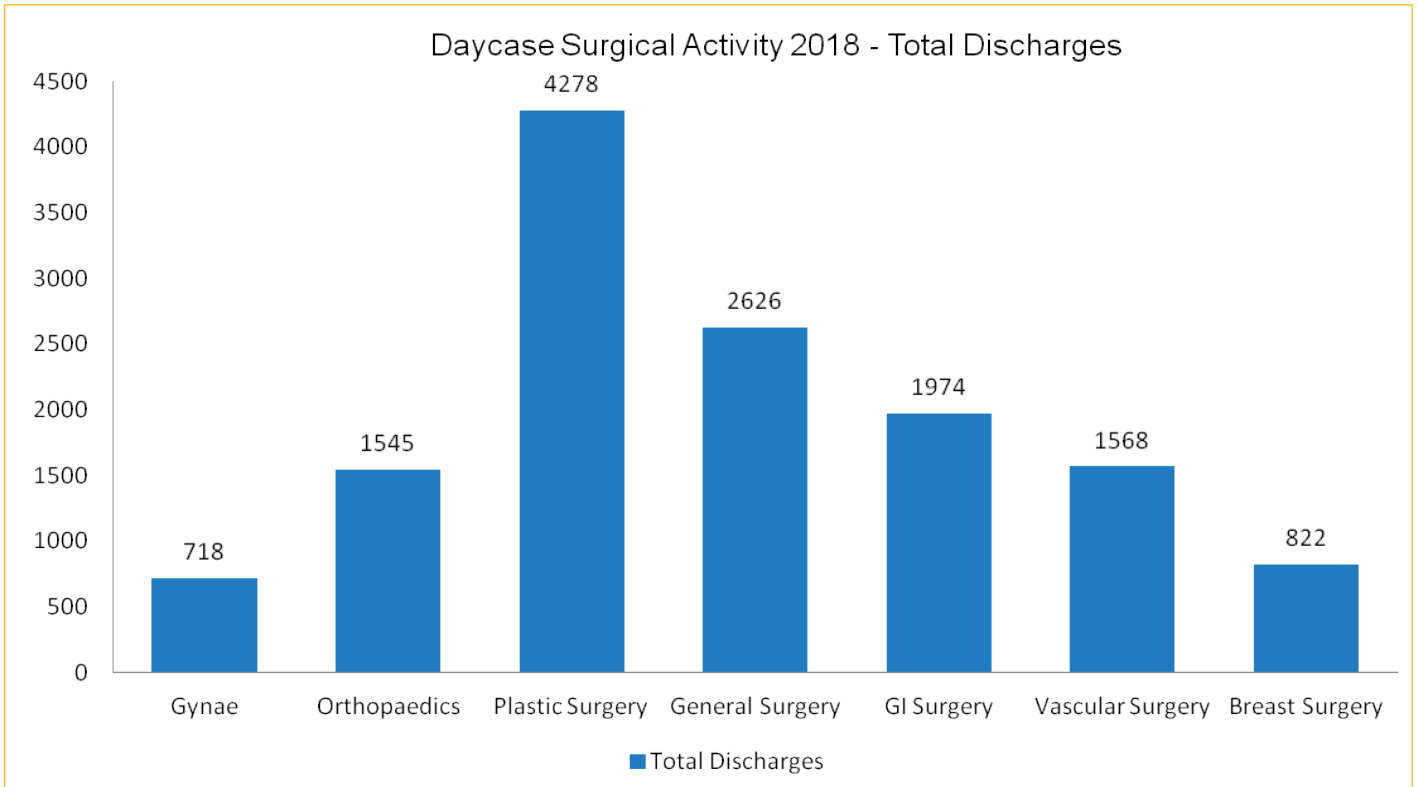


Figure 161

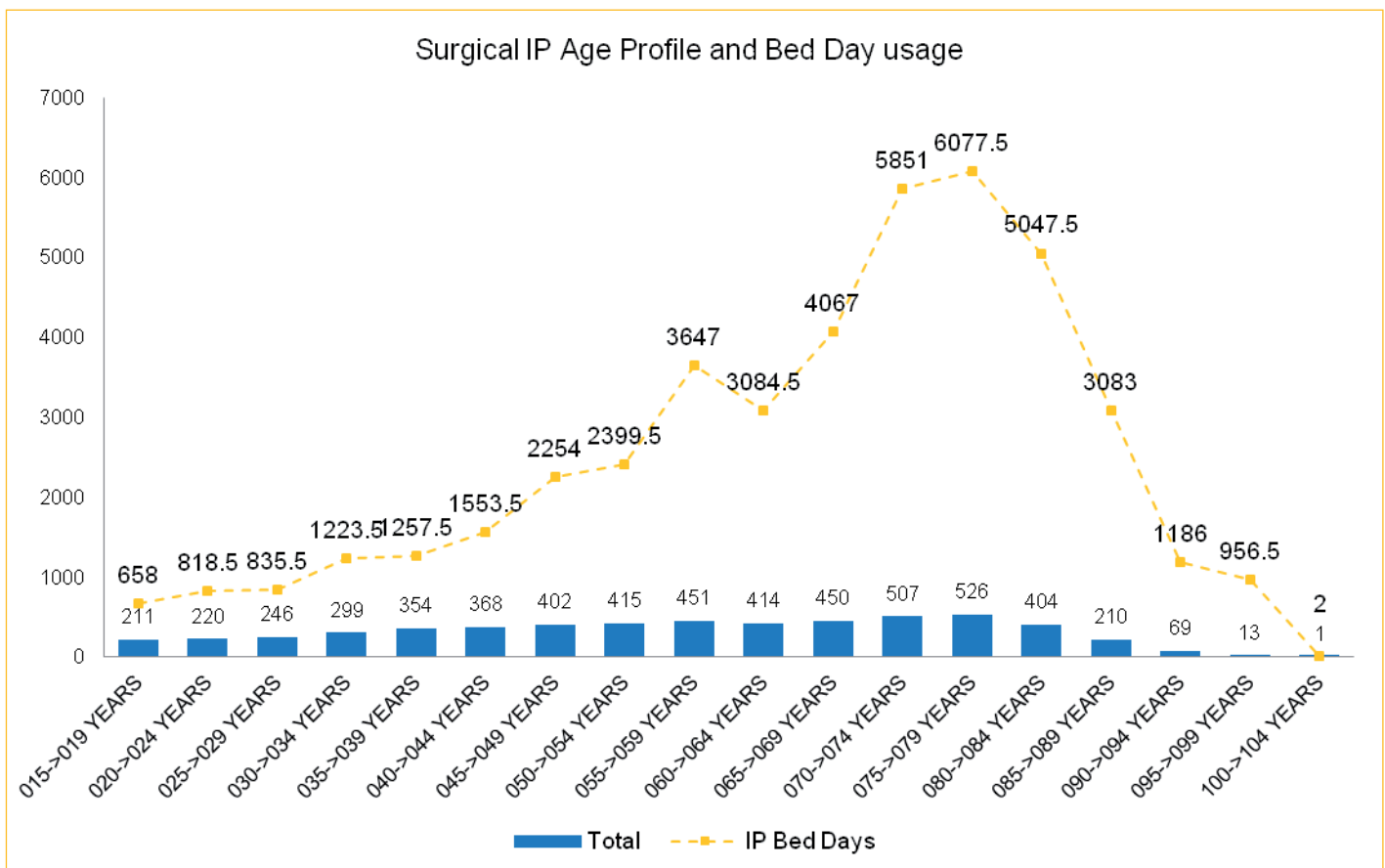


Figure 162

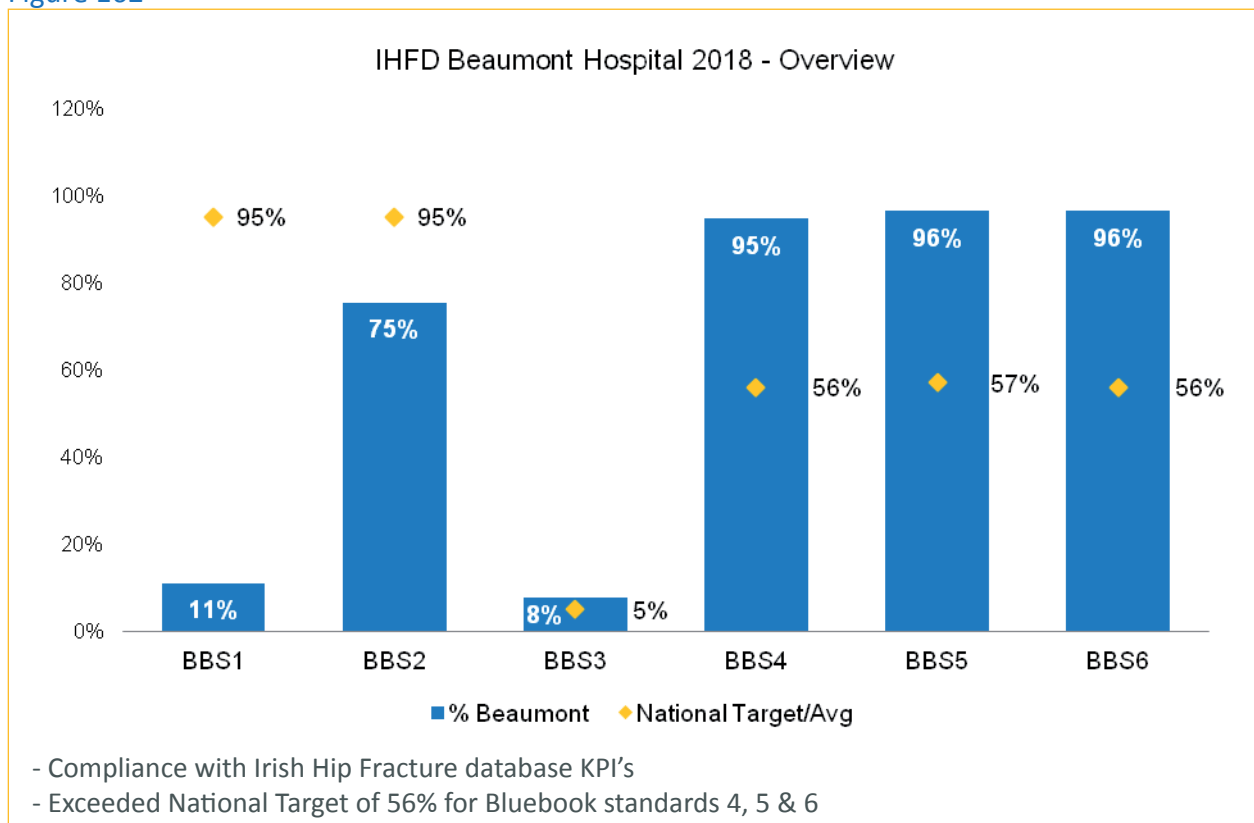


Figure 163

Definition	Targets / National Average
BB1 Admission to orthopaedic ward within 4 hours (Age 60+)	95%
BB2 Surgery within 48 hours and during working hours (Age 60+ Surgery Mon-Sun 08.00-17.59)	95%
BB3 Patients developing pressure ulcers (Age 60+ excluding RIP patients)	5%
BB4 Assessment by geriatrician during admission (Age 60+)	56%
BB5 Received bone health assessment (Age 60+ excluding RIP patients)	57%
BB6 Received a falls assessment prior to discharge (Age 60+ excluding RIP Patients)	56%

Conclusion

Significant progress has been made to improve access to scheduled care across the Surgical Directorate. This is on the back of significant challenges presented by unscheduled care and maintaining day to day services. Despite a 9% increase in referrals across the directorate for outpatient service, we have managed to improve the waiting time for patients waiting access to their first consultant led outpatient appointment. With a 5% increase in outpatient attendance - 2682 additional appointments facilitated - we have risen to the challenge to ensure that improved access for patients is a key priority for the directorate in delivering our services to the community.

This is a key platform on which we hope to build ongoing into 2019 with many exciting opportunities to develop and expand services that we have set out in our objectives for 2019 and hope to further improve the quality of the healthcare provided, as well as, improve access for patients requiring our services.

Emergency Department

Clinical Director
Ms. Patricia Houlihan

Business Manager
Ms Shannon Clare Keegan

Directorate Nurse Manager
Ms Fiona Hillary



Introduction:

Emergency Medicine is a rapidly developing and evolving specialty. Its remit includes pre-hospital care and the care of the acutely unwell with both major and minor illness and injury in an acute hospital setting. The role of the Emergency Department is to provide a safe and appropriate environment in which such a wide range of clinical activities can occur. The Emergency Department of Beaumont Hospital is a major urban academic unit which in 2018 received in excess of 54,000 new patients per year. Strategic and operational development culminated in September 2017 with the appointment of Ms. Patricia Houlihan as the Clinical Director.

The clinical ethos of the directorate is in line with the Emergency Medicine Programme and National Clinical Programmes. The Department has strong links with the Pre Hospital Services, Primary Care and local Mental Health Services. The Emergency Department established its own Clinical Directorate in 2017 and aligns with the other Directorates in Hospital Strategic and Operational issues. Personnel in the Department are members of National and Local committees involved in Pre Hospital Care, Trauma development, Major Incident Planning and Development of National Guidelines.

The emergency department is composed of a triage area, a minor assessment and Treatment unit (MATU) which is currently staffed by four RANP in minor injuries, majors area, 3-bay resuscitation room, dressing/ review clinic and an ambulatory assessment unit. It provides a regional trauma service with the backup of specialist services such as neurosurgery, orthopaedic and plastic surgery, interventional radiology and general surgery. The growth and expansion of ED services is underpinned by close interdisciplinary working relationships. There are four consultants in the ED. Other interdepartmental team members include clinical and administrative support staff such as physiotherapists, occupational therapy, a social worker, radiographers, liaison psychiatry team, pharmacy, healthcare assistants, clerical and secretarial personnel, porters, security, chaplains and housekeeping staff.

The Department has strong academic links with RCSI and is a major unit for under and post graduate training, teaching, research and audit. The department supports the on-going education of undergraduate nurses, medical students and emergency medical technicians, paramedics and advanced paramedics. Beaumont Hospital Emergency Department co-ordinates a Specialist Practice Certificate program in Emergency Nursing and in partnership with the Royal College of Surgeons in Ireland and Dublin City University facilitates the following training programs:

- Core Specialty Training in Emergency Medicine (CSTEM)
- Advanced Specialty Training in Emergency Medicine (ASTEM)
- Non consultant hospital doctors in General Practice and Internal Medicine training schemes
- Advanced Paramedic Training program
- BSc in Nursing Studies
- Postgraduate Diploma in Emergency Nursing.

The Emergency Department presentations totaled 57,865. This marked a 2.5% cumulative increase in total patient attendances and 3.2% cumulative increase in new patients. The directorate saw a marked decrease in the number of return patients. In comparison to 2017 there was an 8.2% decrease in return patients (Figure 164) The number of patients discharged directly from ED increased by 1326 in comparison to 2017 (Figure 165).

Figure 164:

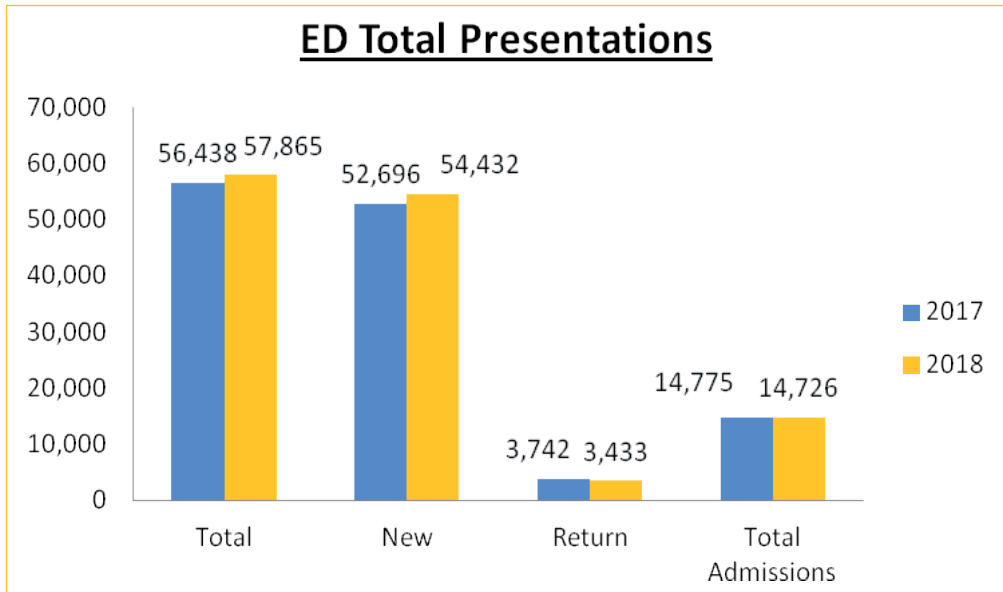
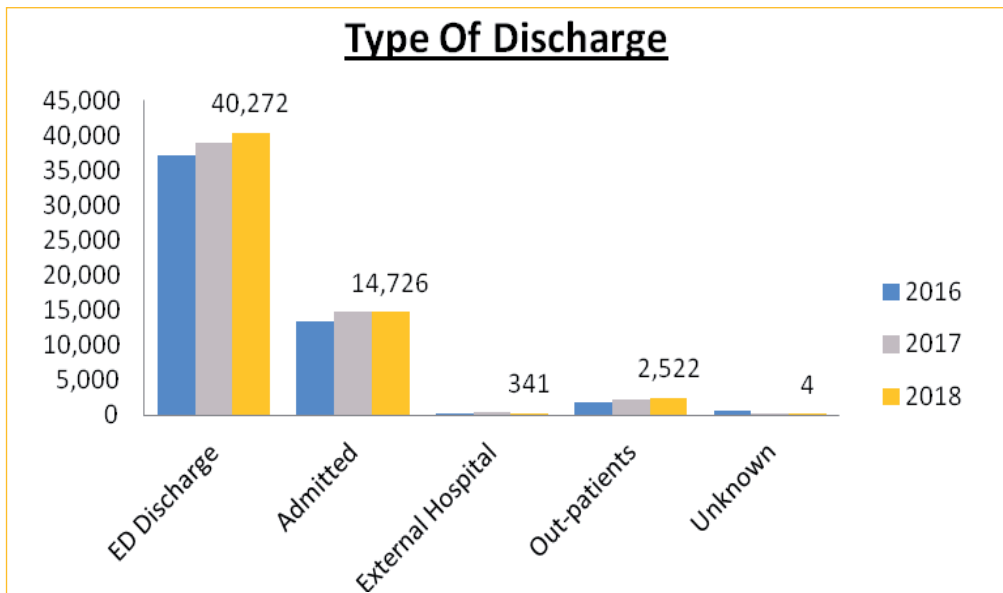


Figure 165:



Key Performance Indicators

The acuity of the clinical demand is reflected in the 11.7% increase in patients presenting with potentially life threatening illness (see Figure 166). We have seen an 11.3% increase in the moderately unwell category and a small decrease in the patients of a lesser acuity (1.5%). There are consistent intra-hospital efforts to reduce overcrowding and very significant improvements have been seen in this area. Challenges continue to admit patients to inpatient wards in a timely fashion and continued efforts are required to further improve this element of hospital care. Figure 174 illustrates the request to each on take specialty in comparison to 2017. It is an important measure for clinical audit/governance and planning of services and to measure the unplanned attendances to each hospital to measure demand on the entire service. Due to the unplanned nature of patient attendance, the department must provide initial treatment for a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate attention.

Figure 166:

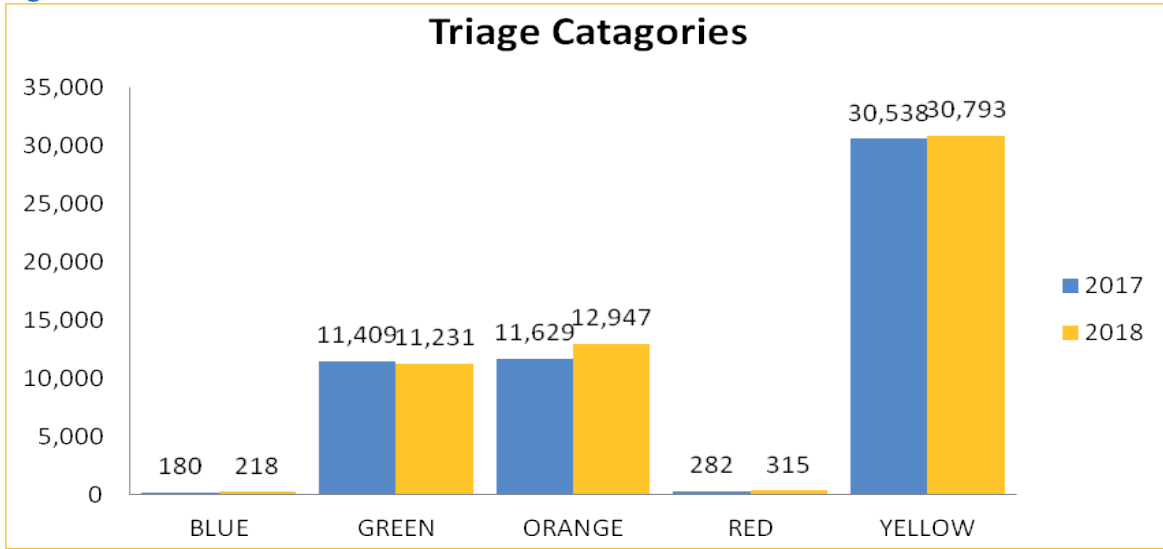


Figure 167:

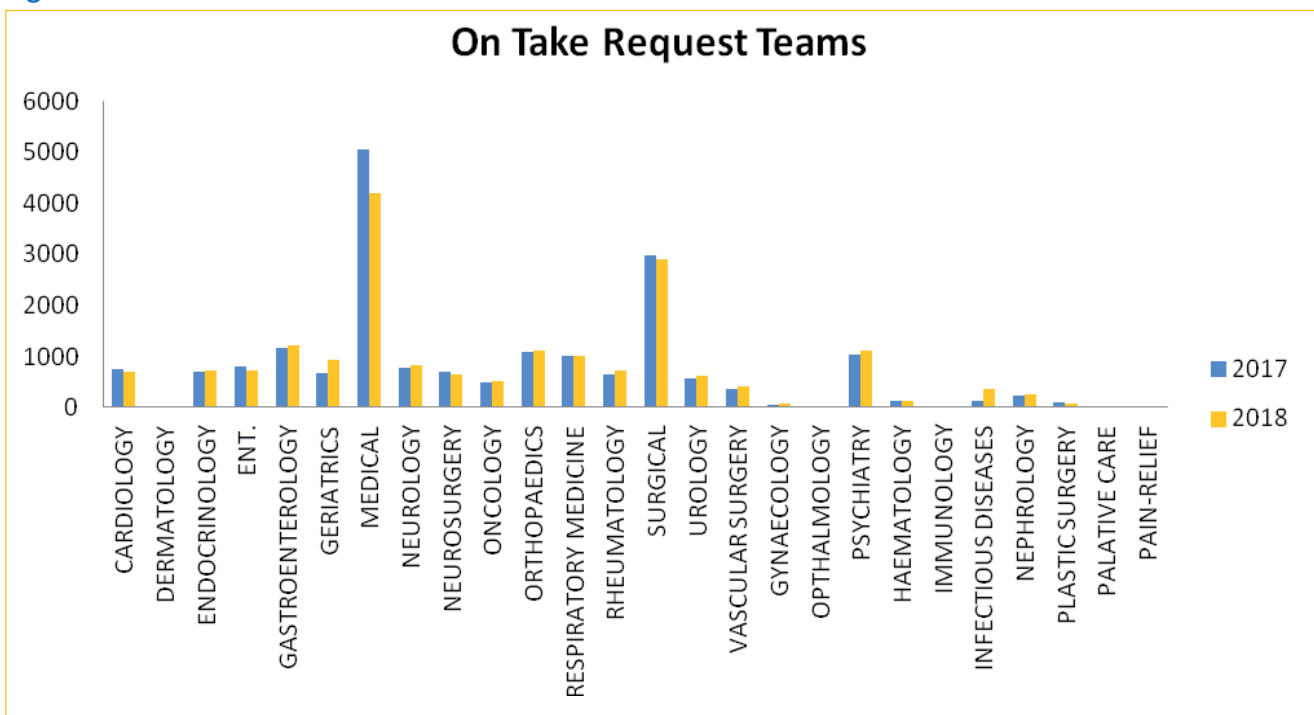


Figure 168:

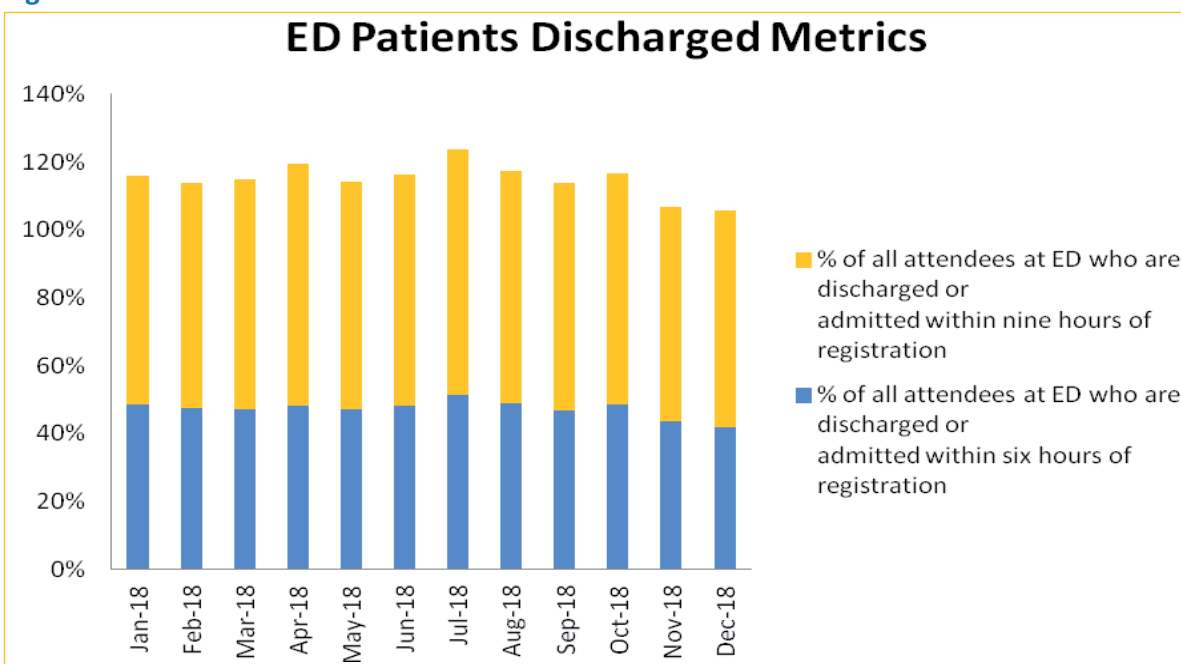


Figure 169 :

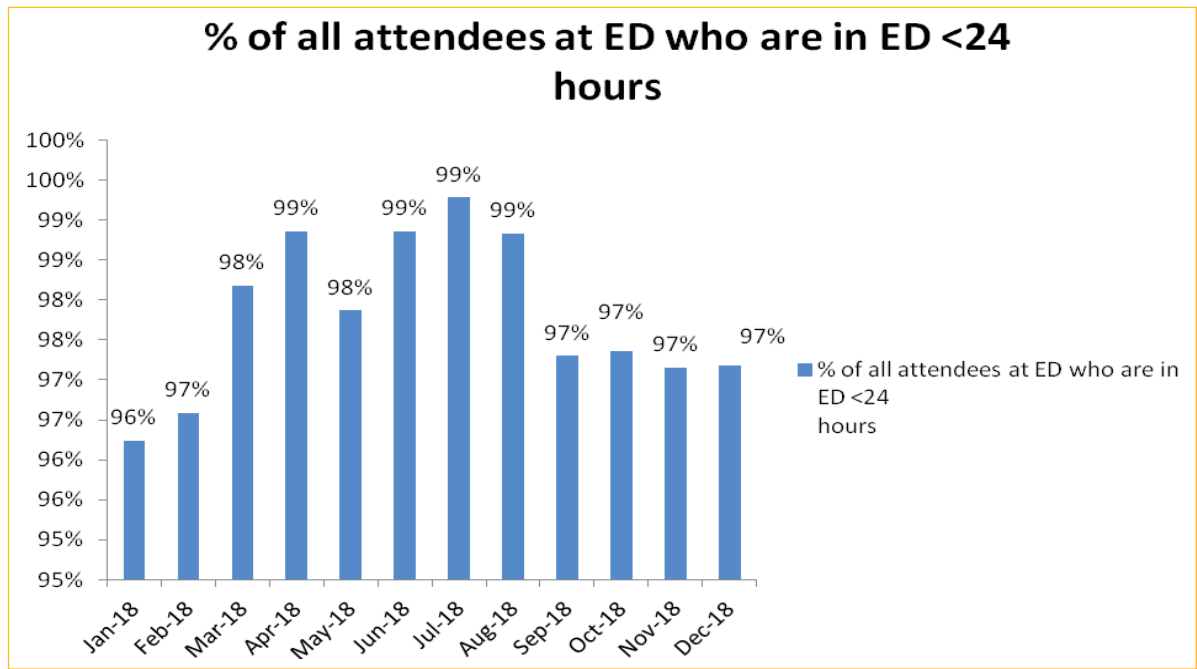
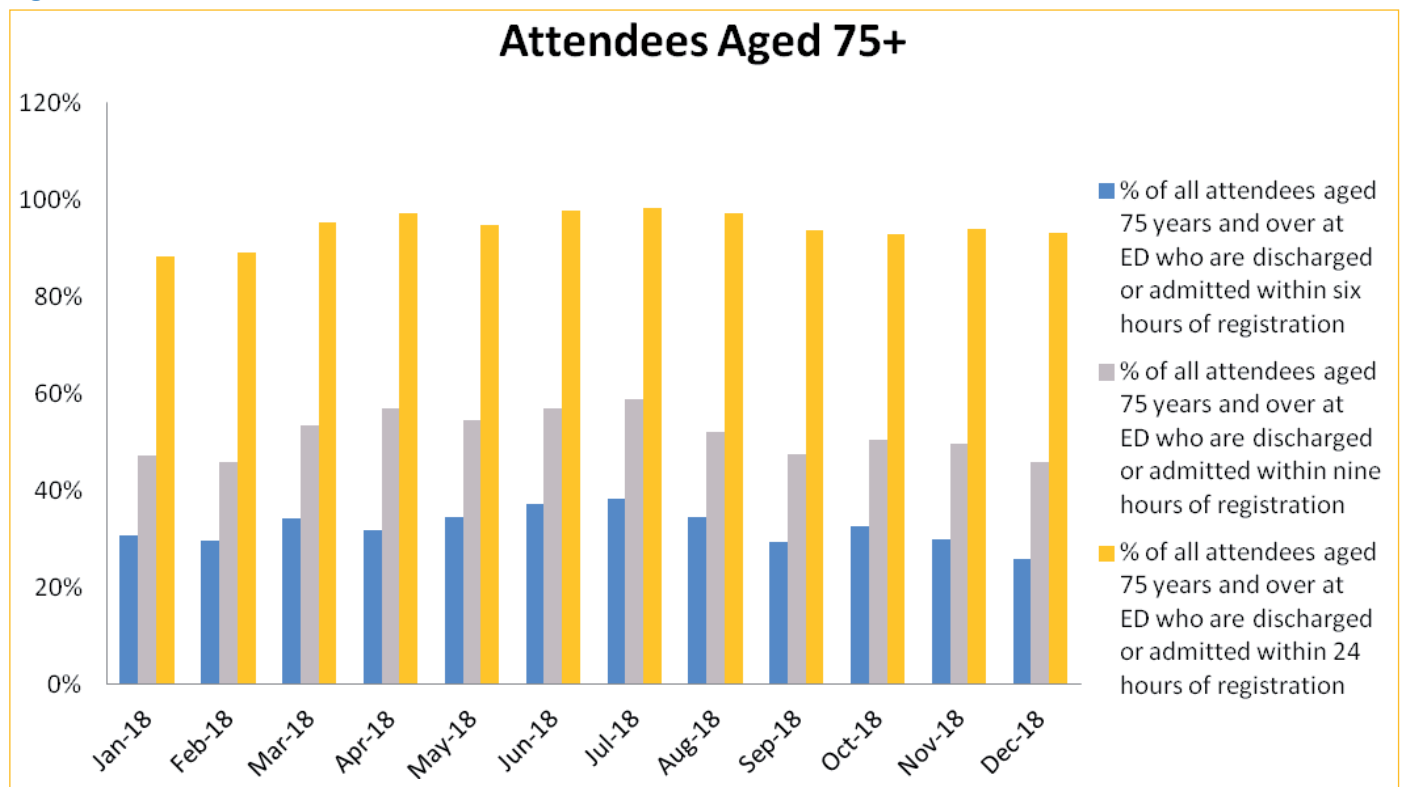


Figure 170:



Performance Highlights:

The department welcomed the appointment of Dr Michael Quirke as a permanent part-time Consultant in the Emergency Department. Dr Quirke has a specialist interest in Undergraduate and Post Graduate education, Critical Care, Simulation Training and Emergency ultrasound. Dr Quirke hosted the inaugural Echo Guided Life Support course in Nov 2018. The hospital continues to attract Specialist Registrars in Emergency Medicine and trainees from the National Training Scheme. We work closely with Medical Administration to recruit high calibre Medical staff at all levels of expertise. Our system of Consultant mentoring and Consultant delivered Registrar and SHO teaching are highlighted as particular strengths of the department during trainee assessment. One immediate organisational aim was to appoint a Business Manager and a Directorate Nurse Manger. Both posts have been subsequently filled by Shannon Keegan (temporarily) and Fiona Hilary respectively. The Consultant staff is confidently supported by Dr Attracta Heffernan and Mr Sherif Kelada whose clinical and administrative input into the department is exemplary.

Another key performance objective of 2018 was the number of ‘Did Not Wait’ presentations. To provide care, in a timely manner to greater than one hundred and fifty patients per day means having the necessary number of health care professionals available. In 2018 the number of patients that ‘Did Not Wait’ (DNW) was within the national standard of <5%.

Figure 171:

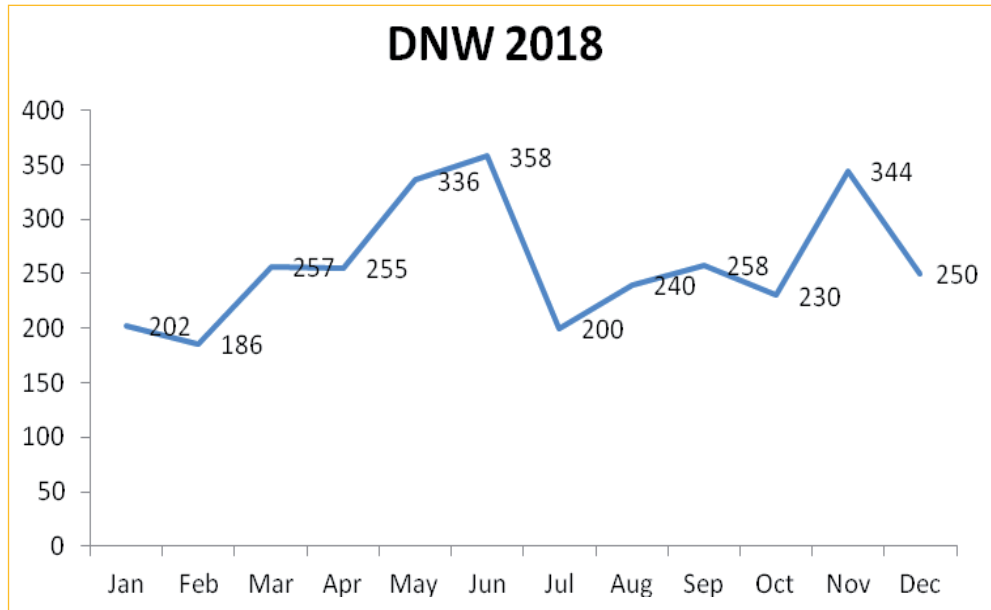
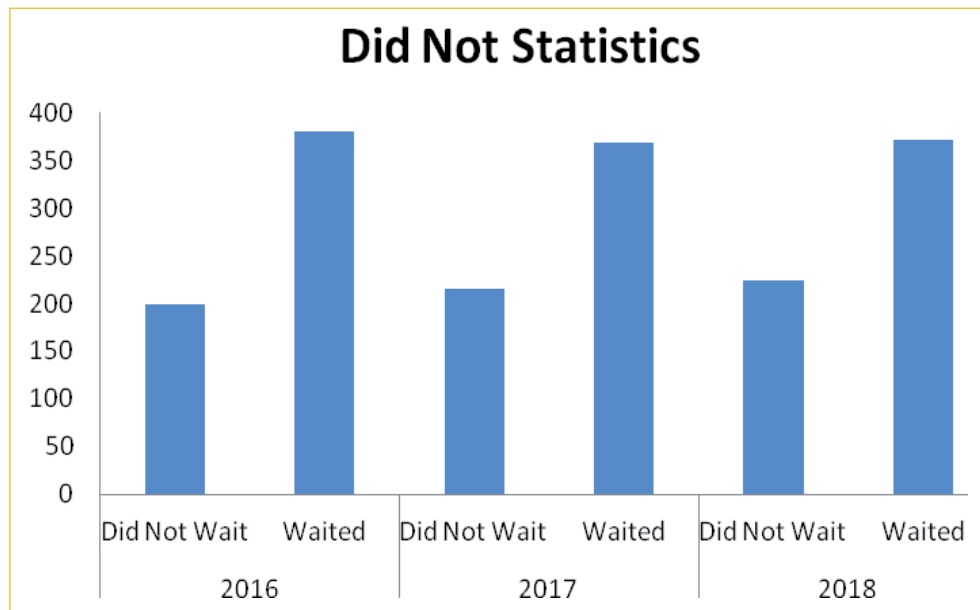


Figure 172:



The Emergency Department currently has a nursing complement of 79 Nursing staff and 10 Health Care Assistants as an integral part of the team. Ms Fiona Hillary was formally appointed as the Directorate Nurse Manager. Fiona works closely with our two CNM III’s and 15 CNM II’s.

Educating staff was a key focus in 2018 with clinical skills workshops, organisational and Personal Skills Development Programme as well as many participating in higher diplomas and masters programmes. Seven new staff nurses joined us during the year including one of our own new Graduate Nurses. All staff education needs are supported by our Clinical Practice Support Nurse, Moira Wynne.

In 2018 the Foundation course was implemented for new staff, covering basic skills and knowledge needed for the novice nurse working in the ED. This course was run twice in 2018 and a total of 7 nurses participated and completed same. Quality improvement for patients and staff was continued through the Microsystems team.

Also as a result of the Nursing Service plan 2018-2020 Quality improvement teams were developed across the Directorates. The Emergency department focused on falls and well as pressure injury prevention coupled with the development of a call bell system which activates a designated resuscitation team on the day that an impending emergency is enroute.

Nursing in the Emergency Department continued to develop in 2018 with nursing's aim to improve safety and quality care as well as reduce waiting times in line with the Emergency Medicine programme. The EMP aim is to provide a standardised approach to the delivery of high quality emergency care. A key objective of this programme is developing advanced roles for nurses. A fourth Advanced Nurse practitioner qualified in Emergency Nursing in 2018. The minor injury ANP service lost one of it's senior members with a new candidate commencing training in early 2019. This service continues to be incredibly busy.

The Ambulatory care nursing service continues to develop with a multidisciplinary approach in expediting appropriate care and treatment, resulting in patients getting home earlier through critical reasoning and senior clinical decision making.

Objectives 2018

A key service goal within the department is to continue to improve the safety and quality of care and reduce ED patient experience times consistent with the overarching aim of the National Emergency Medicine Programme (EMP) develop a quality-driven efficient service that meets the challenging demands of healthcare and society. The development of ANP, Associate Specialists and Registrar posts in emergency rapid assessment are all viewed as part of the strategic development of ED services. Another primary objective of 2018 was review directorate structure and to realign Nursing and Administrative resources in line with the other Clinical Directorates. The staff in the Emergency Department must maintain the knowledge, skills and attitudes required to provide timely and appropriate emergency care. The need to assign a level of priority to patients in a systematic way has been a corner stone of the practice of modern Emergency Medicine.

It is clear that the hospital increasing presentations and aging demographic remain a challenge for the emergency department. Staff as a resource remains to be one of the greatest importance, because it is through those staff that we deliver our high quality services to patients. Despite financial and economic restraints the development of services in health it is clearer than ever that the tenacity and commitment of those staff has allowed emergency services to be enhanced and has generally improve.

Clinical Services

Head of Clinical Services
Ms Pauline Ackermann



Introduction

The Clinical Services Division in Beaumont Hospital is comprised of 263.47 WTE health and social care professionals working within eight departments:

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

The Department of Medical Physics and Clinical Engineering supports clinical staff across directorates in the procurement, installation, application, continued use and support of medical devices and technology. The Pharmacy Department is responsible for the safe, effective, economic management of all aspects of bringing medication from wholesaler to the healthcare professional and patient.

Patient-facing disciplines provide comprehensive assessment, diagnostic and therapeutic services to patients on the campus of Beaumont Hospital and St Joseph's Hospital. Health and social care professionals in the division work closely with each other, as well as other clinical staff, to not only deliver well-established multidisciplinary in-patient and out-patient service delivery models, but emerging models of delivering care in the patient's home, e.g. through an early supported discharge service to stroke survivors, or on the boundary between hospital and home, e.g. frailty screening for patients over the age of 75 years attending the Emergency Department, provided by the Frailty Intervention Therapy Team.

2018 Performance data

In 2018, 33,818 referrals were made for initial assessment and diagnosis, an increase of 7% on 2017 demand levels.

158,334 patient attendances occurred in 2018, which is an increase of 9.2% on 2017 activity levels. This uplift is reflective of not only increased demand levels, but increased complexity of the intervention that is required.

Objectives 2018

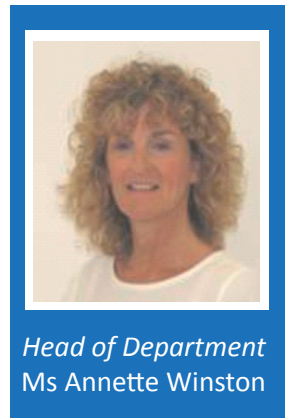
- Integration across the division is a key objective and in 2018 it was progressed in the areas of interdisciplinary practice education and practice-based research activity. Work has commenced with Heads of Department on integration in the areas of service delivery, specifically as it relates to access and clinical prioritisation, care pathways and outcome measures. This will be progressed in 2019.
- Clinical supervision is core to ensuring that patients receive safe, high quality care. In 2018 an audit by this office provided assurance that clinical staff in the Division have access to appropriate supervision arrangements, and are availing of same in spite of rising demands on services.
- Quality services require a highly skilled and engaged workforce to deliver them. Work has commenced to design departmental systems that will ensure that each staff member will have a 'live' professional developmental plan. 96% compliance with mandatory training requirements was achieved across the division by year end.

The Clinical Services Division strives to deliver operational excellence to the organisation through encouraging new ways of thinking, and finding new ways of working. In 2018 staff within the division displayed great energy and flexibility in bringing this mindset to delivering the best possible patient care in a constantly evolving and often-times challenging environment.

Medical Social Work Department

The Social Work Department is committed to providing a high quality service to the patients and families that access our services while attending Beaumont Hospital. We work across two sites, Beaumont Hospital and in St Joseph’s Hospital Raheny, where we provide a service to inpatients receiving rehabilitation and outpatients of the Day Hospital.

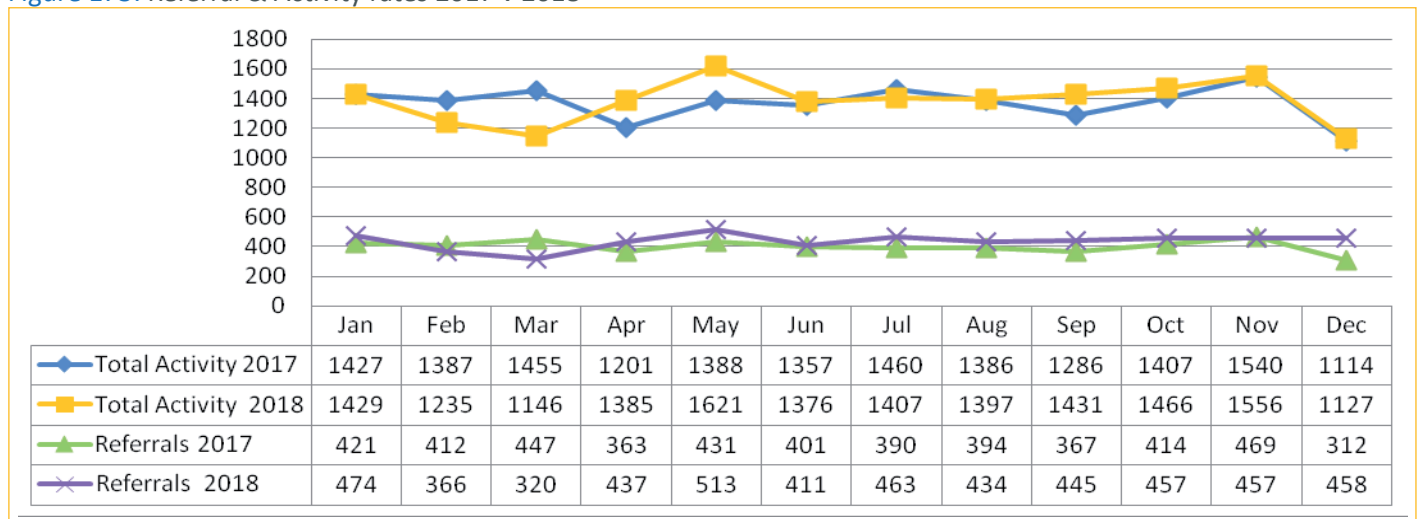
We offer a range of services which include supporting patients and families in coping with acute and chronic stages of illness and planning for future care needs. We work across Clinical Directorates in a range of areas/specialities including ED, Oncology, Haematology & Palliative Care, Infectious Diseases, Cystic Fibrosis, Neurosciences, Psychiatry, Care of the Elderly, Surgery, General Medicine and Rehabilitation. We run a range of Bereavement support services for individuals, families and groups and have responsibility for managing the hospital’s Organ Retention service.



Key Performance Indicators

- Response rate to referrals - within 24 hours
- 8.6% Increase in referrals
- Rollout of “Children First” in Beaumont Hospital
- 100% Compliance with Mandatory training
- GDPR compliant; required practice changes and developing systems of information gathering and storing

Figure 173: Referral & Activity rates 2017 v 2018



Performance Highlights

Care planning for patients with complex needs: Despite funding and resource challenges in community services the MSW Department has an ongoing commitment to a ‘Home First’ model in the care planning process with MDT colleagues to contribute to a safe and timely discharge plan for patients.

Interdisciplinary work: Further development of Frailty Intervention Therapy Team and Early Supported Discharge team (which was nominated for HSE Excellence awards); “What matters to Me Day”; Annual Remembrance Services in conjunction with General Services/Chaplaincy Dept; Length of Stay meetings; COTE service - Dementia Friendly Environment; Cognitive Stimulation groups; “Inchinn” Memory Support Group.

MSW led Group work: ‘Climb programme’ to support children of patients attending the Oncology service; ‘Steps in Wellness Programme’ in Liaison psychiatry.

Quality Initiatives: “All About Me” dementia passport; Development of Domestic Violence pathways in ED & Fracture Clinic; Clothing bank for patients; Annual Childrens Remembrance Service; Beaumont Sympathy Card.

Objectives 2018

Electronic referral system: Introduction & rollout of new electronic system across all the HSCP departments.

Children First Act 2015: Senior MSW’s appointed Children 1st Leads for the Hospital to assist Learning & Development Department in Mandatory training of staff, the rollout of Children 1st and representation at RCSI Hospital group level.

Discharge planning: on-going QI initiatives to improve processes in complex discharge planning to ensure patients are in a discharge planning process at the earliest possible time (7 days as per the Complex Discharge Planning policy) and to further reduce their length of stay.

Department of Medical Physics and Clinical Engineering

The Department of Medical Physics and Clinical Engineering (MPCE) is part of the Clinical Services Division and provides scientific and technology support services throughout the hospital. The department supports clinical staff across directorates in the procurement, installation, application, continued use and support of medical devices and technology.

MPCE has a key role in patient safety with medical technology use. It manages the hospital's medical equipment replacement programme; statutory compliance for radiation safety and medical device safety. It manages medical device vigilance and it provides liaison with the Health Product Regulatory Authority (HPRA) where necessary. The hospital's Vigilance Officer and the Radiation Protection Advisor are both members of the department. The department manages and administers the Medical Device Vigilance Committee, the Radiation Safety Committee and the Medical Device and Equipment Management Committee. It has a key role in medical equipment procurement and actively contributes to the Non-Pay Expenditure Management Committee and the Decontamination Steering Group.



Head of Department
Mr. Pat Cooney

Key Performance Indicators

The 2018 Medical Equipment Replacement programme received an allocation of €1.87 million, a shortfall of €1 million over the previous year. Funding permitted the hospital to complete the CT relocation and replacement projects, phase two replacement of theatre operating lights and surgeon's panels and a number of other replacement projects, details of which are shown in figure 162. A single phase replacement of the pulmonary function analysis equipment, with staged payment, was successfully negotiated by the department, with the supplier and the HSE. Additional funding was then secured late in Q4, allowing full completion in 2018 with a total project value of €300k. This project greatly enhanced the pulmonary function service, with new clinical functionality, database reliability and improved patient safety.

Figure 174: Medical Equipment Replacement Projects 2018

No.	Medical Equipping Project	Details
1	CT Replacements (2 x New; 1 x relocation)	Phased project, final commissioning completed early Q2, 2018
2	Holter Monitors & Analyser	Commissioned early Q4, 2018
3	Breast Ultrasound	Commissioned Q3, 2018
4	Operating Theatre Lights & Surgeon's Panels	Phase 2 Commissioned Q3, 2018
5	Pulmonary Function Analysers	Commissioned Q4, 2018
6	Operating Theatre - 2 x Mobile Fluoroscopy X-ray Systems	Commissioned Q2, 2018
7	Chemical Pathology Lab - Gamma Counter	Commissioned Q4, 2018
8	HDU Equipping Project (Monitoring, Infusion & CIS)	Monitoring, Infusion Commissioned Q4 2018 (CIS due Q1 2019)
9	TOE Cardiology Reprocessing System	Commissioned Q1 2018
10	Ultrasound Scanners (Radiology & Surgery)	Commissioned Q4 2018

Medical technology support services were expanded on the campus, with the provision of a twice weekly senior clinical engineering presence in St. Joseph's Hospital, supporting clinical staff with the ongoing expansion of services there.

Performance Highlights

The department was represented on the MDT leading out on the robotic surgery programme and was proactive in the procurement of the da Vinci Robot System. The technology fully enables minimally invasive prostate surgery and will be expanded to other procedures and specialities. The programme was successfully launched with first patients undergoing prostate surgery in Q4 2018.

The department commissioned new technology in Radiology, Cardiology, MRI, the Day Ward, HDU, Pulmonary Function, Theatre and Surgery. The completion of Phase II replacement of the theatre operating lights and surgeons panels, in close collaboration with the Technical Services Department, was very successful. The imaging and radiation physics team in the department worked in close collaboration with colleagues in ICT and Radiology and initiated a project to create a document management system for radiation protection documentation.

An emerging role in Clinical Engineering is Medical Device Safety Investigation. 2018 saw members of the department engage significantly with manufacturers on Electrical Safety Standards and the Medical Devices Directive/Regulations. We are challenging device compliance where we have shown that patient safety is compromised. In one case this has resulted in a re-examination of a medical device performance classification under the relevant standard and will result in a change to the manufacturer's testing and maintenance procedures.

MPCE continues to support departments in their contingency planning for internal emergencies and major incidents. In particular it worked with General and Richmond ICU's in this regard during 2018.

The department's staff acted as advisors on national committees and as independent experts on standards and guidance committees and maintained significant involvement in the provision of education, teaching and training during 2018.

Department Of Nutrition & Dietetics

The Department of Nutrition & Dietetics is dedicated to providing the highest possible standard of nutritional care to all patients referred to our service. Dietitians use their knowledge of food, nutrition and science to promote health, prevent disease and aid in the management of illnesses.

The overall purpose of the Department is to work in collaboration with patients and their families to educate them on therapeutic and health promoting diets or nutritional support. We also work closely with members of the wider multidisciplinary team within the hospital to promote an understanding of the negative impact that poor nutritional status can have on a patient's disease management.



Department Head
Ms Paula O'Connor

Department Overview

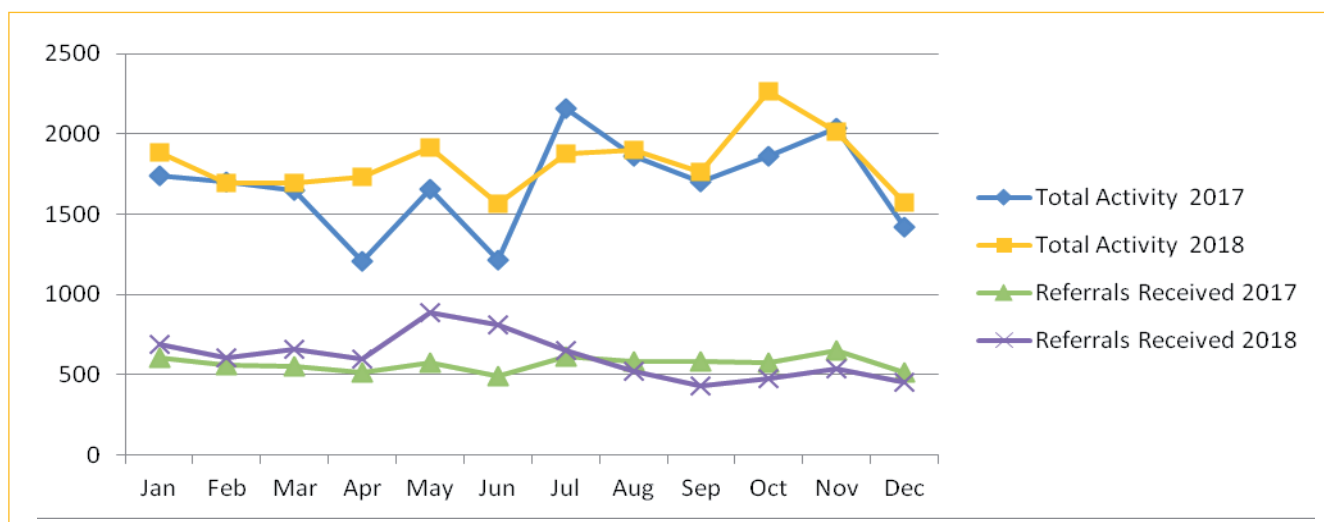
The Dietetics Department has a complement of 25.25 WTE staff and provides a comprehensive inpatient and outpatient service across the Beaumont Campus during core working hours.

Key Performance Indicators

Service referral rates and clinical activity remained very high in 2018:

- 8,453 new patient referrals received for our service (7.4% increase from 2017)
- Total activity levels increased by 9% when compared to 2017
- All referrals for inpatient services are responded to within 24 hours of receipt

Figure 175: Overview of Department Total Activity and Referral Rates 2017 v 2018



Performance Highlights

- Completed the roll out of the use of MUST Nutritional Screening at ward level across the hospital
- Became one of the national test sites for Nutrition Focused Physical Examination (NFPE) Training for Dietitians: NFPE expands the skill set of dietitians to incorporate a physical exam into patient assessments, allowing diagnosis and categorisation of malnutrition. This will have significant and positive financial implications as the HSE starts exploring Activity Based Funding.

- Organised a 'Re-Insertion of Replacement Gastrostomy Tubes' study day for community and hospital based nurses and dietitians. This study day, which is running for over 10 years, has proven to significantly reduce the numbers of patients presenting to the hospital for gastrostomy tube replacement.
- Participated in the National Nutrition & Cancer Patient Survey 2018: this survey aims to create awareness of the scale, complexity and impact of cancer related malnutrition amongst patients in Ireland.
- Introduced a standardised template for recording information discussed at team meetings for patients with eating disorders, resulting in improved MDT communication and management plans for these patients
- Developed and rolled out an education programme for Catering Staff on Specialised Diets in conjunction with the Department of Speech & Language Therapy
- Collaborated on a number of interdisciplinary projects in the hospital (Microbiology Dept on Healthcare Acquired Infections; Physiotherapy Department on developing a screening tool for Sarcopenia).

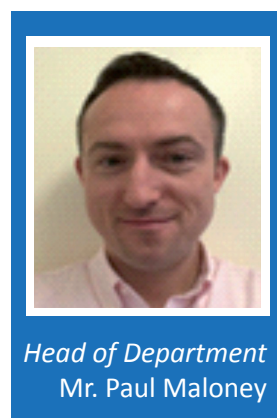
Objectives 2018

- Complete the roll out programme for improved nutrition care in the hospital which includes nutritional screening, early identification of patients requiring meal assistance, improved communication around the hospital menu & catering practices, education for key stakeholders and auditing of service improvements
- Introduction of electronic referral system for inpatients and outpatients
- Achieve response times of within 24 hour of receipt for all inpatient referrals
- Strengthen documentation practices in the Department with the roll out of the Nutrition Care Process Model in line with national and international standards
- Ensure 100% compliance with Mandatory Training for all department members
- Completion of key quality improvement projects within the Department
- Continued involvement in training of a wide variety of disciplines within the hospital
- Continued involvement in research projects within the Department and in collaboration with other disciplines

Occupational Therapy Department

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:

- Service integration for our patients
- Responsiveness of services – right service, in the right place, at the right time
- Continually measuring effectiveness using a quality improvement approach for sustainable change
- Staff health and wellbeing



The Occupational Therapy service is currently provided across five sites; Beaumont Hospital, St. Joseph’s Hospital, Raheny Community Nursing Unit, Raheny Day Hospital and Psychiatry of Old Age Services. The Department consists of 31 Occupational Therapists and 2 Occupational Therapy Assistants. Within the team, there is a high skill mix between the various grades of clinical specialist, senior and staff grade OT’s.

2018 was a challenging year in terms of responding to a significant increase in referrals made to the OT service. Retention of highly skilled workforce remained a key priority in order to provide specialist service for both the local and national attendees to the organisation.

Key Performance Indicators

- All in-patients reviewed within 24 hours on receipt of referral
- Responding to activity which continues to increase year on year.

Figure 176: Occupational Therapy Dept.: Total Activity 2017 vs 2018

	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2017	2131	1812	1949	1553	1685	1753	1726	1939	1737	1700	1933	1392
2018	1924	1838	2002	1891	3122	2882	2999	2788	2539	3033	2795	2280

Performance Highlights

In 2018, the focus has been on strengthening work already underway, particularly relating to the below areas:

Clinical Excellence

- Further development of Outreach services, based on a Home First ethos including Early Supported Discharge in the stroke service and joint pilot with the Frailty Intervention Therapy Team and Community Intervention Team.
- Completion of multiple QI projects e.g. GRASP UL group, hoist guidelines, and restrictive interventions.
- Upskilling of staff to provide an integrated, interdisciplinary Lymphoedema out-patient service.
- Staff supported to engage with clinical working groups within and external to the organisation.

Streamlining of Services/ Integration of Processes

- Amalgamation of Net-diver and CReW workload measurement systems to accurately capture the department activity electronically.
- Development of an electronic referrals system
- Implementation of Umbrella Groups to structure service planning, QI projects and annual leave cover
- Clontarf staff grade rotation established to build links and inter-departmental working

High Performance Workplace

- Retention and recruitment of a highly skilled workforce. The department believes in an ethos of investing in people in order to develop future leaders.
- Involvement of staff on National Groups i.e. Acute Medicine Programme, National Clinical Programme for Older Persons, the HSCP unscheduled care group and numerous AOTI advisory groups.
- Using Umbrella Groups to co-design area service plans and establish the priorities for the Department.
- Standardisation of robust cover systems.

Professional Development

- Student feedback remains overwhelmingly positive. This is a key priority for the department in order to develop future Occupational Therapists but also to attract highly skilled future employees.
- Continuous Professional Development - 16 staff members gained access to Internal/external training.
- Continue to encourage staff to complete in house QI training i.e. Organisational & Personal Skills Development Programme, Management and Leadership Programme
- Multiple abstracts accepted for both oral and poster presentations

Pharmacy Department

The Pharmacy Department is responsible for the safe, effective, economic purchasing, storage, dispensing, supply, distribution, clinical review, provision of evidence based medicine information, policies and procedures and management of medication from wholesaler to the healthcare professional and patient. It adheres to the legislative requirements of the Pharmacy Act 2007, is a registered, licensed and regulated with the Pharmaceutical Society of Ireland and inspected by HIQA with respect to antimicrobial stewardship and medication safety.

The Pharmacy Department is led by the Head of Department and has developed into the following service areas lead by Chief II Pharmacy Service Manager;

- Aseptic Compounding Unit supported by a mix of senior and staff grade Pharmacists, technicians and administrative staff.
- Medicines Information (MI)
- Medication Safety supported by a 0.2 WTE administrative staff.
- Dispensary Services supported by pharmacists, senior and staff technicians, administrative staff and supplies officers
- Clinical Pharmacy supported by senior and staff pharmacists and technicians



Head of Department
Ms Nuala Doyle

Key Performance Indicators

Figure 177

Medication Safety

<i>Processed and followed up in 2018</i>	<i>Processed and followed up in 2017</i>
557 reported incidents	607 reported incidents

Medicines Information Service (New dedicated full time Chief II post)

<i>Completed enquiries 12 mths 2018</i>	<i>Completed enquiries 12 mths 2017</i>
731	349

The **Aseptic Compounding Unit** continues to work above capacity.

<i>Compounding</i>	<i>Capacity</i>	<i>Cancer Clinical Trials</i>
1270 items/mth (2% increase on 2017)	Over capacity by 50%	35 (providing €2,000,000 free drug/yr)

Dispensary Services; without a functioning computer system these metrics are best estimates

<i>Items processed (receipt, issue, dispense, return)</i>	<i>Savings made via return and redistribution</i>
Estimated 350,000 items	Estimated €1,000,000

Clinical Service (note there are five areas of the hospital currently without a pharmacist)

<i>Total Patients Seen (avg/mth)</i>	<i>Total Clinical Activities (avg/mth)</i>
7503	13107

Direct Financial Savings 2018

(€2.1 million was achieved via direct negotiation of non-chemotherapy and non-biosimilar drugs).

Performance Highlights

Medication Safety and the Clinical Pharmacy services successfully contributed to the 2018 hospital wide HIQA Medication Safety inspection. A new e-learning programme on High Risk Medications was introduced via BORIS as was the BNF smartphone app enabling all clinical staff access up to date information on drugs.

The MI service has experienced 100% increase in capacity since the Chief II service manager took up post in June 2018. Work is ongoing to improve the access to drug information on the Beaumont Hospital Intranet and many policies, protocols and guidelines have been produced and reviewed since her arrival.

The ACU won the Hospital Professional News Aseptic Compounding Unit of the Year Award for continued service development. The ACU implemented an electronic ordering system, applying LEAN methodology to improve efficiency, manage increased workload as activity continues to increase despite capacity issues.

Objectives 2018

The objectives for 2018 were:

- Ensure a successful Pharmacy Department delivery in the anticipated HIQA medication safety inspection
- Complete review of compliance with the Pharmacy Act 2007 and Regulations for Pharmacy Retail Business 2008
- Reconfigure delivery of ward service to the Aslinn Unit due to staffing shortages
- Introduce and develop Medicines Information Service
- Completion of switch of infectious diseases to generic medication where possible for cost savings
- Completion of infliximab tender.

The objectives for 2019:

- Continue to focus hospital wide on medication safety and information in preparation for Phase 2 of the HIQA Medication Safety Inspection
- Win financial approval to tender for a pharmacy software system with an outpatient prescribing module which will improve all aspects of pharmacy ordering and significantly improve efficiency at ward and pharmacy level, aid management of drug formulary and provide the medical and nursing prescribing teams an electronic tool to aid outpatient prescribing and discharge letters which aligns with national prescribing and procuring strategy and lays the groundwork future automation.
- Collaborate with Gastroenterologists and Infusion Room nursing staff to ensure a successful switch to an infliximab biosimilar.
- Prepare and implement EU Falsified Medicines Directive in spite of the spatial, legal and technical challenges this brings
- Manage shortages as a result of, or in spite of Brexit

Physiotherapy Department

The Physiotherapy Department provides a 24/7 365 day per year service which includes an out of hours emergency physio service, weekend respiratory care and a Saturday Orthopaedic service all aimed at providing the highest quality of care to patients and reducing length of stay (LOS).

Throughout 2018 staff worked to ensure that all high priority referrals were dealt with within acceptable timeframes and showed exceptional levels of flexibility and cooperation.



Head of Department
Mr Ivan Clancy

Respiratory	Neurosciences	Musculoskeletal
In/Out patients	Neurosurgery	General Outpatients
SMART	Neurology	Emergency Department
Cystic Fibrosis	Care of the Elderly (ED FITT/In pt wards/St. Josephs)	Advanced Practice Physios
Critical Care		Orthopaedic Inpatients
Oncology		Women's and Men's Health
Undergraduate Student Service		
Physio Assistants/Administrative Support/Portering		
Management		

Figure 178: Physio Department Structure

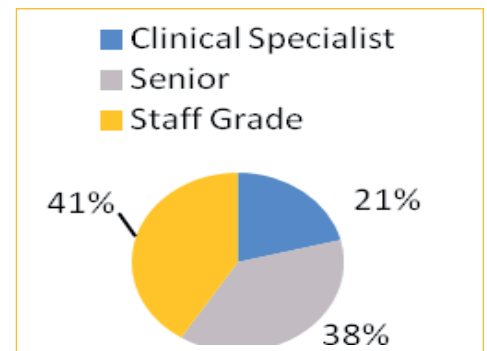


Figure 179: Physio Staffing Grades
Physio Staffing Grades 1

Key Performance Indicators

- 49,832 Inpatient contacts 2018 } 1.5% increase from 2017
- 21,090 Outpatient contacts 2018 }
- 100% of the Physios working in Beaumont Hospital have registered with CORU
- 99% compliance with all mandatory training by year end
- 2.9% vacancy rate by year end
- 100% of undergraduate students report a positive experience during their placements
- Inpatient response time remains within 24 hours

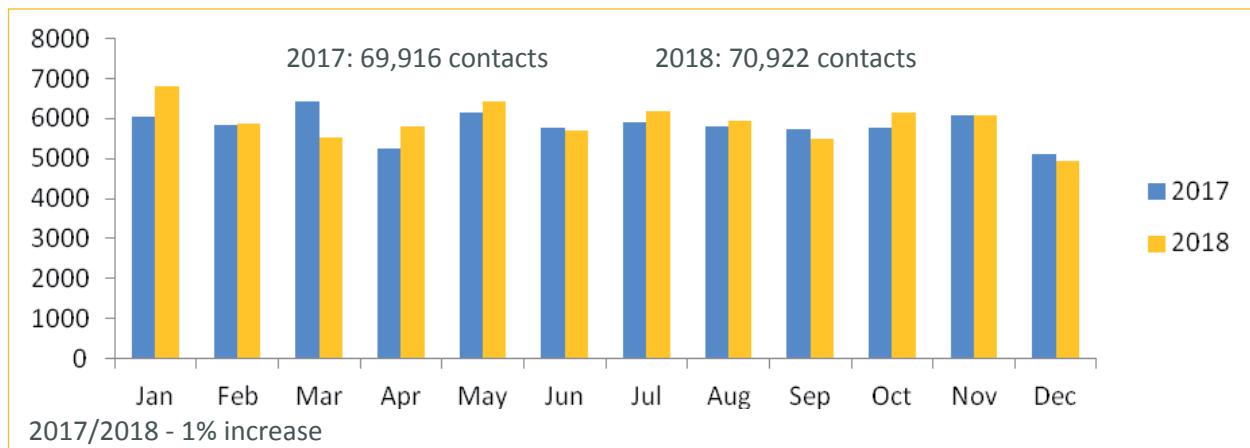


Figure 180: Total Activity Per Month 2017 v's 2018

Performance Highlights

- Advanced Practice Physios are present in Orthopaedic, Rheumatology, Pain, ENT and Neurosurgical Consultant clinics to assist with reducing wait times for outpatients.
- Pre-operative assessment of oesophageal/gastric surgery patients has suggested reduced LOS by 8 days.
- The ED Frailty Intervention Therapy Team continues to review on average 441 frail elderly patients per month.
- Launch of the Physio E-Referral project with fellow HSCP departments.
- Deirdre Murray secured a HRB grant for research in Amyotrophic Lateral Sclerosis.

Objectives 2018

- Align our service with key hospital priorities such as reducing outpatient waiting times, improving access to our services and improving patient flow throughout the hospital.
- Adhere to mandatory training and regulatory compliance with CORU registration board.
- Work closely with the Human Resources department to ensure efficient and effective practices with regards to recruitment and retention of staff.
- Decrease outpatient DNA rates throughout the department by introducing an 'opt in' service and text notification system.
- Increase presence in Physio Led Consultant clinics.
- Continue to integrate with rehabilitation and primary care teams to assist with patient flow.

2018 was a challenging yet rewarding year for the Physio Department. There was a significant staff turnover rate due largely to maternity leaves and secondments. As a department we continue to strive for excellence in patient care while being as efficient and effective as possible. 2018 saw a 1.5% increase in activity from 2017. Close collaboration with the Human Resources Department resulted in an end of year vacancy rate of 2.9% which was a significant improvement on previous years. Improved monitoring of waiting lists and analysis of activity enabled more efficient use of resources.

Department of Psychology

The Department of Psychology provides a clinical psychology service to patients attending the Hospital.

Psychological factors are present in a significant number of patients attending any general hospital and these factors can contribute to symptom onset, maintenance or progression. Approximately 30% of patients attending a general hospital present with medically unexplained symptoms involving psychological factors and many neurological conditions have significant cognitive, behavioural or emotional difficulties. These psychological factors can contribute to poor treatment adherence, an exacerbation of symptoms/disease relapse or impact patients' overall mental capacity. As such it is important to provide a comprehensive psychological service to all acute hospital patients.



Head of Department
Dr Niall Pender

The Department provides assessment and therapeutic services for both inpatients and outpatients of Beaumont Hospital. Many of the psychology staff are attached to specific teams and units. At present there are 10 WTE posts in Psychology which is a significant under resource for one of the largest hospitals in the State. However, the team in psychology work hard to meet the needs of patients. Further development is required to meet the needs of all those referred for services.

Figure 181: Psychology Department staff

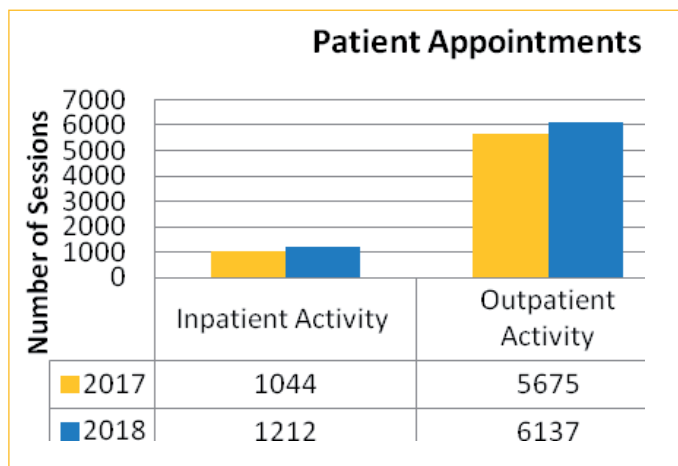
Staff Member	Grade	Service
Dr Sarah Clarke	Senior Clinical Neuropsychologist f/t	Neuroscience
Dr Allin O'Dea	Senior Clinical Psychologist p/t	Cystic Fibrosis
Mr Mark Mulrooney	Senior Clinical Neuropsychologist f/t	Neuroscience
Dr Diane Gillan	Senior Clinical Neuropsychologist f/t	Neuroscience
Dr Niall Galligan	Senior Clinical Neuropsychologist f/t	Care of the Elderly
Dr Jennifer Wilson-O'Raghallaigh	Principal Specialist Clinical Psychologist f/t	Liaison Psychiatry
Ms Mairead Dempsey	Senior Clinical Psychologist p/t	Cochlear Implant
Dr Frances Dawson	Senior Clinical Psychologist p/t	Cochlear Implant
Dr Vicky Lunt	Senior Clinical Psychologist p/t	Radiation Oncology
Dr Isabela Caramlau	Staff Grade Psychologist p/t	Cardiac Rehabilitation
Mr Jonathan Gallagher	Senior Psychologist f/t	Cardiac Rehabilitation
Ms Cheryl Fynes	Clerical Officer	Psychology

Key Performance Indicators

The Department continues to focus on improving access to the service while maintaining a high standard of service to the patients. In 2018 we saw an increase in inpatient and outpatient appointments compared to the previous year.

The Department continues to focus on audit and research as a means of improving patient care and staff skill. This year saw a significant rise in publications, conference presentations and audits from the Department which we hope to develop in 2019. The staff team have been successful in research grants which support many of our projects. The department leads the only Irish ENROLL-HD clinic, which is a multi-disciplinary international observational trial of Huntington's disease (HD). The clinic has over 40 HD patients enrolled and many more waiting to attend.

Figure 182: Activity for Department of Psychology by year



Waiting list management continues to be a concern and we have focused in recent months on the patients waiting for long periods. These are mainly patients with complex mental health needs out of catchment area who have been referred for long-term therapy. This patient group can take some time to complete therapy with low turn-over rates. We will continue to review these referrals in 2019 and refer these patients to suitable care in their local community.

Hospital-wide engagement is a priority and, in 2018, the staff focused on developing multi-disciplinary staff collaborations such as cross-disciplinary patient groups (Better Health Better Living), the Schwartz round and the annual Clinical Services Division research report.

Performance Highlights

In 2018 the Department organised a very successful conference entitled '*Mind your brain*' which was well attended by internal and external delegates. The team were also involved in the development of the Schwartz rounds in the Hospital and I must acknowledge the great work of Dr Ailin O'Dea and colleagues in developing this excellent staff resource.

The staff have significantly increased group activity which has led to the team obtaining a large grant from the American ALS Association to develop a randomised control trial for ALS caregivers in 2019. The patient focused groups were also extended to Care of the Elderly and cardiac rehabilitation where the team were successful in obtaining a grant from Novartis to develop a pilot heart failure service in Beaumont Hospital. In 2018, Jonathan Gallagher was invited to join the Council of the Irish Association of Cardiac Rehabilitation and Dr Niall Pender joined the Board of the Neurological Alliance of Ireland.

Speech and Language Therapy Department

The Speech & Language Therapy department at Beaumont Hospital provides a service for patients with communication, swallowing and voice difficulties associated with a wide variety of conditions, including those who are undergoing cochlear implantation.

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. Therapists in the department work across a number of different sites/services, including the Cochlear Implant centre, St. Joseph's Hospital and St. Lukes Radiation Oncology Unit. The service works closely with our colleagues in primary care services to ensure the patient receives the appropriate service in the appropriate place.



Key Performance Indicators

- A total of 11,844 Interventions were carried out in 2018, this is a 4% increase when compared to 2017.
- There was a 19% increase in new inpatient referrals and a 24% increase in new outpatient referrals
- Approximately 50% of outpatient referrals received are suitable for Primary Care SLT services and are transferred directly following a triage.

Figure 183: 2017 and 2018 Patient Activity Measured in Direct Interventions

Year	2017	2018	Comparison
New In Patient	2566	2897	13% ↑
Return In Patient	7079	7071	2% ↑
New Out Patient	455	502	10% ↑
Return Out Patient	1310	1244	5% ↓

Performance Highlights

- The Young Persons Programme, for cochlear implant users aged 13-24, was commenced in 2018. This aims to provide for services specific to the needs of this age group of patients.
- A teleconferencing service was introduced using WebEx for patients attending the cochlear implant service. This has been very successful in supporting families who live a great distance from the hospital and for children with complex medical/developmental needs.
- A new electronic referral system was introduced across the service.
- Swallow screening training for nursing staff was introduced in ED in 2018. 50% of ED nursing staff are now trained.
- Following a success pilot of an Early Supported Discharge team in Stroke in 2017, funding was received in 2018 to set up a 0.5 WTE team. They received a nomination for the HSE excellence award “Excellence in Quality Care”. This is a multidisciplinary team which has a SLT as part of the team.
- The health and social care professional’s team in the MND service were shortlisted as a finalist for the HSE’s inaugural National HSCP awards.
- The ‘Compassion in Care’ education series was introduced in the Raheny Community Nursing Unit for all staff, both clinical and non-clinical. This is a 3-part education series about person-centred communication skills. In 2018, 49 staff completed the whole programme and 52 are still mid training.
- The SLTs from the Neurology and Neurosurgery services were profiled in the RTE documentary ‘My Broken Brain’.
- Preliminary data collection was commenced in Q4 of 2018 to investigate a new model of care of ENT patients. This work identified that an SLT working in ENT clinics was effective in reducing the time a medic needs to spend with a person with a voice disorder and reduces the number of appointments required by that person, therefore releasing additional capacity within the clinic.

General Services Department

General Services Manager:
Fiona Edwards

*Deputy General Services Manager/
Hygiene Co-Ordinator:*
Dorothy Costello



Our Non Clinical Division of sixteen departments covers a broad area of Hospital activities each central in ensuring safe and quality care for our patients and good quality services for staff.

The General Services Division is responsible for the following services

- Admissions and Out of Hours Administration
- Catering
- Chaplaincy
- Cleaning Services
- Car Parking
- Healthcare records Library and department
- Laundry Services
- Mobility Management and Transport contracts
- Main Office Support Services-Boardroom and committee room services/registered post, water cooler contract, Hairdresser services for patients
- Portering
- Printing and Graphic Design
- Reception
- Relationship with all external users of our site/ RCSI/MSCP/IKA/Creche/Bus's
- Security
- Telephony
- Waste Management

Hygiene Services

The Hygiene Services Task Group (HSTG) is a multidisciplinary team with representation from each Directorate across the hospital as well as key services such as Infection Prevention and Control, Cleaning, Nursing, Clinical Services, Health and Safety, Catering, Technical Services and Supplies. The main focus of this group is to ensure compliance with the National Standards for the Prevention and Control of Healthcare Associated Infections (2017) from the perspective of the management of the environment, waste, linen, sharps, patient equipment and ward pantries, through the provision of advice and guidance to our Directorate Management teams.

The group meet on a monthly basis and report to the Infection, Prevention and Control Department (IPCC) on a bi-annual basis. The effectiveness of the HSTG is monitored through the hygiene audit monitoring programme, outcomes from external inspections, quarterly review of annual objectives, review of quality improvement plans as well as review of reports from Patient Advisory and Liaison Service office and general feedback from users as appropriate. It is monitored via its reporting relationship to the IPCC and the Executive Management Group as part of the General Services Performance Structure.

There is a quality improvement plan (QIP) for each hygiene element which is managed by a named responsible member on the HSTG who reports on a quarterly basis during the year. Linkages with St Josephs Hospital Raheny, Learning and Development Department, Infection Prevention and Control Department, Health Promotion and the Integrated Quality and Safety Department are on a scheduled agenda basis.

Terms of Reference / Operational Plan 2018

The Group's Terms of Reference are based on the 8 themes of the National Standards for Safer Better Healthcare and is supported by an overall Quality Improvement Plan which is regularly reviewed by the group to ensure progression and completeness and demonstrates evidence and areas for improvement.

Health Information Quality Authority (HIQA) Monitoring Programme 2018 – PCHAI Standards

A self assessment of the National Standards for the Prevention and Control of Healthcare Associated Infection in Acute Healthcare Setting 2017 led by the IQS Department took place and the Hygiene Services Task Group is represented on this working group with documentary evidence available.

HIQA continued their monitoring programme against the National Standards for the Prevention and Control of Healthcare Associated Infection in Acute Healthcare Setting with the focus at the end of Q3 on decontamination. The hygiene services department assisted the Decontamination Co-Ordinator in the co-ordination of decontamination audits to include the cleaning and environmental elements.

Audits/ Methodology

An audit programme is planned throughout the year with the aim to audit all clinical areas twice per year and high risk clinical areas four times per year. Audits are conducted on a weekly basis by a multidisciplinary team to include representatives from Nursing, IPC, General Services and the Executive Management Group. A number of out-of-hours audits were undertaken along with audits of outer ward areas. This audit programme assists with measuring our performance in compliance with the standards and focus on areas for improvement and particular focus on areas identified by the Infection, Prevention and Control team and Microbiology.

A written narrative report is provided to the manager of the area after each audit. This report details all areas of excellence as well as those items that need to be improved/rectified. Score is also maintained for central use which assists in analysing and tracking trends. A pass is 86 % for each element. When an element fails the result is reported back to the local ward manager/ department head for action and an action plan must be completed at local level and a re-audit is undertaken. In most cases a pass score of 86 % and greater is achieved on re-audit. When the second audit is undertaken of an area a look back is undertaken on any issues identified in the first audit and particular attention is placed on these issues.



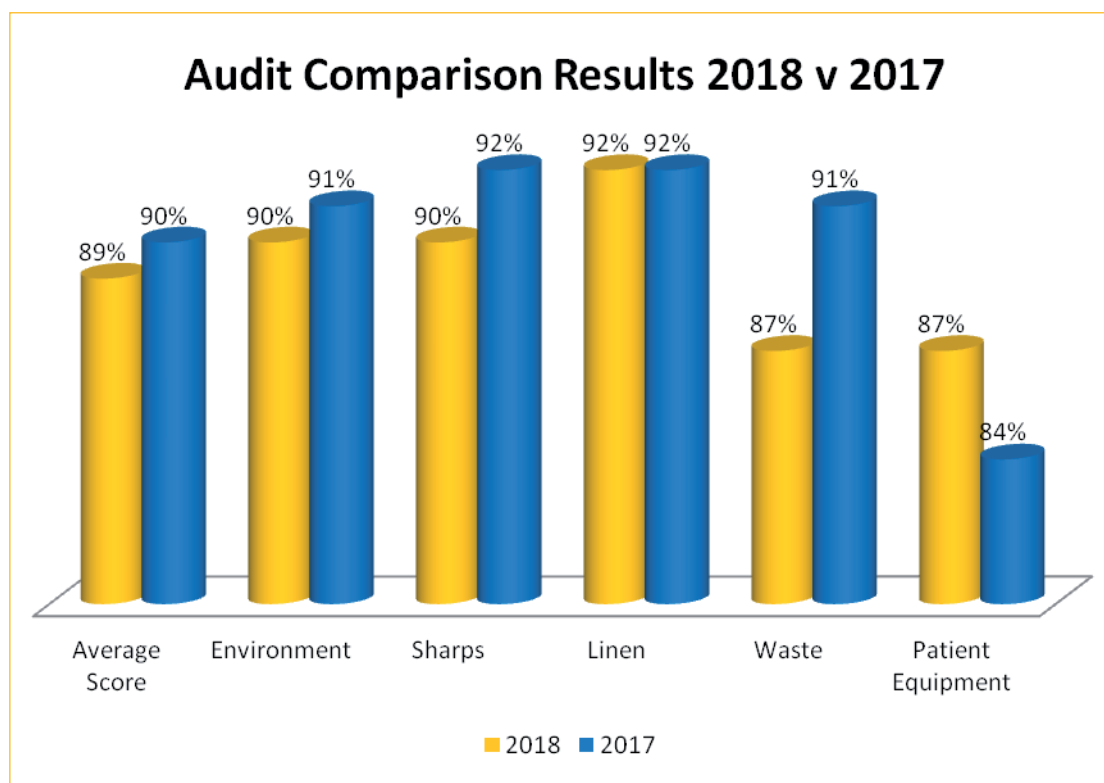
Changes to Audit Tool / Auditor Training

There is a dedicated audit tool used which is regularly reviewed and evaluated by the group. Changes were made in Autumn 2017 relating to questions on the environment and this has impacted on the 2018 comparison results. The tool also now separates observations and practices from knowledge. A sub-group made up of representation from the Hygiene Services Department, Infection Prevention and Control team and Nursing met and reviewed the patient equipment audit tool with a comparison exercise undertaken on two specific tools to evaluate and measure our performance in the management of patient equipment. Furthermore, a new audit tool for outer ward areas was devised.

Audit Comparison Results 2018

A breakdown of the audit scores for 2018 compared to 2017 and is outlined in *Figure 181*. The average audit score was 89% slightly down when compared to 2017 of 90 %. This specifically relates to changes in the audit tool where infrastructure issues are now identified more clearly. A pass score is 86%. The scores for the environment and sharps were slightly down when compared to 2017, linen score remained the same, waste score down and an improvement for patient equipment. The areas for improvement noted throughout all the audits are infrastructure, limited space which impacts on the environment scores.

Figure 184: - 2018 Hygiene Audit Comparison Results



Sample Quality Improvement Initiatives

The evaluation of the audit results involved a review of the average scores for each element to ensure we were reaching a pass score of 86%.

An interface hygiene group between General Services, Infection Prevention and Control (IPC), Nursing and TSD was convened in January 2018. The purpose of this group was to form an interface between TSD, Hygiene/General Services, Nursing and IPC on hygiene related issues as part of the Hygiene Services Task Group Action Plan for 2018. The group met a number of times during the year.

Work continued to ensure a clean, clutter-free healthcare environment along corridors which included working with companies and supplies on the delivery, storage and collection of pallets, containers, daily and weekly monitoring of the storage and replacement of mattresses/beds. A new draft SOP was devised on the repair and replacement of beds.

Following the success of a trial of a tagging/label system which indicates that patient equipment is clean it was agreed by the HSTG to roll out this initiative to all wards and clinical areas on a phased basis.

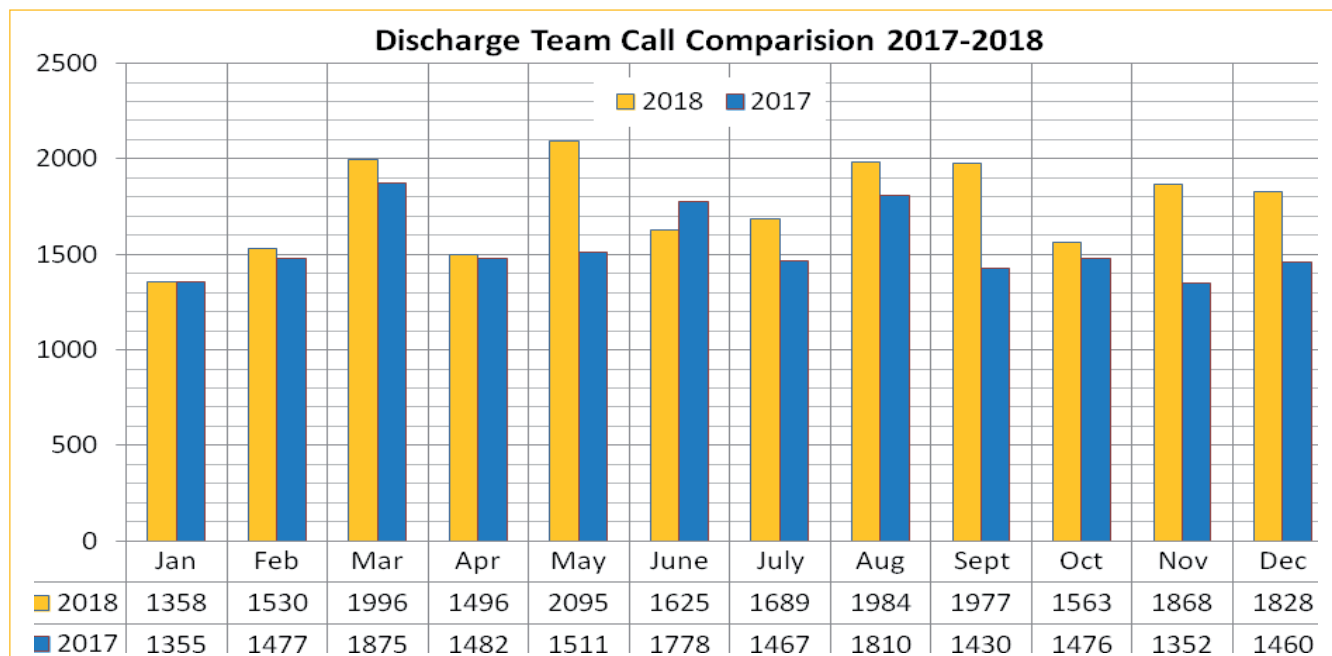
Cleaning Contract and Management

This contract is managed by the Hygiene/General Services Department through continuous monitoring and evaluating of the cleaning services. Noonan Services Group Limited continued to provide the contract cleaning service to the hospital and St Josephs Hospital in 2018. This service includes a cleaning discharge team service, window cleaning and wall washing. A designated 24/7 cleaning service is allocated to the Emergency Department and deep cleans are undertaken when access allows.

Discharge Cleaning Team

A Discharge Cleaning Team service consists of four teams per day Monday to Friday, with an additional team (5th team) for Fridays is in place to take account of the surge in patient discharges. There are two teams on site on Saturdays and one team on Sundays. In early March 2018 the finishing time of the fourth team Monday to Friday was extended to 8.00 pm. During the influenza outbreak season, additional resources were put in place for the Sunday service and a review of the Sunday service took place in September in preparation for 2018/2019 winter planning and influenza season.

Figure 185: Discharge Team Statistics 2018 -v-2017



In 2018 the overall cleaning score on the multi-disciplinary hygiene audits was 91 % which was the same as 2017. Regular meetings continued with the cleaning contractor to ensure the management of the contract cleaning specification within the allocated hours is appropriate and fit for purpose and to ensure the audit tool was gathering appropriate information and was fit for purpose.

Legionella Prevention

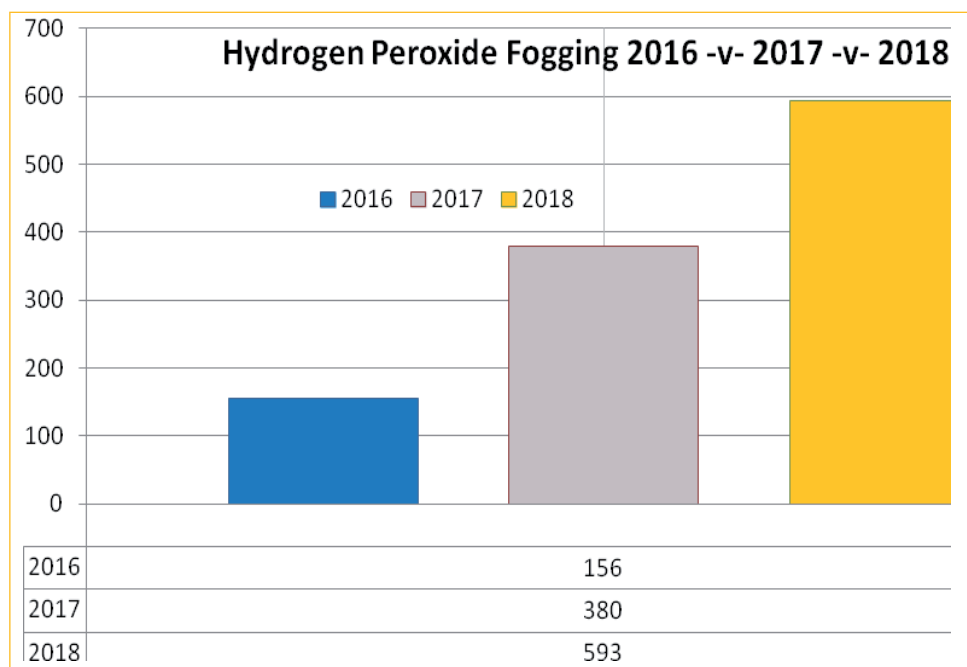
As a preventative measure for Legionella, a weekly flushing programme of all in-patient water outlets takes place and this task is undertaken by the contract cleaning operatives and documentary evidence is held at department head level. This weekly flushing programme was expanded in 2018 to out-patient areas and hospital wide via an automated IT system. A new SOP on Legionella Flushing Prevention was devised.

Decontamination by Hydrogen Peroxide Vaporisation (Fogging)

Due to an increase of enhanced environment decontamination requests in 2017, a dedicated HPV/outbreak response team was introduced in January 2018 and has been successful. There has been a year on year increase in the number of requests for enhanced environment decontamination (outlined in *Figure 183*). There were 593 requests in 2018 compared to 380 in 2017 which is a 53% increase and a 280% increase when compared to 2016. This relates to CRE/VRE cases, post discharge of *C. diff* cases, CRE outbreak management and MrMRSA case. This programme co-ordinated by the General Services Department involves wall washing, a full deep cleaning and curtain changes. As the requests for enhanced environment decontamination continue to increase year on year the requirement for a 3rd HPV machine may arise in 2019.

The 3 monthly HPV programme of sluice rooms continues.

Figure 186: - 2018 Breakdown of Hydrogen Peroxide Decontamination Requests - v - 2017



Irish Healthcare Awards March 2018

An abstract submitted to the Irish Healthcare Awards in relation to the Cleaning Discharge Team was successful in reaching the final of the Irish Healthcare Awards ceremony on 9th March 2018. The abstract titled '*Turning Beds Around*' highlighted the work of the Cleaning Discharge Team.

Laundry Contract and Management

This contract which consists of the provision of both a managed and non managed laundry services to include St Josephs Hospital for general laundry, laundry bags, curtain and shower curtain exchange programme, a scrub suits exchange system, fire evacuation sheets and a dust mat service is managed by the Hygiene/General Services Department. The contract is continuously monitoring and evaluating via the weekly hygiene audits and feedback from the users. In 2018 following a consultation and selection process with users new curtains for clinical areas were introduced with positive feedback. A new Beaumont Hospital logo mat was installed at the front foyer of the hospital. Linen usage increased in 2018 by 4 % compared to 2017 with 1.87 million pieces of laundry going through the system which was due to outbreaks and bed activity.

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. The annual inspection by the Dangerous Goods Safety Advisor took place in November 2018. There were no major non conformances identified. Beaumont Hospital continues to have a proactive approach to waste management. The recycling rate for 2018 averaged at 65%. In late 2018 in conjunction with the procurement department work commenced on a tender for the management of non-risk waste. We disposed of approximately 1,700 tonnes of waste.

2018 Recycling Rates = 63%

Outbreak Management

The Hygiene/General Services Department play a significant role in outbreak management with increased demands on cleaning, laundry and waste management services. General Services Department continued to work closely with the Outbreak Management Team and Infection, Prevention and Control team in managing a number of outbreaks.

A new SOP on the management of signage for infection control outbreaks has been devised which will ensure a controlled system for the authorised display of signage during a hospital infection outbreak.

In-Patient Experience/Patient Engagement

An in-patient hygiene satisfaction survey is used as part of the Hospital's weekly multi-disciplinary hygiene audits to seek live feedback from patients on their experience of hygiene services during their hospital stay. In conjunction with Catering Management a new format of seeking feedback from patients was used on a number of wards whereby a questionnaire was provided to patients with their meal trays. The questions asked were the same as the National Patient Survey. The purpose of using the questions was to validate the findings with regards to cleaning issues versus infrastructure issues when seeking feedback from patients in line with the National Patient Strategy. Overall the findings in relation to cleaning were very good.

Hygiene Policies, Procedures, Protocols and Guidelines (PPPG's)

The Hygiene Services Task Group has a process of regularly reviewing hygiene related PPPG's to ensure they are updated in accordance with best practice and capturing all key aspects of hygiene and infection prevention. All hygiene related PPPG's are on Q-Pulse. The following PPPG's were reviewed and updated in the last six months:-

Standard Operating Procedure (SOP) for Environmental Decontamination for Influenza

- SOP for Watercoolers
- Policy on Dirty Utility Room Maintenance
- SOP on Undertaking Multi-disciplinary Hygiene Audits
- Guidelines on the Purchase and Use of Washing Machines
- SOP on Authorised Scrub Suits
- SOP on the Removal, Care and Collection of Fire Blankets
- Guidelines on Waste Management
- SOP on the Cleaning of Patient Food Trolleys
- SOP for the Maintenance of Bed Pan Washers
- SOP for the Cleaning of a Bed Space / Single Room during the Discharge Team Hours
- SOP for the Cleaning of a Bed Space / Single Room outside of the Discharge Team Hours
- SOP on Dealing with Water Leaks
- SOP for Environmental Decontamination / Hydrogen Peroxide Vaporisation (HPV) for *Clostridium difficile* infection

A number of new SOP's were devised as follows:-

- SOP on the cleaning and management of Medication Storage Trolleys incorporated into the existing SOP on the cleaning and management of Medication Fridges
- SOP on the management and cleaning of cold pack freezer in wards and clinical areas
- SOP on the Retention of Hygiene Related Records
- New Guidelines on ice-making machines
- SOP for the management of signage for infection control outbreaks

Admissions/ Registration and Unsocial Hours

Day Time Manager: Grainne O’Connell

Unsocial Hours Manager: Tessa McDonald

The Registration Department operates 24 hours, seven days a week, 52 weeks of the year. We cover all admissions (electively and emergency) and all outpatient first time attendees. We are also responsible for financially assessing public and private in-patients admitted to the wards.

During the year, the Department also worked through both scheduled and unscheduled downtime for the BHIS. The Department also saw, a lot of movement of staff through promotion and we welcomed numerous new members to the Department.

Summary of the patients registered through the Registration Department (Figure 187)

Figure 187

In-Patient registration

Period	2016	2017	2018
Total	25,337	25,512	25,397

Out-patient new attendees

Period	2016	2017	2018
Total	47,712	50,458	55,663

Day patient admissions

Day procedure room (DPR)

Period	2016	2017	2018
Total	18,199	19,963	20,162

Endocrinology day room (EDR)

Period	2016	2017	2018
Total	424	440	491

Infusion ward (INF)

Period	2016	2017	2018
Total	1,992	2,197	2,382

Respiratory care centre (RCC)

Period	2016	2017	2018
Total	814	673	806

Neurology day (NDU)

Period	2016	2017	2018
Total	512	644	673

Medical Records Library

Manager: Caroline Spencer

The Medical Records Department in Beaumont Hospital is split into two Libraries. The most current records are held in the Main Library and less active records are held in the Dormant Filing Unit. Records held in the Dormant Filing Unit for ten months or more are then transferred to off-site storage which is managed by Oasis Group. There are two scheduled deliveries Monday - Friday. In the case of emergency records are available 24/7.

The department is open 8.30 - 17.00, Monday to Friday. There are 21 staff in the department. Medical Records staff are responsible for retrieving records for all elective patients, wards, the Emergency Department and St. Joseph’s Hospital Raheny. All requests for the recall of records held in off-site storage are made through the department. The Medical Records Department are 100% compliant in Children’s First training.

31,222 records were pulled for elective admissions. 225,673 records were filed into the main library. There were 2,004,727 records electronically tracked to their location. Electronic tracking takes place when a record is moved from one location to another.

Printing Services

Printer: Colm Kavanagh

The Print Room provides a graphic design/printing service and supplies most of Beaumont Hospital's documentation. A large part of the department's workload comprises of promotional work such as national events, Patient Awareness, RCSI Hospitals Group, Infection Prevention & Control, and Health Promotion etc. The service also provides designed promotional work and documentation where needed in electronic format for e-learning, or on-line promotion for use on the hospital intranet, or website.

Activity:

- Design and publishing a wide range of hospital reports/publications
- Posters, presentations used internationally for conferences/symposiums etc.
- Information stands and material for hospital promotional campaigns
- Providing the hospital's documentation

Performance Highlights

Promotional work for patient information campaigns, staff information events such as Clinical Governance day, Hygiene awareness etc.

Chaplaincy Service

Introduction:

The Chaplaincy Department of Beaumont Hospital operates on an interdenominational basis and is staffed accordingly. All Chaplaincy facilities are shared among the personnel of the accredited churches assigned to the Hospital, namely Church of Ireland, Methodist, Presbyterian and Roman Catholic. The Hospital has provided a Mosque for those of the Muslim tradition. This lays a foundation for the interdenominational fellowship and co-operation that the Hospital fosters.

We acknowledge that today the wider Hospital community is multicultural and multi-faith and cares for people of all denominations and everyone regardless of faith affiliation and those who profess no faith.

Services provided:

- the Chaplaincy Department offers a full pastoral care service to patients, their families and to staff.
- today, interdenominational ministry is carried out by professional chaplains, both ordained and lay, qualified in Theology and in Clinical Pastoral Education, and accredited by the Healthcare Hospital Chaplaincy Board.
- volunteers also have a vital role within the chaplaincy team. In carrying out their role, they are responsible and accountable to Chief Executive, and to their appropriate ecclesiastical authorities.
- all activities relating to pastoral care is co-ordinated and facilitated by the Chaplaincy Department with the support of the General Services Manager.

The Chaplaincy Team:

Roman Catholic Chaplains: Fr Eoin Hughes, Fr Suresh Babu, Rosaleen Butterly, Fr Daniel Callaghan, Fr Denis Sandham and Michael Ward. In 2018, we welcomed two new Chaplains, Orla McMahon and Cathal O'Sullivan which has grown the team and ensured a 24 hour on site service.

Church Of Ireland Chaplains: Olwen Lynch continued to provide a service in 2018 (two days per week). An on-call service is available also.

Presbyterian Chaplains: Susan Dawson, Rev Lorraine Richie Kennedy. Regular weekly visits are made by this service and wards can contact the service through the Chaplains bleep to organise specific visits.

Volunteer Service: Beaumont Hospital has a proud tradition of volunteers within the service, over 200 covering the areas of Ministers of the Eucharist, Choirs, Readers and Pastoral Associates.

Activities in 2018:

- There is a daily service in the Chapel at 1pm, Mass is celebrated on Saturday evenings and Sundays.
- Eucharist Ministers visit patients Tuesday to Friday and offer Holy Communion.
- At the end of March 2018 we had an interdenominational service of blessing of hands in the hospital chapel for our newly qualified nurses. They received their certificates of nursing qualification after the service.

Transition Year Students: In May in conjunction with Beaumont hospital chaplaincy, transition year students from the local secondary school of Our Lady of Mercy Beaumont, and St. David's C.B.S. secondary school Artane, completed the Transition Year Ministers of the Eucharist Programme. This community programme is run in conjunction with Beaumont Hospital's Chaplaincy Department. This was the 7th year for the girls school and 5th year for the boys school. The students became part of the Eucharistic ministry team during their Transition Year. By bringing communion to our patients, the students brought joy and hope to the wards and everyone appreciated their contribution very much. They were a credit to their school and their families. The programme has been hugely successful with positive feedback from both patients and students. The students received special certificates from Ms Fiona Edwards, General Services Manager.



Picture of the Transition Students Celebrating their certification.

A number of staff attended training in Harolds Cross on Sacred Art of Living and Dying, Exploring Spiritual Pain, Finding Resilience in Palliative Care and the Annual National Association of Healthcare Chaplains Conference.

Annual remembrance Service: Due to the growing success of the annual inter-denominational remembrance service, it was agreed to expand this event to a hospital wide multi-disciplinary team approach rather than being co-ordinated by the chaplaincy department. A working committee for 2018 was convened with representation from key areas, i.e. Nursing, Social Work Department, Patient Advisory Liaison Service, Chaplaincy Volunteers, End of Life Steering Committee and Mortuary Department. The annual event provides an opportunity for reflection for relatives of those who died in the previous year. The theme for the event was 'Forget Me Knot' and each attendee received a packet of Forget Me Knot seeds to take home along with a candle. The service for adults took place on 3rd and 4th November 2018 with over 800 attendees and was another success with positive feedback and communication from attendees.



Picture of the service of light at the remembrance service in Hospital Chapel.

On 6th December a remembrance service took place to remember staff who had died in the previous year and also to remember staff who has lost loved ones. Feedback from attendees was very positive.



Picture of Eucharistic Ministers Appreciation Night

The annual appreciation night for the Eucharistic Ministers took place on 13th December and to mark this occasion His Excellency Archbishop, Jude Thaddeus OKOLO, *Papal Nuncio* celebrated Mass.

Mobility Management and Liaison Services.



*Mobility and Liaison
Manager:*
Maura Herrity

Mobility Management Plan - is a live document it is a requirement to be in place by the hospital in accordance for future planning applications from Dublin City Council.

National Transport Authority Smarter Travel Workplace - Beaumont Hospital continues to work alongside the Smarter Travel Workplace and National Transport Authority.

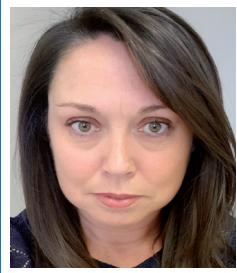
Patient transport vehicle - a minibus service continued to transport patients on discharge from the Transit Care Unit in line with the winter initiative, early discharge and reduction of transport costs.

Beaumont Hospital Neighbourhood Partnership - Beaumont Hospital has continued to meet with the BHNP on an ongoing basis.

Liaison Manager - continues to support the various external bodies on the site of Beaumont Hospital. These include RCSI, Aislin Centre - Psychiatric adult unit, MSCP, Creche, Irish Kidney Association, Dublin Bus, Go Ahead, National Transport Authority, Smarter Travel Workplaces.

Transport Costs: There was continued monitoring of transports costs in 2018 and as a result there has been significant improvement in the efficient use of the service and consequent savings to the organisation. There is a strict regime in place which must be adhered to prior to approval of these services.

Security Department



Security Manager:
Mairead Kirwan

*Deputy Security
Manager:*
William Judge

During 2018 the CCTV Control room underwent a refurbishment and upgrade. The upgrade of the room now houses eight 32" flat screen wall mounted monitors and three desk top mounted screens which can be utilised to watch all 150 plus cameras across all sites and operate the access control system.

During 2018 the Security Department continued to provide a safe and secure environment throughout Beaumont Hospital for all its patients, relatives and staff. A decrease can be seen in the number of incidents leading to violence and this is directly related to the specific training the security receive in Prevention and Safe Management of Aggression PASMVAV which they undertake 2 times a year . The Department continue to have a high attendance Record for First Response Fire Training and continue to attend CPR, manual handling with a 100% completion of the Child First Training. Security department has also been involved in the Schwartz rounds where a member of the security team shared his experiences. Members of the Management Team attended a course on Applied Suicide Intervention Skills Training ASIST and it is our hope to integrate this training into the Security Training programme for 2019.



Before refurbishment



After refurbishment

Portering Services Department:



Manager:
Mervyn Borwick

*Deputy Portering
Services Managers:*
Gary Clarke, Paul Kelly

Introduction:

This department provides a service to all Hospital departments over a twenty four hour period seven days a week. We have staff rostered to individual departments such as Theatre, Radiology, ICU, Emergency Department, Endoscopy and then a small central pool of porters who deal with all other hospital activity.

Activity:

There was a notable increase in activity in 2018. Calls throughout the main porters office day time increased by 21% and after 4pm by 20%. There has been a sizeable increase in Radiology requirements for Portering at the weekend which now absorbs over 65% of all service on Saturdays and Sundays. Activity in patient movement at night time has also increased considerably. Discussions on a new Porters roster commenced in late 2018 to ensure we are in a position to deal with the increased demands on the service.

Other News:

- Porters involved in the FAST positive response service.
- The Hospital Van was decommissioned and an enhanced courier service was introduced.
- Portering through the Post room worked with the Directorate Management teams in the validation of waiting lists at the most efficient cost.



Catering Manager:
Mr Andrew Grant

Business lead:
Ms Jennifer Boggan

*Catering Officer In Charge
St Josephs Campus:*
John Sheridan

Executive Chef:
Mr Aidan Duffy

Catering Department:

Introduction

The Catering Department at Beaumont Hospital and St Joseph's Hospital have responsibility for both patient and staff Catering. Meals are prepared fresh each day in our onsite purpose built kitchen, supporting local growers and suppliers.

Our aim is to deliver the nutritional needs and expectations of our customers and patients. Our menus are developed by our professional Chefs, Staff and Dieticians. Great emphasis is placed on the nutritional content of food for patients and staff alike. A carefully planned HACCP programme is in place to ensure food quality and food safety is prioritised.

The staff restaurant provides a full self-service menu for staff. Choice includes a wide range of food options. We have a hot servery, full salad bar, sandwich bar, healthy options, vegetarian options and also provide a variety of, pastries, snacks, and homemade soups.

The department also provides a function catering service for corporate business and events.

Patient Services

We continue to work closely with our colleagues in Nursing, Nutrition and Dietetics along with Speech and Language Therapy with regards to Patient Menus.

This year we developed the following;

- A new smooth puree menu, giving a wider range of choices to patients, was developed with allergens highlighted.
- New standardised snack menus were developed and are available in each ward.
- All sauces and wet dishes are now being made with gluten free flour to be more suitable for coeliac patients and staff.
- All patient menu layouts have been updated to ensure they are more descriptive and more legible for all patients.
- Additional offering were made available to patients at each meal service which includes an increase at our night tea service.
- We commenced and completed a replacement programme for our patient trays.
- In collaboration with Nursing and to ensure that we are more compliant with regards to HIQA standards in relation to duration of time between patient meals, we reviewed and changed the running order of food trolleys at each menu service.

- We continue to audit ward pantry areas to ensure that appropriate standards are met and maintained.
- In line with hospital developments we continue to provide a meal service to all new inpatient areas.

Food Supplier: BWG was awarded the tender for our one stop shop supplier for all our food items and chemicals. This resulted in significant cost savings to the Hospital.

Staff Restaurant

A number of changes and the reintroduction of some old favourites were prepared during 2018.

- Following on from the awarded food tender to BWG, January saw a revamp of our beverage counters. There were four Bewleys Coffee Machines installed along with eight hot water boilers, eight milk chillers and a variety of herbal teas, along with branding. Bewley's also ran a competition to win a Bewley hamper for four weeks.
- There were two new Britvic soft drink fridges installed, increasing the offering of soft drinks and flavoured waters for staff. We have also had complementary beverage tastings throughout the year.
- Three windows and two pillars in the restaurant were 'wrapped' with Bewleys / Ballygowan marketing to introduce a splash of colour to the area.
- A new microwave station was set up at the rear of the restaurant to be used by staff wishing to bring in their own food.
- Theme days were reintroduced in the Restaurant and included days to celebrate the diversity of the staff employed in Beaumont.
- Media Coverage on the environment and especially the impact of disposable cups has led to the introduction of a bring your own cup/mug campaign we offered a discount on Coffee and Tea for same. In conjunction with TSD we installed a cup wash sink for the convenience of staff. This has resulted in a significant decrease in our disposable usage.
- We introduced the availability of 'Tap & Go' for staff wishing to pay by card.
- The restaurant received a well needed painting and freshening up.

Staffing

Andrew Grant was appointed as the new Catering Manager in August of this year. Andrew came to us from Our Lady's Hospice in Harolds Cross following 15 years of Senior Manager experience in busy catering establishments. Andrew is a Chef by qualification and has worked as an Executive Chef with experience of menu design and planning. Andrew was the graduate of the year in the 2017 Irish Hospitality Institute Awards and Academic Student of excellence in DIT in 2017.

Telephony Department

The Hospital Switch operates on a 24/7 basis handling all incoming and outgoing calls. These front-line workers are the first point of contact that patients, visitors, relatives and other hospitals engage with when communicating with the hospital. The staff management of this department is managed by the General Services Department and the Systems and Equipment / Infrastructure continues to be managed by the ICT.

Service/ Staffing in 2018

In 2018, the staffing levels within the telephony department were increased to meet service demands. 60 % of the working hours in the hospital switch room is after hours and provided by lone workers. To avoid risk and ensure sufficient support for cross cover for annual leave, sick leave and training and therefore ensuring service provision 24/7 adequate staffing availability out of hours is very important but a real challenge.

Three new staff members joined the team, Hayleigh Owens, Christina Carolan and Sharon Keogh and added to the existing team made up of Imelda Kerr (nights), Mary Lambe, Siobhan Lambe, Elizabeth Maitra, Patricia O'Connor (nights), Brid Slator, Colette Tubridy and Caroline Tuite. Ross Reid, Susan Kealy and Hayleigh Owens resigned in 2018.

Activity in 2018

- NCHD's - distributing of bleeps to new NCHS's in January and July
- Training - Major Incident Plans
- Internal telephone directories were updated on the hospital Intranet for quicker access to numbers with a drop down menu for departments
- National, local and mobile calls continued to be open to all phones in the hospital. This results in a more efficient service for departments and reduced the number of internal calls to the switch room so priority could be given for more urgent external calls
- A fully staffed service continued to be provided despite the Adverse Weather conditions by Storm Emma

Technical Services Department (TSD)

Head of Estates and Facilities management.

Peter O'Donovan

Technical Services Manager:

Declan O'Reilly



Introduction

The Technical Services Department are responsible for the management of facilities across the campus at Beaumont and St Joseph's Hospital Raheny including the Community Nursing Unit.

We specialise in all the hard facilities such as Gas, Water, Electricity, Medical gases, Ventilation, HVAC, Chilling, Communications and data networks, Building management systems, Emergency power and lighting systems, Building fabric repair and maintenance, Environment improvements and repairs. Procurement of minor and capital projects in addition to the running the department's help desk.

Technical Services Department help desk.

The department's help desk processes enquiries well above average for an estate in excess of one million square feet of floor space.

2018 alone saw work orders generated at the help desk go up 14,835 an increase of 2,838 on 2017 figures. By in large most work orders generated are returned completed, however, not all jobs can be completed within the time allowed for other operational reasons. Our management team are looking into making improvements in this regard. By way of improving the service delivery, we have experimented with wireless technology to deliver the work orders direct to the technician in the field along with improvements in the software driving the system; we can look forward to an even better improvement in response times, from when a call is logged to its completion.

Figure 188: Different work orders raised for the various sections in TSD at year end 2018

Workorder Count Recived by Phone 2018									
Discipline/ TSD	Plumbing	Fitting	Electrical	Carpenters	Painters	Grounds	Legionella	Contractor	TSD Total
January	479	153	444	268	19	3	32	34	1432
February	340	146	309	192	42	3	57	20	1109
March	319	101	292	202	12	3	61	46	1036
April	452	129	390	260	19	3	5	45	1303
May	388	172	333	246	35	1	70	57	1302
June	297	129	262	225	15	17	50	34	1029
July	304	166	312	273	19	20	94	65	1253
August	343	163	305	189	11	2	97	19	1129
September	317	148	393	199	51	30	46	55	1239
October	345	189	412	280	62	6	43	41	1378
November	376	188	425	272	28	7	81	39	1416
December	299	133	276	161	6	0	111	41	1027
Total	4259	1817	4153	2767	319	95	747	496	14653
Average / day	16.9	7.21	16.48	10.98	1.27	0.38	2.96	1.97	58.15
Average / month	354.92	151.42	346.08	230.58	26.58	7.92	62.25	41.33	1221.08
% of Total	29.07	12.4	28.34	18.88	2.18	0.65	5.1	3.38	100

Figure 189: Work orders issued to the department sections over the preceding year.

Electrical	Mechanical	Building	Grounds
2017	2017	2017	2017
4,020	4,776	3,124	77
2018	2018	2018	2018
4,152	6,077	2,983	93

Objectives

Our key objectives for the year were to review the planned preventative maintenance for the plant and equipment with a particular emphasis on water hygiene issues, High Volume Air Conditioning systems and emergency backup power systems.

- PPM for the theatre air handling plant.
- PPM for the X-Ray department HVAC plant.
- PPM and regular testing of emergency power systems.
- PPM and replacement of UPS.
- Manage minor and capital projects to get best value and outcomes for the organisation.
- Operating rooms 1-12 Reception and recovery were reviewed and maintained over the year.
- X-Ray department air handling plant. The original 4 AHUs were reviewed maintained and upgrade recommendations put in place.
- Nuclear med AHU. (New plant) Maintained
- Cath Labs (1 upgraded & 1 new plant) Maintained
- CT plant x2 maintained.
- MRI x 2 maintained.

Figure 190: TSD multi discipline work order requests over the past two years along with totals shows an increase of 1,308 work orders over the previous 12 months .

<i>Electrical</i>	<i>Mechanical</i>	<i>Building</i>	<i>Grounds</i>	<i>Total</i>
2017	2017	2017	2017	2017
4,020	4,776	3,124	77	11,997
2018	2018	2018	2018	2018
4,152	6,077	2,983	93	*13,305

*In 2018 we had the addition of service contractors work orders which accounts for 1,530 additional on the system. The inclusion of the service contractors work orders means we can now have the instruction ready for the service provider before they arrive on site to sign in. We are able to check and sign off on their work. This will also assist in managing their performance over the duration of the contract.

Performance on Capital Projects

CT Scanner

One of the major highlights in 2018 from a capital projects perspective was the completion of the CT upgrade Phase 2. This project consisted of major alteration of the work space including mechanical and electrical installation upgrades. This necessitated the replacement of the sub main electrical distribution board feeding part of the radiology department. This was a very exciting part of the work as some services required to be maintained live in a temporary fashion until the new distribution board was installed. This work involved carnage of mega proportions to lift the 460kg new distribution board across the X-Ray department roof and into position in the electrical switch room.

Cochlear Implant department

The successful delivery of the upgraded cochlear implant department refurbishment and expansion provided quite a number of difficult challenges for the contractors and the TSD team to deliver a continued service while building works took place. Noise reduction proved challenging in addition to relocating other services from the proposed work area. We can say with pride all challenges were met, problems solved and relocations achieved together with the cooperation and understanding of everyone involved.



The Reception at the new National Hearing Implant & Research Centre

(NHIFRC)

Objectives 2018

Minor project works

The department have also been involved in the delivery of minor project works typically, local department up grades, office moves and developments, non capital expenditure in addition to the delivery of 3rd party charitable donations funding projects to improve patient comfort and experience.

Some of these important works included

Day of surgery assessment (DOSA) and Transit care Unit (TCU)

Both these units were completed early in the year and provided each service with a more purposeful facility to work in, assisting with smoother patient flow for day surgery and general patient discharge.

Croi na B staff restaurant.

The installation of new beverage counters and servery facilities in association with the catering department and suppliers Bewley's, the Restaurant also received a fresh coat of paint to match the new signage and decals.

Trim Road Entrance.

Road resurface (tar macadam) 1st phase delivered. A badly needed complete resurface and top dressing of this section of the road was completed. The area was left in very poor condition following previous infrastructure upgrades and as a result of the freezing conditions sustained over the years.

ITU

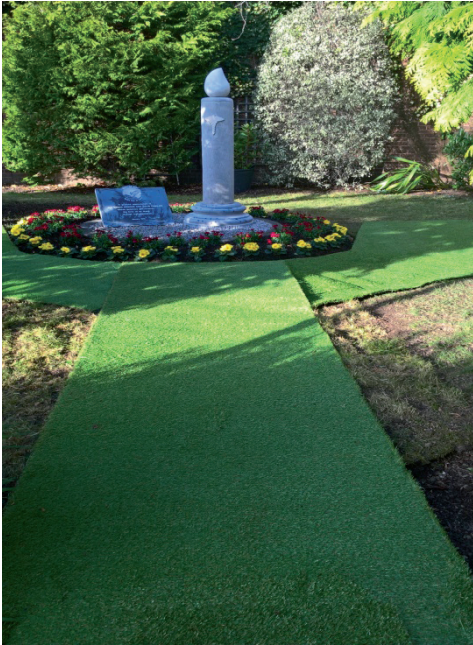
GITU had refurbished family rooms opened along with the installation of a patient and family outdoor, visual garden. This worthwhile project was funded through staff fundraising along with generous funds from the Beaumont Hospital Foundation.

Emergency Department.

Installation of new *Colorex*® Flooring, *Trespa*® panels, and new Hand Hygiene Basins in the Majors area to match the flooring and new seating in the patient waiting area.

Theatre Department.

Two new storage facilities were provided for the safe and clean storage of equipment and consumables. Upgrade of the anaesthetic office. Refurbishment of the theatre pharmacy room and installation of a security door. Installation of new staff beverage machine and face lift of cupboards in the general staff room.



Art Installation. Main entrance garden.

The Gift of Life memorial.

The monument was acknowledged by the Minister for Health. Mr Simon Harris TD by the laying of a wreath at the installation on the 21st February 2018.

The monument is in recognition of the sacrifice made by organ donors and pays tribute to all organ donors both living and deceased whose generous gift of organ donation has saved and transformed the lives of so many people. Over 5,000 kidney transplants were performed in Ireland since the beginning of the program over 54 years ago in 1964.

Sponsors:

Justin Mulligan
Kilwex Ltd
Finbarr Murphy
Civil Engineering & Building Contractors

Immunology Department.

Conversion and repurpose of a laboratory room to an outpatient treatment area for immunology.

Banks Ward.

Installation of a family room this project provided for the installation and upgrade of a new family room facility funded by: Design & Dignity, The Irish Hospice Foundation, Major Capital Project status

Major Capital Project

Status:

- Cochlear Implant Project completed.
- Phase 2 CT room refurbishment and installation of new CT scanner completed.
- Breast Care Project. Planning and design phase Completed.



Major Incident Planning Team

Major Incident Co-Ordinator
Sue Burrows



Introduction

The Major Incident Planning (MIP) team, lead by Sue Burrows (Site Manager), was set up by the CEO to review and develop Beaumont Hospital’s preparedness to deal with Internal and Major Incidents affecting the hospital. This involved training hospital staff to deal with internal and major incidents, developing action cards for all areas, developing testing and upgrading our automated phone – in systems. The MIP team developed links with external agencies grew to include Dublin Airport Authority, An Garda Siochana, The National Ambulance Service, Dublin Fire Brigade and The National Emergency Planning Group.

The team, together with the Health and Safety department, commenced a programme of fire evacuation drills throughout the hospital.

MIP Team

The members of Major Incident Planning Team are Sue Burrows, Mike Walsh and Janet Little. Emergency Department Consultant Peadar Gilligan and staff nurses Johanna Brannigan, Aiden Barry and HCA David McGuinness are also involved in MIP training and ensuring that Major Incident equipment is maintained and available.

Key Performance Indicators

Ensuring Beaumont Hospital is prepared for internal and major incidents

This was achieved by:

- Testing the automated phone systems 4 times per year
- NMBI accredited weekly Table top exercises for all staff
- NMBI accredited bi-annual Major Simulation Exercises
- Area specific simulation eg theatre

Training, education and preparedness of staff

This was achieved by:

- Corporate Induction training
- NCHD induction training
- Undergraduate and Post graduate training
- Table – top and Major Simulation Exercises
- Allied Health Profession Training
- Fire Evacuation Exercises

Involvement Nationally in Emergency Planning

This was achieved by:

- Developing links with external agencies and participating in their simulations.
- MIP team members trained in Hospital Major Incident Medical Management and Support

Figure 191:

Staff training	Number
Corporate induction	290
Table top exercises	272
Theatre simulation	60
MIP simulation	321
NCHD induction	189
4 th yr student nurses	66
Post grads	36
Fire evacuation	290
AHP	28
HMIMMS	4
Total	1,564



Table – Top Exercise



Major Simulation Exercise 2018

Performance Highlights

- In 2018 1,564 personnel attended training and educating sessions to prepare them in their role in the event of internal and major incident.
- NMBI CEU accredited Table Top and Major Simulation exercises.
- Ten wards participated in full fire evacuation which involved horizontal evacuations of patients and vertical evacuation of a staff member. HR/Finance department also participated in a full fire evacuation exercise.
- Development of Internal Action Cards for all areas for Fire Evacuation.
- Preparing the hospital in relation to storm Emma.
- Preparing the hospital for the visit of Pope Francis.
- Staff training and education re internal incident number 2999 and development of Internal Rapid Response Team available 24/7.
- Development of internal action card for switch and training Switch personnel.
- Development of external links with the organisations outlined above.
- Participation in Dublin Airport Authority’s Major Simulation Exercise.
- Attendance at An Garda Siochana terrorist attack simulation called ‘Operation Barracuda’.
- Participation at Mass Fatality Workshop hosted by the Nation Ambulance Service.
- Automated call in systems activated, checked and updated 4 times per year.
- Internal system and Rapid Response Team activated, checked and updated during Fire Evacuation Exercises.



Fire Evacuation Exercise



Theatre Major
Simulation Exercise
2018



The following Objectives met for 2018

- NMBI accredited Table - top and Major Simulation training continued through the year.
- Continuous development of links with external agencies.
- Activating, checking and updating automated phone in systems.
- Development of Internal Action cards for Switch.
- Development of Internal Action Cards for Fire Evacuation.
- Fire evacuations commenced through Beaumont.

Conclusion

The MIP team continued throughout 2018 to develop hospital preparedness in dealing with internal and major incidents. This was achieved through training and education sessions, simulation exercises, fire evacuation exercises, developing links with external agencies.

In conjunction with the Health and Safety department 11 areas participated in fire evacuation exercises and internal action cards were developed for each of these areas.



Publications



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Emergency Department:

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Directorate of Laboratory Medicine

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