

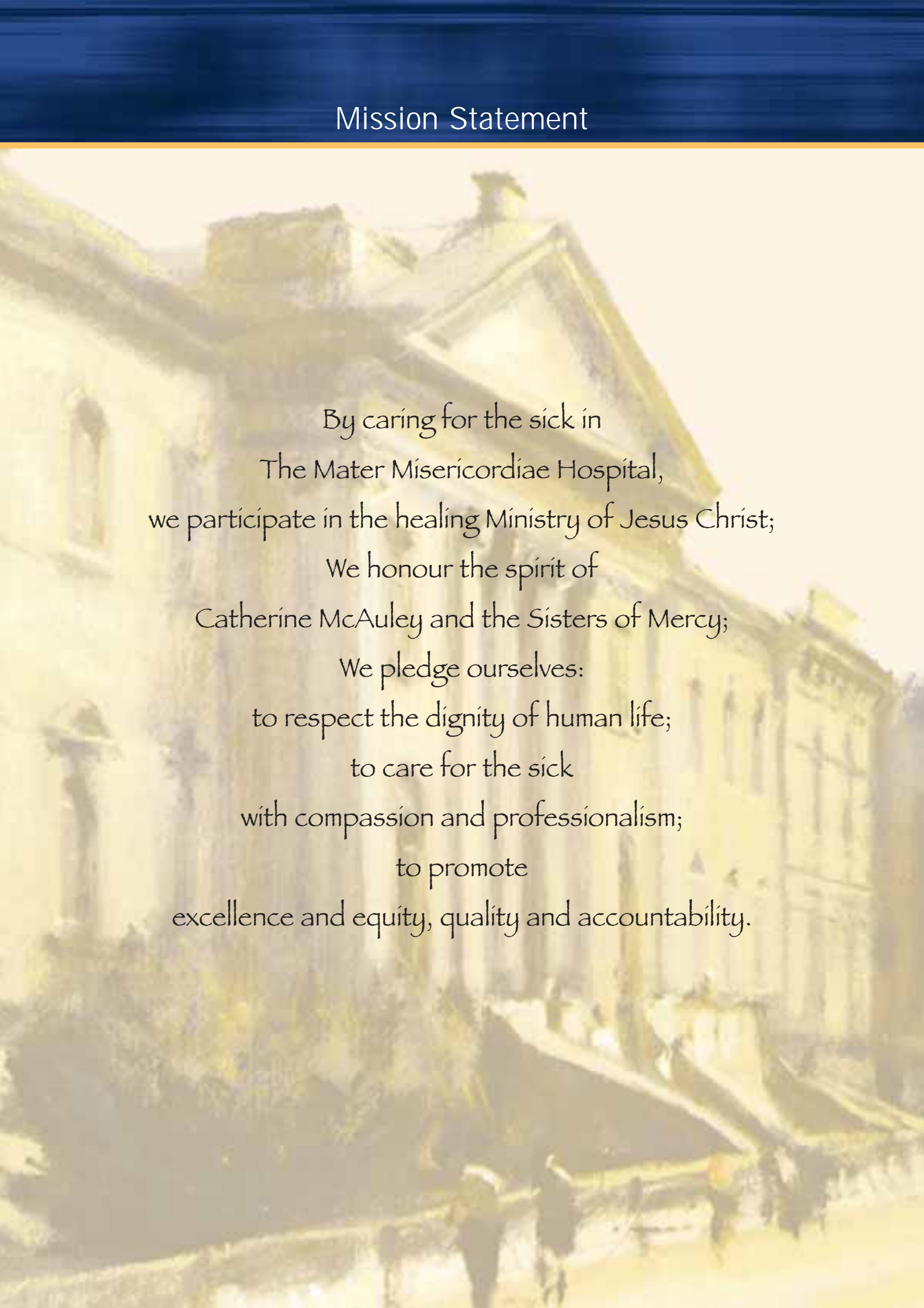


# MATER MISERICORDIAE

UNIVERSITY HOSPITAL

ANNUAL REPORT 2006

## Mission Statement



By caring for the sick in  
The Mater Misericordiae Hospital,  
we participate in the healing Ministry of Jesus Christ;  
We honour the spirit of  
Catherine McAuley and the Sisters of Mercy;  
We pledge ourselves:  
to respect the dignity of human life;  
to care for the sick  
with compassion and professionalism;  
to promote  
excellence and equity, quality and accountability.

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I am pleased to report that the hospital was awarded Accreditation in April 2006 by the Irish Health Services Accreditation Board. This is a landmark achievement for the Mater, being the first major academic teaching hospital in Ireland to achieve this status. I congratulate all our staff and members of the Board.

In June 2006 our Patient Services Department was awarded a recognised accolade of Customer Service Team of the year 2006, coupled with Customer Service Team of the year – Public Services and Education.

These events encapsulate impressively what was a year of significance for the hospital and underline our strong commitment to excellence in all we undertake.

## DEVELOPMENTS

The year witnessed a range of official openings including the new 33 bed Transit Unit and Clinical Decision Unit, all designed to benefit our accident and emergency patients. The new hostel building together with a new Centre for Nurse Education were completed and opened. The new convent building for the Sisters of Mercy community was also completed, following the Community's generous donation of the convent space in the main hospital complex.

A range of staff initiatives was also a feature of the year under review. These included staff health fair days, the launch of a staff-training programme in health informatics, the designation of an afternoon for staff and the Mission Effectiveness week. The Partnership Committee and its Communications Partnership Working Group, having studied ways to

improve inter-staff communications more effectively and more efficiently, developed an updated staff internal communications policy with the twin goals of more effective sharing of information throughout the organisation to assist work quality and staff esteem and to improving overall performance for the benefit of our patients. We also held two community information evenings as a demonstration of our desire to build on our relationships and engagement with the wider community outside the hospital.

I reported last year on additional research links established through the long-standing relationship between the hospital and UCD School of Medicine and Medical Science, most evident in the opening of a new research unit on the Mater campus.

The UCD – Mater Genome Resource Unit has completed a most successful first year of operation. The clinical laboratory and informatics infrastructure now support over forty individual research programmes, involving twenty-eight principal investigators, with a wide range of ongoing projects. The Board is consciously considering further initiatives to support these developments.

## MATER CAMPUS

We faced into 2006 also conscious of the Government's decision to review the provision of tertiary paediatric care in Ireland, thus impacting on our own plans to move the Children's University Hospital Temple Street to the Mater Campus. That review resulted in a recommendation to co-locate the new National Paediatric Hospital with a leading adult academic hospital. The Health Service Executive invited the five Dublin Academic Teaching Hospitals for a response to its recommendation in order to assist in arriving at a decision on the optimum location. This commenced a process, which led ultimately to the decision in June 2006 to build the hospital on the Mater campus. A substantial amount of senior management time was devoted to facilitate the process throughout the year.

The Mater and the Mercy Community are pleased that their gift of the site on the Mater campus to the Health Service Executive is a major contribution to the further development of tertiary paediatric services in Ireland. The gifted site will be capable of accommodating also a new maternity hospital.

# Chairman's Statement

## BOARD, MANAGEMENT AND STAFF

In January we welcomed Professor William G Powderly to the Board as a new director. Bill is Professor of Medicine and Therapeutics and Head of UCD School of Medicine and Medical Science. He has a very distinguished medical background with an international reputation, particularly in the field of infectious diseases. He will add strength to the Board.

In management, the restructuring exercise completed in late 2005, involving key senior management posts, has settled in and is working effectively, aided by a strengthening in the clinical services area by the creation of a new post.

Each year it is a pleasant task to formally, but most genuinely, thank, on behalf of the Board, all staff for their dedication and commitment throughout the year. I like the term - "caregiver" - to describe each and every employee because each, regardless of their role, contributes to the wellbeing of all of our patients.

## LOOKING TO THE FUTURE

Two medium term objectives are high on our agenda as we close the chapter on our 2006 activity. Of vital importance is the securing of the long-standing Government commitment to extend, expand and modernise the facilities we offer as a hospital for the benefit of our patients. We also will work tirelessly to facilitate the arrival of the new national tertiary hospital on the gifted site on the Mater campus.

Achievement of these objectives will add lustre to the role we can play in contributing to healthcare in our society. In parallel, the Board is consciously considering the strategic imperative of strengthening further the education, training and research components of the hospital's Mission.

**John B Morgan**  
Chairman





## INTRODUCTION

The year 2006 was an exceptional year of achievement for the Mater Misericordiae University Hospital. Besides treating a record number of patients, through our inpatient, daycare, emergency, outpatients and walk-in services, the hospital was selected as the designated site for the location of the National Paediatric Hospital. We became the first major academic teaching hospital to achieve the Irish Health Services Accreditation Board award of accreditation in May 2006. Many other notable achievements and highlights for 2006 are identified hereunder.

Despite this level of achievement, 2006 was again a challenging year in terms of funding, bed management and infrastructural deficits. I would like to acknowledge the commitment of all our staff who continue to deliver very high standards of care within an increasingly pressurised environment.

I would like to thank the Board of Directors and Executive Management Team for all their hard work during the year and their assistance to me as Chief Executive.

## STRATEGIC DEVELOPMENTS

### National Paediatric Hospital

In June 2006, the hospital was chosen as the recommended site for the development of the National Paediatric Hospital following the publication of the McKinsey Report and an extensive selection process by a high-level task group. This decision was subsequently ratified by the Dáil and will see

the development of a 400-500 paediatric hospital on the Mater site and possibly a maternity hospital. The development will see the amalgamation of The Children's University Hospital, Temple Street, Our Lady's Hospital for Sick Children, Crumlin and the National Children's Hospital, located at Tallaght, at a cost of approximately €500m.

### Adult Development Programme

As a consequence of the above, the adult hospital development, which was to proceed in conjunction with The Children's Hospital, Temple Street, is to be reassessed in the context of a single development of adult facilities on the site. It is expected that 2007 will see the major development progressed significantly.

### Transit Unit

A 33 bed Transit Unit (St. Michael's Ward) was opened in January / February 2006. This facility, which is part of the MED and incorporates CDU and isolation facilities, caters primarily for emergency patients awaiting admission to speciality beds. The capital cost of developing the unit was €2.5m. The facility is being run on a revenue neutral basis i.e. no additional revenue funding was provided by the HSE for the development.

### Academic Health Centre

A working party commenced discussion on the development of an Academic Health Centre comprising the Mater Misericordiae University Hospital, St. Vincent's Healthcare Group and UCD. This development, which will promote excellence in patient care, will see the consolidation of medical education, research and sub-specialist treatment across the three sites. It is anticipated that this significant development will be launched in 2007.

### Business Continuity Planning

Arising from the hospital-wide risk assessment programme in 2005, the Mater commenced the development of a hospital-wide Business Continuity Plan in the summer of 2006. This will result in the development of contingency plans in the event of a catastrophe across a range of vital departments and services.

# Chief Executive's Report

## CONSULTANT APPOINTMENTS

The following consultants were appointed and took up these appointments during 2006:

**Dr. Mary McCloy**  
Consultant Haematologist 13 March 2006

**Dr. Nuala Murphy**  
Consultant Endocrinologist 8 May 2006

**Dr. Leo Lawler**  
Consultant Radiologist 15 June 2006

**Dr. Jerome Coffey**  
Consultant Radiation Oncologist 14 August 2006

**Dr. Conan McCaul**  
Consultant Anaesthetist 11 September 2006

**Dr. Ruth Loane**  
Consultant Psychiatrist -  
Psychiatry of Old Age 12 September 2006

**Dr. Barry Kelleher**  
Consultant Gastroenterologist &  
General Physician 18 September 2006

**Dr. Gormlaith Hargaden**  
Consultant Radiologist 2 October 2006

**Mr. David Keegan**  
Consultant Ophthalmic Surgeon 2 October 2006

## Medical Emergency Division (MED)

Dr. Gerard Sheehan succeeded Professor John Crowe as Director of the MED. We wish Dr. Sheehan every success in this very demanding role and thank Professor Crowe for his insight in the development of the MED, and his hard work in its implementation.

## OTHER NOTABLE ACHIEVEMENTS IN 2006

- A balanced budget performance representing a 9% increase in funding year on year, including a positive Casemix adjustment of €620k.
- A 77% improvement in waiting times over 2005 for admission to the hospital for patients admitted through the Emergency Department.
- 9% increase in inpatient activity, a 9% increase in day cases, a 4% reduction in average length of stay and 7% increase in Emergency Department throughput.

- Improved performance in the Hygiene Audit of 14% over the 2005 survey.
- Headcount maintained at December 2005 levels plus developments.
- 7 lung transplants including 3 double lung transplants.
- Customer Service Award for Patient Services.
- Internal Communications Strategy put in place including the appointment of a Communications Officer.
- Health Promotion in the workplace launched.

During 2006, the hospital appointed a new Clinical Services Manager, Ms. Grace Cooke, as functional Head of Physiotherapy, Occupational Therapy, Social Work, Dietetics, Speech and Language Therapy, Pharmacy and Clinical Photography.

Mr. Paul Burke took up the position of Human Resources Manager during the year.

We welcome Grace and Paul to the Mater and wish them every success in their endeavours.

The hospital continues to press the HSE for funding for developments on a number of fronts, principally:

- National Spinal Injuries Unit
- Third phase and repatriation of the Heart / Lung Transplantation Programme
- The installation of a PACS in Radiology
- The purchase of a second CT scanner
- Interim development and upgrading of our Emergency Department
- The development of Neurology and Neurophysiology services
- 20 space Day Hospital for the Elderly in the old convent
- Rehabilitation Services development
- Respiratory Medicine services in No.56 Eccles Street.



# Chief Executive's Report

## ACTIVITY

Hospital activity in 2006 was substantially up on 2005 across all areas. Relevant statistics are as follows:-

	2006	2005	%
Admissions	16,141	14,997	+7.6
Discharges	16,096	14,960	+7.6
Day Cases	29,741	27,087	+9.8
Bed Days	189,982	179,406	+5.9
Average Length of Stay	11.5	12.00	-4.2
Average Length of Stay (adjusted)	6.7	6.7	0
Emergency Dept.	50,049	47,112	+6.2

During the year, in response to the introduction of Waiting Time targets by the HSE, for patients being admitted from the Emergency Department; the hospital appointed Ms. Phil O'Neill as Operations

Manager with specific responsibility for meeting the 24-hour admission target.

In the period July to December 2006, the hospital breached the HSE 24-hour target on 10 occasions only, representing a 77% improvement in the measure at 8am and a 43% improvement at 2pm over the same period in 2005. This significant improvement was achieved despite losing 23,105 bed days on delayed discharge patients. This was due to a lack of sub-acute facilities in the community. The pressure on hospital capacity arising from our inability to discharge patients on time is equivalent to the loss of up to 9 beds daily to the hospital.

## FINANCE

Total net revenue expenditure for the year was €220k. This was supported by HSE revenue and capital grants and other miscellaneous income. A minor deficit of €236k was recorded for the year. This sum will be carried forward into 2007 as a first charge.

Expenditure for the year represents a 9% increase on 2005 levels. The majority of the increase relates



# Chief Executive's Report

to nationally negotiated pay awards under Sustaining Progress and benchmarking. Of non-payroll costs, €44.5m or 58% relates to direct patient care. Administration costs at €10.1m represents 13% of total non-pay costs.

Development expenditure was received for Neurology, Spinal Injuries, Renal Services, Cancer Services and Cardiovascular Health Strategy.

Capital expenditure grants were received for the A&E Transit Unit, Heart and Lung, Health-Link, hygiene improvements and minor capital equipment totalling €7m.

Other key financial milestones for 2006 were:

- Statutory external audit of controls and 2005 financial statements, completed in advance of the deadline with a clean audit opinion and financial breakeven.
- Favourable internal audit opinion from a review of payroll, bank and cost controls.
- External and overseas system upgrade work completed by payroll department creating the platform for future automated integration of rostering systems.

- The "mobile" coding of patient charts at ward level eliminated the backlog resulting in a fully up-to-date chart coding system.
- Electronic ordering of all medical and surgical supplies.
- E-tendering used to procure all major equipment.

## CASEMIX

The hospital received a positive Casemix adjustment of €620k in 2006 (based on 2004 activity and costs). Casemix is a performance measurement tool adapted and audited by the Department of Health and Children. The positive adjustment demonstrated that the hospital operated efficiently and delivered value for money.

The Casemix index for the hospital at 2006 is the highest in any hospital in the country and is a reflection of the complexity of the work undertaken in the Mater Hospital.

**Brian Conlan**

**Chief Executive (Acting)**

## 1. COMPANY STRUCTURE AND PARENT COMPANY

The Company is a single member Company limited by guarantee with a share capital and was incorporated as Mater Misericordiae Hospital Limited on 18th December 2001. The Company changed its name on 23rd January 2004 to Mater Misericordiae University Hospital and is permitted to omit the word 'Limited' from the Company title and when referring to the Company. The Company is a subsidiary of Mater Misericordiae and The Children's University Hospitals Limited, a company limited by guarantee and not having a share capital.

## 2. RESULTS FOR THE YEAR

The allocation from the Health Service Executive ('HSE') before the adjustments to deferred income amounted to €221,617,105 an increase of 9% over the amount received in 2005. The majority of the increases relates to amounts allocated in respect of pay awards under Sustaining Progress and Benchmarking, a number of new initiatives and also increases to reflect non-pay medical inflation and service pressures.

The income for the year was €22,066,709, an increase of 9% over 2005 as a result of increases in patient charges and also superannuation receipts reflecting the effect of pay awards.

Operating costs for the year amounted to €245,817,312 an increase of 9% over 2005 reflecting pay increases under Sustaining Progress, increased drug costs and the effects of medical non-pay inflation. Expenditure in respect of light and heat and cleaning costs also increased during 2006.

The deficit for the year was €236,037 (2005 - €184,427). Under the terms of the provider plan agreed with the Health Services Executive ('HSE') the accumulated deficit at 31st December is a first charge on the following year's grant and the accumulated deficit at 31st December 2005 of €184,427 has been offset against the revenue grant received in 2006.

During 2006 the Company was awarded Level 3 Accreditation by the Irish Health Services Accreditation Board. The Company is the first major Irish academic teaching hospital to achieve accreditation.

## 3. ACTIVITIES AND FUTURE DEVELOPMENTS

The activities of the Company are charitable, to relieve, cure and prevent sickness and disability in the community in general by the establishment and provision of the Mater Misericordiae University Hospital in accordance with the mission and traditions of the Congregation of the Sisters of Mercy in Ireland.

The directors have no plans to change significantly the activities and operations of the Company in the foreseeable future.

The Hospital projections for 2007 show a potential deficit if existing service levels are to be retained. Discussions are ongoing with the HSE in respect of these difficulties.

## 4. DIRECTORS AND SECRETARY

The Directors who served during the period from 1st January 2006 to 22nd May 2007 were:

Mr. John Morgan	Mr. Eamon Clarke
Fr. Kevin Doran	Mrs. Anne Carrigy
Mr. Brian Conlan	Mr. Martin Cowley
Mr. Don Mahony	Mr. Kevin Murphy
Mr. Kevin O'Malley	Sr. Margherita Rock
Dr. Anthony Clarke	Mrs. Nuala Healy
Sr. Eugene Nolan	

Prof. Bill Powderly (appointed 24th January 2006)

Under the Articles of Association of the Company the directors are appointed for an initial period of three years. Thereafter they may serve one or more three-year terms.

## 5. POST BALANCE SHEET EVENTS

During the year the Company received a capital allocation of €4,745,000 towards the construction of a Bacterial Infection Unit however the planning and construction did not start until 2007. On that basis the grant will be included in the 2007 financial statements. There have been no other material events

# Directors' Report

Year ended 31st December 2006

affecting the Company since the end of the financial year.

## 6. AUDITORS

In accordance with Section 160 of the Companies Act, 1963, the Auditors Robert J. Kidney and Co., Chartered Accountants are willing to continue in office.

## 7. EU LATE PAYMENTS REGULATIONS

The regulations imposes a legal requirement on bodies to make interest payments in respect of invoices that are paid in excess of 30 days after receipt. The Company has a system in place to identify overdue invoices and to calculate and pay the interest due as part of the invoice payments. The interest incurred under the terms of the regulations amounted to €3,086 (2005 - €12,086).

## 8. PRINCIPAL RISKS AND UNCERTAINTIES

Under Irish Company Law the Company is required to give a description of the principal risks and uncertainties that the Company faces.

All employees are responsible for maintaining general risk awareness, reporting incidents, complying with the rules and regulation set out in terms of employment, maintaining confidentiality of patient and company information and are trained in basic emergency procedures – resuscitation, evacuation and fire precautions as relevant to the employees particular work area.

The principal risks identified are set out below:

The Company provides medical services the demand

for which maybe affected by factors beyond its control. The accident and emergency pressures continue to be a challenge and are monitored at a minimum on a daily basis.

The Company places the highest importance on hygiene and infection control procedures to minimise infection.

The Company is subject to stringent environmental and health and safety laws and has taken the necessary steps to ensure compliance with the Safety, Health and Welfare at Work Act 2006. Continued improvements in this area could result in additional compliance costs.

The Company has long experience of coping with and minimising these risks while delivering excellent patient care to its catchment area and beyond.

## 9. BOOKS OF ACCOUNT

The measures taken by the directors to ensure compliance with the requirements of Section 202, Companies Act, 1990, regarding proper books of account are the implementation of necessary policies and procedures for recording transactions, the employment of competent accounting personnel with appropriate expertise and the provision of adequate resources and systems to the financial function. The books of account of the Company are maintained at Mater Misericordiae University Hospital Finance Department, Eccles Street, Dublin 7.

Approved by the Board on 22nd May 2007

**John Morgan** Director

**Brian Conlan** Director



The members of the Mission Effectiveness Committee met on a bi-monthly basis throughout the year, except when circumstances necessitated otherwise. A report was issued to the Board of Directors on a monthly basis. Regular meetings were arranged with Sr Mary Magdalene McPartlan, the Director of Mission Effectiveness of the Children's Hospital. Regrettably Sr Mary Magdalene retired towards the end of the year. Our best wishes and gratitude are extended for the excellent work that she did in putting the mission effectiveness programme on a solid foundation in the Children's Hospital since 2002 when the programme commenced.

## MISSION EFFECTIVENESS PROGRAMME

The programme of presentations to staff continued throughout the year. These were extended to include heads and senior staff of the following departments: Corporate Group, Finance Department, Postgraduate Medical Centre, EEG Department, Quality and Accreditation, Cardiovascular Laboratory, Medical Records Department, Switchboard, Hospital Communications Centre, Chaplaincy Department, students in Clinical Pastoral Education, ward clerks, volunteers and St Paul's Family Care Centre, Beaumont.

Responses from staff who attended the presentations and their completed questionnaires have been collated and recorded. Standards and key indicators were circulated to a number of heads of departments for evaluation and rating. These also have been collated and recorded. Copies of the findings are available to the Board on request. Results showed positive evidence of a high level of commitment to the Vision, Mission and Ethos of the hospital. This exercise pro-

vided an opportunity to progress awareness of the Mission of the hospital among the staff and served as a useful tool in assessing the influence, effectiveness and credibility of the mission statement as perceived by the staff in their daily work in the hospital.

In January/February 2006, the fourth Bioethics Course sponsored by the Mission Effectiveness Programme for hospital staff was given by Father Paul Tighe. As in previous years, this course attracted great interest. Over fifty staff, including staff from the Children's Hospital, Beaumont Convalescent Home and the Central Remedial Clinic participated. The evaluation of the course was positive and some useful suggestions for further courses were offered.

In March, April and May, Dr Brion Sweeney provided an input and facilitated discussion on values for the members of the Mission Effectiveness Committee.

During July and August 2006 time was devoted to preparation for Mission Awareness Week. This took place during the week leading up to Mercy Day on September 24th. Over 30 posters representing departments and speciality areas throughout the hospital were mounted in the Pillar Room. Each poster indicated how the Mission Statement influences the work of the department it represented. The film "Circle of Mercy" combined with a new DVD on Mercy International Centre was on show. This was organised by the hospital's Information Management Services and Clinical Photography departments.

On Mercy Day, Fathers Stephen Foster, Gerard Deegan (Hospital Chaplains) and Father Norman Jennings, Director of Clinical Pastoral Education celebrated a Mass of Thanksgiving in the hospital chapel. The celebration was greatly enhanced by the music and singing. Among the singers were two sopranos, two tenors, and a baritone, all members of staff of the hospital.

## MISSION RELATED EVENTS

On "World Day for the Sick", February 11th 2006, the Archbishop of Dublin, Rev. Dr. Diarmuid Martin, celebrated Mass in the hospital chapel. There was a large attendance of staff and patients. The hospital chaplains assisted the Archbishop in the anointing of the sick. The nursing staff, the chaplains, the health care assistants and the portering staff were congratu-

# Mission Effectiveness

lated on the preparation and care of the patients and the organisation of the event. The patients were visibly moved and afterwards expressed their gratitude to the Archbishop who made the event so meaningful for them.

In February 2006, the annual Mass of Thanksgiving for the patients of the transplant programme was celebrated. There was a large attendance from both north and south for this very impressive ceremony which is now an established tradition when recipients remember and pray for the organ donors and their families.

In May 2006 the annual Catherine McAuley Memorial Lecture was held in the Freeman Auditorium. During the month of May, the Mater hosted a group of student nurses and their mentors from St. Xavier University in Chicago. Following valued input by the Department of Nursing at the Mater, the group went on to visit the Mercy International Centre at Baggot Street.

During the month of November, ecumenical services were organised by the staff of the Accident &

Emergency Department, the High Dependency / Intensive Care Units, the Chaplaincy Department, and Patient Services Department. There was a large attendance at each of these services which were deeply appreciated by the relatives of patients who had died during the year in their respective units. Masses were also offered for volunteers, past Mater nurses, members of staff who had died, and relatives of staff who had died.

My appreciation to the Board of Directors, the Executive Management, the Medical and Nursing Executives, the Allied Health Professions, the support staff, and all who contribute to creating and maintaining that which makes the Mater an organisation where compassion and kindness as well as professionalism are at the core of all we do for the benefit of the patients, their families, and for each other.

**Sr Margherita Rock**

**Director of Mission Effectiveness**

The Ethics Committee which is appointed by and reports to the Board of Directors of the hospital functions at two levels:

- In respect of policy, it makes recommendations to the Board of Directors.
- In respect of medical research, it acts as a Research Ethics Committee or, appoints a sub-committee from among its members, in accordance with current law, to carry out the functions of a Research Ethics Committee.

The Ethics Committee provides a resource and referral facility for the staff in providing information on ethical principles. It organises and co-ordinates arrangements within the hospital for on-going discussion, debate and education relating to ethical matters and developments. It advises the Board of Directors regarding the best means, in line with available facilities, of monitoring ethical standards.

The Ethics Committee considers and makes recommendations to the Board of Directors, the Executive Management Committee and/or the Board of Governors in respect of ethical issues which arise from time to time in relation to the activities of the hospital, and specifically in relation to regulatory documents which are received from the statutory authority.

The Ethics Committee reaffirms that the standards required within the hospital:

- Recognise the Vision, Mission and Ethos of the Hospital as enunciated by the Sisters of Mercy;
- Are consistent with the Ethical Code for Hospitals issued from time to time by the Archdiocese of Dublin

The Ethics Committee develops initiatives to heighten awareness of the Ethical Code and the standards to which it subscribes. (Interim Ethical Code 2005)

During 2006, the Ethics Committee met on three occasions (February, June and November) Topics discussed during the year included:

- Report on Course in Medical Ethics;
- Relationship between UCD/MMUH regarding research;

- Mission Effectiveness and Programme of Mission Integration;
- Quality Improvement/Accreditation;
- Updating of Ethical Code;
- Application Form, Policy and Procedure Document for Non-Clinical Research;
- MMUH Website.

In January/February 2006, Father Paul Tighe gave the fourth Bioethics Course, for hospital staff which is sponsored by the Mission Effectiveness Programme. As in previous years, this course attracted great interest. Over fifty staff, including staff from the Children's Hospital, Beaumont Convalescent Home and the Central Remedial Clinic participated. The evaluation of the course was positive and some useful suggestions for further courses were offered.

**Sr Margherita Rock**

**Chairperson, Ethics Committee**

## List of Directors of Mater Misericordiae Hospital 2006

Mr John Morgan	Mr Brian Conlan
Sr Margherita Rock	Prof Bill Powderly
Sr Eugene Nolan	Mr Kevin Murphy
Mr Kevin O'Malley	Dr Nuala Healy
Mr Eamonn Clarke	Fr Kevin Doran
Mrs Anne Carrigy	Mr Martin Cowley
Dr Anthony Clarke	Mr Don Mahony

## Members of Hospital Executive Committee 2006

Mrs Anne Carrigy  
Mr Paul Burke - from 26.5.06  
(previously Edna Hoare)  
Mr Brian Conlan  
Ms Grace Cooke from 13.10.06  
(replaced Anne Marie Jones, September 2006)  
Mr Martin Cowley  
Dr Brendan Kinsley from 16.3.06  
(previously Dermot Phelan)  
Ms Una Marren  
Dr Conor O'Keane  
Mr Kevin O'Malley  
Ms Caroline Pigott  
Sr Margherita Rock

## Members of Medical Executive 2006

Mr Eamonn Brazil  
Dr Eamonn Breatnach  
Dr Donal Buggy  
Dr Frank Chambers  
Dr Jim Egan  
Dr Brendan Kinsley  
Dr Tim Lynch  
Dr Niall Mulligan  
Mr Martin O'Donohoe  
Dr Conor O'Keane  
Mr Kevin O'Malley  
Mr Ashley Poynton  
Dr Dermot Power  
Dr Gerard Sheehan (in attendance)

## Nursing Executive 2006

Mrs Anne Carrigy	Ms Bernie Marshall
Ms Una Marren	Ms Margaret McCarthy
Ms Mairead Curran	Ms Mairead Mulhern
Sr Joan Duddy	Ms Rosaleen Murnane
Ms Bidy Duffy	Ms Patricia O'Leary
Ms Esther Freeman	Ms Dorothy O'Sullivan
Mr Gerry Gilligan	Ms Mary Raftery
Ms Paula Gilvarry	Ms Eileen Whelan
Ms Catherine Guihen	Ms Liz Whelan
Ms Catriona Hayden	

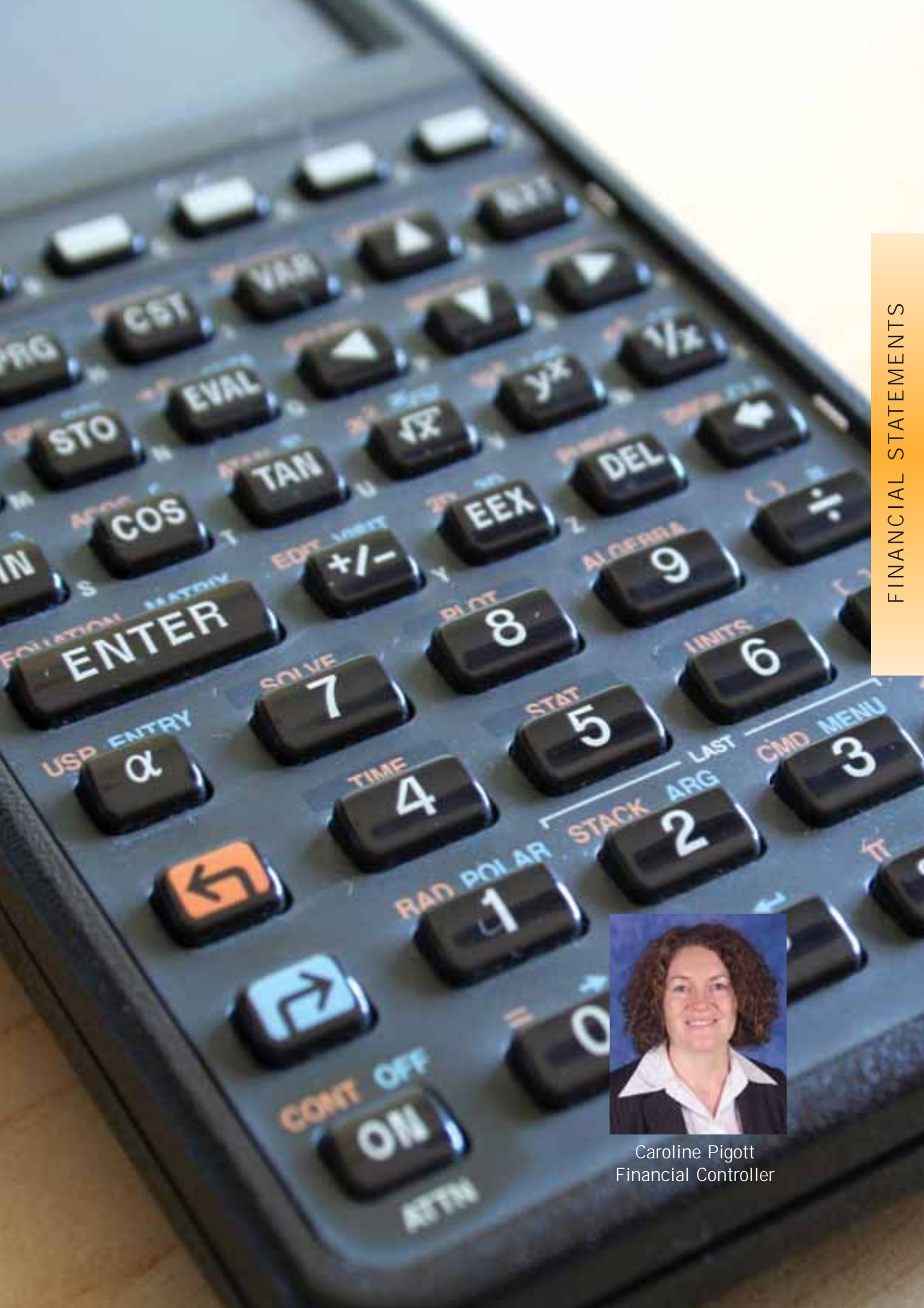
## Members of the Professions Allied to Medicine Council 2006

Ms Sheena Caraway	
Mr Tony Colgan	Ms Mary McKiernan
Ms Una Cunningham	Mr Tom Moloney
Ms Ann Dolan	Mr Ciaran Meegan
Ms Anne Douglas	Ms Vivienne Nelson
Fr Stephen Foster	Ms Lynette O'Sullivan
Ms Florence Grehan	Mr Peadar McGing
Ms Anne Marie Jones	Ms Maureen Nolan
Mr Pat Kenny	Ms Nina Reade
Ms Anne Marie Keown	Ms Angela Rice
Ms Annette McCarthy	Mr William Riordan
	Mr John Sharry

## Members of Administration Committee 2006

Mr John Browne  
Ms Breda Doyle  
Mr Paul Burke  
Mr Martin Hughes  
Mr Martin Igoe  
Ms Deirdre Hyland  
Mrs Anne Carrigy  
Dr Brendan Kinsley  
Ms Phil O'Neill  
Ms Caroline Pigott  
Mr Brian Conlan  
Sr Margherita Rock  
Ms Noreen Keane  
Mr Bernard Looby  
Ms Grace Cooke





Caroline Pigott  
Financial Controller

# Financial Statements 2006

## Profit and Loss Account For the year ended 31st December 2006

	NOTE	2006 €000	2005 €000
<b>INCOME</b>			
Revenue Grants(net)		223,582	206,520
Other Income		22,067	20,227
		<b>245,649</b>	<b>226,747</b>
<b>COSTS</b>			
Payroll and Related Costs		(165,514)	(149,076)
Non Pay Costs		(76,530)	(72,467)
Depreciation		(3,774)	(5,349)
<b>Total Operating Costs</b>		<b>(245,818)</b>	<b>(226,892)</b>
<b>Deficit on Ordinary Activities before Interest</b>		<b>(169)</b>	<b>(145)</b>
<b>Interest Receivable and Similar Income</b>		<b>29</b>	<b>39</b>
<b>Interest Payable and Similar Charges</b>		<b>(96)</b>	<b>(78)</b>
<b>Deficit for the Financial Year</b>		<b>(236)</b>	<b>(184)</b>
<b>ACCUMULATED DEFICIT CARRIED FORWARD</b>		<b>(236)</b>	<b>(184)</b>

The results in both years arise from continuing operations.  
There were no recognised gains or losses other than from those included in the Profit & Loss Account

(Extract from Audited Financial Statements)

## Balance Sheet

As at 31st December 2006

	NOTE	2006 €000	2005 €'000
<b>FIXED ASSETS</b>			
Tangible Assets	1	19,812	16,779
Investments		101	101
		<b>19,913</b>	<b>16,880</b>
<b>CURRENT ASSETS</b>			
Debtors		40,352	35,725
Stocks		3,274	2,320
		<b>43,626</b>	<b>38,045</b>
<b>CREDITORS - Amounts falling due within one year</b>			
Creditors		(31,954)	(28,774)
Bank Loans and Overdrafts		(10,094)	(8,372)
Finance Leases		(199)	(216)
		<b>(42,247)</b>	<b>(37,362)</b>
<b>NET CURRENT ASSETS</b>		<b>1,379</b>	<b>683</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		<b>21,292</b>	<b>17,563</b>
<b>CREDITORS - Amounts falling due after more than one year</b>			
Bank Loans		(760)	(29)
Finance Leases		(244)	(392)
<b>PROVISION FOR LIABILITIES AND CHARGES</b>		<b>(19,812)</b>	<b>(16,779)</b>
		<b>476</b>	<b>363</b>
<b>CAPITAL AND RESERVES</b>			
Share Capital		1	1
Capital Reserve		711	546
Profit and Loss		(236)	(184)
		<b>476</b>	<b>363</b>

(Extract from Audited Financial Statements)

## Notes to the Financial Statements

Year ended 31st December 2006

NOTE 1	Land Buildings €'000	Owned Equipment €'000	Leased Equipment €'000	Total €'000
<b>FIXED ASSETS</b>				
<i>Tangible</i>				
At 1st January 2006	-	49,959	6,120	56,079
Additions from Capital	1,228	5,505	-	6,733
Drawdown Finance Leases	-	-	63	63
Additions from Non Capital Grants	378	1,019	-	1,397
Transfer from MCHD	-	220	-	220
Transfer to Parent Company	(1,606)	-	-	(1,606)
<b>At 31st December 2006</b>	<b>-</b>	<b>56,703</b>	<b>6,183</b>	<b>62,886</b>
<i>Depreciation</i>				
At 1st January 2006	-	(34,341)	(4,959)	(39,300)
Depreciation charge for the year	-	(3,535)	(239)	(3,774)
<b>At 31st December 2006</b>	<b>-</b>	<b>(37,876)</b>	<b>(5,198)</b>	<b>(43,074)</b>
<i>Net Book Value</i>				
As at 31st December 2006	-	18,827	985	19,812
As at 31st December 2005	-	15,618	1,161	16,779

### NOTE 2

#### PROMPT PAYMENTS ACT

The Prompt Payments of Account Act imposes a legal requirement on Public Bodies to make interest payments in respect of invoices after 2nd January 1998 and paid in excess of 45 days from the invoice date.

The Hospital complied fully with the terms of the Act in 2005 and 2006 and interest incurred during the years, in accordance with the terms of the Act, amounted to €13,086 in 2006 and €12,086 in 2005.

### NOTE 3

#### AUDITED FINANCIAL STATEMENTS

The Income and Expenditure Account, Balance Sheet and Notes above have been extracted without material adjustment from the Audited Financial Statements of the Hospital for the year ended 31st December 2006.

(Extract from Audited Financial Statements)

## Financial Statistics

Year ended 31st December 2006

### Payroll & Related Costs Analysis

	2006 €'000	2005 €'000
Management/Administration	18,322	16,711
Medical	37,761	34,311
Nursing & Allied	67,714	59,858
Paramedical	22,341	20,237
Support Services	11,058	10,056
Maintenance	2,148	2,050
Pensions/Other	6,170	5,853
	<b>165,514</b>	<b>149,076</b>

### Non Pay Costs Analysis

Direct Patient Care	44,581	40,716
Support Services:		
Clinical	7,754	7,861
Non Clinical	14,107	13,078
Administration	10,088	10,812
Bank Interest & Charges	67	39
	<b>76,597</b>	<b>72,506</b>

### Income Analysis

Payroll Deductions	8,225	7,371
Cafeteria Income	1,783	1,469
Patient Income	10,447	9,739
Sundry Income	1,612	1,648
	<b>22,067</b>	<b>20,227</b>

### Expenditure Analysis

Total Net Expenditure	2006 €'000	2005 €'000	2004 €'000	2003 €'000	2002 €'000
Payroll	165,514	149,076	132,662	120,498	114,002
Nonpay	76,597	72,506	63,367	53,921	51,703
Income	(22,067)	(20,227)	(18,751)	(16,007)	(12,065)
	<b>220,044</b>	<b>201,355</b>	<b>177,278</b>	<b>158,412</b>	<b>153,640</b>

# Workload Statistics 2006

Year ended 31st December 2006

	2006	2005	2004	2003	2002
<b>Admissions</b>					
Emergency	8,978	8,618	8,500	8,277	8,514
Elective	3,573	3,303	3,742	3,062	4,772
Non Elective	3,590	3,076	3,221	2,707	2,749
<b>Total</b>	<b>16,141</b>	<b>14,997</b>	<b>15,463</b>	<b>14,046</b>	<b>16,035</b>
Emergency %	56	57	55	59	53
Elective %	22	22	24	22	30
Non Elective %	22	21	21	19	17

<b>Discharges</b>					
Inpatient	16,096	14,960	15,504	14,052	15,931
Day Case	29,741	27,087	27,291	26,235	24,459
<b>Total</b>	<b>45,837</b>	<b>42,047</b>	<b>42,795</b>	<b>40,287</b>	<b>40,390</b>

Average Length of Stay (days)	11.54	11.99	11.10	11.55	10.64
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## Accident & Emergency (attendances)

New	43,637	41,243	45,558	45,542	49,834
Return	6,412	5,869	5,599	5,740	5,672
<b>Total</b>	<b>50,049</b>	<b>47,112</b>	<b>51,157</b>	<b>51,282</b>	<b>55,506</b>

## Outpatient Clinics

Attendances	172,161	154,221	150,247	136,774	129,530
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## Departmental Workload Statistics

### Theatre

Cardiac	877	890	943	971	1,046
Main Block	4,806	5,792	4,390	4,278	4,582
Phase 1a (incl day surgery)	7,690	7,717	8,060	7,269	7,487
<b>Total</b>	<b>13,373</b>	<b>14,399</b>	<b>13,393</b>	<b>12,518</b>	<b>13,115</b>

### Radiology

Main Dept	105,087	97,034	95,969	83,820	83,915
A&E	34,154	32,322	36,522	35,232	36,076
MRI	5,168	4,154	3,935	3,741	3,867
<b>Total</b>	<b>144,409</b>	<b>133,510</b>	<b>136,426</b>	<b>122,793</b>	<b>123,858</b>

# Workload Statistics 2006

	2006	2005	2004	2003	2002
Laboratory Tests Performed	<b>4,015,262</b>	3,565,913	3,229,735	3,031,959	2,832,151
Physiotherapy Patients Treated	<b>76,572</b>	67,025	67,650	63,552	61,734
Occupational Therapy Treatments	<b>30,756</b>	23,142	30,530	32,015	30,899
Speech & Language Therapy Treatments	<b>30,429</b>	26,032	29,356	24,277	28,973
Social Work Treatments	<b>43,936</b>	39,342	35,548	32,298	34,469
E.C.G Patients Treated	<b>16,741</b>	16,148	16,025	18,021	20,644
Clinical Nutrition & Dietetics Attendances	<b>23,588</b>	24,252	23,699	22,981	22,405
Renal Unit Dialysis Procedures Performed	<b>10,971</b>	8,987	7,528	7,493	7,153

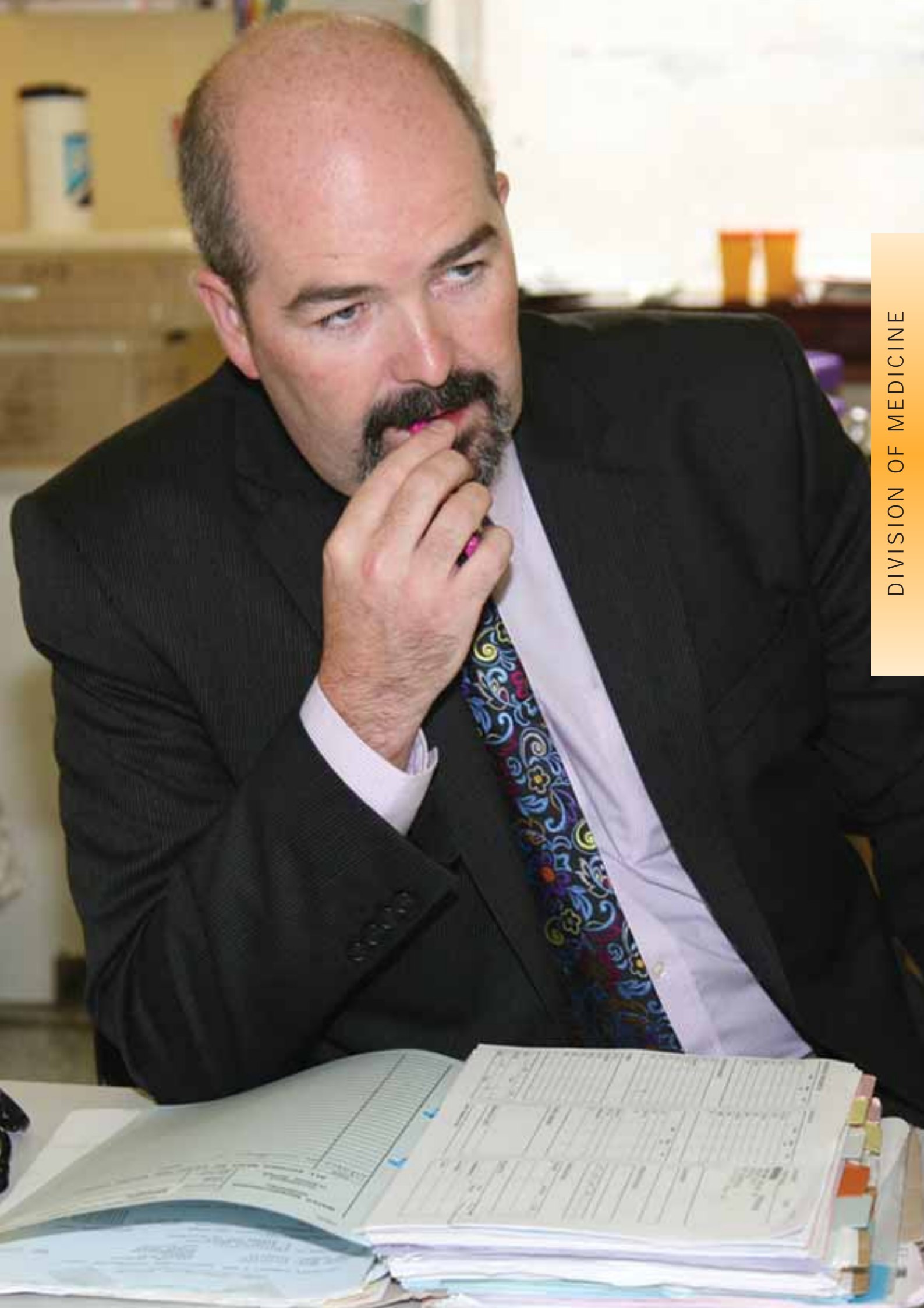
# Patient Statistics 2006

	Admissions by Source			Bed days Total	Inpatient Discharges	ALOS	Day Cases
	Elective	Emergency	Non Elective				
<b>Division of Medicine</b>							
Dermatology	26	4	27	1,146	61	18.79	3,595
Cardiology	47	698	493	13,929	1,426	9.77	1,815
Endocrinology	56	778	37	11,241	799	14.07	4
G.I.	131	869	103	12,465	1,003	12.43	4,492
Respiratory	147	882	158	15,834	1,126	14.06	407
Infectious Diseases	11	761	74	7,446	732	10.17	11
Med for the Older Person	5	485	82	18,377	591	31.09	517
Gen Medicine	3	306	49	2,973	246	12.09	3
Nephrology	58	80	64	3,814	271	14.07	51
Oncol/Haematology	168	154	329	8,944	687	13.02	5,673
Rheumatology	31	360	13	4,923	347	14.19	713
Neurology	110	249	69	9,083	493	18.28	240
Psychiatry	7	124	69	4,080	201	20.30	10
Pain Management	40		4	196	43	4.56	646
Observation Ward/Other	-	219	4	407	215	1.89	14
<b>Total Division of Med</b>	<b>840</b>	<b>5969</b>	<b>1575</b>	<b>114858</b>	<b>8245</b>	<b>13.93</b>	<b>18191</b>

	Admissions by Source			Bed days Total	Inpatient Discharges	ALOS	Day Cases
	Elective	Emergency	Non Elective				
<b>Division of Surgery</b>							
Cardiac Surgery	256	66	411	15,144	828	18.29	110
ENT	240	154	172	6,107	572	10.68	2,352
Gen Surgery	1,172	1,307	438	22,569	2,806	8.04	1,566
Gynaecology	185	27	88	1,937	333	5.82	487
Ophthalmology	219	218	162	3,133	592	5.29	3,630
Dental	39	31	42	210	114	1.84	86
Orthopaedics	123	784	596	15,235	1,488	10.24	1,018
Plastic Surgery	176	298	42	2,455	519	4.73	1,319
Urology	323	124	64	4,138	599	6.91	982
<b>Total Division of Surgery</b>	<b>2,733</b>	<b>3,009</b>	<b>2,015</b>	<b>70,928</b>	<b>7,851</b>	<b>9.03</b>	<b>11,550</b>

<b>Total Hospital</b>	<b>3,573</b>	<b>8,978</b>	<b>3,590</b>	<b>185,786</b>	<b>16,096</b>	<b>11.54</b>	<b>29,741</b>
<b>%</b>	<b>23%</b>	<b>58%</b>	<b>23%</b>				



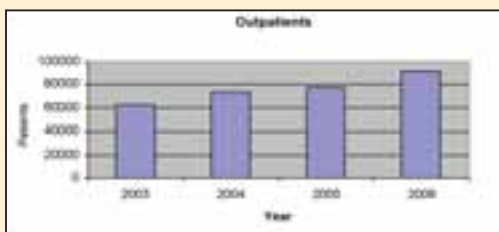
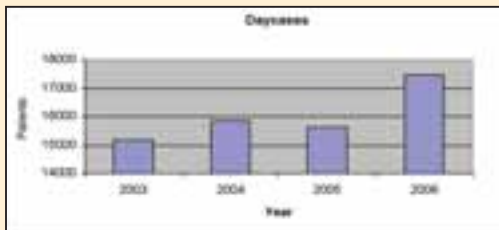


# DIVISION OF MEDICINE

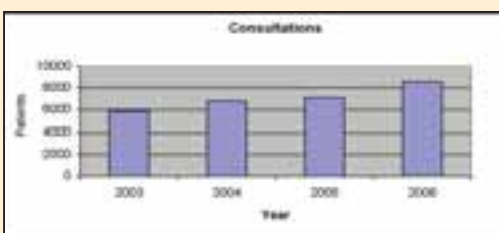
The Division of Medicine is the largest division within the Mater Misericordiae University Hospital. Sub-specialities include accident & emergency, cardiology, dermatology, endocrinology, gastroenterology, general medicine, medicine for the older person, haematology, infectious disease, metabolic disease, nephrology, neurology, oncology, pain medicine, psychiatry (old age, adult, child & adolescent), respiratory medicine and rheumatology.

The division has over 695 budgeted staff including 147 consultant and NCHD staff, 509 nursing / health care assistant staff and 39 other support staff. Together with our colleagues in the allied health professions (AHP), we delivered top class patient care to north Co. Dublin, regional areas and nationally.

The demand for our medical services continues to grow. All the main activity indicators show significant increases over recent years. A review of inpatient day cases and outpatient attendances for the last four years illustrates this point:



Another indicator of service demand is that of inpatient consultations. As can be seen from the chart below, the large number of patients seen, and expert opinion given, represents a substantial workload and reflects increasing complexity of care provided.



We extend a very warm welcome to our new medical consultants who arrived during 2006. They are Dr Barry Kelleher, Gastroenterology, and Dr Nuala Murphy, Endocrinology. Professor John Crowe resigned as MED Director in May, a position he held since its initiation in 2001. The division would like to express its gratitude for his pioneering hard work, leadership and dedication to the project. We welcome Dr Gerald Sheehan as the new MED Director and wish him every good wish in his new role.

New developments include the opening of the new Admissions Lounge and the new Family Screening Clinic. Infectious diseases expanded its outpatient services for a wide range of infectious diseases, including HIV, hepatitis B and C. We were also successful in securing much needed investment for new equipment - new scopes and EUS system (GI); dialysis equipment; EMG and EEG machines; photo testing machine, telemetry system etc. Special thanks are due to the Mater Foundation for their continued help and support in 2006.

Challenges remain in infrastructural and manpower deficiencies in the delivery of appropriate neurological, old age medicine, metabolic diseases, cardiology and A&E services. Other challenges include:

- Budget compliance in a background of ever increasing demand and activity
- Lack of OPD space to expand our outpatient service and provide clinics for new consultants
- Lack of inpatient and day case beds
- Need for a diagnostic and therapeutic day unit e.g., Tysabri infusions in multiple sclerosis
- Expansion of on-site and off-site rehabilitation services
- Increased access to long term care facilities
- Refit of catheterisation laboratory.
- Develop our own stem cell processing unit
- Upgrade our neurophysiology laboratory and services.

Finally, as Chairman of the Division of Medicine, I would like to thank my entire consultant, NCHD, nursing, AHP, administration staff and Padraic Glavey and Padraig Brennan who all worked extremely hard in difficult circumstances to produce the best care possible.

**Dr Timothy Lynch, FRCPI, FRCP (Lond)**  
Chairman, Division of Medicine

The cardiac catheterisation laboratories in the Mater Misericordiae Hospital remain among the busiest in the country and continue to deliver on providing state of the art therapies to a high volume of complex cardiac patients.

In 2006 over 3,200 percutaneous procedures were performed in the two catheterisation laboratories. Complex electro-physiological procedures continue to grow with over 400 devices being performed, including the insertion of approximately 115 cardiac defibrillators and 90 electrophysiology studies/ablations.

Dr Kevin Walsh continues to develop the adult congenital programme performing a total of 50 complex percutaneous closure procedures to adult patients with complex congenital heart disease in 2006.

The non-invasive cardiac laboratory continues to grow in volume and dimensions. Almost 6200 echocardiographic procedures were undertaken in 2006 with over 16,000 other procedures including stress tests, ambulatory blood pressure monitors, holter monitors and ECGs. All of these figures represent significant growth on 2005 in both volume and complexity.

The department continues to offer a variety of outpatient clinics covering many of the sub-speciality aspects of cardiac disease including arrhythmia, valvular heart disease, cardiomyopathy, heart failure, chest pains and adult congenital problems. In all, almost 7,000 patients were seen at the various cardiac outpatient clinics in 2006.

The volume, acuity and complexity of patients coming through the chest pain service continues to grow with over 1,800 patients being assessed in 2006. Over 40% of these patients were subsequently proven to have a diagnosis of acute coronary syndrome and myocardial infarction.

The heart failure clinic at the Mater Misericordiae Hospital is a disease management clinic tailored to the unique demands of chronic congestive heart failure. Its goals are to optimise use of evidence-based medications, improve quality of life, shorten hospital length of stay and prevent accident and emergency attendances and readmissions. All activities are entered on a database and subject to regular audit. The clinic currently manages approximately 600 patients and the readmission rate has been reduced from 30% over 6 months (historical controls) to 30% over 4 years. The heart failure clinic at the Mater is

actively involved in support and education of heart failure programmes and liaises with a network of clinics throughout the country for the shared management of tertiary referral patients. Our proprietary database has been provided to programmes at University College Hospital Galway, Connolly Hospital Blanchardstown and Mullingar General Hospital, allowing pooling of data for the purposes of audit and research.

The majority of cardiac transplant referrals are assessed by the department of cardiology, which has been particularly active not only in identifying suitable transplant recipients, but in promoting viable alternatives to transplantation (given the scarcity of the latter resource) such as bi-ventricular device implantation and left ventricular remodelling procedures. We have been particularly focused, together with our colleagues in cardiothoracic surgery, on the establishment of a ventricular assist device programme for end-stage heart failure. Since implantation of the first left ventricular assist device in mid-2005, 4 patients have been successfully bridged to transplantation with left and bi-ventricular assist device implantation.

In order to meet growing public concerns in relation to sudden cardiac death, much work has been carried out on the establishment of screening programmes for relatives of sudden cardiac death victims, and cardiomyopathy and channelopathy patients. Dr Galvin has served on the Government task force for the prevention of sudden cardiac death, and Dr Mahon has given evidence to a Dáil subcommittee for the implementation of the task force guidelines. The Family Screening Clinic will commence activities in early 2007. It will be the country's first stand-alone clinic for the assessment of families that have lost a young person through premature sudden cardiac death. The clinic's specialist nurse, Catherine O'Donnell will provide information to callers and patients referred by GPs and will identify those who require detailed assessment for underlying genetic cardiac conditions such as cardiomyopathy and channelopathy. The clinic has been set up with the generous support of the Mater Foundation, largely with funds raised by volunteers, who have provided the state of the art facilities, which include an ECG machine with signal averaged ECG capability, a cardiac echo machine and workstation, exercise ECG, 24 hour Holter machine with QT analysis and T wave Alternans. Our colleagues in industry, will provide funding for the clinic nurse and cardiac technician. Catherine's move to the Family Screening Clinic will see Fiona Kehoe join the cardiac arrhythmia service

as dedicated specialist arrhythmia nurse, providing educational support and information to patients with arrhythmias requiring catheter ablation procedures or arrhythmia device implants.

### RESEARCH AND EDUCATION

Research and education activity continues on a local and international level. The cardiology department contributed to the Mater Study Day, Mater Cardiology Study Day, Cardiothoracic Study Day, Sudden Cardiac Death in the Young Support Group Study Day and Cardiomyopathy Association Annual General Meeting. Dr Mahon was an invited speaker at the Irish Cardiac Society 2006 and was invited to chair a session on metabolic cardiomyopathies at the American College of Cardiology annual scientific session. Dr Blake was an invited speaker at the Transcatheter Cardiovascular Therapeutics meeting, Washington 2006.

### SELECTED PUBLICATIONS

Healy DG, Akbar MT, Baktiari N, Egan JJ, Mahon N, Veerasingam D, McCarthy J, Hurley J, Neligan M, Wood AE. The first 20 years of heart transplantation in Ireland. *Ir J Med Sci.* 2006 Jan-Mar; 175(1): 5-9.

Matsumura Y, Elliott PM, Mahon NG, Virdee MS, Doi Y, McKenna WJ. Familial dilated cardiomyopathy: assessment of left ventricular systolic and diastolic function using Doppler tissue imaging in asymptomatic relatives with left ventricular enlargement. *Heart.* 2006 Mar; 92(3): 405-6.

Caforio AL, Mahon NG, McKenna WJ. Clinical implications of anti-cardiac immunity in dilated cardiomyopathy. *Ernst Schering Res Found Workshop.* 2006; (55): 169-93.

Campbell P and Blake GJ. C-reactive protein and hypertension. In *C-Reactive Protein and Cardiovascular Disease*, Eds Ridker P and Rifai N. 2006. pp141-152.

O'Neill JO, Edwards LB, Taylor DO. Mycophenolate mofetil and the risk of developing malignancy after orthotopic heart transplantation. *J Heart Lung Transplant* 2006;25 (10):1186-91

O'Neill JO, Starling RC, McCarthy PM, Albert NM, Lytle BW, Navia J, Young JB, Smedira N. The impact of left ventricular reconstruction on survival in

patients with ischaemic cardiomyopathy. *Eur J Cardiovasc Surg* 2006; 30(5): 753-9.

### ABSTRACTS

Sudden cardiac death among young people in the Republic of Ireland in 2005: a national post mortem review. Morris VB, Keelan E, Leen E, Keating J, Magee I, O'Neill J, McElvaney N, Galvin J.

The clinical presentation of acute myocarditis in a tertiary referral centre. Burke D, Mahon N, McCann H, Blake G, Sugrue D.

Endovascular Stenting of Type B aortic dissection. Kelly P, Healy D, Collier P, Hynes B, McCann H, Sugrue D, Wood AE.

Outcomes of pregnancy in women with high risk cardiac disease. Campbell P, Bowen M, McKenna P, Walsh K, Mahon N.

Influence of greater experience on radiation doses in performing diagnostic coronary angiography. Kelly P, Collier P, Hynes B, Diamond P, McCann H, Sugrue D, Blake G, Mahon N.

Carotid and renal artery angioplasty: a 5-year audit. Kelly P, Hynes B, Collier P, McCann H, Sugrue D.

The first generation of heart transplantation in Ireland. Healy D, Akbar M, Baktiari N, Egan J, Mahon N, Veerasingham D, McCarthy J, Hurley J, Wood AE.

30-day mortality rate in low risk patients attending the chest pain assessment unit: low risk but not no risk! Browne L, Kelly P, Murphy E, Barrett C, Hynes B, Collier P, Mahon N, Blake G, McCann H, Sugrue D.

Cardiac Device Infections: Single Implant Centre Two Year Audit: A Rare but Catastrophic Complication. R Margey, D Murphy, J Galvin, T Keelan, J O'Neill, M Hannon, N Mahon, M Lynch, Departments of Cardiology and Microbiology.

Initial Experience of Percutaneous Pulmonary Valve Replacement in both Paediatric and Adult Congenital Heart Disease. R Margey, T Prendiville, D Murphy, K Walsh,

Outcomes for Myocardial Infarction and Unstable Angina in the Ninth and Tenth Decade of life - Single Centre Experience 2000 - 2006. R Margey, L Browne, E Murphy, N Mahon, G Blake, T Keelan, J Galvin, H Mc Cann, D Sugrue

Causes of Ventricular Fibrillation Cardiac Arrest in Survivors to discharge of Out of Hospital Cardiac Arrest. R Margey, L Browne, E Murphy, C Barrett, B Doyle, J Galvin, T Keelan, N Mahon, G Blake, H Mc Cann, D Sugrue

Outcomes of Percutaneous Coronary Intervention in Cardiac Transplant Recipients with Allograft Vasculopathy - A Retrospective Audit with Angiographic Follow-up. R Margey, J Keaney, R Moran, D Murphy, H McCann, G Blake, D Sugrue, T Keelan, J Galvin, N Mahon

Safe and Effective Carotid Angioplasty and Stenting - Real World Single Centre experience at Odds with Recent Clinical Trial Data. R Margey, P Kelly, N Mahon, G Blake, H McCann, D Sugrue

Survival to Hospital Discharge after Out of Hospital Cardiac Arrest - The importance of Automated External Defibrillator Availability. R Margey, L Browne, E Murphy, C Barrett, B Doyle, J Galvin, T Keelan, N Mahon, G Blake, H Mc Cann, D Sugrue

Thirty Day and Six Month Outcomes from Acute Coronary Syndromes - A single centre one year experience. R Margey, L Browne, E Murphy, N Mahon, G Blake, T Keelan, J Galvin, H Mc Cann, D Sugrue



The Centre for Liver Disease at 55 Eccles Street provides a fully integrated service for patients with chronic liver disease, which includes hepatology outpatient clinics, specialist nurse-led clinics, genetic counselling, psychological assessment, psychological/education programmes, alcohol counselling, anti-viral treatment programmes for hepatitis B and C, therapeutic phlebotomy for hereditary haemochromatosis and a national haemochromatosis genetic testing service. The centre was delighted to welcome Dr Barry Kelleher who joined the staff in October 2006.

An educational resource centre was established in 2003, which provides psychological/education workshops for patients attending the centre. Multidisciplinary training days are held throughout the year for clinicians and other healthcare professionals on the investigation and management of patients with chronic hepatitis B and C infections.

### PSYCHOLOGICAL SERVICES PROVIDED

Individual counselling and psychotherapeutic support is available to all patients attending the centre for liver disease for issues arising pre-, during, and post-treatment of all liver related conditions.

Group work is also conducted within the centre for liver disease, particularly in the area of stress management. This group is not restricted to centre for liver disease patients as it also receives referrals from other departments within the hospital.

The centre includes a research laboratory with its main emphasis on the molecular biology of haemochromatosis and chronic hepatitis C. This laboratory also provides the genetic testing service for hereditary haemochromatosis.

### SERVICES DELIVERED 2006

Patients seen at Liver Clinics	1500
Patients seen at Nurse-Led Clinics	276
Haemochromatosis therapeutic phlebotomy	798
Patient attendances for laboratory tests	1630
Psychological Assessment/Review	53
Outpatient Liver Biopsy	101
Anti-viral treatment for chronic HBV and HCV	39

Non-attendance for clinics (566) is an undesirable and developing phenomenon, which disenfranchises

other patients who would have availed of the missed appointments.

### CURRENT RESEARCH

#### Haemochromatosis [HH]

Investigations into the complex gene regulatory patterns in the liver and duodenum of patients with c282y homozygous hereditary haemochromatosis using a highly sensitive and accurate cDNA based microarray [IronChip] in collaboration with Professor Martina Muckenthaner of the European Molecular Biology Laboratory (EMBL, Heidelberg, Germany). This assay analyses the expression of a wide range of genes that encode iron transporters, storage proteins and regulators together with those of other genes whose products affect or are affected by changes in iron metabolism.

Measurement of Hpcidin, the central regulator of body iron metabolism in collaboration with Professor Dorine Swinkels, (Department of Clinical Chemistry, Radboud University, Nijmegen Medical Center, Nijmegen, The Netherlands) using surface-enhanced laser desorption/ionization time-of-flight mass spectrometry (SELDI-TOF MS).

#### Chronic Hepatitis C (HCV)

Identification of novel early markers of treatment response in Hepatitis C patients using both surface-enhanced laser desorption/ionization time-of-flight mass spectrometry (SELSI-TOF MS) and whole genome expression arrays.

Investigation of genetic factors that influence disease progression and clearance in hepatitis C.

Exploration of the genetic responses to drugs in hepatocytes infected with hepatitis C virus.

Profiling of the autoantibody repertoire of serum in HCV patients using high throughput arrays.

In-house phase 2 controlled clinical trial of triple antiviral regimen of chronic hepatitis C.

#### Psychological research

Investigation of mood, fatigue, quality of life and the prevalence and significance of neuropsychological dysfunction in a group of individuals with a chronic hepatitis C viral infection.

## STAFF

Professor John Crowe, PhD., FRCPI, Director  
Dr T Barry Kelleher, MD, MRCPI, Consultant Gastroenterologist  
Dr Eleanor Ryan, MSc, PhD, Senior Biochemist  
Dr Sharon Barrett, BSc, PhD, Senior Biochemist  
Dr Jennifer Russell, BSc, PhD, Biochemist  
Dr John Browne, BA (Mod.), PhD, Scientist  
Mr Damien Lowry, BSc, MSc Counselling Psych, Psychologist  
Ms Ann Marie Flanagan, RN, RM, Clinical Nurse Specialist  
Ms Caroline Walsh, RN, HDip, Clinical Nurse Specialist  
Ms Helena Lyons, RN, Staff Nurse  
Ms Mags McAndrew, Administrator  
Ms Leanne Finnegan, Administrative Assistant

## SELECTED PUBLICATIONS

Ladas SD, Aabakken L, Rey JF, Nowak A, Zakaria S, Adamonis K, Amrani N, Bergman JJ, Boix Valverde J, Boyacioglu S, Cremers I, Crowe J, Deprez P, Dite P, Eisen M, Eliakim R, Fedorov ED, Galkova Z, Gyokeres T, Heuss LT, Husic-Selimovic A, Khediri F, Kuznetsov K, Marek T, Munoz-Navas M, Napoleon B, Niemela S, Pascu O, Perisic N, Pulanic R, Ricci E, Schreiber F, Svendsen LB, Sweidan W, Sylvan A, Teague R, Tryfonos M, Urbain D, Weber J, Zavoral M. Use of Sedation for Routine Diagnostic Upper Gastrointestinal Endoscopy: A European Society of Gastrointestinal Endoscopy Survey of National Endoscopy Society Members  
*Digestion*. 2006 Nov 27;74(2):69-77

Levine RA, Sanderson SO, Ploutz Snyder R, Murray F, Hegarty J, Nolan N, Kelleher D, MvDonald G, O'Keane JC, Crowe J.  
Assessment of Fibrosis Progression in Untreated Irish Women With Chronic Hepatitis C Contracted From Immunoglobulin Anti-D.  
*Clin Gastroenterol Hepatol*. 2006 Aug;4:1271-1277. Editorial 1190-1192.

Gleeson F, Clarke E, Lennon J, MacMathuna P, Crowe J.  
Outcome of accident and emergency room triaged patients with low risk non-variceal upper gastrointestinal haemorrhage.  
*Ir Med J*. 2006 Apr;99(4):114-7.

Leyden J, Kelleher B, Ryan E, Barrett S, O'Keane JC, Crowe J.

The celtic coincidence--the frequency and clinical characterisation of hereditary haemochromatosis in patients with coeliac disease.  
*Ir J Med Sci*. 2006 Jan;175(1):32-6.

## ABSTRACTS

*Abstract number 652. Presented at AASLD 2006, Boston October 27-31. Hepatology Oct 2006. vol 44 [4], suppl 1*

Iron depletion therapy significantly increases the rate of iron re-accumulation in HH patients with mild disease: implications for the treatment of mild HH. Dushant Uppal, Ahmad Hizwani, Abdul Rahman, Sharon Barrett, Eleanor Ryan, John Crowe. Centre for Liver Disease, Mater Misericordiae University Hospital, Dublin 7, Ireland.

*Abstract number 64. Presented at AASLD 2006, Boston October 27-31. Hepatology Oct 2006. vol 44 [4], suppl 1*

Hepatic iron loading in patients with compound heterozygote HFE mutations. Deirdre O'Donovan, Paula Donnelly, John Crowe. Centre for Liver Disease, Mater Misericordiae University Hospital, Dublin 7, Ireland.

## GRANTS

The Early Viral Response of Hepatitis C to Treatment – A Genomic and Proteomic Study

**Awarded by:** Mater Hospital College for Post Graduate Education and Research

A Study Investigating the Prevalence and Significance of Neurocognitive Dysfunction in an Homogeneous Cohort of Patients with a Chronic Hepatitis C Viral Infection, and the Effects of a Mind Body Intervention on those Individuals Receiving Treatment for their Infection

**Awarded by:** Mater Hospital College for Post Graduate Education and Research

Identification of serum biomarkers of Hepatitis C using surface-enhanced laser desorption/ionization time-of-flight mass spectrometry (SELDI-TOF MS).

**Awarded by:** Mater Hospital College for Post Graduate Education and Research

The MMUH Emergency Department (ED) remains one of the busiest in the country and attended to in excess of 50,000 patients in 2006. This represents an increase of 4.2% on 2005 attendances.

Breakdown of attendance based on illness severity:

Triage category 1, Immediate attention:	1%
Triage category 2, Very urgent attention:	7%
Triage category 3, Urgent attention:	51%
Triage category 4, Standard attention:	40%
Triage category 5, Non Urgent attention:	1%

The ED specialist clinics for soft tissue injury remained busy, accepting patients from local general practitioners and the ED. The daily nurse-led wound care clinic treated in excess of 5,000 patients, accepting patients from hospital consultants, the ED and community services. The advanced nurse practitioners provided care for over 3,000 patients with minor injuries/illnesses.

In common with the rest of the acute hospitals in the country, the greatest threat to the service continued to be overcrowding within the department. The length of time patients waited for an inpatient bed improved due to various hospital initiatives but the overall number awaiting admission remains unacceptable. The hospital-wide response to this problem is ongoing.

## NEW DEVELOPMENTS

The Patient Centre IT facility continued development, allowing better patient mapping within the department and more accurate data gathering capability. In 2006 the scanning capability of the system was enhanced as a first step to the department developing a paperless tracking and clinical information system.

The Clinical Decision Unit opened in July 2006 and manages selected emergency patients along integrated clinical care pathways. This brought about a 20% reduction in length of stay for patients admitted to the CDU.

The relationship between St Mary's Rapid Access Clinic and the ED continued to be successful, allowing expert assessment and management of selected elderly patients to occur in a community setting, thereby reducing hospital admission.

## ACADEMIC ACTIVITY

The department continued to develop a best practice environment with the development of clinical guidelines and patient care pathways. Mr McNerney was appointed intern tutor for the hospital. Mr Brazil was appointed as Academic Lead (Ireland) for the College of Emergency Medicine (UK). Mr McNerney directed ATLS courses with the RCSI and the department facilitated the Trauma Nursing Care Course with a UK Faculty.

## SELECTED PRESENTATIONS

*Irish Association for Emergency Medicine Annual Conference, Sligo, Oct 2006*

Drinking Habits of Injured Patients presenting to Emergency Departments in Ireland.  
Brazil EV, Hope A, Gill A, Costello G, Sheehan J.

Drinking patterns and levels of intoxication in patients presenting to Emergency Departments with alcohol related injury.  
Brazil EV, Hope A, Gill A, Costello G, Sheehan J.

Alcohol and Injuries in the Emergency Department: A Multicentre Irish Perspective.  
Brazil EV, Hope A, Gill A, Costello G, Sheehan J.

Patient Confidentiality in an Overcrowded Emergency Department.  
O Sullivan JM, Crane J, Brazil EV, Lavery A

Stress in the Mater Emergency Department 1999 – 2006  
Breslin TM, Nathin DP, Sheehan J, McNerney JJ

*European Union Geriatric Medicine Society Annual Conference. Belgium. 2006*

Innovation in adversity - the safe implementation of a Rapid Access Clinic to obviate the need for hospital admission in elderly patients attending an overcrowded Emergency Department  
Breslin T, McLaughlin O, Donohue O, Harnedy N, McNerney J, Power DA

*National Council for the Professional Development of Nursing and Midwifery, Dublin 2006*

An Evaluation of the Time of Attendance of the Minor Injury Patient to the Emergency Department in a Dublin City Hospital.  
McBrearty P, Conlon C, Carpenter B, O'Connor C.



*Emergency Care Association Conference.  
Warrington. 2006*

Spiritual Care in the Emergency Department.  
McBrien B.

Assessing Mental Health Patients in the Emergency  
Department. Whelan L.

### INVITED LECTURES

*Contemporary Issues in Rehabilitation Medicine,  
Dublin, April 2006*

Rehabilitation begins in the Emergency Department.  
Brazil EV.

*Update in Medicine for Practising Psychiatrists.  
MMUH, Feb 2006*

Psychiatric Patients in the Emergency Department:  
Challenges and Solutions. Brazil EV.

### SELECTED PUBLICATIONS

The effects of commonly used resuscitation fluids  
on whole blood coagulation.  
Coats TJ, Brazil E, Heron M.  
Emerg Med J 2006;23:546 - 549

Impairment of coagulation by commonly used resus-  
citation fluids in human volunteers.  
Coats TJ, Brazil E, Heron M, MacCallum PK  
Emerg Med J 2006;23:846-849

A Concept Analysis on Spirituality.  
McBrien B.  
British Journal of Nursing 2006, 15 (1), 42 – 45



The GI unit relates to the care of patients with gastrointestinal (GI) dysfunction. This encompasses diagnostic and therapeutic interventions as well as the provision of outpatient clinics. It is the aim of this unit to fully meet the needs of patients in the community by having a weekly walk-in clinic, providing all GI related tests and therapies, as well as clinics on-site and by striving to reduce waiting lists.

Among the highlights for 2006 was the arrival of Dr Barry Kelleher to the Mater Hospital as consultant gastroenterologist. Sean Connolly also arrived as CNM2 for the unit. We were very fortunate to obtain funding for our equipment replacement programme. In particular, we replaced most of our older scopes and, also managed to replace the endoscopic ultrasound system. On top of this, we installed a fully integrated new clinical management information system for the unit. All these improvements will add greatly to our efficiency and effectiveness and are very welcome.

### **Day Case – Interventional Endoscopy Service**

Further integration of outpatient and day case activity was achieved with concentration of all general and specific services within the gastrointestinal unit. Statistics reflect the volume and complexity of gastroenterology, which continues to provide an in-house, local and tertiary referral service. The 'one-stop-shop' clinic format enjoys continued success and is acknowledged as an efficient use of resources with same day procedures including radiology and laboratory assessment.

### **High Risk Colorectal Cancer Screening Clinic**

Denise Smith and Sandra Reilly have driven the HRB funded project together with the specialist registrars Dr Garrett Lawlor and Dr Garrett Horgan. This has now developed into a structured and coordinated programme in liaison with our collaborators in the Mercy Hospital, University College, and Cork. We have incorporated genetic testing this year in liaison with the Department of Pathology.

### **Endoscopic Ultrasound and ERCP**

Our unit continues to provide a national service, particularly in endoscopic ultrasound. The annual EUS workshop is enjoying continued success.

### **ISO 9001:2000 Accreditation**

This unit is the only such accredited medical unit in the country, reflecting the highest standards in both clinical practice and unit organisation.

### **STAFF COMPLEMENT**

- 2 unit managers, 9.5 staff nurses
- 1 administrator
- 4 secretaries
- 2 care attendants
- 1 porter
- 4 consultants
- 3 specialist registrars, 3 SHOs, 3 interns
- Nurse specialists/co-ordinators:
  - 2 Gastrointestinal Cancer Nurses
  - 1 Irritable Bowel Disease Nurse

Clinical workload has increased by 248% this year. Dr O’Gorman has set up a second general haematology outpatient clinic and a specialist myeloma clinic. The priority in the coming year is the appointment of two Mater-based consultants as recommended by the 1999 Comhairle report on haematology consultant manpower commissioned by the Findlay Tribunal and endorsed by the Lindsay Tribunal.

### **ANTICOAGULANT SERVICES**

Dr O’Gorman agreed to take over the running of the anticoagulant services for the hospital from the cardiology department. Space was allocated in a custom-built unit in the courtyard. The specialist nurses perform dosing using the Dawn anticoagulant computerised dosing system. Currently 50 patients per day attend the clinic. So far over 1000 patients have been decanted from the existing clinic. Appointment of another staff nurse will also be required.

### **LABORATORY**

The transfusion service has been successfully inspected by INB. This is a testament to the high calibre of our laboratory and haemovigilance staff. The haemovigilance department has been busy implementing the new EU Blood Directive, which became law in Ireland in February 2005.

### **STEM CELL PROCESSING LABORATORY**

The cancer committee has identified the establishment of on-site stem cell processing at the MMUH as a priority. The EU Tissue Directive became law in April 2006. The north east region, Beaumont Hospital and Connolly Hospital will refer haematology and oncology patients for stem cell processing prior to peripheral blood and bone marrow stem cell transplant to the MMUH unit - a catchment area of c.1 million. This will copper-fasten our status as a comprehensive cancer care centre. The Irish Blood Transfusion Service provided expert advice.

### **RESEARCH**

Dr O’Gorman has established a Travelling Fellowship between the MMUH and the Dana Farber Cancer Institute in Boston. Dr Melissa Ooi, SpR will commence her project in Boston in 2007 under the joint supervision of Professor Ken Anderson and Dr O’Gorman.

Dr John McHugh, Lecturer in Haematology, completed a 2-year MD thesis in July 2006 under the supervision of Dr O’Gorman and Professor Steve Eustace. His work involved research into novel imaging techniques used in the diagnosis and staging of multiple myeloma. There are 2 clinical studies of novel drug regimens in the treatment of multiple myeloma - the PAD and the Lenalidomide trial which are actively recruiting. In collaboration with Dr Peter Doran in the Genome Resource Unit and Dr Martin Clynes, DCU we are using DNA microarray to investigate candidate genes involved in the pathogenesis and evolution of multiple myeloma. Dr Jeremy Sargent replaced Dr McHugh in July 2006 as haematology lecturer. His project involves genomic and proteomic analysis of CLL patients under the supervision of Dr Thornton.

In collaboration with Dr Eileen Treacy, Temple St Childrens Hospital, Dr O’Gorman has initiated a Gaucher Resource Centre at the MMUH. Negotiations are ongoing to establish a national centre for metabolic diseases at the MMUH. The success of the National Children’s Hospital bid should expedite the process. Dr Carmel Rice will complete a 1-year research project during which she will collect epidemiological, clinical and transcriptomic data on Gaucher’s disease patients in Ireland and established a national Irish Gaucher’s disease register at the MMUH.

A major highlight of 2006 has been the further development of the outpatient services of the infectious diseases unit with expansion of services for a wide range of infectious diseases, including HIV, hepatitis B and C, tuberculosis, and a range of other infections including those related to travel medicine. The unit is staffed by group of three infectious diseases specialists, including Drs Jack Lambert and Gerard Sheehan, in addition to Professor Bill Powderly, Head of the Medical School at University College Dublin. Dr Lambert has been responsible for the development of a regional training course for GPs and practice nurses on the subject of STDs, which has been attended by over 150 participants to date. Dr Sheehan has taken the lead on the development of the National Isolation facility at the Mater, whose construction has commenced. Dr Sheehan serves on the national committee dealing with development of guidelines for infectious diseases/bioterrorism prevention.

### SELECTED PUBLICATIONS

Reeds DN, Yarasheski KE, Fontana L, Cade WT, Lacity E, Demoss A, Patterson BW, Powderly WG, Klein S. Alterations in liver, muscle, and adipose tissue insulin sensitivity in men with HIV infection and dyslipidemia. *Am J Physiol Endocrinol Metab* 2006; 290:E47-E53.

Ludlam CA, Powderly W, Bozzette S, Diamond M, Koerper MA, Kulkarni R, Ritchie B, Siegel J, Simmonds P, Stanley S, Tapper M, von Depka M. Clinical Perspectives of Emerging Pathogens in Bleeding Disorders. *Lancet* 2006; 367:252-61.

Cho S-J, Drechsler H, Burke RC, Arens MQ, Powderly WG, Davidson NO. APOBEC3F and APOBEC3G mRNA levels do not correlate with HIV-1 plasma viremia or CD4+ T-cell count. *J Virol* 2006; 80:2069-72.

Henry K, Katzenstein D, Cherng DW, Valdez H, Powderly W, Vargas MB, Jahed NC, Jacobson JM, Myers LS, Schmitz JL, Winters M, Tebas P; A5102 Study Team of the AIDS Clinical Trials Group. A pilot study evaluating time to CD4 T-cell count <350 cells/mm<sup>3</sup> after treatment interruption following antiretroviral therapy +/- interleukin 2: results of ACTG A5102. *J Acquir Immune Defic Syndr*. 2006; 42:140-8.

Sungkanuparph S, Groger RK, Overton ET, Fraser VJ, Powderly WG. Persistent low-level viraemia and virological failure in HIV-1-infected patients treated with highly active antiretroviral therapy. *HIV Med* 2006; 7:437-41.

Reeds DN, Cade WT, Patterson BW, Powderly WG, Klein S, Yarasheski KE. Whole body proteolysis rate is elevated in HIV-associated insulin resistance. *Diabetes* 2006; 55:2849-55.

Grubb JR, Singhatiraj E, Mondy K, Powderly WG, Overton ET. Patterns of primary antiretroviral drug resistance in antiretroviral-naive HIV-1-infected individuals in a midwest university clinic. *AIDS* 2006; 20:2115-6.

Butler JS, Shelly MJ, Timlin M, Powderly WG, O'Byrne JM. Nontuberculous pyogenic spinal infection in adults: a 12-year experience from a tertiary referral center. *Spine* 2006; 31:2695-700

McMillan HM, O'Carroll H, Lambert JS, Grundy KB, O'Reilly M, Lennon B, Collins C, Walsh TA, Geary MP, Cafferkey MK. Screening for Chlamydia trachomatis in asymptomatic women attending outpatient clinics in a large maternity hospital in Dublin, Ireland. *Sex Transm Infect.* 2006 Dec; 82(6):503-5 Selected Presentations

Professor Powderly was a member, Scientific Committee, 8th International Workshop on Adverse Drug Reactions and Lipodystrophy in HIV, 2006, and a member, Scientific Committee, 8th International Congress on Drug Therapy in HIV infection, 2006.

Dr Lambert has provided select presentations to a range of conferences and meetings to GPs on the subject of STDs and influenza infection (avian influenza, pandemic influenza) over the last year. He was one of the keynote speakers at the World TB Day Mater conference March 2006, presenting on TB and HIV: from Africa to the EU, and a guest speaker in Durban South Africa at the University of KwaZuluNatal as part of the Children's HIV Association of the UK and Ireland (CHIVA), where he gave presentations on TB, paediatric AIDS, and HIV drug resistance. In addition, the specialist registrars in the infectious diseases unit had a number of audits and projects mentored by the ID faculty with presentations accepted at international HIV/ID conferences:

Brannigan E, Chew N, Keogh M, Sheehan G, Lambert JS. A North Inner City experience of HIV/Mycobacterial co-infection. European HIV Conference, Glasgow 2006;

Sukumaran V, McCoy K, Howard R, Lambert JS. Cervical cancer screening: a retrospective review of smear results in the setting of a sexual health clinic. Abstract 23, BASHH Spring Meeting, Blackpool 2006.

### ONGOING RESEARCH

The Medical Professorial Unit is intimately involved in participating in research studies at the Genome Resource Unit at the Mater Misericordiae University Hospital, and currently has over 8 clinical trials on a number of different infectious diseases, including HIV, hepatitis C, and tuberculosis. The Dublin HIV cohort, a study to enrol all patients with HIV in a database between the Mater, Beaumont, and St James hospitals is up and running and enrolling patients. Dr Lambert currently has research funding to support a study of measuring therapeutic drug monitoring in HIV positive pregnant women, to perform a serosurvey of hepatitis C in pregnant women, and in developing a community-based hepatitis C treatment programme in conjunction with one of the north Dublin community drug treatment centres.



Professor Carney continued to be President of the International Association for the Study of Lung Cancer (IASLC). Dr. John McCaffrey remains as President of The Irish Society of Medical Oncology (ISMO). Two specialist registrars joined the unit and the academic output was significant from all team members. Our clinical service continued to grow and the Mater Hospital continued to provide training for medical oncology specialist registrars, registrars and other NCHDs as well as nurses at the Institute for Cancer Research at 48 Eccles Street.

### RESEARCH

The Clinical Trials Unit went from strength to strength with our greatest accrual of patients into 2006. A large number of staff travelled to international meetings as well as regional meetings associated with their work through the Irish Clinical Oncology Research Group (ICORG).



## CLINICAL SERVICE

### Mater Misericordiae University Hospital

The day assessment ward, which opened in December 2004, continues to be a great success. This has four assessment rooms, allowing great privacy for patients. It provides a number of services for older people including; comprehensive geriatric assessment clinics for new and return patients, day case investigation and management of common medical problems and Warfarin clinics for older people. In 2006, there were 5,600 attendances at the day ward. Acute assessment and rehabilitation continues on St Anne's and St Brigid's wards.

The acute stroke unit on St Brigid's ward was expanded to 12 beds. Currently over 50% of all acute strokes are admitted directly to the unit. A complementary 6-bedded stroke rehabilitation unit opened in St Mary's Hospital on July 10th 2006.

The consult service continues and there are plans to develop a geriatric liaison service.

A registrar post in orthogeriatric medicine was developed and has improved the medical management and rehabilitation of older patients with fractures.

### St Mary's Hospital, Phoenix Park

The rapid access clinic offers a rapid review of patients presenting to GP or Emergency Department (MMH) with selected medical problems (TIA, weight loss, fall). As a result of the increasing popularity of the service, the time to review has now stretched to 72 hours in some cases and as a result efforts are being made to secure extra staff for the clinic. It is envisaged that as a result of the success of the service it may have to move to larger premises next year.

The Emergency Department Admission Unit is a dedicated 6-bed unit in St Mary's available for patients assessed in the emergency department who require a period of nursing care prior to discharge home. Over 50 patients were admitted to the facility in 2006.

The Hibernian Stroke Unit opened in June 2006 with 6 dedicated rehabilitation beds. In its first 6 months of operation, nearly 20 patients were transferred to the unit from the Mater Hospital for further rehabilitation and care planning.

A new DEXA scanner has been commissioned at St Mary's Hospital and is now fully operational. The DEXA service forms part of a wider strategy to provide a comprehensive Health Ageing Screening Clinic at St Mary's Hospital, the first of its kind in the country.

Dr Power's greater presence on the St Mary's campus has allowed for the admission of a greater number of patients directly from the community to St Mary's (avoiding admission to the Mater). Admissions and discharges back to the community are now running at rates of 27 and 29 per month respectively.

## RESEARCH

Dr Kyne received a project grant award from the Health Research Board and continues work on the molecular epidemiology and immune response to *Clostridium difficile* in collaboration with the Microbiology Department and colleagues in the Veterinary Department, Department of Food Safety, The Conway Institute at UCD and with scientists from Harvard Medical School.

Dr Duggan continues work on hypertension, vascular disease and stroke.

Dr Power continues his work on falls and rehabilitation as well as novel work on nutrition in the elderly.

Collaboration with Dr Peter Kelly, Neurology, continues on the North Dublin Population Stroke Study which is funded by the Health Research Board, the Irish Heart Foundation and the National Lottery. Several SHOs and Medicine for the Older Person specialist registrars and registrars are actively involved in research on this project.

The Mater Misericordiae Hospital Renal Unit provides the following services:

- Renal inpatient service
- Dedicated inpatient consultation service
- Acute haemodialysis service for acute renal failure
- Chronic haemodialysis service for end stage renal disease (ESRD) patients
- Chronic peritoneal dialysis service for ESRD patients
- Renal transplant work-up and follow-up (in co-ordination with Beaumont Hospital)
- Renal ambulatory care service
- Training site for renal specialist registrars
- Renal Nursing Diploma course in collaboration with UCD

## THE TREATMENT OF ACUTE RENAL DISEASE

The Mater Hospital's renal unit provides acute dialysis and consultation services for patients who develop acute renal failure and other renal complications of cardiac and vascular surgery, cancer chemotherapy, sepsis in the ICU and other medical conditions. Because acute renal failure typically complicates 5% of hospital admissions and 30-50% of admissions to the Intensive Care Unit, the renal unit is typically contributing to the management of 20-30 inpatients at any time.

## THE TREATMENT OF CHRONIC RENAL FAILURE

In line with trends in other Irish renal units, Northern Ireland and Europe, the ESRD (i.e. dialysis) population at the Mater Hospital has expanded by 5-10% per annum over the past five years and is projected to do so until 2020. The number of dialysis treatments per year continues to increase from 7,493 in 2003, 8,200 in 2004 and a record 9,200 in 2005. At the present time there are 75 patients on outpatient haemodialysis, 20 patients on peritoneal dialysis and 580 renal transplant patients attending for continued care.

The renal unit has now has a full time clinical nurse specialist in nephrology dedicated to the management and support of patients with chronic kidney disease (CKD) approaching ESRD. This nurse runs a pre-dialysis programme from the renal day unit where she now has a cohort of 80 patients attending on a regular basis.

An additional full time consultant nephrologist, Dr Denise Sadlier was appointed in 2005 and will take up post in February 2007.

## FUTURE DIRECTIONS

Funding has been made available to develop a treatment room and patient waiting and recovery area adjacent to the dialysis unit. It is envisaged that this project will be undertaken in 2007.

## RESEARCH AND TEACHING

2006 was a busy year with publications and presentations at national and international meetings. Selected presentations and publications are shown below.

McKnight AJ, Maxwell AP, Sawcer S, Compston A, Setakis E, Patterson CC, Brady HR, Savage DA.: A genome-wide DNA microsatellite association screen to identify chromosomal regions harboring candidate genes in diabetic nephropathy. *J Am Soc Nephrol.* 2006 Mar;17(3):831-6.

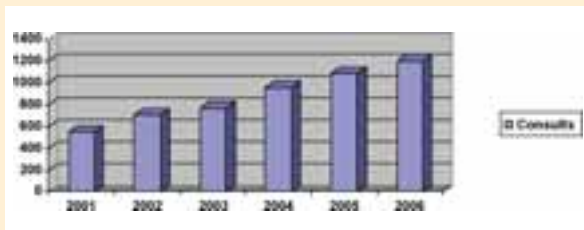
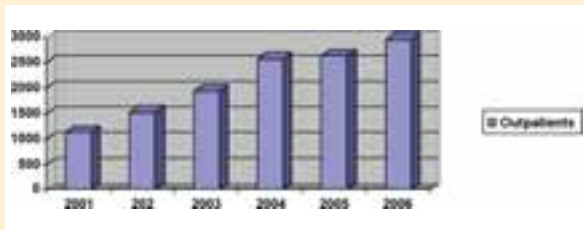
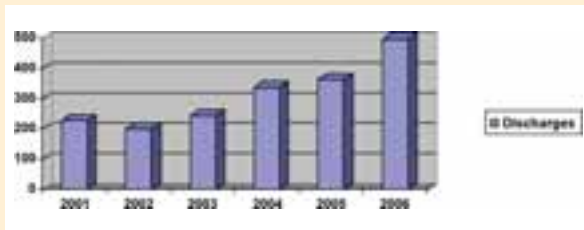
Keating DT, Sadlier DM, Patricelli A, Smith SM, Walls D, Egan JJ, Doran PP.: Microarray identifies ADAM family members as key responders to TGF-beta1 in alveolar epithelial cells. *Respir Res.* 2006 Sep 1;7:114.

Gillman B, Moran AM, Lineen J, Maguire S, McGing P, O'Meara YM: Albumin targets in end stage renal disease: Variation in assay methods. *Irish Nephrology Society* May 2006



## CLINICAL SERVICE

The Department Of Neurology in the Mater Misericordiae Hospital provides a clinical service at local, regional and national level. The following graphs illustrate significant increased activity within the department over the last six years including increased discharges, increased outpatient activity and inpatient consults seen. It is faced with an ever-increasing local, regional and national demand for its services. A simple comparison of this year's activity levels with those of 2001 serves as a good illustration:



## NOTABLE DEVELOPMENTS IN 2006

The Neurological Institute, 57 Eccles Street renovation continued throughout 2006. It is hoped that the Institute will be opened by 2007. The Mater Foundation (Mary Moorhead, Kerry Lindsay and Bernadette Higgins) ran a number of very successful fundraising events throughout the year. The institute will provide a multidisciplinary team service for patients with neurological disease in addition to a drop-in centre and will evolve into an academic centre of excellence in clinical neuroscience.

Our 3 clinical nurse specialists, Noddy Dempsey, Jacqui Scott and Brian Magennis continue to provide a huge service to our patients with education

and counselling expertise in addition to providing an outreach contact to patients, relatives and professional staff. The weekly Parkinson's disease clinic led by Brian Magennis has been very successful and a multiple sclerosis clinical nurse specialist clinic and an epilepsy CNS-led clinic are to be developed shortly.

The stroke service provides both inpatient care in the 12-bedded stroke unit (both acute care of patients with stroke and rehabilitation in a multidisciplinary team) in addition to rapid access clinic and stroke consults.

## ADVOCACY/ADMINISTRATION/MEETINGS

Dr Lynch is Chair, Division of Medicine Mater Misericordiae University Hospital, he sits on the Medical Executive and Hospital Ethics Committee and is Chairperson of the Irish Consultant Neurologists' Association.

Dr Kelly continued his role as a neurology representative and treasurer to the Irish Stroke Council and he served as neurology representative on the Irish Heart Foundation National Stroke Forum

Dr Kelly served as Medical Advisor to the Volunteer Stroke Scheme, a national patients' organisation for stroke survivors. A patient handbook on practical guidelines for stroke prevention was written by Dr Kelly in collaboration with the Volunteer Stroke Scheme and supported by Merck Sharpe and Dohme. Three thousand copies have been distributed to patients and general practitioners nationally. Dr Kelly also contributed to a patient information video to inform stroke survivors and family members about stroke treatment and prevention.

## RESEARCH

The North Dublin Population Stroke Study, a prospective cohort study of stroke incidence, outcome, and predictors of recurrence was begun by Dr Peter Kelly, in collaboration with colleagues from neurology and medicine for the elderly at the Mater, Beaumont, and James Connolly Memorial Hospitals, and UCD.

Grant funding for the North Dublin Population Stroke Study was awarded to Dr Kelly from the Irish Heart Foundation, and Health Research Board.

Dr Kelly continued collaborative translational research into oxidative stress and blood-brain barrier injury after acute ischaemic stroke with scientists from Harvard University and Tufts University in Boston, and Vanderbilt University in Tennessee, USA.

Dr Tania Jawad, continued genomic research in multiple sclerosis under the supervision of Dr Tim Lynch and Dr Peter Doran, DMMC and in collaboration with the Conway Institute, University College Dublin.

Research in neurodegenerative disorders including Parkinson's disease, frontotemporal dementias, corticobasal degeneration continues in collaboration with the Mayo Clinic, Florida and the Conway Institute, UCD. Dr Tim Lynch and Dr Brian Murray head up these projects.

## SELECTED PUBLICATIONS

Healy D, Abou-Sleiman PM, Casas JP, Ahmadi KR, Lynch T, Gandhi S, Muqit MMK, Foltynie T, Barker R, Bhatia KP, Quinn NP, Lees AJ, Gibson JM, Holton JL, Revesz T, Goldstein DB, Wood NW. UCHL-1 is not a Parkinson's disease susceptibility gene. *Ann Neurol* 2006; 59:627-33

Farrer MJ, Haugarvoll K, Ross OA, Stone JT, Milkovic NM, Cobb SA, Whittle AJ, Lincoln SJ, Hulihan MM, Heckman MG, Crook J, White LR, Aasly JO, Gibson JM, Gosal D, Lynch T, Wszolek ZK, Uitti RJ, Toft M. Genome-wide association, Parkinson's disease and PARK10 *Am J Hum Genet* 2006; 78:1081-2

Maraganore DM, de Andrade M, Elbaz A, Farrer MJ, Ioannidis JP, Kruger R, Rocca WA, Schneider NK, Lesnick TG, Lincoln SJ, Hulihan M, Aasly J, Ashizawa T, Chartier-Harlin MC, Checkoway H, Ferrarese C, Hadjigeorgiou G, Hattori N, Kawakami H, Lambert JC, Lynch T, Mellick G, Papapetropoulos S, Parsian A, Quattrone A, Riess O, Tan E-K, Van Broeckhoven C. Collaborative analysis of alpha-synuclein gene promoter variability and Parkinson's disease. *Jama* 2006;296:661-70

Ning M, Furie KL, Lee H, Lederer M, Barron M, Koroshetz WJ, Lo E, Kelly PJ.

Matrix metalloproteinase-9 and tissue inhibitor of metalloproteinase 1 in tPA-treated stroke: temporal profile and relation to stroke severity and outcome. *Neurology* 2006;66:1550-1555.

### Overview of the MMUH Sector Community Mental Health Team (CMHT)

The liaison psychiatry service is a consultant-led, multidisciplinary service. Clinical activity increased overall by 23% during 2006. Compared to 2005, ward consultations increased by 33% to 563 and emergency assessments in the emergency department increased by 13% to 873. The increased clinical activity probably relates to the increasing inner city population, increased awareness of mental health problems in the physically ill, the deficit in GP out-of-hours services and the progressive reduction in mental health service provision by St Brendan's hospital - which is to become the campus for the Dublin Institute of Technology.

The patients seen in the emergency department are increasingly complex. Homelessness, addiction, language difficulties and deficits in community-based services make service provision extremely difficult at times. In addition, over 95% of patients seen by the liaison psychiatry service in the emergency department, self-present. They do not attend a general practitioner prior to their presentation.

The alcohol counsellor saw 328 patients on the general wards in 2006. Her intervention significantly increases the uptake of treatment services by patients with alcohol use disorders. In addition to ward consultations and emergency assessments, 108 new patients were seen in the general outpatients' clinic, pain clinic and neurology outpatients. 1520 review patients were also seen.

Health promotion activities in the outpatients' clinic were introduced in 2006. Monitoring of blood pressure and weight started because of concern over the metabolic syndrome. A survey was also conducted. Patients were asked to indicate what information they would like on physical and mental health issues. Further developments in health promotion activities will take place in 2007.

The research project on Brief Interventions for Alcohol Problems, funded by the health promotion service of the HSE, was completed in 2006. Data analysis will take place in 2007.

### Organisation of the MMUH Sector Community Mental Health Team

The MMUH Community Mental Health Team

(CMHT) is organised on a 'tripartite basis' involving the MMUH, the Health Service Executive and St Vincent's Hospital, Fairview. The following table outlines the current composition of the MMUH CMHT and the recommended composition of a CMHT outlined in Ireland's new mental health policy A Vision for Change (Department of Health and Children, 2006).

	Current composition of the MMUH CMHT	Recommendations in A Vision for Change
Consultant psychiatrists	1*	2
Psychologists	0	2
Psychiatric social workers	1	2
Psychiatric nurses	3.5	6-8
Occupational therapists	1	2-3
Counsellors/psychotherapists	0	1-2
Mental health support workers	0	2-3

\*This includes input from Dr Kelly 8 sessions and from Professor Casey 3 sessions per week.

### SECTOR ACTIVITY

Dr Kelly has two new patient clinics in the Mater Misericordiae Hospital and in Connolly Norman House, North Circular Road. Professor Casey holds her new patient and follow-up clinics for the sector in the Mater Misericordiae Hospital. Annually there are 90 new patient assessments by Dr Kelly's team and 225 by Professor Casey and for follow-up attendances the figures were 2613 and 1002 respectively. In addition there are 57 contacts in the bipolar disorder clinic and 400 in the clozapine clinic per year.

### MMUH LIAISON MENTAL HEALTH SERVICES

Liaison psychiatry refers to the provision of psychiatric services within a general hospital and emergency department setting.

Assessments are conducted on patients presenting to the Emergency Department and on ward referrals. Patients are then referred to the appropriate service e.g. their GP or relevant sector mental health service, according to need. Those with significant mental health problems combined with serious medical problems being treated in the MMUH, however, continue to be managed by the liaison service in order to facilitate an integrated cross-speciality and holistic approach to care.

Specialist assessment and treatment services are also provided as follows:

- To the National Heart/Lung Transplantation service
- To the pain service
- To the neurology service.

Outpatient clinics are held on Mondays and Thursdays and specialist clinics are held in the pain clinic and neurology outpatients. Approximately, 400 patients were treated in the clinics in 2006. Including acute assessments (see above) this brings to almost 2000 the numbers of individual patients seen by the liaison team annually.

Five of the 15 beds in St. Aloysius ward are available for liaison and tertiary referral patients.

An assessment and referral service is provided to the wards by a part-time alcohol counsellor.

Teaching is provided to groups such as medical students and nurses.

An active research programme is ongoing with projects involving prostate cancer and alcohol misuse and these have received funding amounting to €100,000 from the Health Promotion Unit and the Department of Health and Children in the past three years.

Whilst doctors within the MMUH itself make most referrals to the liaison service, patients with specific liaison-type problems are referred by GPs after discussion with the consultant psychiatrist. Medical and senior nursing staff refer inpatients to the alcohol counsellor via the consultant psychiatrist.

The Professor of Psychiatry provides cover, including on-call and outpatient services, for the liaison service.

### **SAINT ALOYSIUS WARD ACTIVITIES**

This ward consists of 15 inpatient beds, of which 5 are designated for those seen by the consultation-liaison service or those sent for second opinions. The remaining 10 serve the inpatient needs of the sector service. During 2006 there were 194 admissions, of which 19 were compulsory admissions. The average duration of stay was 15 days.

### **PSYCHOLOGY SERVICE**

There is one psychologist attached to the Mater Misericordiae Hospital psychiatry department. Two trainee clinical psychologists from UCD and from TCD provide additional clinical support as well as sessional involvement from the psychologist working in the liver unit.

Specific interventions include a social anxiety group, a stress management group, a dialectical behaviour therapy intervention for those who self-harm and a pain management group. Roughly 100 patients are treated by this service annually.

### **SELECTED PUBLICATIONS**

#### **Published Papers - original research, peer reviewed**

Casey PR, Dunn G, Kelly BD, Birkbeck G, Dalgard OS, Lehtinen V, Britta S, Ayuso-Mateos JL, Dowrick C, on behalf of the ODIN Group. Factors associated with suicidal ideation in the general population. Five-centre analysis from the ODIN study. *British Journal of Psychiatry* 2006; 189: 410-5

Casey P, Maracy M, Kelly BD, Lehtinen V, Ayuso-Mateos J-L, Dalgard OS, Dowrick C. Can adjustment disorder and depressive episode be distinguished? Results from ODIN. *Journal of Affective Disorders* 2006; 92: 291-7

Dalgard OS, Dowrick C, Lehtinen V, Vazquez-Barquero JL, Casey P, Wilkinson G, Ayuso-Mateos JL, Page H, Dunn G; ODIN Group. Negative life events, social support and gender differences in depression: a multinational community survey with data from the ODIN study. *Social Psychiatry and Psychiatric Epidemiology*. 2006. 41,6. 444-451

Henriksson KM, Kelly BD, Lane A, Hult R, McNeil TF, Agartz I. A morphometric MR method for measuring cranial, facial and brain characteristics – for application to schizophrenia. *Psychiatry Research: Neuroimaging* 2006; 147: 173-86

Kamali M, Kelly BD, Clarke M, Browne S, Gervin M, Kinsella A, Lane A, Larkin C, O'Callaghan E. A prospective evaluation of adherence to medication in first episode schizophrenia. *European Psychiatry* 2006; 21: 29-33

Kelly BD. Psychiatry and Irish cinema: a qualitative study. *Irish Journal of Psychological Medicine* 2006; 23: 74-9

McCracken C, Dalgard OS, Ayuso-Mateos JL, Casey P, Wilkinson G, Lehtinen V, Dowrick C. Health service use by adults with depression: community survey in five European countries. Evidence from the ODIN study. *British Journal of Psychiatry*, 2006; 189: 161-167

Sheehan, J., Depression caused by physical illness. *Forum*. 2006; 6(1): 7-9

Zyrianova Y, Kelly BD, Gallagher C, McCarthy C, Molloy MG, Sheehan J, Dinan TG. Depression and anxiety in rheumatoid arthritis: the role of perceived social support. *Irish Journal of Medical Science* 2006; 175: 32-6

#### Review Papers – peer reviewed

Casey P. The 'afterthought' diagnosis: rehabilitating adjustment disorders. *Expert Review Neurother* 2006; 6(2): 145-151

Foley SR, Arthur K, Kelly BD. Psychiatric sequelae of Parkinson disease: a case report. *European Psychiatry* 2006; 21: 211-3

Foley SR, Kelly BD. When a patient dies by suicide: incidence, implications and coping strategies. *Advances in Psychiatric Treatment* 2006; 13: 134-8

Kelly BD. The power gap: Freedom, power and mental illness. *Social Science and Medicine* 2006; 63: 2118-28

Kelly BD. Methodological issues in psychiatric research: (1) Case control studies. *Quarterly Journal of Mental Health* 2006; 1: 22-6

White D, Kelly BD. Bipolar affective disorder: advances in genetics and mood-stabilizing medication. *Irish Journal of Psychological Medicine* 2006; 23: 24-8

#### Review Articles - non-peer reviewed

Casey P. Summary of recent scientific publications of interest. *Hospital Doctor of Ireland*. 2006; 12(1): 41-45

Kelly BD, McLoughlin DM. Physician-assisted suicide and psychiatry. *Psychiatry* 2006; 5: 289-91  
Sheehan J. Depression caused by physical illness. *Forum*. 2006; 6 (1) 7-9

#### Book Reviews

Sheehan J. *Somatoform Disorders: A Medicolegal Guide*. Michael Trimble. Cambridge University Press. *Quarterly Journal of Mental Health*. 2006; 1(1): 93

#### Research Correspondence (containing original quantitative research data)

Kelly BD, Linehan F. Attitudes towards the implementation of the Mental Health Act 2001. *Irish Journal of Psychological Medicine* 2006; 23: 82-4.

#### Editorials

Guruswamy S, Kelly BD. A change of vision? Mental health policy. *Irish Medical Journal* 2006; 99: 164-6

Casey, P. A new journal is born: *Quarterly Journal of Mental Health* 2006; 1(1): 1

#### Letters to Editors

Feeney L, Kelly BD. The Lancet's chronic diseases series. *Lancet* 2006; 367: 563.

#### ADDITIONAL ACTIVITIES

Professor Patricia Casey has become Editor in Chief, *Quarterly Journal of Mental Health*, the first issue of which was published in March 2006.

Dr Brendan Kelly is trainee editor of *The Irish Journal of Psychological Medicine*.

Dr John Sheehan's term as an examiner for Part I of the Membership of the Royal College of Psychiatrists came to an end in 2006. He had completed 8 years. He continues as convenor of the Diploma in Clinical Psychiatry. He has doubled the number of places available for candidates to take the exam and introduced 6 exam centres outside of Dublin.

### ONGOING RESEARCH

Internal Audit of Attendances at a Psychiatry Outpatient Clinic. Audit of the efficiency of outpatient clinic at the Mater Misericordiae University Hospital psychiatry outpatient clinic.

Funding of €35,000 was received in 2006 from the Department of Health and Children to conduct a study in the Rotunda hospital, Dublin on the effects of pregnancy on alcohol consumption.

### PRESENTATIONS

Casey P. Suicide North and South. University of Ulster, 2006.



The Mater Child and Adolescent Mental Health Service (CAMHS) provides a mental health service to children and young people under 16 years serving a population of approximately 352,215 people and a child population (0-16 years) of 70,650 (Census 2002). In the 2006, census figures the Mater CAMHS population increased to 379,836 (+7.8% increase).

The Mater CAMHS operates at a tier-3 level and comprises:

- Five multidisciplinary teams aligned to (HSE Dublin North East) North Dublin Central (formerly CCA7), North Dublin (formerly CCA8), and a small section of Dublin North West (formerly CCA6). The lead local health manager for the Mater CAMHS is Noel Mulvihil (North Dublin Central)
- A partial clinical team allocated to Crannog Nua High Support Unit
- Academic staff employed in the family therapy training programme
- A service contract maintained for the transition programme at Focus Ireland
- A service contract at the Girls Remand Centre at Oberstown
- Medical staff provides 24-hour on-call at the Mater and the Children's University Hospital
- Clinical support is provided to the Mater Special School
- St Paul's Hospital and Special School is a service within the Mater Hospital funded by Disability Services.

The location of the 5 multi-disciplinary teams are as follows:

- Team A located at Mater Hospital
- Team C located at Mater Hospital
- Team B located at Ballymun Health Centre
- Team D located at Darndale Health Centre
- Team E located at Swords Health Centre

## OVERVIEW

Parents Plus Programmes (Dr John Sharry)

Research projects with neurofeedback & ADHD

Working Things Out CD-ROM/DVD – which tells the stories of eleven adolescents who have overcome a mental health problem and which is designed to act as a therapeutic resource for clinicians working with other adolescents.

The Personal Investigator – an innovative 3D therapeutic computer game which adapts a solution-focused approach to therapy around a 3D detective game.

The Development of an Assistant Psychologist Grade within the Mater CAMHS.

## SELECTED PUBLICATIONS

Griffin C., Sharry J., Guerin S., Drumm M., I'm Not Alone. Éisteach. Journal of Counselling and Psychotherapy. Summer 2006

Brosnan E., O'Connell L., Fitzpatrick C An Evaluation of the Integrated use of Multimedia Storytelling. Éisteach. Journal of Counselling and Psychotherapy. Summer 2006

Burke N., McDermott M., Murphy K., O'Connell L., Understanding & Supporting the child with Aspergers Syndrome. Éisteach. Journal of Counselling and Psychotherapy. Summer 2006.

Sharry J. Group Supervision. Éisteach. Journal of Counselling and Psychotherapy. Summer 2006.

McCann E., Neurofeedback (EEG Biofeedback): A New Treatment Approach for Attention Deficit Hyperactivity Disorder (ADHD). The Irish Psychologist, 32, 10, 259-264, 2006

Griffin C., Sharry J., Guerin S., Drumm M., 2006 Parents Plus Early Years Research awarded first prize for best presented paper at the Association of Child Psychology and Psychiatry Branch meeting October 2006

Quinn M, Carr A., et al. (2006).

An evaluation of the Parents Plus Programme for pre-school children with conduct problems: A comparison of those with and without developmental disabilities. *Irish Journal of Psychology* 27(3-4); 168-182.

## SELECTED PRESENTATIONS

O'Sullivan M.,  
Loma Linda University Hospital, California, 27th  
October 2006

## ONGOING RESEARCH

The original Parents Plus Children's Programme will be updated and revamped. The aim is to make the video input more relevant by incorporating real footage and to include topics that are particularly relevant to parents of this age group (such as schoolwork, etc.). A new training course will be devised for the programme.

Working Things Out (WTO) is currently being integrated into the SPHE curriculum within schools on a trial basis. A multi-school study to evaluate the impact of WTO is being conducted.

The 'Transforming Stories' project, funded by the HEA, aims to build on the WTO project by developing an easy to use multimedia story telling system which professionals can use with children and young people to express themselves using creative multimedia.

Building on the Personal Investigator 3D video game, it is planned to develop a series of therapeutic video games, which can be readily used by mental health professionals

## ST PAUL'S HOSPITAL, BEAUMONT

St Paul's Hospital continues to provide a full and comprehensive service to children with autism, ranging 4-18 years, from the geographical catchment of HSE – Northern Area (community care areas 6,7,8). The service is a tertiary referral unit receiving children primarily, yet not exclusively, from the Mater Hospital's Department of Child and Family Psychiatry and the Children's University Hospital, Temple Street.

St Paul's Services are divided between:

- St Paul's Hospital
- St Paul's Special School
- St Paul's Respite Service
- St Paul's Community House

The main campus at Beaumont Woods facilitates both the hospital and special school whereas the two (junior and senior) respite houses and the community house are each based in residential areas of Beaumont and Santry.

The clinical support, including assessment for school entry (Department of Education Special School division), is provided by the multidisciplinary team of child psychiatry, psychology, social work, play therapy, speech & language therapy. Nursing and care staff, who report to the Director of Care on day-to-day activities, staff the hospital. The school employs teachers supported by special needs assistants.

The total number attending in 2006 numbered some 65 children with 45 on the school register. Other children, in attendance at other schools, availed of respite provided at St Paul's whereas some children remained resident in the hospital.

In 2006, St Paul's Hospital welcomed the addition of two new clinical staff members adding to the complement of clinical support to all of the children attending our service. A full time principal speech & language therapist was employed to head up and develop speech and language therapy services and a full time educational psychologist joined the psychology discipline. Administrative support was also augmented by a 0.5 WTE.

Referrals to St Paul's in 2006 were far in excess of available places in school and junior respite reached full capacity. Some places remained available in senior respite, which opened in mid-2006 and allowed for separate age groupings. It is projected that this house too will fill within a two-year period.

To facilitate the physical education programme, the Sisters of Mercy very kindly transferred an adjoining 1-acre site from lands owned by the Order. This land has been fenced off to permit the development of a play area and cycle track. However, additional funding for this project remains outstanding.



In 2006, St. Paul's Hospital facilitated by lecturing and/or student placement in postgraduate training in:

- UCD - Final Medicine Psychiatry
- UCD - MA (Ed. Psychology);  
MEd (Special Ed. needs); D. Psych Sc.
- TCD - D. Clin. Psych.
- TCD - Speech & Language Therapy
- DIT / Mater / Temple Street Hospital Nursing

### SELECTED PUBLICATIONS

Fleming, M. (2006). A review of early intervention for children with autism.  
The Frontline of Learning Disability, 66, 14-15

### SELECTED PRESENTATIONS

Houlihan, Brian. A five year review of Freedom of Information / Routine enquiries in Child Psychiatry at the Mater Hospital. Mater Hospital Child Psychiatry Annual research day

### ONGOING RESEARCH

International best practice investigations in children with autism



The Department of Respiratory Medicine had another busy year with a number of new developments. Tremendous effort has gone into developing the Centre for Lung Health in 56 Eccles Street as a facility to manage lung disease in north Dublin in co-ordination with the HSE winter health initiative.

### Tuberculosis Clinic

The TB clinic continues on a Thursday morning at the Mater Hospital and is the only hospital-based TB unit on the north side of Dublin City.

### Pulmonary Hypertension Unit

The pulmonary hypertension unit continues to grow. The unit is under the management of Sinead Doherty and Kathy Brickell, clinical nurse specialists, and has made significant advances, following over 200 patients. It is the only unit of its kind in the country and one of only 7 units in Britain and Ireland.

### Pulmonary Fibrosis Clinic

Under the direction of Dr. Jim Egan, the lung fibrosis clinic continues at the Mater Hospital and has been at the forefront of new drug trials in Europe.

### Lung Cancer

We recently received funding for a nurse specialist in lung cancer for the Mater Hospital. This position will be shared with the cardiothoracic surgery service.

### Asthma and COPD

The asthma services at the Mater continue to develop. Three nurse specialists continue to see patients on an inpatient consultation service as well as attend the respiratory outpatients and asthma education clinics. The goal remains to establish an asthma day centre off-site, for patients and general practitioners to be educated in the management of asthma.

### Pulmonary Rehabilitation

The pulmonary rehabilitation programme, established by Rosaleen Anglim in the physiotherapy department, has slowly developed to become an integral part of our management of patients with COPD in the hospital. Plans for the future would be to expand this service and get full recognition for the important role of rehabilitation in pulmonary therapy from the hospital management.

### St Raphael's Ward

The ward is designated as a respiratory ward and efforts have continued during the year to be able to provide CPAP and BIPAP therapy as well as speciality and respiratory services.

### Special Care Unit

The special care unit continues to develop. The unit has a length of stay of around 5 days for patients with acute medical illnesses, particularly coming from casualty. The unit hopes to expand to 10 beds within the next 5 years.

## SERVICES

### Pulmonary Function Laboratory

The pulmonary function laboratory remains active with a full complement of services including cardiopulmonary exercise testing.

### Bronchoscopy

Bronchoscopy at the Mater Hospital has increased in activity with the new lead-lined suite. However full utilisation has been limited due to the lack of a radiographer to help with fluoroscopy. These services will need to be provided once again by the Mater Private until staffing issues are resolved.

### Clinical Trials

A number of clinical trials were brought to the Mater Hospital this year in respiratory medicine including:

(TRIUMPH) An international, multicentre, double blind, randomised, placebo-controlled comparison of the safety and efficacy of inhaled treprostinol in patients with pulmonary arterial hypertension.

(EARLY) An international, multicentre, double blind, randomised, placebo-controlled comparison of the safety and efficacy of bosentan in patients with NYHA class II pulmonary arterial hypertension.

(PHIRST) An international, multicentre, double blind, randomised, placebo-controlled comparison of the safety and efficacy of tadalafil in patients with pulmonary arterial hypertension.

The Rheumatology Department continues to provide a coordinated range of musculoskeletal services to include: arthritis care, a weekly emergency review clinic, a nurse lead early arthritis clinic, osteoporosis management, sports medicine, ankylosing spondylitis outpatient program (MASTER programme) and 'Bones for life' programme, group patient education forums, biologic drug screening and administration to patients at the Mater and Cappagh Hospitals. Our team at the Mater includes two whole time equivalent consultants, NCHDs, 3 rheumatology nurse specialists, 1 nurse manager rheumatology research and occupational therapy and physiotherapy support. The number of patients availing of the services of the rheumatology team has remained similar to 2005, with the exception of a substantial increase in nurse consults (see table below). The complexity of these visits has also increased, particularly with the increased availability of biologic medications for the treatment of rheumatic diseases. In autumn 2006, the department participated in a highly detailed HSE needs assessment.

Year	Total patients	Procedures consults	Number receiving biological therapy	Nurse
2002	3499	403	19	-
2003	3904	590	60	-
2004	4573	968	102	3315
2005	4460	929	170	4176
2006	3957	788	238	6111

Professor Geraldine McCarthy is a member of the Board of Arthritis Ireland and also the Arthritis Ireland Academic Development Subcommittee. She is Honorary Medical Advisor to Arthritis Ireland. She is co-investigator on a Wellcome Trust collaborative study with DCU "Detection of synovial fluid calcium phosphate crystals: a route to improved diagnosis and understanding of osteoarthritis". She was invited speaker at the Advancing Rheumatology Joint Irish and British Conference, University College Dublin, September 2006. She served as Section Editor. Current Opinion in Rheumatology. Crystal Deposition Diseases, 2004-6

Dr Conor J McCarthy continued as Medical Director of the Irish Rugby Football Union (IRFU). He organised a major IRFU sports medicine conference 'Advances in Sports Medicine and Human Performance'. He remains a member of the Board

of the Faculty of Sport and Exercise Medicine as well as the IRFU medical subcommittee. He is medical adviser to the Ankylosing Spondylitis Society of Ireland and served on the Editorial Board of Modern Medicine. He sits on the Health Promotion Committee of the Mater Hospital. The MSc candidate Dr John O'Dea's thesis topic was 'Evaluation of Irish rugby referees understanding of concussion in rugby'. He received sponsorship of €52K from Pfizer for a Rugby Sports Medical Education programme at the IRFU.

Dr Suzanne Donnelly has served as part-time locum consultant since July 2005. She returned from St George's University Hospital, London where she co-ran the South West London SLE service and project led the development of community/ hospital interface services for musculoskeletal diseases. She has clinical and research interests in systemic lupus erythematosus (SLE) and the connective tissue diseases. Dr Donnelly has extensive experience in the field of medical education, previously appointed as clinical lecturer in Trinity College Dublin, the University of Oxford and in both undergraduate and postgraduate-entry medical schools of St George's, London. She is author of the rheumatology chapters for Medicine at a Glance (Blackwell Scientific) and completes her Masters in Medical Education next year. She maintains an ongoing collaboration with Dr Paul Eggleton, Peninsular Medical School, UK re key apoptotic pathways in SLE and commenced cardiovascular risk profiling of all patients with rheumatoid arthritis (RA) in the department in 2006 with a view to setting up a nurse-led CVS risk management clinic for RA in 2007.

The department now has three clinical nurse specialists, Ann Cassidy, Patricia Kavanagh, and Norma Ferris. In addition, we have recently been joined by Nurse Manager Rheumatology Research, Anne Madigan. Patricia Kavanagh has just completed her term on the committee of the All Ireland Rheumatology Nurse Forum and plans to undertake a research masters later this year. Norma Ferris continued as a member of the committee of the All Ireland Rheumatology Nurse Forum. Ann Cassidy was a member of the Specialised Medicine Team for the Accreditation process. Patricia Kavanagh was a member of the Collaborative Biologics Nursing Forum incorporating rheumatology, dermatology and gastroenterology and presented a public lecture 'A Multidisciplinary Team Approach to Joint Pain' Arthritis Ireland Information and Awareness Day Dublin May 2006.

The department continued to host graduate diploma (Rheumatology) students on clinical placement.

The Rheumatology Helpline continues to provide easier access for patients to the rheumatology nurse specialists.

### SELECTED PUBLICATIONS

Donnelly S, Roake W, Brown S, Young P, Naik H, Wordsworth P, Isenberg DA, Reid KB, Eggleton P. Impaired recognition of apoptotic neutrophils by the C1Q/calreticulin and CD91 pathway in systemic lupus erythematosus. *Arthritis Rheum.* 2006 May; 54(5):1543-56.

Harney SM, Timperley J, Daly C, Harin A, James T, Brown MA, Banning AP, Fox K, Donnelly S, Wordsworth BP. Brain natriuretic peptide is a potentially useful screening tool for the detection of cardiovascular disease in patients with rheumatoid arthritis. *Ann Rheum Dis.* 2006 Jan; 65(1):136.

Zhang W, Doherty M, Pascual E, Bardin T, Barskova V, Conaghan P, Gerster J, Jacobs J, Leeb B, Liote F, McCarthy G, Netter P, Nuki G, Perez-Ruiz F, Pignone A, Pimentao J, Punzi L, Roddy E, Uhlig T, Zimmermann-Gorska I. EULAR evidence based recommendations for gout - Part I Diagnosis: Report of a task force of the Standing Committee for International Clinical Studies Including Therapeutics (ESCSIT). *Ann Rheum Dis.* 2006; 65:1301-11

Zhang W, Doherty M, Bardin T, Pascual E, Barskova V, Conaghan P, Gerster J, Jacobs J, Leeb B, Liote F, McCarthy G, Netter P, Nuki G, Perez-Ruiz F, Pignone A, Pimentao J, Punzi L, Roddy E, Uhlig T, Zimmermann-Gorska I. EULAR Evidence based recommendations for gout - part II Management: Report of a task force of the EULAR Standing Committee for International Clinical Studies Including Therapeutics (ESCSIT). *Ann Rheum Dis.* 2006; 65: 1312-24

McCarthy GM. New drugs for crystal deposition diseases. *Curr Opin Rheumatol* 2006; 18:170

Molloy ES, McCarthy GM. Calcium crystal deposition disease – update in pathogenesis and manifestations. *Rheum Dis Clin North America* 2006; 32, 383-400

Molloy ES, McCarthy GM. Basic calcium phosphate crystals: pathways to joint degeneration. *Curr Opin Rheumatol* 2006; 18: 187-92

Jordan N, McCarthy GM. Febuxostat: a safe and effective therapy for hyperuricemia and gout. *Future Rheumatology* 2006; 1:303-9

Molloy ES, McCarthy GM. Biochemistry of Apatite-associated Syndromes. In Wortmann RL, Schumacher HR, Becker MA, Ryan LM eds. *Crystal-induced arthropathies; Gout, pseudogout and apatite associated syndromes.* Marcel Dekker, New York, 2006

### SELECTED PRESENTATIONS

*Abstracts presented at the American College of Rheumatology Annual Scientific Meeting Washington DC November 2006*

ES Molloy, MP Morgan, B McDonnell, J O'Byrne, GM McCarthy. BCP crystals increase PGI2 production and upregulate the PGI2 receptor in OA synovial fibroblasts; potential effects on mPGES1 and MMP-13. *Arthritis Rheum* 54, S644, 2006

*Abstracts presented at The Advancing Rheumatology Joint Irish and British Conference University College Dublin September 2006*

T Rooney, PJ Kavanagh, FD O'Shea, A Cassidy, N Ferris, S Donnelly, GM McCarthy, CJ McCarthy. Lack of Influence of Methotrexate or Corticosteroid Therapy on the Outcome of Mantoux Testing for Latent Tuberculosis in Patients with Inflammatory Arthritis.

McDonnell B, Molloy ES, O'Byrne J, Morgan MP, McCarthy GM. Omega-3 fatty acids reduce production of pro-inflammatory prostanoids PGE2 and prostacyclin, and increase production of anti-inflammatory 15d-PGJ2 by osteoarthritic synovial fibroblasts treated with basic calcium phosphate crystal.

PJ Kavanagh, N Ferris, A Cassidy, S Donnelly, GM McCarthy, CJ McCarthy Reduction of DMARDs in Rheumatoid Arthritis patients after initiation of anti-TNF therapy.

G McMahan, R Kilkeny, K Behan, A Smith and GM McCarthy. Detection of synovial fluid calcium phos-

phate crystals: a route to improved diagnosis and characterization of osteoarthritis.

*Abstract presented at the OARSI World Congress on Osteoarthritis Prague, November 2006*

McDonnell B, Molloy ES, O'Byrne J, Morgan MP, McCarthy GM.. Omega-3 fatty acids reduce production of pro-inflammatory prostanoids, increase production of anti-inflammatory 15D-PGJ2 and alter levels of MMPs and TIMPs by osteoarthritic synovial fibroblasts treated with basic calcium phosphate crystals.

### ONGOING RESEARCH

Pathogenesis of OA; development of effective therapies for OA, clinical research in ankylosing spondylitis, c1q polymorphisms in SLE, impaired apoptosis and clearance in SLE, mechanisms of cardiovascular disease in inflammatory arthritis.



The Medical Emergency Division (MED) project was initially implemented in 2001 and re-established in 2004 with the following (2001 original) objectives:

- To achieve a balance in clinical activity;
- To eliminate significant admission delays for all emergencies;
- To re-establish tertiary activity.

In 2001 a number of beds were centralised into emergency units; viz Acute Medical Unit including a 6-bedded Medical Special Care Unit, an Acute Medicine for Older Persons Unit, an Acute Stroke and Rehabilitation Unit, an Acute Cardiology Unit including a Coronary Care and Chest Pain Unit, and an Acute Surgical Unit. More recently, an OPD Urgent Admission Unit [2 beds], a Medical Intervention Unit [12 beds] and an Acute Medical Transit Unit [32 beds] were added to the MED bed complement. Currently, the total MED bed capacity equates to 230 beds.

## RESIGNATIONS/APPOINTMENTS

Professor John Crowe initiated the project in 1999. He is commended for his distinguished contribution, leadership, commitment and dedication to the implementation of a managed care system for emergency admissions known as the "MED project". Secondly, his outstanding interest in delivering the highest possible level of care to patients in a timely, equitable and efficient manner is also acknowledged during his tenure of office. In May 2006, Professor Crowe resigned as the MED director. Similarly, Dr Emma Devitt, who was the first appointed MED Specialist Registrar (SpR), who provided excellent professional and loyal support to the project. Dr Devitt completed her term of office in June 2006.

Consequently, Dr Gerard Sheehan, Infectious Diseases Consultant was appointed as the new MED director (in June 2006) and Dr Ramona McLoughlin was appointed the new MED specialist registrar (in July 2006) to continue to improve performance management.

## PERFORMANCE MANAGEMENT

To achieve a greater balance of clinical activity during 2006 we aimed for:

- Earlier diagnosis, intervention and treatment in the most appropriate settings; and a
- Defined outpatient department triaging system

enabling direct admission based on clinical need, both leading to the:

- Prevention of additional admissions via the emergency department;
- Provision of an expected date of admission and discharge i.e. waiting time guarantees;
- Shorter lengths of stay by pre-booking all diagnostics/interventions/consultations prior to admission;
- Achievement of full waiting list validation for ten medical specialities;
- Enhancement and preservation of medical specialisation;
- Provision of an excellent clinical learning environment; and the
- Strengthening of staff recruitment and retention processes.

## URGENT OPD ADMISSION UNIT: CATEGORY 1 STATUS

The purpose of this unit is to improve the processing of patients who require urgent admission within an agreed waiting time of one to twenty-one days. The maximum length of stay is ten days and subsequently patients are transferred to a designated speciality unit.

### 2006 Speciality Admission Profile

Dermatology	6
Endocrinology	4
Gastroenterology	8
Infectious Diseases	1
Medicine for Older Persons	0
Metabolic	0
Nephrology	2
Neurology	25
Respiratory	3
Rheumatology	4
Total	53

The proposal to allocate two additional beds to operate as a four-bedded unit requires urgent consideration in order to achieve maximum benefits and value for money.

**MEDICAL INTERVENTION UNIT (MIU):  
 CATEGORY 2 STATUS**

This unit provides rapid assessment, diagnosis/intervention and treatment for patients among ten medical specialities listed on the category 2 status i.e. those whose admissions are deemed less urgent and can wait up to three months.

In 2006 a total of five hundred and eighty three patients were admitted from that list. The projected activity for the year was 700 admissions, which was compromised by direct admissions from the emergency department resulting in excess of 250 cancellations. Nonetheless, the average length of stay for patients during that period was 5.4 days.

**2006 Speciality Admission Profile**

Dermatology	24
Endocrinology	62
Gastroenterology	152
Infectious Diseases	12
Medicine for Older Persons	4
Metabolic	1
Nephrology	81
Neurology	126
Respiratory	87
Rheumatology	34
Total	583

**ACUTE MEDICAL TRANSIT UNIT**

The Acute Medical Transit Unit is fully operating as a 32-bedded unit since March 2006. This unit includes a single negative pressure isolation unit, for patients suspected or proven to have infectious tuberculosis and another room is reserved for dialysing hepatitis B surface antigen positive patients.

The key benefit of the acute medical transit unit is that it supports shorter waiting times for patients waiting admission in the emergency department, the outpatients department or medical diagnostic units. The standard operating policy for the unit identifies a maximum length of stay of 72 hours.

In 2006, a total of 2,123 medical emergency admissions and 231 medical intervention admissions occurred. A total of 927 patients were discharged directly from the unit. The average length of stay,

inclusive of the patients requiring longer lengths of stay in the negative pressure isolation room amounted to 96 hours. Therefore, taking the isolation length of stay requirements into consideration, it is appropriate to say that the unit was operating effectively i.e. close to the agreed 72 hours policy time. In addition, a total of 23.58% of all hospital admissions were admitted to the unit, i.e. into 6% of the overall hospital's bed capacity and of those admitted 58.7% were over the age of 65 years.

**SPECIAL CARE UNIT**

The Special Care Unit is a designated medical high dependency unit where seriously ill medical patients are admitted for monitoring and treatment. In 2006, a total of 387 patients were admitted to the unit with an average length of stay of 3.7 days. The unit admits patients requiring inotropic support, arterial cannulation, non-invasive ventilation or echocardiographic monitoring. However, the unit's five-bedded capacity is proving insufficient to meet the demands.

**RAPID RESPONSE POLICY**

This policy was piloted from August 2006 and made part of MED standard operating policies from October 2006. It had been invoked approximately once a week. This policy is essentially a medical initiative, involving the MED Director meeting the medical registrars each time an emergency response to a bed crisis is necessary or in order to meet the legislative Health Services Executive Emergency Department waiting time targets. Additionally, other senior managers / discharge coordinators attend such meetings so as to facilitate the sharing/updating of information. Meetings are initiated as indicated and outcomes audited. The benefits include the stimulation of discharges, provision of a cross sectional view of the Division of Medicine situation in real time, and the identification and management of immediate barriers to discharge.

**DISCHARGE AUDIT – PILOT**

In order to decrease lengths of stay and influence change, a pilot study commenced in October 2006 to audit electronically the reasons for delayed discharge. The audit requests an estimated date of discharge to be recorded within 72 hours of admission for patients admitted via the emergency department and reviews the reason for delayed discharges under four main categories:

- 1) ongoing treatment - patients not fit for discharge,
- 2) medical investigations required
- 3) awaiting rehabilitation and
- 4) delayed discharges to supportive environments.

Initially the renal and infectious diseases teams are partaking in the pilot. Evaluation and updating of the process is ongoing in order to improve patient flow and advance discharge planning.

## CONCLUSION

Significant improvements in hospital function have been achieved with the MED project, particularly by operating a more innovative patient-centred approach to healthcare, achieving key performance indicators and taking corrective action.

However, continued success of the MED and further reductions in the average length of stay will require improved delayed discharge initiatives from the Health Services Executive particularly for long-term and medium-term care.

**Dr Gerard Sheehan**

Director of MED

**Noreen Keane**

MED Operations Manager







DIVISION OF SURGERY

### CONSULTANTS:

Professor Tom Gorey

Mr Maurice Stokes

Mr Malcolm Kell

All three surgeons are involved with the Eccles Unit of BreastCheck (the national breast screening service), as well as the Mater Hospital's symptomatic breast unit BreastHealth. They are also involved in endocrine and general surgery.

BreastHealth now provides a comprehensive breast service, in conjunction with our radiology, pathology, nursing, radiography and administrative colleagues. Oncoplastic surgery (where the cosmetic aspects of care in addition to the oncological treatment of the patients care is undertaken) is now a significant part of our workload.

We run a weekly rapid access triple assessment clinic for urgent patients as well as clinics for new non-urgent patients. We run a monthly special family history clinic and all consultants run review clinics to follow-up patients requiring this. All patients are discussed at our weekly multidisciplinary meeting, where everything is reviewed and future management decisions taken.

We have a very active data collection system for all our patients. This is regularly audited. Plans to have this data comparable with other breast units are at an advanced stage.

#### Some statistics:

6,030 patients seen in clinics  
2,115 of these were new patients  
3,915 were review patients  
3,758 patients had mammography  
1,785 patients had ultrasound examinations  
659 patients had needle biopsies (FNA and core)  
198 patients had other outpatient procedures  
358 breast cancer patients were treated as inpatients  
67 of these had reconstructive procedures

### ACADEMIC

We have an active research group within the unit with weekly meetings. Research is pursued in-house and in collaboration with the Conway Institute in UCD and with DCU. Papers were presented in 2006 at the Sylvester O'Halloran Meeting in

Limerick, the Sir Peter Freyer Meeting in Galway, at the BASO meeting in London, at the ESSO meeting in Venice and at the Mater International Breast Meeting.

### SELECTED PUBLICATIONS

Conneely JB, Kell MR, Boran S, Flanagan F, Kerin MJ. A case of bilateral breast cancer with Peutz-Jeghers syndrome. *European Journal of Surgical Oncology*. 2006; 32(1): 121-2.

Kell MR, Morrow M. Surgical aspects of inflammatory breast cancer. *Breast Disease* 2006; 22 (1): 67-73.

Martin Z, Canning C, Buggy D, Kerin M, Kell MR. Accelerated care pathways in oncoplastic breast surgery. *Irish Journal of Medical Science* 2006; 175(3, suppl. 1): 38

# Cardiothoracic Surgery / Heart Lung Transplantation

## CONSULTANTS

Mr A E Wood, Director

Mr D Luke

Mr J Hurley

Mr J McCarthy

Professor M Redmond

Mr L Nolke

Two consultants, Mr Luke and Mr McCarthy have a joint appointment in St Vincent's Hospital and three consultants, Mr A E Wood, Professor M Redmond and Mr L Nolke have a joint appointment with Our Lady's Hospital for Sick Children, Crumlin.

## SUB-SPECIALITIES

Adult Cardiac Surgery

Cardiac Transplantation

Lung Transplantation

Grown-up Congenital Heart Surgery

Adult Thoracic Surgery

Endovascular Thoracic Surgery.

## OVERVIEW

The Professor Eoin O'Malley Cardiothoracic Surgery Unit is the national centre for adult cardiac and thoracic surgery specialising in all aspects of cardiothoracic surgery from bypass grafting to valve reconstruction/replacements, complex aortic surgery and heart lung transplantation. It runs the human process and the clinical directorship for the Irish Homograft Valve Bank based in the Blood Transfusion Service.

The unit performed a total of 839 cardiothoracic procedures in 2006. The most common procedure was isolated coronary artery bypass grafting which accounted for approximately 52.5% of the work. Valve surgery with or without associated bypass grafting accounted for 31.5% of the workload. The remainder included combined procedures and adult congenital heart work. Redo open-heart work accounted for 10% of the total cardiac surgical workload.

Major achievements for the unit in 2006 were the performance of the first double lung transplant in January. Two further double lung transplants were

performed by the year-end. A total of four patients received lung transplants during the year. Fourteen heart transplants were also performed, bringing the total number of cardiothoracic organ transplants to 21. The artificial heart-bridge to transplant programme continued and two patients proceeded to be successfully transplanted. While two others, one an LVAD and one a BIVAD remained in the cardiothoracic HDU awaiting transplantation at year's end.

Endovascular stenting of thoracic aortic aneurysm continued and there were a further ten patients being treated in association with the department of interventional radiology and cardiology. All patients were successfully treated.

The thoracic workload increased significantly and accounted for 204 procedures, of which 141 were thoracotomies. The primary requirement was treatment for lung cancer. It is a goal of the department to put in place a lung oncology co-ordinator in 2007.

The cardiothoracic high dependency unit continued to have a huge impact on provision of care for cardiothoracic patients in 2006 and a total of 630 admissions occurred. In particular it facilitated the increase in thoracic workload being referred and performed. During 2006 the admission policy was changed to allow patients to be admitted on intra-aortic balloon pumping who are extubated and this has progressed well. It continues to play an essential part in the lung transplant programme and on the artificial heart-mechanical bridge to transplant programme development.

The commitment to education and research has continued. The second cardiothoracic nurse study day was held in May 2006 with again an excellent attendance and very good feedback and it was decided to make this an annual event.

Research continues with active collaboration with Dr Bill Watson of the Conway Institute, UCD, School of Medicine and Health Sciences and also with Professor Mike Dunn, Proteomics Division of the Conway Institute. The group were fortunate in receiving two major awards. The first from the Health Research Board, Irish Heart Foundation of €150,000 over the period 2006-2008 to investigate "Individual variation to neutrophil function as a predictive marker of heart transplant rejection" being

undertaken by the unit with Dr Watson. The second major award was from Science Foundation Ireland to Professor Mike Dunn and the group in the Department of Cardiothoracic Surgery for €167,000 to investigate "Proteomics in heart transplantation and heart failure".

In total, over the last four years the research group has received €410,000 in funding for its continued research activities.

## SELECTED PUBLICATIONS

Healy DG, Akbar MT, Bakhtiari N, Egan JJ, Mahon N, Veerasingam D, McCarthy J, Hurley J, Neligan M, Wood AE. The first 20 years of heart transplantation in Ireland  
Irish Journal of Med. Science, 2006, Jan-Mar; 175 (1): 5-9.

Healy DG, Wood AE. Anterior mitral leaflet reconstruction with pericardium in a 1.9kg infant with endocarditis.  
Ann. Thoracic Surgery, 2006 Jun; 81 (6): 2310-2

Soo A, Healy DG, Walsh K, Wood AE. Inferior vena cava and coronary sinus obstruction following per-

cutaneous ASD device closure requiring surgical revision.  
J. Thoracic. Cardiovasc. Surg., 2006; 131: 1405-1406

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Ann. Thoracic Surgery. 2006 July; 82 (1): 327-9

McMonagle MP, Halpenny M, McCarthy A, Morrell A, Manning F, Kilty C, Mannion D, Wood AE, Corbally MT. Alpha glutathione S-transferase: a potential marker of ischemia-reperfusion injury of the intestine after cardiac surgery?  
Journal Pediatric Surg. 2006 Sept; 41 (9): 1526-31

Healy, DG, Veerasingham, D, Wood, AE. EUROSCORE: Useful in directing pre-operative intra aortic balloon pump placement in cardiac surgery?  
The Heart Surgery Forum, Volume 9, No.6, December 2006, 893-896.



2006 was year of considerable progress for the Department of Colorectal Surgery despite difficulties with bed availability and shortage of theatre time. With Ms Ann Brannigan's appointment as consultant in 2005, laparoscopic colorectal surgery has become routine. A second outpatient clinic has opened and the presence of two consultants has ensured maximum use of operating time. In addition, through the NTPF, the waiting list for elective surgery has been reduced by more than half. In November Professor Ronan O'Connell was nominated to succeed Professor Nial O'Higgins as Professor of Surgery, University College Dublin and St Vincent's University Hospital. He will take up that appointment in September 2007.

The unit continues to provide regional and super-regional expertise in the management of colorectal cancer, inflammatory bowel disease and continence disorders. New techniques have been introduced for the management of continence disorders and the department is the only centre in the country to provide sacral nerve stimulation. The department has been recognised by the Association of Coloproctology Great Britain and Ireland for level A training. The unit thus continues to attract high quality surgical trainees and provides sub-speciality training for specialist registrars in their final two years of training.

Dr John Burke has continued as research fellow investigating intracellular signalling pathways in fibroblasts isolated from patients with stricturing Crohn's disease. Dr Burke was awarded the O'Halloran Prize at the Sylvester O'Halloran meeting in Limerick and the Meenan Medal, University College Dublin Graduates' Association for presentations of his research. The research has been performed in collaboration with Mr Calvin Coffey, Senior Registrar and Dr Bill Watson, Dr Neil Docherty and Professor John Fitzpatrick at the Conway Institute.

Dr Ciaran Healy completed his work as research fellow investigating nerve injury during pregnancy and childbirth. Dr Healy was awarded the Registrar's Prize of the Surgical Section, Royal Academy of Medicine in Ireland in recognition of his research. The research was performed in collaboration with Dr. James Jones of the UCD Department of Physiology and Professor Colm O'Herlihy.

Throughout 2006 the department has relied heavily on the expertise of Ms Mary Cassidy, Ms Kelly Ann

Carolan and Ms Myra Walsh, clinical nurse specialists in colorectal surgery. The unit was ably assisted by Ms Denise Smith, the GI cancer care co-ordinating nurse. The clinical staff in the colorectal unit extend their thanks to the nurses on St Monica's Ward, the surgical outpatients, the staff in the general theatres and our secretaries Ms Jean Montgomery and Ms Elizabeth Kelly for their constant hard work and support.

### SELECTED PUBLICATIONS

Eogan M, Daly L, O'Connell PR, O'Herlihy C  
Does the angle of episiotomy affect the incidence of anal sphincter injury? BJOG 2006; 113: 190-4

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Popliteal-to-distal artery bypass for diabetic limb salvage  
Ir J Med Sci. 2006;175(2):28-31

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Intracorporeal rectal stapling following laparoscopic total mesorectal excision:overcoming a challenge  
Surg Endosc. 2006; 20(6):952-5

Khalid M, Brannigan AE, Burke T.  
Calf muscle wasting after tibial shaft fracture  
Br J Sports Med. 2006; 40(6):552-3

Beddy D, Mulsow J, Watson RWG, Fitzpatrick JM, O'Connell PR  
Expression and regulation of connective tissue growth factor by tgf, and tnf- in fibroblasts isolated from strictures in patients with crohn's disease  
Br J Surg 2006; 93:1290-1296

Mahoney RT, Behan M, Daly L, Kirwan C, O'Herlihy C, O'Connell PR  
Internal anal sphincter injury influences continence outcome following obstetric anal sphincter injury  
Am J Obstet Gynecol 2007; 196: 217.e1-217.e5

Eogan M, Daly L, Behan M, O'Connell PR, O'Herlihy C  
Randomised clinical trial of a laxative alone versus a laxative and a bulking agent after primary repair of obstetric anal sphincter injury  
BJOG 2007;114:736-40.

Burke JP, Mulsow JJ, O'Keane C, Docherty NG, Watson WG, O'Connell PR  
Fibrogenesis in Crohn's disease  
Am J Gastroenterol 2007; 102: 439-48

Brennan DJ, Moynagh M, Brannigan AE, Gleeson F, Rowland M, O'Connell PR  
Routine mobilization of the splenic flexure is not necessary during anterior resection for rectal cancer.  
Dis Colon Rectum 2007; 50: 302-7

O'Riordan JM, O'Connell PR  
Practice parameters for sigmoid diverticulitis  
Dis Colon Rectum 2007; 50: 402-3

### SELECTED ABSTRACTS

Burke JP, Coffey JC, Mulsow JJ, Fitzpatrick JM, Brannigan AE, Watson RWG, O'Connell PR.  
Tolerisation of human intestinal fibroblasts is associated with an upregulation of endoglin expression  
Colorectal Dis. 2006 July;8(S2);51-51

### INVITED LECTURES (PROFESSOR O'CONNELL)

*Alpine Colorectal Meeting*  
Verbier, Switzerland, January, 2006

"Anal Sphincter Repair"

*International Continence Meeting*  
Bari, Italy, September, 2006

"The Pathogenesis of Faecal Incontinence (Keynote address)

"The Timing and Technique of Anal Sphincter Repair

*Waterford Surgical October Meeting 2006*

"Publication – an essential component of surgical training"

*Korean Society of Coloproctology*  
Seoul, South Korea, November, 2006

"The SECCA Procedure"

"Anal Sphincter Repair"

### INVITED LECTURES (MS A BRANNIGAN)

*Continence Foundation of Ireland*  
Inaugural meeting, Maynooth, September 2006

"Aetiology and management of faecal incontinence"

### RESEARCH AWARDS

*Royal Academy of Medicine Ireland*

'Development of an acute animal model to simulate pelvic floor injury during childbirth'

Dr Ciaran Healy awarded Registrars' Prize, Dublin, January, 2006

*Sylvester O'Halloran Surgical Meeting*

Tolerisation of human intestinal fibroblasts is associated with up-regulation of endoglin expression

Dr John Burke awarded O'Halloran Prize, Limerick, February, 2006 and Meenan Medal, University College Dublin Graduates' Association, September 2006

### RESEARCH GRANTS AWARDED

HRB/Mater Foundation Charitable Trust Grant: €99,800

Mater College for Research and Education Grant: €45,000

The surgical hepatobiliary and pancreatic unit at the Mater Misericordiae Hospital is one of two major hepatobiliary and pancreatic units in the country. It serves as a major tertiary referral centre for complex surgery of the hepatobiliary and pancreatic tree notably for malignant disease primary and secondary, complex stone disease of the biliary tract system and surgery for severe pancreatitis, acute and chronic. In addition, the unit also provides a surgical service for gastric pathology.

The GI cancer co-ordinator Ms Maeve Doran, facilitates co-operation between referral centres and the unit both prior to surgery and particularly following surgery where adjuvant chemotherapy and radiotherapy is increasingly utilised. In 2006 over 150 tertiary referrals were seen at the weekly surgical outpatients' clinic or admitted directly to the unit and details are stored on a new computerised data collecting system. The unit prides itself on a policy of seeing tertiary referrals at the very next outpatients clinic.

The unit works very closely with and is very dependent on the excellent service provided by colleagues in radiology, medical gastroenterology, anaesthesiology and intensive care, medical oncology and pathology. The importance of a multidisciplinary

approach in this speciality is emphasised by the enthusiasm at the weekly multidisciplinary GI cancer meeting. The installation of the second CT/PET scanner in the country, in the Mater Hospital in 2005 has added greatly to the pre-operative staging and postoperative follow-up of hepatobiliary and pancreatic cancer patients.

A state-of-the-art laparoscopic operating facility for the advancement of laparoscopic techniques in all areas of GI surgery was installed in 2005 and is now fully operational.

## PRESENTATIONS & PUBLICATIONS

### Invited Lectures

*Waterford Surgical Club*

"Management of Severe Pancreatitis"

*Surgical Grand Rounds*

*Washington University Hospital, St. Louis, USA.*

"Delayed Necrosectomy facilities"

"Improved Outcome in Severe Pancreatitis"



## SUB-SPECIALITIES

- Spinal Surgery (Trauma, Degenerative, Deformity, Tumor, Cervical Spine)
- Complex Arthroplasty Surgery
- Joint Preservation Surgery
- Pelvic and Acetabular Reconstruction
- Foot and Ankle Surgery
- Upper Limb Surgery
- Sports Injuries

## OVERVIEW

The Department of Orthopaedic and Trauma Surgery incorporating the National Spinal Injuries Centre had another busy year in 2006. For the first time spinal operative cases exceeded 300 for the year with the total orthopaedic case number exceeding 1250. The development plan for spinal injuries is scheduled to begin in early 2007 with refurbishment of the existing unit and creation of a four bed step-down unit.

Mr Frank McManus retired in 2006 and his very significant contribution to the department and the hospital was acknowledged at a dinner held in his honour.

There were several major academic achievements made by members of the department in 2006:

Mr Keith Synnott received an ABC travelling fellowship by the British Orthopaedic Association. He is the first Irish orthopaedic surgeon to receive the prestigious award.

Mr Kevin Mulhall became the first orthopaedic surgeon to deliver the Millin Lecture ("Moving With the Times: Arthroplasty, Mobility and Joint Preservation in the 21st Century"), He also received the British Orthopaedic Association - Association of Southeast Asian Nations Travelling Fellowship.

There was a restructuring of senior nursing positions within the department with the creation of two CNM2 posts and one CNM3 post. Ms Dearbhala Cassidy was appointed as the new CNM3 and will take up the post in early 2007.

## SELECTED PUBLICATIONS

Mulhall K. J., Ghomrawi H. M., Engh G. A., Lotke P., Saleh K. J. Radiographic Prediction of Intraoperative Bone Loss in Knee Arthroplasty Revision. *Clinical Orthopedics and Related Research* 2006; 446: 51-58

Saleh K. J., Santos E. R., Ghomrawi H. M., Parvizi J., Mulhall K. J., Socioeconomic Issues and Demographics of Total Knee Arthroplasty Revision *Clinical Orthopedics and Related Research* 2006; 446: 15-21.

Mulhall K. J., Ghomrawi H. M., Scully S., Callaghan J. J., Saleh K. J. Current Etiologies and Modes of Failure in Total Knee Arthroplasty Revision *Clinical Orthopedics and Related Research* 2006; 446:45-50.

Schoderbek R. J., Brown T. E., Mulhall K. J., Mounasamy V., Iorio R., Krackow K. A., Macaulay W., Saleh K. J. Extensor Mechanism Disruption after Total Knee Arthroplasty. *Clinical Orthopedics and Related Research* 2006; 446: 176-185.

Battaglia T. C., Mulhall K. J., Brown T. E., Saleh K. J. Increased Surgical Volume Is Associated with Lower THA Dislocation Rates. *Clinical Orthopedics and Related Research* 2006; 447: 28-33.

Kwon M. S., Kuskowski M., Mulhall K. J., Macauley W., Brown T. E., Saleh K. J. Does Surgical Approach Affect Total Hip Arthroplasty Dislocation Rates? *Clinical Orthopedics and Related Research* 2006; 447: 34-38.

Saleh K. J., Mulhall K. J. Revision Total Knee Arthroplasty: Editorial Comment. *Clinical Orthopedics and Related Research* 2006; 446: 2-3.

Cronin J, Limbers J, Kutty S, Stephens MM. Intermetatarsal Angle after First Metatarsal Phalangeal Joint Arthrodesis for Hallux Valgus. *Foot Ankle Int* 27: 104-109.

Walsh JC, Murphy D, Freihaut RB, O'Keane JR, Stephens MM. Bizarre Parosteal Osteochondromatous Proliferation of the Fifth Metatarsal (Nora's lesion). *Foot Ankle Surg.* 12:211-214.

Fanning R, O'Donnell B, Lynch B, Stephens M, O'Donovan F. Anaesthesia for Sickle Cell Disease and Congenital Myopathy *Combination Paediatric Anaesthesia.* 16: 880-883.

Stephens MM. Annotation: Does Shortening of the First Ray in the Treatment of Adolescent Hallux Valgus Prejudice the Outcome. *J. Bone Joint Surg.* 88(B) 858-859



Synnott K et al. Three-level anterior cervical discectomy and fusion with plate fixation: radiographic and clinical results.  
Spine 2006 Apr 15;31(8): 897-902

Shelly MJ, Butler JS, Timlin M, Walsh MG, Poynton AR, O'Byrne JM. Spinal injuries in Irish rugby: a ten-year review.  
J Bone Joint Surg Br. 2006 Jun;88(6):771-5.

Butler JS, Burke JP, Healy DG, Stephens MM, McManus F, McCormack D, O'Byrne JM, Poynton AR. Trends in RTA related spinal injuries: the post penalty points era.  
Ir J Med Sci. 2006 Jan-Mar; 175(1): 20-3.

Moran CJ, Poynton AR, Moran R, Brien MO. Analysis of meniscofemoral ligament tension during knee motion.  
Arthroscopy. 2006 Apr;22(4):362-6.

## BOOKS/CHAPTERS PUBLISHED

Saleh K. J., Mulhall K. J., Thongtrangan I., Barrack R. Revision Total Knee Arthroplasty. In: Barrack RL, Booth RE, Lonner JH, McCarthy JC, Mont MA, Rubash HE, eds. Orthopaedic Knowledge Updates (OKU), Hip and Knee Reconstruction, 3rd Ed. Rosemont, IL; American Academy of Orthopaedic Surgeons, 2006: 123-146.

Mulhall K. J., Saleh K. J. Outcomes Assessment in Hip and Knee Arthroplasty. In: Barrack RL, Booth RE, Lonner JH, McCarthy JC, Mont MA, Rubash HE, eds. Orthopaedic Knowledge Updates (OKU), Hip and Knee Reconstruction, 3rd Ed. Rosemont, IL; American Academy of Orthopaedic Surgeons, 2006: 271-280.

Mulhall K. J., Saleh K. J., Kassim R. A., Haas S. B.. Varus Distal Femoral Osteotomy In: Cushner FD, Scott WN, Scuderi GR, eds. Surgical Techniques for the Knee. New York, Thieme, 2006: 255-261.

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Battaglia T. C., Mulhall K. J., Miller M. D. Knee: Posterior Cruciate Ligament. In: Johnson DL, Mair SD, eds. Clinical Sports Medicine. Philadelphia, PA; Elsevier, 2006: 650-659.

Saleh K. J., Mulhall K. J., A.A. Hofmann, M.P. Bolognesi, R.S. Laskin. Primary Total Knee Arthroplasty Outcomes (Cemented). In: Barrack RL, Booth RE, Lonner JH, McCarthy JC, Mont MA, Rubash HE, eds. Orthopaedic Knowledge Updates (OKU), Hip and Knee Reconstruction, 3rd Ed. Rosemont, IL; American Academy of Orthopaedic Surgeons, 2006: 93-110.

Mihalko W.M., Mulhall K. J., Saleh K. J. Osteotomies Around the Hip. In: Barrack RL, Booth RE, Lonner JH, McCarthy JC, Mont MA, Rubash HE, eds. Orthopaedic Knowledge Updates (OKU), Hip and Knee Reconstruction, 3rd Ed. Rosemont, IL; American Academy of Orthopaedic Surgeons, 2006: 403-414.

Synnott K. Combined Anterior and Posterior Surgery. In: Spinal Deformity: The Essentials. 2006.

## ONGOING RESEARCH

- Outcomes and Training in Joint Preservation (Hip and Knee).
- Creation of outcomes database for joint preservation surgery
- Establish a surgical techniques training programme.
- Arthroplasty tissue bank
- 10 year hip fracture review with establishment of a prospective database
- Analysis of the continuing effects of the penalty points system on spinal trauma in Ireland.
- Critical care needs of spinal cord injury patients and predictors of early ventilation requirements.
- Functional outcome of central spinal cord injury.

## SUB-SPECIALITIES

- Head and neck oncology, surgery & reconstruction
- Surgery of benign conditions of the head and neck
- Otology – Middle ear and bone anchored hearing aid surgery
- Rhinology – Standard endonasal surgery and advanced image-guided surgery of the fronto-ethmoid complex

## OVERVIEW

With the establishment of a four-consultant department, 2006 saw a further increase in the scope and complexity of the surgery undertaken. Whilst surgical oncology of the head and neck continued to represent the greatest output in terms of service delivery, a significant increase in surgery of benign conditions of the head and neck was noted, along with the boundaries of rhinology being further challenged by the acquisition of a surgical navigational system.

“Achieving better outcomes – an international voice symposium”, organised jointly by the department and speech & language therapy, was held in the Mater Hospital in March. A head and neck radiology study day was held in the Mater Private Hospital, chaired by Tadgh O’Dwyer and Helena Rowley respectively. As before, the A&E crisis had a deleterious effect on the delivery of standard elective ENT surgery.

## SELECTED PUBLICATIONS

Walshe P. Shandilya M. and Rowley H.  
Use of intra-operative nerve stimulation in identifying the hypoglossal nerve.  
*Journal of Laryngology & Otology*, 2006, March 120(3), 185 – 187

Butnaru C.S., Colreavy M.P., Ayari S. & Froehlich P.  
Tracheostomy in children: Evolution in indications.  
*Int. Journal of Paediatric ORL*, 2006 Jan 70(1) 115 – 9.

Gillivan-Murphy P.  
The effectiveness of a voice treatment approach for teachers with self reported voice problems.  
*Journal of Voice*. 2006 Sept 20(3) 423 – 31.

## SELECTED PRESENTATIONS

### INTERNATIONAL

*European Academy of Otolaryngology/Neurotology (EAONO). Cologne, Germany, September 20 - 24 2006.*

Advances in middle ear mechanics (Instructional session) - Blayney A.W.

Chronic otitis media (Panel) - Blayney A.W.

Tympanoplasty (Panel) – Blayney A.W.

*British Academic Conference in Otolaryngology (BACO). Birmingham, July 2006.*

Live surgery – endoscopic parathyroidectomy.  
Invited chairman: O’Dwyer T.P.

Middle ear implants mini symposium. Invited chairman: Blayney A.W.

Difficult airway symposium – Dublin 5th October 2006.

‘The retrosternal thyroid – A surgical perspective’.  
Invited speaker: O’Dwyer T.P.

### NATIONAL

*RCSI Charter Day 2006. Section for ORL/HNS*

Chairman Head & Neck cancer session: O’Dwyer T.P.

Radiotherapy delays & related issues: Rowley H.

*IOHNS, Slieve Russell Hotel, Cavan. 6th – 7th October 2006.*

Salivary gland disease – Panel Moderator and speaker: O’Dwyer T.P.

*RCSI Grand Rounds. December 2006.*

Management of Type 3 Laryngeal cleft. O’Connor T. & Rowley H.

*RAMI. Section of Otolaryngology. April 2006*

‘Pulmonary slings & rings’. Phelan E. & Rowley H.

*Royal Academy of Medicine in Ireland Spring meeting 2006.*

Acute mastoiditis in children – Does it have long term implications? Glynn F., Osman L., Colreavy M.P.

ENT Perspective of Apert's Syndrome. O'Connor T., O'Dwyer T.P., Colreavy M.P.

*Irish Paediatric Association Summer meeting May 2006.*

Choanal atresia in Apert's Syndrome. O'Connor T., O'Dwyer T.P., Colreavy M.P.

*12th Manchester Birth Defects meeting. November 2006.*

Does Noggin cause twinning? (Poster)  
Finn S., Colreavy M.P., Lynch S.A.

*Royal Academy of Medicine in Ireland Winter meeting 2006.*

The value of imaging post auricular swellings.  
Phelan E. Colreavy M.P.

*Irish Otolaryngology – Head and Neck Surgery Annual Scientific meeting. October 2006.*

Prospective assessment of the efficacy of pre and post-operative marcaine local anaesthetic in decreasing post-tonsillectomy pain - a randomised controlled trial.  
Khoo S.G., Skinner L.J., Gendy S, Colreavy M.P.

## ON-GOING RESEARCH

Optimisation of medical implant design - application to ventilation tubes for otitis media with effusion. A joint UCD / TCD venture (Bioengineering Design Forum). Current project based in Department of Engineering TCD.

Prendergast P., Vard J., Kelly D.J. & Blayney A.W.

The value of sentinel node biopsy in the clinically No neck

Outcome analysis of risk factors in head & neck sarcomas.

Predictive value of perineural invasion in patients with adenoid cystic carcinoma of the major & minor salivary glands.

## SUB-SPECIALITIES:

Head & Neck surgery (oncologic and traumatic)  
Breast Surgery  
Breast Reconstructive Surgery  
Hand Surgery  
Brachial Plexus & Upper Limb Surgery  
Skin Cancer Treatment  
Cleft and Craniofacial surgery  
Aesthetic (cosmetic) surgery

## OVERVIEW

As a service, plastic surgery is over-committed and understaffed. The proposed fourth consultant post which has gone through all committees and approval stages, has been delayed by the stalling of national contract negotiations. This post was to be the first general oncoplastic post with an interest in breast and head and neck surgery. Six sessions are approved for the Mater with five being in Temple Street for the craniofacial service there. Mr Denis Lawlor, having provided an excellent service for over 20 years has retired, leaving a commitment of 7 sessions filled at present by a locum. It is planned that this "third" consultant post will be supplemented by 4 further sessions following negotiations with St. James' Hospital where these sessions presently lie. These sessions could form the platform for academic development.

There are three approved plastic surgical trainees shared by the Mater/Temple Street campus. There are no basic surgical trainees rotating through plastic and reconstructive surgery. One intern is shared with other specialities.

In spite of the above, a high standard of service has been provided. Mr. M. Earley as President of the Craniofacial Society of Great Britain and Ireland hosted the annual meeting of the society in Dublin. Mr. K. Cronin is Honorary Secretary of both the Irish Society for Surgery of the Hand and the Medical Board at The Children's University Hospital, Temple Street. A high profile has been maintained for the craniofacial and head and neck service through media and television coverage in particular relating to facial disfigurement and the treatment of facial cancer.

New clinics have been established for breast and brachial plexus problems, both in combination with other specialities. It is planned that similar clinics will be set up for skin cancer and for the multidisciplinary assessment of haemangiomas and arteriovenous malformation.

## PAPERS AND PRESENTATIONS

*Charter Day Meeting, Royal College of Surgeons in Ireland, Dublin, (February 2006)*

Maxillary Reconstruction - M.J. Earley

Brachial Plexus Injury: Examination & surgical exploration (Video). Rebecca Pollard

The Perioperative management of free flaps.  
Rebecca Pollard  
(Bennett Memorial Medal Finalist - November 2006)

*ArabiaPlast 2006 & GulfPlast 2006 Bahrain (April 2006)*

Repair of Cleft Lip – M.J. Earley

Developmental Delay in Metopic Craniosynostosis – M.J. Earley et al.

Behavioural, developmental, and educational problems in children with nonsyndromic trigonocephaly  
M.O. Kelleher, D. Murray, A. McGillivray, M.H. Kamel, D. Allcutt & M.J. Earley  
*Journal of Neurosurgery* October 2006 105: 382-384

Hair - Thread Tourniquet Syndrome with Bony Erosion in an Infant  
Mat Saad AZ, Purcell EM, McCann JJ  
*Ann. Plast. Surg.* 2006 Oct;57: 447-52

Lawnmower Injuries in Children.  
Lynch JB, Ismael T, Kelly JL., Nugent N, O'Shaughnessy M, O'Sullivan ST.  
*Eur J Emerg Med.* 2006 ;13(5):286-9.



DIVISION OF ANAESTHESIA

# DIVISION OF ANAESTHESIA

The year 2006 was indeed a very busy year for the Division of Anaesthesia, providing a wide range of activities which were interlinked with hospital functions to include clinical anaesthesia, pain medicine, intensive care medicine, perioperative medicine to include pre-operative assessment, cardiopulmonary resuscitation service and training, research and education.

Recent clinical expansion and service commitments, particularly in the areas of spinal surgery and breast surgery have placed additional demands on an already overburdened department that needs additional consultant appointments to augment and develop these sub-speciality areas. The division is fully supportive of all of these advances and again continues its clinical commitment in delivering a quality patient orientated service with the continued involvement and development of the pre-operative assessment clinic to assist in streamlining such services and in particular to prevent unnecessary delays.

The Pre-Operative Assessment Clinic was set up in September 2003 and has been responsible for providing comprehensive pre-operative assessment resulting in greater efficiency in bed usage, theatre scheduling and planning. It is also beneficial to patients in that it optimises patient care and provides them with information regarding peri-operative pain medicine to include postoperative pain relief and recovery.

The Department of Intensive Care Medicine continues to evolve, with plans currently afoot to develop a 4-bedded high dependency unit, again consistent with the hospital's stated policy for the provision of tertiary care for critically ill patients including spinal injuries and other tertiary referrals from around the country.

The division identifies a greater need for audit and with this in mind the clinical information system is a recognised priority of the division going forward. This would facilitate the keeping of established medical records and prescribing in conjunction with the Division of Anaesthesia records. Unfortunately we had hoped this would be initiated in 2006 and we eagerly await this essential development. This

would have a significant impact in terms of risk analysis, clinical audit and optimisation of care for our patients.

The lung transplantation programme continues to evolve with intensive care bed occupancy for 2006 in excess of 97%, which is 23% above the national average. This again identifies a clear need for further expansion and facilities in this regard.

The Department of Pain Medicine continues to evolve and is central to the acute pain service throughout the hospital with particular emphasis on post surgical patients. With regard to the chronic pain component we continue to operate in sub-optimal facilities, which over the last number of years have been identified by the Chief Executive but unfortunately we still await a new facility. This underpins our objective to provide quality care as the therapeutic facility cannot be provided for within the current work environment.

The continued involvement of consultants in clinical anaesthesia, intensive care medicine, pain medicine, pre-operative assessment and other core areas within the hospital mandates that further expansion of facilities and consultant staff is a necessity.

The division's ongoing research programme includes continued collaboration links with the Department of Pharmacology and The Conway Institute for Biomedical Science. The research activity of the division continues to expand with six abstracts presented at international meetings, (including two at the world's most prestigious, the ASA held in Chicago in October), and a further six full publications in the international literature. Nine trainees have had an opportunity to obtain at least one international peer-reviewed publication from this process. Three senior trainees completed data collection for their MD thesis in 2006 and will be in a position to submit them by 2007.

A grant of €40K was obtained from the Mater College to instigate "coal-face" research on the effect of anaesthetic technique on cancer outcome in breast cancer patients. This study emanated from the Mater and our international collaborators in the



world famous Outcomes Research Institute, lead by Professor Dan Sessler, have come on board with a further five centres enrolling patients for our study. Dr Donal Buggy won the Journal Medical Science award for best paper published in the speciality of anaesthesiology with work on tissue oxygen tension in breast reconstruction patients with paravertebral anaesthesia.

UCD undergraduate students continue to highly rate their clinical attachments to our division and six NCHD candidates were successful in either primary or final fellowship examinations.

## SELECTED PUBLICATIONS

Exadaktylos AK, Buggy DJ, Moriarty DC, Mascha E, Sessler DI. Can anesthetic technique for primary breast cancer surgery affect recurrence or metastasis? *Anesthesiology*. 2006 Oct; 105(4):660-4.

Burlacu CL, Frizelle HP, Moriarty DC, Buggy DJ. Fentanyl and clonidine as adjunctive analgesics with levobupivacaine in paravertebral analgesia for breast surgery. *Anaesthesia*. 2006 Oct; 61(10):932-7.

# DIVISION OF ANAESTHESIA

Casey G, Nortcliffe SA, Sharpe P, Buggy DJ. Perioperative nimodipine and postoperative analgesia. *Anesth Analg*. 2006 Feb; 102(2):504-8.

Exadaktylos AK, Buggy DJ, Sclabas G, Zimmermann H. Six month outcome of extremely old (> or = 95 years) trauma patients. *Age Ageing*. 2006 Mar; 35(2):204-5

Frizelle HP. Prevention of postoperative nausea and vomiting. *Ir Med J*. 2006 Jan; 99(1):28

Honan D, Doherty D, Frizelle H. A comparison of the effects on bispectral index of mild vs. moderate hypothermia during cardiopulmonary bypass. *Eur J Anaesthesiol*. 2006 May; 23(5):385-90.







# DIVISION OF PATHOLOGY

## SUB-SPECIALITIES

- Biochemistry
- Endocrinology
- Haematology
- Histopathology
- Immunology
- Microbiology

## OVERVIEW

The volume of tests performed in the pathology department continues to rise, averaging 5-10% annually. This continues to pose challenges to our ability to work within budget with our current staff complement. Increased demand for services from GP practices and other external sources accounts for a significant proportion of this increase. The laboratory continues to work towards full accreditation with CPA with all specialities having achieved conditional or full accreditation. Specific developments in 2006 include:

**Biochemistry:** The service has begun handling tests from children with metabolic diseases who on becoming adults are now referred to this hospital from Temple Street Children's Hospital.

Point of care testing has expanded to include 5 analysers in ITU/HDU/Cardiothoracic HDU and the Heart Lung Transplant Unit for which Biochemistry are responsible for maintenance and quality control and also training and registration of users. In all, 1.1 million tests were carried out on the instruments, 4 of which have been linked into the Hospital Information System (HIS).

**Endocrinology:** To satisfy user needs and increasing workload new instrumentation was introduced into the laboratory (DPC Immulite 2000). This allowed expansion of our test menu, automation of manual assays and an improved turnaround time for test results.

**Immunology:** Introduction of new test, Anti CCP, as a new diagnostic marker for rheumatoid arthritis.

**Histopathology:** Automated equipment for FISH analysis has been purchased with funding from

BreastCheck. This is currently being installed in the new FISH laboratory and will be operational in the near future.

## SELECTED PUBLICATIONS

Healy DG, Watson RW, O'Keane C, Egan JJ, McCarthy JF, Hurley J, Fitzpatrick J, Wood AE. Neutrophil transendothelial migration potential predicts rejection severity in human cardiac transplantation. *Eur J Cardiothorac Surg.* 2006. 29(5) : 760-6

Leyden J, Murray D, Moss A, Arumuguma M, Doyle E, McEntee G, O'Keane C, Doran P, MacMathuna P. Net1 and Myeov: computationally identified mediators of gastric cancer. *Br J Cancer.* 2006. 94(8) : 1204-12

Maria McCrohan A, Morrissey C, O'Keane C, Mulligan N, Watson C, Smith J, Fitzpatrick JM, Watson RW. Effects of the dual 5 alpha-reductase inhibitor dutasteride on apoptosis in primary cultures of prostate cancer epithelial cells and cell lines. *Cancer* 2006. 106(12) : 2743-52

Laing ME, Laing TA, Mulligan NJ, Keane FM. Eosinophilic pustular folliculitis induced by chemotherapy. *J Am Acad Dermatol.* 2006. 54(4) : 729-30

Gallagher E, Mc Goldrick A, Chung WY, Mc Cormack O, Harrison M, Kerin M, Dervan PA, Mc Cann A. Gain of imprinting of SLC22A18 sense and antisense transcripts in human breast cancer. *Genomics.* 2006. 88(1) ; 12-7

## SELECTED PRESENTATIONS

### Biochemistry

*European Association for the Professions in Biomedical Science (EPBS) Conference 2006.*

Detection of Bence Jones Proteins using Two Different Methods. B. Guest.



*Irish Nutrition Society, Dublin, April 2006.*

Albumin Targets in End Stage Renal Disease (ESRD):  
Variation in Assay Methods

B. Gillman, P. McGing, et al. (with Dietetics and  
Nephrology Departments).

*29th Annual Conference ACBI Dublin October 2006*

An Audit on the use of CA15-3 in breast cancer

P. McGing et al. (with Oncology Department).

Albumin targets in end stage renal disease (ESRD):  
Effect of Variation in Assay Methods

P McGing, K Halton, S Maguire, F Kyne et al. (with  
Dietetics and Nephrology Departments).

## **Endocrinology**

Sub-Clinical Hypothyroidism and anti-thyroid anti-  
bodies

Dr Mark Kilbane, Endocrine Laboratory

The Hook effect in immunoassay

Dr Dermot Cannon, Endocrine laboratory

## **Immunology**

*Academy of Medical Scientists meeting, 25th  
November 2006*

HIV as a cause of Immune Deficiency. Charlotte Prior

# DIVISION OF PATHOLOGY

## Histopathology

*Ventana Medical Systems Symposium, May 2006*

Automation in Immunohistochemistry. K Mc Allister.

*Vision Biosystems Symposium, Newcastle, July 2006*

Bond-Max Immunohistochemistry Analyser. K Mc Allister.

## ONGOING RESEARCH

### Immunology

Ms Noreen Ansaldi is undertaking research into the value of a novel assay for Deamidated Gliadin Peptide antibodies in the diagnosis of Coeliac disease in co-operation with Dr P MacMathuna in the GI unit.

### Haematology

Dr Jeremy Sargent (Haematology Lecturer) received funding from the Mater College to complete his project involving genomic and proteomic analysis of CLL patients under the supervision of Dr P Thornton.





DIVISION OF RADIOLOGY

# DIVISION OF RADIOLOGY

Over the past twelve months, the department has continued to offer a complete spectrum of radiologic services to our patients. The range of cross section imaging now available includes all modern imaging modalities. The PET CT installation caters for increasing numbers, and represents a unique co-operative venture between the Mater Public and Mater Private hospitals. Numbers in each imaging modality have increased, and the philosophy of the department remains 'can-do', providing modern technology to patients in a friendly, caring and professional manner.

All staff remain aware of the potentially intimidating atmosphere of this hi-tech environment, but individually remain committed to the principles of patient dignity and courtesy. Though the physical structure of the department is very limited, dating from its inception in 1896, within these limitations staff have maximised patient throughput and comfort.

Waiting areas have become very constricted, and every effort is made to minimise unnecessary waiting times within the department. The department eagerly awaits its transfer to new facilities, which are expected to be completed by 2010. Until this time the constant compromise between provision of the highest levels of patient care and limited infrastructure will continue.

## OVERVIEW

The demand for radiologic services continues to increase, and the overall figure increased in 2006 by 9%. This figure does not reflect the increasing complexity and sophistication of examinations performed. Thus, for example, in an area such as CT the overall number of examinations has increased by 8%, but the increase in complex interventional procedures being performed is in the order of 15-20%.

Reflecting changes and developments in modern surgical techniques the demand for theatre radiology has expanded by 30% between 2005-2006.

2006 saw the introduction of the National Treatment Purchase Fund (NTPF) initiative for MRI procedures. Many clinical difficulties have arisen in the context of this initiative. Though this had a positive impact on the waiting list, the division, in association their clinical medical colleagues, view such initiatives as an inadequate substitute for the development of proper infrastructure within the hospital.

The performance of an individual scan is not the equivalent of the provision of a radiologic service.

## DEVELOPMENTS

Again the requirement for a radiology information system (RIS) and a picture archiving communication system (PACS) has been repeatedly highlighted throughout the year. The department has sought this development for a number of years. The department is aware that a national PACS programme is under research, but remains hopeful that the installation of such a system will remain the highest priority and viewed as an immediate rather than a medium term goal.

A priority for 2006 remained the acquisition of a second staffed CT scanner. Numerous submissions have been made for this, and the department earnestly hopes for a positive outcome to these submissions in 2007. In anticipation of this new development, we continue to maintain our current waiting list by outsourcing forty CT patients per week.

The proposal, made in 2005, for development of a community diagnostic unit was sanctioned by the HSE in 2006 and we look forward to its inauguration during 2007.

## INTERVENTIONAL RADIOLOGY

The last year has seen a series of state-of-the-art tertiary referral services introduced in collaboration with our other clinical colleagues for both arterio-venous vascular and non-vascular disease states. The specialised radiologists, radiographers and radiology nurses work to practice in an embedded, multidisciplinary fashion in concert with the traditional clinical specialities addressing a range of elective and emergency conditions.

In the area of cardiovascular diseases the radiology service initiated its thoracic endograft service in collaboration with vascular and cardiothoracic surgery. An average of a stent a month was inserted for the first endovascular treatment at MMUH of a range of acute thoracic syndromes including traumatic dissection and aorto-bronchial fistula. This builds on the existing experience in aneurysm and coarctation endovascular repair. A multidisciplinary forum for thoracic aortic diseases to support care and audit has been started.

Also initiated were new endovascular therapies for deep venous disease. Using state of the art mechanical and pharmacologic thrombectomy devices, a series of patients were treated for benign and malignant pelvic and lower leg venous thrombosis. This is an important adjunct to help palliate and treat debilitating lower leg venous disease. A number of patients have been able to access leading cardiovascular 3D-CT cardiac and vascular imaging at the Mater Private hospital for imaging of complex central and peripheral artery diseases and coronary angiography.

The role of cerebrovascular angiography has been expanded to facilitate those patients needing diagnostic evaluation on site in the care the neurology service. This has significantly expedited the care of those previously receiving those studies off site as well as facilitating our relationship with therapy services at Beaumont hospital.

Our central line service was expanded to include the placement of Hickman and Intraport tunnelled lines for the benefit of oncology and haematology patients. In select cases we have also provided specialised expertise and procedures for a host of Dublin and regional hospitals and for the paediatric population at Crumlin and Temple Street.

2006 also saw the initiation of a range of novel image-guided therapies. In collaboration with Mr Bill Boyd, a uterine fibroid embolisation service is now available to women attending the Mater campus. Patients are seen in clinic by the interventional radiologist and after discussion at multidisciplinary gynaecology conferences, suitable candidates are selected for treatment. Dr Chambers and the pain clinic also provide support in the after-care of these patients.

Hepatic chemo-embolisation is being established within the algorithm for treatment of a range of liver tumours. Working with the gastroenterology and oncology services, the interventional department initiated this service at MMUH for hepatocellular and metastatic liver disease.

Interventional techniques have also been extended in the area of musculoskeletal radiology including vertebral plasty and tumour ablation.

We hope to continue to build up the service with the purchase of a new angiography suite in the near

future. A number of projects have been initiated in an effort to better record and audit our caseload and case profile as well as audit the quality of care. The interventional department has engaged in a number of research projects and has presented at national and international meetings through poster and oral presentations as well as invited lectureships.

## NUCLEAR MEDICINE

In 2006 the volume of investigations and procedures in nuclear medicine rose by 11.5%. In cooperation with the Department of Paediatric Cardiology, Our Ladys Hospital for Sick Children, paediatric myocardial perfusion SPECT imaging was introduced for the first time in Ireland. Software fusion of SPECT and CT scans was introduced in cooperation with the Mater Private Hospital, allowing the production of SPECT/CT Octreotide and MIBG images.

As a division, we pride ourselves as a public, tertiary level, centre of excellence and expertise in the tradition of MMUH and as an education and research opportunity for physicians and allied sciences. We receive visiting fellows from the United States and have embarked on a number of collaborative projects and publications.

## ACTIVITIES OF THE INSTITUTE OF RADIOLOGICAL SCIENCES

### Teaching

MSc Programme in Radiological Sciences  
Final Medicine Radiology  
Teaching Programme with medal examinations

### Invited Lectures

*Faculty of European Congress of Radiology*  
Professor Stephen Eustace

*International Radiology Symposium, Killarney*

MRI of Pelvis - Dr. Michelle McNicholas.

PET CT and Lymphoma - Dr. Martin O'Connell

High Resolution CT of Thorax - Dr. John Murray

Whole Body MRI - Professor Stephen Eustace.

## Grants

Irish Cancer Society Grant  
"Development of a targeted monoclonal contrast agent in myeloma"

Faculty of Radiologists Grant  
"Development of a targeted monoclonal contrast agent in myeloma".

## SELECTED PUBLICATIONS

O'Hare A, Shortt C, Napier N, Eustace SJ.  
Bone marrow edema: patterns and clinical implications.  
*Semin Musculoskelet Radiol.* 2006 Dec; 10(4): 249-57

MacMahon P, Eustace SJ  
General Principles.  
*Semin Musculoskelet Radiol.* 2006 Dec;10(4):243-8

Kavanagh EC, Koulouris G, Ford S, McMahon P, Johnson C, Eustace SJ  
MR imaging of groin pain in the athlete.  
*Semin Musculoskelet Radiol.* 2006; 10(3): 197-207.

Moff SL, Kamel IR, Eustace SJ, Lawler LP, Kantsevov S, Kalloo SN, Thuluvath PJ  
Diagnosis of primary sclerosing cholangitis: a blinded comparative study using magnetic resonance cholangiography and endoscopic retrograde cholangiography.  
*Gastrointest Endosc.* 2006 Aug;64(2):219-23.

Mhuircheartaigh Ni, Kerr JM, Murray JG.  
MR imaging of traumatic spinal injuries.  
*Semin Musculoskelet Radiol.* 2006 Dec;10(4):293-307

Cantwell CP, Cradock A, Bruzzi J, Fitzpatrick P, Eustace S, Murray JG.  
MR venography with true fast imaging with steady-state precession for suspected lower-limb deep vein thrombosis.  
*J Vasc Interv Radiol.* 2006 Nov;17(11 Pt 1):1763-9.

Hargaden GC, Kavanagh EC, Fitzpatrick P, Murray JG.  
Diagnosis of pulmonary emboli and image quality at CT pulmonary angiography: influence of imaging direction with multidetector CT.  
*Clin Radiol.* 2006 Jul;61(7):600-3.

Moff SL, Kamel IR, Eustace J, Lawler LP, Kantsevov S, Kalloo AN, Thuluvath PJ.  
Diagnosis of primary sclerosing cholangitis: a blinded comparative study using magnetic resonance cholangiography and endoscopic retrograde cholangiography.  
*Gastrointest Endosc.* 2006 Aug;64(2):219-23.

Kawamoto S, Lawler LP, Horton KM, Eng J, Hruban RH, Fishman EK.  
MDCT of intraductal papillary mucinous neoplasm of the pancreas: evaluation of features predictive of invasive carcinoma.  
*AJR Am J Roentgenol.* 2006 Mar;186(3):687-95.

O'Connell MJ, RB Workman, RE Coleman.  
PET/CT in Esophageal Carcinoma.  
PET/CT Essentials for Clinical Practice.  
Springer (New York). 2006

O'Connell MJ, RB Workman, RE Coleman.  
PET/CT in Colorectal Carcinoma.  
PET/CT Essentials for Clinical Practice.  
Springer (New York). 2006

Beamish J, O'Connell MJ, El Khuffash A, Duff DF, McMahon CJ.  
Calcified occlusion of the right coronary artery in Kawasaki disease: evidence of myocardial ischaemia using cardiac technetium-99m-tetrafosmin perfusion single-photon emission computed tomography.  
*Arch Dis Child* 2006; 91: 926-928

Kerr J, O'Hare A, Ni Mhuircheartaigh NM, Shine SC, Eustace SJ, O'Connell MJ.  
Patterns of Benign Muscle Uptake identified at F-18 fluorodeoxyglucose (FDG) PET/CT. Poster RSNA 2006, Chicago.  
Published Abstract Radiology 2006 (900)

Hartigan CM, Ni Mhuircheartaigh NM, Kerr J, Murray JG, O'Connell MJ  
Pancreatic Biopsy: The A to Z of How to Do.  
Educational Exhibit RSNA 2006, Chicago.  
Published Abstract Radiology 2006 (732)





RESEARCH AND TEACHING

2006 has been a remarkable year for the UCD-Mater Clinical Research Centre (CRC). Since the official opening of the unit by the Minister for Health and Children, Ms Mary Harney TD in early April, the development of a comprehensive translational research programme has moved ahead apace.

The clinical, laboratory and informatics infrastructure now support over 40 individual research programmes, involving 28 Principal Investigators. The range of projects ongoing includes mechanism of disease research programmes; investigator-led clinical investigations, population studies and industry sponsored clinical trials.

Translational research at the UCD-Mater CRC is a truly multidisciplinary team effort. Doctors, nurses, technicians, scientists and indeed patients are all working together, striving towards the common goal of developing new cures for chronic diseases.

This report details the developments at the UCD-Mater CRC to date and provides an overview of the ongoing research activity. Furthermore this report will cast a vision for how the UCD-Mater CRC will

continue to grow and expand, to deliver cutting-edge research programmes, and to ultimately effect improvements in patient outcome.

The UCD-Mater CRC will continue to position itself at the centre of translational research activity by developing strong partnerships with all stakeholders involved in healthcare, from patients to industry. The success to date has been driven by

- Recruitment and retention of the best human capital
- Development of strategic linkages in research priority areas between the UCD-Mater CRC and the UCD Conway Institute
- Development of comprehensive strategy for communication with all stakeholders
- Implementation of standardised policies and procedures
- Effective operational management team
- Effective interaction with the pharmaceutical industry
- Development of an organisational culture that is tailored to rapidly responding to changing needs in the biomedical research environment.



By building on these strengths the UCD-Mater CRC will continue to grow and enhance translational research at the Mater hospital campus. As we move forward, the creation of stronger links with both the St Vincent's Hospital Genome Resource Unit (GRU) and the Conway Institute will ensure that UCD's translational research vision is realised, with a positive impact on patient outcomes in Ireland.

### **UCD-MATER CRC RESEARCH: OVERVIEW OF ACTIVITIES**

The GRU serves to complement UCD's Conway Institute for Biomolecular and Biomedical Research, ensuring UCD's biomedical research focus is a continuum from bedside to benchside. The UCD-Mater CRC helps to develop and grow dynamic bi-directional links between the basic scientists and clinician investigators who share the common goal of improving patient care and patient outcome.

The key areas in which the UCD-Mater CRC operates include:

- Creation of phenotypically well defined bio-resources for human genomics research
- Mechanisms of disease based research
- Population-base research studies
- Clinical trials and investigations

In all of these areas substantial research activity has been undertaken in 2006. Since start up a total of 41 projects have been initialised and supported through the UCD-Mater CRC. These studies involve a total of 28 different principal investigators. This activity level reflects the demands for infrastructure to support translational research at UCD and the Mater Hospital.

Research patient contacts provide one of the robust markers of activity volume in the GRU. Between April and December 2006 a total of 1965 patient contacts were made by GRU staff. This level of activity equates to approximately 54 patient contacts per week, which would annualise to approximately 2,500 patient contacts per annum. This number reflects the impact that the UCD-Mater CRC is having on the patient experience within the health-care system.

For many years the Mater Hospital has been renowned for its dedication to education and research. At a time when more and more pressure is placed on consultant and registrar staff – the commitment to teaching junior medical staff has never been stronger. The added advantage of excellent teaching facilities within the Catherine McAuley Education Centre is a major asset to this hospital. Throughout the year, we provided a high quality, teaching programme to our own non-consultant hospital doctors and to the GPs in the North Dublin Faculty of the Irish College of General Practitioners. Major symposia organised through this department attracted delegates from hospitals throughout Ireland and the British Isles.

Video conferencing facilities are a great asset in the organisation of high quality teaching sessions. This amenity was used on a regular basis with links being made to hospitals throughout the country and the UK on a weekly basis.

Multidisciplinary teaching sessions have become a major part of the education programme organised through the Postgraduate Medical Centre.

### **Education programme for non-consultant hospital doctors (NCHDs)**

Throughout 2006 the education programme for NCHDs included the following:

- Formal lectures
- Multidisciplinary conferences
- Small group tutorials
- Invited guest lectures
- Specialised conferences / symposia
- Journal club meetings
- Workshops
- SpR training days
- Preparation for Membership examinations
- Professional development programmes

Seven major conferences were held and 16 visiting speakers from hospitals in the UK, USA and Canada made presentations in the Mater Hospital.

### **Personal development programme for non-consultant hospital doctors**

This programme is a vital part of the education programme for NCHDs. Throughout the year the following courses were held:

- Management skills
- Interview skills
- Presentation skills
- Communication skills

### **Examination Preparation**

Prior to the Part I and Part II Membership Examinations, the Mater Hospital consultant staff provided intensive tuition to candidates sitting the examinations. This hospital continues to enjoy an overall success rate of 85-100% in these examinations.

The addition of the Simultaneous Interpretation System has been an enormous asset to those preparing for the Part I Membership Examination. Multiple-choice questions (MCQs) are programmed into the system by our teaching staff. With the use of touch pads provided, doctors give their responses - results are then displayed on the screen. This is a novel and enjoyable method of both learning and teaching.

### **General Practitioners continuing education programme**

Throughout the year general practitioners affiliated to the Irish College of General Practitioners (ICGP) attended lectures, workshops, study days and speciality courses organised through this department.

### **RESEARCH**

Research is one of the most important assets of any university hospital and it is extremely rewarding to note the quality of research being carried out on the Mater campus. Great encouragement is given to those involved in research projects. To further support those considering a career in bench or clinical studies, an Introduction to Research & Laboratory Methods course was held. The goal of this short course is to equip clinician scientists with the

knowledge and skills required to complete laboratory based research. The 3-day course was organised through the Dublin Molecular Medicine Centre and included formal lectures and parallel laboratory demonstrations.

## PRESENTATION OF AWARDS

### Young Investigators Research Symposium

It is very encouraging to note the enthusiastic response to this annual symposium. Five judges consisting of consultants & tutors from both Medicine & Surgery within the Mater Hospital and an extern adjudicator from UCD were asked to create a short list of abstracts submitted. We appreciate the time given by the adjudicators who were asked to make an impartial assessment of a very varied portfolio of work.

Prizes were awarded for the best clinical-based project, laboratory-based project and best poster presentation. The 2006 prizewinners were as follows:

Clinical-based project	-	Dr Caitriona Kirwan
Laboratory-based project	-	Dr Barry McGuire
Poster Presentation	-	Dr Michael Scannell

## PATRICK MCAULEY INTERN MEDAL

This prize is awarded on the basis of oral presentations, made by an intern of an educationally interesting patient case report. All interns are encouraged to participate and presentations are made throughout the year. The competition encourages excellence in the preparation and delivery of interesting cases by new doctors.

Six finalists were chosen to participate in the final competition, which was judged by a panel of three judges – (physician & surgeon from the Mater Hospital and an extern adjudicator from UCD).

The 2006 winner of the Patrick McAuley Intern Medal was Dr Roisin Fitzgerald.

## PLANS FOR THE FUTURE

### School of Postgraduate Medical Education

A framework has been set in place to set up a novel school of Postgraduate Medical Education within the hospital. By so doing, we can ensure our post-

graduate training programmes continue to attract the best and brightest medical graduates – thus producing professional, knowledgeable and well rounded clinicians to lead the health service into the future.

### Clinical Skills Laboratory

During the year we secured funding to set up a clinical skills laboratory within the Postgraduate Medical Centre. We hope this facility will be up and running early in 2007 and will become a major asset to our education programme. Doctors in training will have the opportunity to practice simulated assessment and resuscitation with a 'virtual patient' as well as gain valuable experience in the vital techniques of airway intervention, central venous access and other time critical procedures on dedicated mannequins.

## ACKNOWLEDGEMENTS

The quality of our education programme depends on the continuous support of many departments. We acknowledge the time given by the consultant & registrar staff, who give of their time to teach. The expert and professional support given to us by the Audio Visual Department and the Information Management Department is acknowledged and greatly appreciated.

**Dr Dermot Power**  
Mater Hospital Dean

**Dr John McNerney**  
Intern Coordinator

**Ms Regina Prenderville**  
Academic Programme Manager

The mission of the Library and Information Service is to support the patient care, learning, teaching, research and continuing education needs of the hospital. The services provided include but are not limited to:

- Development of a core collection of resources, both electronic and hard copy, which reflect the areas of operation of the hospital and meet the information and continuing education needs of hospital staff and students.
- Lending facilities.
- Reference services - provision of answers to users' queries using the resources of the library and external resources.

The main focus of the year was the move of the library to Our Lady of Mercy House on Nelson Street. This building also houses the Centre for Nurse Education and the Training, Education and Development Department. The move to the new premises was completed and the library re-opened on 14th August 2006. Moving to the new location has allowed us to increase the number of public

access PCs and we hope to further increase this number in the coming year.

The library has experienced increased demand for access to electronic resources and further development of the library web page took place to meet this demand. A new decision-support resource, BMJ Clinical Evidence was purchased. This evidence-based resource aims to provide clinicians with access to the latest and most relevant medical information to assist them in making treatment decisions.

Throughout the year the Head of Library and Information Service gave presentations on the various electronic resources available, to journal clubs, student groups and presented at various department meetings. She also provided library introductions and classes in literature searching to staff and student groups.

**Angela Rice**

**Head of Library and Information Service**



The Mater Misericordiae University Hospital/Mater Private Hospital Research Ethics Committee met once every month in 2006 except August.

**Of a total of 72 submissions:**

Mater Misericordiae University Hospital only:	65
Mater Private Hospital only:	0
Mater Misericordiae University Hospital and Mater Private Hospital:	3
Mater Misericordiae University Hospital and Cappagh Hospital:	1
Mater Misericordiae University Hospital and community:	1
Mater Misericordiae University Hospital and 6 secondary schools:	1
School based:	1

60 research studies

12 clinical trials under the European Communities Clinical Trials on Medicinal Products for Human Use, Regulations 2004, Statutory Instruments S. I. No. 190 of 2004

Breakdown of specialities of the submissions are as follows:

Anaesthesia	7	
Cardiology	1	
Cardiothoracic	4	
Endocrinology	6	
Gastroenterology	6	
Infectious Disease	6	
Nephrology	1	
Neurology	1	
Nursing	5	
Oncology/Haematology	3	
Ophthalmology	1	
Orthopaedics	2	
Physiotherapy	1	
Psychiatry	8	
Respiratory Medicine	11	
Rheumatology	2	
Surgery	3	
Urology	3	(72)

# Multi-Centre Clinical Trials Advisory Group

The Mater Misericordiae University Hospital (MMUH)/Mater Private Hospital (MPH) Multi-Centre Clinical Trials Advisory Group (MCCTAG) met five times in 2006. The function of this group was to review relevant documentation for clinical trials that had received a favourable single ethical opinion from an Ethics Committee recognised by the DOH & C to review clinical trials under the European Communities Clinical Trials on Medicinal Products for Human Use, Regulations 2004, Statutory Instruments S. I. No. 190 of 2004 to ascertain if the clinical trials should proceed at the Mater Misericordiae University Hospital and Mater Private Hospital.

Of a total of 18 submissions:

Mater Misericordiae University Hospital and Mater Private Hospital	5
Mater Misericordiae University Hospital only	13
Mater Private Hospital only	0

Breakdown of specialities of the submissions are as follows:

Cardiology	2
Endocrinology	3
Gastroenterology	3
Haematology	1
Infectious Disease	2
Neurology	1
Oncology	4
Rheumatology	1
Urology	1







"Nursing has been one of the cornerstones of the modern Irish Health Service. Irish nurses not only enjoy the confidence of patients and clients of the Health Service but have an international reputation for their professionalism and the excellence of their care" (Commission on Nursing, 1998). Nursing at the Mater Misericordiae University Hospital is a testament to this, as it aims to provide quality patient care by competent nursing staff in a timely, professional and effective manner. Nurses at the Mater Misericordiae University Hospital are currently providing an excellent service in sometimes difficult circumstances. The rapidly changing pace of the health service is placing increasing demands and expectations on the profession. The future health service will also require greater interdisciplinary co-operation in the delivery of health care

## IN-SERVICE EDUCATION

All mandatory training and education continued including:

- Spinal Nursing course with Category 1 Approval from An Bord Altranais.
- Diabetes Care course with Category 1 Approval from An Bord Altranais
- Hospital Intensive Care course – 6 months duration
- Practice Development in Peri-operative Nursing – 6 months duration
- Foundation course in Haemodialysis Nursing - 5 months
- Staff Orientation Programme: 347 attended throughout the year
- LEO (Leading an Empowered Organisation) 71 nurses undertook this 3 day course
- Return to Nursing Practice  
26 nurses undertook the return to practice courses, which were run in April and October
- Administration of Intravenous Medications for Registered Nurses and Medication Management: 240 Nurses attended
- Scope of Practice for Nurses and Midwives (Statutory Body Part V Nurses Act – Fitness to Practice): 211 nurses attended
- In-service Training for Registered Nurses in relation to the Healthcare Support Certificate Programme: 291 attended
- Bioethics Course for those involved in healthcare: 44 completed this course
- Haemovigilance: 198 nurses attended
- Hospital & Nursing Information Systems Programme: Attended by 198 nurses
- Healthcare Records on Trial (facilitated by La Touche Bond Solon): 99 nurses attended
- Student Support & Supervision – Preceptorship: 60 attended
- Feedback Skills Programme: 29 attended
- Health Informatics Training System (HITS) course: 13 attended
- Manual Handling: 198 attended
- Cardiopulmonary Resuscitation (CPR): 198 attended
- Healthcare Assistant Programmes
- Healthcare Support Certificate Programme – FETAC Level 5: 20 undertook this course
- Healthcare Support Certificate Programme – FETAC Level 5 – Activities of Living Patient Care Module: 9 undertook this course
- Pre-Registration Nursing Degree is run in conjunction with University College Dublin. The first graduation of degree nursing students took place in July 2006.
- Post Registration Education Nursing Department in partnership with UCD  
The Post Registration Education Nursing Department (PREND) is continuing to meet the challenge of advanced nursing practice in an ever-changing health care environment. At present, nine post-registration Higher Diploma in Nursing Studies programmes are being facilitated.

## KEY EVENTS

Anne Carrigy, Director of Nursing & Corporate Affairs Manager was conferred as an Honorary Fellow of the Faculty of Nursing & Midwifery, Royal College of Surgeons in Ireland in February 2006

Ms. Elaine Hanley, Ms. Kate O'Donovan, Ms. Lisa Browne and Ms. Rita Forde were confirmed with the title of Honorary Clinical Lecturer in Nursing Leadership by University College Dublin in June 2006.

The Mater Misericordiae Hospital Annual Nursing Conference – "The Changing Healthcare Environment. Nurses – are you ready?" was held on 24th May 2006 and was opened by the Tánaiste & Minister for Health & Children, Ms. Mary Harney.

The Venerable Catherine McAuley Inaugural Memorial Lecture followed the Nursing Conference. It was delivered by Mr. Gerard Fealy, Deputy Head of School of Nursing in UCD who spoke on "Where Nursing has come from – Has Nursing a Future?"

Nurses Week: The third Nurse's Week was held in the hospital from 22nd May to 26th May 2006 – "A Celebration of Nursing Past, Present and Future"

The Centre for Nurse Education moved to new premises on Nelson Street on 31st July 2006. The Taoiseach Mr. Bertie Ahern formally opened the building on 6th September 2006

The Changing Face of Parkinson's Disease Conference was held on 17th October 2006.

## KEY ACHIEVEMENTS

The Margaret Harrold Memorial Prize 2006, for courtesy, efficiency, loyalty & devotion to duty was awarded to Ms Claire Sheils, CNM1, Outpatients' Department.

The Mother Catherine McAuley Prize 2006, for efficiency in theatre technique was awarded to staff nurse Patricia Lemass.

I wish to thank all my colleagues; senior nurse management team, department/ward managers (CNM3, CNS, CNM2 and CNM1), staff nurses, healthcare assistants for all their loyalty, hard work, support and enthusiasm throughout the year enabling the Mater Misericordiae University Hospital to deliver quality patient care.

**Anne Carrigy**

**Director of Nursing & Corporate Affairs Manager**

# Allied Health Professions

The allied health professions (AHPs) are a group of health and social care professionals who are of non-medical and non-nursing background. The professions included are audiology, clinical photography, dietetics, medical social work, occupational therapy, pharmacy, physiotherapy, podiatry and speech and language therapy.

As part of the changes in the organisational structure, a new post of Clinical Services Manager (CSM) was put in place in October 2006. The CSM has strategic and operational responsibilities for the above services (and strategic responsibilities only for 13 other departments). A new Occupational Therapy Manager was also appointed at the same time.

This report gives a brief summary of the clinical activity, service developments, training and education and research (including presentations and publications) in the nine departments listed above. In addition to attendances at clinical courses, staff also participated in professional and student supervision training, management courses and in team based performance management training. The departments provide clinical placements for undergraduates from UCD and other institutions of higher learning.

## AUDIOLOGY

(Manager: Nina Reade)

### Service Developments

Computerised audiometry was introduced with expanded referral access. Work is in progress to meet a 2008 target for extending neuro-otological support and for investigating auditory processing disorders.

### Ongoing Research

- A study to investigate hospital accessibility for deaf and hearing impaired patients.
- An investigation into the affect of personal music players and hearing.

## CLINICAL PHOTOGRAPHY

(Manager: Florence Grehan)

### Service Development

Optical Coherence Tomography (OCT) testing commenced in 2006. OCT provides image and

analysis of actual histology while delivering diagnostic capabilities in macular, RNFL and optic nerve head disease.

Video conferencing facilities were further expanded to include cardiothoracic surgery, thus enabling multidisciplinary conferencing, linking hospitals nationally and internationally.

### Training and Education

Two student placements were offered to further develop interactive tutorials for posting on UCD's Blackboard system.

## CLINICAL NUTRITION AND DIETETICS

(Manager: Mary McKiernan)

### Clinical Activity

3,867 new inpatients and Diabetic Day Centre (DDC) referrals were received with 19,718 review appointments. Once the outpatient department system is fully computerised in 2007, detailed analysis can be made.

### Service Developments

A temporary 0.5 staff has helped to expand services in DDC with more people being trained on diet and insulin pump use. A temporary dietitian for the transit ward and a temporary secretary for administrative support were also appointed.

### Training and Education

Staff attended the ASPEN, BAPEN, ESPEN, EASD international conferences and numerous study days. Presentations have also been made at medical, nursing, intra-hospital and dietetic study days.

## MEDICAL SOCIAL WORK

(Head Medical Social Worker: Anne Marie Jones)

### Clinical Activity

6,146 referrals were received with 18,799 visits that involved 43,941 time units. These figures represent an increase of 9% over activity in 2005.

### Service Developments

A new social worker post has facilitated an outpatient service to nephrology (dialysis unit) thus

facilitating continuity of care to patients. A new extended care co-ordinator post has greatly assisted with the complex arrangements of home care packages and continuing care beds, thus supporting the work of other social work colleagues.

## Training and Education

Seven student placements were offered to undergraduate and postgraduate students from UCD, TCD and UCG (new course in Masters in Social Work).

## OCCUPATIONAL THERAPY

(Manager: Vivienne Nelson)

### Service Developments

Proposals have been submitted for resources to increase services to MEDL, neurology, spinal unit, A&E and for discharge facilitation.

### Training and Education

Clinical courses attended by staff are in splinting, sensory assessment & re-evaluation, bath hand therapy courses, perception & cognitive dysfunction, visual perception, memory dysfunction, ROHO pressure relieving course and seating. In addition, several members presented at the neurology and MEDL journal club meetings.

## PHARMACY

(Director of Pharmacy Services: Ciaran Meegan)

### Service Developments

The transplant/pulmonary hypertension (PH) pharmacist was involved in introducing the new endothelin-receptor antagonist, Sitaxsentan on a named-patient basis. Other initiatives included placing The Prescribers' Guide on MaterNet, monitoring and monthly reporting of the top 50 expenditure drugs, auditing drug usage and working with the Drug Safety Committee. The government's e-tendering website has also been used for procurement.

### Training and Education

Comprehensive in-house lectures were given to nursing, medical, and other paramedical staff on drug safety, parenteral drugs and other risk

management issues and to cardiac rehabilitation patients.

## Research

The pre-registration projects included:

- An audit to assess the appropriateness of piperacillin-tazobactam prescribed in the Mater Misericordiae University Hospital by D. O'Sullivan.
- An audit of surgical antimicrobial prophylaxis in the Mater Hospital by D. Lenehan.

The MSc project was:

- A Quantitative and Qualitative Analysis of Reported Medication Incidents in an Irish Teaching Hospital Over a Four Year Period by Michelle McGuirk.

## Ongoing Research

The pharmacy department is involved in clinical trials in both the area of haematology/oncology (6) and transplant/pulmonary hypertension (4) in 2006.

## PHYSIOTHERAPY

(Manager: Ms. Anne-Marie Keown)

### Clinical Activity

The number of treatments delivered in all core specialist areas increased on previous years with 14,347 new patient referrals and 65,075 interventions.

### Service Developments

Services introduced were in A&E (triaging), continence promotion, osteoporosis, occupational health, lower limb rehabilitation (exercise class) and ankylosing spondylitis (MASTER programme). A new assistant post and a practice tutor (for UCD undergraduates) were put in place. Other new initiatives were web-based staff induction programme, implementation of a communication strategy, records management process reengineering, scheduling of centralised outpatient appointments and a pilot of extended working hours.

### Education and Training

An accelerated learning programme was arranged for staff grade therapists. The postgraduate courses

undertaken by staff are MScs in Neurorehabilitation, Advanced Physiotherapy Practice and in Neuro-Musculoskeletal Manipulation.

## Ongoing Research

- A survey of current practices in respiratory competency training for out of hours physiotherapy services in hospitals in the Republic of Ireland. (MSc thesis)
- A randomised controlled trial evaluating the clinical and cost effectiveness of the addition of manual therapy to exercise therapy for hip osteoarthritis.
- Efficacy of an outpatient based group exercise treatment programme in ankylosing spondylitis.
- A survey of the quality of life and exercise compliance of patients with ankylosing spondylitis (AS) in Ireland.
- The benefits of a group exercise programme in the treatment of ankylosing spondylitis - the MASTER programme.
- A randomised controlled trial of nutritional supplementation and exercise in falls prevention.
- A survey of the current provision of outpatient physiotherapy services in the Republic of Ireland.  
MSc Neurorehabilitation, (Sheffield Hallam University)

## SPEECH AND LANGUAGE THERAPY

(Manager: Una Cunningham)

### Clinical Activity

In the year 2006, 817 referrals were received leading to 10,597 interventions.

### Service Developments

Development of a fiberoptic endoscopic evaluation of swallowing service (FEES). A 0.5 post was secured through the public/private partnership initiative with the Mater Private Hospital, another 0.5 research post internally and a 0.4 practice tutor post for TCD undergraduate training.

### Education and Training

Clinical courses attended by staff were in dysphagia, surgical voice restoration (a Macmillan Basic Course), FEES, assessment & treatment of cognitive communication difficulties. International courses

/conferences hosted in MMUH were in FEES and Voice Matters Conference MMUH (joint initiative with ENT).

## Ongoing Research

Joint research with the Orthopaedic Service commenced in 2006:

Dysphagia post anterior cervical decompression and fusion (ACDF): A prospective study analysing its incidence and risk factors.

## CONFERENCE PRESENTATIONS

### Audiology

- Aural Rehabilitation to the National Association for the Deaf Hearing Aid Technology and Patient Rehabilitation .
- Audiometric Testing to TCD School of Linguistics, Speech and Communication Sciences.

### Clinical Nutrition and Dietetics

- Albumin targets in ESRD – variation in assay methods. Poster presentation at Irish Nephrology Society (INS) Meeting, May 2006.
- Albumin targets in ESRD – variation in assay methods. Poster and platform presentation in BAPEN, November 2006.

### Medical Social Work

- EB White on The Social Work Role in Spinal Injuries. Staff Day, February 2006.
- AM Jones on The Impact on Patient Stay of the HSE's Delayed Discharge Initiatives.
- Y O'Meara and L Barragry on The Psychosocial Impact of Cancer for Carers, Annual Irish Cancer Society Conference.

### Pharmacy

- Why are we busier? Heckmann, P., Brown, J., Meegan, C. HPAI Annual Educational Conference 2006.
- Undergraduate and Postgraduate Medical Education – A Systematic Approach to Improving Prescribing. Kieran M., Creed M., Meegan C. HPAI Annual Educational Conference 2006.

- The Introduction of a New Policy and Guidelines for the Assessment and Documentation of Drug Allergies. Meegan C, McGuirk M, Kieran M, Maloney B. HPAI Annual Educational Conference 2006. Annual National Patient Safety Foundation Congress USA.
- The Quality Cycle; Improving Hospital In-Patient Prescribing and Administration. Meegan C, McGuirk M, Kieran M. HPAI Annual Educational Conference 2006. Annual National Patient Safety Foundation Congress USA.
- The Audit and Development of a Care Plan for Osteoporosis Prophylaxis and Treatment in the Mater Misericordiae University Hospital. Creed M, Strong, J, Meegan C. HPAI Annual Educational Conference 2006
- A Review Of The Pharmacy Service to the Emergency Department, Mater Misericordiae University Hospital. Treacy G, Seoighe A, Meegan C. HPAI Annual Educational Conference 2006
- Evaluation of Patient Self-Medicating Procedures and Recommendations for Implementation in the Mater Misericordiae University Hospital Fitzsimons, L, Strawbridge, J. Brown, J. Meegan, C. HPAI Annual Educational Conference 2006
- An Audit of Vancomycin in the Mater Misericordiae University Hospital Scanlon N, Haney A, Meegan C. HPAI Annual Educational Conference 2006
- Take Time to Make Time. Field C., Brown J., Heckmann P., Meegan C. HPAI Annual Educational Conference 2006
- Do We Need Physiotherapy Assistants in the Acute Hospital Setting? A Needs Analysis of the DATHs Hospitals. Keogan F, O'Grady AM, Cooke G, Keown A.M, Murphy N, Danaher D, Irish Society of Chartered Physiotherapists (ISCP) Conference.
- A Survey of Current Practices in Respiratory Competency Training for Out-Of-Hours Physiotherapy Services in Hospitals in the Republic of Ireland. Gorman E. ISCP Conference.
- Time For Change – A Consultative Approach to Restructuring the Rotation Process. Lynch C, Keown A.M. Walsh L. ISCP Conference.

## Speech and Language Therapy

- Communication Connections – A Cross Pillar Proposal Between the SLT Managers in North Dublin Regarding the Development of Adult Community SLT Services.
- The Effectiveness of a Voice Treatment Approach for Teachers with Self-Reported Voice Problems. Poster Presentation at Young Investigators Research Symposium, MMUH 2006.
- Workshop on Vocal Function Exercise Programme. Newcastle Voice Conference UK 2006.
- The Role of the Speech & Language Therapist in the Management of Parkinson's Disease. The Changing Face of Parkinson's Disease. MMUH October 2006.

## PUBLICATIONS

### Physiotherapy

French, H., Keown, A. M., Cooke, G., O'Grady, A. M., & Danaher, D. (2006). Continuing professional development: A survey of Irish staff grade physiotherapists. *International Journal of Therapy and Rehabilitation*, 13(10), 470-476.

### Speech and Language Therapy

Gillivan-Murphy, P. et al. (2006). The effectiveness of a voice treatment approach for teachers with self reported voice problems. *Journal of Voice*, 20(3), 423-431.

### Physiotherapy

- Development of a communication strategy in a Physiotherapy Department. Prendergast C, Harte Y, Malone P, Keown A.M (Poster).
- A Survey of the Current Provision Of Outpatient Physiotherapy Services in the Republic of Ireland Prendergast C. MSc thesis (second prize winner), Irish Heart Foundation Stroke Study Day
- One Year On - Lung Transplantation in Ireland. Byrne I. (Poster).

# Operations and Clinical Support

Operations and clinical support has responsibility for the following areas:

- Patient services and complaints management
- Bed management and discharge planning
- Waiting list co-ordination
- Medical records
- Routine access
- Public relations
- Internal communications
- Freedom of information
- Policies and procedures
- Chaplaincy / Pastoral care
- Ward clerk services
- Hospital communication centre
- Concourse reception and conference bookings
- Clinical trials

## OVERVIEW

- Customer Service Team of the Year Award presented to Patient Services Department

This award, sponsored by Conduit Ireland, aims to promote excellence, best practice and innovation in customer service and is open to entries from companies across the whole spectrum of industry, commerce and the public sector. An effective complaint management system is an essential part of quality public-sector service. The Patient Services Department has demonstrated their commitment to propelling good complaints management to the forefront of its agenda and advancing our patient-focus culture through a proactive approach.

- Successful launch of the new complaints database (Ulysses)
- Complaints management presentation given at induction to all new staff
- Mater News re-issued as bi-monthly publication
- Creation of communication sections on the intranet (covering events; press releases and statements; media coverage; staff notices and information and the Mater News)
- Establishment of restructured communication pathways

- Community information meetings organised
- Central dictation system introduced
- New medical records case notes approved
- New appointment cards introduced
- Outpatient department audit undertaken
- Development of whole hospital policy pilot
- Compliance with HSE A&E daily targets
- The hospital discharges the highest number of patients to intermediate care beds compared with other DATHs
- Regularly secure in excess of our intermediate care beds allocation
- Guidelines on accessing information and confidentiality published
- Drafted a contract and guidelines for the filming of documentaries in the MMUH
- One inpatient, one outpatient and two emergency department surveys were carried out
- Participated in Newgrange Process  
The proposal was to establish a joint ethical forum between The Mater Misericordiae University Hospital and James Connolly Memorial Hospital to provide a conduit through which day-to-day ethical decision-making in end-of-life care could be discussed. The aim was that the hospitals would review their current processes and learn from experiences and ultimately improve end-of-life care in the hospitals. The forum will consist of a cross-site, interdisciplinary membership with possible inclusion of an external expert. Both hospitals are considering planning the formation of a focus group, incorporating relatives of deceased patients, to examine current experiences of persons dying in the hospital and determine areas for improvement.

**Ms Phil O'Neill**

**Head of Operations and Clinical Support**



The Patient Care Committee is a committee of the Board of Directors in accordance with the memorandum and articles of association. Its main objective is to advance excellence in service delivery at the Mater Misericordiae University Hospital in accordance with the hospital's mission statement and the ethos and traditions of the Sisters of Mercy.

The committee also deals with issues relating to patient care in the following areas:

- Patient Services
- Risk Management
- Quality & Accreditation
- Internal Communications
- Education & Training
- Human Resources

In 2006, the committee met on four occasions. Following an established agenda format, topics addressed and on which action was taken included the following:

- Surveys
- Patient Booklets
- Complaints Management Induction Training
- Complaints Policy
- Customer Services Award
- Complaints Summary Report
- Clinical Governance Group
- Risk Management Report
- Patient Consent Form
- Information Booklet
- Drug Forms
- Hospital's Accreditation Award
- Integrated Care Pathways
- Business Continuity Management
- Policies & Procedures
- Community Information Meetings
- Patient Council Meetings
- Internal Communication Pathways
- Internal Training Courses
- Induction
- Performance Management
- Personal Development Portfolios
- Employee Assistance Programme

## MISSION EFFECTIVENESS

- Mission Effectiveness Programme
- Roll out of Standards and Key Indicators for Evaluation of Mission Effectiveness in the Hospital
- Reflection/Input Sessions for Mission Effectiveness Committee Members
- Mission Awareness Week and Mercy Day Conference
- Progress Report on presentations to staff and monthly reports to the Board of Directors
- Medical Ethics Course for Staff

**Sister Margherita Rock**

**Director of Mission Effectiveness and Chairperson,  
Patient Care Committee**

# Non-Clinical Support Services

Throughout 2006, the Non-Clinical Support Services Department focused on improvements in the hospital environment and continuation of improvements in our cleaning / hygiene standards.

## Mission

The objectives of the department are to provide, organise and deliver effective and high quality support services throughout the hospital in line with accepted modern and contemporary practices and standards.

The accreditation process has been one of the drivers in improving the quality and standards of services and facilities provided and the core objectives for the services department are:

- To continue with the improvement in the hygiene and infection control standards  
In this regard a Hygiene Task Force was set up, meeting fortnightly to review and implement cleaning and hygiene standards
- Implement the quality and improvement plan as identified by the accreditation team
- Develop a utilities strategic plan to ensure the delivery of quality, efficient and effective strategies, which are sustainable, and energy efficient.
- Agree and develop an interim development plan in conjunction with Mater Campus Hospital Development to deliver necessary improvements in line with the hospital's immediate corporate priorities.

## Hygiene Audit

The hospital achieved a score of 84% in the second National Hygiene Audit, which was carried out in April 2006. This was a substantial improvement in performance from the previous audit. Considering half the hospital's services are delivered from a 19th century Victorian building, this latest outcome was a fair achievement.

Later in 2006 the Department of Health & Children announced that the Irish Healthcare Accreditation Board would be setting up the Hygiene Services Assessment Scheme on a mandatory basis for all acute hospitals. This scheme aims to enhance cul-

tural change in the area of hygiene services and this will be achieved through a self-assessment process undertaken by staff and followed by an unannounced review by independent and peer assessors. The hospital's hygiene task force and accreditation / environment team will co-ordinate and lead this process in liaison with all the stakeholders.

## Projects Development

In May 2006 the joint HSE/DoHC Task Force recommended the Mater Campus site as the location for the new national paediatric hospital. This decision was endorsed by the board of the HSE in June 2006 and subsequently endorsed by the government.

In July 2006 a joint HSE/ DoHC Transition Group was established to progress the development of the national paediatric development. This group met with representatives of the Mater Hospital, MCHD, the HSE and DoHC in October 2006. At this meeting it was decided to establish a forum to progress the adult hospital development. This forum, the 'Mater Campus Working Group' (MCWG), with representatives from the Mater Hospital, MCHD, the HSE and the DoHC, have been working since then to progress the development of the Mater Hospital as a stand-alone development.

By December 2006 the MCWG had agreed the basic principles of the site strategy, brief and programme for the development of the adult hospital and the next steps in the decanting and enabling programme.

Both the main decant buildings i.e. the hostel and centre for nurse education were fully commissioned and occupied in Summer 2006.

The aspergillus protection works to St Vincent's ward (oncology) and the theatres were completed in late 2006.

## Other Developments

(Managed by the Projects Office)

The Transit Unit was fully opened providing an additional 33 beds, by end of January 2006.

Work on the provision of a further 12 beds to provide an admissions lounge for patients awaiting admission from the emergency department commenced in November 2006 and was scheduled to

be completed and occupied in January 2007. In addition, new isolation room (en suite) was provided in the emergency department together with additional sanitary facilities and a dedicated assessment space for psychiatric consultations.

Initially through fundraising co-ordinated by Dr. Tim Lynch, Consultant Neurologist and subsequently part-funded by the Health Service Executive, 57 Eccles Street, which was provided by the hospital, has been refurbished and restored to accommodate a neurological day centre / outpatients department/ institute. The building was nearing completion towards the end of 2006 with a view to providing services in early summer 2007.

Similarly adjacent to the property, 56 Eccles Street has been provided to accommodate a lung health centre and this work will commence in late 2007.

These two developments will complete the total restoration of properties on Eccles Street owned by the Mater Hospital/ Sisters of Mercy. Some 5-6 years ago many of these properties were derelict and a blight on the streetscape. They now provide excellent day care and clinical space in a non-threatening environment for our patients.

Educational facilities have also been greatly enhanced with the completion of the Catherine McAuley Centre, the Centre for Nurse Education and the Genome Research Centre.

Refurbishment works to the basement of 32-38 Eccles Street were undertaken to provide training and education facilities to BreastCheck (School of Breast Imaging) and also to provide treatment rooms for the Diabetic Eye Clinic.

The hospital received a capital sum of €4.5 million to provide additional isolation units in the acute viral / bacterial isolation unit. A project team was established and it is expected that work will commence on this project in May 2007.

Despite the additional beds provided in 2005/2006 to alleviate overcrowding in the emergency department it is recognised that the current emergency department is "not fit for purpose". An interim solution prior to the main hospital's development coming on stream is currently being evaluated and it is expected that funding will be available from the Health Service Executive.

## TECHNICAL SERVICES DEPARTMENT

The Technical Services Department continues to provide the day-to-day maintenance and upkeep of the hospital plant and facilities. In addition a number of projects were carried out in 2006:

- The X-ray substation upgrade was completed by year-end.
- The hospital approved the proposal to complete the redesign of the water systems within the hospital. Priority funding is being sought from the Health Service Executive to address the improvements that are deemed essential.
- A number of refurbishments were carried out throughout the hospital including a major painting programme for the accreditation and hygiene audits. Areas refurbished included:
  - Outpatients Department
  - St Cecelia's Ward
  - Refurbishment of sanitary blocks
  - Updated controls and ignition on main boilers
- Replacement programme on all clinical wash hand basins began and up to 300 wash hand basins were due to be replaced.

## GENERAL SERVICES

Since achieving Accreditation Status Level 3, the Mater Hospital has continued to survey and monitor all aspects of the environment throughout the campus.

Substantial additional resources have been committed to the hygiene budget.

- Additional cleaning contracted hours
- Enhanced wall washing programme on a continuing basis
- Provision to deep clean and maintain hospital equipment, beds and lockers
- Replacement of obsolete, worn, tarnished equipment e.g. pedal bins, drip stands etc.
- Further initiatives in the Hand Hygiene Awareness Campaign
- Additional training

# Non-Clinical Support Services

- Additional alcohol rubs
- Poster awareness campaigns
- The appointment of a Hygiene Services Standards Co-ordinator was agreed by the hospital with the post to be filled in early 2007.

Areas covered under the Hygiene Services Assessment Scheme are environment, equipment, cleaning, hand hygiene, waste and disposal of sharps, catering and laundry.

A comprehensive review of transporting and handling of healthcare risk waste was carried out as part of our quality and improvement plan. This system has been in place since December 2006 and has reduced the amount of handling of waste at every level.

Travelways Commuter Centre and the Mobility Management Committee continue to initiate and implement commuter strategies.

Approval was given for a unified text messaging system to be provided, which will play a significant part in our response to a major incident. This will be rolled out in 2007.

## **CATERING DEPARTMENT – PATIENT SERVICES**

In 2006 the patient production kitchen continued to produce in excess of 1,200 meals per day. Apart

from the 800 meals for in-house patients, the patient production team catered for hospital conferences, the hospital crèche, the Mother McAuley Centre on Leo Street and of course community meals on wheels. The catering team continued to review and change menu preferences for patients to include multinational and multicultural choices for patients. The installation of a remote temperature control system for cook chill food was typical of the endeavours by the catering team to achieve the highest standards in food hygiene. The aesthetic and structural upgrading of the production facility continued in 2006 in conjunction with Technical Services. In addition 2006 saw the uptake of the skills and back to learning projects for many catering staff, thus building on the already highly skilled resource of the catering team.

## **Restaurant Services**

In 2006 the restaurant staff undertook the implementation of standards towards completion of the Excellence Ireland Quality Awards in food hygiene (sapphire standard). An initial mock audit was positive and the department hopes to achieve full certification in 2007. Production and service staff in both the restaurant and coffee shop areas continue to provide excellent fare for patrons. Monthly theme days, homemade breads and pastries are a regular feature for users. The staff restaurant continues to achieve happy heart at work standards monitored by the Irish Heart Foundation.



# Quality And Accreditation

## Accreditation

On 29th May 2006 the hospital was officially presented with Accreditation Level 3 award. This covers the period from December 2005 - 2008.

## Business Continuity Management (BCM)

In July 2006 the Business Continuity Management (BCM) process was launched in the Hospital.

## Integrated Care Pathways

Three integrated care pathways are being used successfully in the Emergency Department. Working groups are developing pathways in all divisions of the hospital.

## National Hospitals' Office (NHO) Decontamination Review

The NHO Decontamination Review commenced in 2006.

## Quality and Safety Week

In 2006 the Health Service Executive launched Quality and Safety week. This took place in October 2006 and will be an annual event



## **Staff Health Fair**

The staff health fair was held in April and November of this year.

## **National Intercultural Hospital Initiative (NIHI)**

The National Intercultural Hospitals Initiative (NIHI) is a European project designed with the Health Promoting Hospitals Network (HPHN) to help improve the quality of the service provided to migrant patients by providing a tool to help us identify the cultural needs of our patients.

## **Breast-feeding Supportive Workplace Award**

Breast-feeding facilities are available in all ward/departmental areas. In October 2006 we achieved the Bronze award.

Health Promotion in the Mater Misericordiae University Hospital also promotes the following for staff and patients:

- Patient Information
- Smoking Cessation
- Physical Fitness
- Alcohol Awareness
- Healthy Food Options

## **Health Promotion Hospitals Network**

The Health Promoting Hospital Network (HPHN) has been working on standards set by WHO for health promotion in the hospital, namely management policy, patient assessment, patient information and intervention, workplace health promotion and continuity, and cooperation.

# Training, Education And Development

The Training Department had a busy and eventful year as it continued to provide accessible, high quality training and education to all staff and students.

The 2006 Training and Development Plan "In Pursuit of Excellence" continued to be strongly influenced by the National Health Strategy and in particular the "Action Plan for People Management" (APPM). Ongoing programmes included:

- People Management Skills for Line Managers
- Supervisory Management
- Customer Care
- Non Violent Crisis Intervention
- Presentation Skills

In addition 2006 milestones were:

- Relocation to new Centre for Nurse Education, Nelson Street
- Expanded suite of training programmes providing new opportunities for learning, including:
  - Return to Learning – numeracy and literacy
  - SKILLS – Programme for Support Services
  - HITS – Health Information Technology
  - Diversity Workshops such as Ageism
- Computer Applications
  - Establishment of a dedicated training site on the Mater intranet

A total of 659 staff members attended training programmes organised by the department during the year.



The Mater Misericordiae University Hospital is committed to ensuring that systems and processes are in place and subject to continuous review, in order to minimise risks to patients, staff and visitors.

The hospital has a strategy for managing all types of risks, which includes all clinical and non-clinical risk. The strategy sets the strategic direction for risk management within our hospital and it will respond to developments and initiatives as required by internal and external forces. It achieves this through a proactive, ongoing process of hazard and risk identification and assessment, with the objective of improved prevention, control and containment of risk. The overall aim of our strategy is to:

- Adopt an integrated approach to risk management, whether the risk relates to clinical, organisational, health and safety or financial risk, through the process and structures detailed in this document.
- To ensure that risk management methodologies are understood throughout the organisation, systematically applied and result in minimisation of risk to staff, patients, contractors and visitors to the hospital.
- To ensure the management of risk is consistent with and supports the achievement of, the hospital's strategic and corporate objectives.
- To provide a high quality service to patients.
- To initiate action to prevent and reduce the adverse effects of risk.
- To minimise the human costs of risks i.e. to protect patients, visitors and staff from risks where reasonably practicable.
- To meet statutory and legal obligations.
- To link into the clinical governance framework of the hospital.
- To minimise the financial and other negative consequences of losses and claims, for example, poor publicity or loss of reputation.
- To minimise risks associated with new developments and activities.

In 2006 the Risk Management Department has overseen the following projects:

- In keeping with the organisation's multifaceted continuous improvement plan and to facilitate its responsibilities regarding corporate and clinical

governance risks and liabilities, a risk governance group was developed within the hospital.

- Our established drug safety committee works primarily in the interests of patients to promote safe medication practices.
- Consent: a new consent to treat form has been developed in line with the hospital's consent to treat policy.
- A falls prevention tool has been developed in order to reduce the number of patient falls.
- Education on clinical and non-clinical risk management is now part of our NCHD, nursing and general staff induction programme.
- Throughout 2005/2006 the hospital provided training to all department heads and ward managers on how to carry out risk assessments.
- In conjunction with the Information Management Services Department, the Risk Management Department developed a new electronic incident report form, which will be accessible to all staff in 2007.

# Information Management Services Department

The Information Management Services Department in 58 Eccles Street continues to provide an information and technology environment to support all staff in their use of information, technology and systems. The department undertakes extensive system research and development and ensures that the impact and potential of technological developments are realised and maintained in the systems used.

Throughout 2006 the department has focused heavily on supporting the collection, organisation, use, control and dissemination of electronic information, thereby ensuring that the value of information is identified and exploited to the fullest extent.

## CURRENT DEVELOPMENT PROJECTS

- The continuous development and implementation of the Hospital Information System, Patient Centre.
- The development, integration and implementation of EndoRAAD, a clinical information system, in the gastroenterology unit.
- The establishment of a resilient infrastructure to ensure full services are continually available, and ensure that in the event of a disaster, system downtime is kept to an absolute minimum.
- The development and delivery of document management in the emergency department
- The provision of a new facility to enable greater consistency of intranet content, style and design.
- The ongoing implementation of the Integrated Nursing Information System

## INTEGRATED NURSING INFORMATION SYSTEM (INIS)

The nursing team continued with the implementation of both the rostering and patient dependency components of the Integrated Nursing Information System (INIS) throughout the hospital. The team also assisted with the implementation of the new version of the hospital information system called "Patient Centre". Demonstrations of the INIS to other healthcare organisations continued throughout the year.

## PATIENT CENTRE

The delivery of Patient Centre, the new version of the hospital's Information System continued throughout the year and extended into many areas of the hospital including ITU, HDU and CTHDU. The system allows for a more efficient overview of patient information for all staff, with its 'ease of use' characteristic, given high priority.

Patient Centre is at the heart of the hospital's information system and provides fundamental building blocks for the electronic patient record.

## HEALTHLINK

Healthlink Online provides message delivery between primary and secondary care in the Mater catchment area.

The Mater delivers the following outbound messages to the GPs:

- Lab Results
- Radiology Results
- Death Notification
- Discharge Summary
- Discharge Notification
- OPD Appointment Updates
- Waiting List Notification
- A&E Attendance

The Mater delivers the following inbound messages to the GPs:

- Lab Orders

The Mater Hospital is the first in the country to receive lab orders inbound, electronically. With 43 GPs using the service, the Mater, via Healthlink received 1414 orders during 2006.

The National Healthlink Project was short listed for the HSE Innovation Awards 2006 for the Lab Order Project. The National Healthlink Project & St Vincent's University Hospital received a commendation from the HSE Innovation Awards 2006 for the "Neurolink" Neurology Referral Project.

## SELECTED PUBLICATIONS

Lalor M. The National Healthlink Project: Online lab ordering from GP practice to the Mater Hospital  
Journal of the Irish Practice Nurses Association:  
Irish Practice Nurse

## SELECTED PRESENTATIONS

*HISI 2006*

Neurolink - A Simple Way to Make Patients Life Easier

Dr N. Tubridy & Ms G Garvan, Dept of Neurology,  
St Vincent's University Hospital Dublin & National  
Healthlink Project.



The Mater Hospital is a large complex organisation and employs a diverse range of staff including medical, nursing, other health professionals, management/administrative, catering / household, technical, craft and support staff. Payroll costs represent 70% of total hospital costs. The role of the Human Resources (HR) team is to facilitate the optimum selection, deployment and retention of staff in the delivery of quality patient care and to support and partner managers in meeting their service objectives through effective people management strategies. The year under review saw a number of new initiatives and consolidation of previous efforts in meeting the exceptional HR challenges presenting in the current healthcare environment.

## ACCREDITATION

The accreditation process continued to drive HR planning for the future and to prioritise areas for improvement. The HR Accreditation team is cognisant of the need to deliver on its quality improvement plans and are preparing for the next submission process. A number of multidisciplinary working groups have been established to drive specific initiatives and work is ongoing in this regard.

## EMPLOYEE RELATIONS

The stable industrial relations climate in the hospital continued in 2006. Under the guidelines for dispute resolution in Sustaining Progress and its successor "Towards 2016", the majority of issues, which were raised, were resolved at local level.

In line with the Dignity at Work policy a number of support contact persons were trained and are available to staff on a confidential basis.

Strong relations are fostered with other agencies. The Employee Relations Unit is involved in working groups at national level (Dignity at Work and Review of Anomalies in Therapy grade salary scales) to develop the health sector's HR policies and procedures.

A new Employee Assistance Programme was put in place in September 2005. An external company provides the service. It is accessible by freephone, on a self-referring basis. This is a greatly enhanced and expanded service and the initial response has been very good with a steady increase in the number of staff availing of the service in 2006.

## RECRUITMENT ACTIVITY

Once again there has been an overall decrease in the number of vacancies within the administrative / paramedical/support grades, reflecting the downward trend from 2004. This also reflects the overall decrease in turnover hospital wide.

There has been an 11% reduction in recruitment rates for 2006 in comparison with 2005. This is reflected by a decrease of 23% in administrative recruitment and 16% reduction in paramedical recruitment. Support services have shown an increase of 5%, which may be explained by the transient nature of staff filling these vacancies e.g. students, overseas applicants.

Again application rates have increased for all areas and the supply of paramedical health professionals has increased considerably reflecting the increased numbers of graduates in these areas.

Compliance with employment ceiling restrictions continues to cause problems for service delivery at local level.

## ADMINISTRATION

This section is responsible for the administration and maintenance of staff personnel files. The HR administration staff process starters, resignations, increments, probation assessments, acting arrangements, flexible working arrangements, statements of service and requests for all leave types and are responsible for the ID badge service. The staff also participate in the monthly induction for new staff and are a source of advice and guidance for department heads / line managers on processes/procedures and employment legislation. This section was responsible for the introduction of the hospital's Dress Code Policy, which was circulated to all staff at the end of 2006.

This section is also responsible for the preparation of statistical reports, to support hospital decision-making and industry reporting requirements, e.g., absenteeism and turnover statistics and monthly census/employment ceiling reports. The HR Information System was upgraded in 2006, which has enabled us to produce more detailed reports.

## MEDICAL HUMAN RESOURCES

Medical human resources, based in 59 Eccles Street, covers all HR related matters in relation to the medical staff at the Mater Hospital. The department consists of three sections, Medical Manpower Management, NCHD Recruitment, and Administration to the Medical Executive. Ongoing discussions with regard to the implementation of the European Working Time Directive for junior doctors is continuing, while closely following the initiatives in the 9 pilot sites nationally.

## NURSING HUMAN RESOURCES

The nursing human resources team played an active role in the hospital's accreditation process, through membership on the HR, Cardiac and Surgery Plus teams. This process led to a review of operational issues, many of which were updated. As part of the recruitment process, the hospital orientation programme for nurses was reviewed and updated accordingly and the probationary period for nurses was increased from six to twelve months.

In 2006 graduate nurses registered with An Bord Altranais have become employees of the hospital and the FETAC level 5 training programme for the health care assistants continued to be rolled out.



# Health & Safety

In 2006 the year commenced with the National Hygiene Audit and the Health & Safety Department actively participated in this. As in 2005, this year brought more updated legislation - including construction, asbestos, noise, vibration and the working at height regulations. In line with the Safety, Health and Welfare at Work Act, 2005 these updated regulations place more onus on employers to manage risk.

This was the year when our hospital attained accreditation due to the ongoing teamwork that assisted in reaching the required standards. The Health & Safety and Accreditation departments were interviewed by the editor of the Health & Safety Review and an article relating to our Accreditation and our commitment to health and safety was published in July, 2006.

Other notable achievements were:

- Formalin containment in theatres - elimination of risks associated with handling of formaldehyde
- First aiders - our first group of occupational first aiders were trained
- Fire extinguishers in the hospital were brought up to the required standard - IS290
- Our safety statement was circulated in hard and soft copy after total updating in line with the Safety, Health and Welfare at Work Act, 2005.

Fire training for our medical consultants commenced.

# Notes

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