



# MATER MISERICORDIAE

— UNIVERSITY HOSPITAL —



ANNUAL REPORT 2007

# 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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# Chairman's Statement



When reporting last year I stated that two key considerations for the future engaging the Board's attention involved, on the one hand, securing the extension, expansion and modernising of the facilities of the hospital and, on the other, the strategic necessity of strengthening the education, training and research dimension of the hospital's mission. The Board spent much time throughout 2007 giving attention to these issues.

In operational terms, Management's key objective for 2007 was to re-address, evaluate and seek improvement in the patient experience in our hospital, while achieving planned levels of activity. The Board enthusiastically supported these aims, and, overcoming financial and staff headcount restrictions, it is pleasing to report the achievement of a range of solid improvements to benefit patients' experience.

## DEVELOPMENTS

Following considerable negotiation and consultation we signed a Memorandum of Understanding in July with St. Vincent's Health Care Group and University College Dublin to create Dublin Academic Health Care, which was formally launched on 10 September. This established the first Academic Health Centre in Ireland. It has been designed as a new entity with equal ownership by each of the three institutions. The Boards of the Mater, St. Vincent's and UCD will cede responsibility for certain functions to the Board of Dublin Academic Health Care. These functions will initially comprise medical education and research. A first phase in the development will also involve the establishment of joint medical departments for each speciality, with clear clinical governance guidelines. Once well established, with the functions outlined, the institutions will review the issue of an expansion in role

and functions of Dublin Academic Health Care. This review is likely to take place in the period 2010 /2011.

The voluntary and religious ethos of the hospital will be protected and maintained.

At the root of the interest in this concept at the Mater is patient care. We believe that Dublin Academic Health Care can also become an important social asset – it will concentrate resources – people, facilities, and techniques. It aims to be a tertiary care referral centre “par excellence” and it intends to link the University with the community and the practical world, with a potential for both improving and shaping health and medical care into the future.

## MATER CAMPUS

The decision to site the New National Paediatric hospital on the campus has, inter alia, a range of practical implications – for example, planning issues for the Mater hospital expansion on decoupling it from the original plans for the campus. For much of the year the preparation and planning of key advance works, the decanting and relocation of a variety of hospital departments and activities, preparatory to commencement of the main building contract, necessitated close attention. This work was supplemented by engagement with the Railway Procurement Agency in planning the works necessary to enable the siting of a Metro Station below the campus.

The Board are heartened at the progress achieved on all fronts. Assuming that the promised capital funding can be delivered through the known priorities in the National Development Plan we are satisfied that our overall goals can be achieved within a reasonable time-frame.

## BOARD AND MANAGEMENT

In June, Martin Cowley elected to take early retirement as Chief Executive. Martin is held in high esteem by all at the Mater. His contribution during a service in senior management of 37 years, 17 as Chief Executive, was marked by unstinting attention to duty and loyalty to all facets of the hospital and its activities. All at the Mater are much in his debt. We wish him a long and happy retirement.

All members of the Board served throughout the year. I wish to thank each and everyone of them for

# Chairman's Statement



their dedicated support and advice in transacting the business of the Board. Their attention and quality of contribution greatly eased the Chair's role.

On behalf of the Board I wish to thank most sincerely all our staff, who are central to any achievements we may claim, as we strive for excellence in patient care and the living out of our values in partnership and faith in each other.

## OUTLOOK

The continuously high level of delayed discharges presents significant problems for our patients and the hospital at all levels of operations. This matter has exercised considerable management energy and it has been very clear for quite some time that the inadequate availability of "step-down" facilities, in the catchment area we serve, is the key contributor to the problem. It is our intention to redouble

efforts in 2008, in active consultation with the H.S.E., to seek to alleviate this situation which unfortunately lies outside of our control.

Much time will be devoted in 2008 in seeking to ensure that all steps necessary will be undertaken to progress as quickly as we can the development of the needed expansion and updating of our hospital.

A key strategic objective for the Board is to build on the impetus for continuous improvement in the educational, training and research capabilities available to the Mater in the creation of Dublin Academic Health Care. This is particularly relevant in the context of the selection of the Mater as one of the proposed national centres of excellence for the provision of cancer care.

**John Morgan**  
Chairman



*Dublin Academic Healthcare Joint Medical Executive, Mater & St. Vincents.*



# Chief Executive's Report



It gives me great pleasure to present this report on the performance of the hospital for 2007.

At the outset, 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 and assistance to me as Chief Executive during 2007.

The primary executive management and operational focus for the year centred on achieving planned levels of activity on the basis of ELS (existing levels of service, using 2006 as the base year) to be delivered within financial limits and the hospital's quality agenda.

Inpatient activity at 16,402 was 306 cases or 2% in excess of target. Day cases were below planned levels by 864 or 3%. Outpatient attendances increased by 10,025 or 6% to 182,186.

During the year, however, some 9,000 day case procedures were converted to outpatient attendances, thereby reducing day case activity compared to last year, and increasing outpatient work.

Net expenditure for the year was €234.97m, an increase of 6% over 2006. The hospital recorded an accumulated loss of €44,285 as at 31st December 2007. This effectively represents a balanced financial position as at that date and for the year.

Total staff numbers on the 31st December 2007 were 2,598 whole time equivalents. This was 22 below the hospital target of 2,620, but 110 ahead of ceiling (since adjusted to 2,626). The absenteeism level of 2007 was 4.28%, which represents a marginal reduction on 2006 levels.

Principal highlights during 2007 were the historic

signing in July 2007 of the Memorandum of Understanding between the Mater, St Vincent's Hospital Group and University College Dublin to form Dublin's first Academic Health Care Centre called DAHC (Dublin Academic Health Care). The DAHC will pool expertise and resources of the three organisations to improve integration of patient care, enhance medical training and advance collaboration between medical researchers and clinicians focussing on the causes, diagnosis and treatment of common human diseases.

DAHC will be an independent entity with its own Board under the chairmanship of Mr Tom Lynch. Plans to establish DAHC have been worked on over the past year by a group including the Chairs of the Boards, CEOs and senior medical staff from the two hospitals, and the President - School of Medicine and Medical Science, the Registrar and the Vice-President for Research from UCD.

Works on the Mater Campus Hospital Development, a project that involves the rebuilding of key parts of the Mater Misericordiae University Hospital, were ongoing in 2007. This development, which will go a long way to addressing the need for modern buildings and equipment for existing services at the Mater and will provide significant additional capacity to service growing patient needs, will include:

- New accident and emergency department, double in size
- New outpatients department, double in size
- 12 new theatres and ICU/HDU departments
- New radiology department
- A new 444 space basement car park on two levels

In 2007, the Mater Campus Hospital Development:

- Submitted the first of two proposed planning applications for the development. Firstly, to decouple the adult hospital from the original scheme (which also included the relocated Children's University Hospital, Temple Street). The Notification of Decision to grant Planning Permission for Scheme 1 was issued 16th November 2007. This will be followed by an application to intensify accommodation for the adult hospital on the site, adding expanded basement areas, additional floor levels and inter-

# Chief Executive's Report



faces between:

- a) the MCHD development and the Metro Station and
  - b) the MCHD development and the National Paediatric Hospital site.
- The revisions to the scheme involved intensive consultation with hospital user groups, neighbouring residents and other stakeholders.
  - Finalised the Brief, Budget and Programme for the development of the Mater Hospital as a stand-alone adult hospital
  - Worked with the Railway Procurement Agency regarding the incorporation of a Metro Station on the Metro North Line on the Mater Campus

In addition, the decanting and enabling works were progressed as follows:

- The decant of the Ophthalmic OPD department to their new location was completed.
- The demolition of the Nurses' Home commenced.

- The refurbishment of Rosary House was completed.
- The relocation of Medical Gases is ongoing.
- The diversion of electrical services is ongoing.

The final phased delivery of the finished hospital is planned for year end 2011.

A major capital programme on projects outside of the main development was approved in 2007. Among these were the bacterial airborne infection isolation unit €4.7m, Neurology Institute €3m (primarily funded by the Mater Foundation), water quality upgrade and the development of a Day Hospital for the Elderly in the old convent building.

During 2007, the hospital completed its 17th successful lung transplant including the first cystic fibrosis patient.

While considerable patient flow improvements were experienced over significant parts of the year, i.e. average waiting times for admission from the







# Chief Executive's Report

Emergency Department continue to reduce, albeit slowly, they are still not in line with HSE targets. A combination of continuously increasing numbers of delayed discharges and the increasing number of admissions through the Emergency Department resulted in delays in access to inpatient facilities, both for elective and emergency during 2007, particularly towards the latter part of the year. In total, 30,860 bed-days were lost to the hospital during the year due to delayed discharge patients. This is the equivalent of 13 beds daily for the hospital at 6.5 days ALOS (average length of stay).

During the year, the hospital employed the services of Teamwork Management Consultants, specialists in process management around emergency services. This group reported its findings in December 2007 and its implementation plan is in place for 2008. Other initiatives during 2007 aimed at streamlining and expediting the admission process in 2007 was the Bed Utilisation Study which reviewed the appropriateness of admissions on the day of admission and the day of the study. The study concluded that many bed-days could be saved by the hospital if appropriate facilities were available in the community. The hospital opened an Admissions Lounge and Clinical Decision Unit in February 2007. A discharge lounge was opened at the same time but was eventually closed as the uptake did not warrant its continued operation.

The hospital continued its programme of investment in hygiene during 2007. Improved infrastructure facilities and equipment, training programmes for staff and continuous audit were part of a determined effort by management to improve hygiene levels and maintain them at an acceptable standard, given the challenges in infrastructure we face. The hospital was very disappointed to be rated Fair on the HIQA Hygiene Audit, but are determined to improve on that result. The hospital appointed a Hygiene Co-ordinator to oversee the hospital Hygiene Management Programme going forward.

Other audits completed during 2007 were the Decontamination Audit, Health Records Management Audit and DOHC/HSE Organ Retention Audit. The 18-month accreditation revisit was also completed and the hospital was highly commended for the progress made and the accreditation award was reaffirmed.

Other significant events during 2007 were:-

Capital Programme approved:

- Bacterial airborne infection isolation unit

Additional theatres - Spinal, Heart / Lung  
Day Centre for the Older Person  
Neurophysiology Department  
Additional HDU bed space  
Repairs to roof of the Auditorium  
Neurology Institute  
Interim ED works including second CT scanner  
Upgrade of catering facilities  
Water quality upgrade  
Electrical services upgrade  
Interventional angiography suite  
Upgrade of mortuary

- The hospital submitted its Rehabilitation Strategy to the HSE for consideration. Encompassing acute and sub-acute rehabilitation in conjunction with community services, it is an integral part of the solution to the delayed discharge issue.
- The Mater's Cancer Strategy is being developed as part of the DAHC rollout. This will see the hospital working in association with SVHG to deliver single site solutions to the cancer strategy.
- The hospital completed the signing of the lease of the old Garda Credit Union, St. Raphael's on Dorset Street. This will house the new Mater Outpatients Clinic following its decant from the site to allow the completion of the interim ED works
- Following 37 years service and 17 years as Chief Executive, Mr Martin Cowley retired from the hospital on 30th June 2007. We thank him for all his years of dedicated service and wish him every health and happiness in his retirement. Mr Cowley will continue as a Director of the Mater Hospital.
- Ms Phil O'Neill was appointed as Head of Operations and the designated deputy to the Chief Executive. During the year, Ms O'Neill was honoured at the Customer Service Awards with a Lifetime Achievement Award.
- The Quality and Risk Department won the HSE Achievement Award for Quality and Safety for NHO North East.

# Chief Executive's Report



The following consultants were appointed and took up these appointments during 2007:

*Dr Denise Sadlier* 1st February 2007  
*Consultant Nephrologist*

*Dr Karen Ryan* 22nd October 2007  
*Consultant in Palliative Medicine*

*Dr Aisling Mulligan* 15th October 2007  
*Consultant C&A Psychiatrist*

*Dr Fionnuala Lynch* 12th November 2007  
*Consultant C&A Psychiatrist*

*Dr Eoin Kavanagh* 5th November 2007  
*Consultant Radiologist / Senior Lecturer*

*Mr Paul Connolly* 1st November 2007  
*Consultant Orthopaedic Surgeon*

The following consultants retired during 2007. We wish them every health and happiness in their retirement:

*Dr Nollaig Byrne* 25th December 2007  
*Consultant C&A Psychiatrist*

*Mr Denis Lawlor* 12th October 2007  
*Consultant Plastic Surgeon*

*Prof Ronan O'Connell* 31st August 2007  
*Consultant General /  
Colorectal Surgeon (resigned)*

**Mr Brian Conlan**  
**Chief Executive**





The accumulated loss for the hospital to end December 2007 totalled €44,285 (2006 accumulated loss totalled €236,037). Under the terms of the funding arrangements with the Health Services Executive ('HSE') the accumulated loss at 31st December is a first charge on the following year's grant. In the enclosed Profit and Loss Account the opening accumulated loss of €236,037 has been offset against the revenue grant received in 2007.

The final revenue grant received from the HSE in 2007 was €234.974m, an increase of 6% over 2006. In addition minor capital allocations totalling €6.654m were received from the HSE in 2007.

Income for the year totalled €25.782m, an increase of 17% over 2006 reflecting the impact of increased patient income (rate increase of 25% in year), increased superannuation receipts arising from national pay awards and increased other income, including donations.

Payroll and related costs totalled €178.786m, an increase of €13.272m (8%) over 2006. The principal elements of this increase related to National Pay Awards - Sustaining Progress rollover from 2006 €1.5m, Towards 2016 €7.2m, increments €1.8m and rostering costs for pre-registration nursing degree students €1.5m. Pensions / other costs increased by €1m. In addition the hospital opened a 12 bedded admissions unit in early February 2007.

Non-pay costs totalled €80.402m, an increase of €3.872m (5%) over 2006. The main elements of increase were as follows:

#### **Support Services Clinical**

- X-Ray / Imaging Supplies €0.7m
- Laboratory Equipment €0.4m

#### **Support Services Non Clinical**

- Cleaning & Waste Management €1m

#### **Administration**

- Computer Equipment & Supplies €0.4m
- Security €0.3m
- Office Equipment & Supplies €0.4m
- Education & Training €0.2m

Direct patient care costs remained in line with prior year due to a reduction in spend on drugs & medicines. The ICU Anti-Infective Initiative and Oncology

Clinical Trials resulted in cost reductions of €1m each.

During the year €14.1m was spent on capital development projects. Within this €14.1m is the €6.654m received for minor capital projects, consisting mainly of equipment replacement and refurbishment works. Capital development projects in 2007 included the acute viral / bacterial isolation unit, admissions unit, neurological centre, lung health centre, high dependency unit, spinal ward, water and electrical services upgrade works.

The hospital's PET/CT joint venture with the Mater Private continues to contribute to enhanced health-care services within the hospital.

#### **CASEMIX AND HIPE**

Casemix is a HSE performance management tool. It is the comparison of activity and costs between hospitals by classifying each hospital's activity into groups that are clinically similar and consume a similar level of resources. The activity that is currently grouped is the inpatient and daycase activity.

The casemix adjustment received by the hospital in 2007 was a negative €2.15m (based on 2005 activity and costs). The main reason for the negative adjustment was the reduction in inpatient activity over 2004 levels and in comparison with other hospitals. Impacting on activity levels in 2005 was the high level of delayed discharges within the hospital, estimated to have resulted in a loss of over 30,000 bed days. ALOS had increased from 11.10 in 2004 to 11.99 in 2005.

However, the hospital has turned around this result in 2008, receiving a positive adjustment of €0.2m (based on 2006 activity and costs). The increase in inpatient (7.6%) and daycase (9.8%) activity have been the main contributing factors.

Casemix Index (CMI) is a measure of resource usage of a typical hospital patient - is a national measure of workload complexity. The Mater's inpatient CMI for 2008, based on 2006 activity was 2.03, (consistently) the highest in the country, with the next highest acute hospital's CMI being 1.76 and the average for all the acute teaching hospitals being 1.41.



The hospital continues its emphasis on quality coding by the HIPE department supported by the necessary documentation and input from clinicians. Since late 2006, the HIPE department have been "mobile coding" the charts on the wards. This has resulted in timely up-to-date quality assured data, available within 2 weeks of month end (allows time for histology results). To ensure quality of coding the HIPE department have embarked on a series of on-line courses with HIMAA Education Services Australia, to supplement the training they currently receive from the Economic and Social Research Institute (ESRI), as there is currently no certified coder training in Ireland. A number of coders have successfully completed the certified Comprehensive Medical Terminology course and are due to commence this year a certified intermediate ICD-10-AMACHI +ACS 6th edition clinical coding course. The Mater is the first Irish casemix hospital to undertake both mobile coding and further coding education.

## FINANCIAL CONTROL ENVIRONMENT

Maintaining the system of internal financial controls is a continuous process and the system and its effectiveness are kept under ongoing review.

Our Corporate Plan emphasises that a core financial objective for the hospital is to continue the relentless pursuit of ensuring that the hospital provides best value for money in its use of public funds.

Comprehensive planning and financial reporting processes are in place. Monthly expenditure and activity are monitored against planned levels and reported on to the management team and the Board for consideration and appropriate action.

A devolved budgetary system is in place with senior managers charged with responsibility to operate within these limits, subject to the overarching accountability to the division within which they operate - Division of Medicine, Surgery, Radiology, Pathology, Allied Health Professions and Support Services.

The hospital has an internal audit function, the purpose of which is to provide an independent, objective assurance and consulting service designed to add value and improve the hospital's operations. It aims to help the hospital accomplish its objectives

by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of internal controls. In 2007 internal audit focused mainly on a review of financial controls. The areas reviewed were payroll (done annually as it represents over two thirds of the hospital's expenditure), patient accounts, accounts payable (creditors), overdue invoices & EU Directive on late payments, general services and procurement within Information Management Services. No major control deficiencies were identified from these audits.

An Audit Committee, chaired by an external nominee is in place. The Audit Committee assists the Board in fulfilling their responsibilities by independently reviewing financial reporting and the effectiveness of internal controls.

The hospital is required to comply with public procurement policies / directives and other legal and regulatory obligations.

**Ms Caroline Pigott**  
**Head of Finance**



The Mater Hospital is a large complex organisation and employs a diverse range of staff including medical, nursing, other health professionals/therapists, management/administrative, catering/household, technical, craft and support staff. Payroll costs represent 70% of total hospital costs. The role of Human Resources 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.

The accreditation process in 2007 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. A number of multidisciplinary working groups have been established to drive specific initiatives and work is ongoing in this regard.

The HR department continued to maintain services at the optimal level despite staffing issues and I should like to take this opportunity to thank all of the HR staff for their valued contribution.

## EMPLOYEE RELATIONS

The national nurses dispute took place in 2007. The hospital's response was co-ordinated by the HR Department. The staff responded to requests for assistance in a most generous way. There was excellent co-operation between management and the local INO/PNA Dispute Committee resulting in minimal disruption to the normal running of the hospital. Despite national unrest the stable industrial relations climate in the hospital continued in 2007. Under the guidelines for dispute resolution the majority of issues, which were raised, were resolved at local level.

The Towards 2016 Phase 2 and Phase 3 reports were submitted to the Performance Verification Group (PVG) in March and November respectively. A subgroup of the PVG visited the hospital as part of the Phase 2 process and indicated their satisfaction with progress to date under the various reporting criteria. Both reports were well received and pay increases under Towards 2016 were issued on time.

The Employee Relations Unit is involved in working groups at national level and within the hospital. Specific activity areas in 2007 include the national review of the Dignity at Work Policy and the MMUH Hygiene Taskforce and Hospice Friendly Hospitals Programme.

The Employee Assistance Programme continues to be provided by the hospital. An external company provides this service. It is accessible by free phone, on a self-referring basis. This is a greatly enhanced and expanded service and the response has been very good.

## RECRUITMENT ACTIVITY

Recruitment activity for 2007 was greatly influenced by headcount management issues and financial constraints. Despite these factors and the ongoing downward trend in turnover levels from 2006, there was a net increase of 5% in the number of competitions processed in 2007 combined with a net increase in the number of applicants for posts overall which resulted in more intense periods of activity for the recruitment unit. In addition there has been an increase in non-direct recruitment activity such as processing of work permits, garda clearance and agency recruitment

On the developmental side the re-establishment of the recruitment subgroup under the direction of the HR Directors Group has resulted in some progression towards the achievement of DATHs wide recruitment goals. In addition the Team Based Performance Management (TBPM) recruitment website has been launched as part of the HR intranet site and will be used to further enhance electronic processes for recruitment here at MMUH.

## HR ADMINISTRATION & SUPERANNUATION

The second edition of the Staff Handbook was launched in June 2007. It forms part of the contract of employment and has brought together information, policies and procedures in a user friendly way. The handbook will be updated again in 2009.

A number of new reports were developed and introduced to assist in the management of headcount for 2007 and I am pleased to advise that the overall target figure was achieved. The HR Administration Unit is also the reporting unit for other HR metrics.



The MMUH absenteeism level for 2007 was 4.28%, which represents a marginal overall reduction from 2006 and staff turnover for 2007 was 15.3% (excl. NCHDs). Some eighteen (18) staff retired in 2007.

## 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 3 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 are 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 development of HR processes across the hospital. Core operational activities include the recruitment of nursing & health care assistant staff, the management of the nurse bank and placement of student nurses.

The MMUH provided student nurse placements for the UCD general and integrated programs, DCU integrated program, St Vincents' students and students on ERASMUS. The number of students in the MMUH per week varied. The peak number of students on placement occurred in April 2007 with one hundred and seventy students on the wards.

**Paul Burke**  
Head of Human Resources





## 1. COMPANY STRUCTURE

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. 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.

## 3. RESULT FOR THE YEAR

The allocation from the Health Service Executive ('HSE') before the adjustments to deferred income amounted to €234,974,316 an increase of 6% over the amount received in 2006. The majority of the increases relates to amounts allocated in respect of pay awards under Sustaining Progress, a number of new initiatives and also increases to reflect non-pay medical inflation and service pressures.

The Income for the year was €25,781,763, an increase of 17% over 2006 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 €264,139,006 an increase of 7% over 2006 reflecting pay increases under Sustaining Progress and the effects of medical non-pay inflation. Expenditure in respect of light and heat and cleaning costs also increased during 2007.

The deficit for the year was €44,285 (2006 - €236,037). Under the terms of the provider plan agreed with the Health Service 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 2006 of €236,037 has been offset against the revenue grant received in 2007.

## 4. DIRECTORS AND SECRETARY

The Directors who served during the period from 1st January 2007 to 29th April 2008 are set out on Page 18.

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

There have been no material events affecting the Company since the end of the financial year.

## 6. EU LATE PAYMENTS REGULATIONS

The regulations impose 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 €11,649 (2006 - €3,086).

## 7. 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.

The principal risks identified are set out below:

- The Company provides medical services the demand for which may be 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 2005. 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.

### 8. EMPLOYEE MATTERS

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 Company endeavours to provide the employees with a safe environment in which to work and provides adequate training resources.

### 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.

### 10. DIRECTORS' RESPONSIBILITIES

The following statement should be read in conjunction with the auditors' report. The Directors are responsible for preparing the Directors' Report and Financial Statements in accordance with applicable law and Generally Accepted Accounting Practice in Ireland including the accounting standards issued by the Accounting Standards Board and promulgated by the Institute of Chartered Accountants in Ireland.

Company law requires the Directors to prepare financial statements for each financial period which give a true and fair view of the state of affairs of the Company and of the surplus or deficit of the Company for that period. In preparing those financial statements, the Directors are required to:-

Select suitable accounting policies and then apply them consistently;

Make judgments and estimates that are reasonable and prudent;

Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Company will continue in business.

The Directors confirm that they have complied with the above requirements in preparing the financial statements.

The Directors are responsible for keeping proper accounting records, which disclose with reasonable accuracy at any time the financial position of the Company and to enable them to ensure that the financial statements comply with the Companies Acts 1963 to 2006. They are also responsible for safeguarding the assets of the Company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

### 11. 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.

**John Morgan**  
**Brian Conlan**

**Director**  
**Director**





The year began with the continuation of remedial work on No 15 Vincent Street. The plan for the year included 5 meetings of the Mission Effectiveness Committee together with 5 sessions with inputs which included Dr. Brion Sweeney on "Values". The programme of presentations to staff commenced with a session with the senior social workers on February 8th 2007.

The eight-session course on Bioethics for staff under the direction of Monsignor Paul Tighe commenced on January 23rd with an enrolment of sixty one participants from the Mater, Temple St Children's Hospital, the Central Remedial Clinic, the Rotunda, Beaumont Hospital and St Francis Hospice. Sr Eugene had overseen this course in previous years and in her absence this year, Ms Maureen Corbett, Nurse Tutor, managed the administrative details and organisation of the course. Our appreciation to both Maureen and Sr Eugene for promoting this important course for staff and to Ms Margaret McCarthy, Director of the Centre for Nurse Education, for making the facilities of the centre freely available to us.

In February, members of the Nursing Executive and Corporate Affairs Group under the direction of Mrs Carrigy visited Mercy International Centre and in May, a number of our senior staff took part in a special conference: "Catherine: Woman of Conviction" at Mercy International Centre.

In early May, the Director of Mission Effectiveness met with Ms Daphne Doran, Standards Development Project Manager and Ms Helen Donovan, Standards Development Coordinator of The Hospice Friendly Hospitals Programme to assure them of the support of the Mission Effectiveness Committee and to offer them the facilities

of 15 Vincent St for the duration of their work.

With the appointment of a part-time secretary (Ms Majella O'Hare) for the Mission Effectiveness Programme in February, it was possible to introduce some new initiatives, e.g. the 'Thought for the Day' which was launched with the assistance of the Information Management Department.

In July, a complete review of the Mission Effectiveness Programme to date was undertaken and ideas for further development of the programme were discussed.

From September 18th – 23rd, the annual Mission Awareness Week took place. Forty three hospital departments submitted posters showing the core activities of their departments and illustrating how their work gives expression to the mission of the hospital on a daily basis. The involvement of so many departments was greatly appreciated and contributed enormously to this important element of the Mission Effectiveness Programme.

On September 24th, the 146th anniversary of the foundation of the hospital, the Annual Mass of Thanksgiving was celebrated.

In October/November, Monsignor Paul Tighe gave five introductory workshops on the Mater Ethical Code, 73 staff from across the various disciplines in the hospital attended.

A series of workshops on "Values Enshrined in the Mission Statement" commenced in December and were well received by the staff who attended.

Throughout the year, a number of inputs on the Hospital Mission Statement were given to the students undertaking the Clinical Pastoral Education Programme.

## MISSION RELATED EVENTS:

On World Day of the Sick in February, Archbishop Diarmuid Martin celebrated Mass and administered the Sacrament of the Sick to the patients in the Hospital chapel.

This was a very moving ceremony and greatly appreciated by the patients and the staff who care for them.

# Mission Effectiveness



In November, the annual Masses for former Mater Nurses and former Mater Staff were celebrated. Two ecumenical services for deceased patients were organised by the staff of the Emergency Department and the ICU and HDU Departments. These were well attended and deeply appreciated by the relatives of patients who had died during the previous months.

Throughout the year, letters of condolence are sent from the Chief Executive to the families of patients who die in the hospital and on the first Friday of each month, the families of those who have died during the previous month are invited to a special Mass offered for the deceased and for the bereaved in the hospital chapel.

Once again, I would like to take this opportunity to express my appreciation to the Chair and members of the Board of Directors, the Chief Executive, members of the Medical and Nursing Executives, the staff of the Allied Health Professions, the staff of the Support Services, and all who contribute to maintaining the ethos of the Mater and ensuring that it continues as an organisation where compassion and kindness as well as professionalism are integral to 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 on 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 2007, the Ethics Committee met on two occasions (February and September). Topics discussed during the year included:

- Report on Course in Medical Ethics;
- Mission Effectiveness and Programme of Mission Integration;
- Quality Improvement/Accreditation;
- Updating of Ethical Code;
- MMUH Website;
- Future role and membership of the Ethics Committee.

In January/February 2007, Father Paul Tighe gave the fifth Bioethics Course, for hospital staff which is sponsored by the Mission Effectiveness Programme. As in previous years, this course attracted great interest. Over sixty-one staff including staff from the Temple Street Children's University Hospital, Catherine McAuley House Beaumont and the Central Remedial Clinic participated. The evaluation of the course was positive and some useful suggestions for further courses were offered. Workshops to assist staff with the introduction of the new Ethical Code were organized from October until December and were attended by a total of 73 staff.

During 2007 Ms Brenda Wheeler tendered her resignation from the Ethics Committee after serving on it for eight years. Our gratitude to Brenda for her input and contribution over the years. Monsignor Paul Tighe also resigned from the Ethics Committee to take up his new post as Director of Communications at the Vatican. Having chaired the Ethics Committee for the past twenty years, I tendered my resignation towards the end of 2007. Dr Owen Carey has now been appointed as Chairman and I wish Dr Carey every success in this role. I also acknowledge with deep gratitude the expertise and the support of past and present members of the Ethics Committee over so many years.

**Sr Margherita Rock,  
Outgoing Chairperson, Ethics Committee**



## Directors of Mater Misericordiae University Hospital 2007

Mr. John Morgan (*Chairman*)      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 2007

Mr. Brian Conlan (*Chairman*)  
Mrs. Anne Carrigy  
Mr. Paul Burke  
Ms. Grace Cooke  
Mr. Martin Cowley (*retired June 2007*)  
Dr. Brendan Kinsley  
Ms. Una Marren  
Dr. Conor O'Keane  
Mr. Kevin O'Malley  
Ms. Caroline Pigott  
Sr. Margherita Rock

## Members of Medical Executive 2007

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

## Members of Professions Allied to Medicine Council 2007

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

## Nursing Executive 2007

Mrs. Anne Carrigy,  
*Director of Nursing and Head of Corporate Affairs*  
Ms. Una Marren,  
*Deputy Director of Nursing*  
Ms. Mairead Curran,  
*Assistant Director of Nursing, Nursing Human Resources*  
Sr. Joan Duddy,  
*Service Nurse Manager, Division of Medicine*  
Ms. Biddy Duffy,  
*Night Superintendent*  
Ms. Esther Freeman,  
*Assistant Director of Nursing, Cardiology*  
Mr. Gerry Gilligan,  
*Assistant Director of Nursing, Psychiatric Services*  
Ms. Paula Gilvarry,  
*CNM2 St. Peters Ward*  
Ms. Catherine Guihen,  
*Nursing Practice Development Co-ordinator*  
Ms. Catriona Hayden,  
*CNM2 St. Raphael's Ward*  
Ms. Bernie Marshall,  
*Night Superintendent*  
Ms. Margaret McCarthy,  
*Director, Centre of Nursing Education Office*  
Ms. Mairead Mulhern,  
*Infection Control*  
Ms. Rosaleen Murnane,  
*Nurse Co-ordinator Computer Services*  
Ms. Patricia O'Leary,  
*Service Nurse Manager, Division of Anaesthesia*  
Ms. Dorothy O'Sullivan,  
*Acting Service Nurse Manager*  
Ms. Mary Raftery,  
*Service Nurse Manager, Division of Surgery*  
Ms. Eileen Whelan,  
*Service Nurse Manager, Theatre (left January 2007)*  
Ms. Liz Whelan,  
*Assistant Director of Nursing, Accident & Emergency*

## Members of Administration Committee 2007

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



Caroline Pigott  
Head of Finance



## Profit and Loss Account

For the year ended 31st December 2007

	2007	2006
NOTE	000	000
TURNOVER:		
Revenue Grants(net)	238,380	223,582
Other Income	25,782	22,067
<b>Total Turnover</b>	<b>264,162</b>	<b>245,649</b>
COSTS:		
Payroll and Related Costs	(178,786)	(165,514)
Non Pay Costs	(80,402)	(76,530)
Depreciation	(4,951)	(3,774)
<b>Total Operating Costs</b>	<b>(264,139)</b>	<b>(245,818)</b>
<b>Profit/(Loss) on Ordinary Activity before Interest</b>	<b>23</b>	<b>(169)</b>
<b>Interest Receivable and Similar Income</b>	<b>102</b>	<b>29</b>
<b>Interest Payable and Similar Charges</b>	<b>(169)</b>	<b>(96)</b>
<b>Loss for the Financial Year</b>	<b>(44)</b>	<b>(236)</b>
<b>ACCUMULATED DEFICIT CARRIED FORWARD</b>	<b>(44)</b>	<b>(236)</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 2007

	NOTE	2007 000	2006 000
<b>FIXED ASSETS</b>			
Tangible Assets	1	21,700	19,812
Investments		100	100
		<b>21,800</b>	<b>19,912</b>
<b>CURRENT ASSETS</b>			
Debtors		53,794	40,353
Stocks		3,650	3,274
		<b>57,444</b>	<b>43,627</b>
<b>CREDITORS - Amounts falling due within one year</b>			
Creditors		(39,256)	(31,954)
Bank Loans and Overdrafts		(16,531)	(10,094)
Finance Leases		(230)	(199)
		<b>(56,017)</b>	<b>(42,247)</b>
<b>NET CURRENT ASSETS</b>		<b>1,427</b>	<b>1,380</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		<b>23,227</b>	<b>21,292</b>
<b>CREDITORS - Amounts falling due after more than one year</b>			
Bank Loans		(646)	(760)
Finance Leases		(356)	(244)
Capital		(21,700)	(19,812)
		<b>525</b>	<b>476</b>
<b>CAPITAL AND RESERVES</b>			
Share Capital		1	1
Capital Reserve		568	711
Profit and Loss		(44)	(236)
<b>SHAREHOLDER'S FUNDS</b>		<b>525</b>	<b>476</b>

(Extract from Audited Financial Statements)



## Notes to the Financial Statements

Year ended 31st December 2007

NOTE 1	Land Buildings €'000	Owned Equipment €'000	Leased Equipment €'000	Total €'000
<b>TANGIBLE FIXED ASSETS</b>				
Cost				
At 1st January 2007	-	56,703	6,183	<b>62,886</b>
Additions from Capital	8,489	5,645	-	<b>14,134</b>
Drawdown Finance Leases	-	-	401	<b>401</b>
Additions From Non Capital	581	470	-	<b>1,051</b>
Transfer from MCHD	-	323	-	<b>323</b>
Transfer to Parent Company	(9,070)	-	-	<b>(9,070)</b>
At 31st December 2007	-	63,141	6,584	<b>69,725</b>
<b>DEPRECIATION</b>				
At 1st January 2007	-	(37,876)	(5,198)	<b>(43,074)</b>
Depreciation charge for the year	-	(4,635)	(316)	<b>(4,951)</b>
At 31st December 2007	-	(42,511)	(5,514)	<b>(48,025)</b>
<b>NET BOOK VALUE</b>				
As at 31st December 2007	-	20,630	1,070	<b>21,700</b>
As at 31st December 2006	-	18,827	985	<b>19,812</b>

### NOTE 2

#### EU LATE PAYMENT REGULATIONS

The regulations impose 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 €11,649 (2006 €3,086).

### NOTE 3

#### AUDITED FINANCIAL STATEMENTS

The Profit and Loss 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 2007.

(Extract from Audited Financial Statements)



## Financial Statistics

Year ended 31st December 2007

### EXPENDITURE ANALYSIS

Total Net Expenditure	2007 000	2006 000	2005 000	2004 000	2003 000
Payroll	178,786	165,514	149,076	132,662	120,498
Nonpay	80,469	76,597	72,506	63,367	53,921
Income	(25,782)	(22,067)	(20,227)	(18,751)	(16,007)
	<b>233,473</b>	220,044	201,355	177,278	158,412

	2007	2006
<b>Payroll Costs Analysis</b>		
Management/Administration	19,988	18,322
Medical	41,770	37,761
Nursing & Allied	71,750	67,714
Paramedical	23,863	22,341
Support Services	11,838	11,058
Maintenance	2,367	2,148
Pensions/Other	7,210	6,170
	<b>178,786</b>	165,514

### NonPay Analysis

Direct Patient Care	44,018	44,581
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### Support Services

Clinical	8,936	7,754
Non Clinical	15,485	14,107
Administration	11,963	10,088
Bank Interest & Charges	67	67

**80,469**      76,597

### Income Analysis

Payroll Deductions	(9,216)	(8,225)
Cafeteria Income	(1,708)	(1,783)
Patient Income	(12,168)	(10,447)
Sundry Income	(2,690)	(1,612)

**(25,782)**      (22,067)

# Financial Statements 2007



## Year ended 31st December 2007

	2007	2006	2005	2004	2003
<b>ADMISSIONS</b>					
Emergency	9,158	8,978	8,618	8,500	8,277
Elective	3,742	3,573	3,303	3,742	3,062
Non Elective	3,501	3,590	3,076	3,221	2,707
<b>Total</b>	<b>16,401</b>	<b>16,141</b>	<b>14,997</b>	<b>15,463</b>	<b>14,046</b>

Emergency %	56%	56%	57%	55%	59%
Elective %	23%	22%	22%	24%	22%
Non Elective %	21%	22%	21%	21%	19%

### DISCHARGES

Inpatient	16,401	16,096	14,960	15,504	14,052
DayCase	28,886	29,741	27,087	27,291	26,235
<b>Total</b>	<b>45,287</b>	<b>45,837</b>	<b>42,047</b>	<b>42,795</b>	<b>40,287</b>

Average Length of Stay (days)	11.75	11.54	12.00	11.10	11.55
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### ACCIDENT & EMERGENCY(ATTENDANCES)

New	44,642	43,637	41,243	45,558	45,542
Return	6,552	6,412	5,869	5,599	5,740
<b>Total</b>	<b>51,194</b>	<b>50,049</b>	<b>47,112</b>	<b>51,157</b>	<b>51,282</b>

### OUTPATIENT CLINICS

Attendances	182,217	172,161	154,221	150,247	136,774
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### DEPARTMENTAL WORKLOAD STATISTICS

#### Theatre

Cardiac	864	877	890	943	971
Main Block	4,993	4,806	5,792	4,390	4,278
Phase 1a (incl day surgery)	7,289	7,690	7,717	8,060	7,269
<b>Total</b>	<b>13,146</b>	<b>13,373</b>	<b>14,399</b>	<b>13,393</b>	<b>12,518</b>

#### Radiology

Main Dept	105,997	105,087	97,034	95,969	83,820
A&E	36,284	34,154	32,322	36,522	35,232
MRI	5,114	5,168	4,154	3,935	3,741
<b>Total</b>	<b>147,395</b>	<b>144,409</b>	<b>133,510</b>	<b>136,426</b>	<b>122,793</b>



# Financial Statements 2007

	2007	2006	2005	2004	2003
<b>Laboratory</b>					
Tests Performed	<b>4,457,892</b>	4,015,262	3,565,913	3,229,735	3,031,959
<b>Physiotherapy</b>					
Patients Treated	<b>80,812</b>	76,572	67,025	67,650	63,552
<b>Occupational Therapy</b>					
Treatments	<b>31,849</b>	30,756	23,142	30,530	32,015
<b>Speech &amp; Language Therapy</b>					
Treatments	<b>31,617</b>	30,429	26,032	29,356	24,277
<b>Social Work</b>					
Treatments	<b>38,519</b>	43,936	39,342	35,548	32,298
<b>E.C.G.</b>					
Patients Treated	<b>16,176</b>	16,741	16,148	16,025	18,021
<b>Clinical Nutrition &amp; Dietetics</b>					
Attendances	<b>25,033</b>	23,588	24,252	23,699	22,981
<b>Renal Unit</b>					
Dialysis Procedures Performed	<b>10,824</b>	10,971	8,987	7,528	7,493

# Financial Statements 2007



	Admissions by Source			Bed days Total	Inpatient Discharges	Day Cases	ALOS
	Elective	Emergency	Non Elective				
<b>Division of Medicine</b>							
Dermatology	6	18	17	570	38	3,413	12.3
Cardiology	38	677	417	14,672	1,251	1,839	10.9
Endocrinology	33	802	30	10,929	759	13	12.7
G.I	118	821	140	12,495	1,050	4,901	12.3
Respiratory	167	928	132	14,610	1,197	356	12.2
Infectious Diseases	39	812	67	9,376	839	16	10.8
Med for the Older Person	3	526	65	17,681	590	457	34.9
Gen Medicine	4	327	54	3,881	228	4	16.5
Nephrology	66	146	81	6,423	391	70	15.4
Oncology	127	119	202	4,587	470	4,076	10.3
Haematology	89	45	108	4,477	272	1,325	16.8
Rheumatology	36	374	13	4,911	360	764	12.9
Neurology	78	173	77	9,777	413	242	22.1
Psychiatry	20	125	35	5,133	184	3	27.9
Pain Management	45	2	99	398	146	455	2.7
Observation Ward/Other	2	220	1	357	220	4	1.62
<b>Total Division of Med</b>	<b>871</b>	<b>6,115</b>	<b>1,538</b>	<b>120,277</b>	<b>8,408</b>	<b>17,938</b>	<b>14.4</b>

	Admissions by Source			Bed days Total	Inpatient Discharges	Day Cases	ALOS
	Elective	Emergency	Non Elective				
<b>Division of Surgery</b>							
Cardiac Surgery	250	85	390	13,751	836	129	18.7
ENT	266	154	158	4,720	584	2,589	8.2
Gen Surgery	1,180	1,450	429	24,006	2,947	1,517	7.9
Gynaecology	185	30	114	2,485	355	340	6.5
Ophthalmology	270	183	233	2,586	682	3,343	3.7
Dental	39	44	20	269	104	77	2.6
Orthopaedics	145	744	544	18,433	1,414	922	12.7
Plastic Surgery	206	234	33	2,483	477	1,100	8.0
Urology	330	119	42	3,772	594	931	6.8
<b>Total Division of Surgery</b>	<b>2,871</b>	<b>3,043</b>	<b>1,963</b>	<b>72,505</b>	<b>7,993</b>	<b>10,948</b>	<b>9.3</b>

<b>Total Hospital</b>	<b>3,742</b>	<b>9,158</b>	<b>3,501</b>	<b>192,782</b>	<b>16,401</b>	<b>28,876</b>	<b>11.75</b>
<b>%</b>	<b>24%</b>	<b>59%</b>	<b>23%</b>				





A clean environment provides the right setting for good patient care practice & good infection control. Good hygiene practice is fundamental for efficient & effective healthcare. Throughout 2007 the dedication and hard work of staff ensured that hygiene standards were maintained at a high standard throughout the hospital.

The multi-disciplinary Hygiene Task Force Committee in the Mater Misericordiae University Hospital (MMUH) continued to lead, assure and approve safe quality healthcare hygiene systems to safeguard the patient / client journey and enhance the delivery of quality patient care.

## HYGIENE SERVICES ASSESSMENT SCHEME

National hygiene audits have been conducted, in 2005 and in 2006. With the establishment of the Health Information and Quality Authority (HIQA) this scheme is now being co-ordinated by the Authority's Healthcare Quality Division and replaces the two previous audit systems.

The aim of this scheme is to enhance compliance with hygiene standards and act as a framework for continuous improvement of such services and ultimately improve patients' and staff's health and well-being. Hygiene is a fundamental component of a hospital's quality system to ensure the safety and wellbeing of its patients and staff and plays a role in the prevention and control of healthcare associated infection.

### Hygiene is defined as:

*"The practice that serves to keep people and environments clean and prevent infection. It involves the study of preserving one's health preventing the spread of disease and recognising evaluating and controlling health hazards"*

### Hygiene Services Assessment Scheme (2007)

The third National Hygiene Audit was undertaken by HIQA in 2007. Participation by the acute hospitals was mandatory and the process involved:

- Self assessment submitted March 2007
- Unannounced visits involving peer assessors
- Report on the findings
- Hygiene award decision

HIQA carried out the unannounced assessment of the MMUH from 7th to 9th of August 2007. Four external surveyors visited the hospital, interviewed staff, conducted visits to wards / departments and reviewed onsite documentation.

The report was published in October 2007 and the MMUH scored 'Fair'.

The report highlighted and commended notable practices in the MMUH:

- Staff and management commitment to hygiene was evident
- Staff demonstrated enthusiasm for initiatives
- Risk management process commended
- Appointment of Hygiene Services Standard Co-ordinator
- Information technology innovations
- Announcement at entrances
- Hygiene signage and new initiatives such as hand hygiene floor signs and spill kits strategically located in public areas
- Audit trail by contract cleaners validated by Household Service Department
- Evidence of improving facilities (St Michael's Ward / Admission Lounge)
- Clinical hand washbasins replacement programme
- Bed cleaning programme
- Hygiene Task Force Committee & subgroups
- Waste management
- Patients & visitors surveys and comment cards
- Management of complaints
- Hygiene issues referred to a MMUH website
- Management of kitchen and ward pantries
- Hand hygiene is well promoted

"Hygiene service covering the physical environment and facilities appeared effective. Physical environment and facilities are clean. Equipment in general was observed to be clean".



The hospital scored an 'A' in this standard.  
National Hygiene Service Quality Review (2007)

The report also included recommendations for quality improvements in MMUH:

- Elaborate further on hygiene corporate plan & service delivery plans and objectives
- Dating and signing of policies and procedures
- Evaluation of communication systems
- Review cleaning and storage space of cleaning equipment
- Ensure laundry facilities comply with best practice
- Further develop an evaluation system throughout the hygiene services
- Training requirement for staff
- Capture resultant actions of audits and walkabouts
- Include hygiene related questions in future surveys
- Preventative maintenance of physical environment
- Hygiene as agenda item on minutes of executive management team meetings

National Hygiene Service Quality Review (2007)

## SUMMARY OF INITIATIVES IN MMUH IN 2007

### Cleaning

- Wall washing programme
- Bed cleaning programme
- Patient equipment cleaning team
- Deep cleaning of A&E
- 24 hour cleaning in A&E
- Development of cleaning systems

### Maintenance

- Painting programme
- Floor re-covering programme

- Window blinds replacement programme
- Chair re-covering programme
- Equipment replacement programme

### Systems

- Documented audit/walkabout programme initiated
- Unannounced site visits to suppliers
- Annual patient survey
- Trial & introduce new innovations in hospital hygiene

### Hand Hygiene

- Awareness campaign & new alcohol hand gel dispenser trialled

### Hygiene Budget / Cost Centre established

**Strategic Plan for continuous improvement in 2008**  
(In addition to ongoing programmes from 2007)

### Action plan

To be developed to address recommendations in response to the 2007 Assessment Report

### Corporate Management

- Publish 2007 hygiene services annual report
- Further develop hygiene services corporate & service delivery plans
- Date policy & procedure, documents
- Review terms of reference of committees
- Develop hospital hygiene site on intranet
- Job descriptions – include responsibility for hygiene
- Hospital induction programme
- Feedback / education sessions to staff
- Evaluate Hygiene Task Force Committee (questionnaire)
- Patient representative on Hygiene Task Force Committee



- Include hygiene section of incident reporting form
- Complete action plan in response to assessment report

## Service Delivery

- Evaluate all hygiene services initiatives
- Maintain awareness of hygiene services
- Upgrade facilities
- Continue walkabouts/audits and capture resultant actions
- Hospital/ campus-wide audit of alcohol gel dispensers and evaluate use of alcohol hand gels
- Trial and introduce new innovation in hygiene i.e. medigenic infection control keyboard
- Trial of PEMAC system
- Ongoing maintenance and painting







Within the last year the hospital has actively supported the infection prevention and control nursing team in their aim to reduce healthcare associated infections within the hospital.

The appointment of an Assistant Director of Nursing for Infection Control has consolidated the nursing team and helped raise their profile within the hospital.

## INFECTION CONTROL POLICIES

The infection control nursing team has undertaken the process of reviewing all current policies and all policies will be amended and updated to reflect current legislation, guidance and evidence-based practice.

## AUDIT / SURVEILLANCE

In order to continue to provide a safe environment and process for the patients, staff and visitors to the hospital, the infection control nursing team continue to monitor the rates of MRSA, Clostridium difficile, VRE and Norovirus within the hospital and the information is then reported to the infection control committee. Constant monitoring for "alert organisms" is also maintained.

Surgical site surveillance in cardiothoracic and spinal surgery was recorded and the information fed back to the relevant surgical teams and nursing staff.

Environmental audits were carried out in all areas of the hospital in conjunction with the Hygiene Services Co-ordinator and reports and outcomes forwarded on to the relevant heads of departments in each area.

## EDUCATION AND TRAINING

For the latter end of 2007 there was an increase in the level of education for the infection control nurses, this was carried out at local level within the hospital.

Educational sessions to increase and improve the knowledge and skills of frontline staff included:

- Hand hygiene sessions
- Hand Hygiene Awareness Day
- Hand hygiene technique sessions using the "Glitter Bug"

- Involving staff when carrying out Environmental audits
- Educating and training of all staff for the decontamination and hygiene assessment audits
- Educating and training of all new staff to the hospital in infection control

## SAY NO TO INFECTION

Hospital management fully supports the infection control service in their aim to address the targets set out in the above document.

The hospital has representation on the regional local implementation team and SARI committee in order to fulfil the obligation to reduce healthcare associated infections.

The infection control service has placed a priority on improving hygiene standards by education, audit and surveillance.

## CHALLENGES FOR 2008

1. Updating the manual on Guidelines and Procedures for the Prevention and Control of Infection
2. Launch of the MRSA Management care pathway – this will be trialled in 2 wards initially prior to hospital wide release
3. Implementation of Infection Prevention and Control Standards (HIQA)
4. Implementing new Clostridium difficile guidelines
5. Ongoing education of all staff
6. Working closely with the infectious diseases team in the development of the new National Infectious Diseases Unit
7. Continued involvement in all new and refurbishment projects within the hospital



## TRAINING, EDUCATION AND DEVELOPMENT

The Training, Education & Development Department had another busy year.

Ongoing programmes included:

- Induction
- People Management Skills for Line Managers
- Supervisory Management
- Customer Care
- Non Violent Crisis Intervention
- Presentation Skills
- Team Based Performance Management Training

New programmes included the commencement of a 'Strategic Management Development' programme for allied health professions department heads and computer skills training for all staff

A total of 788 staff members attended training programmes organised by the department during the year.

## HEALTH PROMOTION

National Intercultural Hospital Initiative (NIHI)

Progress in 2007:

- Development of an interpretation policy.
- New contract with an interpretation company
- Language and religious identification cards
- Pilot of admission form in A&E reception
- Pilot of language resource manual as part of NIHI project in A&E and around the wards between July - November 2007.
- Evaluation of interpreting company
- Evaluation of resource manual

### Smoking Cessation

Progress in 2007

- Smoking cessation facilitator in post 3 days

per week since July 2007.

- Process to review current policy began October 2007.
- Proposal to DATHs Risk Management Forum in November 2007 to set up sub-group amongst DATHs to tackle risk issues in relation to smoking - awaiting response from DATHs.
- Funding of €10,000 secured from HSE to continue for 2008.
- Staff smoking audit carried out on 8th November 2007.
- European Network smoke free hospitals self-assessment completed on Dec 31st.

### Physical Fitness

- Subsidised swimming for staff in Belvedere College
- Discounted rates in Sportslink Sports club in Santry
- Slí na Sláinte programme launched in June. This programme challenged staff to walk 1000 minutes over a 6 -12 week period and receive a silver pin or to walk 5000 minutes and receive gold pin from Irish Heart Foundation. 32 people registered, 2 received a silver pin and 3 received a gold pin.

### Alcohol Awareness - Work in progress

Project presented at International Health Promotion Conference in Vienna in April 2007.

Programme has been rolled out in admission wards since May 2007

Programme rolled out in CCU and Sacred Heart Ward October 2007

Leaflet developed to explain sensible drinking levels has been reviewed by NALA and they have given their award for readability level.

### Complementary Therapy Project

The staff complementary therapy service commenced on October 1st, 2007. There is a working group set up through Partnership. This is a service for staff, which operates from 12:00-18:00, Monday to Friday. Staff receive a discount and the cost is



deducted from their salary. Partnership paid for the set up costs of this service, while rollover costs such as couch roll, bin bags etc., are covered from the health promotion budget.

This is a pilot project, which will be reviewed in March 2008.

### **Staff Health Fair**

This is a week-long programme of events including:

- 4 physical activity workshops held at lunchtime throughout the week.
- 4 lunchtime talks on blood pressure, mental health, bereavement and road safety
- Full day of events:
  - Heart health assessment - glucose and cholesterol testing, BMI, BP,
  - Complementary therapies
  - Physical activity assessments
  - General health information

### **Integrated Care Pathways**

There are currently seven pathways in use in the hospital and a further four are at a pre-pilot stage. Once the pathways for falls prevention and MRSA management have been piloted and revised, their use will be rolled out in all clinical areas in the hospital.

### **Quality and Accreditation**

In June 2007, two representatives from IHSAB conducted a revisit audit of the accreditation documentation to assess progress since the 2005 survey. The feedback from the auditors was very positive. The Health Information and Quality Authority subsequently superseded IHSAB. HIQA commissioned University College Dublin to conduct an independent study investigating the costs and benefits or consequences of implementing its Acute Care Accreditation Scheme. The Mater Misericordiae University Hospital was one of the hospitals in the study.

### **National Hospitals' Office (NHO)**

#### **Decontamination Review**

The NHO Decontamination Review took place over

5 days in June. Feedback from the auditors was very positive.

### **HSE Achievement Awards 2007**

The Mater Hospital was the overall winner of the quality and safety strand of the HSE Achievement Awards 2007.

### **Business Continuity Management (BCM)**

Following the launch of BCM in the hospital in 2006 twenty-one critical departments have made significant progress in business continuity planning. The Mater Hospital has commissioned the Fire Strategy Company (UK) to lead us in BCM. We are hopeful that their experience in managing hospital incidents will assist us in putting effective robust business continuity plans in place.

### **Quality Database**

In January 2007, we asked all department heads to assist us in creating a hospital-wide database. This was completed in March 2007 and will be regularly updated. The database has been recognised by external auditors as an excellent resource that we should continuously expand.

## **RISK MANAGEMENT**

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 2007 the Risk Management Department has overseen the following projects:

### **Risk Governance Group**

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 which the Hospital. The Group's responsibilities will include organisation-wide co-ordination and prioritisation of risk management issues, and encouraging and fostering greater awareness of risk management throughout the organisation at all levels.

### **Drug Safety Committee**

Our established Drug Safety Committee works primarily in the interests of patients to promote safe medication practices. This committee operates according to the hospital's values of respect and openness in relation to medication safety issues.

An analysis of all reported medication variances is compiled into a comprehensive report and sent to all divisions (quarterly) with recommendations for actions and the committee has currently completed its report for the year ended 2007. If trends in medication variances are identified at ward/unit level, the Drug Safety Committee communicates with the practice nurse development co-ordinator who may initiate action e.g. identifies the need for further training.

Medication Safety Bulletins and Alerts are also circulated to staff throughout the year.

In 2007 the Drug Safety Committee also established two subgroups

- the Drug Storage Review Group to investigate the requirements for refrigerated and room temperature storage of pharmaceuticals in wards and departments in the hospital
- The Discharge/OPD Prescription Review Group to investigate the documentary and security requirements regarding these prescriptions

### **Consent**

A new Consent to Treat form has been developed in line with the Hospitals Consent to Treat Policy.

### **Falls Prevention Tool**

A Falls Prevention Tool has been developed in order to reduce the number of patient falls.

### **Induction**

Education on clinical & non-clinical risk management is now part of our NCHD/Nursing and general staff induction programme.

### **Incident Report Form**

The department developed a new electronic incident report form, in conjunction with the Information Management Services Department.





Another busy and difficult year, in which high activity levels were maintained for all categories and yet we failed to make any impression on the ever-increasing numbers on the waiting lists. However, we remain optimistic. News that the new adult and children's hospital has at last been given the green light is a particular boost, bringing as it will badly needed infrastructural developments both inside and outside the hospital grounds.

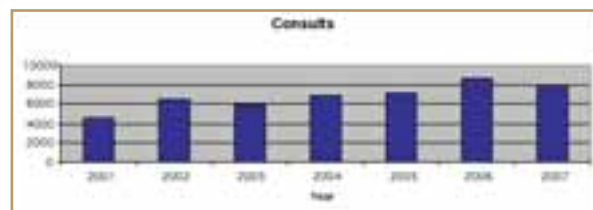
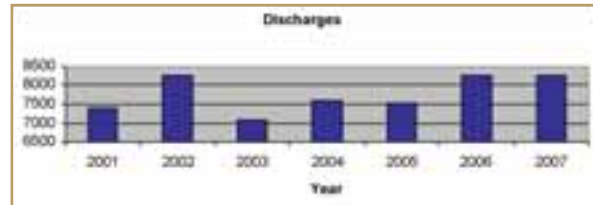
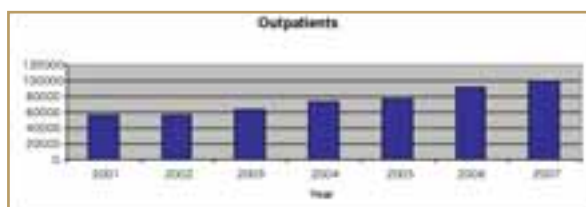
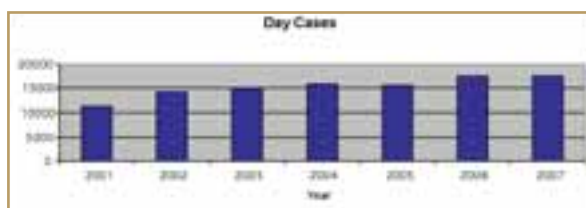
## DIVISION OF MEDICINE OVERVIEW

Just to explain the composition of the division: we are 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, palliative care, psychiatry (old age, adult, child & adolescent), respiratory medicine and rheumatology.

We have 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 professions allied to medicine, we deliver excellent patient care to North Co. Dublin, regional areas and nationally.

### Activity Charts

Over the last 5 years there has been a steady increase in the number of day cases, outpatient and inpatient consultations performed by the Division of Medicine. This is best displayed by the following charts that cover discharges, day cases, outpatient activity and inpatient consultations for the 18 or so sub-specialities.



## HIGHLIGHTS FROM SELECTED SPECIALITIES

### ADULT PSYCHIATRY

There is increasing awareness of the prevalence of alcohol use disorders among patients in general hospitals. Over 20% of patients admitted to the MMUH have a co-morbid alcohol use disorder. The liaison psychiatry service initiated screening for such disorders in the Coronary Care Unit and Sacred Heart Ward in 2007. The AUDIT questionnaire, a screening tool designed by WHO, is now offered to all admissions. Screening promotes early detection and is important in preventing alcohol related harm.

Research conducted includes:

#### 1. The Outcome of Depression International Network (ODIN)

Prof Casey is one of the 5 partners in a major international study of the epidemiology of depressive disorders. This was funded by the EU Biomed 11 series. The project commenced in October 1996 and the 10-year follow-up has recently been completed.

#### 2. Homelessness in Dublin

This study, funded by the HSE, examined the frequency with which homeless people present to the psychiatric services in the north inner city of Dublin based in the Mater Misericordiae University Hospital, St. Vincent's Hospital, Fairview and St. Brendan's Hospital, Rathdown Road. The results have been published in the Irish Journal of Psychological Medicine.



### 3. Seasonality and Suicide

This study, in conjunction with the Department of Statistics of Manchester University (Dr Urara Hiroeh), has commenced an analysis of seasonal trends in suicide in Ireland from 1980-2005. Data analysis has been completed and is now being prepared for publication.

### 4. Fee Waivers Study

This audit was carried out at the request of the registrar of University College Dublin to assess the quality of application for fee waivers by students on the grounds of psychological ill-health in order to inform policy development on the process governing such applications. This study, covering 2000-2005 was completed in early May 2007 and the resulting paper just submitted for publication in a peer-reviewed journal.

## CARDIOLOGY

The Mater Heart House Family Screening Clinic opened in February 2007.

The clinic was opened by Mary Harney, the Minister of Health, and was attended by a number of hospital Board members and staff. The clinic is the first stand-alone clinic of its kind in Ireland. It has been specifically set up to assess the immediate family members of young sudden cardiac death victims. Some 70 or so young people less than 35 years of age die suddenly and unexpectedly each year in Ireland from heart disease that almost all of them never knew they had. Sometimes these deaths are related to sporting activity but far more often they are not. The conditions that lead to death are usually genetically determined and may be present in as many as 50% of family members. This clinic has been set up to prevent the same families from being visited by a second tragedy. In the first year we have assessed more than 100 families and have begun to see family members of people affected by non-fatal cardiac diseases such as cardiomyopathy and Long QT Syndrome. The clinic is linked to the National Medical Genetics Centre in Our Lady's Hospital for Sick Children, Crumlin, with whom we work closely to identify the genetic abnormality responsible for some of the familial heart conditions we diagnose. A cardiac family screening nurse, a number of cardiac technicians from the Mater Private Hospital and four Mater consultants, Drs Joe Galvin, Ted Keelan, Niall Mahon and Jim O'Neill, staff the clinic. The clinic has been funded entirely through the Mater

Foundation with charitable donations from a large number of collectors around the country and contributions from Medtronic Corporation for which we are grateful and without which we would not be able to function.

## DERMATOLOGY

The large numbers of patients attending outpatient clinics (5,800) and the Dermatology Day Centre (2,407), as well as 3,135 dermatology day surgical cases continue to stretch the understaffed dermatology unit. A further consultant appointment is now urgently needed. New developments in 2007 included a nurse-led camouflage clinic for patients with facial dermatoses, initiated in the Day Centre, and the Higher Diploma in Dermatology for general practitioners. This course has proved very popular with general practitioners and the lecturers include medical and nursing staff from the unit as well as lecturers from many outside hospitals. UV light treatments, patch testing and topical therapies are carried out in the centre. Clinical research carried out at the unit achieved first place at the end of year presentations in 2007.

## EMERGENCY DEPARTMENT

2007 represented a busy year for the Emergency Department (ED) with 51,195 patients attending for treatment. Approximately 20% of this group of patients were elderly, reflecting the local population. 20.6% of new patients attending the ED required emergency admission to hospital accounting for 55% of total hospital admissions. The volume and acuity of emergency admissions placed considerable strain on the hospital, leading to difficulties with overcrowding in the department. The ED responded to these difficulties by developing and utilising admission avoidance strategies including the elderly patient rapid access clinic, a community urgent care facility, an emergency department short stay admission ward, hospital in the home and community intervention team programmes with limited success. The A & E Taskforce Report highlighted the poor physical structure of the ED and a new extension to the department has been approved, due to commence in 2008. When completed this should considerably improve the patient experience in the ED.

Despite these difficulties the department presented papers at national and international scientific conferences, extended the development of patient care



pathways and progressed the project to introduce nurse prescribing. Clinical advances were made in the development of "see and treat" services in the department and, in conjunction with the department of Neurology, the development of thrombolysis services for acute stroke victims.

## ■ GASTROENTEROLOGY

The Gastrointestinal Unit remains one of the busiest day therapy centres in the hospital performing almost 5,000 endoscopies in 2007. We remain the largest endoscopic ultrasound referral centre in Ireland performing 550 examinations each year. In 2007 we upgraded all our endoscopy equipment to the current state of the art Olympus endoscopes and processors at a cost of €1.3 million. This new equipment provides state of the art endoscopic imaging with Narrow Band Imaging and Electronic Ultrasound, which facilitates earlier diagnosis of some gastrointestinal cancers. Our ERCP scopes are now compatible with the latest cannulation technology and we have enhanced direct access to our biliary services throughout referring hospitals. This has resulted in a 30% increase in referral numbers to our service.

Research highlights for the year include a recent presentation in the Presidential Plenary session of the Digestive Disease Week in San Diego outlining novel indicators to predict response to antiviral therapy. Several other oral and poster presentations were made both nationally and internationally on behalf of the Department of Gastroenterology.

## ■ HAEMATOLOGY

### Clinical Services

Clinical activity continues to increase as evidenced by the fact that outpatient's appointments increased by 57% in 2007. The St Vincent's Ward unit offers a tertiary referral service for complex haematological malignancies to the North Eastern region. The Mater and St Vincent's University Hospitals' haematology departments have formally merged into a single virtual haematology department under the auspices of the Dublin Academic Health Centre initiative.

### Anti-coagulant Services

The computerised dosing nurse-led clinic now has

3,000 patients and will complete decantation from the old warfarin clinic shortly. Further initiatives are being explored under the Hospital in the Home scheme.

## ■ INFECTIOUS DISEASES

The Infectious Diseases Unit of the MMUH has benefited from the addition of a third ID consultant to replace the promotion of Professor William Powderly to the Head of School at UCD. Drs Lambert and Sheehan have been joined by Dr Paddy Mallon who has special interests in HIV and AIDS. This additional consultant position has allowed expansion of the outpatient ID service to expand to receiving a wider range of consultations, including an increasing number of TB and bone and soft tissue infections including osteomyelitis and discitis. An ID led home antibiotic programme has been expanding, allowing earlier discharge of patients to home with careful monitoring and follow-up in the ID clinic. In addition, there have been expanded services for the outpatient management of STDs with the appointment of nurse specialist Rachel Howard, and similar expansion of hepatitis C treatment services with the appointment of nurse specialist Maggie Nicholls to a research nurse specialist position.

The ID unit has taken an expanded role in the development of policies for blood borne needle stick exposure, antimicrobial stewardship protocols, and protocols for the development of the National Isolation Unit of Ireland, which will be housed within the St Bernard's Ward, the ID ward of the MMUH.

The NCHDs who are assigned to the ID unit have been assisted by the consultants in the development of academic projects and have actively been involved in clinical trials as part of their training in infectious diseases; they have been involved in the submission of abstracts and poster presentations to major conferences.

Dr Lambert has received over €200,000 of research support for the conduct of studies related to HIV and hepatitis C at the MMUH during the last year; and is in receipt of a grant for €200,000 from the Friends of Rotunda for the conduct of a study of Hepatitis C being conducted at the MMUH and Rotunda Hospitals.





## MEDICAL EMERGENCY DIVISION

The MED continues to be very effective in pursuit of its core objectives, namely:

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

### Highlights:

- 641 admissions to the Medical Intervention Unit (MIU) - up 58 on 2006. Unfortunately, 280 patient admissions had to be cancelled due to use of the beds for patients admitted via the Emergency Department.
- 48 patients were admitted from the OPD urgent medical waiting list - 5 less than 2006.
- As in previous years, patient complexity continues to increase year-on-year for both MIU and OPD beds. This trend is again evident in 2007.

## MEDICINE FOR THE OLDER PERSON

Dr Lorraine Kyne received a Health Research Board Clinician Scientist Award, which allowed the appointment of Dr Toddy Daly as locum consultant to cover her clinical workload. Dr Kyne was also appointed to a new post as a Senior Lecturer in Geriatric Medicine at University College Dublin and will take up this academic post in 2008. A new community medicine module for medical students will be developed jointly with the Department of General Practice at UCD during 2008 and 2009.

The Day Ward for the Older Person continues to see large number of patients and works very closely with the Rapid Access Clinic at Smithfield and the Day Hospital at St Mary's to provide comprehensive geriatric assessment for older patients.

The Department of Medicine for the Older Person works very closely with the Department of Neurology and conducts joint stroke rounds and neuro-radiology meetings weekly.

## NEPHROLOGY

2007 was a busy year for the Division of Nephrology

and Hypertension with a substantial increase in clinical activity and outpatient attendances, much of this attributable to the appointment of a second nephrology consultant, Dr Denise Sadlier who took up post in February 2007. Activity levels in the dialysis unit continue to increase with 10,823 HD treatments performed in 2007. A notable development in 2007 was a substantial equipment upgrade involving the commissioning of 9 new HD machines, an upgrade to the IT system with a new integrated stand-on weighing scales, 4 new dialysis chairs, and two 32 inch plasma screen TVs with individual patient head phones. The major challenges facing the division for the year ahead is ensuring adequate space and nursing personnel to cope with the expanding and aging ESRD population. This will be addressed by development of the area adjacent to the dialysis unit, which will provide additional capacity and a treatment bay for sick patients. 2007 was also a busy year academically with ongoing modularisation of the undergraduate Medical School Curriculum and with publications and presentations at national and international meetings.

## NEUROLOGY

The Department of Neurology has expanded the inpatient, day case, outpatient and consultation service annually over the last 5 years. The 12-bed acute and rehabilitation stroke unit is co-run with the Department of Old Age Medicine and is under the directorship of Prof Peter Kelly. The complexity of cases seen by the neurology department is the highest in Ireland as evidenced by case mix figures provided by the HSE. Prof Peter Kelly was awarded the Clinical Investigation Award from the HRB and Dr Killian O'Rourke has joined us as temporary consultant neurologist.

Peter Kelly and Tim Lynch were awarded professorships from UCD in 2007 in recognition of their academic work. Prof Kelly's North Dublin Stroke Study is ongoing, with a whole series of satellite stroke studies evolving from this major epidemiology stroke study. The Neurological Institute, 57 Eccles Street, was completed in 2007 and will be opened in 2008. Fundraising based on the Neurology Ball, Golf Classic, National Concert Hall Concert and a TC Murray play (Autumn Fire) raised over €400,000 in 2007. Prof Lynch received a donation of €220,000 from the Aideen Clarke Foundation, which is being used to set up a National Brain Bank with Prof Michael Farrell in Beaumont Hospital. Prof Lynch continues as Chair of the Division of Medicine, is an



invited council member of Neuroscience Ireland, invited council member of the scientific committee for the international Movement Disorders Society and an invited member of Mental Health Ireland Board and Chair of the Neuroscience Subcommittee of Neurology Needs Assessment Committee, HSE. Prof Lynch had 9 scientific publications in peer review journals in 2007.

Prof Kelly sits on the Board of the Irish Heart Foundation and is an invited member on the DOHC Stroke Committee. He has had over €2m in grant funding over the last number of years with multiple publications in peer review journals.

## ■ ONCOLOGY

The Department of Medical Oncology continues to develop with further expansion of the Clinical Trials Research Unit (CTRU). There was significant difficulty in recruiting and retaining research nurses but with the recruitment of a team leader, it was possible to creatively improve the safe conduct and monitoring of clinical research activity. Clinical trials in melanoma, mesothelioma, myeloma, prostate cancer, upper GI and lower GI malignancies and a number of breast cancer studies continue to accrue patients. In fact, the Mater Campus accrued the largest number of patients to the first clinical trial run jointly with the Eastern Co-operative Oncology Group (ECOG) in the United States and ICORG (Irish Clinical Oncology Research Group) to which the Mater belongs.

In total, 70 patients were recruited to Clinical Trials in 2007, a significant improvement on prior years. As funding for the staff and work of the CTRU patient numbers accrued to studies are very much related to that funding. The specialist nurse continued to develop the role of liaising and managing the care of the patients throughout their cancer journey. In total, four oncology liaison nurses work with the two consultants and the various teams seeing patients from their diagnosis through to the conclusion of their treatment and into follow up or palliative care. Two of these posts have to date been funded by the Irish Cancer Society and this funding is now due to expire.

The Irish Society of Medical Oncology jointly runs a special fellowship programme with Memorial Sloan Kettering Cancer Centre since 2006. In total, seven Irish registrars have been successfully selected to conclude their sub-speciality training at that institu-

tion, the premier cancer centre in the world. To date, four of these successful candidates have at some point trained at the Mater Hospital.

Speciality education continued with dedicated educational sessions occurring on three days per week in addition to the six multi-disciplinary teams, which operate in the care and planning of the patient's treatment. Additional consultants are now required and regrettably the third consultant post has been slow to progress having first been mooted in 2004. We hope and expect to be able to recruit a third and fourth medical oncologist by 2009. A number of publications were published or submitted in 2007 and the research culture continues to flourish within our department.

One major deficit which we expect to be corrected in 2008 is the physical space and conditions where outpatient encounters are conducted for patients presenting to our unit for the first time, to those in follow up and to those with specific symptoms referred back to the unit are reviewed in a very limited physical space. Our current space is inadequate and due to be developed into the Emergency Department. As a result, new, customised outpatient suites are expected to be in use by 2008. The management of cancer patients has benefited greatly through the use of clinical trials. In 2007 alone, a number of new agents which have been developed through laboratory work have found their way to the bedside and Day Unit (translational agents), once evidence has accrued for their effectiveness and quickly being made available to patients in whom benefit is most likely to occur.

## ■ RADIATION ONCOLOGY

With two consultant radiation oncologists (Dr Jerome Coffey & Dr Ian Fraser) now in post, there has been an increase in on-site consultant-provided clinical services with attendance at the growing number of multi-disciplinary meetings, a move towards tumour site specialisation and participation in on-campus research and education including the Education Programme in Medical Oncology, Mater International Breast Meeting and Mater Northeast Cancer Network Study Day. In the period from October 1st 2006 to October 31st 2007 one hundred and forty-four patients were referred to St Luke's Hospital for radiotherapy (74 for palliative and 70 for radical/curative treatment). In the context of the National Cancer Control Strategy and the National Programme for Radiation Oncology it is anticipated that a radiation oncology outpatient clinic



will be introduced, in line with all of the other Dublin Area Teaching Hospitals. This will strengthen existing oncology and haematology services, reduce the need for Mater patients to cross the city for pre- and post-treatment assessments and greatly simplify access to diagnostic and re-/staging clinical data.

### ■ PALLIATIVE CARE

Dr Karen Ryan took up post as Consultant in Palliative Medicine in October 2007. Her sessional commitment is divided between the Mater and Connolly Hospitals and St Francis Hospice, Raheny. The palliative care team comprises a registrar and social worker, and reviews in-patients with life-limiting illness on a consultative basis. 62 referrals were received, and 221 medical assessments were carried out between November-December 2007. The most frequent reasons for referral were the presence of a life-limiting illness and the current or future need for symptom control and/or psychosocial support, assessment for the community palliative care services and the provision of end-of-life care. The team was actively engaged in educational activities and provided an education programme on 'Palliative Care in the Acute Hospital' in partnership with the Postgraduate Medical Centre

### ■ RESPIRATORY

2007 was a year of notable growth and development within the pulmonary hypertension service at the MMUH. Throughout the year, there continued to be a substantial increase in clinical activity both on an inpatient and outpatient basis.

The patron of the Pulmonary Hypertension Association, President Mary McAleese officially opened the Pulmonary Hypertension (PH) Unit as a national referral and treatment centre on the 4th September 2007.

In addition, the pulmonary hypertension service secured two designated beds on St John's Ward for the specialist management of pulmonary hypertension patients. This has led to an increase in the number of admissions to the Mater Hospital with suspected pulmonary hypertension, facilitating prompt workup, diagnosis and treatment initiation where appropriate. It has also allowed the PH service to increase patient throughput, reduce waiting time and length of stay due to increased staff com-

petency and skill in caring for this patient group. In 2007, the pulmonary hypertension service also expanded its involvement in national clinical research in the area of pulmonary vascular diseases in partnership with Professor Paul McLoughlin at the Conway Institute in UCD. The pulmonary hypertension unit was one of a number of designated international sites to participate in an international, multi-centre, prospective registry to collect data on Chronic Thromboembolic Pulmonary Hypertension (CTEPH). Data collected will support the elaboration of diagnosis and treatment guidelines for CTEPH patients, improving patient care in the long term.

2006/7 saw the initiation of endoscopic volume reduction therapy using the Zephyry valve system as a clinical service for patients with emphysema and phase III therapeutic studies targeting patients with idiopathic pulmonary fibrosis. 4 lung transplants were completed in 2007 with 100% survival.

### ■ RHEUMATOLOGY

Departmental appointments: Dr Suzanne Donnelly, locum consultant rheumatologist was appointed as Director of Clinical Education in UCD Medical School. She has particular responsibility for the development and delivery of the graduate entry curriculum and support and development of educational best practice in the school. Dr Conor McCarthy continued in his role as medical director of IRFU.

Administration; The MMUH Rheumatology department is strongly represented on the Irish Society for Rheumatology. Dr Suzanne Donnelly was elected ISR representative to the Board of Arthritis Ireland at the ISrR AGM in October 2007, where she joins Professor Geraldine McCarthy who is medical advisor to the Board/CEO. Both Prof McCarthy and Dr Donnelly are members of the Arthritis Ireland Academic Development Committee. In late 2007, Dr Donnelly met with junior minister Dr Jimmy Devins, Department of Health on behalf of Arthritis Ireland as part of its campaign for the expansion of rheumatology services. Dr Donnelly chairs the national curriculum committee of the Irish Society for Rheumatology, which reports later this year.

Challenges Ahead; the success of the biologic agents in the treatment of the diseases presents opportunities and challenges. In order to offer our patients cutting edge translational therapies, devel-

opment of day ward facilities and clinical nurse specialist roles will be required. In 2007 MMUH rheumatology, were early adopters of Rituximab as a second level biologic agent in the treatment of rheumatoid arthritis, systemic lupus erythematosus and other systemic autoimmune conditions. At least three further infusible second generation biologic agents are expected to be licensed for use in 2008, increasing demand for nursing expertise, time and dedicated physical space.

## ACADEMIC SPONSORSHIP

2007-2010. Helen French B.Physio, MSc (Physio), Dip Stat (TCD). The effectiveness of supervised exercise with and without manual therapy for hip osteoarthritis. PhD candidate Health Research Board Research Fellowships for the Clinical Therapies. (GM McCarthy)

UCD Summer Student Research Award (SSRA) – A study on the occurrence of TAG rugby injuries and the development of injury prevention protocols. Roberta Rowntree. Presented at the UCD SMMS Research Day and for presentation at the Faculty of Sports Medicine Conference Sept 2008 (CJ McCarthy)

### Awards

2007-2009. Abbot unrestricted research award. €110,000 (G.McCarthy, Principal Investigator)

### Research Projects

Current investigation of platelet activation in inflammatory arthritis in the Division of Rheumatology and the General Clinical Research Unit (GCRU) at Mater Misericordiae Hospital in collaboration with RCSI.

Current project to develop simple bedside tests for joint fluid calcium-containing crystals to enhance detection of calcium crystal deposition in osteoarthritis (collaborative study MMUH/DCU)

Co-investigator, investigator-initiated international, multi-centre trial for evaluation of methotrexate in the management of chronic calcium pyrophosphate dihydrate deposition (CPPD) disease (MMUH)

### Divisional Budget

The total spend in 2007 was €61.3M (excluding drugs). This is within the budget allocated for the division.

## ARRIVALS AND DEPARTURES

We extend a very warm welcome to our new medical consultants who arrived in 2007. They are:

- Dr Denise Sadlier, Consultant Nephrologist
- Dr Karen Ryan, Consultant Physician in Palliative Care.
- Dr Aisling Mulligan, Consultant Child & Adolescent Psychiatrist.
- Dr Fionnuala Lynch, Consultant Child & Adolescent Psychiatrist.

We also extend our best wishes and thanks to Dr Nollaig Byrne, Consultant Child & Adolescent Psychiatrist, on her retirement.

## MATER FOUNDATION

Yet again we are indebted to Mary Moorhead, Chief Executive, Mater Foundation, and her team for their continued help and support in 2007. Beneficiaries this year included cardiology (balloon pumps x2), respiratory (endoscopic ultrasound equipment), haematology (anti-coagulant analyzer), neurology (balance equipment), St John's Ward (oxygen and suction points), St Brigid's Ward (shower and integrated hoist) and A&E (trauma equipment)

## CHALLENGES

Many of the challenges from recent years remain. Among them are:

- A&E overcrowding and inhumane conditions continue. This is predominantly due to difficulty discharging patients from the division who are fit for discharge. It is hoped that the expansion of the A&E in 2008 may help to alleviate some of the conditions.
- The launch of the Dublin Academic Health Centre is a very welcome development with a new relationship between MMUH, St Vincent's University Hospital and the Medical School University College Dublin. This development can only be welcomed, as it will lead to improved academic medicine on all campuses.
- Delayed discharge is the main reason for overcrowding in A&E. Frequently as many as



## Division of Medicine

- 100 patients are fit, but unable, to be discharged because of the lack of rehabilitation services and a lack of long term care facilities in the north side of the city.
- Lack of OPD capacity may improve with the leasing of facilities on Dorset Street. In the long term the building of the new phase of the MMUH adult hospital will be the solution to this ongoing problem.
- Lack of inpatient and day case beds
- The Department of Clinical Neurophysiology is a major diagnostic laboratory that requires space and expansion urgently in 2008.
- Upgrade our neurophysiology laboratory and services.

- Infrastructural and manpower deficiencies in the delivery of appropriate services e.g. neurological, old age medicine, metabolic diseases, cardiology and A&E.
- Budget compliance in a background of ever increasing demand and activity

Finally, as Chairman of the Division of Medicine I would like to thank all my colleagues who worked extremely hard in difficult circumstances to produce the best possible patient care.

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





## INTRODUCTION

The Division of Surgery comprises general surgery (breast / endocrine surgery, colorectal surgery, hepatobiliary surgery and vascular surgery), orthopaedic surgery, gynaecology, ophthalmology, otolaryngology - head and neck surgery, plastic surgery and urology.

It also incorporates two national specialities:

- The Professor Eoin O'Malley National Centre for Cardiothoracic Surgery and the National Heart Lung Transplantation Unit
- The National Spinal Injuries Unit.

The division provides regional and tertiary referral services in a number of specialities.

Services are provided in 11 operating theatres, 12 wards including the cardiothoracic high dependency unit, special care ENT unit and National Spinal Injuries Unit as well as in over 50 outpatient clinics per week.

During 2007 the Division of Surgery operated with a revenue budget of €56.1m and was successful in securing financial donations from the Mater Foundation totalling €381,300 to purchase much needed patient-related equipment. There were over 19,000 inpatient and day case admissions, and approximately 80,000 outpatient attendances during the course of the year.

The operating theatres continued to work to full capacity during the year, providing a 24/7 emergency service with surgery often continuing around the clock. Notwithstanding the above, the demand for theatre space exceeds the capacity available.

While the department continues to strive to keep up with all the advances in technology, the upgrading and updating of equipment was seriously hampered by the lack of adequate capital funding to meet all the needs of both the theatres and the division.

A Theatre Practice Development Programme to enhance nursing staff proficiency ran successfully in 2007 ensuring on-going development and education of theatre nursing staff. Following the 2007 decontamination audit, the department continued to strive towards ending on site decontamination of

instrumentation with 70% of instrumentation now available to go directly to CSSD.

The Division of Surgery actively participates in education, training and professional development programmes across a range of disciplines within the Mater Misericordiae University Hospital.

## MANAGEMENT TEAM

Mr. Martin O'Donohoe, Clinical Director

Ms. Eithne Hallinan, Assistant Director of Nursing, Theatre Department

Ms. Mary Raftery, Divisional Nurse Manager

Mr. Austin Cush, Business Manager

## KEY DEVELOPMENTS IN 2007

Renovation of the National Spinal Injuries Unit was completed in July with an increase in the number of specialised spinal injury beds from six to ten and included the installation of appropriately specialised equipment and support systems. The increased media profile of breast cancer led to a doubling of referrals to breast surgery in the latter part of 2007.

The HSE also requested the speciality to take on the management of breast patients from the north midlands region with the cessation of services at Mullingar. Extra clinics were provided for these patients.

Developments in the Professor Eoin O'Malley Cardiothoracic Surgery Unit in 2007 included the use of the Novalung, percutaneous continuous lung membrane assist in a patient waiting double lung transplantation. The lung and heart transplant programme continued, as did the artificial bridge to transplant programme. Endovascular stenting of the thoracic aortic aneurysmal diseases of all pathologies continued in association with the Department of Interventional Radiology and Cardiology.

The Ophthalmology Department moved into a new purpose built outpatient clinic facility during the year located in a refurbished section of the old UCD School of Physiotherapy.

The Department of Vascular Surgery continued to expand its endovascular programme and performed



approximately 40% of abdominal aortic aneurysm repairs by this method in 2007.

## ACTIVITY LEVELS

### OUTPATIENT ATTENDANCES

	2007	2006
<b>New:</b>		
Cardiothoracic Surgery	923	929
ENT	2,025	2,046
General Surgery	7,422	6,390
Gynaecology	841	1,016
Ophthalmology	15,851	15,184
Orthopaedics	7,088	6,958
Plastics	1,865	1,856
Urology	1,295	1,252
<b>Total</b>	<b>37,310</b>	<b>35,631</b>
<b>Return:</b>		
Cardiothoracic Surgery	1,669	1,901
ENT	3,086	3,022
General Surgery	7,191	6,886
Gynaecology	1,932	1,982
Ophthalmology	13,702	13,587
Orthopaedics	10,424	10,392
Plastics	2,440	2,874
Urology	1,885	2,106
<b>Total</b>	<b>42,329</b>	<b>42,750</b>
<b>Grand Total</b>	<b>79,639</b>	<b>78,381</b>

#### Note:

National Spinal Injuries Unit activity is included in Orthopaedics.

Breast Surgery, Colorectal Surgery, Hepatobiliary Surgery and Vascular Surgery activity is included in General Surgery.

Total outpatient attendances increased by 2% on the previous year with new attendances making up 58% of the number of new attendances for the hospital.

Gynaecology new attendances were lower in 2007 reflecting increased numbers of major gynaecology oncology cases and less benign. Overall case complexity and workload increased during this period.

### Inpatient Discharges and Daycases

	2007	2006
<b>Elective</b>		
Cardiothoracic Surgery	240	261
ENT	265	234
General Surgery	1,174	1,167
Gynaecology	184	184
Ophthalmology	273	220
Oral	39	39
Orthopaedics	144	123
Plastics	205	177
Urology	329	317
<b>Total</b>	<b>2,853</b>	<b>2,722</b>

#### Non Elective

Cardiothoracic Surgery	596	568
ENT	326	338
General Surgery	1,772	1,639
Gynaecology	171	149
Ophthalmology	412	372
Oral	65	75
Orthopaedics	1,271	1,365
Plastics	272	343
Urology	265	282
<b>Total</b>	<b>5,150</b>	<b>5,131</b>

#### Day Case

Cardiothoracic Surgery	129	110
ENT	2,518	2,353
General Surgery	1,505	1,566
Gynaecology	340	487
Ophthalmology	3,340	3,630
Oral	77	86
Orthopaedics	914	1,018
Plastics	1,100	1,320
Urology	931	982
<b>Total</b>	<b>10,854</b>	<b>11,552</b>

**Inpatients and Daycase Total 18,857 19,405**

#### Note:

Elective consists of waiting list and planned repeat admissions.

National Spinal Injuries Unit activity is included in Orthopaedic.

Breast Surgery, Colorectal Surgery, Hepatobiliary Surgery and Vascular Surgery activity is included in General Surgery.



Total inpatient discharges increased by 2% on the previous year with electives up 5% representing 76% of the number of elective discharges for the hospital. There was a reduction in day case activity on the previous year. In Ophthalmology, vacancies in specialised nursing and shortages in trained clerical officers contributed to a reduction in day case workload. A consultant surgeon in orthopaedics was on a travelling fellowship for six weeks during the year, which contributed to the decrease in orthopaedic non-elective and day case work. A locum covered the retirement of a consultant plastic surgeon during 2007. A permanent replacement is awaited.

## DEPARTMENT REPORTS

### DEPARTMENT OF CARDIOTHORACIC SURGERY/ HEART LUNG TRANSPLANTATION

#### Consultants

Professor 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, Professor 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

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, adult congenital heart disease and heart /lung transplantation. It runs the procurement process and the clinical directorship for the Irish Homograft Valve Bank based in the Irish Blood Transfusion Service. A full review of the department's work is

available on the Mater website, <http://www.mater.ie/depts/cardiothoracic/>

The unit performed a total of 843 cardiothoracic procedures in 2007. The most common procedure was isolated coronary artery bypass grafting, which accounted for approximately 50% of the work. Valve surgery with or without associated bypass grafting accounted for 32% of the workload. The remainder included combined procedures and adult congenital heart work. Redo open heart work accounted for 11% of the total cardiac surgical workload.

Major achievements for the unit in 2007 were the use of the Novalung, percutaneous continuous lung membrane assist in a patient waiting double lung transplantation. This system was used for 140 days, the longest ever achieved worldwide and the patient successfully went on to receive a double lung transplants later on in 2007 and has since done very well. The lung and heart transplant programme continued, as did the artificial bridge to transplant programme. Endovascular stenting of the thoracic aortic aneurysmal diseases of all pathologies continued in association with the Department of Interventional Radiology and Cardiology.

The thoracic work continued to increase and accounted for 233 procedures of which 135 were thoracotomies. Again the primary treatment was for lung cancer operation. A lung oncology co-ordinator was put in place in mid 2007 and visited units in Britain, particularly the Royal Brompton and The Heart Hospital to view aspects of multidisciplinary lung cancer care and co-ordination.

The cardiothoracic high dependency unit continued to have a huge impact on provision of care for cardiothoracic patients in 2007 and a total 630 admissions occurred. In particular it facilitated the increase in thoracic workload being referred and performed. The unit continued to manage patients with intra-aortic balloon pumping who were self-ventilating. It plays an essential part in the lung transplant programme and the artificial heart to mechanical bridge to transplant programme development. It was central to and assisted in use of the Novalung as a percutaneous continuous lung membrane assist device and managed the patient mentioned already for 140 days which involved 17 device changes and the staff kept the patient in such a remarkable condition that the patient suc-





cessfully survived bilateral lung transplantation.

The commitment to education and research has continued. There was an excellent turnout for the annual cardiothoracic research day.

Research continues with active collaboration with Professor Watson of the Conway Institute, UCD, School of Medicine and Health Sciences and also with Professor Mike Dunn, Proteomics Division of the Conway Institute. Dr Tara Ni Dhonnchu with her project titled "Statins alters Neutrophil Function By Modulating Cellular Migration" performed as a student research project was fortunate to win the Sylvester O'Halloran prize against a lot of postgraduate competition and be short listed for the Presidents research prize, RCSI. This is the second time a researcher from the group has been short-listed for the President's prize in the last five years.

## ■ GENERAL SURGERY

### Breast Surgery

2007 was a significant year for breast surgery in the Mater. Breast cancer diagnosis and management became a major media issue during the year. As a result, here at the Mater we saw a significant increase in referrals in the latter part of the year. We were also officially asked by the HSE to take on the management of breast patients from the north midlands region with the cessation of services at Mullingar. This we gladly did. We are very grateful to all the staff who ran extra clinics for these patients.

Our management structure is working well. The management committee meets monthly to review workload, waiting times and all the other day-to-day issues. This has been essential in managing the increase in workload. We also have to plan for the further increase in workload resulting from the closure of breast cancer services in the northeast. Extra clinics and extra staff are required.

HIOA is targeting breast services for an audit of standards. We have been conscious of the need to provide a quality service for some time and in 2007 audited our results for the entire unit and published these in an annual report. However we are not complacent and we have had a number of groups looking at all aspects of our service to ensure we are meeting all these standards and are ready for an inspection when it comes. Every member of staff in

the unit has been involved in this process. Thanks to them all.

Academically the unit has been busy. We have collaborative links with the GRU here on the Mater campus, the Conway Institute, RCSI and DCU. Research papers by members of the unit have been presented at a variety of national and international meetings during 2007.

2007 has been a busy year and we anticipate 2008 will be even busier. Our goal is to ensure we can provide our quality service to this increased number of patients. Extra resources will be required for this.

### Hepatobiliary Surgery

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 but also 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 2007 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 outpatient 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 and the excellent endoscopic ultrasound service provided by the GI Unit have 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. This will be complemented by a high-tech laparoscopic training facility about to be installed.

## Vascular Surgery

Mr M. Kevin O'Malley  
 Mr Martin K. O'Donohoe  
 Mr Ciaran O McDonnell (Locum)  
 Ms Cleona Gray, Chief Vascular Technologist

The Department of Vascular Surgery is a regional centre for Dublin-North East HSE Region as well as Counties Sligo, Leitrim and Donegal.

The staff complement is 3 consultants, 2 specialist registrars, 2 senior house officers and 3 interns. The department provides the full range of outpatient and inpatient services for diseases of the peripheral arterial and venous systems. on a secondary and tertiary referral basis.

Reconstructive arterial surgery of the carotid, aorta and peripheral arteries are the major procedures performed. There is also a particular interest in the management of venous disease. The department has also spent a number of years developing a minimally invasive or endovascular service. The development of the endovascular surgery service has continued in 2007 with over 40% of all abdominal aortic aneurysm repairs performed in this way.

The workload of the department continues to increase with over 600 major arterial cases performed in 2007. The major development for 2007 was the acquisition of funds from the Mater Foundation for the installation of a computerised database and registry for the department. It is hoped to 'go live' with this system in mid 2008. This will greatly enhance and improve the tracking of patient follow-up as well as improving the opportunities for audit and clinical research.

The vascular laboratory, directed by the vascular consultants, provides the full range of non-invasive vascular investigations of the arterial and venous systems to all inpatients and outpatients of the hospital and also for peripheral hospitals. The laboratory is an integral part of the vascular department and has a staff complement of four vascular technologists and a clerical officer. In 2007 the labora-

tory took delivery of a second state of the art duplex scanner. This coupled with the full staff complement has greatly increased the output of the lab and greatly reduced waiting times for investigations. In 2006 4,500 investigations were performed but this had increased to 6,750 in 2007.

## Ophthalmology

The Department of Ophthalmology provides a clinical service at local, regional and national level. In addition to a large outpatient service, day case and inpatient surgery, we also provide a busy Accident & Emergency Department for urgent referrals.

During 2007 there were over 29,000 patient attendances at the outpatient clinics (new referrals 15,800) of which 10,000 patients were seen in the Eye Casualty Service. Approximately 4,000 surgical procedures were performed during the year, of which 3,300 were day case events.

## Consultants

Mr R Acheson, Head of Department  
 Mr I Flitcroft  
 Mr T Fulcher  
 Mr D Keegan  
 Ms P Logan  
 Professor C O'Brien  
 Professor M O'Keeffe

Surgical Sub-Specialities	Sub-Speciality Clinics
Vitreo-Retinal Surgery	Oculoplastic/Orbital
Orbital Surgery	Corneal
Oculoplastic Surgery	Medical/Diabetic Retina
Refractive Surgery	Surgical Retina
Glaucoma Surgery	Glaucoma
Corneal Surgery	Strabismus/Motility
Lacrimal Surgery	Neuro-Ophthalmology

## NOTABLE ACHIEVEMENTS IN 2007

Mr R. Acheson continued to serve as President of the Irish College of Ophthalmologists.

The Department moved into a new purpose built outpatient clinic facility during the year. We moved from the basement of the Phase 1A building to a



refurbished section of the old UCD School of Physiotherapy.

There has been a large expansion in the care of age related macular degeneration, the commonest cause of visual impairment in Ireland. New investigational techniques and therapeutic options resulted in a significant increase in the clinical and surgical workload in the department.

Accepted into the European Vision Institute Research Trial Centre Programme.

New electrodiagnostic equipment was purchased courtesy of a generous patient donation.

## ACADEMIC

There were numerous undergraduate and postgraduate academic achievements in 2007.

Professor O'Keeffe organized two large international meetings (Refractive Surgery and Paediatric), which were held in Croke Park Conference Centre.

Dr Ruaidhri Kirwan was awarded his PhD degree following research carried out at the Mater Hospital and the Conway Institute in Belfield.

Mr Jeremy O'Connor was awarded the Pfizer Fellowship Research Grant to help fund his collaborative research with Professor T Cotter in University College Cork.

Professor O'Brien was awarded a research grant from the National Glaucoma Research Fund of the American Health Systems Foundation to carry out further studies on optic nerve changes in glaucoma.

The 4th year undergraduate exams were held on February 16th and our external examiner was Mr James Morgan, Reader in Ophthalmology at Cardiff University. The prizewinners of the exams were:

- Rebecca Fry Kirwan Prize and Blake Prize
- Orlaith Heron Dwyer-Joyce Prize

The department was also involved in the running of the UCD/RCSI student exams held in Penang during March.

Members of the department gave numerous local, national and international invited lectures and in

moderated/chaired scientific sessions.

In addition several consultants (R Acheson, I Flitcroft, T Fulcher, P Logan, C O'Brien) serve on one or more of the working committees of the Irish College of Ophthalmologists.

The research team of the department continues to grow with three post-doctoral scientists and several PhD and MD students. Close collaborations have been established with other research groups working at the Conway Institute in UCD, at the RCSI Research Department at Beaumont Hospital, and with the Department of Biochemistry at University College Cork. In addition the ongoing collaboration with Dr Abe Clark, Senior Research Director at Alcon Laboratories in Fort Worth, Texas continues to flourish, while the collaboration with The London Project (to develop cellular transplant therapy for retinal disease) goes from strength to strength.

Mr Keegan was awarded a three-year research grant by the Health Research Board to study mechanisms of graft cell loss in retinal transplantation.

Dr Toby Holmes (PhD) was awarded a Mater College equipment grant.

Dr Marc Guerin was awarded the Barbara Knox Prize for best paper presentation at the Irish College of Ophthalmology Annual Congress.

Our junior doctors gave paper and poster presentations at local, national and international conferences, including the Irish College of Ophthalmologists, the Association of Research in Vision and Ophthalmology, the Annual Congress of the Royal College of Ophthalmologists.

## DEPARTMENT OF ORTHOPAEDIC AND TRAUMA SURGERY NATIONAL SPINAL INJURIES UNIT

### Sub-specialities:

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



The Department of Orthopaedic and Trauma Surgery incorporating the National Spinal Injuries Unit provides a comprehensive musculoskeletal service both locally and nationally. Despite major infrastructural limitations the department continues to provide a round the clock acute national spinal service. This has been helped by the refurbishment of the six-bed spinal unit and creation of a four-bed step-down spinal unit. Throughput of the unit has now reached a plateau due to lack of operating space and limited bed capacity. However case complexity continues to increase both in general orthopaedic surgery and spinal surgery

Certain innovative surgical techniques continue to be developed in the unit; these include percutaneous spinal fixation, en-bloc resection of spinal tumours and percutaneous acetabular fracture fixation.

Mr Paul Connolly was appointed as Consultant Orthopaedic Surgeon, replacing Mr Frank McManus.

Mr Kevin Mulhall became the second Irish orthopaedic surgeon to receive the prestigious British Orthopaedic Association - ABC Travelling Fellowship. The only other Irish recipient of the award was Mr Keith Synnott in 2006.

Mr Kevin Mulhall founded the charity organisation Orthopaedic Research and Innovation Foundation, based at Mater Misericordiae University Hospital. This has been established to fund and promote orthopaedic education and research.

The first major charity event in aid of the National Spinal Injuries Unit was held in November. This was organised by Ms Ciara Ebbs, a former patient, and raised over €40,000. This money will be used to open a family room on St Agnes ward and to purchase much needed equipment.

## ■ OTOLARYNGOLOGY – HEAD AND NECK SURGERY

### Sub-specialities

Head and Neck Oncology, surgery and reconstruction  
Surgery 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 4th consultant position 2006/2007 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.

A head and neck study day was jointly held with the Mater Private Hospital, chaired by Tadhg O'Dwyer and Helena Rowley respectively.

As before, the A & E crisis and bed shortage contributed to the significant curtailment of the delivery of standard ENT surgery to the patients referred to our department.

## ■ PLASTIC, RECONSTRUCTIVE AND AESTHETIC SURGERY

### Surgical 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 nidus 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.

During 2007, a locum consultant carried the workload following Mr Lawlor's retirement. A permanent replacement is still awaited. Discussions were held with the HSE regarding a North City rota for plastic surgical emergencies with the exception of burns between Beaumont, Connolly Hospital, the Mater University Hospital and the Children's University Hospital, Temple Street.

A high profile has been maintained for the craniofacial and head and neck service as well as a brachial plexus service, which is now well established. Cleft lip and palate management and the management of maxillofacial injuries remain prominent. The plastic surgical service continues to contribute to the breast surgical and breast reconstructive service.





The year 2007 was indeed a very busy and demanding year for the Division of Anaesthesia, which was involved in providing a wide range of clinical services which were interlinked with hospital functions to include clinical anaesthesia, pain medicine, intensive care medicine, pre-operative medicine to include pre-operative assessment, cardiopulmonary resuscitation, training, research and education.

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

The division acknowledges the role of the Chief Executive in supporting locum consultant appointments particularly over the summer months, which resulted in increased utilisation of theatre space allowing the smooth delivery of service with no unnecessary cancellations.

The pre-operative assessment clinic, which has been in existence for the last four years, has been a great success. It provides comprehensive pre-operative assessment resulting in greater efficiency in bed usage, theatre scheduling and planning. It has also been extremely beneficial to patients in that it optimises patient care and provides them with information regarding peri-operative pain medicine to include post-operative pain relief and recovery.

The Department of Intensive Care Medicine continued to evolve, with plans currently afoot to develop a 4 bedded high dependency unit 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 Intensive Care Unit bed occupancy for 2007 was in excess of 97%, which is significantly above the desired target of 75%, which would allow us to cater for the peaks in clinical demand without comprising clinical care.

The Division of Anaesthesia has identified over the

last number of years the need for audit and with this in mind a clinical information system is a recognised priority. This would facilitate the keeping of established medical records and streamline prescribing in conjunction with the Division of Anaesthesia records. Unfortunately, we had hoped that this would be initiated in 2007 and we again await this essential development. This would have a significant impact in terms of risk analysis, clinical audit and optimisation of patient care.

The Department of Pain Medicine continues to evolve and is essential to the acute pain service throughout the hospital with particular emphasis on post-surgical patients. The number of inpatient consultations continues to escalate and this is in parallel with the increased outpatient activity, which is documented by the number of patient attendances and day care procedures. With regard to the chronic pain component we continue to work in sub optimal facilities, which again have been highlighted over the last number of years, and most recently in the College of Anaesthetists report where they stated that an updated treatment facility is essential. 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 would mandate that further expansion of facilities and consultant staff is an urgent priority.

The division's ongoing research programme includes continued collaborative links with the Department of Pharmacology and the Conway Institute for Biomedical Science. The research activity of the division continues to expand with abstracts presented at international meetings including two of the world's most prestigious, the ASA held in the United States annually. Senior trainees within the division have completed data collection for their MD thesis and should be in a position to submit in 2008. We have also established fellowship training programmes in cardiothoracic anaesthesia and intensive care medicine.

UCD undergraduate students continue to highly rate their clinical attachments to our division and at post-graduate level many of our trainees were successful both in their primary and final fellowship examinations. With changes in the undergraduate curricu-



## Division of Anaesthesia

lum we look forward to greater involvement with undergraduate students, as they would benefit from exposure within the theatre environment where they can hone their basic skills and across the division in the Intensive Care Medicine Unit and Department of Pain Medicine. They can be prepared for dealing with clinical scenarios that will present themselves to all graduate doctors.

In conclusion at the division we are bracing ourselves for the various challenges ahead and to date we have been proactively involved in the clinical management structures and with the support of the Chief Executive Officer and the Hospital Board we

are confident that we can successfully meet the challenges ahead.

### RESEARCH HIGHLIGHTS:

Pickering BW, Pickering M, O'Connor JJ, Buggy DJ, Moriarty DC, Murphy KJ.  
Anesthetic Agents Differentially Affect Intracellular Calcium Homeostasis in Neuronal and Glial Cells  
Winner of the Delaney Medal 2007

**Dr Frank Chambers, MB, M.Med.Sci., FFARCSI,  
Dip. Pain Medicine.  
Consultant in Anaesthesia and Pain Medicine**





## SUB-SPECIALTIES

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

The volume of tests performed in the Pathology Department continues to rise in all departments, averaging 5-10% annually. This continues to pose challenges to our ability to work within budget with our current staff complement.

The laboratory continues to work towards CPA accreditation, with most departments receiving full accreditation. The remaining departments were awarded conditional accreditation pending infra-structural improvements to the laboratory, which are scheduled to begin in September 2008.

Tom Moloney retired as Laboratory Manager in September 2007. Mrs Pauline McGrath replaced him.

## BIOCHEMISTRY

During 2007 a total of 2.5 million test analyses were performed, a 92% increase since the start of the new century.

Later in the year the introduction of a rapid-turn-around HbA1c service for the Diabetic clinics reduced the need for many patients to attend phlebotomy prior to their OPD visit.

In November the Biochemistry Department was awarded full accreditation to CPA (Clinical Pathology Accreditation UK) under the new rules.

As part of the hospital's very successful Health Fair Day, the biochemistry and phlebotomy departments conducted fasting lipid profile and glucose testing of staff members.

Biochemistry staff are conducting ongoing research on point of care testing, glucose tolerance tests, measurement of albumin and Calcium, analyte stabilities, Troponin I, BNP, ammonia testing, anion gap and eGFR.

A major study started in 2007 to evaluate the new IRFT technology for renal stone analysis (kindly donated by the Mater Foundation) and to establish

a new library of stone spectra.

Peadar McGing published opinion pieces in the Irish Medical News on a number of biochemistry / pathology topics, including fasting for lab tests, potassium and storage temperature, reference ranges, linearity issues with assays. He also lectured on quality control to the TCD MSc in Clinical Chemistry.

Des McGoldrick gave lectures on electrophoresis to students on a number of MSc courses, while J Collier was a key member of the consultative group that produced Guidelines for Safe and Effective Management and Use of Point of Care Testing.

Margaret Briscoe, Quality Manager lectured on numerous occasions on the accreditation and quality processes to different groups within the Mater Hospital and in many other hospitals.

## ■ ENDOCRINOLOGY

The Endocrine Laboratory performed 164,650 tests in 2007, representing an increase of 20% over 2006. 51% of the laboratory's workload was generated from general practice, 18% from other hospitals and 31% in-house.

To satisfy user needs, our test menu was expanded to include Vitamin D. A test for the presence of Thyroid Peroxidase antibodies (TPO) as a marker for autoimmune disease was added as a cascade test to the Thyroid Function Test profile.

Accreditation status of conditional accreditation continues due to a non-conformance in relation to staff facilities pathology wide.

### Selected Presentation:

Analytical interference in testosterone measurement in women.

Dr Mark Kilbane, Endocrine Laboratory, Mater Hospital

## ■ IMMUNOLOGY

The Immunology laboratory saw continued growth during 2007 to produce an overall increase in workload of 25% (31% increase in sample numbers). This increase in workload came from both inpatient and outpatient activity at the hospital and also from increased demand from GPs.





## Staffing

Prof. John Greally was appointed as Locum Consultant Immunologist at the hospital. A number of long standing vacancies were filled to complete the staff complement.

## Service Developments

The laboratory began a process of reviewing all tests provided in the laboratory. This review has led to the introduction of new tests, the removal of some tests no longer seen as useful, and changes in the processing of others. This review is now an ongoing process within the laboratory.

Following a review of coeliac testing the Anti tTG antibody test was introduced. And the Anti Gliadin test was withdrawn from routine use. This value for money (VFM) initiative will save approximately €11,000 in a full year, and will result in a better service to patients. Studies are continuing around this testing area and further changes are likely in the coming year.

Two old analysers were replaced during 2007 with modern state of the art systems. This has resulted in faster turnaround times and thus improved serv-

ice to users. It has also opened up the possibility of bringing more tests, currently referred out, to within the laboratory, with consequent savings to the hospital.

## Quality & Accreditation

The laboratory underwent a successful inspection by the CPA in 2007 and was awarded full accreditation. A number of quality audits were carried out in the laboratory.

The Beaumont-Mater Immunology Quality group was inaugurated with our colleagues in the Immunology laboratory in Beaumont Hospital. Two meetings were held in 2007 where matters relating to quality were discussed.

## Training and Education

The laboratory took part in the undergraduate training programme for Medical Scientists and facilitated a research project for one student.

Support was also provided for two members of staff undertaking Masters programmes. Ms. C Prior completed a programme for an MSc in Immunology at





the University of West England. Ms. N. Duffy continued her work for an MSc in Molecular Pathology at DIT/TCD.

CPD rounds were completed by a number of staff in the laboratory. All staff are registered in appropriate continuous professional development programmes.

Laboratory staff participated at a number of clinical meetings throughout the year. These included the CAPA 2007 in London, the American College of Rheumatologists meeting in Boston, AMLS meeting on Innate Immunity, AMLS meeting on Paraneoplastic Syndromes and the Plasma Protein User Meeting at Dade Behring in Marburg.

Two members of staff travelled to Frankfurt to be trained on the new Nephelometer. One staff member travelled to Friburg for training on the Immunocap 250.

As well as mandatory training in manual handling and fire safety, laboratory staff attended at a Hospital Ethics course, a course on Staff Joint Review and a course on Clinical Audit.

## Publications & Research

The following research projects were undertaken in 2007:

- Anti CCP & Rheumatoid Factor Expression in Rheumatoid Arthritis: An Investigation of the Effect of Rheumatoid Factor on the ELISA Quantitation of IgG Anti CCP. C. Prior et al
- Assessment of a Novel Assay Measuring IgA and IgG Antibodies to Deamidated Gliadin Peptide. N. Duffy
- Serum C3 & C4: 1, Establishment of new assays: 2, the effect of aging. S. M. NiGhoillidhe

The results of the Anti CCP research project was presented by Ms. Prior as a poster presentation at the meeting of the American College of Rheumatologists in Boston, USA. It was also presented at the Irish Society of Rheumatologists meeting in Galway.

## HISTOPATHOLOGY

Following the CPA surveillance inspection one-day visit in October 2007, it is expected that full accreditation status will be achieved in 2008.

There was an increase of 2.9% in the number of surgical blocks processed with a 1% decrease in the surgical case workload for 2007. There was an increase of 5.8% in the number of Post Mortem blocks processed in 2007.

The plan for implementation of an In Situ Hybridization service for Her 2 testing is progressing pending refurbishment of the space allocated for this service.

## Ongoing research:

Evaluation of Silver In Situ Hybridization (SISH) in breast carcinoma. Grainne Drew, project for MSc in Biomedical Science.

## HAEMATOLOGY

A new reception area was installed in the Haematology Laboratory improving the processing of samples and speeding up the availability of results.

EQA performance during 2007 for blood counts, blood films, haemoglobinopathies and coagulation continue to be excellent.

The nurse-led Anticoagulant Clinic continues to accept more and more warfarin patients. The Wednesday warfarin clinic therefore continues to process less and less patients and it is hoped to stop this clinic during the summer of 2008. The Mater Foundation supplied a new Stago coagulometer for use in the Anticoagulant Clinic and this will speed up the processing of patients.

In September Mr Noel Stratton, Senior Medical Scientist in Haematology, completed his course of study and was awarded an MSc in Molecular Pathology.

Numbers of Haematology tests processed during 2007 rose by approximately 8% from 347,683 in 2006 to 374,985 in 2007.

## BLOOD TRANSFUSION

The transfusion department continues to work towards compliance with the EU blood directive and organised a major educational project in November regarding compliance and the use of traceability labels.



Conditional CPA approval has been awarded pending an infrastructural upgrade to laboratory facilities. The department has applied to INAB for ISO accreditation.

## ■ MICROBIOLOGY

Microbiology received approximately 110,000 samples last year. This service includes all aspects of microbiology from culture and identification, TB, parasitology, mycology and diagnostic molecular techniques.

### Quality and Accreditation

Microbiology holds full CPA accreditation since August 2007. A number of audits were carried out. All areas in Microbiology participating in NEQAS are performing above average

### Training and Education

Two members of staff completed MScs and another member is in the final year at present. Two members of staff attended NEQAS Parasitology course in June. One member of staff completed a Quality Systems Management course.

### Service Developments

The Quantiferon Assay (TB Serology) was implemented in March. Test performed fortnightly.

Molecular typing of *Mycobacterium tuberculosis*.

Tobramycin assay introduced in response to a clinical need in the HLTW.

Internal Quality Control performed on a daily basis and recorded on the LIS





## SUB-SPECIALITIES

- Mammography
- Computerised Tomography
- Magnetic Resonance Imaging
- PET CT Imaging
- Ultrasound Imaging
- DEXA Bone Densitometry
- Interventional Radiology
- Nuclear Medicine Imaging
- Fluoroscopy Imaging
- Plain film Imaging

The Division of Radiology comprises a multidisciplinary team of radiologists, radiographers, nursing, medical physicists, administration and support staff. In 2007, we delivered 148,000 radiological procedures to our five main referral groups; inpatients, A & E, outpatients, GP patients and external hospitals.

The demand for radiologic services continues to increase, and the overall figure increased in 2007 by 3%. 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 7%, but the increase in complex interventional procedures being performed is in the order of 12-15%.

Activity increase and service developments have been achieved despite the ongoing staffing constraints in all sub-specialities and the substandard infrastructure of the main x-ray department.

## DEVELOPMENTS

### ■ PACS/RIS

Picture Archive and Communication Systems (PACS) store, manage and display a patient's images electronically, when integrated with Radiology Information System (RIS) and speech recognition facilities, the resulting solution provides the required functionality to significantly re-engineer and improve the radiology imaging service. The department has sought this development for a number of years.

In August 2007 the Health Service Executive (HSE) formally initiated the National Integrated Medical Imaging System (NIMIS) project. The scope of this project is to deliver PACS/RIS Systems to 30 acute hospitals within a 30-month period. It is planned to

select a vendor in the fourth quarter of 2008 with first system install in second quarter of 2009.

### ■ COMPUTERISED TOMOGRAPHY (CT) DEPARTMENT

CT referral rate continues to grow by 8% year on year. Despite the growing pressures on the single scanner unit, we introduced discharge patient and lung biopsy initiatives in association with the MED. July 2007 saw the introduction of a thrombolysis service for the management of acute ischaemic stroke. Through close co-operation between the radiology CT department, the emergency department and the stroke neurology team we have developed a standardised thrombolysis care pathway to expedite assessment and treatment of appropriate patients in a safe and timely manner.

A priority for the year remained the acquisition of a second staffed CT scanner. Numerous submissions have been made for this, and we at last received a positive response in late 2007. A second staffed CT will be funded by HSE in 2008. Due to space restrictions in the main department; a CT Unit will be situated in the proposed expanded A & E department. We envisage that this will be installed and operational by early 2009. We continue to maintain our current waiting list by outsourcing 40 CT patients per week.

### ■ MAGNETIC RESONANCE IMAGING (MRI) DEPARTMENT

There was a 25% increase in referrals to MRI in 2007. To alleviate the inpatient waiting time of 3.7 days in 2006, we introduced an extended day in MRI four days per week; this allowed us to scan extra inpatients in the core hours where support by other clinical staff is available. Radiographers undertake evening sessions to perform outpatient scanning. This initiative has proved to be very successful with average inpatient waiting time reduced to 2.08 days by the end of 2007. Unfortunately the high rate of referral for outpatients has resulted in an extensive outpatient waiting list in this specialty, consideration of outsourcing a percentage of these referrals will be discussed in 2008.

Since performing the first MRI guided breast biopsy in Ireland in October 2007, The Mater Misericordiae University Hospital remains the only centre offering this advanced technology to patients within Ireland.



Breast MRI has an ever expanding role in screening patients at high-risk from breast cancer and also in the work-up of patients with a new diagnosis of breast carcinoma. It is imperative that tissue sampling of lesions identified on MRI alone can be performed and the establishment of the MRI guided breast biopsy service means we now have the potential to further expand our diagnostic breast MRI service.

## ■ MAMMOGRAPHY UNIT

Installation of a Digital Mammography/Sterotactic unit was completed in August 2007. This project included the installation of a digital reporting and archiving system, which is integrated to Hospital Information system (HIS). Further technical development is ongoing but we hope to have all mammography images available on Patient Centre in early 2008.

Rates of referral to mammogram unit grew by 23% in 2007; this is reflective of HSE policy to ensure that all breast patient referrals are to centres of excellence. Despite this increase in referral no additional staff or funding have been available to the unit.

To avert a crisis situation in November 2007, the unit staff, radiologists, radiographers, nursing and administration organised extra clinics in the evenings to reduce the waiting times for urgent breast assessment.

## ■ NUCLEAR MEDICINE DEPARTMENT

In 2007 the Nuclear Medicine Department, in co-ordination with the medical physics, pharmacy, oncology and haematology departments performed its first treatment for B cell non-Hodgkin's Lymphoma, using Yttrium-90 labelled Zevalin<sup>TM</sup>. Throughout the rest of the year we continued to successfully perform 3 other such treatments referred from Beaumont and James Connolly Hospital.

The department also purchased the Hermes<sup>TM</sup> Nuclear Medicine workstation and software, which has significantly enhanced diagnosis through radio-tracer uptake quantification and image fusion (nuclear medicine images fused with CT or plain radiographs). The Hermes system, which is recognised as best of breed in nuclear medicine analysis software, was installed in October. This package

offers the latest developments in image analysis tools for the more common examinations such as Reno gram and lung analysis as well as providing new cutting-edge analysis tools such as image fusion and quantitative analysis of reconstructed tomographic Ceretec and DATScan brain studies

Nuclear cardiology continues to develop and expand, with a 21% increase in the number of myocardial perfusion SPECTs being performed with referrals from as far as Letterkenny General Hospital. The radiology department was also pleased to include nuclear medicine in its extended variety of imaging modalities to be easily displayed on the Patient Centre system.

A rapid access, same day imaging system was introduced for referrals from casualty and the orthopaedic fracture clinic for patients with suspected fractures but equivocal radiographs.

## ■ INTERVENTIONAL RADIOLOGY

2007 saw continued growth and expansion in interventional radiology vascular and non-vascular services. The emergency thoracic stenting programme continued and a multidisciplinary conference for thoracic aortic disease was initiated. We continued to develop our gynaecologic, oncologic and palliative therapy services with their specialist services. An outpatient clinic was introduced for complex interventional procedures, vascular malformations and gynaecologic assessment and follow up.

The end of 2007 saw an introduction of a business continuity plan for the interventional suite, which built on the teamwork of the department and hospital and was delivered with success for patient care. Through discussion and review, plans were designed and put in place for state-of-the art upgrades of the interventional suite, barium suite and radiology nurses station.

In 2007 we gave invited lectures at MMUH grand rounds on cardiac CT, the Cardiovascular and Interventional Society of Europe (CIRSE) on peripheral CTA and MRA, and the RCSI. We published a book chapter in Shackelford's Surgery 2007 on splenic artery interventions. We published scientific papers in Nature Medicine and the Journal of Urology. We presented grand rounds at the MMUH on cardiac imaging. We presented at the RCSI spring and annual scientific meetings (Dublin),



Cardiovascular and Interventional Society of Europe (CIRSE Athens), Irish Cardiac Society (Belfast), Royal Academy of Medicine in Ireland for Surgery and Obstetrics/Gynaecology, RSNA (Chicago). Academic awards were received by the Interventional Section of the department from the Radiological Society of North America (RSNA).

The Mater hospital interventional service was invited onto the scientific committee and interventional subcommittees of the Faculty of Radiology, RCSI and served in an advisory capacity to the vascular section of the European Congress of Radiology (ECR). Dr Lawler was elected secretary of the Irish Society of Interventional Radiology.

## EQUIPMENT MANAGEMENT IN RADIOLOGY

The department acquired a new medical equipment management system during the year called ECRI-AIMS. The web-based system, when fully established, will provide a full inventory of all clinical equipment within the department. More importantly, it will allow those involved to manage all of the actions associated with any item of equipment: from purchase to removal from service. This work will continue into the New Year with a view to establishing a web-based management tool that will record and manage the status of our clinical equipment.

## EQUIPMENT UPGRADE/REPLACEMENT

Funding was secured from HSE in late 2007 to replace the Interventional and Fluoroscopy Suites; we look forward to expanding our services in these areas post installation in early 2008.

We are once again indebted to the Mater Foundation who not only provided the funding for the Digital Mammography unit, but also made capital available to allow us to replace two mobile image intensifiers (Orthopaedic Theatre and Pain Clinic) and upgrade one of our ultrasound units.

## INSTITUTE OF RADIOLOGICAL SCIENCES

Four students completed and successfully passed the MSc Examination in Radiological Sciences. The following theses were submitted:

- Dr Suzanne Shine: The Role of Magnetic Resonance Imaging in arrhythmogenic Right Ventricular Dysplasia.

- Dr Cormac Farrelly: Measuring Tumour Response to Therapy: What is the best PET derived Measurement Parameter?
- Dr Jennifer Kerr: Whole Body Magnetic Resonance Imaging compared with Skeletal Scintigraphy for the Detection of Skeletal Metastases - A Cost-Effective Analysis.
- Dr Alan O'Hare: The Incidence of Bacteraemia post CT Colonography.

## MEDICAL PHYSICS DEPARTMENT

### PACS / IT

Throughout the year, Medical Physics has been involved in many projects that have both improved the IT infrastructure in the department and helped to optimise workflow procedures. Some of the main projects include:

1. Digital Mammography - GE Centricity: Physics
2. Nuclear Medicine – Hermes
3. Equipment management - ECRI AIMS
4. Angiography and Fluoroscopy archiving solution
5. Replacement of Room 6 workstations

### Positron Emission Tomography

This year some members of the medical physics team got the chance to spend a number of days each in the new PET/CT facility in our hospital. Although the Mater Private physics team manage this facility, we have the opportunity to benefit the University hospital by learning new theoretical and practical skills for staff at MMUH. This concept was considered central to the public-private partnership arrangements. Ms S Maguire, physicist, MPH, facilitated this training. We aim to have education sessions on PET next year.

### External Services

Supported by our Chief Executive, we negotiated an arrangement whereby MMUH will externally manage the medical physics service at Beacon Hospital. As part of the arrangement, a senior grade physicist, scientifically managed from the Mater, is employed at the Beacon Hospital. Income from external services is used to fund employment of supernumerary basic grade physicists in training.

External services are now provided to The Beacon Hospital in Sandyford, Mount Carmel Hospital and



Charter Medical, and discussion is underway to provide and external services to The Coombe hospital.

## AWARDS

Dr Lynn Gaynor was awarded her PhD by University College, Dublin.

*"Dose Optimization in Whole Body Low Dose Multidetector CT (MDCT) in the Staging of Multiple Myeloma"*

T Gleeson, B. Byrne, P Kenny, S Eustace, received the 2007 Executive Council Award in the ARRS annual Residents in Radiology Awards competition. ARRS Annual meeting, Orlando, Florida, May 8th, 2007.

Poster Prize Medal – Faculty of Radiologists, RCSI Spring Meeting 2007:

Acute Thoracic Syndromes, J Moriarty, LP Lawler

## SELECTED PRESENTATIONS

### Radiologic Society of North America, 2007

- Gleeson TG, Moriarty J, Shortt C, Byrne B, Kenny P, O'Connell M, O'Gorman P, Fitzpatrick P, Eustace SJ.  
To Assess the Diagnostic Accuracy of Whole Body Low Dose CT (WBCT) When Compared to Skeletal Survey.  
SSA20-04 Musculoskeletal (Whole-body Imaging Applications)
- McMahon PJ, Kennedy AM, Murphy D, Maher M, McNicholas MM.  
A Prostate Volume Algorithm based on Actual Prostate Shape Significantly Improves Trans-Rectal Ultrasound Volume Estimation.
- Arbitration and Consensus in a National Breast Screening Program: Does the End Result Justify the Means? Shaw C, Fenlon H, Flanagan F, McNicholas MM.

### RCSI Radiology, Scientific Meeting, 2007 Spring

- Acute Thoracic Syndromes- J Moriarty, LP Lawler (Poster Medal Prize).
- 3DCT of VAD (Poster). N Hambly, LP Lawler
- Dual Tube Cardiac CT (Poster). C Shortt, LP Lawler
- 3DCT of Maxillofacial and Mandible Fractures (Poster). C Shaw, LP Lawler

### CIRSE September, 2007, Athens Greece

- Dual Source CT Angiography (Poster), Moriarty J, Lawler LP

### RCSI Annual Scientific Meeting Sept 2007.

- 279-S-2 Endovascular Stent Grafts for Aortic Pathology-A single institution experience. Scientific Presentation. Scanlon T, Lawler LP.
- 279-S-10. New Frontiers in Complex Congenital Heart Disease: 3D Dual Source Cardiac CT (DSCT) as a Decision Making Tool in Percutaneous Pulmonary Valve and Arterial and Venous Stent Placement. Retrospective Multi-institutional Study. Scientific Presentation. Moriarty JM, MacMahon C, Walsh K, Lawler LP
- Diagnosis and Management of Iatrogenic Pseudoaneurysm: A Single Institution Experience-Retrospective study. Scientific Presentation. Long N, Lawler LP.
- The IVC-Diagnostic Imaging and Interventional Therapies-Display 10-Poster. Shaw CM, Moriarty JM, Murphy DT, Lawler LP.
- Dual Source coronary CT angiography-Insights into limits, artifacts and potential solutions to improve image quality and reproducibility. Poster exhibit. Shine S, Lawler LP.
- Interventional Techniques: Novel Diagnostic and Therapeutic Approaches to Old and Complex Problems in the Biliary and Urinary Systems. Poster exhibit. Murphy DT, Moriarty JM, Shaw C, Lawler LP.

### 58th AGM Irish Cardiac Society. ICCA Session. Oct 2007.

- New Frontiers in Complex Congenital Heart Disease: 3D Dual Source Cardiac CT (DSCT) as a Decision Making Tool in Percutaneous Pulmonary Valve and Arterial and Venous Stent Placement. Retrospective Multi-institutional Study. Scientific Presentation. Moriarty JM, MacMahon C, Walsh K, Lawler LP

### Royal Academy of Medicine in Ireland. November 2007 Section of Surgery.

- Clinical Case Presentation. Caecal Volvulus as a Complication of Gastric Banding. CL Donohoe,



LP Lawler, PR O Connell, AE Brannigan.

- Clinical Case Presentation. Treatment of Aortobronchial Fistula by Thoracic Aorta Debranching and Stenting. A Kinsella, C McDonnell, M Redmond, LP Lawler, M O Donohoe.
- Clinical Case Presentation. Treatment of Aortobronchial Fistula by Thoracic Aorta Debranching and Stenting. A Kinsella, C McDonnell, M Redmond, LP Lawler, M O'Donohoe. (Case presentation registrar's prize).

## **Radiological Society of North America Annual Scientific Meeting, RSNA 2007. Scientific Posters.**

- LL-MI4502. Steps in the Drug Discovery Process: The Role of Medical Imaging in the 'Omics' Era. Lawler LP, Carbonell T.
- LL-CA2544, P728. 3D DS Cardiac MDCT of Percutaneous Pulmonary Valve and Arterial and Venous Stent Placement: Data Acquisition, Reconstruction and Image Interpretation with Angiographic Correlation. Moriarty JM, Scanlon TG, Margey RJ, Walsh KP, Murray JG, Lawler LP.
- LL-CA2563. P731. Dual Source Coronary CT Angiography: Insights into limitations, artifacts and potential solutions to improve image quality and reproducibility. Shine S, Lawler LP.
- LL-GI6601. P794. Three Dimensional MDCT Assessment of Abdominal Wall Defects: A Vital Role in Laparoscopic Hernia Repair. Shaw S, Brannigan A, Lawler LP.
- LL-UR3102. P819. Retroperitoneal Fibrosis: A Diagnostic Chameleon and Interventional Challenge. Moriarty JM, Shine SC, Murphy DT, Scheel Jr, PJ, Lawler LP.
- LL-MI4502. Steps in the Drug Discovery Process: The Role of Medical Imaging in the 'Omics' Era. Lawler LP, Carbonell T. (Travel Award).
- LL-VI6810. 3D MDCT Cholangiography(MDCT-C) and Novel Interventional Techniques: New

Approaches to Old and Complex Problems in the Biliary System. Murphy DT, Moriarty JM, Shaw C, Lawler LP.

## **JOGS. November 23, 2007 Section of Obstetrics Gynecology.**

- Uterine Fibroid Embolisation-Single Irish Institution Early Experience.(Poster) Boyd B, Gaughan B, Lawler LP.

## **Association of Physical Scientists in Medicine (APSM) Annual Scientific Meeting, Dublin, 11th May 2007**

- Development of a radio-pharmacy management software package. Rowan, M. Kenny, P. Lewis, M.
- Audit of MRI scanners using the ACR MRI phantom (Poster). Martin Z, Lewis M, Kenny P, Egan P, Byrne B, Martin-Rodriguez Z, Kenny P
- Development of a semi-automated method for differentiating breast lesions in diagnostic ultrasound images. D Costello, G Egan, A O'Connell, JE Browne,

## **UK Radiological Congress, Manchester, June 2007**

- Audit of various MRI scanners using the ACR MRI phantom. Egan P B, Kenny P A







Nursing at the Mater Misericordiae University Hospital focuses on patients and on the delivery of the highest quality patient care. We play a key role at all stages of the continuum of care and our contribution is crucial to quality care and treatment. At the same time the context of service delivery is changing. Nurses, as part of the multidisciplinary team, face many new challenges and nursing needs to be positioned to influence and meet these challenges.

We are committed to the following principles – compassion, empathy, equity and advocacy for patients. These underpin all aspects of our care and will continue to provide the basic beliefs that guide nurses as they respond to the needs of the patients and their families.

## SPECIALIST POST REGISTRATION NURSING EDUCATION IN PARTNERSHIP WITH UCD

### Postgraduate Diplomas

- Intensive Care Nursing – 1 College year 20
- Coronary Care Nursing – 1 College year 16
- Oncology Nursing – 1 College year 45
- Emergency Nursing – 1 College year 18
- Diabetes Nursing – 1 College year 12
- Gastro-Intestinal Nursing – 1 College year 13
- Perioperative Nursing – 1 College year 6

### Hospital Clinical Professional Development Courses

- Intensive Care Nursing (2 courses of 6 months) 16
- Peri-operative Nursing Course 7
- Oncology Nursing Course (2 courses of 5 months) 6
- Renal Nursing Course 4
- Spinal Nursing Course 2

### Continuing Professional Nursing Education/Training and In-Service Education

The provision of practice based education and training that is relevant, flexible and able to meet the needs of service continued to be the central focus of the Centre for Nurse Education.

Among the courses provided were:

- Staff Orientation: Day 1 (of 7 day programme) 299
- Medication Management and Administration of Intravenous Medications for Registered Nurses 241

- Nursing Care Essentials 1 186
- Haemovigilance Study Day 188
- Nursing Care Essentials 2 182
- An Bord Altranais and Scope of Practice for Nursing 200
- Hospital and Nursing Information Systems Programme (HIS) 184
- Manual Handling 188
- Cardiopulmonary Resuscitation – CPR 183
- Leading an Empowered Organisation (LEO) Programme 122
- Health Care Records on Trial Training (MMUH staff = 74) 105
- Student Support & Supervision – Preceptorship 244
- Feedback Skills Programme 39
- Return to Nursing Practice Course (Held twice a year) 23
- The Positioning and Handling of the Respiratory & Neurological Patient 25
- Professional Development Portfolios 10
- CPAP 42
- Bioethics Course for those involved in Healthcare 58
- In-service Training for Registered Nurses in relation to the Healthcare Support Certificate Programme 49
- Healthcare Support Certificate Course – FETAC Level 5 20
- Healthcare Support Certificate Course FETAC Level 5 (Patient Care Module) 22
- Health Informatics Training System (HITS) Course 47 Registered and 9 sat Examination

## KEY EVENTS

Anne Carrigy, Director of Nursing & Corporate Affairs Manager was conferred as an Adjunct Lecturer (UCD) in June. This honorary post runs from 1st September 2007 to 31st August 2010.

Anne Carrigy was re-elected to the Board of An Bord Altranais in September 2007 and re-appointed President, An Bord Altranais on 22nd November 2007.



Ms. Hilda Dowler, CNM3, Occupational Health Department won 1st prize in the Institution of Occupational Safety & Health Sciences Group Student Research Competition.

## RETIREMENTS

Mrs. Biddy Duffy, Night Superintendent – March 2007

Mrs. Joan O'Connor, Nurses Residence Supervisor – July 2007

Ms. Marie O'Sullivan, Staff Nurse ITU – April 2007

**The Mater Misericordiae University Hospital Annual Nursing Conference (Incorporating the Venerable Catherine McAuley Memorial Lecture)** – “Clinical Practice - The Essence of Nursing - Enhancing the Vision” was held on 12th July 2007. Ms. M. McCarthy, the Chief Nursing Officer, Department of Health & Children, opened the conference.

Dr. Anne Marie Ryan, Chief Education Officer, An Bord Altranais, delivered the Venerable Catherine McAuley Memorial Lecture. 155 people attended.

The Centre for Nurse Education was awarded the Further Education and Training Awards Council (FETAC) Quality Assurance Agreement on 13th November 2007 at a ceremony in Clontarf Castle.

The centre is now registered to offer programmes leading to FETAC awards.

## KEY ACHIEVEMENTS

### THE MARGARET HARROLD MEMORIAL PRIZE 2007

For Courtesy, Efficiency, Loyalty & Devotion to Duty was awarded to Ms. Grainne Sheehan, Staff Nurse, St. Gabriel's Ward.

### THE MOTHER CATHERINE MCAULEY PRIZE 2007

For Efficiency in Theatre Technique was awarded to Ms. Lorna Buckley, CNM2, Anaesthetics & Recovery.

*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, who as part of multidisciplinary teams enabled the Mater Misericordiae University Hospital to deliver high quality care to all our patients.*

Thank you.

**Anne Carrigy**  
Director of Nursing & Corporate Affairs Manager





The allied health professions (AHPs) are a group of health and social care professionals who are clinically trained and 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 & language therapy.

## CLINICAL ACTIVITY

The year 2007 saw an overall increase in activity in speech & language therapy (13%), physiotherapy (14%) and clinical nutrition & dietetics (19%).

## SERVICE DEVELOPMENTS

The Medical Social Work department worked with the HSE in co-ordinating a pilot study on the use of the new assessment forms for "Fair Deal".

All departments were actively involved in reconfiguring services to meet the organisational goals by deploying staff to work with emergency department patients and medical rehabilitation patients to expedite the patient journey through the acute hospital system.

In partnership with PCCC Area 6 (Dublin West) and Area 7 (Dublin North Central), AHPs worked to place patients requiring long term care in the appropriate facility and discharged others to their own homes with the support of the home care packages.

The three therapy professions have also been planning for integration of services underpinned by the Transformation Programme. This has involved standardisation of treatment protocols and training in areas such as the management of dysphagia cases. The managers have also participated in the development of the primary care centres located in the Mater Hospital catchment area.

## TRAINING AND EDUCATION

In addition to being a clinical centre for undergraduate practice education placements, most departments also offered placements for postgraduate students.

The Pharmacy Department in the Mater Hospital is a nationally accredited site for MSc in Pharmacy for Trinity College Dublin, Queen's University in Belfast and Derby University in the UK.

Post-registration courses were also organised for staff members and one notable course was the Lee Silverman Voice Therapy Programme (LSVT) for Parkinson's disease. Others were sponsored to attend weekend courses and / or pursue postgraduate degree programmes.

## RESEARCH

Research was undertaken in the following areas:

### MEDICAL SOCIAL WORK

- A large-scale research project looked at the tasks, skills and knowledge used by social workers in a medical setting and the findings were presented to the National Social Work Qualifications Board in December 2007.

### PHARMACY

- The design of care plans for the management of osteoporosis in Mater Misericordiae University Hospital and an audit of once weekly bisphosphonate administration. Louise Fitzsimons. (Pre-registration project, 2007)
- An audit of the use of digoxin in the Mater Misericordiae University Hospital and the development of a digoxin dosing protocol. Deirdre Healy. (Pre-registration project, 2007)
- An audit of preoperative medication administration in elective surgical patients in the Mater Misericordiae University Hospital. Ellis Crimmins. (MSc Project, 2007)
- An audit of the treatment of venous thromboembolism in the Mater Misericordiae University Hospital. Ruth McGrath. (MSc Project, 2007)

### PHYSIOTHERAPY

- Getting the balance right: an evaluation of physiotherapy and exercise interventions for people with multiple sclerosis in Ireland. Dr Susan Coote, Ms. Anne-Marie Keown, MMUH. University of Limerick, PhD.
- A randomised controlled trial evaluating the clinical and cost effectiveness of the addition of manual therapy to exercise therapy for hip osteoarthritis. Helen French and Breon White



MMUH. Royal College Of Surgeons Ireland, PhD.

- A randomised controlled trial of family mediated exercises following stroke. Dr Tara Cusack. Miss Orla Friel, MMUH. University College Dublin, PhD.
- A single blind randomised controlled trial exploring the effectiveness of a walking programme and a supervised general exercise programme versus usual physiotherapy for chronic low back pain. Dr. Deirdre Herlighy. University College Dublin, PhD.

## ■ SPEECH & LANGUAGE THERAPY

- Vocal tremor in Parkinson's disease patients – PhD level
- Neuro-linguistic assessment of two cases of progressive non-fluent Aphasia (paper for publication)
- Neuro-linguistic assessment of two cases of Primary Progressive Aphasia (paper for publication)
- Vocal trismus post head and neck cancer surgery & radiotherapy
- Dysphagia post anterior cervical spine decompression and fusion (acdf) incidence and clinical risks

## CONFERENCE PRESENTATION

Clinical Nutrition and Dietetics

“Challenging the evidence on nutrition in wound care” by Barbara Gillman at the National Wound Management Association of Ireland conference, Oct 2007.

**Grace Cooke**  
**Head of Clinical Services**



As Head of Operations and Clinical Support, Ms. Phil O'Neill is responsible for:

- 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
- Provision of staff training on FOI legislation, access to information, confidentiality, documenting in records and record retention periods.
- Continue to develop internal communication pathways.
- Revision of Patient Information Booklet.
- Staff guidelines published on how to respond to written complaints.
- Introduction of Part 9 of the Health Act – complaints handling.
- Revision and alignment of the hospital's complaints policy WHP004 with the HSE's Guidelines on Handling and Managing of Complaints.
- Development of shared drive – Visual Source Safe.
- Continue to develop whole hospital policies using the policy formation pathway.
- Development of templates for letters, memos, faxes, minutes, agendas and guidelines for meetings.

## OVERVIEW 2007

- Ms. Phil O'Neill was honoured with a 'Lifetime Achievement Award' at the Customer Services Awards Ireland 2007. The Patient Services Department was awarded a highly commended certificate under the category 'Customer Service Team Complaints Team of the Year'.
- Complaints management presentation given at induction to all new staff.
- MaterNews issued as bi-monthly publication.
- Community information meetings organised.
- One inpatient, one outpatient and two Emergency Department surveys were carried out.
- Development of comprehensive complaints trend analysis reporting.
- Development and delivery of an awareness session to staff on effective local resolution of complaints management.
- Complete roll-out of central dictation system.
- Commence document imaging of medical records case notes.
- Roll-out Patient Centre to outpatient registration.
- Roll-out pilot discharge audit on the Hospital Information System.



# Operations and Clinical Support

The Patient Care Committee addresses all issues pertaining to patient care in the context of the hospital's Vision, Mission and Ethos. It focuses on the areas of communications, human resources, nursing developments, quality & accreditation, risk management, training and development and mission effectiveness.

Highlights in 2007 for patient care included the launching of the "Hospice Friendly Hospitals Programme" and the "Hospital in the Home" programme while challenges included the decrease in funding for home care packages and long-term care.

The Patient Care Committee met on four occasions and reviewed proposals on signage improvements and timed and numbered appointments in the Outpatient Department. Patient survey reports were analysed and recommendations advised. Staff

guidelines for responding to written complaints and the local resolution complaints handling presentation were both approved.

The hospital's complaints process expanded to comply with the new HSE complaints policy. Two complaints were reviewed by the committee and subsequently forwarded to the Ombudsman's Office in line with hospital procedure. In conclusion, the Ombudsman's Office commended the hospital's management of these complaints.

The Mission Effectiveness Programme; the Medical Ethics course for staff; the Mission Awareness Week and the Mercy Day conference once again proved very successful in 2007.

**Sr Margherita Rock**  
Chairperson, Patient Care Committee





Once again the priority for the Non-Clinical Support Services Department focused on the twin aims of improved and developed hygiene standards and continued emphasis on improvement in the environment of the hospital.

With regard to hygiene standards a separate report is included in this publication.

The objective of the department is to provide, organise and deliver effective and high quality support services throughout the hospital in line with accepted modern and contemporary practices and standards.

## DEVELOPMENTS

The Projects Office has worked with the Mater Campus Hospital Development Team (MCHD) throughout 2007 and Mr. John Browne, Technical Services Manager has worked diligently to ensure that the utilities/services in the new developed hospital are to a standard and quality suitable for our needs.

He also ensured that the interim arrangements being put in place by MCHD during the development phase included adequate and acceptable contingencies and standby arrangements in relation to power, light, heat, medical gases etc.

At the end of 2007 with the former nurses residence building semi-demolished it is anticipated that work on the main site i.e. site excavation and piling will commence in May 2008.

Other developments managed by the Projects Office throughout 2007 included:

- The relocation of the Child Guidance Department to a new facility on James Joyce Street with work on the building commencing in the October 2007. Due for completion by mid 2008.
- Work commenced in May 2007 on the provision of the upgraded National Isolation facilities at St. Bernard's Ward.
- The Neurological Institute at 57 Eccles Street was completed and great credit is due to Dr. Tim Lynch who has spearheaded both the fundraising and development of this fine facility.

Through representation to the HSE we were also able to obtain a grant of €1 million from the exchequer for this project.

- Work commenced to the upgrade to the hospital's water system and the Health Service Executive (HSE) funded Phase 1 of this project at a cost of €3 million. Subsequent phases to this work are currently being tendered and a total close to €12 million has been set aside by the HSE for the completion of this work.
- Other major capital developments funded by the HSE in 2007 included the upgrade to the neurophysiology unit, mortuary, upgrade of catering facilities, funding for the provision of an elderly day care centre (vacated convent), 4 additional high dependency unit beds and funding for the development of the Lung Health Centre at 56 Eccles Street.
- The HSE also recognised that facilities in the Emergency Department are not 'fit for purpose' and have indicated that funding of up to €4 million will be available to develop interim facilities in the Emergency Department including the provision of an additional CT scan unit. The development of these interim facilities is facilitated by the relocation of the outpatients' clinics to the Mater Clinics in Dorset Street.
- A fire safety report in the 'old' part of the Hospital was commissioned in 2007. Michael Slattery Associates initiated that review and will provide a report in early 2008.

## ■ TECHNICAL SERVICES DEPARTMENT

A number of projects were carried out during the period 2007

- Purchased and installed maintenance management software package.
- Completed upgrade works to X-Ray sub-station.
- Transferred critical electrical loads to X-Ray sub-station.
- Replaced fixed ZXO switchgear in courtyard with drawable switchgear as identified.
- Ensured all outstanding issues with courtyard sub-station were addressed.





- Installed and commissioned new coding system for St. Laurence's Ward.
- Carried out refurbishment works on the main kitchen and staff restaurant as agreed with the environmental health officer.
- Installed, commissioned and tested three new L.V. generators located adjacent to each sub-station.
- Installed, commissioned and tested new medical air plant, vacuum plant and medical gas plant.
- Refurbished and upgraded laboratory lift to complete the lift upgrade program.
- Identified problem with main hospital sewer which collapsed under the A&E Department and carried out temporary repair.
- Installed access control system in all ward areas of Phase 1A.
- Received approval to proceed with Phase 1 of the Main Water Project. Completed design and started works program in September 2008.
- Extended the building management system in the hospital.

Carried out the following refurbishment works to improve hygiene compliance and accreditation:

- St. Agnes Ward: Upgraded national spinal ward/ toilet and shower area.
- Painted and decorated X-Ray and installed dirty utility.
- Carried out upgrade works to St. Raphael's Ward.
- Refurbished works carried out in St. Aloysius Ward as agreed with the department.
- Carried out refurbished works in the main theatres.
- Installed staff change area in CSSD as identified in the de-contamination report.
- Identified and removed asbestos from the following areas:
  - 1. CSSD
  - 2. West Wing Plant Room
  - 3. Auditorium Plant Room
  - 4. Corridor adjacent to auditorium

## ■ CATERING DEPARTMENT

The Mater Hospital Catering Department will continue to provide strategies to ensure that the hospital/department keeps abreast of legislative requirements and service quality expectations. The department continues to deliver and enhance a quality patient service and a programme of improvement works to the patient production facility is on going.

The catering team is participating in various team based performance initiatives aimed at improving menu choice for patients. These initiatives have prioritised more inclusive, patient friendly menu development projects with particular emphasis on special diets.

## ■ PRODUCTION FACILITY

The hospital secured capital funding from the HSE for the upgrading of the current patient production cook chill facility. In 2007 the hospital purchased 40 new temperature controlled food distribution trolleys. Also, the temperature controlled food holding areas in the main production unit are undergoing upgrade. 40% of this project is complete with the next phase of the project due to begin in May 2008. The project includes:

- Extra-refrigerated holding space/upgrade of existing refrigerated storage space for the cook chill facility.
- The purchase of new compressor units, back up units and the insulated upgrade of existing storage facilities.
- Re-vamp of dishwasher facility.
- New extraction system and upgrade of current cold storage area for the restaurant production area.



The Information Management Services Department in 58 Eccles Street has enjoyed a busy and eventful year. The department continues to provide an information and technology environment to support all staff, in their use of information technology. Much time is dedicated to ensuring that the impact and potential of technological developments are realised and maintained in the systems used.

In particular, 2007 saw the launch of a new and modern version of the Hospital Information System, PatientCentre. With the capacity to deliver a fully electronic patient record (epr), it is the hospital's intention to extend its use beyond the Emergency Department and throughout all ward areas.

### CURRENT DEVELOPMENT PROJECTS

- **Electronic Patient Record:** The continuous development and implementation of the new version of the Hospital Information System – PatientCentre - into all ward areas.
- **Business Continuity Planning:** The upgrade of the hospital's firewall infrastructure as well as the commissioning of a disaster recovery room to ensure full services are continually available, and ensure that in the event of a disaster, system downtime is kept to an absolute minimum.
- **Access to Government Virtual Private Networks (VPN):** Established a presence on the Government VPN in order to enable access to services for some national projects, e.g. StarsWeb (Clinical Indemnity Scheme), Computerised Infectious Diseases Reporting System (CIDR) and the National HepC database.
- **Training:** The development of a Microsoft Office Specialist (MOS) certified training programme, which is easy for staff to access and appropriate to their needs.
- **Internet Protocol (IP) Telephony:** Installed and commissioned IP telephony for the IMS department and many new buildings including the Centre for Nurse Education as part of the decanting and enabling works for the new development.
- **INIS:** The ongoing implementation of the Integrated Nursing Information System.

### PRESENTATIONS

Healthcare Informatics Society of Ireland 12th Annual Conference and Scientific Symposium, Dublin. 22nd November 2007.

- **Development of an Electronic Nursing Discharge Summary:** Improving Nurse-to-Nurse Communication. Suzanne Brown (CNM2).
- **Mater Misericordiae University Hospital, Annual Nursing Conference,** 12th July 2007.
- **Workforce Planning for Quality Clinical Practice using Information, Communication and Technology Systems (ICT).** Fridolin Kerr (CNM2).

### HEALTHLINK

Healthlink Online provides electronic message delivery between primary and secondary care in the Mater catchment area and throughout Ireland.

Healthlink currently services 1,198 GPs nationally. It has delivered over 5 million clinical messages since it went online in 2003.

The Mater Hospital delivers the following outbound messages to the GPs:

- Lab result
- Radiology result
- Death notification
- Discharge summary
- Discharge notification
- OPD appointment update
- Waiting list notification
- A&E attendance

The Mater Hospital delivers the following inbound messages to the GPs:

- Lab order

The Mater Hospital is the first in the country to receive lab orders inbound, electronically. Due to the success with this project in the Mater, St. James Hospital is now working with Healthlink to enable lab-ordering services to their GPs.

Healthlink are working with other hospitals to deliver neurology referral services from GPs and also to send GPs out of hours discharge summary messages. We hope to offer these services to the Mater Hospital and their GPs soon.

The National Healthlink Project worked with the St. Vincent's Neurology Department to improve their service provision for which they won a HSE Innovation Award this year.





Throughout 2007 postgraduate medical education continued to play a centre-stage role in the Mater Misericordiae University Hospital. During the year the UCD School of Medicine and Medical Science signed an historic agreement with the MMUH and St Vincent's University to form Ireland's first academic medical centre – Dublin Academic Health Care (DAHC). This is an excellent opportunity for us to forge stronger links and partnerships with UCD School of Health Science and St. Vincent's University.

The scale and coordination of activities afforded by the establishment of DAHC, will contribute to the realisation of national policy objectives pertaining to healthcare delivery, undergraduate & postgraduate medical education and biotechnology research & development.

At the launch of the DAHC Prof Bill Powderly, Head of the Medical School stated 'This new venture will enhance medical education through all stages by combining the current responsibility of the medical school for undergraduate training with more coordinated training of doctors at the graduate level'.

## EDUCATION PROGRAMME FOR NON-CONSULTANT HOSPITAL DOCTORS (NCHDS)

The education programme for NCHDs included the following:

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

## CLINICAL & CONTINUING PROFESSIONAL DEVELOPMENT PROGRAMME

In 2007 the Mater School of Postgraduate Medical Education was established. Through the school we have set up a structured training programme for NCHDs. By using the wealth of medical expertise

available in the Mater Hospital, we hope our courses and dedicated training programmes will continue to attract the best and brightest medical graduates to this hospital.

The following modules were organised:

### Clinical Modules:

- Critical skills for physicians
- Palliative care in the acute hospital
- ACLS courses

### Modules for Continuing Professional Development:

- Communications 1 day workshop
- Preparing for SpR positions
- Management course for SpRs
- Interview preparation & performance

## RESEARCH

To further support those considering a career in bench or clinical studies a module entitled Introduction to Research & laboratory methods was organised through the School of Postgraduate Education.

## EXAMINATION PREPARATION

Lectures and ward-based tutorials were given to those preparing for the Part I and Part II Membership Exams.

## GP LECTURES

Through this department, lectures, workshops and study days were organised for General Practitioners affiliated to the Irish College of General Practitioners.

## COMPETITIONS

### Young Investigators Research Symposium

The quality of research being carried out on the Mater campus is most encouraging. We received 57 abstracts for consideration in the above symposium, which is now in its 5th year. Prizes were awarded as follows:

Laboratory Based Oral Presentation

- Dr. John Burke

Clinical Based Oral Presentation

- Dr. Maeve McAleer

Poster Presentation

- Dr. Richard Barry



### Patrick McAuley Intern Medal

All interns are encouraged to participate in this prestigious annual competition. The competition encourages excellence in the preparation and delivery of interesting cases encountered by interns.

The 2007 medal was awarded to Dr. Laura Durcan.

### Plans for the Future: Establishment of a Clinical Skills Laboratory

Funding was secured from the HSE during the year to purchase equipment for a clinical skills laboratory. Doctors in training will have the opportunity to practice simulated assessment and resuscitation with a 'virtual patient' as well as gaining valuable experience in the vital techniques of airway inter-

vention, central venous access and other time critical procedures on dedicated mannequins.

However we do not have a physical structure to house this valuable equipment. Plans have been drawn up to build a dedicated clinical skills laboratory, which will be an enormous asset to this department.

**Dr. Dermot Power**  
Mater Hospital Dean

**Mr. John McInerney**  
Intern Co-ordinator

**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.

Demand access to electronic resources continues to grow and further development of the library web

page took place to meet this demand. The library web page is one of the top five most visited web pages on the hospital intranet. Links to BMJ Clinical Evidence are now available in PatientCentre. 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 (REC) met once every month in 2007 except May and August.

Of a total of 66 submissions:

Mater Misericordiae University Hospital (MMUH) only	53
Mater Private Hospital (MPH) only:	6
Mater Misericordiae University Hospital and Mater Private Hospital	4
Rotunda Hospital	1
St. Paul's Hospital and Special School	1
Drug Treatment Centre, Trinity Court	1
Research studies	62
Clinical trials under the European Communities Clinical Trials on Medicinal Products for Human Use, Regulations 2004, Statutory Instruments S. I. No. 190 of 2004	4

Breakdown of specialties of the submissions are as follows:

Administration	1
Anaesthesia	7
Cardiology	2
Endocrinology	1
ENT	2
Gastroenterology	3
Infectious Diseases	4
Neurology	3
Nursing	10
Oncology/Haematology	3
Ophthalmology	1
Orthopaedic	3
Palliative Medicine	1
Pathology	2
Physiotherapy	3
Psychiatry	6
Radiology	4
Respiratory Medicine	2
Rheumatology	4
Sleep Disorder Medicine	1
Surgery	3





**From: 2006**

1.378.1049 Study title: A randomised, double-blind study to evaluate the safety and effectiveness of the Exhale Drug-Eluting Stent in Homogeneous Emphysema subjects with severe hyperinflation EASE™ Study

Medical Device Principal Investigator: Dr. Jim Egan  
Study site: Mater Misericordiae University Hospital  
18/09/2007: Approval granted by REC to proceed at the MMUH pending IMB approval

30/04/2007: Favourable ethical opinion granted by REC under the European Communities Clinical Trials on Medicinal Products for Human Use, Regulations 2004, Statutory Instruments S. I. No. 190 of 2004 to proceed at MMUH (4)

1.378.1081 Study title: The development, implementation and evaluation of an E-Learning tutorial to improve data recording on a Computerised Nurse Rostering System  
Principal Investigator: Ms. Rosaleen Murnane  
Study site: Mater Misericordiae University Hospital  
24/01/2007: Review and approval granted by REC to proceed at MMUH (5)

**From: 2007**

1.378.1084 Study title: An evaluation of a physical therapy treatment approach for mandibular trismus  
Principal Investigator: Mr. Tadhg O'Dwyer  
Study site: Mater Misericordiae University Hospital (MMUH)  
24/01/2007: Review and approval granted by REC to proceed at MMUH (1)

1.378.1086 Study title: Assessment of platelet function in patients with rheumatoid arthritis. Does control of inflammation alter thrombotic risk?  
Principal Investigator: Professor Geraldine McCarthy  
Study site: Mater Misericordiae University Hospital  
23/02/2007: Approval granted by REC to proceed at MMUH (6)

1.378.1085 Study title: An exploration of the experience of Ear Nose and Throat (ENT) nurses practicing within the Republic of Ireland: The development of a model of ENT Nursing  
Principal Investigator: Mr. Tadhg O'Dwyer  
Study site: Mater Misericordiae University Hospital  
24/01/2007: Review and approval granted by REC to proceed at MMUH (2)

1.378.1082 Study title: Dysphagia Post Anterior Cervical Decompression and Fusion: A prospective study analyzing its incidence and risk factors  
Principal Investigator: Mr. Ashley Poynton  
Study site: Mater Misericordiae University Hospital  
31/12/2007: No response to date from Principal Investigator to request for additional information (7)

1.378.1083 Study title: A new highly comfortable, pre-formed, waterproof thermoplastic casting material versus fibreglass for immobilization of colles' fractures; a prospective, randomized, controlled trial  
Principal Investigator: Mr. Keith Synnott  
Study site: Mater Misericordiae University Hospital  
14/03/2007: Approval granted by REC to proceed at the MMUH pending IMB approval  
17/10/2007: IMB approval granted (3)

1.378.1087 Study title: Matrix metalloproteinases – A potential therapeutic target in spinal cord injury  
Principal Investigator: Mr. Ashley Poynton  
Study site: Mater Misericordiae University Hospital  
29/03/2007: Approval granted by REC to proceed at MMUH (8)

1.478.15 Study title: BUILD-3: Bosentan Use in Interstitial Lung Disease  
Effects of Bosentan on morbidity and mortality in patients with Idiopathic Pulmonary Fibrosis – a multicentre, double-blind, randomized, placebo-controlled, parallel group, event-driven, group sequential, phase III study  
Principal Investigator: Dr. Jim Egan  
Study site: Mater Misericordiae University Hospital

1.378.1095 Study title: Nursing staff's knowledge regarding influenza virus and factors that influence their acceptance of the influenza vaccination program  
Principal Investigator: Ms. Una Marren  
Study site: Mater Misericordiae University Hospital  
14/02/2007: Review and approval granted by REC to proceed at MMUH (9)





- 1.378.1092 Study title: WELCOME PROJECT – Comprehensive initial assessment for all newly-referred young people aged 12 to 15 years  
Principal Investigator: Professor Carol Fitzpatrick  
Study site: Mater Misericordiae University Hospital  
14/02/2007: Review and approval granted by REC to proceed at MMUH (10)
- 1.378.1093 Study title: Can a Decision Support System (DSS) prevent cancellation of elective admissions and reduce the spread of MRSA in a private hospital in Dublin?  
Principal Investigator: Ms. Maura Pidgeon  
Study site: Mater Private Hospital  
12/03/2007: Approval granted by REC to proceed at MPH (11)
- 1.378.1088 Study title: Coeliac Disease Diagnosis: Assessment of a Novel ELISA Assay. Measuring IgA and IgG antibodies to Deamidated Gliadin Peptides  
Principal Investigator: Dr Padraic MacMathuna  
Study site: Mater Misericordiae University Hospital  
14/02/2007: Review and approval granted by REC to proceed at MMUH (12)
- 1.378.1089 Study title: A quantitative and qualitative evaluation of T2-weighted Magnetic Resonance (MR) images of the liver acquired using three different breath-hold pulse sequences  
Principal Investigator: Dr. Helen Fenlon  
Study site: Mater Private Hospital  
14/02/2007: Review and approval granted by REC to proceed at MPH (13)
- 1.378.1094 Study title: The functional outcome of patients requiring intensive care unit readmission  
Principal Investigator: Dr. Brian Marsh  
Study site: Mater Misericordiae University Hospital  
14/03/2007: Approval granted by REC to proceed at MMUH (14)
- 1.378.1096 Study title: Prognostic markers in B-cell Chronic Lymphocytic Leukaemia (C.L.L.)  
Principal Investigator: Dr. Patrick Thornton  
Study site: Mater Misericordiae University Hospital  
14/03/2007: Approval granted by REC to proceed at MMUH (15)
- 1.378.1090 Study title: Sudden Unexpected Death in Epilepsy (SUDEP); a population-based incidence study  
Principal Investigator: Dr. Peter Kelly (Consultant Neurologist)  
Study site: Mater Misericordiae University Hospital and Mater Private Hospital  
02/05/2007: Approval granted by REC to proceed at the MMUH and MPH (16)
- 1.478.16 Study title: Transversus Abdominis Plane (TAP) block with or without intrathecal morphine for analgesia following lower segment Caesarean section  
Principal Investigator: Dr. John Loughrey  
Study site: Rotunda Hospital  
14/06/2007: Favourable ethical opinion granted by REC under the European Communities Clinical Trials on Medicinal Products for Human Use, Regulations 2004, Statutory Instruments S. I. No. 190 of 2004 to proceed at the Rotunda Hospital (17)
- 1.378.1104 Study title: Challenging Times : Five Years On  
Principal Investigator: Dr. Michelle Harley  
Study site: Mater Misericordiae University Hospital  
20/04/2007: Approval granted by REC to proceed at MMUH (18)
- 1.378.1102 Study title: Rheumatology Outpatient Clinic Survey  
Principal Investigator: Dr. Conor McCarthy  
Study site: Mater Misericordiae University Hospital  
28/03/2007: Review and approval granted by REC to proceed at MMUH (19)
- 1.378.1103 Study title: An evaluation of Complainants' Experience of the Formal Complaints Management Process in the Mater Private Hospital  
Principal Investigator: Mr. Pat Synnott  
Study site: Mater Private Hospital  
20/04/2007: Approval granted by REC to proceed at MPH (20)
- 1.378.1112 Study title: Program for the Assessment of Clinical Cancer Tests (PACCT-1): Trial Assigning Individualized Options for Treatment: The TAILORx Trial  
Principal Investigator: Dr. John McCaffrey  
Study site: Mater Misericordiae University Hospital and Mater Private Hospital



- 12/06/2007: Approval granted by REC to proceed at MMUH and MPH (21)
- 1.378.1098 Study title: Post-marketing, non-interventional surveillance pharmacoepidemiology study (PMSS) to evaluate the long-term safety, tolerability and compliance in administration of Xyrem (sodium oxybate) oral solution in patients who receive treatment with this medication in regular clinical practice  
Principal Investigator: Dr. Catherine Crowe  
Study site: Mater Private Hospital  
17/07/2007: Approval granted by REC to proceed at MPH (22)
- 1.378.1106 Study title: Treatment of hepatitis C infected patients in a community based drug treatment service in partnership with hospital based specialist services  
Principal Investigator: Dr. John Lambert  
Study site: Mater Misericordiae University Hospital  
11/06/2007: Approval granted by REC to proceed at MMUH (23)
- 1.378.1101 Study title: Development and Implementation of a Nurse-Led Person Centred Planning Model of Care for people with Autistic Spectrum Disorder and Challenging Behaviours  
Principal Investigator: Ms. Joan Maher  
Study site: St. Paul's Hospital and Special School  
09/05/2007: Approval granted by REC to proceed at St. Paul's Hospital and Special School (24)
- 1.378.1108 Study title: Patient safety culture from the perspective of staff in an acute hospital  
Principal Investigator: Ms. Maura Pidgeon  
Study site: Mater Private Hospital  
21/05/2007: Approval granted by REC to proceed at MPH (25)
- 1.378.1115 Study title: An evaluation of BreastHealth Outpatient follow-up for patients who have had breast cancer surgery  
Principal Investigator: Mr. Maurice Stokes  
Study site: Mater Misericordiae University Hospital  
25/04/2007: Review and approval granted by REC to proceed at MMUH (26)
- 1.378.1099 Study title: Investigation of the role of epithelial to mesenchymal transition in the pathobiology of inflammatory bowel disease  
Principal Investigator: Professor Ronan O'Connell  
Study site: Mater Misericordiae University Hospital  
21/06/2007: Approval granted by REC to proceed at MMUH (27)
- 1.378.1105 Study title: Older people and attendance at the Hospital Emergency Department: an investigation into their health care needs and other factors related to emergency department attendance  
Principal Investigator: Ms. Anne Carrigy  
Study site: Mater Misericordiae University Hospital  
24/08/2007: Approval granted by REC to proceed at MMUH (28)
- 1.378.1097 Study title: The Saline Albumin Fluid Evaluation Translation of Research Into Practice Study (SAFE TRIPS)  
Principal Investigator: Dr. Brian Marsh  
Study site: Mater Misericordiae University Hospital  
25/04/2007: Review and approval granted by REC to proceed at MMUH (29)
- 1.378.1111 Study title: The lived experience of student nurses peer support during rostered clinical placement: a phenomenological study  
Principal Investigator: Ms. Catherine Guihen  
Study site: Mater Misericordiae University Hospital  
12/06/2007: Approval granted by REC to proceed at MMUH (30)
- 1.378.1100 Study title: Investigation of the factors underlying differences and trends in PSA testing, biopsy and prostate cancer incidence in Ireland 1994 – 2003  
Principal Investigator: Dr. Niall Mulligan  
Study site: Mater Misericordiae University Hospital and Mater Private Hospital  
25/04/2007: Review and approval granted by REC to proceed at the MMUH and MPH (31)
- 1.478.18 Study title: A randomised open-label study comparing the safety and efficacy of three different combination antiretroviral regimens as initial therapy for HIV infection. The Altair Study  
Principal Investigator: Dr. Patrick Mallon  
Study site: Mater Misericordiae University Hospital  
23/08/2007: Favourable ethical opinion



- granted by REC under the European Communities Clinical Trials on Medicinal Products for Human Use, Regulations 2004, Statutory Instruments S. I. No. 190 of 2004 to proceed at MMUH (32)
- 1.378.1110 Study title: A randomised controlled clinical trial of General Packet Radio Service (GPRS) mobile phone technology in the management of children and adolescents with type 1 diabetes  
Principal Investigator: Dr. Suzanne Kelleher  
Study site: Mater Misericordiae University Hospital  
16/07/2007: Approval granted by REC to proceed at MMUH (33)
- 1.378.1114 Study title: Axial true FISP cardiac MRI versus Transthoracic Echocardiography in the Diagnosis of Bicuspid Aortic Valve  
Principal Investigator: Dr. John G Murray  
Study site: Mater Misericordiae University Hospital  
27/06/2007: Review and approval granted by REC to proceed at MMUH (34)
- 1.378.1122 Study title: The extended study of prevalence of infection in Intensive Care II (EPIC II)  
Principal Investigator: Dr. Brian Marsh  
Study site: Mater Misericordiae University Hospital  
27/06/2007: Review and approval granted by REC to proceed at MMUH (35)
- 1.378.1119 Study title: Follow-up questionnaire to a retrospective audit of nutritional indices of head and neck cancer patients following radiotherapy  
Principal Investigator: Dr. Michael Maher  
Study site: Mater Private Hospital  
27/06/2007: Review and approval granted by REC to proceed at MPH (36)
- 1.378.1123 Study title: An examination of synovial fluid in patients with osteoarthritis and crystal deposition disease  
Principal Investigator: Professor Geraldine McCarthy  
Study site: Mater Misericordiae University Hospital  
16/07/2007: Approval granted by REC to proceed at MMUH (37)
- 1.378.1109 Study title: The effectiveness of supervised exercise with and without manual therapy for hip osteoarthritis – A randomised controlled trial  
Principal Investigator: Professor Geraldine McCarthy
- Study site: Mater Misericordiae University Hospital  
25/07/2007: Approval granted by REC to proceed at MMUH (38)
- 1.378.1118 Study title: Clinical studies and investigations into the molecular mechanisms of Hereditary Haemochromatosis  
Principal Investigator: Professor John Crowe  
Study site: Mater Misericordiae University Hospital  
20/08/2007: Approval granted by REC to proceed at MMUH (39)
- 1.378.1120 Study title: Analysis of infiltrating immune cells in primary breast cancer  
Principal Investigator: Mr. Malcolm Kell  
Study site: Mater Misericordiae University Hospital  
24/09/2007: Approval granted by REC to proceed at MMUH (40)
- 1.378.1125 Study title: The effectiveness of a structured educational intervention on the length of pre hospital delay in patients at risk of acute coronary syndrome  
Principal Investigator: Dr. Declan Sugrue  
Study site: Mater Misericordiae University Hospital  
05/11/2007: Approval granted by REC to proceed at MMUH (41)
- 1.378.1126 Study title: Validation of an instrument to assess changes in families in clinical settings in Ireland: The SCORE (Systemic Clinical Outcome Routine Evaluation) project  
Principal Investigator: Professor Jim Sheehan  
Study site: Mater Misericordiae University Hospital  
01/10/2007: Approval granted by REC to proceed at MMUH (42)
- 1.378.1121 Study title: The relationship between respiratory patients' signs and symptoms on presentation to the Emergency Department and their subsequent admission and discharge  
Principal Investigator: Ms. Elizabeth Whelan  
Study site: Mater Misericordiae University Hospital  
25/07/2007: Review and approval granted by REC to proceed at MMUH (43)
- 1.378.1128 Study title: To review the effectiveness of exercise-based cardiac rehabilitation in patients with Coronary Artery Disease and to qualitatively assess patient per-



- ception of such programs  
Principal Investigator: Ms. Ann Horgan  
Study site: Mater Misericordiae University Hospital  
24/08/2007: Approval granted by REC to proceed at MMUH (44)
- 1.378.1129 Study title: The motivation and expectation of migrant nurses when applying to the Dublin Academic Teaching Hospitals for employment  
Principal Investigator: Ms. Mairead Curran  
Study site: Mater Misericordiae University Hospital  
25/07/2007: Review and approval granted by REC to proceed at MMUH (45)
- 1.378.1132 Study title: A study into factors that circulate in the bloodstream which may contribute to the development of diabetic retinopathy  
Principal Investigator: Professor Colm O'Brien  
Study site: Mater Misericordiae University Hospital  
02/10/2007: Approval granted by REC to proceed at MMUH (46)
- 1.378.1134 Study title: Prospective observational study on predictors of early on-treatment response and sustained virological response in a cohort of treatment naïve HCV-infected patients treated with pegylated interferons PROPHECY 2 A non-interventional cohort study  
Principal Investigator: Professor John Crowe  
Study site: Mater Misericordiae University Hospital  
26/09/2007: Review by REC and request for additional information  
31/12/2007: No response to date from Principal Investigator to request for additional information (47)
- 1.378.1116 Study title: 3D Multidetector row CT of the stomach and duodenum – Investigating a protocol for reliable non-invasive gastro-duodenal imaging  
Principal Investigator: Dr. Leo Lawler  
Study site: Mater Misericordiae University Hospital and Mater Private Hospital  
26/09/2007: Review by REC and request for additional information  
31/12/2007: No response to date from Principal Investigator to request for additional information (48)
- 1.378.1127 Study title: Glutathione S-Transferase (GST) as an early marker for renal dysfunction in septic intensive care patients  
Principal Investigator: Dr. Brian Marsh  
Study site: Mater Misericordiae University Hospital  
26/09/2007: Review and approval granted by REC to proceed at MMUH (49)
- 1.378.1133 Study title: CTEPH: Chronic Thromboembolic Pulmonary Hypertension Registry  
Principal Investigator: Dr. Sean Gaine  
Study site: Mater Misericordiae University Hospital  
08/10/2007: Approval granted by REC to proceed at MMUH (50)
- 1.378.1131 Study title: The Dublin Carotid Atherosclerosis Stroke Study (DUCASS) Pilot Project  
Principal Investigator: Dr. Peter Kelly (Consultant Neurologist)  
Study site: Mater Misericordiae University Hospital  
26/10/2007: Approval granted by REC to proceed at MMUH (51)
- 1.378.1130 Study title: Barriers to and enablers of hepatitis C screening and treatment among current or former injecting drug users in Ireland: a qualitative study from two perspectives  
Principal Investigator: Dr. John Lambert  
Study site: Mater Misericordiae University Hospital  
05/11/2007: Approval granted by REC to proceed at MMUH (52)
- 1.378.1136 Study title: Effect of Myocardial Revascularisation on Diastolic Function  
Principal Investigator: Dr. Michael Griffin  
Study site: Mater Misericordiae University Hospital  
06/11/2007: Approval granted by REC to proceed at MMUH (53)
- 1.378.1138 Study title: A randomised controlled trial of family mediated exercise (FAME) following stroke  
Principal Investigator: Ms. Anne Marie Keown  
Study site: Mater Misericordiae University Hospital  
23/11/2007: Approval granted by REC to proceed at MMUH (54)
- 1.378.1137 Study title: REALITY IRELAND The current state of ischaemic heart disease treatment in the outpatient population and heart rate monitoring survey



	Principal Investigator: Dr. Niall Mahon Study site: Mater Misericordiae University Hospital 24/10/2007: Review by REC and request for additional information 31/12/2007: No response to date from Principal Investigator to request for additional information (55)		Study site: Mater Misericordiae University Hospital 12/12/2007: Review by REC and request for additional information 31/12/2007: No response to date from Principal Investigator to request for additional information (60)
1.478.19	Study title: A Randomized Acceptability and Safety Study of Suboxone Induction in Heroin Users Principal Investigator: Dr. Bobby Smyth Study site: Drug Treatment Centre, Trinity Court 21/11/2007: Review by REC and favourable ethical opinion granted by REC under the European Communities Clinical Trials on Medicinal Products for Human Use, Regulations 2004, Statutory Instruments S. I. No. 190 of 2004 to proceed at the Drug Treatment Centre, Trinity Court (56)	1.378.1143	Study title: HIV Cardiac Monitoring Program (HIV CMP study) Principal Investigator: Dr. Patrick Mallon Study site: Mater Misericordiae University Hospital 12/12/2007: Review by REC and request for additional information 31/12/2007: No response to date from Principal Investigator to request for additional information (61)
1.378.1139	Study title: TYGRIS – ROW: TYSABRI Global Observational Program in Safety – Rest of World Principal Investigator: Dr. Tim Lynch Study site: Mater Misericordiae University Hospital 21/11/2007: Review and approval granted by REC to proceed at MMUH (57)	1.378.1144	Study title: Can more detailed evaluation of excision margins refine cytological follow up of women post LLETZ excision of high grade dysplasia Principal Investigator: Dr. J Conor O’Keane Study site: Mater Misericordiae University Hospital 12/12/2007: Review by REC and request for additional information 31/12/2007: No response to date from Principal Investigator to request for additional information (62)
1.378.1142	Study title: A study to evaluate the end-of-life care provided by a critical care service Principal Investigator: Dr. Ed Carton Study site: Mater Misericordiae University Hospital 21/11/2007: Review and approval granted by REC to proceed at MMUH (58)	1.378.1147	Study title: An investigation into radiation protection work practices in an orthopaedic theatre Principal Investigator: Ms. Ann Dolan Study site: Mater Misericordiae University Hospital 12/12/2007: Review and approval granted by REC to proceed at MMUH (63)
1.378.1135	Study title: A single blinded randomised controlled trial exploring the effectiveness of a walking programme and a supervised general exercise programme versus usual physiotherapy for chronic low back pain (CLBP) Principal Investigator: Ms. Anne Marie Keown Study site: Mater Misericordiae University Hospital 21/11/2007: Review and approval granted by REC to proceed at MMUH (59)	1.378.1145	Study title: Importance of Organisational Factors on Nursing Staff Retention Principal Investigator: Ms. Martha M Hanlon Study site: Mater Misericordiae University Hospital 12/12/2007: Review and approval granted by REC to proceed at MMUH (64)
1.378.1140	Study title: Cross-cultural family therapy practice: An exploratory, qualitative study Principal Investigator: Professor Jim Sheehan	1.378.1148	Study title: A Qualitative Study of Practitioners’s Perspectives on Patient Autonomy at End of Life in Acute and Community Care Settings – part of a broader project entitled ‘An Ethical Framework for a Good Death’ Principal Investigator: Dr. Karen Ryan Study site: Mater Misericordiae University Hospital



12/12/2007: Review by REC and request for further information  
31/12/2007: No response to date from Principal Investigator to request for additional information (65)

- 1.378.1152 Study title: Adolescent brain development and risk of schizophrenia: a study of structural and functional connectivity  
Principal Investigator: Dr. Michelle Harley  
Study site: Mater Misericordiae University Hospital  
12/12/2007: Review by REC and request for further information  
31/12/2007: No response to date from Principal Investigator to request for additional information (66)





# Multi Centre Clinical Trials Advisory Group

The Mater Misericordiae University Hospital (MMUH) / Mater Private Hospital (MPH) Multi Centre Clinical Trials Advisory Group (MCCTAG) met six times in 2007. The functions of this group are to review relevant documentation for clinical trials that had received a favourable single ethical opinion from an Ethics Committee recognized 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 29 submissions:**

Mater Misericordiae University Hospital only	13
Mater Misericordiae University Hospital and Mater Private Hospital	16

**Breakdown of specialties of the submissions are as follows:**

Anaesthesia	1
Cardiology	2
Endocrinology	4
Infectious Diseases	2
Oncology/ Haematology	18
Respiratory Medicine	1
Surgery	1

Note: SJ/AMNCH = St James/Adelaide Meath National Children's Hospital

1.578.29	<p>Study title: An open label phase II multi-centre clinical trial of single agent Bortezomib in patients with malignant pleural mesotheliomaVELCADE/Mesothelioma Study Principal Investigator: Dr. John McCaffrey Study site: Mater Misericordiae University Hospital and Mater Private Hospital Favourable single ethical opinion from SJH/AMNCH Research Ethics Committee 13/02/2007: Permission granted by MMUH/MPH MCCTAG to proceed (3)</p>
1.578.30	<p>Study title: "Primovax" - A Phase III Trial Comparing GV1001 and Gemcitabine in Sequential Combination to Gemcitabine Monotherapy in Advanced Un-resectable Pancreatic Cancer Principal Investigator: Dr. John McCaffrey Study site: Mater Misericordiae University Hospital and Mater Private Hospital Favourable single ethical opinion from SJ/AMCH Research Ethics Committee 13/02/2007: Permission granted by MMUH/MPH MCCTAG to proceed (4)</p>
1.578.31	<p>Study title: A multicentre, randomized, double-blind study to evaluate the safety and efficacy of the addition of Sitagliptin (MK-0431) to patients with type 2 diabetes mellitus who have inadequate glycemic control on insulin therapy (alone or in combination with Metformin) Principal Investigator: Dr. Maria M Byrne Study site: Mater Misericordiae University Hospital Favourable single ethical opinion from Clinical Research Ethics Committee of the Cork Teaching Hospitals 13/02/2007: Permission granted by MMUH/MPH MCCTAG to proceed (1)</p>
1.578.33	<p>Study title: Randomised, multinational, double-blind study, comparing a high loading regimen of clopidogrel versus</p>
1.578.34	<p>Study title: A phase III trial comparing docetaxel every third week to biweekly docetaxel monotherapy in metastatic hormone refractory prostate cancer patients PROSTY Trial Principal Investigator: Dr. John McCaffrey Study site: Mater Misericordiae University Hospital and Mater Private Hospital Favourable single ethical opinion from Cork Teaching Hospitals Research Ethics Committee 13/02/2007: Permission granted by MMUH/MPH MCCTAG to proceed (5)</p>



- 1.578.35 Study title: Randomized adjuvant phase III trial of six cycles of docetaxel+hormonal treatment versus hormonal treatment in patients with intermediate or high-risk prostate cancer treated with radical radiotherapy "AdRad" Trial Principal Investigator: Dr. John McCaffrey  
Study site: Mater Misericordiae University Hospital and Mater Private Hospital  
Favourable single ethical opinion from SJ/AMNCH Research Ethics Committee 13/02/2007: Permission granted by MMUH/MPH MCCTAG to proceed (6)
- 1.578.32 Study title: A randomised, parallel-group, open-labelled, multinational trial comparing the efficacy and safety of insulin detemir (Levemir) versus human insulin (NPH insulin), used in combination with insulin aspart as bolus insulin, in the treatment of pregnant women with type 1 diabetes. Trial Phase: 3b Principal Investigator: Dr Brendan Kinsley  
Study site: Mater Misericordiae University Hospital  
Favourable single ethical opinion from SJ/AMNCH Research Ethics Committee 24/04/2007: Permission granted by MMUH/MPH MCCTAG to proceed (7)
- 1.578.37 Study title: A prospective, randomized, double dummy, double blind, multinational, multicentre trial comparing the safety and efficacy of sequential (intravenous/oral) moxifloxacin 400 mg once daily to intravenous piperacillin/tazobactam 4.0/0.5 g every 8 hours followed by oral amoxicillin/clavulanic acid tablets 875/125 mg every 12 hours for the treatment of subjects with complicated skin and skin structure infections (RELIEF Study)  
Principal Investigator: Mr Martin O'Donoghue  
Study site: Mater Misericordiae University Hospital  
Favourable single ethical opinion from Cork Teaching Hospitals Research Ethics Committee 24/04/2007: Permission granted by MMUH/MPH MCCTAG to proceed (8)
- 1.578.36 Study title: A three-arm randomised controlled trial comparing either continuous chemotherapy plus cetuximab or intermittent chemotherapy with standard continuous palliative combination chemotherapy with oxaliplatin and a fluoropyrimidine in first line treatment of metastatic colorectal cancer  
Principal Investigator: Dr. John McCaffrey  
Study site: Mater Misericordiae University Hospital and Mater Private Hospital  
Favourable single ethical opinion from SJ/AMNCH Research Ethics Committee 24/04/2007: Permission granted by MMUH/MPH MCCTAG to proceed (9)
- 1.578.38 Study title: Phase 2, randomised, double-blind, placebo-controlled dose and schedule finding trial to evaluate the safety and efficacy of AMG 531 for treatment of chemotherapy-induced thrombocytopenia in subjects with advanced non-small cell lung cancer already receiving Gemcitabine and Platinum  
Principal Investigator: Dr. John McCaffrey  
Study site: Mater Misericordiae University Hospital and Mater Private Hospital  
Favourable single ethical opinion from Cork Teaching Hospitals Research Ethics Committee 24/04/2007: Permission granted by MMUH/MPH MCCTAG to proceed (10)
- 1.578.39 Study title: A phase 1/2 study evaluating the safety and efficacy of ABT-751 in combination with Docetaxel versus Docetaxel alone in subjects with advanced or metastatic non-small cell lung cancer  
Principal Investigator: Dr. John McCaffrey  
Study site: Mater Misericordiae University Hospital and Mater Private Hospital  
Favourable single ethical opinion from Beaumont Hospital Ethics (Medical Research) Committee 24/04/2007: Permission granted by MMUH/MPH MCCTAG to proceed (11)
- 1.578.40 Study title: A phase II, open-label, randomized, multicentre trial of Pazopanib (GW786034) in combination with Lapatinib (GW572016) compared to Pazopanib monotherapy and Lapatinib monotherapy in subjects with FIGO Stage IVB or recurrent or persistent cervical cancer with zero or one prior chemotherapy regimen for advanced/recurrent disease  
Principal Investigator: Dr. John McCaffrey  
Study site: Mater Misericordiae University Hospital and Mater Private Hospital  
Favourable single ethical opinion from St Vincent's Healthcare Group Ethics and Research Ethics Committee 24/04/2007: Permission granted by MMUH/MPH MCCTAG to proceed (12)





- 1.578.41 Study title: A randomized, multi-centre, open label, phase III study of adjuvant Lapatinib, Trastuzumab, their sequence and their combination in patients with HER2/ErbB2 positive primary breast cancer ALTTO (Adjuvant Lapatinib and/or Trastuzumab Treatment Optimisation) study  
Principal Investigator: Dr. John McCaffrey  
Study site: Mater Misericordiae University Hospital and Mater Private Hospital  
Favourable single ethical opinion from SJH/AMNCH Research Ethics Committee  
24/04/2007: Permission granted by MMUH/MPH MCCTAG to proceed (13)
- 1.578.42 Study title: A Multicentre, Single-Arm, Open-Label expanded access study of Lenalidomide plus Dexamethasone in previously treated subjects with relapsed/refractory Multiple Myeloma  
Principal Investigator: Dr. Peter O’Gorman  
Study site: Mater Misericordiae University Hospital  
Favourable single ethical opinion from Galway University Hospital Research Ethics Committee  
24/04/2007: Permission granted by MMUH/MPH MCCTAG to proceed (14)
- 1.578.43 Study title: Effects of ivabradine on cardiovascular events in patients with moderate to severe chronic heart failure and left ventricular systolic dysfunction SHIFT Study  
Principal Investigator: Dr. Niall Mahon  
Study site: Mater Misericordiae University Hospital  
Favourable single ethical opinion from St Vincent’s Healthcare Group Ethics and Research Ethics Committee  
19/06/2007: Permission granted by MMUH/MPH MCCTAG to proceed (15)
- 1.578.45 Study title: An open-label expanded access study of Lapatinib and Capecitabine therapy in subjects with ErbB2 overexpressing locally advanced or metastatic breast cancer LEAP Study  
Principal Investigator: Dr. John McCaffrey  
Study site: Mater Misericordiae University Hospital and Mater Private Hospital  
Favourable single ethical opinion from SJH/AMNCH Research Ethics Committee  
19/06/2007: Permission granted by MMUH/MPH MCCTAG to proceed (16)
- 1.578.44 Study title: A multi-centre, open label, expanded access trial of Maraviroc  
Principal Investigator: Dr. John Lambert
- 1.578.46 Study title: Study of Once-Daily Abacavir/Lamivudine versus Tenofovir/Emtricitabine, Administered with Efavirenz in Antiretroviral-Naive, HIV-1 Infected Adult Subjects  
Principal Investigator: Dr. John Lambert  
Study site: Mater Misericordiae University Hospital  
Favourable single ethical opinion from SJ/AMNCH Research Ethics Committee  
19/06/2007: Permission granted by MMUH/MPH MCCTAG to proceed (17)
- 1.578.47 Study title: Long-term treatment with Exenatide versus Glimepiride in patients with Type 2 diabetes pretreated with Metformin European Exenatide Study - EUREXA  
Principal Investigator: Dr. Maria Byrne  
Study site: Mater Misericordiae University Hospital  
Favourable single ethical opinion from Cork Teaching Hospitals Research Ethics Committee  
17/07/2007: Permission granted by MMUH/MPH MCCTAG to proceed (19)
- 1.578.52 Study title: Effect on glycaemic control of liraglutide or exenatide added to metformin, sulphonylurea or a combination of both in subjects with type 2 diabetes A 26-week randomized, open-label, active comparator, 2-armed, parallel group, multi-centre, multi-national trial with a 14 week non-randomised extension period Liraglutide Effect and Action in Diabetes – LEAD 6  
Principal Investigator: Dr. Maria Byrne  
Study site: Mater Misericordiae University Hospital  
Favourable single ethical opinion from SJ/AMNCH Research Ethics Committee  
17/07/2007: Permission granted by MMUH/MPH MCCTAG to proceed (20)
- 1.578.48 Study title: Phase II Trial Of The Multi-Drug Resistance Protein Modulating Agent Sulindac In Combination With Epirubicin In Patients With Advanced Melanoma  
Principal Investigator: Dr. John McCaffrey  
Study site: Mater Misericordiae University Hospital and Mater Private Hospital  
Favourable single ethical opinion from SJ/AMNCH Research Ethics Committee  
17/07/2007: Permission granted by MMUH/MPH MCCTAG to proceed (21)



- 1.578.51 Study title: A Randomised Phase II Trial Of Epirubicin, Oxaliplatin and Capecitabine (EOX) Versus Docetaxel and Oxaliplatin (ElTax) in the treatment of Advanced Gastro-oesophageal Cancer. The ELECT Trial  
Principal Investigator: Dr. John McCaffrey  
Study site: Mater Misericordiae University Hospital and Mater Private Hospital  
Favourable single ethical opinion from SJ/AMNCH Research Ethics Committee 17/07/2007: Permission granted by MMUH/MPH MCCTAG to proceed (22)
- 1.578.50 Study title: A Phase III Randomised Trial of Adjuvant Chemotherapy With or Without Bevacizumab for Patients With Completely Resected Stage IB (4cm) – IIIA Non-Small Cell Lung Cancer (NSCLC)  
Principal Investigator: Dr. John McCaffrey  
Study site: Mater Misericordiae University Hospital and Mater Private Hospital  
Favourable single ethical opinion from SJ/AMNCH Research Ethics Committee 17/07/2007: Permission granted by MMUH/MPH MCCTAG to proceed pending IMB approval (23)
- 1.578.49 Study title: A Phase 3, Multicentre, Randomised, Placebo-Controlled, Double-Blind Trial of AMG 706 in Combination With Paclitaxel and Carboplatin for Advanced Non-small Cell Lung Cancer  
Principal Investigator: Dr. John McCaffrey  
Study site: Mater Misericordiae University Hospital  
Favourable single ethical opinion from SJ/AMNCH Research Ethics Committee 17/07/2007: Permission granted by MMUH/MPH MCCTAG to proceed (24)
- 1.578.55 Study title: Determination of the efficacy of the Transversus Abdominis Plane (TAP) Block in the management of post-operative pain following Total Abdominal Hysterectomy (TAH)  
Principal Investigator: Dr. Harry Frizelle  
Study site: Mater Misericordiae University Hospital  
Favourable single ethical opinion from Clinical Research Ethics Committee, Merlin Park Regional Hospital, Galway 11/09/2007: Permission granted by MMUH/MPH MCCTAG to proceed (25)
- 1.578.53 Study title: An open label Phase 1 study of fixed dose lapatinib in combination with an escalating dose of epirubicin in locally advanced or metastatic breast cancer  
Principal Investigator: Dr. John McCaffrey  
Study site: Mater Misericordiae University Hospital and Mater Private Hospital  
Favourable single ethical opinion from SJ/AMNCH Research Ethics Committee 11/09/2007: Permission granted by MMUH/MPH MCCTAG to proceed (26)
- 1.578.54 Study title: NSABP B42: A Clinical Trial To Determine The Efficacy Of Five Years Of Letrozole Compared To Placebo In Patients Completing Five Years Of Hormonal Therapy Consisting Of An Aromatase Inhibitor (AI) or Tamoxifen Followed By An AI In Prolonging Disease-Free Survival In Post-Menopausal Women With Hormone Receptor Positive Breast Cancer  
Principal Investigator: Dr. John McCaffrey  
Study site: Mater Misericordiae University Hospital and Mater Private Hospital  
Favourable single ethical opinion from SJ/AMNCH Research Ethics Committee 11/09/2007: Permission granted by MMUH/MPH MCCTAG to proceed (27)
- 1.578.56 Study title: Program for the Assessment of Clinical Cancer Tests (PACCT-1): Trial Assigning Individualized Options for Treatment: The TAILORx Trial  
Principal Investigator: Dr. John McCaffrey  
Study site: Mater Misericordiae University Hospital and Mater Private Hospital  
Favourable single ethical opinion from SJ/AMNCH Research Ethics Committee 16/10/2007: Permission granted by MMUH/MPH MCCTAG to proceed (28)
- 1.578.57 Study title: A 12 month, double blind, randomised, placebo-controlled trial evaluating the effect of BIBF 1120 administered at oral doses of 50 mg qd, 50 mg bid, 100 mg bid and 150 mg bid on Forced Vital Capacity decline during one year, in patients with Idiopathic Pulmonary Fibrosis, with optional active treatment extension until last patient out  
Principal Investigator: Dr. Jim Egan  
Study site: Mater Misericordiae University Hospital  
Favourable single ethical opinion from Cork Teaching Hospitals Research Ethics Committee 16/10/2007: Permission granted by MMUH/MPH MCCTAG to proceed (29)



### ANAESTHESIA AND INTENSIVE CARE

Arain, M. R., & Buggy, D. J. (2007). Anaesthesia for cancer patients. *Current Opinion in Anaesthesiology*, 20(3), 247-253.

Burlacu, C L, & Buggy, D. J. (2007). Intraoperative Harlequin syndrome. *Anaesthesia and Analgesia*, 104(3), 748-749.

Burlacu, C L, Frizelle, H. P., Moriarty, D. C., & Buggy, D. J. (2007). Pharmacokinetics of levobupivacaine, fentanyl, and clonidine after administration in thoracic paravertebral analgesia. *Regional Anesthesia & Pain Medicine*, 32(2), 136-145.

Conlon, N. P., Redmond, K. C., & Celi, L. A. (2007). Spontaneous hemothorax in a patient with neurofibromatosis type 1 and undiagnosed pheochromocytoma. *Annals of Thoracic Surgery*, 84(3), 1021-1023.

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Majumder, A., Farquhar-Smith, P., Burlacu, C. L., & Buggy, D. J. (2007). Coexisting Harlequin and Horner's syndromes. *British Journal of Anaesthesia*, 98(1), 147.

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### CARDIOLOGY

Barrett CD, Kelly PJ, Halley C, & Sugrue D. (2007). Pseudo atrial flutter. *European Journal of Internal Medicine*, 18(8), 603-604

### CENTRE FOR LIVER DISEASE

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### CENTRE FOR NURSE EDUCATION

McBrien, B. (2007). Exercising restraint: Clinical, legal and ethical considerations for the patient with Alzheimer's disease. *Accident & Emergency Nursing*, 15(2), 94-100.

McBrien, B. (2007). Learning from practice: reflections on a critical incident. *Accident & Emergency Nursing*, 15(3), 128-133.

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### **UROLOGY**

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During 2007, hygiene audits continued to be high priority for all staff. Yet again this was a year for legislative changes with the Health Act, 2007 that gave rise to the formation of Health Information and Quality Authority (HIQA) as a statutory body into which the Irish Health Services Accreditation Board (IHSAB) was subsumed. Standards continue to be reviewed by HIQA and adoption of these has been ongoing within our hospital as we move towards attaining excellence.

In the area of health and safety legislation, there were more changes, including the REACH (Registration, Authorisation, Evaluation of Chemicals) Regulation, 1907/06, that came into effect from 1st June, 2007 and other legislation relating to Classification, Packaging and Labelling (CPL), carriage of dangerous goods and Occupational Exposure Limit Values (OELVs). Also the long awaited Safety, Health and Welfare at Work (General Application) Regulations commenced from 1st November, 2007.

In November 2007 Guidance for Directors and Senior Managers on their Responsibilities for Workplace Safety and Health was published by the Health and Safety Authority. This was produced to assist them in fulfilling their duties as specified under Section 80 of the Safety, Health and Welfare at Work Act, 2005.

This was a year when our hospital participated in and won a quality and safety award. The achievement was due to the efforts of all staff and the co-ordinating role of the Corporate Affairs team.

Other achievements were:

- Continued proactive involvement in enabling works for new development
- Intensive localised evacuation training with 'Evac Sheet' resulting in achievement of swift evacuation timings and development of new training strategy
- Attainment by six of the safety representatives of a Certificate in Occupational Safety, Health and Welfare at Work from UCD
- Installation at Fire Points of fire warden jackets – providing accessible, clear means of identification of persons in control
- Annual Fire Safety Awareness Day in conjunction with the Dublin Fire Brigade
- Launch of our departmental/ward health and safety checklists through the Dublin Academic Teaching Hospitals
- Launch of a Biological Risk Assessment through the Dublin Academic Teaching Hospitals





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