



**Tallaght
University
Hospital**

Ospidéal
Ollscoile
Thamhlachta

An Academic Partner of Trinity College Dublin

Tallaght University Hospital Annual Report 2017



People Caring for People

Statement of Values



**Tallaght
University
Hospital**

Ospidéal
Ollscoile
Thamhlachta

An Academic Partner of Trinity College Dublin

Tallaght University Hospital 2017 at a Glance



424,691
Patient episodes of care



Patient Activity
(Adults & Children)

83,172
ED Attendances

25,281
Inpatient Admissions

271,052
Outpatient Attendances

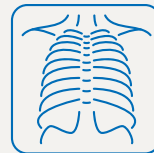
45,186
Day Case Admissions



295,000
Medicines dispensed

165,869

Diagnostic
Images
taken



500,000
Meals served in 2017

**An Academic
Teaching Partner of
Trinity College Dublin**



Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin



Number of staff

3,119



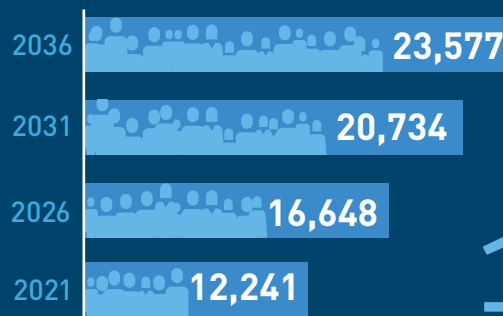
€230m
Hospital Financial Outturn

Catchment population
of approximately

650,000

80% of which are located
in South Dublin and parts of
Kildare

**Population in South Dublin
- future projection**



increase
2016-2036
163%



Contents

1.	Message from the Chairman	2
2.	Hospital Board / Executive Organisational Structure	4
3.	Message from the Chief Executive Officer	8
4.	Operational Performance	10
5.	Financial Management Performance	17
6.	People Caring for People	21
7.	Enhancing the Environment for Patients and Staff	40
8.	Interdisciplinary Approach to Healthcare	45
9.	New Ways of Caring for People	51
10.	Awards and Achievements	56
11.	Research	62
12.	Publications	67

1

Message from the Chairman



Liam Dowdall
Chairman

It is my great pleasure to address you in this my first annual report as Chairman of the Hospital's Board Members.

I would like to acknowledge the former Chairman Michael Scanlan who resigned in May 2017. Michael through his leadership & professionalism, steered the Hospital through turbulent times to the Hospital it is today. New appointments to the Hospital Board membership include the appointments of Dr. Jim Kiely as Vice-Chairperson and the new members, Dr. Anne-Marie Brady and Mr. Mark Varian. We are fortunate to have a wide depth of experience and expertise on our Board and I would like to take this opportunity to thank the Board Members for their time, commitment and dedication in fulfilling their roles.

This annual report reflect the progress being made in clinical services both in terms of improvements in patient pathways and developments in the academic and research arenas and is reflective of our overarching Clinical Services Strategy 2016-18. The Strategy focuses on how the Hospital can best contribute as part of the Dublin Midland's Hospital Group and the Children's Hospital Group. The report can be accessed [here](#) on the Hospital website.

Our ethos of "People Caring for People" is reflected in the Annual Report. It highlights one of the major challenges for the Tallaght University Hospital catchment area as the projected population growth for those aged over 75 years is forecast to increase by a staggering 322% by 2041. This challenge requires significant resources as well as a coordinated response by our policy makers, political leaders and health professionals as to how we can meaningfully respond and address this challenge over the coming years.

As the biggest employer in the Tallaght area we are cognisant of our responsibility as a member of the wider community and I am delighted to see this reflected in initiatives such as the highly successful community health talks and in ongoing links with South Dublin County Council, the Institute of Technology, local schools and our partners in the newly formed Local Integration Care Committee (which is representative of our community colleagues and General Practitioners) and of course our volunteer service to name but a few.

“This annual report reflect the progress being made in clinical services both in terms of improvements in patient pathways and developments in the academic and research arenas”

One particular initiative that the Hospital was very proud to be associated with was the joint initiative between WALKways and Tallaght University Hospital and the Dublin & Dún Laoghaire Education and Training Board. This programme sought to help job seekers with intellectual disabilities gain relevant and meaningful work experience to ultimately assist them gain paid employment in the open labour market. Eleven job seekers worked across various departments in the Hospital. I would like to sincerely thank the staff of the various departments for their huge support and commitment in embracing this initiative so enthusiastically.

This outward focus is also reflected in our involvement in the development of the Tallaght Health Quarter adjacent to the Hospital campus. One of the many projects at an advanced stage, is the planning of the ambulatory outpatient services in the SIMMs building at Tallaght Cross West which will open in 2018.

2017 also saw the commencement in construction of the Corporate Services building and Crèche to facilitate the building of a new Paediatric Outpatient and Urgent Care Satellite centre which will ensure the continuation of paediatric services on campus albeit under the future governance of the Children’s Hospital Group. I would also like to commend the Executive Management Team and Board Members who have pro-actively engaged with and facilitated the new Children’s Hospital project becoming a reality.

The emphasis on education and learning in all forms such as the arts, postgraduate programmes, research activities, symposiums etc. are clearly demonstrated in this report. The support of the Foundations is crucial in supporting these endeavours which is greatly valued by the Board Members, hospital staff but most importantly the patients and families we serve. Recognising the benefits of philanthropy the Board are at the advanced stage of supporting the establishment of the Tallaght University Hospital Foundation.

The excellent work by the staff of the Hospital is recognised in the awards and achievements section of this report.

To David Slevin, Chief Executive, his Executive Management Team and Dr. Siobhán Ni Bhriain, Chair of the Medical Board, and Clinical Director Dublin South Central Mental Health Services and every staff member who goes above and beyond, day in day out, in what can only be described as an ever changing and challenging working environment our sincerest thanks and appreciation.

Liam Dowdall
Chairman

2

Hospital Board / Executive Organisational Structure



Board Members from the back left to right Ms. Anna Lee, Mr. David Seaman, Dr. Anne Marie Brady Dr. Jim Kiely, Vice Chairman. Front row left to right Mrs. Mairéad Shields, Mr. Liam Dowdall, Chair, Professor Patricia Barker. Missing from the photograph are Mr. Andreas McConnell, Archdeacon David Pierpoint, Prof. Cathy Monks, Mr. Eddie Brown and Mr. Mark Varian

In accordance with bye-laws made in November 2014 under the Tallaght University Hospital Charter, the Board comprises 11 members appointed as follows:

- one member appointed by the Adelaide Hospital Society;
- one member appointed by the Meath Foundation;
- one member appointed by the National Children’s Hospital;
- four members appointed by the Minister for Health on the nomination of the Church of Ireland Archbishop of Dublin/President of the Hospital;
- one member appointed by the Minister for Health on the nomination of Trinity College Dublin;
- one member appointed by the Minister for Health on the nomination of the HSE; and
- two members appointed by the Minister for Health on the nomination of the Hospital Board.

The Chairperson is elected from the Board from among the members appointed by the Minister. The Vice Chairperson is appointed by the Board from among its members.

No remuneration is paid in respect of Board Membership.

Board members may be recouped for reasonable expenses incurred in accordance with the standard public service travel and subsistence rates. Details of any such payments to Board members are provided in the Hospital’s annual accounts.

In accordance with the HIQA report of 8 May 2012, no employee of the Hospital can be a member of the Board. However, the Chief Executive and appropriate members of the senior management team generally attend and participate in Board meetings. This is designed to ensure, on the one hand, that Board members are fully aware of the practical impact on the Hospital of their decisions, and on the other hand, that the senior management team is fully aware of the governance and other requirements of the Board. The aim is to achieve a corporate approach by all concerned. Decisions are taken by consensus involving both the Board members and the management team but, should a vote be required, voting is confined to Board Members.

Board Members (13)

1. Mr. Michael Scanlan (Chairman) (resigned May 2017)
2. Mr. Liam Dowdall (Vice Chairman) (stepped down as Vice Chair and elected as Chairman in May 2017)
3. Mr. Andreas McConnell (resigned January 2018)
4. Mrs. Mairéad Shields
5. Professor Patricia Barker
6. Mr. David Seaman
7. Ms. Anna Lee
8. Archdeacon David Pierpoint
9. Professor Kathy Monks
10. Dr. Jim Kiely (elected to Vice Chair September 2017)
11. Mr. Eddie Brown (appointed to the Board in July 2017 and resigned from the Board in January 2018)
12. Mr. Mark Varian (appointed to the Board in March 2018)
13. Dr. Anne-Marie Brady (appointed to the Board in March 2018)

Executive Management (10)

1. Mr. David Slevin, Chief Executive Officer (CEO)
 2. Ms. Lucy Nugent, Deputy Chief Executive Officer (Deputy CEO)
 3. Dr. Siobhán Ní Bhriain, Chair Medical Board
 4. Dr. Catherine Wall, Clinical Director, Medical Directorate
 5. Dr. Eleanor O'Leary, Clinical Director, Peri-Operative Directorate (last board meeting November 2017 and replaced by Prof. Paul Ridgway who first attended Board in January 2018)
 6. Dr. Daragh Fahey, Director of Quality, Safety & Risk Management (QSRM)
 7. Mr. John O'Connell, Executive Director of Human Resources (last Board meeting March 2017 and replaced by Ms. Sharon Larkin who first attended Board in June 2017)
 8. Mr. John Kelly, Chief Operations Officer (COO)
 9. Ms. Hilary Daly, Director of Nursing (last Board meeting in May 2017 and was replaced by Ms. Áine Lynch in May 2017)
 10. Mr. Dermot Carter, Director of Finance
- Ms. Madeline O'Neill, Board Secretary

Board Committees

The Committees established by the Board to date are the Audit Committee; Finance Committee; Staff & Organisation Development Committee; QSRM Committee; and Governance Committee (disbanded in February 2017). The Nominations committee was established and had its first meeting in August 2017. Each committee has specific functions in assisting the Hospital Board to fulfil its oversight responsibilities. Membership of the Board committees is as follows:

Audit Committee

- o Professor Patricia Barker (Chair)
- o Professor Richard Reilly (resigned as Board member in October 2016 but remained on as an external member of the committee until his resignation in April 2018)
- o Mr. Seán Quigley (External Member)
- o Mr. Peter Dennehy (External Member)

Staff & Organisation Development Committee

- o Mr. David Seaman (Chair)
- o Mr. Andreas McConnell (Board Member) (resigned from the committee in November 2017)
- o Mr. Brendan Mulligan (External Member)
- o Professor Kathy Monks (Board Member)

Quality, Safety & Risk Management Committee

- o Mrs. Mairéad Shields (Chair)
- o Ms. Anna Lee (Board Member)
- o Mr. Ciaran Young (External Member)
- o Professor Richard Reilly (resigned as Board member in October 2016 and remains on the committee as an external member)
- o Dr. Gerard O'Connor

Nominations Committee

- o Mr. Liam Dowdall (Chair)
- o Dr. Jim Kiely (Vice Chair)
- o Mr. David Seaman (Board member)

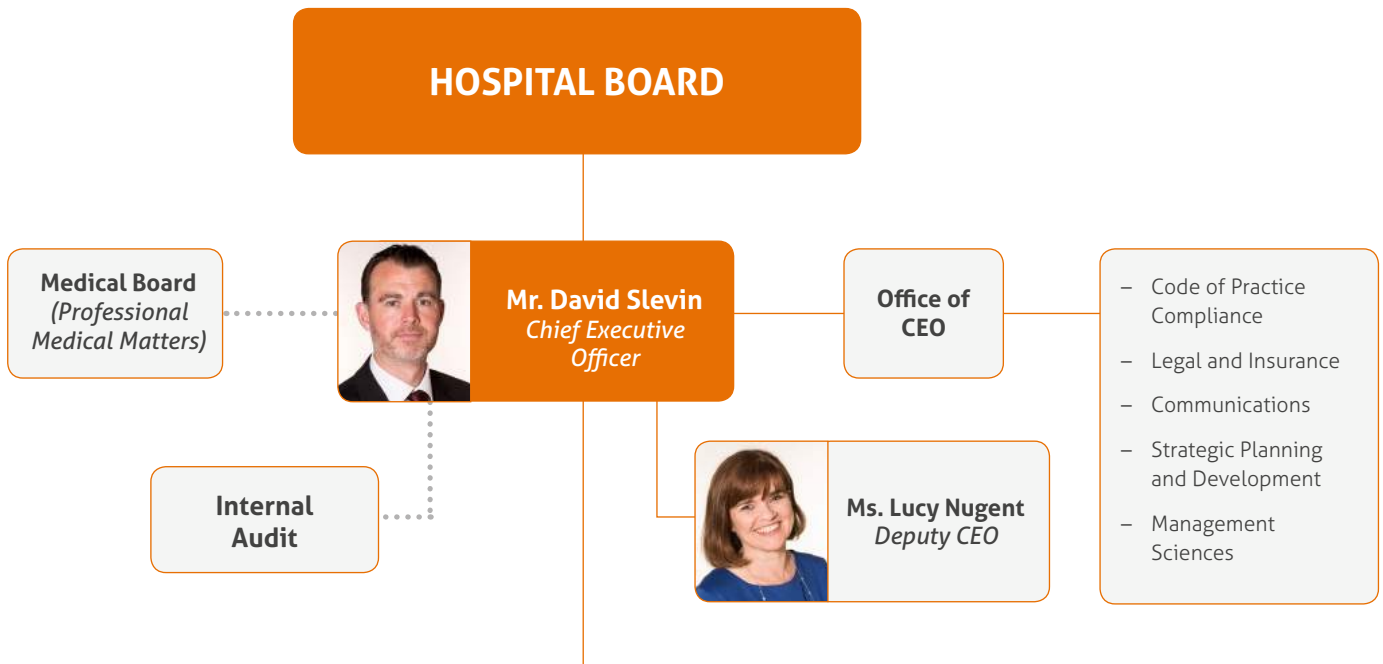
Finance Committee

- o Dr. Jim Kiely (elected Chair in June 2017)
- o Mr. Edward Fleming (External Member)
- o Mr. Declan Lyons (External Member)

Hospital Board Meetings Attended in 2017

Name	Expected no. of meetings to attend 2017	No. of meetings attended 2017
Mr. Michael Scanlan, Chairman	4	3
Mr. Andreas McConnell	10	8
Mrs. Mairéad Shields	10	10
Mr. Liam Dowdall	10	9
Archdeacon David Pierpoint	10	5
Professor Patricia Barker	10	9
Mr. David Seaman	10	8
Ms. Anna Lee	10	9
Ms. Kathy Monks	10	9
Mr. Jim Kiely	10	9
Mr. Eddie Brown	4	3

2.1 Executive Organisational Structure



Executive Management Team



Mr. Dermot Carter
Director of Finance



Ms. Sharon Larkin
Director of Human Resources



Dr. Catherine Wall
Clinical Director
Medical Directorate
Lead Clinical Director



Dr. Eleanor O'Leary
Clinical Director
Perioperative Directorate



Dr. Ciara Martin
Clinical Director
Paediatric Directorate



Dr. Ronan Browne
Clinical Director
Radiology Directorate



Dr. Michael Jeffers
Clinical Director
Laboratory Directorate



Mr. David Wall
Director of ICT



Mr. Ciaran Faughnan
Director of Estates & Facilities Management



Dr. Daragh Fahey
Director of Quality
Safety & Risk Management



Ms. Áine Lynch
Director of Nursing



Mr. John Kelly
Chief Operations Officer

Executive Management Team

MR. DERMOT CARTER

Director of Finance

Financial Accounting | Management Accounting | Treasury | Payroll | Settlements Unit | Procurement and Contracting | Finance Systems Policies and Procedures | Financial Policy Compliance | HIPE | Accounts Receivable

MS. SHARON LARKIN

Director of Human Resources

Recruitment | Staff Relations | Medical Admin and Management | Superannuation | Personal and Organisational Development | Workforce Planning and Control | Absenteeism | Policy Compliance | Workforce Systems, Policies and Procedures | Credentialing | Post Graduate Medical Centre | Learning and Development | Ethics in Public Office

DR. CATHERINE WALL

Clinical Director Medical Directorate and Lead Clinical Director

Clinical Services Organisation and Delivery Assurance
Implementation on National Clinical Care Programmes

DR. ELEANOR O'LEARY

Clinical Director Perioperative Directorate

Management of all Staff in Directorate:

- Health & Social Care Professionals
- Nursing/Health Care Assistants
- Clerical & Administration

DR. CIARA MARTIN

Clinical Director Paediatric Directorate

Management of Budget for Clinical Directorate

DR. RONAN BROWNE

Clinical Director Radiology Directorate

Quality, Patient Safety & Risk Management

DR. MICHAEL JEFFERS

Clinical Director Laboratory Directorate

MR. DAVID WALL

Director of ICT

Electronic Medical Record | Enterprise Resource Planning (Business Systems) | Telephony - Multi Media (PACS/Teleconf) | Info Systems and Reports | RF Services | Data Protection | Data Controller | Data Quality and Standards | Information Governance | FOI | Medical Records

MR. CIARAN FAUGHNAN

Director of Estates & Facilities Management

Catering | Housekeeping | Estate Management | Logistics | Facilities Management | Technical Services | Projects | Security Services | Car Parking | Mortuary | Decontamination Services | MPBE | Volunteer Services |

DR. DARAGH FAHEY

Director of Quality Safety & Risk Management

Development of all Hospital QSRM Policies and Procedures | Risk Management | Risk Register | Monitor/Assure Implementation of all QSRM Policies | Licensing and Regulation | QSRM KPIs | Compliance and Assurance | Clinical Audit | Health Promotion | Safety and Health at Work | Occupational Health | Ethics Programme

MS. ÁINE LYNCH

Director of Nursing

Nursing Standards | Nursing Practice/Professional Development | Nursing and Allied Education Development | Clinical Information Centre | Patient Advocacy and User Involvement | Pastoral Care | Arts | End of Life Services

MR. JOHN KELLY

Chief Operations Officer

Operations Oversight/Responsibility and Assurance | Service Planning | Bed Management | Operations Systems, Policies and Procedures | Compstat | Production and Performance Compliance | Health and Social Care Professionals Manager | Pharmacy | Medical Photography

3

Message from the Chief Executive Officer



David Slevin
Chief Executive Officer

Welcome to the 2017 annual report which affords me the opportunity to reflect and acknowledge many achievements of the past year. Whilst the Hospital and the wider health system is under sustained pressure to meet increasing demands with less resources there is much to celebrate.

The opening of the Meath Trinity Laboratory is a key development in the Hospital's research activity and the Hospital values its partnership with Trinity College and in particular with the Institute of Population Health which is now located in the nearby Tallaght Health quarter. Building on the previous work of the HANA report the Hospital looks forward to further engagement and collaboration with our health partners such as the LInCC to improve the health and wellbeing of the wider population of Dublin South West. Uniquely as a member of two hospital groups (Dublin Midlands Hospital Group and the Children's Hospital Group) the Hospital continues to support the model of care for paediatrics and the recently launched DMHG Strategy 2018 – 2023 *Building a Better Health Service – Our Vision for Hospital's*.

There were a number of key changes in senior Executive positions that I wish to recognise, in particular the appointment of Ms. Áine Lynch to the post of Director of Nursing in March 2017, following the departure of Ms. Hilary Daly, Director of Nursing, after many years of dedicated service to the Hospital. Her legacy will continue under the leadership of Ms. Áine Lynch who we welcome back, as she is no stranger to the Hospital having worked here previously. 2017 also saw the departure of our chairman Mr. Michael Scanlan who was of instrumental support to me as CEO but also to the wider Executive Management Team. His years of wise counsel and experience has put the Hospital on a stable operational and financial basis from which we can now grow and develop services under the Chairmanship of Mr. Liam Dowdall who I welcome on behalf of the Executive Management Team and all staff. Dr. Eleanor O'Leary stepped down at the end of the year as the Clinical Director of the Peri-Operative Directorate on completing her term of office. I wish to thank her for her commitment to the role and for her active participation in the Executive Management Team. She is replaced by Professor Paul Ridgway who is a Consultant in Hepatopancreaticobiliary & General Surgeon. I would also like to congratulate Ms. Sharon Larkin on her successful appointment as HR Director following a recruitment process.

“It’s in such challenging times that the true spirit of “Team Tallaght” comes alive and I am proud of each and every staff member.”

In line with our Clinical Services Strategy (CSS), the Hospital continues to develop new ways of working both internally and with our external partners. The Hospital conducted a midterm review of the strategy and noted that 66% of the projects were either in progress or completed. The Hospital’s Capital programme is also closely aligned with the CSS. It is also encouraging to see both our Renal and Critical Care developments included in the Governments Project Ireland 2040 National Development Plan 2018 – 2027.

A number of capital developments are underway or in planning to enhance the infrastructure and environment for patients, their families, the public and staff such as the Corporate Services building and relocation of the Crèche and to facilitate the new Paediatric Outpatient and Urgent Care Satellite Centre. The demolition of the HR portakabin and relocating of the HR team and Occupational Health team off site was a great success due to the positive engagement of all the staff involved, setting an example for us all as we move forward with our expansion into the adjacent Tallaght Health quarter and rejuvenation of the local area.

Another example of staff going above and beyond was during Storm Ophelia when staff made personal sacrifices to ensure the continuity of patient care in a safe environment for which I and the Executive Management Team are truly grateful. It’s in such challenging times that the true spirit of “Team Tallaght” comes alive and I am proud of each and every staff member. I would also like to thank the Executive Management Team and Dr. Siobhán Ni Bhriain, Chair of the Medical Board for their constant support and commitment.

David Slevin
CEO

4

Operational Performance

Operational Achievements and Performance 2017

Tallaght University Hospital (TUH) is a busy trauma hospital based in South County Dublin. Its focus is on providing both emergency and elective care to its community and to the wider population. This is achieved through the provision of paediatric, adult, age-related and mental health services.

Year on year the Hospital is experiencing an increase in emergency activity with attendances to the Adult Emergency Department (ED) exceeding 50,000 for the first time since opening (a 2% increase on 2016). The Hospital strived to meet the needs of an ageing local population, which was evident in the 7% increase in patients over the age of 75 who attended the ED.

To address this, a new structure was implemented in 2017 with the appointments of a Clinical Nurse Manager with responsibility for the management of admitted patients in ED and an Assistant Director of Nursing (ADON) for Patient Flow on the Acute Floor. These individuals work closely with the Hospital's Patient Flow and Discharge Planning teams to improve patient flow both on the acute floor and throughout the Hospital.

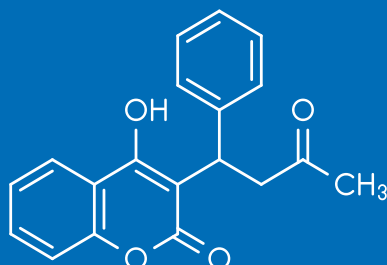
Increased emergency attendances resulted in further challenges in 2017 for scheduling elective activity. The Hospital focused on ensuring that urgent activity was scheduled and patients received their treatment.

To address long waiters on waiting lists, the Hospital managed a three pronged approach; opportunities were taken to work on hybrid models with the private sector to provide waiting lists initiatives; the Hospital worked closely with the National Treatment Purchase Fund from August 2017 onwards with patients across a range of specialties receiving treatment; ongoing validation and management of the waiting list also reduced the number of long waiters. Combined this resulted in a 10% drop in the waiting list over a period of six months and a 44% drop in patients waiting greater than 18 months.

There were in excess of 253,000 adult outpatient attendances in 2017. The Hospital continued to face challenges in meeting the referral rate demand, resulting in a growth in the waiting list. Although no funding was made available from the HSE for waiting list initiatives, the Hospital continued to work locally to improve the patient experience. The Hospital has an average of 23,000 Warfarin attendances each year.

In 2017 a new initiative commenced to identify patients suitable to switch from warfarin to alternative Direct Oral Anti-coagulants (DOACs). This new patient pathway enables patients to be transferred from Warfarin to Haematology, Cardiology or Atrial Fibrillation Clinics. This significantly reduced the patient's requirement to attend the Hospital and have bloods taken. 2017 saw a reduction of 3,000 Warfarin attendances, a drop of 13%.

2017 saw a reduction of 3,000 Warfarin attendances, drop of 13% due to new patient pathway.



Adult Unscheduled Care

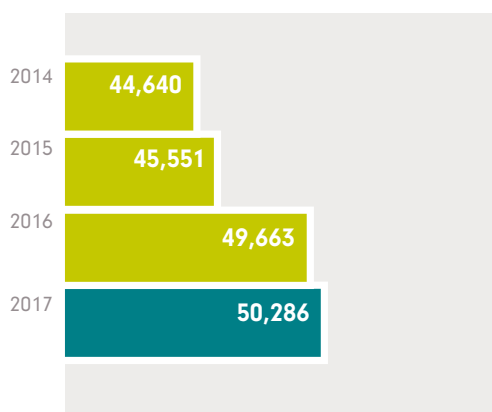
Emergency Attendances

In addition to a record high in adult ED attendances the age profile of attendees is increasingly shifting towards an older population.

This resulted in a 7% increase in over 75 year old attendances to the department with a total of 5,410. There has been a 27% increase in over 75s from 2014 to 2017.

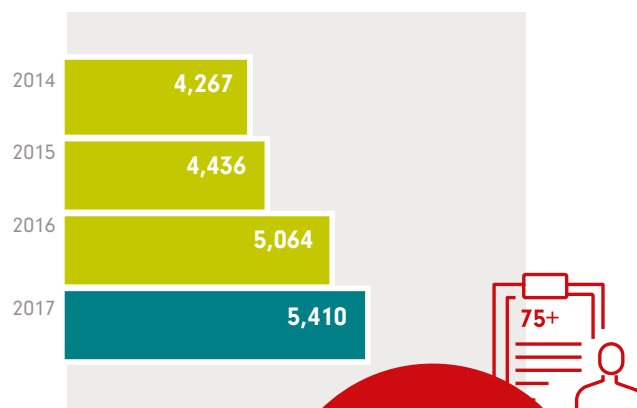
Adult ED Attendances

Number of patients



≥ 75 years old Attendances from ED

No. of Patients

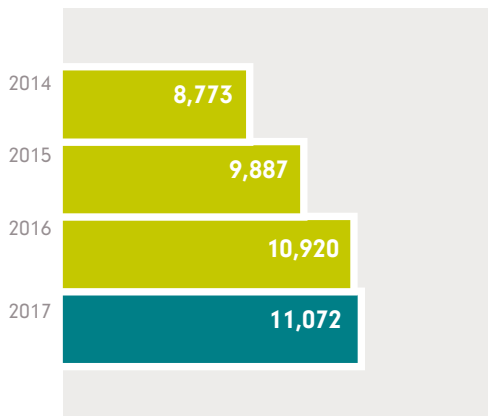


7%
increase in
over 75 year old
attendances
to ED

The result of this change in demographic is an increased level of acuity of these attending. TUH uses the Manchester triage system to clinically prioritise patients based on presenting signs and symptoms. The Triage system runs from Category 5 Non Urgent to Category 1 requiring immediate care. Over the past four years TUH has seen a 26% increase in the number of Category 2 Very Urgent and Category 1 (Immediate).

ED Attendances Triage Category 1 & 2

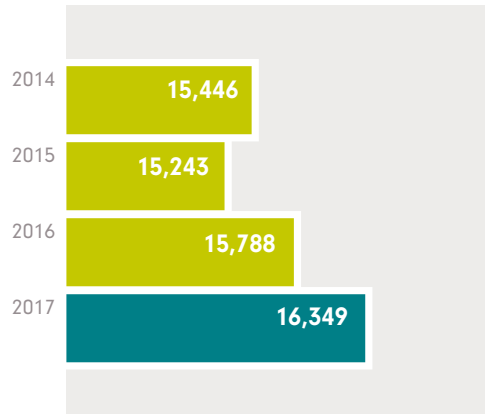
Number of patients



This increase, in both attendances and acuity is showing a corresponding increase in Emergency Inpatient admissions which increased by 3% in 2017.

Adult Inpatient Emergency Admissions

Number of patients



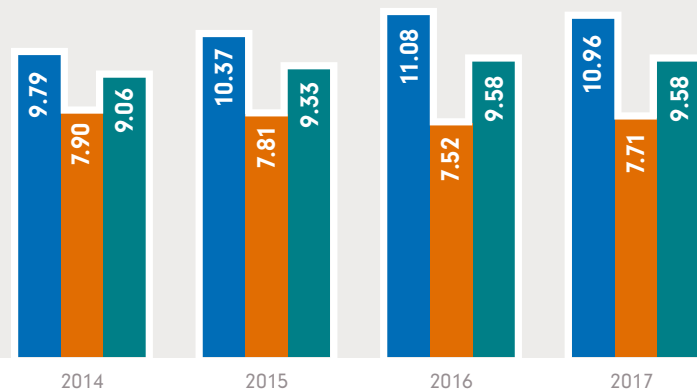
Emergency Inpatient admissions increased by 3% in 2017.

As the profile of admitted patients ages and acuity is greater, the length of stay is also remaining high at an average of 9.58 days. 2017 saw Medical average length of stay drop marginally to 10.95 days, while surgical average length of stay increased to 7.71 days.

Average Length of Stay

ALOS (Days)

■ MED ■ SUR ■ Total



The length of stay remaining high at an average of

9.58 days



Adult Scheduled Care

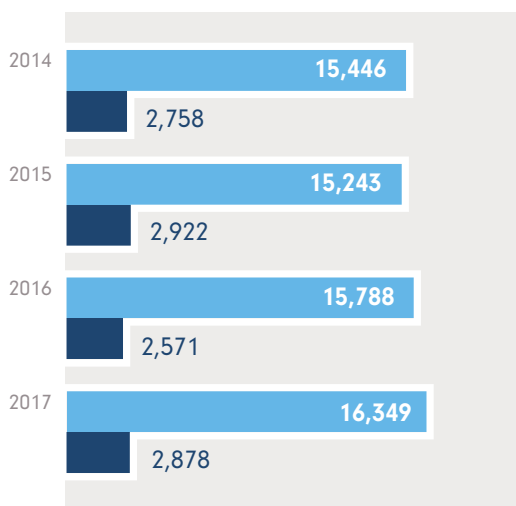
Elective Access

Elective activity in TUH continues to be hampered by a combination of increased non elective admissions and the impact of multi drug resistant organisms on the Hospitals patient flow, which results in bed blockages and longer lengths of stay. Elective inpatient activity increased by 11% in 2017, however, this was still below the 2015 activity levels seen prior to the outbreak of Carbapenem-resistant Producing Enterobacteriaceae (CPE) in September 2016.

Adult Inpatient Admissions

Number of patients

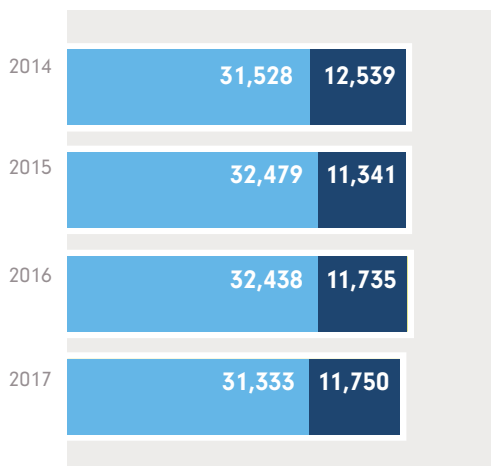
Emergency Elective



Adult Day case Admissions

Number of patients

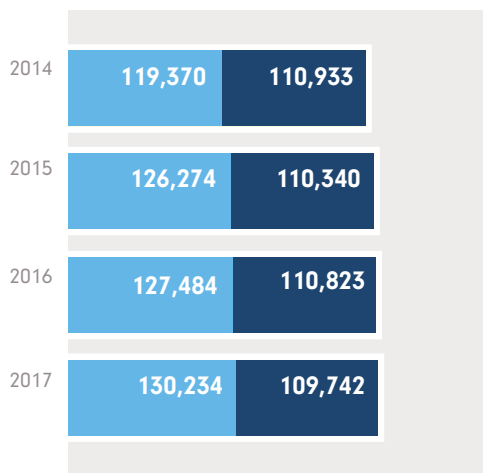
Day case Admissions Dialysis



OPD Attendances

Number of patients

OPD Consultant Led OPD (Nurse & HSCP)

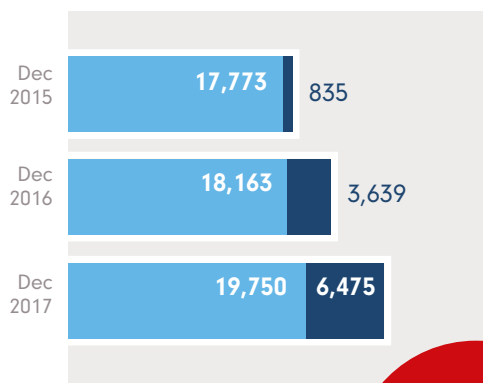


Outpatient Department attendances have increased in recent years, however the rate of referrals has resulted in a growing waiting list.

Adult OPD Waiting List

Number of patients waiting

0-15 Months 15 Months+



Elective inpatient activity increased by **11%**

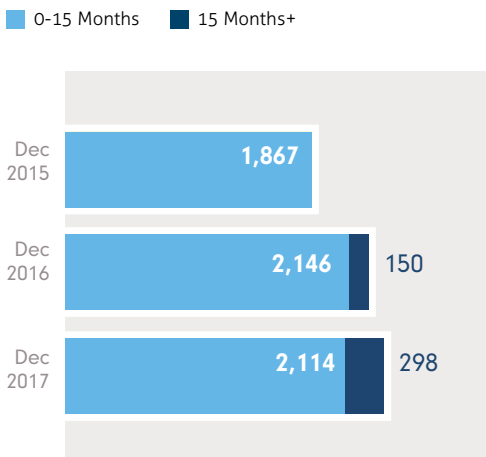


Adult Elective Waiting Lists

TUH worked closely in 2017 with the NTPF to address the growing inpatient and Day case Waiting Lists. Successful initiatives were carried out in specialties such as Orthopaedics, Ear Nose and Throat (ENT), Urology and General Surgery. While day case waiting lists continue to grow, due to reduced activity in house, the inpatient waiting list fell by over 20%.

Adult Day case Waiting List

Number of patients waiting



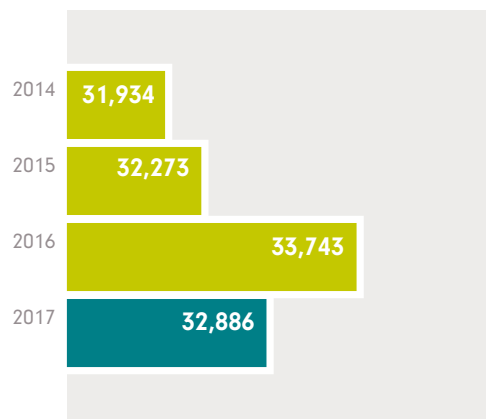
Paediatric Unscheduled & Scheduled Care

Paediatric Unscheduled Care

2017 saw a fall in Paediatric ED attendances of 2%. However, of the patients who attended there was an 11% increase in the acuity of those patients. Emergency Admissions also fell by 4%.

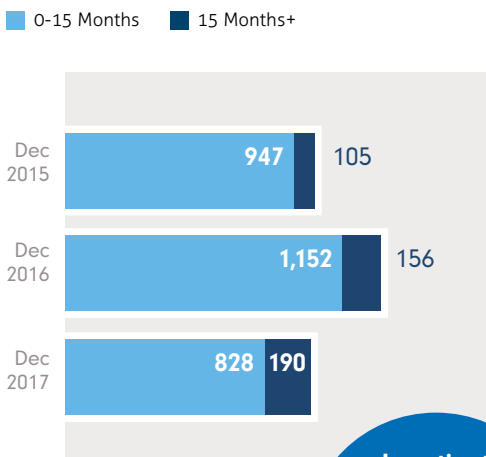
Paediatric ED Attendances

Number of patients



Adult Inpatient Waiting List

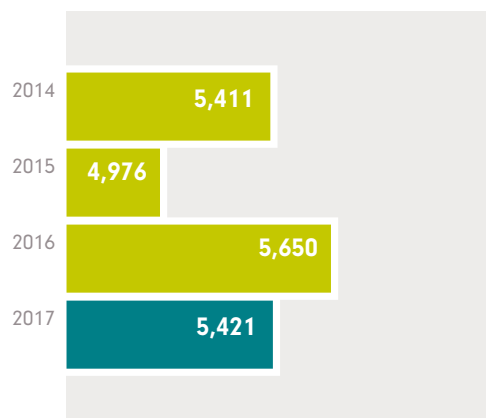
Number of patients waiting



Inpatient waiting list fell by over **20%**

Paediatric Emergency Inpatient Admissions

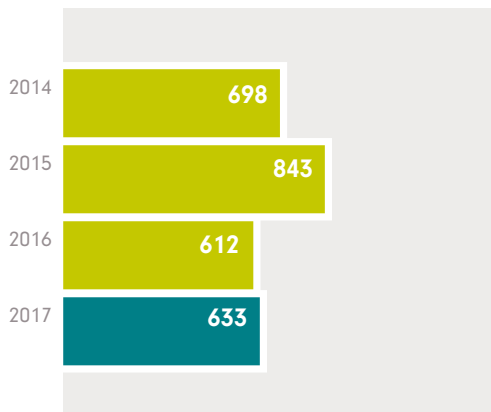
Number of patients



Elective Admissions & Waiting List

Paediatric Elective Inpatient Admissions

Number of patients

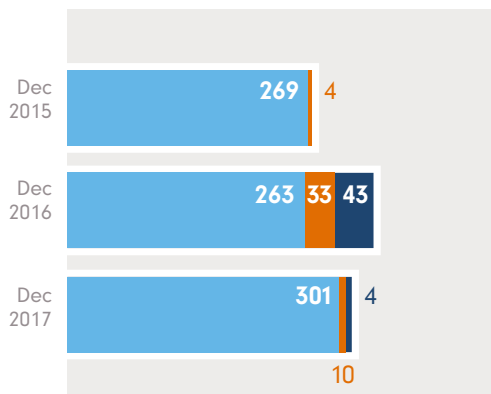


Elective activity increased by 3.5%, this increase in activity was reflected in the reduction of the inpatient waiting list.

Paediatric Inpatient Waiting List

Number of patients

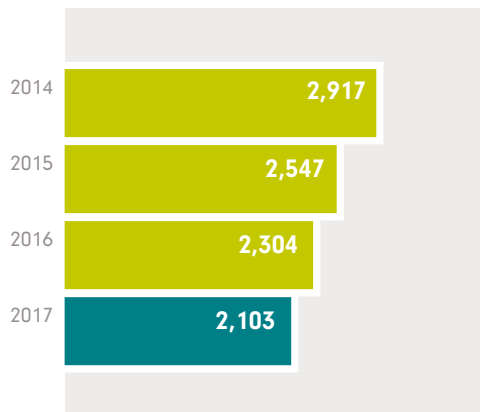
0-12 Months 12-15 Months 15 Months+



Day case activity also fell in 2017 which resulted in an increase in the Day case Waiting List.

Paediatric Day case Admissions

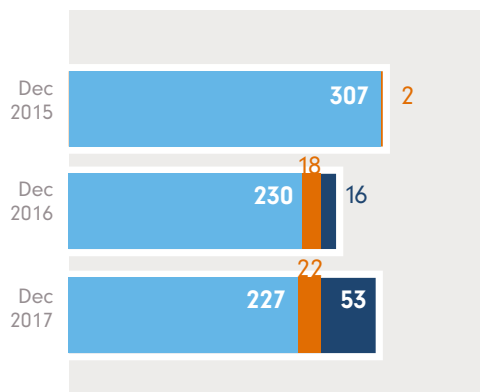
Number of patients



Paediatric Day case Waiting List

Number of patients

0-12 Months 12-15 Months 15 Months+

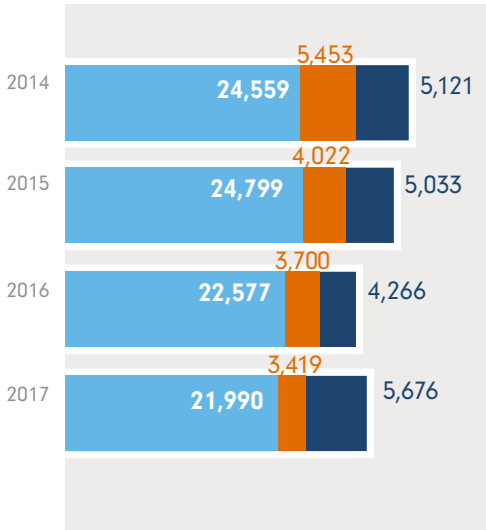


“Elective activity increased by 3.5%, this increase in activity was reflected in the reduction of the inpatient waiting list.”

Paediatric Outpatient Attendances

Number of patients

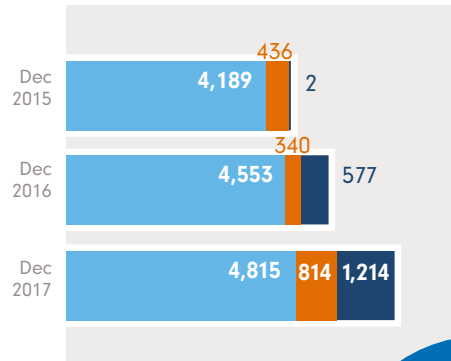
OPD (Consultant Led) OPD (Nurse Led) HSPC



Paediatric OPD Waiting List

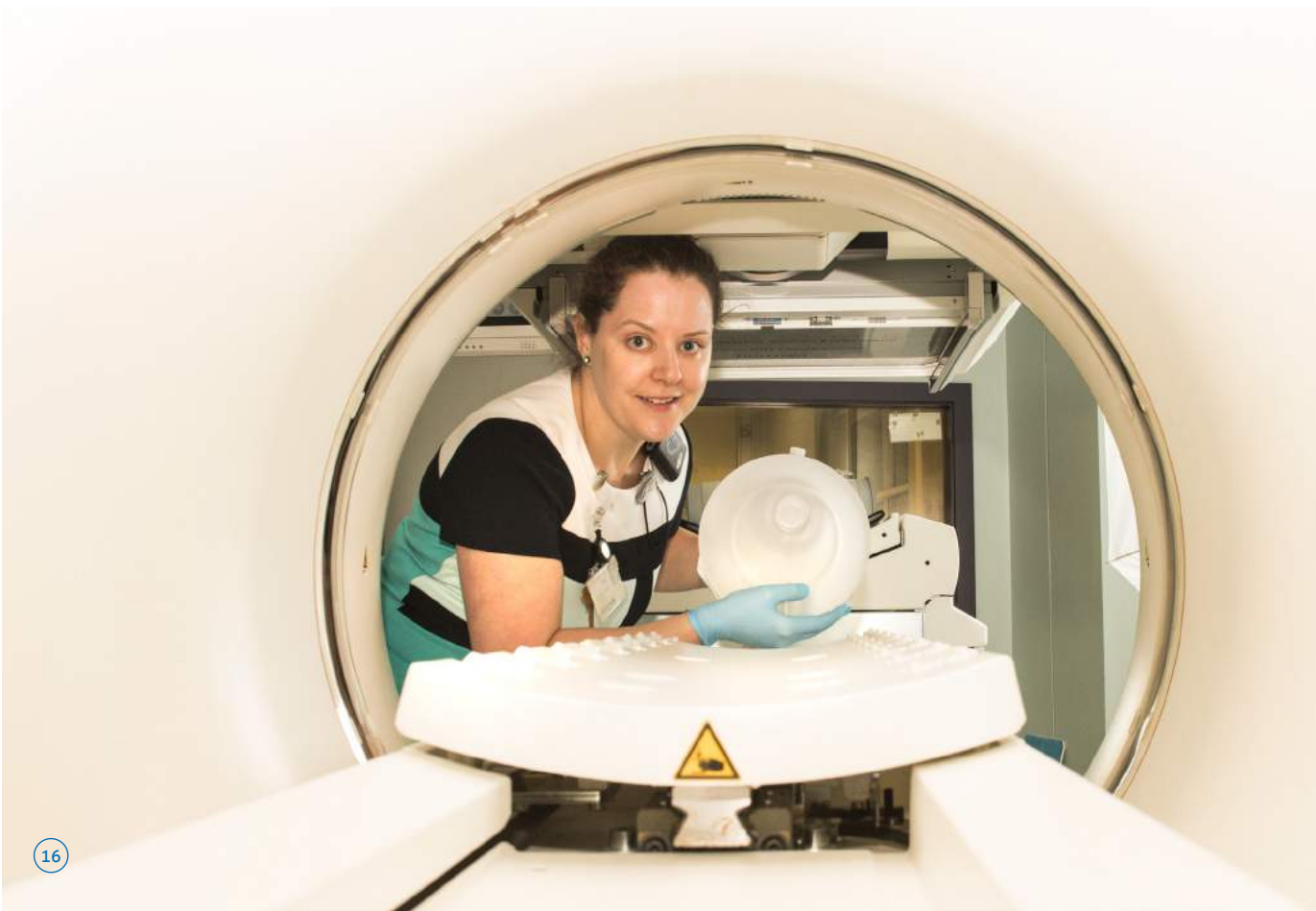
Number of patients

0-12 Months 12-15 Months 15 Months+



Significant drops in Orthopaedic and ENT patients waiting greater than 15 months.

Paediatric Outpatient activity fell in the first half of the year, however, the appointment of new Orthopaedic and ENT Consultants, saw an increase in total activity by year end. The fall off in activity earlier in the year resulted in increased waiting lists, however, these figures were starting to improve by year end, with significant drops in Orthopaedic and ENT patients waiting greater than 15 months.



5

Financial Management Performance

Financial Review

Every year extraordinary breakthroughs are made in the technology, pharmaceuticals and practices used in the management of health. These breakthroughs are resulting in an increasingly ageing population who look to healthcare providers to support their health into old age.

Acute Hospitals play a significant role in the provision of this healthcare. Innovations in any sector, while creating the potential for efficiencies in the long run, often require additional resources. The Hospital also face the on-going challenge of managing a service increasingly impacted by increased requirements for emergency admissions and access to isolation rooms.

This has impacted on the scheduling of elective activity and consequently the Hospital's ability to generate income to support the Hospital's running costs. In this challenging environment, the allocation of financial resources must be carried out in an equitable and value based manner, to ensure that the community the Hospital treats are provided with a quality service within the parameters of the funds available.

With this in mind, and to complement the roll out of the National strategy for the implementation of Activity Base Funding the Hospital set up a dedicated Activity Based Funding (ABF) office, in 2017, with the mission of linking patient level costing with patient activity to ensure the Hospital receives the appropriate level of funding not just for activity levels but also for complexity of care.

In 2017, the Hospital received an increased allocation year on year of 11.3% (€23.2m). Although welcomed, this increase in allocation was not sufficient to meet the combination of the increase in costs and the reduction in income for the year. The Hospital's outturn for 2017 was €229.4m representing a growth in costs of 9.8% (€20.4m) over the full year 2016 outturn of €209m. This growth in costs can be attributed to the following; full year effect of 2016 national pay awards (€2.6m), 2017 national pay awards (€6.6m), service developments 2016 full year impact 2017 (€5.4m), service development funded 2017 (€1.4m), reduction in private health insurance income (€2m), pension costs (€1.5m) and CPE costs (€1m).

Allocation

The Hospital's revenue allocation increased in 2017 by €23.2m, representing an 11% increase compared to 2016. The financial performance of the Hospital in 2017 demonstrated a deficit of €1.5m leading to a cumulative deficit of €20.4m as at 31st December 2017.

Expenditure Overview

In 2017 the Hospital saw the net expenditure increase by 9.8% (€20.4m) when compared with 2016.

Pay and pensions expenditure increased by 6.2% (€11.6m). The reason for the increase is due to the full year impact of 2016 national wage agreements (€2.6m) and the 2017 national wage agreements (€6.6m). Staffing levels for 2017 remained static outside of HSE approved service developments. Agency costs increased €1.3m year on year due to the requirement to fill vacant NCHD posts and increase in pension costs 13% (€1.5m).

Non-pay expenditure increased by 8.8% (€7.1m) mainly as a result of full year impact 2017 of the new service activity (renal dialysis €3.7m) and increased out-sourcing initiatives (€0.7m) to reduce waiting lists and improve access. The impact of CPE in the Hospital during 2017 increased the non-pay costs in the Hospital by €1m in areas such as laboratory reagents and kits for testing, cleaning and laundry. The Hospital incurred additional costs as a result of new laboratory testing equipment (€0.5m) purchased to assist with the early detection and management of CPE.

The Hospital is still dealing with CPE and it continues to be a significant on-going cost to the Hospital.

Income year on year has decreased by 2.8% (€1.7m) mainly due to the reduction in private health insurance income. This is as a result of insurance companies asking patients not to use their private health insurance in public hospitals unless they get access to a single room. The impact to the Hospital is significant as there is not the capacity to offer single rooms to all private patients due to the pressure associated with the requirement to isolate infectious patients. This is a national issue and needs to be addressed directly between the Department of Health (DOH) and the insurance companies.

Finance Division / Systems Upgrades

The Hospital continued to enhance and upgrade the new Human Resources (HR) and Payroll system, SAP HR. This continued focus has created better reporting and transparency in relation to pay.

The Hospital continues to work with St. James's Hospital in relation to the development and enhancement of the SAP Financial system and has successfully developed a link to automatically transfer patient billing information from our Patient Management System to our SAP financial system.

In 2017 the Hospital established an ABF, headed up by David Addie, Financial Accountant, for the purpose of consolidating the role of Patient Level Costing in the Hospital. The move to ABF will mean a greater link between financial and patient activity data and a conversion of the way financial information is collected and processed and the technology used to present it in a meaningful way for all stakeholders. The operation of the ABF Unit will help to ensure that the Hospital gets the appropriate funding for its level of patient activity and complexity.

TUH is at the forefront in relation to income collection and continues to lead and advise in relation to the continuous development of processes and procedures in relation to income collection.



“The Hospital’s revenue allocation increased in 2017 by €23.2m, representing an 11% increase compared to 2016.”

5.2 Financial Accounts

Expenditure and Income Overview

In 2017 the net expenditure increased by €20.4m when compared with 2016. Pay expenditure increased by €11.6m, Non-pay expenditure increased by €7.1m and Income decreased by €1.7m. The principal elements of increases/(decreases) in expenditure and income for the year related to the following:

Expenditure Description	2017	2016
	Inc/(dec) €'m	Inc/(dec) €'m
PAYROLL RELATED		
Pensions, Lump Sums and Gratuities	1.549	0.203
General Payroll Expense	10.046	7.305
Sub Total Payroll Related	11.595	7.508
NON PAY RELATED		
Drugs and Medicines	(0.035)	(0.274)
Blood/Blood Products	(0.344)	(0.175)
Medical and Surgical Consumables	4.798	0.858
Medical Equipment and Equipment Maintenance	0.155	0.254
X-ray Equipment and Supplies	0.215	0.238
Laboratory Equipment and Supplies	(0.320)	1.022
Light and Heat	(0.227)	(0.039)
Cleaning and Laundry	0.269	0.713
Maintenance	0.231	0.542
Transport of Patients	0.868	0.345
Professional, Insurance, Audit & Legal Services	1.046	(0.075)
Office Expenses and Supplies	0.385	0.364
Bad Debt Provision	(0.208)	1.964
Computer Equipment/Supplies	0.167	0.761
Capital Projects	-	(0.731)
Other Miscellaneous	0.158	0.831
Sub Total Non-pay Related	7.158	6.598
INCOME RELATED		
Patient Accommodation Income including Government Levies	(3.272)	(1.524)
Superannuation and Pension Levy	(0.108)	(2.050)
Income from External Agencies	0.024	(0.069)
Other Miscellaneous Income	1.705	(0.101)
Sub Total Income Related	(1.651)	(3.744)
Total Net Expenditure	20.404	17.850

Financial Statements

Balance Sheet as at 31st December

	2017	2016
	€'m	€'m
FIXED ASSETS		
Tangible Assets	26.653	37.046
CURRENT ASSETS		
Debtors	34.802	31.136
Stocks	4.690	4.607
Bank and Cash balances	3.994	2.787
	43.486	38.530
CREDITORS - LESS THAN ONE YEAR		
Creditors	(43.348)	(43.968)
Bank Overdraft	(11.854)	(10.937)
Bank Loan	(0.432)	(0.432)
	(60.634)	(55,337)
NET CURRENT LIABILITIES	(17.148)	(16.807)
TOTAL ASSETS LESS CURRENT LIABILITIES	19.505	20.239
CREDITORS - MORE THAN ONE YEAR	(1.712)	(0.878)
NET TOTAL ASSETS	17.793	19.361
CAPITAL AND RESERVES		
Non Capital Income & Expenditure Account Deficit	(20.456)	(18.953)
Capital Income & Expenditure Account	1.596	1.268
Capitalisation Account	36.653	37.046
	17.793	19.361

6

People Caring for People

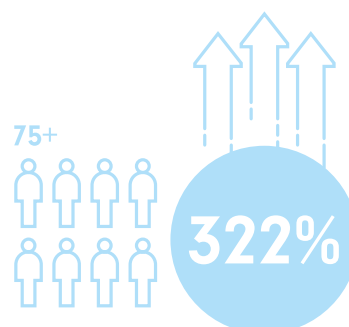
Our ethos "People Caring for People" is reflected in this section of the annual report which showcases just a small number of the exciting ways the Hospital continues to develop services for the patients we care for, as well as the staff who the Hospital is fortunate to have working here day in day out.

The People We Care For

Age Related Healthcare

According to the Central Statistics Office it is estimated that 22% of the Irish population will be over the age of 65 by 2041 and this will present considerable challenges to the health care system. The projected population changes for electoral divisions in the TUH area for >75 years is a staggering 322% increase.

With an ageing population comes an increase in age related conditions such as atrial fibrillation, stroke, falls and fractures and dementia. In a review undertaken by RTE Radio 1, Dr. Rónán Collins, Consultant Geriatrician and his colleagues in Age Related Healthcare, provided insight into the challenges the health care system faces in light of the medical success of an improved lifespan and referenced TUH as prime example of this, as in our catchment area we face an exponential increase in the over 75 population in our area in the next 15 years. The Hospital is preparing for this increase in Age Related Conditions and introducing new processes of care i.e. 24 hour acute stroke service, Atrial Fibrillation clinic and pilot screening programme, a daily stroke prevention/ Transient Ischaemic Attack clinic, Memory Assessment Clinic and Early Supported Discharge Programme for Stroke patients.



“The projected population changes for electoral divisions in the TUH area for >75 years is a staggering 322% increase.”

“With an ageing population comes an increase in age related conditions such as atrial fibrillation, stroke, falls and fractures and dementia.”



Without substantial Gerontological planning and attuning of healthcare pathways and substantial investment in hospital infrastructure the health service is in danger of failing to meet the needs of the aged across the country.

Further focus was placed on the provision of older persons care as Burkitt Ward was reconfigured in August 2017 as an older person’s ward. This was done to provide specialist dedicated multidisciplinary care under the governance of the consultant Geriatricians. The ward was refurbished to meet the needs of the older patient, with a new colour scheme in line with a dementia friendly environment, hand rails, electric beds and a new therapy room with gym equipment to facilitate treatment and rehabilitation. The objective of restricting the ward to older persons is to provide improved quality of care and improving patient flow whilst promoting patient independence and autonomy.

World Chronic Obstructive Pulmonary Disease (COPD) Day

World COPD Day occurred on the 15th November, the aim of the day was to start a conversation about COPD, #LetstalkCOPD. COPD is a common, treatable chronic lung condition that is characterised by shortness of breath, chronic cough and chronic sputum production. A flare up of COPD can lead to hospital admission. Figures from 2016 show that Ireland had the highest rate of hospitalisations due to COPD of all OECD countries, at 389 per 100,000.

By increasing awareness of COPD, the aim is to reduce hospital admissions due to COPD. To help with starting the conversation about COPD at TUH’s information stand in the main atrium the team were supported by members of the local Tallaght COPD Support Group that started earlier this year. This provided staff and members of the public to hear about COPD from their perspective and what they would like people to know about COPD.



Pictured at the COPD Information Desk were from left to right Nicky Coules, Tallaght COPD Support Group; Antoinette Hughes, COPD Outreach; Ciara Scallan, Senior Physiotherapist COPD Outreach; Judy Maxwell, CNM COPD Outreach and Philip Meehan Tallaght COPD Support Group

“When I see young people walk by my window smoking, I just want to run after them and tell them to stop. But I can’t, because my oxygen tubing isn’t long enough!”

One of the stand out comments from a patient during the well supported information morning

Shared Learning Partnerships

Public Education Series in Partnership with the Patient Community Advisory Council

In looking at ways to integrate the community and Hospital closer together and provide health education on chronic health conditions the Patient Community Advisory Council (PCAC) initiated a series of Public Education Talks in the community. The series was launched in January, 2017 and featured medical, nursing and allied health professionals discussing topical and common health issues.

The objectives of the talks were twofold. Firstly to promote self-awareness and self-care in our community, keeping our community healthier and help to live longer with manageable health conditions. The second aim was for the Hospital to be locally active and responsive to the health care needs of the community. The ethos of "People Caring for People" is at the heart of everything the Hospital does and this new initiative brings this ethos to life in a proactive and educational manner.

Commenting at the launch in January, Catherine Heaney, Chairperson of the PCAC and Fettercairn Community Health Project Co-Ordinator, welcomed the announcement, saying; "this series of talks and events will be of huge benefit to the local community around Tallaght University Hospital. We have a growing and an ageing population, where health needs are constantly changing, so this is a very positive development. The community has a strong loyalty to Tallaght University Hospital and it is great to see Tallaght University Hospital return this loyalty by being an active participant in the community."

Each talk was opened by a member of the PCAC who explained its role in working with the Hospital and how this initiative and its content is driven by the community and the feedback that they provide. Our Clinicians then presented on the health topic and this was followed, by what was always a lively question and answer session.

Feedback from the community members of the PCAC to the initiative was overwhelmingly positive and members of the public that attended the talks were also very positive in their feedback.

The Clinicians have been extremely supportive of the initiative and committed the time to do the talks as well as the media work in advance to promote the events. They have really welcomed the opportunity to go out to the community to talk on various health topics and let people know how they can learn to manage their health as well as learn the signs and symptoms of serious illness.

2017 Schedule of Community Talks

- | | |
|--|---|
| <div style="background-color: #e91e63; color: white; padding: 2px; text-align: center; font-weight: bold;">JAN</div> <div style="border: 1px solid black; padding: 2px; text-align: center; font-weight: bold;">31</div> | <p>"Your bowel – what you need to know and why".</p> <p>Dr. Anthony O'Connor, Killinarden Junior School, Killinarden</p> |
| <div style="background-color: #e91e63; color: white; padding: 2px; text-align: center; font-weight: bold;">MAR</div> <div style="border: 1px solid black; padding: 2px; text-align: center; font-weight: bold;">9</div> | <p>" Your Kidneys – what you need to know and why"</p> <p>Professor George Mellotte, Tallaght Library, Library Square, Tallaght</p> |
| <div style="background-color: #e91e63; color: white; padding: 2px; text-align: center; font-weight: bold;">MAY</div> <div style="border: 1px solid black; padding: 2px; text-align: center; font-weight: bold;">10</div> | <p>" Minding your mind through the ages"</p> <p>Professor Gregory Swanwick, Killinarden Community Centre, Tallaght</p> |
| <div style="background-color: #e91e63; color: white; padding: 2px; text-align: center; font-weight: bold;">SEP</div> <div style="border: 1px solid black; padding: 2px; text-align: center; font-weight: bold;">19</div> | <p>" Diabetes – what you need to know and why"</p> <p>Dr. Matt Widdowson, Tallaght Health Fair, Tallaght Stadium</p> |
| <div style="background-color: #e91e63; color: white; padding: 2px; text-align: center; font-weight: bold;">SEP</div> <div style="border: 1px solid black; padding: 2px; text-align: center; font-weight: bold;">21</div> | <p>" Alzheimer's – what you need to know and why"</p> <p>Dr. Sean Kennelly, Eimear Duignan and Clare Mullarkey. Trustus Day Centre, New Seskin Court, Whitestown Way, Tallaght</p> |
| <div style="background-color: #e91e63; color: white; padding: 2px; text-align: center; font-weight: bold;">OCT</div> <div style="border: 1px solid black; padding: 2px; text-align: center; font-weight: bold;">26</div> | <p>" Are You Winter Ready?"</p> <p>Professor Stephen Lane, Respiratory Consultant; Eimear Digan, Senior Dietitian; Martina McGovern, Senior Social Practitioner with the Integrated Care Team for Older Persons and local GP Dr. Catherine Wilkinson, Institute of Technology Tallaght</p> |
| <div style="background-color: #e91e63; color: white; padding: 2px; text-align: center; font-weight: bold;">NOV</div> <div style="border: 1px solid black; padding: 2px; text-align: center; font-weight: bold;">13</div> | <p>" How to be happy".</p> <p>Professor Brendan Kelly, Institute of Technology Tallaght</p> |

“We have a growing and an ageing population, where health needs are constantly changing, so this is a very positive development. The community has a strong loyalty to Tallaght University Hospital and it is great to see Tallaght University Hospital return this loyalty by being an active participant in the community.”



Sharing International Learning on the Containment of CPE – Israel

Visiting from Israel Professor Mitchell Schwaber is an infectious diseases physician and Director of the National Centre for Infection Control of the Israel Ministry of Health. He chaired their national CPE Taskforce and oversaw the successful containment of their outbreak. During a very well attended Grand Rounds he outlined how the containment was achieved and gave some suggestions as to how Ireland could do the same.



Professor Mitchell Schwaber and Dr. Susie Frost before a Grand Rounds 'Special' on CPE

Local Integrated Care Committee (LInCC)



Dr. Aisling Ní Shúilleabhain, LInCC Chairperson

In February 2017 the Tallaght-Clondalkin Local Integrated Care Committee (LInCC) inaugural meeting took place in the Maldron Hotel. The first meeting was ably chaired by the Irish College of General Practitioners faculty elected chairperson, Dr. Aisling Ní Shúilleabhain.

The overarching aim of the LInCC is to enhance the professional working relationships between GPs, consultants, hospital management and the community healthcare organisation (CHO) in order to create more effective and efficient services for patients in the greater Tallaght/Clondalkin catchment area. This involves, but is not limited to the development of integrated care pathways between acute and community services so as to improve patient outcomes whilst establishing an effective medium for communications between all three entities

It is intended that the meetings are open to all interested parties from the local GPs, TUH and CHO7 to attend. To ensure effective decision making and achieve the above aims, a core group has been appointed to conduct the business and administration of the LInCC. The membership of the core group is currently includes:

- Six GPs: Dr. Aisling Ní Shúilleabhain (Chairperson), Dr. Andy Jordan, Dr. Brian Blake, Dr. Catherine Wilkinson, Dr. Darach O'Ciardha and Dr. Hugh Nohilly
- Two CHO7 representatives: David Walsh & Anne O'Shea
- Five Clinical Directors, TUH : Dr. Catherine Wall (lead Clinical Director & Medicine), Dr. Ciara Martin (Paediatrics), Dr. Ronan Browne (Radiology), Dr. Michael Jeffers (Laboratory) and Dr. Eleanor O'Leary (Perioperative)
- Chair of Medical Board, TUH : Dr. Siobhán Ní Bhriain
- Corporate Representatives, TUH : Lucy Nugent (Deputy CEO) & John Kelly (Chief Operations Officer)

HOPE

The European Hospital and Healthcare Federation organises an Exchange Programme each year which involves a four week training programme for healthcare managers. This year each of the 24 participating HOPE countries from across Europe provided an educational programme focused on innovative healthcare projects running in their own country. The training culminated in the Agora event in mid-June where the participants shared their learning. Ms. Lucy Nugent, Deputy CEO welcomed the six participants to Ireland and the Hospital. Lucy Nugent, as President of Health Management Institute (HMI), opened the Agora Conference 'Innovation in Hospitals and Healthcare' on June 12th in Trinity College Dublin.



Pictured from left to right back Row: Benoit Mournet (France), Gillian Colville (UK), Marvin Buskens (The Netherlands), Kai Janisch (Germany) Front Row: Isabel Irigoyen (Spain), Helle Kjaer Hvidtfeldt (Denmark) and Lucy Nugent, Deputy CEO

Our People

TUH values the diversity of cultures and experiences of our staff in which is reflective of the wide ranging community that we serve. The Hospital employs 2,769 staff (whole time equivalents) from 41 different nationalities. This equates to 3,119 individual people who provide our services. Our staff are employed across 13 different Directorates and all contribute to the care of our patients on a direct or indirect basis. The role of the Human Resource Directorate is to support our greatest resource, the management and the staff of TUH.

“The Hospital employs 3,119 staff from 41 different nationalities.”



It is also our role to ensure our staff have the necessary support to deliver quality care to patients and grow as employees while working here. The HR Directorate comprises of three clear pillars – Learning and Development, HR Operations and HR Medical Division.

Each pillar is configured to support the Clinical Directorate Structure within the Hospital. In addition we continue to drive technology usage, in particular our recruitment system – Candidate Manager, our rostering and time and attendance system – CORE and our SAP HR/Payroll system to empower staff and managers and to inform their decision making.

In this section we outline the contribution from the Human Resources Directorate during 2017 to our staff’s recruitment and retention, their development and well-being, as well as acknowledging their role in implementing both national and local modernisation agendas to support better and more efficient care for our patients.



HR Highlights 2017



Mr. Liam Dowdall, Chairman of the Tallaght University Hospital Board pictured with the WALKways Team and external partners involved in the project

Quality Conversations

The Quality Conversations programme is designed to promote positive working relationships between hospital staff, their colleagues and their managers while reminding us that every employee has a duty to maintain a working environment in which the dignity of everyone is respected. A total of 11 programmes were delivered in 2017 with 166 attendees and further programmes planned for 2018. Taking into account work schedules of medical staff, a condensed version of the programme was developed for medical staff. This was trialled in December 2017 with positive feedback and the plan is to continue with this into 2018.

WALK are a local community group that work to provide employment, education and training to young people with intellectual disabilities. WALKways TUH is a joint initiative as a result of a very successful collaboration with the Hospital, WALK and the Dublin & Dun Laoghaire Education and Training Board. The one year programme helps 11 job seekers with intellectual disabilities gain relevant and meaningful work experience, be accredited for their practical learning and ultimately, move on to access paid employment in the open labour market.

Each trainee completes three, four month work rotations and were able to choose from a number of roles across 13 hospital departments; Materials management, National Children's Hospital, Medical Records, Catering, Speech & Language Therapy, Dietetics and Nutrition, Physiotherapy, Occupational Therapy, Volunteers Café and they will work with the Ward Clerks.

The WALKways TUH initiative was officially launched by the CEO's of both WALK and TUH on the 25th September, 2017. The WALKways project is a pilot site for a National Launch in a number of HSE Hospitals. At the 2017 Health Management Institute of Ireland Leaders Award the WALKways TUH Programme were announced as the joint winners.

HR Business Partners

The HR Business Partnering model continues to support the Executive Management Team and Clinical Directorates in their business delivery and change initiatives. One initiative was the rollout of a new Absence Management Policy supported by the introduction of automated line manager absenteeism reports and facilitated workshops.



“WALK are a local community group that work to provide employment, education and training to young people with intellectual disabilities.”



Pictured from left to right Lucy Nugent Deputy CEO; Des Henry, WALK; Catherine Kelly WALK, Aedin O'Toole Dublin & Dun Laoghaire Education and Training Board, Loretta McGonnell HSE, Vicki Hogan WALK, Mick Teehan WALK, Marie McCarthy HR, Sharon Larkin HR, Elaine Birkett HR HSE and Sandra McCarthy CLD

Recruitment & Retention

The Hospital continued to run an extensive nursing recruitment campaign including the use of social media such as Facebook and LinkedIn as well as national and overseas recruitment campaigns. All our graduate nurses were offered permanent posts on qualification.

Interview training workshops took place in 2017 which 65 staff attended. Workshops were also provided for student nurses and transition year students.

A training programme was established for Medical Records staff Grade 3s which involved spending six weeks working with the Teams in order to gain more experience across the various departments in the Hospital. Some of these staff members have since been successful on the Grade IV panel.

Recruitment Activity for 2017



HR Medical Division Highlights

Following discussion with the Clinical Directors, Chair of the Medical Board and our Occupational Health Physician, the Hospital engaged with the Practitioner Health Matters Programme to further enhance the service that is already available for medical staff via the Occupational Health Department and Employee Assistance Programme. This is a confidential service offering support ranging from information and telephone advice to full assessment and referral.

HR Medical Division representatives attended the British Medical Journal Careers' Fair in October 2017 to assess the feasibility of further engagement in order to promote TUH as a preferred option for doctors wishing to locate to Ireland. Further engagement at group level is ongoing.

Tallaght University Hospital Lead NCHD Appointments



As part of a range of initiatives undertaken at national level to improve NCHD recruitment and retention in the Irish public health system, the HSE Human Resources Directorate in collaboration with the National Clinical Director

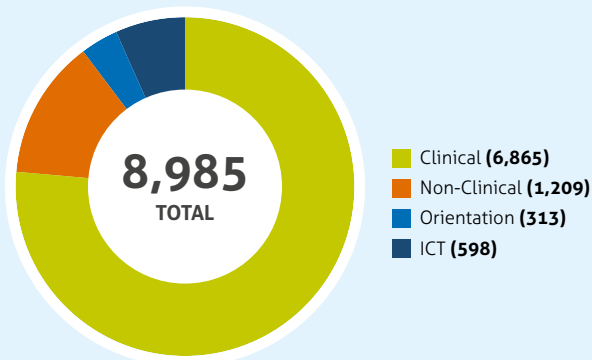
Programme developed a new Lead NCHD role within the public health service. The Lead NCHD role is designed to build on the valuable role NCHDs play in the delivery of health services. NCHDs, individually and as a group, form an essential component of the operational healthcare team and have much to offer hospital management and clinical directors in areas such as healthcare quality and improvement, patient safety and workplace practices and policies. The key objective of the Lead NCHD role is to introduce a formal link at management level between NCHDs and Clinical Directors / Hospital Management, enabling improved engagement and communication between management and NCHDs. In recognition of the volume of work associated with this post in such a large hospital, a decision was made this year to appoint two NCHD Leads. Following interview, Dr. Eva O'Reilly and Dr. Patrick Kerr were appointed to this role.

Centre for Learning & Development

During 2017, the Centre for Learning and Development (CLD) has continued to encompass the values of TUH. The CLD embraces an innovative approach to education, from traditional classroom based face to face teaching to innovative interactive clinical skills and simulation labs and e-learning programmes.

We strive to promote staff growth and development through the provision of a diverse programme of education and training. We aim to facilitate each learners needs whether it is to encourage and guide a staff member towards their first steps into education or support staff to continue through the academic process.

Activity Levels 2017 - Overall Totals



Partnership within the CLD

Nurse and Midwifery Planning and Development Unit; Dublin South, Kildare & Wicklow:

As part of a collaborative initiative with the Nursing and Midwifery Planning and Development unit, Dublin South Kildare and Wicklow, an education coordinator was recruited. The purpose of this post is to enhance the accessibility to education and training of nurses working in the region including those working in mental health, intellectual disability, care of the older person as well as those working in public health. The main aim of this role is to coordinate and develop education programmes to meet the learning need of these nurses.

Continuing Projects in CLD: Clinical Programmes

Venepuncture & Peripheral Venous Access Device (PVAD) insertion education for nursing staff:

Following on from the transfer of task as identified by the Haddington Road agreement, the past two years has seen a committed drive by CLD and Nurse Practice Development of TUH to facilitate the education and upskilling of the nursing directorate. A total of 158 nurses attended education and training in 2017, with 47% of them returning their competency documents on time. Greater than 80% of all TUH Nursing Staff are recorded as competent in venepuncture and PVAD insertion.

Nursing Graduate Education

The long established graduate education pathways continue to progress in 2017. With the national development of level eight modules, TUH staff have had increasing opportunities to access high quality evidence based education. Along with these national programmes, our own in house module programmes continue to provide learning growth and progression to staff. In 2017, six nursing staff members from acute medicine, anaesthetic, vascular and critical care accessed the national programmes while 52 nurses accessed in hospital programmes across the specialities of critical care, emergence, acute medicine, peri-operative and gerontology.

Graduating Nurses

Congratulations to the 78 Nurses that recently graduated on November 30th. Amongst the graduates were 56 General Nurse Graduates from the class of 2013, 16 Children's and General Integrated Degree Programme graduates (CGIDP) from the class of 2012 and six graduates with Higher Diplomas in Children's Nursing from the class of 2016.

The six winners of the Clinical Lecturer in Nursing Award were also announced with clinical nurse managers and staff nurses from the Perioperative, Medical and Paediatric Directorates presented with awards.



The Graduation group pictured with their Clinical Placement Co-Ordinators and Director of Nursing Áine Lynch and Eileen Whelan Chief Director of Nursing for the Dublin Midlands Hospital Group and Suzanne Dempsey Chief Director of Nursing Children’s Hospital Group

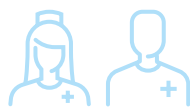
The winners included; Clinical Nurse Manager Lareina Smith from Alice Reeves Day Ward, Staff Nurse Ivana Palesova from Franks Ward, Clinical Nurse Manager Orla Crowley from Ruttle Ward, Staff Nurse Olive Clarke from the Emergency Department, Clinical Nurse Manager Janet Carter from Oak Ward and Staff Nurse Ciara Barry from Maple Ward. Permanent nursing posts are being taken up by 63 of the 78 graduate nurses within the Hospital following their graduation, continuing the Hospital’s trend of retaining a large percentage of student nurses thanks to a bespoke Recruitment and Retention Package and career development opportunities.

QQI Level 5 Award:

In 2017 24 healthcare assistants completed the QQI level 5 major award “Health Service Skills”. Additionally, five learners successfully completed component modules. These are considered minor awards from QQI level five and provide the option to complete a major level five QQI award within the next five years.



Pictured from left to right front row: Brenda Smart, Debra Kearns, Pearl Reilly, Rachel McElroy, Maura Burke, Denia Colar, Mildred Bauto, Maria Nimfa Madayag, Carol Tate and Maria Atkins. Back row from left to right; Geraldine Kyle Course co-ordinator, Bernadette Caulfield, Mary O Neill, Catalina Pohodnicaru, Donna Kerr, Anne Marie Molly, Jennifer Feeney, Catherine Gately, James Clarke, Carmel Keane, Dominador Gomez, Margaret Mitchell, Michael Ancheta, John Payne, Áine Lynch Director of Nursing and Sandra McCarthy, Head of Learning & Development



“Permanent nursing posts are being taken up by 81% of the graduate nurses within the Hospital following their graduation”

“The ICT Department through the CHIP programme are committed to delivering the skills and knowledge which increase our capability to deliver the benefits of our eHealth agenda, and thereby support the care for our patients”

ICT – PRINCE2

A number of our ICT Colleagues who undertook PRINCE2® courses as part of the ICT Change and Improvement Program (CHIP) had a 100% success rate on our first Foundation course! Participants hard work, commitment and, above all Project Management know-how saw everyone through the Foundation exams and progress to the Practitioner stage. The training is part of our drive to upskill our staff and provide everyone with the capability to achieve even greater things. We engaged the experienced training services and expertise of BT Training Solutions, and the results of this collaboration are already speaking for themselves. “The ICT Department through the CHIP programme are committed to delivering the skills and knowledge which increase our capability to deliver the benefits of our eHealth agenda, and thereby support the care for our patients,” commented David Wall, ICT Director.



Participating ICT colleagues in the training include front Row: Brenda Courtney, Siobhan King, Ray Mullen, Corinne Binions, Melissa Lawlor, Chris Rooney, Kathleen Brennan. Back Row: Sarah Reade, Paul Reddy and Liam Brophy

Non-Clinical:

Employee Wellbeing Programme

The Employee Workplace Wellbeing Programme continues with a specific focus on mental and social wellbeing with monthly lunch time talks and financial support from The Meath Foundation.

Some of the topics presented in 2017 included:

- o Resilience
- o Emotional Wellbeing
- o Internet Safety Seminar
- o Professional & Personal Image Presentation
- o Assertiveness
- o Hospital Pension Schemes



Coaching Programme – “SOAR”

The Coaching programme was implemented as an MSc Leadership Project in 2016 and is now part of the leadership academy. A Coaching Governance Committee was established to manage the programme with representation from CLD/HR/Nursing and HSCP Management. In 2017 there were 22 requests for coaching and this was facilitated by four Internal Coaches and two External Coaches. This initiative has been strongly supported and funded by the Meath Foundation.

Data Protection E-Learning Programme

At the end of 2017 the CLD, in conjunction with Director of ICT, an e-learning programme was developed in relation to Data Protection. The aims of the programme are to raise awareness and inform staff of their obligations under Data Protection. The programme promotes an understanding of the key elements of data protection and how they pertain to the Hospital.

Links with our Community

Transition year Programme and Work Experience

The Transition Year two day classroom based programme was delivered twice during the year with 113 attendees. The students particularly enjoyed the practical side of the programme during which the Red Cross came in to do first aid training and tutors from both the Hospital and Trinity College facilitated basic clinical skills demonstrations. TUH's partnership with the local post-primary school, Mount Seskin, continued with approximately 25-30 of their students attending.

Continued Professional Development

12th Annual Tallaght University Hospital Nursing Conference & Clinical Skills Fair

Over 100 clinical staff from across the Dublin region attended the annual conference held last week in the Centre for Learning & Development. The theme for the increasingly popular event this year was Paving the way towards seamless care for older persons. Among the topics discussed at the conference were changing population and future needs, safeguarding vulnerable persons and the national clinical programme for older persons.



Pictured at the event were: Shauna Ennis, Nurse Practice Development Co-ordinator; Sandra McCarthy, Head of the Centre for Learning & Development; Susanna Byrne, Director, Nursing & Midwifery Planning and Development Unit HSE and Aine Lynch, Director of Nursing, TUH



Organisers of the event Caroline Ward and Lisa Dunne, Assistant Director of Nursing Patricia Morrison and Director of Nursing Hilary Daly at the Critical Care Study Day

Critical Care Study Day

The 3rd Annual Critical Care Study Day took place in February, it was attended by almost 100 critical care nurses. The day was a great success embedding the reputation the event is creating, making it an event for ICU nurses around the country to attend. The event was opened by the outgoing Director of Nursing, Ms. Hilary Daly with a variety of experts delivering presentations on a range of topics including difficult airways management in the Intensive Care Unit, Chest x-ray interpretation in the ICU patient, early mobilisation of the critically ill patient, proning in the Intensive Care Unit, Management of acute pancreatitis, AIRVO and the management of the patient with Guillain-Barre Syndrome as well as workshops. The event also provided a valuable networking opportunity for critical care nurses. The Intensive Care Unit Nursing Service at TUH were delighted with the positive turnout for the event and plan to continue on building on the success of these study days and hosting further events. It was organised by Caroline Ward (ICU CNMII) and Lisa Dunne (ICU CNMIII).

“The day was a great success embedding the reputation the event is creating, making it an event for ICU nurses around the country to attend.”

National Children’s Hospital Study Day

The NCH Foundation held its annual Research study day in partnership with the Department of Paediatrics, TCD. Chaired by Paediatric ED Consultant, Dr. Turlough Bolger, the event showcased some of the paediatric research activity within the Hospital, reflecting the diverse and important role research has to play in the delivery of care to children. Mr. Niall Mullen, Vice-Chair of PERUKI, (a UK/ Ireland Research Support network) was guest speaker and provided insight into the future of research in children’s healthcare across both jurisdictions. Staff members, Siobhan O’Connor and Anne Connolly were awarded with their PhD Fellowships.



Pictured from left to right at the event were Stephen Odlum, NCHF Board Member, Prof Eleanor Molloy, Chair of Paediatrics, Trinity College Dublin and Dr. Turlough Bolger, Paediatric ED Consultant

Health and Wellbeing



Vinny Maher Cycle

Professor Vincent Maher had a dream of raising awareness of Cholesterol and for people to find out and know what their Cholesterol number was. His novel approach to take to the roads of Ireland and cycle the length and breadth of the country from Dublin to Mayo and Cork to Donegal certainly grabbed people’s attention! There were large turnouts in the six cholesterol testing centres around the country, members of different cycling clubs from around the country joined him on various parts of the route.

As for spreading the word, interviews on two national radio stations, four regional stations as well as interviews with local, regional and medical media he certainly got people talking about Cholesterol! Professor Maher and Lipid Nurse Manager Ruth Agar will review the data collected and determine what the initial Cholesterol Number for the country actually is. Professor Maher is fundraising to establish an Advanced Lipid Management and Research Centre here in TUH.

Cross Country Cycle

June 30th- July 5th
July 7th- 9th



Professor Vincent Maher



Nursing student Emily McMahon pedalling as Staff Nurse Lorraine Holden keeps track of progress

Positive Ageing

Each year Age Action Ireland celebrate ageing with a Positive Ageing Week with all generations celebrating ageing in their local community. Our own Charlie O’Toole Day Hospital staff and patients celebrated the week with a busy schedule of guest speakers. The speakers were from the Hospital and our wider community with talks from the local Gardaí, South Dublin County Council allotments, music , art therapy, 55+ daily activity and fire safety to name but a few. To keep everyone active during the week there was also a challenge set for patients and staff did a stationary cycle from Malin Head to Mizen a distance of 570km. Many thanks to all who gave of their time and for all those who donned their lycra and helped clock up the miles.

Step Challenge 2017

A total of 140 staff participated in the May Step Challenge and virtually walked the 'Island of Ireland' - a distance of 4,023km, not once but NINE times! This was a phenomenal achievement. Feedback to the Health & Wellbeing Committee was extremely positive with many staff planning to keep up the walking for the summer! The Committee acknowledged the generous support from The Adelaide Health Foundation again this year which enables the Committee to provide prizes for the top four teams. And the winners were: 1st Catering Chancers – Gemma Duignan, Valentine Mahon, Christine King, Aidan Bryant; 2nd Tasmanian Devils – Geraldine Gregg Duke, Helena Greet –O’Connor, Michael Gregg, Laura Duke; 3rd Coola Boola – Ian O’Gorman, Caroline Tyrell, Aisling Grendon, Louise Talbot; 4th Road Runners – Rona Bowden, Caroline Murphy, Thomas Whelan, Christine Clarke. Healthy staff makes for healthier patients.



Pictured left to right Dr. Daragh Fahey, Director QSRM, Catering Chancers team members Aidan Bryant and Gemma Duignan along with Niamh Gavin, CEO of the Adelaide Health Foundation. Members of the winning team absent from the presentation were Valentine Mahon and Christine King



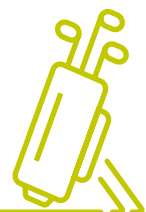
Pictured from left to right Neil Thompson, Jim Barton and John Hynes. Missing members of the team are Ciaran Judge and John Greene

Mindfulness Staff Wellbeing

Helen O’Neill, Senior Clinical Psychologist and Mindfulness Teacher facilitated an Introduction to Mindfulness eight week programme for Hospital Staff. This initiative was supported by the Hospital’s Health and Wellbeing Committee.

Inaugural Consultants Vs Non Consultant Hospital Doctors Gold Cup Golf Outing

Summer 2017 saw another first for TUH. The Inaugural Consultants V NCHDs Gold Cup, which was held in the Palmerstown Stud Golf Club. In what we understand was a very tightly fought match, ultimately youth and vigour prevailed and through excellent play in windy (typical Irish summer) conditions, the NCHD team won. The day was such a success it has been decided to make it an annual event.





The 2017 Summer 99 Crew members were: Dermot Carter, Ian O’Gorman, Joanne Coffey, Linda McEntee, Lucy Nugent, Muireann de Roiste, Pat Conroy and Peter Irvine

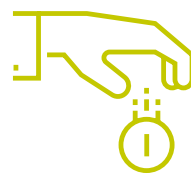
Summer 99

In its third year the Summer 99 Charity Cycle to raise funds for a hospital service was held in June. It turned out to be a scorcher of a day but nonetheless we had 125 hardy souls led by our CEO, David Slevin that took to the roads and safely completed the 40km and 99km cycle routes. Undertaking the organisation of a cycle like this, which grows in popularity each year is a mammoth task and while the crew is small in the run up to the event it grows exponentially in the days leading up to the event and on the day itself. The support of all staff is greatly appreciated in ensuring a safe and fun event from producing the road signs, acting as first aiders and drivers to keeping everyone fed and more importantly watered on the day to photographing the event for future prosperity.

In September, the Summer 99 Crew were thrilled to present a cheque for €30,000 to the Intensive Care Unit. The funds will purchase Advanced Haemodynamic Monitoring equipment and a Bariatric High Dependency Chair.



Pictured at the Summer 99 Charity Cycle funds from this summer were: Professor Gerry Fitzpatrick, Joanne Coffey, Patricia Morrison, Lucy Nugent, David Slevin and Lisa Dunne

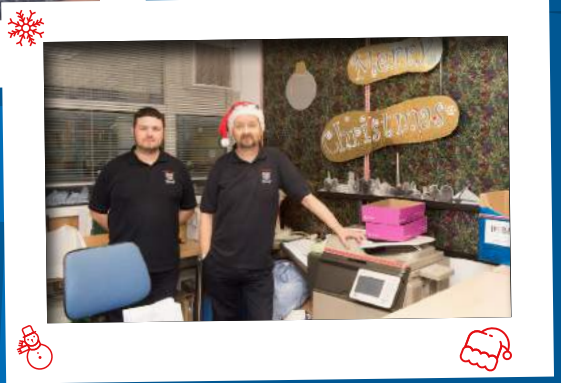


“In September, the Summer 99 Crew were thrilled to present a cheque for €30,000 to the Intensive Care Unit.”

Christmas

Festive cheer was felt all around as the staff of TUH made the most of the Festive Spirit. The Communications Office which acts as a 'Christmas Control Centre' during the month of December issued a Christmas Calendar to keep all staff up-to-date with all the details of the various events planned for Christmas.

The Annual Christmas Lunch, as always, was well attended, with staff happy to see Management donning their aprons to serve the Christmas Lunch. Fantastic support was given by local business in providing prizes for popular raffles that take place at each of the six lunch sittings.



In December the TUH Choir serenaded staff and patients alike in the Chapel, with classics such as Silent Night. The Hospital spirit was lifted by angelic harmonies.



2017 saw the launch of the Hospitals first Christmas Fair in the Canteen. It was a roaring success with many of the stalls selling out of their products. Staff had the opportunity to get in some Christmas shopping, while supporting local businesses. These included the Book People, Christmas Plants & Flowers, Jolly Bakes, Rowdy Jewellery, Tayto Park, the Maldron Gym, Pharmacy O'Regan, CruiseFix, the Hospital Volunteer Services and a selection of work from our volunteer artists.



Santa and Mrs Claus, didn't disappoint this year and visited the Hospital on the 2nd December. A wonderful day was had by all with face painting, balloon modelling and most important a chance to remind Santa that children, one and all, were on the nice list.



The much anticipated Christmas tree competition saw a very high standard with 25 entries this year. The judging panel had a difficult time narrowing down their choice to the winners due to standard but also the 7km they had to walk around the Hospital to make sure they visited all of the entries!

The winners were Lynn Ward (1st), Centre for Learning and Development with "the Graduation of Blended Learning Tree" (2nd) and Occupational Therapy/Portering with "the St Stephens Scooter Tree" which was in memory of our dear colleague Stephen Staunton who sadly passed during the year.



Big thank you to all staff involved,
but particular thanks to Joanne Coffey and Linda McEntee of the Hospital's Communications Department who put the sparkle into Christmas each year.

7

Enhancing the Environment for Patients and Staff

A major milestone was achieved in 2017 with the demolition of the old Human Resources / Le Cheile portakabin, which was no longer fit for purpose. Its removal and relocation of staff has resulted in many positives. The HR Department, Occupational Health and elements of Financial Services are now working out of modern offices at Exchange Hall adjacent to the Hospital which is the appropriate setting to represent our hospital to prospective employees attending for interview. The move to the modern new offices adjacent to the Hospital in Exchange Hall took place on the 24th February 2017.

The move was completed over a weekend to ensure continuity of service and was extremely successful thanks to the support of Mr. Ciaran Faughnan, Head of Estates & Facilities Management and Mr. David Wall, Director of ICT and their teams. The new offices include a suite of contemporary interview and meeting rooms. In preparation for the move the HR Department automated many of its processes and workflows in order to ensure the continuity of a customer focused service.

Another major benefit of the removal of the old HR prefab is that it has given us a large unencumbered brownfield site to develop. A design for a new six storey building incorporating 72 new single room inpatient beds was completed in 2017 and the Hospital are actively seeking the vital support necessary for this additional capacity to meet our ever growing demands for patient care. The design of this new build also includes Day Oncology, Endoscopy, Pharmacy services and a proposed Trinity College Clinical Research Centre on the upper floor.



To kick off the removal of the old prefab the honours were given to Clodagh Byron Telephony Manager who was the first staff member to start work in the portakabin and ironically also the last. She was supervised by Ciaran Faughnan Director of Facilities & Estates and Adam Zylan from Hegarty Demolition, Clodagh thoroughly enjoyed the experience!



Artists drawing of planned Paediatric Urgent Care Centre at Tallaght University Hospital



New Crèche at Tallaght University Hospital



Artists drawing of planned new renal unit at Tallaght University Hospital

Works continued in 2017 to refurbish our hospital infrastructure, maintaining a particular focus on the in-patient wards but also expanding the programme of works to other areas.

In September the National Paediatric Hospital Development Board commenced work on the new replacement building for hospital staff that will be displaced at the front of the Hospital to facilitate the new Children's Hospital Paediatric OPD and Urgent Care Centre. Whilst this new children's facility is a very welcome development in itself, as it maintains our long standing links with paediatric services, it will also deliver a new crèche and modern office building with a central change facility for all staff.

This year we continued on our journey of expansion outside of our campus boundaries and the HSE work commenced on the SIMMS building in Tallaght Cross West that will accommodate our Endocrinology and Neurology ambulatory outpatient services. This will be a state of the art medical facility and provide our patients and staff with much enhanced environment.

The Hospital have set the goal of removing all our existing prefab type buildings as they are coming to the end of life and anticipate that the example of the HR prefab demolition will be replicated over the next number of years on campus.

Design work continued on two of our key major capital projects namely the 12 bed ICU extension and new 28 station Renal Dialysis unit throughout 2017 and progress was made.



Architectural impression of proposed six storey 72 single bed room Build



“This year we continued on our journey of expansion outside of our campus boundaries”



Pictured at the new Volunteer Coffee Shop following its reopening were from left to right Volunteer Kathleen Haugh, Director of Facilities & Estates Ciaran Faughnan, Deputy CEO Lucy Nugent, Mayor of South Dublin Cllr. Guss O'Connell and Volunteer Susan Finlay

Volunteer Coffee Shop

The Volunteer's Coffee shop opened for business on March 6th in their new location to the left of the main atrium. Staff, Patients and visitors alike were delighted to see Carol Roe, our Volunteer Services Manager and the team of volunteers back in operation providing a tranquil area to sit and enjoy a beverage in their new leafy local. The new space supports their original ethos, allowing for more time to engage with patients and visitors.

Coffee Shop & Hospital Shop

After extensive refurbishment the Hospital Shop reopened in August. The new larger space provided improved access for customers to move around in comfort. Called 'Essentials' the larger space will also have wider selection of items available. Opening Hours were extended from 7am-9:30pm Monday to Friday and 8am 8pm Weekends and Bank Holidays. The New shop complements the new coffee shop which Baxterstorey opened in the Main Atrium.

Hospital Chapel & Contemplation Room Refurbishment

During 2017 the Hospital Chapel and Contemplation Room were refurbished with a new flooring and lighting. These restful rooms provide a sacred space, an oasis of tranquillity and peace in a busy hospital.

In addition to the person centred compassionate care offered to patients and staff the healthcare chaplains also support bereaved families following a death in the Hospital. Bereavement services are held in the Chapel every other Month. Over 1,500 family members returned to the Hospital during 2017 to remember their loved one who died.

Very often it is the first time the family have returned to the Hospital following their bereavement and that can be difficult for many. These services have proved to be very helpful and meaningful in the healing process. The bereaved struggle with many intense and painful emotions. Often, they feel isolated and alone in their grief. Knowing that the Hospital remembers their loved one and provides ongoing care to them in providing these services is valued. Very often the families simply say 'thank you for remembering', 'it's nice to know you have not forgotten us'.



“Knowing that the Hospital remembers their loved one and provides ongoing care to them in providing these services is valued.”

Arts in Tallaght University Hospital

TUH recognises the important role that art plays in Health Care. With the support of the Hospital Foundations, our Curator Alison Baker-Kerrigan, Staff, Patients and extraordinarily talented artists, a number of exhibitions and art works were curated in 2017.

Twist of the Wrist

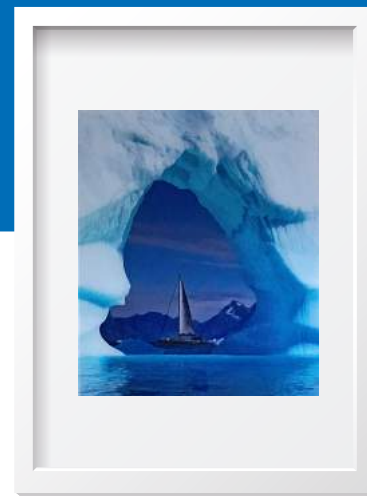
This exhibition of textiles and threads crafted through time was exhibited on Hospital Street. It was created by artists, crafters and makers who all share a love of textiles. Each piece was strikingly different, and all began by using common textile elements, a skilful technique and endless amounts of time. HOPE Created by artist Anna West 'Cloths of Heaven' is inspired by W. B Years poem Cloths of Heaven – the image was created from reclaimed copper wire from electrical cable and plastic shopping bags woven and fused in a heat press. The artworks really compel the viewer to take a closer look at each piece to really appreciate the delicate detail used in each unique handmade piece. Some of the pieces were created by 1st year medical students from Trinity College Dublin who completed a two hour stitching workshop. Their results are quite impressive considering some of them had never threaded a needle before!



Created by artist Anna West 'Cloths of Heaven' is inspired by W. B Years poem Cloths of Heaven – the image is created from reclaimed copper wire from electrical cable and plastic shopping bags woven and fused in a heat press.

'Out of Thin Air'

The spectacular images from photographer Daragh Muldowney were exhibited on the Hospital Street. The 'Out of Thin Air' exhibition featured the unique landscapes of Greenland. There are many predictions that within 25 years there will no longer be any icebergs along the coast of Greenland. The island's shrinking glaciers will retreat inland to calve on dry land meaning that the grandeur and spectacular beauty of the Arctic seascape will be forever changed.' The healing power of Nature engendered a profound sense of peace and calm the photographer felt when taking the picture.



Just one of the spectacular images that appear in the exhibition entitled 'North of Disko'

Music and Wellbeing

Following a publication study in the NHS which found that the prescribing arts activities for patients could lead to significant improvements in their health and wellbeing. This is something we have known in TUH for some time and the Hospital welcomed the opportunity for Clara Monahan, the Hospitals' Music Therapist to share our experience on Morning Ireland, RTE Radio 1.



RTE journalist Louise Byrne interviewing Clara Monahan



Mayor of South Dublin Cllr Guss O’Connell, Professor George Mellotte and Mr. Roderick Smyth, a supporter of the Forget Me Never project at the official unveiling

Forget Me Never

In April, the official unveiling was held of the Forget Me Never project. Forget Me Never consists of 172 individually crafted colourful mosaic leaves, each one is carefully connected to the Irish sourced driftwood branches and tree trunk. The piece was designed by Artist in Residence Lucia Barnes over a two year period, each leaf was created by patients, families and staff involved in the dialysis service in the Hospital. The tree represents the Dialysis Family – past and present, each leaf represents an individual presence, the branches and trunk represent the community reminding us of the level of engagement, commitment and the reality of dialysis treatment. The project is one of the most far reaching, collaborative arts and health projects undertaken by the National Centre for Arts & Health. The project was kindly funded by the PuncHESTOWN Kidney Research Fund, the Meath Foundation, the Smyth Family and staff of the Dialysis Unit. Forget Me Never is located in the main atrium at the back of the Volunteer Coffee Shop.

Can you see what I see?

This was the last in the series of exhibitions in 2017 to appear on Hospital Street. ‘Can You See What I See?’ was a series of hand painted illustrations which were informed by listening to people with dementia, and to those that support them, their families, friends and medical professionals. The artist, Caroline Hyland through the medium of incredibly detailed illustration is taking an informative approach to the everyday. Highlighting supports she has learnt about that can help someone live well or a little better with dementia. Caroline Hyland is an Illustrator and Artist in Residence in the National Centre for Arts & Health here in TUH. She strongly believes that through the medium of visual art, information can be made more accessible to people.

A former Occupational Therapist in the intellectual disability services increased her interest in the area of dementia and she is passionate about the importance of seeing the person and not just the condition. Through her weekly bedside art sessions, voluntary opportunities and illustrative work Caroline actively strives to highlight the importance of supporting people to maintain interests and stay engaged. She firmly believes that people can and should be supported to live well with dementia. The overall purpose of this series of paintings is to complement the existing dementia awareness campaigns and add to the general public’s knowledge of dementia so people can understand this disease together and support each other.



Daddy wraps his arm around Mammy pointing to the heart surrounded by kisses as they stand together admiring the drawing. Tomas continues to colour-in more pictures and make signs that help Mammy remember

8

Interdisciplinary Approach to Healthcare

Atrial Fibrillation (AFib) Clinic - First of its kind

Stroke is a leading cause of death and disability, Atrial Fibrillation (AFib) causes one in three stroke in Ireland. The detection and effective treatment of AFib to prevent stroke is a priority of the National Stroke Programme. The European Society Of Cardiology has specified the need for multidisciplinary management of AFib and TUH set up the first multidisciplinary AFib Clinic of its' kind in Ireland in August 2015.

Initially set-up to ensure the prompt and safe prescribing of direct oral anticoagulants (DOAC) and provide education to patients with AFib. The service has developed a care pathway ready to "go live" to GPs which will prompt rapid and safe stroke prevention for patients newly diagnosed with AFib in GP practices and also reduce the unscheduled attendances and admissions for patients with AFib to our Emergency Department. This will improve access to the specialist care provided by TUH, while providing further integration with the community.

AFib is the most common cardiac arrhythmia, affecting up to 5% of those over 60 years and approximately up to 10% of the adult population over 80. In Ireland the population of 65 years and over is increasing at a rate of 4% annually and in the Tallaght region the population over 75 is set to increase by 500% in the next 10 years and with it the potential for big increases in AFib and stroke.

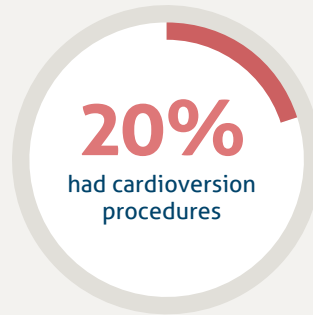
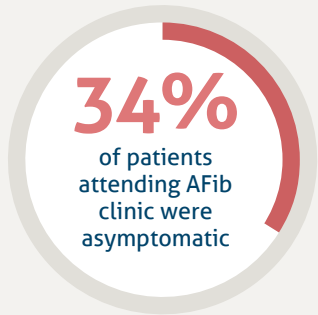
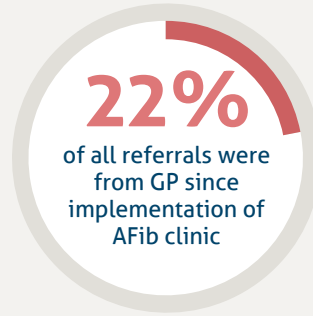
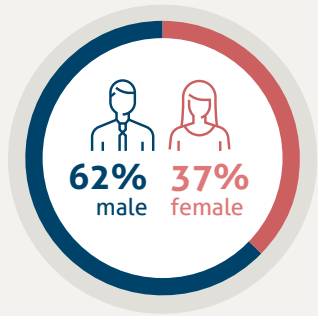
As part of a research initiative, Community based remote Electrocardiography (ECG) monitoring for the detection of AFib in a cohort of 340 'high risk' patients picked up 46 patients with some evidence AFib, almost 1:7 people within this cohort.

AFib is a growing public health concern and is associated with a five-fold risk of stroke and stroke risk increases with age. AFib related stroke is likely to be more severe than non-AFib related stroke. Importantly AFib is also associated with a three-fold risk of heart failure and a two-fold increased risk of both dementia and mortality.



“AFib is a growing public health concern and is associated with a five-fold risk of stroke and stroke risk increases with age.”

Profile of patients attending the AF Clinic at TUH



The need to increase the clinic to bi-weekly was implemented in July 2017 with three new patients seen at each clinic and five return patients.

The AFib team is interdisciplinary with Age-Related Health Care /stroke-service, Cardiology, Pharmacy, and Haematology with a regular MDT and research meeting. The AF intranet site was launched as an in-hospital guide to "What to do with AFib diagnosis", with plans to roll out to GPs in 2018. This includes the AFib referral form to clinic, guidelines, calculators, PCRS form and TUH Adult Medicines Guide.

Information and the education of patients and of their partners and family is very important to encourage a self-management role. Importance of pharmacy in the multidisciplinary clinic was identified early for patients using DOACs and other cardiac drugs, to spot drug interactions and to impart important counselling and compliance points which are most suitably managed by the pharmacist. Education starts from referral by the Doctor, AFib and anticoagulation booklets sent out to patients prior to their clinic appointment. An enquiry line is also available.

The AFib clinic is co-directed by Dr. Rónán Collins and David Moore and was initially set up with support from the Adelaide Health Foundation, Irish Heart Foundation and industry support. Most recently HIQA gave our new initiative a positive mention and it is hoped we can grow and develop this much needed service and prevent stroke, with hospital management support.

Quality improvement initiatives to improve patients' knowledge of their medicines

Patient education on anticoagulant medications:

Oral anticoagulants and more recently direct oral anticoagulants (DOAC) have been widely identified as high-risk medications which continue to be a key medication safety priority in many hospitals inspected.

To reduce this risk, clinical pharmacy counselling can be provided to patients who are commenced on anticoagulant medication. In other hospitals where clinical pharmacy were only assigned to certain ward areas, patients were provided with anticoagulation counselling on their assigned wards and in other areas of the hospital if requested by nurses or doctors.

For example, Tallaght Hospital had set up an atrial fibrillation clinic with the support of the pharmacy service to manage atrial fibrillation and supervise the use of direct oral anticoagulants (DOACs).

Naas Hospital pharmacy departments had also established outpatient education clinics for patients who had commenced on direct oral anticoagulant medication. This was an example of how hospitals optimised their available clinical pharmacy resources to provide standardised care to patients prescribed high-risk medications.



Medication safety monitoring programme overview report



Pictured at the launch of the new Are You Winter Ready? campaign launched in the Hospital on October 26th from left to right are Trevor O'Callaghan, CEO DMHG; Eileen Whelan, Director of Nursing & Midwifery Dublin Midlands Hospital Group (DMHG); John Kelly, Chief Operating Officer, TUH; Dr. Ellie O'Leary, Clinical Director Peri-Operative Directorate, TUH; Dr. Daragh Fahey, Director of QSRM TUH; Dr. Catherine Wilkinson from GPs at Tallaght Cross; Professor Stephen Lane, Respiratory Consultant at TUH; Mr. Martin Feeley, Clinical Director DMHG; Lucy Nugent, Deputy CEO TUH and Aine Lynch Director of Nursing, TUH



Winter Ready

Winter provides for a very predictable yet challenging period for already busy hospitals. In 2017 TUH in partnership with the Dublin Midlands Hospital Group, developed a localised health information campaign for staff and the public to encourage better health and awareness for the winter ahead. The aim of the campaign was to engage and inform key audiences using credible messaging, information resources and signposting to alternative health care options available, while reinforcing the message that EDs should be protected for the most seriously ill.

The key audience identified included staff, patients, public, GPs and community healthcare organisations.

The call to action for the audience was to PROTECT, PREVENT and PREPARE for this winter 2017/2018. Information included key tips and advice for protecting against, preventing and treating common winter illness and prepare by knowing all the healthcare options that are available.

The information campaign was phased from November through to January 2018 with the targeted messaging and signposting to the National Health Information campaign 'Undertheweather.ie'

- Phase 1** Protect – Get the Flu Vaccine (Public, Health care staff & at risk groups)
- Phase 2** Prepare - Know where to go when you are ill? (Public)
- Phase 3** Prepare - Your winter checklist (Public)
- Phase 4** Prevent - Protect against common winter illness (Public)

The campaign involved local advertising, posters distributed to local GPs and community health facilities as well as social and online promotion.

Speaking at the launch in November 2017, CEO Dublin Midlands Hospital Group, Trevor O'Callaghan, noted: "The winter period provides a challenging period for hospitals, particularly in our Emergency Departments. In this time, it is important that we have a consistent and credible narrative with the wider public and with our stakeholders. The idea to roll out this campaign was in addition and in support of our proposals to the winter planning process which are focused on ensuring patients across our hospitals are seen and treated in a timely manner and cared for appropriately.

As health professionals we recognise the need to encourage everyone to better manage their health and stay healthy in the first instance and thereafter, be informed of the health services available in their communities, how to access them, and where, depending on their condition, is most appropriate for them. The message is about ensuring that those with the greatest clinical need can be treated in our Emergency Departments, in the fastest time, and those with less severe conditions can be cared for just as well in other healthcare settings. This in no way seeks to discourage patients from attending our ED, where clearly necessary, but rather, for some with less severe conditions to first consider, where they can best be treated."





Pictured at the launch of Ireland's first population-wide genomic study into IBD are Prof. Deirdre McNamara, Consultant Gastroenterologist; Dr. Anthony O'Connor, Consultant Gastroenterologist; Dr. Maurice Treacy PhD, Co-Founder & Strategic Relationships, Genomics Medicine Ireland; Yvonne Bailey, IBD Nurse Specialist and Dr. Barbara Ryan, Consultant Gastroenterologist



“This study will enable us to gain a comprehensive understanding of the interactions between genes, environment, biology and the disease.”

Professor. Deirdre McNamara, Consultant Gastroenterologist, TUH

Bowel Disease

An exciting new research collaboration with TUH and St. Vincent's University Hospital led by Irish life sciences company, Genomics Medicine Ireland was announced in early November. This is the first comprehensive genomic study of Inflammatory Bowel Disease (IBD) to be undertaken in Ireland.

It aims to identify genetic markers that can help diagnose, predict disease severity and identify personalised treatments for people with IBD. Around 20,000 people in Ireland are diagnosed with IBD, chronic inflammatory gastrointestinal disorders primarily affecting adults in the prime of their life. There are two major forms of IBD; Crohn's disease (CD) and Ulcerative colitis (UC) which are life-long conditions for which there is currently no known cause or cure.

Onset is typically in childhood or in young adults so IBD has potential to impact educational performance and work productivity, as well as quality of life. Crohn's Disease is associated with increased mortality in the Irish population and there is an increased risk of colon cancer to people with either CD or UC. The role of genetics in IBD has been widely accepted since the identification of a linkage region containing the NOD2 gene in Crohn's disease patients.

Previous international studies have identified large stretches of DNA that are associated with IBD, and some genes have been strongly linked to the development of IBD. However, the risk genes that have been identified only explain a small proportion of IBD disease risk, meaning that there are many genetic and environmental risk factors yet to be identified.

Commenting on the launch of the study Professor. Deirdre McNamara, Consultant Gastroenterologist, TUH said; "This study will enable us to gain a comprehensive understanding of the interactions between genes, environment, biology and the disease. IBD has evolved into a global disease - over 2.5m in Europe and 1m residents in the USA are estimated to have IBD, while its prevalence is also on the rise in newly industrialised continents. Irish IBD patients have an opportunity to contribute to potentially life-changing research that will benefit not just our patients here in Ireland but potentially people with IBD throughout the world." People with IBD attending Gastroenterology Clinics will be invited to participate in the study.

Endometriosis Service

In 2017 TUH successfully applied to the HSE's Nursing and Midwifery Practice Development Unit for funding to recruit a Clinical Nurse Specialist (CNS) in endometriosis and the successful candidate has commenced post. The aim of this initiative was to develop a Clinical Nurse Specialist post in TUH to work as part of a collaborative specialist team to provide a quality service to women with severe endometriosis. The role of CNS does not currently exist elsewhere in Ireland and represents a pioneering advance in nursing practice with regards to women's health. The medical expertise exists and now a CNS with the requisite knowledge and expertise essential to the service has joined the team of gynaecologist and colorectal surgeon. This will result in a more streamlined clinical pathway for women with severe endometriosis to increase the efficiencies and quality for this complex patient group and ensuring women have a positive experience of care.

Prior to this service this patient group attended up to seven different Out Patient Department clinic appointments to access the care they need. The aim of the service is to reduce this by over 50% to three visits. The CNS works within agreed protocols with regard to undertaking relevant investigations, for example ultrasound scans. Immediate access to diagnostic ultrasound improves patient experience, improves the quality of the service and avoids a second hospital attendance for pelvic ultrasound. It is anticipated that this service will reduce OPD/ED attendances for this patient group. Endometriosis monthly OPD clinics, with sonography service, will run from January 2018 supported by Gynaecologist, Colorectal Surgeon and CNS. CNS nurse led clinic and CNS phone clinic have been established. This is an innovative service and is the first of this type in Ireland.

Integrating Chronic Obstructive Pulmonary Disease (COPD) Care into the Community

An interdisciplinary approach to Healthcare does not stop at the gates of the Hospital. Integrating care into the community is a focus of the Hospital. In February, COPD Outreach was held in the Green Isle Hotel. A unique event for people in our community living with COPD. In partnership with COPD Support Ireland, a charity set up to support those living with COPD and our COPD Outreach team, a public meeting was held to determine interest in establishing a local support group for people with COPD. In excess of 80 people attending the event demonstrating a clear interest in developing a COPD Support Group in the local area.

As well as providing an opportunity for these patients to get together and discuss the issues affecting them there were also talks by Professor Stephen Lane (Respiratory Physician), Ciara Scallan (Senior Physiotherapist COPD Outreach) and Damien Peelo (COPD Support Ireland).

Commenting on the event Professor Lane said: "The public meeting was a wonderful initiative to enable people to discuss some of the main issues surrounding COPD. It is a disease that affects many people and as a result it is important that people recognise the symptoms and know the best way to react in a situation. The level of interest in establishing the local support group was high as evidenced by the turnout and I am confident our patients will benefit from the support group being established."



Left to right: Ciara Scallan, Senior Physiotherapist; Louise Cullen, CNM2; Emma Mulligan, Respiratory CNS, Damien Peelo, COPD Support Ireland and Professor Lane, Respiratory Consultant

Falls Prevention and Safer Mobility

The Age-Related Healthcare Department has always stressed the importance of a comprehensive, multi-professional approach to falls prevention and injurious falls reduction both in the acute hospital setting and in the ambulatory care domain. In the context of this view a number of activities have been ongoing within the hospital.

Given the increasing age demographic with TUH's catchment, falls will increasingly become a challenge to our teams. The aim is to continue to develop and implement strategies which can impact on rates of injurious falls while promoting the benefits of comprehensive geriatric assessment for our older patients.



“Hospital takes a multi-professional approach to falls prevention and injurious falls reduction”

Fall Prevention Activities

- Establishing a Hospital Committee for safer mobility with multi-professional involvement to assist monitoring and implementation of a hospital wide falls prevention strategy.
- Developing a comprehensive falls assessment clinic with direct links to a falls prevention programme with Charlie O'Toole Day Hospital.
- A number of falls and safer mobility working groups have been established e.g. Acute Medical Unit Safer Mobility group looking at strategies and pilot programmes to reduce falls rate for inpatients and Safer Mobility Group in ambulatory care incorporating Falls Assessment Clinic and Charlie O'Toole Day Hospital.
- A hospital wide audit of falls prevention was undertaken in July 2017 with an accompanying report with a number of key recommendations for falls prevention strategy.
- An audit of inpatient post-fall assessment with a view to a pilot project of the implementation of a post-fall medical assessment proforma.
- Establishment of Hip Fracture Working group as part of the Irish Hip Fracture Database project.
- Multi-professional public health education talks.
- Clinical Nurse Specialist led education on falls as part of medical gerontology nursing training.
- New multi-professional projects developing posters and written/visual education material, led by physiotherapists, for falls prevention and safer mobility that can be used standardly across all departments.

9

New Ways of Caring for People

Another first for TUH in the area of Urology

In 2017, TUH became the first public hospital in Ireland to use a new, minimally-invasive technology to treat Benign Prostatic Hyperplasia (BPH), commonly known as an enlarged prostate gland. The enlarged gland causes obstruction, resulting in lower urinary tract symptoms like difficulty starting a urine stream; a weak or interrupted urine stream, frequent need to urinate (day and night), or urinary retention.

The prevalence of BPH increases as part of the normal ageing process; about one in four men over the age of 40 report lower urinary tract symptoms. For men who require surgery for relief of their symptoms, traditionally, the obstruction is relieved by cutting, heating, vapourising or removing enlarged prostate tissue. However, the pilot project, led by Consultant Urology Surgeon Mr. Rustom Manecksha, saw five patients undergo a new minimally invasive procedure called Prostate Urethral Lift (PUL) using the UroLift® System. The system implants to retract obstructing lateral lobes of the prostate gland and expand the urethral lumen, clearing the obstruction and relieving symptoms without the need to cut, heat or remove prostate tissue. A key benefit of this approach is that the procedure can be completed under local rather than general anaesthetic, which reduces the typical length of stay required in hospital afterwards.



Mr. Rustom Manecksha (Consultant Urology Surgeon), Mr. Adnan Alrawaneh (Urology Theatre Nurse), Dr. Kieran Foley (Consultant Anaesthetist), Mr. Sanjith Gnanappiragasam (Urology Registrar), Ms. Danika Yambot (Urology Theatre Nurse), Ms. Patricia McLoughlin (GU Outpatients CNM), Ms. Kathleen Dungca (Anaesthetic Nurse), Mr. Waleed Mohammed (Urology Registrar), Mr. Cito Abejuro (Urology Theatre Nurse), Mr. Isam Edwin (Urology Theatre CNM), Ms. Daisy Barcenas (Urology Theatre CNM)

The key benefits of this technology are:

- Quicker recovery times: Time required for catheterisation is reduced or eradicated
- Reduced risk to sexual function: Relieves lower urinary tract symptoms without the risk to sexual function posed by other surgical options
- Reduced Length of Stay: The procedure can be done as a day case, under a combination of sedation and local anaesthetic
- Futureproof: The procedure does not interfere with future procedures for the same condition, should the need arise.

TUH is a National Centre for Urology and maintains a strong focus on improving its core clinical competencies and endeavours to provide our patients with access to the latest services and technologies. Due to the previous experience of Mr. Manecksha we had the expertise to run the pilot project which has the potential to radically improve the lives of patients affected by this very common condition. Following completion of the pilot Mr. Manecksha said "While I was completing my Fellowship in Melbourne, I was involved in the initial trial, which was carried out at 19 sites across Australia, the US and Canada. The early indications are that this new technology will benefit both patients and hospitals so I am very proud that our hospital is the first public facility in Ireland to pilot the procedure."

"After just two weeks, I feel like my condition changes for the better every day. The difference this procedure has made to my quality of life is fantastic. I know that I am very lucky to have been given the chance to have this new procedure and in a way it feels a bit like winning the lotto. It was great to get home so quickly afterward and get on with my life without too much fuss."

63 year old patient commenting two weeks after the procedure

Advanced Nurse Practitioner Candidates

ANPs are pioneers and clinical leaders in that they initiate and implement changes in health-care services in response to patient/client need and service demand. They provide a vision of practice that can be developed beyond the current scope of nursing and a commitment to the development of these areas. ANPs offer high-quality, cost-effective, patient-centred health care, provide comprehensive patient care, including requesting, performing and interpreting diagnostic tests; diagnosing and treating acute and chronic conditions; prescribing medications and treatments; and autonomously managing the episode of care. ANPs are educated to MSc level and have advanced physical assessment skills, clinical education and many years of experience.

In recognition of the valuable contribution of Advanced Nurse Practitioners, The Minister for Health approved the Policy on Graduate, Specialist and Advanced Nursing Practice. The key driver for the policy are the creation of a more responsive, integrated and person-centred health and social care service, as outlined in Strategic Priority 3 of the Department of Health Statement of Strategy (2016-2019). The output of each ANP service must demonstrate an impact on one or more of the following service challenges, particularly access to services; reducing waiting lists; facilitating early discharge; and avoiding unnecessary hospital attendance by keeping patients at home through pathways of integrated care.



Carmel Blake ANP

The Nursing Directorate is working collaboratively with the DMHG and the DOH on this initiative. Six candidates have been appointed across older persons, Acute Medical Assessment Unit (AMAU), respiratory, rheumatology and ambulatory care services. An ANP in Dermatology and ANP Children's Diabetes were registered in late 2017.

International Advanced National Nurse Practitioner Week is held annually to showcase the role of the ANP and TUH had an "ANP Day" on November 14th to celebrate the contribution made by ANPs to the healthcare of patients and staff in the Hospital. Staff, patients and visitors met with ANPs at their stands in the Phoenix Restaurant and Atrium.



Pictured at the information stand in the main atrium were Mary McDonald Respiratory ANP, Denise Cunningham Adult Epilepsy ANP, Louise Canty Emergency Care ANP, Christian Micallef Children's Emergency Care ANP, Barry Mc Brien Emergency Care ANP, Shirley Ingram Cardiology ANP, Anthony Kearney Emergency Care ANP and Michele Clancy Emergency Care ANP

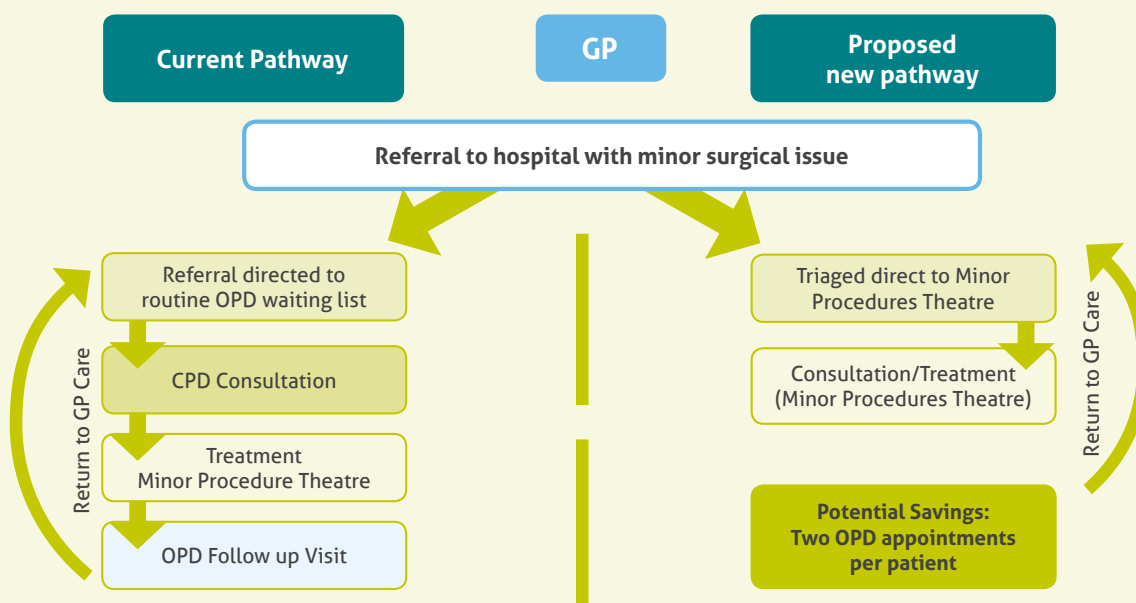
"See and Treat" A new model of Patient Care

General Surgery carries the 3rd highest number of patients on our Out Patient Department (OPD) wait lists. Minor operative procedures represent 69% of General Surgery day case activity (excluding endoscopy). Access for patients to minor procedure theatres can be lengthy given the demand for saem.

To address this the Hospital developed a pilot project, led by Ms. Amy Gillis, Consultant General Surgeon, with the support of Professor Paul Ridgway, Consultant Upper Gastrointestinal Surgeon, Bernadette Corrigan, Assistant Director of Nursing, Amy Carswell, Operational Performance & Planning Manager and Mary McEvilly, Day Ward Manager.

The objective of the project was to create a one-stop-shop: "See & Treat" Clinic by direct GP referral to minor procedures theatre for appropriate conditions. This resulted in the patients receiving consultation and procedure at the same visit. Follow up was then arranged with the GP for results.

This effectively reduced waiting times for patient and provided direct access to surgical services for general practitioners. By consolidating the initial consultation and treatment in one encounter, and arranging follow up with GP services, two patient encounters in the outpatient department were avoided, thus outpatient waiting lists were effectively reduced. The "See and Treat" Model was developed to be transferable to Model 3 and 4 Acute Hospitals in Ireland



Further to the pilot carried out in late 2016 and early 2017, the following conclusions were reached

- A "See & Treat" model is effective in reducing the waiting times for patient with relative minimal expenditure
- It resulted in a reduction in the number of OPD appointments for patients, of this cohort, by consolidating consultation and treatment.
- It enabled direct access for GPs for minor procedures fostering a more accessible relationship & the patient is returned to GP care promptly.
- It significantly reduced waiting time for patients accessing the service from an average of 13 months to an average of 12 weeks.

Highlights:

- Short Interval intervention resulted in a significant waiting list reduction.
- Wait list validation by patient telephone contacts was key to streamlining the process.

Future goals:

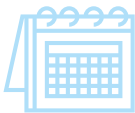
It is proposed in the next phase of the project to develop E-referral for Minor Procedures. Thus streamlining GP referrals and providing electronic means of tracking referral for the GP.

Acknowledgments:

This pilot project was carried out with the support of the Mary Flynn, Senior Projects Manager, Royal College of Surgeons Ireland (RCSI), Health Service Executive (HSE), National Clinical Programme in Surgery (NCPS), Outpatient Services Performance Improvement Programme (OSPIP), National Clinical and Integrated Care Programme and the Irish College of General Practitioners (ICGP). Further to submission, a poster was accepted for presentation at the 17th International Conference on Integrated Care (ICIC) held in UCD in May, 2017, with over 1,200 global participants.



Amy Carswell, Operational Performance & Planning Manager presenting the team poster at the International Conference on Integrated Care



“See & Treat has significantly reduced waiting time for patients accessing the service from an average of 13 months to an average of 12 weeks.”

Joining the Dots - Connecting voices for child friendly healthcare in hospital

The Ombudsman for Children's Office and the Children's Hospital Group Board came together with the three children's hospitals; the National Children's Hospital, TUH, Our Lady's Children's Hospital, Crumlin and Temple Street Children's University Hospital to design and carry out a consultation process to capture the views of children, young people, their parents and hospital staff. Joining the Dots is an exciting opportunity to hear, for the first time, from children who are in hospital about;

- What is working well for children and young people across the three children's hospitals?
- What might not be working so well?
- What changes, if they can be made, could help to make children and young people's experiences of being in hospital better?

Parents and hospital staff were also invited to take part giving their perspective on the treatment and care of children and young people in hospitals. This involved a six-week consultation process over the summer of 2017. A report about the results of Joining the Dots will help inform a better experience for children and young people while they are in hospital and will help to inform the planning and design of paediatric services in the new children's hospital and two paediatric outpatient and urgent care centres at Connolly and Tallaght University Hospitals. The Hospital were grateful; to all staff, patients and families that took the time to participate.

Hospice Friendly Hospitals Programme 2017

The Hospice Friendly Hospitals programme is an initiative of the Irish Hospice Foundation (in partnership with the HSE) with the purpose of ensuring that end of life care is central to the mission and every day business of healthcare sites.



Ann Hickey

The achievements of the Hospice Friendly Hospitals programme in TUH during 2017 include:

- The signing of a Memorandum of Understanding between the Irish Hospice Foundation and TUH committing the Hospital to membership of the Hospice Friendly Hospitals Programme for the period 2017-2019.
- TUH appointed its first End of Life Care Coordinator in 2017. Ann Hickey took up the post October 16th 2017, she will be focused on leading, supporting and coordinating all activities associated with implementing the Quality Standards for End of Life Care in Hospitals. The End of Life Care committee has been reconvened and includes key stakeholders. The committee will determine the work plan required to meet the End of Life Care standards. Key areas of focus include ongoing delivery of in-service awareness, education and training sessions on end of life issues, including the Final Journeys Programme as well as refurbishment of family rooms in clinical areas.



Marian Connolly, Directorate Nurse Manager for Paediatrics, Rosemarie Sheehan, Paediatric Clinical Nurse Facilitator, Orla O'Shea, Paediatric Operations Manager and Yvonne Doyle, Paediatric ED Clinical Nurse Manager

10

Awards and Achievements

Abraham Lincoln once said *“Don’t worry when you are not recognised, but strive to be worthy of recognition.”* TUH strives for excellence in care every day, it is important to recognise this work. Therefore the Hospital is proud to showcase some examples of that excellence in clinical and non-clinical practice & research across a range of disciplines and specialties.

Dermatology

The Irish Association of Dermatology, an all-Ireland professional body of dermatologists recently held their Spring meeting at which Dr. Laura Nestor, Dermatology Registrar was awarded the Burrows Cup. This Cup is presented annually for the best Laboratory Research. Dr. Nestor’s research was on Mucosal Associated iNKT Cells in Melanoma.



Dr. Julianne Clowry Dermatology SpR, won the best poster overall at the 97th Annual Meeting of the British Association of Dermatologists. Julianne also won best poster in the Photodermatology category.

2017 Scientific Meeting of the Irish Thoracic Society

Congratulations to Trinity College Dublin Researcher Lucy Bergin who was Awarded Best Oral Presentation at the 2017 Scientific Meeting of the Irish Thoracic Society. The title of her talk was “Characterisation of the effect of interleukin-17A (IL-17A) on Toll-like receptor 3 (TLR3) function in Idiopathic Pulmonary Fibrosis (IPF): a candidate novel mechanism for disease progression” Lucy is partly based in the Meath Foundation Research Laboratory in the Trinity Centre at the Hospital, during her 4th year undergraduate research project in Molecular Medicine. She is now continuing this research as a research assistant in the Donnelly Laboratory.



John Barron, Hospital Specialist at Boehringer Ingelheim; Lucy Bergin, Donnelly Research Group and Dr. Jacqueline Rendall, outgoing President of the Irish Thoracic Society

Cardiology Nursing

Nurses in Cardiology from TUH and Naas General Hospital won a bursary award for their service innovation at a recent nursing and midwifery conference. This award recognises advance nursing practice collaboration across the Hospital Group. The conference, which showcased nursing and midwifery values in practice in Ireland, was held at Dublin Castle and was hosted collectively by the Chief Nursing Officers at the Department of Health; The Office of the Nursing & Midwifery Service Director, Health Service Executive; and the President of the Nursing and Midwifery Board of Ireland. At the conference, the Nursing and Midwifery Values in Practice: Bursary was awarded to Registered Advanced Nurse Practitioners (RANP) in Cardiology from TUH and Naas General Hospital for their service innovation entitled: 'Connecting cardiology services through advanced nursing practice: nursing values in action.'

Commenting on the award, Áine Lynch, Director of Nursing said: "Winning this award is recognition of the core nursing values which underpin the care we provide and evidences collaboration working across the Hospital Group." Dr. Susan O'Reilly, then CEO of the Dublin Midlands Hospital Group said: "We are committed to seeing our patients receive the best care possible in our hospitals. This award is another example of our hospitals working together to deliver innovative and new healthcare practices. It is this type of collaboration that we should look to enhance over the coming years across other specialities and disciplines. In this way, we can help ensure that our patients continue to be seen in a timely and effective manner." The nursing team presented with the award included Jacqueline O'Toole RANP Cardiology Naas General Hospital, Shirley Ingram RANP and Niamh Kelly RANP in the Cardiology Department at TUH.



"Winning this award is recognition of the core nursing values which underpin the care we provide and evidences collaboration working across the Hospital Group."

Áine Lynch, Director of Nursing



Jacqueline O'Toole RANP Cardiology Naas General Hospital, Shirley Ingram RANP and Niamh Kelly CNMII from the Cardiology Dept at Tallaght Hospital following the presentation of their award at the national conference

Neurology

Dr. Stephen Murphy PhD student and current Honorary Post-Doc with Professor Dominick McCabe's research group at the Vascular Neurology Research Foundation (VNRF) won the prize for the best original research presentation at the Irish Institute of Clinical Neuroscience 2017 Registrar's Prize in Clinical Neuroscience meeting. The title of the research he presented was 'Evidence of Ongoing Platelet Activation in MicroEmboli Negative Recently Symptomatic Versus Asymptomatic Carotid Stenosis: Results from the Haemostasis in Carotid Stenosis Study (HEIST).' The research data was collected during a collaborative HEIST study. The work was done in TUH at the Meath Foundation Research Lab in collaboration with local, national and international colleagues and has improved our understanding of the potential mechanisms responsible for Transient Ischemic Attack (TIA) and stroke in patients with moderately to severely narrowed carotid arteries, and has to potential to aid risk-stratification in this patient population in future. This work was part-funded by the Meath Foundation, IICN, TCD innovation bursary and other sources.

Nephrology

Dr. Sarah Moran was awarded her prize at the Irish Nephrology Society Annual Scientific Meeting for 'Vasculities' Abstract. Carla White won the JP Garvey Medal for best presentation by a Medical Student / Intern.

Paediatric Diabetes Service – National Award

The Paediatric Diabetes Service in The National Children's Hospital, TUH looks after over 400 patients under the age of 19. Type 1 Diabetes is a demanding and challenging diagnosis to manage on a daily basis and the team is dedicated to providing a holistic approach that meets the physical, psychological and social needs of our patients. Over the past 12 months the team have implemented innovative initiatives such as STAND: Support Through Art and Networking in Diabetes and 'DA Clinic!' a dedicated clinic for adolescent patients. These are in addition to existing successful programmes, such as CHOICE: CarboHydrate Insulin Collaborative Education. The team work efficiently and collaboratively as a Multi-Disciplinary Team (MDT), respecting and acknowledging the importance of each professional's input.



Helen O'Byrne, Medical Social Worker, Dr. Edna Roche, Consultant and Helen Fitzgerald Clinical Nurse Specialist represented the team on the night, collecting the award from Tony O'Brien, Director General HSE and comper for the evening Marty Whelan

The team's philosophy is to provide a friendly, respectful and culturally sensitive environment to support, educate and empower families to achieve the best possible outcomes for their quality of life and health. Their work was recognised at the Irish Healthcare Centre Awards recently as they were presented with the Clinical Team of the Year Award. The team includes: Ciara McDonnell, Consultant; Edna Roche, Consultant; Helen O Byrne, Medical Social Worker; Claire Crowe, Senior Clinical Psychologist; Aimee O'Neill, Art Therapist; Mona O'Brien, Admin; Grainne Mallon, Dietician; Helen Fitzgerald, Clinical Nurse Specialist; Patricia Morris, Diabetes Nurse and Martina Comerford, Diabetes Nurse.

HMI Leaders Awards Finalist

A project undertaken by the Out of Hours Clinical Decision Making Steering Group was a finalist in the 2017 Health Management Institute of Ireland Leaders Award held last month. Shauna Ennis, Nurse Practice Development Co-ordinator, presented at the finals event in the Royal College of Surgeons on behalf of the team. A research study was undertaken in partnership with our colleagues in the Trinity Centre for Practice & Healthcare Innovation to look at ways of working at night and at weekends. The results of the study were used to develop a new innovative nursing role to improve the quality of care we deliver to our patients outside of normal working hours. Based on the results a Clinical Support Nurse Manager @ Night role was created, TUH is the first Hospital in Ireland to create such a post. Seamus Connolly and Karen Massey, both with extensive critical care experience have been appointed and are now available every night to support, advise and assist staff in caring for our sickest patients in the adult wards. Initial feedback from ward staff and junior NCHDs has been extremely positive. This project has been generously supported by the Meath Foundation and the Nursing and Midwifery Planning and Development Unit.



Eamonn Fitzgerald, Chair of the judging panel and HMI council member presenting Shauna Ennis Nurse Practice Development Co-Ordinator with a finalist certificate following her presentation at the HMI Leaders Award event

Tallaght University Hospital Takes 1st Prize Renal & Pharmacy

A collaborative team from Pharmacy and the Renal Department won first prize for their collaborative poster at the British Renal Society conference in Nottingham, UK. The poster entitled "Cockcroft & Gault - adding weight to the subject; an organisational change". The authors were Dawn Davin, Edwina Morrissey, Joan Mc Gillycuddy (all pharmacy) and Professor George Mellotte, Dr. Catherine Wall, & Dr. Peter Lavin from the Renal Department.

Pharmacy Award

Our colleagues in Pharmacy added more awards to their collection, this time it was at the Clanwilliam Pharmacist Awards in the Mansion House. Our colleague Dawn Davin won the Practice Based Research Award and the Pharmacist Led Team of the Year Award went to Joan McGillycuddy and the Adult Medicines Guide Team.



Joan McGillycuddy and Dawn Davin pictured at the Mansion House following the awards presentation last Saturday

Tallaght University Hospital PUTZ Team

TUH is one of six hospitals in the Dublin Midlands Hospital Group (DMHG) who joined the National Pressure Ulcer to Zero (PUTZ) collaborative. The aim of the collaborative is to reduce the number of hospital acquired pressure ulcers to zero. The safety cross is used to measure the number of pressure ulcers daily. The participating wards, Ormsby and Franks have identified the benefits of participating in the national collaborative as it raises awareness and generates pressure ulcer preventative initiatives to enhance patient safety. The PUTZ promotes the use of the SSkin Bundle which Tallaght University Hospital has already incorporated into the Pressure Ulcer Assessment, Prevention & Management Care Bundle. Through ongoing education and risk analysis pressure ulcer preventative initiatives will be introduced to bring the number of hospital acquired pressure ulcers to zero. As part of the collaborative each hospital was requested to design a poster for public areas in the PUTZ hospitals. Tallaght University Hospital PUTZ team were delighted to win the poster competition in the DMHG.



In the picture are Patricia Morrison ADON, Christina Lydon Nurse Practice Development Advisor (PUTZ Site Coordinator), Triona Murphy Staff Nurse Ormsby Ward, Evonne Healy ADON, Helen Strapp Tissue Viability Clinical Nurse Specialist, Shauna Ennis Nurse Practice Development Coordinator, Ann Dwyer CNM2 Franks Ward (PUTZ Team lead), Aine Lynch Director of Nursing, Louise O Regan CNM2 Ormsby ward (PUTZ Team Lead) Karen Hayes HCA Ormsby ward, Angela Doyle Occupational Therapist.



Pictured from left to right our PUTZ Team Shauna Ennis, Nurse Practice Development Coordinator, Aine Lynch, Director of Nursing, Evonne Healy, ADON, Helen Strapp CNSp. Tissue Viability, Angela Doyle Occupational Therapist, Karen Hayes, HCA, Louise O'Regan CNM2, Ormsby Ward (PUTZ Team leader), Meabh Prendergast, staff nurse Wound Mgt. Clinic, Ann Dwyer, CNM 2 Franks Ward (PUTZ Team Leader), Triona Murphy, staff nurse Ormsby ward, Christina Lydon, Nurse Practice Development Advisor (PUTZ Site Coordinator) and Patricia Morrison, ADON.

Speech & Language Therapy

Julia O'Rourke, Senior Speech & Language Therapist, Ear Nose & Throat Critical Care won the Seamus Hedrick Prize for Best Poster at the 5th National Multidisciplinary Intensive Care Study Day hosted in the Centre for Learning & Development at TUH. The poster was for the novel communicative initiation for critical care patients introduced to TUH last year.

Fire Safety

As recent events such as the Grenfell Tower tragedy in London illustrated, fire safety and building standards are not really uppermost in our minds until such a tragedy occurs. As it happens our Fire Safety Officer Anthony O'Brien spoke at two events in 2017 on the topic of fire safety. At the Engineers Ireland Annual Conference he presented to a large audience made up of County Planners, Chief Fire Officers and Department of Environment Officers from around the country on the subject of 'DEFEND IN PLACE' Hospital Evacuation Strategies.' He also presented at the Institution of Occupational Safety and Health (IOSH) Annual Conference. IOSH is the world's leading professional body for people responsible for safety and health in the workplace, one of the fire safety issues he referred to in his 'Preplanning with the Emergency Services' presentation was external cladding on buildings for heat insulation and how to mitigate for this. It was at this conference he was given an award for his presentation and also acknowledgement for his work in promoting fire safety in the Health Care service.



Anthony O'Brien
Fire Officer

Gold Award Medical Illustrators (IMI) Annual Conference or Tallaght University Hospital

Once again our talented Medical Photographer Tommy Walsh was presented with a Gold Award at the Institute of Medical Illustrators (IMI) annual conference. The prize was awarded for a picture depicting connected tissue disease. The IMI set and maintain standards for the medical illustration profession. The Institute's members are a highly specialised and skilled group of people contributing to the care of patients and the teaching of medicine and allied health subjects.



Tommy Walsh following the presentation of his award by Mr. Stephen Palmer, Chairman of the Institute of Medical Illustrators

Dean of Health Sciences Award for Innovative Research TCD

Marie Morris, Clinical Skills Tutor, Trinity Centre for Health Sciences Tallaght received her Doctor of Philosophy Degree (PhD) in June. Marie completed the doctorate degree part-time over six years under the expert supervision and guidance of Professor Paul Ridgway, Consultant Surgeon. In collaboration with Professor Ridgway and Ms. Amy Gillis, Consultant Surgeon, Marie has been awarded the Dean of Health Sciences Award for Innovative Research in 2015, 2016 and 2017. Marie is the only Faculty member to win this award for three consecutive years.



O'Morain Medal

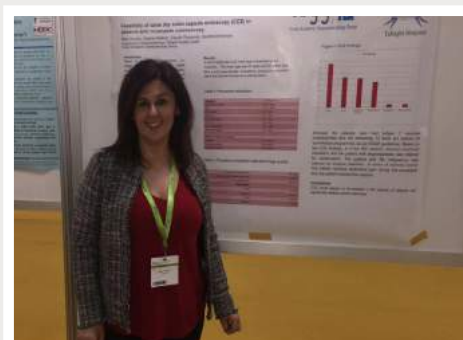
Dr. Donal Tighe won the Colm O'Moráin Medal. Professor O'Moráin has a global reputation as an academic and clinician, a world leader in several fields of gastroenterology and one of Ireland's leading academic physicians. The research medal was established jointly by the Meath Foundation and the Adelaide Health Foundation to honour Professor O'Moráin for his work and commitment to research. Donal presented his research 'The Role of Therapeutic Drug Monitoring in Optimising Management of Inflammatory Bowel Disease' at Grand Rounds.



Professor O'Moráin with Dr. Colm Tighe following the presentation of the O'Moráin Research Medal at Grand Rounds

National Scholar Award – United European Gastroenterology Conference

Dr. Mary Hussey attended the United European Gastroenterology (UEG) Conference in Barcelona. Whilst there she collected a National Scholar Award for Ireland. Mary won the award for her work done on the 'Feasibility of same day Colon capsule endoscopy in patients with incomplete colonoscopy'.



Dr. Mary Hussey alongside her poster in Barcelona

Grand Rounds Bursary

Professor Greg Swanwick presenting the Bursary Award for best presentation at Grand Rounds to Dr. Orla Ni Mhuircheartaigh. Her presentation was entitled 'As Clear as Crystal'



Provost Teaching Award

Provost's Teaching Awards recognise lecturers' committed to teaching & learning each year. The Provost of Trinity College Dublin presents Teaching Awards to staff in recognition of their enthusiasm and commitment to ensuring students receive quality teaching and learning. Now in their 17th year, the Awards are Trinity's principal means of celebrating academic staff who have made an outstanding contribution in the pursuit of teaching excellence in the University and who promote teaching as a scholarly activity. We would like to congratulate Dr. Marie Morris from the School of Medicine who received an award this year. Marie is a Clinical Skills Tutor in the Trinity Centre for Health Sciences based in TUH.

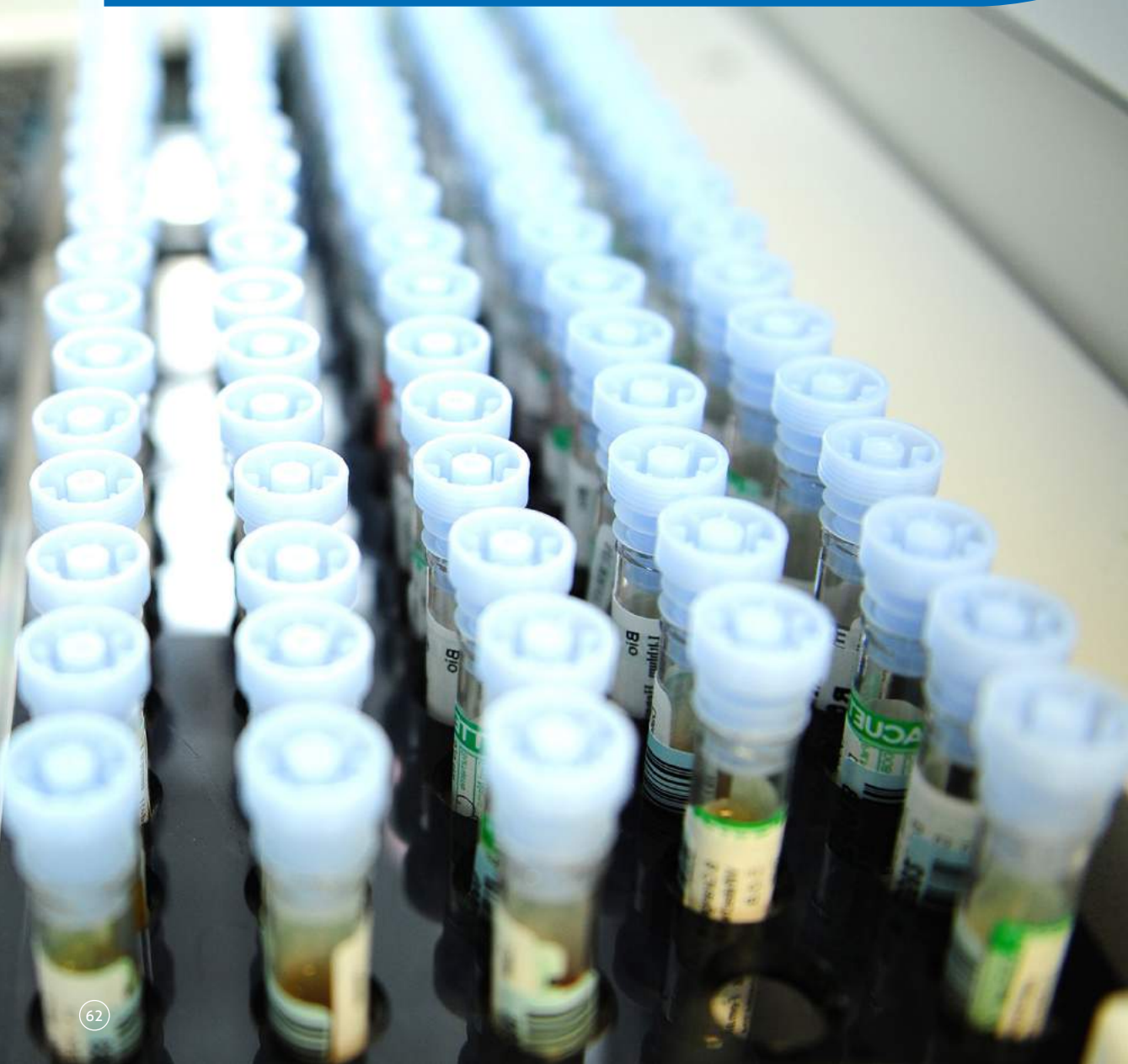


Dr. Marie Morris, School of Medicine, Prof. Michael King, School of Social Sciences and Philosophy, Prof. Mairead Brady, School of Business, Prof. Susan O'Callaghan, School of Medicine and Prof. Anita O'Donovan, School of Medicine celebrate with the Provost, Dr. Patrick Prendergast

11

Research

As an academic teaching partner of Trinity College Dublin, TUH recognises that health research is a key component in improving healthcare provision. The Hospital works closely with TCD as well as other research and academic partners along with the Hospital Foundations to facilitate this research.



Foundations

Adelaide Health Foundation

Support of Nursing Staff & Students

A main focus of the Adelaide Health Foundation (AHF) is to develop and support Nursing in TUH. The Nursing Development Fund was created in 1996 to financially support student nurses as they undertake their studies, and is distributed through annual Bursaries and Scholarships. To date the scheme has supported almost 500 student nurses through the Bursary scheme. Figures are increasing year on year. At the end of 2017, the Foundation's investment into Nursing Education reached €1m.

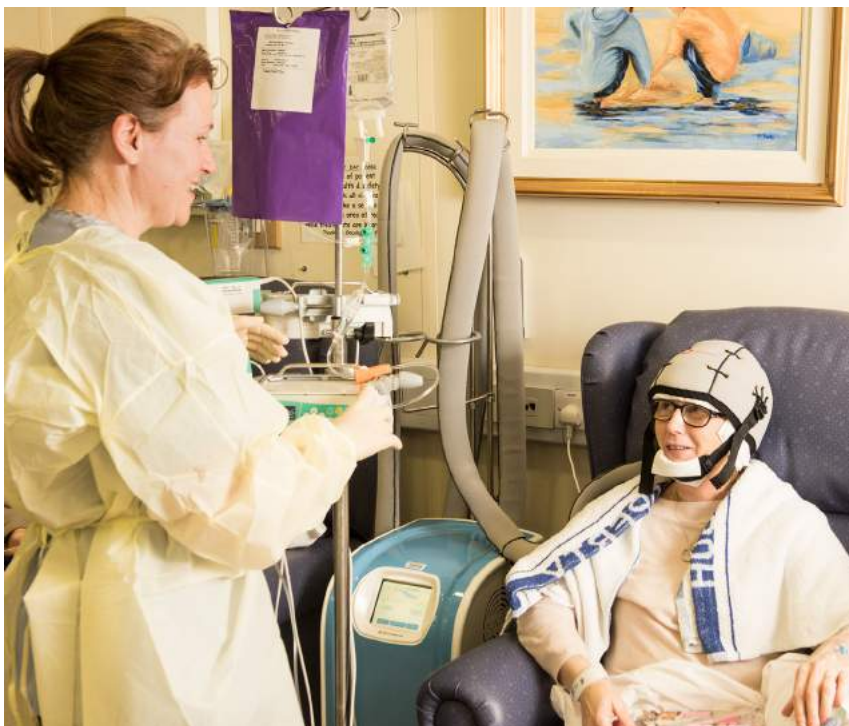
Bursaries to the value of €124,500 were awarded to new and continuing students in 2017. These bursaries are crucial to students in enabling them to undertake their nursing degree and receive their clinical training at TUH.

Scholarships to the value of €8,500 were awarded in 2017.

Adelaide Health Foundation - Healthcare Advancement Fund

- In 2017, the AHF continued to fund the development and implementation of the Research Capacity of Clinical Nurse Specialists and Advanced Nurse Practitioners at TUH.
- A study was funded for The School of Nursing and Midwifery [Trinity] to conduct research into healthcare chaplains and pastoral care workers' experience of providing spiritual/pastoral support to patients and families from minority religious or non-religious groups in the Republic of Ireland.
- Funding was approved for clerical support for the Tallaght Vasculitis and Allergy Group to manage a clinical database of patients with rare vasculitic and allergic disorders, to enable application to the rare immune disorders European reference network.
- Funding was granted for the purchase of four high flow oxygen devices to ease pressure on ICU beds.

The traditional Patient Pound Day Fund remains at the disposal of the Foundation for patient comfort. In 2017, a Scalp Cooling System to prevent hair loss caused by certain chemotherapy drugs was funded for the Oncology Day Unit.



“Scholarships to the value of €8,500 were awarded in 2017.”

Staff Nurse Ruth Dennison with a patient undergoing treatment wearing the new cold cap

National Children's Hospital Foundation

Throughout 2017 The Foundation continued its support for children, their families and those who care for them at Tallaght University Hospital.

The Foundation focussed on education as a key priority as part of its strategic review in 2016. With this in mind an investment of €600k two PhD Fellowship Awards were made in 2017 in partnership with Trinity College, Dublin. Both Fellowships will continue for a period of three years and it is planned that both will make a significant contribution to the childhood illness and models of paediatric care in advance of the opening of the New Children's Hospital. Being congratulated on their success by Marian Connolly, Directorate Nurse Manager, Paediatrics are Siobhan O'Connor and Ann Connolly, recipients of this inaugural funding programme.

In 2017 46 successful hospital based funding applications were approved totalling €860,000. Of these, €396,000 was allocated towards replacement of equipment and development of specialist services for patients of the Hospital. €300,000 was approved to replace an outdated X-ray machine for the Paediatric Outpatients Department. In addition, funding was allocated to refurbish the paediatric audiology department as well as each of the in-house long-stay wards and parents' accommodation. The Foundation established a financial "Comfort fund" for children and their families in conjunction with the Social Work Department in easing the financial burden of a hospital stay.



“Almost €4million has now been invested in projects which will have a meaningful impact on children's health into the future.”



From left to right Siobhan O'Connor, Ann Connolly and Marian Connolly, Directorate Nurse Manager Paediatrics

Hospital paediatric research projects in partnership with Trinity College, Dublin and covering illness areas of Cystic Fibrosis, Down Syndrome, Autism and Childhood food allergies received a commitment of €464,000. In addition, funding has been committed to continue support of the Irish National Childhood Diabetes Register which is held at the Hospital in Tallaght as well as support for the establishment of a National Cerebral Palsy register.

2017 saw the roll-out of three national paediatric research projects in partnership with the Health Research Board. With a committed investment of €1m over a three year period the Board approved projects in the areas of Down Syndrome, Childhood Arthritis and a large National study on primary and emergency department attendance behaviour.

Recognising specific support for Nursing education, the Foundation committed to provide the necessary academic and skills training for paediatric nurses at Tallaght. To that end, the Foundation committed to fund a number of programmes over the next three years to ensure that all nurses are equipped to meet the challenges ahead in nursing care. Two MSc Leadership / Advanced Nurse Practice bursaries were awarded, as well as the provision for two Msc by Research bursaries in partnership with Trinity College, Dublin. The Foundation continues to support on-going skills development for staff in specific areas of healthcare, as needed.

In November 2017 the Board issued a comprehensive report on its investment in paediatric research since 2004. Almost €4m has now been invested in projects which will have a meaningful impact on children's health into the future.

Meath Health Foundation

Meath Laboratory

The new Meath Foundation Research Laboratory, located in the Trinity Centre was officially named and opened in March. Upgraded after significant financial support from the Meath Foundation, the aim of the new facility is to expand the culture of scientific discovery at TUH and to enable access for patients to new novel therapies through their participation in clinical trials. The Laboratory has been externally assessed by international experts and approved for Clinical Trials bench-based work. This development has enabled clinical research activity to increase by 50%.

One area that has particularly benefited is cell culture standards which now meet international best practice. This allows for all primary synovocyte cultures to take place on-site and not in UCD as was previously the case. The new laboratory also contains clinical research and bio-banking facilities, as well as upgraded facilities for performing proteomic analysis and immunoassays. Professor Seamas Donnelly, Chair of Medicine at Trinity College Dublin and Respiratory Consultant at TUH noted at the opening that "This facility is a testament to TUH's continued commitment to research and the general good. It will allow for a whole variety of new developments in a number of areas and it is very exciting to see the potential that is on offer. It will enhance the reputation of the Hospital and reinforce its position as a research leader."



“This facility is a testament to TUH’s continued commitment to research and the general good. It will enhance the reputation of the Hospital and reinforce its position as a research leader.”

Professor Seamas Donnelly, Chair of Medicine at Trinity College Dublin and Respiratory Consultant at TUH

Meath Symposium

The annual Meath Foundation Research Symposium was yet again a success event in the Hospital’s calendar with the opening address delivered by Professor Mary McCarron, Dean of the Faculty of Health Sciences, TCD. The Scientific Programme included presentations from Professor Mark Little, Consultant Nephrologist; Ms. Shauna Ennis, ADON, Nurse Practice Development; Dr. Johnny McHugh, Consultant Haematologist; Dr. Camillus Power, Consultant Anaesthetist. The Education session will include presentations based on their research from the 2017 Meath Foundation Fellows Mr. Frederick Guarin, CNM2; Ms. Anna Delahunty, Senior Paediatric Dietitian; Ms. Áine O’Brien, Deputy Physiotherapy Manager and Mr. Ciaran Love, Senior Medical Scientist.

A number of awards presented including the Mary O’Connor Medal, J.A Brian Keogh Research Medal, Meath Hospital Medal, Research Grants, MSc Fellowships and Research Fellowships as well as the Meath Foundation award for best research projects submitted by 2nd year medical students. The educational morning closed with a keynote address from Professor Kevin Conlon, Professor of Surgery, TCD on the topic of Pancreatic cancer 'The Great Oncological and Surgical Challenge for the early 21st Century'

Tallaght Research

Siew-Ting Ooi, Donnelly Group, wins Meath Foundation Award 2017 for "Best Research Project Poster Presentation" in 2nd Year Medicine.



Siew-Ting Ooi

Siew-Ting Ooi, a 2nd Year Medical Student in the School of Medicine, Trinity College Dublin, received the Meath Foundation Award in November 2017. This award was conferred for the "Best Research Project Poster Presentation" in 2nd Year Medicine. Her research project examined the ability of IL-17A to modulate Toll-like receptor 3 (TLR3) function in lung fibroblasts from patients with idiopathic pulmonary fibrosis (IPF), and its ability to promote disease progression. IPF is a fatal interstitial lung disease with no specific treatment currently available. The project was carried out under the supervision of Dr. Michelle Armstrong (Assistant Professor in Translational Respiratory Medicine, TBSI) and Professor Seamas Donnelly (Head of Department of Clinical Medicine, Tallaght University Hospital).

Age Related Research

A TUH based study undertaken by Daire Shanahan and Prof. Des O'Neill made headlines following its publication in the Irish Medical Journal. The report is on the barriers to dental attendance in older patients. The study was based on a questionnaire completed by 105 patients aged over 65 attending the geriatric medical outpatient clinic over a three month period last year. Over 50% of the patients had not visited a dentist in over 36 months: 61% said they had no problem or need for treatment while 54% stated they did not need to go as they had no teeth. A striking finding of this study is that education seems to be linked to oral health and dental attendance: those with a higher level of education claimed to attend the dentist more regularly, and were less likely to wear dentures. Oral health is important at all stages of life, it is particularly pertinent to older people. The difficulties experienced by frail patients when masticating foods limits their dietary choices, and leads to poorer nutrition, which in turn affects general health.

Prof O'Morain Medal Recipient Research

Dr. Donal Tighe was recently awarded the O'Morain Research Medal for his study which looked at the role of Therapeutic Drug Monitoring (TDM) in optimising management of inflammatory bowel disease. He found that patients, who were having a flare of their disease with low trough levels, were more likely to require a need for a change in therapy, or surgical intervention at one year follow-up. In addition, TDM was used to help patients regain response. Patients who required a switch in therapy, were more likely to have underlying anti-TNF antibody formation. In summary TDM is useful for helping to predict LOR to anti-TNF α therapy, and to develop strategies to overcome LOR. It will be increasingly used as part of patient focused, tailored therapy.

Nursing Research

A research capacity building programme was established in 2014 as a partnership between TUH and the Trinity Centre for Practice & Healthcare Innovation (TCPHI) in the School of Nursing and Midwifery in TCD. A part-time Research Fellow has been employed by the TCPHI to support TUH clinical nursing staff directly by establishing sustainable research groups comprising TUH nursing staff, TCD academic staff and the Research Fellow. This initiative has been funded by the Meath Foundation and the Adelaide Health Foundation for three years.

The core aim of this work is to pool skills, experience and resources to enhance and expand capacity, network and collaboration with academia to position TH nursing staff to lead and participate in research that will impact positively on practice and quality patient care. Outcomes from the project to date include publications in peer reviewed journals, developing of research proposals, funding applications, organisation reports, ethics application and oral / poster presentations. Cross site collaborative projects within the DMHG are in progress. Increased links with the Institute of Population Health are planned for 2018. Commitment for an extension to funding has been achieved into 2018.

12

Publications

AGE RELATED HEALTHCARE

- **Screening for frailty in older emergency department patients: The utility of the Survey of Health, Ageing and Retirement in Europe Frailty Instrument (SHARE-FI).** Fallon A, Kilbane L, Briggs R, Dyer A, Nabeel S, McElwaine P, Collins R, Coughlan T, O'Neill D, Ryan D, Kennelly SP. *QJM*. 2017 Dec 11 [Epub ahead of print]
- **Cognitive assessment of older adults in general practice: the collateral history** Dyer AH, Foley T, O'Shea B, Kennelly SP. *Ir J Med Sci*. 2017 Dec 2 [Epub ahead of print]
- **Is fear of falling associated with decline in global cognitive functioning in older adults: findings from the The Irish Longitudinal Study on Ageing (TILDA)** Peeters G, Leahy S, Kennelly SP, Kenny RA. *J Am Med Dir Assoc*. 2017 Nov 3 [Epub ahead of print]
- **Dementia, Disclosing the Diagnosis.** Briggs R, McHale C, Fitzhenry D, O'Neill D, Kennelly SP. *Review QJM*. 2017 Sep 19 [Epub ahead of print]
- **Does baseline depression increase the risk of unexplained and accidental falls in a cohort of community-dwelling older people? Data from The Irish Longitudinal Study on Ageing (TILDA).** Briggs R, Kennelly SP, Kenny RA. *Int J Geriatr Psychiatry*. 2018 Feb;33(2):205-211
- **Investigation and diagnostic formulation in patients admitted with transient loss of consciousness.** Briggs R, Coughlan T, Doherty J, Collins DR, O'Neill D, Kennelly SP. *Ir Med J*. 2017 May 10;110-114(5):563
- **Does baseline hypotension predict incident depression in a cohort of community-dwelling older people? Data from The Irish Longitudinal Study on Ageing (TILDA).** Briggs R, Kenny RA, Kennelly SP. *Age Ageing*. 2017 Mar 10:1-6.
- **The effects of an extensive exercise programme on the progression of Mild Cognitive Impairment (MCI): study protocol for a randomised controlled trial.** Devenney KE, Lawlor B, Olde Rikkert MG, Schneider S; *NeuroExercise Study Group*. *BMC Geriatr*. 2017 Mar 22;17(1):75.
- **Towards a building typology and terminology for Irish hospitals.** Grey T, Kennelly S, de Freine P, Mahon S, Mannion V, O'Neill D. *Review Ir J Med Sci*. 2017 Feb;186(1):1-16. 2017 Jan 30.
- **Stroke and cerebrovascular disease.** Fitzpatrick D, O'Neill D, in, Roller-Wirnsberger R, Polidori MC, Singler K (eds), *Learning Geriatric Medicine: A Study Guide for Medical Students*, New York, Springer-Verlag New York, 2017.
- **The Older Motorcyclist.** Fitzpatrick D, O'Neill D. *European Geriatric Medicine*, 8, (1), 2017, p10 – 15
- **Protecting the global longevity dividend.** O'Neill D. *Lancet Global Health*, 5, (2), 2017, pe116 - e117
- **Ageism in studies on the management of osteoporosis,** McGarvey C, Coughlan T, O'Neill D, *Journal of the American Geriatrics Society*, 2017;65(7):1566-1568.
- **Adult attention deficit hyperactivity disorder and driving – risk, medication and fitness to drive.** Suen KFK, O'Neill D, *Irish Medical Journal*, 110, (5), 2017, p571

- Profile of von Willebrand factor antigen and von Willebrand factor propeptide in an overall TIA and ischaemic stroke population and amongst subtypes.** Tobin WO, Kinsella JA, Kavanagh GF, O'Donnell JS, McGrath RT, Tierney S, Egan B, Feeley TM, Coughlan T, Collins DR, [O'Neill D](#), Murphy SJ, Lim SJ, Murphy RP, McCabe DJH, J Neurol Sci, 375, 2017, p404 – 410
- Barriers to dental attendance in older patients,** Shanahan D, [O'Neill D](#), Ir Med J, 110, (4), 2017, p548
- Assessment of 'on-treatment platelet reactivity' and relationship with cerebral micro-embolic signals in asymptomatic and symptomatic carotid stenosis.** Kinsella JA, Oliver Tobin W, Tierney S, Feeley TM, Egan B, Coughlan T, Ronan Collins D, [O'Neill D](#), Harbison JA, Doherty CP, Madhavan P, Moore DJ, O'Neill SM, Colgan MP, Saqqur M, Murphy RP, Moran N, Hamilton G, McCabe DJH, J Neurol Sci., 376, 2017, p133 – 139
- Mandatory reporting of fitness to drive does not work,** [O'Neill D](#), BMJ, 357, 2017, pj2085
- Update on the Risk of Motor Vehicle Collision or Driving Impairment with Dementia: A Collaborative International Systematic Review and Meta-Analysis,** Chee JN, Rapoport MJ, Molnar F, Herrmann N, [O'Neill D](#), Marottoli R, Mitchell S, Tant M, Dow J, Ayotte D, Lanctôt K, McFadden R, Taylor J-P, Olsen K, Classen S, Elzohairy Y, Carr DB, American Journal of Geriatric Psychiatry, 25, (12), 2017, p1376 – 1390
- Aging-related microstructural alterations along the length of the cingulum bundle,** Sibilgia F, Kehoe EG, Farrell D, Kerskens C, [O'Neill D](#), McNulty JP, Mullins P, Bokde ALW., Brain Connectivity, 7, (6), 2017, p366 – 372
- Narratives of health and illness: arts-based research capturing the lived experience of dementia,** Moss H, [O'Neill D](#), Dementia, 2017 (epub ahead of print)
- Older motorcyclists in Ireland,** Fitzpatrick D, [O'Neill D](#), Ir Med J, 110, (6), 2017, pP585
- Everything is illuminated,** [O'Neill D](#), Lancet, 390, (10098), 2017, p929
- Comprehensive Geriatric Assessment for community-dwelling, high-risk, frail, older people,** Briggs R, McDonough A, Ellis G, Bennett K, [O'Neill D](#), Robinson D, Cochrane Database of Systematic Reviews, (6), 2017, pCD012705
- A systematic review of evidence for fitness-to-drive among people with the mental health conditions of schizophrenia, stress/anxiety disorder, depression, personality disorder and obsessive compulsive disorder.,** Unsworth CA, Baker AM, So MH, Harries P, [O'Neill D](#), BMC Psychiatry, 2017;17(1):318.
- Comprehensive geriatric assessment for older adults admitted to hospital,** Ellis G, Gardner M, Tsiachristas A, Langhorne P, Burke O, Harwood RH, Conroy SP, Kircher T, Somme D, Saltvedt I, Wald H, [O'Neill D](#), Robinson D, Shepperd S., Cochrane Database Syst Rev, 9, 2017, pCD006211
- Awareness of Medical Fitness to Drive Guidelines among Occupational Physicians and Psychiatrists** Ryan M, McFadden R, Gilvarry E, Loane R, [O'Neill D](#), Ir Med J, 110, (10), 2017, pP653
- A global perspective on the history of anaesthesia,** [O'Neill D](#), Lancet, 390, (10111), 2017, p2434–2435
- The Perception of Art among Patients and Staff on a Renal Dialysis Unit,** Corrigan C, Peterson L, McVeigh C, Lavin PJ, Mellotte GJ, Wall C, Baker Kerrigan A, Barnes L, [O'Neill D](#), Moss H, Ir Med J, 110, (9), 2017, pP633
- Care planning meetings can aid communication with patient and family,** [O'Neill D](#), BMJ, 359, 2017, pj5528
- The disaster artists,** [O'Neill D](#), Lancet, 390, (10113), 2017, pe59

CLINICAL CHEMISTRY

- Seheult J, Fitzpatrick G, **Boran G. Lactic Acidosis: An Update.** Clin Chem Lab Med, 2017; 55(3): 322-333
- Widdowson WM, McGowan A, Phelan J, **Boran G**, Reynolds J, Gibney J. **Vascular Disease Is Associated With the Expression of Genes for Intestinal Cholesterol Transport and Metabolism.** J Clin Endocrinol Metab, 2017; 102 (1): 326–335

DERMATOLOGY

- **Hidradenitis Suppurativa and Crohn's Disease: A Case Series.** Kirthi S, Hellen R, O'Connor R, Connolly M, Tobin AM, McNamara D. *Ir Med J.* 2017 Aug 12;110(7):618.
- **A cross-sectional epidemiological study of hidradenitis suppurativa in an Irish population (SHIP).** Delany E, Gormley G, Hughes R, S, Kirthi S, Markham T, Tobin AM, Murphy M, Kirby B. *J Eur Acad Dermatol Venereol.* 2018 Mar;32(3):467-473. doi: 10.1111/jdv.14686. Epub 2017 Dec 6.
- **Narrow-band ultraviolet B phototherapy outcomes in atopic dermatitis-A single-centre retrospective review.** Clowry J, Molloy K, Nestor L, Edwards K, Salim A, Connolly M, Tobin AM. *Photodermatol Photoimmunol Photomed.* 2017 Oct 28. doi: 10.1111/phpp.12365. [Epub ahead of print] no abstract available.
- **Nicotinamide for prevention of nonmelanoma skin cancers: a change in practice?** Nestor L, Clowry J, Molloy K, Connolly M, Salim A, Tobin AM. *Clin Exp Dermatol.* 2017 Dec;42(8):945-946. doi: 10.1111/ced.13244. Epub 2017 Oct 16.
- **Remission of hidradenitis suppurativa after bariatric surgery.** Gallagher C, Kirthi S, Burke T, O'Shea D, Tobin AM. *JAAD Case Rep.* 2017 Sep 1;3(5):436-437. doi: 10.1016/j.jdcr.2017.06.008. eCollection 2017 Sep. No abstract available.
- **Adipokines are dysregulated in patients with hidradenitis suppurativa.** Malara A, Hughes R, Jennings L, Sweeney CM, Lynch M, Awdeh F, Timoney I, Tobin AM, Lynam-Loane K, Tobin L, Hogan A, O'Shea D, Kirby B. *Br J Dermatol.* 2018 Mar;178(3):792-793. doi: 10.1111/bjd.15904. Epub 2018 Jan 15. No abstract available.
- **Adipokines, psoriasis, systemic inflammation, and endothelial dysfunction.** Lynch M, Ahern T, Sweeney CM, Malara A, Tobin AM, O'Shea D, Kirby B. *Int J Dermatol.* 2017 Nov;56(11):1103-1118. doi: 10.1111/ijd.13699. Epub 2017 Aug 1. Review.
- **Hidradenitis Suppurativa Is Characterized by Dysregulation of the Th17:Treg Cell Axis, Which Is Corrected by Anti-TNF Therapy.** Moran B, Sweeney CM, Hughes R, Malara A, Kirthi S, Tobin AM, Kirby B, Fletcher JM. *J Invest Dermatol.* 2017 Nov;137(11):2389-2395. doi: 10.1016/j.jid.2017.05.033. Epub 2017 Jun 23.
- **Drug-induced photodistributed rash.** O'Connor R, Flynn A, Crowther S, Tobin AM, Connolly M. *Clin Exp Dermatol.* 2017 Jul;42(5):590-592. doi: 10.1111/ced.13125. Epub 2017 May 26. No abstract available.
- **Oral Sweet's syndrome occurring in ulcerative colitis.** Nestor LA, Tobin AM. *BMJ Case Rep.* 2017 Mar 15;2017. pii: bcr2016218249. doi: 10.1136/bcr-2016-218249.
- **Framingham risk assessment in hidradenitis suppurativa.** Hughes R, Knudsen E, Kirthi S, Kelly G, Tobin AM, Sweeney CM, Jemec GBE, Kirby B. *Br J Dermatol.* 2017 May;176(5):1404-1406. doi: 10.1111/bjd.15365. Epub 2017 Mar 27. No abstract available.
- **Enlarging plaques and nodules on the face and legs.** Flynn A, Kiely C, Tobin AM, Jeffers M, Connolly M. *Clin Exp Dermatol.* 2017 Apr;42(3):354-356. doi: 10.1111/ced.13032. Epub 2017 Jan 23. No abstract available.
- **Image Gallery: Systemic sarcoidosis presenting within the black pigment of a cosmetic tattoo.** Flynn A, Molony P, Keeting C, Cullen J, Tobin AM. *Br J Dermatol.* 2017 Jan;176(1):e2. doi: 10.1111/bjd.15047. No abstract available.
- **Anti-TNF antibody-induced psoriasiform skin lesions in patients with inflammatory bowel disease: an Irish Cohort Study.** Kirthi Jeyarajah S, Tobin AM, Hussey M, Scaldaferrri F, McNamara D. *QJM.* 2017 Jun 1;110(6):379-382. doi: 10.1093/qjmed/hcx003.
- **Fatigue as a symptom in psoriasis and psoriatic arthritis: an observational study.** Tobin AM, Sadlier M, Collins P, Rogers S, FitzGerald O, Kirby B. *Br J Dermatol.* 2017 Mar;176(3):827-828. doi: 10.1111/bjd.15258. Epub 2017 Feb 27. No abstract available.
- **Thrombolysis for stroke in Ireland: increasing access and maintaining safety in a challenging environment.** McElwaine P, McCormack J, Brennan C, Coetzee H, Cotter P, Doyle R, Hickey A, Horgan F, Loughnane C, Macey C, Marsden P, McCabe D, Mulcahy R, Noone I, Shelley E, Stapleton T, Williams D, Kelly P, Harbison J. *Irish Journal Of Medical Science [Ir J Med Sci]* 2017 Jul 17. Date of Electronic Publication: 2017 Jul 17.
- **A comparison of service organisation and guideline compliance between two adjacent European health services** McElwaine P, McCormack J, McCormick M, Rudd A, Brennan C, Coetzee H, Cotter P, Doyle R, Hickey A, Horgan F, Loughnane C, Macey C, Marsden P, McCabe D, Mulcahy R, Noone I, Shelley E, Stapleton T, Williams D, Kelly P, Harbison J. *European Stroke Journal* 2017, Vol. 2(3) 238-243

ENDOCRINOLOGY

- Measurement of selected androgens using liquid chromatography-tandem mass spectrometry in reproductive-age women with Type 1 diabetes.** A Gunness, A Pazderska, M Ahmed, A. McGowan, N Phelan, G Boran, A E Taylor, M W O'Reilly, W Arlt, K Moore, LA Behan, M Sherlock and J Gibney¹. *Human Reproduction*, Accepted December 2017.
- Endocrinopathies and renal outcomes in lithium therapy: impact of lithium toxicity.** Dineen R, Bogdanet D, Thompson D, Thompson CJ, Behan LA, McKay AP, Boran G, Wall C, Gibney J, O'Keane V, Sherlock M. *QJM*. 2017 Dec 1;110(12):821-827.
- Risk Stratification in Multinodular Goiter: A Retrospective Review of Sonographic Features, Histopathological Results, and Cancer Risk.** Kelly BS, Govender P, Jeffers M, Kinsella J, Gibney J, Sherlock M, Torreggiani WC. *Can Assoc Radiol J*. 2017 Nov;68(4):425-430.
- Type 2 Diabetes in Young Females Results in Increased Serum Amyloid A and Changes to Features of High Density Lipoproteins in Both HDL and HDL** Griffiths K, Pazderska A, Ahmed M, McGowan A, Maxwell AP, McEneny J, Gibney J, McKay GJ. *J Diabetes Res*. 2017;2017:1314864.
- Vascular Disease Is Associated With the Expression of Genes for Intestinal Cholesterol Transport and Metabolism.** Widdowson WM, McGowan A, Phelan J, Boran G, Reynolds J, Gibney J. *J Clin Endocrinol Metab*. 2017 Jan 1;102(1):326-335.
- The nutritional management of type 3c (pancreatogenic) diabetes in chronic pancreatitis.** Duggan SN, Ewald N, Kelleher L, Griffin O, Gibney J, Conlon KC. *Eur J Clin Nutr*. 2017 Jan;71(1):3-8. doi: 10.1038/ejcn.2016.127.
- The incidence of anterior pituitary hormone deficiencies in patients with microprolactinoma and idiopathic hyperprolactinaemia.** Behan LA, Moyles P, Cuesta M, Rogers B, Crowley RK, Ryan J, Brennan P, Smith D, Tormey W, Sherlock M, Thompson CJ. *Clin Endocrinol (Oxf)*. 2017 Sep;87(3):257-263.
- Towards a personalized approach to aromatase inhibitor therapy: a digital microfluidic platform for rapid analysis of estradiol in core-needle-biopsies.** Abdulwahab S, Ng AHC, Dean Chamberlain M, Ahmado H, Behan LA, Gomaa H, Casper RF, Wheeler AR. *Lab Chip*. 2017 May 2;17(9):1594-1602.

- Immediate versus modified release hydrocortisone in mitotane-treated patients with adrenocortical cancer.** Weigel M, Hahner S, Sherlock M, Agha A, Behan LA, Stewart PM, Arlt W, Beier D, Frey K, Zopf K, Quinkler M. *Clin Endocrinol (Oxf)*. 2017 Apr;86(4):499-505.

GASTROENTEROLOGY

- Hussey M, Holleran G, Smith S, Sherlock M, McNamara D. The Role and Regulation of the 11 Beta-Hydroxysteroid Dehydrogenase Enzyme System in Patients with Inflammatory Bowel Disease. **Digestive Diseases and sciences**;62(12):3385-3390. doi: 10.1007/s10620-017-4753-1.
- Holleran G, Hussey M, Smith S, McNamara D. Assessment of serum angiogenic factors as a diagnostic aid for small bowel angiodysplasia in patients with obscure gastrointestinal bleeding and anaemia. **World Journal of Gastrointestinal Pathophysiology** 2017; 15;8(3):127-132.
- Tighe D, McNamara D. Clinical impact of immunomonitoring in the treatment of Inflammatory Bowel Disease. **World Journal Gastroenterology** 2017; 23(3):414-425.
- Parihar V, Stack R, Alakkari A, Breslin N, Ryan B, Crowther S, McNamara D. Clinical Outcome of Patients with Raised Intraepithelial Lymphocytes with Normal Villous Architecture on Duodenal Biopsy. **Digestion** 2017; 95: 288 – 292.
- Tighe D, Hall B, Jeyarajah SK, Smith S, Breslin N, Ryan B, McNamara D. One-Year Clinical Outcomes in an IBD Cohort Who Have Previously Had Anti-TNFa Trough and Antibody Levels Assessed. **Inflammatory Bowel Disease** 2017;23(7):1154-1159.
- Yung DE, Rondonotti E, Giannakou A, Avni T, Rosa B, Toth E, Lucendo AJ, Sidhu R, Beaumont H, Ellul P, Negreanu L, Jimenez-Garcia VA, McNamara D, Kopylov U, Elli L, Triantafyllou K, Shibli F, Riccioni ME, Bruno M, Dray X, Plevris JN, Koulaouzidis A, and the Capsule Endoscopy in Young Patients with IDA research group. Endoscopy in young patients with iron deficiency anaemia and negative bidirectional gastrointestinal endoscopy. **United European Gastroenterology Journal**. 2017 Nov;5(7):974-981.
- Smith S, Boyle B, Brennan D, Buckley M, Crotty P, Doyle M, Farrell R, Hussey M, Kevans D, Malfertheiner P, Megraud F, Nugent S, O'Connor A, O'Morain C, Weston S, McNamara D. The Irish Helicobacter pylori Working Group consensus for the diagnosis and treatment of H. pylori infection in adult patients in Ireland. **European Journal of Gastroenterology Hepatology**. 2017;29(5):552-559.

- Kirthi S, Tobin AM, Hussey M, Scaldaferrri F, McNamara D. Anti-TNF antibody induced psoriasiform skin lesions in patients with inflammatory bowel disease; an Irish cohort study. **Quarterly Journal of Medicine** 2017;110(6):379-382.
- Fernandez-Urien I, Panter S, Carretero C, Davison C, Dray X, Fedorov E, Makins R, Mascarenhas M, McAlindon M, McNamara D, Palmer H, Rey JF, Saurin JC, Seitz U, Spada C, Toth E, Wiedbrauck F, Keuchel M. International core curriculum for capsule endoscopy training courses. **Endoscopy International Open**. 2017 Jun;5(6):E526-E538. doi: 10.1055/s-0043-106181
- Dominguez Castro P, Harkin G, Hussey M, Christopher B, Kiat C, Chin JL, Trimble V, McNamara D, MacMathuna P, Egan B, Ryan B, Kevans D, Farrell R, Byrnes V, Mahmud N, McManus R. Changes in Presentation of Celiac Disease in Ireland From the 1960s to 2015. **Clinical Gastroenterology and Hepatology**. 2017;15(6):864-871.
- Parihar V, Byrnes V, McNamara D. A Tale of 2 Lymphomas. **Case Reports Gastroenterology**. 2017 Oct 6;11(3):593-598.
- Kirthi S, Hellen R, O'Connor R, Connolly M, Tobin AM, McNamara D. Hydradenitis Suppurativa and Crohn's disease: a case series. **Irish Medical Journal**. 2017 ;110(7):618
- Tighe, D, Smith S, O'Connor, A, Breslin N, Ryan B, McNamara D. Positive relationship between infliximab and adalimumab trough levels at completion of induction therapy with clinical response rates, at a tertiary referral center. **Journal of Gastroenterology Hepatology Open** 2017;1(1): 4–10. doi:10.1002/jgh3.12000
- Holleran G, Lopetuso L , Petito V, Graziani G, Ianiro G, McNamara D, Gasbarrini A, Scaldaferrri F. The Innate and Adaptive Immune System as Targets for Biologic Therapies in Inflammatory Bowel Disease. **International Journal of Molecular Science** 2017;18(10):2020-2023. doi:10.3390/ijms18102020.
- Holleran G, Lopetuso LR, Ianiro G, Pecere S, Pizzoferrato M, Petito V, Graziani C, McNamara D, Gasbarrini A, Scaldaferrri F. Gut microbiota and Inflammatory Bowel Disease: so far so Gut! **Minerva Gastroenterologica E Dietologica** 2017; 63(4):373-384. doi: 10.23736/S1121-421X.17.02386-8

HAEMATOLOGY

- **A review of therapy-related myelodysplastic syndromes and acute myeloid leukaemia (t-MDS/AML) in Irish patients: a single centre experience.** Maung SW, Burke C, Hayde J, Walshe J, McDermott R, Desmond R, McHugh J, Enright H. *Hematology Volume 22, 2017 - Issue 6*
- **Population pharmacokinetics of teicoplanin and attainment of pharmacokinetic/ pharmacodynamic targets in adult patients with haematological malignancy.** Byrne CJ, Roberts JA, McWhinney B, Ryder SA, Fennell JP, O'Byrne P, Deasy E, Egan S, Desmond R, Enright H, D'Arcy DM, McHugh J. *Clinical Microbiology and Infection, September 2017, Volume 23, Issue 9, Pages 674.e7–674.e13*
- **Variability in Trough Total and Unbound Teicoplanin Concentrations and Achievement of Therapeutic Drug Monitoring Targets in Adult Patients with Hematological Malignancy.** Byrne CJ, Roberts JA, McWhinney B, Fennell JP, O'Byrne P, Deasy E, Egan S, Desmond R, Enright H, Ryder SR, D'Arcy DM, McHugh J. *Antimicrob. Agents Chemother.* June 2017 vol. 61 no. 6 e02466-1
- **Population pharmacokinetics of total and unbound teicoplanin concentrations and dosing simulations in patients with haematological malignancy.** Byrne CJ, Parton T, McWhinney B, Fennell JP, O'Byrne P, Deasy E, Egan S, Enright H, Desmond R, Ryder SA, D'Arcy DM, McHugh J, Roberts JA. *Journal of Antimicrobial Chemotherapy, Volume 73, Issue 4, 18 December 2017, Pages 995–1003*
- **Evaluation of Surface Antigen Expression on Myeloid Cells in the Peripheral Blood of Patients with Myelodysplastic Syndrome.** Murphy V, Maguire B, Desmond R, Enright H. *Leukemia Research, April 2017, Volume 55, Supplement 1, Page S98*

INTENSIVE CARE

- Exploring population pharmacokinetic models in patients treated with vancomycin during CVVHD on different anticoagulant modalities.** Coyle M, Rushni R, O'Keefe H, Deasy E, Fitzpatrick GJ, Lavin PJ, Donnelly M, D'Arcy DM. *Intensive Care Medicine Experimental* 2017, 5(Suppl 2):1001
- Longterm outcome in ICU patients treated with renal replacement therapy. A 2yr follow up study in Ireland: Morbidity and Dialysis dependency.** Fitzpatrick GJ, Mahmoud AA, Greaney D, Magee A, Rooney G, Haslehurst H, Tiedt L, Donnelly M. *Intensive Care Medicine Experimental* 2017, 5(Suppl 2):0108
- Longterm outcome in ICU patients treated with renal replacement therapy. A 2yr follow up study in Ireland: The impact of pre-existing CKD on survival and renal function.** Fitzpatrick GJ, Mahmoud AA, Greaney D, Magee A, Donnelly M. *Intensive Care Medicine Experimental* 2017, 5(Suppl 2):0734

NEPHROLOGY

- Home Haemodialysis in Ireland.** Kennedy C, Connaughton D, Murray S, Ormond J, Butler A, Phelan E, Young J, Durack L, Flavin J, O'Grady M, O'Kelly P, Lavin P, Leavey S, Lappin D, Giblin L, Casserly L, Plant WD, Conlon P. *QJM*. 2017 Dec 20. doi: 10.1093/qjmed/hcx249. [Epub ahead of print] PubMed PMID: 29272506.
- The Perception of Art among Patients and Staff on a Renal Dialysis Unit.** Corrigan C, Peterson L, McVeigh C, Lavin PJ, Mellotte GJ, Wall C, Baker Kerrigan A, Barnes L, O'Neill D, Moss H. *Ir Med J*. 2017 Oct 10;110(9):632. PubMed PMID: 29372947.
- Agreement between renal prescribing references and determination of prescribing appropriateness in hospitalized patients with chronic kidney disease.** O'Shaughnessy M, Allen N, O'Regan J, Payne-Danson E, Mentre L, Davin D, Lavin P, Grimes T. *QJM*. 2017 Oct 1;110(10):623-628. doi: 10.1093/qjmed/hcx086. PubMed PMID: 28431157.
- Endocrinopathies and renal outcomes in lithium therapy: impact of lithium toxicity.** Dineen R, Bogdanet D, Thompson D, Thompson CJ, Behan LA, McKay AP, Boran G, Wall C, Gibney J, O'Keane V, Sherlock M. *QJM*. 2017 Dec 1;110(12):821-827

- NK cells in childhood obesity are activated, metabolically stressed, and functionally deficient.** Tobin LM, Mavinkurve M, Carolan E, Kinlen D, O'Brien EC, Little MA, Finlay DK, Cody D, Hogan AE, O'Shea D. *JCI Insight*. 2017 Dec 21;2(24). pii: 94939. doi: 10.1172/jci.insight.94939.
- Kidney Function Estimated From Cystatin C, But Not Creatinine, Is Related to Objective Tests of Physical Performance in Community-Dwelling Older Adults.** Canney M, Sexton DJ, O'Connell MDL, Kenny RA, Little MA, O'Seaghda CM. *J Gerontol A Biol Sci Med Sci*. 2017 Oct 12;72(11):1554-1560. doi: 10.1093/gerona/glx039.
- The European Vasculitis Society 2016 Meeting Report.** Bajema IM, Bruijn JA, Casian A, Cid MC, Csernok E, van Daalen E, Harper L, Hauser T, Little MA, Luqmani RA, Mahr A, Ponte C, Salama A, Segelmark M, Suzuki K, Sznajd J, Teng YKO, Vaglio A, Westman K, Jayne D. *Kidney Int Rep*. 2017 Sep 21;2(6):1018-1031. doi: 10.1016/j.ekir.2017.09.008
- Injurious Falls and Syncope in Older Community-Dwelling Adults Meeting Inclusion Criteria for SPRINT.** Sexton DJ, Canney M, O'Connell MDL, Moore P, Little MA, O'Seaghda CM, Kenny RA. *JAMA Intern Med*. 2017 Sep 1;177(9):1385-1387. doi: 10.1001/jamainternmed.2017.2924
- ANCA in anti-GBM disease: moving beyond a one-dimensional clinical phenotype.** Canney M, Little MA. *Kidney Int*. 2017 Sep;92(3):544-546. doi: 10.1016/j.kint.2017.04.024.
- Validation of the EULAR/ERA-EDTA recommendations for the management of ANCA-associated vasculitis by disease content experts.** Yates M, Watts R, Bajema I, Cid M, Crestani B, Hauser T, Hellmich B, Holle J, Laudien M, Little MA, Luqmani RA, Mahr A, Merkel P, Mills J, Mooney J, Segelmark M, Tesar V, Westman KWA, Vaglio A, Yalçındağ N, Jayne DR, Mukhtyar C. *RMD Open*. 2017 Jun 15;3(1):e000449. doi: 10.1136/rmdopen-2017-000449. eCollection 2017
- Graded Association Between Kidney Function and Impaired Orthostatic Blood Pressure Stabilization in Older Adults.** Canney M, O'Connell MDL, Sexton DJ, O'Leary N, Kenny RA, Little MA, O'Seaghda CM. *J Am Heart Assoc*. 2017 May 4;6(5). pii: e005661. doi: 10.1161/JAHA.117.005661.
- Renal amyloidosis complicating multidrug-resistant tuberculosis.** Chong SG, Herron M, Dorman A, Little M, Donnelly SC, Keane J, McLaughlin AM. *Int J Tuberc Lung Dis*. 2017 Apr 1;21(4):476-477.

- **Anti-myeloperoxidase antibodies attenuate the monocyte response to LPS and shape macrophage development.** Popat RJ, Hakki S, Thakker A, Coughlan AM, Watson J, Little MA, Spickett CM, Lavender P, Afzali B, Kemper C, Robson MG. *JCI Insight*. 2017 Jan 26;2(2):e87379. doi: 10.1172/jci.insight.87379.
- **"Alterations in circulating lymphoid cell populations in systemic small vessel vasculitis are non-specific manifestations of renal injury".** Fazekas B, Moreno-Olivera A, Kelly Y, O'Hara P, Murray S, Kennedy A, Conlon N, Scott J, Melo AM, Hickey FB, Dooley D, O'Brien EC, Moran S, Doherty DG, Little MA. *Clin Exp Immunol*. 2017 Sep 28. doi: 10.1111/cei.13058
- **Profibrotic IHG-1 complexes with renal disease associated HSPA5 and TRAP1 in mitochondria.** Bhreathnach U, Griffin B, Brennan E, Ewart L, Higgins D, Murphy M. *Biochim Biophys Acta*. 2017 Apr;1863(4):896-906. doi: 10.1016/j.bbdis.2017.01.015. Epub 2017 Jan 20.
- Kinsella JA, Tobin WO, Tierney S, Feeley TM, Egan B, Dooley C, Coughlan T, Collins DR, O'Neill D, Harbison JA, Doherty CP, Madhavan P, Moore DJ, O'Neill SM, Colgan M-P, Saqqur M, Murphy RP, Moran N, Hamilton G, McCabe DJH. **Assessment of 'on-treatment platelet reactivity' and relationship with cerebral microembolic signals in asymptomatic and symptomatic carotid stenosis.** *J Neurol Sci* 2017; 376: 133-139.
- McElwaine P, McCormack J, McCormick M, Rudd A, Brennan C, Coetzee H, Cotter PE, Doyle R, Hickey A, Horgan F, Loughnane C, Macey C, Marsden P, McCabe D, Mulcahy R, Noone I, Shelley E, Stapleton T, Williams D, Kelly P, Harbison J. **A comparison of service organization and guideline compliance between two adjacent European health services.** *European Stroke Journal* 2017; 2: 238-243.
- Lim ST, Murphy SJX, Smith DR, Williams J, Gil Navarro S, McCabe J, Moore DP, McHugh J, McCabe DJH. **Long-term outcome in TIA or ischaemic stroke patients with a patent foramen ovale +/- an inter-atrial septal aneurysm in conjunction with comprehensive arterial and venous thrombophilia screening.** *J Neurol Sci* 2017; 377: 227-233.

NEUROLOGY

- Huber R, Grittner U, Weidemann F, Thijs VN, Tanislav C, Enzinger C, Fazekas F, Wolf M, Hennerici M, McCabe DJH, Putaala J, Tatlisumak T, Kessler C, von Sarnowski B, Martus P, Kolodny E, Norrving B, and Rolfs A. **Patent Foramen Ovale and cryptogenic strokes in the Stroke in Young Fabry Patients Study.** *Stroke* 2017; 48: 30-35.
- Walsh ME, Galvin R, Boland F, Williams D, Harbison JA, Murphy S, Collins DR, McCabe DJH, Crowe M, Horgan NF. **Validation of two risk prediction models for recurrent falls in the first year after stroke: A prospective cohort study.** *Age and Ageing* 2017; 46: 642-648.
- O'Connell K, Williams L, Jones J, McCabe DJH, Killeen R, Hutchinson M, Tubridy N, O'Riordan S, McGuigan C. Neurosarcoidosis: **Clinical presentation and changing treatment patterns in an Irish Caucasian population.** *Ir J Med Sci* 2017;186: 759-766.
- Tobin WO, Kinsella JA, Kavanagh GF, O'Donnell JS, McGrath R, Tierney S, Egan B, Feeley TM, Coughlan T, Collins DR, O'Neill D, Murphy SJX, Lim SJ, Murphy RP, McCabe DJH. **Profile of von Willebrand factor antigen and von Willebrand factor propeptide in an overall TIA and ischaemic stroke population and amongst subtypes.** *J Neurol Sci* 2017; 375: 404-410.
- Brett FM, Flavin R, Chen D, Loftus T, Looby S, McCarthy A, de Gascun C, Jaffe ES, Nor N, Javadpour M, McCabe D. **EBV-driven natural killer cell disease of the central nervous system presenting as subacute cognitive decline.** *Human Pathology: Case Reports* 2017; 10: 64-68.
- Thijs V, Grittner U, Fazekas F, McCabe DJH, Giese A-K, Kessler C, Martus P, Norrving B, Ringelstein EB, Schmidt R, Tanislav C, Putaala J, Tatlisumak T, von Sarnowski B, Rolfs A, Enzinger C, on behalf of the Stroke in Fabry (SIFAP 1) Investigators. **Dolichoectasia and small vessel disease in young patients with TIA and stroke.** *Stroke* 2017; 48: 2361-2367.
- Walsh ME, Galvin R, Williams DJP, Harbison JA, Murphy S, Collins R, McCabe DJH, Crowe M, Horgan NF. **The experience of recurrent fallers in the first year after stroke.** *Disabil Rehabil* 2017; 26: 1-8.
- McElwaine P, McCormack J, Brennan C, Coetzee H, Cotter P, Doyle R, Hickey A, Horgan F, Loughnane C, Macey C, Marsden P, McCabe D, Mulcahy R, Noone I, Shelley E, Stapleton T, Williams D, Kelly P, Harbison J. **Thrombolysis for stroke in Ireland: increasing access and maintaining safety in a challenging environment.** *Ir J Med Sci* (In press, 2017; doi: 10.1007/s11845-017-1661-5; Epub ahead of print).

- Naylor AR, Ricco JB, de Borst GJ, Debus S, de Haro J, Halliday A, Hamilton G, Kakisis J, Kakkos S, Lepidi S, Markus HS, McCabe DJ, Roy J, Sillesen H, van den Berg JC, Vermassen F; ESVS Guidelines Committee: Kolh P, Chakfe N, Hinchliffe RJ, Koncar I, Lindholt JS, Vega de Ceniga M, Verzini F; ESVS Guideline Reviewers: Archie J, Bellmunt S, Chaudhuri A, Koelemay M, Lindahl AK, Padberg F, Venermo M. **Management of Atherosclerotic Carotid and Vertebral Artery Disease: 2017 Clinical Practice Guidelines of the European Society for Vascular Surgery (ESVS).** *Eur J Vasc Endovasc Surg* 2018; 55: 3-81.
- Bogdanova-Mihaylova P, Alexander MD, Murphy RPJ, Murphy SM. **Waardenburg syndrome: a rare cause of inherited neuropathy due to SOX10 mutation.** *Journal of the Peripheral Nervous System.* 2017 Sep;22(3):219-223.
- Rossor AM, Morrow JM, Polke JM, Murphy SM, Houlden H; INC-RDCRC, Laura M, Manji H, Blake J, Reilly MM. **Pilot phenotype and natural history study of hereditary neuropathies caused by mutations in the HSPB1 gene.** *Neuromuscular Disorders.* 2017 Jan;27(1):50-56.
- Lad M, Parkinson MH, Rai M, Pandolfo M, Bogdanova-Mihaylova P, Walsh RA, Murphy S, Emmanuel A, Panicker J, Giunti P. **Urinary, bowel and sexual symptoms in a cohort of patients with Friedreich's ataxia.** *Orphanet Journal of Rare Diseases.* 2017 Sep 26;12(1):158
- **Poor sleep quality and progression of gait impairment in an incident Parkinson's disease cohort.** O'Dowd S, Galna B, Morris R, Lawson RA, McDonald C, Yarnall AJ, Burn DJ, Rochester L, Anderson KN. *J Parkinson's Dis* 2017; 7(3): 465-470.
- P Bogdanova-Mihaylova & RA Walsh. **Post-stroke choreo-dystonia responsive to zopiclone; further evidence of a role for the 'Z-drugs' in hyperkinetic movement disorders.** *Mov Disord Clinical Practice* 2017
- L Williams, E McGovern, O Kimmich, A Molloy, I Beiser, F Molloy, P Logan, D G Healy, T Lynch, RA Walsh, D Moorehouse, L Cassidy, P Moriarty, H Moore, T McSwiney, C Walsh, S O'Riordan, M Hutchinson. **Epidemiological, clinical and genetic aspects of adult onset isolated focal dystonia in Ireland** *Eur J Neurol.* 2017 Jan;24(1):73-81

RADIOLOGY

- **Prevalence and Seasonal Variation of Incidental MRI Paranasal Inflammatory Changes in an Asymptomatic Irish Population.** Wilson R, Kuan Kok H, Fortescue-Webb D, Doody O, Buckley O, Torreggiani WC. *Ir Med J.* 2017 Oct 10;110(9):641.
- **Combined Vertebral Augmentation and Radiofrequency Ablation in the Management of Spinal Metastases: an Update.** Kam NM, Maingard J, Kok HK, Ranatunga D, Brooks D, Torreggiani WC, Munk PL, Lee MJ, Chandra RV, Asadi H. *Curr Treat Options Oncol.* 2017 Nov 16;18(12):74. doi: 10.1007/s11864-017-0516-7. Review.
- **Risk Stratification in Multinodular Goiter: A Retrospective Review of Sonographic Features, Histopathological Results, and Cancer Risk.** Kelly BS, Govender P, Jeffers M, Kinsella J, Gibney J, Sherlock M, Torreggiani WC. *Can Assoc Radiol J.* 2017 Nov;68(4):425-430. doi: 10.1016/j.carj.2017.03.002. Epub 2017 Aug 21
- **Preoperative Imaging in Primary Hyperparathyroidism: Literature Review and Recommendations.** Liddy S, Worsley D, Torreggiani W, Feeney J. *Can Assoc Radiol J.* 2017 Feb;68(1):47-55. doi: 10.1016/j.carj.2016.07.004. Epub 2016 Sep 24. Review. No abstract available.
- **Evaluation of Knee Pain in Athletes: A Radiologist's Perspective.** Salati U, Doody O, Munk PL, Torreggiani W. *Can Assoc Radiol J.* 2017 Feb;68(1):27-40. doi: 10.1016/j.carj.2016.04.003. Epub 2016 Sep 24. Review.

RHEUMATOLOGY

- **The 2017 EULAR standardised procedures for ultrasound imaging in rheumatology.** Möller I, Janta I, Backhaus M, Ohrndorf S, Bong DA, Martinoli C, Filippucci E, Sconfienza LM, Terslev L, Damjanov N, Hammer HB, Sudol-Szopinska I, Grassi W, Balint P, Bruyn GAW, D'Agostino MA, Hollander D, Siddle HJ, Supp G, Schmidt WA, Iagnocco A, Koski J, Kane D, Fodor D, Bruns A, Mandl P, Kaeley GS, Micu M, Ho C, Vlad V, Chávez-López M, Filippou G, Cerón CE, Nestorova R, Quintero M, Wakefield R, Carmona L, Naredo E. *Ann Rheum Dis.* 2017 Dec;76(12):1974-1979.

- Cross-phenotype association mapping of the MHC identifies genetic variants that differentiate psoriatic arthritis from psoriasis.** Bowes J, Ashcroft J, Dand N, Jalali-Najafabadi F, Bellou E, Ho P, Marzo-Ortega H, Helliwell PS, Feletar M, Ryan AW, [Kane DJ](#), Korendowych E, Simpson MA, Packham J, McManus R, Brown MA, Smith CH, Barker JN, McHugh N, FitzGerald O, Warren RB, Barton A. *Ann Rheum Dis*. 2017 Oct;76(10):1774-1779.
- Shrinking Lung Syndrome And Systemic Lupus Erythematosus; A Case Series Literature Review.** Smyth H, Flood R, [Kane D](#), Donnelly S, Mullan RH. *QJM*. 2017 Oct 27.
- Scoring ultrasound synovitis in rheumatoid arthritis: a EULAR-OMERACT ultrasound taskforce-Part 1: definition and development of a standardised, consensus-based scoring system.** D'Agostino MA, Terslev L, Aegerter P, Backhaus M, Balint P, Bruyn GA, Filippucci E, Grassi W, Iagnocco A, Jousse-Joulin S, [Kane D](#), Naredo E, Schmidt W, Szkudlarek M, Conaghan PG, Wakefield RJ. *RMD Open*. 2017 Jul 11;3(1):
- Familial Birt-Hogg-Dubé Syndrome.** McDermott C, Cullen J. *QJM*. 2018 Apr 14. doi: 10.1093/qjmed/hcy079.
- Delayed neutrophil apoptosis enhances NET formation in cystic fibrosis.** Gray RD, Hardisty G, Regan KH, Smith M, Robb CT, Duffin R, Mackellar A, Felton JM, Paemka L, McCullagh BN, Lucas CD, Dorward DA, McKone EF, Cooke G, [Donnelly SC](#), Singh PK, Stoltz DA, Haslett C, McCray PB, Whyte MKB, Rossi AG, Davidson DJ. *Thorax*. 2018 Feb;73(2):134-144.
- Image Gallery: Systemic sarcoidosis presenting within the black pigment of a cosmetic tattoo.** Flynn A, Molony P, Keeting C, Cullen J, Tobin AM. *Br J Dermatol*. 2017 Jan;176(1):e2. doi: 10.1111/bjd.15047.
- Macrophage migration inhibitory factor enhances *Pseudomonas aeruginosa* biofilm formation, potentially contributing to cystic fibrosis pathogenesis.** Tynan A, Mawhinney L, Armstrong ME, O'Reilly C, Kennedy S, Caraher E, Jülicher K, O'Dwyer D, Maher L, Schaffer K, Fabre A, McKone EF, Leng L, Bucala R, Bernhagen J, Cooke G, [Donnelly SC](#). *FASEB J*. 2017 Nov;31(11):5102-5110.

RESPIRATORY

- Efficacy and safety of direct switch to indacaterol/glycopyrronium in patients with moderate COPD: the CRYSTAL open-label randomised trial.** Vogelmeier, CF; Gaga, M; Aalamian-Mattheis, M; Greulich, T; Marin, JM; Castellani, W; Ninane, V; [Lane S](#); Nunez, X; Patalano, F; Clemens, A; Kostikas, K; CRYSTAL study investigators *Respir. Res.*, 2017 vol. 18(1) pp. 140
- Seasonal Influenza Vaccine Uptake in a Respiratory Outpatients Clinic.** Rossiter, A; O'Morain, NR; Varghese, C; [Lane S](#), *Ir Med J*, 2017 vol. 110(2) pp. 517
- Toll-like receptor 3 L412F polymorphism promotes a persistent clinical phenotype in pulmonary sarcoidosis.** Cooke G, Kamal I, Strengert M, Hams E, Mawhinney L, Tynan A, O'Reilly C, O'Dwyer DN, Kunkel SL, Knaus UG, Shields DC, Moller DR, Bowie AG, Fallon PG, Hogaboam CM, Armstrong ME, [Donnelly SC](#). *QJM*. 2017 Dec 11. doi: 10.1093/qjmed/hcx243. [Epub ahead of print]
- Randomised clinical trial of feedback on inhaler adherence and technique in patients with severe uncontrolled asthma.** Sulaiman I, Greene G, MacHale E, Seheult J, Mokoka M, D'Arcy S, Taylor T, Murphy DM, Hunt E, [Lane SJ](#), Diette GB, FitzGerald JM, Boland F, Sartini Bhreathnach A, Cushen B, Reilly RB, Doyle F, Costello RW. *Eur Respir J*. 2018 Jan 4;51(1):178-185..
- Renal amyloidosis complicating multidrug-resistant tuberculosis.** Chong SG, Herron M, Dorman A, Little M, [Donnelly SC](#), Keane J, McLaughlin AM. *Int J Tuberc Lung Dis*. 2017 Apr 1;21(4):476-477
- Qualitative effects of omalizumab on concomitant IgE-mediated disease in a severe asthmatic population: a real life observational study.** Cusack RP, Sahadevan A, [Lane SJ](#). *QJM*. 2016 Sep;109(9):601-4.
- Pharmacy-led medication reconciliation programmes at hospital transitions: a systematic review and meta-analysis.** Grimes TC, Breslin N, Deasy E, Moloney E, O'Byrne J, Wall C, Delaney T. *J Clin Pharm Ther*. 2016 Dec;41(6):739-740.
- Restoring Cystic Fibrosis Transmembrane Conductance Regulator Function Reduces Airway Bacteria and Inflammation in People with Cystic Fibrosis and Chronic Lung Infections.** Hisert KB, Heltshe SL, Pope C, Jorth P, Wu X, Edwards RM, Radey M, Accurso FJ, Wolter DJ, Cooke G, Adam RJ, Carter S, Grogan B, Launspach JL, Donnelly SC, Gallagher CG, Bruce JE, Stoltz DA, Welsh MJ, Hoffman LR, McKone EF, Singh PK. *Am J Respir Crit Care Med*. 2017 Jun 15;195(12):1617-1628.

SURGERY

- Memba R, Duggan SN, Ni Chonchubhair HM, Griffin OM, Bashir Y, O'Connor DB, Murphy A, McMahon J, Volcov Y, Ryan BM, [Conlon KC](#). **The potential role of gut microbiota in pancreatic disease: A systematic review.** *Pancreatology*. 2017 Nov - Dec;17(6):867-874. doi: 10.1016/j.pan.2017.09.002. Epub 2017 Sep 6. Review. PubMed PMID: 28935288.
- Bashir Y, [Conlon KC](#). **Step by step guide to do a systematic review and meta-analysis for medical professionals.** *Ir J Med Sci*. 2017 Jul 22. doi:10.1007/s11845-017-1663-3. [Epub ahead of print] PubMed PMID: 28735501.
- Healy GM, Redmond CE, Murphy S, Fleming H, Haughey A, Kavanagh R, Swan N, [Conlon KC](#), Malone DE, Ryan ER. **Preoperative CT in patients with surgically resectable pancreatic adenocarcinoma: does the time interval between CT and surgery affect survival?** *Abdom Radiol (NY)*. 2018 Mar;43(3):620-628. doi: 10.1007/s00261-017-1254-9. PubMed PMID: 28695235.
- Stirling AD, Moran NR, Kelly ME, [Ridgway PF](#), [Conlon KC](#). **The predictive value of C-reactive protein (CRP) in acute pancreatitis - is interval change in CRP an additional indicator of severity?** *HPB (Oxford)*. 2017 Oct;19(10): 874-880. doi: 10.1016/j.hpb.2017.06.001. Epub 2017 Jul 8. PubMed PMID: 28693979.
- Kendrick ML, van Hilst J, Boggi U, de Rooij T, Walsh RM, Zeh HJ, Hughes SJ, Nakamura Y, Vollmer CM, Kooby DA, Asbun HJ; **Minimally Invasive Pancreatic Resection Organizing Committee. Minimally invasive pancreatoduodenectomy.** *HPB (Oxford)*. 2017 Mar;19(3):215-224. doi: 10.1016/j.hpb.2017.01.023.
- Review. PubMed PMID: 8317658.
- Montagnini AL, Røsok BI, Asbun HJ, Barkun J, Besselink MG, Boggi U, [Conlon KC](#), Fingerhut A, Han HS, Hansen PD, Hogg ME, Kendrick ML, Palanivelu C, Shrikhande SV, Wakabayashi G, Zeh H, Vollmer CM, Kooby DA. **Standardizing terminology for minimally invasive pancreatic resection.** *HPB (Oxford)*. 2017 Mar; 19(3):182-189. doi: 10.1016/j.hpb.2017.01.006. Review. PubMed PMID: 28317657.
- Barkun J, Fisher W, Davidson G, Wakabayashi G, Besselink M, Pitt H, Holt J, Strasberg S, Vollmer C, Kooby D; Minimally Invasive Pancreatic Resection Organizing Committee. **Research considerations in the evaluation of minimally invasive pancreatic resection (MIPR).** *HPB (Oxford)*. 2017 Mar;19(3): 246-253. doi: 10.1016/j.hpb.2017.01.005. Epub 2017 Mar 6. Review. PubMed PMID: 28274661.
- [Conlon KC](#), de Rooij T, van Hilst J, Abu Hidal M, Fleshman J, Talamonti M, Vanounou T, Garfinkle R, Velanovich V, Kooby D, Vollmer CM; Minimally Invasive Pancreatic Resection Organizing Committee. **Minimally invasive pancreatic resections: cost and value perspectives.** *HPB (Oxford)*. 2017 Mar; 19(3):225-233. doi: 10.1016/j.hpb.2017.01.019. Epub 2017 Mar 6. PubMed PMID: 28268161.
- van Hilst J, de Rooij T, Abu Hilal M, Asbun HJ, Barkun J, Boggi U, Busch OR, [Conlon KC](#), Dijkgraaf MG, Han HS, Hansen PD, Kendrick ML, Montagnini AL, Palanivelu C, Røsok BI, Shrikhande SV, Wakabayashi G, Zeh HJ, Vollmer CM, Kooby DA, Besselink MG. **Worldwide survey on opinions and use of minimally invasive pancreatic resection.** *HPB (Oxford)*. 2017 Mar;19(3):190-204. doi: 10.1016/j.hpb.2017.01.011. Epub 2017 Feb 17. PubMed PMID: 28215904.
- Røsok BI, de Rooij T, van Hilst J, Diener MK, Allen PJ, Vollmer CM, Kooby DA, Shrikhande SV; Organizing Committee for the State of the Art Conference on Minimally Invasive Pancreas Resection. **Minimally invasive distal pancreatectomy.** *HPB (Oxford)*. 2017 Mar;19(3):205-214. doi: 10.1016/j.hpb.2017.01.009. Epub 2017 Feb 16. Review. PubMed PMID: 28215903.
- Hogg ME, Besselink MG, Clavien PA, Fingerhut A, Jeyarajah DR, Kooby DA, Moser AJ, Pitt HA, Varban OA, Vollmer CM, Zeh HJ 3rd, Hansen P; Minimally Invasive Pancreatic Resection Organizing Committee. **Training in Minimally Invasive Pancreatic Resections: a paradigm shift away from "See one, Do one, Teach one".** *HPB (Oxford)*. 2017 Mar;19(3):234-245. doi: 10.1016/j.hpb.2017.01.016. Epub 2017 Feb 10. PubMed PMID: 28190709.
- Vollmer CM, Asbun HJ, Barkun J, Besselink MG, Boggi U, [Conlon KC](#), Han HS, Hansen PD, Kendrick ML, Montagnini AL, Palanivelu C, Røsok BI, Shrikhande SV, Wakabayashi G, Zeh HJ, Kooby DA. **Proceedings of the first international state-of-the-art conference on minimally-invasive pancreatic resection (MIPR).** *HPB (Oxford)*. 2017 Mar;19(3):171-177. doi: 10.1016/j.hpb.2017.01.015. Epub 2017 Feb 8. PubMed PMID: 28189345.

- O'Connor DB, [Conlon KC](#) **Gastrointestinal Stromal Tumors in Younger Patients: A Start but More to Do!** JAMA Surg. 2017 May 1;152(5):451. doi: 10.1001/jamasurg.2016.5048. PubMed PMID: 28114503.
- Bassi C, Marchegiani G, Dervenis C, Sarr M, Abu Hilal M, Adham M, Allen P, Andersson R, Asbun HJ, Besselink MG, [Conlon KC](#), Del Chiaro M, Falconi M, Fernandez -Cruz L, Fernandez-Del Castillo C, Fingerhut A, Friess H, Gouma DJ, Hackert T, Izbicki J, Lillemoe KD, Neoptolemos JP, Olah A, Schulick R, Shrikhande SV, Takada T, Takaori K, Traverso W, Vollmer CR, Wolfgang CL, Yeo CJ, Salvia R, Buchler M; International Study Group on Pancreatic Surgery (ISGPS). **The 2016 update of the International Study Group (ISGPS) definition and grading of postoperative pancreatic fistula: 11 Years After. Surgery.** 2017 Mar;161(3):584-591. doi: 10.1016/j.surg.2016.11.014. Epub 2016 Dec 28. Review. PubMed PMID: 28040257.
- Shrikhande SV, Sivasanker M, Vollmer CM, Friess H, Besselink MG, Fingerhut A, Yeo CJ, Fernandez-delCastillo C, Dervenis C, Halloran C, Gouma DJ, Radenkovic D, Asbun HJ, Neoptolemos JP, Izbicki JR, Lillemoe KD, [Conlon KC](#), Fernandez-Cruz L, Montorsi M, Bockhorn M, Adham M, Charnley R, Carter R, Hackert T, Hartwig W, Miao Y, Sarr M, Bassi C, Büchler MW; International Study Group of Pancreatic Surgery (ISGPS). **Pancreatic anastomosis after pancreatoduodenectomy: A position statement by the International Study Group of Pancreatic Surgery (ISGPS).** Surgery. 2017 May;161(5):1221-1234. doi: 10.1016/j.surg.2016.11.021. Epub 2016 Dec 24. Review. PubMed PMID: 28027816.
- Parihar V, [Ridgway PF](#), [Conlon KC](#), Huggett M, Ryan BM. **The role of endoscopic intervention in the management of inflammatory pancreatic fluid collections.** Eur J Gastroenterol Hepatol. 2017 Apr;29(4):371-379. doi: 10.1097/MEG.0000000000000818. Review. PubMed PMID: 28009718.
- Ní Chonchubhair HM, Bashir Y, McNaughton D, Barry JM, Duggan SN, [Conlon KC](#). **Hospital discharges and patient activity associated with chronic pancreatitis in Ireland 2009-2013.** Pancreatology. 2017 Jan - Feb;17(1):56-62. doi: 10.1016/j.pan.2016.11.006. Epub 2016 Nov 25. PubMed PMID: 27916415.
- Besselink MG, van Rijssen LB, Bassi C, Dervenis C, Montorsi M, Adham M, Asbun HJ, Bockhorn M, Strobel O, Büchler MW, Busch OR, Charnley RM, [Conlon KC](#), Fernández-Cruz L, Fingerhut A, Friess H, Izbicki JR, Lillemoe KD, Neoptolemos JP, Sarr MG, Shrikhande SV, Sitarz R, Vollmer CM, Yeo CJ, Hartwig W, Wolfgang CL, Gouma DJ; International Study Group on Pancreatic Surgery. **Definition and classification of chyle leak after pancreatic operation: A consensus statement by the International Study Group on Pancreatic Surgery.** Surgery. 2017 Feb;161(2):365-372. doi: 10.1016/j.surg.2016.06.058. Epub 2016 Sep 28. Review. PubMed PMID: 27692778.
- Duggan SN, Ewald N, Kelleher L, Griffin O, Gibney J, [Conlon KC](#). **The nutritional management of type 3c (pancreatogenic) diabetes in chronic pancreatitis.** Eur J Clin Nutr. 2017 Jan;71(1):3-8. doi: 10.1038/ejcn.2016.127. Epub 2016 Jul 13. Review. PubMed PMID: 27406162.
- Hand F, Stirling A, Felle P, [Conlon K](#), [Ridgway P](#). **The e-handover: applications for surgical training.** Clin Teach. 2017 Jun;14(3): 211-215. doi: 10.1111/tct.12536. Epub 2016 Jun 16. PubMed PMID: 27307390.
- **Mobility one week after a hip fracture – can it be predicted?** M Fitzgerald, C Blake, D Askin, [J Quinlan](#), T Coughlan, C Cunningham. International Journal of Orthopaedic and Trauma Nursing, November 2017 (on-line first),
- **Emergency aeromedical services in Ireland – a single-centre study in 2014,** A Sheridan, D Cooper, JP Gibbons, O Breathnach, [J Quinlan](#). Irish Medical Journal 2017;110(3):531, [J Quinlan](#).
- **Metal on metal total hip replacement: assessing the quality of patient information on the internet.** G Crozier-Shaw, J Queally, [J Quinlan](#). Orthopedics 2017;40(2):e262-e268
- **Emergency aeromedical services in Ireland – A retrospective study for “MEDEVAC112”** JP Gibbons, O Breathnach, [J Quinlan](#). Irish Journal of Medical Science 2017;186(1):33-39

UROLOGY

- Abdelrahman M, Davis NF, McMahon BP, Walsh M, McDermott TED, Thornhill JA, [Manecksha RP](#). **A comparative assessment of irrigation and drainage characteristics for commercially available urethral catheters.** *Cent European J Urol.* 2017;70(4):382-387.
- Inder S, O'Rourke S, McDermott N, [Manecksha R](#), Finn S, Lynch T, Marignol L. **The Notch-3 receptor: A molecular switch to tumorigenesis?** *Cancer Treat Rev.* 2017 Nov;60:69-76.
- Bhatt NR, Davis NF, Quinlan MR, Flynn RJ, McDermott TED, [Manecksha RP](#), Thornhill JA. **A prospective audit on the effect of training and educational workshops on the incidence of urethral catheterization injuries.** *Can Urol Assoc J.* 2017 Jul;11(7):E302-E306.
- O'Kelly F, Nason GJ, [Manecksha RP](#), Cascio S, Quinn FJ, Leonard M, Koyle MA, Farhat W, Leveridge MJ. **The effect of social media (#SoMe) on journal impact factor and parental awareness in paediatric urology.** *J Pediatr Urol.* 2017 Oct;13(5):513.e1-513.e7.
- O'Connor EM, Nason GJ, O'Kelly F, [Manecksha RP](#), Loeb S. **News-worthiness vs scientific impact: are the most highly cited urology papers the most widely disseminated in the media?** *BJU Int.* 2017 Sep;120(3):441-454.
- Hennessey DB, Bolton EM, Thomas AZ, [Manecksha RP](#), Lynch TH. **The Effect of Obesity and Increased Waist Circumference on the Outcome of Laparoscopic Nephrectomy.** *Adv Urol.* 2017;2017:3941727.
- Davis NF, Cunnane EM, Mooney RC, [Manecksha RP](#), Thornhill JA, Walsh MT. **Quantification of User and Manufacturer Variabilities in Urinary Catheter Anchoring Balloon Inflation and Mitigation of Variability by Flow Resistance.** *Urology.* 2017 Apr;102:258-263.
- Bhatt NR, Davis NF, Addie D, Flynn R, McDermott TED, [Manecksha RP](#), Thornhill JA. **Evaluating the cost of iatrogenic urethral catheterisation injuries.** *Ir J Med Sci.* 2017 Nov;186(4):1051-1055.

VASCULAR SURGERY

- 360° Operative Videos: A Randomised Cross-Over Study Evaluating Attentiveness and Information Retention.** Cuan M Harrington, Dara O Kavanagh, Gemma Wright Ballester, Athena Wright Ballester, Patrick Dicker, Oscar Traynor, Arnold Hill, Sean Tierney (2017) . Journal of surgical education Nov.
- Assessment of 'on-treatment platelet reactivity' and relationship with cerebral micro-embolic signals in asymptomatic and symptomatic carotid stenosis.** Justin A Kinsella, W Oliver Tobin, Sean Tierney, Timothy M Feeley, Bridget Egan, Tara Coughlan, D Ronan Collins, Desmond O'Neill, Joseph A Harbison, Colin P Doherty, Prakash Madhavan, Dermot J Moore, Sean M O'Neill, Mary-Paula Colgan, Maher Saqqur, Raymond P Murphy, Niamh Moran, George Hamilton, Dominick J H McCabe (2017) Journal of the neurological sciences 376: 133-139 May.
- Development and evaluation of a trauma decision-making simulator in Oculus virtual reality.** Cuan M Harrington, Dara O Kavanagh, John F Quinlan, Donncha Ryan, Patrick Dicker, Dara O'Keeffe, Oscar Traynor, Sean Tierney (2017) American journal of surgery Feb.
- Profile of von Willebrand factor antigen and von Willebrand factor propeptide in an overall TIA and ischaemic stroke population and amongst subtypes.** W O Tobin, J A Kinsella, G F Kavanagh, J S O'Donnell, R T McGrath, S Tierney, B Egan, T M Feeley, T Coughlan, D R Collins, D O'Neill, S Jx Murphy, S J Lim, R P Murphy, D J H McCabe (2017) Journal of the neurological sciences 375: 404-410 Apr.

Tallaght University Hospital
Tallaght, Dublin 24
D24 NR0A Ireland

www.tuh.ie



Tallaght
University
Hospital

Ospidéal
Ollscoile
Thamhlachta

An Academic Partner of Trinity College Dublin