

# Tallaght Hospital

## Annual Report



2015

*People Caring for People*



## Our Values

**Respect for patient autonomy**

**Respect for each other**

**Partnership and Teamwork**

**Fairness and Equality**

**Caring and Openness**

Radiology Nurse caring for a patient in the Interventional Radiology Suite

# 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	18
6	People Caring for People	22
7	Enhancing the Environment for Patients and Staff	36
8	Interdisciplinary Approach to Healthcare	42
9	New Ways of Caring for People	46
10	Awards and Achievements	50
11	Research	54
12	Publications	57

# 1 Message from the Chairman



Mr. Michael Scanlan, Chairman

**Healthcare is about people: the people who need care and the people who provide it. Reflecting this, our annual report for 2015 focuses on the people we care for in Tallaght Hospital and the staff who provide this care.**

The numbers attending our adult Emergency Department (ED) grew again in 2015 (by 2%) and there was an even greater increase (8% year on year) in the first six months of 2016. The majority of people who attend the ED are able to return home without being admitted to hospital and there has been a significant improvement in the “patient experience time” for this group of people (90% of non-admitted patients were discharged within nine hours of attending the ED over the second half of 2015). Unfortunately, the experience of patients who require admission is still not up to the standard we would wish to see. Constraints on the availability of beds and the associated staff mean that we still have “trolleys” and that some patients end up waiting a long time for a bed on a ward.

Those same constraints mean that we are unable to provide elective care as quickly as we would like. At the end of 2015 there had been significant reductions in the numbers waiting over 15 months, particularly for outpatients, but some people are still waiting longer than we would wish.

Funding is a constant issue in healthcare. Last year, we secured an increase of 5.5% in funding, which enabled us to open and staff some additional beds and the new extended ED; to recruit new consultants

and Non Consultant Hospital Doctor (NCHD); to reduce elective waiting lists by purchasing services from private hospitals; and to make certain improvements in our equipment and facilities.

Further investment will be required if we are to keep pace with the ever-growing demand for our services, let alone improve timeliness of access to services. Of course, money is not the only problem or the only solution. In some cases, such as spinal surgery and ENT, there is a national shortage of consultants and even extra money can't provide an immediate solution to long waiting times. There is also an onus on us to constantly re-evaluate and improve how we do things. This report describes how staff in the Hospital have developed and implemented new and innovative ways of caring for people and includes a special section on interdisciplinary initiatives.

Developing and motivating staff helps to improve the quality of care for patients. This report describes various education, training and development initiatives and a number of staff and family events that took place in 2015.

It is important to recognise the excellent work being done on a daily basis by the staff of this Hospital and the awards and achievements section of this report is, therefore, particularly welcome. Patients and the public are often happy to praise the care and treatment they receive from front line staff in the Hospital but the work done by support and corporate service staff can pass unseen. I am pleased, therefore, that these groups also feature in the report, e.g. the success of the Finance Department in collecting private health insurance income and the very visible work done by the Facilities & Estates Directorate in enhancing the physical environment of the Hospital.

At Hospital Board level, good governance is also an ongoing process which requires constant attention. Last year, in line with best practice, the Board undertook an externally facilitated review of its own effectiveness and published the results of this review on the Hospital website. It confirmed that overall the Board was working well but that it needed to focus more on strategy and communications. Since then, there has been a major improvement in how the Hospital communicates internally with staff and continues to enhance communication links with external stakeholders such as GPs, the community and the media. I want to particularly acknowledge the work done in this regard by Joanne Coffey and the communications office.

More recently, the Hospital's Clinical Services Strategy has been finalised and published. This was a significant achievement by all concerned and represents an important milestone for the Hospital. It presents a clearly articulated case for the future development of services at the Hospital in order to improve patient access.

I want to welcome Dr. Jim Kiely and Professor Kathy Monks to the Hospital Board. Both were appointed in February 2016 by the Minister on the nomination of the Board and bring with them particular skills and experience that will be of considerable value to the Board.

I also want to welcome Mr. David Wall who became our Director of ICT in July 2015 following the retirement of Mr. Brendan Carr, who was one of the first new employees appointed to the Hospital when it opened. I congratulate Ms. Lucy Nugent on her recent appointment as Deputy Chief Executive Officer and I wish her predecessor Ms. Sarah McMickan every success as she moves to pastures new. Mr. John Kelly replaced Ms. Lucy Nugent as Chief Operations Officer in July 2016.

In July 2015, Mr. Martin Feeley took up the position of Group Clinical Director with the Dublin Midlands Hospital Group. Martin was hugely respected by all in Tallaght Hospital and was, in truth, something of an iconic figure in the Hospital. His appointment to this Group role is a well-deserved recognition of his abilities and we wish him well in his new role. Martin's successor is Dr. Catherine (Kate) Wall and she has already demonstrated her ability and willingness to provide the Board with the advice and insights that we previously looked to Martin to provide. In order to enhance further the clinical advice available to the Board, it has been agreed that Dr. Eleanor O'Leary, Perioperative Clinical Director will attend Board meetings on a regular basis. I would also like to thank Dr. Siobhán Ní Bhriain, Chairperson of the Medical Board, for her ongoing commitment and representation of her medical colleagues at Board meetings.

## Staff in the Hospital have developed and implemented new and innovative... ways of caring for people...

On a sad note, I wish to express the Board's condolences to the family of Ms. Roisin Boland (RIP) who was a member of the Board from 2008 to 2011, having previously worked in the Meath Hospital, Tallaght Hospital, and more recently served on the Quality Safety & Risk Management (QSRM) Board Committee. Roisin made an extensive contribution to the Hospital over many years.

The Hospital continues to work closely with the Children's Hospital Group (CHG). Our Clinical Director of Paediatrics, Dr. Peter Greally, was appointed as Group Clinical Director in 2015. I want to thank Peter for his services to Tallaght; we look forward to working with him in his new role. He is replaced by Dr. Ciara Martin along with three other new Clinical Directors - Dr. Ronan Browne (Radiology Directorate), Dr. Eleanor O'Leary (Perioperative Directorate) and Dr. Michael Jeffers (Laboratory Directorate).

On behalf of the Board, I want to thank David Slevin, our CEO, and his management team for their success in making Tallaght Hospital a better place for patients and staff. David would be the first to say this is a team effort but I believe it is also a result of the leadership and commitment which he has brought to his role and I want to acknowledge this on behalf of the Board.

Finally, I want to acknowledge the commitment and support of my fellow Board members, all of whom give of their time and expertise on a voluntary basis.

Ultimately, all of us - board, management, front line staff and support/corporate staff - are part of an overall Hospital team. By working together and supporting one another we can continue to deliver the best possible care to our patients within the resources made available to us by the Government.

**Michael Scanlan**  
Chairman

## 2 Hospital Board/Executive Organisational Structure



Board members from the back left to right: Archdeacon David Pierpoint; Professor Patricia Barker; Mr. David Seaman; Dr. Jim Kiely; Professor Richard Reilly; and Mr. Liam Dowdall, Vice Chair. Front row from left to right: Professor Kathy Monks; Mr. Michael Scanlan, Chairman; Mr. David Slevin, CEO; and Ms. Anna Lee. Board members absent from the picture are Mr. Andreas McConnell and Mrs. Mairéad Shields.

### 2.1 Hospital Board

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

- ▶ one member appointed by the Adelaide Health Foundation;
- ▶ 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 by the Board from among those 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 reimbursed for reasonable expenses incurred in accordance with 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 attend and participate fully in all Board meetings. This is designed to ensure, on the one hand, that the 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 (11)

- 1 Mr. Michael Scanlan (Chairman)
- 2 Mr. Liam Dowdall (Vice Chair)
- 3 Mr. Andreas McConnell
- 4 Mrs. Mairéad Shields
- 5 Archdeacon David Pierpoint
- 6 Professor Richard Reilly
- 7 Professor Patricia Barker
- 8 Mr. David Seaman
- 9 Ms. Anna Lee
- 10 Professor Kathy Monks (Appointed February 2016)
- 11 Dr. Jim Kiely (Appointed February 2016)

### Senior Management in attendance at Board meetings (10)

- 1 Mr. David Slevin, Chief Executive Officer
- 2 Ms. Lucy Nugent, Deputy CEO appointed June 2016 (replaced Ms Sarah McMickan who resigned in October 2015)
- 3 Mr. John Kelly, Chief Operations Officer (Appointed July 2016)
- 4 Dr. Siobhán Ní Bhriain, Chair Medical Board
- 5 Dr. Catherine Wall, Clinical Director, Medical Directorate, Hospital Lead CD (Appointed July 2015)
- 6 Dr. Eleanor O' Leary, Clinical Director, Perioperative Directorate (Appointed April 2016)
- 7 Dr. Daragh Fahey, Director of Quality, Safety and Risk Management (QSRM)
- 8 Mr. John O' Connell, Executive Director of Human Resources
- 9 Mrs. Hilary Daly, Director of Nursing
- 10 Mr. Dermot Carter, Director of Finance.  
Ms. Madeline O' Neill, Board Secretary

### Board Committees

The committees established by the Board to date include the Audit Committee; the Staff and Organisation Development Committee (previously known as the Remuneration & Terms of Service Committee); the QSRM Committee; the Governance and Board Development Committee and the Finance Committee. 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

- ▶ Professor Patricia Barker (Chair)
- ▶ Professor Richard Reilly (Board Member)
- ▶ Mr. Seán O'Quigley (External Member)

#### Staff and Organisation Development Committee

- ▶ Mr. David Seaman (Chair)
- ▶ Mr. Andreas McConnell (Board Member)
- ▶ Mr. Brendan Mulligan (External Member)
- ▶ Professor Kathy Monks (Board Member)

#### Quality, Safety & Risk Management Board Committee

- ▶ Mrs. Mairéad Shields (Chair)
- ▶ Ms. Anna Lee (Board Member)
- ▶ Mr. Ciaran Young (External Member, appointed 2016)
- ▶ Professor Richard Reilly (Board Member)

#### Governance and Board Development Committee

- ▶ Archdeacon David Pierpoint (Chair)
- ▶ Professor Patricia Barker (Board Member)

#### Finance Committee (established in November 2015)

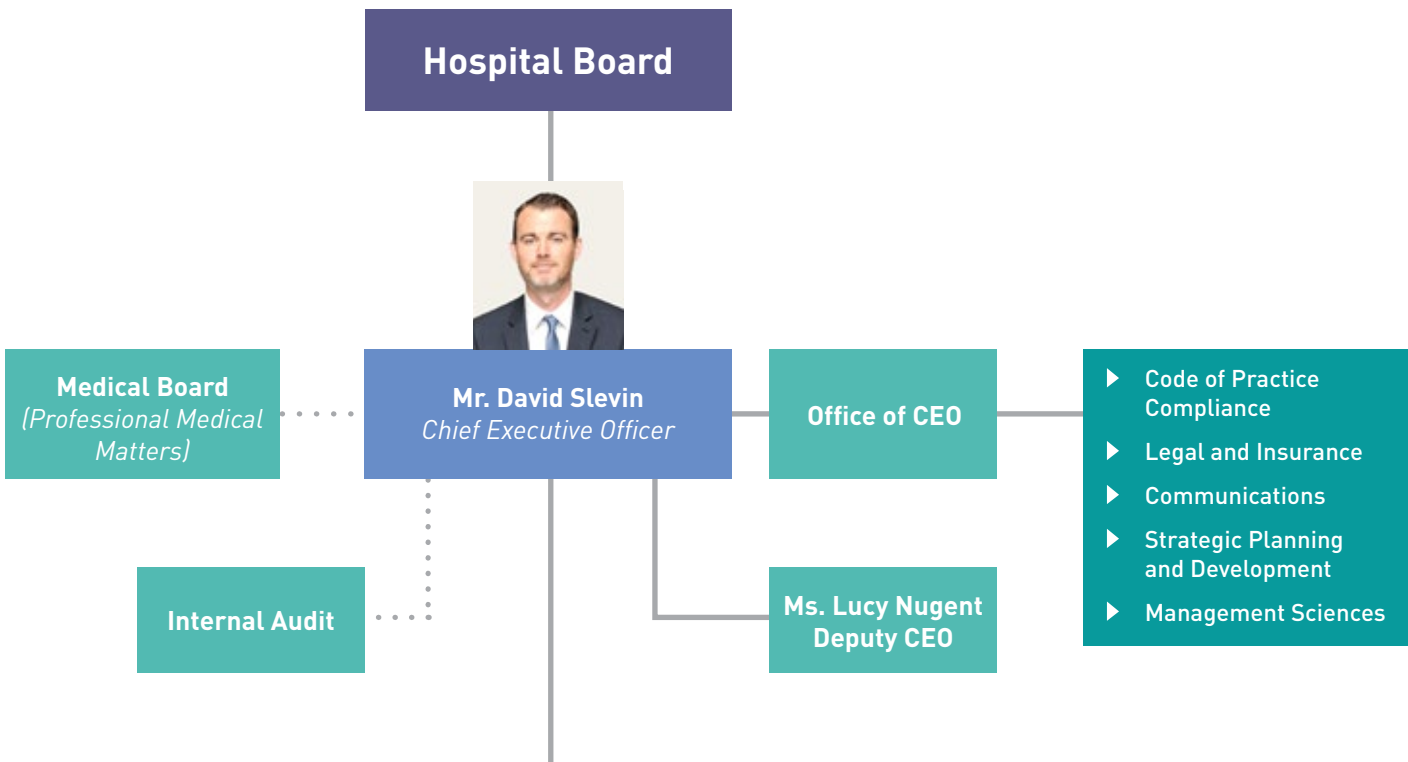
- ▶ Mr. Liam Dowdall (Chair)
- ▶ Dr. Jim Kiely (Board Member)
- ▶ Mr. Edward Fleming (External Member)

#### Hospital Board Meetings Attended in 2015

	Expected no. of meetings to attend in 2015	No. of meetings attended in 2015
Mr. Michael Scanlan (Chairman)	10	10
Mr. Liam Dowdall (Vice Chair)	10	9
Mr. Andreas McConnell	10	7
Mrs. Mairéad Shields	10	9
Archdeacon David Pierpoint	10	4
Professor Richard Reilly	10	7
Professor Patricia Barker	10	9
Mr. David Seaman	10	9
Ms. Anna Lee	10	9
Professor Kathy Monks*	10	0
Dr. Jim Kiely*	10	0

\* Appointed February 2016

## 2.2 Executive Organisational Structure



Executive Management Team						
<p><b>MR. DERMOT CARTER</b> <i>Director of Finance</i></p> <hr/> <p>Financial Accounting</p> <hr/> <p>Management Accounting</p> <hr/> <p>Treasury</p> <hr/> <p>Payroll</p> <hr/> <p>Settlements Unit</p> <hr/> <p>Procurement and Contracting</p> <hr/> <p>Finance Systems Policies and Procedures</p> <hr/> <p>Financial Policy Compliance</p> <hr/> <p>HIPE</p> <hr/> <p>Accounts Receivable</p>	<p><b>MR. JOHN O'CONNELL</b> <i>Executive Director of Human Resources</i></p> <hr/> <p>Recruitment</p> <hr/> <p>Staff Relations</p> <hr/> <p>Medical Admin and Management</p> <hr/> <p>Superannuation</p> <hr/> <p>Personal and Organisational Development</p> <hr/> <p>Workforce Planning and Control</p> <hr/> <p>Absenteeism</p> <hr/> <p>Policy Compliance</p> <hr/> <p>Workforce Systems, Policies and Procedures</p> <hr/> <p>Credentialing</p> <hr/> <p>Post Graduate Medical Centre</p> <hr/> <p>Learning and Development</p> <hr/> <p>Ethics in Public Office</p>	<p><b>DR. CATHERINE WALL</b> <i>Clinical Director Medical Directorate Lead Clinical Director</i></p> <hr/>	<p><b>DR. ELEANOR O LEARY</b> <i>Clinical Director Perioperative Directorate</i></p> <hr/>	<p><b>DR. CIARA MARTIN</b> <i>Clinical Director Paediatric Directorate</i></p> <hr/>	<p><b>DR. RONAN BROWNE</b> <i>Clinical Director Radiology Directorate</i></p> <hr/>	<p><b>DR. MICHAEL JEFFERS</b> <i>Clinical Director Laboratory Directorate</i></p> <hr/>
			<p>Clinical Services Organisation and Delivery Assurance</p> <hr/> <p>Implementation on National Clinical Care Programmes</p> <hr/> <p>Management of all Staff in Directorate:</p> <p style="text-align: center;"><i>Health &amp; Social Care Professionals</i></p> <p style="text-align: center;"><i>Nursing/Health Care Assistants</i></p> <p style="text-align: center;"><i>Clerical &amp; Administration</i></p> <hr/> <p>Management of Budget for Clinical Directorate</p> <hr/> <p>Quality, Patient Safety &amp; Risk Management</p>			





Back row left to right: Dr. Daragh Fahey, Dr. Michael Jeffers, Mr. David Wall, Dr. Ronan Browne, Mr. John O'Connell, Mr. Dermot Carter, Mr. David Stevin (CEO), Mr. Ciaran Faughnan. Front row left to right: Ms. Lucy Nugent, Dr. Ciara Martin, Dr. Eleanor O'Leary, Dr. Catherine Wall, Mrs. Hilary Daly. Missing is Mr. John Kelly, Chief Operations Officer.

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

**MRS. HILARY DALY**  
*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

**I would like to welcome the publication of the 2015 annual report, which I hope you will agree highlights the dedication of our staff and volunteers and celebrates the excellent care they deliver 24 hours a day, seven days a week, 365 days a year.**

2015 was another busy year for the Hospital as we continued to provide a wide range of services at a local, national and tertiary level across adult, mental health, paediatric and even maternity services with the births of two babies born in our adult Emergency Department. The ageing population within our catchment area, and the resulting rise in chronic conditions, means demand on our services continues to grow and it has been particularly challenging as budgetary restrictions remain in place. Nevertheless, we are continuing to work with the HSE to expand services on-site in order to meet the current and future needs of our patients, including the priority areas of Renal Haemodialysis and Critical Care services.

Our staff rose to many challenges throughout the year and showed great flexibility, particularly during the winter months when ED and acute services were in high demand. Their devotion to excellent patient care was unfaltering and that dedication is truly appreciated. One challenging situation that comes to mind was when our Major Emergency Plan was activated in response to an incident at Cloverhill Prison due to a serious incident on site.

I would like to take this opportunity to commend our colleagues on their professionalism in dealing with this event and the numerous other difficult situations which were expertly handled during the year.

With the appointment of Mr. Martin Feeley and Dr. Peter Greally to Group Hospital Clinical Director positions, Dr. Eleanor O'Leary, Consultant Anaesthetist, was this year appointed Clinical Director of the Perioperative Directorate and Dr. Ciara Martin, Paediatric Emergency Consultant was appointed Clinical Director of the Paediatric Directorate. As part of the Hospital's ongoing organisational development, a review of the Diagnostic Directorate recommended a separation of Laboratory and Radiology services into two separate directorates. As a result, Dr. Michael Jeffers, Consultant Histopathologist and Dr. Ronan Browne, Consultant Interventional Radiologist were this year appointed as the Clinical Directors of these newly established directorates. Along with Dr. Catherine Wall, who retains the role of Medical Clinical Director as well as the lead Hospital Clinical Director, I would like to congratulate our colleagues and wish them every success in their new roles. The senior management team looks forward to working with them as we continue to develop and consolidate the clinical directorate structure.

Tallaght Hospital is not immune to the national shortage of nursing and clinical staff and we have taken a proactive approach to nursing recruitment in particular, with overseas trips to the Philippines and advertisements at Dublin airport which have been a great success. We welcome both returning Irish nurses and overseas nurses who have chosen to work here at Tallaght Hospital.

## We welcome both returning Irish nurses and overseas nurses who have chosen to work here at Tallaght Hospital.

It is equally important to focus on retaining our highly skilled existing staff and to ensure Tallaght Hospital continues to be an employer of choice and lives up to its reputation of being an attractive place to work. In addition, under the "Year Ahead" initiative, the Hospital has taken steps to develop and support clear pathways to academic and professional success to ensure our workforce remains motivated and highly qualified in terms of personal career development and patient safety and care. In particular I would like to acknowledge the work done by Hilary Daly and Ann Connolly, in her new nursing manpower position, and the support of the lead Assistant Directors of Nursing in this regard.

The Hospital is fortunate to have the ongoing support of the three founding foundations, the Adelaide Health Foundation, the Meath Foundation and the National Children's Hospital Foundation in the areas of quality improvement initiatives, service developments, education and research. Highlights from 2015 include the HANA report, co-funded by the Adelaide Health Foundation, which features in Section 6, the Meath Foundation's support in the development of the Neurology Ambulatory unit as well as the Art Therapy programme for children supported by the National Children's Hospital Foundation. I would like to acknowledge and thank the excellent work of the Foundations on behalf of the staff and patients who have greatly benefited from their support.

One of the basic principles of healthcare is 'first, do no harm' and treating patients safely is our number one priority. In 2015, there were several Zero Harm initiatives introduced, with a focus on improving our hand hygiene performance and medication safety as well as the introduction of a tobacco-free campus. I would like to take this opportunity to commend the approach taken by staff in developing the Zero Harm programme using a multidisciplinary approach. In addition to the innovations and developments presented in this report, the Hospital has for the first time, decided to release a separate quality report for 2015. It will be dedicated to describing the multiple initiatives and quality improvement projects which were delivered during the year.

The planning application for the New Children's Hospital was submitted to An Bord Pleanála on Monday August 10th 2015. The plans submitted include those for the New Children's Hospital as well as for the two Paediatric Outpatients and Urgent Care Satellite Centres planned here on our site and at Connolly Hospital. There were over 1,000 hours of engagement and consultation with staff from the existing three children's hospitals, the Clinical Leads in Paediatric Specialities, with families, young people and children who are former or current users of the service, as well as with residents from the local Dublin 8 area.

This extensive consultation process has led to the development of a world-class building which has been designed to enable staff to deliver the best possible clinical care for children and young people, while also seeking to provide a pleasant environment for staff and families. It is intended that the new Hospital will be built and operational post-2020. The Hospital Satellite Centre here in Tallaght will be built in 2018 and fully commissioned in 2019.

Finally, I would like to thank each and every member of staff for the ongoing support they have given to both myself and the Executive Management team. On behalf of the wider team, we gratefully acknowledge their steadfast commitment shown throughout the year to our patients and to their families.

**David Slevin**  
Chief Executive Officer

# 4 Operational Performance

**The Hospital experienced a busy year but performance improvements were noted in both scheduled and unscheduled care despite an increased demand on resources.**

Within the Dublin Midlands Hospital Group the Hospital is a significant provider of Urology (71%), Trauma and Elective Orthopaedics (50%), Vascular Surgery (55%), Renal Dialysis (70%) and is the largest provider in the Children's Hospital Group of General Paediatrics. As the largest Emergency Department nationally, with circa 81,000 attendances per annum (48,000 adult and 33,000 paediatric attendances), the patient and staff environment has been greatly enhanced with the opening of the newly refurbished and expanded ED in 2015.

## 4.1 Adult Services

While the Hospital endeavours to provide timely, safe and equitable access to services, patients continue to experience longer waiting times both for unscheduled and scheduled care. In recognition of this, the Hospital agreed to be the pilot site for the Irish Hospital Redesign Programme (IHRP). Improvements in recent performance and positive levels of engagement with the Special Delivery Unit and the Clinical Programmes resulted in the Hospital being approached by the National Director of the Acute Hospitals Division. The aim of this programme was to improve the patient's journey through the healthcare system. This was to be achieved through redesign of the patient pathway through the Hospital, with a focus on configuring the services around the patient experience. Early improvements were seen in the areas of waiting times in the ED, admission avoidance and expedited discharges. This was against a backdrop of increased demand for services, higher levels of patient acuity, increased presentation of chronic diseases and an ageing population.

The objective of the IHRP is to introduce sustainable change that is replicable across the acute hospital system. The local project team was made up of specialty Clinical Leads, Hospital Management and Patient Flow.

A number of new initiatives are up and running such as the Acute Surgical Assessment Unit (ASAU), Emergency Department (ED), Advanced Nurse Practitioner review clinics and Physiological Monitoring at Triage in ED. A number of patient care pathways focused on admission avoidance and/or reducing the average length of stay in hospital, such as Seizure/Deep Venous Thrombosis (DVT) and Pulmonary Embolism (PE) Pathways, are being rolled out. The HSE IHRP team have handed over governance of the programme to Tallaght Hospital to continue to focus on improving patient flow. As a result, the Chief Operations Directorate has been restructured under two tracks – Unscheduled and Scheduled Care with enhanced governance structures. An example of one of the IHRP projects is the piloting of the Hospital's first ASAU.

### 4.1.1 Acute Surgical Assessment Unit (ASAU)

The ASAU is a new, rapid-access surgical unit designed to fast-track surgical patients who present to our ED. The unit looks to expedite care, reduce the strain on our busy ED, reduce patient waiting times and ultimately reduce admissions by providing quick access to senior decision makers and safe, effective outpatient pathways for select surgical issues. The ASAU is an initiative of the Department of Surgery. It is modeled after ASAU formats in Limerick, Kilkenny, the UK and Tallaght's own ASAU. The pilot project was launched in May 2015 and is open from Monday to Friday.



Major Traumas area of the New Emergency Department Development.

The unit accepts patients with less acute surgical conditions directly from the ED triage, such as patients with conditions including abscesses, appendicitis, inflammation of the gallbladder and diverticulitis. These patients are seen directly by our ASAU nurse, who is skilled in acute care, and by the on-call surgical team. The goal is to achieve an expected waiting time for patients from presentation at triage to assessment by the surgical team within 30 minutes. Our pilot project was a success, with reduced patient waiting times for this patient group by half, and reduced admissions with the use of the ASAU review clinic.

## 4.2 Adult Unscheduled Care

While 2015 was a challenging year for the Hospital with a 2% increase in ED presentations, a sustained growth was seen in presentations in the over 65 year age group (+35% over the last five years). These patients have an associated higher acuity, likelihood of admission, longer length of stay and a higher incidence of both Influenza and Noro-virus, resulting in a significant number of bed days lost due to isolation requirements. During this time the ED was undergoing a major refurbishment and expansion building programme.

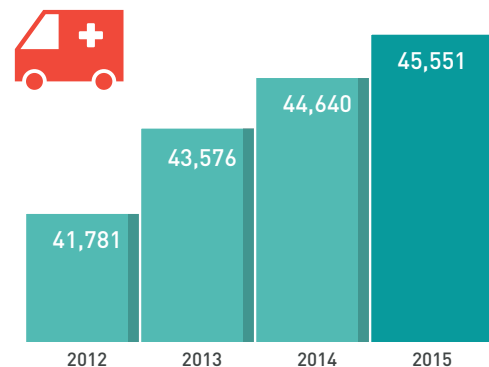
Despite these challenges, patient experience times were maintained with modest improvements year on year. In recognition of our ageing population, which is set to increase by 123% in the over 75 years group by 2025, the HSE is funding a number of initiatives. These include a 16 bed Older Persons ward, along with key development posts such as a Community Geriatrician, specialist therapy and nursing support staff, as well as a community team to facilitate moving towards an integrated model of care for older people. Phase 1 of these beds opened in November 2015. This will further improve patient access and experience times as well as providing specialist care.

### 4.2.1 Emergency Attendances and Patient Experience Times

The ED is the main gateway for unscheduled care access into Tallaght Hospital. It provides a vital service to the local community. In 2015, the new extended ED was opened on a phased basis which enhanced patients experience both in terms of environment and care. Although the department continued to see growth in activity year-on-year, by year end average trolley numbers were falling. Trolleys in December (average of seven per day) were lower than the same month in 2014 (eight per day). This was the first positive difference in monthly trolley figures between 2014 and 2015 in over six months. There were also no days where trolley figures reached 20, the first time this had occurred in over two years.

#### Adult Emergency Department Attendances

Number of patients



One of the quality performance measurements used in the ED is the Patient Experience Time (PET). The PET measures the time from registration to discharge from the ED. In the second half of 2015, improvement in ambulatory PET was from 74% <6 hours to 84% <6 hours.

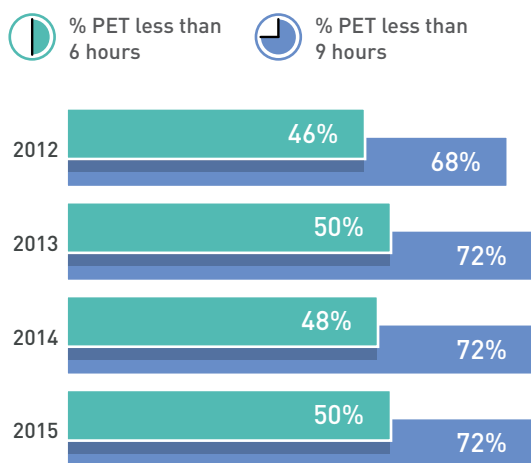
It is worth noting that Q4 '15 PET performance is the best on record for those months (17% better than the same period in 2014). Full opening of the expanded ED floor space is key to further step change improvements in ED PETs.

#### 4.2.2 Unscheduled Care Governance Group

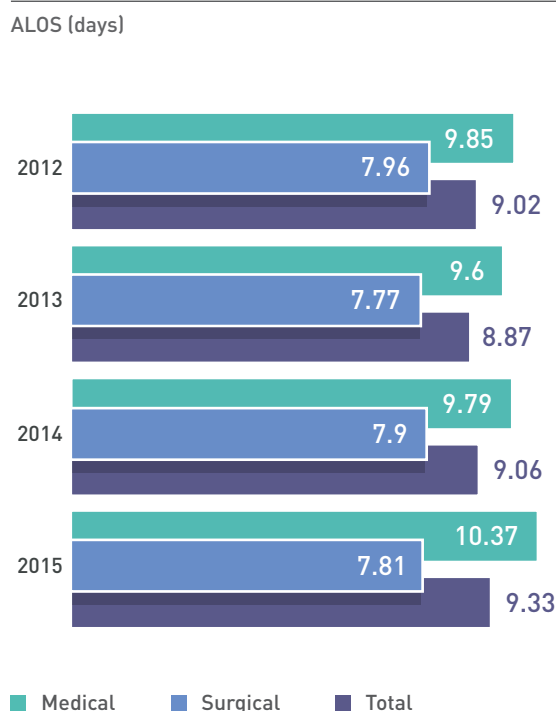
The unscheduled care governance group was reconfigured in 2015 and agreed a comprehensive action plan for addressing emergency access in the Hospital. Most notably, continued meetings with specialty leads in relation to the ALOS and bed use proved an effective means of reducing bed census in the Hospital.

The surgical ALOS reductions were offset against an increase in medical ALOS stay which was a focus for reduction in Q4 '15.

#### Adult Patient Experience Time



#### Average Length of Stay



**Q4'15 PET Performance is the best on record for those months**

**17% better than the same period in 2014**

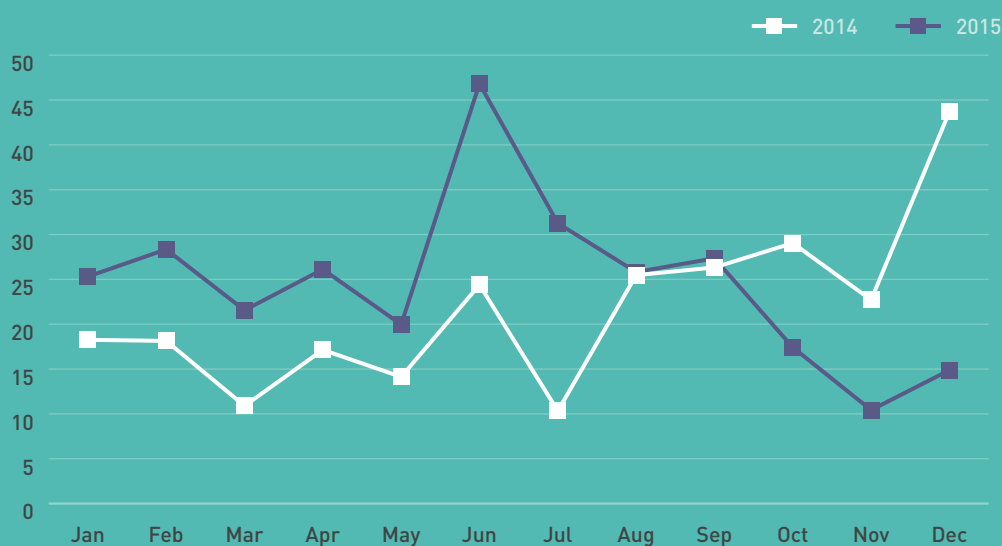
Initiatives to reduce ALOS started to show dividends in certain specialties such as Stroke and Respiratory Medicine. The ALOS in Stroke fell to a two year low in November 2015 of 10.43 days, while maintaining its position amongst the lowest mortality rates nationally.

Although inpatient discharges increased by 30% year on year for Respiratory Medicine (which is an indicator of increased activity), their ALOS only increased by 3% year on year.

## The ALOS in Stroke fell to a two year low in November

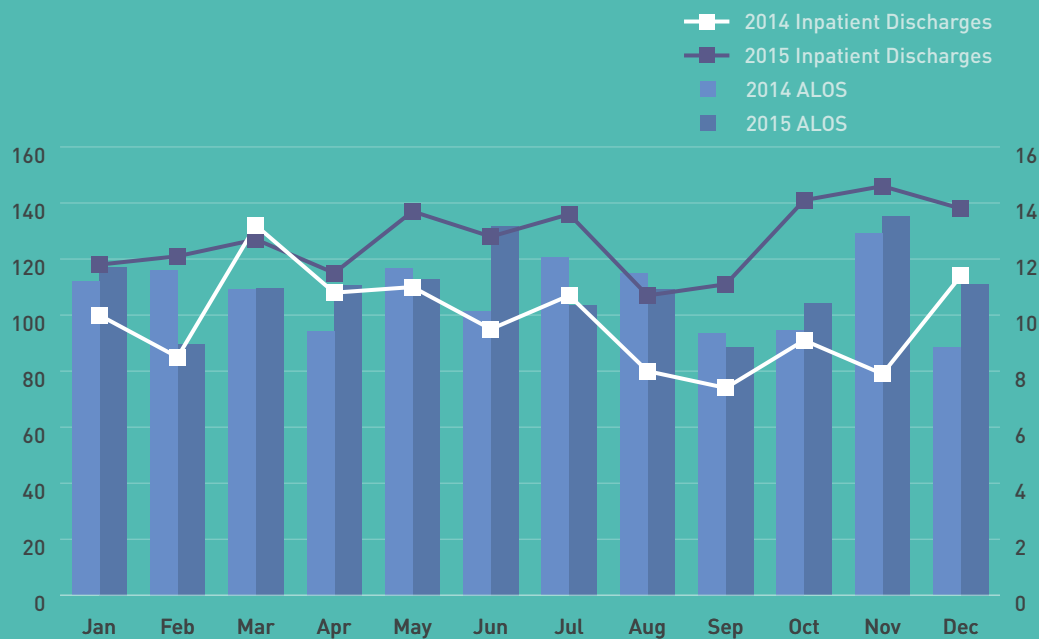
Adult Stroke: ALOS 2014 vs. 2015

ALOS (days)



Adult Respiratory Medicine: 2014 vs. 2015

ALOS (days)



### 4.2.3 Delayed Discharges

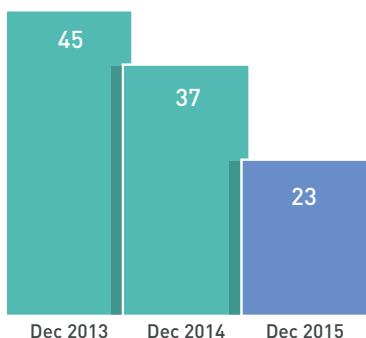
The Hospital continues to engage actively with the HSE and community partners which has seen delayed discharges drop to a year time low of 23 patients. During a review of delayed discharges, the Hospital was commended by the HSE for its proactive and supportive approach to patients and families to ensure appropriate onward care and cited it as an exemplar site. 2015 saw the opening of Mount Carmel as a step down community facility which is welcomed additional off-site capacity and proved popular with patients and families given its location.

### 4.3 Scheduled Care

A review of processes surrounding the Hospital's approach to scheduled care resulted in improvement in access times across outpatients, inpatients and day case waiting lists. Highlights include achievement of national target of zero patients waiting >15 months for day cases, the validation of over 14,500 Outpatient Department (OPD) referrals and reduction of over 5,000 outpatients waiting over 15 months compared to December 2014.

Patients on Delayed Discharge List

December 2013 - 2015 (Total)



” Highlights include achievement of national target of zero patient waiting >15 months for day cases, the validation of over 14,500 Outpatient Department (OPD) referrals and removal of over 5,000 outpatients waiting over 15 months compared to December 2014.

During a **HSE review of delayed discharges** the hospital was **commended** by the HSE for their proactive and supportive approach to patients and families





### 4.3.1 Elective Access

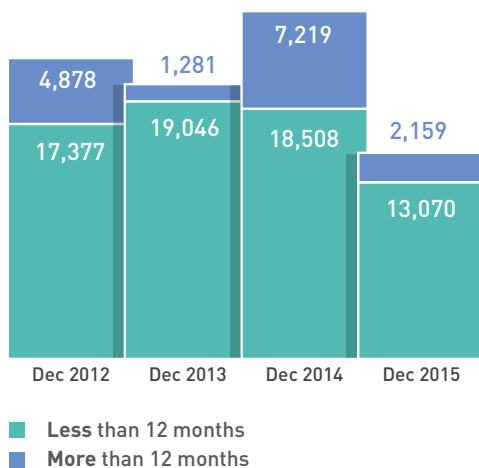
Particular challenges remain in the areas of Endoscopy, inpatient spinal orthopaedics and a small number of outpatient specialties. However, working closely with the HSE, an initiative to outsource certain patients to the Private sector, the Endoscopy waiting list was reduced by 46% from 2014 to 2015. The reduced waiting numbers improved both urgent and routine access to Endoscopy but further work is required to further improve waiting times.

In late 2015 the Hospital received HSE approval to recruit Consultant posts in the specialties of Spinal Orthopaedics, Ear, Nose & Throat (ENT) and Dermatology to assist in improving patient access, the benefits of which will be seen in 2016.

Although every effort is made to ensure that, once a patient is scheduled for admission, during peak Emergency attendances and admissions, non-urgent procedures may be deferred due to bed capacity issues and these patients are rescheduled as quickly as possible. In recognition of the distress that this causes patients and their families, the Hospital focused on reducing the necessity to cancel admissions, which due to internal process improvements saw the cancellation rate drop by 14% over the past three years.

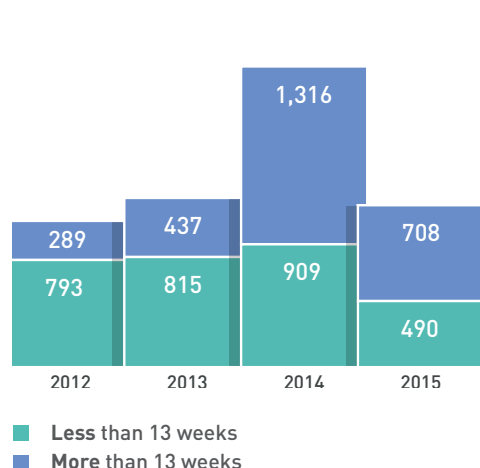
#### Adult OPD Waiting List

Number of patients waiting



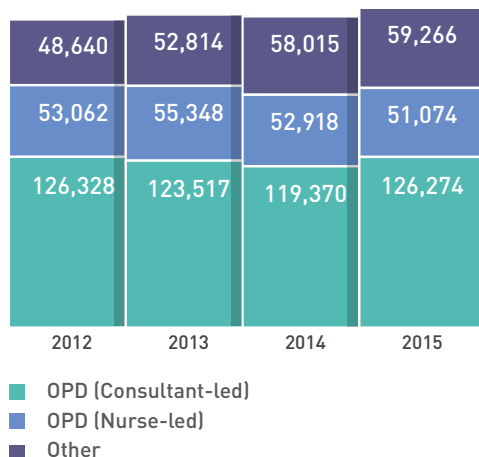
#### Adult Endoscopy Waiting List

Number of patients waiting



#### Adult Outpatient Attendances

Number of patients



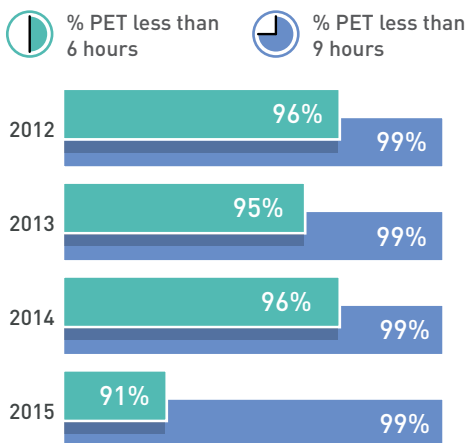
the **Endoscopy** waiting list was **reduced** by **46%**

## 4.4 Paediatric Unscheduled and Scheduled Care

### 4.4.1 Paediatric Unscheduled Care

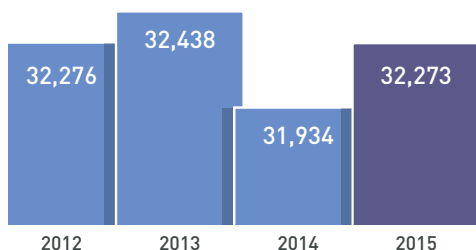
There was a marginal increase in ED attendances of 1% from 2014 and patient experience times of <9 hours remained at 99% compliance.

#### Paediatric Patient Experience Time



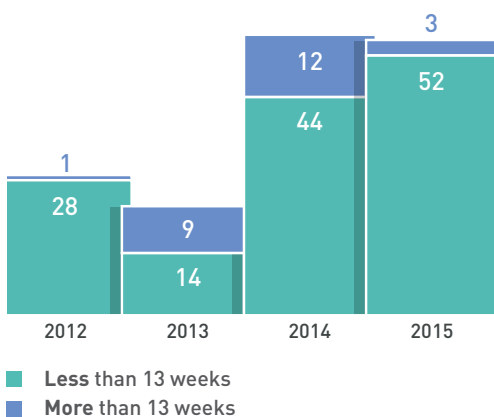
#### Paediatric ED Attendances

Number of patients



#### Paediatric Endoscopy Waiting List

Number of patients waiting

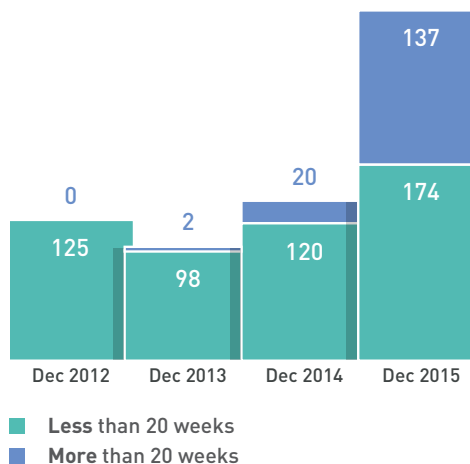


### 4.4.2 Paediatric Scheduled Care

Day Case and Inpatient Paediatric waiting lists have increased for Ear Nose & Throat (ENT) due to the retirement of one of the ENT Consultants, and changes in ENT referral patterns externally have seen a 77% increase in ENT referrals to the service from 2012 to 2015. The HSE approved a Paediatric ENT Consultant post between Our Lady's Children's Hospital, Crumlin and the Hospital, with an expected start date in 2016. It is envisaged that upon appointment of the vacant post, activity will increase and waiting list numbers will decrease.

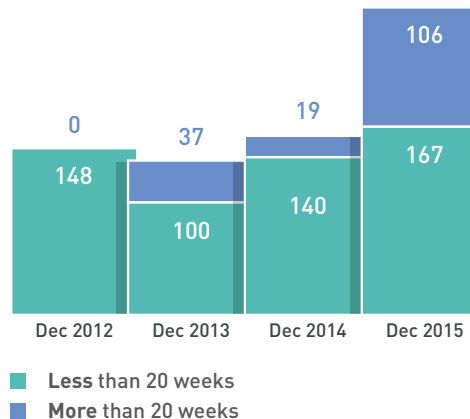
#### Paediatric Day Case Waiting List

Number of patients waiting



#### Paediatric Inpatient Waiting List

Number of patients waiting



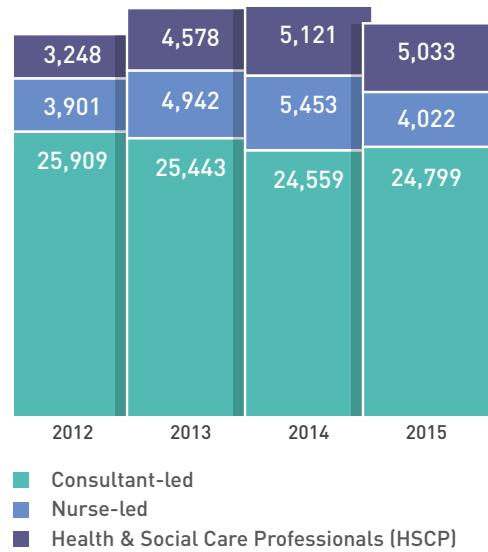
Day Case and Inpatient Paediatric admissions continue to fall with changes on the model of care for Paediatrics and a greater shift on ambulatory management. This has enabled the Hospital to reconfigure some space to develop a new Adult Haematology unit.

Overall, Outpatient attendances remained static in 2015 within a minor drop of 3.6% in activity from 35,133 in 2014 to 33,854 in 2015.

However, there was a significant reduction in Outpatient waiting lists, most notably a reduction from 1,119 patients waiting >12 months in 2014 to 438 in 2015.

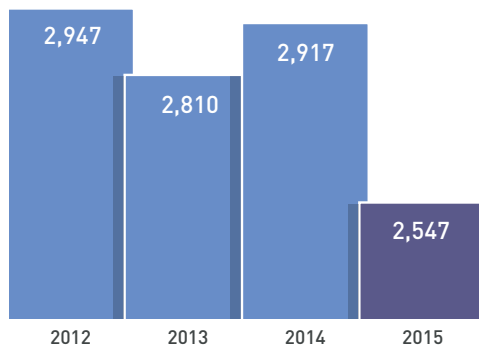
### Paediatric OPD Attendances

Number of patients



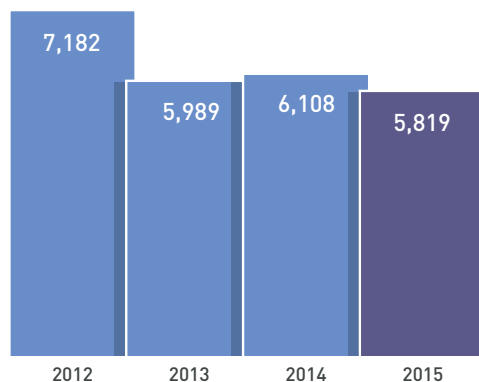
### Paediatric Day Case Admissions

Number of patients



### Paediatric Inpatient Admissions

Number of patients



Overall Outpatient attendances remained static in 2015 within a minor drop of 3.6% in activity from 35,133 in 2014 to 33,854 in 2015.

## 5 Financial Management Performance

Tallaght Hospital is one of the better performing hospitals in the state on income collection



Tallaght was one of the best performing hospitals with a growth in drug expenditure of just 1.5%

## 5.1 Financial Review

Tallaght Hospital continues in its efforts to provide the best Healthcare that we can to our patients. This must be achieved within the framework of Quality, Cost and Access, which reflects the Healthcare dilemma of infinite need versus finite resources. In 2015, the Hospital received an increased allocation year on year, however, it was evident that this allocation would not be sufficient to meet increased demand and, as expected, a supplementary budget was issued at year end. Within this increase in cost the Hospital saw the opening of the extended ED, outsourcing initiatives to reduce access time and additional beds opened. To address this increase in costs the Hospital focused on maximising revenue and decreasing costs where appropriate. Tallaght's successes in these areas were recognised by both the Comptroller and Auditor General (C&AG) and the Chief Financial Officer of the HSE. The outcome of this was that the Hospital only saw a year end deficit of €0.7m or 0.3%.

### 5.1.1 Allocation

The Hospital's revenue allocation increased in 2015 by €10.2m, representing a 5.7% increase compared to 2014. The Hospital received €10.9m in once off supplementary funding in 2015. The financial performance of the Hospital in 2015 demonstrated a deficit €0.7m. The cumulative deficit as at 31st December 2015 was €14.7m.

### 5.1.2 Expenditure Overview

In 2015, the Hospital has seen the net expenditure increase by €9.9m/5.5% when compared with 2014.

Pay and pensions expenditure increased by €4.6m/2.6% due to increased staffing levels in nursing associated with the full year impact of opening additional beds and the opening of the extended ED, increase in Consultant costs as a result of fixed cost pressures associated with pay and additional approved service posts in 2015, and increase in NCHD costs as a result of the full year impact of hiring additional resources to address European Working Time Directive (EWTD) compliance.

Non-pay expenditure increased by €4.9m/7.1% as a result of, new service activity, out-sourcing initiatives to reduce waiting lists, improvements in equipment and facilities throughout the Hospital to comply with HIQA recommendations.

Income has decreased €0.4m/0.6% as a result of a continual fall in superannuation income due to pension deductions for new staff being transferred

externally under the Single Public Service Pension Scheme (SPSPS) to the Department of Public Expenditure and Reform.

### 5.1.3 Finance Division/Systems Upgrades

In June 2015 the Hospital went live with a new HR and Payroll system, SAP HR. At a high level, the new system allows for improved functionality, greater reporting capabilities and supports a strategic approach to HR. SAP HR is currently used by other hospitals in the Dublin Midlands Hospital Group. This implementation will further align the systems and procedures of the Hospital within the group. The main benefits of the project are the provision of a robust comprehensive HR and Payroll system for hospital staff, a system that supports the HR and payroll business activities, ensure staff records are kept up to date and are instantly accessible by HR/ Payroll staff and enable the automated transfer of payroll data to SAP Financials.

In 2015 the Hospital completed its fourth annual Patient Level Costing study. The Hospital continues to build its competencies in this area. Patient Level Costing is one of the key building blocks for the roll out of 'Activity Based Funding' (ABF). In 2016 the Hospital will be funded for inpatient and day cases based on ABF, which is a move away from the traditional block grant funding approach.

In September 2015 the C&AG issued its Report on the Accounts of the Public Services 2014 - Chapter 20 Management of Private Patient Income in the Health Sector. It notes that Tallaght Hospital is one of the better performing hospitals in the state on income collection.

- ▶ At the end of 2014, total private patient debt outstanding nationally equated to 186 debtor days – 212 days for HSE statutory hospitals and 158 days for voluntary hospitals. Tallaght Hospital debtors days is <100. With respect to the age of private inpatient debt in hospitals, awaiting consultant action at end of 2014 on average nationally it is 58 days. In Tallaght Hospital it is <30 days.

In 2015 the Chief Financial Officer of the HSE released data showing medicines expenditure trends over the past four years by acute hospitals.

"Medicines expenditure grew by almost 20% in the group of the 12 largest hospitals over the period. Tallaght was the best performing hospital with a growth in expenditure of just 1.5%."

## 5.2 Financial Accounts

### Expenditure and Income Overview

In 2015 the net expenditure increased by €9.9m when compared with 2014. Pay expenditure increased by €4.6m, Non-pay expenditure increased by €4.9m and income decreased by €0.4m. The principal elements of increases/decreases in expenditure and income for the year related to the following:

<i>Expenditure Description</i>	2015 €'m	2014 €'m
<b>PAYROLL RELATED</b>		
Pensions, Lump Sums and Gratuities	(0.644)	0.303
General Payroll Expense	5.206	1.398
<b>Sub Total Payroll Related</b>	<b>4.562</b>	<b>1.701</b>
<b>NON PAY RELATED</b>		
Drugs and Medicines	0.042	0.924
Blood/Blood Products	0.280	(0.491)
Medical and Surgical Consumables	2.948	(1.629)
Medical Equipment and Equipment Maintenance	1.107	(0.598)
X-ray Equipment and Supplies	0.501	0.337
Laboratory Equipment and Supplies	0.196	(0.179)
Light and Heat	0.107	(0.165)
Cleaning and Laundry	0.154	(0.128)
Maintenance	0.424	(0.163)
Professional, Insurance, Audit and Legal Services	0.204	(0.026)
Office Expenses and Supplies	0.638	(0.24)
Bad Debt Provision	(3.385)	1.557
Computer Equipment/Supplies	0.089	0.228
Capital Projects	0.731	-
Other Miscellaneous	0.896	0.105
<b>Sub Total Non-Pay Related</b>	<b>4.932</b>	<b>(0.468)</b>
<b>INCOME RELATED</b>		
Patient Accommodation Income including Government Levies	0.598	1.127
Superannuation and Pension Levy	(0.395)	(0.862)
Income from External Agencies	0.109	0.049
Other Miscellaneous Income	(0.725)	0.373
<b>Sub Total Income Related</b>	<b>(0.413)</b>	<b>0.687</b>
<b>Total Net Expenditure</b>	<b>9.907</b>	<b>0.546</b>

## Income and Expenditure Account for the reporting period 1st January 2015 to 31st December 2015

<i>Expenditure Description</i>	2015 €'m	2014 €'m
Pay Expenditure	179,915	175,353
<b>Non Pay Expenditure</b>	<b>74,732</b>	<b>69,800</b>
Gross Expenditure	254,647	245,153
<b>Income</b>	<b>(63,462)</b>	<b>(63,875)</b>
Net Expenditure for the year	191,185	181,278
<b>Allocation in year</b>	<b>(190,479)</b>	<b>(180,238)</b>
Deficit in year	706	1,040
Cumulative deficit brought forward from previous year	13,960	12,920
<b>Cumulative deficit carried forward to following year</b>	<b>14,666</b>	<b>13,960</b>

## Balance Sheet as at 31st December 2015

	2015 €'m	2014 €'m
<b>FIXED ASSETS</b>		
Tangible Assets	36,577	33,319
<b>CURRENT ASSETS</b>		
Debtors	35,081	32,599
Stocks	4,412	4,359
Bank and Cash Balances	4,335	4,102
	<b>43,828</b>	<b>41,060</b>
<b>CREDITORS - LESS THAN ONE YEAR</b>		
Creditors	(44,748)	(39,189)
Bank Overdraft	(10,453)	(12,777)
Bank Loan	(432)	(432)
	<b>(55,633)</b>	<b>(52,398)</b>
<b>NET CURRENT LIABILITIES</b>	(11,805)	(11,338)
<b>Total Assets Less Current Liabilities</b>	<b>24,772</b>	<b>21,981</b>
<b>CREDITORS - MORE THAN ONE YEAR</b>	(460)	(325)
<b>Net Total Assets</b>	<b>24,312</b>	<b>21,656</b>
<b>CAPITAL AND RESERVES</b>		
Non Capital Income and Expenditure Account Deficit	(14,666)	(13,960)
Capital Income and Expenditure Account	2,401	2,297
Capitalisation Account	36,577	33,319
	<b>24,312</b>	<b>21,656</b>

Annual Financial Statements for 2015 can be found on <http://www.tallaghthospital.ie/About-us/Annual-Financial-Statement-2015.pdf>

# 6 People Caring for People

## 6.1 The People We Care For

Tallaght Hospital is at the forefront of developments in the Irish hospital system, responding to people's needs on a daily basis. We are at the core of the local community and a key member of the Dublin Midlands Hospital Group which service a population of over 1.2m people across seven counties. The core activity carried out on a daily basis in Tallaght Hospital is people caring for people. Therefore, it is vital that we know about the people we care for and understand their needs in order to provide the best quality of care that we can.

The Tallaght area has an unusual demographic composition in that, further to the implementation of the Dublin County Development Plan (1971), four "New Towns" were built on the periphery of the existing city. These were Tallaght, Clondalkin, Lucan and Blanchardstown. Tallaght grew from being a small village in the mid 60s to having a population in excess of 32,000 by the mid 70s and a population of greater than 83,000 in the last census of 2011. These new towns were mostly populated with young families, resulting in a very narrow demographic spread. We are seeing the results of this now as the population ages and now require the services provided in the Hospital on a more frequent basis and for more complex illnesses.

### 6.1.1 Health Assets and Needs Assessment (HANA) Report - Tallaght, 2014

The HANA Report was launched in September, 2015. Co-funded by Tallaght Hospital and the Adelaide Health Foundation the report is founded on evidence-based and independent research conducted by Dr. Catherine Darker, Lucy Whiston, Jean Long, Erica Donnelly-Swift and Professor Joe Barry from the Department of Public Health & Primary Care, Trinity College Dublin in the local community. There were 420 houses surveyed with an 82% response rate, which indicated how strongly the people of the Tallaght area are interested in being a part of the discussion around health and wellbeing. Work on the report involved capturing the views of the residents on key health issues including mental health, chronic illnesses as well as access to, and use of health services. In summary:

- ▶ Residents recognise Tallaght Hospital as central to the community health system
- ▶ 40% of those surveyed had used the Hospital's Emergency Department in the year prior to survey
- ▶ The Hospital commits to using patient feedback as part of ongoing service improvement
- ▶ There are high rates of user satisfaction with Tallaght Hospital



As an organisation we were very involved with the development of the report with David Slevin, CEO and Dr. Daragh Fahey, Director of QSRM involved in the Steering Group. Commenting on the publication David Slevin said "Tallaght Hospital has a very large catchment area extending across the region but it also plays a central role in its immediate community. HANA gives us important additional health insights as well as feedback on how local residents interact with the Hospital and their views on its services. Given the level of public interaction with the Hospital there will always be concerns expressed, such as in relation to waiting times and as a Hospital we are working to address these issues. I would like to thank the Adelaide Health Foundation for their support for the project and all the members of the Steering Group and delivery team for producing a report that will have real benefit for the local community."

The study area covered 13 electoral divisions of Tallaght: Belgard, Glenview, Kilnamanagh, Kingswood, Millbrook, Oldbawn, Springfield, Avonbeg, Fettercairn, Jobstown, Killinarden, Kiltipper and Tymon. The objective was to build on an earlier assessment of health needs carried out in 2001.

The assessment was carried out collaboratively by Trinity College Dublin, The Adelaide Health Foundation and Tallaght Hospital, with support from the Fettercairn Community Health Project, the Economic and Social Research Institute, HSE and South Dublin County Council. A full copy of the HANA report can be found at <http://www.tallaghthospital.ie/About-us/Health-Assets-and-Needs-Assessment-HANA-Tallaght-2014.pdf>

Left to right: Roisin Whiting, CEO, The Adelaide Health Foundation; Danny McLoughlin, CEO, South Dublin County Council; Dr. Catherine Darker, Principal Investigator and David Slevin, CEO, Tallaght Hospital at the official launch of the HANA Report in Tallaght Stadium.



Findings from the **HANA REPORT**



**22%** of the **1082** individual household members had a **chronic illness** this remains unchanged since **2001**



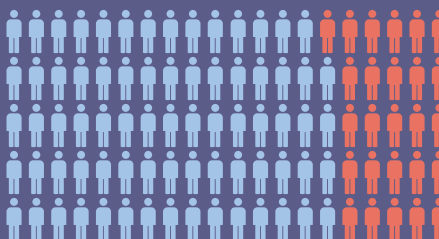
**23%** of household members had used

**Tallaght Hospital**

in the previous **12 months**



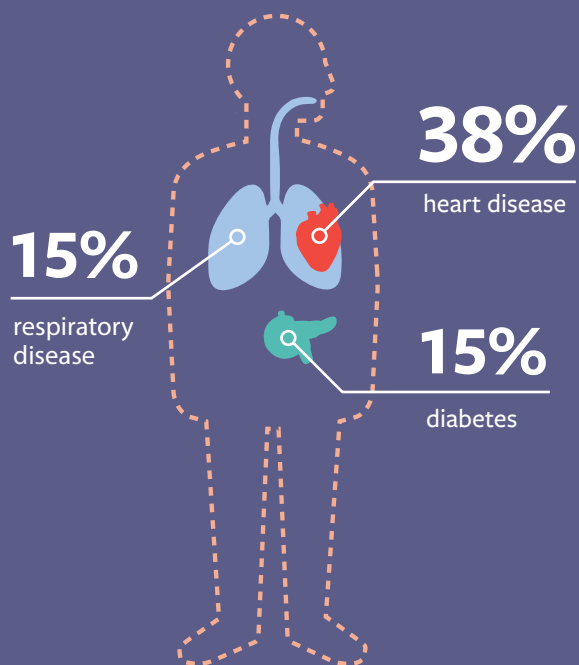
**74%** were **satisfied** with the care that they received



**26%** who were **dissatisfied**, the main reasons were **waiting times** and **speed of care too slow**

THE MOST COMMON SELF-REPORTED

**Chronic Illnesses**



Recommendations from the **HANA REPORT**

“Focus on decreasing the duration of time that patients have to wait for treatment in Tallaght Hospital.”

“Determine the feasibility and cost effectiveness for the expansion of GP services to include x-rays, blood tests and ultrasound. Consider piloting a programme locally to determine whether this improves access to diagnostics for the community or whether the existing diagnostics within Tallaght Hospital should be further developed.”

“Encourage and enable greater community involvement in decision making for developing and improving Tallaght Hospital.”

### 6.1.2 The Annual Tallaght Health Fair

Tallaght Hospital plays a crucial role in supporting communities locally, regionally and nationally. An important part of this work is engaging with the public on health issues in the community – to emphasise prevention and to manage health conditions to reduce the need for hospital admissions.

With this in mind, the Hospital has through its participation, supported the Annual Tallaght Health Fair. This event is co-ordinated by the Fettercairn Community Health Project in partnership with Statutory and Community Organisations. The attendance at this increasingly popular event not only enables our medical professionals to engage with people living in Tallaght, it is also a marvellous opportunity to engage with a broad spectrum of health related organisations and services that are active in our local community.

Keen to build on the Hospital's support of this event we worked with the Community Health Project in 2015 to determine how it could build on its support of the event. In 2015, in addition to a number of information stands a group of our health professionals provided talks on a number of health topics including:

- ▶ Living with Psoriasis and Eczema
- ▶ The importance of knowing your medicines
- ▶ Living with COPD
- ▶ Importance of Hand Hygiene in a Hospital
- ▶ Osteoporosis how to live with it
- ▶ Your voice - How to be heard and get your opinion to the right place



Edwina Morrissey Senior Clinical Pharmacist from our Pharmacy Department at the Fettercairn Health Fair

### 6.1.3 Connect – A Quarterly Newsletter for GPs

In line with the recommendations of the HANA report, the Hospital is working to further develop the important relationship with healthcare providers in the Community. The Hospital has had a long standing regular meeting with the local GPs represented through the GP Liaison Committee (GPLC) meeting. However, further to attendance at the meeting by the Hospital's Communication Officer, Joanne Coffey, it became evident that there was a need for another channel of communication for GPs around innovation and developments occurring in the Hospital. Issue 1 of Connect, a quarterly Newsletter for GPs was published by the Hospital in Autumn, 2015. It provides articles on new developments, details of new appointments and information on upcoming initiatives and events. To date the Newsletter has been largely well received by local GPs, it is issued electronically and is also available on the Hospital website <http://www.tallaghthospital.ie/Healthcare-Professionals/Contacts-Information-/>





Left to right: Dr. Andy Jordan GP, member of the Tallaght Hospital GPLC; Mr. Michael Scanlan, Chairman, Tallaght Hospital Board; Dr. Deena Ramiah GP, Member of the Tallaght Hospital GPLC; and Professor Des O'Neill, Consultant Physician in Geriatric & Stroke Medicine Tallaght Hospital at the Annual GP Study Day hosted by Tallaght Hospital in the Centre for Learning & Development.

**Tallaght Hospital is at the forefront of developments in the Irish hospital system, responding to people's needs on a daily basis.**

#### 6.1.4 GP Study Day

The Hospital hosted its annual GP Study Day in the Robert Graves Centre on the 14th November 2015. A comprehensive programme was provided in the morning with presentations from Geriatric & Stroke Medicine, Gynaecology, Paediatric Surgery, Dermatology, Paediatric Emergency Medicine, Vascular Surgery, Acute Medical Assessment Unit, Orthopaedics, Cardiology, Psychology, Nephrology, Psychiatry, Acute Medical Assessment Unit, Chemical Pathology, The GP Training Scheme, Paediatric Dentistry, Endocrinology and Helicobacter Pylori Infection. The Plenary session was given by Professor Seamas Donnelly, Head of Department of Clinical Medicine in Tallaght Hospital on "Connected Health: How it will change the way we practice medicine" and by Professor Brendan Kelly, Department of Adult Psychiatry "Suicide in Ireland: Fact, fiction and what can we actually do?"

The Study was attended by Michael Scanlan, Chairman of the Board and Dr. Andy Jordan and Dr. Deena Ramiah, representatives from the Hospitals GPLC.

## 6.2 Our People

Tallaght Hospital employs 2,591 staff (whole-time equivalents) from 33 different nationalities including 538 part-time and 2,053 full-time employees. This equates to 3,091 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.

Our Human Resources Directorate provide a key role in ensuring 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 Medical HR. 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 & attendance system - CORE and our new SAP HR/Payroll system to empower staff and managers and to inform their decision making.



**3091** staff

**33** nationalities | **13** directorates

Nationality (Headcount)  
% of total Headcount

6.2.1 Human Resource

**Nursing Recruitment and Retention**

Following the lifting of the restriction on nursing recruitment the Hospital was able to develop a recruitment and retention programme for all our graduate nurses in 2015. The Recruitment and Retention Package, devised by Nurse Practice Development with the support of the Executive Management team was established in 2015 after a review of national and international literature identified the needs of Newly Registered Nurses. The Package includes interview skills workshops, a bespoke induction programme, a clinical skills workshop, access to the Centre of Learning & Development (CLD), Career Coaching, a buddy system, staffing in the area of choice and monthly meetings for the Newly Qualified Nurses to reflect and share their experiences on the wards. The Hospital is also supporting the newly registered nurses to assist with the transition to their new roles with a Clinical Facilitator for a three month period.



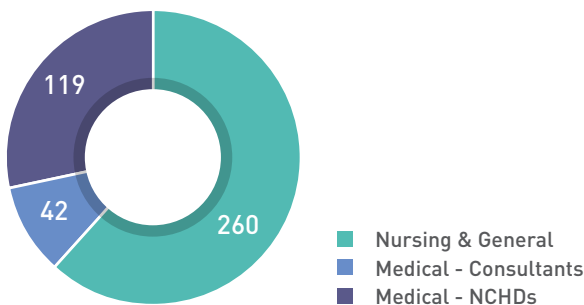
Ann Connolly

The bespoke induction programmes were key to the success of the package that was put together and successfully retained 50 out of the 53 final year nursing students with the nurses taking up permanent posts that will enhance the care provided to patients in the Hospital.

A Nursing Manpower Unit led by Ann Connolly was established specifically to address the national nursing

recruitment and retention challenges. This unit supported a comprehensive recruitment campaign including advertising at Luas Stations, Airport Terminals, National and International Recruitment Fairs/Exhibitions, Radio Adverts as well as two successful overseas recruitment campaigns in the Philippines. This resulted in a net increase of 139 nursing staff in 2015 filling long-standing vacancies. Refresher recruitment training was rolled out to line managers and a series of workshops on CV preparation, interviewing skills and presentation skills were provided to staff. Below is a breakdown of the number of recruitment competitions held in 2015.

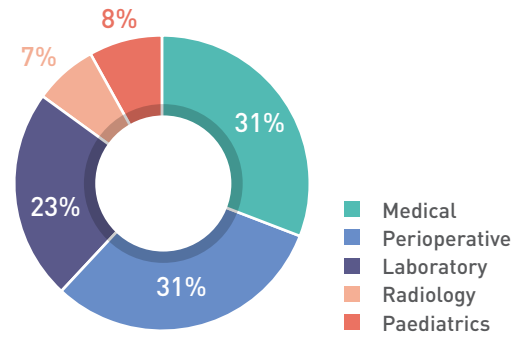
Recruitment Competitions 2015



**Consultants**

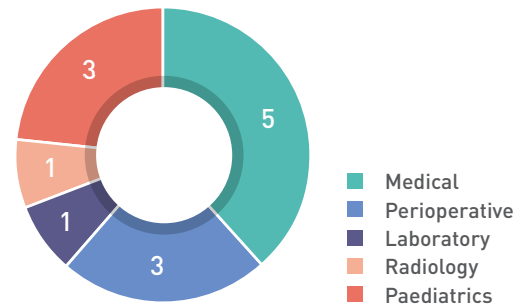
Consultant recruitment is experiencing a year-on-year increase in activity. We received a total of 27 approvals in 2015, spanning all directorates as follows, of which 17.5 were new posts and 9.5 were replacement posts. :

Consultant Approvals per Directorate

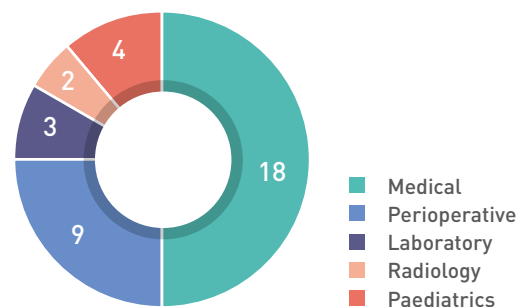


Following Consultants Appointment Unit (CAU) approval, the HR department led on the following consultant competitions, including temporary positions, which consist of posts approved end of 2014 plus 2015:

Permanent Consultant Competitions per Directorate



Total Consultant Competitions per Directorate



## Non Consultant Hospital Doctors (NCHDs)

HR continues to work with the Clinical Directors, Consultants and NCHDs in order to fill all vacancies. Liaison Psychiatry and the ED continue to be the areas of greatest challenge to fill but this is reflected nationally. Initiatives in the ED such as incorporating an ICU rotation to certain posts have yielded results and, in collaboration with our consultant staff, we have managed to achieve a full complement of NCHDs in the Department, reducing spend on locum agency staff. We also attended a Medical Recruitment Fair in October 2015 in the Clyde Court Hotel in Dublin and are assessing the value of these fairs for the future.

Engagement with NCHDs continues via the NCHD forum and through the NCHD lead. Committees that were established in 2015 are as follows:

- ▶ NCHD Residence Committee
- ▶ NCHD CORE Committee

The HR Medical Division is working with the NCHDs on both these committees in order to progress improvements as identified by the NCHDs which ultimately will improve our recruitment and retention in relation to this group.

The National Employment Record (NER) was launched in 2015 and the department continues to engage with this quality initiative which will ultimately streamline the recruitment process for NCHDs as they move across multiple sites during their training.

Throughout 2015, HR continued to work with the Executive Management Team, Clinical Directors, Consultants and NCHDs in order to maintain progress in relation to the EWTD compliance for the NCHD group. New initiatives such as transfer of tasks and electronic referrals are being progressed in collaboration with our nursing, clerical and ICT colleagues.

### Other

The roll-out of SAP HR in 2015 had a significant impact in the HR Medical Division. The system went live in late June 2015 in time for the July 2015 NCHD intake, the largest intake of the year where up to 200 NCHDs commence on the same day with an equivalent number leaving us for other organisations.

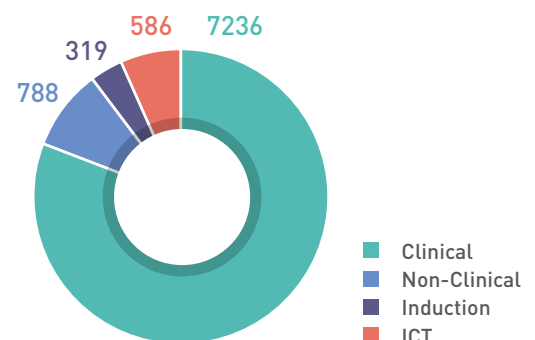
Performance improvement plans were commenced for staff in the HR Medical Division in 2015 and this process is continuing with the aim of professional development for staff and ultimately improved performance of the team as a whole.

## 7.2.2 Centre for Learning & Development

The CLD supports workforce transformation by organising learning in a way that helps staff to build the foundation capabilities for job roles in their individual departments. It also develops learning that underpins the Service Delivery Operating Model by utilising a variety of learning methodologies and continuously updating and improving the quality and accessibility of education and training. The Hospital is committed to appointing well-qualified, high quality and performing staff to help achieve its objectives and to promote its mission. We recognise the need to support and develop our staff in order for them to fully achieve their potential not only in the early stages of their careers but throughout their employment.

A total of 8,929 Health Care Professionals attended the CLD for conferences, seminars, class room based education and workshops, in educational, professional or personal development in 2015.

Activity levels 2015



The Continuing Professional Education Prospectus was launched in September 2015 with details of over 114 programmes available to all staff in Tallaght Hospital. With the continued support of a dedicated education fund from The Meath Foundation the establishment of The Leadership Academy within the CLD created a pathway to developing better leaders to deliver better care. With a programme for each level of leadership responsibility, a customised leadership development program represents a significant tool for business striving to create and sustain a high performance culture. A copy of the prospectus can be found at <http://www.tallaghthospital.ie/Leaflets-and-Publications/Departments/CLD-Prospectus-2015-2016-pdf.pdf>

2015 also incorporated an expansion of the Employee workplace wellbeing programme with monthly sessions delivered ranging from mindful moments to parenting advice.



Left to right: Anne Marie Healy, Director of the School of Pharmaceutical Sciences, Trinity College Dublin; Dr. Patrick Prendergast, Provost and President, Trinity College Dublin; Sarah McMickan, Deputy CEO, Tallaght Hospital; and Timothy Delaney, Head of Pharmacy, Tallaght Hospital.

### 6.2.3 Tallaght Hospital Lead NCHD Appointment

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.



Dr. Jaspreet Bhangu, Tallaght Hospital's 3rd Lead NCHD

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. Tallaght Hospital took part in the initial pilot in respect of developing the Lead NCHD role. Following

interview, Dr. Jaspreet Bhangu was appointed to the role. Dr. Bhangu is the Hospital's third Lead NCHD appointment. In preparation for the role, he attended the national workshop organised by the National Doctors Training and Planning Unit together with the Clinical Director Programme, Quality Improvement Division. This also afforded him the opportunity to meet with colleagues carrying out similar roles.

### 6.2.4 Memorandum of Understanding with Trinity College Dublin

Underpinning our standing as an established leader in the provision of training and professional development within Pharmacy, Tallaght Hospital hosted the signing of a Memorandum of Understanding with Trinity College Dublin in September 2015. The development strengthens the current arrangements between both organisations in the areas of undergraduate and post-graduate training, education, research and professional development in Pharmacy.

### 6.2.5 New Developments in Radiography

In line with other Health and Social Care Professionals and with the introduction of mandatory CORU registration, the Radiography department have developed a new professional development framework to support its Radiographers in their continued professional growth.

**A great hospital is  
made up of people  
like you**





Left to right:  
Sandra McCarthy,  
Head of Learning  
& Development;  
Bernadette Corrigan,  
Assistant Director of  
Nursing; Hilary Daly,  
Director of Nursing; and  
Eileen Whelan, Chief  
Director of Nursing,  
Dublin Midlands Hospital  
Group at the Annual  
Nursing Conference.

### 6.2.6 Nursing Conference 2015

The Nursing Service of Tallaght Hospital hosted its 10th Annual Nursing Conference in September. The theme of the conference was 'Enhancing Clinical Excellence in Nursing'. Attendance far exceeded expectations with nurses from around the country in attendance and evaluations by attendees overwhelmingly positive. We had some excellent presentations from our guest speakers including:

- ▶ Ms. Eileen Whelan, Chief Director of Nursing & Midwifery, Dublin Midlands Hospital Group
- ▶ Dr. Philippa Ryan Withero, Deputy Chief Nursing Officer
- ▶ Ms. Harvey Mc Donnell, Nurse Tutor, Beaumont Hospital
- ▶ Ms. Jennifer Wilson O'Raghallaigh, Senior Clinical Psychologist
- ▶ Ms. Joanelle O'Cleirigh and Ms. Orla Keane, Arthur Cox Solicitors
- ▶ Ms. Mary Prendergast, Director of Nursing

The event was also an opportunity to showcase some excellent developments in Tallaght Hospital's Nursing service including the development of the Critical Care Outreach service which Siobhán Connors presented. Other internal presenters included Nuala Clare, Resuscitation Training Officer, Áine Lynch, Nurse Practice Development Co-ordinator and Teresa Hanley, Partnership Co-ordinator. The conference hosted over 30 impressive poster presentations of innovative nursing practice in our hospital. A clinical skills fair enabled nurses to update skills in; Infection Prevention & Control, BiPAP CPAP, Tracheostomy Care, Venepuncture and Cannulation, Sharp Injury prevention and Basic Life Support simulation station.

### 6.2.7 Nurses Graduation

The Tallaght Hospital Nursing Graduation Ceremony took place on the 2nd December 2015. A total of 55 BSc General Nursing Graduates who commenced training in 2011, 12 BSc Children and General Nursing Graduates who commenced training in 2010, and eight Higher Diploma in Children's Nursing Graduates who commenced the programme in 2014 were presented with a Tallaght Hospital Graduation Certificate and the Tallaght Hospital Badge. The students celebrated their graduation with their families. Ms. Eileen Whelan, Chief Director of Nursing & Midwifery, Dublin Midlands Hospital Group was guest speaker at the Nursing Graduation Ceremony.

The awards for the title of Honorary Clinical Lecturer in Nursing were also presented at this ceremony. Ms. Ann Dwyer, Clinical Nurse Manager on Franks Ward and Ms. Elizabeth Graham, staff nurse on Gogarty Ward, received the awards of the title of Honorary Clinical Lecturer in Nursing in the Perioperative Directorate. Ms. Ciara Parthiban, Clinical Nurse Manager in the Acute Medical Unit and Ms. Anna Rafter, staff nurse on William Stokes Unit, received the awards of the title of Honorary Clinical Lecturer in Nursing in the Medical Directorate. Elaine Sweeney, Clinical Nurse Manager on Oak Ward and Alannah Bowers, staff nurse in the Paediatric Emergency Department, received the awards of the title of Honorary Clinical Lecturer in Nursing in the Paediatric Directorate.

The National Children's Hospital Board prizes were also presented to Alannah Fitzmaurice, CGIDP graduate and Maria Dowd who graduated with a Higher Diploma in Children's Nursing.



Some of the large group of Nurses who joined the Team at Tallaght Hospital in 2015 following their Graduation.

**6.28 Artist in Residence - Launch of “The Healing Station”**

The National Centre for Arts & Health (NCAH) at Tallaght Hospital aims to improve patient care and to promote the benefits of the arts in health. In September, 2015, The Meath Foundation, in conjunction with The NCAH at Tallaght Hospital, launched ‘The Healing Station’, a book of poetry by Artist in Residence, Michael McCarthy. Patients and staff worked with Michael on this project. The Healing Station was launched by Booker Prize winning novelist Anne Enright.

Commenting at the launch Ms. Enright said “Words heal. They fix us. This is the claim writers and poets make for language - that it pulls together the fragments of our experience and makes us feel, for that moment, whole again. This is the work of the Healing Station, by Michael McCarthy, in which we see life at its most difficult, made beautiful on the page.”



Left to right: Author of the Healing Station Michael McCarthy, Dr. Barbara Loftus, Meath Foundation Board Member, Dr. Rónán Collins, Consultant in Geriatric & Stroke Medicine and Booker Prize winning novelist Anne Enright.

**6.2.9 Unsung Heroes of Tallaght**

This is an annual initiative which recognises the unsung heroes in the Tallaght Community and the work they do and celebrates volunteers and active members of the community across various walks of life. Our Volunteer Coffee Shop was shortlisted in the Special Needs and Carers Category. Everyone in the hospital was delighted to see the volunteers who provide an invaluable service to our patients, visitors and staff being recognised by the local community in which we are located.



Ms. Mary Rogers volunteering at the Volunteer Coffee Shop in the Atrium.

## 6.3 Tallaght Hospital Staff and Family Initiatives



Our cyclists before they departed for Tallaght Hospital's first Summer 99 Charity Cycle.

### 6.3.1 Tallaght Hospital Summer 99 Charity Cycle

The morning of June 13th 2015 brought a unique spectacle to the main atrium with over 50 cyclists congregating ahead of the first Tallaght Hospital Summer 99 Charity Cycle. The cyclists were waved off by South Dublin County Council Mayor, Fintan Warfield, members of the Age-Related healthcare team, staff and patients as they set off to Ballymoney, Co. Wexford via the foothills of the Wicklow Mountains.

Each participant fundraised in advance of the event, this combined with a stationary cycle in The Square a total of €13,507 was raised for Stroke Services. Tallaght Hospital was the first hospital in Ireland to have a dedicated Stroke Unit and it forms part of the Hospital's expert Age-Related care service. Each year, the stroke service provides treatment and rehabilitation supports to over 350 patients as well as support to their families.

The cycle was organised by hospital staff led by David Addie and Joanne Coffey and was a great example of the tradition of volunteering in the Hospital. As well as raising money for stroke services, the participants are raising awareness of the vital care our stroke services provide for patients and their families. There are plans for this to become an annual event with participants from hospital staff and the wider community it is a marvellous day out.



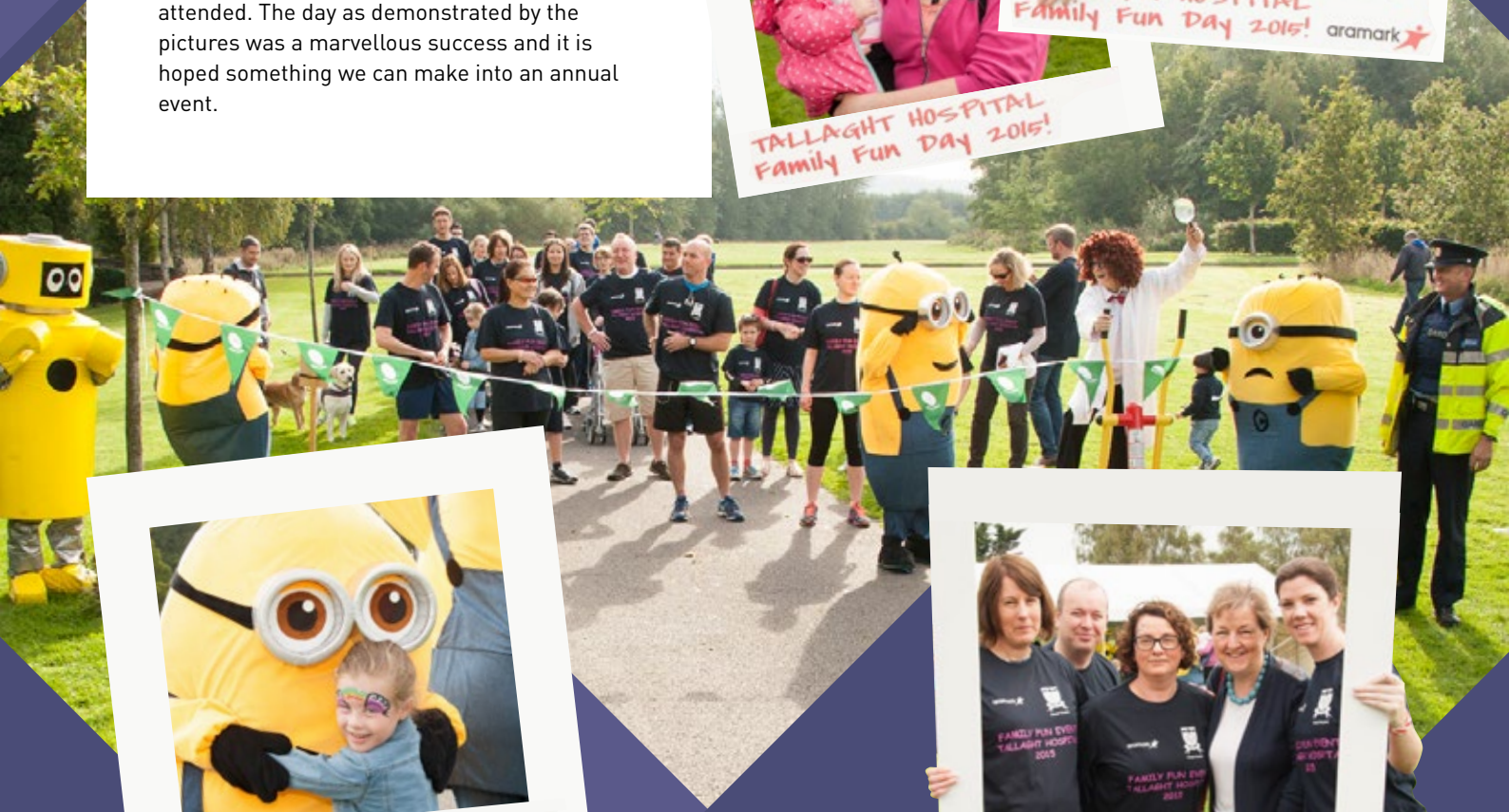
The entire crew with the support team that accompanied them on their journey to Co. Wexford.

Charity cycle supporting the stroke service who provide treatment and rehabilitation supports to over 350 patients per year as well as support to their families.



6.3.1 Family Fun Day

Another first for Tallaght Hospital was the hosting of a one day Family Fun event where staff could celebrate healthy living together with their families and colleagues. Tymon Park was the location on a very sunny day in September, the event started in the morning with a 5km Fun Run / Walk for staff and their families. This was followed by outdoor games, face painting, balloon artistry and a BBQ. The event was made more special for the children (of all ages) as we were joined by representatives of the emergency services including members of the Garda Mounted Unit, Dublin Fire Brigade, and a selection of Garda Vehicles for the children and their parents to get up close to and speak to emergency personnel about what they do and gain a greater understanding of how they work. The day would not have been possible without the very generous support of Aramark who sponsored the cost of the event, South Dublin County Council for use of the park and of course the various emergency services that attended. The day as demonstrated by the pictures was a marvellous success and it is hoped something we can make into an annual event.



### 6.3.2 Christmas @ Tallaght Hospital

December is a busy month for everyone in the Hospital on a professional and personal level. The Christmas lunch for all staff was reintroduced enabling all departments across the Hospital to join together and celebrate the end of the year. Over a two day period six dinner sittings were scheduled which facilitated staff to have their Christmas dinner. The event was a huge success with members of the Executive Management Team on hand to serve up dinner. Managing to serve six sittings over two days is a mammoth organisational task and a credit to the Hospital's Catering Department who put it all together.

In addition to the Christmas dinner, 2015 also saw a very special visitor from the North Pole visit the Hospital for one fun filled day in December. This special visitor attends the Hospital a number of times in December for patients and their families but it was the first time he came for staff and their families. Over 200 children of staff members attended the day for their chance to visit where their parents worked and also see Santa Claus in a special Grotto he set up in the staff canteen. The event was an enormous success for staff and their families and a credit to all the staff who were recruited from across the campus to work as elves on the day.



Physiotherapy Department - Winners of the 2015 Christmas tree competition.

### 6.3.4 The Introduction of the FITT Principle

In 2015 the Physiotherapy Department in Tallaght Hospital made it their mission to support the staff of the Hospital in becoming more physically active. By applying the principle (Frequency, Intensity, Time and Type (FITT)) to exercise taken by staff they exercise more often and become fitter! The initiative was supported through the publication of 14 advice articles on exercise in the staff publication TouchPoint, the establishment of a twice weekly lunchtime walk initiative and a 2km walk and 5km run on World Physiotherapy Day in September. It is planned that this focus on health for staff will continue into 2016 with other initiatives.

Tallaght Hospital also participated in celebrating World Physiotherapy day on 8th September 2015.



Michelle Fitzgerald, Senior Physiotherapist manning the information stand, in the main atrium, on World Physiotherapy Day.

# 7 Enhancing the Environment for Patients and Staff

The Director of Estates and Facilities Management holds the firm view that if we improve the working environment for staff our patient care will be strongly enhanced. There are many studies that have shown that by improving the working environment there are direct links with improved morale for staff which is reflected in the delivery of care and patient outcomes.



**If we improve the working environment for staff our patient care will be strongly enhanced**

## 7.1 Emergency Department (ED) Opening

In 2015 the Hospital opened an extended ED. This two phase development, which was completed on schedule and within budget, involved the refurbishment of our existing ED and the building of a new 1,053 square metre extension.

This €5m redevelopment project has enabled us to incorporate the latest best practice in Emergency Medicine into the design of the new ED and integrate the new model of care as per the National Emergency Medicine Programme.

Our ED is one of the busiest in the country, last year we treated over 80,000 patients in our Adult and Children's EDs, the recent development has vastly improved the patient and staff environment.

Early results indicate that despite an overall increase in ED attendances of 2%, ED staff have managed to see patients 10% faster, reducing the ALOS to 6.6 hours vs 7.3 hours.

## 7.2 Ward Refurbishment Programme

Substantial progress was made in 2015 on our Ward Refurbishment programme. To date two thirds of the adult six bed rooms and over a quarter of the single rooms have been renovated. It is expected to complete all patient rooms in 2016. The patient rooms were Phase I of this initiative and throughout 2015 Phase II in Gogarty Ward was also completed.

Phase II, whilst covering the typical items, like painting in the common areas, also incorporated new pantries and staff rest rooms. Gogarty Ward as an exemplar ward now represents a clean clinical environment free of clutter. Aside from the core renovation work other key changes in Gogarty Ward included; new access control, signage, patient information display, new macerators, new preparation area and a reconfigured doctor's desk area. It is the overarching goal of the Hospital to provide an environment that complements the high standard of clinical care provided.



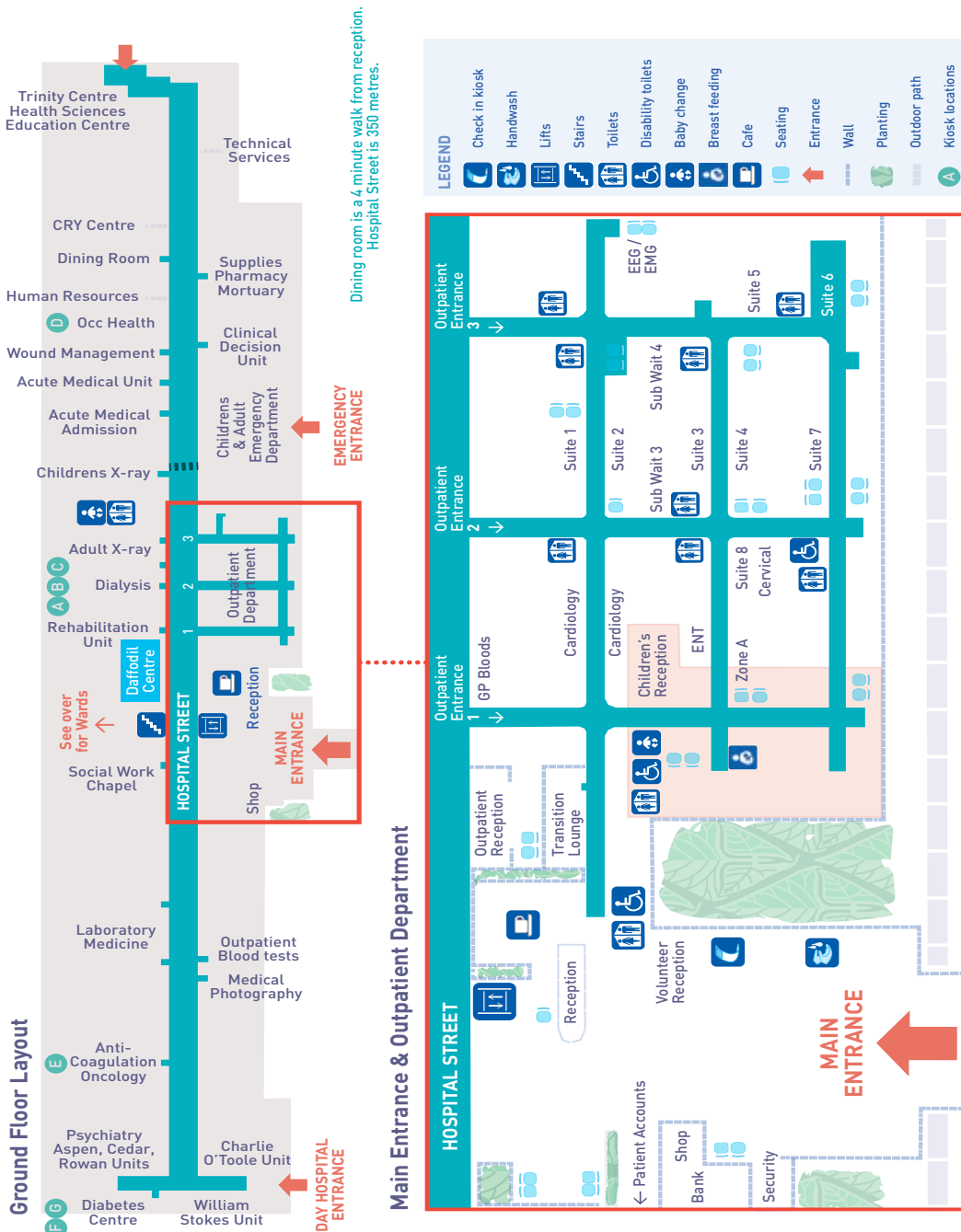
Left to right: Clinical Nurse Managers Sinead Tougher and Elizabeth O'Neill with David Slevin CEO and Dr. Daragh Fahey Director of QSRM alongside the new information boards that will become standard as part of the ward refurbishment project.

### 7.3 Solving Hospital Navigation

A member of our ICT Team, Kerry Ryder, as part of her MSc in Leadership studies, produced an indoor map of Tallaght Hospital, this is the first time such a map has been produced of a hospital in Ireland. In preparing the map Kerry found that nearly 30% of patients experienced difficulty in finding their way in the Hospital and the navigational challenge is not limited to patients. As a large teaching hospital with a large intake of students every year, new staff face the challenge of navigating their way around.

\*MSc Leadership course was jointly funded by Tallaght Hospital and the Meath Foundation

Staff members are often stopped and asked for directions, or indeed approach members of the public that look lost and often walk the patient to the area for which they are looking. While this is an example of excellent care, if approximately half the arrivals to our hospital experience disorientation and if it takes an average of two minutes to reorient them, staff in our hospitals are spending a whopping 80 hours a week reorienting patients. The new indoor map is proving to be very popular with both visitors and staff in the Hospital and is a very practical demonstration of our 'people caring for people' philosophy.



Indoor map of Tallaght Hospital produced by Kerry Ryder, ICT Dept.





## Sanctuary: A place of refuge and protection

### 7.4 The Sanctuary

After a combined team effort from technical services, nursing staff, benefactors to the Hospital and the support of the PM Group, a Tallaght-based engineering and project Management Company, a relaxing space for families and friends visiting loved ones who are at end of life care was created. At the end of the 12 month collaborative programme a space called 'The Sanctuary' was created which has been of enormous benefit to patients' families and is a very real example of what can be achieved with our staff and companies who chose to work with us as part of their Corporate Social Responsibility programmes.

### 7.5 Paediatric Short Stay Observation Unit - The Pod

Our Short Stay Observation Unit (SSOU) - the Paediatric Observation Department (POD) was commissioned and equipped in 2015. Funding for nursing and consultant staff was agreed in late 2015 with recruitment to commence in 2016. This will see the opening of the first dedicated SSOU for children in Ireland, which focuses on admission avoidance and rapid access to Consultant provided care. It will serve as a testbed for future developments in the model of Paediatric Acute care and is in line with future development within the new children's hospital which will see three SSOU, one on each site (Tallaght, Connolly and St James's).



Background left to right: Ms. Barbara Collins (CNM2 in the SSOU), Dr. Nadeem Gadelsayed, Consultant in SSOU. Foreground left to right: Dr. Thomas McMahon, Registrar in Paediatrics ED, Dr. Ibraheem Kribit, Consultant in Paediatric ED.



The New School Classroom in the National Children's Hospital

## 7.6 New School

Our school relocated to the front of the paediatric wards, making it even more accessible to staff and patients and this move facilitated a reconfiguration of Beech Ward which resulted in a new 10 bedded Day Unit.

## 7.7 Paediatric Sensory Room

A sensory room in the Paediatric Outpatient Department was created to facilitate children with developmental difficulties and/or neuro-disabilities. It has been a huge success and as a result we plan to develop one in the Paediatric ED in 2016.

This was another example of the Hospital working with Shire, an external organisation, as part of their Corporate Social Responsibility Programme.



The new Sensory Room in the Paediatric Outpatient Department

## 7.8 Optimising Power @ Work

The Office of Public Works ran an Energy Conservation Campaign in the public sector and Tallaght Hospital was delighted to be the first National Hospital to sign up to the initiative in late 2014. As part of the initiative, the Technical Services Department installed 120 metering points across the Hospital, so we can, for the first time, measure the level of energy being used in different sections and benchmark for future savings. The Optimising @ Work Team, which is made up of staff from our Facilities Directorate and the Office of Public Works have engaged with staff throughout the Hospital to better understand the activities, requirements and energy conservation opportunities in each of the areas. As a result, in 2015 electricity consumption reduced by 5.1% and gas consumption decreased by 5.6%. To put this in context, this is equivalent to the consumption from 88 average residential homes. Savings were achieved by improving control systems on boilers, chillers and lighting, in addition to this the team ran an employee energy awareness campaign with the support of the Communications Office. The aim of this was to create awareness and invite participation and support for savings achievable through changes in behaviour such as turning off lights and PCs during break time and before going home.

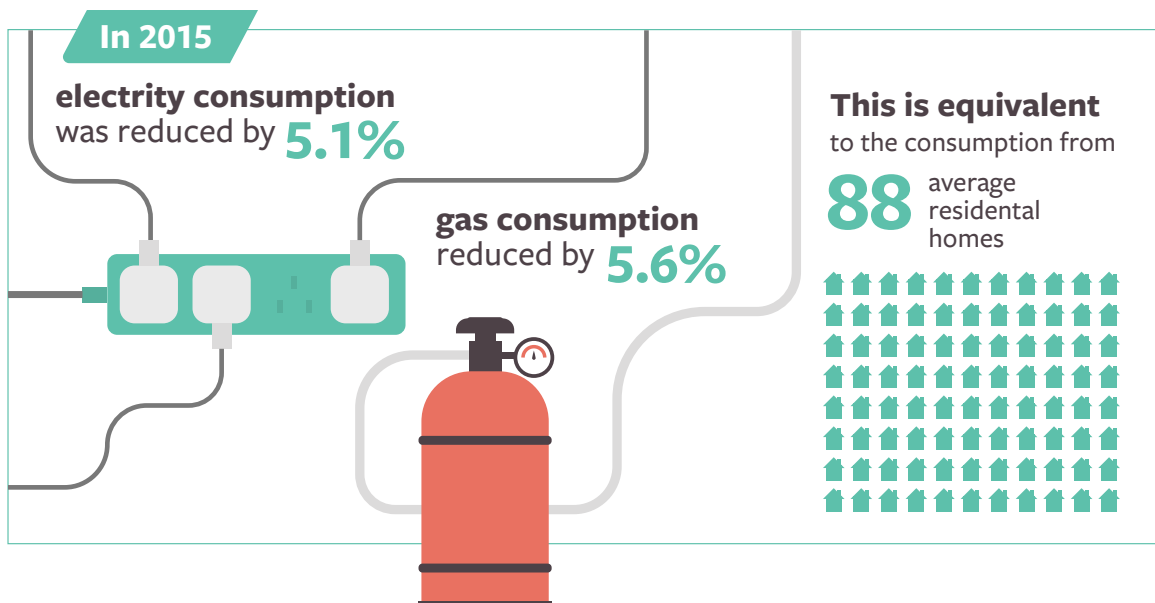
The team are in the process of reviewing a number of potential energy saving projects for feasibility and there will be further staff awareness activities scheduled during 2016 to help reach the target of a 10% reduction in total energy consumption.

## 7.9 Tallaght Hospital introduces a Tobacco Free Campus Policy

In 2015 the Hospital declared itself a smoke free campus, in line with the HSE National Tobacco Control Framework. Becoming a Tobacco Free Campus means that the use of tobacco is not permitted by anyone. Smoking and the use of tobacco products including cigarettes, cigars, chewing tobacco, pipe smoking and the use of electronic cigarettes are not permitted on the grounds of the campus or in any vehicles on the campus.

In introducing this policy, Hospital Management believes they are setting a positive example for the community with a genuine concern for everyone's health. In addition to signage being changed, we are working with local GPs to inform all patient of the new policy in advance of their admission to Hospital and all appointment letters for clinics now include a message regarding our Smoke Free Campus Status.

Challenges remain in achieving a Smoke Free Campus and the Hospital promotes smoking cessation programmes and calls on the public and staff to support this Health Promotion initiative.



# 8 Interdisciplinary Approach to Healthcare

Collaboration amongst Healthcare workers is the key to improving the care we provide to our patients on a daily basis.

Tallaght Hospital has focused on developing our interdisciplinary approach to healthcare which research has demonstrated improves patient outcomes. This has been facilitated by programmes such as the IHRP and the Hospitals Quality Improvement Programme. However, other exciting collaborations have taken place across the organisation. These collaborations include not only interdisciplinary team based approaches (including Clinicians, Nursing, Medical Physics & Clinical Engineering, Information Communication & Technology, Pharmacy and Health & Social Care Professionals), but also exciting developments amongst inter-specialty collaboration, such as between Gastroenterology and Microbiology which is already demonstrating a direct positive impact on patient care delivery.

## 8.1 New Interdisciplinary Atrial Fibrillation (A-FIB) Clinic

A new interdisciplinary A-FIB Clinic, the first of its kind in the country, launched to complement the Hospital's Cardiology and specialist Stroke Service. Atrial Fibrillation is the most common cardiac arrhythmia affecting up to 5% of those over 60 years and possibly up to 10% of the adult population over 80. Despite this, research at Tallaght Hospital shows that only 30% of Irish adults have heard of the condition and fewer than half of those are aware of its association with the risk of stroke.

The new interdisciplinary A-FIB Clinic in Tallaght brings together all the key specialities of Cardiology, Haematology, Endocrinology and Stroke Medicine required for this improved model of care. This new clinic runs once a week and is confined to new cases of A-FIB identified within the Hospital and at clinics. It is envisaged that the clinic will be rolled out to GPs with an agreed protocol of referral – thereby improving access to the specialist care provided by Tallaght Hospital and providing further integration with the community.



Left to right: The team for the A-FIB clinic comprises Dr. David Moore, Consultant Cardiologist; Dr. Mark Sherlock, Consultant Endocrinologist; Dr. Johnny McHugh, Consultant Haematologist; Dr. Tara Coughlan, Consultant Geriatrician and Stroke Physician; Dr. David Mulcahy, Consultant Cardiologist; Dr. Rónán Collins, Consultant Geriatrician and Stroke Physician; and Dr. Bryan Loo, Consultant Cardiologist.

## 8.2 Introducing Trans-nasal Endoscopy (TNE) to Tallaght Hospital - An interdisciplinary approach

The introduction of TNE, as an alternative to standard endoscopy and as part of an overall dysphagia (difficulty swallowing) evaluation, is a joint initiative between the Speech & Language Therapy (SLT) Department, Professor Deirdre McNamara, Consultant Gastroenterologist and her team, and Dr. Barry McMahon, Department of Medical Physics & Clinical Engineering, as part of the Trinity Academic Gastroenterology Group research group.

TNE is an exciting new innovation to improve clinical outcomes and patient experience for individuals presenting with dysphagia. Standard upper gastro-intestinal endoscopy (i.e. oesophagogastro-duodenoscopy or OGD) is performed to diagnose structural or functional disorders of the oesophagus, stomach or duodenum. The examination typically requires conscious sedation or general anaesthetic, which are associated with a longer recovery time for the patient, increased risk of a cardiopulmonary event and are more expensive.

In comparison TNE can offer accurate, safe and efficient endoscopic assessment of the pharynx, oesophagus and stomach with fewer risks and less cost. The sensitivity and specificity of TNE in diagnosing oesophageal disease is comparable to unsedated OGD. The procedure is carried out in the general Outpatient clinic setting, thereby reducing the demand on endoscopy clinic rooms.

In 2014, the Adelaide Health Foundation funded the purchase of a trans-nasal gastroscope. Results to date have shown that TNE is better tolerated by patients as indicated by significantly less sensation of choking and gagging. There is a shorter procedure time when used without sedation than with unsedated OGD. Diagnostic yield is comparable between both procedures.

TNE also offers an alternative to endoscopic evaluation of swallowing (FEES) which is a well-established assessment provided by SLTs in the Hospital. With approximately 10% of referrals to endoscopy being for dysphagia, patients are often referred to SLT for FEES in addition to an OGD.

This requires a separate patient visit to be scheduled. TNE as a combined alternative to OGD and FEES can provide a complete endoscopic evaluation 'from mouth to stomach' in a single appointment.

Building on the success of this initiative, SLT have commenced training in TNE under the supervision of Professor McNamara with the aim of developing a "one stop" Outpatient dysphagia service as part of the multidisciplinary dysphagia clinic. Patients presenting with dysphagia will be provided with a comprehensive endoscopy assessment and management plan within a single session.

### 8.3 Ireland's first Faecal Microbiota Transplant (FMT)

Ireland's first clinical FMT was carried out successfully in Tallaght Hospital in 2015. The procedure was carried out by Professor Deirdre McNamara, Consultant Gastroenterologist at Tallaght and Associate Professor of Gastroenterology at Trinity College Dublin.

It is becoming increasingly common for *Clostridium difficile* (*C.difficile*) to become antibiotic resistant and most cases are treatable with a simple course of antibiotics, which clears the infection. Due to the resistance of antibiotics it can take multiple attempts to find the right antibiotic but in the interim you have a patient whose condition is deteriorating. This was the case with our patient who did not respond to a number of antibiotic treatments for a *C. difficile* infection.

Based on relatively new data and on international evidence it was felt FMT was the only option for this patient. There was no Irish protocol governing it, so Professor McNamara and Professor Philip Murphy, Professor of Clinical Microbiology in Tallaght established a multidisciplinary group to see how we would develop protocols for FMT.

The theory is that those of us with a healthy gut have enough good bacteria to outnumber the bad and keep a good balance. In our patient the balance had gone out of control and there was not enough good bacterial to kill off the bad, *C. difficile* bacteria. Integral to the success of a transplant was identifying a suitable donor. It was important to get a donor sufficiently similar to the patient not to create problems in her gut flora but sufficiently different to have different faecal bacteria. (In the US there is a biobank and you can arrange it on-line!) A family member came forward and was screened based on NICE guidelines, before the transplant took place the patient had their bowel cleansed. Then using a naso-jejunal tube to administer the transplant to the patient's distal small bowel. On the morning of the procedure following screening, filtering and preparation of the donor stool the transplant was performed. It was a simple procedure, with administration of the transplant fluid over a two hour period in the Hospital and after a pause the tube was withdrawn.

#### The benefit

Within 48 hours the patient's diarrhoea had stopped and appetite had returned. After a few days of eating a normal diet with no diarrhoea reoccurring the patient was discharged. Subsequent follow ups have shown that the patient no longer has *C. difficile* and they are back living a normal life in their community. Following the transplant in Tallaght, a second FMT was carried out in another Trinity affiliated hospital; the idea is that the protocol developed at Tallaght Hospital will be available to all hospitals and that this will be a therapeutic option for our patients.

... the patient no longer has *C. difficile* and they are back living a normal life in their community.

### 8.4 Electronic Ordering of Enteral Tube Feeding Products

Following a study in 2011, it was found that one in four adults admitted to the hospital were at risk of malnutrition. Inadequately nourished patients suffer more complications, have poorer outcomes and are less able to withstand the effects of medical treatment or surgery. Consequently, they spend longer in hospital and are more likely to need long term care than normally nourished patients. Nutritional support such as enteral tube feeding is indispensable for patients unable to fulfil their nutritional needs orally. For "at risk" patients, nutrition intervention needs be ordered promptly and fully implemented. Barriers to this ideal must be removed. Prior to this project, there was no structured ordering, dispensing or storage system in place for enteral tube feeding products.

The pre-existing paper ordering system demonstrated an 87% error rate, resulting in a two hour delay in dispensing products to the ward. The system also demonstrated a high wastage of stock and personnel time. Using a team based approach an electronic ordering system which interfaces directly with pharmacy was developed. Dieticians took responsibility for sending the electronic order.

Storage areas were centralised and reduced from 14 to three. An initial evaluation shows the steps taken to dispense these products have been reduced by one third; products are now dispensed within 15 minutes.

To date there have been no discrepancies in the amount of products ordered and stock on the ward indicating a 100% compliance with the new process. Pharmacy porters restock the storage areas three times a week, a 70% reduction. The volume of feed dispensed to the wards has decreased by 34%.

The project, undertaken as part of a Master's degree in Leadership\* by Dietician Niamh Smyth, has enhanced the quality of nutritional care to nutritionally at-risk patients by improving effectiveness and efficiency in work practices. The paper ordering system process has been eliminated. The ambiguity around the storage of enteral tube feeding products on the wards has been removed.

This enables nursing staff more time for direct patient care which improves patient safety. Pharmacy staff have access to accurate and comprehensive information through the electronic system improving safety and reducing the time taken to dispense the products. Dieticians can now order enteral tube feeds and be assured that their nutrition care plan will be fully implemented in a timely manner. The project was a regional winner at the Health Management Institute Regional Awards and involved a team involving Dietetics, Pharmacy, Facilities, Nursing and the ICT Department introduced an Electronic Ordering System for Enteral Tube Feeding Products. The project was presented at hospital and national conferences to share the findings across the health sector.

\*MSc Leadership course was jointly funded by Tallaght Hospital and the Meath Foundation



Left to right: Jacqueline O'Toole, Naas General Hospital with Shirley Ingram, Tallaght Hospital, who were shortlisted for the Dublin Southwest Regional Finals of the Health Management Institute Leaders Award 2015 and Ms. Niamh Smyth, Clinical Dietician/National Clinical Programme Manager for Diabetes who was the Dublin Southwest Regional Finalist.



**Inadequately nourished patients suffer more complications, have poorer outcomes and are less able to withstand the effects of medical treatment or surgery**

# 9 New Ways of Caring for People

Tallaght Hospital strives to find new ways of improving the service we provide. Different ways of caring for people can include new clinical techniques, or changes in how we deliver our service. All changes are carried out with the intention of improving the service and ultimately improving the care we provide for people.

## 9.1 Pillcam at Tallaght Hospital

The Gastroenterology Department in Tallaght Hospital has been actively involved in the development of new innovative and exciting technologies in recent years. Tallaght Hospital is the only centre for small bowel video capsule endoscopy. This minimally invasive technology is being used to investigate iron deficient anaemia, occult gastrointestinal bleeding, suspected Crohn's disease or small bowel lesions and polyps.

Expanding on this, the Gastroenterology team have recently developed a large bowel video capsule endoscopy programme. The service at present is still being used at a translational research level, but it is hoped that the service will be rolled out soon with HSE support.

Pillcam large bowel video capsule endoscopy operates similar to the small bowel capsule service. It is a useful and less invasive option when compared to traditional colonoscopy. With increasing demand on endoscopy services, large bowel capsule endoscopy is an attractive initial screening tool. In patients at moderate risk of colorectal cancer, it may avoid unnecessary invasive procedures. It may also be utilised in the setting of failed or incomplete colonoscopy, due to patient intolerance, or technical difficulties, such as looping of the scope.

The technology involves patients' swallowing a small capsule, which records continuous video footage of the large bowel, in both forward and rear views. This video may detect significant pathology such as polyps, cancers, inflammation or diverticular disease. The information is recorded using a device that patients comfortably attach to their waistline. The data is then downloaded the following day, for analysis by the reporting gastroenterologists. Bowel preparation is still required to ensure adequate mucosal views are obtained for the study. Trained technicians are involved in the provision of the service, freeing up clinicians for ward, clinic and endoscopy based work.

The technology is very useful for Tallaght Hospital as it will enable more efficient use of resources, and improve access to traditional endoscopy. It will also reduce the need for patients to be exposed to invasive procedures. It is a pain-free procedure for patients, and the overall patient experience is greatly improved. It is also a safe and effective screening tool, with similar detection rates compared to traditional colonoscopy. The technology is a successful example of the benefits of increasing co-operation between Tallaght Hospital and the research/emerging technology sector at Trinity College. News of this initiative made national news in both broadcast and print media.



## 9.2 Dermatology involved in Clinical Trial for Psoriasis

The Dermatology Department in Tallaght Hospital is currently involved in a clinical trial of a new biological agent targeting IL-17 for the treatment of psoriasis delivered by injection. Psoriasis is a chronic, inflammatory skin disease, characterised by an accelerated rate of turnover of epidermal cells, manifesting as well demarcated, symmetrical, thick, scaly plaques. The cause is still not completely understood, but genetic components and environmental factors (e.g. stress or infection) are both thought to play a role. Psoriasis often follows an unpredictable course, with exacerbations and remissions.

A recent report (The Burden of Psoriasis, 2015) estimates that more than 73,000 people have psoriasis in Ireland, of which approximately 9,000 have severe disease. The physical manifestations can adversely affect health-related quality of life to a degree which is comparable to other chronic illnesses such as depression and congestive heart failure. Psoriasis is also associated with a number of co-morbidities, including: psoriatic arthritis, diabetes and cardiovascular disease, with those with more severe forms at increased risk of stroke and cardiac events. In addition, the highly 'visible nature' of psoriasis can prove particularly debilitating.

Feelings such as embarrassment, shame, and fear of being unfavourably judged by others as a consequence of their condition, can affect personal relationships, restrict choice of clothing and leisure activities, and have a negative impact on working lives e.g. absenteeism or career choice (with inherent economic implications). This cumulative strain on psychological wellbeing can lead to anxiety and depression, further undermining quality of life for individuals. It is fortunate that recent advances have provided greater insights into the pathogenesis of psoriasis and resulted in new therapeutic options. Since 2000, seven new biologic agents have revolutionised treatment. While European guidelines define successful treatment outcome as achieving a 75% improvement/clearance of psoriasis from baseline, quantified using the Psoriasis Area and Severity Index (PASI 75), results from clinical trials involving newer targeted therapies have exceeded this figure (e.g. PASI 90).

It is wonderful to be able to offer suitable patients the opportunity to avail of a treatment that has the potential to deliver such marked results, with a corresponding improvement in health related quality of life.



Left to right: Consultant Dermatologist Dr. Anne-Marie Tobin and Nurse Michelle Dolan from Dermatology who are involved in the trial.

**While all changes do not lead to improvement, all improvement requires change.**

Institute for Healthcare Improvement (2013). Using Change Concepts for Improvement. Retrieved April 16, 2013

### 9.3 Critical Care Outreach Nursing Service (CCO)

CCO nursing services have been established internationally in an effort to support nursing staff caring for deteriorating patients in ward areas (National Outreach Forum 2012). Furthermore, the Outreach Nurse has a role in preventing serious adverse events in hospitalised patients from occurring, due to sudden physiological deterioration neither being recognised or responded to in an appropriate and timely way. As the population ages, it has become commonplace for inpatients to have complex health issues that affect multiple organs. The acuity of inpatients increases demands on ward staff to maintain safety and provide quality care. CCO Nursing services commenced in August 2015, funding was provided by the HSE Nursing Midwifery Planning and Development Unit for 17 months. The nurse presented on her role to the Annual Nursing Conference Tallaght Hospital (September 2015), and on progress to date at the NMPDU Innovation Event in 2015.

This is an evolving role and Siobhan Connors is in the process of completing her advanced health assessment course in UCD. The role of the CCO includes being the nurse responder to ERT calls Monday to Friday, providing tracheostomy support care, reviewing patients recently discharged from a higher level of care along with education and support to Nursing and Medical staff on the inpatient areas. While the Hospital is awaiting HSE approval to fund the expansion of its critical care beds, the requirement for higher level of care beds remains very high, with the result that a percentage of patients who trigger an ERT call will require advanced interventions to stabilise them on the ward areas.



Left to right: Pictured at the study day were Ms. Lisa Dunne, Mr. John Gilmore, Ms. Binila Kurian and Ms. Nicky Byrne.



Left to right: Siobhan Connors, Critical Care Outreach Clinical Nurse Specialist and Anne Marie Barnes, Emergency Response Co-Ordinator.

**As the population ages,  
it has become commonplace  
for in - hospital patients to  
have complex health issues  
that affect multiple organs**

## 9.4 Colorectal Surgery Virtual Clinic

---

All patients are routinely followed up at surgical outpatient clinics following acute admissions or elective procedure. This adds to the growing waiting list in a very busy outpatient service but is essential for continuity of care and patient safety. Within the Division of Colorectal Surgery the capacity for return appointments far exceeds availability, leading to frustration for patients, medical, nursing and clerical staff.

The Colorectal Surgery service looked at ways to address the follow-up of these patients in a more streamlined manner and focussed their attention to telemedicine. International research has highlighted the effective use of telemedicine with regards to reduced waiting time for return appointment, reduction of unnecessary reviews, patient satisfaction and economies of scale. In an initiative led by Bernadette Mc Govern (Colorectal CNM) and Orla O Shea (Project Manager Adult OPD services at the time) they worked with Professor Paul Neary in establishing a Virtual Clinic based on the principle of telemedicine.

The Colorectal Surgical team identify suitable candidates for telephone clinic follow-up and document on medical notes. Discharge instructions regarding Telephone follow up are given to nursing/admin staff (Day Ward) and patients. All histology results post op are reviewed and the Consultant signs the results with written instructions for telephone follow up.

The Telephone clinic has now been rolled out as standard of care since the addition of a new Colorectal Consultant (Mr. Dara Kavanagh) in 2013. The Clinics are held every six weeks (Clinician-Led) in place of a traditional clinic. Since 2014, 993 patients have undergone consultations with a 70% discharge rate. The expansion in number relates to careful patient selection for outpatient Radiology results, follow-up of acute admissions who did not undergo a procedure, patients post Anal Surgery and also excluding unsuitable patients. These include: those that are hard of hearing, cognitively impaired patients and those who require an interpreter.

The rollout of the clinic has been a tremendous success for the patients who get the reassurance of checking in with the medical team without having to come back to the hospital, saving time and travelling costs. By taking this approach the medical team are able to see more patients which reduces the length of time they wait for their appointments.

## 9.5 Targeted Prostate Biopsies

---

Working collaboratively between the Radiology Department and Urology, the introduction of new software has allowed for the fusion of Magnetic Resonance Imaging/Ultrasound images when targeting prostate tumours for biopsy. This is likely to reduce the number of false negative results non-targeted biopsies yield and the number of repeat procedures patients currently endure. The diagnostic accuracy achieved with targeted prostate biopsies is also likely to improve patient outcomes and undoubtedly become more widespread in the future.

## 9.6 Hand Clinic

---

The Occupational Therapy (OT) Department at Tallaght Hospital has a significant level of advanced skills and qualifications in the area of hand therapy. This has facilitated the therapists' development of a hand therapy led clinic. Development of such a new clinical patient care pathway enhances therapists own learning and role development while simultaneously contributing to the ongoing evolution of the Orthopaedic Trauma outpatient service.

The initiative ensures the patient consistency of care as they typically are seen by the same member of OT staff, reduces duplication of care at clinics and also becomes a significant part of the overall solution towards meeting the challenges associated with implementation of the EWTD. Results of the initial pilot shows that 95% (n71) of patients referred to the hand therapy led service were discharged without the need for medical review or follow-up.

# 10 Awards and Achievements

Awards recognise those who have aimed for and achieved excellence. In this area of our Annual Report we are proud to detail some of the awards and achievements attained by our hospital and our staff throughout 2015.

## 10.1 Helix Health and Idis Pharmacist Awards

The Helix Health and Idis Pharmacist awards is an annual event that recognises the contribution of the pharmacy profession to healthcare in general, as well as to celebrate and reward pharmacists and their teams. Tallaght Hospital was the only entrant to have nominations in three categories - Research (Maria Tallon), Excellence in Hospital Pharmacy (Jennifer Hayde), and Pharmacist-Led Team (Ciara McManamly). On the night of the awards Ciara McManamly was awarded the Pharmacist Led Team Award which recognised the major reconfiguration that the team had implemented over 2015 led by the evidence from research into the collaborative pharmaceutical care model known in the Hospital as PACT.

## 10.2 MSc in Leadership

Five members of staff, Niamh Smyth, Dietician; Kerry Ryder, ICT; Amy Carswell, COO; Elaine Sweeney, Nursing; and Claire Hartin, Research & Ethics Department, were among the first to graduate from an MSc Leadership programme at the Royal College of Surgeons Ireland Institute of Leadership. The fellowship which is jointly funded by the Meath Foundation and Tallaght Hospital provides an opportunity for hospital staff to enable change within the Hospital, empowering them to develop their leadership potential, improve efficiency and contribute to the development of Tallaght Hospital as a provider of best quality healthcare services.



Ciara McManamly (centre) our Clinical Pharmacy Services manager, who was awarded the Idis Hospital Pharmacist of the Year Award 2015.



Preceptor of the Year 2015 presentation - Left to right: Claire Mahon, President INMO; Gillian Carter, Staff Nurse Gogarty Ward, Ivan Ahern, Cornmarket and Liam Doran, INMO General Secretary.

Picture courtesy of Lisa Moyles INMO.

### 10.3 Gold Award & Unique Exhibition for Medical Illustration

As one of the country's largest academic teaching hospitals, and one that carries out innovative surgeries and handles specialist cases across different departments, the medical illustration service is essential to the operation of the Hospital. Medical Illustrators communicate treatments and conditions and the imagery produced is commonly used to help diagnose conditions and assist the planning of complex surgery. The clinical images taken are used for diagnosis, assessment and the ongoing treatment of both inpatients and outpatients.

In partnership with The Institute of Medical Illustrators the Hospital hosted a unique exhibition in October which shed light into the world of medical imaging. Tallaght Hospital was selected as the location for the annual exhibition's first visit to Ireland. It provided a rare and unique insight into the captivating world of medical illustration and afforded everyone that attended the opportunity to appreciate the invaluable role the profession makes in the enhanced delivery of patient care.

The event also provided an opportunity to recognise the outstanding achievement of our own medical photographer Tommy Walsh who was presented with a Gold Award at the 2015 Medical Illustrators Conference in 2015. His photograph of a condition called Eczema Herpeticum was an entry that in the opinion of the judges, "clearly and unanimously demonstrated exceptional use of technique, understanding and interpretation of the subject in the illustration and fulfilment of the brief."

### 10.4 Preceptor of the Year 2015

Following a nomination from Gillian Carter, one of our student nurses, Claire Mahon, a staff nurse on our Gogarty Ward was presented with the 2015 Irish Nurses and Midwives Organisation (INMO) preceptor of the year award at the annual INMO Annual Delegate Conference. The award is made annually to a nurse who has inspired and motivated a nursing/ midwifery student to reach their potential.

### 10.5 Irish Cardiac Catheterisation Laboratory Nurses Meeting

Carmel O'Callaghan (CNM2) in our Cardiac Catheterisation Lab and Shirley Ingram (Registered Advance Nurse Practitioner) from Cardiology won first prize for their case presentation on Coronary Artery Circulation at the Irish Catheterisation Lab Nurses Annual Meeting.



Left to right: Marian Connolly, Directorate Nurse Manager, Tommy Walsh, Clinical Photographer and Hilary Daly, Director of Nursing at the Medical Illustrators Exhibition which was hosted in the CLD.

## 10.6 Joseph T Freeman Award - First for Ireland and Tallaght Hospital

In January 2015 Professor Des O'Neill, Consultant in Geriatric and Stroke Medicine at Tallaght Hospital and Professor of Medical Gerontology at the School of Medicine, Trinity College Dublin, became the first Irish academic geriatrician working in Europe to be presented with the Joseph T Freeman Award by the Gerontological Society of America (GSA). This prestigious American award presented by the largest and oldest scientific society dedicated to ageing in the world is presented to a prominent medical professional in the field of ageing. Professor O'Neill also became the first researcher in ageing in Ireland to be awarded Honorary Fellowship of the GSA.

Tallaght Hospital is extremely proud of the work Professor O'Neill carries out with his specialist team in the hospital. This award was a marvellous external acknowledgment of the significance of his work and its contribution to the field of Gerontology.



Left to right: David Slevin, CEO Tallaght Hospital and Professor Des O'Neill, Consultant Gerontologist.

Photographs Courtesy of The Gerontological Society of America

## 10.7 Young Investigator of the Year 2015 – Irish Society of Rheumatology

Dr. Cara McDonagh completed an MD thesis and was awarded Young Investigator of the Year 2015 award by the Irish Society for Rheumatology. This is the second year in a row that Tallaght Hospital has won this prize for their research.

## 10.8 A Radiology Hat Trick

Dr. Kate Harrington was awarded the Gold Medal in the Fellowship examinations, Faculty of Radiology RCSI, Dr. Anthony Cullen was awarded the Gold Medal in the Primary Fellowship examination, Faculty of Radiology RCSI. Our hat-trick was completed by Dr. Stephen Liddy being awarded the Gold Medal in the Primary Fellowship examination. This is unprecedented success for any department and we are all very lucky to work with such talented Registrars.

## 10.9 Milestone Achieved for Laboratory Medicine

The staff in Laboratory Medicine who reached a milestone in 2015 with all five disciplines achieving accreditation by the Irish National Accreditation Board (INAB) to the international standard ISO 15189:2012 Medical laboratories – requirements for quality and competence. Blood Transfusion have successfully maintained accreditation with INAB since 2009. Microbiology, Clinical Chemistry and Cellular Pathology were previously accredited by CPA (UK) but were awarded accreditation with INAB in 2015. The accreditation follows an inspection by INAB for Haematology, Microbiology, Clinical Chemistry and Cellular Pathology. The audit took a full day and was conducted by six assessors, all aspects of the lab were inspected and no test tube was left unturned! Annual visits will take place to ensure ongoing compliance in areas such as training, equipment, auditing, user feedback and continual improvement. The next visit is scheduled for September 2016 and for the first time it is expected that all five disciplines will be inspected on the same day by INAB as Blood Transfusion are in the process of merging their quality management system with the other four disciplines in the laboratory.

Attaining accreditation is a major achievement for all laboratory staff and acknowledges the huge effort put into providing a laboratory service of the highest standard to our users and patients. The continued support of and engagement with the Laboratory Medicine Department by all our users is an integral part of our continual strive for a quality service. Moving forward, a major initiative for the Laboratory next year will be to improve the safety and efficiency of the service by promoting safe sample labelling practices within the Hospital.

## 10.10 Bronze Medal for Rheumatology

The Bone Health Fracture Liaison Service achieved Bronze Status in from the “Capture the Fracture” programme and will aim for silver status in 2016.

## 10.11 Cardiology Chest Pain Initiative

Chest Pain represents a major proportion of the workload for our ED, and combined with the catchment population of the Hospital, the number of patients presenting with chest pain is set to increase. The range of Coronary Heart Disease is broad and appropriate diagnosis and treatment can be challenging, both on time and resources that are already in demand. The goal for the health practitioner is to identify high-risk patients that require urgent treatment and address the needs of lower risk patients for whom emerging heart disease is a concern.

A nurse-led chest pain service was developed in Tallaght Hospital to facilitate safe discharge from the ED and Acute Medical Assessment Unit (AMAU) for non-Acute Coronary Syndromes chest pain patients. A Registered Advanced Nurse Practitioner (RANP) (Cardiology) and two Clinical Nurse Specialists (CNS) (Cardiology) provide the service. The aim is to expertly assess and risk stratify patients who present with non-ACS chest pain to enable those with suspected stable coronary artery disease to be identified and treated, whilst those without, to be safely discharged.

The initiative adopted has two parts 1) a Cardiology nurse consultation service to the ED and AMAU 2) a Cardiology nurse-led chest pain clinic for further assessment and exercise stress testing. Patients are referred to the chest pain clinic by either the Cardiology nurse during consult hours or out-of-hours by the ED physicians.

### The benefits

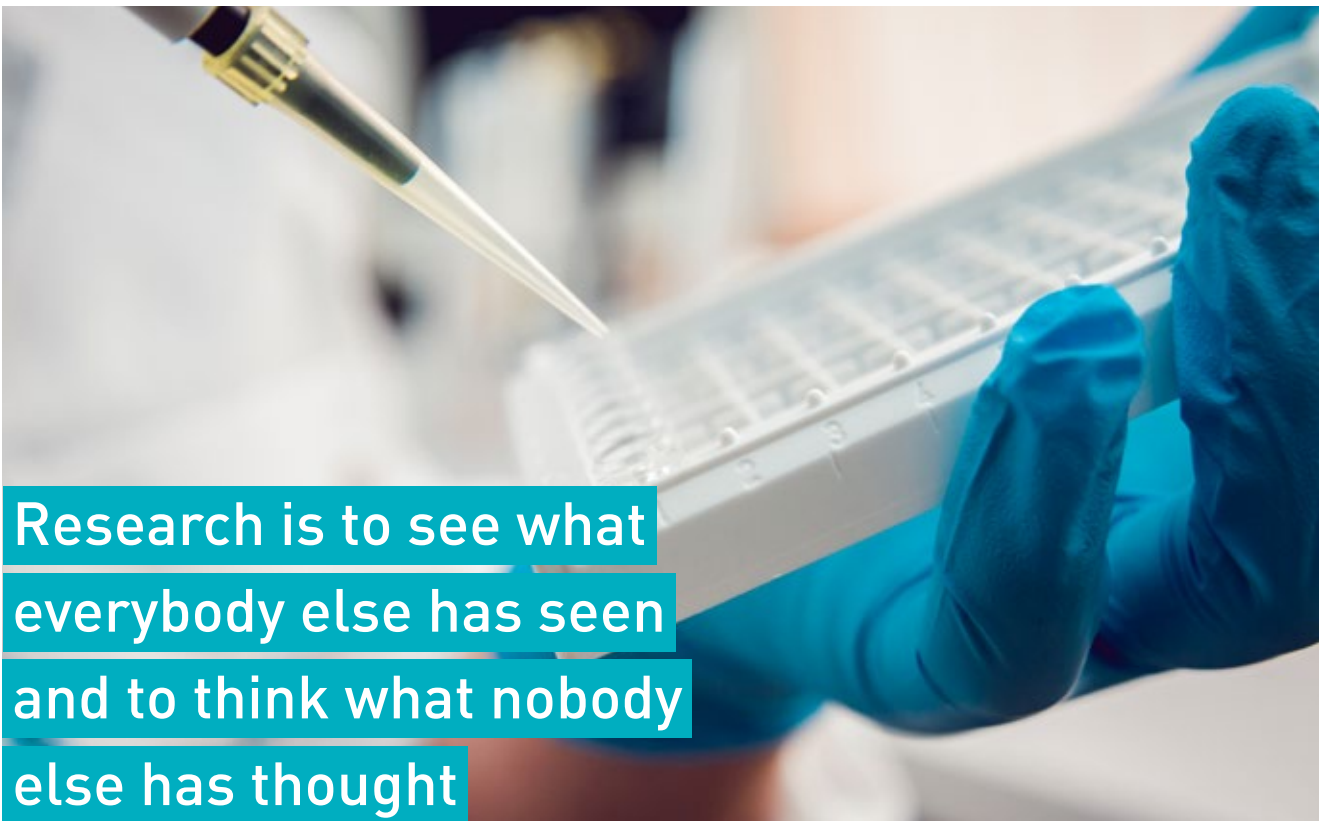
On-going audit has shown the success of the combined partnership between the ED, AMAU and Cardiology. In the first two years 1,300 patients have been discharged from ED and followed up in the chest pain clinic. This has made an incalculable difference to the patients and their families avoiding the stress and anxiety a hospital admission may cause. It has also provided potential cost savings on CDU admission and / or general ward admission (Est. up to €2.5m). It is hoped that further ANP posts can be created to enable the nurse-led service expand into post triage and acute cardiac care. This initiative won an Annual Health Care Centre Award in the Departmental Initiative of the Year (Large teaching Hospital) which is fantastic external recognition of the service and its positive impact. Through this innovation, patients receive a quicker diagnosis that is of incalculable difference in terms of the care they receive and their peace of mind. In addition, the ED benefits from a more efficient delivery of its services.



Captured upon presentation of the award from left to right: Dr. Sean Higgins, GP Irish Primary Care Research Network who was one of the judges, Suzanne Thompson, Clerical Officer, Fiona Cagney Clinical Nurse Manager Cardiology, Niamh Kelly, Clinical Nurse Specialist Cardiology, Shirley Ingram, Advanced Nurse Practitioner Cardiology and MC for the evening Marty Whelan. Absent from the picture is: Ashling Moloney Clinical Nurse Specialist Cardiology

# 11 Research

Developing a Clinical Research Infrastructure on the Tallaght Hospital Campus. Good people bring out good research in people.



Albert Szent-Gyorgi  
1937 Nobel Prize in Medicine



## 11.1 Trinity College Dublin (TCD)

Tallaght Hospital welcomes the significant senior academic leadership appointments by TCD to the Hospital campus, namely, Professor Eleanor Molloy (Professor of Paediatrics, Head of Department TCD), Professor Seamas Donnelly (Professor of Medicine, Head of Department TCD) and Professor Brendan Kelly (Professor of Psychiatry), who join Professor Kevin Conlon (Professor of Surgery and Chair of Surgery, TCD). Professor Conlon was appointed to the Director of Undergraduate Teaching and Learning in 2015.



Left to right: Professor Eleanor Molloy, Professor Seamas Donnelly and Professor Brendan Kelly

“ *Scientific research is one of the most exciting and rewarding of occupations.* ”

Frederick Sanger

There has been significant investment, via grant funding from the Meath Foundation, in the clinical research infrastructure within the Trinity Centre for Health Sciences. With a significant upgrade and investment in state-of-the-art research equipment and the employment of a senior laboratory manager – the laboratory facilities now offer researchers the ability to deliver top quality research on the Hospital campus.

“ *Excellence is not an act but a habit.* ”

Building on the excellence of our medical teaching programme at TCD, the Adelaide Health Foundation in partnership with the Hospital, has invested in providing an on-site student hospital residence/ common room to maximise the student/patient contact particularly out-of-hours and improve the medical student experience at Tallaght Hospital.

### Highlights of Clinical Research on the Tallaght Hospital Campus

#### 11.1.1 Exercise after surgery

Professor Conlon and Professor Ridgway in an elegant study show that a standardised exercise programme post abdominal surgery significantly reduces hospital stay by 30%.

*Surgeon. 2015 Aug 14. ePub ahead of print.*

#### 11.1.2 In hospitals - Music is very good for you

Dr. Moss and colleagues analysed the perception among healthcare workers on music therapy. They found that musical therapy had a profoundly positive effects on patient and healthcare providers.

*Med Humanit. 2016 Mar;42(1):52-6.*

#### 11.1.3 A potential new therapy for Idiopathic Pulmonary Fibrosis

Professor Donnelly and his team have identified an abnormality in an important receptor called Toll-Like Receptor-3 (TLR-3) and are designing therapies to overcome this defect to help patients with Idiopathic Pulmonary Fibrosis (IPF).

*Expert Opin Ther Targets. 2015 Apr;19(4):507-14.*

#### 11.1.4 Better treatments for getting Vasculitis under control.

Professor Little has shown that starting treatment with a single dose of Rituximab inpatients with ANCA associated vasculitis is clinically and from a health economic perspective, highly effective.

*Rheumatology (Oxford). 2014 Aug;53(8):1395-403.*

#### 11.1.5 Neonatal Brain Injury – a key protective protein identified

Professor Molloy has demonstrated that activated Protein-C has the capacity to attenuate the injurious inflammatory pathways in neonatal brain injury.

*Clin Exp Immunol. 2015 Mar;179(3):477-84.*

## 11.2 Nursing Research Collaboration Steering Group

This group, established in 2014, and jointly funded by The Adelaide Health Foundation and the Meath Foundation, continued to develop, steer and oversee a comprehensive programme to enable and enhance the research capacity of all registered nurses. The initial focus was on Clinical Nurse Specialists, Nurses in Specialists posts, Registered Advanced Nurse Practitioners and the Senior Nursing Executive team.

Specifically, this includes:

- ▶ Steering the development and overseeing the implementation of a nursing research collaboration project between clinical nursing staff at Tallaght Hospital and academic staff at the School of Nursing and Midwifery in TCD.
- ▶ Agree nursing research priorities to be included in an annual nursing research programme.
- ▶ Advising on the most appropriate research which is in line with the National Standards for Safer, Better Healthcare and the priorities of Tallaght Hospital to ensure safe, high quality care.
- ▶ Promoting research collaboration between clinical nursing staff and academic staff at the School of Nursing and Midwifery in TCD where appropriate.
- ▶ Approving proposed and completed research and ensuring (as much as possible) that the resultant recommendations are implemented.
- ▶ Ensure research activity is conducted in an ethical manner with due regard to patient confidentiality, data protection and consent where appropriate.
- ▶ Ensure appropriate dissemination of research outcomes within the hospital, nationally and internationally.

Over 2015, the Healthcare Researcher continued to engage with the nursing service and has commenced work on several collaborative research projects with clinical nursing staff and our academic colleagues in the School of Nursing and Midwifery in TCD.

## 11.3 Treating Parkinson's 2015

Consultant Neurologist Dr. Richard Walsh, is leading what is hoped will be the largest national observational research project on treatment responses in Parkinson's disease. The aim of the 'Treating Parkinson's 2015' project, is to gather as much information as possible about the treatments people with Parkinson's disease are relying on, with an emphasis on the positive and negative effects of these treatments on quality of life.

The 'real life' information from this survey will enable Dr. Walsh and the research team to identify how successful we are in dealing with the main symptoms of Parkinson's disease in a large group of people living with it in 2015. It is hoped that the data obtained will also provide useful information to enable planning of services going forward, with an expected surge in new diagnoses over the next 20 years as our population ages. The data obtained will be provided to government and published through the two main patient support organisations, the Parkinson's Association of Ireland and Move4Parkinsons, both of which have been involved in the design and dissemination of the survey to members.

The survey, which will take no longer than 15 minutes to complete, has an emphasis on medication awareness, efficacy of treatment and possible side-effects of treatment. All responses are anonymous, with no identifying details being collected. Every response is critical and hugely valuable.



Dr. Richard Walsh examining a patient

## 12.4 Radiology Clinical Trials

A new Clinical Trial began in Nuclear Medicine, in conjunction with ICORG, involving the introduction of a therapeutic radiopharmaceutical, Radium 223 Dichloride, Xofigo™, a medically licensed alpha emitter combined with another chemotherapy agent used to treat patients with bone metastases. Tallaght Hospital was the first site to begin treating patients as part of this trial. It requires significant time and resource commitments from the medical physics team and radiographers in the Nuclear Medicine Department on a weekly basis.

# 12 Publications

The team at Tallaght Hospital continue to share their experience, educate others and change practice as a result of their research. The following list is an indication of the amount of new knowledge created by our team during 2015.

## Age Related Healthcare

- ▶ **Late-life creativity.** O'Neill D, *Lancet*, 386, (10009), 2015, p2135
- ▶ **Mind the gap: are the participatory arts for everybody?** O'Neill D, *Gerontologist*, 2015, 55, [Suppl 2], pp546
- ▶ **Aesthetic health, hospitals and older people.** O'Neill D, Moss H, Donnellan C, *Gerontologist*, 2015, 55, [Suppl 2], pp545-546
- ▶ **Research perspective on humanities and health gerontology.** O'Neill D, de Medeiros K, *Gerontologist*, 2015, 55, [Suppl 2], pp545
- ▶ **Burdensome aspects of care rather than carer burden.** O'Neill D, *Lancet*, 386, (10001), 2015, p1340
- ▶ **Matters arising from the BMJ's stance on assisted dying.** O'Neill D, *BMJ*, 351, 2015, ph4883
- ▶ **Driver licence restriction: effective to improve older driver safety without unduly impairing mobility?** Naughton A, O'Byrne C, O'Neill D, *European Geriatric Medicine*, 2015, 6, [Suppl 2], ppS110
- ▶ **Frailty in older patients attending an emergency department.** Fallon, A. Dyer, S. Nabeel, T. Coughlan, R. Collins, D. O'Neill, S.P. Kennelly, *European Geriatric Medicine*, 2015, 6, [Suppl 2], ppS12
- ▶ **The patient's choice and preferences.** O'Neill D, *European Geriatric Medicine*, 2015, 6, [Supplement 2], ppS2
- ▶ **Characteristics and outcomes of older patients attending an acute medical assessment unit.** Fallon A, Armstrong J, Coughlan T, Collins DR, O'Neill D, Kennelly SP, *Irish Medical Journal*, 108, (7), 2015, p210-1
- ▶ **Agnes Martin: the fragility of innocence.** O'Neill D, *Lancet*, 386, (9996), 2015, p846
- ▶ **Is driver licensing restriction for age-related medical conditions an effective mechanism to improve driver safety without unduly impairing mobility?** O'Byrne C, Naughton A, O'Neill D, *European Geriatric Medicine*, 6, (6), 2015, p541-44
- ▶ **Ageism in studies of rehabilitation in Parkinson's Disease.** Buckley M, O'Neill D, *Journal of the American Geriatrics Society*, 63, (7), 2015, p1470-1
- ▶ **Mobility and safety issues in drivers with dementia.** Carr DB, O'Neill D, *International psychogeriatrics / IPA*, 27, (10), 2015, p1613-22
- ▶ **Symptom assessment for a palliative care approach in people with dementia admitted to acute hospitals: results from a national audit.** O'Shea E, Timmons S, Kennelly S, Siún A, Gallagher P, O'Neill D, *Journal of geriatric psychiatry and neurology*, 2015 Dec;28(4):255-9

- ▶ **Factors influencing the clinical stratification of suitability to drive after stroke: a qualitative study.** Stapleton T, Connolly D, [O'Neill D](#), *Occupational Therapy in Health Care*, early online, 2015
- ▶ **A premature mortality target for the SDG for health is ageist.** Lloyd-Sherlock P, Ebrahim S, McKee M, Prince M, Ferrucci L, Greengross S, Gorman M, Gutman G, Kirkwood T, Kritchevsky S, [O'Neill D](#), Pruchno R, Vellas B, *Lancet*, 385, (9983), 2015, p2147-2148
- ▶ **Famous Hospitals: The Meath Hospital, Dublin.** [O'Neill D](#), *Hektoen International*, (Spring), 2015
- ▶ **Driving and older people: a major theme for gerontologists and geriatricians.** [O'Neill D](#), *Zeitschrift für Gerontologie und Geriatrie*, 2015 vol 47, Suppl 1, 5
- ▶ **Towards standards of medical care for physicians in nursing homes.** Briggs R, Holmerova I, Martin FC, [O'Neill D](#), *European Geriatric Medicine*, 6, (4), 2015, p401-403
- ▶ **Factors contributing to non-attendance in a geriatric medicine outpatient department, Irish Ageing Studies Review.** McHale C, [Collins R](#), [Coughlan T](#), [Kennelly SP](#), [O'Neill D](#), 2015, 6, (1), pp326
- ▶ **Quality of medical fitness to drive guidelines: an important issue for older people.** Rapoport MJ, Weegar K, Kadulina Y, Bédard M, Carr D, Charlton JL, Dow J, Gillespie IA, Hawley CA, Koppel S, McCullagh S, Molnar F, Murie-Fernández M, Naglie G, [O'Neill D](#), Shortt S, Simpson C, Tuokko HA, Vrkljan BH, Marshall S, *Irish Ageing Studies Review* 2015, 6, (1), pp286
- ▶ **The availability and importance of obtaining a collateral informant history in the acute setting.** Dyer A, Nabeel S, [Collins R](#), [Coughlan T](#), [O'Neill D](#), [Kennelly SP](#), *Irish Ageing Studies Review*, 2015, 6, (1), pp278-9
- ▶ **Baseline characteristics of older persons attending the acute care interface: the Older Patients at Risk (OPAR) Study.** Nabeel S, Dyer A, [Coughlan T](#), [Collins R](#), [O'Neill D](#), Romero-Ortuna R, [Kennelly SP](#), *Irish Ageing Studies Review*, 2015, 6, (1), pp2015
- ▶ **'There's no point in bringing the patient along for lip service': multidisciplinary care planning meetings with older people.** Donnelly S, Cahill S, [O'Neill D](#), *Irish Ageing Studies Review*, 2015, 6, (1), pp159
- ▶ **Dementia-related activity in the acute setting... a need for dementia-friendly hospitals.** Coary R, Briggs R, [Coughlan T](#), [Collins R](#), [O'Neill D](#), [Kennelly SP](#), *Irish Ageing Studies Review*, 2015, 6, (1), pp104
- ▶ **Towards standards of medical care for physicians in nursing homes.** [O'Neill D](#), Briggs R, Holmerova I, Martin FC, *Irish Ageing Studies Review*, 2015, 6, (1), pp102
- ▶ **Perspectives on self-neglect from old age psychiatrists.** Bartley M, Cooney C, O'Brien J, [O'Neill D](#), *Irish Ageing Studies Review*, 2015, 6, (1), pp101
- ▶ **Multi-modality of transport and ageing: findings from the Irish longitudinal study on ageing.** [O'Neill D](#), Gormley M, *Irish Ageing Studies Review*, 2015, 6, (1), pp100
- ▶ **Towards an understanding of the full spectrum of traffic-related injuries among older people.** [O'Neill D](#), *Irish Ageing Studies Review*, 2015, 6, (1), pp99
- ▶ **Older Persons attending the Emergency Department (OPED): a retrospective cohort study.** [Kennelly S](#), Drumm B, [Collins R](#), [O'Neill D](#), Romero-Ortuna R, *Irish Ageing Studies Review*, 2015, 6, (1), pp90
- ▶ **Neuroimaging referral for dementia diagnosis: the specialist's perspective in Ireland, alzheimer's and dementia: diagnosis, assessment and disease monitoring.** Cibilis AS, Butler ML, Bokde ALW, Mullins PG, [O'Neill D](#), McNulty JP, 1, (1), 2015, p41 - 47
- ▶ **Transport, driving and ageing.** [O'Neill D](#), *Rev Clin Gerontol*, 25, (2), 2015, p147 - 158
- ▶ **Geriatric medicine and cultural gerontology.** [O'Neill D](#), *Age and Ageing*, 2015
- ▶ **Randomized assessment of rapid endovascular treatment of ischemic stroke.** Goyal M, Demchuk AM, Menon BK, Eesa M, Rempel JL, Thornton J, Roy D, Jovin TG, Willinsky RA, Sapkota BL, Dowlatshahi D, Frei DF, Kamal NR, Montanera WJ, Poppe AY, Ryckborst KJ, Silver FL, Shuaib A, Tampieri D, Williams D, Bang OY, Baxter BW, Burns PA, Choe H, Heo JH, Holmstedt CA, Jankowitz B, Kelly M, Linares G, Mandzia JL, Shankar J, Sohn SI, Swartz RH, Barber PA, Coutts SB, Smith EE, Morrish WF, Weill A, Subramaniam S Mitha AP, Wong JH, Lowerison MW, Sajobi TT, Hill MD, ESCAPE Trial Investigators. *The New England Journal of Medicine*, 372, (11), 2015, p1019-30

- ▶ **Ars longa, vita longa.** O'Neill D, *Lancet*, 385, [9973], 2015, p1064
- ▶ **General practitioner attitudes and practices in medical fitness to drive in Ireland.** Kahvedžić A, McFadden R, Cummins G, Carr D; O'Neill D, *Journal of Transport and Health*, 2015, 6(6):593-8
- ▶ **An international study of the quality of national-level guidelines on driving with medical illness.** Rapoport MJ, Weegar K, Kadulina Y, Bédard M, Carr D, Charlton J, Dow J, Gillespie I, Hawley C, Koppel S, McCullagh S, Molnar F, Murie-Fernández M, Naglie G, O'Neill D, Shortt S, Simpson C, Tuokko H, Vrkljan B, Marshall S, *QJM : monthly journal of the Association of Physicians*, 108, 2015, p859-869
- ▶ **Bacterial pneumonia in older people.** Fallon A, O'Neill D, *J Gerontol A Biol Sci Med Sci*, 2015 May;70(5):662
- ▶ **Occupational health: additional support for the ageing anesthesiologist.** FitzGerald D, Reid A, Fitzpatrick G, O'Neill D, *Canadian Journal of Anaesthesia*, 62, (3), 2015, p329-30
- ▶ **Hospitalization and aesthetic health in older adults.** Moss H, Donnellan C, O'Neill D, *Journal of the American Medical Directors Association*, 16, (2), 2015, p173.e11-6
- ▶ **Impact of new guidelines and educational programme on awareness of medical fitness to drive among general practitioners in Ireland.** Kahvedžić A, McFadden R, Cummins G, Carr D, O'Neill D, *Traffic Injury Prevention*, 16, (6), 2015, p593-8
- ▶ **Increased thrombin generation potential in symptomatic versus asymptomatic moderate or severe carotid stenosis and relationship with cerebral microemboli.** Kinsella JA, Tobin WO, Kavanagh GF, O'Donnell JS, McGrath RT, Tierney S, Feeley TM, Egan B, O'Neill D, Collins DR, Coughlan T, Harbison JA, Doherty CP, Madhavan P, Moore DJ, O'Neill SM, Colgan MP, Saqqur M, Murphy RP, Moran N, Hamilton G, McCabe DJ, *Journal of Neurology, Neurosurgery, and Psychiatry*, 86, 2015, p460-467
- ▶ **Adalimumab therapy has a beneficial effect on bone metabolism in patients with Crohn's Disease.** Veerappan SG, Healy M, Walsh BJ, O'Morain CA, Daly JS, Ryan BM. *Dig Dis Sci*. 2015 Jul; 60(7):2119-29
- ▶ **Expression angiogenic factors in patients with sporadic small bowel angiodysplasia.** Holleran G, Hall B, O'Regan M, Smith S, McNamara D. *Journal of Clinical Gastroenterology* 2015;49(10):831-836
- ▶ **Small bowel Crohn's disease: An emerging disease phenotype?** Hall B, Holleran G, McNamara D, *Digestive Diseases*, 2015;33(1):42-51
- ▶ **A randomised controlled study to compare the efficacy of sequential therapy with standard triple therapy for Helicobacter pylori eradication in an Irish Population.** Rana BH, Brennan D, Omorogbe J, Holleran G, Hall B, O'Morain C, Breslin N, O'Connor HJ, M Smith SM, McNamara D, *Eur J Gastroenterol and Hepatol* 2015;27(11):1265-1269
- ▶ **Vitamin D status is associated with intestinal inflammation as measured by fecal calprotectin in Crohn's disease in clinical remission.** Raftery T, Mermick M, Healy M, Mahmud N, O'Morain C, Smith S, McNamara D, O'Sullivan M. *Dig Dis Sci* 2015;60(8):2427-35
- ▶ **A combined antral and corpus rapid urease testing protocol can increase diagnostic accuracy despite a low prevalence of Helicobacter pylori infection in patients undergoing routine gastroscopy.** Parihar V, Holleran G, Hall B, Brennan B, Crotty P, McNamara D. *United European Gastroenterology Journal* 2015;3(5):432-36
- ▶ **Effects of vitamin D supplementation on intestinal permeability, cathelicidin and disease markers in Crohn's disease: results from a randomised double-blind placebo-controlled study.** Raftery T, Martineau AR, Greiller CL, Ghosh S, McNamara D, Bennett K, Meddings J, O'Sullivan M. *United European Gastroenterology Journal* 2015;3(3):294-302
- ▶ **PillCam COLON 2(©) as a pan-enteroscopic test in Crohn's disease.** Hall B, Holleran G, McNamara D. *World J Gastrointest Endosc*. 2015;7(16):1230-2

## Gastroenterology

- ▶ **A coincidence or a rare occurrence? A case of plasmablastic lymphoma of the small intestines following infliximab treatment for Crohn's disease.** Maung SW, Desmond R, McHugh J, Ryan B, Neary P, Jeffers M, Enright H. *Ann Hematol*. 2015 Sep 12

## Intensive Care

- ▶ **Occupational health: additional support for the ageing anesthesiologist.** Deirdre FitzGerald, Alex Reid, Gerry Fitzpatrick, Desmond O'Neill, *MD Canadian Journal of Anesthesia Volume 62, Issue 3 (2015), Page 329-330*
- ▶ **Metabolic acidosis with a raised anion gap associated with high 5-oxoproline levels; an under-recognized cause for metabolic acidosis in intensive care.** Brohan J, Donnelly M, Fitzpatrick GJ, *J Clin Toxicol 2014, 4:220*
- ▶ **The impact of biliary pancreatitis: real-world experience versus the guidelines.** TM. Kelly, D. B. O'Connor, A. Gillis, K. Utley, M. Egan, G. Fitzpatrick, P. F. Ridgway, K. C. Conlon. *Irish Journal of Medical Science 03/2015; 184:S195-S196*
- ▶ **Undergraduate teaching TCD.** 2015 the saw further expansion of Intensive Care Medicine teaching for 3rd and final year TCD students

## Nephrology

- ▶ **Prediction of hospital mortality by changes in the estimated glomerular filtration rate (eGFR)** Berzan E, Mellotte G, Silke B. *Ir Med J.* 2015 Mar;108(3):87-9
- ▶ **Comparison of percutaneous and open surgical techniques for first-time peritoneal dialysis catheter placement in the unbreached peritoneum.** Medani S, Hussein W, Shantier M, Flynn R, Wall C, Mellotte G, *Perit Dial Int.* 2015 Sep-Oct;35(5):576-85
- ▶ **Intermediate monocytes in ANCA vasculitis: increased surface expression of ANCA autoantigens and IL-1 $\beta$  secretion in response to anti-MPO antibodies.** O'Brien EC, Abdulahad WH, Rutgers A, Huitema MG, O'Reilly VP, Coughlan AM, Harrington M, Heeringa P, Little MA, Hickey FB. *Sci Rep.* 2015 Jul 7;5:11888
- ▶ **The Irish Kidney Gene Project - prevalence of family history in patients with kidney disease in Ireland.** Connaughton DM, Bukhari S, Conlon P, Cassidy E, O'Toole M, Mohamad M, Flanagan J, Butler T, O'Leary A, Wong L, O'Regan J, Moran S, O'Kelly P, Logan V, Griffin B, Griffin M, Lavin P, Little MA, Conlon P. *Nephron.* 2015;130(4):293-301. doi: 10.1159/000436983
- ▶ **Getting the balance right: adverse events of therapy in anti-neutrophil cytoplasm antibody vasculitis.** Wong L, Harper L, Little MA. *Neph Dial Transpl* 2015; 30, Supplement: 1; i164-i170
- ▶ **Unusual cause of loin pain.** Wong L, Kok HK, Akib RR, Lavin PJ, Torreggiani WC. *Kidney Int.* 2015 Sep;88(3):644
- ▶ **A novel missense mutation of Wilms' Tumor 1 causes autosomal dominant FSGS.** Hall G, Gbadegesin RA, Lavin P, Wu G, Liu Y, Oh EC, Wang L, Spurney RF, Eckel J, Lindsey T, Homstad A, Malone AF, Phelan PJ, Shaw A, Howell DN, Conlon PJ, Katsanis N, Winn MP. *J Am Soc Nephrol.* 2015 Apr;26(4):831-43. doi: 10.1681/ASN.2013101053

## Neurology

- ▶ **SCN9A-associated congenital insensitivity to pain and anosmia in an Irish patient.** Bogdanova-Mihaylova, Petya; Alexander, Michael; Murphy, Raymond; Murphy, Sinéad. *Journal of the Peripheral Nervous System.* 2015;20(2):86-7
- ▶ **The p.Ser107Leu in BICD2 is a mutation "hot spot" causing distal spinal muscular atrophy.** M. Rossor, E. C. Oates, H. K. Salter, Y. Liu, S. M. Murphy, R. Schule, M. A. Gonzales, M. Scoto, R. Phadke, C. A. Sewry, H. Houlden, A. Jordanova, I. Tournev, T. Chamova, I. Litvinenko, S. Zuchner, D. N. Herrmann, J. Blake, J. E. Sowden, G. Acsadi, M. L. Rodriguez, M. P. Menezes, N. F. Clarke, M. Auer Grumbach, S. L. Bullock, F. Muntoni, M. M. Reilly, K. N. North. *Brain.* 2015 Nov;138(11):e392
- ▶ **Genotype/phenotype correlations in AARS-related neuropathy in a cohort of patients from the United Kingdom and Ireland.** Boglarka Bansagi\*, Thalia Antoniadis\*, Sarah Burton-Jones, Sinead M Murphy, John McHugh, Michael Alexander, Richard Wells, Joanna Davies, David Hilton-Jones, Hanns Lochmüller, Patrick Chinnery, Rita Horvath. *Journal of Neurology.* 2015 Aug;262(8):1899-908
- ▶ **Transcriptional regulator PRDM12 is essential for human pain perception.** Ya-Chun Chen, Michaela Auer-Grumbach, Shinya Matsukawa, Manuela Zitzelsberger, Andreas C. Themistocleous, Tim M. Strom, Chrysanthi Samara, Adrian W. Moore, Lily Ting-Yin Cho, Gareth T. Young, Caecilia Weiss, Maria Schabhöttl, Rolf Stucka, Annina B. Schmid, Yesim Parman, Luitgard Graul-Neumann, Wolfram Heinritz, Eberhard Passarge, Rosemarie M. Watson, Jens Michael Hertz, Ute Moog, Manuela Baumgartner,

- Enza Maria Valente, Diego Pereira, Carlos M. Restrepo, Istvan Katona, Marina Dusl, Claudia Stendel, Thomas Wieland, Faye Stafford, Frank Reimann, Katja von Au, Christian Finke, Patrick J. Willems, Michael S. Nahorski, Samiha S. Shaikh, Ofelia Cardvahló, Adeline Nicholas, Maeve A. McAleer, Maria Roberta Cilio, John C. McHugh, [Sinead M. Murphy](#), Alan D. Irvine, Uffe Birk Jensen, Reinhard Windhager, Joachim Weis, Carsten Bergmann, Bernd Rautenstrauss, Jonathan Baets, Peter De Jonghe, Mary M. Reilly, Regina Kropatsch, Ingo Kurth, Roman Chrast, Tatsuo Michiue, David L. H. Bennett, C. Geoffrey Woods, and Jan Senderek. *Nature Genetics*. 2015 Jul;47(7):803-8
- ▶ **Novel HSAN1 mutation in Serine-Palmitoyltransferase resides at a putative phosphorylation site that is involved in regulating substrate specificity.** Daniela Ernst\*, [Sinéad M Murphy\\*](#), Karthik Sathiyandan, Yu Wei, Alaa Othman, Matilde Laurá, Yo-Tsen Liu, Anke Penno, Julian Blake, Michael Donaghy, Henry Houlden, Mary M Reilly#, Thorsten Hornemann#. *Neuromolecular Medicine* 2015 Mar; 17(1):47-57
  - ▶ **Phenotypic and molecular insights into Spinal Muscular Atrophy due to mutations in BICD2.** A.M. Rossor\*, E. C. Oates\*, H. K. Salter, Y. Liu, [S. M. Murphy](#), R. Schule, M. A. Gonzales, M. Scoto, R. Phadke, C. A. Sewry, H. Houlden, A. Jordanova, I. Tournev, T. Chamova, I. Litvinenko, S. Zuchner, D. N. Herrmann, J. Blake, J. E. Sowden, G. Acsadi, M. L. Rodriguez, M. P. Menezes, N. F. Clarke, M. Auer Grumbach, S. L. Bullock, F. Muntoni, M. M. Reilly†, K. N. North. *Brain* 2015 Feb;138(Pt 2):293-310
  - ▶ **A novel MYH7 Leu1453pro mutation resulting in Laing distal myopathy in an Irish family.** Stela Lefter, Orla Hardiman, Russell L. McLaughlin, [Sinead M. Murphy](#), Michael Farrell, Aisling M. Ryan. *Neuromuscular Disorders* 2015 Feb;25(2):155-60
  - ▶ **Age-related sexual dimorphism in temporal discrimination and in adult-onset dystonia suggests GABAergic mechanisms.** J.S. Butler, I.M. Beiser, L Williams, E McGovern, F Molloy, T Lynch, D.G. Healy, H Moore, [R A Walsh](#), R.B. Reilly, S. O'Riordan, C Walsh, M Hutchinson. *Front Neurol*. 2015 14;6:258
  - ▶ **SCA 6 with writer's cramp: the phenotype expanded.** D Olszewska, [RA Walsh](#) and T Lynch. *Movement Disorders Clinical Practice*. Published online: 26 AUG 2015 | DOI: 10.1002/ mdc3.12222
  - ▶ **Striking central pontine myelinolysis in a patient with alcohol dependence syndrome without hyponatraemia.** McNamara PH, Williams J, [McCabe DJH](#), [Walsh RA](#). *JAMA Neurology* [Print version in press, 2015; published online December 28, 2015. doi:10.1001/jamaneurol.2015.2201]
  - ▶ **Increased thrombin generation potential in symptomatic versus asymptomatic moderate or severe carotid stenosis and relationship with cerebral microemboli.** Kinsella JA, Tobin WO, Kavanagh GF, O'Donnell JS, McGrath RT, Tierney S, Feeley TM, Egan B, [O'Neill D](#), [Collins DR](#), [Coughlan T](#), 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 Neurosurg Psychiatry* 2015; 86: 460-467
  - ▶ **Relationship between ADAMTS-13 activity, von Willebrand factor-antigen levels, and platelet function in the early phase after TIA or ischaemic stroke.** [McCabe DJH](#), Murphy SJX, Starke R, Harrison P, Brown MM, Sidhu PS, Mackie IJ, Scully M, Machin SJ. *J Neurol Sci* 2015 348: 35-40
  - ▶ **Cervical artery dissection in young adults in the stroke in young fabry patients (SIFAP1) Study.** von Sarnowski B, Schminke U, Grittner U, Fazekas F, Tanislav C, Kaps M, Tattisumak T, Putaala J, Haeusler KG, Borges do Amaral E Silva AD, Kinsella JA, [McCabe DJH](#), Tobin WO, Huber R, Willeit J, Furtner M, Bodechtel U, Rolfs A, Kessler C, Hennerici MG, on behalf of the SIFAP1 Investigators. *Cerebrovasc Dis* 2015; 39: 110-121
  - ▶ **Platelet function testing in transient ischaemic attack and ischaemic stroke: a comprehensive systematic review of the literature.** Lim ST, Coughlan CA, Murphy SJ, Fernandez-Cadenas I, Montaner J, Thijs V, Marquardt L, [McCabe DJ](#). *Platelets*. 2015; 26: 402 - 412
  - ▶ **Striking Central Pontine Myelinolysis in a patient with alcohol dependence syndrome without Hyponatraemia.** McNamara PH, Williams J, [McCabe DJH](#), [Walsh RA](#). *JAMA Neurology* [Print version in press, 2015; published online December 28, 2015. doi:10.1001/jamaneurol.2015.2201]
  - ▶ **Continuation and adherence rates on initially-prescribed intensive secondary prevention therapy after Rapid Access Stroke Prevention (RASP) service assessment.** Murphy SJX, Coughlan CA, Tobin WO, Kinsella JA, Lonergan R, Gutkin M, [McCabe DJH](#). *J Neurol Sci* (In press, 2015)

## Radiology

- ▶ **Retrograde Jejunogastric Intussusception: a rare cause of abdominal pain.** O'Brien C, Harrington K, Feeney J, [Torreggiani W](#). *ACG Case Rep J*. 2016 Apr 15;3(3):154-5. doi: 10.14309/crj.2016.33. eCollection 2016 Apr. No abstract available
- ▶ **Examining the end-user experience of the National Integrated Medical Imaging System (NIMIS).** Smith J, Kok HK, [Torreggiani WC](#). *Ir Med J*. 2016 Jan;109(1):330-2
- ▶ **Added value of stroke protocol MRI following negative initial CT in the acute stroke setting.** Gargan ML, Kok HK, Kearney J, [Collins R](#), [Coughlan T](#), [O'Neill D](#), Ryan D, [Torreggiani W](#), Doody O. *Ir Med J*. 2015 Nov-Dec;108(10):302-4
- ▶ **The management of the symptomatic patient with a metal-on-metal hip prosthesis.** Harrington K, Phelan E, [Torreggiani WC](#), Doody O. *Can Assoc Radiol J*. 2016 Feb;67(1):76-81. doi: 10.1016/j.carj.2015.10.006. Review
- ▶ **Imaging the patient with sacroiliac pain.** Kok HK, Mumtaz A, O'Brien C, [Kane D](#), [Torreggiani WC](#), Delaney H. *Can Assoc Radiol J*. 2016 Feb;67(1):41-51. doi: 10.1016/j.carj.2015.08.001. Epub 2015 Nov 26. Review
- ▶ **The radiologic diagnosis and treatment of typical and atypical bone hemangiomas: current status.** Leong S, Kok HK, Delaney H, Feeney J, Lyburn I, Munk P, [Torreggiani W](#). *Can Assoc Radiol J*. 2016 Feb;67(1):2-11. doi: 10.1016/j.carj.2014.07.002. Epub 2015 Oct 26. Review. No abstract available
- ▶ **Out of hours emergency computed tomography brain studies: comparison of standard 3 megapixel diagnostic workstation monitors with the iPad 2.** Salati U, Leong S, Donnellan J, Kok HK, Buckley O, [Torreggiani W](#). *Can Assoc Radiol J*. 2015 Nov;66(4):363-7. doi: 10.1016/j.carj.2015.03.006. Epub 2015 Sep 18
- ▶ **Unusual cause of loin pain.** Wong L, Kok HK, Akib RR, [Lavin PJ](#), [Torreggiani WC](#). *Kidney Int*. 2015 Sep;88(3):644. doi: 10.1038/ki.2014.418. No abstract available
- ▶ **Problem solving with coronary CT angiography in cases of difficult coronary angiography.** Gonzi G, Loo B, Buckley O, [Torreggiani W](#). *Ulster Med J*. 2015 Jan;84(1):48-9. No abstract available
- ▶ **Imaging features of poorly controlled congenital adrenal hyperplasia in adults.** Kok HK, Sherlock M, Healy NA, Doody O, Govender P, [Torreggiani WC](#). *Br J Radiol*. 2015 Sep;88(1053):20150352. doi: 10.1259/bjr.20150352. Epub 2015 Jul 2. Review
- ▶ **Delayed contrast-enhanced MRI to localize Botox after cystoscopic intravesical injection.** Alsinnawi M, [Torreggiani W](#), Sheikh M, Thomas A, Donnellan J, Flynn R, Mcdermott TE, Thornhill J. *Int Urol Nephrol*. 2015 Jun;47(6):893-8. doi: 10.1007/s11255-015-0976-2. Epub 2015 Apr 19
- ▶ **Percutaneous embolization of a vulval arteriovenous malformation.** Crosby DA, Kok HK, [Torreggiani WC](#), Govender P, Murphy C. *Int J Gynaecol Obstet*. 2015 Mar;128(3):271-2. doi: 10.1016/j.ijgo.2014.09.021. Epub 2014 Nov 17. No abstract available
- ▶ **The improved accuracy of planar bone scintigraphy by adding single photon emission computed tomography (SPECT-CT) to detect skeletal metastases from prostate cancer.** McLoughlin LC, O'Kelly F, O'Brien C, Sheikh M, Feeney J, [Torreggiani W](#), Thornhill JA. *Ir J Med Sci*. 2016 Feb;185(1):101-5. doi: 10.1007/s11845-014-1228-7. Epub 2014 Nov 14
- ▶ **A retrospective analysis of oesophageal thickening diagnosed as an incidental finding at Computed Tomography with endoscopic and histological correlation.** Salati U, Courtney K, Kok HK, [Torreggiani W](#)

## Rheumatology

- ▶ **The role of ultrasound in the diagnosis and management of carpal tunnel syndrome: a new paradigm.** McDonagh C, Alexander M, [Kane D](#). *Rheumatology (Oxford)*. 2015 Jan;54(1):9-19
- ▶ **Dense genotyping of immune-related susceptibility loci reveals new insights into the genetics of psoriatic arthritis.** Bowes J, Budu-Aggrey A, Huffmeier U, Uebe S, Steel K, Hebert HL, Wallace C, Massey J, Bruce IN, Bluett J, Feletar M, Morgan AW, Marzo-Ortega H, Donohoe G, Morris DW, Helliwell P, Ryan AW, [Kane D](#),



Warren RB, Korendowych E, Alenius GM, Giardina E, Packham J, McManus R, FitzGerald O, McHugh N, Brown MA, Ho P, Behrens F, Burkhardt H, Reis A, Barton A. *Nat Commun*. 2015 Feb 5;6:6046

- ▶ **PTPN22 is associated with susceptibility to psoriatic arthritis but not psoriasis: evidence for a further PsA-specific risk locus.** Bowes J, Loehr S, Budu-Aggrey A, Uebe S, Bruce IN, Feletar M, Marzo-Ortega H, Helliwell P, Ryan AW, [Kane D](#), Korendowych E, Alenius GM, Giardina E, Packham J, McManus R, FitzGerald O, Brown MA, Behrens F, Burkhardt H, McHugh N, Huffmeier U, Ho P, Reis A, Barton A. *Ann Rheum Dis*. 2015 Oct;74(10):1882-5
- ▶ **Educational recommendations for the conduct, content and format of EULAR musculoskeletal ultrasound Teaching the Teachers Courses.** A Iagnocco, L Terslev, M Backhaus, P Balint, G A W Bruyn, N Damjanov, E Filippucci, H B Hammer, S Jousse-Joulin, [D Kane](#), J M Koski, P Mandl, I Möller, P Peetrons, W Schmidt, M Szkudlarek, J Vojinovic, R J Wakefield, M Hofer, M A D'Agostino and E Naredo. *RMD Open* 2015;1(1):e000139
- ▶ **Greyscale and power doppler ultrasonographic evaluation of normal synovial joints: correlation with pro- and anti-inflammatory cytokines and angiogenic factors.** Kitchen J, [Kane D](#). *Rheumatology (Oxford)*. 2015 Mar;54(3):458-62
- ▶ **Assessing elementary lesions in gout by ultrasound: results of an OMERACT patient-based agreement and reliability exercise.** Terslev L, Gutierrez M, Christensen R, Balint PV, Bruyn GA, Delle Sedie A, Filippucci E, Garrido J, Hammer HB, Iagnocco A, [Kane D](#), Kaeley GS, Keen H, Mandl P, Naredo E, Pineda C, Schicke B, Thiele R, D'Agostino MA, Schmidt WA; OMERACT US Gout Task Force. *J Rheumatol*. 2015 Nov;42(11):2149-54
- ▶ **Ultrasound as an outcome measure in gout. A validation process by the OMERACT Ultrasound Working Group.** Terslev L, Gutierrez M, Schmidt WA, Keen HI, Filippucci E, [Kane D](#), Thiele R, Kaeley G, Balint P, Mandl P, Delle Sedie A, Hammer HB, Christensen R, Möller I, Pineda C, Kissin E, Bruyn GA, Iagnocco A, Naredo E, D'Agostino MA; OMERACT Ultrasound Working Group. *J Rheumatol*. 2015 Nov;42(11):2177-81

- ▶ **International consensus for ultrasound lesions in gout: results of delphi process and web-reliability exercise.** Gutierrez M, Schmidt WA, Thiele RG, Keen HI, Kaeley GS, Naredo E, Iagnocco A, Bruyn GA, Balint PV, Filippucci E, Mandl P, [Kane D](#), Pineda C, Delle Sedie A, Hammer HB, Christensen R, D'Agostino MA, Terslev L; OMERACT Ultrasound Gout Task Force group. *Rheumatology (Oxford)*. 2015 Oct;54(10):1797-805

## Vascular Surgery

---

- ▶ **Implementation of a surgical handover tool in a busy tertiary referral centre: a complete audit cycle.** *Ir J Med Sci*. Gibbons JP, Nugent E, [Tierney S](#), Kavanagh D (2015)





## *People caring for people*

The Adelaide and Meath Hospital, Dublin,  
Incorporating The National Children's Hospital,  
Tallaght, Dublin 24

tel: (01) 414 2000  
[www.tallaghthospital.ie](http://www.tallaghthospital.ie)

