TALLAGHT HOSPITAL ANNUAL REPORT 2014

PEOPLE CARING FOR PEOPLE

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


Rebecca,
Clinical Placement
Co-Ordinator


Helen,
Physiotherapist

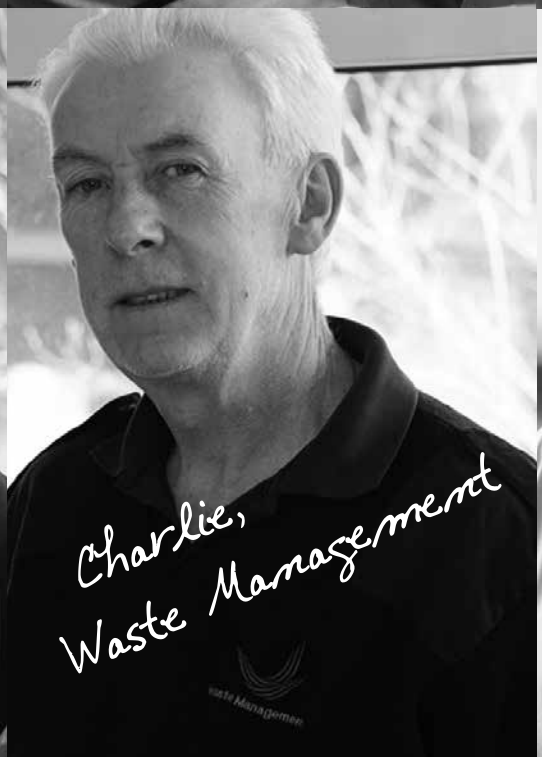

Kay,
Oncology Nurse


Hani,
Anesthetist


Hilary,
Staff Nurse


Gillian,
Physiotherapist


Julie,
Speech &
Language Therapist


Charlie,
Waste Management


Annie,
Food Services

Respect for patient autonomy
Respect for each other
Partnership and Teamwork
Fairness and Equality
Caring and Openness

CONTENTS

SECTION 1.0

MESSAGE FROM THE CHAIRMAN

Mr. Michael Scanlan
CHAIRMAN

THE HOSPITAL IS CONSTANTLY TRYING TO IMPROVE THE SERVICES IT PROVIDES AND I HOPE THAT THIS ANNUAL REPORT PROVIDES AN INSIGHT INTO SOME OF THE INITIATIVES UNDERTAKEN BY STAFF IN 2014. I ALSO WANT TO THANK ALL STAFF FOR THE HARD WORK, DEDICATION AND VALUES WHICH THEY DEMONSTRATE ON AN ONGOING BASIS IN CARING FOR PATIENTS.

MESSAGE FROM THE CHAIRMAN

Last year Tallaght Hospital staff cared for and treated over 400,000 patients. Over 76,000 patients (adults and children) attended our Emergency Departments; our staff cared for 24,000 inpatients and treated nearly 47,000 day patients; and 265,000 adults and children attended our Outpatient Departments. The care and treatment provided is a tribute to the nearly 3,000 staff involved. The Hospital is constantly trying to improve the services it provides and I hope that this annual report provides an insight into some of the initiatives undertaken by staff in 2014. I also want to thank all staff for the hard work, dedication and values which they demonstrate on an ongoing basis in caring for patients.

For the third year in a row, net expenditure in 2014 was about €181m: extra costs associated with the European Working Time Directive and off-site step down beds were offset by savings from various cost containment initiatives. The Hospital is committed to improving patient flow in order to maximise access to our services. On the other hand, increases in the age and acuity of those using our services mean it is taking longer to care for and treat some patients.

Despite the support received in recent years from the Health Service Executive (HSE), the reality is that the Hospital cannot keep pace with the increasing demand for services; the result is longer waiting lists and waiting times. Hopefully, the improvement in Government finances and the business cases already provided to the HSE mean the Hospital will be provided with the funding required to improve access times.

Professor Patricia Barker and Mr. David Seaman joined the Board in March 2014 to replace Mr. David Berber and Mr. Peter Byrne. Ms. Anna Lee was appointed to the Board in October 2014 to replace Mr. Tom O'Higgins who had resigned from the Board in April for health reasons.

The terms of office of all Board Members, including those who had been appointed to fill casual vacancies, expired on 20th December 2014. All nine outgoing Members of the Board were reappointed. I was re-elected as Chairman at the January Board meeting and Mr. Liam Dowdall was elected as Vice Chairman. I want to thank Mr. David Pierpoint who had previously served as Vice Chairman.

In November, new bye-laws were adopted by the Board with the consent of the three Foundations. They provided for an increase in the size of the Board from 9 to 11, with the two extra Board Members to be appointed by the Minister on the nomination of the Board. The nomination of these two members will be considered by the Board when it has completed an externally facilitated evaluation of its effectiveness which is currently underway.

The new bye-laws also included provisions to ensure that in future (a) the term of office of the entire Board does not expire on the same date and (b) there is a limit on time a person can serve on the Board.

A comprehensive Code of Governance Manual was adopted by the Board in November 2014 and has been posted on the Hospital's website. This manual includes a statement on corporate governance philosophy, summary guidance notes for Board Members, a code of governance, Board standing orders, a formal schedule of matters reserved for Board decision, provisions governing Board committees, a code of conduct, and several other governance procedures.

In May the Board adopted the 2013 HSE Annual Compliance Statement. The only material area of non-compliance related to public pay policy; at the time the Hospital was awaiting a response to the business cases it had submitted for the continued payment of allowances to five medical staff on a personal to holder basis in line with their contractual entitlements. It is important to emphasise that good governance is an ongoing process which requires continuous focus; the approach being taken by Tallaght Hospital reflects a combination of continuously embedding robust systems and processes, ongoing vigilance and an open proactive learning culture.

I want to acknowledge the work and achievements of David Slevin, the Hospital's Chief Executive, since his appointment in November 2013. This was an entirely new role for David at the time. I know he has faced many varied challenges on a weekly and sometimes daily basis since then but he has proved himself more than capable of dealing with them. It is entirely appropriate that I avail of an opportunity like this to pay tribute to David, on behalf of the Board, for his excellent performance.

There were a number of changes in the Executive Management Team last year. In February 2014, Ciaran Faughnan joined the Hospital as Director of Estates & Facilities Management and in August Lucy Nugent joined as Chief Operations Officer. In October, Sarah McMickan became Deputy Chief Executive Officer and Hilary Daly became Director of Nursing. Siobhán Ní Bhrain took over as Chair of the Medical Board in October 2014. I want to pay tribute to her predecessor Bridget Egan and to thank her for her advice to and support for the Board during her tenure as Chair of the Medical Board.

2014 also saw the appointment of Professor Eleanor Molloy, Professor of Paediatrics and Child Health and Professor Seamas C. Donnelly, Professor of Clinical Medicine / Consultant Physician. I would like to welcome Professor Molloy and Professor Donnelly as they strengthen and drive forward the academic and clinical vision of the Paediatric and Medical community at the Hospital.

Tallaght Hospital has a long and proud tradition of providing services to children. The National Children's Hospital in Harcourt Street opened in 1887 and its predecessor, the Pitt Street Institution, was the first hospital in Ireland and Britain established specifically to care for and treat children. Tallaght Hospital Board, management and staff will continue to collaborate with the Children's Hospital Group and colleagues in Crumlin and Temple Street Hospitals to support the new children's hospital project and to integrate the three existing hospitals.

The Board is delighted that one of the two new satellite centres will be located on the grounds of Tallaght Hospital. The type of general paediatric care already being provided by staff in Tallaght is a key element of the new national model of care for children and the newly completed short-stay observation unit in Tallaght will provide an early demonstration of the excellent services that can be provided to children in the satellite centre in due course.

Tallaght Hospital, is, uniquely, a member of two of the new hospital groups – it is also part of the Dublin Midlands Hospital Group (DMH). I welcome the appointment last November of Dr. Susan O'Reilly as CEO of this Group. The DMH Group provides a very different set of challenges to the Children's Hospital Group because of the scale of services being provided across multiple hospital sites by a mix of voluntary, statutory and HSE hospitals. It is important that the governance arrangements for the new Group don't distract Board, management and staff attention from the ongoing delivery of the vital services being provided by the individual hospital such as Tallaght. The aim should be to make the whole greater than the sum of its parts. I can assure Frank Dolphin, Group Chairman, and Susan O'Reilly, that Tallaght Hospital will work with them and their team, as well as colleagues in the other hospitals in the Group, to achieve this.

I want to conclude by thanking my fellow Board Members for their support over the past year. All of them undertake this role on an entirely voluntary basis, and I know that, like me, they are proud to be associated in some small way with the excellent services being provided to patients by Tallaght Hospital.

Michael Scanlan
Chairman

SECTION 2.0

HOSPITAL BOARD

HOSPITAL BOARD

1

2

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

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

The Chairperson is elected 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 recouped 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 8th May 2012, no employee of the Hospital can be a member of the Board. However, save in exceptional circumstances, 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 (9)

1. Mr. Michael Scanlan (Chairman)
2. Mr. Liam Dowdall
3. Mr. Andreas McConnell
4. Mrs. Mairéad Shields
5. Professor Richard Reilly
6. Professor Patricia Barker
7. Mr. David Seaman
8. Ms. Anna Lee (Appointed October 2014)
9. Archdeacon David Pierpoint (Vice Chairman, absent from pictures)

The nomination of two additional members will be considered by the Board when it has completed an evaluation of its effectiveness, which is currently underway.

Executive Management (10)

1. Mr. David Slevin, Chief Executive Officer
2. Ms. Sarah McMickan, Deputy Chief Executive Officer
3. Dr. Siobhan Ni Bhriain, Chair Medical Board
4. Dr. Martin Feeley, Clinical Director, Peri-operative Directorate
5. Dr. Daragh Fahey, Director of Quality, Safety and Risk Management (QSRM)
6. Mr. John O' Connell, Executive Director of Human Resources
7. Ms. Lucy Nugent, Chief Operations Officer
8. Ms. Hilary Daly, Director of Nursing
9. Mr. Dermot Carter, Director of Finance
10. Ms. Madeline O'Neill, Board Secretary

Board Committees

The committees established by the Board to date are the Audit Committee; the Remuneration and Terms of Service Committee; the Quality, Safety & Risk Management Committee (QSRM); and the Governance 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

- Mr. Liam Dowdall (Chair)
- Professor Patricia Barker (Board Member)
- Mr. Seán O'Quigley (External Member)

Remuneration & Terms of Service Committee

- Mr. David Seaman (Chair)
- Mr. Andreas McConnell (Board Member)
- Mr. Brendan Mulligan (External Member)

Quality, Safety & Risk Management Committee

- Mrs. Mairéad Shields (Chair)
- Professor Richard Reilly (Board Member)
- Ms. Roisín Boland (External Member)
- Ms. Anna Lee (Board Member)

Governance Committee

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

Hospital Board Meetings Attended in 2014

Name	Expected no. of meetings to attend 2014	No. of meetings attended 2014
Mr. Michael Scanlan, Chairman	9	9
Mr. Andreas McConnell	9	7
Mrs. Mairéad Shields	9	8
Mr. Liam Dowdall	9	9
Archdeacon David Pierpoint	9	7
Professor Richard Reilly	9	6
Professor Patricia Barker	7	5
Mr. David Seaman	8	7
Ms. Anna Lee	2	2
Mr. Tom O' Higgins	2	1

SECTION 3.0

EXECUTIVE ORGANISATIONAL STRUCTURE

TALLAGHT HOSPITAL ORGANISATION CHART

HOSPITAL BOARD

- Code of Practice Compliance
- Legal & Insurance
- Communications
- Strategic Planning & Development
- Management Sciences

OFFICE OF CEO

MR. DAVID SLEVIN
CHIEF EXECUTIVE OFFICER

INTERNAL AUDIT

MEDICAL BOARD (PROFESSIONAL MEDICAL MATTERS)

EXECUTIVE MANAGEMENT TEAM

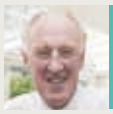
MR. DERMOT CARTER
DIRECTOR OF FINANCE

MR. JOHN O'CONNELL
DIRECTOR OF HR

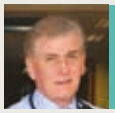
MR. BRENDAN CARR
DIRECTOR OF INFORMATION COMMUNICATION TECHNOLOGY

MR. CIARAN FAUGHNAN
DIRECTOR OF ESTATES & FACILITIES MANAGEMENT

DR. CATHERINE WALL
CLINCIAL DIRECTOR MEDICAL DIRECTORATE



MR. MARTIN FEELEY
CLINICAL DIRECTOR PERI-OPERATIVE DIRECTORATE



DR. PETER GREALLY
CLINICAL DIRECTOR PAEDIATRIC DIRECTORATE

DR. GERARD BORAN
CLINICAL DIRECTOR DIAGNOSTIC DIRECTORATE

MS. SARAH McMICKAN
DEPUTY CHIEF EXECUTIVE OFFICER

DR. DARAGH FAHEY
DIRECTOR OF QUALITY SAFETY & RISK MANAGEMENT

MS. HILARY DALY
DIRECTOR OF NURSING

MS. LUCY NUGENT
CHIEF OPERATIONS OFFICER

Financial Accounting ◦ Management Accounting ◦ Treasury ◦ Payroll ◦ Settlements Unit ◦ Procurement & Contracting ◦ Finance Systems Policies & Procedures ◦ Ethics in Public Office ◦ Materials Management ◦ Financial Policy Compliance ◦ HIPE

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

Electronic Medical Record ◦ Enterprise Resource Planning (Business Systems) ◦ Telephony ◦ Multimedia (PACS (Patient Community Advisory Council)/Teleconferencing) ◦ Information Systems & Reports ◦ RF Services ◦ Data Protection ◦ Data Controller ◦ Data Quality & Standards ◦ Medical Records

Catering ◦ Housekeeping ◦ Estate Management ◦ Logistics ◦ Facilities Management ◦ Technical Services ◦ Projects ◦ Security Services ◦ Car Parking ◦ Mortuary

- Clinical Services Organisation & Delivery Assurance
- Implementation of National Clinical Care Programmes
- Management of all Staff in Directorate:
  - Medical
  - Nursing/HCA's (Healthcare Assisstants)
  - H&SCP (Health & Social Care Professionals)
  - Clerical & Administration
- Management of Budget for Clinical Directorate
- Quality, Patient Safety & Risk Management

Pharmacy ◦ Decontamination Services ◦ MPBE (Medical Physics & Biomedical Engineering) ◦ Clinical Photography ◦ FOI (Freedom of Information) ◦ Pastoral Care ◦ End-of-Life Care ◦ Arts ◦ Medical Records ◦ Business Intelligence Systems ◦ Other Divisions as assigned by the CEO

Development of all Hospital QSRM Policies & Procedures ◦ Monitor/Assure Implementation of all QSRM Policies ◦ Implement National QSRM Policies ◦ Risk Management ◦ Risk Register ◦ Licensing & Regulation ◦ Compliance & Assurance ◦ Clinical Audit ◦ QSRM KPI's ◦ Health Promotion ◦ Safety & Health at Work ◦ Occupational Health ◦ Ethics Programme

Nursing Standards ◦ Nursing Practice/Professional Development ◦ Nursing & Allied Education & Development ◦ Clinical Information Centre ◦ Patient Advocacy & User Involvement

Operations Oversight/Responsibility & Assurance ◦ Service Planning ◦ Bed Management ◦ Operations Systems, Policies & Procedures ◦ Compstat ◦ Production & Performance Compliance ◦ Health & Social Care Professional Manager

SECTION 4.0

MESSAGE FROM THE CHIEF EXECUTIVE OFFICER

Mr. David Slevin
CHIEF EXECUTIVE OFFICER

OUR HOSPITAL IS FIRMLY ROOTED IN THE COMMUNITY IT SERVES AND I WOULD AGAIN LIKE TO STATE MY GRATITUDE TO THE VOLUNTEERS, PATIENT REPRESENTATIVE GROUPS AND COMMUNITY ORGANISATIONS WHO SUPPORT US. THIS PATIENT REPRESENTATIVE AND COMMUNITY INVOLVEMENT IN OUR HOSPITAL IS SOMETHING THAT I AM VERY KEEN TO RECOGNISE, SUPPORT AND DEVELOP AS PART OF THE CENTRAL ETHOS AND CULTURE OF CARE WE ALL WORK TO MAINTAIN.

MESSAGE FROM THE CHIEF EXECUTIVE OFFICER

Tallaght Hospital is first and foremost a place where people care for people. Our Hospital employs almost 3,000 staff and every day we provide quality care to the people who depend on us.

I am aware of the challenges that staff face regularly in maintaining a safe, dignified and high-quality care service in our Hospital considering the pressures of providing a demand-led service to our catchment area. These pressures were unrelenting in 2014, particularly in the Nursing discipline, where both national and international competitive factors resulted in sub-optimal resource levels.

I am hopeful that the work streams developed under the 'Year Ahead Project' will help improve retention levels and assist in the development of an agile and more contemporary approach to recruitment that will benefit all staff disciplines in the future. I would like to acknowledge the dedication, commitment and goodwill of our staff especially during those demanding periods.

Our Hospital is firmly rooted in the community it serves and I would again like to state my gratitude to the volunteers, patient representative groups and community organisations who support us. This patient representative and community involvement in our Hospital is something that I am very keen to recognise, support and develop as part of the central ethos and culture of care we all work to maintain.

As part of this work, we have re-established the internal communication function in the Hospital with the appointment of a Communications Officer, Joanne Coffey, who has introduced a fortnightly newsletter, TouchPoint. The objective of which is to communicate effectively with our staff about what we are working to achieve collectively but also to highlight the good work that is happening that can often go unrecognised in our Hospital. This is the first step as part of a wider initiative to develop the Hospital's communication strategy aimed at improving, and building on, the Hospital's image as a leading employer and key provider of services within our catchment area.

Last year our Emergency Departments catered for 44,640 adult attendances and 31,934 paediatric attendances. A further 263,929 patients were treated through hospital clinics in 2014. We are the nexus of a community of 300 general practitioners in surrounding areas and are a key component of the DMH Group which serves a population of over 1.2 million across seven counties. These numbers, while hugely significant, disguise the individual instances of care and compassion provided to patients and their families at some of the most challenging times in someone's life.

Central to being a leading academic hospital is the maintenance of quality standards at all levels across the organisation and our efforts in this regard are subject to regular internal and external scrutiny. In 2014, the Health Information & Quality Authority (HIQA) conducted two inspections against the National Standards for the Prevention and Control of Healthcare Associated Infections in our Hospital.

With significant clinical leadership from within The Infection Prevention Control Team (IPCT), the Hospital has actioned and is continuing to address areas for further improvement arising from the recommendations within the HIQA report. This inspection regime rightly holds us to account to a very high standard and it is an important external appraisal of the work we are doing in the areas of infection control, environmental and hand hygiene. To drive this agenda, we launched Zero Harm: Clean Hands Save Lives on 10th December, an initiative to reinforce the importance of hand hygiene in the clinical setting.

Further Hospital-wide initiatives are planned under the Zero Harm banner to build on existing capabilities in maintaining the high standards we hold ourselves to. From an environmental perspective I am pleased to see the progress made in respect of the 'Ward Refurbishment Project' and the reintroduction of multidisciplinary environmental auditing in all clinical areas within the Hospital.

As an organisation, we are continuing to invest in our facilities for the future. In 2014, for example, we expanded our bed capacity and step down facilities in the community. Our Emergency Department (ED) is currently undergoing a €5 million redevelopment – with Phase 1 of the project already open and Phase 2 due to be opened in May 2015. As well as significantly increasing its current capacity, the improved facility has been equipped with state-of-the-art medical technology, all of which will transform both the patient experience and the operating environment for those working there.

The Hospital has also secured capital funding within the HSE's National Service Plan to develop an expanded renal dialysis unit in 2015/2016. The coming months will see the submission of a planning permission applications for the construction of a satellite centre at Tallaght Hospital as part of the National Children's Hospital project. This project will underscore Tallaght Hospital's service role in both the Children's Hospital Group and the DMH Group.

I would also like to take this opportunity to acknowledge the work of the staff that have retired in the last year and thank them for the contribution they made during their time at the hospital, making the Hospital what it is today.

Tallaght Hospital is therefore at the forefront of developments in the Irish hospital system, responding to peoples needs on a daily basis, but also investing for the future. Our continuing performance indicates the results of the collective efforts of people caring for people and gives us a very strong platform for the future.

David Slevin
Chief Executive Officer

I AM AWARE OF THE CHALLENGES THAT STAFF FACE REGULARLY IN MAINTAINING A SAFE, DIGNIFIED AND HIGH-QUALITY CARE SERVICE IN OUR HOSPITAL CONSIDERING THE PRESSURES OF PROVIDING A DEMAND LED SERVICE TO OUR CATCHMENT AREA. THESE PRESSURES WERE RELENTING IN 2014, PARTICULARLY IN THE NURSING DISCIPLINE, WHERE BOTH NATIONAL AND INTERNATIONAL COMPETITIVE FACTORS RESULTED IN SUB-OPTIMAL RESOURCE LEVELS.

SECTION 5.0

OPERATIONAL PERFORMANCE HIGHLIGHTS

OPERATIONAL PERFORMANCE 2014


Ms. Lucy Nugent
CHIEF OPERATIONS OFFICER

Overview

This section of the annual report outlines the operational performance of the Hospital divided into adult and paediatric services. Overall activity remained stable despite pressures of reduced budget, staff shortages and building works.

Operational Activity Highlights 2014

Adult services:

- Our Emergency Department (ED) attendances increased by 1,064 (+2.4%) from 43,576 in 2013 to 44,640 last year.
- Our emergency inpatient (IP) admissions reduced by 475 (-3.0%) from 15,971 in 2013 to 15,496 last year, however, our elective IP admissions increased by 376 (+15.8%) from 2,382 in 2013 to 2,758 in 2014. In overall terms our reported IP admissions largely remained static year-on-year with a net 0.5% reduction in activity i.e. 18,353 IP admissions in 2013 in comparison to 18,254 last year.
- This position however does not reflect the additional inpatient activity arising from the opening of 25 additional medical IP beds off-site in St Luke's Hospital in February of last year (approximately 210 IP admissions not reported as part of standard reporting protocols due to the established governance arrangements for these patients). Therefore, taking into consideration this additional incremental activity, which forms part of the Hospital's operational expenditure, our total IP admissions actually increased by 0.6%, i.e. from 18,353 in 2013 to 18,464 in 2014 (Reported 18,254 & 210 in St Luke's).
- Adult daycase activity increased by 169 (+0.4%) from 43,882 in 2013 to 44,051 last year. Adult Outpatient Department (OPD) activity reduced by 1,376 (-0.6%) from 231,679 in 2013 to 230,303 last year. It should be noted however that approx. 1,500 OPD attendances in 2013 were funded by once-off waiting list initiative funding from the HSE which was not made available in 2014.
- Average Length of Stay (ALOS) rose to 9.06 days in 2014 from 8.87 days the previous year. Increases related to both medical specialties where ALOS increased from 9.60 to 9.79, and surgical specialties with ALOS increases from 7.77 to 7.90 days.

Paediatric Services:

- ED attendances fell 504 (-1.6%) from 32,438 in 2013 to 31,934 in 2014.
- IP admissions rose by 119 (+2%) from 5,989 in 2013 to 6,108 in 2014.
- Daycase activity rose 107 (+3.8%) to 2,917.
- Outpatient activity increased 170 (+0.5%) to 35,133.

Adult Operational Performance

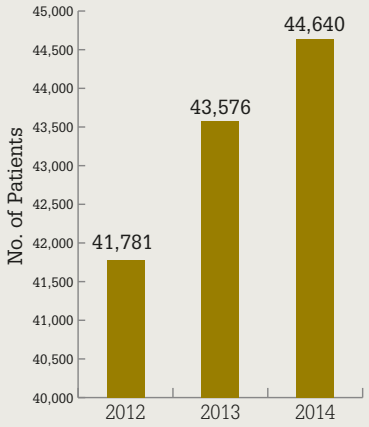
Adult activity and access performance were dominated by efforts to provide timely access to services in the face of increasing demand and lower budgets.

5.1 Emergency Department

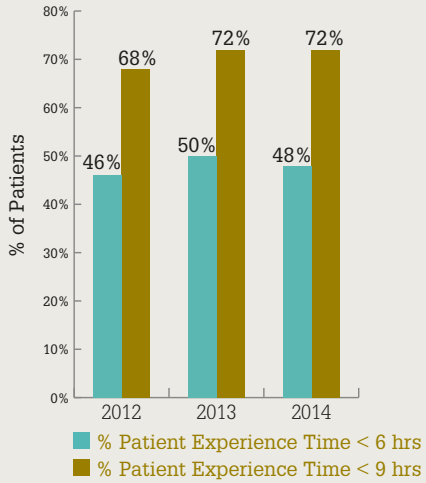
Adult Emergency Department (ED) attendances increased by 1,064 (2.4%). This represents the third consecutive year of increase in ED attendance for the Hospital which regrettably had a knock-on impact on Patient Experience Times (PET) times. ED and ward trolley numbers were 9% ahead of 2013 and the six hour PET was 4% longer. This annual increase in PET does not reflect a sustained improvement achieved from April 2014 to August 2014.

The commencement of the ED Building programme saw a 50% reduction in the physical capacity of the department. Consequently the PET performance decreased marginally for the second half of 2014. With the planned opening of the new ED in mid-2015, the Hospital looks forward to significant improvements in PET.

Adult Emergency Department Attendances



Adult Patient Experience Time



5.2 Inpatient Activity

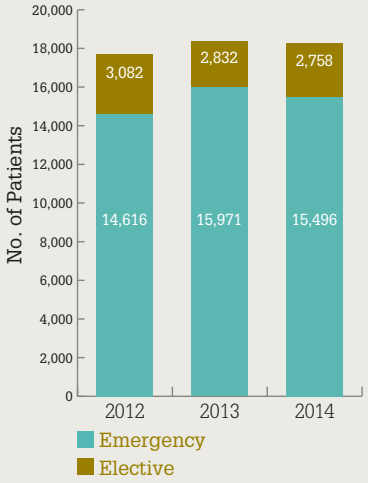
Inpatient activity dropped in 2014 driven by drops in ED observational admissions. It was encouraging to see elective activity recover in light of continuing waiting list challenges.

Of note, is the upward trend in the age profile of inpatients (1,000 more, older patients in last two years) which is reflective of national age profile trends.

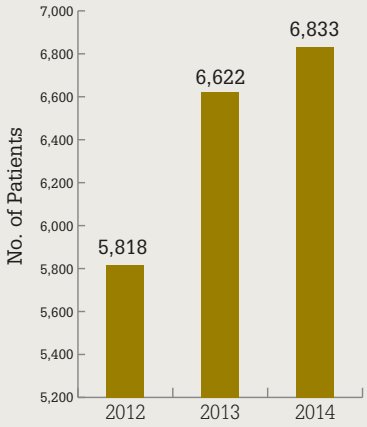
Older people often have more complex medical needs requiring longer stays and increased input from the multidisciplinary teams, ensuring appropriate care pathways which are tailored to this patient group's specific needs.

In order to respond to this trend, the Hospital, with HSE support, established 25 off-site beds in St Luke's Hospital Rathgar, to assist in the management of this patient grouping.

Adult Inpatient Admissions



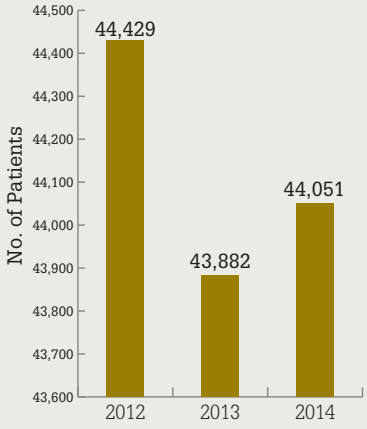
Inpatient Admissions > 65 Years



5.3 Daycase Activity

A 2013 drop in daycase activity was reversed in 2014 with a focus on reconfiguring patient pathways where appropriate, and by increased dialysis treatments in line with the Hospital's status as a regional lead provider of these services.

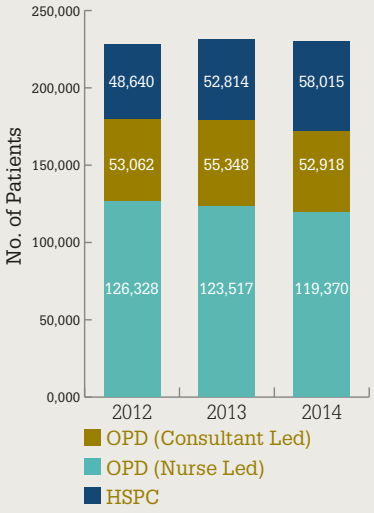
Adult Daycase Admissions



5.4 Outpatient Activity

Outpatient Department (OPD) activity remained stable. Changes in the mix of activity relate to a combination of factors, including the cessation of HSE funding for additional clinics, compliance with the European Working Time Directive and reclassification of activity. It is encouraging to see the activity impact of Health and Social Care Professional initiatives such as physiotherapy-led musculoskeletal clinics. These initiatives include developing patient pathways to streamline access in areas such as Orthopaedics and Rheumatology.

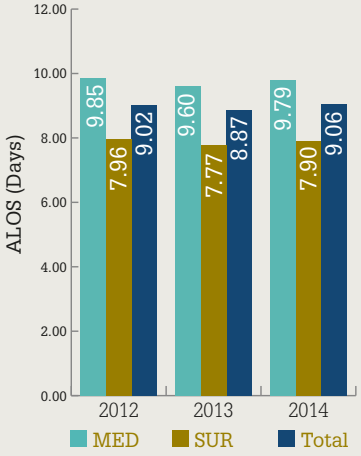
Adult OPD Attendances



5.5 Inpatient Length of Stay

Inpatient length of stay rose in 2014 to 9.06 days (+2.1%). The biggest increases were for medical specialties where ALOS rose by 0.19 days to 9.79 days.

Average Length of Stay



5.6 Elective Access

National elective access targets include:

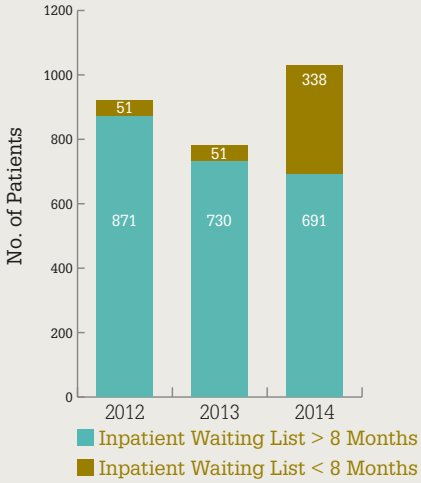
- No patient waiting > 8 months for inpatient or daycase procedures
- No patient waiting > 13 weeks for endoscopy services
- No patient waiting > 52 weeks for an outpatient appointment

The Hospital's inpatient and daycase waiting list performance deteriorated in 2014 with reduced waiting list initiative funding and increased demand for services. It must be noted that the extent of the increase reflects cessation of externally funded one-off outsourcing initiatives conducted in 2013.

Despite this, waiting lists remained stable in the 2nd half of the year.

Inpatient access challenges relate largely to the area of Spinal Orthopaedics. Of the number breaching the eight month target, 81% are awaiting Elective Orthopaedics with 42% waiting for spinal orthopaedic services. National clinician shortages are a key factor here, and it is expected the Hospital will make progress next year with HSE funding support.

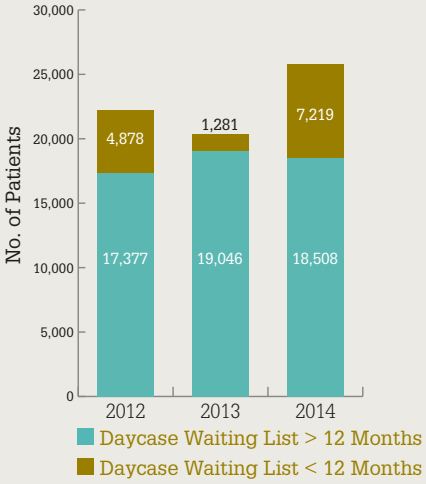
Adult Inpatient Waiting List



Adult Daycase Waiting List

The Hospital's outpatient waiting list has over 7,200 patients waiting more than 52 weeks for a consultant appointment Increases in demand are a factor, with a 12% increase in referrals (c. 6,000 patients). Growth in these lists is being driven by Adult ENT (Ear, Nose and Throat), Adult Orthopaedics, Adult Urology and Adult Dermatology. These four specialties combined, have seen OPD lists grow by over 1,200 in the last six months of 2014.

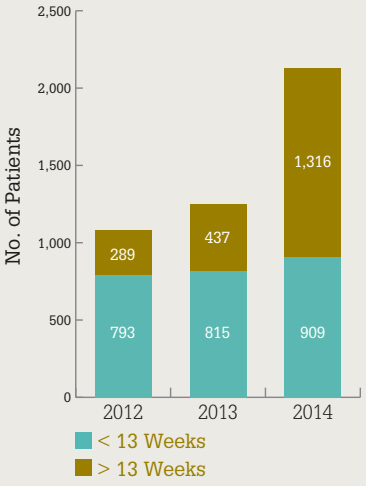
Adult OPD Waiting List



Endoscopy access deteriorated significantly in 2014 when one-off funding for waiting list initiatives for 500 scopes in 2013 ceased. This initiative was not carried forward into 2014. The Hospital's Endoscopy Unit is recognised as one of the busiest in the country. Funding has been agreed with the HSE for 2015, which will help to reduce this waiting list.

Clinical manpower challenges are a key driver of the largest outpatient and endoscopy lists and the Hospital is looking forward to seeing improvements in access from the benefit of additional consultant appointments in ENT, Gastroenterology, Orthopaedics and Dermatology in 2015.

Adult Endoscopy Waiting List



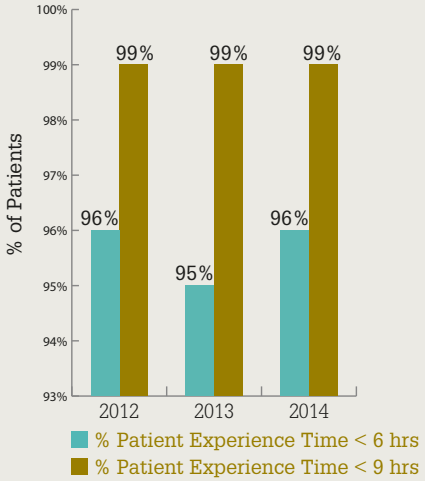
Paediatric Operational Performance

Paediatric operational performance remained relatively stable in 2014 with the exception of OPD wait times, which saw a rise in the number of referrals to the ENT service due to changes in paediatric ENT service provision across the three paediatric hospitals. The National Children's Hospital continues to work with the two other paediatric hospitals through service configuration and standardisation of care, as it moves toward the merger and opening of the New Children's Hospital on the St. James's campus.

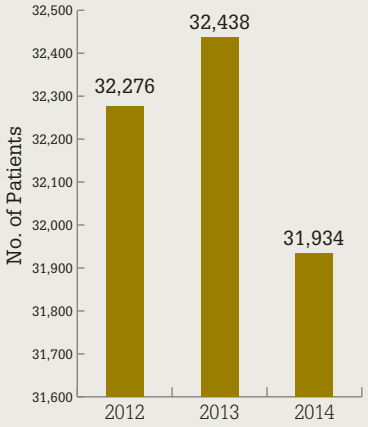
5.7 Emergency Department

The National Children's Hospital saw a 1.6% decrease in ED attendances compared to 2013 and maintained excellent patient experience performance despite the ED building programme (99% compliance with 9 hour target).

Paediatric Patient Experience Time



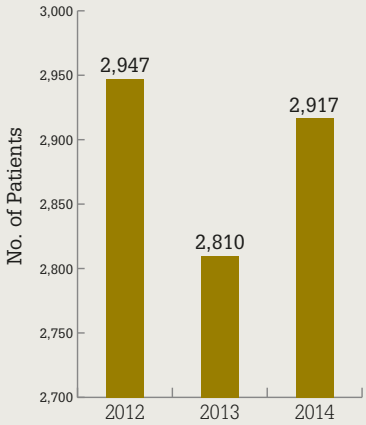
Paediatric Emergency Department Attendances



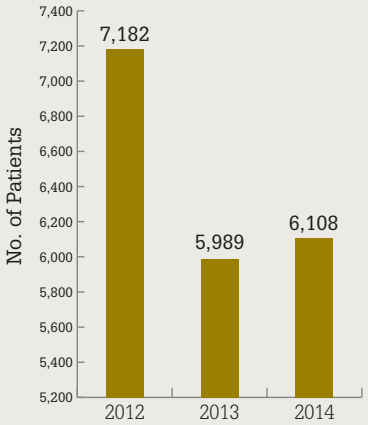
5.8 Inpatient & Daycase Activity

The National Children's Hospital (NCH) saw a 2% increase in inpatient admissions and a 4% increase in daycase admissions in 2014.

Paediatric Daycase Admissions



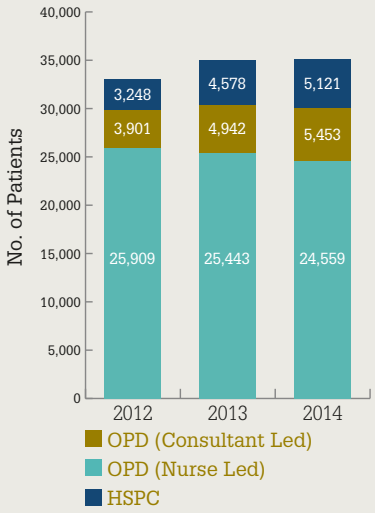
Paediatric Inpatient Admissions



5.9 Outpatient Activity

OPD activity remained relatively stable with a 0.5% increase (n=170). Nurse-led activity is showing strong growth, reflecting increased Advanced Nurse Practitioner positions accredited in 2014.

Paediatric OPD Attendances



5.10 Elective Access

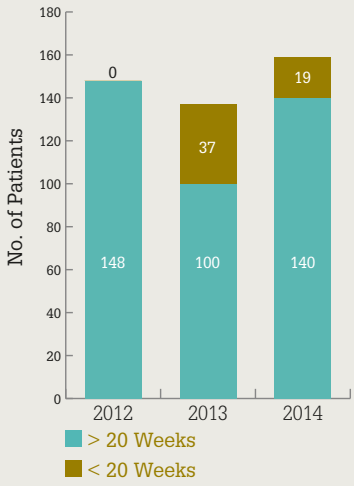
National elective access targets for children include:

- No patient waiting > 20 weeks for inpatient or daycase procedures
- No patient waiting > 52 weeks for an outpatient appointment

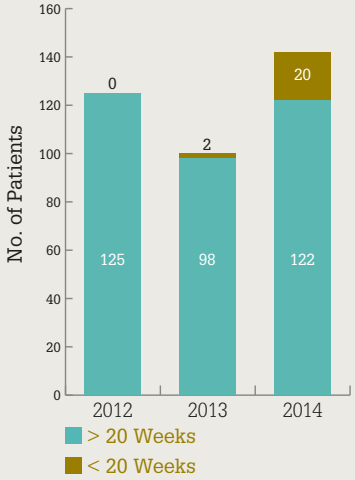
Inpatient waiting lists grew in 2014, but the total number of patients waiting more than 20 weeks fell from 37 to 19 patients (Paediatric ENT).

Daycase waiting lists grew somewhat in 2014, with 20 patients waiting > 20 weeks at the end of the year. The main pressure area is also Paediatric ENT reflecting a national demand issue in this specialty.

Paediatric Inpatient Waiting List

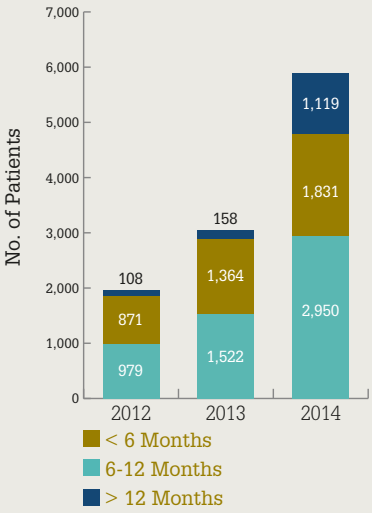


Paediatric Daycase Waiting List



Outpatient waiting lists grew to 1,119 patients > 52 weeks in 2014. This is largely due to increased demand in Paediatric ENT of the order of 39% (c. 480 referrals per year), on top of an existing capacity shortage of approximately 500 patients per year. The Children's Hospital Group is addressing these capacity shortfalls through consultant recruitment in 2015.

Paediatric OPD Waiting List



5.11 Activity Summary 2013 vs. 2014

The table below summarises activity over the last two years and highlights the Hospital's position as one of the biggest healthcare providers in the country with over 413,340 patient episodes in 2014.

Adults	2013	2014	Difference	% Difference
Emergency Department Attendances	43,576	44,640	1,064	2.4%
Inpatient Emergency	15,971	15,496	-475	-3.0%
Inpatient Elective	2,832	2,758	-74	-2.6%
Daycase	43,882	44,051	169	0.4%
Outpatient	231,679	230,303	-1,376	-0.6%

Paediatrics	2013	2014	Difference	% Difference
Emergency Department Attendances	32,438	31,934	-504	-1.6%
Inpatient Emergency	4,937	5,410	473	9.6%
Inpatient Elective	1,052	698	-354	-33.7%
Daycase	2,810	2,917	107	3.8%
Outpatient	34,963	35,133	170	0.5%

Adult & Paediatric	2013	2014	Difference	% Difference
Emergency Department Attendances	76,014	76,574	560	0.7%
Inpatient Emergency	20,908	20,906	-2	0.0%
Inpatient Elective	3,884	3,456	-428	-11%
Daycase	46,692	46,968	276	0.6%
Outpatient	266,642	265,436	-1,206	-0.5%

5.12 Irish Hospital Redesign Programme (IHRP)

As part of the Hospital's ongoing quality improvement programme, patient flow has been prioritised with a focus on improving access for patients, and enhancing their Hospital experience. The IHRP for acute hospitals, selected Tallaght to be its pilot site for the programme, which commenced on 28th November 2014, with four phases identified (Diagnostic, Solution Design, Implementation, Review) and is due for completion in June 2015. The 10 projects selected will deliver improvements in emergency and elective patient pathways.

The Hospital was selected as the pilot site for the IHRP which is based on a performance improvement programme which Dr. Tony O'Connell successfully implemented during his time as Director General of Queensland Health Services. The selection of the Hospital was due to our improvement in performance and positive level of engagement shown to date, when interacting with the Special Delivery Unit and the Clinical Programmes (representatives of which form the IHRP project team).

Working as part of the IHRP, Tallaght Hospital has embarked on a programme of redesign that aims to fundamentally realign hospital services to ensure that each patient journey is one that the patient, their family, and healthcare professionals, recognise as safe and of the highest quality. The IHRP supports our local change and innovation and raises national standards through the use of redesign and improvement methodologies, working with the National Clinical Programmes to provide guidance on the design and implementation of hospital-wide integrated services.

This an exciting opportunity for the Hospital and we would like to acknowledge the staff, who have selflessly given of their time, and actively engaged to get the programme up and running. The four phases identified (Diagnostic, Solution Design, Implementation, Review) are due for completion in June 2015. The 10 projects selected will deliver improvements in emergency and elective patient pathways.

IHRP Projects

1. Pilot Acute Surgical Assessment Unit
2. Optimisation of Acute Medical Assessment Unit
3. Frail Elderly Assessment Tool
4. Pilot Rapid Assessment Treatment Unit in ED
5. Enhanced Patient Care Pathways for Seizures, Pulmonary Embolism, Deep Venous Thrombosis
6. Pre-Admission Clinic
7. Pilot Central Outpatient Office
8. Introduction of Early Warning Score at ED Triage
9. Patient Flow and Processes Pilot
10. Radiology Rapid Access Slots

SECTION 6.0

HIGHLIGHTS FROM THE CLINICAL DIRECTORATES

AMONG THE MANY DEVELOPMENTS WITHIN THE DIRECTORATE, THE NEUROLOGY DEPARTMENT HAS OBTAINED EXTERNAL FUNDING TO ALLOW DEVELOPMENT OF A NEUROLOGY AMBULATORY DAY WARD ON RUTTLE WARD. THIS WORK IS SCHEDULED TO COMMENCE IN 2015. THIS WILL ALLOW PATIENT MONITORING FOLLOWING COMMENCEMENT OF SPECIALIST DRUGS AND RAPID ACCESS FOR CLINICAL ASSESSMENT OF PATIENTS KNOWN TO THE SERVICE, ENHANCING ACCESS AND CARE FOR OUR PATIENTS WITH ACUTE AND CHRONIC NEUROLOGICAL DISORDERS.

6.1 MEDICINE

Despite the growing pressure on service delivery, the Medical Clinical Directorate of Tallaght Hospital has continued to forge ahead in providing excellence in patient care and continuing to develop services for our patients, many of whom present with complex medical conditions.

Some examples of this include:

6.1.1 Rheumatology Department

This Department provides a clinical Rheumatology service to just over half of the Trinity Health Ireland catchment population of 560,000, extending to cover Dublin West and the Naas/Kildare catchment area. From a single existing outpatient clinic in 2005, the Department has grown to a small multidisciplinary team who provide daily outpatient services and inpatient consultation. In 2014 the Department established an outpatient service at Naas General Hospital in addition to a nurse monitoring clinic, specialist physiotherapy services, specialist occupational therapy services, a physiotherapy triage clinic and an injection clinic.

The activity levels within the Department at Tallaght Hospital continue to grow year-on-year, as immune inflammatory arthritis affects up to 2% of the population. Based on that figure alone, the catchment population should have a cohort population of 2,800 rheumatoid arthritis patients with 2,800 patients with other inflammatory arthritis who would require 2-3 return attendances per annum. Based on these figures the growth in current referrals can be expected to continue to grow with a peak estimated demand of approximately 2,000 new referrals per annum and 11-12,000 return patient visits per annum. We are currently developing community-based models of care that would enable patients to be managed long-term in the community.

6.1.2 Haematology Department

Links within the community and with Naas Hospital have been strengthened this year, by the appointment of a third consultant Haematologist, Dr. Ronan Desmond. This has enabled the team to provide care to patients with benign and malignant haematological disorders, treating 200 new patients with haematological cancer throughout the year. The Department has also maintained its status as an International Centre of Excellence for the Myelodysplastic Syndromes (MDS), pioneering clinical research in this area. This year saw the publication of the British Guidelines for Management of MDS, co-authored by Professor Enright, and the further development of the Irish Patient Forum for MDS, with a patient-focussed information day.

6.1.3 Emergency Department

Phase I of the extension to the Emergency Department (ED) opened towards the end of 2014. This phase resulted in an extension to the Paediatric Clinical Decision Unit and ED, extended Resus area in the Adult ED (increase from 4 to 5 bays), and extended Majors area (increase of 3 to 10 bays). It also included two new dedicated Psychiatric assessment rooms, two staff areas and a Bereavement Suite with two family rooms, one viewing room and two initial assessment spaces. The opening of Phase I is enabling staff to care for patients in a more appropriate and comfortable environment with the enhanced design and layout of the patient cubicles.

Phase II is expected to be completed by May 2015. This expansion will provide additional space, ensuring correct streaming thus resulting in patients being seen more efficiently and a decrease in the amount of time spent in the department.

6.1.4 Nephrology Department

Dialysis activity in Tallaght Hospital increased with 25,383 dialysis treatments (up 706 patients cases on last year). The number of patients on dialysis continues to grow by 7% per annum to 229 patients, of which 179 are in-centre haemodialysis patients (up 6 patients cases on last year) and 50 home therapies (up 10 patients cases on last year). Caring for this number of dialysis patients makes Tallaght Hospital the second largest provider of dialysis services in the country. Our medical team also follows up 294 Renal Transplant patients (up 30 patients cases on last year).

With an increasing demand on the services of this Department, and the expertise it has developed, it is essential for the care of existing and future patients that it is extended to facilitate this growing demand. The development of a new Dialysis Unit received approval and will progress to a detailed Design Phase in 2015 for the development of a facility to replace the current Renal Dialysis Unit. This will provide enhanced isolation facilities and ensure that dialysis patients' facilities are compliant with the Strategy of Antimicrobial Resistance in Ireland (SARI) guidelines. It is also planned to enlarge the Home Therapies Unit and develop a self-care Haemodialysis Unit as these changes would enhance the quality of life of patients and lead to substantial long-term cost savings.

6.1.5 Neurology Department

The Neurology Department has obtained external funding to allow development of a Neurology Ambulatory Day Ward on Ruttle ward. This work is scheduled to commence in 2015. This will allow patient monitoring following commencement of specialist drugs and rapid access for clinical assessment of patients known to the service, enhancing access and care for our patients with acute and chronic neurological disorders. In collaboration with Professor Lorraine Cassidy, Department of Ophthalmology, Tallaght Hospital, The Neurology Department has also obtained external funding for an Optical Coherence Tomography Machine, required for monitoring patients with multiple sclerosis on new disease-modifying drugs, but also used in various other ophthalmological disorders.

A revised Neurovascular Multi-Discipline Treatment (MDT) Proforma is being prepared by Dr. McCabe, in collaboration with colleagues in Neurology, Vascular Surgery and Age Related Healthcare (ARHC) (2014 to date) for our weekly Neurovascular Multidisciplinary meeting at Tallaght Hospital which Dr. McCabe has chaired since 2006.

6.1.6 Endocrinology Department

We provide a wide range of clinical services in Endocrinology and Diabetes in addition to playing a significant role in teaching and research.
We liaise closely with the Departments of Chemical Pathology and Paediatric Endocrinology and we provide combined clinics in association with the Departments of Nephrology, Gynaecology and Vascular Surgery (Foot Protection Clinic).

Clinical care in diabetes focuses on Type 1 Diabetes (including transitional care, young adult services and new technologies - insulin pumps and continuous glucose monitoring), diabetic complications (particularly renal and vascular) and inpatient diabetes care. Diabetes nurse specialists, dieticians and podiatrists provide patient-centred diabetes care within the Diabetes Day Centre.

Recently developed services include group education sessions for patients with Type 2 Diabetes, Insulin-Pump Clinics, Transitional Clinics and structured education programmes for patients with Type 1 Diabetes. Endocrinology services are delivered through specialised clinics which include general endocrinology, pituitary disorders, adrenal disorders, thyroid disorders, metabolic bone and endocrinology/ gynaecology. Dynamic endocrine testing is carried out in the Diabetes Day Centre.

In conjunction with the Departments of Paediatric Adult and Endocrinology, we provide a lifelong service for patients with diabetes and other endocrine conditions that is unique in Ireland. Seamless transition is facilitated by documentation of all clinical interactions for children and adults with diabetes on the same electronic database (DIAMOND). Young people with diabetes are formally transitioned to adult services when they reach approximately 18 years of age. The transitional process takes the form of attendance for one year at a quarterly clinic attended by consultants, Diabetes Nurse Specialists and dieticians from paediatric and adult services.

The endocrine service activity has grown considerably in recent years showing more than three times as many patients attended our service in 2014 compared to 2005. The diabetes service is largely paperless and patient interactions are all electronically recorded. This allows us to closely monitor our activity and performance.

We have an active research programme and have recently carried out studies in patients with Type 1 and Type 2 Diabetes, Overt and Subclinical Hypothyroidism, and Polycystic Ovary Syndrome. Other ongoing studies relate to pituitary and adrenal disease. Techniques established in our laboratory include assessment of Glucose/Insulin Homeostasis using a number of techniques including the frequently sampled intravenous glucose tolerance test, fasting and post-prandial studies of lipid metabolism; ultrasonographic measurement of carotid intima-media thickness as a surrogate marker of atherosclerosis and assessment of endothelial function using brachial artery ultrasound.

OUR DEPARTMENT OF ORTHOPAEDIC SURGERY COMPLETED THEIR EVOLUTION INTO A FULLY COMPREHENSIVE SERVICE FOR ELECTIVE ORTHOPAEDIC AND TRAUMA ORTHOPAEDIC SERVICES IN 2014. THIS WAS DONE WITH THE STRENGTHENING OF THE UNIT WITH THE APPOINTMENT OF FOUR NEW CONSULTANTS, TWO SPECIALISING IN UPPER LIMBS, ONE PELVIC/ACETABULUM TRAUMA AND ONE SPINAL SPECIALIST.

6.2 SURGERY

This has been another demanding year for the surgical services, especially the elective element of the service. The demand for inpatient beds created by the admissions through the Emergency Department continues to limit the availability of beds for patients scheduled for elective surgery. In an attempt to facilitate elective admissions, a policy of ring-fencing of beds for elective surgeries was introduced. Patients are accommodated in wards with specialist nursing. This is known to improve efficiencies and outcomes. Patients continue to be cancelled especially during high pressure time, as recently occurred during an influenza outbreak. In 2011 we introduced a policy of admission on the day of surgery (DOSA), which automatically reduces the patient length of stay by a day. In 2011, when first introduced, we had 248 patients admitted on the day of surgery. In 2014 this number reached 1,508, with corresponding bed day savings; this equates to providing over four extra beds for the year.

6.2.1 Orthopaedic Services

Within our Department of Surgery, the Orthopaedic Services completed their evolution into a fully comprehensive service for elective orthopaedic and trauma orthopaedic services in 2014. This was done with the strengthening of the unit with the appointment of four new Consultants, two specialising in upper limbs, one pelvic/acetabulum trauma and one spinal specialist. Tallaght Hospital has become the National Pelvic and Acetabular referral centre; this is due to the work of the founder of this service, Professor John McElwain, who has retired after 27 years as a consultant. The surgical team would like to acknowledge his efforts and considerable skills which he has passed onto multiple orthopaedic surgeons and assure him that we will continue to build and grow our reputation as an orthopaedic trauma centre.

6.2.2 Ear, Nose and Throat Services (ENT)

Another initiative which has worked extremely well is our Adult Tonsillectomy initiative. In order to address the long waiting periods patients had for appointments in our ENT (Ear, Nose and Throat) Outpatients service we worked to address and effectively manage the number of adult patients referred with tonsillitis and who are on the adult tonsillectomy waiting list, by contacting them and screening them over the phone with a medical professional. In the absence of finding any other hospital with a protocol / guidelines for such a service we developed our own and the outcome has been very successful.

The initiative started at the end of September 2014, 233 patients were contacted, 93 of those patients met the tonsillectomy criteria. This simple, but very effective initiative has increased the availability of outpatient ENT slots. More importantly, our patients have a positive experience. For those that can be removed from the list, means that they do not need to take time off work / college to attend the Hospital, and for patients that need an appointment, the contact is very effective in reminding them that we are progressing their Hospital journey. The initiative is a positive achievement for the Hospital and similar initiatives could be rolled out across other services to prevent unnecessary outpatient visits, resulting in greater efficiencies of waiting list management, and provide patients with earlier appointments. It is hoped to continue this initiative if further funding can be secured.

6.2.3 Critical Care Service

The Critical Care Service continues to operate under enormous pressure caused by a lack of resource/capacity. This is a manifestation of the pressure within the service in the Dublin region. The Hospital has submitted proposals for an increase in capacity and is hopeful that this development will be supported by the HSE and Group as a major strategic development for the DMH Group.

Marion Connolly
LEAD ASSISTANT
DIRECTOR OF NURSING

Dr. Peter Greally
CLINICAL DIRECTOR
PAEDIATRIC DIRECTORATE

Eoin Power
BUSINESS MANAGER

PLANS CONTINUE TO PROCEED FOR THE NATIONAL PAEDIATRIC HOSPITAL WITH PLANNING PERMISSION FOR THE NEW HOSPITAL TO BE SUBMITTED IN 2015. THE HOSPITAL DESIGN TEAM IS WORKING WITH NCH REPRESENTATIVES TO CONSIDER OPTIONS FOR THE LOCATION OF DEPARTMENTS AND WARDS WITHIN THE NEW HOSPITAL. REGULAR ROADSHOWS BY THE NATIONAL CHILDREN'S HOSPITAL GROUP BOARD WILL BE SCHEDULED, WITH OUR STAFF BEING INVITED TO ATTEND AND PARTICIPATE.

6.3 PAEDIATRICS

2014 was an exciting and challenging year for the Paediatric Directorate in Tallaght Hospital. Building commenced in 2014 for a Children's Short Stay Observation Unit (SSOU), the first dedicated children's unit in Ireland. This is a further development which is in line with the strategic vision for the new National Children's Hospital and the National Model of Care for Children in Ireland. This eight-bed unit will be under the shared governance of the paediatricians and the children's emergency medicine consultants. The SSOU was completed at the end of 2014. It is fully equipped, and will open in 2015 following the reconfiguration of the children's emergency waiting room and the development of an additional triage room. A business case for workforce funding has been submitted to the HSE.

The National Children's Hospital Foundation funded the purchase of a new ultrasound machine for the X-ray department to the value of €143,000. This new machine has increased efficiency as patients' details are automatically transferred across when the appointment is made, therefore removing the requirement to manually input this information. Its high resolution imaging, with autofocus, has reduced the time required to complete an ultrasound. This enabled the X-ray department to increase the number of ultrasounds it performs daily. The ultrasound machine also has the ability to perform cardiac echoes and so is transferred weekly to the Children's Outpatient department for that purpose. This new machine continues to allow Dr. Coleman to do a cardiac echo on any child that requires it when they attend for an appointment. Having the cardiac echo undertaken on the day ensures that we continue to provide an efficient and smooth outpatient service for the children and parents.

Our Paediatric Team at Tallaght Hospital was also strengthened with the appointment of Eleanor Molloy to the post of Professor of Paediatrics in Trinity College. Professor Molloy has her office in the Trinity Centre in Tallaght and plans to hold infant developmental clinics in Tallaght in 2015. This year also saw the appointment of Dr. Ciara McDonnell as Consultant Paediatric Endocrinologist for Tallaght and Temple Street Children's University Hospital. The appointment of Dr. McDonnell ensures that our endocrine and diabetic patients will continue to get excellent medical care. This shared post will also ensure that, going forward, both services will develop cross-city policies, thus preparing itself for amalgamation in the new Children's Hospital.

Plans continue to proceed for the New Children's Hospital, with planning permission for the new hospital to be submitted in 2015. The Hospital Design Team is working with NCH representatives, to consider options for the location of departments and wards within the new hospital. Regular roadshows by the Children's Hospital Group Board will be scheduled, with our staff being invited to attend and participate. Activity and capacity meetings have taken place. Manpower planning is underway. The Youth Advisory Council (YAC), with Tallaght patient representatives, are actively engaged with the Children's Hospital Group Board and design team. Much discussion has been afforded to the model of care for the Children's Hospital and the satellites centres. Visits to the UK, (Alder Hay and Bristol), have taken place with Tallaght representation as part of this process.

The announcement that one of the satellite centres would be built in Tallaght was met with much enthusiasm by staff and patient user groups.

OUR HAEMATOLOGY DEPARTMENT, WHICH CARES FOR PATIENTS WITH BENIGN AND MALIGNANT HAEMATOLOGICAL DISORDERS, CONTINUES TO EXPAND ITS SERVICES AND EXPERTISE. IN 2014 IT STRENGTHENED ITS LINKS WITHIN THE COMMUNITY AND WITH NAAS HOSPITAL, WITH THE APPOINTMENT OF A THIRD CONSULTANT HAEMATOLOGIST, DR. RONAN DESMOND. THE DEPARTMENT ALSO SUCCESSFULLY MAINTAINED ITS STATUS AS AN INTERNATIONAL CENTRE OF EXCELLENCE FOR THE MYELODYSPLASTIC SYNDROMES, PIONEERING CLINICAL RESEARCH IN THIS AREA.

6.4 DIAGNOSTICS

The Diagnostic Directorate in Tallaght Hospital includes the departments of Radiology and Pathology, this encompasses Phlebotomy, Infection Control, Haemovigilance and Point of Care Testing (POCT). The past year, no more than any other, presented a number of challenges for the Directorate and I am pleased to say a number of successes, which further enhances a patient's journey through our Hospital.

6.4.1 Pathology Department

The Pathology Department rallied to work collectively on the transition from the UK-based Clinical Pathology Accreditation (CPA), to the ISO 15189 system from the Irish National Accreditation Board. The Assessment was held in June and the department expects to receive full accreditation in 2015. Accreditation protects the patient and promotes patient safety by helping to ensure that the right result for the right test on the right patient is reported in a timely manner. It is an assurance that we are benchmarked against internationally recognised quality measures.

6.4.2 Microbiology Department

As the year progressed, increased attention was paid to the growing Ebola haemorrhagic fever epidemic in West Africa. A preparedness committee was set up, led by Dr. Suzanna Frost, the new Consultant Microbiologist and the Infection Control Team, ensuring we had the appropriate measures in place to deal with any suspected case of the Ebola virus. The experience we have in Tallaght Hospital was shared internationally through our Consultant Microbiologist, Professor Philip Murphy, who in addition to advising the Hospital, was also appointed as a World Health Organisation (WHO) consultant to Ethiopia for Ebola preparedness.

6.4.3 Haematology Department

Our Haematology Department, which cares for patients with benign and malignant haematological disorders, continues to expand its services and expertise. In 2014, it strengthened its links within the community and with Naas Hospital, with the appointment of a third consultant Haematologist, Dr. Ronan Desmond. The Department also successfully maintained its status as an International Centre of Excellence for the Myelodysplastic Syndromes, pioneering clinical research in this area.

6.4.4 Radiology Department

2014 saw major capital investment in the Radiology Department. A new Interventional Radiology (IR) Suite was commissioned in April. It replaced equipment that was over 13 years old. Interventional Radiology is a service which has developed radically in the past decade. It offers patients access to procedures with reduced requirement for anaesthesia, resulting in shorter lengths of stay.
The new machine offers state-of-the-art imaging for the Interventional Radiology (IR) team and the creation of an IR suite has greatly improved patient care by providing a dedicated recovery area. A second Magnetic Resonance Imaging (MRI) scanner was commissioned in August.
It has helped to reduce inpatient access times to MRI, resulting in the majority of inpatients now accessing MRI within 24 hours.

A team from Clinical Chemistry graduated with the Royal College of Physicians of Ireland (RCPI) Diploma in Leadership and Quality following successful implementation in the Emergency Department (ED), of the Sensible Test Ordering Practice (STOP) project.

Radiographer Nollaig McCann in the MRI Suite

The Radiology department implemented the National Integrated Medical Imaging System (NIMIS) in July. A multi-departmental team led by the Clinical Director and project managed by Maeve Murphy, ensured that the 'Go Live' was achieved on the 22nd July. This has resulted in a new Radiology Information System (RIS), Picture Archiving Communication System (PACS) and electronic requesting of digital imaging, thus reducing the risk of paper-based ordering. The system also allows for the sharing of diagnostic information across hospitals nationally.

The future of diagnostics is heavily dependent on ensuring that we meet growing demand, by ensuring we remain state-of-the-art with technology, processes and system development. The Directorate will also continue to grow relationships with the other hospitals within our group to ensure that we can provide the highest level of patient care. The focus for pathology will be the development of the CORE Automated Blood Sciences Laboratory and implementation of a work plan for development of quality-assured Point-of-Care Testing services in several key areas across the organisation.

In Radiology the focus will be on improving patient access to diagnostic imaging, through quality improvements and capital investment and working together with our clinical colleagues to fully utilise the expansive capabilities of NIMIS.

In 2015, Diagnostics will appoint a new Clinical Director. I would like to express my sincere gratitude to all of my colleagues that have supported me in my time. There have been many improvements to the services we provide in the Diagnostics Directorate during my tenure as Clinical Director, each enhancing the journey our patients take with us.

I have been privileged to lead a very dedicated, talented and innovative team, who despite all the challenges faced, never ceased in putting patients first. I would like to thank them most sincerely for their support, commitment and unwavering energy.


SIEMENS
Artis
DISPOMEDIC
30 un
CARE+CLEAR

SECTION 7.0

DRIVING QUALITY AND SAFETY

DRIVING QUALITY AND SAFETY

Tallaght Hospital, like all the other hospitals in Ireland is facing increasing demand for our services from all over the country. We have responded by increasing our activity and availability. But that's not enough. We are not satisfied with just providing a service, we are deeply committed to ensuring we provide the right care in the right way in the right setting all of the time to all of our patients. That is our definition of quality.

We are constantly looking to put our patients at the centre of everything we do, treating them as we would want to be treated ourselves, in a timely, respectful, caring, dignified and pleasant environment. We embrace innovation and are constantly looking for ways to improve what we do every single day.

Tallaght Hospital values and prioritises all aspects of quality. Our staff are our best asset, so we spend a considerable amount of time and resources in training them to prioritise patient safety and apply evidence-based continuous quality improvement techniques. We constantly review what we do and introduce changes for continuous quality improvement. This in turn generates a positive culture and skill-set within the hospital.

There is a constant emphasis on improving the effectiveness of care through the use of clinical audits, care bundles[1], and the roll-out of the clinical care programmes. Patient safety has been enhanced through a variety of approaches, including the use of safer equipment, protocols, and policies, and through a highly

Figure 1: Themes for Quality and Safety

Members of the Quality, Safety Risk Management Team

effective and committed infection control service. Patient journeys through our Hospital have improved through a range of initiatives such as those targeted at reducing the need to place patients on trolleys when waiting for beds, as well as improvements in the facilities and the Hospital environment for patients during their stay.

Driving quality improvements with the patient at the heart of care and all its aspects, is pivotal to what we do, and will continue to do at Tallaght Hospital. We will do this in line with the themes identified through National Standards For Safer Better Healthcare (below).

We will continue to engage with HSE/HIQA to demonstrate compliance with these standards. These themes and associated standards, combined with the World Health Organisation's (WHO) Quality Dimensions below, provide an excellent template against which we assess the quality of the care we deliver.

The WHO's Quality Dimensions require that health care be;

- **Effective.** Delivering health care that is adherent to an evidence base and results in improvement of health outcomes for individuals and communities, based on need
- **Efficient.** Delivering health care in a manner which maximises resource use and avoids waste
- **Accessible.** Delivering health care that is timely, geographically reasonable and provided in a setting where skills and resources are appropriate to medical need
- **Acceptable/Patient–Centred.** Delivering health care which takes into account the preferences and aspirations of individual service users and cultures of their communities
- **Equitable.** Delivering health care which does not vary in quality because of personal characteristics such as gender, race, ethnicity, geographical location, or socioeconomic status
- **Safe.** Delivering health care which minimises risks and harm to service users.

1 A 'care bundle' is a collection of interventions that may be applied to the management of a particular condition.

SECTION 8.0

KEY ACHIEVEMENTS 2014

KEY ACHIEVEMENTS 2014

8.1 Safe Care / Patient Safety

8.1.1 Environment, Health & Safety (EHS)

It is the role of the EHS Department to provide a safe environment for patients, visitors, staff and contractors working in the Hospital. There are a number of key elements involved in creating this environment of care within Tallaght Hospital. They are: Fire Safety, Contractor Management, Hazardous Materials and Safety Management.

A summary of activities/achievements in 2014 include the following:

- There are over 60 departments within the Tallaght Hospital Campus all of which use the Departmental Safety checklist. The EHS conducted a number of spot audits for EHS compliance during the year and noted satisfactory compliance rates.
- As part of the Hospital's preparedness for treatment of a suspected Ebola case, the EHS Department co-ordinated an Ebola drill in the Education Centre which was attended by over 100 people. This was run in conjunction with the Major Emergency Planning Office under the auspices of Mr. Mick O'Toole, with all Emergency Services statutory bodies (An Garda Síochána, Ambulance Service, Customs & Excise, Immigration, Dublin Airport, HSE) and frontline hospitals in the Leinster region participating.
- Departmental Fire evacuation drawings were updated due to new works and developments on campus.
- Dangerous goods audits were carried out in 2014 and minor non-conformances were addressed.
- The Fire Register developed and implemented by the Fire Safety Officer, is recognised as exemplar by the Emergency Fire Services and Dublin Fire Brigade. Our Fire Officer Mr. Tony O'Brien was awarded an award by the National Association of Healthcare Fire Officers of Great Britain and Ireland for the development of this tool.
- Nine in-house manual handling instructors conducted 56 training sessions for 392 staff throughout the year. A further 33 Manual Handling training sessions for 199 staff were conducted by an external training company in 2014.
- The introduction of e-learning as part of the mandatory manual handling training (theory only) has resulted in reduced training time for staff.
- Fire training remains a key focus area for the Hospital following the canteen fire incident in 2010. 1,592 staff participated in Fire Safety training in 2014.
- Reassurance air monitoring was conducted in 2014 in theatres and laboratories to assure patient and staff safety, validate local exhaust ventilation and ensure legislative requirements are met.
- The EHS Department has contributed to ongoing developments and projects within the Hospital.

8.1.2 Policy Development

In 2014, we completed a comprehensive governance review of Policies, Procedures, Protocols and Guidelines (PPPG). The central repository is now Q-Pulse (electronic document system) for all documents. A staff survey and a PPPG audit were conducted in mid-2014. Feedback from the staff survey showed that 94% have access to and are using Q-Pulse on a regular basis. It is hoped to set up a PPPG Governance Committee in early 2015. A Train-the-Trainer programme took place in early 2014 with revised training material, and agreed PPPG development training dates were implemented during 2014.

Prior to this work, many policies were only in paper copy or stored on local folders. The majority of PPPG can now be accessed on Q-Pulse. This system enables staff to readily access their documents at the touch of a button.

8.1.3 HIQA Standards

In early 2014 a whole Hospital assessment was completed against the HIQA Standards for Safer Better Care (8 Themes) using the HSE template in line with national requirements. Following this, we tracked the quality improvements identified by staff in Adult and Paediatric services to completion. There were a total of 61 quality improvements identified of which 51 applied to clinical services and the remaining were organisational.

Clinical Nurse Specialist Una Crowley and Staff Nurse Kay Maher in the Oncology Unit

We facilitated and supported the Mortuary and Medical Physics Clinical Engineering Departments to complete their assessment against the HSE standards. Their agreed quality improvements were tracked subsequently.

8.1.4 Quality Improvement

The Hospital has a strong history in the use of Six Sigma Quality Improvement methods since 2002. Building on this success, we have developed new Quality Improvement and Project Management training material combining both the Plan-Do-Check-Act and Lean (management process for streamlining workflows within the Hospital) methodologies. This shorter course facilitates staff to get leave to participate in the training, which combines best practice in quality improvement, enabling them to complete a project while still managing their day job.

Project templates were developed for use in conjunction with the new material. The programme was delivered over three consecutive days. Two programmes were supported during the year with 13 members of staff participating and completing the programme. Each participant completed their Quality Improvement project on an "Area of Pain" in their service and had three months to complete the project. They were provided individual coaching sessions during the project timeline. Some of the projects currently being worked on include:

Adult Tonsillectomy Fast Track – an initiative to reduce the patient waiting list in outpatients. It is hoped to apply the same process to other conditions in the ENT service such as Tinnitus, Sinusitis and hearing loss following its successful completion.

Mealtime Process on an Acute Ward – The aim of this project was to create a visible defined mealtime on the ward with other care processes built around it. The results from this project will hopefully set the foundation in place for protected mealtimes across the organisation

A graduation ceremony for these project leads is planned for early 2015 and a continuation of the programme is expected during 2015.

The Meath Foundation continues to fund Quality Improvement initiatives to the value of €100,000 annually. Nine successful proposals were agreed and the participants received coaching and mentoring from the Quality Manager during the project phase. Each participant will present their results at the Meath Foundation Research Symposium in November 2014. The research funded by the Foundation has led to new treatments and medical technologies which benefit patients every day.

A number of consolidated one-day Meeting Facilitation Skills workshops were provided during 2014, enabling staff to update their skills whilst others were introduced to this structured process for managing meetings.

8.1.5 Occupational Health Department (OHD)

The primary role of the Occupational Health Department (OHD) is to protect staff from work-related ill health. Occupational Health also provides an independent advisory role on 'fitness for work' issues. These functions are achieved by a combination of individual reviews, committee work, engagement with outside stakeholders and participation in group training programmes.

The OHD maintained a high level of routine activity in 2014 with over 1,100 reviews of staff, 477 pre-placement assessments and over 2,750 vaccinations / immunity checks completed. Of note, uptake of influenza vaccination among staff increased to over 30%, which was welcomed. Occupational Health services are augmented by the provision of an outsourced employee assistance programme.

During 2014, 7% of staff availed of the web-based support and 4% of them engaged directly with the service. 2014 marked the phased introduction of safety phlebotomy devices, in keeping with the latest legal requirements. This was co-ordinated by occupational health and represents an ongoing project, with the roll-out of new devices expected to continue during 2015.

8.1.6 Clinical Audit

Clinical audit is defined as "a quality improvement process that seeks to improve patient care and outcomes through a systematic review of care against explicit criteria and the implementation of change". The Clinical Audit Department is an integral part of the Quality, Safety and Risk Management (QSRM) Division.

Since 2013 Tallaght Hospital has developed a programme of organisationally prioritised audits, linking closely with the Clinical Audit Committee and the Executive Management Team. They only represent a small proportion of the total clinical audit activity throughout the Hospital. These audits are supported by our Clinical Audit Department representatives, who ensure the audits are completed and the recommendations are implemented.

A list of the prioritised clinical audit topics in the 2014 clinical audit programme is found below. Topics that require re-audit will also be brought forward to the 2015 programme. Samples of these audits are provided below:

Subject	Audit Title
Early Warning System (EWS)	Compliance with the Tallaght Hospital Early Warning Score Escalation Protocols
Stroke Pathway	Door to needle: Audit of compliance of thrombolysis pathway for acute ischaemic stroke.
Thromboembolic Prophylaxis	Compliance rates of venous prophylaxis in Tallaght Hospital medical patients with guidelines.
Wound management including pressure ulcers	Audit of completed risk assessment tool and evidence of pressure prevention care plan in patients who presented with or developed a pressure ulcer while in Tallaght Hospital.
Oxygen administration on Hospital ward.	An audit on the prescription of oxygen on inpatients in medical wards.

Education and Support

One of the functions of the Clinical Audit Department is to encourage and facilitate a disciplined clinical audit methodology through education and practical support. This helps to ensure a greater proportion of audits complete the audit cycle and that recommendations are implemented and improvements demonstrated. 2014 saw the introduction of the first phase towards a more structured education programme.

The clinical audit education talks were delivered to the following staff in 2014:

- Hospital Corporate Induction Programme
- Clinical Nurse Specialists & Advanced Nurse Practitioners
- Interns
- Medical Students
- Cardiology Service
- Infection Prevention & Control
- Department of Surgery

Acting Education Coordinator Sandra McCarthy teaching in a participative training course in the Centre for Learning & Development

Communication and Clinical Audit Intranet

The clinical audit intranet site has been updated and is an important means of communication, as well as support for staff planning to undertake a clinical audit. The site contains comprehensive information, tools and guidelines and also links to external clinical audit support sites.

The inclusion of a collaborative working relationship with Trinity College in clinical audit committee work has been very beneficial. 2015 will see further collaboration with the aim of increasing healthcare undergraduate student participation in the Hospital's clinical audit programme.

Other communication initiatives undertaken in 2014 included the development of a patient information leaflet which provides a brief explanation of clinical audit methodology as well as reassurance on confidentiality and data protection issues.

Annual Clinical Audit Study Day 2014

In 2014, the Hospital worked in collaboration with The Meath Foundation who announced a new initiative of a quality improvement fund for staff in the Hospital, to support them in driving continuous quality improvements in Tallaght Hospital. One of the highlights of the event was a talk from guest speaker Fiona Cahill, Manager at the National Office of Clinical Audit. Fiona gave an uplifting talk which included recognition of Tallaght Hospital being at the forefront in participating and implementing a number of important national audits. Dr. Tara Coughlan presented on the work of the Irish National Hip Fracture Database and Dr. Sean Kennelly presented on the Irish National Audit of Dementia. The morning continued with eight excellent presentations from quality and clinical audit projects initiated by our own staff.

8.2 Health and Wellbeing

Although, the focus for Tallaght Hospital is on treating our patients, we also work to ensure that we provide a health-promoting environment within the Hospital. We encourage our patients to adopt healthy behaviours both during their stay and when they leave the Hospital. The following provides some examples of these health-promoting initiatives in 2014.

8.2.1 Breastfeeding

The Breastfeeding Supportive Committee in Tallaght Hospital is a multidisciplinary committee with representatives from three community-based organisations: La Leche League, Cuidíu and Friends of Breastfeeding. In 2014, we continued to work to protect, promote, and support breastfeeding, to ensure evidence-based literature and education is provided to both staff and parents. This included induction talks for Junior Paediatric Doctors on breastfeeding.

In February, we arranged for Wendy Jones, a Pharmacist with specialist knowledge of lactation and breastfeeding, to present at Grand Rounds (an Educational Forum which happens on a weekly basis) on the topic of breastfeeding and medication. In September, as part of National Breastfeeding Awareness Week we arranged for a breastfeeding supportive tagline on all external hospital emails to demonstrate corporate support for breastfeeding. We continue to work across both adult and children's services on breastfeeding related policies and guidelines.

8.2.2 Information

In 2014, we continued to provide public health information and awareness days delivered from our Health Information and Resource Centre, which is located in the main atrium of the Hospital. There are over 3,000 employees in Tallaght Hospital and their health is our wealth. In line with this we rolled out evidence-based initiatives to understand and reduce excessive weight and alcohol consumption amongst staff.

8.2.3 Tobacco-free Campus

Tallaght Hospital continues to work towards becoming a smoke-free campus, a target which is set for 2015. We made very good progress in 2014 by reducing the number of designated smoking areas, increased enforcement of the ban, and improved signage and communication. In addition, in line with national policy, we introduced a ban on the use of e-cigarettes in Tallaght Hospital. By supporting this national policy we are playing our part in reducing the enormous toll of mortality versus morbidity caused by smoking. The policy covers all areas of the campus and will apply to all patients, visitors, staff and contractors.

8.2.4 Smoking Cessation

In 2014, we continued to deliver regular brief intervention training sessions aimed at providing staff with the skills to guide and support their patients towards positive health behaviour change.

Receptionist Donna Fermoyle assisting a member of the public in the atrium

8.3 Effective Care / Effectiveness

8.3.1 Health and Social Care

Health and Social Care Professionals (HSCP) continued to expand and develop the services provided to patients at Tallaght Hospital in 2014. The HSCP provide patients with a broad range of services, which are delivered by highly skilled staff. The Hospital's ongoing commitment to the training and development of staff ensure that patients receive the most up-to-date, high-quality and evidence-based practice available. HSCP are working in collaboration with the clinical directorates to develop services to meet the increasing demands and complexity of patients accessing our services.

Some of the key focus areas in 2014 included,

- Development of a multidisciplinary memory assessment clinic by the Age-related Healthcare team in line with the Irish National Dementia Strategy
- Within the stroke service, the Physiotherapy, Occupational Therapy, nursing staff, medical teams and clinical photography have worked together to develop an integrated care pathway for the management of the hemiplegic upper limb. This will assist in enhancing the rehabilitation received from the multidisciplinary team
- The Department of Nutrition and Dietetics has worked with Nurse Practice Development on the roll-out of a Nutrition Care Plan for Nurses. Training on the use of the Malnutrition Universal Screening Tool (MUST), which forms part of the care plan, was provided by the dieticians on a number of wards in Phase One of the roll out

Play Therapist Catherine Garland with a patient and Mr. Ted in the National Children's Hospital

Physiotherapist Ruth Wade with a patient in the gym in the William Stokes Unit

- Speech and Language Therapy further developed their Dysphagia service with access to Flexible Endoscopic Evaluation Swallowing (FEES), videofluoroscopy and high-resolution manometry. In addition the team completed a study with Gastroenterology comparing standard unsedated OGD (esophagogastroduodenoscopy) and transnasal gastroscopy. This study is currently being prepared for publication. These developments will result in an improved patient experience and also assist with increasing the capacity within Endoscopy

- Occupational Therapy, in collaboration with the Trauma Orthopaedics team, has developed a Hand Therapy led patient care pathway for patients through the Trauma Clinic service. Patients will receive therapy at an earlier stage of their care and it will also assist the doctors in treating more patients at clinics

- The Psychology Department and HR have continued to deliver an eight week mindfulness-based stress reduction course for staff

There has also been collaboration with HSCP within the hospital group;

- The development of Rheumatology services between Tallaght and Naas Hospitals. The collaboration between Physiotherapy, Occupational Therapy and Nursing on both sites, ensures patients receive the most appropriate care closer to their homes

- The Podiatry Department collaborated on a study with St. James's Hospital to investigate the effectiveness of standardised tests used within their services, resulting in the streamlining of assessments for conditions such as sensory neuropathy

All HSCP departments are actively involved in clinical audits to ensure our practice is in line with evidence-based practice.

8.3.2 Enhancing Patients Food and Nutritional Care

Providing good food and nutritional care is not just a fundamental elemental of good patient care it is an essential part of the patient's treatment and recovery process. On admission to hospital, one in three patients is at risk of malnutrition. This may be due to a combination of factors, including poor appetite, poor food choices and the effects of the underlying illness.

Compared with normally nourished patients, those who are malnourished fare badly – the risk of infections and other complications is higher; recovery is delayed, whilst hospital length of stay is longer. Hence, the early detection of those at risk on admission, followed by the provision of good nutritional care is essential.

Throughout 2014, a number of initiatives were undertaken to enhance the nutritional care of our patients. These initiatives, many of which were multidisciplinary, included:

- A review of the Hospital's compliance with the Department of Health guidelines on Food and Nutritional Care in Acute Hospitals
- A continuation of the roll-out across the adult wards of the Nursing Nutrition Care Plan (which incorporates the MUST nutrition screening tool)
- The establishment of a working group for the introduction of ward protected mealtimes
- A Mealtime Process Review Audit on the William Stokes Unit, the findings of which have led to the implementation of a defined mealtime service for the Unit and the development of an MDT Feeding Eating Drinking and Swallowing (FEDS) assessment tool
- A complete review and analysis of the Hospital's special menus for patients with swallowing difficulties
- The development of an electronic system to facilitate the accurate and prompt ordering of enteral tube feeds for wards
- Audit of the Hospitals enteral tube feeding and parenteral (intravenous) feeding practices

The establishment of a Hospital Nutrition Steering Committee, which includes representatives from the Medical, Nursing, Clinical Nutrition, Catering, Patent Food Services, Speech & Language, Occupational Therapy and Pharmacy disciplines and is chaired by the Director for Quality Safety & Risk, will help to ensure the continuation of these and other initiatives required to ensure compliance with the Department of Health (DOH) guidelines.

Looking forward to 2015, both the HSE and HIQA have identified the improvement of nutrition and hydration as a quality and patient safety strategic priority. So, whilst much has been achieved, there is still a lot more to do.

Dietitian Rebekah Forbes with a food pyramid used as part of the education process for patients on nutrition and dietetics

8.4 Staff / Workforce

8.4.1 Human Resources

The role of the Human Resource Directorate is to support our greatest resource, the management and staff of Tallaght Hospital of just under 3,000 people. It is also our role to ensure they have the necessary support to deliver for our patients and grow as employees while working here. In 2014, we focused on a number of key areas to enhance our offering to stakeholders, including a complete review of our polices, the setting of a clear change agenda, and the introduction of a revised structure, reflecting our users needs, by setting up three clear pillars of Medical HR, Learning & Development and HR Operations. HR Operations incorporates recruitment, payroll & personnel, superannuation, and a new HR Business partner model to support change. In addition we continued to drive technology usage in particular our recruitment system Candidate Manager and CORE, our rostering and time & attendance system, to empower managers real time management capacity.

Below we outline the contribution from the Human Resources Directorate during 2014 to our staff's recruitment and retention, their development and wellbeing, as well as acknowledging their role in implementing both national and local modernisation agendas to support better and more efficient care for our patients.

8.4.2 HR Operations Division

In 2014, the HR Operations Division restructured its services which included the creation of new HR Business Partners roles. These Business Partners are strategically aligned with the Directorates in the Hospital to provide embedded support to line managers in their workforce planning, people development and change management, for the delivery of services to patients in line with corporate strategy. They have played a key role in working with Directors and Managers on organisation design to ensure best practice in restructuring units or divisions in the Hospital.


Mr. John O'Connell
DIRECTOR OF HR

HR transactional services was also streamlined and modernised with the commencement, in September 2014, of the implementation of a new HR/Payroll SAP system supported at national level and due to go live in July 2015. The Directorate moved to electronic storage of personnel files in 2014, with plans in train to move all historic files to a scanned storage system. All HR Policies were updated in 2014 with refresher training provided to line managers and revised reporting of HR data for HSE and managers was introduced.

Tallaght Hospital holds over 160 recruitment competitions each year excluding medical staffing which are supported by two HR Managers and their staff in Nursing and General areas. This year we have seen increased competition for a number of roles particularly in nursing, diagnostic and medical areas. An innovative recruitment campaign targeting nursing staff was launched over the bank holiday weekend in October 2014, with billboard advertising in Dublin Airport running for a two week period in Terminals 1 and 2, Arrivals and Baggage Reclaim. This resulted in 100 direct applications for nursing positions within the Hospital. The general area recruited for all grades of staff outside of nursing and medical and has focused on recruiting in a timely and flexible response to managers' requirements.

8.4.3 HR Medical Division

In 2014, Siobhan Larrigan was appointed as the head of the HR Medical Division. The Division is responsible for the recruitment of all Consultant and Non Consultant Hospital Doctors (NCHD's) and to ensure the Hospital attracts and recruits the highest calibre of medical staff, enabling the Hospital to provide the highest possible standard of care. The main recruitment for NCHD takes place in January and July each year with a turnover of approximately 280 doctors. In addition to this, 11 Consultants commenced work in the Hospital in 2014.

All NCHD's swipe in and out on our electronic time system and this software was upgraded in 2014 to include an electronic rota system, which enables doctors to manage and swap their calls electronically with colleagues. As part of the European Working Time Directive, the HR Medical Division continues to work collaboratively with the NCHD Forum, Clinical Directors and our Consultant staff to design and implement new work schedules, to reduce the NCHD's working week, in line with the EU Directive.

It is the responsibility of the HR Medical Division to ensure that all relevant information for Medical Staff, including their CVs, qualifications, Occupational Health Clearance, references etc., are on their personnel files. The Department also provides support for the HR Directorate in the processing of Garda Vetting Forms to the Central Vetting Unit, and in 2014 we processed 869 Forms for staff commencing work at the Hospital. In 2015, it is envisaged that the Garda Vetting Unit will move to E-Vetting for staff, and Tallaght Hospital will be one of their pilot sites to implement this.

Continuing education is important in an academic teaching hospital. Both informal and formal structures are in place to support our NCHD's and Consultant staff. There are national structures in place that support medical staff, from a financial perspective, in their continual medical education, which is facilitated by Medical HR locally.

An example of the innovative recruitment campaign for the Hospital in Dublin Airport

8.4.4 Centre for Learning & Development

The Centre for Learning & Development (CLD), which was integrated into the HR Directorate in 2014, supports workforce transformation by organising learning in a way that helps staff to build the capabilities for job roles in their individual departments. There were 6,432 attendances by staff at seminars and workshops, in educational, professional, or personal development in 2014. In addition, there were a further 711 Health Care Professionals from the surrounding region who accessed education and training programmes designed or hosted by the CLD.

The Continuing Professional Education Prospectus was launched in September 2014 with details of over 105 programmes available to all staff. The CLD focused in 2014 on building the number of non-clinical programmes. Leadership programmes continued to progress in 2014 with the MSc Leadership delivered in conjunction with the RSCI, Leading in Uncertain Times for Nurse Managers and an Introduction to the Roles & Responsibilities of First Time Managers. Delivering innovating teaching methodologies continued to flourish in the CLD in 2014 with the introduction of Personal Response System, which allows real time participation in lectures and seminars for participants. A revised transparent application procedure for learning and development leave and funding, was introduced. This progressive application process is via the electronic platform of SharePoint.

There was a focus in 2014 in the promotion of employee wellbeing with the provision of a number of early morning and lunchtime building resilience/mindfulness sessions and lectures from guest speakers, including Padraig O'Morain and Dr. Veronica O'Doherty.

With the positive developments that have occurred in the Directorate in 2014 in technology, structure, and our people, we are well placed to support management and staff in their development and increase the performance of the Hospital as a result. The Directorate has plans for 2015 to further support its desire to work as much as possible with staff and managers to enhance their interactions with HR and provide a truly supportive service.

8.5 Supports to Clinical Services

8.5.1 Pharmacy Department

The Pharmaceutical Service to patients is made up of two key elements. The first is supply of medication, the traditional bedrock of pharmacy. The second is the clinical Pharmacy service in which pharmacists provide direct pharmaceutical care to patients at the bedside. Pharmaceutical care is defined as "the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve a patient's quality of life and prevent accidental harm caused by medications".


Ms. Sarah McMickan
DEPUTY CHIEF EXECUTIVE OFFICER

To provide the supply service the Pharmacy has two divisions – the Dispensary and the Aseptic Pharmacy Unit. A third division, the Clinical Service, provides the direct patient care.

The final element of the Pharmacy service is the Education and Research division. This underpins all of the dispensary, aseptic and clinical activity by providing a comprehensive staff training and development programme linked to required competencies. The Pharmacy Department is affiliated to the School of Pharmacy & Pharmaceutical Sciences, Trinity College, Dublin, and this relationship delivers the Masters in the Hospital Pharmacy Programme, as well as our Clinical research programme, which allows us to provide evidence-based care, and to use research findings to inform our practice. For example, our decision to reorganise our clinical Pharmacy service along medical team lines was made as a direct result of the findings of research done over the past three years in this Hospital.

The Pharmacy Department provides services to patients seven days a week with an on-call service operating between 6pm each evening and 8am the following morning. The on-call service is staffed by Pharmacists and it mainly provides information to staff, who need assistance out of hours, about medications and how to administer them.


Medication Safety Manger Ciara Kirke in the Hospital Pharmacy

Clinical Pharmacy Services

Clinical Pharmacists work at both ward level and in a number of specialities including Intensive Care, Haematology, Oncology, Psychiatry, Paediatrics, Microbiology, Emergency Admissions and Clinical Trials. Pharmacists visit wards daily and are involved in many aspects of patient care including patient medication reconciliation, drug usage review, promotion of safe, effective and economic medication use, patient and staff education, research, therapeutic drug monitoring, and other ward-based clinical activities.

Traditionally Clinical Pharmacy has been organised around wards, with each pharmacist responsible for patients in one or two wards. However, during 2014, we began a process of changing this arrangement to realign our clinical services to medical teams.

A Medicines Information (MI) service provides pharmaceutical and drug therapy information to medical, nursing, and allied medical professions.

During 2014, Clinical Pharmacists conducted 3,000 reviews of inpatient drugs charts each month. They carried out an average of 340 medication reconciliations at admission each month and documented 300 pre-admission medication lists in the Tallaght Education Audit Management System (TEAMS) computer system. These activities are targeted at preventing unintended discrepancies arising when patients are admitted to hospital. By conducting medication reconciliation on admission, Pharmacists prevented 1,000 such discrepancies each month, averting potential patient harm.

Dispensary Services

This incorporates medicines procurement and management, distribution of medicines to clinical areas, non-aseptic (extemporaneous) compounding and dispensing services for inpatients, daycase patients, patients attending the ED. A Ward-Based Technician (WBT) service is currently provided on four wards to assist in improved medicines supply and management of medicines at ward level.

Laboratory aide Snada Kulovac in the Laboratory Medicine Department

During 2014, we dispensed 305,874 items for patients. Each weekend we provided an average of 453 medications to patients. A significant proportion of these were narcotics required for severe pain, ensuring that patients who need these drugs did not experience any delays in treatment because their needs arose at the weekend.

When medicines are required out-of-hours for patients, these are accessed via the Night Nurse Site Manager, from a room maintained by the Pharmacy Department. This ensures that patients have immediate access to the medications required 24/7. During 2014, this room was used on 1,762 occasions to retrieve medications urgently needed for patients.

Aseptic service

Many drugs used in the treatment of cancer are given intravenously in complex cocktails. Because the drugs themselves are cytotoxic (harmful to human cells), they must be prepared in a sterile environment that protects both the staff member and the product. This service is provided by a group of specialised Pharmacists and pharmacy technicians from our clean room.

Cancer patients receive 90% of the medications prepared in the Aseptic Unit. During 2014, we provided 6,265 doses of chemotherapy for oncology patients and 3,036 doses for haematology patients. These medications are prepared in close collaboration with the medical and nursing staff in the day wards. Our unit is subject to audit by the National Cancer Control Programme and we participated successfully in this process in 2014.

In addition, the Aseptic Unit prepares doses of certain drugs which are either very expensive and therefore potentially costly in the event of waste, or complex to prepare and therefore time consuming and more error prone if done at ward level. One medication that fits both criteria is Ambisome, an antifungal drug that is complicated to prepare and requires tailoring of doses depending on patient weight and indication.

We began to prepare this drug ourselves towards the end of 2014 and will continue to do so in 2015 having shown that it is cost effective and safer for staff and patients.

Education

We have a comprehensive education programme. During 2014, we trained two pharmacy interns in the National Pharmacy Internship Programme operated by The Royal College of Surgeons in Ireland, two Pharmacists in the MSc in Hospital Pharmacy with Trinity College, Dublin, and three distance learning clinical diplomas with Robert Gordon University, Aberdeen. Our Oncology Clinical Pharmacist completed a specialist diploma in Oncology at Newcastle University. One of our Aseptic Unit Technicians completed a BTEC Professional Diploma in Aseptic Services at Bradford College. In addition we provided training for two undergraduate pharmacy technicians. Pharmacists are also involved in ongoing teaching for undergraduate and postgraduate pharmacy, nursing and medical students.

Tallaght Adult Medicines Guide 2014/2015

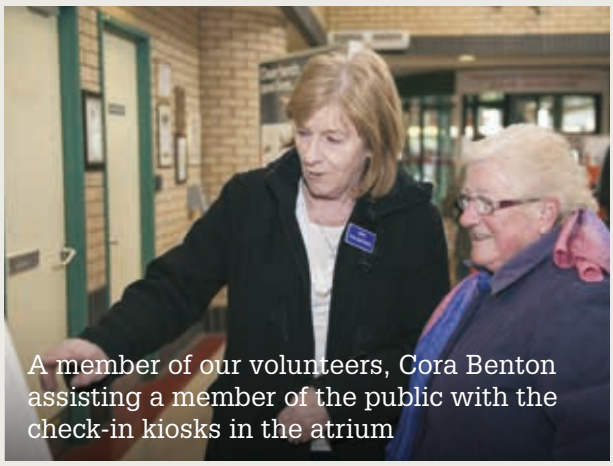
The Guide is an important patient care tool because it provides prescribers with concise information about which medicines to prescribe and how they should be given in this Hospital. The purpose of the Guide is to aid rational medicine selection incorporating local protocols and evidence-based prescribing practices that are agreed with Consultants. We published a new edition of the Guide in 2014, both in the traditional paper format and as an App that can be downloaded to Apple or Android platforms so that staff can access information on their mobile phones. The advantage of the App is that updates to information happen in real time as they are agreed. In the years to come, we foresee the App replacing the paper format as the reference of choice.

8.5.2 Volunteer Services

The Tallaght Hospital Volunteer Services function was established when the Hospital first opened in 1998 and has grown from strength to strength with 175 volunteers who provide an invaluable service to our patients and staff.

The highlight for the service this year was the makeover the coffee shop received. With increased seating capacity and generally a brighter area this is more than a coffee shop. As well as providing hot beverages and snacks at affordable prices it provides a space where patients and their relatives can sit and take in whatever news they have just received. The volunteers engage with customers, providing, on occasion some light relief; the service also provides an opportunity for people who need extra support to participate in being active members of their community.

During 2014, the department worked with the Schools Business Programme and was linked with Mount Seskin School, Jobstown, Tallaght. The aim of the programme is to make students aware of the many and varied careers that are available in Tallaght Hospital. The volunteers support the programme by facilitating visits by students to various departments and for members of staff to meet and talk to the students about their jobs and their career path. The service is most appreciative of the support of staff across all departments for this initiative.



A member of our volunteers, Cora Benton assisting a member of the public with the check-in kiosks in the atrium

The Tallaght Hospital Volunteer Service supports the following initiatives:

- **Volunteer Coffee Shop** – the coffee shop is open five days a week supported by 38 volunteers
- **Self-Registration/OPD Kiosks** – The Kiosks are manned by volunteers five days a week assisting Outpatients to check-in for their appointment. The check in feature and printed directions to clinics are invaluable in ensuring clinics run efficiently
- **Charlie O'Toole Day Hospital** – Volunteers engage in and co-ordinate social activity with patients, (arts & crafts, music, bingo, talking to people)
- **Patient Library Service** – The library trolley visits the wards four times a week offering books and a chat. There is no charge for this service, donated books are also sold in the coffee shop which go towards funding the initiatives Volunteer Services support
- **Pastoral Care** – our volunteers provide support through volunteer Eucharistic Ministers that support the clerics working in the Hospital
- **Arts Programme** – funding from the coffee shop supports the provision of an innovative art therapy programme in the Hospital
- **Play Department** – the Hospital works with Children in Hospital Ireland to provide play volunteers who assist the resident play specialist in providing play for children while waiting for out-patient appointments or in the play room while they are in-patients
- **Daffodil Centre** – This service is provided in conjunction with the Irish Cancer Society. Trained volunteers provide information to patients, staff or the general public

8.5.3 Arts and Health

The National Centre for Arts and Health (NCAH) promotes the benefits of the arts in health and thereby enhancing patient care. Quite simply, we aim to provide high-quality, best-practice arts programmes for our patients, visitors and staff, and to provide leadership through research and education of international standing in the field of arts and health.

The Hospital arts programme features a number of national innovations and strives to promote best practice in arts and health, through professional development, evaluation and research. NCAH has a strong research track record with many peer-reviewed publications and the establishment of the only accredited postgraduate course for artists wishing to work in healthcare settings with NUI Maynooth. NCAH has engaged in collaboration with many major cultural institutions including the Irish Chamber Orchestra, the National Symphony Orchestra of Ireland, the National Gallery of Ireland, the Irish Museum of Modern Art, RUA RED Arts Centre and the National Concert Hall and its staff regularly make contributions on arts and health at national and international conferences, media and as advisors to other organisations.

Highlights of the 2014 arts programme at Tallaght Hospital include the following national innovations: establishing art therapy for children with Diabetes and Cystic Fibrosis; a community art therapy group for adults with chronic pain (one of few internationally); a TV3 documentary featuring Composer in Residence Ian Wilson and Poet in Residence Leontia Flynn working in the Age-Related Health Care Unit creating a unique work reflecting the experience of Parkinson's disease; establishment of a referral-based bedside art service for adult patients; music therapy for patients with dementia and a series of exhibitions in Hospital street.

Another innovation in 2014 was working jointly with patients across the adult and paediatric services as well as staff in an information campaign in conjunction with the Infection Control Team, The theme of the programme was Zero Harm – Clean Hands Save Lives.

This provided an opportunity for education on the importance of hand hygiene as well as the creation of some very colourful artwork.

In 2014, patients in Tallaght Hospital had the opportunity to engage in music and art activities with over 500 patients participating in the programme each month. Interior design projects to enhance the Hospital environment included a wonderful mural project to improve the bathrooms on Oak Ward for children.

The Centre looks forward to contributing to the individual care and quality of life of patients of Tallaght Hospital.

Artwork being created by a patient during a art therapy session

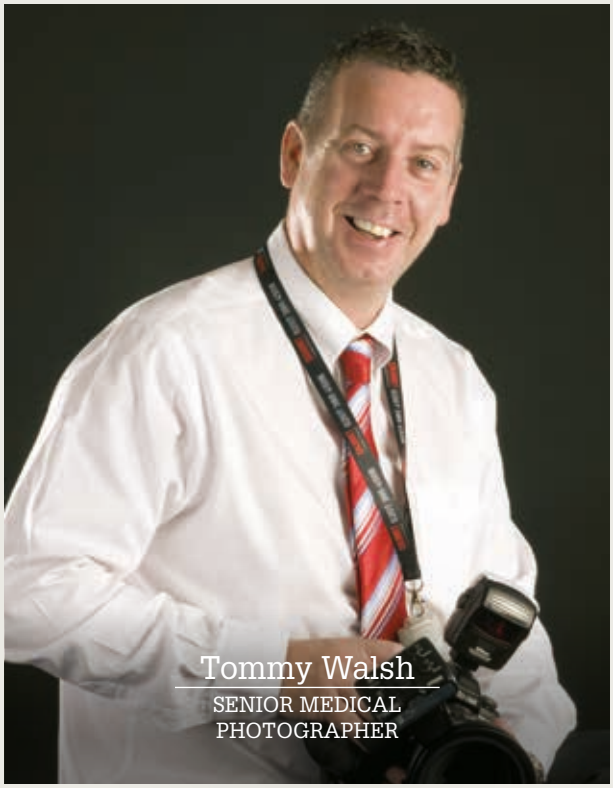
8.5.4 Medical Photography

The need for a photographer within a hospital is not a service that immediately springs to mind for people when they think of the important services a hospital provides. As one of the country's largest academic teaching hospitals that carries out innovative surgeries and handles specialist cases across different departments a medical photography service is essential to patient care within the Hospital.

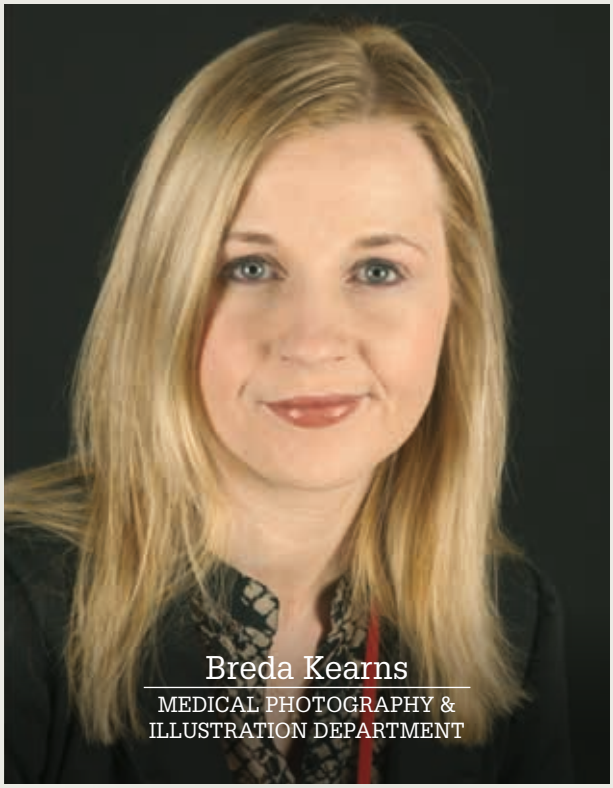
The clinical images that are taken are used for diagnosis, continous assessment and the ongoing treatment of both inpatients and outpatients. Images used for clinical teaching/education may only be used if the proper level of consent has been granted.

In addition to the capturing of images, a large project introduced by the department which consists of two people in 2014, was the setting up of a Medical Photography SharePoint site which is available on the Hospital Intranet. This enables staff to easily access SharePoint to view the catalogue and place orders for patient information leaflets. The department currently design and print for 47 different areas within the Hospital, printing over 116,000 pieces of material. There are currently 625 patient information leaflets/patient forms uploaded to SharePoint for online ordering.

The department also produces academic medical posters and assists in providing the reproduction of information posters and signage for events taking place in the Hospital. Public relations photography for the website and annual report is also facilitated within the department.



Tommy Walsh
SENIOR MEDICAL PHOTOGRAPHER



Breda Kearns
MEDICAL PHOTOGRAPHY & ILLUSTRATION DEPARTMENT

8.5.5 Tallaght Hospital Infection Prevention & Control Team (IPCT) Activities for 2014

The IPCT had a remarkable year in 2014. The team welcomed new staff members, Ms. Fiona Begley, Antimicrobial Pharmacist, Consultant Microbiologist, Dr. Susie Frost and Ms. Maura Rushe, infection control Clinical Nurse Manager (CNM2). Working closely with senior Hospital management and throughout the institution led to several achievements and improvements in patient care. Infection prevention and control is the responsibility of every member of staff and must remain a high priority to minimise hospital acquired infections. The Clinical Nurse Managers continued to provide the normal level of care despite challenging time requirements and the considerable time requirements of various issues such as outbreaks, isolation room shortages, Ebola and the Zero Harm campaign. There were several highlights of the year:

Hand Hygiene – National hand hygiene audit occurrences continued to improve from a low of 70% in November 2013, to 80% in November 2014, but remain short of the national HSE target of 90%. The IPCT, with guidance and support from management and the newly formed HIQA Healthcare-Associated Infections (HCAI) Prevention Standards Group trained fifteen new hand hygiene auditors and multidisciplinary hand hygiene audits commenced. There was tremendous progress made by the IT and HR departments in terms of recording all staff hand hygiene education through the CORE software system. By the end of 2014, 93% of all staff were compliant with hand hygiene education. This was a big improvement on the 64% recorded for 2013. This was partially due to better recording by managers, more extensive use of the HSE's online eLearning tool (www.hseland.ie) and the efforts of all staff that completed the training. Dr. Fennell commenced a series of 'consultant only' hand hygiene lectures, which along with greater hseland uptake means that consultant compliance has increased to 49%.

A selection of the Hospital wide team that participated in the Zero Harm: Clean Hands Save Lives - Sleeves Up initiative

Zero Harm – In order to help improve education and compliance even further, the IPCT, with support from the EMT, the CEO and the Director of Quality Safety & Risk Management, had a very successful Hand Hygiene Awareness day with the theme of Zero Harm: Clean Hands Save Lives – Sleeves Up, on the 10th of December. This day was chosen to launch a new uniform policy and the new "bare below the elbows" policy for all clinical staff. There were a tremendous number of activities and a high level of staff engagement which made for a very successful event. Many new banners and signs promoting hand hygiene were prominently displayed throughout the entrance, the walkway from the car park and the atrium of the Hospital. A hologram promoting the Hand Hygiene Awareness message, which was modelled by Helen Corrigan, was also unveiled on the day.

Ebola – The risk of Ebola became a real possibility this year and our new Consultant, Dr. Susie Frost was put in charge of the Hospital's Ebola preparations. Dr. Frost actively engaged with ED and Intensive Care Unit (ICU) staff to help them to prepare for Ebola. An activation plan was developed for the entire Hospital, and there were several 'trial runs' of Ebola cases. A new isolation room was built in the Emergency Department and a comprehensive training programme was rolled out for staff. There were regular meetings for the Ebola Preparedness Committee and participation in national training days. Professor Philip Murphy went to Ethiopia to help advise them in their preparations.

HIQA HCAI Prevention Standards Group – Dr. Fennell and the Deputy CEO jointly chaired the new HIQA HCAI Prevention Standards Group which met regularly in 2014. This group brought a focus to these standards that hadn't existed before and unified the many separate groups involved to make many considerable improvements in compliance with the HIQA standards. Many of the clinical infection control changes are discussed above, but the Hospital environment and equipment and waste management have all seen substantial improvements as a result of the actions of this group.

Antimicrobial Stewardship – The first half of the year was difficult due to the absence of an Antimicrobial Pharmacist and the maternity leave of the Microbiology Specialist Registrar (SpR), but things improved dramatically during the summer once Ms. Fiona Begley and Dr. Connolly started. The reserve antimicrobial list was then reinstated and a new C difficile reminder sticker for staff is now being put in the chart for all cases, to remind staff of the essential steps (isolation, treatment, notification, etc.) required for the management of a patient with C difficile. A scheduled review of the empiric treatment guidelines also commenced. Empiric guidance for the treatment of spontaneous bacterial peritonitis was developed and approved. Chloraprep was approved for use in vascular surgery – this should reduce surgical site infections and related costs, including reduction in antimicrobial use and length of stay. This is in keeping with national guidelines. The team also took part in the National Gentamicin Quality Improvement Project recommencement, including involvement with a subgroup (including Dr. Catherine Wall), to develop agreed standardised dosing guidance for Gentamicin. A National Point Prevalence Study took place in late September/October 2014 and was carried out over a six day period in Tallaght. Data was collected on all inpatients in the Hospital and submitted to HPSC for analysis – feedback to specific areas has occurred (e.g. ICU). Our overall antibiotic prevalence was slightly less than the national median: 37.7% (39% national median). Our adherence to empiric guidelines/microbiology recommendation was good at 92.3%. Educational sessions were provided to new NCHD's (including interns), pharmacy staff and other specialty areas (e.g. ICU), as well as a workshop for pharmacy undergraduates. There is ongoing work on the adaptation of the National Cancer Control Programme (NCCP) guidance for prophylaxis of Transrectal Ultrasound (TRUS) guided biopsy to develop a local guideline.

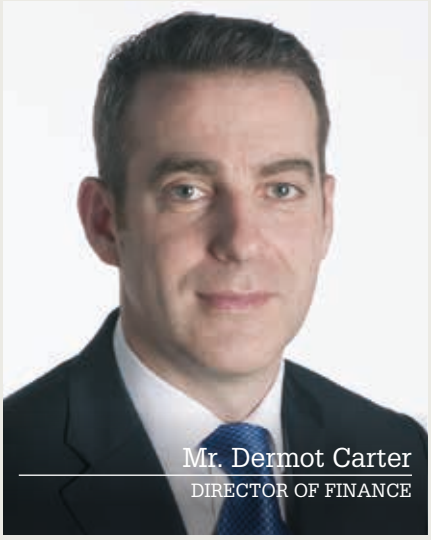
Surveillance – Despite not having a Surveillance Scientist, the IPCT continued to carry out regular surveillance work for the Infection Control Committee meetings and the HSE Business Information Unit. A Surveillance Scientist post has recently been approved, so we hope to expand and improve in this area in years to come. The dashboard designed by Dr. Fennell continues to be used to provide data for the regular Hospital Board meetings. A dedicated surgical site infection surveillance nurse was also provided in 2014 and she, along with Dr. Fennell, worked to re-establish a surgical site infection surveillance programme for elective knee and hip replacements. This is now in progress and the hope would be to extend it to other surgical departments in due course.

Cystic Fibrosis (CF) – Professor Philip Murphy was heavily involved in drafting new national infection control guidelines for Cystic Fibrosis. Professor Murphy was also given the annual award from Cystic Fibrosis Ireland for his "outstanding contribution to CF diagnostics, research and care".

8.6 Use of Financial Resources

Expenditure and Income Overview

In 2014, the net expenditure increased by €0.5m when compared with 2013. Pay expenditure increased by €1.7m, Non-pay expenditure decreased by €0.5m and Income increased by €0.7m. The principal elements of increases/(decreases) in expenditure and income for the year related to the following:



Expenditure Description	2014 €'m	2013 €'m
Payroll Related		
Pensions, Lump Sums and Gratuities	0.303	(0.749)
General payroll expense	1.397	(3.978)
Sub Total Payroll Related	**1.701**	**(4.727)**
Non-Pay Related		
Drugs and Medicines	0.924	0.326
Blood/Blood Products	(0.491)	(0.325)
Medical and Surgical Consumables	(1.629)	3.365
Medical Equipment and Equipment Maintenance	(0.598)	0.328
X-ray equipment and supplies	0.337)	(0.040)
Laboratory equipment and supplies	(0.179)	0.931
Light and heat	(0.165)	0.150
Cleaning and laundry	(0.128)	(0.375)
Professional, Insurance, Audit & Legal Services	(0.026)	0.501
Office expenses and supplies	(0.240)	0.378
Bad Debt Provision	1.557	(0.250)
Computer Equipment/Supplies	0.228	(0.418)
Sub Total Non-pay Related	**(0.468)**	**3.985**
Income Related		
Patient Accommodation Income including Government Levies	1.127	0.942
Superannuation and Pension Levy	(0.862)	(0.148)
Income from external agencies	0.049	(0.303)
Other Miscellaneous Income	0.373	(0.409)
Sub Total Income Related	**0.687**	**0.082**
Total Net Expenditure	**0.546**	**(0.824)**

Financial Statements

Income and Expenditure Account for the reporting period 1st January 2014 to 31st December 2014

	2014 €'000	2013 €'000
Pay Expenditure	174,353	173,652
Non-Pay Expenditure	69,800	70,268
Gross Expenditure	245,153	243,920
Income	(63,875)	(63,188)
Net Expenditure for the year	181,278	180,732
Allocation in year before once-off allocation	(180,238)	(180,885)
Deficit (surplus) in year before once-off allocation	1,040	(153)
Retrospective once-off allocation	-	(5,262)
Deficit (surplus) in year after once-off allocation	1,040	(5,415)
Cumulative deficit brought forward from previous year	12,920	18,335
Cumulative deficit carried forward to following year	**13,960**	**12,920**

Balance Sheet as at 31st December

	2014 €'000	2013 €'000
Fixed Assets		
Tangible Assets	33,319	27,999
Current Assets		
Debtors	32,599	35,471
Stocks	4,359	4,319
Bank and Cash balances	4,102	6,668
	41,060	**46,458**
Creditors – less than one year		
Creditors	(39,189)	(43,525)
Bank Overdraft	(12,777)	(10,239)
Bank Loan	(432)	(432)
	(52,398)	**-54,196**
Net Current Liabilities		
	(11,338)	(7,738)
Total Assets less current liabilities	**17,275**	**20,261**
Creditors – more than one year		
	(325)	(226)
Net Total Assets	**21,981**	**20,035**
Capital and Reserves		
Non Capital Income & Expenditure Account Deficit	(13,960)	(12,920)
Capital Income & Expenditure Account	2,297	4,956
Capitalisation Account	33,319	27,999
	21,656	**20,035**

8.6.1 Allocation

The Hospital's revenue allocation decreased in 2014 by €5.9m, representing a 3.2% decrease compared to 2013. The Hospital received €5.3m in once off supplementary funding in 2013 which was part of a HSE re-basing funding mechanism to give more realistic funding targets. The financial performance of the Hospital in 2014 demonstrated a deficit €1.04m. The cumulative deficit as at 31st December 2014 was €13.9m.

8.6.2 Expenditure Overview

In 2014, the Hospital has seen the net expenditure increase by €0.5m / 0.3% when compared with 2013. Pay and pensions expenditure increased by €1.7m / 1.0% due to agency staff recruited to cover winter bed capacity initiatives, and medical agency to fulfil compliance with EWTD. Non-pay expenditure decreased by €0.50m / 0.7% as a result of the ongoing cost control programme. Income increased by €0.7m / 1.1% due to the 'Health amendment act 2013' which enabled the Hospital to bill for all private daycase procedures. From 2012 through to 2014 the Hospital has successfully managed its costs. Cost containment measures continued in 2014 with strong control around recruitment and further non pay savings being achieved through procurement efficiencies. Income maximisation continues, managed through the Hospital's electronic claims management system.

8.6.3 Finance Division / Systems Upgrades

In 2014, the Hospital continued to build on the restructuring that took place during 2013 in conjunction with bedding down of the SAP system (financial business system) and process. In 2014, the Hospital saw the first full year of SAP financials in operation. SAP continues to deliver in terms of focus on cost reduction while embedding a strong culture of financial management and governance across the organisation.

The Hospital has continued to develop and enhance the SAP system with a strong focus on best practice and standardisation of processes. The contracts division has sole remit for all tendering contracting and commercial negotiation activities on behalf of the Hospital.

2014 saw the Hospital start to implement a new HR and Payroll system, SAP HR. At a high level the new system will allow for greater functionality, greater reporting capabilities and support a strategic approach to HR. The main benefits of the project are that it will, provide a robust comprehensive HR and Payroll system for Hospital staff, provide 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, allow for the automated transfer of payroll data to SAP Financials, and improve efficiencies as a result of automated processes and reporting. SAP HR is due to go live in July 2015.

In 2014, the Hospital completed its third 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).

8.7 Department of Nursing

8.7.1 Emergency Response System

The Tallaght Hospital Emergency Response System (ERS) was introduced to all inpatient areas and the Emergency Department in August 2012 to support the early recognition and management of patients experiencing acute physiological deterioration. 2014 showed an increase of nearly 20% in the number of Emergency Response Team (ERT) calls, along with an increase in the requirement for higher levels of care beds.

In 2014, a comprehensive cardiac arrest database was introduced, which enhances data around the need for emergency interventions. The National Early Warning Score (NEWS) was introduced to the Endoscopy Unit for inpatients undergoing endoscopic procedures.

An audit of the Early Warning Score (EWS) escalation protocol was conducted in 2014. These results prompted the implementation of recommendations including enhancing visual reminders of the escalation protocol for staff, improving the Identify Situation Background Assessment Recommendation (ISBAR) communication process and additional resources for urgent communications with medical teams.

The introduction of the ERS has created a need for the introduction of a Critical Care Outreach Clinical Nurse Manager (CNM2) which will further improve the management of the deteriorating patient in Tallaght Hospital in 2015. This is a very exciting development for the nursing service.

8.7.2 Paediatric Early Warning System (PEWS)

A Paediatric Early Warning System (PEWS) is in place in the Paediatric Directorate since 2009. Members of the implementation team have been involved in the development of a National PEWS which is currently being piloted in acute children's health services nationwide. It is planned to implement the National PEWS in Q2 of 2015.

Ms. Hilary Daly
DIRECTOR OF NURSING

8.7.3 Adult Nursing Instrument for Quality Assurance

The Nursing Instrument for Quality Assurance (NIQA-T©), which provides important information on indicators of nursing care quality, continued to deliver its three-monthly cycle for 2014. During 2014, we expanded the NIQA-T© to include our satellite Transitional Care Unit in St Luke's Hospital. Our patient experience data collection has also been expanded to reflect overall patient experience in the wider hospital context. The continuing success of the NIQA-T© project is directly attributable to the substantial engagement and commitment to patient care by our nursing team, especially our Clinical Nurse Managers (CNM) and nurses at the forefront of practice, supported by senior nursing management and Nurse Practice Development, and our Director of Nursing. Furthermore, the ongoing contribution of our NIQA auditors, who are members of nursing, clerical, pastoral care, volunteers and community partners, is vital to the continued success of this project.

8.7.4 Nurse Prescribing of Medicinal Products

Nurse prescribing of medicinal products was introduced in Tallaght Hospital in 2008. There are now 15 Registered Nurse Prescribers (RNPs) in the adult service, along with three candidate nurse prescribers. A pilot study of patient/parent experience of nurse prescribing was undertaken in 2014 to identify perceived levels of satisfaction amongst patients/parents with nurse prescribing in Tallaght Hospital. The results were positive and further work will be undertaken in this area in 2015. Registered Nurse Prescribers will also engage with the Hospital's antimicrobial stewardship programme fully in 2015.

Within our Paediatric service there are two RNPs covering the specialties of Children's Epilepsy and Children's Cystic Fibrosis. Two further candidates from the paediatric service have commenced the Nurse Prescribing course. They work in the areas of Children's Urology and Asthma.

8.7.5 Hospital at Night

Hospital at Night (HaN) is a model of care delivery, specifically developed to support safe, effective and efficient care at night and during out-of-hours healthcare services. The model provides for the modernization of healthcare delivery, transitioning from a traditional model of 'on call' medical cover, to an integrated interdisciplinary care model. This model harnesses the expertise of other healthcare professionals, working collaboratively as a team to deliver safe appropriate care.

The HaN project at Tallaght Hospital is proposed as an innovative development in practice whereby senior experienced Nurse Clinicians, drawn from the clinical specialties of Intensive Care and Emergency Care, specifically educated and trained, will undertake to support care at night, acting as the first point of contact care in many clinical situations in collaboration with the medical team.

The exploratory phase of the project commenced in 2014, with significant governance through a project steering group, to develop defined criteria, policies, protocols and guidelines, underpinned by continuous evaluation, approval from the Clinical Directors and support of the Medical Board.

8.7.6 Introduction Healthcare Researcher into the Nursing service

The Adelaide Society and The Meath Foundation in 2014 generously co-funded the first year of an initiative specifically designed to develop and implement research capacity among Clinical Nurse Specialists (CNS) and Advanced Nurse Practitioners (ANP) at Tallaght Hospital. This initiative was advanced as collaboration between Tallaght Hospital and the Centre of Practice & Health Care Innovation located within the School of Nursing and Midwifery, Trinity College, Dublin.

The initiative seeks to enhance and develop the research role, profile, skills and research experience of CNSs and ANPs and other nursing grades in Tallaght Hospital. The primary objective is to ensure the ongoing development of patient quality and safety underpinned by rigorous academic nurse-led and service-user informed research. A healthcare researcher is working closely with nursing staff to support them progress their clinical interests into research and publication.

Staff Nurse Catherine Doyle dispensing medication

8.7.7 Patient Advocacy in Tallaght Hospital

Helping our patients find their voice and more importantly have it heard is at the very core of the work undertaken by the Patient Advocacy Department. The belief that this is the right thing to do is encapsulated in the statement of values for Tallaght Hospital.

Established in 2002 the Department continues to acknowledge, advise, and act upon, patient 's and/or their relatives' experiences, both positive and negative during their journey through the Hospital. There is a standardised process set, by which every complaint / compliment / observation received, is documented and responded to, in line with HSE Guidelines.

The Director of Nursing, in conjunction with the advocacy staff and other clinical staff where appropriate, arranges family meetings facilitating a conversation with regard to concerns raised. This serves to strengthen the relationship between staff and patient, and endeavours to foster a relationship of trust and openness. In addition to this 'The Patient Story' is featured on the agenda of the Hospital Board meetings. A positive and negative account is presented by the Director of Nursing and this enables discussion amongst the Board with regard to the issues raised and subsequent course of action taken and key learnings from the experience.

A review was carried out by the Ombudsman's Office in Tallaght Hospital in Autumn 2014. The Hospital awaits the publication of the report and looks forward to recommendations they make on how we can improve this very important service. Our Patient Advocacy team have worked diligently in developing the vision for advocacy, co-ordinating the management of patient complaints and exploring the equity of access to the Hospital, particularly for vulnerable groups. These efforts are supported by developing strong working partnerships across the campus resulting in an understanding and appreciation of advocacy and hearing the patients' voice.

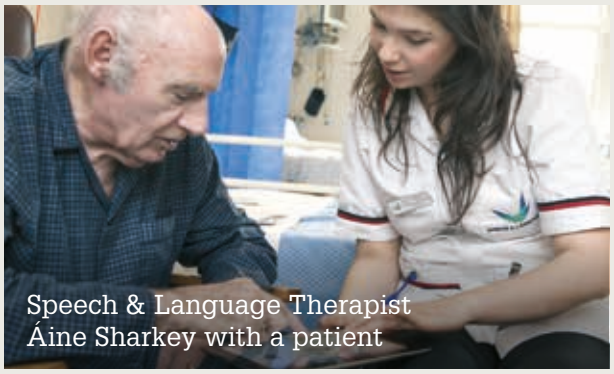
8.7.8 Tallaght Hospital Nursing Conference 2014

In September, Tallaght Hospital hosted its 9th Annual Nursing Conference entitled "Nursing Frontiers: Navigating through Uncharted Territory". Keynote speakers shared their vision for the future of nursing and there were presentations from a number of national and international contributors. Innovations developed and implemented by the nursing service within Tallaght Hospital and by our national and international nursing colleagues were shared with attendees and provided much inspiration which we are confident will continue to drive future initiatives and innovations in nursing.

8.7.9 Nurse Prescribing of Medical Ionising Radiation

In 2014, four Registered Nurses commenced prescribing medical ionising radiation for the first time in Tallaght Hospital: an Advanced Nurse Practitioner based in the Minor Injuries Unit Emergency Department, two Clinical Nurse Specialists in Limb Lengthening and the Clinical Nurse Manager in Pre assessment care. In 2015, two additional Advanced Nurse Practitioners, Minor Injuries Unit Emergency Department, will be authorised to prescribe. The full impact of this expansion of practice will be unfolded throughout 2015.

Following a national evaluation of this within the adult service it is recommended that Nurse Prescribing Medical Ionising Radiation be extended to include nurses working in acute children's services.



Speech & Language Therapist Áine Sharkey with a patient

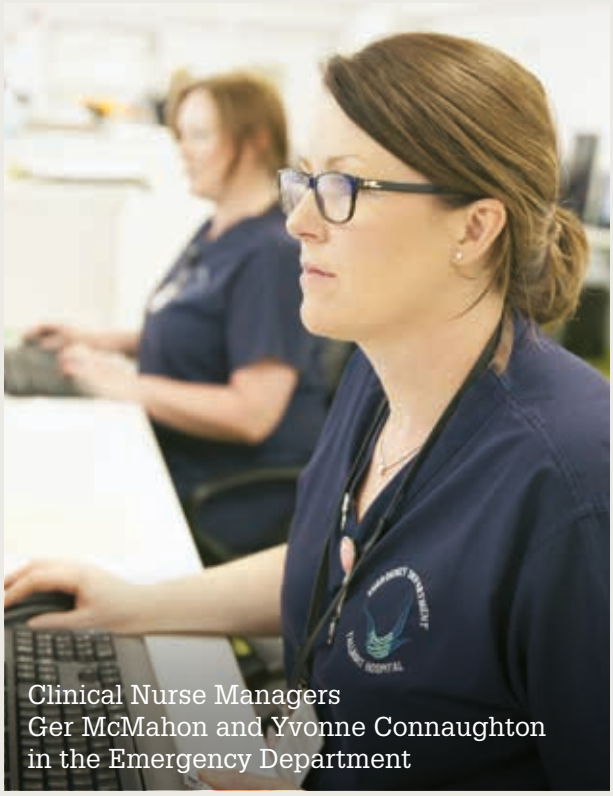
8.8 Information Communication Technology (ICT)


Mr. Brendan Carr
DIRECTOR OF INFORMATION COMMUNICATION TECHNOLOGY

The aim of Tallaght ICT Department is to support the vision of safe, quality, equitable and accessible health for the people who attend the Hospital.

Strategic moves in the ICT portfolio included involving patients in quickly accessing and correcting their personal data on devices called KIOSKS which operate in a similar way to bank machines. Patients are also now able to book appointments at a time that suits their needs through a cloud-based appointment booking system for blood tests.

Patient safety at the transition of care between care providers is increased by our staff identifying patients using a single patient identifier across all systems. Simple straightforward access to patient records in a controlled environment has been extended with the implementation of NIMIS so that patient images can be accessed by clinicians nationally.


Clinical Nurse Managers Ger McMahon and Yvonne Connaughton in the Emergency Department

Wherever the patient is seen across the country Tallaght images will be accessible to local clinicians who use NIMIS. Our Hospital has also embraced the secure email access available through HealthIrl.net to enable secure communication between the Hospital and the community. Our use of Healthlink has been extended with the GP Community to include all relevant administrative and inpatient discharge information.

Our clinical staff have increased access to interoperable systems including, in 2014, extending the ICT coverage to the Acute Medical Units, Cardiology, Colposcopy and Anaesthetics. Systems have been improved in anti-coagulation service, discharge summary production, letter storage, finance, and time reporting using better Wi-Fi coverage and increased storage capacity.

The Hospital is able to identify trends and set policy because of extended business intelligence reporting, including quality reporting of hand hygiene audits and other mandatory training. Dashboard reports are being developed to enable real-time reporting of critical business areas such as the flow of patients in the Emergency Department, wards and on waiting lists.

8.9 Estates & Facilities Management

8.9.1 Estates

As one of the largest academic teaching hospitals in the country and also one of the busiest hospitals, there is a constant demand to ensure our facilities meet the exacting standards whilst ensuring that we are also maintaining and future-proofing for the changing requirements by our medical teams to ensure the very best of care to our patients. This approach is reflected in the current renovation programme of the Wards creating an much improved environment for our patients and staff.

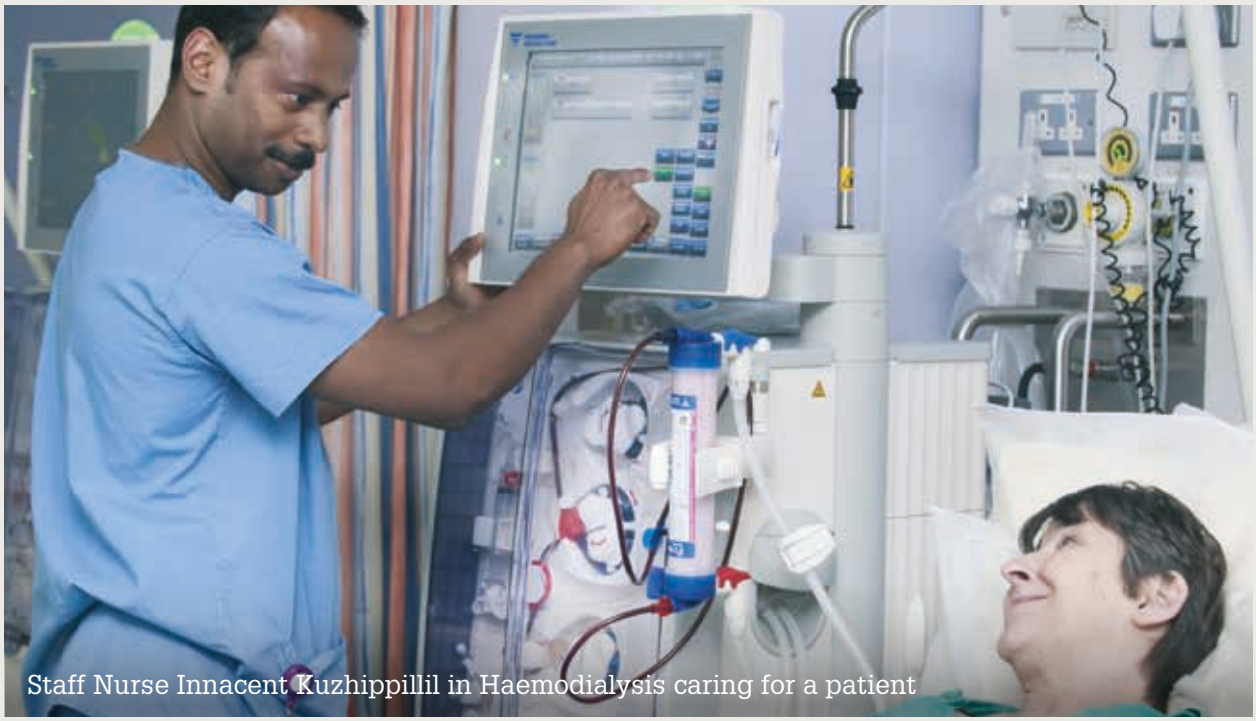
Mr. Ciaran Faughnan
DIRECTOR OF ESTATES & FACILITIES MANAGEMENT

Whilst not an exhaustive list, the following provides an overview of some of the key achievements in the Facilities & Estate Management division of the Hospital in the last year:

- Phase I of the new Emergency Department (ED) extension was completed in December 2014. The refurbishment and reconfiguration of the existing Emergency Department facility progressed to schedule and was transferred to the Hospital in May 2015. Coupled with the infrastructure was a substantial investment in medical equipment included in the project scope, ensuring the new department has the very latest technology enabling our staff to provide the highest quality care. Recently added to this project was the reconfiguration of the ED X-ray staff area that will greatly enhance the working environment for this busy service.

Technical Services Department staff in the Central Sterilising Department

- Tallaght Hospital is now the second largest provider of Dialysis services in the country delivering over 25,000 dialysis treatments in 2014. Providing this level of service is a huge demand on resources, the amount of space we have is also very limited. To ensure our patients receive this essential treatment, patients who are under the care of our Nephrology Consultants are currently travelling to Sandyford, as we do not have the space to accommodate them. They will move back to the Tallaght area early in 2015 to a new satellite haemodialysis centre. The design brief was finalised in mid-2014 for the new Renal Dialysis Unit on campus. This new facility will provide enhanced isolation facilities and ensure that dialysis facilities are compliant with current guidelines. The procurement and appointment of the Design Team was completed throughout the latter half of 2014. Whilst work is ongoing on a new Renal Dialysis Unit for the Hospital, it is essential that our current facilities are maintained. In 2014 a new water treatment plant in the main haemodialysis unit was upgraded with additional capacity and is producing higher quality, “ultra-pure” dialysis water.



Staff Nurse Innacent Kuzhippillil in Haemodialysis caring for a patient

- The Hospital is represented on the Project Team for the New Children's Hospital Satellite Units, one of which is to be built at Tallaght Hospital. This urgent care centre as is currently designed will be a new 4,000 square metre building at the front of the Hospital. This will be a child-centred and family-focused building of high quality. The building, whilst meeting the functional and clinical requirements for Children's services, will also enhance the overall Hospital campus and complement the existing adult Hospital.

- Planning was secured for an extension to the Oncology Daycare building in 2014. This addition upon completion will result in a new centralised medical infusion lounge whilst also delivering expanded space for the current Oncology services. The new Discharge Lounge, together with an enhanced outpatient department check-in desk was completed in 2014. Patient surveys indicated the preference for a discharge facility at ground floor level, whilst logistically; this new location will greatly benefit patient management. A new neurology service in Ruttle Ward, in tandem with a reconfiguration of that ward to incorporate a new family room is proceeding upon relocation of the Discharge Lounge. The second MRI was completed in July 2014 and is now operating successfully.

- The redevelopment of the main concourse continues to be an area of focus. The Coffee Shop was expanded and improved significantly in 2014, providing an important space for patients and their visitors, as well as a useful service for staff. The Post Room and Portering Service are now relocated to a more optimal hospital location. The Hospital will continue to develop new and improved retail services for our staff and patients in 2015. Continuous improvements on campus, including improved traffic management, cycle storage and new road markings have commenced in 2015.

8.9.2 Facilities

Catering – Every hospital has a responsibility to provide the highest standard of care possible for patients, for us this includes the quality and nutritional value of the food that is served and eaten by patients and staff. The Hospital's Patient Food Services Department operates a hybrid model of Cook Fresh/Cook Chill, serving 550-600 patients three times a day (breakfast/lunch and tea). This would also include services to outpatient areas. On a twice-daily basis, the Department caters for up to 120 special dietary patient needs.

Catering Assistant Zaneta Machova in the Recovery Doc

This important service is delivered by a very experienced diet Chef, Aisling Grendon, who works very closely with the department of Dietetics, and in particular, with Eimear Digan, from that department.

We also have an extensive front-of-house service covering the Phoenix Dining room, serving 1,000 customers daily, offering freshly produced breakfast options (e.g. homemade granolas, fresh fruit salads), mid-morning snacks with a variety of homemade scones, and lunch fare offering seven main course choices, Recovery Doc Coffee Shop (380-400 customers daily with made-to-order and grab-and-go sandwich/snack options and fresh bean-to-cup choices), and finally, hospitality is provided throughout the campus for meetings from tea/coffee and scones to full conference and lunchtime service.

This busy operation is supported and overarched by a strong emphasis on food quality/safety within catering through our Food Safety Management system, and we are active members of EIQA food quality/safety scheme, which is reflected in an external benchmarking and accreditation focus, driving standards and continuous improvements. Our catering team ensures that the focus is always about food quality and safe practices for our patients, staff and visitors.

The Catering Department was very proud in 2014, to receive the Happy Heart Award from the Irish Heart foundation, for our Hospital dining room. This was a welcome recognition for management and their team. The Tallaght Hospital Dining Room was presented with this award in recognition of the healthy food choices available in the dining room and the standards of our food production practices.

Within the Facilities Department are the other General Support Services, namely the Technical Services Department, Security, Portering, Hygiene, Mortuary and Supply Chain. These are the vital backbone services that keep the Hospital "running". Many of the Mangers of these Departments have come from the Base Hospitals and bring a wealth of experience and knowledge to their roles. In 2014, a new Projects and Commercial Manager, Seamus Foran was added to the team to lend support.

Dr. Donal O'Shea Consultant Endocrinologist, Aisling Grendon, Senior Chef Tallaght Hospital and Professor Declan Sugrue President of the Irish Heart Foundation

SECTION 9

PUBLICATIONS

PUBLICATIONS

It is often said that publishing a paper provides the author with an opportunity to say something important, share experiences, educate others and change practice. If the following list (and it is by no means exhaustive) is anything to go by our Medical team at Tallaght Hospital is a strong indicator of achievement in the above.

DERMATOLOGY

- **Sitagliptin for severe psoriasis.**
  Lynch M, **Tobin AM,** Ahern T, O'Shea D, Kirby B. Clin Exp Dermatol. 2014 Oct;39(7):841-2. doi: 10.1111/ced.12408. Epub 2014 Aug 22.

- **Hidradenitis suppurtiva: the role of immune dysregulation.**
  Kelly G, Sweeney CM, **Tobin AM,** Kirby B. Int J Dermatol. 2014 Oct;53(10):1186-96. doi: 10.1111/ijd.12550. Epub 2014 Jun 25.

- **Body mass index, waist circumference and HOMA-IR correlate with the Psoriasis Area and Severity Index in patients with psoriasis receiving phototherapy.**
  Tobin AM, Hackett CB, Rogers S, Collins P, Richards HL, O'Shea D, Kirby B. Br J Dermatol. 2014 Aug;171(2):436-8. doi: 10.1111/bjd.12914. Epub 2014 Aug 11.

- **Vitamin D status in hidradenitis suppurtiva**
  Kelly G, Sweeney CM, Fitzgerald R, O'Keane MP, Kilbane M, Lally A, **Tobin AM,** McKenna MJ, Kirby B. Br J Dermatol. 2014 Jun;170(6):1379-80. doi: 10.1111/bjd.12900.

- **HAHA antibodies – not such a funny story.**
  Hall B, Kiely C, **Tobin AM,** McNamara D. J Crohns Colitis. 2014 May 1;8(5):439-40. doi: 10.1016/j.crohns.2013.11.018. Epub 2013 Dec 5.

- **Sitagliptin for severe psoriasis.**
  Lynch M, **Tobin AM,** Ahern T, O'Shea D, Kirby B. Clin Exp Dermatol. 2014 Oct;39(7):841-2. doi: 10.1111/ced.12408. Epub 2014 Aug 22.

- **Hidradenitis suppurtiva: the role of immune dysregulation.**
  Kelly G, Sweeney CM, **Tobin AM,** Kirby B. Int J Dermatol. 2014 Oct;53(10):1186-96. doi: 10.1111/ijd.12550. Epub 2014 Jun 25.

- **Body mass index, waist circumference and HOMA-IR correlate with the Psoriasis Area and Severity Index in patients with psoriasis receiving phototherapy.**
  Tobin AM, Hackett CB, Rogers S, Collins P, Richards HL, O'Shea D, Kirby B. Br J Dermatol. 2014 Aug;171(2):436-8. doi: 10.1111/bjd.12914. Epub 2014 Aug 11.

- **Vitamin D status in hidradenitis suppurtiva.**
  Kelly G, Sweeney CM, Fitzgerald R, O'Keane MP, Kilbane M, Lally A, **Tobin AM,** McKenna MJ, Kirby B. Br J Dermatol. 2014 Jun;170(6):1379-80. doi: 10.1111/bjd.12900.

- **HAHA antibodies – not such a funny story.**
  Hall B, Kiely C, **Tobin AM,** McNamara D. J Crohns Colitis. 2014 May 1;8(5):439-40. doi: 10.1016/j.crohns.2013.11.018. Epub 2013 Dec 5.

ENDOCRINOLOGY

- **Abnormal plasma sodium concentrations in patients treated with desmopressin for cranial diabetes insipidus: results of a long-term retrospective study.**
  Behan LA, **Sherlock M,** Moyles P, Renshaw O, Thompson CJ, Orr C, Holte K, Salehmohamed MR, Glynn N, Tormey W, Thompson CJ. Eur J Endocrinol. 2015 Mar;172(3):243-50. doi: 10.1530/EJE-14-0719. Epub 2014 Nov 27.

- **Chronic hypopituitarism is uncommon in survivors of aneurysmal subarachnoid haemorrhage.**
  Hannon MJ, Behan LA, O'Brien MM, Tormey W, Javadpour M, **Sherlock M,** Thompson CJ. Clin Endocrinol (Oxf). 2015 Jan;82(1):115-21. doi: 10.1111/cen.12533. Epub 2014 Jul 18. PMID: 24965315 [PubMed - in process]

- **Spironolactone interference in the immunoassay of androstenedione in a patient with a cortisol secreting adrenal adenoma.**
  Crowley RK, Broderick D, O'Shea T, Boran G, Maher V, Crowther S, Gibney J, Conlon KC, **Sherlock M.** Clin Endocrinol (Oxf). 2014 Oct;81(4):629-30. doi: 10.1111/cen.12372. Epub 2013 Dec 16. No abstract available. PMID: 24612380 [PubMed - in process]

- **A cross-sectional study of the prevalence of cardiac valvular abnormalities in hyperprolactinemic patients treated with ergot-derived dopamine agonists.**
  Drake WM, Stiles CE, Howlett TA, Toogood AA, Bevan JS, Steeds RP; UK Dopamine Agonist Valvulopathy Group. J Clin Endocrinol Metab. 2014 Jan;99(1):90-6. doi: 10.1210/jc.2013-2254. Epub 2013 Dec 20.

– **Factors influencing elevated serum apolipoprotein B48 in diabetic and control participants.**
Leonard A, Tun TK, Gaffney R, Sharma J, **Gibney J,** Boran G. Br J Biomed Sci. 2014; 71(4):145-50. PMID: 25562991 [PubMed - indexed for MEDLINE]

– **"Follow-up of blood-pressure lowering and glucose control in Type 2 Diabetes."**
Zoungas S, Chalmers J, Neal B, Billot L, Li Q, Hirakawa Y, Arima H, Monaghan H, Joshi R, Colagiuri S, Cooper ME, Glasziou P, Grobbee D, Hamet P, Harrap S, Heller S, Lisheng L, Mancia G, Marre M, Matthews DR, Mogensen CE, Perkovic V, Poulter N, Rodgers A, Williams B, MacMahon S, Patel A, Woodward M; ADVANCE-ON Collaborative Group. N Engl J Med. 2014 Oct 9;371(15):1392-406. doi: 10.1056/NEJMoa1407963. Epub 2014 Sep 19. PMID: 25234206 [PubMed - indexed for MEDLINE]

– **Polycystic ovary syndrome influences the level of serum amyloid A and activity of phospholipid transfer protein in HDL_2 and HDL_3.**
Gidwani S, Phelan N, McGill J, McGowan A, O'Connor A, Young IS, **Gibney J,** McEneny J. Hum Reprod. 2014 Jul;29(7):1518-25. Epub 2014 May 19. PMID: 24842896 [PubMed - in process]

– **Endocrine profiles in 693 elite athletes in the postcompetition setting.**
Healy ML, **Gibney J,** Pentecost C, Wheeler MJ, Sonksen PH. Clin Endocrinol (Oxf). 2014 Aug;81(2):294-305. doi: 10.1111/cen.12445. Epub 2014 Apr 2. PMID: 24593684 [PubMed - in process]

– **Hippocampal volume is decreased in adults with hypothyroidism.**
Cooke GE, Mullally S, Correia N, O'Mara SM, **Gibney J.** Thyroid. 2014 Mar;24(3):433-40. doi: 10.1089/thy.2013.0058. Epub 2014 Feb 24. PMID: 24205791 [PubMed - indexed for MEDLINE]

CLINICAL CHEMISTRY

– **Sustained participation, colonoscopy uptake and adenoma detection rates over two rounds of the Tallaght-Trinity College colorectal cancer screening programme with the faecal immunological test.**
McNamara D, Leen R, Seng-Lee C, Shearer N, Crotty P, Neary P, Walsh P, Boran G. O'Morain C. Eur J Gastroenterol Hepatol 2014 ;26(12):1415-21

– **Factors influencing elevated serum apolipoprotein B48 in diabetic and control participants.**
Leonard A, Kyaw Tun T, Gaffney P, Sharma J, Gibney J, Boran G. British Journal of Biomedical Science 2014 71(4): 145-150

– **Spironolactone interference in the immunoassay of androstenedione in a patient with a cortisol secreting adrenal adenoma.**
Crowley R, Broderick D, Boran G, Maher V, Crowther S, Gibney J, Conlon KC, Sherlock M. Clin Endocrinol (Oxf) 2014 81(4):629-30.

HAEMATOLOGY

– **Guidelines for the diagnosis and management of adult myelodysplastic syndromes.**
Killick SB, Carter C, Culligan D, Dalley C, Das-Gupta E, Drummond M, Enright H, Jones GL, Kell J, Mills J, Mufti G, Parker J, Raj K, Sternberg A, Vyas P, Bowen D; British Committee for Standards in Haematology. Br J Haematol. 2014 Feb;164(4):503-25. doi: 10.1111/bjh.12694. Epub 2013 Dec 23.

– **Safety and efficacy of ruxolitinib in a profoundly thrombocytopenic patient with myelofibrosis.**
Armstrong C, Maung SW, Neary P, McHugh J, Enright H. Ann Hematol. 2014 Nov 25.

– **A 5-day outpatient regimen of azacitidine is effective and well tolerated in patients with acute myeloid leukemia unsuitable for intensive chemotherapy.**
O'Reilly MA, McHale C, Almazmi A, Hameed A, Benjamin D, O'Connell N, Murphy P, Quinn J, Thornton P, O'Gorman P, Frankova H, Sargent J, Verburgh E, McHugh J, Evans P, Enright H. Leuk Lymphoma. 2014 Dec;55(12):2950-1.

– **A 5-day: the favourable way?**
O'Reilly MA, McHale C, Almazmi A, Hameed A, Benjamin D, O'Connell N, Murphy P, Quinn J, Thornton P, O'Gorman P, Frankova H, Sargent J, Verburgh E, McHugh J, Evans P, Enright H. Ann Hematol. 2014 Sep;93(9):1619-20.

– **Symptomatic BK virus reactivation following fludarabine, cyclophosphamide and rituximab chemotherapy for chronic lymphocytic leukemia/small lymphocytic lymphoma.**
Appleby N, Dillon A, Arrigan M, Fennell J, Crowley B, Hayden PJ, Enright H. Leuk Lymphoma. 2014 May;55(5):1181-3

– **Teicoplanin usage in adult patients with haematological malignancy in the UK and Ireland: Is there scope for improvement?**
Catherine J Byrne, Sean Egan, Deirdre M D'Arcy, Philomena O'Byrne, Evelyn Deasy, Jérôme P Fennell, Helen Enright, Johnny McHugh, Sheila A Ryder Eur J Hosp Pharm 2014;21:5 301-305`

– **Eltrombopag restores trilineage hematopoiesis in refractory severe aplastic anemia that can be sustained on discontinuation of drug.**
Desmond R, Townsley DM, Dumitriu B, Olnes MJ, Scheinberg P, Bevans M, Parikh AR, Broder K, Calvo KR, Wu CO, Young NS, Dunbar CE. Blood. 2014 Mar 20;123(12):1818-25.

HEALTH & SOCIAL CARE

- **High prevalence of osteoporosis in patients with chronic pancreatitis: a systematic review and meta-analysis.**
  Duggan SN, Smyth ND, Murphy A, Macnaughton D, O'Keefe SJ, Conlon KC. ClinGastroenterol Hepatol. 2014 Feb;12(2):219-28.doi: 10.1016/j.cgh.2013.06.016. Epub 2013 Jul 12. Review.

- **Suspected coexistent osteoporosis and osteomalacia with atraumatic bilateral neck of femur fractures in a 53 year old man without apparent risk factors.**
  De Marchi J, Bajwa R, Duggan SN, Magill P.BMJ Case Rep 2014 Sep 4;2014

- **The prevalence of malnutrition and fat-soluble vitamin deficiency in chronic pancreatitis.**
  Duggan SN, Smyth ND, O'Sullivan M, Feehan S, Ridgway PF, Conlon KC.Nutr Clin Pract. 2014 Jun;29(3):348-54.

- **Clinical Variables Influencing Screening Time During Videofluoroscopy.**
  Hill, F., Keane, J., Flynn, E., Gallagher, R., Farrell, E, Murphy, M. Dysphagia, 2014, 29: 144

- **Attitudes, Knowledge, and Practices in the Provision of Oral Care: a Survey.**
  Dysphagia, 2014, 29: 142 Hill, F., Ryan-Withero, P., Connors, S.

- **The Winnicott Tradition: Lines of Development - Evolution of Theory and Practice over the Decades (The Lines of Development - Evolution of Theory and Practice Over the Decades Series) Paperback**
  Margaret Boyle Spelman (Author, Editor), Frances Thomson-Salo (2014).

- **OA Controlled Evaluation of Mindfulness Based Cognitive Therapy for Patients with Coronary Heart Disease and Depression.**
  Published: Mindfulness Journal, 'Doherty, V., Carr, A., McGrann, A., O'Neill, J.O., Dinan, S. & Graham, I. & Maher, V. (2014) Available at:(Editor)p://link.springer.com/article/10.1007%2Fs12671-013-0272-0,DOI: 10.1007/s12671-013-0272-0htt

- **"Chronic Pain and engaging in Occupations."**
  Chronic Pain Ireland's (CPI) newsletter. O'Donnell, L (2014)

- **Physiology of the upper segment, body, and lower segment of the oesophagus.**
  Annals of the New York Academy of Sciences 10/2013; 1300(1):261-277 Larry Miller, Pere Clavé, Ricard Farré, Begoña Lecea, Michael R Ruggieri, Ann Ouyang, Julie Regan, Barry, P McMahon: Regan, J., Murphy, A., Chiang, M., McMahon, B. P., Coughlan, T., & Walshe, M. (2014).

INTENSIVE CARE

- **Gentamicin pharmokinetics in critically ill patients during treatment with CVVHDF.**
  D'Arcy DM, Corrigan OI, Deasy E, Gowing CM, Donnelly MB Eur J Clin Pharmacol. 2014 Nov 26. PMID: 25567215

- **Characteristics of patients admitted to the intensive care unit following self-poisoning and their impact on resource utilisation.**
  Mc Mahon, Brohan Donnelly Fitzpatrick. Ir J Med Sci 2014 183: 391-395.

- **Anaesthesia websites: what patients really want.**
  Kavanagh, Malone, Murphy & Fitzpatrick Irish Journal of Medical Science 2014 183: (Suppl 1) S50

- **Compliance with protective lung ventilation in an Irish teaching hospital.**
  Crit Care 2014 18(suppl 1) P295 Chong SG, Moloney E, Donnelly M, Fitzpatrick G.

- **Severe pancreatitis in ICU a 5 year audit.**
  Critical Care 2014 (Suppl 1): P197. Durrani R, Murphy O, Kibeida A, Fitzpatrick G.

- **Bacterial infection in severe acute pancreatitis patients.**
  Critical Care 2014 (Suppl 1): P198. Prior AR,Egan S, Durani R, Murphy P, Fennell J, Fitzpatrick G.

- **Quantifying the Non ICU workload of ICU doctors and nurses involved in the Rapid Response System.**
  Int Care Med 2014 40: suppl. 1 P0483. Nair S, O.Connor C, Burke S, Finnerty D, Donnelly M, Barnes AM.

- **What is the benefit of the Early Warning System.**
  Int Care Med 2014, 40: suppl 1 0207Nair S, O'Connor C, McColgan S. Donnelly, Hayes N, McGovern L.

- **Prevalence of elevated cardiac troponin T in ICU patients using the high-sensitivity assay and the relationship with mortality.**
  Critical Care 2014, 18(Suppl 1):P193. O'Sullivan S, Sutton M, Fitzpatrick GJ.

- **The aetiology of community-acquired pneumonia in the ICU setting and its effect on mortality, length of mechanical ventilation and length of ICU stay; a 1-year retrospective review.**
  Critical Care 2014 18(Suppl 2):P64. Ryan D, Connolly R, Fennell J, Fitzpatrick G.,

MICROBIOLOGY

- **The microbial community of the cystic fibrosis airway is disrupted in early life.**
  Renwick J, McNally P, John B, DeSantis T, Linnane B, et al. (2014) PLoS ONE December 19 2014. 9 (12): e109798. doi:10.1371/journal.pone.0109798

- **Symptomatic BK virus reactivation following fludarabine, cyclophosphamide and rituximab chemotherapy for chronic lymphocytic leukemia/small lymphocytic lymphoma.**
  Appleby N1, Dillon A, Arrigan M, Fennell J, Crowley B, Hayden PJ, Enright H.Leuk Lymphoma. 2014 May;55(5):1181-3. doi: 10.3109/10428194.2013.838763. Epub 2013 Oct 9.

- **Aetiology of community-acquired pneumonia in the ICU setting and its effect on mortality, length of mechanical ventilation and length of ICU stay: a 1-year retrospective review**
  D Ryan, R Connolly, J Fennell, G Fitzpatrick Critical Care 18 (Suppl 2), P64

NEPHROLOGY

- **"Collaborative pharmaceutical care in an Irish hospital: uncontrolled before-after study."**
  T Grimes TC, Deasy E, Allen A, O'Byrne J, Delaney T, Barragry J, Breslin N, Moloney E, Wall C. BMJ Qual Saf. 2014 Jul;23(7):574-83. doi: 10.1136/bmjqs-2013-002188

- **"Mutations in the gene that encodes the F-actin binding protein anillin cause FSGS."**
  Gbadegesin RA, Hall G, Adeyemo A, Hanke N, Tossidou I, Burchette J, Wu G, Homstad A, Sparks MA, Gomez J, Jiang R, Alonso A, Lavin P, Conlon P, Korstanje R, Stander MC, Shamsan G, Barua M, Spurney R, Singhal PC, Kopp JB, Haller H, Howell D, Pollak MR, Shaw AS, Schiffer M, Winn MP. J Am Soc Nephrol. 2014 Sep;25(9):1991-2002. doi: 10.1681/ASN.2013090976

- **"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. 2014 Aug 21

- **"Phosphodiesterase 5 inhibition ameliorates angiontensin II-induced podocyte dysmotility via the protein kinase G-mediated downregulation of TRPC6 activity."**
  Hall G, Rowell J, Farinelli F, Gbadegesin RA, Lavin P, Wu G, Homstad A, Malone A, Lindsey T, Jiang R, Spurney R, Tomaselli GF, Kass DA, Winn MP. Am J Physiol Renal Physiol. 2014 Jun 15;306(12):F1442-50. doi: 10.1152/ajprenal.00212.2013

- **"Prevention of Sudden Cardiac Death in Hemodialysis Patients. Cardiovasc Hematol Disord Drug Targets."**
  O'Shaughnessy MM, O'Regan JA, Lavin P. 2014;14(3):195-204. PMID: 24720456.

- **"Induction treatment of ANCA-associated vasculitis with a single dose of rituximab."**
  Turner-Stokes T, Sandhu E, Pepper RJ, Stolagiewicz N, Ashley, C, Dineen D, Howie, AJ, Salama AD, Burns, A, Little MA. Rheumatology 2014; doi: 10.1093/rheumatology/ket489

- **"Markers for work disability in anti-neutrophil cytoplasmic antibody-associated vasculitis."**
  Basu N, McClean A, Harper L, Amft EN, Dhaun N, Luqmani RA, Little MA, Jayne DR, Flossmann O, McLaren J, Kumar V, Erwig LP, Reid DM, Macfarlane GJ, Jones GT. Rheumatology 2014 Jan 31. [Epub ahead of print]

- **"The characterisation and determinants of quality of life in ANCA associated vasculitis"**
  Basu N, McClean A, Harper L, Amft EN, Dhaun N, Luqmani RA, Little MA, Jayne DR, Flossmann O, McLaren J, Kumar V, Erwig LP, Reid DM, Jones GT, Macfarlane GJ. Ann Rheum Dis. 2014 Jan;73(1):207-11

- **"Familial MPGN - a case series: a clinical description of familial membranoproliferative glomerulonephritis amongst three Irish families."**
  Redahan L, Doyle R, O'Shaughnessy M, Dorman A, Little M, Conlon P. Ren Fail. 2014 Sep;36(8):1333-6.

- **"Renal transplantation in antineutrophil cytoplasmic antibody-associated vasculitis."**
  Moran S, Little MA. Current Opinion in Rheumatology, 2014, 26:37–41

- **"Animal models of vasculitis."**
  Coughlan A, Little MA, Textbook of Systemic Vasculitis, Jaypee, 2014

- **"Comparison Of Percutaneous And Open Surgical Techniques For First-Time Peritoneal Dialysis Catheter Placement In The Unbreached Peritoneum."**
  Perit Dial Int. 2014 Jul 31. pii: pdi.2013.00003. Medani S, Hussein W, Shantier M, Flynn R, Wall C, Mellotte GJ

NEUROLOGY

- **Psychometrics evaluation of Charcot-Marie-Tooth Neuropathy Score (CMTNSv2) second version, using Rasch analysis.**
  Reza Sadjadi, Mary M. Reilly, Michael E. Shy, Davide Pareyson, Matilde Laura, **Sinead Murphy,** Shawna M.E. Feely, Tiffany Grider, Chelsea Bacon, Giuseppe Piscosquito, Daniela Calabrese, Ted M. Burns. Journal of the Peripheral Nervous System, 2014; 19: 192-6

- **The spectrum of axonopathies: From CMT2 to HSP.**
  Vera Fridman and **Sinéad M Murphy.** Neurology 2014; 83: 580-581

- **A novel locus for episodic ataxia – UBR4 the likely candidate.**
  Judith Conroy, Paul McGettigan, Raymond Murphy, David Webb, **Sinéad M Murphy,** Blathnaid McCoy, Christine Albertyn, Dara McCreary, Cara McDonagh, Orla Walsh, SallyAnn Lynch, Sean Ennis. European Journal of Human Genetics 2014; 22: 505-10

- **Can isolated enlarged Virchow–Robin spaces influence the clinical manifestations of Parkinson's disease?**
  T A Mestre, M Armstrong, **R Walsh,** A Al Dakheel, E Moro, A E Lang. Movement Disorders Clinical Practice 2014; 1: 67-69

- **Cervical dystonia; a disorder of the midbrain network for covert attentional orienting.**
  Hutchinson M, Isa T, Molloy A, Kimmich O, Williams L, Molloy F, Moore H, Healy DG, Lynch T, Walsh C, Butler J, Reilly R.B., **Walsh R,** O'Riordan S. Frontiers in Neurology 2014 Apr 28; 5: 54.

- **Famotidine, a histamine H2 antagonist, for levodopa-induced dyskinesia in Parkinson's disease: A proof of concept study.**
  T Mestre, BB Shah, BS Connolly, **R Walsh,** C de Aquino, A Al Dhakeel, T Ghate, J Liu, SH Fox. Movement Disorders 2014; 1: 219–224.

- **Increased endothelial activation in recently symptomatic versus asymptomatic carotid artery stenosis and in cerebral microembolic signal- negative patient subgroups.**
  European Journal of Neurology 2014; 21: 969-e55 **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.

- **Longitudinal assessment of von Willebrand factor and von Willebrand factor propeptide in response to alteration of antiplatelet therapy after TIA or ischaemic stroke.**
  Journal of Neurology 2014; 261: 1405-12. Tobin WO, Kinsella JA, Kavanagh GF, O'Donnell JS, McGrath RT, Coughlan T, Collins DR, O'Neill D, Egan B, Tierney S, Feeley TM, Murphy RP, McCabe DJH.

- **Relationship between ADAMTS-13 activity, von Willebrand factor-antigen levels, and platelet function in the early phase after TIA or ischaemic stroke.**
  Journal of Neurological Science 2014 (in press) [Epub ahead of print].McCabe DJH, Murphy SJX, Starke R, Harrison P, Brown MM, Sidhu PS, Mackie IJ, Scully M, Machin SJ.

- **Cervical artery dissection in young adults in the stroke in young Fabry patients (SIFAP1) Study. Cerebrovascular Disease 2014.**
  (in press) [Epub ahead of print].von Sarnowski B, Schminke U, Grittner U, Fazekas F, Tanislav C, Kaps M, Tatlisumak 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.

PAEDITATRICS

- **Increased vigilance needed for the detection of thrombotic complications of central venous access in adolescent cystic fibrosis patients.**
  Kandamany N, Elnazir B, **Greally P.** Front Pediatr. 2014 Nov 19;2:117. doi: 10.3389/fped.2014.00117. eCollection 2014. Review.

- **Height in Turner syndrome: does growth hormone therapy have impact?**
  Nadeem M, **Roche EF.** Ir Med J. 2014 Feb;107(2):61-2.

- **Long-term safety and efficacy of ivacaftor in patients with cystic fibrosis who have the Gly551Asp-CFTR mutation: a phase 3, open-label extension study (PERSIST).**
  McKone EF, Borowitz D, Drevinek P, Griese M, Konstan MW, Wainwright C, Ratjen F, Sermet-Gaudelus I, Plant B, Munck A, Jiang Y, Gilmartin G, Davies JC; VX08-770-105 (PERSIST) Study Group. Lancet Respir Med. 2014 Nov;2(11):902-10. doi: 10.1016/S2213-2600(14)70218-8. Epub 2014 Oct 9

- **Outcome in patients with cystic fibrosis liver disease.**
  Rowland M, Gallagher C, Gallagher CG, Laoide RÓ, Canny G, Broderick AM, Drummond J, **Greally P,** Slattery D, Daly L, McElvaney NG, Bourke B. J Cyst Fibros. 2015 Jan;14(1):120-6. doi: 0.1016/j.jcf.2014.05.013. Epub 2014 Jun 7

- **Active video games as an exercise tool for children with cystic fibrosis.**
  O'Donovan C, **Greally P,** Canny G, McNally P, Hussey J. J Cyst Fibros. 2014 may;13(3):341-6. doi: 10.1016/j.jcf.2013.10.008. Epub 2013 Nov 1.

- **Infants with FPIES to solid food proteins--chicken, rice and oats.**
  Cunningham K, Scanlan B, **Coghlan D,** Quinn S. Ir Med J. 2014 May;107(5):151

- **South African amaXhosa patients with atopic dermatitis have decreased levels of filaggrin breakdown products but no loss-of-function mutations in filaggrin.**
  Thawer-Esmail F, Jakasa I, Todd G, Wen Y, Brown SJ, Kroboth K, Campbell LE, **O'Regan GM,** McLean WH, Irvine AD, Kezic S, Sandilands A. J Allergy Clin Immunol. 2014 Jan;133(1):280-2.e1-2. doi: 10.1016/j.jaci.2013.09.053

– **Filaggrin-stratified transcriptomic analysis of pediatric skin identifies mechanistic pathways in patients with atopic dermatitis.**
Cole C, Kroboth K, Schurch NJ, Sandilands A, Sherstnev A, **O'Regan GM,** Watson RM, McLean WH, Barton GJ, Irvine AD, Brown SJ. J Allergy Clin Immunol. 2014 Jul;134(1):82-91. doi: 10.1016/j.jaci.2014.04.021. Epub 2014 May 2

– **The incidence of childhood Type 1 Diabetes in Ireland and the National Childhood Diabetes Register.**
Roche EF, McKenna A, Ryder K, Brennan A, O'Regan M, Hoey H. Ir Med J. 2014 Oct;107(9):278-81

– **Genetic Markers of Insulin Sensitivity and Insulin Secretion Are Associated With Spontaneous Postnatal Growth and Response to Growth Hormone Treatment in Short SGA Children: the North European SGA Study (NESGAS).**
Jensen RB, Thankamony A, Day F, Scott RA, Langenberg C, Kirk J, Donaldson M, Ivarsson SA, Söder O, **Roche E,** Hoey H, Juul A, Ong KK, Dunger DB. J Clin Endocrinol Metab. 2015 Mar;100(3):E503-7. doi: 10.1210/jc.2014-3469. Epub 2014 Dec 12

– **Mode of initial presentation and chromosomal abnormalities in Irish patients with Turner syndrome: a single-centre experience.**
Mohamed S, **Roche EF,** Hoey HM. J Pediatr Endocrinol Metab. 2014 Nov 6. pii: /j/jpem.ahead-of-print/jpem-2014-0287/jpem-2014-0287.xml. doi: 10.1515/jpem-2014-0287

– **Turner syndrome: awareness of health issues.**
Nadeem M, **Roche EF.** Ir Med J. 2014 Jul-Aug;107(7):222

– **The National Paediatric Diabetes Register and its impact on healthcare.**
Roche EF. Ir Med J. 2014 Jul-Aug;107(7):197-8.

– **Body fat distribution in Turner syndrome and the influence of puberty.**
Nadeem M, **Roche EF.** Ir Med J. 2014 Sep;107(8):260

– **Bone mineral density in Turner's syndrome and the influence of pubertal development.**
Nadeem M, **Roche EF.** Acta Paediatr. 2014 Jan;103(1):e38-42. doi: 10.1111/apa.12435. Epub 2013 Nov 11.

– **Health-related quality of life in Turner syndrome and the influence of key features.**
Nadeem M, **Roche EF.** J Pediatr Endocrinol Metab. 2014 Mar;27(3-4):283-9. doi: 10.1515/jpem-2013-0333.

– **The energy cost of playing active video games in children with obesity and children of a healthy weight.**
O'Donovan C, **Roche EF,** Hussey J. Pediatr Obes. 2014 Aug;9(4):310-7. doi: 10.1111/j.2047-6310.2013.00172.x. Epub 2013 Apr 29.

– **Atypical Alstrom syndrome with novel ALMS1 mutations precluded by current diagnostic criteria. Casey J, McGettigan P, Brosnahan D, Curtis E, Treacy E, Ennis S, Lynch SA. Eur J Med Genet. 2014 Feb;57(2-3):55-9. doi: 10.1016/j.ejmg.2014.01.007**

– **Autism in a recently arrived immigrant population.**
Bolton S, McDonald D, **Curtis E,** Kelly S, Gallagher L. Eur J Pediatr. 2014 Mar;173(3):337-43. doi: 10.1007/s00431-013-2149-6. Epub 2013 Oct 2

– **Recording abbreviation in clinical case note: are we good at it?**
Nadeem M, Carter M, Di Fonzo D, **Elnazir B**. Ir Med J. 2014 Jun;107(6):187-8

– **Infants with FPIES to solid food proteins--chicken, rice and oats.**
Cunningham K, Scanlan B, **Coghlan D,** Quinn S. Ir Med J. 2014 May;107(5):151

– **Paediatric Emergency Research in the UK and Ireland (PERUKI): developing a collaborative for multicentre research.**
Lyttle MD, O'Sullivan R, Hartshorn S, Bevan C, Cleugh F, Maconochie et al, I; PERUKI. Arch Dis Child. 2014 Jun;99(6):602-3. doi: 10.1136/archdischild-2013-304998. Epub 2014 Mar 10.

– **The 'Jedward' versus the 'Mohawk': a prospective study on a paediatric distraction technique.**
Fogarty E, Dunning E, Koe S, **Bolger T, Martin C**. Emerg Med J. 2014 Apr;31(4):327-8. doi: 10.1136/emermed-2013-202337

PAIN MEDICINE

– **ULYSSES. THE EFFECTIVESS OF A MULTIDISCIPLINARY COGNITIVE BEHAVIOURAL PAIN MANAGMENT PROGRAMME**
– 8 YEAR REVIEW Fullen B, Blake C, Horan S, Kelley V, Spencer O, Power CK Ir J Med Sci 2014; vol 83 (no 2); 265 – 275

PHARMACY

– **Collaborative pharmaceutical care in an Irish hospital: uncontrolled before-after study.**
Tamasine C Grimes,[1,2] Evelyn Deasy,[1,2] Ann Allen,[1] John O'Byrne,[1] Tim Delaney,[1] John Barragry,[3] Niall Breslin,[3] Eddie Moloney,[3] Catherine Wall[3]. **1.** Pharmacy Department, Tallaght Hospital, Dublin, Ireland. **2.** School of Pharmacy and Pharmaceutical Sciences, Trinity College Dublin, Ireland. **3.** Medical Directorate, Tallaght Hospital, Dublin, Ireland. BMJ Qual Saf 2014;0:1–10. doi:10.1136/bmjqs-2013-002188.

RADIOLOGY

– **CT analysis of renal stone composition: a novel and non-invasive method to analyse stone.s**
K Harrington, W Torreggiani. Irish Medical Journal, 2014, March;107(3):77-79

– **Unusual cause of loin pain.**
Wong L, Kok HK, Rodzlan R, Lavin PJ, Torreggiani W. Kidney Int 2014, Accepted for publication 31st October 2014.

– **Erdheim-Chester Disease.**
Ir Med J 2015; 108(2): 61. Healy NA, Kok HK, Wall C, Torreggiani WC.

– **Percutaneous sclerotherapy of a vulval venous malformation.**
Crosby DA, Kok HK, Torreggiani WC, Govender P, Murphy C. Int J Gynaecol Obstet 2014, pii: S0020-7292(14)00562-1. doi: 10.1016/j.ijgo.2014.09.021. [Epub ahead of print].

– **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. Ir J Med Sci 2014, Oct 22 [Epub ahead of print]

– **The radiological diagnosis and treatment of typical and atypical bone haemangiomas - current status.**
Leong S, Kok HK, Delaney H, Feeney J, Lyburn I, Munk P, Torreggiani W. Can Assoc Radiol J 2014, Accepted for publication 25th July 2014.

– **Inferior vena cava filter insertion and retrieval patterns in a tertiary referral centre in Ireland.**
Kok HK, Salati U, O'Brien C, Govender P, Torreggiani WC, Browne R. Ir J Med Sci 2014, Apr 16 [Epub ahead of print].

– **Dialysis related amyloid arthropathy on 18FDG PET-CT.**
Kecler-Pietrzyk A, Kok HK, Lyburn ID, Torreggiani WC. Ulster Med J 2014; 83(2): 117-8.

– **Percutaneous computed tomography-guided oesophageal needle biopsy.**
Kok HK, Govender P, Leong S, Browne RF, Torreggiani WC. Ir Med J 2014; 107(2): 34.

– **Treatment advances in Prostate Carcinoma.**
Donnellan J, Considine S, Manecksha R, Jordan E, McDermot R, Feeney J. Review Section, Cancer Professional May 2014

– **Advances in surgical treatment for Prostate Carcinoma.**
Donnellan J, Considine S, Manecksha R, Jordan E, McDermott R, Feeney J. Hospital Doctor of Ireland April 2014

– **Clinical Education Programme: renal cell cancer.**
Donnellan J, Considine S, Manecksha R, Piccardo S, Kelly C, McDermott R, Feeney J. Hospital Doctor of Ireland April 2014.

– **Treatment advances in Prostate Carcinoma.**
Donnellan J, Considine S, Manecksha R, Jordan E, McDermott R, Feeney J. Hospital Doctor of Ireland March 2014.

– **Clinical Education Programme: Prostate Cancer.**
McHugh D, McDermott R, Donnellan J, Torreggiani W. Hospital Doctor of Ireland February 2014.

– **Cultural Diversity Amongst Medical Students And Its Impact Upon Inclusive Science Education with respect to the OSCE exam and non-clinical key competencies.**
Donnellan J, Torreggiani W.C, Irish Educational Studies, submitted for review; January 2014.

– **Prostate Carcinoma Hospital Doctor of Ireland January 2014**
McHugh D, McDermott R, Donnellan J, Torreggiani W. Oncology Series.

– **Imaging of the foot and ankle.**
Doody O1, Hopper MA 2 Search for articles by this author Department of Radiology, Tallaght Hospital, Dublin, Ireland **1.** Cambridge University Hospitals NHS Trust, Cambridge, UK **2.** Orthopaedics and Trauma Oct 2014; 28, (5):339–349

RHEUMATOLOGY

– **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). 2014 Sep 5. pii: keu354. [Epub ahead of print]

– **Impact of outpatient clinic ultrasound imaging in the diagnosis and treatment for shoulder impingement: a randomised prospective study.**
Saeed A, Khan M, Morrissey S, Kane D, Fraser AD. Rheumatol Int. 2014 Apr;34(4):503-9.

UROLOGY

– **Mountain biker's priapism – A new phenomenon.**
Islam JU, Brown R, Thornhill J. Urology + Radiology Department, AMNCH IMJ, Vol 107, No. 1, Jan 2014

– **A delayed and rather unusual presentation of a bladder injury after pelvic trauma: 5 years after a road traffic accident.**
Davarinos N, Thornhill JA, McElwain JP, Moore D. Department of Trauma & Orthopaedics, Tallaght Hospital, Dublin 24, Ireland Jr. Case reports in Orthopaedics; Vol 2014, Article ID 873079, 3 pages

– **The clinic pathological characteristics of prostate cancer in an Irish population with a serum PSA < 4.0ng/ml**
O'Kelly F, McGuire BB, Flynn RJ, Grainger R. McDermott TED, Thornhill JA. Accepted **Jr Clin Urol; Published on line first – 7th April 2014 Jr Clin Urol 2014, Vol 7 (5) 338-343.**

– **A 30 year experience of Millin's Retropubic prostatectomy: has this classic operation derived by a President of the College in Ireland stood the test of time?**
RM Long, AZ Thomas, C Browne, M. Alsinnawi, J. Ul-Islam, TED McDermott, R. Grainger, JA Thornhill Ir. J Med Sci; Publ. on line first 13th April 2014. DOI 10.1007/s11845-014-1115-2

– **The use of twitter at a small European National meeting:**
The Irish Society Urology Nason Gregory, O'Kelly Fardod, Bouchier-Hayes David, Manecksha Rustom. BJU Int 2014 Jun 13 doi 0.1111/bju12840

– **A Patient reported outcome measure (PROM) assessing quality of care in the hospital outpatient setting.**
M Alsinnawi, CM Dowling, S McKeown, R Flynn, TED McDermott, R Grainger, JA Thornhill. IMJ, Vol 107 No 8, Sept 2014

– **Radical prostatectomy in the presence of ongoing refractory ESBL Escherichia coli bacterial prostatitis.**
Louise Catherine McLoughlin, T.E.D. McDermott, John A Thornhill BMJ Case Reports: 2014; doi;10.1136/bcr-2014-206291

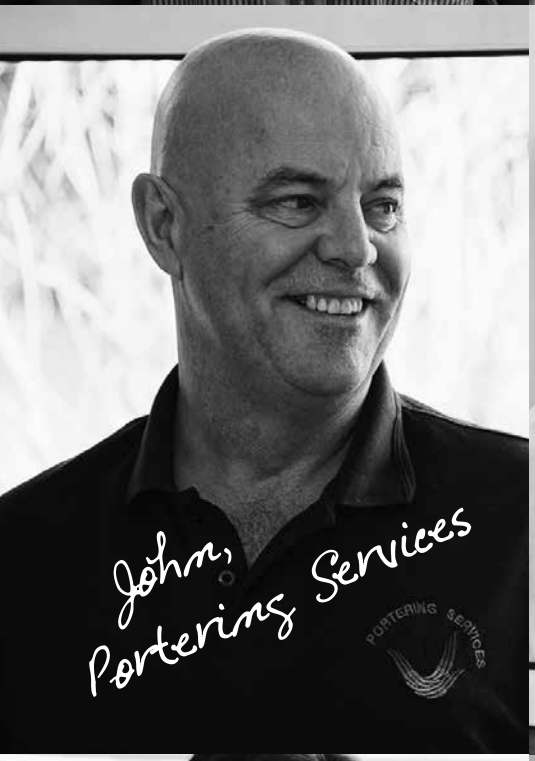
– **One hundred classic papers in urology bibliometric analysis –** Louise McLoughlin. AKA: **Is citation index a good indicator of landmark papers in urology** Jr Clin Urol Published online 1st:10th September 2014: 2014/09/09/205145814547121

– **'Preoperative gentamicin-resistant urine cultures in urological surgery'**
Alsinnawi M (1), Egan S (2), Groarke E (1), McCullagh E (3), Fennell JP (3), Flynn R (1), McDermott T.E.D. (1), Grainger R (1), Thornhill JA (1), Departments of Urology (1), Pharmacy (2), Microbiology (3), Tallaght Hospital, Dublin 24, Ireland Dec 2014 In Press with Current Urology

Marian,
Care Assistant


Lijo,
Phlebotomy


Michelle,
Emergency
Department



John,
Portering Services


Rebekah,
Dietician


Ciara,
Pharmacy


Melanie,
Healthcare Assistant


Nollaig,
Radiographer


Frederick,
Clinical Nurse
Manager 2

PEOPLE CARING FOR PEOPLE

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

tel: (01) 414 2000
www.amnch.ie
www.tallaghthospital.ie

DESIGNED BY drawinginc where brand stories begin