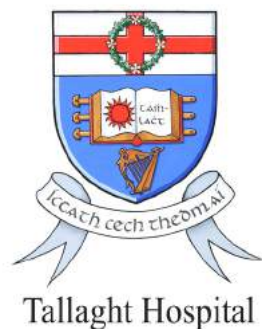


# 2016



## Tallaght Hospital Annual Report

*People Caring for People*



Tallaght Hospital



## Our Values

Respect for patient autonomy

Respect for each other

Partnership and teamwork

Fairness and equality

Caring and openness

**Healthcare is about people: the people who need care and the people who provide it.**



# Contents

<b>1</b>	Message from the Chairman	2
<b>2</b>	Hospital Board Executive Organisational Structure	4
<b>3</b>	Message from the Chief Executive Officer	8
<b>4</b>	Operational Performance	10
<b>5</b>	Financial Performance	18
<b>6</b>	People Caring for People	22
<b>7</b>	Enhancing the Environment for Patients and Staff	44
<b>8</b>	Interdisciplinary Approach to Healthcare	51
<b>9</b>	New Ways of Caring for People	54
<b>10</b>	Awards and Achievements	59
<b>11</b>	Research	65
<b>12</b>	Publications	74



## 1

# Message from the Chairman



*Michael Scanlan,  
Chairman of the  
Board*

**The quantum and quality of the services provided by Tallaght Hospital to its patients depend upon many factors. Having the necessary resources is essential but the right values, good teamwork, justifiable pride in our achievements and a clear sense of purpose are also vital in driving continuous improvement and innovation in patient services. This annual report describes the progress achieved by Tallaght Hospital in that regard in 2016.**

As healthcare organisations, hospitals need to do more than treat and discharge people who are ill. The health related community events supported by the Hospital through its engagement with various community organisations illustrate how the Hospital is playing its part in supporting better health. Another important highlight is the selection of Tallaght Hospital and its local community health organisation as the first hospital/community national site to develop a service which offers an integrated model of care for older persons.

The strapline "people caring for people" reflects our philosophy that the Hospital can care better for patients if it also cares for its staff. The charitable and social events organised by and for our volunteers, our staff and their families reflect this belief. The benefits of striving to make Tallaght Hospital a good place to work is demonstrated by the Hospital's very successful nursing recruitment initiatives which saw 57 of the 62 new nursing graduates choosing to take up permanent contracts in the Hospital and enabled us to help Naas Hospital and St. James's Hospital to address their nursing shortages.

The shared learning events hosted by the Hospital such as the visit by members of the Gartner Executive Chief Information Officer Programme and the material in this report dealing with the Centre for Learning and Development, research and publications illustrate the importance we attach to research, learning and development.

The report describes various projects which have enhanced the physical environment for both patients and staff, including the new Haematology Day Ward and the new Paediatric Quiet Room. In addition, the Hospital launched a free public Wi-Fi service for patients and visitors, and a revamped website which provides an excellent online introduction to the Hospital and its services.

Specific practical examples of how patients benefit from staff teamwork and innovation include an innovative new service aimed at diagnosing dementia as early as possible, a technology enabled communication system for critical care patients, and an early supported discharge service for stroke patients.

“  
**As healthcare organisations,  
 hospitals need to do more  
 than treat and discharge  
 people who are ill.**”

The Board and staff of Tallaght Hospital continue to work closely with colleagues in Crumlin, Temple Street and the Children’s Hospital Group to support the new children’s hospital project. Last October the Board indicated to the Minister for Health that it was willing to support his proposal to use primary legislation to establish the new children’s hospital as a legal entity and we look forward to the early enactment of this legislation. The Board very much welcomes the recent announcement by the Minister that the Government has approved the construction investment decision for the building of the new children’s hospital and the two associated paediatric outpatients and urgent care centres at Connolly and Tallaght Hospitals.

The report also includes details of the support provided to the Hospital by the Meath Foundation, the Adelaide Health Foundation and the National Children’s Hospital Foundation. I want to thank the three foundations for this support – it is greatly appreciated and helps us to improve our services to patients in many different ways.

As is evident from this report, our staff and the community we serve can be justifiably proud of their Hospital.

On behalf of the Board, I want to thank our Chief Executive, Mr. David Slevin for the way he has successfully developed, supported and guided the staff of the Hospital and, in particular, the senior management team.

I want to congratulate Mr. John Kelly on his promotion to the position of Chief Operations Officer in September 2016.

Ms. Hilary Daly, Director of Nursing, retired recently. Hilary trained in the Adelaide Hospital, Dublin and in 1998 she played a lead role in the opening of Tallaght Hospital. She embodied the nursing values of care, compassion and commitment, and Tallaght Hospital is undoubtedly a better place because of her contribution. I wish Hilary well on her retirement and welcome her successor Ms. Áine Lynch to the team.

I want to thank my fellow board members for their commitment and support, all of which is given on an entirely voluntary basis. I want to acknowledge, in particular, the contribution made by Professor Richard Reilly who resigned from the Board in October 2016.

In May 2017, I stepped down from the Hospital Board. It has been a privilege to Chair the Board of Tallaght Hospital for the past five years and I wish my replacement, Mr. Liam Dowdall, every success.

**Michael Scanlan**  
**Chairman of the Board**

## 2

# Hospital Board Executive Organisational Structure



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

## 2.1 Hospital Board

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

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

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

No remuneration is paid in respect of Board Membership.

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

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

### Board Members (11)

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

### Executive Management (10)

1. Mr. David Slevin, Chief Executive Officer (CEO)
2. Ms. Lucy Nugent, Deputy Chief Executive Officer (Deputy CEO)
3. Dr. Siobhán Ní Bhriain, Chair Medical Board
4. Dr. Catherine Wall, Clinical Director, Medical Directorate
5. Dr. Eleanor O'Leary, Clinical Director, Peri-Operative Directorate
6. Dr. Daragh Fahey, Director of Quality, Safety & Risk Management (QSRM)
7. Mr. John O'Connell, Executive Director of Human Resources
8. Mr. John Kelly, Chief Operations Officer (COO)
9. Ms. Hilary Daly, Director of Nursing
10. Mr. Dermot Carter, Director of Finance

Madeline O'Neill, Board Secretary

### Board Committees

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

#### Audit Committee

- ▶ Professor Patricia Barker (Chair)
- ▶ Professor Richard Reilly
- ▶ Mr. Seán Quigley (External Member)
- ▶ Mr. Peter Dennehy (External Member)

### Staff & Organisation Development Committee

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

### Quality, Safety & Risk Management Committee

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

### Governance Committee

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

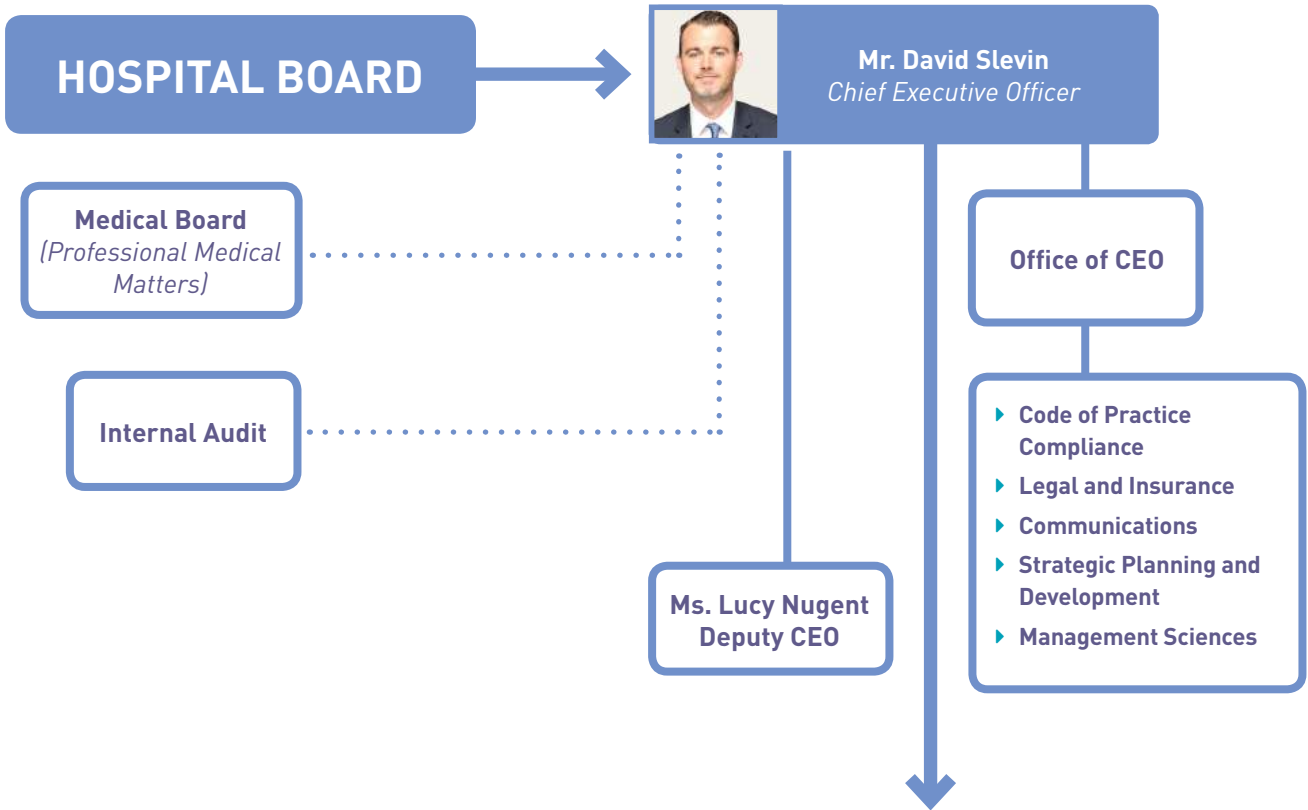
### Finance Committee

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

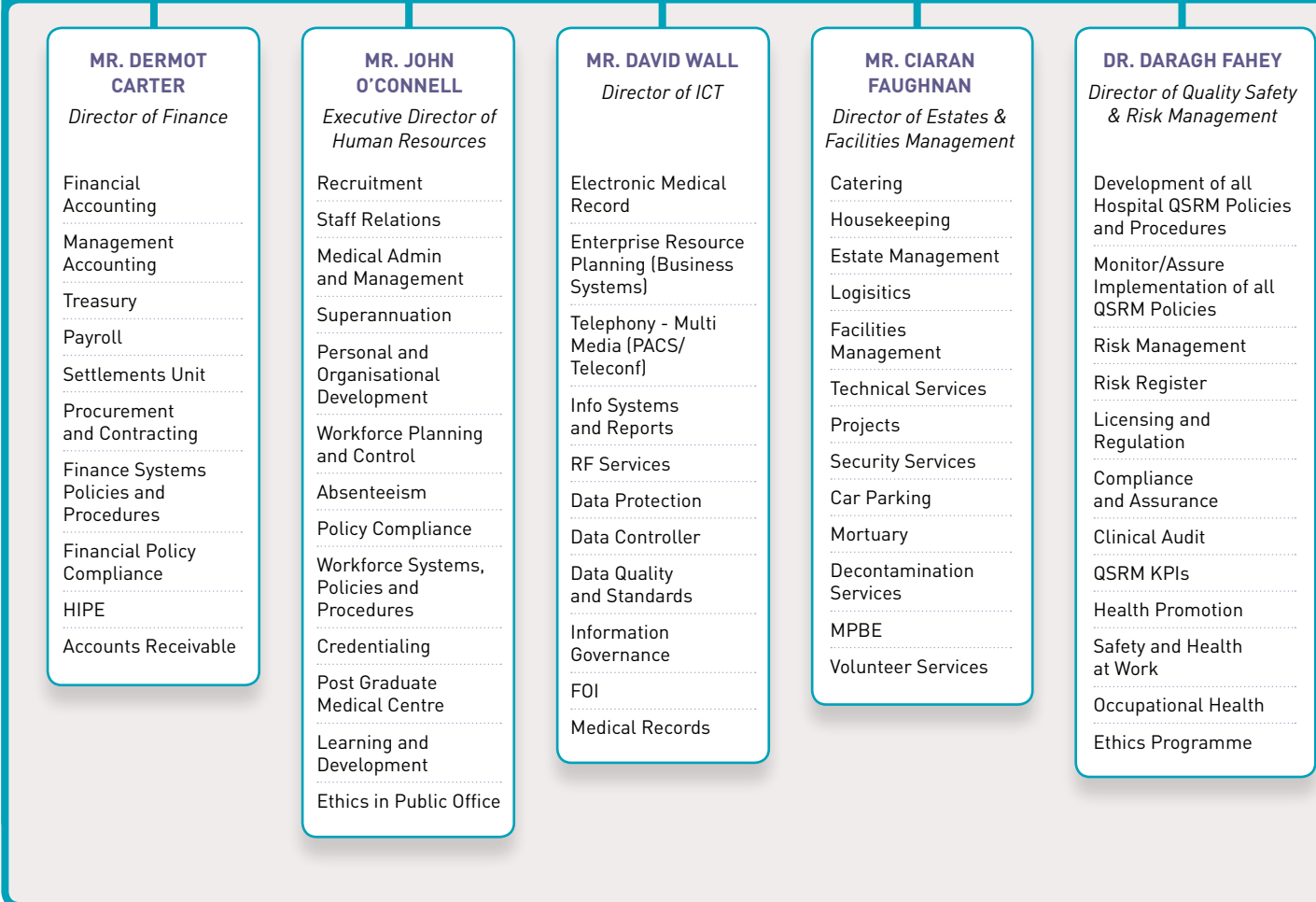
### Hospital Board Meetings Attended in 2016

Name	Expected no. of meetings to attend in 2016	No. of meetings attended in 2016
Mr. Michael Scanlan, Chairman	9	9
Mr. Andreas McConnell	9	5
Mrs. Mairéad Shields	9	8
Mr. Liam Dowdall, Vice Chairman	9	7
Archdeacon David Pierpoint	9	6
Professor Richard Reilly	7	4
Professor Patricia Barker	9	8
Mr. David Seaman	9	6
Ms. Anna Lee	9	9
Ms. Kathy Monks	9	9
Mr. Jim Kiely	9	8

## 2.2 Executive Organisational Structure



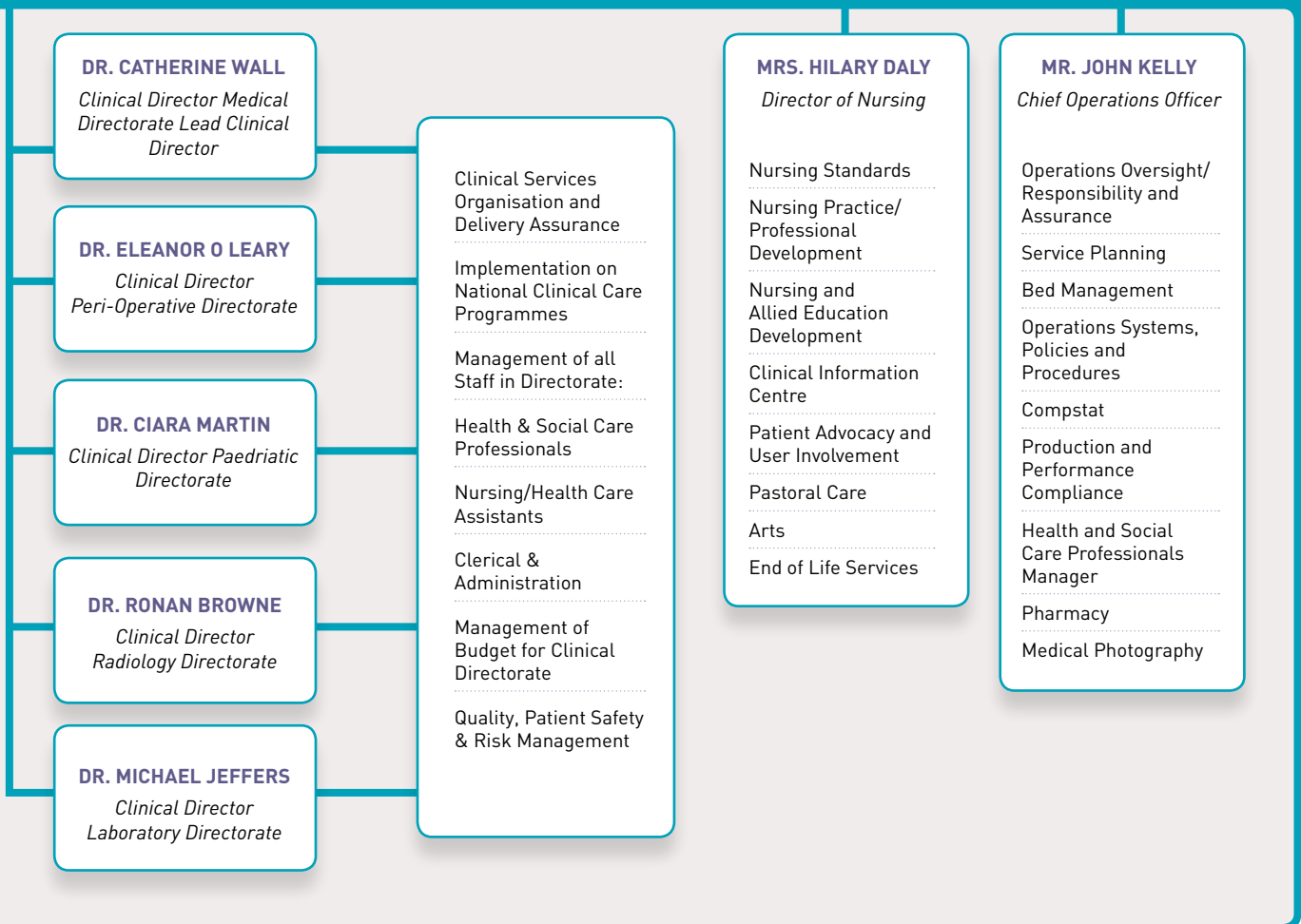
### Executive Management Team







Back row left to right Mr. Dermot Carter, Mr. Ciaran Faughnan, Mr. David Wall, Mr. John O'Connell, Dr. Ronan Browne, Mr. John Kelly, Middle row left to right, Ms. Hilary Day, Dr. Catherine Wall, Dr. Ciara Martin, Dr. Michael Jeffers, Dr. Daragh Fahey, Mr. David Slevin (CEO), Front Row, left to right: Ms. Lucy Nugent, Dr. Eleanor O'Leary



## 3

# Message from the Chief Executive Officer



David Slevin,  
Chief Executive  
Officer

Welcome to the 2016 annual report which provides us with the opportunity to showcase some of the excellent work of the staff of Tallaght Hospital. Our guiding principle is “People Caring for People” and we endeavour to action this every day in a variety of ways. With this in mind the Hospital has had another exciting year in terms of service and staff developments despite the ongoing access and financial pressures.

One of the Hospital’s priorities is to continually improve the environment for patients and families and one of 2016 highlights was the opening of the new Charlotte Haematology Day Unit by An Taoiseach Enda Kenny. This new modern facility is named after Charlotte Mc Menamin who was a long standing member of the nursing staff who sadly passed away at the start of 2016 after a long illness. We were particularly honoured to have Charlotte’s family join us for the opening ceremony.

The refurbishment programme of existing wards continues with positive feedback received to date from both patients, staff and the public. We welcome feedback from patients and families not only of the physical environment but of the care we provide, and I am delighted to say that the most recent patient survey showed 96% of patients said the care they received was good or excellent.

The Hospital welcomes the HSE support to date for the much needed expansion of critical care beds which is now at design stage and a new expanded haemodialysis unit which is ready to go to tender. A review of the campus to explore further opportunities to develop capacity to improve access and reduce waiting times for patients is currently under way.

In the latter half of the year the Hospital experienced an outbreak of Carbapenem Resistant Enterobacteriaceae (CRE). Carbapenem resistance is important because Carbapenems are the last reliable class of antibiotics for Enterobacteriaceae infections. I am proud of the multidisciplinary approach taken by staff to bring this outbreak under control despite the cost and time pressures involved. This Multi Drug Resistant Organism (MDRO) is on the increase nationally and highlights the requirements for enhanced screening and single isolation rooms to reduce its spread and maintain access for patients.

Tallaght recognises its role as a community partner within the greater Tallaght area and strives to continue engagement with the community to ensure a “Healthier Tallaght”. With that in mind I welcome the recent establishment of the Local Integrated Care Committee (LInCC) with our GP and HSE community partners. The objectives of the LInCC is to focus on integrated care pathways to enhance the patient journey through the health system whilst ensuring quality outcomes.

“

**Tallaght recognises its role as a community partner within the greater Tallaght area and strives to continue engagement with the community to ensure a “Healthier Tallaght”.**”

Tallaght Hospitals three year Clinical Services Strategy 2016-18, outlines service development priorities aimed at achieving improving health outcomes for the patients the hospital serves for the next three years. The Strategy focuses on how the Hospital can best contribute as part of the Dublin Midland’s Hospital Group and the Children’s Hospital Group. The report can be accessed on the Hospital website <http://www.tallaghthospital.ie/About-us/Caring-for-the-Future-Clinical-Services-Strategy-2016-2018.pdf>

I would like to acknowledge the continued support of the three hospital foundations – Adelaide Health Foundation, Meath Foundation and the National Children’s Hospital Foundation. They are represented at Board level as well as providing funding support for staff education, research and enhancement of patient related service developments. Whilst some of this is reflected throughout this annual report and the annual Quality Report I would encourage you to learn more about the much valued work of the Foundations via the Hospital website <http://www.tallaghthospital.ie/About-us/Our-Foundations.html>.

In addition, Roisin Whiting, CEO of the Adelaide Health Foundation retired at the end of 2016 and I along with the Management Team would like to thank her for her support of the Hospital and wish her all the best in her retirement. The Hospital welcomes her successor Niamh Gavin and we look forward to working with her in the future.

I would like to sincerely thank our outgoing Chairman of the Board of Directors, Michael Scanlan for his service and commitment to the Hospital. We have all greatly benefitted from his wisdom and leadership. The Management Team of the Hospital and I are looking forward to working with incoming Chairman, Liam Dowdall. In addition I would like to acknowledge the retirement of Ms Hilary Daly, Director of Nursing who has provided leadership, mentorship and support not only to her nursing colleagues but to all staff of the Hospital. Hilary’s compassion is a true example of caring for others. I welcome her successor, Ms Áine Lynch who is returning to the Hospital and is well known to many of us.

A milestone in the development of the new National Childrens Hospital and the two Paediatric Outpatients and Urgent Care Centres was the granting of full planning permission by An Bord Pleanála in April 2016. A comprehensive tendering process was completed to select a construction company to complete the build and the recent announcement by the Minister for Health Simon Harris TD that Government has approved the construction investment decision. The Hospital are working collaboratively with the Childrens Hospital Group and our sister paediatric hospitals to ensure the safe provision of paediatric services up to the merger of the three paediatric hospitals.

Finally, I would like to thank every member of staff who individually and collectively contributes to ensuring we continue to provide high quality care to our local population and beyond as an acute tertiary academic teaching hospital. In the words of Steve Jobs, ‘great things are never done by one person. They’re done by a team of people’.

**David Slevin**  
CEO

## 4

Operational  
Performance

Tallaght Hospital is one of Ireland's largest acute teaching hospitals. In 2016, the Hospital treated over 420,000 patient episodes of care, providing child-health, adult, psychiatric and age-related healthcare.

The Hospital has 562 beds, 12 theatres and 14 Critical Care beds in operation and employs over 3,000 staff. The Hospital provides access for patients to over 20 medical and surgical specialties, with comprehensive on-site laboratory and radiology support services. It is also a national urology centre, the second largest provider of dialysis services in the country, a regional orthopaedic trauma centre and the national centre for pelvic and acetabular fractures.

#### 4.1 Adult Services

In 2016 the Hospital faced a number of operational challenges such as increased Emergency Department attendances, increased attendances and admissions in patients 65 years or older and increased prevalence of Multi Drug Resistance Organisms (MDROs) nationally. The Hospital responded to these challenges by reviewing current practices and development of new processes and pathways for caring for our patients.

These new developments included an extended service (Mon-Fri 7.30am - 8.15pm and Sat 7.30am - 1pm) provided by Bed Management to ensure the right staff were available to facilitate patient flow, the introduction of on-site molecular testing for MDROs, influenza and noro-virus, sustaining the new Acute Surgical Assessment Unit to enable admission avoidance where clinically suitable, opening a new Trauma Short Stay Unit (TSSU) on Franks Ward to reduce length of stay for patients requiring brief hospitalisation and the appointment of a Community Geriatrician to develop integrated care pathways for patients between Primary and Acute Care.

“  
Tallaght Hospital  
is one of Ireland's  
largest acute  
teaching hospitals”



*New Molecular Testing Equipment*

#### 4.1.1 On-site Molecular Testing

Managing patients with infectious diseases is critical to ensuring the flow of patients through the Hospital. As the prevalence of these diseases increase it places further pressure on finding appropriate accommodation within as quick a turnaround time as possible. The Hospital has experienced a year on year increase in presentations of noro-virus and influenza presenting during the winter months, this is in conjunction with ongoing management of other MDROs such as Methicillin Resistant Staphylococcus Aureus (MRSA). In September 2016, Tallaght Hospital experienced an increase in the prevalence of another MRDO called Carbapenem-Resistant Enterobacteriaceae (CRE).

With infectious diseases it is critical to have the shortest turnaround time for receipt of results in order to quickly confirm if a patient is infectious and then manage their treatment and placement in an appropriate ward or room. To address this the Hospital purchased two machines in the last quarter of 2016. The Roche FlowFlex provides a same day turnaround five days per week. It can test for MDRO, noro-virus, influenza etc. This service is run as a complement to the service provided by the National Viral Reference Laboratory (NVRL) and enables improved patient flow.

In addition to this the Hospital purchased a GeneXpert machine. This machine can provide a one hour turnaround test, where required.

Quantiferon testing, a blood test that helps detection of Mycobacterium Tuberculosis, the bacteria which causes tuberculosis, has also been introduced. Turnaround time is again the main advantage with the old test taking >10 working days usually and the new test never taking more than five working days.

#### 4.1.2 Trauma Short Stay Unit (TSSU)

In April, 2016 the Hospital opened its first TSSU on Franks Ward. There are a cohort of patients who sit between the Emergency Department observation unit and the medicine wards of most hospitals who do not fit well in either setting. These individuals may be a little too sick to go home in 23 hours, but they are not so complicated that they warrant prime-time admission for a four-day stay.

The TSSU is providing targeted care for patients requiring brief hospitalisation and dischargeable as soon as clinical conditions are resolved. Use of TSSUs have the potential to reduce patient length of stay in hospital, representing an alternative to the ordinary ward for selected patients.

A shorter period of hospitalisation can reduce the risk of hospital-acquired infections, increase patient satisfaction and yield more efficient use of hospital beds. Initial data from Q2 to Q4 2015 vs 2016 has shown a 50% reduction in average length of stay (ALOS) for patients in the same beds. There was nearly a 180% increase in discharges, indicating a significant increase in efficiency in turnaround of the beds. This was partly accounted for by the 200% increase in use of the Discharge Lounge.

## 2016

**Significant increase in efficiency in turnaround of beds in TSSU**

**↓ 50%**  
reduction in ALOS  
for patients in the  
TSSU beds



**180%**  
increase in  
discharges

**200%**  
increase in  
use of the  
Discharge  
Lounge



#### 4.1.3 Integrated care for older persons in Community Health Organisation Area 7 and Tallaght hospital - A national pioneer site

In 2016 Community Health Organisation Area 7 and Tallaght were selected as the first hospital/community national site to develop a service which offers an integrated model of care for older persons. Integrated medicine is a care model which looks at an individual's specific needs and responds to the complex nature of their care which occasionally requires input from several healthcare professionals in multiple environments. Within this model the service follows the person through the patient's journey to ensure the information that accrues across assessments and interventions is passed along.



*Dr. Sean Kennelly,  
Community Geriatrician*

A key part of the service is the role of clinical case managers who are senior nurses allocated to more complex cases with identified high social needs or frequent hospital/community service usage. The integrated care team is comprised of a consultant geriatrician (Dr. Sean Kennelly) and two clinical case managers

supported by physio and occupational therapists and social worker. The executive steering group is a partnership of managers and clinicians from both the community and acute hospital settings.

#### The objectives of the services:

1. Identify needs and deliver timely, efficient care, and to co-ordinate service access for individuals across both acute hospital and community services
2. Anticipate potential crisis situations and support planning
3. Minimise avoidable acute hospital admission
4. Facilitate appropriate timely discharge from hospital
5. Prevent premature Long Term Care (LTC) placement
6. Where LTC is required, work with community to fast track access

These objectives are achieved by performance of comprehensive geriatric assessment, and medication review either within the individual's home, or in a rapid access review clinic in the age-related day hospital. Referrals to the service are from General Practitioners (GPs) and from the existing older persons care pathways already in place within the hospital. The public health nurse and GP are always involved in the care planning process. Interventions include provision of home care packages, day centre referral, and when necessary liaising with psychiatry of later life and palliative care colleagues in the community.

## 4.2 Adult Unscheduled Care

### 4.2.1 Emergency Attendance and Patient Experience Times (PETs)

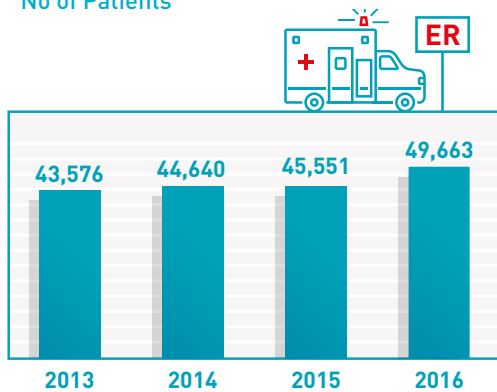
In 2016 the Hospital experienced significant growth in ED attendances, with an additional 4,100+ patients (9%) attending the Department compared to 2015.



Despite the increase in activity the Hospital managed to maintain both its <6 hour and <9 hour Patient Experience Times (PETs).

#### Adult ED Attendances

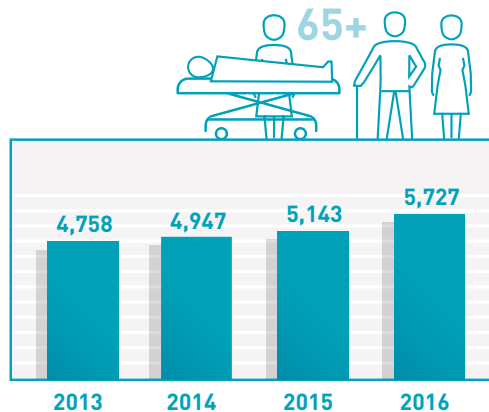
No of Patients



Tallaght Hospital provides services to an ageing population. The growth in ED attendances saw a corresponding growth in attendance and admission of patient's over 65 years old and increased acuity of patients with greater numbers triaged as category 1 & 2.

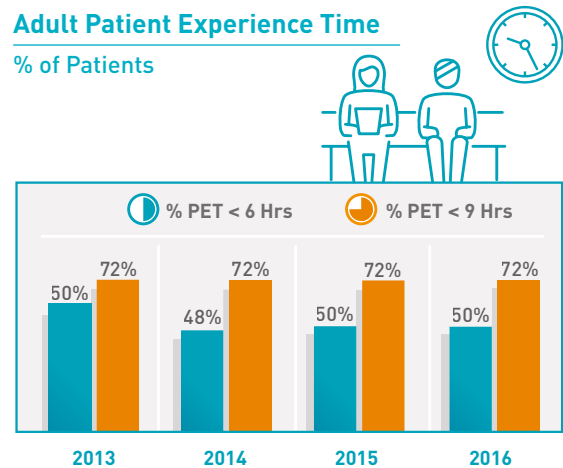
#### Over 65 years old Admissions from ED

No of Patients



#### Adult Patient Experience Time

% of Patients

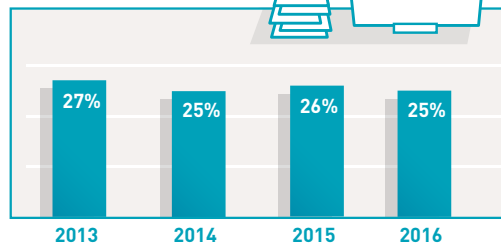


#### Unscheduled activity increased in 2016 by an additional 1002 admissions,

placing additional pressure on the Hospital as it endeavoured to provide quality care to patients through a variety of specialties. This increase in activity was limited by the fact that the Hospital managed to reduce its ED admission rate from 26% in 2015 to 25% in 2016.

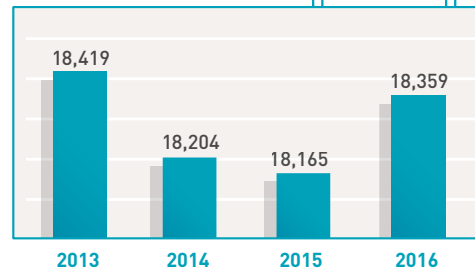
### Adult ED Admission Rate

% of Patients



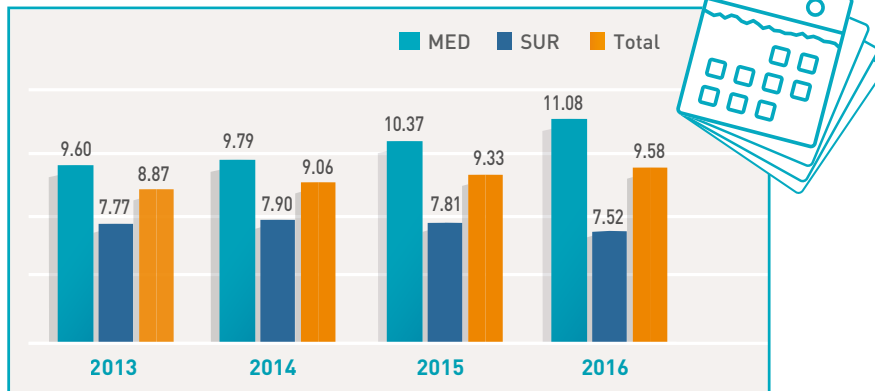
### Adult Scheduled & Unscheduled Inpatient Admissions

No of Patients



### Average Length of Stay

ALOS (Days)



## 4.3 Adult Scheduled Care

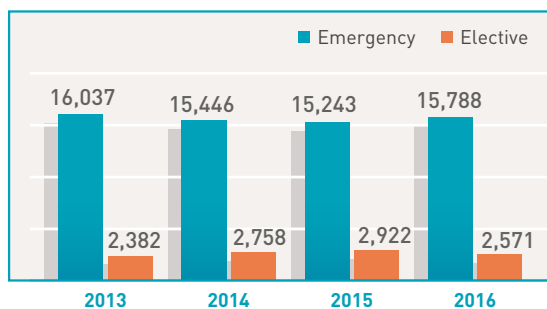
### 4.3.1 Elective Access

Increased prevalence of MDROs in September and over the winter, hindered the Hospital's ability to schedule inpatient and day case elective activity. The impact of this in the Hospital was evident in the significant reductions of elective admissions by 12% (-351) compared to 2015, but with a corresponding increase in emergency admission of 4% (545).

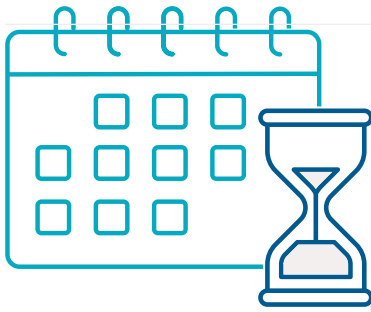
In the Summer of 2016, the Minister of Health set targets that no patient should wait longer than 36 months for inpatient or day case procedures; and that there should be a 50% reduction in patients waiting greater than 18 months. Due to limitations associated with the increased prevalence of MDROs, the Hospital was limited in its capacity to schedule long waiters on campus. Therefore the Hospital received funding for outsourcing initiatives from the Acute Hospital Division and the focus has been on in-patient and Day case patient over 18 months, with specific focus on inpatient Orthopaedics (spinal deformity and degenerative). Funding was also provided to outsource Ear Nose & Throat (ENT), Urology and General surgery. The priority set by the HSE in August 2016 was to reduce the number of patients waiting over 18 months by 50%, the Hospital achieved a 90% reduction in this patient group from 681 to 71, through a combination of validation and outsourcing. In addition no patients were waiting over 36 months at year end.

### Adult Inpatient Admissions

No of Patients

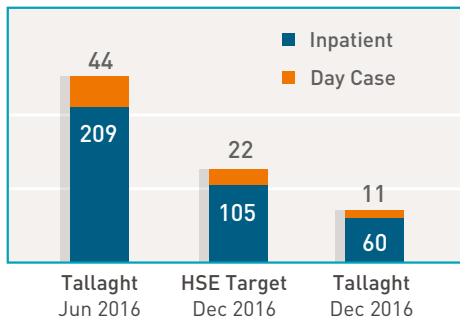






### Inpatient & Day Case Waiting > 18th Mths

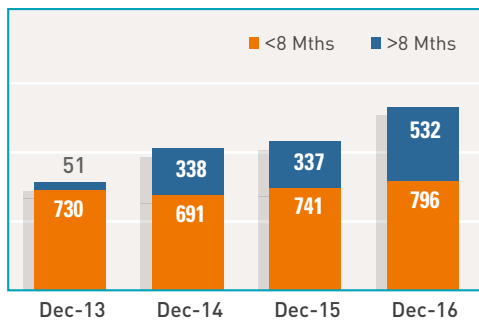
No of Patients



While the focus was on decreasing the number of longest waiters on both the inpatient and day case waiting lists overall, the number of patients on both lists grew in key areas such as Spinal, ENT, Urology and General Surgery. The Hospital is working in collaboration with the HSE to address resource deficits in these areas.

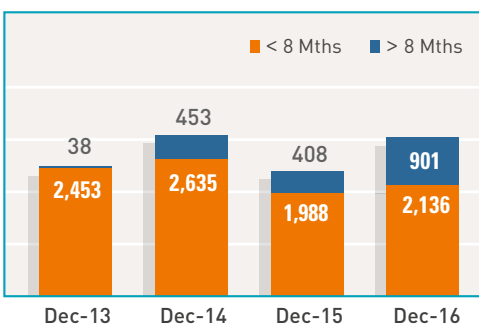
### Adult Inpatient Waiting List

No of Patients Waiting



### Adult Day Case Waiting List

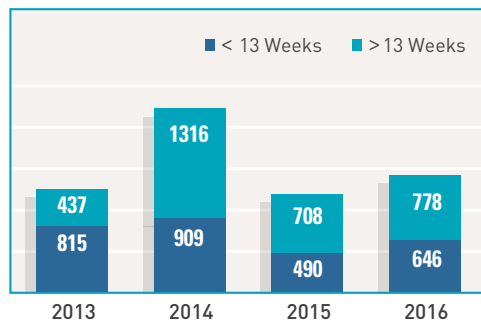
No of Patients Waiting



The Hospital continued to work with the National Treatment Purchase Fund (NTPF) and also developed a new model of providing Endoscopy access with Tallaght Hospital Consultants using additional off-campus facilities. This enabled the Hospital to continue to manage our Endoscopy waiting lists.

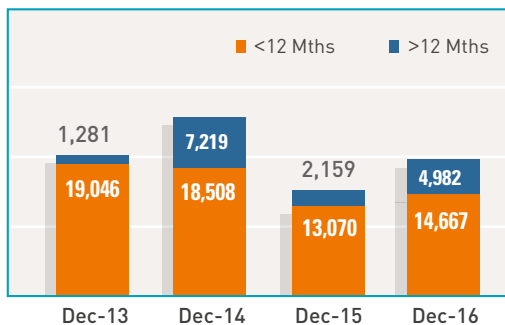
### Adult Endoscopy Waiting List

No of Patients Waiting



### Adult OPD Waiting List

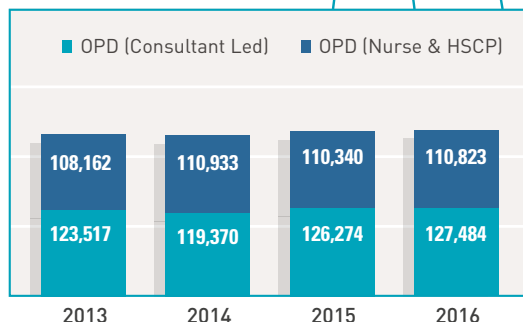
No of Patients Waiting



Outpatient waiting lists continued to grow in 2016. The Hospital continued to work closely with the specialties experiencing the longest waiting lists. New Consultants were appointed in Dermatology, Gastroenterology, Gynaecology and Orthopaedics, with additional posts appointed with start dates in 2017 for ENT, Neurology and Orthopaedics.

### OPD Attendances

No of Patients



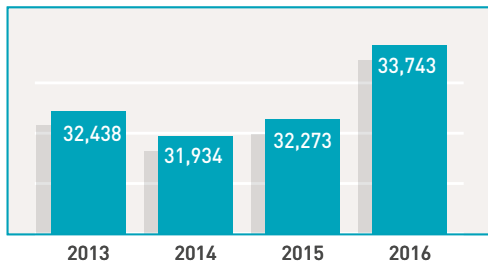
## 4.4 Paediatric Unscheduled Care & Scheduled Care

The Hospital saw a significant increase in Paediatric ED attendances, (5%). This was also reflected in the other Children's Hospitals activity. Despite the increase in ED activity, the Hospital was able to maintain its patient experience times.



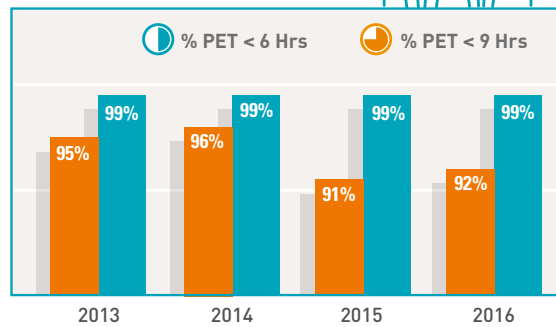
### Paediatric ED Attendances

No of Patients



### Paediatric ED Attendances

No of Patients

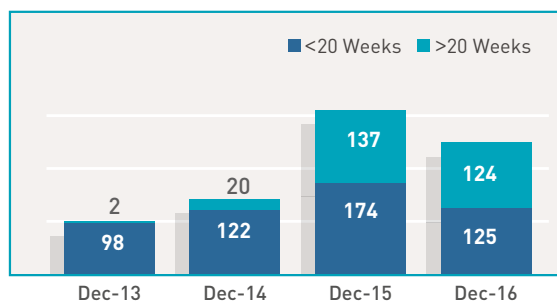


## 4.5 Paediatric Scheduled Care

There has been an increase in both Day Case & Inpatient and OPD waiting lists, the majority of which is due to Consultant vacancies in the area of ENT, with a national shortage of same.

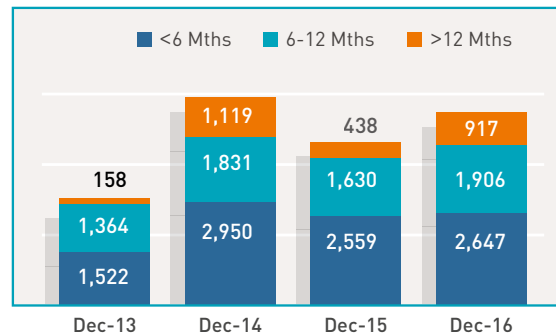
### Paediatric Day Case Waiting List

No of Patients



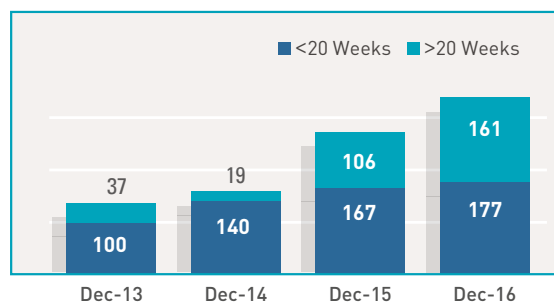
### Paediatric OPD Waiting List

No of Patients



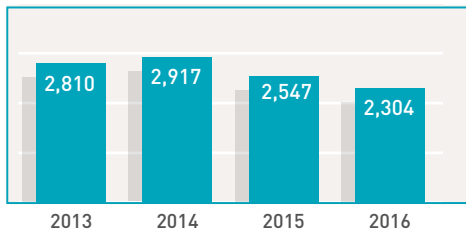
### Paediatric Inpatient Waiting List

No of Patients



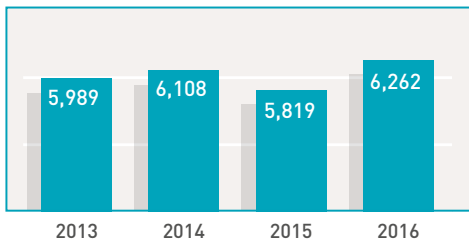
### Paediatric Day Case Admissions

No of Patients



### Paediatric Inpatient Admissions

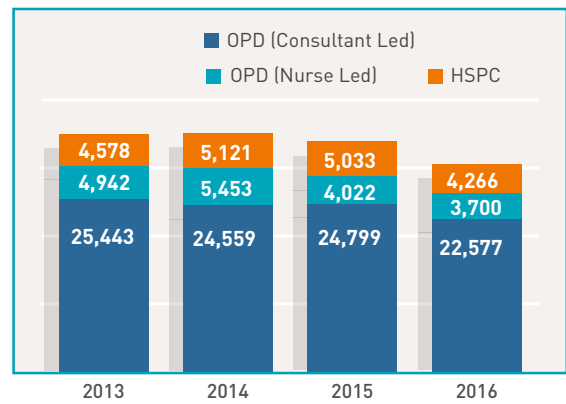
No of Patients



The Hospital saw an increase in Paediatric inpatient admissions (8%) however, this was entirely in unscheduled emergency admissions. The Hospital continued to support citywide Paediatric Services.

### Paediatric Outpatient Attendances

No of Patients

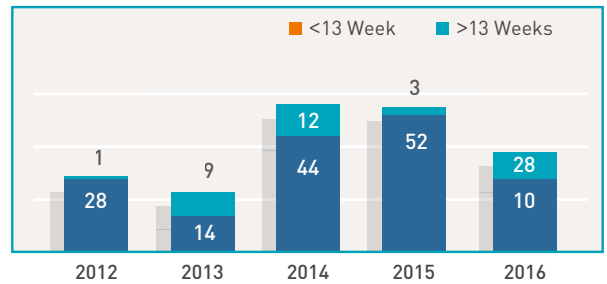


Outpatient attendances fell by 10% in 2016, but this is almost entirely accounted for by ENT and Trauma Orthopaedics. Both services experienced consultant vacancies, which will be rectified in 2017 further to a recruitment process.



### Paediatric Inpatient Admissions

No of Patients



The Hospital saw an increase in Paediatric inpatient admissions

## 5

# Financial Performance

The mission of the Hospital is patient focused; it is to service the healthcare needs of the community; provide care based on best practice; enhance our patients' wellbeing through education and information; educate healthcare students in partnership with third level institutions; support our staff in lifelong learning; undertake and support research for improved patient and public care and develop voluntary participation and support. All of this must be achieved within the limits of the funding available to the Hospital. Therefore, it is critical that the Hospital strives to ensure that resources are equitably allocated to deliver patient focused services at all times.

In 2016, the Hospital received an increased allocation year on year of €14.3m. Although welcomed, this increase in allocation was not sufficient to meet the increase in costs and the reduction in income for the year. The Hospital's outturn for 2016 was €209m representing a growth in cost of €17.9m/9% over the full year 2015 outturn of €191m. This growth in costs can be attributed to the following; full year effect of 2015 service developments (€1.8m), incremental fixed cost pressures (€6.1m), new services 2016 (€0.5m), outsourcing procedures (€1.4m), front line staff costs (€3.0m), agency costs (€0.8m), CRE costs (€1.8m), minor equipment replacement (€1.2m), ward refurbishment (€0.5m) and reduction in private health insurance income (€0.8m).



## 5.1 Financial Review

### 5.1.2 Allocation

The Hospital's revenue allocation increased in 2016 by €14.3m, representing a 7% increase compared to 2015. The financial performance of the Hospital in 2016 demonstrated a deficit of €4.3m. This deficit pertains to an overspend in gross costs of €0.5m and a reduction in income of €3.8m against the Hospital's final allocation. The cumulative deficit as at 31st December 2016 was €18.9m

### 5.1.2 Expenditure Overview

In 2016 the Hospital saw the net expenditure increase by €17.9m/9% when compared with 2015.

Pay and pensions expenditure increased by €7.5m/4%. The reason for the increase is due to the National Wage Agreement €2.6m (Lansdowne Road Agreement) and to increased staffing levels (€3.1m) mainly in nursing and support staff as a result of the filling of existing vacant funded posts under 'The Year Ahead Project'. This project was initiated by the Hospital to retain and recruit nursing, healthcare attendants and paramedical staff to front line posts. The Hospital also invested in staffing in the areas of patient flow and ICT. Agency costs increased €0.8m year on year due to the requirement for one to one care for patients and also as a result of the CRE situation which the Hospital experienced in Quarter 3 and Quarter 4.

Non-pay expenditure increased by €6.6m / 9% as a result of new service activity (renal dialysis €1.5m), increased out-sourcing initiatives (€1.4m) to reduce waiting lists and additional investment in a Minor Capital Equipment Replacement Programme (€1.2m). The outbreak of CRE in the last quarter of 2016 has increased the non-pay cost in the Hospital by €0.9m over areas such as laboratory supplies, cleaning, laundry and staffing. CRE continues to be a significant on-going cost to the Hospital.

Income has decreased €3.7m/6% mainly due to a reduction in superannuation and pension levy income (€2m), the impact of CRE in the Hospital (€0.9m) and the reduction in private health insurance income (€0.8m).

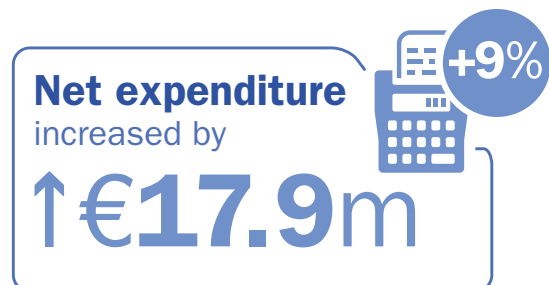
### 5.1.3 Finance Division / Systems Upgrades

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

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

In 2016 the Hospital completed its fifth 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). It is intended in future years the Hospital will be funded for inpatient and day cases based on ABF which is a move away from the traditional block grant funding approach.

Tallaght Hospital is at the forefront in relation to income collection and continues to lead and advise in relation to the continuous development of accounting treatment in relation to HSE patient income charging structures.



## 5.2 Financial Accounts

### Expenditure and Income Overview

In 2016 the net expenditure increased by €17.9m when compared with 2015. Pay expenditure increased by €7.5m, non-pay expenditure increased by €6.6m and income decreased by €3.7m. The principal elements of increases/decreases in expenditure and income for the year related to the following:

Expenditure Description	2016 Inc/(dec) €'m	2015 Inc/(dec) €'m
<b>PAYROLL RELATED</b>		
Pensions, Lump Sums and Gratuities	0.203	(0.644)
General payroll expense	7.305	5.206
<b>Sub Total Payroll Related</b>	<b>7.508</b>	<b>4.562</b>
<b>NON PAY RELATED</b>		
Drugs and Medicines	(0.274)	0.042
Blood/Blood Products	(0.175)	0.280
Medical and Surgical Consumables	0.858	2.948
Medical Equipment and Equipment Maintenance	0.254	1.107
X-ray equipment and supplies	0.238	0.501
Laboratory equipment and supplies	1.022	0.196
Light and heat	(0.039)	0.107
Cleaning and laundry	0.713	0.154
Maintenance	0.542	0.424
Professional, Insurance, Audit & Legal Services	(0.075)	0.204
Office expenses and supplies	0.364	0.638
Bad Debt Provision	1.964	(3.385)
Computer Equipment/Supplies	0.761	0.089
Capital Projects	(0.731)	0.731
Other Miscellaneous	1.176	0.896
<b>Sub Total Non-pay Related</b>	<b>6.598</b>	<b>4.932</b>
<b>INCOME RELATED</b>		
Patient Accommodation Income including Government Levies	(1.524)	0.598
Superannuation and Pension Levy	(2.050)	(0.395)
Income from external agencies	(0.069)	0.109
Other Miscellaneous Income	(0.101)	(0.725)
<b>Sub Total Income Related</b>	<b>(3.744)</b>	<b>(0.413)</b>
<b>Total Net Expenditure</b>	<b>17.850</b>	<b>9.907</b>

## Financial Statements

Income and Expenditure Account for the reporting period 1st January to 31st December 2016	2016 €'m	2015 €'m
Pay Expenditure	187.423	179.915
<b>Non Pay Expenditure</b>	<b>81.331</b>	<b>74.732</b>
Gross Expenditure	267.754	254.647
<b>Income</b>	<b>(59.718)</b>	<b>(63.462)</b>
Net Expenditure for the year	209.036	191.185
<b>Allocation in year</b>	<b>(204.749)</b>	<b>(190.479)</b>
Deficit in year	4.287	0.706
Cumulative deficit brought forward from previous year	14.666	13.960
<b>Cumulative deficit carried forward to following year</b>	<b>18.953</b>	<b>14.666</b>
Balance Sheet as at 31st December	2016 €'m	2015 €'m
<b>FIXED ASSETS</b>		
Tangible Assets	37.046	36.577
<b>CURRENT ASSETS</b>		
Debtors	31.136	35.081
Stocks	4.607	4.412
Bank and Cash balances	2.787	4.335
	<b>38.530</b>	<b>43.828</b>
<b>CREDITORS- LESS THAN ONE YEAR</b>		
Creditors	(43.968)	(44.748)
Bank Overdraft	(10.937)	(10.453)
Bank Loan	(0.432)	(0.432)
	<b>(55,337)</b>	<b>(55.633)</b>
<b>NET CURRENT LIABILITIES</b>	<b>(16.807)</b>	<b>(11.805)</b>
<b>Total Assets less current liabilities</b>	<b>20.239</b>	<b>24.772</b>
<b>CREDITORS - MORE THAN ONE YEAR</b>	<b>(0.878)</b>	<b>(0.460)</b>
<b>Net Total Assets</b>	<b>19.361</b>	<b>24.312</b>
<b>CAPITAL AND RESERVES</b>		
Non Capital Income & Expenditure Account Deficit	(18.953)	(14.666)
Capital Income & Expenditure Account	1.268	2.401
Capitalisation Account	37.046	36.577
	<b>19.361</b>	<b>24.312</b>

## 6

## People Caring for People



“

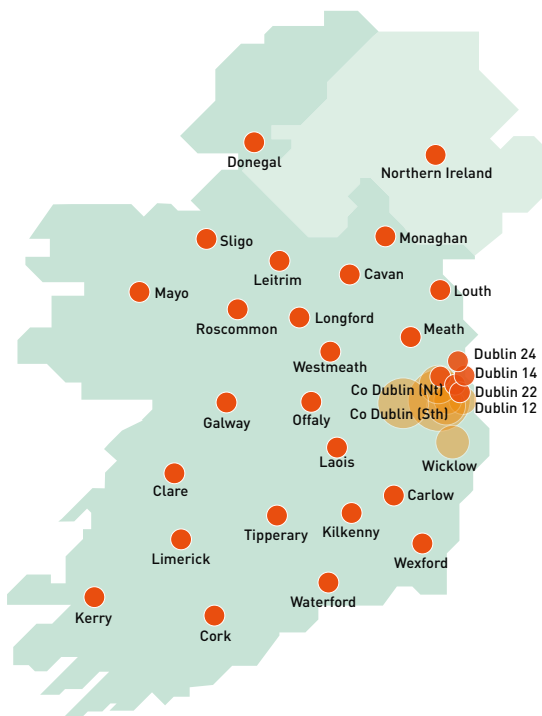
**The Hospital provides tertiary and secondary acute Hospital care to people from across the island of Ireland and beyond. ”**



## 6.1 People We Care For

The Hospital provides tertiary and secondary acute hospital care to people from across the island of Ireland and beyond.

The map below is a heat map, it depicts the geographical spread of inpatient and day case attendances for 2016 based on the prevalence of where our patients came from.

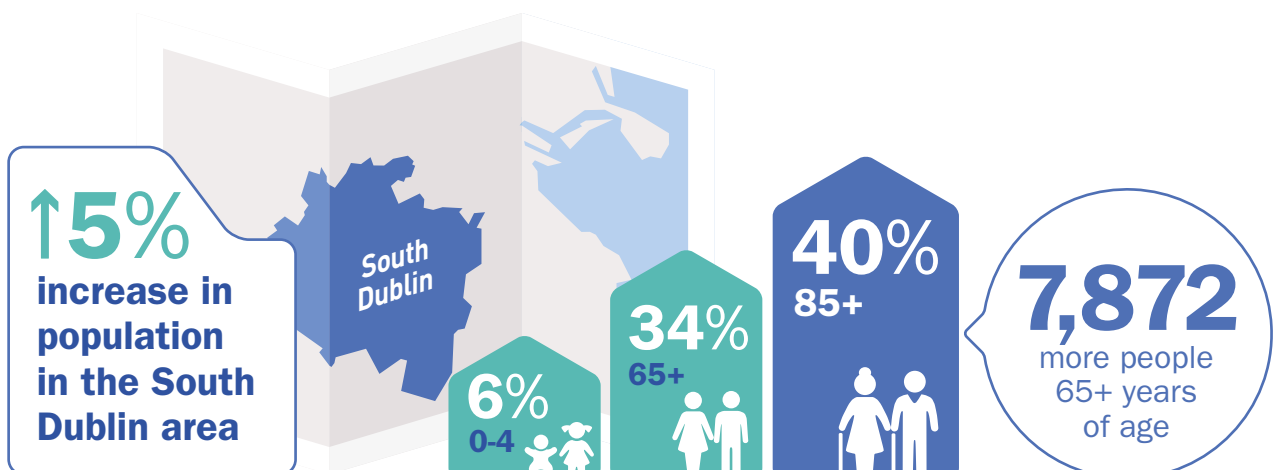


### 6.1.1 2016 Census & Local Demographic Trends

On the 24th April, 2016, every person in Ireland was legally obliged to enter their details on a census form. This data was then collated by the Central Statistics Office, the results of this information are used comprehensively in the development of effective health policy and planning. The initial data from the census provides the Hospital with valuable information on the changing demographics of the people we serve. This information enables the Hospital to plan accordingly, using resources available, for changing age profiles, population increases and other trends.

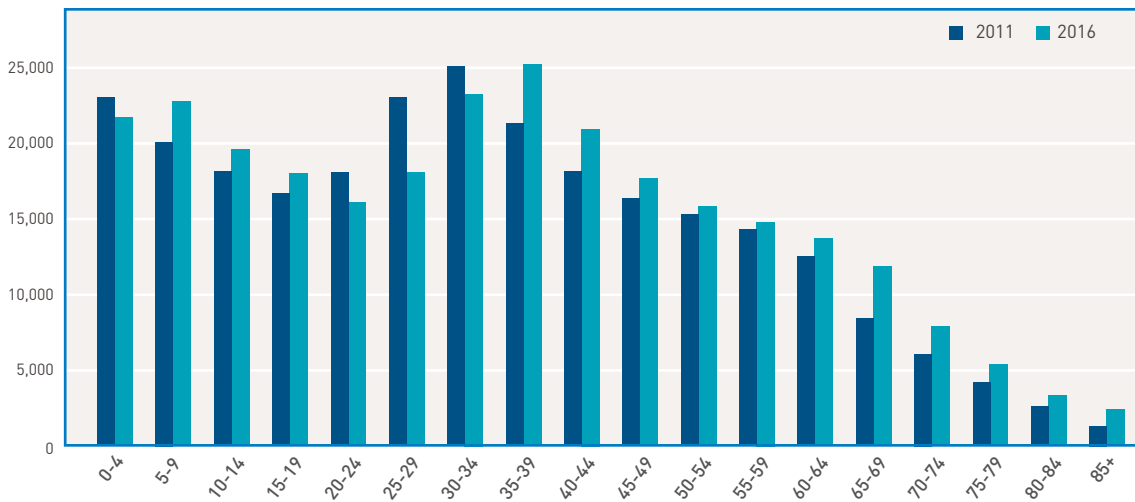
Since the last census in 2016, there has been a 5% increase in population in the South Dublin area. The baby boom of the mid 2000's has slowed with a decrease in the 0-4 year olds by 6% locally. However, the most notable change in population profile that will impact the Hospital is the 34% increase in people 65 years of age or older. This accounted for an additional 7,872 people 65 years or older. There has been a 40% increase in people 85 years or older, which also indicates that the population is living longer.

There is clear evidence that the length of stay (LOS) and the complexity of care increases for patients 65 years or older. Therefore the Hospital must plan for more admissions with patients requiring longer stays as well as an increased requirement for single isolation rooms. Due to ongoing bed pressures and isolation requirements, the Hospital conducted a bed capacity review in light of these demographics changes and identified at a minimum the need for a 72 bedded single occupancy room extension. The 31 acre campus provides ample opportunity to develop this extension to ensure the Hospital is prepared for this projected surge in activity.



### Population 2011 to 2016 in the South Dublin area

Status, Age Group and Census Year



2016

**420,000**

patient attendances

**270,000**

Outpatient Attendances

**83,000**

Emergency Department Attendances

**46,000**

Day Case Admissions

**24,000**

Inpatient Admissions

In 2016, the Hospital had in excess of 420,000 patient attendances to the Hospital, this was a combination of over 270,000 Outpatient attendances, 83,000 ED attendances, 24,000 inpatient admissions and 46,000 day case admissions. The biggest growth in the ED Admissions was in the age group over 65 year group. The 55-74 grouping accounts for the largest amount of activity in outpatients, inpatients and day case. As the age profile changes in the local area, the demand on hospital services will grow. To address this the hospital must work closely with local GPs, the Community and Primary Care to ensure those services needs are met.

“  
**As the age profile changes in the local area, the demand on Hospital services will grow.**  
 ”

### 6.1.2 Implementation of recommendations relating to Health Assets and Needs Assessment (HANA) Report - Tallaght

Following on from the 2015 launch of the HANA Report, which was co-funded by Tallaght Hospital and the Adelaide Health Foundation, 12 evidence-based recommendations emerged. For example, the need to focus on the prevention of chronic diseases such as heart disease, diabetes and respiratory problems, which are so prevalent in the community. Another mechanism in which the Adelaide Health Foundation are attempting to implement both the recommendations of HANA and also broader health and wellbeing issues in the area is through the 'Healthy Tallaght/South Dublin' group and engaging with our local community.

### 6.1.3 Engaging with our Community

**Recognising this need to engage with the Community, the Hospital worked with community members and other health related organisations and services that are active in our community resulting in some unique events during the year.**

#### Fettercairn Health Fair

Tallaght Hospital joined forces once again with other community organisations at the Fettercairn Community Health Fair. The annual event, which takes place at the Fettercairn Community and Youth Centre, saw information stands from various local organisations.

The Fettercairn Community Health Fair, held on the 13<sup>th</sup> September, welcomed over 600 people. In addition to providing information on services, Tallaght Hospital disseminated material about afflictions such as Chronic Obstructive Pulmonary Disease (COPD) and Stroke. Dr. Rónán Collins, Director of Stroke Services and Consultant Physician at Tallaght Hospital, attended the Fair to give a talk about Stroke awareness, an area of special expertise for Tallaght Hospital. Attendees were also able to engage with future developments at the Hospital, at a talk given by the National Paediatric Development Board.

The focus of this talk was on the new satellite centre that will be built on the Tallaght Hospital Campus. Dr. Rónán Collins, Director of Stroke Services and Consultant Physician at Tallaght Hospital, said, "I was delighted to be in a position to attend the Fettercairn Community Health Fair to raise awareness of Stroke and the treatments available. This is an area of special interest for Tallaght Hospital where a large amount of research is continuously being carried out. It is great to see that Tallaght Hospital was once again represented at the Fair, in order to raise awareness of crucial health issues and inform people about our services at the Hospital."

Catherine Heaney, Fettercairn Community Health Project Co-Ordinator said, "The Fettercairn Community Health Fair is always a very informative and enjoyable experience for all those in attendance. It is great to see that Tallaght Hospital attended the Fair once again as they always are extremely enlightening in highlighting the many health issues they deal with and the services they provide."

“

**It is great to see that Tallaght Hospital was once again represented at the Fair, in order to raise awareness of crucial health.**”



*Lucy Nugent, Deputy CEO; Catherine Heaney Fettercairn Community Health Project Co-Ordinator, Carol Roe Head of Volunteer Services, Carol Mullins Head of Patient Advocacy and Fintan Kelleher, Tallaght Institute of Technology Lecturer*

### Green Ribbon Campaign

Running since 2013 See Change, the National Stigma Reduction Partnership have rolled out a month long national Green Ribbon Campaign to get people talking openly about mental health problems. A small group of Hospital staff working with Catherine Heaney, a member of our Patient Community Advisory Council and Fettercairn Community Health Project Co-Ordinator an event was organised in the community on May 11<sup>th</sup>.

The event entitled 'How to Stay Happy' provided an opportunity for those attending to meet with various community organisations involved in the promotion of positive mental health and suicide awareness including the Village Counselling Service, Counselling in Primary Care, Pieta House, Jigsaw, Mojo, Mental Health Association, South Dublin Council Sports Partnership, Nurture Counselling, Eve, Relationship Ireland/ TweenBetween, Foróige, AWARE and See Change. Dr. Siobhán Ni Bhriain, Consultant Psychiatrist at Tallaght Hospital /Chair of the Medical Board hosted the event and Professor Brendan Kelly, Professor of Psychiatry at Trinity College Dublin, Consultant Psychiatrist at Tallaght Hospital and renowned speaker on mental health issues delivered an insightful and entertaining talk on 'How to Stay Happy'.

In addition to the community event, the Hospital atrium was used for two days during May where mental health professionals were available to answer any questions that members of the public or staff had on mental health. This was the first time the Hospital tried to organise an event like this and the reaction from community groups was extremely positive. It is our hope that we can continue to build on this event in the next few years and make a very real and valuable contribution to the national Green Ribbon campaign and the open conversation we all need to have about mental health.



Siobhán Ní Bhriain, Consultant Psychiatrist, Catherine Heaney, Fettercairn Community Health Project Co-Ordinator, Emma Freeman, Resource Officer for Suicide Prevention, Dublin South West/Dublin West/Dublin South City and Professor Brendan Kelly, Consultant Psychiatrist

### Health & Wellbeing Seminar for 55 years+

Working with South Dublin County Council, the Hospital organised a Health & Wellbeing event for 55 years+ in the community. The seminar featured staff members along with community workers from South Dublin County Council speaking about a range of topics including nutrition, frailty and falls prevention.

The event which was hosted in Tallaght Library was targeted at local residents over the age of 55 to help raise awareness of the importance of care and healthy living. The provision of seminars such as this reflects the recommendations of the 2014 HANA report which noted the gradually ageing population in the Tallaght Hospital catchment area. It also reflects the Tallaght Hospital motto of "People Caring for People". The staff enjoyed working alongside South Dublin County Council and those that spoke at the event include Sandra McCarthy, Head of Learning & Development; Jane Freeman, Occupational Therapist; Siobhan Quinn, Physiotherapist; Eimear Digan, Dietitian; Deborah Fitzhenry, Clinical Nurse Manager, Frail & Older Person and Jodie Keating, Clinical Nurse Specialist in Falls Prevention.

### Stroke Talk in School

Dr. Rónán Collins, Director of Stroke Services and Consultant Physician in Older Persons spoke at a community event hosted in the Sacred Heart Junior School Hall in October. During the talk he explained what a stroke is and how it can be treated.

Stroke care services are improving all the time and while the rate of recovery is different for everyone, Dr. Collins emphasised the importance of recognising the symptoms of stroke and the importance of acting quickly.

Tallaght Hospital had the first all age stroke-service in the Country since its origins at the Meath Hospital in 1995 under the governance of the department of Age Related Health Care. The Hospital treats almost 400 acute stroke patients a year. In 2016, the National Healthcare Quality Reporting System showed Tallaght Hospital to have some of best survival rates from stroke with a mortality of 6% for ischaemic stroke and 13.3 % for haemorrhagic stroke making it one of the top units in the country. The Hospital's stroke service, with colleagues in Neurology and Cardiology run a comprehensive rapid access stroke prevention and atrial fibrillation clinic and have full 24/7 acute stroke pathways of treatment and stroke unit care.



Dr. Rónán Collins, Consultant Physician in Older Adult & Stroke Medicine

### Celebrating COPD Day

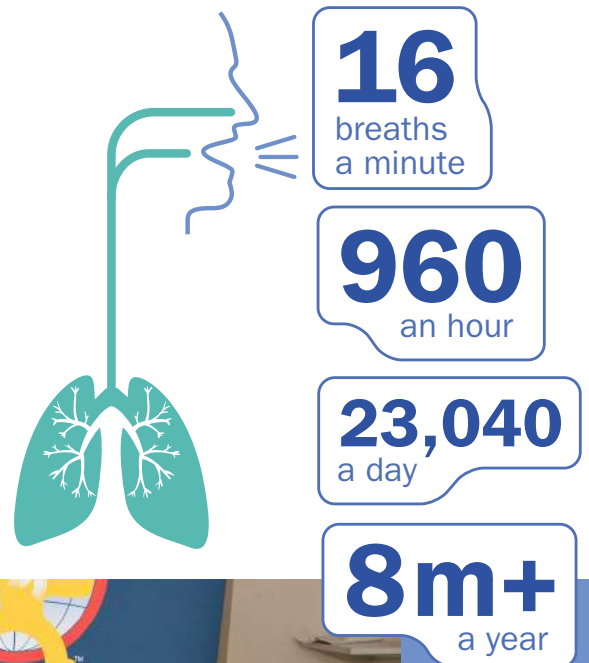
Chronic Obstructive Pulmonary Disease (COPD) is a common preventable and treatable disease. On average, we take 16 breaths a minute, 960 an hour, 23,040 a day and more than 8,000,000 a year. Most of us breathe without thinking, but for those living with COPD, every single breath can be a challenge. Education and awareness are critical because many people do not even realise they have COPD, until one day they are struggling to breathe. Understanding the causes, recognising the symptoms and then knowing where to go for support are all key to improved self-management of this disease.

It is important that people living with COPD know they are not alone. Struggling to breathe can be very scary but the hope is to continue raising awareness, enhancing knowledge and ongoing support to help people breathe a little easier. To mark World COPD Day, an information session and afternoon tea was organised by a group of our Allied Health Professionals which was very well attended by patients. Feedback from the event was extremely positive and it is hoped that momentum can be built on this engagement with the establishment of a patient support group in the community in the future.



Ciara Scallan, Senior Physiotherapist with patients Bridge Lanley, Marie Slye and Gerard Kilcullen picture at the COPD Afternoon Tea in November

On average we take:



Ciara Scallan, Maedhbh Ni Chleirigh, Julianne Sweeney, Emma Mulligan and Louise Cullen at the COPD afternoon tea for patients

## 6.2 Our People

Tallaght Hospital employs 2,775 whole time equivalent (wte) staff from 42 different nationalities from across the world. This equates to 3169 individual people who dedicate themselves to providing quality patient care, both directly and indirectly. Our staff are employed across 13 different Directorates and all contribute to the care of our patients on a direct or indirect basis.

To ensure our staff have the necessary support to deliver quality care to patients and grow as employees while working here, staff development is encouraged through the Executive with support from the Human Resources (HR) Directorate. The HR Directorate comprises of three clear pillars - Learning and Development, HR Operations and Medical HR. Each pillar is configured to support the Directorate Structure within the Hospital.

In addition we continue to drive technology usage in particular our eLearning programmes and continued streamlining of HR processes to provide paper light options for staff e.g. 22 forms which were previously paper based are now available online.

In 2016, a model was introduced in HR Business Services to mirror that of HR Business Partners & HR Recruitment. This has streamlined the HR Business Services experience from a staff and Line Manager point of view whereby there is one point of contact for the end to end process e.g. from initial employment, any change to terms and conditions of employment, right through to end of contract.

**3169**  
staff

Legend:  
Nationality Headcount



### 6.2.1 Human Resources

#### Recruitment & Retention - Nursing

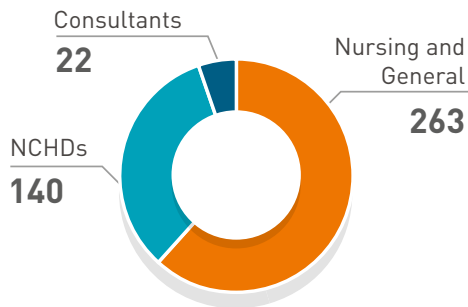
Following an extensive recruitment and retention campaign over the last two years we are in a very unique and privileged position to have our nursing staffing numbers at full complement at the end of December 2016 despite national nursing staff shortages. Of the 62 new nursing graduates, we were delighted that 57 chose to take up permanent contracts in the Hospital.

Nursing recruitment continued its successful campaign both at home and abroad recruiting experienced staff into critical areas. In the last quarter of 2016 we formed key partnerships with Naas Hospital, St. James's Hospital and CPL Healthcare (Recruitment Agency), seconding candidates we had sourced via our overseas nursing campaigns to both hospitals to help them in addressing their nursing shortages.

#### Recruitment highlights:

There were a total of 425 Recruitment Competitions for Permanent Nursing and Medical roles

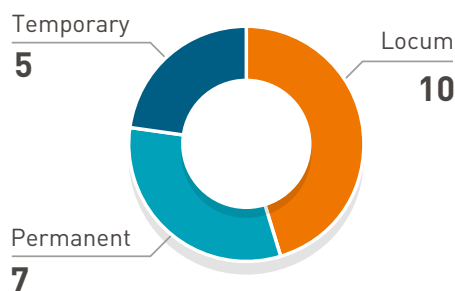
#### Recruitment Competitions 2016



#### Recruitment

HR Medical Division in Tallaght Hospital led on 22 consultant competitions as follows:

#### Consultant Recruitment Competitions

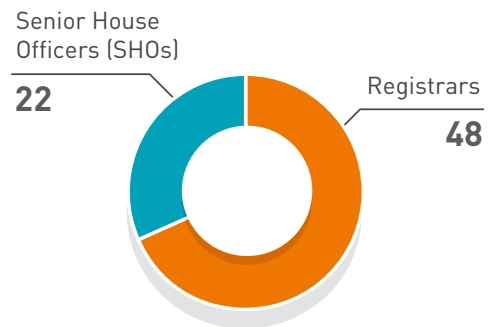


#### New developments

The HSE launched the DIME module (Doctors Integrated Management E-System) for consultant records whereby all existing and new consultant posts are recorded centrally with hospitals having access to reports on their own consultant group. The HR Medical Division worked with the national team to match all of our consultant posts with approval numbers to ensure compliance with HSE policy.

Nationally, the consultant application process was changed to include approval from the Acute Hospitals Division while locally, the Consultant Recruitment and Selection Procedure was revised to align with same.

#### NCHD Recruitment Competitions



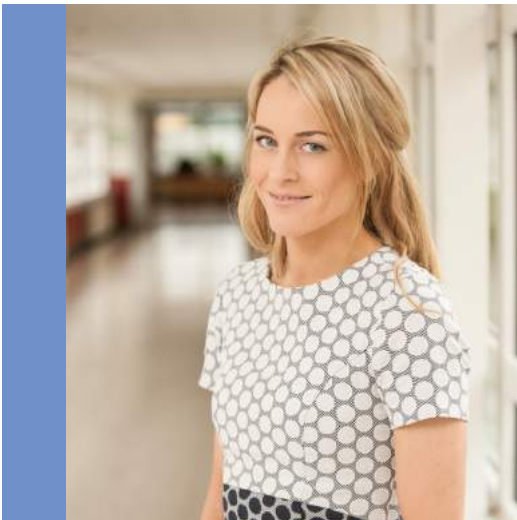
This represents all stand-alone posts but many of our posts come via training schemes for which the Hospital is a popular choice.

“  
**The Hospital is committed to appointing well-qualified, high quality and performing staff.**  
 ”

**Developments**

Engagement with NCHDs continues via the NCHD forum and through the NCHD Lead, Dr. Orla Ni Mhuircheartaigh who was appointed in July, 2016. One initiative in 2016 was the electronic sign-off of NCHD overtime hours. This both streamlined the process for NCHDs while also allowing for greater transparency and accountability for consultant staff when signing off on hours.

The National Employment Record (NER), which was launched in 2015 commencing with Interns, went live for all NCHD staff in July 2016. This led to changes in our recruitment processes which will ultimately lead to improved pre-employment compliance and improved experience for NCHDs.

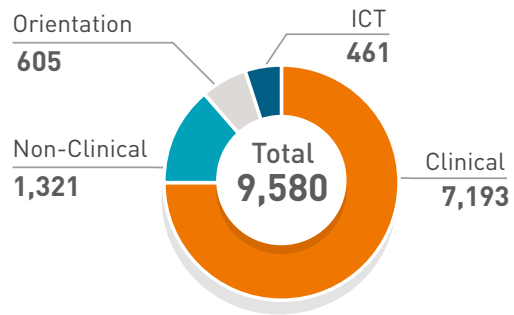


*Dr. Orla Ni Mhuircheartaigh, Lead Non Consultant Hospital Doctor (NCHD)*

**6.2.2 Centre for Learning & Development**

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

**Training Activity Levels 2016**





# Highlights 2016

## Graduating Class of 2016

The Tallaght Hospital Nursing Class of 2016 graduated on Thursday 8th December. A total of 85 nurses graduated including 61 General Nurses, 18 Combined Children's & General Nurses and six Nurses from the Higher Diploma in Children's Nursing Programme.

We were delighted to have Dr. Anne Marie Ryan, Deputy Chief Nursing Officer, Department of Health give the keynote address on the day. The Director of Nursing, Ms. Hilary Daly presented Certificates and Hospital Badges to all the graduates.

Congratulations to all graduates and we are delighted that 95% of General Nurse Graduates have started their nursing careers here in the Hospital, 16% of the Combined General & Children's graduates have started their nursing careers here in the Hospital and 66% of the Higher Diploma in Children's Nursing graduates continue their nursing careers here in Tallaght Hospital.

Congratulations also to the Health Care Assistant graduating class of 2016. The class included staff from within the Hospital and other healthcare organisations.

The graduation ceremony for participants on the QQI level 5 'Health Service Skill Award' occurred in September 2016 in the CLD.

These graduates, as Health Care Assistants will play an invaluable role in hospitals and in the community – working with patients and clients through their journey in health care. The graduates showcased the value of lifelong learning and also the positive contribution all members of staff in a health care setting can make to the experience of a patient.



*Our 2016 Adult & Childrens Nursing Graduates*



*John O'Connell, Geraldine Kyle, Sandra McCarthy and Health Care Assistants Graduating Class*

## Introduction to Computer Skills

The Centre for Learning & Development introduced a new education programme "Introduction to Computer Skills", which started in June 2016.

The programme lasted four weeks with each class one hour long. The aim of the programme, delivered in four distinct modules, was to provide participants with the core skills required for the basic operation of a computer. Feedback from the programme was extremely positive with some of the attendees planning on developing their computer skills further.



*Participants on the June 2016 Introduction to Computer Skills Programme receive their Certificates of Completion including: Aidan Bryant, Karen Robinson (CLD Facilitator), Carmel McQuillan, Christopher Hendrick, Tina Conlon, Denise McNulty and Tom Martin (CLD Facilitator). Missing from the picture is Alfred Gillespie.*

## Annual Learning & Development Prospectus

The CLD provides a broad range of training opportunities for all Hospital staff and external partners. The Centre publishes an annual prospectus to enable staff to avail of these educational opportunities.

The prospectus is available via: [www.tallaghthospital.ie/Leaflets-and-Publications/Departments/CLD-Prospectus-2016-2017.pdf](http://www.tallaghthospital.ie/Leaflets-and-Publications/Departments/CLD-Prospectus-2016-2017.pdf)



*Pictured at the launch of the annual Learning & Development Prospectus are Stephen Robinson, Facilities Officer; Sinead Fagan, Administration; Geraldine Kyle, Nurse Tutor; Sandra McCarthy, Head of Learning & Development; John O'Connell, Executive Director of Human Resources and Tom Martin, Educational Technologist.*

## Computerised Tomography (CT) MSc in Imaging

In 2016 the CT MSc programme run by Trinity College in conjunction with the Radiology Directorate was run in Tallaght Hospital for the first time. This programme will see seven radiographers from Hospitals around Ireland awarded with an MSc in Computed Tomography and ensures that Tallaght Hospital is well placed in the ongoing education of Radiographers nationally. Tallaght Hospital Radiologists, Radiographers & Medical Physicists all delivered course content. The Directorate is proud that Jean Maher, CT Clinical Specialist is course co-ordinator for this strand of post graduate radiographer education.

## Working in Tallaght Hospital Information Booklet



The Centre for Learning and Development and the Human Resources Department developed a "Working in Tallaght Hospital" information booklet in the first quarter of 2016. The overarching objective of this information booklet in conjunction with our corporate induction programme is to welcome new employees to the Hospital and to answer the most frequently asked questions. This Information Booklet has also added value to the organisation as classroom based learning on our corporate induction programme has been reduced by four hours.

This booklet will ensure that all new employees will integrate into the hospital more effectively and will continue to be a useful reference source for all new and existing employees.

All new employees receive this booklet electronically in advance of their attendance at our corporate induction programme. It is available on the Tallaght Hospital internet site.

## Supporting New Staff - First 100 Days Programme

In 2016 the CLD devised the "First 100 Days" programme for all new employees. This programme is divided into two aspects:

1. New employees are invited to participate in an online survey 90 days post attending our corporate induction programme. This survey is completely anonymous and enables new employees with the opportunity to provide us with their thoughts and views on our corporate induction programme.
2. We then invite all new employees to an informal coffee morning. This gives the induction co-ordinators with an ideal opportunity to feedback the results of the survey and to provide an extended welcome to new employees.

The induction co-ordinators have found this programme extremely beneficial as it confirms the importance of the induction programme in facilitating new employees to settle into their new roles as smoothly as possible.

## Employee Wellbeing Programme

Staff are our most important asset and as professionals working in a demanding and challenging environment, coupled with the additional challenges in this tough economic climate, the Learning & Development team identified the requirement to promote the mental, social and physical wellbeing of Tallaght Hospital employees.

The Employee Wellbeing Programme continued in 2016 with nine different talks and in excess of 350 staff members attending. The topics included suicide & self-harm by Pieta House, Parenting – the teenage years, Building Resilience, Money-skills for life, Nutrition & a Healthy balanced diet, Children of the Digital Age – A guide for Parents and Addiction by the Rutland Centre.

### 6.2.3 Trauma Orthopaedic Nursing Conference

A high profile conference on Trauma Orthopaedic Nursing was held in October. The event, which was open to all healthcare professionals featured contributions from experts and healthcare workers in numerous fields including psychotherapy, osteoporosis and psychiatry. The location of the conference reflects the status of Tallaght Hospital as the National Centre for the treatment of Pelvic and Acetabular fractures. The Enhanced Clinical Excellence in Nursing Conference held in the Trinity Lecture Theatre in the Centre for Learning & Development included speakers on a number of topics encompassing bone fractures, bone health, delirium in the elderly, trauma orthopaedic care in the Emergency Department and nutrition for the elderly. Speakers included Dr. Tara Coughlan, Age Related-Healthcare consultant, Dr. Siobhán Ní Bhriain, Consultant Psychiatrist at Tallaght Hospital, Mr. Michael Leonard Orthopaedic Consultant specialising in Pelvic / Acetabular Fractures and Ruth Reynolds, Orthopaedic Clinical Facilitator.

The goal of the Trauma and Orthopaedic Department at Tallaght Hospital is to restore mobility and eliminate pain so that patients can live confident, independent everyday lives. This conference draws on the research and experience of the trauma and orthopaedic care professionals in Tallaght Hospital.

### 6.2.4 Celebrating our Volunteers

The Hospital's Volunteer Services Department has been running since the doors of the hospital opened in 1998. Originally our volunteers showed patients coming to, what was then a new hospital where to find their clinic or a ward to find their loved one.

As our hospital has grown so to has the unique contribution our volunteers make to our patients healthcare journey. Each volunteer at Tallaght Hospital plays an indispensable role in enhancing the experience our patients, their carers and visitors have during their time with us, whether it is for a brief or extended period of time.

Volunteers in the Hospital operate the Volunteer Coffee Shop, run a library service to the wards, meet and greet patients and help them check in using the kiosks in the main atrium. They also volunteer with our pastoral care team, at the Daffodil Centre, provide play therapy in the Paediatric Outpatient area and on the wards, carry out patient surveys, interact with our elderly patients in the Charlie O'Toole Day Hospital, provide a meet and greet service at Phlebotomy and also volunteer with the Hospital Arts Programme. Volunteering at Tallaght Hospital is accessible to all over the age of 16 and is supportive to volunteers who need extra support to participate in being active members of our local community.

In the last two years Carol Roe, head of our Volunteer Services has used the International Day of the Volunteer in December as a platform to celebrate the Hospital volunteers and the incredible energy they bring to the Hospital. For the second year in a row in December a concert was hosted in the Hospital Atrium with the music provided by Sounds Ensemble conducted by Mr. Terry Clancy, this group which has some staff members amongst its grouping was accompanied by the Staff Choir for a Christmas carol sing-along that was enjoyed by patients, their visitors and the many staff that attended the event.



*From left to right Ciaran Faughnan Head of Facilities & Estates with Volunteers Kathleen Haugh and Marian Cullen with Chairman of Tallaght Hospital Michael Scanlan*



*Áine Lynch, NMPDU, Shauna Ennis, Nurse Practice Development Co-ordinator, Hilary Daly, Director of Nursing, Sandra McCarthy, Head of Learning & Development*

### 6.2.5 Remembering 1916

Last year was a memorable year of celebrations to mark our centenary as a nation. As part of these celebrations the Defence Forces delivered a handmade national flag to each school in Ireland. The Hospital was delighted to be chosen as the last school in Ireland to receive their flag. It was especially fitting that the finale of the initiative took place in the Hospital, which has its own historical connection to the Easter Rising. Both Kathleen Lynn (1874-1955) and Ella Webb (1877-1946), both of whom played key roles in the events of 1916, have wards named after them at the Hospital.

After the Rising, they worked tirelessly to improve healthcare in Dublin, particularly for the poorest people, with Kathleen Lynn spearheading the opening of Saint Ultan's Hospital in Charlemont, Street Dublin which cared for children from the tenements. Ella also worked as a physician at this hospital.

As part of the ceremony, which took place in the registered classroom at the Hospital, Lieutenant Deirdre Fahy spoke to the children about the history and protocols surrounding the national flag. At the end of the ceremony, the children were presented with a special pack containing a copy of the 1916 proclamation and a poster with the lyrics of Amhrán na bhFiann, the National Anthem. The ceremony was attended by An Taoiseach Enda Kenny T.D., who was accompanied by Vice Admiral Mark Mellett, Chief of Staff of the Irish Defence Forces. The children, their parents and staff thoroughly enjoyed the event and meeting representatives of the various elements of our defence forces.



*Izzie Swail, Age 5, from Wicklow with An Taoiseach Enda Kenny at Tallaght Hospital School (with Brigadier General Nick Berry and Vice Admiral Mark Mellett)*

## 6.3 Shared Learning Partnerships

The Hospital recognises the benefits from working both locally and internationally to develop shared learning partnerships that allow transfer of skills, knowledge and networking opportunities.

### 6.3.1 General Practitioners Medical Study Day

The Hospital hosted its annual Medical Study Day for GPs on the 26<sup>th</sup> November in the Robert Graves Postgraduate Centre. In the morning GPs were given the opportunity to attend 15 different sessions provided by Hospital Medical, Surgical & Radiology Consultants & NCHD's, Pharmacists, Speech & Language Therapists and a Public Health Doctor, on a range of subjects.

The lunch time plenary session was presented by Ms. Amy Gillis, Surgical Consultant on "The Acute Surgical Assessment Unit" and by Dr. Ciara Martin, Paediatric Emergency Medicine Consultant and Paediatric Clinical Director, Tallaght Hospital on 'Paediatric OPD and Urgent Care Centre Project.' The study day was also attended by the Chairman of the Hospital Board Michael Scanlan.

“The Hospital recognises the benefits from working both locally and internationally to develop shared learning partnerships that allow transfer of skills, knowledge and networking opportunities.”



*Dr. Ciara Martin, Mr. Michael Scanlan and Dr. Andy Jordan*



*Dr. Matt Widowson, Dr. Ciara Martin, Professor Stephen Lane and Mr. Michael Scanlan, Chairman of the Board*

### 6.3.2 Business Leaders Visit and Learn from Tallaght Hospital

Following a request from the Chief Information Officer (CIO) of the HSE Richard Corbridge Tallaght Hospital hosted members of Gartner Executive CIO Programme last April.

Business Leaders from organisations such as Greencore, Musgraves, General Electric, HSE, Bank of Ireland, AWAS, J&J, Doosan and the Hilton Food Group attended. During their visit they were given an overview of the Hospital and the services we provide by John Kelly, COO and David Wall, Director of ICT. Sarah Reade (Informatics Innovation Manager) conducted a brief tour of the Hospital where the group met with Professor Paul Ridgway who demonstrated how telemedicine is being used successfully, the Paediatric ED (Helen Kiernan) who showcased their paperlite system and Pharmacy [Jennifer Hayde] who presented on the use of their mobile app medicine guide. The tour concluded with Orla O'Shea giving an overview of the outpatient registration process using of self-service kiosks, and with a talk by Barry McMahon MPCE on the use of medical technology in the Hospital.

Feedback was extremely positive with the business group leaving the Hospital very impressed with the amount of good work that is going on in health through the use of innovation. The visit certainly gained us a new group of fans for the work we are doing here in Tallaght Hospital. The presentations given by staff illustrated the huge passion for what is being done and how committed we are individually and collectively in the delivery of patient care.

### 6.3.3 Hospital Hosts Electronic Referrals Event

In July the Hospital hosted an event marking the completion of phase one of the Health Service Executive (HSE) National eReferral Programme. GPs across the country can now refer patients into every acute hospital electronically. "This is an example of the many innovations adopted by our hospital where we are focused on providing a better service for our patients. This project illustrates how primary care and acute care can work together to improve the overall service for patients," commented David Slevin at the event, which was attended by HSE Director General Tony O'Brien, Richard Corbridge CIO HSE and representatives from other hospital groups involved in rolling the programme out nationally. Using the e referral solution, a GP can submit a referral electronically, directly from their practice management system to the hospital in question using the HIQA approved referral form and immediately receive an acknowledgement confirming receipt.

“  
This is an example of the many innovations adopted by our hospital where we are focused on providing a better service for our patients. ”



Kerry Ryder, Applications Support Manager, IT Tallaght Hospital, Tony O'Brien, CEO HSE, Richard Corbridge, Chief Information Officer HSE, Ann Creaven, Outpatients Manager Tallaght Hospital and David Slevin, CEO Tallaght Hospital.



*Pictured from left to right Ken McDonnell one of our Porters who played the role of General Infection, Elsamma Philips a CNM on Osborne who put herself in the patient's shoes and Dr. Catherine Wall, Lead Clinical Director who played the role of a Doctor!*

### 6.3.4 Making Films at Tallaght Hospital

The Infection Prevention Control Team are constantly looking for new and innovative ways to educate and remind staff and patients on the importance of Hand Hygiene. In an innovative approach staff from multiple departments in the Hospital including Catering, Facilities, Nursing, Patient Food Services, Microbiology, Consultants from Paediatrics and Medicine worked with final year students from the Ballyfermot College of Further Education.

Everyone thoroughly enjoyed working on the project which culminated in a series of short films being shot onsite with local 'acting' talent! The films are short and humorous they clearly get the message across on the five moments of hand hygiene and their importance. The films were premiered in the Staff Canteen in May during the Hospital's Zero Harm Clean Hands Save Lives initiative.

### 6.3.5 Sharing Best Practice



*Sandra McCarthy,  
Head of Learning &  
Development*

Sandra McCarthy, Head of Learning & Development was invited to present to an expert group on European Health workforce in Brussels on the 17<sup>th</sup> of March 2016. The presentation was centred on sharing good practices and information on The

Return to Nursing Practice programme. This was an excellent opportunity to promote the many initiatives which Tallaght Hospital engaged in, to attract Nurses to its workforce at a European level.



*Class of 2016 Executive Masters of Science in Health Administration from the University of Alabama at Birmingham, USA with Lucy Nugent, Deputy CEO (centre).*

### 6.3.6 University of Alabama, Birmingham, MSc Health Administration visits Tallaght Hospital

Lucy Nugent, Deputy CEO was delighted to receive the class of 2016 Executive Masters of Science in Health Administration from the University of Alabama, Birmingham (UAB) USA. The students were accompanied by Professor Robert Hernandez - Director Administration-Health Services Doctoral Programme, Professor Cristy Lemak - Chair of the Department of Health Services Administration and Leandra Celaya - Director of Operations, International Programmes and the Executive Doctoral Programme in Administration-Health Services. Ms. Nugent gave a presentation on Tallaght Hospital and its role in Healthcare provision in the Dublin Midlands and Childrens Hospital Groups. This was followed by presentations by Mary Hickey - Process Improvement Manager on Quality Improvement and Amy Carswell - Integration Manager on Access to Diagnostics.

Both organisations took the opportunity to engage in discussion about the differences in models of health care provision, systems and approaches, opportunities for quality improvement and the impact of politics on healthcare in both the Irish and American setting, which allowed for learning on both sides of the table.

### 6.3.7 Driving Improved Patient Care through Innovation

In partnership with the Innovation Academy in Trinity College Dublin, the Hospital hosted a unique event in June. A talk entitled 'Driving Improved Patient Care Through Innovation' was delivered by Lorna Ross, Director of Design at the Centre for Innovation in the Mayo Clinic. The event was well attended by both Hospital staff and colleagues from the Dublin Midland's and Children's Hospital Groups.



*Pictured from left to right Professor Barry McMahon, Chief Physicist/Clinical Engineer at Tallaght Hospital, Lorna Ross Director of Design at the Centre for Innovation in the Mayo Clinic; David Slevin CEO Tallaght Hospital and Lucy Nugent Deputy CEO Tallaght Hospital.*



## 6.4 Tallaght Hospital Community

**Tallaght Hospital staff actively engage in many activities internally and externally which positively enhance the culture of the Hospital. These include charitable and social events some of which are highlighted below:**

### 6.4.1 Staff Giving

In response to a national shortage of blood products a group of staff arranged for the Blood Donation Clinic to visit the Hospital. Having promoted the visit in advance, the Clinic staff were overwhelmed with the turnout. The initiative proved very popular with staff with 68 staff donating blood for the three hours the Clinic were onsite.

### 6.4.2 Crèche Nurture

Tallaght Hospital recognised the benefit of offering an onsite crèche to its staff. It improves the work-life balance of staff, given the hours our staff work it reduces the stress of having to spend time in traffic travelling between day-care and work. The onsite crèche caters for babies, toddlers, pre-school children and Early Childhood Care and Education (ECCE) places. There are a range of full-time and part-time options which suit the working patterns of our staff. In 2016 following a review the Hospital welcomed a new operator Nurture to run the Tallaght Hospital Crèche. Feedback from a parent survey following the change in operator was extremely positive.



*Niamh Fitzgerald from our Microbiology Department giving the thumbs up during her donation at the Blood Donation Clinic*

“

**Tallaght Hospital staff actively engage in many activities internally and externally which positively enhance the culture of the Hospital. ”**



*Leah O'Connor and Nurture Crèche staff member*

### 6.4.3 Joining the Drive to Beat Sudden Death Syndrome

A number of our female members of staff answered the call from the Cry Foundation to take part in the VHI Women's Mini Marathon. A call went out to all walkers/joggers and runners to come together and raise funds for CRY. Founded in March 2002 by parents who had experienced the effects of sudden and unexplained death within their families, CRY is a self-supporting registered charity that does not receive Government funding of any kind.

The CRY Screening Centre is based in Tallaght Hospital and run by Dr. Cardiologist Deirdre Ward. The Centre provides: Cardiac Screening and evaluation for families who have lost a young person, Cardiac Screening for a young person who may be experiencing symptoms and referral for further treatments if needed. A 'Couch to 10K' programme was set up for the staff that signed up with all fitness levels and athletic ambitions catered for!



*Darren Connaughton Fitness Trainer, Sandra McCarthy Head of Learning & Development, Evonne Healy Lead Assistant Director of Nursing Medical Directorate, Deirdre Ward Consultant Cardiologist and Director CRY Centre and Lucia Ebbs Fundraising Manager for the CRY Centre who launched the 'Couch to 5km' initiative*



Tallaght Hospital Staff gather before the race

### 6.4.4 Tallaght Hospital Staff & Family Initiatives

#### Summer 99 - An Extra Scoop!

Spurred on by the success of the first charity cycle that ran in 2015, the Summer 99 Crew made up of staff from around the Hospital organised the 2<sup>nd</sup> cycle. The recipients for the funds raised by the 2016 cycle were the Hospitals Renal Team.

The Renal Unit at Tallaght Hospital provides the second largest Hospital Haemodialysis service and the largest peritoneal dialysis centre in Ireland. While traditionally all dialysis was delivered in hospital, Tallaght Hospital now offers patients, who are suitable, the option of having their dialysis at home. This means that patients no longer have to spend up to 20 hours away from home every week getting treatment; they can have their dialysis at a time that suits them and their schedule, and gives them more time to spend with their family and friends.

The 2016 cycle route covered three counties, departing from Tallaght Hospital and passing through Clane and Naas before taking in Blessington and the lakes and then returning to the Hospital. On June 25<sup>th</sup> a total of 124 cyclists were waved off from the Hospital by patients, staff and Cllr Guss O'Connell, Mayor of South Dublin County Council.



The day was a tremendous success with incredible support from An Garda Síochána, a core group of staff that drove support cars and of course our Catering Department who ensured everyone involved was suitably hydrated and nourished, before, during and after the cycle!

A total of €24,600 was raised through the efforts of the cyclists that raised sponsorship for the cycle, the two stationary cycles that were hosted in the Hospital and in the Square in Tallaght. Monies were also raised by our Volunteers through a Cake morning in the Volunteer Coffee Shop.

Commenting on the final monies raised Professor George Mellotte, Renal Consultant at Tallaght Hospital and Director of Renal Services Trinity Health Kidney Centre said 'I would like to sincerely thank everyone who took part in the cycle for their support, which is so appreciated. It's heartening to see the numbers grow each year as the annual fundraiser goes from strength to strength and I know that the patients who avail of the renal support services at our Hospital – as well as the staff really appreciate the enormous effort everyone put into raising these funds.'

“  
It's heartening to see  
the numbers grow  
each year as the  
annual fundraiser  
goes from strength  
to strength.”



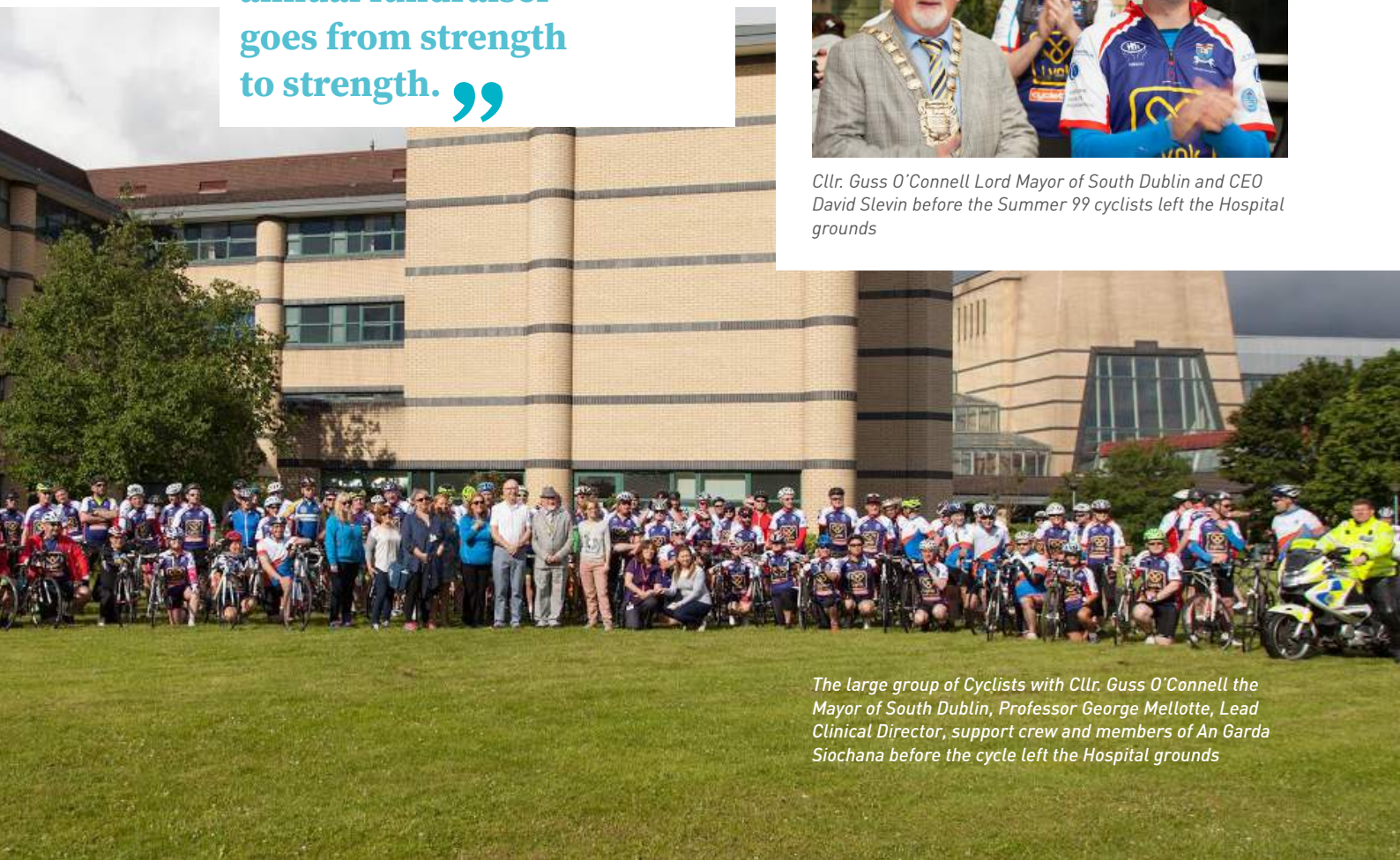
All lined up and ready to go



On the road again for the annual Tallaght Hospital Summer 99 Charity Cycle



Cllr. Guss O'Connell Lord Mayor of South Dublin and CEO David Slevin before the Summer 99 cyclists left the Hospital grounds



The large group of Cyclists with Cllr. Guss O'Connell the Mayor of South Dublin, Professor George Mellotte, Lead Clinical Director, support crew and members of An Garda Síochána before the cycle left the Hospital grounds

# Celebrating Christmas

Despite it being a hectic time of year on a personal front for staff there is always time made by everyone to celebrate the season of goodwill with colleagues.

After enjoying his visit to Tallaght Hospital so much last year Santa Claus made a return visit to the Hospital canteen for staff and their families to visit. With the event becoming increasingly popular with children both large and small the day was planned with military precision to ensure as many children as possible got to see Santa. In all over 260 children got some time with Mr. & Mrs. Claus and also to see where their Mums and Dads spend so much of their time when they are not at home. The Hospital is most grateful to Mr. & Mrs. Claus for their valuable time at such a busy part of the year but also to the team of elves that are on staff and volunteer to put the whole event together.

The return of the Christmas lunches has been a huge success with staff and having Santa's Grotto installed in the staff dining hall for the two day event provides that extra piece of Christmas spirit! Having taken on board feedback from staff last year on how the Christmas lunches ran the catering team made a few adjustments the result of which was a very efficient dinner service ensuring staff had more time to sit with their colleagues and enjoy the celebrations. The Executive Management Team were once again on hand to both serve and clean up after the Christmas Dinner which is admirable as over 2,000 dinners were served over the two days.

The Annual Christmas Tree Competition is another element of Christmas that brings out the creative and competitive side of staff at Christmas. There is healthy rivalry between departments as they compete for the accolade of 'Best Tree' in the Hospital. With over 30 Departments entering last year the small judging team clocked up 5km walking around the Campus to visit them all and in the end they could not decide between two of the entries so the Theatre Dept for their 'How Many Sleeps Till Christmas' and Haemodialysis 'Topsy Turvy Tree' came joint first.



Members of the Management Team pouring punch!



Mr. and Mrs. Claus with children



Members of the Portering Team enjoying the staff Christmas Lunch



The Theatre Dept's 'How Many Sleeps Until Christmas'



Christmas @ Tallaght Hospital





Visiting Santa



**Book Bales**

Each year our Volunteers distribute donated books throughout the wards through the mobile library service they provide. In the run up to Christmas with so many books, Carol Roe the head of Volunteer Services worked with some of the Transition Year student volunteers from St. Colmcilles, Knocklyon and made up 'Book Bales'. Decorated with ribbon and accompanied by a gift tag which explained the monies used to purchase the books would go toward the purchase of Christmas gifts for all patients staying in Hospital on Christmas day the initiative was a huge success.



Haemodialysis 'Topsy Turvy Tree'



Pictured from left to right Carol Roe, Head of Volunteer Services with Nurse Audrey Cronin and Healthcare Assistant Angela Smith from Age Related Healthcare preparing some of the Christmas gifts provided for patients in Hospital over Christmas



Hilary Daly, Director of Nursing & Hospital Volunteer Marion Cullen at the launch of the Book Bale initiative

## 7

# Enhancing the Environment for Patients and Staff

Tallaght Hospital opened in 1998 and while ongoing works are carried out to maintain the campus, each year the Hospital identifies projects that will further enhance the environment for both patients and staff.

## 7.1 Raymond P Murphy Neurology Research & Assessment Unit

While Tallaght Hospital provides services for chronic neurological disease in a catchment area of over 500,000 people, it has not previously had a dedicated space to cater for such patients. This changed in 2016 with a new unit opened which offers enhanced space to see patients with neurological diseases. The Neurology Research & Assessment Unit is a testament to the important emphasis that Tallaght Hospital places on improving patient experience while receiving care and on the value of research in improving the quality of care the Hospital provides.

The unit is equipped with an ocular coherence tomography machine, making the Department of Neurology in Tallaght Hospital the only unit in the country with dedicated access to this technology. This non-invasive imaging technique can be used to generate high resolution, three dimensional images of the retina for use in research of neurological disease and the monitoring of drug complications involving the retina. This new facility incorporates a research unit which forms part of the Trinity College Academic Unit of Neurology.

The room was officially opened by its namesake Dr. Raymond Murphy, a former retired neurologist at Tallaght Hospital and the Adelaide Hospital and with the generous support of the Meath Foundation and Novartis.



Consultant Neurologists Dr. Richard Walsh, Dr. Sinead Murphy, Dr. Raymond Murphy (Retired), Dr. Dominick McCabe

## 7.2 Silver Birch Suite

Webb ward was the scene of a major makeover last spring. The Ward which cares for Haematology / Oncology and General Medicine patients created a wonderful haven for patients and their families. The space created with the support of staff, suppliers and patient families provides a restful space for patients. There are two small rooms for staff to meet with patients or their families in a private space. There is also a large sitting room where patients and their families can take some time out between treatments. The creation of welcome spaces such as these happen with the effort of staff, often in their spare time, this initiative was led by Ann Hickey, Assistant Director of Nursing and Teresa Hayes the Clinical Nurse Manager on Webb Ward.



Teresa Hayes, Hilary Daly and Ann Hickey



Evonne Healy, Hilary Daly, Hayes and Ann Connolly

## 7.3 Rosheen - The Family Bereavement waiting area

The Family Bereavement waiting area (named 'Rosheen') in the Adult ED was given a makeover, creating an appropriate environment for bereaved families at a most difficult time. This makeover was funded by the Adelaide Health Foundation and provides a place of solace for families at a difficult time.



## 7.4 Charlotte Haematology Day Ward

Towards the end of 2016, An Taoiseach Enda Kenny was welcomed again to the Hospital as he performed the official opening of the Charlotte Haematology Day Ward. The new ward provides a dedicated space specifically for Haematology patients, with both benign and malignant haematological disorders, including ambulatory care, blood testing and specific treatments such as chemotherapy and blood transfusions. The Ward also offers a walk-in service for patients with active haematological diagnoses who become unwell unexpectedly as well as a rapid access clinic for patients with acute haematological problems led by Consultants.

Tallaght Hospital provide services for those with both malignant and benign haematological disorders, including approximately 200 new patients who are diagnosed with haematological cancers every year. This new facility will help us to continue to provide that service in a more effective way to as many patients as possible. The opening of the Charlotte Haematology Day Ward is another example of the 'People Caring for People' ethos being put into action. This development enables us to provide a more effective service to the rapidly growing and changing population in the Hospital's catchment area and beyond, as indicated in the Clinical Services Strategy published in 2016. The Ward was named in honour of the late Charlotte McMenamin who started working at Tallaght Hospital in 1998 when it first opened. Charlotte was well respected and had a distinguished career in nursing, working as the Medical Assistant Director of Nursing.



*Nurses from the Charlotte Day Ward Roisin Gill, Natasha Hall, Tina Bergin, Laura Lonergan, Clare Horgan, Sinead Barrett and Orlagh Clynych pictured with An Taoiseach Enda Kenny TD*

## 7.5 Age Related Healthcare Garden

The Hospital is fortunate to have an outdoor space beside our Age Related Healthcare Department. The space is enclosed making it a secure area for any patients with dementia to walk around safely and enjoy the outdoors or perhaps just take some time to sit out and enjoy a visit with family.

The area had become somewhat overgrown so a call went out to staff in the Department and throughout the Hospital to come in on a Saturday to help with a garden clear-out. Unfortunately the Saturday chosen was a particularly wet one with lots of showers but this did not deter the committed crew that turned up. They were clearly on a mission to complete the task at hand and have made the area a calm oasis which can be enjoyed by patients, visitors and staff. There are further plans for 2017 to focus on seating for the area.

## 7.6 New Quiet Room

The importance of a quiet space in the Hospital cannot be under estimated. It is essential to have a quiet space for families who need a respite away from the busy hospital environment this is particularly important when a loved one is seriously ill or has just passed away.

Once again, The PM Group, a local company who worked in partnership with the Hospital previously in the development of the Sanctuary on the William Stokes Unit worked with the nurses and doctors in the Paediatric ED as well as with our own Facilities Management to agree on a plan for the new room. The result is a quiet, beautiful and calming environment which offers such a welcoming space. The project was spearheaded by Sharon Moran our GP Liaison Nurse in the Paediatric ED and Dr. Ciara Martin, Paediatric Clinical Director and Consultant in Children's Emergency Medicine. Commenting on the room opening Dr. Martin said, "This space will be an invaluable support for parents and their children during their child's emergency care journey, providing them with a space to rest and spend time at a difficult time. This new Paediatric Quiet Room enables us to put our 'People Caring for People' ethos into practice in a very practical way". The Hospital is very appreciative of the ongoing support from the PM Group who led the project as well as the support received from Artisan Signs, BAM and Forbo Flooring.



“

A key value for the Hospital is people caring for people and this new Paediatric Quiet Room enables us to put this into practice in a very practical way. ”



*Pictured from left to right just some of the crew that worked between the showers Gerry Tyrrell, Christian Garcia, Ruth Wade, Diana Burgui Murua, Helen O' Reilly, Ronan Fowler and Jane Hally*



*Pictured at the opening of the new room back row: Cathriona Fitzsimons – Group CSR Coordinator PM Group, Dr. Turlough Bolger – Paediatric ED Consultant, Mary Murphy – CNM Paediatric ED, John Brophy - Head of Architecture, PM Group, Edel Povey - Forbo Flooring. Front row Dr. Ciara Martin – Paediatric Clinical Director & ED Consultant, Sharon Moran – GP Liaison Nurse and Shauna Sweeney, Architect, PM Group.*

## 7.7 ICU Visitors Rooms

A fund raiser was undertaken by the late Seamus Hendrick family, to enable the ICU family visitor's rooms to be refurbished. Seamus Hendrick was a long stay patient within the hospital, who indeed touched the heart of many who cared for him. The visitor's rooms were painted, new furniture was purchased and the room was decorated with new pictures and curtain to complete the room.

The visitor's rooms are an enormous benefit to the ICU patient's families and it provides a relaxed atmosphere for the families whilst visiting their relative within the Critical Care Area. We are very appreciative to benefit from the fund raising undertaken by the late Seamus Hendrick family.

## 7.8 Presenting the Archives

After many years the installation of our Archival project is complete. The permanent exhibition illustrates the central role played by both The Meath Foundation and The Adelaide Health Foundation in the provision of healthcare in Ireland. The exhibition can be viewed throughout the Hospital in the public areas – The Centre for Learning & Development, The Hospital Street and the Coffee Shop in the Atrium.

The exhibition has the themes – The Golden age of Irish Medicine; Nursing; Patronage. The exhibition will serve as a permanent reminder of the historic roots of Tallaght Hospital.



ICU Visitors Room

## 7.9 A Digital Makeover

The past year has been a busy one for technological developments in the Hospital. The Hospital website is often the first place visitors, new patients or indeed staff interested in working here will look for information on the Hospital. The website had become out of date and was not 'friendly' for the multiple types of devices now used to access the internet.

The redesign project was undertaken following a series of workshops with members of staff from around the Hospital and some volunteers. In addition the Patient Community Advisory Council were consulted and asked for feedback on the development.

The new site provides insights into the important work of the Hospital in a variety of different areas such as patient advocacy, the Volunteer service and academia. The new layout and colour scheme also make the website more navigable for users and easier to read across all mobile devices.

The new site, launched in August provides an excellent online introduction to the Hospital and the services it provides. We place great emphasis on innovation in Tallaght Hospital and this new website is part of our mission to renew and update all aspects of the Hospital, as well as presenting our work in a manner that is more detailed than the previous site. This was a large project to take on and we are very proud of the end result. With over 800 pages of content and close to 700 images/files uploaded it was a large undertaking by those involved. The work was undertaken in addition to already busy roles and completed by a small team which was led by Siobhán King (ICT), Tommy Walsh (Medical Photographer), Joanne Coffey and Linda McEntee (Communications)

[www.tallaghthospital.ie](http://www.tallaghthospital.ie)

Launched on

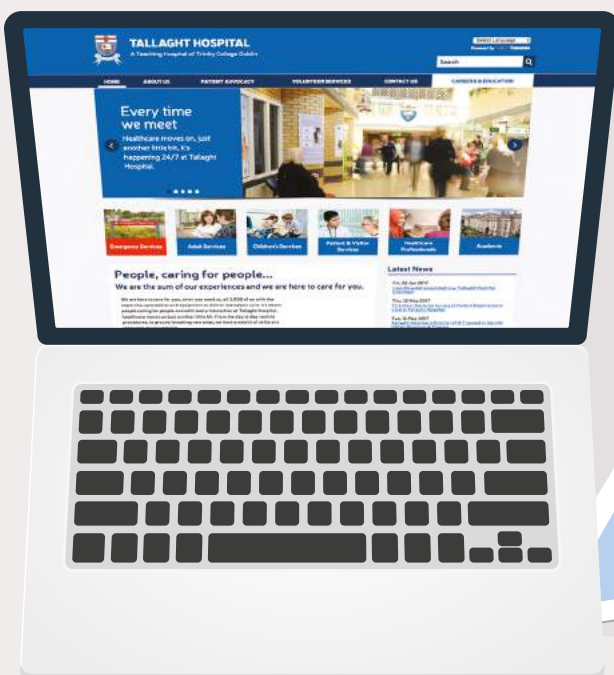


**186,684**

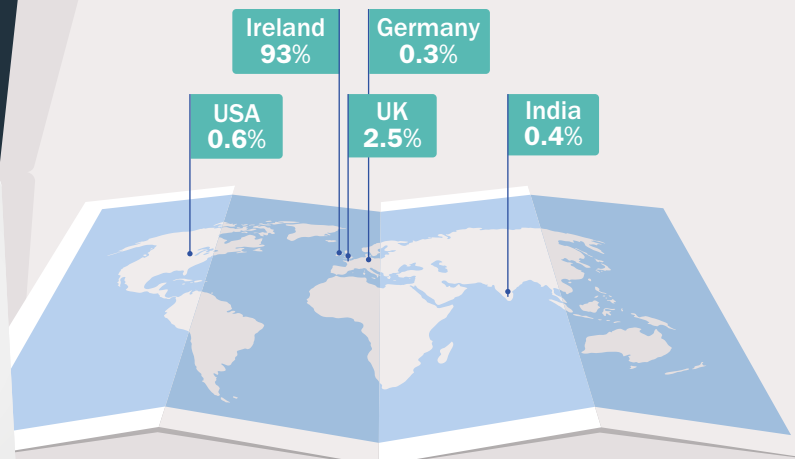
visits

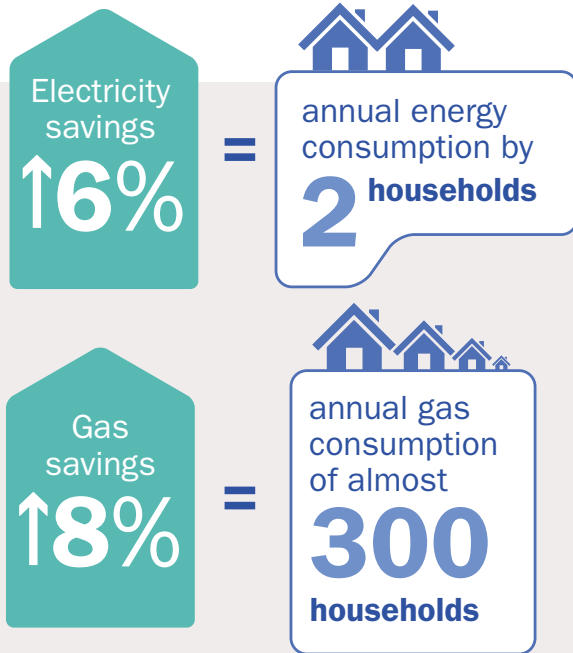
(between 5th August 2016 and 1st January 2017)

On average,  
**37,000+**  
visits per month



### Top 5 visitors (by country)





## 7.10 Power @ Work

The Optimising Power at Work Campaign, an energy efficiency initiative run by the Office of Public Works, continued to increase energy awareness and develop energy efficient projects in the Hospital throughout 2016. Using both technical solutions and energy awareness as tools for achieving energy efficiency is helping Tallaght Hospital to maximise potential energy savings.

During 2016, energy savings in the IT Department were explored with a pilot PC sleep mode, which has proved very successful so far and will be tested and rolled out on a gradual basis in 2017. Another initiative completed during the year was a pilot project in one of the operating theatres. Working with the Technical Services Department, Infection Control and Theatre Staff, a control was put in place to reduce the workload of the ventilation system when the theatre was not in use. Thanks to the great support of staff and their immediate implementation of the new controls, electricity savings of over 6% were achieved in the area between September and December 2016. These electrical savings are equivalent to the total energy consumed by two typical households in one year.

Following the upgrade of boiler controls, savings of 8% were made in gas consumption, which is equivalent to the annual energy consumption of almost 300 households. The Optimising Power at Work Team are continuing to engage with different Departments delivering information on energy saving in the Hospital as well as providing tips for energy saving at home.

## 7.11 Family Friendly WiFi

As part of our ongoing commitment to technological innovation and ensuring the best experience for all of our patients the Hospital launched free public WiFi last June. The availability of free and safe WiFi ensures that the patients that come to Tallaght Hospital for whatever reason, experience the highest standards of care possible and the most positive of treatments. The new WiFi service is accredited by Friendly WiFi, meaning content that is not family friendly is filtered out. Tallaght Hospital is the first Hospital in Ireland to achieve this accreditation. Feedback on the availability of WiFi for inpatients and outpatients attending clinics has been extremely positive, enabling patients to keep in contact with friends and family during their time spent in the Hospital.

“  
Tallaght Hospital is the first Hospital in Ireland to achieve this Friendly WiFi accreditation.”



From left to right David Slevin, CEO Tallaght Hospital with Conor and Bill Archer CEO of air Business at the official launch of Family Friendly WiFi in Tallaght Hospital.

## 8

# Interdisciplinary Approach to Healthcare

The Hospital continues to build on its interdisciplinary approach to healthcare, encouraging staff and departments to work on developing our services to benefit our patients. This also provides unique opportunities for our staff to learn from working in multidisciplinary teams with colleagues from outside their department or specialty.

## 8.1 Combatting Dementia with Innovative New Service

The 2001 and 2014 Health Assets and Needs Assessment Report carried out by the Adelaide Health Foundation identified a rapidly aging population in the Tallaght area. An aging population will increase the incidences of chronic disease such as dementia. With such a need identified a team led by Dr. Sean Kennelly, a Consultant Physician in Geriatric Medicine in Tallaght Hospital established a Hospital Memory Clinic. It provides a multidisciplinary approach that aims to diagnose dementia as early as soon as possible.

The weekly Clinic provides a multidisciplinary service that brings together experts in geriatric medicine physicians, clinical nurse specialists, clinical neuropsychologists, speech & language therapists, nutritionists and occupational therapists. Patients, accompanied by a friend or relative, meet with the clinical nurse specialist who documents the nature and progression of symptoms, and completes a detailed standard neuropsychological battery of tests to identify issues of mood, behaviour, and different aspects of memory. Following a CT or MRI brain scan, the assessments are then discussed by the multidisciplinary team before a diagnosis is given. An important strength is that the clinics provides ample opportunity for discussion of the diagnosis and the next steps.



*Cathy McHale (Age Related Healthcare Nurse), Deborah Fitzhenry (CNM2 ARHC), Eimear Dignam (Senior Dietitian), Aine Connolly (CNM2), Sean Kennelly (Consultant Geriatrician), Neil Austin (Senior Clinical Neuropsychologist).*

## 8.2 A Novel Communication Initiative for Critical Care Patients

Critically ill patients commonly require an artificial airway such as an endotracheal or tracheal tube and as a result cannot use their own natural speaking voice. Some patients with artificial airways are still able to communicate through mouthing words, gesturing, or writing, many are unable to do so effectively as a result of weakness, fatigue, or attachment to devices that restrict movement.

This can be frustrating for patients, clinicians and families and can lead to communication breakdowns about care needs and wishes. Similarly communication breakdowns occur with non-English speaking patients.

Julia O'Rourke a speech therapist in our Speech & Language Department and the Intensive Care Unit (ICU) nursing service wanted to give a voice to these critical care patients and empower them to communicate their care needs and wishes and identify their concerns during a very frightening time for them. Together with a team of ICU Nurse Managers and the Nurse Practice Development Co-ordinator, a technology enabled communication system for critical care patients was set up with funding from the Nursing & Midwifery Planning and Development Unit.

Four iPads and assistive communication applications (Apps) specifically designed to meet the communication needs of patients in the ICU were purchased. The Apps enable patients to type out their message and the App speaks it aloud. The system can be used by conscious, non-verbal patients who wish to communicate with staff or family. ICU nursing staff worked closely with Julia on the initiative to identify patients to trial the communication aid with. Initial feedback from patients to this innovation is extremely positive, being able to ask questions of the medical team and communicate with their family members provides great comfort and puts them at ease as although they have no voice they can make themselves heard.

Through this initiative which has involved Speech & Language, Nursing and ICT our patients' dignity and autonomy has been restored. Frustration and time spent on failed interactions has been reduced and patients experience in the critical care phase of their care improved. Presently no such initiative utilising a technology enabled communication system to promote patient dignity and autonomy has been implemented in the critical care nursing environment in Ireland.



*Conor Culkin CNM2 and May Duazo ICU Staff Nurse who trained with Speech & Language Therapist Julia O'Rourke to become facilitators in using the new communication devices with patients in the ICU.*

## 8.3 Bone Health Information Classes

Not many people realise the biggest risk factor for a fracture is sustaining a low trauma fracture e.g. a fracture as a result of a fall from a standing height. The most common low trauma fractures are wrist, vertebral and shoulder fractures. If patients can put strategies in place to optimise their bone health after they have their first fracture, it may help prevent another fracture.

In 2015 the Fracture Prevention Service at Tallaght Hospital identified 840 low trauma fracture patients over the age of 50. This was an increase of 13% since 2014. The number of low trauma fractures nationally is predicted to continue to increase over the coming years due to the ageing population. By providing bone health education to patients who have sustained a fracture our team can empower patients to help reduce their risk of another fracture.

So a new bone health education class has been introduced for patients who have sustained a low trauma fracture. It is a novel service initiative that has been developed by staff from the departments of Physiotherapy, Nursing, Occupational Therapy and Nutrition & Dietetics. This interactive one-hour class provides information on how diet, exercise and falls prevention can reduce your fracture risk. Topics include; age related bone changes, importance of a healthy lifestyle for bone quality and overall health, dietary recommendations (Calcium, Vitamin D, and Protein), specific exercise for bone health, and, most importantly, fall prevention advice. Local and online bone health resources are also highlighted. The classes are held in the Physiotherapy Department of the Hospital once a month, the class is currently designed for low trauma fracture patients under the current care of the fracture prevention service and trauma orthopaedics who attend outpatient Physiotherapy or Occupational Therapy.



Members of the Multidisciplinary Team delivering the class are from left to right are Michelle Fitzgerald, Clíodhna Kelleher, David Askin, Ciara Norton and Sarah O Carroll.

## 8.4 Health and Social Care Professionals

### 8.4.1 Home Enteral Tube Feeding in the Emergency Department

In the ED a Dietetic led multidisciplinary project which was undertaken to review ED attendances and admissions for patients on Home Enteral Tube Feeding presenting with tube related issues, such as blockage or dislodgement. As result a care pathway is now in place and guidelines available on Q-Pulse (Hospital Policy Management System) to help manage such ED attendances more efficiently and to avoid unnecessary hospital admissions.

### 8.4.2 Pilot Carpometacarpal (CMC) joint Pathway

Occupational Therapy (OT) and Physiotherapy in Tallaght Hospital and Naas General Hospital have jointly reviewed the osteoarthritis of the CMC joint pathway. Changes were made to the point at which the disciplines become involved in the patient's care and joint OT and Physiotherapy assessments are currently being.

## 8.5 Magnetic Resonance Imaging Transrectal Ultrasound Fusion Biopsies

In conjunction with our Urology colleagues we now perform MRI transrectal ultrasound fusion biopsies of the prostate. Patients are comprehensively imaged with multiparametric MRI and discussed at our Urology MDT pre and post biopsy. We have performed over 90 cases to date and our series has been presented at national and international meetings. Preliminary experience shows, in line with published data, that this techniques increases the detection of significant prostate cancer compared with traditional TRUS biopsy techniques. This was presented at the Radiology Annual Scientific Meeting in RCSI in September 2016 and will be presented again at the UKRC meeting in Manchester in June 2017

### Patient feedback

“

I found the bone health education class very beneficial. It gave me insight into my condition and ways and means to manage it in my daily life. These changes are not time consuming or difficult in any respect. I also enjoyed meeting patients with similar challenges to my own.”

## 9

# New Ways of Caring for People

In a publicly funded health system such as ours, it is incumbent on all staff to ensure value for money whilst maintaining high quality care. The Hospital continues to work towards developing innovative ways of caring for our patients.

“

**This document provides a clear direction for staff, stakeholders and of course patients on the direction the Hospital will take in the next three years.** ”





## 9.1 Clinical Services Strategy

Entitled 'Caring for the Future' the three year Clinical Services Strategy was launched last September. The document, based on an analysis of the service the Hospital provides and how our model of care should best develop against a backdrop of increased demand and of changing demographic patterns.

It outlines the service development priorities aimed at improving health outcomes for the patients and how Tallaght Hospital can best contribute as part of the Dublin Midland's Hospital Group and the Children's Hospital Group.

The Strategy identifies five key pillars that underpin Tallaght Hospital's existing specialties and its academic links to Trinity College Dublin.

The five pillars include:

- ▶ Acute Care Services
- ▶ Trauma Services
- ▶ Specialist Surgical Services
- ▶ Specialist Medical Services
- ▶ Paediatric Urgent Care Services

Commenting on the launch of the Strategy, Dr. Catherine Wall, Lead Clinical Director said "this document provides a clear direction for staff, stakeholders and of course patients on the direction the Hospital will take in the next three years. It is a transparent and coherent plan, which gives our colleagues a stronger sense of identity within the Group and paves the way for improving their ability to work collaboratively towards a common set of goals which will in turn help them to better care for our patients."

## 9.2 Tallaght Stroke Support Group

Support groups can play a significant protective role in the maintenance of physical and mental health by reducing isolation through contact and interaction with others. Staff in Tallaght Hospital are working in partnership with a community Primary Care Team (PCT) to set up an initiative for people affected by stroke. Many people affected by stroke report feeling isolated in the community following their diagnosis patients can feel 'abandoned' after their stroke.

Mindful of the number of people affected by stroke, the Stroke Team and PCT from our hospital set up a local Stroke Support Group Tallaght. The team have set a number of main objectives:

- ▶ To provide a transition between hospital and home - formalised support available once back in the community setting and to strengthen hospital and community links.
- ▶ To reduce the feeling of isolation in the community - provide a social outlet for users, in particular benefiting from meeting others going through similar challenges and increase social interactions, wellbeing and quality of life.
- ▶ To provide education and increase service user's knowledge of stroke, its associated complications and information on services available.

The group, established in 2014 meets on a monthly basis in Tallaght Library with over 30 attendees each month made up of people who have had a stroke, family members, friends and carers from Tallaght and the wider area. The group provides an opportunity for people affected by stroke to meet and support each other. Social isolation is a risk factor for a poor outcome after stroke. The group also provides an opportunity for carers to share their common experiences and find positive solutions to adjusting to living as a family after stroke.

The group is facilitated by our Stroke Team and the local PCT providing education, training and support regarding what services are available. Previous speakers have included;

- ▶ Voluntary agencies (Headway, Employability, Career's Association, AWARE etc.).
- ▶ Members of the multidisciplinary team; Stroke Consultant, Physiotherapist, Occupational Therapist, Speech and Language Therapist, Social Worker etc.
- ▶ Members of the group have given personal experiences of their stroke and recovery journey.

The group is also a means for members to access healthcare professionals' expertise and services that might not be available in their community area and where applicable onward referrals can be made. The Stroke Nurse, Occupational Therapist, Speech & Language Therapist and Physiotherapist provide specific information and advice on strategies and assistance with medical queries, communication, physical and cognitive difficulties people may be experiencing. The group has been an effective way of meeting the identified need in an efficient manner and continues to expand with new members attending every month.



# 100%

patients were happy that therapy was carried out in their home



# 89-100%

patients reported feeling they were involved in their treatment plan during ESD

## 9.3 Early Support Discharge

Early Supported Discharge (ESD) for stroke facilitates an early discharge from hospital with home-based acute rehabilitation. It aims to reduce hospital length of stay for patients with mild-moderate impairments post-stroke. ESD services are relatively new in Ireland and Tallaght Hospital is one of only three sites in the Republic of Ireland who have a formal ESD for stroke service. Our ESD programme continues to grow and develop as an integral part of stroke care in Tallaght Hospital. The team consists of a physiotherapist, a part-time occupational therapist and a speech & language therapist.

We accept referrals for inpatients under the care of our stroke or neurology teams, from Peamount Healthcare and St. James's Hospital stroke/MedEl services. To be considered for the service patients must meet specific criteria. This includes being medically stable, willing and consenting to ESD, continuing to require acute rehabilitation from at least one of the three disciplines, mobilising with at least assistance of one person and residing within a 15km radius of the hospital.

Despite limited resources, we have enabled an earlier discharge home from hospital for a total of 137 patients since January 2013.

This includes 87 patients from Tallaght Hospital alone with zero stroke related readmissions within 30 days of discharge home. ESD for stroke also aims to improve functional outcomes post-acute stroke. The ESD service has been shown to increase patients' functional independence. So far in 2016 there has been an average improvement of 12% inpatients' overall Functional Independence Measure scores. One of the most important goals of ESD, which we are very proud of, is to improve quality of life of stroke survivors while ensuring a positive patient experience.

Satisfaction audits since the start of 2013 show that 100% of our patients were happy that therapy was carried out in their home. 89%-100% of patients reported feeling they were involved in their treatment plan during ESD and that they would still choose this service over staying in hospital.



From left to right Ruth Wade, Physiotherapist; Aisling McDonagh, Speech & Language Therapist and Laura O'Donnell Occupational Therapist.

## Patient feedback

“

For me it was great to be in your own home.... instead of being stuck in hospital. I found the therapy made me come back to myself”

“

The one-to-one relationships built up with each therapist was a very positive factor, and the fact that I was in my home environment”

“

...therapy much more effective in the comfort of home”



*From left to right Patricia Smyth, Consulting Clinical Psychologist; Annamma John, CNM 1, Dialysis Unit, Dr. Veronica O' Doherty, Head of the Department of Psychology; Miriam Raftery, Health Psychologist/ Assistant Psychologist*

## 9.4 Supporting Patients with Kidney Disease

Living with Chronic Kidney Disease can be challenging and stressful for patients. Becoming unwell can trigger a range of difficult emotions, disbelief, sadness or depression as well as anger and fears about what the future might hold. Being psychologically ready for major changes such as transition to end-stage renal disease, renal replacement therapy or kidney transplant is a vital part of adjusting to this serious illness.

Until late 2016, there was no psychology service for patients with Chronic Kidney Disease at Tallaght Hospital or indeed for their families. Something the medical team were very conscious of. Thanks to support from the Meath Foundation Quality Improvement Fund, the Trinity Health Kidney Centre at the Hospital are running a pilot project to examine the effectiveness of psychological interventions to improve patient adherence to the challenging treatment demands of Chronic Kidney Disease.

As part of this pilot, a Psychologist will provide clinical sessions to patients, working closely with the multidisciplinary medical team. Providing psychological support at key transition points can aid adjustment and lead to an improvement in the patients' ability to cope with treatment adherence. This results in better health outcomes. The Project is led by Professor Mark Little of the Trinity Health Kidney Centre and Dr. Veronica O' Doherty, Head of the Psychology Department, Tallaght Hospital and is supported by Dr. Catherine Wall, Lead Clinical Director. The funding provides for the recruitment of a part-time Senior Clinical Psychologist for a period of six months who will provide the clinical support to patients. An Assistant Psychologist will complete the research component of the study and collate metrics to build a case for an ongoing service beyond the duration of the grant. Academic support is provided by Professor David Hevey, Lecturer in Psychology, School of Psychology, at Trinity College Dublin.

## 9.5 Medicines Management Technician Initiative

Prior to the introduction of this service, each ward carried a range of medications as ward stock. In addition nursing staff ordered nonstock medicines which were supplied to the wards as a seven day supply labelled with the patient's details.

In the new service developed by the Pharmacy Department, the Medicines Management Technician (MMT) visit their allocated wards each morning. They check all prescriptions for new patients and existing patients ordering all required medication. This order is sent electronically to the pharmacy's dispensary using a dedicated laptop. This order prints out in the dispensary and is picked up by dispensary staff. The process is complete when the MMT receives the medication back on the ward, storing the medicines in the appropriate location ensuring that it is available for patients when needed. The average turnaround time for each item in the dispensary has been reduced from 4mins 30sec to 11 sec.

This efficiency has generated the time to provide the MMT service to the wards without any additional staffing resource. This service has reduced the burden of medication ordering for nursing staff who now have more time for direct patient care. It makes better use of the skill set of both Pharmaceutical technicians and nurses and has led to improvements in communication between nursing and pharmacy staff, advanced roles for Pharmaceutical technician's, generated efficiencies within the system and reducing missed doses for our patient from 2.98% to 1.62%. The duration of the medication round was reduced by 20% at the 8:15 am drug round and by 16% for the 11:30 am round, equating to nine hours of saved nursing time per ward per week.

**Improvements  
in communication  
between nursing  
and pharmacy  
staff**

**Missed doses  
reduced from  
2.98% to**

**↓1.62%**

**The duration of  
medication round  
reduced by**

**20%**

**8:15am  
drug  
round**

**16%**

**11:30am  
drug  
round**

A survey of nursing staff showed that they were very satisfied with the service and agreed that it was a very significant improvement in service, medication supply and patient care. All dispensary based staff have been effected by the change in service provision. Their role is predominantly in the picking of the medication for these wards. However the ordering, organisation of the dispensary and porter's delivery rounds have all undergone significant change to facilitate the service development. The team are motivated to ensure that the patients in Tallaght Hospital receive the best possible pharmaceutical care in a timely manner.

The team, who developed the Medicines Management Technician (MMT) service, won the Hospital Pharmacy Team of the Year (see Award & Achievements). This award recognises the hard work, dedication and innovation of Ireland's hospital pharmacy staff and multidisciplinary teams in terms of service and care.

## 9.6 Introducing the Spiral

End of Life care is an important part of every hospital and it is important to show respect for the person who is dying or has died, and their families. Through the generous support of the Volunteer Services to Tallaght Hospital a series of framed spiral symbols were placed in all wards around the building.

By displaying this spiral symbol we are helping to respectfully inform staff, visitors and others of the presence of these patients and to remind people of the importance of appropriate behaviour such as refraining from loud phone conversations, laughing and standing around to have a chat. In effect, it is a visible reminder to show respect and dignity in practical ways.

The spiral symbol is used by the Hospice Friendly Hospital programme of which Tallaght Hospital is a member since 2007, to identify items connected with End of Life care. Its use aims to add greater respect, and dignity to items used following the death of a person. The symbol is inspired by ancient Irish history and represents the interconnected cycle of life - birth, life and death. The image is set against a purple background, symbolising nobility and is non-denominational.



*Kelly Yep, Hospital Volunteer and  
Hilary Daly, Director of Nursing*

# 10

## Awards and Achievements

The Hospital is proud of the many achievements of its staff and welcomes the opportunity to highlight and share their successes.

### 10.1 National Centre of Expertise

The Tallaght Vasculitis and Allergy Group (TVAG) was established in 2014 with support from the Adelaide Health Foundation. It is co-chaired by Professor Mark Little and Professor Stephen Lane and, through coordinator Caroline O'Halloran, enables a periodic multidisciplinary meeting to discuss challenging complex cases in the realm of vasculitis and allergy.

Consultants from nephrology, rheumatology, respiratory, radiology, histopathology, immunology and others feed into these discussions as required, with the goal of streamlining the patient pathway and promoting more efficient use of hospital resources. Such a Multi-Disciplinary Team approach is considered a core component of delivering care in the context of rare disease. Autoimmune vasculitis is one such rare disease that, under stewardship from the TVAG and chaired by Professor Little, is now managed at a national level through a virtual network: The Vasculitis Ireland Network (VINE). By aligning this with the Irish National Rare Kidney Disease Registry, Professor Little was successful in 2016 in obtaining designation from the Department of Health for VINE as a national centre of expertise for the purposes of applying for membership of European Reference Networks (ERN).



These major international networks seek to consolidate care for specific rare diseases, such as vasculitis, across all European countries. The Rare Immune Disorders ERN (RITA: Rare Immunodeficiency, Auto inflammatory and Autoimmune) will streamline and enhance care for patients with rare conditions such as vasculitis, who have frequently suffered from fragmented care and delayed diagnosis. VINE is represented on the steering committee of this evolving European organisation, with Professor Little coordinating the autoimmune strand. Through this initiative, Tallaght Hospital has the opportunity to influence care pathways for rare immune disorders internationally, and improve care and outcomes for patients locally.

## 10.2 Making Nursing History

Tallaght Hospital celebrated a Nursing milestone in 2016 with Helen Connaughton, a member of our nursing team becoming the first ever Clinical Nurse Specialist in the area of Inherited Cardiac Conditions in Ireland. This marked a very important milestone for Cardiology and Nursing services nationally and in Tallaght Hospital.

As the first Irish Clinical Nurse Specialist in this field, Helen is now a national leader in this area and demonstrates the investment and advancements that have taken place in cardiac services at Tallaght Hospital. The Cardiac Risk in the Young (CRY) unit aims to provide comprehensive specialist evaluation of those diagnosed with or at risk from inherited cardiac conditions, including families who have lost someone to sudden cardiac death. It was developed as a collaboration between Tallaght Hospital, St James Hospital, St Vincent's University Hospital and Trinity College Dublin and is located at the back of the Hospital.

Commenting on Helen's success, Hilary Daly, Director of Nursing at Tallaght Hospital said "We are all delighted with Helen's success. Helen achieving this professional accreditation enables us to put our ethos of *People Caring for People* into place all the more clearly, in the area of cardiac services. Helen's additional expertise now as a clinical nurse specialist is a huge asset for the great work that takes place in the unit."

“  
Helen achieving  
this professional  
accreditation enables  
us to put our ethos of  
**People Caring for People**  
into place all the more  
clearly, in the area of  
cardiac services.”



Consultant Cardiologist Deirdre Ward, Clinical Nurse Specialist in Inherited Cardiac Conditions Helen Connaughton, Director of Nursing at Tallaght Hospital Hilary Daly and Assistant Director of Nursing Berneen Laycock

## 10.3 Recognition from Nursing Peers

A number of our nursing team were recognised by their peers for their work, presenting themselves, the nursing profession and Tallaght Hospital extremely well. Sinead Impey, a Staff Nurse in Interventional Radiology was awarded the Contribution to Health Informatics Award by the Health Informatics Society of Ireland. Our Emergency Response System Co-ordinator Anne Marie Barnes was awarded a prize at the Nursing and Midwifery Planning and Development Unit Conference for her Poster entitled "*Tallaght Hospital Emergency Response System Outcomes 2013-2015*".



Pharmacy Team of the Year Award

## 10.4 Pharmacy Awards

The last year has been a busy year for our Pharmacy Department as they collected awards and recognition for their work. Continuous learning which is both encouraged and supported by the Hospital was also evident in this department with a number of graduations in 2016.

### Awards

Dawn Davin who gave an oral presentation at the 2016 Annual Conference of the UK Renal Pharmacy Group was awarded the prize for Best Abstract at this conference, her presentation "*Cockcroft & Gault – adding weight to the subject; an organisational change*". There was a huge body of work completed for this project the results of which has led to practice changing in our Hospital involving Dawn, her colleagues in Pharmacy Edwina Morrissey, Joan McGillycuddy and the Trinity Health Kidney Centre Dr. Peter Lavin, Professor George Mellotte and Dr. Catherine Wall.



Niamh Kilcullen, Colette Morris and Jane Murphy

## 10.5 Pharmacy Team of the Year

Our Pharmacy Dispensing Team won the Hospital Pharmacy Team of the Year Award at the Hospital Professional Awards hosted by HPN Magazine. The award was recognition for the hard work, dedication and innovation in the development of service and care. The team developed and introduced a Medicines Management Technician (MMT) Service in the Hospital.

The MMT Team includes Niamh Kilcullen (Dispensary manager), John O'Byrne (Pharmacy Operations Manager), Caroline Monahan (Medicines Management Technician Supervisor), Patricia Dalton (Dispensary Team Leader), Yvonne Sheehan (Senior Pharmaceutical Technician Purchasing), Linda Maher (Top-up supervisor), Jennifer O'Meara, Fiona Kirwan, Temitope Agbele, Jennifer Mackey, Imelda Corcoran (Medicines Management Technicians), Cormac Cullen (Deputy Dispensary Team Leader) Aidan Nolan (Pharmacy Aide), Anita Connolly Maher, Reji Sasidharan, Bernadette Connaughton, Blathnaid McIntyre, Lorraine Cooper, Sarah Fay, Sharon Curran-Rae, Alina Chirtulesco (Dispensary based Pharmaceutical Technicians) Oliver Fitzgerald and Michael Gregg (Pharmacy Porter).

## 10.6 Irish Healthcare Awards Commendation for Hand Therapy Led Clinic

The Hand Therapy Led clinic, which was established in outpatient orthopaedics in 2015, was submitted to the Irish Healthcare Awards which were held in the Shelbourne Hotel in November 2016. The Occupational Therapy department received a commendation for their initiative.

## 10.7 National Spokesperson – Mypainfeelslike...

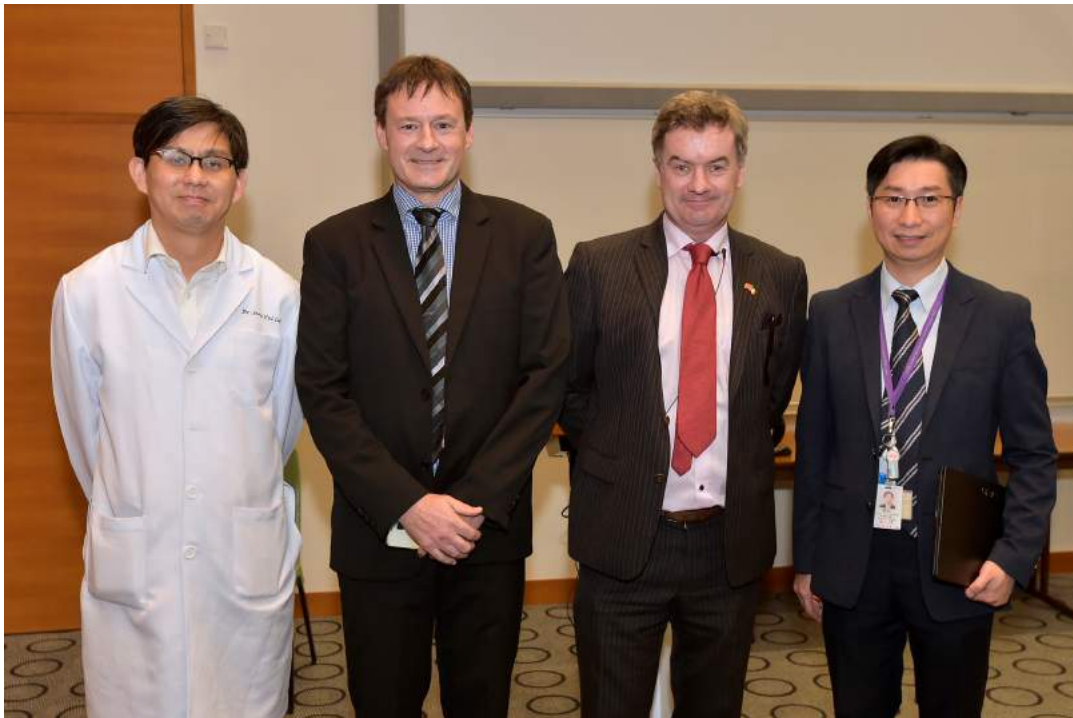
Orla Spencer, Psychologist was the national spokesperson for the Mypainfeelslike .. This is a national campaign to highlight the prevalence of chronic pain in Ireland, by enabling people with chronic pain to explain their pain and to receive appropriate treatment for it. This has been achieved through development of an online pain questionnaire, in conjunction with an American based artist, David Schwen, who has interpreted symptoms of pain and depicted symptoms such as burning or stabbing pain.

[www.chronicpain.ie/about-us/news/my-pain-feels-nationwide-campaign](http://www.chronicpain.ie/about-us/news/my-pain-feels-nationwide-campaign)

## 10.8 Distinguished Scholar Award from Chinese University of Hong Kong

The month of December was eventful for Professor Barry McMahon, Head of MPCE at Tallaght Hospital and Director and Professor of the Innovation Academy in Trinity College Dublin as he was presented with a Distinguished Scholar Award. The award, presented by the Chinese University of Hong Kong was in recognition for his work on Medical Devices on Innovation.

As part of their 35<sup>th</sup> Anniversary celebrations, the Faculty of Medicine in the University recognised innovation in Medicine. As part of his award Barry spent a month in Hong Kong participating in a Distinguished Lecture Series where he presented on 'Driving Change in Clinical Practice Through Innovation', he was also invited to meet with the Minister of Innovation in Hong Kong during his visit.



*Professor James Lau, Chairman and Professor of Surgery, Dept of Surgery, The Chinese University of Hong Kong, Professor Hans Gregersen, GIOME, Dept of Surgery, The Chinese University of Hong Kong, Professor Barry McMahon Head of MPCE Tallaght Hospital & Director of Innovation Academy TCD and Professor Philip Chiu, Director and Professor, Chow Yuk Ho Technology Centre for Innovative Medicine, The Chinese University of Hong Kong.*





Dr. Dan Ryan and Mr. Adam Dyer with their medals from the Irish Gerontological Society

### 10.9 64th Annual & Scientific Meeting of the Irish Gerontological Society

Mr. Adam Dyer, a final medical year Trinity College Dublin student was awarded the John Fleetwood medal at the meeting for his paper presentation "Investigating Cognitive impairment in the Emergency Department- the role of the informant history". Dr. John Fleetwood Senior was the founder and first secretary of the Irish Gerontological Society, one of the oldest societies in the world dedicated to the study of the science of ageing and the practice of medicine in older people.

Our new consultant colleague in Age Related Healthcare Dr. Dan Ryan also received an award for his research paper "Cerebral White Matter Insult Correlates with Blood Pressure Variability" at the same meeting.

### 10.10 O'Moráin Medal

Dr. Mary Hussey was the 2016 recipient of the O'Moráin Research Medal. The medal was established by the Meath and Adelaide Health



Dr. Mary Hussey

Foundations to honour Professor Colm O'Moráin for his work and commitment to research. The research undertaken by Dr. Hussey looked at the regulation of Glucocorticoid metabolism in Inflammatory Bowel Disease and predicting response to steroid therapy.

### 10.11 Society of Gastroenterology Winter Meeting

There were two prizes collected at the Society of Gastroenterology Winter Meeting by Hospital staff. Dr. Mary Hussey won an Oral Clinical Prize for her presentation of 'Feasibility of same day Colon Capsule Endoscopy in Patients' with incomplete colonoscopy'. Dr. Neil O'Morain won a prize for his poster on 'Adherence to European Society of Gastroenterology Endoscopy Polypectomy Guidelines: Retrospective experience from a tertiary Irish Hospital.'

### 10.12 European Crohn's and Colitis Fellowship

Dr. Donal Tighe, Irritable Bowel Disease research fellow was awarded a European Crohn's and Colitis Fellowship (ECCO) for work on patients with IBD at the 11<sup>th</sup> ECCO Congress held in Amsterdam last April.

With over 6,000 delegates from 91 countries in attendance this was a very prestigious award for Donal and for Tallaght Hospital as the hosting institution and principal investigator in the Trinity Academic Gastroenterology Group.

### 10.13 Meath Hospital Medal

The Meath Hospital medal is awarded to the student achieving the highest score in the clinical component of the final medical examinations in both Clinical Medicine and Surgery.

- ▶ 2014/15 **James De Boisanger**
- ▶ 2015/16 **Caleb Powell**

### 10.14 The Meath Foundation MSc Fellowships for 2016 were awarded to:

- ▶ **Mairead Holland Flynn** - Advance Nurse Practitioner
- ▶ **Marie McCarthy** - HR Business Partner
- ▶ **Claire Broderick** - Patient Flow Manager

The Fellowships are provided to enable staff to participate in either the Masters in Leadership or the Masters in Health Management in the Royal College of Surgeons.

### 10.15 Adelaide Nursing Scholarships and Bursaries

Tallaght Hospital staff nurse Beverley Clancy was awarded the Adelaide Health Foundation's **Eileen Mansfield Scholarship** – for research in Cardiology as part of her Master's degree

The Foundation's **Carolyn Sharkey Scholarship** was awarded to a team comprising staff from Tallaght Hospital and the School of Nursing and Midwifery, Trinity College Dublin. Their project was to study medication management in children's nursing

### 10.16 Trinity Scholars

Last April, Trinity College Dublin celebrated the start of their annual Trinity Week, a long established celebration of College life. This ceremony is one of the oldest and most celebrated at Trinity College with scholars elected annually in various subjects on the results of an exams held in the College. Three of the five nursing students awarded Trinity Scholarships from the school of Nursing & Midwifery were from Tallaght Hospital.

### 10.17 Alumni Award for Contribution to Sport

Congratulations to Dr. Paul Hession who worked in our Anaesthesia service. Paul was presented with an Alumni Award for Contribution to Sport by NUI Galway at the weekend. Pictured from left to right are Dave Barry, Bank of Ireland, NUI Galway President, Dr. Jim Browne, and Sean O'Rourke, Chair of the NUI Galway Alumni Board at the awards presentation



*Dave Barry, Bank of Ireland, NUI Galway President, Dr. Jim Browne, Dr. Paul Hession and Sean O'Rourke, Chair of the NUI Galway Alumni Board at the awards presentation*



*Sadhbh Farrell, Sarah Mather, Provost of Trinity College Dublin, Dr. Patrick Prendergast and Julia Linden following the announcement in the front square at Trinity*

# 11

## Research

Excellence in research on a hospital campus leads directly to excellence in patient care. Trinity College Dublin, in partnership with Tallaght Hospital, has invested in significantly expanding senior academic critical mass.





*Professor Seamas Donnelly, Department of Medicine*



*Professor Kevin Conlon, Head of Department of Surgery*



*Professor Eleanor Molloy, Department of Paediatrics*

## Recent appointments



*Professor Brendan Kelly, Department of Psychiatry*



*Professor Richard Deane, Department of Obstetrics & Gynaecology*

Recent appointments include Professor Brendan Kelly (Department of Psychiatry) and Professor Richard Deane (Department of Obstetrics & Gynaecology). They join Professor Seamas Donnelly (Head of Department of Medicine), Professor Eleanor Molloy (Head of Department of Paediatrics) and Professor Kevin Conlon (Head of Department of Surgery) in providing academic leadership on the Hospital campus.

Professor Seamas Donnelly gave his Trinity College Dublin inaugural lecture in the Trinity Lecture Theatre in the Centre for Learning & Development, Tallaght Hospital in December. He spoke on "Trinity, Academia, Empowerment and Mentoring – my TEAM philosophy" in which he defined his view of the role of academia with the health services and within our communities.

Hosted by the Faculty of Health Sciences at Trinity College Dublin an inaugural lectures provide newly appointed Professors with the opportunity to showcase their academic activity to the College community and members of the public. An inaugural lecture is a significant event in an academic staff member's career and the Hospital was honoured to host this prestigious academic event.

Tallaght Hospital, in partnership with Trinity College Dublin and its on-site charities, provides a first class educational and research environment which offers the opportunity to train the next generation of healthcare providers. The following is a summary of the collaborative efforts between staff and the Foundations during 2016.



“

**Trinity, Academia, Empowerment and Mentoring – my TEAM philosophy.”**

*Professor Seamas Donnelly pictured with Lucy Nugent, Deputy CEO and David Stevin CEO Tallaght Hospital at his inaugural lecture held in the Trinity Lecture Theatre in the Centre for Learning & Development in December.*

## 11.1 The Meath Foundation

The Meath Foundation is a company limited by Guarantee registered under Part 18 of the Companies Act 2014.

### The main objects of the company are:

- ▶ To support the provision of Healthcare and related Research, Education, Training and Development and related services in the Healthcare area for the benefit of the Community and within the Hospital service nationally and to provide Hospital services (other than Hospital care) and particularly health services in the areas dealt with by The Adelaide and Meath Hospital, Dublin Incorporating the National Children's Hospital and in areas where the State and the Health Service Executive is involved in the provision of such facilities.
- ▶ To support and encourage research, education and training for staff in the hospital and health care services generally and to promote post-graduate training and continuing education and research in the hospital and health care services.

### Research Grants:

The Foundation plays a very important role in the Hospital from a research point of view. The competition for research grants is very keen.

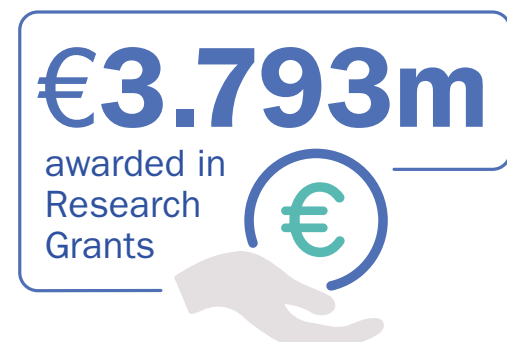
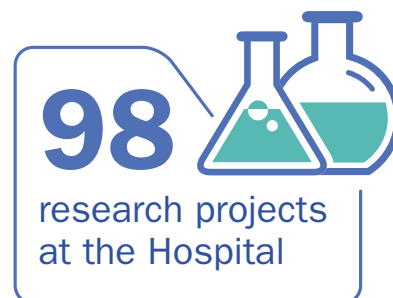
13 applications for Research Grants were received in 2016. A panel of external assessors independently assesses each application. The following staff members were awarded research grants totalling just over €308,000:

- ▶ **Dr. Susanna Frost, Consultant Microbiologist**  
*'Advancing Clinical Microbiology Diagnostics in Tallaght Hospital by introducing the molecular technology ribosomal intergenic spacer analysis (RISA) into diagnostic practice'*
- ▶ **Professor James Gibney-Consultant Endocrinologist**  
*'HDL function and HDL proteomics in Type 1 Diabetes Mellitus (YIDM) comparison to normal subjects association with early atherosclerosis and the effects of glycaemic control'*
- ▶ **Professor Mark Little-Consultant Nephrologist**  
*'Non-invasive measurement of NETosisto stratify thrombosis risk in vasculitis'*
- ▶ **Dr. Mark Sherlock -Consultant Endocrinologist**  
*'Optimising steroid replacement in patients with Addison's disease'*
- ▶ **The Edna O'Flynn Research Grant Mary Finn -Senior Dietitian**  
*'Development and pilot of a smart phone application to improve the health of overweight obese individuals with Type 1 Diabetes'*

Between 2002 and 2016 The Foundation has supported **98 research projects** at the Hospital and has awarded **a total of €3.793 million** in Research Grants.

The Foundation continues to believe in the value of healthcare research. The aim of The Foundation is to encourage and nurture the vast interest in research at the Hospital. It is the platform on which better services, better care and better patient outcomes in a safe environment all sit.

## The Meath Foundation





### Research Symposium 2016

The annual Research Symposium continues to grow in strength and is very well attended. The Symposium is recognised for Continuing Professional Development by the Royal College of Physicians on behalf of the Royal Colleges and by the Nursing and Midwifery Board of Ireland. This recognition of our Research Symposium by external bodies is very welcome and makes the event even more attractive to staff.

In 2016 the Symposium was opened by Ms. Lucy Nugent, Deputy Chief Executive, Tallaght Hospital and the keynote address entitled '**Lost in Translation: From Neuroscience to Community Care**' was delivered by Professor Brendan Kelly, FRCPsych FRCPI, Professor of Psychiatry at Trinity College Dublin and Consultant Psychiatrist at Tallaght Hospital.

The Scientific Programme was chaired by Professor Stephen Lane, Chairman of our Research Committee and the following presented on research projects funded by The Foundation:

- ▶ **Dr. Richard Walsh -Consultant Neurologist**  
*'A shared –care model for deep brain stimulation in Irish patients with Parkinson's Disease –A pilot cross channel collaboration to improve access, efficiency and the patient experience'*
- ▶ **Professor James Gibney -Consultant Endocrinologist**  
*'New approaches to understanding lipid metabolism in diabetes'*
- ▶ **Mr. Tim Delaney -Head of Pharmacy**  
*'Reconfiguration of Clinical Pharmacy Services to reduce the rate of serious adverse medication events from 6% to zero'*
- ▶ **Dr. Dominick McCabe -Consultant Neurologist**  
*'Haemostasis in carotid Stenosis (HEIST) Study'*

Presentations were also made from Meath Foundation Fellows – graduates in 2016 with an MSc in Leadership from RCSI

- ▶ **Ann Murphy -Human Resources Manager**  
*'Workforce planning in the perioperative setting'*
- ▶ **Sharon Larkin -Human Resources Operations Manager**  
*'Implementing Coaching to Facilitate the Development of Leadership Competencies within a Dublin Academic Teaching Hospital'*
- ▶ **Ian O'Gorman -Head of Catering**  
*'A change initiative to design and implement a senior staff leadership training programme at a Dublin Academic Teaching Hospital'*
- ▶ **The Mary O'Connor Medal was presented to Margaurita O'Brien, Clinical Facilitator for her presentation:**  
*'Implementation of the Early Warning score at Triage in the Emergency Department'*
- ▶ **J.A. Brian Keogh Research Medal was presented to Dr.Sarah Moran - National SpRAcademic Fellow Renal Inflammation Group for her presentation:**  
*'Utility of Measurements of Urinary Soluble CD163 & MCP-1 in the Identification of Subtle Renal Flares in ANCA-Associated Vasculitis'*

## Arts in Health

The National Centre for Arts and Health seeks to explore the therapeutic benefit of the arts in health care. The Foundation is very pleased to be in a position to continue to provide financial support to The National Centre for Arts and Health based in Tallaght Hospital. This service makes a significant and tangible difference to the quality of care and service for our patients and for our staff.

The following were some of the projects funded in 2016:

- ▶ Music Therapy and instruments for patients
- ▶ Writer in Residence/Creative Writing Group
- ▶ Visual Art Trail
- ▶ Art at the Bedside

## 11.2 Adelaide Foundation funded projects

**In 2016, the Adelaide Health Foundation continued its work of advancing healthcare through a number of different strands including direct support to Tallaght Hospital and to local community healthcare projects.**

Some of projects and programmes supported by the Foundation include:

### Bursaries

Supporting nursing education and development is a key element of the work of the Foundation and in 2016 the Adelaide Nursing Bursary scheme was extended to all nursing students studying in Tallaght Hospital, with a total of 43 students awarded bursaries in 2016

### Education Grants to Hospital Staff

The Adelaide Health Foundation awarded grants to staff in a variety of Tallaght Hospital departments to attend conferences, make presentations and undertake relevant educational courses. These education grants are invaluable to staff as they seek to improve their skills and make a positive impact on patient care in Tallaght Hospital.

## 11.3 National Children's Hospital Foundation

Since 2004 the NCH Foundation has allocated €2m to fund high quality research projects that have a meaningful impact on children's health. The Foundation has funded paediatric research projects into a number of important diseases and illnesses: diabetes, autism, cystic fibrosis, neonatal brain injury and neurodevelopment. To-date research carried out at the hospital has involved approximately 1,200 children across 42 projects.

2016 was a year of significant development for the National Children's Hospital Foundation. The Board announced a three year research funding programme in collaboration with the Health Research Board. The programme provided one million euro from the Foundation for three national paediatric research projects that will benefit patients of the National Children's Hospital and those involved in the delivery of their care. Working in partnership with the Health Research Board on this initiative ensures that this investment will greatly enhance the body of knowledge on children's illnesses, their care and cure in a real and practical way.

### PhD Fellowship Programme

The Board of the NCH Foundation is committed to train and foster the development of the next generation of leaders in academic general paediatrics. As part of its overall strategy in this regard, the NCH Foundation announced its first ever PhD Fellowship programme in partnership with Trinity College, Dublin. Through open competition within the hospital applicants were invited to submit relevant projects that translate research into real patient benefit. It is expected that these Fellowships will be completed by 2020.

### Funding for Paediatric Research Projects

During 2016 the Foundation continued to make significant investment to support paediatric research projects at the hospital. During the year, following a rigorous process the Foundation made a financial commitment of €760,000 to fund projects, with a financial commitment to support projects over a three year period in the following areas:

1. Understanding systemic inflammation and immunomodulation with Professor Eleanor Molloy at Principal Investigator.

#### Cystic Fibrosis

2. Isolation and characterisation of an antipseudomonal and anti-biofilm agent produced by *Aspergillus fumigatus*: a potential therapy with Dr. Peter Greally and Dr. Siobhan McClean as Principal Investigators
3. Early detection of *Pseudomonas aeruginosa* infection and the associated microbial community in children led by Dr. Julie Renwick
4. Evaluating the role of macrophage migration inhibitory factor (MIF) in accelerated *Pseudomonas aeruginosa* biofilm formation in children with CF led by Professor Seamas Donnelly

#### Vaccines

5. Verotoxigenic *E. Coli* (VITEC) – Identification of novel vaccine antigens to prevent VTEC in children led by Dr. Susanna Frost and Dr. Siobhan McClean

#### Neurodevelopmental

6. Understanding systemic inflammation and immunomodulation with Professor Eleanor Molloy as Principal Investigator.
7. Paediatric Outcomes and Serum Biomarker Panel in Acute Traumatic Brain Injury led by Professor Eleanor Molloy
8. Down Syndrome – inflammation and clinical outcomes led by Professor Eleanor Molloy as Principal Investigator.
9. Pre-term infection and systemic inflammation and neurodevelopmental outcome led by Professor Eleanor Molloy as Principal Investigator.
10. Impact of stress on brain development in children and adolescents – led by Dr. Arun Bokde and Professor Eleanor Molloy.

### Inaugural Paediatric Study Day

The NCH Foundation, in partnership with the Department of Paediatrics, TCD, proudly presented its inaugural paediatric study day on Friday, December 9<sup>th</sup> and which was attended by doctors, nurses, healthcare professionals and researchers. This study day showcased all paediatric research funded by the NCH Foundation and the role of this research in the delivery of care to children in the hospital.

The opening address was delivered by Minister for Children and Youth Affairs, Katherine Zappone who noted “the importance of the first paediatric study day, the innovating ways in which the NCH Foundation has sought to fundraise, its immense philanthropic efforts and contribution to paediatric care since 1952, when it was established specifically for the care and treatment of children.”

The Board of the NCH Foundation is committed to paediatric research and will continue to support clinicians and researchers in this work at the hospital over the coming years.



Mairead O'Driscoll, Director of Research Strategy and Funding at the HRB Murrough McMahon, Chairman NCH Foundation



Katherine Zappone, Minister for Children and Youth Affairs



## 11.4 Tallaght Hospital Research

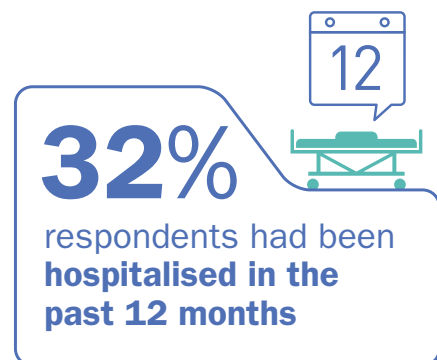
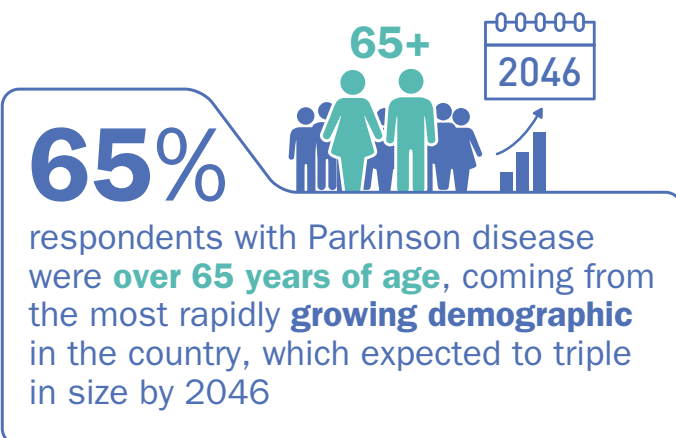
### Research highlights needs nationally for rapidly growing population of patients with Parkinson's Disease

The results of a nationwide observational study carried out by a team in Tallaght Hospital under the leadership of Consultant Neurologist Dr. Richard Walsh provided important insights into the experiences of people with Parkinson's disease in Ireland. The study was performed with the assistance of the two largest support groups for Parkinson's Disease in the country, the Parkinson's Association of Ireland and Move4Parkinsons. The findings of the survey-based study, "Treating Parkinson's 2015" was published last April to coincide with Parkinson's Awareness week.

With 1,140 people living with Parkinson's in Ireland responding to the survey it represents one of the largest single surveys of its kind ever carried out in this country. Responding to the publication of his findings, Dr. Richard Walsh, Consultant Neurologist at Tallaght Hospital said: "Parkinson's is not rare and most people will have experience of an affected relative or friend. Treating Parkinson's 2015 has provided us with a huge amount of data about our successes and failures in the management of this complex and challenging disease. I have to thank the enormous effort from the people with Parkinson's and their carers who contributed to make the study a success. The results indicate that for some people with Parkinson's Disease in Ireland day-to-day function is adequate and allows a good quality of life. There are some findings however that demonstrate room for improvement, particularly around access to specialty care, hospitalisation and advanced therapies. This is going to be of critical importance as we face into the well signposted challenges of a growing elderly population in Ireland and an increased incidence and prevalence of Parkinson's disease."

### Findings from the survey include:

- ▶ 65% of respondents with Parkinson's disease were over 65 years of age, coming from the most rapidly growing demographic in the country, which expected to triple in size by 2046
- ▶ 32% of all respondents had been hospitalised in the past 12 months and of these 34% had difficulty getting their medication on time and 23% felt their condition was adversely affected as a result of this
- ▶ Less than half of all respondents are seen twice yearly by their specialist. The study identifies the need for immediate planning to deal with current and future challenges in management of this increasingly common neurodegenerative disorder
- ▶ Just 3% had received treatment with deep brain stimulation through referral abroad to other centres. Results obtained would suggest that up to 200 additional patients nationwide may benefit from this and other advanced therapies in Parkinson's disease.
- ▶ Parkinson's disease is the second most common neurodegenerative disorder after Alzheimer's disease, and will account for an increasing proportion of health expenditure over the next 20 years as the changing age profile of the Irish population gives rise to a doubling of the numbers affected from over 9,000 to approximately 20,000.
- ▶ 32% of the 1,140 respondents had been admitted to hospital over the previous 12 month period, a quarter of whom felt their condition was adversely affected by difficulty receiving their time-critical medication in the way it is prescribed. 20% of respondents admitted to missing a dose of medication every week while at home, and 5% missed a dose every day.
- ▶ Only 17% of those hospitalised met a Parkinson's disease nurse specialist during their hospital stay, missing an opportunity to improve medication adherence in hospital and at home. Less than half met a neurologist or geriatrician while in hospital, highlighting key deficits in specialist staffing in our hospitals.



### Tallaght Hospital Leading the Irish Phase of a Global Trial for a Potentially Transformative New Medicine

The Hospital was very proud to announce last November that it was selected to lead the Irish phase of a global clinical trial aimed at preventing Alzheimer's disease. The Chief Investigator for the Irish leg of this trial is Dr. Sean Kennelly, Consultant Physician in Geriatric & Stroke Medicine at Tallaght Hospital, as well as Clinical Senior Lecturer in Medical Gerontology, Trinity College Dublin.

Commenting on the trial he said: "This is a key milestone, for the first time Irish people who have memory difficulties but haven't yet clinically developed Alzheimer's disease have the opportunity to participate in a trial of a medication which could potentially delay or halt progression of their symptoms. This medication targets brain accumulations of the protein amyloid which most researchers believe is the primary cause of Alzheimer's disease. Alzheimer's is a progressive, degenerative disorder and with a high projected growth in older persons over the next 20 years it is a disease that is most likely to continue to increase. Causing great distress to those diagnosed and their loved ones, increased diagnosis also has a massive impact on care needs in the acute hospital setting and in our communities. The fact that the trial medication in question is a once a day tablet is also encouraging. This is a very exciting time for Alzheimer's disease research with several treatments showing early promise, having said that we must remain cautious as there have been many false dawns in this field."

The trial focuses on a newly developed drug, Verubecestat. This tablet has been shown to "switch off" the production of the protein amyloid in the brain which is thought to be the chief cause of Alzheimer's disease. Importantly, amyloid accumulation in the brain can precede the onset of symptoms of Alzheimer's disease by several decades. Therefore, participants in the trial have been selected based on having mild memory difficulties but without the presence of Alzheimer's, as memory difficulties can indicate this amyloid accumulation. Screening for participation in the trial involved the first ever amyloid PET scans ever to be performed in Ireland.

Galway University Hospital will also be participating in the study under the leadership of Principal Investigator Dr. Ronan Ó Caoimh. There was very high interest in participation, both in Ireland and globally, and enrolment for screening for recruitment has already been completed. This means that the study is closed to any further participants.

Verubecestat is produced by MSD and the trial has been welcomed by the Alzheimer Society of Ireland. The Society has also welcomed the launch of the clinical trials, as the publication of the results of early stage clinical trials have shown that it successfully targets the more visible sign of the disease within the brain. If licenced, this treatment could be the first to be approved for Alzheimer's disease in over a decade.

### Clinical Neurosciences

Dr. Stephen Murphy, Research SpR in Vascular Neurology, Vascular Neurology Research Foundation, Dept. of Neurology, successfully defended his PhD thesis in Clinical Neurosciences at TCD in 2016.

The title of Stephen's PhD Thesis was: 'Markers of Platelet Activation and Function and their relationship with Cerebral Micro-Embolic Signals in Symptomatic and Asymptomatic Carotid Stenosis'. These novel and interesting data were derived from a multi-centre collaborative study called 'The HaEmostasis In Carotid STenosis (HEIST) Study' that was coordinated by Dr. Stephen Murphy onsite at Tallaght Hospital under Dr. Dominick McCabe's supervision at The Rapid Access Stroke Prevention Service, Neurology and Stroke Services, Vascular Neurology Research Foundation, Dept. of Neurology both here and in TCD. This original study was performed in collaboration with colleagues in Neurology, Vascular Surgery, Older Adult & Stroke Medicine, Haematology, Haemostasis, Platelet Science, Vascular Technology and Radiology at Tallaght Hospital, St. James's Hospital, TCD, RCSI, and St. Vincent's University Hospital, Dublin, and with international collaborators at the Mayo Clinic, Rochester, USA, the Royal Free Hospital, London and University College London.

This study adds to prior published, novel data from our lab and the Vascular Neurology Research Foundation, and places Tallaght Hospital, TCD and our collaborative research group at the international forefront of this exciting and emerging field of research into translational platelet science and haemostasis in cerebrovascular disease and carotid stenosis.

### Tallaght Intensive Care Audit (TICA)

Tallaght Intensive Care Audit under the direction of Dr. Maria Donnelly is the most detailed and advanced ICU audit programme in Ireland and produces a wealth of information about ICU activity and care. The information is published annually in the annual Audit Report copies of which are available on request from ICU. The National Office of Clinical Audit (NOCA) national ICU audit is currently being implemented in Tallaght Intensive Care and will go live in early 2016.

### Dietetics in Prader Willi Syndrome (PWS)

With financial support from the NCH, one of the Paediatric Dietitians commenced a project to assess the efficacy of a nutrition education programme for parents of children with Prader Willi Syndrome, monitoring in particular the impact on anthropometry and body composition. In addition, parental understanding of nutrition, barriers to nutrition, access to services, feeding behaviours, weaning practices among this population and the impact of PWS on quality of life will be evaluated.



“

**The Hospital was very proud to announce last November that it was selected to lead the Irish phase of a global clinical trial aimed at preventing Alzheimer's disease.”**

# 12

## Publications

The team at Tallaght Hospital continue to share their experience, educate others and change practice as a result of their research. The following list is an indication of the amount of new knowledge created by our team during 2016.



“

**Research is creating  
new knowledge”**

*Neil Armstrong*

## AGE RELATED HEALTHCARE

- ▶ Moss H, O'Neill D, **The Role of the Curator in Modern Hospitals: A Transcontinental Perspective**, *Journal of Medical Humanities*, 2016, pEpub ahead of print
- ▶ Briggs R, Dyer A, Nabeel S, Collins R, Doherty J, Coughlan T, O'Neill D, Kennelly SP, **Dementia in the Acute Hospital: The prevalence and clinical outcomes of acutely unwell patients with dementia.**, *QJM : monthly journal of the Association of Physicians*, 2016
- ▶ Shanahan D, O'Neill D, **Dental Implants and Older People - Knowing the Drill**, *European Geriatric Medicine*, 7, (6), 2016, p504 – 505
- ▶ Fallon A, O'Neill D, **Missing in the Media: Cancer and Older People**, *J Am Geriatr Soc*, 64, (7), 2016, p1512-1513
- ▶ Pehudoff K, Petrovic M, O'Neill D, Cherubini A., **A survey of geriatric expertise in medicines evaluation at national regulatory agencies in Europe: There is still room for improvement!**, *European Geriatric Medicine*, 7, (5), 2016, p430 – 433
- ▶ **Driving and dementia** in, editor(s) Ames D, O'Brien JT, Burns A. , *Dementia*, Boca Raton, Florida, CRC Press, 2016, [Fallon A, O'Neill D]
- ▶ Briggs R, Kennelly SP, O'Neill D, **Drug treatments in Alzheimer's disease.**, *Clinical medicine (London, England)*, 16, (3), 2016, p247-53
- ▶ Timmons S, O'Shea E, O'Neill D, Gallagher P, de Siún A, McArdle D, Gibbons P, Kennelly S, **Acute hospital dementia care: results from a national audit.**, *BMC geriatrics*, 16, (1), 2016, p113
- ▶ Briggs R, O'Shea E, de Siún A, O'Neill D, Gallagher P, Timmons S, Kennelly S, **Does admission to a specialist geriatric medicine ward lead to improvements in aspects of acute medical care for older patients with dementia?**, *International journal of geriatric psychiatry*, 2016
- ▶ O'Neill D, **Do geriatricians truly welcome ageing?** *Age and Ageing*, 2016 Jul;45(4):439-41.
- ▶ Briggs R, O'Neill D, **Chronic stroke disease.**, *British journal of hospital medicine* 77, (5), 2016, pC66-9
- ▶ Fallon A, Kennelly S, O'Neill D, **Frailty in Emergency Departments**, *Lancet*, 87, (10029), 2016, p1720
- ▶ Dyer AH, Briggs R, Nabeel S, O'Neill D, Kennelly SP, **The Abbreviated Mental Test 4 for cognitive screening of older adults presenting to the Emergency Department.**, *European journal of emergency medicine : official journal of the European Society for Emergency Medicine*, 2016
- ▶ Gallagher P, Curtin D, de Siún A, O'Shea E, Kennelly S, O'Neill D, Timmons S, **Antipsychotic prescription amongst hospitalized patients with dementia.**, *QJM : monthly journal of the Association of Physicians*, 2016
- ▶ O'Neill D, Jenkins E, Mawhinney R, Cosgrave E, O'Mahony S, Guest C, Moss H, **Rethinking the medical in the medical humanities.**, *Medical humanities*, 2016 Jun;42(2):109-14.
- ▶ O'Neill D, **Ageing with Style, Review of Youth**, by Paolo Sorrentini , *Lancet*, 387, (10019), 2016, p639
- ▶ Gargan ML, Kok HK, Kearney J, Collins R, Coughlan T, O'Neill D, Ryan D, Torreggiani W, Doody O, **Added Value of Stroke Protocol MRI Following Negative Initial CT in the Acute Stroke Setting.**, *Irish medical journal*, 108, (10), 2016, p302-4
- ▶ Cherubini A, Petrovic M, O'Neill D, **Approval for medicines in older people - time for a more focused approach.**, *QJM : monthly journal of the Association of Physicians*, 109, (5), 2016, p363
- ▶ Dyer AH, Nabeel S, Briggs R, O'Neill D, Kennelly SP, **Cognitive assessment of older adults at the acute care interface: the informant history.**, *Postgraduate medical journal*, 2016 May;92(1087):255-9.
- ▶ Khan WU, Mohamad Onn Yap IA, O'Neill D, Moss H, **Perceptions of music therapy for older people among healthcare professionals.**, *Medical humanities*, 42, (1), 2016, p52-56
- ▶ O'Neill D, **Towards an understanding of the full spectrum of travel-related injuries among older people**, *Journal of Transport and Health*, 3, (1), 2016, p21-25
- ▶ Briggs R, O'Neill D, **The informant history: a neglected aspect of clinical education and practice.**, *QJM : monthly journal of the Association of Physicians*, 109, (5), 2016, p301-302
- ▶ Briggs R, Coary R, Collins R, Coughlan T, O'Neill D, Kennelly SP, **Acute hospital care: How much activity is attributable to caring for patients with dementia?**, *QJM : monthly journal of the Association of Physicians*, 109, (1), 2016, p41 – 44

- ▶ McMahon C, O'Neill D, **Clarity on social media? An appraisal of available information regarding dementia on social media website**, Age and Ageing, (Supplement 2), 2016, pp155 - ii55
- ▶ McHale C, Briggs R, Fitzhenry D, O'Neill D, Coughlan T, Collins R, Doherty J, Connolly A, Austin N, Freeman J, Tobin F, Duignan E, Mooney C, Lawson S, **Driving prevalence amongst people attending a multidisciplinary memory assessment service**, Age and Ageing, (Supplement 2), 2016, pp151 - ii52
- ▶ Teh HL, Buckley M, Coughlan T, Collins R, O'Neill D, Kennelly S, **Delirium in acute stroke: incidence, risk factors and outcome**, Age and Ageing, (Supplement 2), 2016, pp150 - ii50
- ▶ Moola R, Fallon A, Briggs R, Coughlan T, Collins R, O'Neill D, Armstrong J, Kennelly S, **Operationalising routine delirium screening with the 4AT for older patients attending the AMAU**, Age and Ageing, (Supplement 2), 2016, pp136 - ii36
- ▶ Wade R, Harte R, O'Neill D, Lanigan J, **An exploration of nurses' perception of barriers to mobilizing patients on a geriatric medicine/ stroke ward and strategies to improve this**, Age and Ageing, 45, (Supplement 2), 2016, pp134 - ii34
- ▶ Xidou D, Grey T, Kennelly S, O'Neill D, **Dementia-friendly hospital design: using thematic analysis to identify key issues for patients, family members and staff in Tallaght Hospital**, Age and Ageing, 45, (Supplement 2), 2016, pp133 - ii33
- ▶ Fallon A, Moola R, Armstrong J, Briggs R, Coughlan T, O'Neill D, Collins R, Kennelly S, **Incorporating the OPERA instrument to identify and direct the care needs of frail older patients in the AMAU setting**, Age and Ageing, 45, (Supplement 2), 2016, pp129 - ii30
- ▶ Karpinski S, Dowling M, O'Neill D, **Proton pump inhibitors in geriatric medicine rehabilitation and long term care units**, Age and Ageing, 45 (Supplement 2), 2016, pp127 - ii27
- ▶ Fitzpatrick D, O'Neill D, **The older motorcyclist**, Age and Ageing, 45, (Supplement 2), 2016, pp126 - ii27
- ▶ Briggs R, O'Shea E, de Siún A, O'Neill D, Gallagher P, Timmons S, Kennelly S, **Does admission to a specialist geriatric medicine ward lead to improvements in aspects of acute medical care for older patients with dementia?**, Age and Ageing, 45, (Supplement 2), 2016, pp119 - ii19
- ▶ Dyer A, Briggs R, Nabeel S, O'Neill D, Kennelly S, **Detecting cognitive impairment in the emergency department: utility of the AMT 4?**, Age and Ageing, 45, (Supplement 2), 2016, pp113 - ii13
- ▶ McHale C, Briggs R, Fitzhenry D, O'Neill D, Coughlan T, Collins R, Connolly A, Austin N, Freeman J, Duignan E, Mooney C, Kennelly S, **Perceptions of safe functioning within the context of people attending a multidisciplinary memory assessment service**, Age and Ageing, 45, (Supplement 2), 2016, pp111 - ii11
- ▶ Walshe M, Dooley S, Hopper T, Doyle R, McCabe R, Moore M, O'Neill D, **Profiling communication ability in people with dementia: development of a new instrument to inform management of cognitive communication difficulties**, Age and Ageing, 45, (Supplement 2), 2016, pp103 - ii3
- ▶ Dyer A, Nabeel S, Briggs R, O'Neill D, Kennelly S, **Cognitive impairment in the emergency department: the role of the informant history**, Age and Ageing, 45, (Supplement 2), 2016, pp101 - ii1

## ENDOCRINOLOGY

- ▶ **Growth of a progesterone receptor-positive meningioma in a female patient with congenital adrenal hyperplasia**. O'Shea T, Crowley RK, Farrell M, MacNally S, Govender P, Feeney J, Gibney J, Sherlock M. Endocrinol Diabetes Metab Case Rep. 2016;2016. pii: 16-0054. Epub 2016 Nov 21. PMID: 27933170
- ▶ **Vascular Disease Is Associated With the Expression of Genes for Intestinal Cholesterol Transport and Metabolism**. Widdowson WM, McGowan A, Phelan J, Boran G, Reynolds J, Gibney J. J Clin Endocrinol Metab. 2017 Jan 1;102(1):326-335. doi: 10.1210/jc.2016-2728. PMID: 27841945 E Pub 2016
- ▶ **The nutritional management of type 3c (pancreatogenic) diabetes in chronic pancreatitis**. Duggan SN, Ewald N, Kelleher L, Griffin O, Gibney J, Conlon KC. Eur J Clin Nutr. 2017 Jan;71(1):3-8. doi: 10.1038/ejcn.2016.127. Epub 2016 Jul 13. Review. E pub 2016 July. PMID: 27406162
- ▶ **Spontaneous resolution of avascular necrosis of femoral heads following cure of Cushing's syndrome**. Pazderska A, Crowther S, Govender P, Conlon KC, Sherlock M, Gibney J. Endocrinol Diabetes Metab Case Rep. 2016;2016:160015. doi: 10.1530/EDM-16-0015. Epub 2016 May 1. PMID: 27252864 [PubMed]

- ▶ **Obesity and Insulin Resistance Are the Main Determinants of Postprandial Lipoprotein Dysmetabolism in Polycystic Ovary Syndrome.** Kyaw Tun T, McGowan A, Phelan N, Correia N, Boran G, O'Connor AL, Roche HM, Gibney J. *Int J Endocrinol*. 2016;2016:9545239. doi: 10.1155/2016/9545239. Epub 2016 Feb 18. PMID: 26989412 [PubMed]
- ▶ **Postprandial Studies Uncover Differing Effects on HDL Particles of Overt and Subclinical Hypothyroidism.** McGowan A, Widdowson WM, O'Regan A, Young IS, Boran G, McEneny J, Gibney J. *Thyroid*. 2016 Mar;26(3):356-64. doi: 10.1089/thy.2015.0443. Epub 2016 Feb 25. PMID: 26800752 [PubMed - indexed for MEDLINE]
- ▶ **The contribution of undiagnosed adrenal insufficiency to euvoelaemic hyponatraemia: results of a large prospective single-centre study.** Cuesta M, Garrahy A, Slattery D, Gupta S, Hannon AM, Forde H, McGurran K, Sherlock M, Tormey W, Thompson CJ. *Clin Endocrinol (Oxf)*. 2016 Dec;85(6):836-844. doi: 10.1111/cen.13128. Epub 2016 Jul 12. PMID: 27271953
- ▶ **Glucocorticoids and 11 $\beta$ -HSD1 are major regulators of intramyocellular protein metabolism.** Morgan SA, Hassan-Smith ZK, Doig CL, Sherlock M, Stewart PM, Lavery GG. *J Endocrinol*. 2016 Jun;229(3):277-86. doi: 10.1530/JOE-16-0011. Epub 2016 Apr 5. PMID: 27048233 Free PMC Article
- ▶ **Acromegaly.** Dineen R, Stewart PM, Sherlock M. *QJM*. 2016 Feb 12. pii: hcw004. [Epub ahead of print] Review. PMID: 26873451
- ▶ **Growth of a progesterone receptor-positive meningioma in a female patient with congenital adrenal hyperplasia.** O'Shea T, Crowley RK, Farrell M, MacNally S, Govender P, Feeney J, Gibney J, Sherlock M. *Endocrinol Diabetes Metab Case Rep*. 2016;2016. pii: 16-0054. Epub 2016 Nov 21. PMID: 27933170 Free PMC Article
- ▶ **Spontaneous resolution of avascular necrosis of femoral heads following cure of Cushing's syndrome.** Pazderska A, Crowther S, Govender P, Conton KC, Sherlock M, Gibney J. *Endocrinol Diabetes Metab Case Rep*. 2016;2016:160015. doi: 10.1530/EDM-16-0015. Epub 2016 May 1. PMID: 27252864 Free PMC Article
- ▶ **Treatment Factors That Influence Mortality in Acromegaly.** McCabe J, Ayuk J, Sherlock M. *Neuroendocrinology*. 2016;103(1):66-74. doi: 10.1159/000375163. Epub 2015 Jan 30. PMID: 25661647

## GASTROENTEROLOGY

- ▶ **Population screening and treatment of *Helicobacter pylori* infection.** O'Connor A, O'Morain CA, Ford AC. *Nat Rev Gastroenterol Hepatol*. 2017 Apr;14(4):230-240. doi: 10.1038/nrgastro.2016.195. Epub 2017 Jan 5. Review. PMID: 28053340
- ▶ **Ipilimumab-induced colitis: experience from a tertiary referral center.** O'Connor A, Marples M, Mulatero C, Hamlin J, Ford AC. *Therap Adv Gastroenterol*. 2016 Jul;9(4):457-62. doi: 10.1177/1756283X16646709. Epub 2016 May 10. PMID: 27366214
- ▶ **Poor Correlation Between Patient-reported and Endoscopic Components of the Mayo Score in Ulcerative Colitis.** O'Connor A, Ford AC. *Gastroenterology*. 2016 Apr;150(4):1037-9.
- ▶ **The Irish *Helicobacter pylori* Working Group consensus for the diagnosis and treatment of *H. pylori* infection in adult patients in Ireland.** Smith S, Boyle B, Brennan D, Buckley M, Crotty P, Doyle M, Farrell R, Hussey M, Kevans D, Malfertheiner P, Megraud F, Nugent S, O'Connor A, O'Morain C, Weston S, McNamara D. *Eur J Gastroenterol Hepatol*. 2017 May;29(5):552-559. doi: 10.1097/MEG.0000000000000822. PMID: 28350745
- ▶ **Treatment of *Helicobacter pylori* infection 2016.** O'Connor A, Fischbach W, Gisbert JP, O'Morain C. *Helicobacter*. 2016 Sep;21 Suppl 1:55-61. O'Connor A, Hamlin PJ, Taylor J, *et al*
- ▶ **Postoperative prophylaxis in Crohn's disease after intestinal resection: a retrospective analysis** *Frontline Gastroenterology* Published Online First: 01 December 2016. doi: 10.1136/flgastro-2016-100749

## HAEMATOLOGY

- ▶ **Immune thrombocytopenia purpura associated with multiple myeloma.** Faller E, Chapman L, Enright H, Browne P, McHugh J, Desmond R. *Ann Hematol*. 2016 Aug;95(8):1371-2.
- ▶ **Clinical features predict responsiveness to imatinib in platelet-derived growth factor receptor-alpha-negative hypereosinophilic syndrome.** Khoury P, Desmond R, Pabon A, Holland-Thomas N, Ware JM, Arthur DC, Kurlander R, Fay MP, Maric I, Klion AD. *Allergy*. 2016 Jun;71(6):803-1

## HSCP

- ▶ Two multidisciplinary posters were presented at the Annual Irish Heart Foundation Stroke Conference:
  - “**An Analysis of Functional Outcomes within an Early Supported Discharge (ESD) for Stroke Service.**”
  - “**Progression and Improvement of an Early Supported Discharge (ESD) for Stroke Service**”
- ▶ McHale, C. Briggs, R. Fitzhenry, D. O’Neill, D. Coughlan, T. Collins, R. Doherty, J. Connolly, A. Austin, N. Freeman, J. Tobin, F. Duignan, E. Mooney, C. Lawson, S. **Driving prevalence amongst people attending a multidisciplinary memory assessment service** Age and Ageing, 2016, September Volume 45 Supplement 2
- ▶ Regan, J. Lawson, S. De Aguiar, V. **EAT-10 dysphagia rating scale predicts aspiration in adults with respiratory disease. Regan Dysphagia, 2017, 32: 126.**
- ▶ Hill, F. Miller, N. Walsh, RA. Mockler, D. McDowell, R. Walshe, M. **Botulinum toxin for drooling in Parkinson’s disease.** Cochrane Database of Systematic Reviews 2016, Issue 10. Art. No.: CD012408. DOI: 10.1002/14651858.CD012408
- ▶ Kiernan, C. (2016) **Finding our feet: addressing diabetic foot disease.** Clinical Times Diabetes Supplement to the Irish Medical Times. September
- ▶ O’Doherty, V., Connolly, J.F. and Dinan, S. (2016) **Evaluation of a Standardised Self-Management Programme for the management of Chronic Diseases in Ireland.** The Irish Psychologist. 42(4): 82-87

## INTENSIVE CARE

- ▶ **Paradoxical Vocal Cord Motion terminated by sevoflurane inhalation: a case report and review of the condition** M Barry, G Fitzpatrick. *Anaesthesia Cases / 2016-0021 / ISSN 2396-839*
- ▶ **Lactic Acidosis: - an Update.** Seheult J, Fitzpatrick G, Boran G. *Clinical Chemistry and Laboratory Medicine DOI 10.1515/ccm-2016-0438*
- ▶ **Long-term outcomes post CRRT in an Irish ICU setting.** Greaney D, Magee A, Fitzpatrick G. *J. Intensive Care medicine September 2016 DOI: 10.1186/s40635-016-0099-9*

## NEPHROLOGY

- ▶ **“Is 2% chlorhexidine gluconate in 70% isopropyl alcohol more effective at preventing central venous catheter-related infections than routinely used chlorhexidine gluconate solutions: A pilot multicenter randomised trial (ISRCTN2657745)?”** McCann M, Fitzpatrick F, Mellotte G, Clarke M. *Am J Infect Control.* 2016 Aug 1;44(8):948-9. doi: 10.1016/j.ajic.2016.02.019
- ▶ **“An Approach to Optimise Therapeutic Vancomycin Dosage in a Haemodialysis Population”** Gunning H, Taylor G, Smyth A, Mellotte G, Fennell J, Murphy P, Lavin P, Wall C. *Ir Med J.* 2016 Oct 12;109(9):465
- ▶ **“A rare case of Erdheim-Chester disease”** Chhabra R, Wall C. *Clin Med (Lond).* 2016 Jun 1;16 Suppl 3:s24. doi: 10.7861/clinmedicine.16-3-s24
- ▶ **“Kidney transplant outcomes in familial C3 glomerulopathy”** Wong L, Moran S, Lavin PJ, Dorman AM, Conlon PJ. *Clin Kidney J.* 2016 Jun;9(3):403-7. doi: 10.1093/ckj/sfw020
- ▶ **“A novel mutation in KLHL3 gene causes familial hyperkalemic hypertension”** Kelly D, Rodzlan MR, Jeunemaitre X, Wall C. *QJM.* 2016 Jul;109(7):487-8. doi: 10.1093/qjmed/hcw043
- ▶ **“Changes in urinary metabolomic profile during relapsing renal vasculitis”** Al-Ani B, Fitzpatrick M, Al-Nuaimi H, Coughlan AM, Hickey FB, Pusey CD, Savage C, Benton CM, O’Brien EC, O’Toole D, Mok KH, Young SP, Little MA. *Sci Rep.* 2016 Dec 1;6:38074. doi: 10.1038/srep38074.
- ▶ **“Spatial and Temporal Clustering of Anti-Glomerular Basement Membrane Disease”.** Canney M, O’Hara PV, McEvoy CM, Medani S, Connaughton DM, Abdalla AA, Doyle R, Stack AG, O’Seaghdha CM, Clarkson MR, Griffin MD, Holian J, Dorman AM, Niland A, Keogan M, Wallace EM, Conlon NP, Walsh C, Kelly A, Little MA. *Clin J Am Soc Nephrol.* 2016 Aug 8;11(8):1392-9. doi: 10.2215/CJN
- ▶ **“EULAR/ERA-EDTA recommendations for the management of ANCA-associated vasculitis”** Yates M, Watts RA, Bajema IM, Cid MC, Crestani B, Hauser T, Hellmich B, Holle JU, Laudien M, Little MA, Luqmani RA, Mahr A, Merkel PA, Mills J, Mooney J, Segelmark M, Tesar V, Westman K, Vaglio A, Yalçındağ N, Jayne DR, Mukhtyar C. *Ann Rheum Dis.* 2016 Jun 23. pii: annrheumdis-2016-209133. doi: 10.1136/annrheumdis-2016-209133. [Epub ahead of print]



- ▶ **“Prolonged Duration of Renal Recovery Following ANCA-Associated Glomerulonephritis”** Oomatia A. Moran S.M., Kennedy C, Sequeira R, Hamour S., Burns A., Little M.A., Salama A.D. *Am J Nephrol* 2016;43:112-119 [DOI:10.1159/000444925]
- ▶ **“Urinary Soluble CD163 in Active Renal Vasculitis”** O’Reilly VP, Wong L, Kennedy C, Elliot LA, O’Meachair S, Coughlan AM, O’Brien EC, Ryan MM, Sandoval D, Connolly E, Dekkema GJ, Lau J, Abdulahad WH, Sanders JF, Heeringa P, Buckley C, O’Brien C, Finn S, Cohen CD, Lindemeyer MT, Hickey FB, O’Hara PV, Feighery C, Moran SM, Mellotte G, Clarkson MR, Dorman AJ, Murray PT, Little MA, *J Am Soc Nephrol*. 2016 Sep;27(9):2906-16. doi: 10.1681/ASN.2015050511
- ▶ **“Myeloid Engraftment in Humanized Mice: Impact of Granulocyte-Colony Stimulating Factor Treatment and Transgenic Mouse Strain”**. Coughlan AM, Harmon C, Whelan S, O’Brien EC, O’Reilly VP, Crotty P, Kelly P, Ryan M, Hickey FB, O’Farrelly C, Little MA. *Stem Cells Dev*. 2016 Apr 1;25(7):530-41. doi: 10.1089/scd.2015.0289
- ▶ **“Single Agent Antihypertensive Therapy and Orthostatic Blood Pressure Behaviour in Older Adults Using Beat-to-Beat Measurements: The Irish Longitudinal Study on Ageing”**. Canney M, O’Connell MD, Murphy CM, O’Leary N, Little MA, O’Seaghdha CM, Kenny RA. *PLoS One*. 2016 Jan 5;11(1):e0146156. doi: 10.1371/journal.pone.0146156
- ▶ **“Pauci Immune crescentic glomerulonephritis in a patient with T-cell lymphoma and argyria”**. Rezk T, Penton J, Stevenson A, Owen-Casey M, Little M, Cunningham J, Salama AD. *BMC Nephrol*. 2016 May 17;17(1):49. doi: 10.1186/s12882-016-0259-x.
- ▶ **“The Dutch Transplantation in Vasculitis (DUTRAVAS) Study: Outcome of Renal Transplantation in ANCA-associated Glomerulonephritis”** Göçerođlu A, Rahmattulla C, Berden AE, Reinders ME, Wolterbeek R, Steenbergen EJ, Hilbrands LB, Noorlander I, Berger SP, Peutz-Kootstra CJ, Christiaans MH, van Dijk MC, de Joode AA, Goldschmeding R, van Zuilen AD, Harper L, Little MA, Hagen EC, Bruijn JA, Bajema IM. *Transplantation*. 2016 Apr;100(4):916-24. doi: 10.1097/TP.0000000000000910

## NEUROLOGY

- ▶ P Mc Namara, J Williams, D Mc Cabe, RA Walsh. **Striking Central Pontine Myelinolysis in a Patient with Alcohol Dependence Syndrome without Hyponatraemia** *JAMA Neurol*. 2016 Feb 1;73(2):234-5
- ▶ C. Stubbe, P. Bogdanova-Mihaylova, N. Austin, S. Murphy, RA Walsh. **NGS-based molecular diagnosis of hereditary ataxia is cost-efficient.** *QJM* 2016 Aug 109 (8): 551-552.
- ▶ P Bogdanova-Mihaylova, N Austin, MD Alexander, L Cassidy, A Early, RP Murphy, SM Murphy, RA Walsh. **Autosomal recessive cerebellar ataxia due to ANO10 mutations; expanded phenotype in an Irish sibship.** *Mov Disord Clinical Practice* Published On-line 18 July 2016
- ▶ Murphy SJX, Coughlan CA, Tobin WO, Kinsella JA, Lonergan R, Gutkin M, McCabe DJH. **Continuation and adherence rates on initially-prescribed intensive secondary prevention therapy after Rapid Access Stroke Prevention (RASP) service assessment.** *J Neurol Sci* 2016; 361: 13-18.
- ▶ Vincent Thijs, Ulrike Grittner, Franz Fazekas, Dominick McCabe, Anne-Katrin Giese, Christoph Kessler, Peter Martus, Bo Norrving, Christian Tanislav, Bernd Ringelstein, Turgut Tatlisumak, Arndt Rolfs, Christian Enzinger. **Dolichoectasia of the Basilar Artery is Associated With Cerebral Small Vessel Disease and Microbleeds in Young TIA and Ischemic Stroke Patients.** *Stroke* 2016; 47: A138.
- ▶ Murphy SJX, Lim ST, Coughlan CA, Kinsella JA, Tierney S, Egan B, Feeley TM, Murphy SM, Walsh RA, Collins DR, Coughlan T, O’Neill D, Harbison J, Madhavan P, O’Neill SM, Colgan MP, Cox D, Moran N, Hamilton G, McCabe DJH. **Increased platelet count and lymphocyte-platelet complex formation in patients with recently symptomatic versus asymptomatic carotid stenosis: Results from the HaEmostasis In carotid Stenosis (HEIST) study.** *Eur Stroke Journal* 2016; 1 (IS): 405.
- ▶ Kinsella JA, Tobin WO, Tierney S, Feeley TM, Egan B, Coughlan T, Collins DR, O’Neill D, Harbison J, Doherty CP, Madhavan P, Moore DJ, O’Neill SM, Colgan MP, Saqqur M, Murphy RP, Moran N, Hamilton G, McCabe DJH. **Assessment of ‘on-treatment platelet reactivity’ and relationship with cerebral microembolic signals in asymptomatic and symptomatic carotid artery stenosis.** *Eur Stroke Journal* 2016; 1 (IS): 399.

- ▶ Lim ST, Coughlan CA, Murphy SJX, Thijs V, Montaner J, Fernandez-Cadenas I, Marquardt L, Kelly PJ, McCabe DJH. **Emerging value of platelet function testing at predicting the risk of recurrent vascular events and outcomes after TIA/Ischaemic Stroke: A Systematic Review of the Literature.** *Eur Stroke Journal* 2016; 1 (IS): 137.
- ▶ McCormack J, McElwaine P, Brennan C, Coetzee H, Cotter P, Doyle R, Hickey A, Horgan F, Kelly P, Loughnane C, Macey C, Marsden P, McCabe D, Mulcahy R, Noone I, Shelley E, Stapleton T, Williams D, Harbison J. **Poor levels of swallow screening associated with increased rates of pneumonia.** *Eur Stroke Journal* 2016; 1 (IS): 217.
- ▶ McElwaine P, McCormack J, Brennan C, Coetzee H, Cotter P, Doyle R, Hickey A, Horgan F, Kelly P, Loughnane C, Macey C, Marsden P, McCabe D, Mulcahy R, Noone I, Shelley E, Stapleton T, Williams D, Harbison J. **Irish National Stroke Audit 2015 - The impact of organisation of services in a challenging environment.** *Eur Stroke Journal* 2016; 1 (IS): 218.
- ▶ Walsh M, Galvin R, Boland F, Williams D, Harbison J, Murphy S, Crowe M, Collins R, McCabe D, Horgan F. **The validation of two risk prediction models for repeat falls within the first year after stroke.** *Eur Stroke Journal* 2016; 1 (IS): 554.
- ▶ McElwaine P, McCormack J, Brennan C, Coetzee H, Cotter P, Doyle R, Hickey A, Horgan F, Kelly P, Loughnane C, Macey C, Marsden P, Mulcahy R, McCabe D, Noone I, Shelley E, Williams D, Stapleton T, Harbison J. **Outcome of acute ischaemic stroke thrombolysis in Ireland - findings of the National Stroke Audit 2015.** *Eur Stroke Journal* 2016; 1 (IS): 586-587.
- ▶ Kinsella JA, Tobin WO, Tierney S, Feeley TM, Egan B, Coughlan T, Collins DR, O'Neill D, Harbison J, McCabe DJH. **Assessment of platelet reactivity with cerebral microemboli in carotid stenosis.** *J Neurol Neurosurg Psychiatry* 2016; 87: e1 doi:10.1136/jnnp-2016-315106.234.

## OCCUPATIONAL THERAPY

- ▶ McHale, C. Briggs, R. Fitzhenry, D. O'Neill, D. Coughlan, T. Collins, R. Doherty, J. Connolly, A. Austin, N. Freeman, J. Tobin, F. Duignan, E. Mooney, C. Lawson, S. **Driving prevalence amongst people attending a multidisciplinary memory assessment service** *Age and Ageing*, 2016, September Volume 45 Supplement 2
- ▶ Regan, J. Lawson, S. De Aguiar, **V. EAT-10 dysphagia rating scale predicts aspiration in adults with respiratory disease.** *Dysphagia*, 2017, **32: 126.**
- ▶ Hill, F. Miller, N. Walsh, RA. Mockler, D. McDowell, R. Walshe, M. **Botulinum toxin for drooling in Parkinson's disease.** *Cochrane Database of Systematic Reviews* 2016, Issue 10. Art. No.: CD012408. DOI: 10.1002/14651858.CD012408
- ▶ Kiernan, C. (2016) **Finding our feet: addressing diabetic foot disease.** *Clinical Times Diabetes Supplement to the Irish Medical Times.* September
- ▶ O'Doherty, V., Connolly, J.F. and Dinan, S.(2016) **Evaluation of a Standardised Self-Management Programme for the management of Chronic Diseases in Ireland.** *The Irish Psychologist.* 42(4): 82-87
- ▶ **Which Factors are Important in Determining the Length of Stay in Bronchiolitis?** Skirka S, Power C, Nadeem M, Greally P. *Ir Med J.* 2016 Mar 10;109(3):379. No abstract available. PMID: 27685826

## PAEDIATRIC

- ▶ **Which Factors are Important in Determining the Length of Stay in Bronchiolitis?** Skirka S, Power C, Nadeem M, Greally P. *Ir Med J.* 2016 Mar 10;109(3):379. No abstract available. PMID: 27685826
- ▶ **Dietary Nitrate Acutely and Markedly Increased Exhaled Nitric Oxide in a Cystic Fibrosis Case.** Kerley CP, Kilbride E, Greally P. Elnazir B. *Clin Med Res.* 2016 Dec;14(3-4):151-155. doi: 10.3121/cmr.2016.1320. PMID: 27630187
- ▶ **Vitamin D3 for uncontrolled childhood asthma: A pilot study.** Kerley CP, Hutchinson K, Cormican L, Faul J, Greally P. Coghlan D, Elnazir B. *Pediatr Allergy Immunol.* 2016 Jun;27(4):404-12. doi: 10.1111/pai.12547. PMID: 26845753

- ▶ **Emergence of persistent *Aspergillus terreus* colonisation in a child with cystic fibrosis.**  
Dunne K, Prior AR, Murphy K, Wall N, Leen G, Rogers TR, Elnazir B, Grealley P, Renwick J, Murphy P. *Med Mycol Case Rep.* 2015 Jul 29;9:26-30.
- ▶ Roche EF, McKenna AM, Ryder KJ, Brennan AA, O'Regan M, Hoey HM. **Is the incidence of type 1 diabetes in children and adolescents stabilising? The first 6 years of a National Register.** *Eur J Pediatr.* 2016 Dec;175(12):1913-1919. PubMed PMID: 27659662.
- ▶ Thankamony A, Jensen RB, O'Connell SM, Day F, Kirk J, Donaldson M, Ivarsson, SA, Söder O, Roche E, Hoey H, Ong KK, Dunger DB, Juul A. **Adiposity in Children Born Small for Gestational Age Is Associated With  $\beta$ -Cell Function, Genetic**
- ▶ **Variants for Insulin Resistance, and Response to Growth Hormone Treatment.** *J Clin Endocrinol Metab.* 2016 Jan;101(1):131-42. doi: 10.1210/jc.2015-3019. *PubMed* PMID: 26588449.
- ▶ Nadeem M, Roche EF. **Bone Mineral Density in Short Individuals; How Can We Interpret It?** *Ir Med J.* 2016 Sep 9;109(8):458. *PubMed* PMID: 28124857.
- ▶ Nicholas AK, Jaleel S, Lyons G, Schoenmakers E, Dattani MT, Crowne E, Bernhard B, Kirk J, Roche EF, Chatterjee VK, Schoenmakers N. **Molecular spectrum of TSH $\beta$  subunit gene defects in central hypothyroidism in the UK and Ireland.** *Clin Endocrinol (Oxf).* 2017 Mar;86(3):410-418. doi: 10.1111/cen.13149. *PubMed* PMID: 27362444; PubMed Central PMCID: PMC5324561. Epub 2016
- ▶ **Respiratory Syncytial Virus Preterm (32-36 Completed Weeks of Gestation) Risk Estimation Measure for RSV Hospitalisation in Ireland: A Prospective Study.** Sheridan-Pereira M, Murphy J, Sloan J, Crispino G, Leahy A, Corcoran JD, Dempsey E, Elnazir B, Gavin P, Sharif F, Gul R, Satas S, Murphy J, Gormally S, Shanaa I, Waldron D, Mc Mahon P, Carson J, Blanken M, Bont L, Paes B. *Pediatr Infect Dis J.* 2016 Jan;35(1):19-24. doi: 10.1097/INF.0000000000000918.

## PATHOLOGY

- ▶ Boran G, editor. **National Laboratory Handbook, Volume 1. National Clinical Programme for Pathology, HSE Clinical Strategy and Programmes Division and the Royal College of Physicians of Ireland.** May 2016. ISBN: 978-0-9559351-5-2
- ▶ Borovickova I, Bhatt NR, Boran GP, Ridgway PF. **Persistent chronic hyperamylasaemia: clinical interpretation and diagnostic approach.** *Journal of the Pancreas* 2016; 17:241-250
- ▶ McGowan A, Widdowson WM, O'Regan A, Young IS, Boran G, McEneny J, Gibney J. **Postprandial Studies Uncover Differing Effects on HDL Particles of Overt and Subclinical Hypothyroidism.** *Thyroid* 2016; 26: 356-364

## RADIOLOGY

- ▶ **Malignancy risk stratification in Multinodular Goitre using Ultrasound Findings: A retrospective review of sonographic features, histopathological results and cancer risk.** B. S. Kelly<sup>1</sup>, P. Govender<sup>1</sup>, M. Jeffers<sup>2</sup>, J. Kinsella<sup>3</sup>, J. Gibney<sup>4</sup>, M. Sherlock<sup>4</sup>, W. C. Torreggiani<sup>1</sup>. Departments of 1Radiology, 2Pathology, 3Otolaryngology and 4Endocrinology, Tallaght Hospital, Dublin

## RHEUMATOLOGY

- ▶ **Imaging the Patient With Sacroiliac Pain.** Kok HK, Mumtaz A, O'Brien C, Kane D, Torreggiani WC, Delaney H. *Can Assoc Radiol J.* 2016 Feb;67(1):41-51.
- ▶ **An OMERACT reliability exercise of inflammatory and structural abnormalities in patients with knee osteoarthritis using ultrasound assessment.** Bruyn GA, Naredo E, Damjanov N, Bachta A, Baudoin P, Hammer HB, Lamers-Karnebeek FB, Moller Parera I, Richards B, Taylor M, Ben-Artzi A, D'Agostino MA, Garrido J, Iagnocco A; Ultrasound Task Force (\* Kane D). *Ann Rheum Dis.* 2016 May;75(5):842-6.
- ▶ **Musculoskeletal interventional procedures: With or without imaging guidance?** *Best Pract Res Clin Rheumatol.* 2016 Aug;30(4):736-750. Kane D, Koski J.

- ▶ **Replication of a distinct psoriatic arthritis risk variant at the IL23R locus.** *Ann Rheum Dis.* 2016 Jul;75(7):1417-8. [Budu-Aggrey A](#), [Bowes J](#), [Loehr S](#), [Uebe S](#), [Zervou MI](#), [Helliwell P](#), [Ryan AW](#), [Kane D](#), [Korendowych E](#), [Giardina E](#), [Packham J](#), [McManus R](#), [FitzGerald O](#), [McHugh N](#), [Behrens F](#), [Burkhardt H](#), [Huffmeier U](#), [Ho P](#), [Martin J](#), [Castañeda S](#), [Goulielmos G](#), [Reis A](#), [Barton A](#).
- ▶ **Musculoskeletal Ultrasound** – [David Kane](#), [Philip Platt](#). In: *Watts et al. "Oxford Textbook in Rheumatology"* Oxford University Press 2016
- ▶ **Musculoskeletal Ultrasound** – [David Kane](#). In: *Hochberg et al. "Rheumatology - 6th Edition"* Elsevier 2016

## RESPIRATORY

- ▶ *Ir Med J*, vol. 109(5) pp. 406. **The Efficacy of Bronchial Thermoplasty for Severe Persistent Asthma: The First National Experience.** [Watchorn, DC](#); [Sahadevan, A](#); [Egan, JJ](#); [Lane, SJ](#). PMID: 27685877.
- ▶ *Ir Med J*, 2016 vol. 109(1) pp. 349. **The Tip of the Iceberg--'Never Ignore a Chronic Cough'.** [Kooblall, M](#); [Lane, SJ](#); [Moloney, E](#) PMID: 26904796
- ▶ *QJM*, 2016. **Qualitative effects of omalizumab on concomitant IgE-mediated disease in a severe asthmatic population: a real life observational study.** [Cusack, RP](#); [Sahadevan, A](#); [Lane, SJ](#)
- ▶ *Ir Med J*, 2016 vol. 109(1) pp. 338-40. **The Value of the Combined Assessment of COPD in Accurate Characterisation of Stable COPD.** [Sahadevan, A](#); [Cusack, R](#); [O'Kelly, B](#); [Amaran, O](#); [Lane, SJ](#)
- ▶ *BMJ Open*, 2016 vol. 6(1) pp. e009350. **A protocol for a randomised clinical trial of the effect of providing feedback on inhaler technique and adherence from an electronic device in patients with poorly controlled severe asthma.** [Sulaiman, I](#); [Mac Hale, E](#); [Holmes, M](#); [Hughes, C](#); [D'Arcy, S](#); [Taylor, T](#); [Rapcan, V](#); [Doyle, F](#); [Breathnach, A](#); [Seheult, J](#); [Murphy, D](#); [Hunt, E](#); [Lane, SJ](#); [Sahadevan, A](#); [Crispino, G](#); [Diette, G](#); [Killane, I](#); [Reilly, RB](#); [Costello, RW](#)
- ▶ *Ir Med J*, vol. 109(5) pp. 410. **Palliative Subcutaneous Terbutaline Infusion in Severe Asthma.** [Sahadevan, A](#); [Lane, SJ](#)

## SPEECH & LANGUAGE THERAPY

- ▶ **Driving prevalence amongst people attending a multidisciplinary memory assessment service.** [McHale, C](#), [Briggs, R](#), [Fitzhenry, D](#), [O'Neill, D](#), [Coughlan, T](#), [Collins, R](#), [Doherty, J](#), [Connolly, A](#), [Austin, N](#), [Freeman, J](#), [Tobin, F](#), [Duignan, E](#), [Mooney, C](#), [Lawson, S](#). *Age and Ageing*, 2016, September Volume 45 Supplement 2
- ▶ **EAT-10 dysphagia rating scale predicts aspiration in adults with respiratory disease.** [Regan, J](#), [Lawson, S](#), [De Aguiar, V](#). *Dysphagia*, 2017, 32: 126.
- ▶ **Botulinum toxin for drooling in Parkinson's disease.** [Hill, F](#), [Miller, N](#), [Walsh, RA](#), [Mockler, D](#), [McDowell, R](#), [Walshe, M](#). *Cochrane Database of Systematic Reviews* 2016, Issue 10. Art. No.: CD012408. DOI: 10.1002/14651858.CD012408

## SURGERY

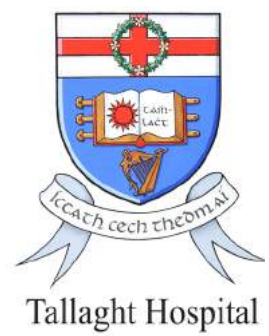
- ▶ [Ni Chonchubhair HM.](#), [O'Shea B](#), [Kavanagh DO.](#), [Ryan BM.](#), [Duggan SN](#), [Conlon KC.](#), **Chronic pancreatitis in primary and hospital based care in Ireland: The management of an orphan disease, JOP.** *Journal of the Pancreas.* 2016; 17:
- ▶ [Sanabria Mateos, R.](#), [Conlon, K.C.](#) **Pancreatic Cancer, Surgery (United Kingdom).** 2016; 34: 282-291.
- ▶ [Parihar V](#), [Ridgway PF](#), [Conlon K.C.](#), [Huggett M](#), [Ryan BM](#), **The role of endoscopic intervention in the management of inflammatory pancreatic fluid collections,** *European Journal of Gastroenterology and Hepatology.* 2016; 29: 371-379.
- ▶ [Sinead N Duggan](#), [Hazel M Ní Chonchubhair](#), [Oladapo Lawal](#), [Donal B O'Connor](#), [Kevin C Conlon](#), **Chronic Pancreatitis: A diagnostic dilemma.** *World Journal of Gastroenterology.* 2016; 22: 2304 – 2313.
- ▶ [van Hilst J](#), [de Rooij T](#), [Abu Hilal M](#), [Asbun H.J.](#), [Barkun J](#), [Boggi U](#), [Busch O.R.](#), [Conlon K.C.P.](#), [Dijkgraaf M.G.](#), [Han H.-S.](#), [Hansen P.D.](#), [Kendrick M.L.](#), [Montagnini A.L.](#), [Palanivelu C.](#), [RÅ" sok B.I.](#), [Shrikhande S.V.](#), [Wakabayashi G.](#), [Zeh H.J.](#), [Vollmer C.M.](#), [Kooby D.A.](#), [Besselink M.G.H.](#), **Worldwide survey on opinions and use of minimally invasive pancreatic resection.** *HPB.* 2016;
- ▶ [Hand F](#), [Stirling A](#), [Felle P](#), [Conlon K](#), [Ridgway P](#), **The e-handover: Applications for surgical training.** *Clin Teacher.* 2016; 1-5.

- ▶ Lahiff C, Swan N, Conlon K, Malone D, Maguire D, Hoti E, Geoghegan J, McEntee G, O'Toole D, Osteoclastic-Type **Giant Cell Tumours of the Pancreas: A Homogenous Series of Rare Tumours Diagnosed by Endoscopic Ultrasound.** *Digestive Surgery.* 2016; 33: 401 – 405.
- ▶ Shrikhande S.V, Sivasanker M, Vollmer C.M, Friess H, Besselink M.G, Fingerhut A, Yeo C.J, Fernandez-delCastillo C, Dervenis C, Halloran C, Gouma D.J, Radenkovic D, Asbun H.J, Neoptolemos J.P, Izbicki J.R, Lillemoe K.D, Conlon K.C, Fernandez-Cruz L, Montorsi M, Bockhorn M, Adham M, Charnley R, Carter R, Hackert T, Hartwig W, Miao Y, Sarr M, Bassi C, BÄ"chler M.W, **Pancreatic anastomosis after pancreatoduodenectomy: A position statement by the International Study Group of Pancreatic Surgery (ISGPS).** *Surgery.* 2016; 1-14.
- ▶ Vollmer C.M, Asbun H.J, Barkun J, Besselink M.G, Boggi U, Conlon K.C.P, Han H.-S, Hansen P.D, Kendrick M.L, Montagnini A.L, Palanivelu C, RÄ" sok B.I, Shrikhande S.V, Wakabayashi G, Zeh H.J, Kooby D.A, **Minimally-invasive pancreatic resection (MIPR), Proceedings of the first international state-of-the-art Conference on minimally-invasive pancreatic resection (MIPR).** *HPB.* 2016;

## VASCULAR SURGERY

- ▶ Alice McGarvey, Eric O'Flynn, Sean Tierney (2016) **An ethical partnership model: clinical electives in Africa.** *Medical education* 50: 5. May.
- ▶ Catherine de Blacam, Sean Tierney, Odhran Shelley (2016) **Experience of plastic surgery registrars in a European Working Time Directive compliant rota.** *Journal of plastic surgery and hand surgery* 1-6 Oct.
- ▶ Eric O'Flynn, Judith Andrew, Avril Hutch, Caitrin Kelly, Pankaj Jani, Ignatius Kakande, Miliard Derbew, Sean Tierney, Nyengo Mkandawire, Krikor Erzingatsian (2016) **The Specialist Surgeon Workforce in East, Central and Southern Africa: A Situation Analysis.** *World journal of surgery* 40: 11. 2620-2627 Nov.

[www.tallagthospital.ie](http://www.tallagthospital.ie)



Tallaght Hospital