



*Mater
Misericordiae
University
Hospital*

**ANNUAL
REPORT
2009**



Contents

Mission Statement

Chairman's Statement

Chief Executive's Report

Director of Mission Effectiveness Report

Director of Finance Report

Director of Nursing Report

Departmental Reports:-

- Operations and Clinical Support
- Non-Clinical Support
- Human Resources
- Information Management Services
- Clinical Services
- Corporate Affairs
- Medical Board
- Pathology
- Anaesthesia
- Division of Medicine
- Division of Surgery
- Radiology
- Postgraduate Medical Education

UCD Clinical Research Centre

Dublin Academic Medical Centre

Hospital Hygiene Report

Infection Prevention and Control Report

Tables:

Mission Statement

By Caring for the sick in the Mater Misericordiae Hospital,
we participate in the healing Ministry of Jesus Christ;
we honour the spirit of Catherine McAuley and the Sisters of Mercy;
we pledge ourselves;
to respect the dignity of human life;
to care for the sick with compassion and professionalism;
to promote excellence and equity, quality and accountability.

Chairman's Statement

The highlight in 2009 was the commencement in September of the main construction contract works, undertaken by John Sisk and Son Ltd., which will provide the significant development and expansion of our hospital. This followed the completion of all necessary advance preparatory work, piling and bulk excavation of the site, through the earlier part of the year. This represented a key milestone in the history of the hospital. The fact that it took place against a backdrop of unprecedented financial market turbulence, where the impact of failures in finance and banking markets fuelled recession, helped lift our spirits.

The economic environment led to a €10 million reduction in the funding received compared with 2008. Despite this, all activity targets were met and, in day case work, exceeded. Management and staff rose to the challenge in achieving an effective balancing of budget, testament to their loyalty, dedication and commitment.

Developments

In seeking to continually pursue improvements in patients' experiences significant attention was brought to bear on our Emergency Department during the first five months of the year. In mid-January we completed phase 1 of the interim Emergency Department upgrade and this involved a temporary relocation of the department to a renovated Outpatients Department. Considerable contingency planning was involved during the period because of a temporary curtailment in capacity for the duration of the improvement preparation. In May our spacious new Emergency Admissions Ward, designed to accommodate



only short stay patients – up to one day's duration - was opened and the upgraded main Emergency Department work was completed.

On 22nd April it was a privilege for the hospital to have President McAleese officiate at the opening of the Department of Child and Adolescent Mental Health at its new location, not far off campus, in James Joyce Street. The new centre includes two clinical teams and facilities for a range of excellent therapeutic, clinical and training programmes which enjoy both a national and international reputation. The service provided by this department has grown to provide a community child and adolescent mental health service across most of North Dublin, city and county, and has satellite clinics for local populations in Ballymun, Darndale and Swords.

On 30th April, Minister for State, John Maloney launched Ireland's newest Headache and Migraine Clinic at the Dublin Neurological Institute at the

Chairman's Statement Report Continued

Mater – a joint collaboration with the Migraine Association of Ireland. The Clinic will provide a new, state of the art centre of excellence on the Mater Campus, funded solely through the fund raising efforts of private citizens.

In July, Ms. Mary Harney, Minister for Health and Children, officially opened the Alton Clinical Skills Laboratory within the Catherine McAuley Educational Centre. It performs a dual role – training in the latest resuscitation techniques and also a therapeutic resource providing a facility in the multidisciplinary review and management of patients with emotionally sensitive illnesses.

These developments contribute to the ethos and mission behind all our endeavours, a striving for excellence at the Mater Misericordiae University Hospital in healthcare delivery to the patients and community we serve.

Board and Management

In March, following Medical Executive elections, Mr. Kevin O'Malley, outgoing Chairman of the Hospital Medical Executive, resigned. His contribution to the Board was always measured, wise and significant and he carries all our thanks for his service and support to the work of the Board during his tenure of office. We welcomed, in his stead, Professor Conor O'Keane, newly appointed Chairman of the Medical Executive. All other members of the Board served throughout the year. I wish to thank each and everyone of them for the strength of their support, their commitment and the wisdom of their advice in guiding the affairs of the hospital in an environment which continually challenges directorial abilities.

I wish also to thank all our staff most sincerely for their commitment and dedicated care for all our patients.

The loyalty to duty displayed by staff, in a year marked, for almost all, by a reduction in personal income, is truly appreciated, - all the more so in the context of achieving very difficult performance goals with reduced financial funding.

Outlook

The objectives we set ourselves for the year were broadly achieved. Progress however in relation to Dublin Academic Medical Centre was disappointing, particularly given its strategic importance for the future. This matter is receiving considerable Board attention.

Dominating not just the short but also the medium term outlook is the parlous state of the national finances. Inevitably the financial predicament we face as a people will materially affect the healthcare sector. We will work with the hope that financial measures will not compromise the care of those patients we will be privileged to welcome and serve in the Mater.

Mr. John Morgan
Chairman

Chief Executive's Report

2009 was a challenging but very successful year in the history of the Mater Misericordiae University Hospital.

While our primary executive and operational focus for the year was once again centered on achieving planned levels of activity based on ELS (Existing Levels of Service) within financial limits and in line with the hospital's quality agenda, also succeeded in initiating and implementing a number of significant projects and developments key to the future of the hospital.

The hospital incurred a financial loss of €36K on its activities against a budget of €240M (€248M in 2008) this represents a balanced budget performance for the year.

During 2009 HSE targets under ELS for inpatient and day cases were exceeded with over 56,000 patients discharged. Outpatients attendances at 198,000 were in line with 2008 levels. Emergency Department attendances at 44,000 continue to reduce reflecting better community services but admissions from ED continue to rise. Emergency admissions at 9200 for the year reflects a year on year increase of 1% to 21% of attendances admitted.

Access to hospital services during 2009 presented many challenges. While the admission times for emergency patients reduced over the year and the hospital continues to prioritise the admissions of these patients, the achievement of HSE targets for ED admissions i.e. within 12 hours, presented a challenging target. The principle reason for the



delay in such admissions is the continuing problem of delayed discharge patients. At times up to 25% of available 5 day / 7 day capacity was occupied by patients who were medically fit for discharge but could not leave the hospital as there was no funding in the community for the provision of step down care for these patients. In 2009 in excess of 35,000 bed days were lost due to this problem. This is equivalent to the unavailability of 13 beds daily (using ALOS 7 days) or the closure of 100 beds for 1 year.

Employment control targets were challenging but these were met by the hospital. In January 2009 the hospital implemented a new Sickness Absence Process. This resulted in a reduction in overall sick absence levels from 4.03% in 2008 to 3.7% in 2009.

In September 2009 enabling works on the New Mater Adult Hospital were completed and building works under the Sisks contract commenced. This new development will see a new Emergency Department, Outpatient Suites, 12 new Theatres, 36 Critical Care Beds, Radiology Department, GI Unit, Cardiac Catheterisation Laboratory, 120 replacement beds in

Chief Executive's Report Continued

single room format and 450 underground car park. This is part of a major campus development which will see the development of the National Paediatric Hospital and the relocation of the Rotunda Hospital to the Mater Campus.

During 2009 the hospital introduced a new Patient Flow Process to replace the Bed Management System under the direction and control of the Director of Nursing.

In November 2009 the Heart / Lung team completed the 25th successful lung transplant.

A new ECMO service was introduced in ICU by Dr. Ed Carton in conjunction with our colleagues in Our Lady's Hospital for Sick Children in Crumlin.

Work on the development of Dublin Academic Medical Centre (DAMC) continued during 2009, following the establishment of the Board of Directors in 2008. The main focus of attention is on developing closer links around clinical services through the joint Medical Executive of the DAMC.

Other significant achievements during 2009 were:-

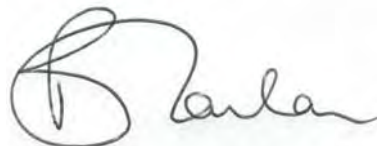
- Implementation of Business Continuity Management Programme across the hospital.
- Launch of 'Raise a Million for the Mater' campaign and donation of €500,00 from the Mater Foundation on foot of that campaign.
- Completion of the interim works in the Emergency Department including the opening of 11 short stay beds (EDAM)
- Installation of new 128 slice CT scanner in Radiology and relocation of older CT scanner within ED.
- Upgrade of 2nd CV Laboratory and provision of a second

mammography unit in the Breast Health Unit

- Roll out of Patient Centre to all Consultant and NCHD staff.
- Opening of St. Clements Complex Discharge Unit at St. Marys Hospital, Phoenix Park.

Finally, the excellent service to patients delivered by the Mater Misericordiae University Hospital relies on the professionalism, dedication and commitment of its staff. I would like to thank all staff who work in this hospital who continue to deliver very high standards of care within an increasingly pressurised environment. I would like to thank the Board of Directors and the Executive Management Team for all their hard work and assistance to me as Chief Executive during 2009.

Mr. Brian Conlan
Chief Executive



Director of Mission Effectiveness Report

The Mater Misericordiae University Hospital's primary mandate is to care for the sick and the dying and in doing so, to honour the values of the Gospel and the spirit of Jesus, particularly His Mercy and Compassion.

The Mater's Mission Statement affirms the dignity and uniqueness of each person, fosters holistic healing, and promotes the pastoral care of all its patients. It commits itself to those who serve within the hospital community and seeks to provide an environment of recognition, care and support for all its staff. Inherent in the Mater's mission is a commitment to health promotion, disease prevention, conservation, and the promotion of a healthy social and physical environment on its campus and surrounding environs. The Mater acknowledges and upholds a strong ethical dimension in carrying out its mission and complies with the ethical standards outlined in the Ethical Code approved by the Board of Directors.

The Mission Effectiveness Programme is the function which endeavours to integrate the vision, mission, ethos, beliefs and values as outlined in the Mater's Mission Statement into the structures and activities of the hospital, to keep the mission alive and to hold the values in trust for the future.

In 2009, the eight session course in Bioethics by Dr. Alan Kearns, took place February - April. The course focused on: Ethical decision making, to treat or not to treat, end-of-life decision making, autonomy, consent and confidentiality, experimentation and human subjects, genetics and



medicine, stem cell research. Many thanks to Margaret McCarthy, Director of Centre for Nurse Education for making the facilities at the Centre readily available for the course. In Autumn, Dr. Alan Kearns held a further four sessions on current ethical issues in healthcare for Senior Managers.

During the year, the office of Mission Effectiveness organised four talks for Senior Managers. Annette Kinne, Journalist and Producer, gave a talk on Communication which provided an insight into the communication skills required in a healthcare context, particularly in the area of breaking bad news, whether to patients, relatives or staff in the hospital. The other three talks were given by members of the Jesuit Centre for Faith and Justice covering justice issues, advocacy and spirituality. Fr. Gerry Hanlon spoke on "The Recession and God: Reading the Signs of the Times", Cathy Molloy on "Changed Times: Work and Family Issues" and Margaret Burns discussed "Justice in Health Policy"

A visit to the Mercy International Centre, Baggot Street was organised for staff members in June.

Director of Mission Effectiveness Report Continued

During the year presentations on “Values Enshrined in the Mission Statement” were given to departments across the hospital including Physicists, Laboratory Staff, Social Workers, Nursing Staff of the Division of Medicine and the Operating Theatres, Healthcare Assistants (FETAC Course), Materials Management, CSSD and CPE Students.

The Annual Mass of Thanksgiving for the foundation of the hospital took place on September 24th. Again, our thanks to the Chaplains for the preparation of the Liturgy and the decoration of the Chapel. Thanks too to the staff who participated in the readings, the singing and music on the occasion. The Annual Mission Awareness Week took place this year in December. The theme for the week was “Compassion in Action”. Each department chose a quote on Compassion and built around it, expressing how Compassion is expressed in their daily work. In all, 89 posters were exhibited.

In November, the Annual Ecumenical Services for Deceased Patients of the A&E Department and the Intensive Care/ High Dependency Units were celebrated. There was a very large attendance at each of the Services. Refreshments were provided in the Pillar Room where staff met and served the families of the deceased. As always, this was greatly appreciated by the bereaved. Later in November, a Mass was also celebrated for deceased past Mater Nurses.

Mission Related Events: The 18th Annual Mass of Thanksgiving for the Transplant Recipients and their Donors was celebrated on the 13th February 2009.

The Director of Mission Effectiveness continued to engage with the Hospice

friendly Hospitals Programme as a member of the Standing Committee, the Design and Dignity Committee and the Education and Training Committee. The work of the Hospice friendly Hospitals Programme which has engaged with a large cross-section of staff has served to complement the work of Mission Effectiveness particularly in relation to end-of-life care of our patients. The Mater Hospital also took part in a nationwide audit on Palliative Care which will lead to a drawing up of National Standards in End-of-Life Care in 2010, an initiative fully supported and welcomed by the Office of Mission Effectiveness.

Other initiatives supported by Mission Effectiveness during the year included the Nursing Leadership Programme, Prayer Leaflets for the Sick, the Mind Body Workshops for staff as organised by Dr. Jonathan Egan and Health Promotion Days for staff organised by Ms Ruth Buckley, Health Promotion Coordinator.

In conclusion, I would like to express my appreciation to the Chairman and members of the Board of Directors, the Chief Executive, the Director of Nursing, members of the Medical and Nursing Executives, the Nursing Staff, the staff of the Allied Health Professions, the staff of the Technical and Support Services, the staff of the Health Records Department and all who contribute to maintaining the ethos of the Mater and ensuring that it continues to be a hospital where compassion and kindness as well as professionalism are integral to all we do for the benefit of the patients and their families.

Sr. Margherita Rock
Director of Mission Effectiveness

Finance

The allocation from the Health Services Executive (HSE) was €240,198,851. This was a decrease of 3% on the amount received in 2007. The majority of the decrease related to a top slicing deduction of €6,248,430 and a deduction of €8,939,651 relating to the pension levy.

The hospital achieved a breakeven position for the year. The hospital now has an accumulated deficit of €218,062. During 2009 the hospital introduced a cost containment program. As a result of this over €9m savings were achieved including a €2.64m reduction in staff agency costs and €3.1m reduction in non-pay costs.

Key financial milestones achieved in 2009 were:-

- Statutory external audit of controls / 2008 financial statements, completed with clean audit opinion and financial breakeven.
- Satisfactory internal audit opinions – Payroll, Accounts Payable and Cash
- Achieved €0.3m positive Casemix adjustment in 2009 (based on 2007 activity / costs) demonstrating that the hospital is operating efficiently and delivering value for money
- Mater inpatient CMI (national measure of workload complexity) for 2009 (based on 2007 activity) was 1.99 (consistently) highest in the country.
- 2 Finance Department staff qualified as Accountants.
- 2 HIPE coders completed the Comprehensive Medical Terminology Course (CMTTC), and two successfully passed the



- Clinical Coding Exams of HIMAA Australia – (only Irish hospital).
- Compliance with new NCCP reporting requirements and deadlines.
- Extensive work involved in ongoing implementation of payroll changes:
 - Implementation of Pension Related Deduction
 - Income Levy including revisions
 - New Consultant Contracts
- Adhered to headcount targets throughout the year.

Ms. Caroline Pigott
Director of Finance

Department of Nursing

Introduction

Nursing at the Mater Misericordiae University Hospital continued to demonstrate their commitment to the delivery of quality and safe patient care throughout the year.

Research, personal and professional development and ongoing nurse education are an integral part of the delivery of our nursing services as we strive for continuing excellence in the care of our patients.

Nursing Strategic Plan 2009

The development of the strategic plan for 2009 provided a framework to guide and enhance nursing practice and ensure a seamless nursing service was provided. The Plan focused on five core themes and was underpinned by the mission values and ethos of the Mater Misericordiae University Hospital.

1. Promotion of Clinical Excellence in Nursing
2. Financial
3. Integrated Discharge Planning
4. Research
5. Education

Promotion of Clinical Excellence in Nursing

Leadership

The Strategic Nursing Plan for 2009 identified the need for a leadership development programme for ward leaders which would have a systematic practice development orientation and focus on leading at the "micro-systems" (ie ward based) level. The underlying belief is that in order to



take service and business development forward, ward leaders needed a structure programme of learning that enabled them to drive and sustain the practice development that is necessary for service transformation. Funding was obtained from the National Council for Nursing and Midwifery during 2009 to take this piece of strategy forward. With this funding, initial project planning took place. Project co-ordination was set up and in September 26 Ward Leaders commenced the programme, facilitated by Prof Jan Dewing Head of Person-centred Research and Practice Development, Canterbury Christchurch University Kent England.

Nurse Prescribing

The progression of nursing prescribing, as a relatively new initiative in the Irish Health Service was evident in 2009 in the Mater Misericordiae University Hospital where we have now increased our number of Registered Nurse Prescribers to seven who are working in the areas of Endocrinology, Emergency Medicine and Pain.

Director of Nursing Report Continued

There are also a number of additional senior nurses in 2009 who commenced the educational programme in the Royal College of Surgeons.

Advanced Nurse Practitioner

Dr. Laserina O Connor completed her accreditation process successfully for ANP in pain medicine. In addition there are a number of senior nurses working through their site preparation for ANP accreditation.

Manual Handling Programme for Spinal Injuries

The Orthopaedic Nursing Department in conjunction with the Manual Handling Instructor commenced the first National Instructors Course in Acute Adult Spinal Handling. This programme is approved by An Bord Altranais, RCSI and the Irish Institute of Radiography & Radiation Therapy (IIRRT) to provide participants with the knowledge and skill to facilitate the training of relevant healthcare personnel in Acute Adult Spinal Handling within the hospital setting.

Professional/Practice Development/Workforce Planning Group in Oncology

A nurse led oncology work force planning group was set up in late 2009 with the aim of examining and determining a process of work force planning capable of responding and changing to service needs now and in the future. Four main areas were identified as requiring further exploration and development:

- Role Analysis
- Documentation and Policies
- Educational needs of patients and staff
- Psych oncology for patients and support for staff

Sub groups were formed in each of these four areas led by a senior nurse and work is currently ongoing.

ECLS (Extra Corporeal Life Support) Programme

The Mater ECLS Programme was recently established with an aim to provide extracorporeal support for patients with potentially reversible acute heart and/or lung failure who are refractory to maximal conventional therapy already available within the ICU. A collaborative education programme was developed in 2009 to address the educational and training needs of the medical and nursing team. Serena O'Brien was appointed to facilitate this programme from a nursing perspective.

Finance/Nursing Budget

2009 was a challenging year for nursing in maintaining a good level of skill mix within the current budgetary constraints. The process of complete centralisation of the nursing bank was achieved in 2009. Cost benefit analysis continued on the usage of the bank on a monthly basis and the process has demonstrated financial savings for nursing within the organisation.

Integrated Discharge Planning

- A new patient flow structure was introduced in 2009 to develop a whole system approach to discharge planning with integrated roles. This new structure comes under the stewardship of Noreen Keane Senior Manager Patient Flow.
- The Nursing Department played a key role in the MMUH / HSE Community Medicine for the Older Persons Pilot Project which commenced in 2009 to provide a specialist in-reach / outreach

Director of Nursing Report Continued

service to patients in public and private residential care in the Mater Hospital catchments area. The team comprises of a CNM 3 for Older persons and a Registrar in Older persons. The service attends 22 Nursing Homes (NH) in the Mater Catchment area. An education and training programme was also developed covering areas of practice such as medication management, male catheterisation and gastrostomy care skills. This programme aims to up-skill and empower Nursing Home staff.

- The nursing service has continued to promote collaborative working with our Community partners. This continued in 2009 with a joint forum for Public Health/Community Nurses and the Hospital nursing teams. The Nursing service worked closely with the Director of Nursing in area 7 for older persons to maximise the community intervention team initiative to support early discharge.

Research

Planning commenced in 2009 to host the first Nursing Scientific Symposium. Unfortunately due to the public service work stoppages this event was deferred to early 2010.

Collaborative working continued with UCD in facilitating nursing research. A research project has been undertaken in the Emergency Department on *“Older people and their attendance at the hospital emergency Department- An investigation into their healthcare needs and other factors related to their emergency department attendances”*. Internal piece of research undertaken by nurses as part of their clinical practice included:

The Provision of End of Life Care by a Critical Care Service Mary Rose Curran , Staff Development Facilitator ICU

Survival to Discharge after out of Hospital CARDIAC Arrest Lisa Browne ANP Cardiology

Nurses Perception to Electronic Rostering Fridolin Kerr CNM 2 Nursing Informatics

Nurse Education

The Centre for Nurse Education aims to provide a learning environment of openness, mutual respect, diversity, collaboration and empowerment that is collegial in nature and promotes trust. Learners are recognised, as practising professionals with a resource of knowledge, clinical skills and that is mutually beneficial and will enhance their learning.

This report is an overview of the continuing and professional education & training activities of the CNE in 2009

Orientation Programme

The five preceptor ship a half day registered nurse orientation programme continued throughout the year.

Return to Nursing Practice

The Return to Nursing Practice programme delivered in partnership with Connolly, Beaumont, St. Ita's and Temple Street Hospitals is open to all nursing disciplines. Thirty-four nurses successfully completed the six-week programme, which was run in February and November.

Continuing Professional Education & Training

Among the courses provided were

- Venepuncture & Cannulation
- Intravenous Medication update
- Wound Management Seminar
- Male Catheterisation

Director of Nursing Report Continued

- Administration of Subcutaneous Therapy
- Respiratory Skills for non HDU nurses
- Continuous Positive Airway Pressure
- Percutaneous Gastrostomy Replacement
- Training for RGN in relation to the FETAC level 5 certificate programme
- Student Support –Preceptorship
- Management Skills training update
- Feedback Skills
- Presentation Skills
- Health Informatics Training system (HITS) – Examination
- Healthcare Records on Trial Training

Hospice friendly Hospitals (HfH) - HfHP Communications Training Communications training a key component of the HfH programme aims to improve the culture in hospitals and institutions, in relation to death, dying and bereavement for patients and their families. Throughout the year multidisciplinary training was made available to all hospital and community care staff.

Clinical Professional Development Programmes

Thirty-eight nurses successfully completed a clinical professional development programme in areas such as Intensive Care, Peri-operative and Oncology Nursing.

Healthcare Support Certificate Programme - FETAC Level 5

Twenty-one healthcare assistants successfully completed a FETAC Level 5 programme.

- BSc Undergraduate Degree Programme

The Mater Misericordiae University Hospital had an intake of 328 UCD students and 104 DCU students in 2009.

The 70 graduates in the class of 2009 celebrated their graduation on December 7th.

Prizes:

- Siobhan Cherry, Nurse Bank Manager- Winner of the Margaret Harrold Memorial Prize for courtesy, efficiency and dedication to duty.
- Bernadette Mee, CNM2, Orthopaedic theatre- winner of the Mother Catherine McAuley Theatre Prize

Retirements:

- Sr. Joan Duddy, Divisional Nurse Manager, Medicine A
- Bernie Marshall, Night Superintendent
- Helen O'Connor, CNM2, Our Lady's ward

Ms. Mary Day
Director of Nursing

Clinical Support Report

Specialty

- Ms. Phil O'Neill is the Head of Operations and Clinical Support

Sub-specialties:

- Patient services and complaints management
- Waiting list coordination
- Health records
- Routine access
- Public relations
- Internal communications
- Freedom of Information
- Policies and procedures
- Chaplaincy / Pastoral care
- Ward clerk services
- Hospital communication centre
- Concourse reception and Conference bookings

Overview 2009

- Unit Manager in Ophthalmology appointed following patient representations
- Review of hospital Complaints Policy (ongoing)
- Collaboration with Cáirde (a community development organisation working to tackle health inequalities among ethnic minority communities)
- New information leaflet on Making a complaint
- Membership on the accessibility by people with physical/sensory disabilities committee
- Staff participated in the National Audit on End-of-Life Care
-



- Clinical Handover Policy was introduced following patient complaint
- Staff involvement in introduction of the Missing Patient Policy WHP012
- Approximately 846 complaints, 790 compliments, 5 referrals to Office of the Ombudsman, 3 referrals to HSE
- 1099 Routine Access requests
- Completed roll out of patient documents to medical secretaries
- Introduction of the NHO Healthcare Record
- Commenced scanning of health records
- Introduction of a central repository for OPD appointments
- Staff assisted with the HfH Standards Development Team to develop the Quality Standards for End of Life Care
- Adopted the use of the Spiral symbol in clinical areas to alert staff that a patient is close to death or has died
- Participated in the National Hospice Friendly Hospitals (HfH) Programme for second year running
- Education and Training subgroup of HfH Standing Committee continued to roll out communications training.
- Developed resource link on intranet for HfH programme
- One Clinical Pastoral Education student assigned to the Dialysis Ward

Clinical Support Report Continued

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- Multi-faith room introduced for patients and staff on Level 2
- Chaplaincy Department policies prepared
- Pastoral Care leaflet updated
- Internal Communications Pathway Committee won the St John of the Cross December 2008 award. They designed and created templates to ensure that all documents generated within the hospital conformed to a unified standard.
- Mechanisms to rapidly gather prepare and disseminate information to the media within media deadlines, where possible, put in place.
- Promotion and ongoing updating of the six-email communication levels and organisational chart, used as the basis for giving and receiving information.
- Negotiated and got agreement to set up a custom-built Mater group scheme discount staff section on MaterNet
<http://maternet/StaffResources/StaffDiscounts/>
- Ensured strict adherence to Mater standard terms and conditions for the making of documentaries or any filming
- MaterNews newsletter produced bi-monthly
- Ensured balance of media representation
- Action cards for various working groups developed
- Supported dissemination of key messages and plans throughout the organisation

Ms. Phil O'Neill
Head of Operations and Clinical Support

Non Clinical Support Report

Foreword

The Non Clinical Support Services encompasses many services/responsibilities across the spectrum, chief of which are:-

- Hygiene
- Portering, Household, Cleaning, Security and Laundry
- CSSD
- Telephony, Post and Transport
- Catering Services
- Project Management
- Technical Services/Maintenance

Reporting directly to the Head of these Services are:-

- Mr. Martin Hughes, General Services Manager
- Ms. Anita Brennan, Catering Manager
- Ms. Linda Caulfield, Project Manager
- Ms. Mairead Mulhern, Hygiene Services Standards Co-ordinator
- Mr. John Browne, Technical Services Manager ***

The aims and objectives of this department are to provide, organise and deliver efficient, effective and high quality support services and facilities across the hospital campus in line with acceptable, modern and contemporary practices and standards, legislative principles and guidelines.

*** In May 2009, Mr. John Browne, Technical Services Manager, moved from the Mater after 10 years of service to take up a new post as Estates Manager in the HSE. John promoted and accomplished many projects over that period in collaboration with the Project Office.



His contribution to the modernisation of major utilities (electrical upgrades, water quality and plant, CSSD and medical gas installation etc) is a testament to his time here. His input into the new development, de-cant works and preparation for the new build was immense and invaluable, we thank him sincerely for that. Of course he had the day-to-day maintenance and operation of the hospital to consider and he did this with his team in Technical Services in a calm, structured and fair manner. We again thank him for his outstanding contribution to the Mater and wish him every success in his new position. Mr. Seamus Maher, Maintenance Officer assumed responsibility for the day to day running of the service.

Hygiene

A separate comprehensive hygiene report is included in this publication. Suffice it to say that once again in 2009 the top priority for Non Clinical Support Services focussed on developing and improving Hygiene Standards in the clinical setting and

Non Clinical Support Report Continued

supporting the hospital efforts in reducing the incidence of Healthcare Associated Infection.

Adult Hospital – Major Development

The demolition of the Nurses Home, Child Guidance Building and Energy Centre together with the excavation and piling of the site of the new Adult Hospital Development continued throughout 2009 and the successful bidder for the design and build contract (John Sisk and Sons Ltd) commenced on site in September 2009. The building is due for completion in early 2012.

To recap the new facilities to be provided include:-

- New Emergency Department
- New Outpatients Department
- 12 new Theatres
- 36 Bed - ITU/HDU
- New Radiology Department
- 120 replacement beds (all of which will be single rooms with en suite)
- New Kitchens and Waste Management Departments
- New Energy Centre
- 444 Space Basement Car Park

A Metro station stop is included on the Mater site and it is envisaged that work by the railway procurement agency will commence in 2010.

Minor Capital Developments

There was a slowdown in capital grants from the HSE in 2009, however the following projects were completed:-

- Interim Emergency Department works including new C/T Facility
- Provision of additional Mammography and Ultrasound Room in Breast Care together with a total retrofit of this Department was initiated in 2009

- Provision of new Cardiovascular Equipment and Upgrade of Facilities
- The decentralisation of the Boiler Plant continued in 2009 with work commencing in the OPD Plant Room. This is to be followed in 2010 with the replacement of the East Wing Plant Room
- Re-location and improved facilities in Neurophysiology Department
- Continuation of kitchen facilities upgrade and upgrade of a number of pantries
- Following major flooding in the Emergency Department and St. Camillus Ward' in July 2009, refurbishment work in the area was carried out and full service restored rapidly.

Catering

In June 2009 for the third year running the Catering Staff received the Q Mark for Hygiene and Food Safety – the Sapphire Award through the Excellence Ireland Quality Association (EIQA).

The Happy Heart award was re-certified in October 2008. This award runs for 2 years and the hospital has achieved it since 1998. The award recognises the commitment of the staff restaurant to ensure that the food and menus in the restaurant meet the healthy eating guidelines as set out by the Irish Heart Foundation and the Department of Health and Children.

Mr. Martin Igoe
Head of Non-Clinical Support

Human Resources Report

Introduction

The Mater Hospital is a large complex organisation and employs a diverse range of staff including medical, nursing, other health professionals, therapists, management, clerical/administrative, catering, household, technical, crafts and support staff. Payroll costs represent approximately 70% of total hospital costs. The role of Human Resources is to facilitate the optimum selection, deployment, engagement and retention of staff in the delivery of quality patient care and to support and partner managers in meeting their service objectives through effective people management strategies. The year under review saw a number of new initiatives and consolidation of previous effort in meeting the exceptional HR challenges presenting in the current healthcare environment.

The hospital's Quality, Risk and Safety Framework process in 2009 continued to drive HR planning for the future and to prioritise areas for improvement. The HR Senior team is cognisant of the need to deliver on its Quality Improvement Plans. A number of multidisciplinary working groups have been established to drive specific initiatives and work is ongoing in this regard.

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



Employee Engagement

In early 2009 an information sheet outlining the main findings of the Staff Evaluation conducted in mid 2008 was circulated to all staff. The Hospital is fully committed to sustaining the many positive outcomes found in the survey and proactively addressing the challenges. The maintenance of a positive workplace is a key organisational objective that will ensure the Mater Hospital continues to deliver a high quality service.

Through the evaluation exercise and subsequent staff presentations and workshops the Hospital has gained a valuable overview of the perceptions and experiences of our staff across a range of HR and work related Issues. As such, the input represents a substantial piece of research and will enable the hospital to develop a constructive action plan and monitoring process to assist in the further development of a positive workplace culture that enhances the Respect and Dignity of all staff and patients within the Mater Hospital.

A significant indicator of staff engagement and wellbeing is the level of staff absenteeism. The Sickness Absence Booklet produced in July 2008 was fully implemented from January 2009 (following some clarification with the trade unions).

Human Resources Report Continued

This booklet introduced self-certification for single day absences.

As a result of this new initiative the number of single day absences reduced by 760 days (3.3 wtes) in 2009 as compared to the previous year. Overall absenteeism for 2009 was 3.70%, a reduction of 0.33% on 2008.

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

Employee Relations

The year under review was a particularly troubled one from an employee relations perspective. The state of the National finances, the significant deficit in the hospital's allocation and the potential implications for the pay and terms & conditions of employment across the Health Sector and indeed wider Public Sector set the employee relations agenda.

The scene was set in March 2009 when the significant Trade Unions received a mandate from their respective memberships for industrial action up to and including strike action. Low levels of disruptive activity ensued culminating in an all out National strike on 24 November 2009 involving all grades of staff other than medics and medical scientists at the hospital. An agreed MMUH Contingency Plan ensured the life and dignity of our patients were not put at risk and on the day there was excellent co-operation between management and the local Dispute Committee resulting in minimal disruption. Despite the national unrest throughout the year the stable industrial relations climate in the

hospital was maintained and as per previous years the majority of issues, which were raised, were resolved at local level.

Employee Resourcing

The Government declared a moratorium on Recruitment and Promotions in the Public Service effective from the 27th March 2009 for all grades. The only general exemptions to this moratorium related to the recruitment of replacement Consultant Posts and to specified grades in the Health & Social Care Professionals to fill vacancies that arose after the moratorium's effective date (subject to ceiling adherence) and some new development posts for example NCCP posts. In keeping with the MMUH Board's direction to ensure no significant risk issues to our patients a small number of appointments were made following review by the Pay Review Committee. The resultant slowing of recruitment activity was offset somewhat by a reduced Staff Turnover rate for 2009 of 7.21% (excl Non Consultant Hospital Doctors) as compared to 9.44% for 2008.

In July 2009 the whole hospital Recruitment and Selection Policy and Guidelines were launched. This policy aims to define how the organisation can consistently recruit staff of the highest possible calibre to deliver a quality service to our patients in accordance with current employment legislation, best practice and within available resources.

Employee Development

Employee development activity in 2009 focussed on utilising in-house expertise in delivering workshops and presentations given the hospital's financial constraints. A significant achievement was the implementation

Human Resources Report Continued

of the revised Corporate Induction Programme incorporating all the mandatory training elements for new staff to the hospital.

Mr. Paul Burke
Head of HR

Information Management Services Report

The role of Information Communications Technology (ICT) in the hospital is undoubtedly growing rapidly. The benefits of new systems and new technologies have been demonstrated in many parts of the hospital throughout 2009. For the most part, changes brought about by ICT have been driven by the need to improve efficiencies, aid the delivery of patient care and help manage and measure performance. Once introduced, there is no going back. Indeed the introduction of new technologies into one area of the hospital tends to act as a catalyst for change within another, as the benefits become evident.

There are however many challenges in achieving a successful transition to an IT enabled hospital – challenges that are not unique to this hospital but apply to healthcare in general. In recognition of these challenges, the specialised skills within the Information Management Services Department focus not only on the implementation of new systems, but also on the changes to workflow processes that need to be considered in order to fully exploit the benefits of ICT.

So, while the hospital becomes more technically advanced, the workload for the Information Management Services Department is ever-increasing. On our horizon is the onset of the new adult development and although this will undoubtedly bring about more challenges, it is an exciting opportunity to introduce smart, mobile and integrated technologies to help in the provision of services throughout the entire campus.

Tribute to Gerard Hurl:



In February 2009 the IMS Department and the hospital saw the departure of Gerard Hurl. From his commencement in the Mater in 1976, Gerard took an active role in ICT. His recognition of the fundamental role that ICT could and would play in the delivery of patient-centred healthcare, was hugely significant. Much of the technological advances that were made since that time around the hospital, are due his commitment and dedication.

His foresight and persistence led to the conversion of 58 Eccles Street into a 'computer department' in 1984. Furthermore, he set up the staffing structure within the department to support the hospital's Information Systems Strategic Plan. We wish him well in the challenges that face him as he takes up his new post of National ICT Director in the HSE.

Key Activities In 2009:

- ICT Steering Group: The first meeting of the ICT Steering Group took place in June 2009. Chaired

Information Management Services Report Continued

- by Brian Conlan, CEO, meetings now take place monthly and are heavily focused upon the introduction of new technologies and working methodologies in the existing and in the new hospital development. Future requirements have been identified by the Group which include the specification and implementation of an ICT infrastructure that supports a 'paper-lite' Electronic Patient Record.
- Data Protection Steering Group: A DP Steering Group was setup in July 2009 with representatives from many areas throughout the hospital. Chaired by Deirdre Hyland, the hospital's Data Protection Officer, meetings take place monthly.
- PatientCentre: Extensive rollout of PatientCentre to Consultants/NCHD's. This involved the replacement and enhancement of key features of Clinicom (20 year old Hospital Information System) with the new windows environment of PatientCentre.
- ICIP: Introduction of an Integrated Clinical Information System into ITU and HDU – a Critical Care Solution, along with the introduction of wireless Point-of-Care PCs and carts. This was a major system implementation that has ultimately replaced the unwieldy paper-based A3 'patient chart' used in ITU and HDU, by automatically charting and centralising bedside device data.
- Neurophysiology: Order Communications/Results Reporting and Departmental Functionality
- Nursing: Commencement of pilot for nurse specialist referrals.
- Integration of Clinical Images: Integration of images for Vascular Laboratory and Mammography into PatientCentre.
- External Links: Extended Links to facilitate the transmission and viewing of orthopaedic images from external hospitals, to the Mater.
- Encryption: A major project took place in 2009 to provide data security and confidentiality on laptop devices. All hospital laptops were recalled to the IMS Department so that encryption software and optimum security could be applied.
- Virtualisation: A technology introduced into the IMS Department in 2009 which enables the sharing of hardware resources. This complex implementation has facilitated the reduction of the number of servers located in our data centre, while also providing a Business Continuity mechanism to help cope with the high impact a sudden loss of server(s) would have on the hospital.

Hospital Library and Information Service

There is increasing demand for online access to electronic journals and databases.

In 2009 the library offered Athens accounts to all staff, which enables them access Mater electronic resources from home or outside the hospital.

A broadband wireless network was installed in the library. This allows library users to connect to the internet using their wireless-enabled laptops and other wireless devices.

The plan for 2010 is to move our print holdings to online as much as possible to ensure that more information is available at the point of care

National HealthLink Project

Healthlink Online, the web based messaging service provided by the

Information Management Services Report Continued

National Healthlink Project provides electronic message delivery between Primary and Secondary Care in the Mater catchment area and throughout Ireland. The National Healthlink Project is based in the Mater Hospitals Management Services Department and the HSE has outlined it as an essential element of electronic communications in Irish health care. In 2009 Healthlink facilitated electronic messaging to over 1,800 general practitioners in over 800 practices across Ireland.

It has delivered over 14 million clinical messages since it went online in 2003. Healthlink exchanged over 472,000 messages between the Mater Hospital and its GP Community in 2009.

The Mater Hospital was the first in the country to receive lab order requests electronically. Due to the success of this project, St James Hospital implemented this Lab Ordering service to their GP's in 2009 and other labs around the country have expressed interest in commencing a project with Healthlink to enable this service for their hospital.

Healthlink have implemented GP Out of Hour Discharge Summary messages with ShannonDoc, WestDoc, KDoc and NEDoc co-ops and hope to offer these services to the GP Co-ops in the Mater catchment area in the future.

The National Healthlink Project worked with the National Cancer Control Program to develop and implement National electronic Referral Forms for the NCCP.

The following NCCP referral forms are available via HealthlinkOnline

- Breast Clinic Referral
- Prostate Cancer Referral
- Lung Cancer Referral

Healthlink has won numerous awards including a HSE achievements award, an eEurope award, an Irish Pharmaceutical award among others.



Deirdre Hyland
Head of Information Management Services

Clinical Services

Clinical Services Management Team

Ms Vivienne Nelson, Occupational therapy

Ms. Una Cunningham Speech and Language Therapy: A/ Clinical Services

Ms Anne Marie Keown, Physiotherapy

Ms Mary McKiernan, Clinical Nutrition and Dietetics

Ms Florence Grehan Clinical Photography

Mr. Ciaran Meegan Pharmacy

Ms. Sheena Richardson Orthoptics

Ms. Bernadette Lynch Podiatry

New Appointments

July 2009, Mr John Brennan appointed as Head Medical Social Worker.

Service Development

In 2009, despite significant economic difficulties and resultant challenges, the Clinical Services departments had a number of successful service development outcomes including:

- Clements complex discharge Unit Undertaken as a joint initiative between the MMUH, St. Mary's hospital and St. Francis hospice this project followed the allocation of HSE innovation monies. The objective was to facilitate discharge from MMUH of patients who are over 65yrs and whose discharge is determined to be complex. This has proved a highly successful initiative and has continued into 2010.
- *'Prescribing & Drug Administration' E-learning*: Introduction of an E-learning programme for all new clinical staff to the MMUH on prescribing and drug administration standards in our hospital – a first in

Ireland Winner of ARAMARK Healthcare Innovation Award

- Development of Mater MAC Physiotherapy Musculoskeletal Assessment Clinic and physiotherapy lead Spinal screening service.
- GP access to SLT-Radiology videofluoroscopy service and SLT-ENT organisation of national head and neck cancer study day
 - *SARI Initiative*: Pharmacy facilitated compliance with National HIQA standards on Antimicrobial Stewardship and participated in European-wide audits of Hospital Antimicrobial Consumption.

- *Dietetics* development of new hospital menu cards incorporating the new national guidelines for the prevention of under nutrition in acute hospitals
- Medical Social Work's completion of the pilot phase for Fair Deal Nursing Home Scheme and launch in October
- The Therapies contribution to the development of National Guidelines on Stroke and OT presentation at the Irish National Heart Foundation Council on Stroke
- Clinical Photography's consolidation of a fully integrated Diabetic Retinopathy Screening Programme.
- Orthoptics completion of out-patient clinical audit

Research, Education Training and Development.

All clinical services departments continued in their delivery of practice education to students from the respective schools and universities. In partnership with the HSE research relating to the implementation of a new

Clinical Services Report Continued

undergraduate clinical placement framework has been undertaken. Research at MSc, MBA and Ph D level continues across a broad spectrum of clinical areas, e.g. Vocal tremor in Parkinson's Disease, Anti-fungal prescribing in haematology, Non specific low back pain, Stress Urinary Incontinence.

The department of medical social work undertook to deliver the first round of education sessions to hospital staff on the new 'Fair Deal' Nursing Home Support Scheme.

improve venous thromboembolism prophylaxis in the Mater Misericordiae University Hospital" Ms Elaine O'Sullivan.

Presentations

Presentation at EFAD Lisbon 2009: A comparison of the dietary Intakes of patients with type 1 diabetes Mellitus managed on multiple daily injections of insulin analogues with current international dietary recommendations for diabetes mellitus.

Irish Society of Chartered Physiotherapists Conference 2009: Chronic cough and Urinary Incontinence A Physiotherapy Team Approach

Irish Association of Speech and Language Therapists Conference 2009:

- Time to Treat: Delivering Intensive Rehabilitation In a Busy Acute Environment. Have done, doing, can do. Identifying changes in speech and language therapy
- Voice Tremor in Parkinson's Disease
- Feeding ice-chips following Fibreoptic Endoscopic Evaluation of Swallowing

Awards

Physiotherapy Emergency department Initiative. Sr. John of the Cross award.

Mary Harte memorial award to pre-registration pharmacy student poster competition "Design of a guideline to

Corporate Affairs Update

Health & Safety

It is the policy of the Mater Misericordiae University Hospital (MMUH) to do all that is reasonably practicable to prevent injury or ill health to all members of staff and persons affected by the hospital's activities.

In line with the vision of Catherine McAuley and the hospital Mission Statement and in recognition of our responsibilities under the Safety, Health and Welfare at Work Act, 2005, and other legislation relevant to our operations, this hospital is committed to providing and maintaining safe and healthy working conditions by the following measures:

1. Promote standards of safety, health and welfare that comply with the provisions and requirements of the Safety, Health and Welfare at Work Act, 2005, and other statutory provisions and codes of practice.
2. Provide and maintain a safe, healthy working environment, safe systems of work and to protect staff and others such as patients, visitors and contractors, in so far as they come into contact with foreseeable hazards.
3. Provide all members of staff with information, training and supervision they require in order to work safely and effectively and to develop safety awareness among all members of staff.
4. Provide personal protective equipment and safety devices, as considered appropriate.
5. Define all individuals responsible for health and safety arrangements.

6. Encourage full and effective joint consultation on all health and safety matters.
7. Provide financial or staff resources required to carry out these objectives.
8. Maintain the Safety Statement and its contents under review, in the light of future developments and experience.

The Health and Safety Department endeavours to promote a pro-active approach to managing safety and to generate a positive safety culture in the hospital. The hospital does this with the assistance of management commitment and employee involvement.

As an employer, the hospital is legally obliged to provide a healthy working environment incorporating safe systems of work and the Health and Safety Department provides guidance to the hospital in order to meet and maintain these objectives.

During the year training of staff continued throughout the hospital in:

- Risk Assessment
- Induction Training
- Fire Training – General, Practical, Evacuation
- Fire Warden Training
- Chemical Risk Assessment
- Spill control training
- Transport of Patient Specimens
- ADR awareness
- Safe Pass
- Medical Gases – Handling and Storage for Portering Services
- Safety Representatives – FETAC accredited (Level 5)

The Health and Safety/Fire Safety Co-ordinator continued to participate on internal and external committees as a representative of the MMUH:

Corporate Affairs Update Continued

Internal

- Health and Safety Committee
- Risk Management Committee
- Business Continuity Committee
- Major Incident Committee
- No Smoking Committee
- MCHD MPO Committee – (MMUH Projects)
- JSS Liaison Committee (for new development)
- Accessibility By People with Physical/Sensory Disabilities
- Hospital Watch
- Mission Effectiveness Committee

External

- Dublin Hospitals Group Risk Management Forum (DHGRMF) Health and Safety Advisors
- IBEC Health and Safety Advisors Committee
- National Focal Point Committee (European Agency for Safety and Health at Work National Committee hosted by the Health and Safety Authority)
- IOSH (Institution of Occupational Safety and Health) Ireland Branch – Healthcare and Fire Risk Management (Chairperson) And was invited to join
- NSAI (National Standards Authority of Ireland) Fire Experts Committee to participate and comment on Part M of the Building Regulations, ISO DIS 21452 – Building Construction and usability of the built environment.

Some of our notable events and achievements during the year promoting health and safety/fire safety included:

Safe Evacuation for All Conference

The conference was held on 23rd September in Crowne Plaza Hotel and was a joint venture by the IOSH Fire Risk Management Section and the

NDA (National Disability Authority). Two members of our MMUH staff from the National Spinal Unit, Dearbhla Cassidy and Geraldine Jordan, presented on the 'evacuation procedures' that have been developed specific to the needs of spinal patients.

Fire Safety Week

During Fire Safety Week in October, the Dublin Fire Brigade attended on 8th in MMUH at the Concourse and were visited by our Creche. Information was given to Staff and Public on fire safety at home and there was a draw for staff members for 'Home Packs' (Fire extinguisher, fire blanket and First Aid Kit).

On 9th October the Dublin Fire Brigade attended at St. Paul's hospital in Beaumont and despite the inclement weather, the spirits of the children and staff were not dampened.

European Safety Week 19th – 26th October – Themed 'Risk Assessment'

During the week events were organised by the Health and Safety, Quality and Risk Departments and planned daily as follows:

- Risk Assessment Training
- Hazard Identification
- Root Cause Analysis Training (facilitated by Clinical Indemnity Scheme CIS)
- Eye and Ear Safety Awareness
- Risk Assessment Stands at Concourse – information for staff and public on the need to assess risks at work and at home and information sheets on Tips at home, for the elderly, etc. were provided.

Chemical Safety

An inventory of all chemicals on site was developed by our DGSA

Corporate Affairs Update Continued

(Dangerous Goods Safety Advisor) in communication with Departments/Wards/Units. The result was that Safety Data Sheets relating to Chemicals used in the hospital are now available on line by accessing www.safedoc.ie Login mater Password: mater01

Phil Lewis-Farrell Health and Safety/Fire Safety Co-ordinator

Quality & Accreditation

We have a very strong commitment to the delivery of quality patient care based on the values and mission of our hospital. We foster and facilitate a culture of continuous quality improvement and patient safety through multidisciplinary working groups.

Completion of National Hospice friendly Hospitals End-of-Life-Care Audit

The Mater Hospital completed this seven-month audit in August. The audit comprised of five distinct phases requiring contributions from a representative selection of all staff members throughout the hospital as well as bereaved relatives. Over four hundred questionnaires

were distributed in total. The response rate from staff was very high. Recommendations from the audit findings together with the forthcoming standards for end of life care in hospitals will inform national practice in relation to palliative care in our hospitals in the future.

Health Service Executive (HSE) and Health Information and Quality Authority (HIQA) Audits

Under its quality improvement programme, the HSE operates a self-assessment process, which requires hospitals to measure their performance against a set of national standards and targets contained within seven audits. The purpose of the audits is:

- To identify and record good practice within the hospital,
- To provide evidence of compliance and quality improvement plans,
- To identify areas of practice that can be improved over the following year.

The MMUH is committed to setting targets and quality improvement plans designed to achieving best practice patient care and maximum scoring in all mandatory self assessment audits. Service objectives are to achieve 100% of all targets within timeframes set and 100% of all self-assessments completed within time frames set by HSE.

A number of multidisciplinary teams throughout the hospital worked with the Quality and Accreditation Department on the following HSE and HIQA audits during 2009.

Corporate Affairs Update Continued

Assessment Programme	Submission to National Office
HSE Quality, Safety & Risk Framework (QSRF)	01-Apr-09
HSE Integrated Discharge Planning	01-Jul-09
HSA Health & Safety Audit	01-Dec-09
HSE Healthcare Records Management	01-Dec-09
HIQA National Standards for Prevention and Control of Healthcare Associated Infections (HCAIs)	01-Dec-09
HSE Decontamination of Reusable Invasive Medical Devices (RIMD)	01-Dec-09
HIQA Hygiene Services Assessment Scheme	01-Dec-09

Hospitals are required by the HSE to carry out quarterly monitoring of each audit undertaken. In 2009, monitoring reports and final results from each audit carried out by seven multidisciplinary teams within the hospital were provided to the Regional Director of the HSE.

Business Continuity Management (BCM)

Work is ongoing on the BCM process. In July 2009, an internal incident occurred in the Mater Hospital, which resulted in an immediate and significant interruption of services and threatened to disrupt normal functioning in one patient area for a number of weeks. Based on lessons learned during the incident we undertook to revise the draft BCM Plan which will be launched in 2010. Educational sessions continued throughout the year.

Quality Database

In January 2007, all Department Heads were asked to assist the Quality and Accreditation department

in creating a hospital-wide database. The purpose of the database was to

- Identify all quality initiatives/projects that are taking place throughout the hospital,
- To assist us when preparing for national mandatory audits,
- To be used as a learning resource for all staff.

The original database held 77 projects, however by the end of 2009 there were 240 projects underway. The live index below lists each project and respective contact details:
<http://maternet/Administration/QualityAccreditation/QualityDatabase>

Integrated Care Pathways (ICPs)

Continuous development of ICPs took place in 2009. Although no ICP Facilitator was in situ during 2009, there were 21 ICPs in progress.

Sr. John of the Cross

The Sr. John of the Cross award is a recognition of the continuous quality improvement process in the hospital. Applications for these awards are evaluated using the criteria of the

Corporate Affairs Update Continued

Plan, Do, Check, Act' cycle i.e. the Quality Cycle and are on a quarterly basis. The winning teams for 2009 were Emergency Department Physiotherapy Team and the Drug Safety Committee Team.

Commission on Patient Safety

The Commission on Patient Safety and Quality Assurance was established in January 2007 to develop clear and practical recommendations to ensure that safety and quality of care for patients is paramount within our healthcare system. Their report - Building a Culture of Patient Safety - was published in August 2008 and approved by Government in January 2009. The Department of Health and Children established a project group to assist with the implementation of these recommendations. The Quality and Accreditation Manager is a co-leader on the Adverse Event Reporting project, one of the 14 projects ongoing at present.

Risk Management Department

Clinical Risk Management – Quality Improvement Initiatives 2009

- Staff Information Leaflets: Coroner's Inquests Staff Information Handbook
- Systems Analysis Training: The MMUH ran five Clinical Risk Management Systems analysis training sessions for senior managers in 2009.

Drug Safety Committee

- Introduction of purple oral/enteral syringes and enteral giving sets which do not connect to IV

ports/equipment and 'Policy on Safer Oral Medicine'.

- Introduction of standardised subcutaneous syringe driver pumps hospital wide and 'Policy on the use of McKinley T34 Syringe Driver Pump'.
- Production and circulation of bi-monthly MMUH Medication Safety Bulletin.
- Audit, review and update of MMUH Drug Administration Standard Times
- Audit and review of all Clinical Pharmacist's interventions on prescribed drugs.
- Audit and review of MMUH Patient Self Administration practices.
- 'Introduction to Prescribing' course (x3) provided to final year UCD Medical Undergraduates as part of their Professional Completion Module.
- Commencement of a 'Medication Safety' e-learning tool designed to highlight high-risk drugs and processes to all clinical staff.
- Drug Safety Committee participation in
 - The national 'Medication Safety Forum'.
 - The 'Irish Medication Safety Network'
 - Implementation group for the Patient Safety Commission on national Adverse Event Reporting.
- Winners of
 - National Aramark Award for 'Patient Safety Initiative' for the E-learning project April 2009.
 - MMUH Sr. John of the Cross award for local projects
- Ongoing work on a pilot for a new 'Out Patient/Day Case Drug Chart'.
- Ongoing work on a pilot project for a dedicated 'Nutritional Chart'.

Corporate Affairs Update Continued

- Drug Safety education offered to all consultants and NCHDs.
- 'Drug Calculations Booklet' distributed hospital-wide.

Risk Management - Quality Improvements Goals for 2010

Risk Management Department:

- Development of a Training DVD for staff to prepare for Coroner's Inquests
- Introduction of Performance Indicators for Patient Safety
- Risk Management Policies:
 - Do Not Resuscitate Guidelines
 - Correct Site Surgery Guidelines & Pre-Operative Marking Verification Checklist
- Revised Consent to Treat Policy and New Whole Hospital Consent Form
- Lone Workers Guidelines
- Manual Handling Policy
- Revised Patient Identification Policy
- Falls Risk Assessment Policy and Risk Assessment Tool
- Revised Incident Reporting Policy

- New Serious Incident Investigation Framework Policy
- Policy for dealing with Anti-Social Behavior
- Policy for the Management of Occupational Blood Exposures
- Risk Management Training:
 - First Aid Training
 - Medical Gas Training
 - Electronic Incident Report Training

Drug Safety Committee - Drug Safety Goals & Work Plan 2010

- Introduction of 'Out Patient/Day Case Drug Chart'.
- Introduction of 'Nutritional Chart'.

- Participation in 'MMUH Concentrated Electrolyte-Safe Storage and Practice Group'
- Drug Safety education to be offered to nursing staff in all wards and departments.
- Finalise a 'Medication Safety' e-learning programme designed to highlight high-risk drugs and processes to all clinical staff.
- Increase education on medication history taking.
- Further investigate the high incidence of errors with 'High Risk' drugs such as Insulin, Anticoagulants and Opioids – work with the relevant specialties reviewing the types of medication variances reported and possible solutions to improve on the prescribing and administration of diabetic drugs.

Introduce electronic prescribing – as a mechanism to minimise errors of prescribing and drug administration.

MEDICAL BOARD

New Medical Executive elected

Early in 2009 the election and formation of a new Medical Executive took place. The new incoming Medical Executive had its first meeting on 5th March 2009 and the committee will be in place for a period of three years until 2012.

Chairman	Professor Conor O'Keane
Hon. Secretary	Dr Brendan Kinsley
Deputy Chairman	Professor Timothy Lynch
Chairman – Division of Medicine	Mr Eamonn Brazil
Hon Secretary – Division of Medicine	Professor Jim Egan
Chairman – Division of Surgery	Mr Maurice Stokes
Hon Secretary – Division of Surgery	Mr Ashley Poynton
Chairman – Division of Radiology	Dr John Murray
Chairman – Division of Pathology	Dr Niall Mulligan
Chairman – Division of Anaesthesia	Dr Brian Marsh
Ordinary Member	Professor Colm O'Brien
Ordinary Member	Dr Leo Lawler
PostGraduate Dean / MED Director	Dr Dermot Power



Dublin Academic Medical Centre (DAMC):

The Medical Executive, Chairs and Officers continued to have joint monthly meetings with colleagues in St. Vincent's University Hospital and the School of Medicine, UCD, as a Joint Medical Executive committee for the Dublin Academic Medical Centre.

Under the umbrella of the DAMC discussions took place regarding Clinical Directorates with a view to formulating proposals and a strategy to progress this matter within a DAMC model. Concerns were raised about the difficulties in designing directorates given the current complexity of issues and initiatives at local and national level.

The proposed integration / development of services, particularly A&E and surgical services in north Dublin, was discussed at various meetings throughout the year and how these plans will fit with the DAMC model.

National Cancer Control Programme:

Much work took place during 2009 with the National Cancer Control Programme vis-à-vis the processing of a number of consultant posts for lung and prostate cancer services and breast screening. The recruitment process for these posts is ongoing through the Public Appointment Services Unit (PAS) rather than the

Medical Board Report Continued

usual appointment process through the hospital.

The Mater as a designation cancer centre has programmes in Breast, Rectal, Rapid Access Diagnostic Clinics for Lung and Prostate Cancers, Lung Cancer and Prostrate/Urology Cancer.

Development of links with North East Hospitals and Cavan General Hospital:

During the year discussions commenced with colleagues in Connolly Hospital, Our Lady of Lourdes Hospital, Drogheda and Cavan General Hospital to progress the formation of formal relationships and links in some medical specialties, e.g. Respiratory Medicine, Haematology, Neurology and Cardiology. Consideration is also being given to surgical links between some of the hospitals. These discussions are taking place in the context of the HSE Reconfiguration Programme in Dublin North East.

Consultant Contracts:

Discussion took place at Medical Executive and Medical Council level regarding the need for Type C Consultant Contracts for the Mater Hospital campus to ensure service provision. This is an issue which is being brought to the attention of the HSE.

Public / Private Workload analysis:

Concern has been expressed by the consultant staff regarding the lack of accuracy of data produced on public / private workloads which forms part of the new consultants contract. There is also an issue regarding the measurement tools used to compile this data. These concerns have been

brought to the attention of Hospital Management.

NCHD Staffing / European Working Time Directive:

During 2009 discussions continued on the European Working Time Directive for NCHD staff. It was recognised that a number of issues arising will need to be resolved at a national level. It will also be necessary to have a mechanism in place to audit the effectiveness of the new rosters and training.

Day Case Activity:

A committee was established within the Division of Surgery to evaluate and progress a number of issues of medical and surgical interest in co-operation with the MED committee. Areas under consideration, for example, include the need to protect day care beds to ensure efficient delivery of surgical services.

New Appointments

The following consultants have been appointed to the Mater Misericordiae University Hospital on a full time basis:

Dr. Tony Geoghegan, Consultant Radiologist.

Dr. Louise Sharkey, Consultant Child & Adolescent Psychiatrist.

Also appointed on a sessional commitment to the hospital were:-

Dr. Niamh Hayes, Consultant Anaesthetist.

Dr. Eimear Smith, Consultant in Rehabilitation Medicine

Dr. Mark Denton, Consultant Nephrologist

Mr. Ciaran McDonnell, Consultant General and Vascular Surgeon

Mr. Daragh Moneley, Consultant General and Vascular Surgeon

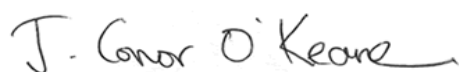
Medical Board Report Continued

Dr. Thomas Walsh, Consultant
Obstetrician / Gynaecologist

Consultant Retirements:

The Medical Executive noted the retirement of the following consultants and would like to acknowledge the major contribution made by these specialists to their individual specialty, to clinical care throughout the hospital, to their teaching commitment at undergraduate and postgraduate level and to their contribution on the national stage.

Dr Michael Behan, Consultant
Radiologist
Dr John Lennon, Consultant
Gastroenterologist
Dr Roisin MacSullivan, Consultant
Anaesthetist
Dr Angela Mohan, Consultant
Psychiatrist
Dr Denis Moriarty, Consultant
Anaesthetist
Dr Peter O'Connor, Consultant in
Accident and Emergency Medicine.



Professor J. Conor O'Keane
Chairman
Medical Executive / Council
Interim Clinical Director

Pathology Report

Sub-Specialities

- Biochemistry / Endocrinology
- Haematology
- Blood Transfusion / Haemovigilance
- Cellular Pathology
- Microbiology
- Immunology
- Phlebotomy

The overall activity in Pathology increased in 2009 by 5- 10% on average, some departments did remain stable, but the repertoire of many departments was extended.

This as always continues to pose challenges to provide the service within budgetary control and reduction in staff numbers.

All of the departments are fully accredited through Clinical Pathology Accreditation (CPA) UK. The exception is Blood Transfusion, which is accredited through Irish National Accreditation Body (INAB) to ISO 15189, which they obtained in 2009 in order to be compliant with EU Blood Directive.

Biochemistry / Endocrinology

The Biochemistry / Endocrinology performed a total of 3.15 million test analyses in 2009; with Endocrinology experiencing a 10% increase in workload from 2008 and 18% from 2007. The clinical biochemistry and diagnostic endocrinology services plan to consolidate in 2010 and moves towards this were advanced throughout 2009. The department provide a national specialist service for the analysis of renal stones and specialist tandem mass spectrometry is part of the service development plan. This will facilitate the analysis of



immunosuppressant drugs allowing for monitoring new immunosuppressant drugs including sirolimus, everolimus and mycophenylate. The capital cost of mass spectrometry will be offset by the development of specific assays such as vitamin D, steroid hormones and the components of the renin-angiotensin system as they are more cost effective on the Mass Spectrometer. The plan is that MMUH will provide the option to other Irish hospitals to avail of these services, sustaining the service through income generation. Developments in point of care testing (POCT) were led by Mr John Collier, Chief Medical Scientist, who represents the Academy of Medical Laboratory Sciences on the national POCT Committee who have published two sets of POCT guidelines. These include "Point of Care testing in Primary and Community Care" 2009 and "Guidelines to Safe and Effective Management of use of Point of Care" Service developments included the provision of CRP on a 24-hour basis in Biochemistry and the electrophoresis service is now performed in Immunology in collaboration with Biochemistry.

Pathology Report Continued

Key staff changes in 2009:

Dr Maria Fitzgibbon, Consultant Clinical Biochemist, from Barts and the London NHS Trust, Dr Marguerite MacMahon was appointed as Principal Biochemist, Ms Helen Kavanagh replaced Mr Eddie Wright as Chief Medical Scientist, Mr Charlie Quinn and Ms Deirdre Cairns retired.

Professional achievements

Mr Keith Mulready achieved an MSc in Biomedical Sciences, with distinction majoring in Clinical Chemistry from the University of Ulster October 2009.

Mr Michael Davis achieved an MSc from RCSI Institute of Leadership & Healthcare Masters in Healthcare Management (2007-2009)

Clinical and Research developments

Clinical and research collaborations are established with Professor Patrick Murray and Dr Yvonne O'Meara, Nephrology, Dr Niall Mahon, Cardiology and Professor Freddie Wood, Cardiothoracic Surgery.

Immunology

The Immunology department experienced continued growth in 2009 with an overall 6% increase in workload on 2008, added to the increase of 25% in 2008 the department has substantially increased test throughput in this timeframe.

Service Developments and Improvements:

The Immunology main laboratory was redesigned using 'Lean' principles to improve the layout and workflow processes and provide a more efficient analytical process and maximise the use of space.

A collaboration between Immunology Biochemistry department saw the electrophoresis service now performed in Immunology, thus ensuring a

multidisciplinary approach using the expertise from both specialties. This has meant an improved service for the patient from this initiative. The Capillarys 2 and Hydrasys 2 were installed in October 2009, to support the delivery of this enhanced service.

A PhD slide processor was installed to provide an automated procedure for indirect immunofluorescence assays, improving safety, consistency and quality. A FACS Canto was installed and commissioned to replace the FACS Calibur which provides flow cytometry assays. Specific IgG tests for aspergillus, micropolyspora faeni, thermoactinomyces vulgaris, pigeon and budgie antibodies were introduced on the Immunocap 250. Free light chain assay were repatriate in-house with a cost saving (€25,000 per annum) and as an efficiency measure, improving the turn-around-time for the assay.

Cellular Pathology

The Cellular Pathology department saw an increase in workload in 2009 of 4% from 2008 and a 11% increase from 2007. The department received approval from the HSE to proceed with the appointment of two additional Pathologists. One with a special interest in Breast Pathology and a second with special interest in Lung and prostate pathology. Both were funded through NCCP on foot of increased volumes of work in those specialities and will be filled in 2010. A new Senior Medical Scientist, Ms Grainne Drew was appointed, also funded through NCCP.

Service Developments and Improvements:

There was an extension and an extension of the repertoire for Immunohistochemistry markers. Cytology Immunohistochemistry reconfigured and redesigned, which improved workflow process, quality

Pathology Report Continued

and improved performance on external quality assurance programme.

The department has committed to participate in the National Quality Assurance program in Histopathology, which is being introduced by the Faculty of Pathology in early 2010. Dr Michelle Harrison has been designated lead Pathologist with responsibility for QA and will oversee the introduction of the program at MMUH.

A Peri-Operative Theatre Nurses Education Programme on Specimen Requirements, '**Quality Samples for Pathology Laboratory**', was carried out by Senior Medical Scientist staff in 2009.

Grant Funding and studies in progress

The Department of Cellular Pathology (Prof C O Keane, Dr N Mulligan) collaborates with the Department of Urology in The Dublin Prostate Cancer Consortium, which has several studies ongoing.

Grant funding was awarded from the Mater college for a collaborative study between Dept of Cellular Pathology (Dr. N. Mulligan) and the Department of Anaesthesia (Prof. Donal Buggy), on the effect of anaesthetic technique on breast cancer interstitial cell infiltration.

The department is involved in histological evaluation of carotid plaques (Dr. N. Mulligan) for the Dublin Atherosclerosis Stroke study (DUCASS) in collaboration with Prof Peter Kelly, Department of Neurology, MMUH.

Microbiology

Microbiology workload has not increased significantly in 2009 but the repertoire and additional testing on samples has altered. This service includes all aspects of Microbiology from general Culture, Identification and Susceptibility testing, TB, Parasitology,

Mycology and diagnostic Molecular techniques.

HIQA:

In May 2009, the Health Information and Quality Authority put together a series of standards (12) for the prevention and control of healthcare associated infections. Standard 9 falls under the remit of the Microbiology Services and the Microbiology Team actively participated in the preparation of documentation to meet the standard requirements.

Professional achievements:

One diploma in Healthcare Management completed. Four MSc courses commenced in 2009 – one in Healthcare Management, one in Information Technology and two in Biomedical Science with Projects being undertaken in Year 2 to evaluate new testing methods in the areas of TB and *C. difficile*.

Service Developments:

The Quantiferon TB Gold Testing Service has significantly increased with the service now being performed on a weekly basis and now offered to 14 external centres.

The turnaround time for all tests was monitored on a monthly basis with 96% meeting their target. New waste segregation system introduced into Microbiology to contribute to a more efficient and cost effective system.

Haematology

The workload in Haematology remained at similar levels to 2008 with some changes in repertoire and instrumentation. The department experienced some changes in personnel, with the retirement of Ms. Hilary Wright and Ms. Hillary Fitzgerald and Ms. Aine Lennon was appointed as Senior Medical Scientist.

Pathology Report Continued

Service Developments:

The main Haematology analysers for full blood cell and differential were upgraded to Advias 2120i models and a new middleware Centralink was also installed. This has improved workflow internally facilitating a more appropriate use of staff time. The Flowcytometer was upgrade to the Coulter Cytomics FC500 improving quality and consistency. The department set up the Plasma Free Haemoglobin assay, as it is required for patients on ECMO in ITU as an indicator of haemolysis. All patients attending for the Anticoagulant Clinic are monitored in a single clinic run daily with a throughput of patients of 500 per week. The Stago Star Coagulometer was fully installed and validated for Point of Care processing, which has greatly improved the turn-around-time for the clinic.

Blood Transfusion and Haemovigilance

The Blood Transfusion department obtained INAB accreditation to ISO 15189 standards and are now fully compliant with the EU Blood Directive. This was an enormous task that involved exceptional dedication and hard work by all the Blood Transfusion and Haemovigilance team and they are to be congratulated.

As part of this process many objectives were achieved these include the filling of the following vacant position, one Senior Medical Scientist- Ms. Imelda Keane, two Basic Grade Medical Scientists. Two Haemovigilance Officers (HVO) at CNM 2 Grade, Ms. Margaret Dunne and Ms. Maeve McDonnell were appointed in 2009 in addition to Ms. Miriam Crowne who was appointed end of 2008. This facilitated the department being compliant for ISO 15189 on acceptable staff levels for provision of the service. The usage of blood and blood products peaked to it highest in 2009 mainly due to casemix

complexity and the rationalisation of cancer services.

The department as part of obtaining ISO 15189 accreditation achieved the following:

- Retrospective validation of it Laboratory Information System (LIS), Telepath.
- Removal and decommissioning of a large walk-in storage fridge and replacement with separate fridges to facilitate the required segregation of stock/issued products/reagents.
- Extensive education and competency assessments for the following staff, Medical Scientists, Nurses, Doctors and Porters.
- Extensive audits of all aspects of the service by both the scientific and Haemovigilance teams.
- Achieved 99.98% traceability of blood and blood products, up from 99.85% in 2008.

Phlebotomy

Phlebotomy department between 2008 and 2009 has seen many changes with the retirement of Ms. Maureen Nolan as Senior Phlebotomist who had given long years of service to the Mater Hospital. Two new seniors were appointed, Ms. Siobhan Fitzpatrick and Ms. Sharon O'Sullivan. Thanks to funding from the Mater Foundation and the CEO, the Phlebotomy Department went through a major refurbishment. The staff was involved in the design process and used 'Lean' principles to maximise use of space and work flow processes, the result is much improved brighter environment for both patients and staff.

Ms. Pauline McGrath
Laboratory Manager

Division of Anaesthesia, Intensive Care, & Pain Medicine

Throughout 2009, the Division of Anaesthesia, Intensive Care and Pain Medicine continued to provide a comprehensive service with an ongoing emphasis on patient oriented delivery. The difficulties in achieving additional consultant appointments to support and develop the services provided remain problematic, and this will need to be a focus over the coming year within the context of the national and hospital strategic initiatives.

As the largest training department in the country, a very active modular teaching programme was delivered during the year, with many of our trainees achieving both examination success and certification of completion of specialist training. The Division's Intensive Care and Cardiothoracic Anaesthesia Fellowship Programmes continue to run and are attractive positions for trainees to gain further experience, training and Certification in these fields.

Clinical Anaesthesia:

The hub activity of the Division remains the provision of clinical anaesthesia services to a wide range of national and tertiary specialties based at the Mater. The year has seen developments in anaesthesia for percutaneous valve placement, endovascular stent placement, out-of-hours interventional radiology, a robust spinal surgery programme, and the ongoing cancer strategy and heart and lung transplantation programme.

Challenges for the coming year include the prioritization of a clinical information system for the anaesthetist in the operating room, which would



complement that available in the Intensive Care. We had hoped that these would be developed together, but the operating theatre project has been delayed to date. Given the now mandatory nature of audit and its known impact on risk analysis, the provision of technical support for clinical audit will be a pressing need in the very near future.

As always, the ongoing replacement of obsolete equipment remains an inescapable challenge, with significant health and safety implications. However in collaboration with the Clinical Engineering Dept and the Finance Dept, a rolling obsolescence programme is well established and is clearly identifying ongoing requirements.

Pre-Operative Assessment:

The Preoperative Assessment Clinic continues to grow and will facilitate the increasing use of same day and five day admissions for surgery and allow for the most efficient use of St Michael's ward. The clinic allows clinical assessment and performance of all required investigations in advance of the patient's admission to hospital. Revised guidelines regarding appropriate patients to refer to the clinic have been circulated to the

Division of Anaesthesia, Intensive Care & Pain Medicine Report Continued

Surgical teams and Outpatient departments. In 2009, 956 patients were seen in this clinic. The majority of patients are of ASA Grades 1 & 2. Of note 341 (35%) were ASA Grades 3 and 4, underlining the value of such a clinic addressing much of the assessment and optimisation requirements prior to hospital admission, increasing efficiencies and shortening hospital stay.

Dept. of Intensive Care Medicine:

Both the intensive care unit (ICU) and high dependency units (HDU) remain operational at high occupancy levels of 107% and 111% respectively. Table 1 describes activity for ICU and HDU

	High Dependency Unit	Intensive Care Unit
Admissions	956	1392
Elective	80%	46%
Emergency	20%	54%
Readmissions*	1.5%	6%

* all readmissions also defined as emergency

The high percentage of elective admissions to HDU underlines the value of this facility for throughput of major elective surgeries. In the ICU, 25% of admissions had an APACHE 2 score greater than 18, representing a very high severity of illness, despite significant elective throughput. The Pandemic Influenza A (H1N1) placed considerable extra strain on staff preparedness and resource in 2009. The opening of the 4 bedded HDU extension was timely in this context. The Mater ECMO Centre activity opened in Sept 2009, providing the ability to act as a national referral centre for ECMO during the pandemic and indeed other causes of severe ARDS. The introduction of the electronic patient record in the ICU

and HDU has been very successful, taking on board the significant changes in practice and training required. Analysis is on-going in terms of its' impact optimising our approach to patient care, prescribing practice, and risk analysis.

Pain Medicine

The Department of Pain Medicine continues to evolve to provide a comprehensive patient focused care plan for acute and chronic patients alike. Referrals are accepted both locally, regionally and nationally and have on several occasions throughout the last year provided care as an international reference point for patients visiting Ireland.

The year 2009 was our busiest year to date with an expansion particularly with regards to day case patients and we also welcomed Nurse-Led Initiatives in the area of Lignocaine and Ketamine infusions, peripheral neuromodulation and other alternative therapies. The total number of patients contacts collectively across the acute and chronic pain service totalled approximately 5,715 in 2009.

Particular difficulties were highlighted and experienced with regard to inpatient access for complex treatments including multidisciplinary evaluation and neuromodulation. The increased workload provided additional burden on an overworked medical nursing and administrative staff. Over the last decade we have highlighted in sequential service plans the need for a dedicated lead-lined treatment facility in replacement to the current facility.

We also require as a matter of urgency increased psychiatric and psychological support and additional access to inpatient beds to facilitate

Division of Anaesthesia, Intensive Care & Pain Medicine Report Continued

multidisciplinary evaluations and neuromodulation.

University Department

Prof. Denis Moriarty announced his retirement at the end of 2009 after 30 years of outstanding service to the Hospital and the University. In May, Donal Buggy was appointed to a personal chair as Professor in the adjunct clinical faculty to the School of Medicine & Medical Science at UCD. He also commenced as Editorial Board member of British Journal of Anaesthesia, the second leading journal in the specialty, and the first ever Irish anaesthetist to do so. Drs. Catherine Deegan and Rachel O'Farrell were conferred with their Doctor of Medicine (MD) degrees after completing 2 year research programmes. Other MD programmes are being pursued by Dr. Georgina Flood and Dr. Ismat El-Saigh, based at the Conway Institute for Biomedical Sciences, UCD, in collaboration with Dr. Helen Gallagher. Dr. Patricija Ecimovic continued her translational investigations on the potential effect of anaesthesia in breast cancer, and a number of publications are in the pipeline. Dr. Deegan's work on the effect of anaesthetic technique on breast cancer cells in vitro was short-listed from over 1,000 presentations for the best abstract prize at the European Congress in Milan.

The new Acute Medicine modular training for medical students continued January-March, where almost 100 undergraduates had their first exposure to the specialty. The Division also contributed significantly to the new Professional Completion Module in April, just prior to final medical exams. All undergraduate teaching received the highest commendation from the students themselves. Postgraduate teaching continues

apace, with a number of successful Anaesthesia Fellowship candidates from the Division, in addition to successful candidates in the Intensive Care and Pain Medicine Diplomas.

Selected publications:

Deegan CA, Murray D, Doran P, Ecimovic P, Moriarty DC, Buggy DJ. Effect of anaesthetic technique on oestrogen receptor-negative breast cancer cell function in vitro. *Br J Anaesth.* 2009 Nov;103(5):685-90. Epub 2009 Sep 22. Erratum in: *Br J Anaesth.* 2010 Apr;104(4):516.

Mahdy S, Brien BO, Buggy D, Griffin M. The impact of intraoperative transoesophageal echocardiography on decision-making during cardiac surgery. *Middle East J Anesthesiol.* 2009 Jun;20(2):199-206.

Martin F, Buggy DJ. New airway equipment: opportunities for enhanced safety. *Br J Anaesth.* 2009 Jun;102(6):734-8.

Buggy DJ. Central neuraxial block: defining risk more clearly. *Br J Anaesth.* 2009 Feb;102(2):151-3. Epub 2009 Jan 12.

Hussein A, Flood G, Griffin M. "Case report: a rare indication for transoesophageal echocardiography during thoracic surgery." Royal Academy of Medicine (Ireland), Dublin, 2009.

Harmon D, Frizelle H, Sandhu N, Colreavy F, Griffin MJ. "Perioperative Diagnostic and Interventional Ultrasound", Elsevier Science Publications.

Division of Anaesthesia, Intensive Care & Pain Medicine Report Continued

O'Brien BP, Murphy D, Conrick-Martin I, Marsh B. The functional outcome and recovery of patients admitted to an intensive care unit following drug overdose: a follow-up study. *Anaesth Intensive Care*. 2009 Sep;37(5):802-6.

Pickering BW, Hurley K, Marsh B. Identification of patient information corruption in the intensive care unit: using a scoring tool to direct quality improvements in handover. *Crit Care Med*. 2009 Nov;37(11):2905-12.

Walshe CM, Odejayi F, Ng S, Marsh B. Urinary glutathione S-transferase as an early marker for renal dysfunction in patients admitted to intensive care with sepsis. *Crit Care Resusc*. 2009 Sep;11(3):204-9.

Collins CJ, Fraher MH, Bourke J, Phelan D, Lynch M. Epidemiology of catheter-related bloodstream infections in patients receiving total parenteral nutrition. *Clin Infect Dis*. 2009 Dec 1;49(11):1769-70; author reply 1771-2.

Fraher MH, Collins CJ, Bourke J, Phelan D, Lynch M. Cost-effectiveness of employing a total parenteral nutrition surveillance nurse for the prevention of catheter-related bloodstream infections. *J Hosp Infect*. 2009 Oct;73(2):129-34. Epub 2009 Aug 25.

Salah N, El Saigh I, Hayes N, McCaul C. Airway injury during emergency transcutaneous airway access: a comparison at cricothyroid and tracheal sites. *Anesth Analg*. 2009 Dec;109(6):1901-7.

McCaul C, Kornecki A, Engelberts D, McNamara P, Kavanagh BP. Positive end-expiratory pressure improves

survival in a rodent model of cardiopulmonary resuscitation using high-dose epinephrine. *Anesth Analg*. 2009 Oct;109(4):1202-8.

Casey ED, Donnelly M, McCaul CL. Severe retropharyngeal abscess after the use of a reinforced laryngeal mask with a Bosworth introducer. *Anesthesiology*. 2009 Apr;110(4):943-5.

New Consultant Appointments 2009:

Dr Colman O'Loughlin, Consultant in Intensive Care Medicine

Dr. Brian Marsh

Chairman, Division of Anaesthesia

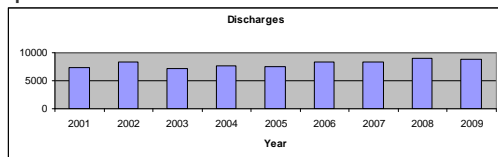
Division of Medicine

Overview:

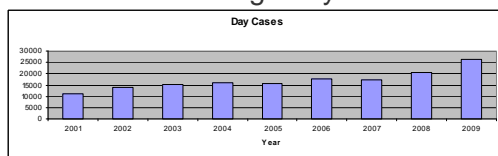
The Division of Medicine is the largest division within the Mater Misericordiae University Hospital. It represents a very diverse group of sub specialties that includes: cardiology, dermatology, emergency medicine, endocrinology, gastroenterology, general medicine, medicine for the older person, haematology, infectious disease, metabolic disease, nephrology, neurology, oncology, palliative care, psychiatry (old age, adult, child & adolescent), respiratory medicine and rheumatology.

Activity

The following charts cover discharges, day cases and outpatient activity for all Division of Medicine sub specialties:



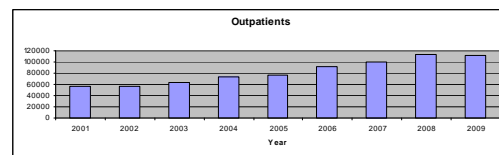
The rate of discharges is broadly in line with previous years. It is often a complex area involving a wide variety of issues and difficulties and remains a critical area of hospital focus. In this respect, we welcome the implementation of the new Patient Flow Process during the year.



The sharp increase in daycase activity greatly assisted the hospital in meeting, and exceeding, HSE targets in this area. In particular, Haematology, Infectious Diseases and



GI Unit all recorded significant increases.



The number of outpatients remains constant in 2009 at over 10,000. Regrettably, even at this rate, the waiting lists continue to be unacceptably high. Tackling waiting lists for all areas of activity is among the main challenges for the hospital in 2010.

Highlights

- Completion of the Emergency Department upgrade including 11-bed ward
- Upgrade of the second CV laboratory, recovery ward and stress test facilities
- Completion of Rapid Access Clinic for lung and prostate cancer.
- Development of refined patient flow process across the hospital

In addition the new adult hospital development commenced. This long awaited development will substantially improve patient experience and

Division of Medicine Report Continued

support development in healthcare delivery to our patients. We anticipate significant investment in expertise from the division of medicine in the development of this project.

Retirements:

Dr. John Lennon, Consultant Gastroenterologist, retired January 2009.

Dr. Peter O'Connor, Consultant in Emergency Medicine, retired December 2009

New Consultant Appointments

- Dr. Louise Sharkey, Consultant Child & Adolescent Psychiatrist – commenced 10 February 2009.
- Dr. Eimear Smith, Consultant in Rehabilitation Medicine – commenced on 10th August 2009: MMUH 13.5 hrs / National Rehabilitation Hospital 20 hrs / Beaumont Hosp. 3.5 hrs.
- Dr. Mark Denton, Consultant Nephrologist - commenced 28 September 2009. MUH 13 hrs / Beaumont Hospital 24 hrs.

Mater Foundation

Yet again, we are indebted to Mary Moorhead, Chief Executive Mater Foundation, and her team for their continued help and support.

Challenges

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

- Waiting Lists remain unacceptably high across all areas of patient activity.
- Limitation in access to inpatient and day case beds.
- Infrastructural and manpower deficiencies in many of the specialties within the division

including renal, neurology, medicine for the elderly, metabolic disease, cardiology and emergency medicine.

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

Mr. Eamonn Brazil

Chairman, Division of Medicine

Division of Surgery

Overview

The Division of Surgery is comprised of General Surgery (Breast/ Endocrine Surgery, Colo-rectal Surgery, Hepato-biliary Surgery and Vascular Surgery), Orthopaedic Surgery, Gynaecology, Ophthalmology, Otolaryngology - Head and Neck Surgery, Plastic Surgery and Urology. It also incorporates two National Specialties:- i) The Prof Eoin O'Malley National Centre for Cardio-Thoracic Surgery and the National Heart Lung Transplantation Unit, and ii) The National Spinal Injuries Unit. The Division provides a regional and tertiary referral service in a number of specialties.

Services are provided in 11 operating theatres, 12 wards including the cardio-thoracic high dependency unit, the special care ENT unit and the National Spinal Injuries Unit as well as in over 71 outpatient clinics per week. During 2009 the Division of Surgery operated with a Revenue budget of €55.76m. There were 7,134 inpatient and 12,643 day case admissions, and 84,116 outpatient attendances during the course of the year.

The operating theatres continued to work to full capacity providing 24/7 emergency service and using all scheduled sessions to full capacity. Continued clinical expansion and service commitments means the demand for theatre space continuously exceeds the capacity available. The hospital successfully ran the Higher Diploma Programme in Perioperative nursing in conjunction with UCD and an in house Practice Development Programme both ensured on going



education and professional development of theatre nursing staff

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

Management Team

Mr Maurice Stokes
Chair of Division

Ms Eithne Hallinan Assistant Director of Nursing, Theatre Department
Ms Mary Raftery Divisional Nurse Manager

Mr Austin Cush
Business Manager

Developments in 2009

The Heartmate II program began in 2009 meaning selected patients with end stage heart failure can be discharged home with fully implantable devices rather than remaining in hospital. This technology is used both as Destination therapy or a Bridge to Transplantation.

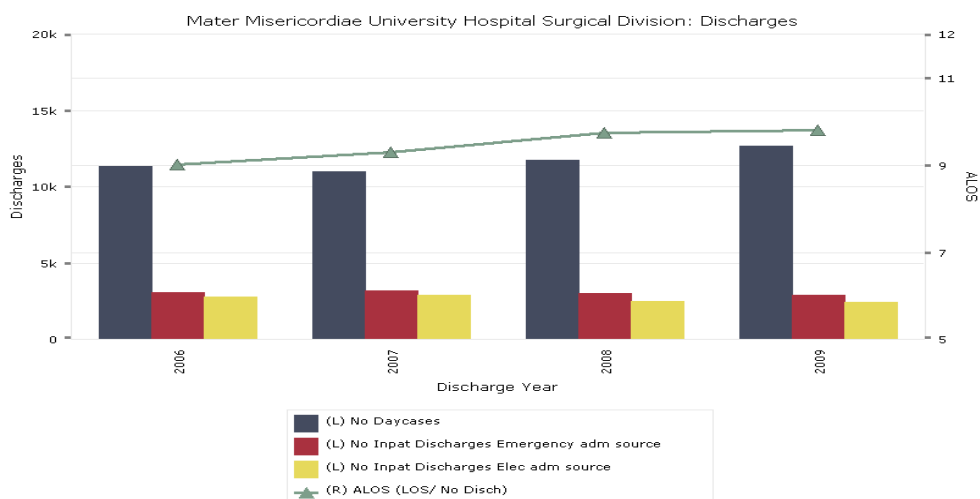
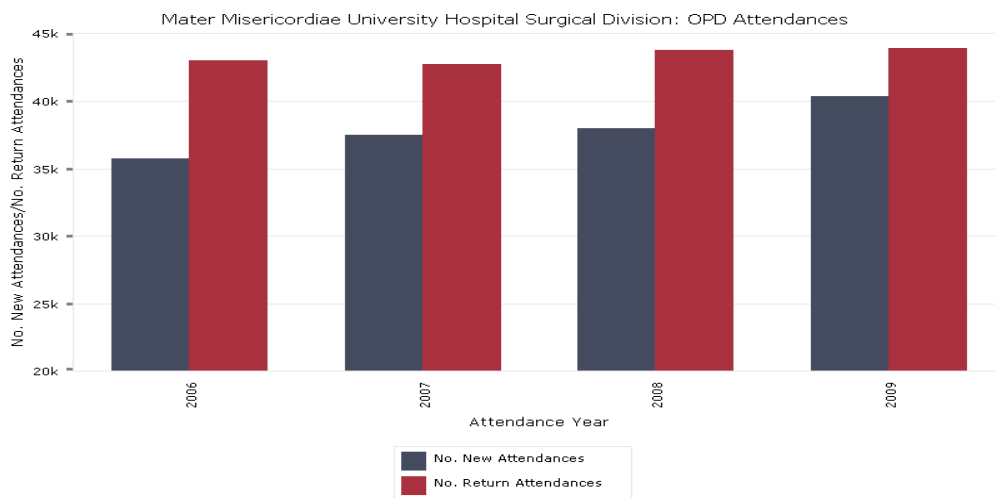
Division of Surgery Report Continued

Mr. Ciaran McDonnell, Consultant Vascular & General Surgeon commenced in post on 1st January 2009.

Mr. Tom Walsh, Consultant Gynaecologist & Obstetrician commenced on 1st September 2009.

Activity

In recent years activity in the Division has increased particularly in new outpatient attendances and Day cases. This continued during 2009 although bed availability continued to curtail elective inpatient activity.



Division of Surgery Report Continued

The various user groups are meeting on a regular basis to discuss and agree the surgical aspects of the hospital's development project. With the commencement of building work this is gathering momentum. In particular staff are looking forward to the arrival of the new facilities including 12 state of the art theatres including a hybrid theatre.

Mr. Maurice Stokes

Chairman – Division of Surgery

Radiology Report

Throughout 2009 the Division of Radiology endeavored to continuously improve and expand the range and volume of services provided in line with the changing requirements of patients and referring medical teams. Summaries of the main developments in each sub department are outlined below.

Radiology Staff

Radiology comprises of a multidisciplinary team of 14 Radiologists, 54 Radiographers, 45 Nursing staff, 7 Medical Physicists, 16 Administration staff and 14 Support staff. The commitment and dedication of the team, our most valued resource, enables us to develop and improve our services. We are pleased to welcome the appointment of Dr. Tony Geoghegan. Dr Geoghegan has special interest in cross sectional and Gynaecological Interventional imaging.

On behalf of the staff of Radiology, we would like to extend our good wishes to Dr. Denis O Connell who retired in December, we acknowledge his outstanding contribution to Radiology over the years and wish him health and happiness in his retirement.

Magnetic Resonance Imaging (MRI)

The Tim (Total Imaging Matrix) upgrade took effect in January 2009, this was the most reasonable and cost effective solution to improve the functionality of the MRI Scanner. The project aim was to 1) Increase patient throughput, offer appropriate scanning techniques for effective patient management and diagnosis, enhance reporting facilities for Radiologists. The project was a resounding success and activity levels increased by 20% in 2009.

Mammography

Access to mammography services has been transformed by the investment in a second Digital Mammography Unit. In addition to capacity for extra triple assessment and Radiology Recall clinics, all waiting times for mammography are within the HIQA standards targets. The figures for the 2nd half of 2009 indicate an activity increase of 30% in comparison to the same time interval in 2008.

Computerised Tomography (CT)

The CT project was completed in December 2009. Phase 1 included moving the CT scanner from the main department to a new location in ED. Phase 2 involved the refurbishment of the CT area in Radiology and installation of new 128 slice scanner. This scanner upgrade enables us to develop Cardiac and Brain Perfusion imaging protocols in CT. We would like to thank all hospital staff most especially staff in Radiology and ED for their patience and co-operation during the transition period. We are awaiting for full staffing for the unit in ED.

General Radiology and IT Developments

A project team in Radiology including Dr. Darra Murphy, Dr. Peter McMahon and Dr. John Murray developed a Radiology Conference IT system which has improved the efficiency by which our daily conferences are delivered. The project was acknowledged by receipt of an award from Irish Healthcare Awards 2009 in the category of "Best use of Information Technology", the award was in recognition of focus on improving patient care, innovation and collaboration.

Radiology Report Continued

2009 was again a busy year in ICT and PACS in the Division of Radiology. The NMIS (National Integrated Medical Imaging System) project moved to the next stage of roll out. The NIMIS vendor demonstration day was attended and a comprehensive report on each vendor was submitted to the NIMIS committee. A new AGFA IMPAX 6 reporting system and archive was installed in the department in 2009 to replace the existing AGFA stand-alone workstations. Integrated with the Hospital Information System, this new system streamlines the reporting process and increases the throughput of General film reporting.

Equipment Management in Radiology

2009 saw the in-house development of a new equipment management database system 'RadAssetDB'. The new system was developed in its entirety by the Medical Physics department using the latest, most up to date web development tools such as ASP.NET 3.5 and SQLEXPRESS 2008. The new system is be an improvement on the existing ECRI AIMS in that it is customized to the requirements of the Mater radiology department.

The new system has been developed with ease of use in mind and this was highlighted as being one of the main failings of the previous system.

Interventional Radiology

2009 showed continued growth in the area of image guided procedures for vascular and non vascular diseases including oncology, borne out by a 25% increase in overall activity in this department. New techniques and devices to help improve patient care and quality of life were introduced. We endeavoured to develop in clinical,

administration, teaching and research avenues.

Teaching and education remained core to our service. Formal lectures and hands on education were delivered to a range of UCD undergraduates. At a post-graduate level in radiology we participated in the national radiology curriculum in interventional and diagnostic radiology. Further we helped run a hands-on training workshop at RCSI. We delivered a number of educational modules for SpRs in Urology and Nephrology. A lecture was given at the MMUH GP study day on interventional radiology and also at the MMUH pancreatobiliary study day. An exam preparation lecture was given to the anaesthetic trainees.

At a national level we organized the Irish MRI meeting for radiologists, radiographers and physicists with a series of musculoskeletal lectures. An invited lecture was given on intervention at hepatobiliary cancer to Royal College of Radiology annual scientific meeting. We provided lectures for the UCD Smurfit Business School on changes in healthcare and management. A lecture on interventional radiology and trauma was given at the Irish Institute of Radiography and Radiation Therapy (IIRRT) At international level we continued our participation at the European Society of Radiology and at CIRSE both in committees, abstract reviews and presentations. We delivered a lecture on patient safety in radiology at the ISQua, which was hosted in Dublin this year.

PET/CT

The Mater PET/CT Centre is a public private partnership between the Mater Public and Private hospitals. The centre is a tertiary referral site for PET/CT imaging for patients from all over Ireland. In 2009 the centre

Radiology Report Continued

performed 2500 PET/CT scans which was the highest volume of patients imaged in any PET/CT centre in Ireland. The centre also performs quantitative Brain PET/CT imaging of neurodegenerative diseases and is the only centre offering this service in Ireland.

Selected Publications/Presentations for 2009

MR imaging of muscle injury.

Shelly MJ, Hodnett PA, MacMahon PJ, Moynagh MR, Kavanagh EC, Eustace SJ.

Magn Reson Imaging Clin N Am. 2009 Nov;17(4):757-73, vii.

Overuse injuries of the knee.

O'Keefe SA, Hogan BA, Eustace SJ, Kavanagh EC.

Magn Reson Imaging Clin N Am. 2009 Nov;17(4):725-39, vii.

MR imaging of overuse injuries of the hip.

Hodnett PA, Shelly MJ, MacMahon PJ, Kavanagh EC, Eustace SJ.

Magn Reson Imaging Clin N Am. 2009 Nov;17(4):667-79, vi.

Imaging of groin pain.

MacMahon PJ, Hogan BA, Shelly MJ, Eustace SJ, Kavanagh EC.

Magn Reson Imaging Clin N Am. 2009 Nov;17(4):655-66, vi.

Case report. Glioblastoma multiforme presenting as a haemorrhagic minimally enhancing mass of the trigone.

Hambly NM, Farrell MA, Scanlon TG, McErlean A, Kavanagh EC.

Br J Radiol. 2009 Oct;82(982):e204-7.

Injectable corticosteroid and local anesthetic preparations: a review for radiologists.

MacMahon PJ, Eustace SJ, Kavanagh EC.

Radiology. 2009 Sep;252(3):647-61.

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Radiology Report Continued

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Dr. Eamann Breatnach
Director – Division of Radiology & Ms. Ann Dolan
Radiographic Services Manager



Postgraduate Medical Education

The Department of Postgraduate Medical Education provides a number of great opportunities for doctors in training in the Mater Hospital. Over the past number of years the department has expanded and has created greater links with UCD in the development of new educational modules including: Management for Clinicians, Research Methodology and Graduate Certificate / Diploma in Palliative Medicine leading to the awarding by UCD of Professional Certificates and Diplomas where appropriate.

As well as the above the education programme for NCHDs includes the following :

- Formal lectures
- Multidisciplinary conferences
- Video conferences
- Small group tutorials
- Invited guest lectures
- Specialised conferences/symposia
- Journal Club meetings
- Workshops
- Spr Training days

Examination Preparation

Prior to the Part I and Part II Membership Examinations of the RCPI, the Mater Hospital consultant staff provide intensive tuition to candidates sitting the exams. This hospital continues to enjoy an overall success rate of 85-100% in these examinations.



Skills Laboratory

A Clinical Skills Laboratory has recently been added to our teaching facilities. This will allow us run essential courses including an Airways Management Training Programme to be delivered by the anaesthetic service here in the Mater Hospital.

General Practitioner continuing education programme

The postgraduate education programme for general practitioners continues to run successfully and we are pleased to be associated with the North Dublin Faculty the ICGP in the organisation of this programme. In addition we are working closely with the HSE and UCD in the development and delivery of a new North Inner City GP Training Programme. This programme is being led by Dr Austin O Carroll (North Inner City GP), and will offer a four year structured training programme in general practice. The new programme will commence in July 2010 and will offer 12 GP training places. It will be based in the Catherine McAuley Education Centre and administered through this department.

Postgraduate Education Report Continued

Presentation of awards

Young Investigators Research symposium

This symposium is firmly established on the calendar of educational events in the Mater Hospital. For the first time this year, the Young Investigators Research Symposium accepted abstracts representing research undertaken at St Vincent's University Hospital. This novel development occurred in the context of the creation of the DAMC – Dublin Academic Medical Centre – a patient focused academic medical centre incorporating Mater Misericordiae University Hospital, St Vincent's Healthcare Group and University College Dublin. Abstracts are accepted under the following headings:

- Clinical Based research
- Scientific based research
- Poster presentation

The standard of work submitted was of a very high standard. Six judges adjudicated the abstracts. The winners were as follows:

- Clinical Based:
Dr Chin Teck Ng
- Laboratory Based:
Dr Ronan Margey
- Poster Presentation:
Dr Sheeona Gorman

Patrick McAuley Intern Medal

All Interns are encouraged to participate by making an oral presentation of an educationally interesting patient case report. The competition encourages excellence in the preparation and delivery of cases by new doctors.

Six finalists were chosen to participate in the final competition which was judged by three adjudicators – (physician & surgeon from the Mater Hospital and an extern from UCD)

The winner of the 2009 Patrick McAuley Intern Medal was **Dr Susan Cashman**.

Best Presentation Awards

In recognition of the excellent standard of presentation made at the weekly Medical & Surgical Case Conferences, the Academic Professors decided an award would be appropriate. The award will be given to the best presentation during the term September – December and also for the best presentation given during the Jan – June term. One award will be made in Medicine and one in Surgery. This competition is based on :

- Background preparation
- Content
- Delivery
- Educational relevance.

We believe this focus on excellence & quality in continuing medical education and training will lead to direct patient benefits and improve overall quality of care.

The Best Presentation Award competition commenced in September 2009 and the winners were as follows:

**Medical Case Conference Award:
Dr Richard Walsh**
**Surgical Case Conference Award:
Dr Natalie Jumper**

Dublin Academic Medical Centre (DAMC)

The Dublin Academic Medical Centre (DAMC) project continues to develop and postgraduate education and training issues are benefiting greatly from this novel partnership approach. Specifically a new programme for interns is being developed reflecting the newly developed UCD Intern Training Network which will result in an improved training experience for our Intern cohort. Novel elements of the scheme will include an e-learning

Postgraduate Education Report Continued

platform containing over 100 hours of teaching materials and an e-logbook which will be regularly reviewed by our newly appointed Intern Special Lecturer. We hope this programme will ensure that UCD hospitals continue to attract the best and brightest junior doctors.

Acknowledgements

The quality of our education programme depends on the continuous support of many departments. We acknowledge the time given by the consultant & registrar staff who give of their time to teach. The continued expert and professional support given to us by the Audio Visual Department and the Information Management Department is acknowledged and greatly appreciated.

DR DERMOT POWER

DR DENISE SADLIER

**Director of Postgraduate
Education Senior Lecturer**

**Dublin Academic Medical Centre
Mater Misericordiae University
Hospital**

**Administration staff
Ms Regina Prenderville, Academic
Programme Manager
Ms Mary Gaine, Administrator
Ms Rita Marron, Course Coordinator**

UCD Clinical Research Centre at the Mater

Overview

The *UCD Clinical Research Centre* is an academic-led integrated clinical research infrastructure located at the Mater Misericordiae University Hospital and St. Vincent's University Hospital and which supports activity at several other Dublin hospitals. Purpose-built clinical investigation and laboratory support facilities were established in April 2006 (at Mater Misericordiae) and in 2007 (at St Vincent's) with €7.9 million in capital and €1.6 million in recurrent funding from Cycle 3 of the Higher Education Authority's *Programme for Research in Third Level Institutions*. The capital investment has been recouped by the value of research activity which has taken place within the CRC in the four years of its operation.

Patients with a range of diseases including end-stage kidney disease, pulmonary fibrosis and cancer, donate samples to the clinic on a regular basis, and these are assessed in the context of their own treatment and for the development of more accurate therapies for these diseases in general. Clinical research directed by DAMC investigators helps discover ways to improve medical care and to establish new treatments which in turn will improve the quality of life for patients who are living daily with chronic illness.

The UCD CRC has enabled DAMC investigators to leverage over €8.7M in research funding comprising industry-funded clinical trial activity and competitive peer-reviewed research funding from charitable and public funding agencies. Since opening in April 2006, there have been over 17,000 research patient visits to the



UCD Clinical Research Centre in core areas of clinical trials, population studies and mechanisms of disease based research. As well as providing the infrastructure for development of improved healthcare practice, through its clinical facilities the UCD CRC is also enhancing access to health services and new medicines. Currently, an average of 100 patients are being seen each week by UCD CRC staff, with a total of 18 outpatients clinics being completed on a weekly basis. In addition to underpinning research, there is a substantial benefit to both the patient and the hospitals from rapid and early access to modern healthcare.

Infrastructure Available

The primary function of the UCD Clinical Research Centre is to support physicians and scientists undertake fundamental biomedical, clinical and translational research within state-of-the-art facilities supported by experienced research professionals.

UCD Clinical Research Centre at the Mater Report Continued

Clinical Research Infrastructure

1. Eight outpatient type interview rooms for patient interview, examination and tissue collection
2. Four procedure rooms for more complex patient phenotyping
3. Endoscopy suite for internal medical examination including arthroscopy and bronchoscopy
4. Recovery room facilities for patients post procedure
5. Dual Energy X-ray Absorptiometry (Dexa) Scanner with full body composition analysis capabilities to support osteoarthritis/osteoporosis studies

Laboratory Infrastructure

1. Cell and tissue culture suite for primary cultures, equipped with sterile cell culture hoods & incubators
2. Molecular biology laboratory with standard equipment and facilities for molecular analysis
3. Imaging Laboratory (with confocal, contrast and fluorescence microscopy)

Biobank & Information Technology Facilities

The UCD Clinical Research Centre maintains a state-of-the-art facility for processing and storage of biological samples for research. The biobank has capacity for the storage of 250,000 samples at room temperature, 4oC, -20oC, -80oC and at -200oC (liquid nitrogen storage). This facility features real time monitoring of storage unit temperatures and comprehensive response plans to mitigate against sample loss.

Information technology is a major enabling factor in driving high quality clinical and translational research. A secure web-based data centre has been established which integrates with

hospital electronic patient records, which provides 2TB of data storage capacity and which is accessible from multiple locations. Through this web based portal research databases, sample management software and analysis tools are delivered remotely to all CRC sites.

CRC Activity Levels

The *UCD Clinical Research Centre* has transformed the clinical research landscape at the hospital sites as is evident by the increased numbers of research-active clinician scientists as well as the increase in study activity and the complexity of investigation undertaken.

Study Activity

The Centre routinely undertakes broadly three types of research activity:

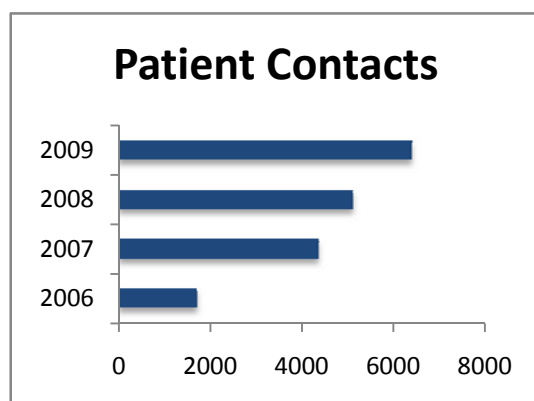
- Clinical Trials (Phase I – Phase IV) to evaluate new medicinal products or medical devices, drug combinations or new indications
- Observational studies to evaluate changes to clinical care protocols and undertake population studies.
- Collection of Biological Materials (e.g. DNA, Serum, Tissue) with detailed clinical phenotyping to support translational medicine research leading to biomarker, pharmacokinetic or target discovery studies.

Investigator Engagements

Over 50 Principal Investigators and 110 other clinical investigators now deliver their research programmes through the UCD Clinical Research Centre. This activity involves over 100 research projects in the above core activity areas.

UCD Clinical Research Centre at the Mater Report Continued

Patient Encounters



The UCD Clinical Research Centre has completed over 17,000 research patient visits in core areas of clinical trials, population studies and mechanisms of disease based research since opening in April 2006. A total of 6424 patient contacts were recorded in 2009, an increase of 25 % on 2008 activity levels.

Funding Leveraged To Date

A major element of the UCD Clinical Research Centre strategy has been to assist investigators in leveraging external funding. The CRC has focused on the development of strong relationships with charitable foundations and industry with a view to enhancing scientific output and diversifying income base. This has led to a significant increase in non-exchequer funding of research projects conducted through the CRC over the last three years.

Year	Charitable Foundation	Industry Funded	Public Funding Agency	Grand Total
2006	€126,000	€115,800	€675,000	€1,216,800
2007	€492,000	€233,520	€1,062,904	€1,788,424
2008	€524,000	€443,480	€1,055,000	€2,022,480
2009	€734,400	€909,185	€2,094,167	€3,737,752
Grand Total	€2,176,400	€1,701,985	€4,887,071	€8,765,456

Total Study Value (as reported)

The above data represents the total value of study activity (i.e. reported

UCD Clinical Research Centre at the Mater Report Continued

study budget) which represents the return to Ireland on research activity through the UCD CRC. It does not represent the returns to the UCD School of Medicine & Medical Science nor does it represent the total value of leveraged funding because of the existence of this facility. The capital investment (€7.9 million) has been recouped by the value of research activity which has taken place within the CRC in the first three years of its operation.

Dr. Peter Doran

**Scientific Director of the UCD
Clinical Research Centre**

Dublin Academic Medical Centre

UCD Medical School at MMUH

The hospital continues to be a critical partner in medical school activities in education and research. The Mater is a preferred venue for clinical education for many UCD Medical students because of its strengths and tradition in clinical education and the great willingness of patients in the hospital to participate in medical student teaching. 2010 was a highlight year for the school as it saw the graduation of the first group of graduate entry students, who completed a four-year programme. An increasing number of places for graduate entry will be available in future years.

Excellence in teaching at the Mater was recognized in April when the final year students voted Dr. Yvonne O'Meara and Dr. John Ryan as teachers of the year in Medicine, and Mr. Gerry McEntee and Mr. Dermot McDowell as teachers of the year in Surgery.

Research activity also continued at the Mater with UCD clinical faculty activity engaged in high quality funded research using both hospital and clinical research facilities. Professor Patrick Murray and Dr. Paddy Mallon were successful in obtaining extra mural funding, while Dr. Lorraine Kyne continued her HRB supported clinical investigator award. Additionally many of the hospital clinicians have nationally and universally recognized collaborative programmes in research using the hospital and CRC.

The University continues to recognize the outstanding contribution of the



hospital consultant staff in supporting the academic mission. In 2008, it introduced the clinical pathway to allow clinical adjunct faculty appointments recognizing contribution to teaching, research or medical leadership in the community. A further round of appointments in the last year saw Professor Geraldine McCarthy appointed as Clinical Professor of Medicine (the first such appointment in this pathway). In addition, Dr. Richard Firth, Dr. Donal Buggy, Mr. Kevin Mulhall and Dr. Sean Gaine were all appointed as Clinical Associate Professors.

Collaboration between the Medical School, MMUH and SVHG continued in the form of the Dublin Academic Medical Centre. The DAMC has developed governance structures for medical education and for research. A joint research strategy is essential to leverage the potential for high quality clinicians and students from the three institutions and thus contribute to the national innovation agenda.

The School would like to acknowledge and congratulate the Mater medical students who were awarded prizes in 2010.

Dublin Academic Medical Centre Report Continued

Misericordiae Medal (First place among Mater students in UCD finals) - Eoin Mulroy

Freeman Medal in Medicine: - Eoin Mulroy

Eoin O'Malley medal in Surgery - Mairead Doherty

Institute of Radiology Gold Medal - Kyle Kophamel

Mater Gold Medal in Medicine - Eoin Mulroy

Mater Silver Medal in Medicine - Douglas Mulholland Niall Foley

Mater Gold medal in Surgery: Eoin Mulroy

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Dublin Academic Medical Centre Report Continued

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**Professor William G. Powderly M.D.,
F.R.C.P.I.
Chief Academic Officer, Dublin
Academic Medical Centre
Head UCD School of Medicine and
Medical Science**

Hospital Hygiene

Foreword

Following the results of the HIQA National Hygiene Services Quality Review 2008, the Mater Hospital continued in 2009 to plan and implement the Quality Improvement Plan across all of the standards. The Mater Quality Office reported progress in this sphere to the HSE's Patient's Safety and Healthcare Quality Unit, among a number of other ongoing audits.

The Mater also partook in the HSE's National Hospital's Office "Winning Ways" programme in sharing good practices in Hygiene Services initiatives and facilitated a visit from Mallow Hospital in August 2009. The hospital also attended a forum in Cappagh Hospital. The main themes of the "Winning Ways" Strategy were to:-

- make hygiene services a priority through leadership
- make roles, responsibilities and reporting relationships clear
- set the right direction and align efforts
- link with prevention and control of Healthcare Associated Infection teams
- get service users involved
- get staff involved
- keep external contractors in close check
- use information to monitor and evaluate performance and feedback

In May 2009 HIQA launched the National Standards for the Prevention and Control of Healthcare Associated Infections. Dr. Tracey Cooper, CEO, HIQA said *"at the heart of driving down Healthcare Associated Infections in Ireland will be the willingness,*

commitment and behaviour of people – people providing the services and also people receiving them. Many of the components of these national standards are about embedding behaviours that should be focused on driving a mindset of zero tolerance to Healthcare Associated Infections".

Completion of National Standards for the Prevention and Control of Healthcare Associated Infections

The National Standards are designed to promote an environment that maximises safety, quality and accountability in health and social care services. Importantly, they drive a culture of responsibility and accountability among all staff involved in the management and delivery of health and social care services - all of whom must play their part in preventing and controlling Healthcare Associated Infections. Mr. Brian Conlan, CEO led a multidisciplinary steering committee to oversee the completion of the standards template provided by HIQA.

There are 12 National Standards for the Prevention of Healthcare Associated Infections. Each standard was assigned to a team leader to complete the relevant standard, provide the documented evidence and put in place a quality control plan to address and mitigate against risk. Except where the standard had a specified time frame, plans had to encompass a programme of changes leading to full compliance with the National Standards in Acute Hospitals within 12 months of the date of publication.

The Mater Hospital completed the self assessment and forwarded this to HIQA by the due date in November 2009.

Hospital Hygiene Report Continued

Hygiene Services

The existing National Hygiene Services Quality Review 2008 standards and criteria will continue to provide a useful framework to plan and monitor hygiene services. The National Standards for the Prevention and Control of Healthcare Associated Infections have been developed to incorporate the key safety and quality requirements for hygiene services. Notwithstanding this, and particularly in the interim period of the gap analysis of the new standards, HIQA informed the hospital in August 2009 of their plans to monitor compliance of the National Hygiene Services Quality Standards.

Their focus in their monitoring phase would primarily be on **service delivery** under the following headings:-

- cleanliness of the physical environment and facilities, including ward and departmental kitchens
- cleanliness of equipment, medical devices, cleaning equipment and cleaning devices
- hand hygiene practices
- waste management practices
- linen management practices

The Authority's findings will be published in individual reports. The HIQA monitoring team will comprise four HIQA staff members and will visit a minimum of eight patient areas. As at the end of 2009 the HIQA team had not visited the Mater Hospital

Conclusion

Through the various initiatives, leadership, reports, quality reviews and quality improvement plans, we have continued to place hygiene standards at the forefront of our endeavours. 2009 has been a challenging year for all with budget restrictions and resources curtailed. We have endeavoured to shield our

hygiene services from the economic difficulties that have hit our own budgetary situation. We will continue to strive towards excellence in our management of hygiene services and service delivery strategies as set out in the HIQA standards. Creating and maintaining the right culture within the hospital is essential to the continued improvement in hygiene standards.

We must sustain the changes and focus placed on this vital service, promote and apply rigorously and consistently the measures shown to be effective in improving the standards and contributing to a reduction in the risk of healthcare associated infection. All staff have an important role to play in ensuring continued high standards in infection prevention and control and cleanliness. Health Associated Infection still presents us all with a great challenge. The statistics for the Mater in 2009 show an improving situation and a forward momentum to reach the targets set nationally. We cannot become complacent but must drive on and ensure that excellent hygiene practices including the practice of good hand hygiene is established as the norm in our hospital. A clean environment is extremely important in its own right and is central to patients receiving safe, comfortable, reassuring and welcoming care.

I would like to acknowledge the hard work and contribution of all staff, our patients and visitors in helping us maintain a clean, safe environment for all. However we do acknowledge that there is more to do. We must build on the progress achieved to date, focus on all clinical and non-clinical areas throughout the hospital, and empower staff, patients and visitors to maintain high standards of hospital hygiene. Our aim is to maintain a safe and hygienic environment for our patients, staff and visitors and contribute to the

Hospital Hygiene Report Continued

prevention of healthcare associated infections.

Martin Igoe

**Head of Non Clinical Support
Services**

Infection Prevention and Control

Introduction.

This is the third annual report from the Infection Prevention and Control Team.

In March 2009 the CEO became the Chair of the Infection Prevention and Control Committee. The membership of the committee was revised and terms of reference developed.

The committee is now an executive committee in its own right and reports directly to the Board via the CEO.

The committee meets quarterly and all meetings were held last year.

Infection Control Policies.

The following national guidelines were released from HPSC and SARI:

National Guidelines for the Control of Legionellosis in Ireland, 2009 HPSC

Infection Prevention and Control Building Guidelines for Acute Hospitals in Ireland (2009) SARI

The above policies will be incorporated into the revised edition of the Guidelines and Procedures for the Prevention and Control of Infection manual.

Education and Training.

Members of the IPCT continue to perform mandatory infection control education at corporate induction plus updates for all staff. In addition extra education is provided in clinical areas depending on local needs.



Ongoing education for the infection control nurses was continued throughout the year both at local level and attendance at national conferences.

A member of the team qualified this year from the RCSI Faculty of Nursing, with a Higher Diploma in Infection Control. The team now has 2 qualified infection control nurses.

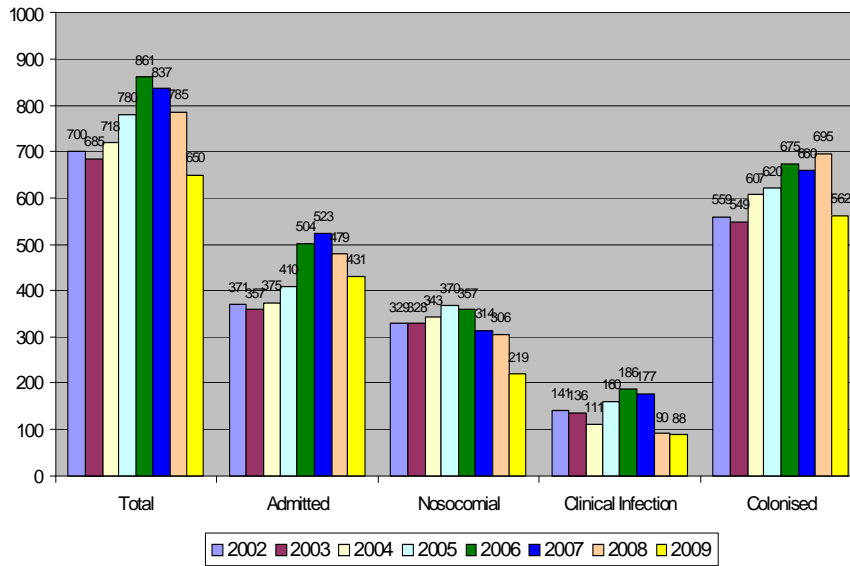
Mandatory education in Hand Hygiene was also continued and has been incorporated into the Interns educational programme.

Audit / Surveillance.

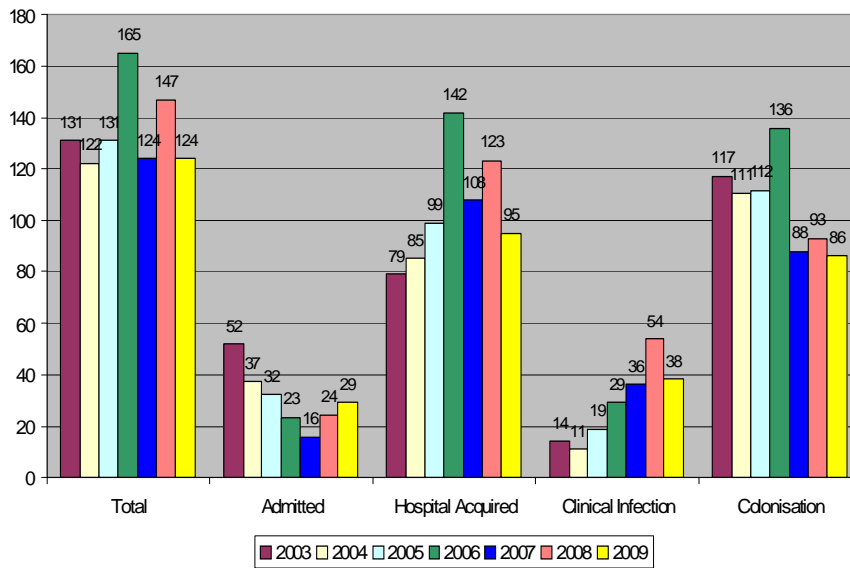
The ongoing monitoring of the rates of MRSA, Clostridium difficile, VRE and Norovirus for the hospital was continued and added on this year the number of patients admitted with Probable / Confirmed Influenza A (H1N1). These figures will be presented to the Infection Prevention and Control Committee at the first meeting of the year.

Infection Prevention and Control Report Continued

MRSA Summary Audit January to December 2002 - 2009

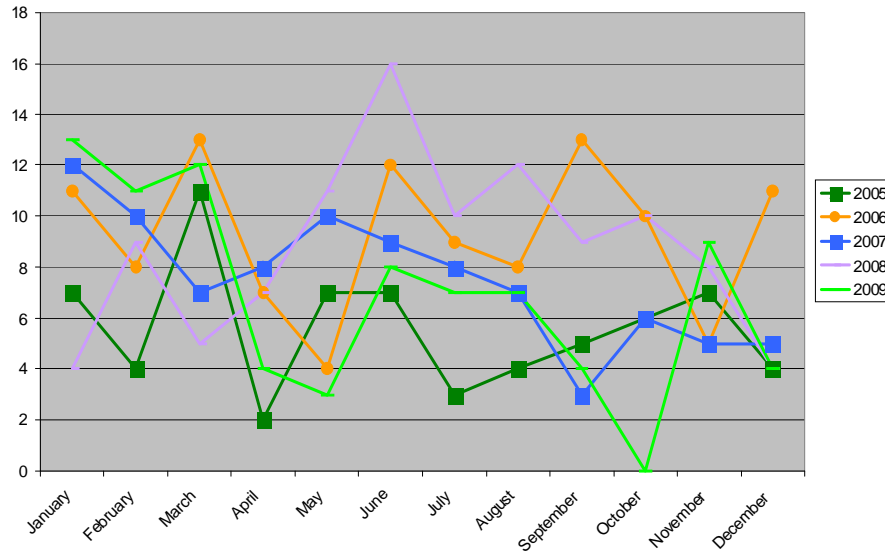


VRE Audit Summary January to December 2003 - 2009



Infection Prevention and Control Report Continued

Clostridium difficile audit 2005 - 2009 summary
Nosocomial C. difficile toxin positive



Clostridium difficile

2009	2008	2007
105 samples positive for C.diff	144 samples positive for C.diff	116 samples positive for C.diff
6 from GP / Other healthcare facilities	9 from GP / Other healthcare facilities	0 samples from GP / Other healthcare facilities
82 patients had healthcare related C.diff	105 had healthcare related C.diff	91 patients had healthcare related C.diff
17 patients admitted via the Emergency Department	30 patients were admitted via the Emergency Department	25 patients admitted via the Emergency Department

Total for 2009 = 99 patients treated for Clostridium difficile

Total for 2008 = 135 patients treated for Clostridium difficile.

Total for 2007 = 116 patients treated for Clostridium difficile.

**Norovirus: Summary of Results in
Mater Hospital**

	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>
Specimens to Virus Reference Lab	565	361	234	326	302	472
Specimens Confirmed Positive	111	24	79	39	29	140
No. Wards involved (incl ICU/HDU/SCU) Total = 28	15	5	17	15	14	21

Norovirus: Summary of Results in Mater Hospital

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In August of 2009 we commenced reporting to the HPSC the Enhanced Surveillance data of Clostridium difficile. This is an ongoing project.

Surgical site surveillance in Cardio –Thoracic surgery was recorded and information relayed to the relevant surgical and nursing teams.

The weekly surveillance of MRSA in ICU for the HPSC was also continued.

Influenza A (H1N1)

A hospital Pandemic committee was formed in 2008 to put in place, policies and procedures for the hospital to deal with an influenza outbreak.

With the advent of the Influenza A (H1N1) pandemic the hospitals final plan was formalised and signed off. This plan reflected all the necessary mandatory requirements from the HSE that each hospital was required to put in place.

Several education sessions were arranged to which there was an excellent response. Education sessions included not only Mater staff but also the community services.

Two vaccination clinics were held in the Pillar Room and a total of 1,758 staff were vaccinated.

There was also a clinic held for the community services and 44 staff attended.

A total of 31 in house “high risk “ patients were also vaccinated.

Influenza A (H1N1)

- Summary of the impact of H1N1 in the hospital
- 7th July – 30th December inclusive, a total of 140 patient swabbed for H1N1
- 118 of these were positive
- 14 of the 22 were discharged home without admission
- 7 of the 22 were transfers from other hospitals to ICU
- 1 patient was an in house transfer to ICU
- All 118 patients with negative swabs were admitted to the hospital
- 49 of the 118 had an average length of stay of 3 days
- Remaining 69 patients length of stay varied between 2 weeks – 4 months

HIQA National Standards for the Prevention and Control of Healthcare Associated Infections.

The standards were released in May 2009 and each hospital had until the end of November to complete their “Gap analysis” and develop their Quality Improvement Plans and carry out their self-assessment.

The CEO took the lead a steering group was formed and each standard was allocated to a team leader. Each team leader then had to put together the necessary documentation and develop their QIP’s. The team leaders met on a regular basis to review progress pass on relevant information as there was overlapping on some of the standards.

All QIP’s and necessary documentation was forwarded to Lisa McDowell, Infection control secretary, who then inputted the information onto the self-assessment tool. The self-assessment tool was then forwarded to the HSE by the end of November.

The implementation of the standards will be priority for 2010.

Projects 2010.

- Implementation of the National Standards for the Prevention and Control of Healthcare Associated Infections.
- Develop a strategic plan for Infection Prevention and Control
- Completion of Hand Hygiene audits and implementation of local action plans for areas of non compliance
- Maintain education for all areas within the hospital
- Completion of the Quality Improvement Plans
- Reviewing and updating the Infection Control Manual

Celine O’Carroll

**Assistant Director of Nursing,
Infection Control**

Mater Misericordiae Hospital
Statistics for Annual Report 2009

	2009	2008	2007	2006	2005
Admissions					
Emergency	9,198	9,628	9,158	8,978	8,618
Elective	3,466	3,378	3,742	3,573	3,303
Non Elective	3,235	3,546	3,501	3,590	3,076
Total	15,899	16,552	16,401	16,141	14,997
Emergency	58%	58%	56%	56%	57%
Elective	22%	20%	23%	22%	22%
Non Elective	20%	21%	21%	22%	21%
Discharges					
Inpatient	15,882	16,539	16,402	16,096	14,960
DayCase (includes dialysis from 1/7/09)	40,294	33,413	28,877	29,741	27,087
Total	56,176	49,952	45,279	45,837	42,047
Average Length of Stay (days)					
	11.9	11.7	11.75	11.54	12.00
Accident & Emergency(attendances)					
New	41,202	44,269	44,640	43,637	41,243
Return	3,493	3,865	6,557	6,412	5,869
Total	44,695	48,134	51,197	50,049	47,112
Outpatient Clinics					
Attendances	198,751	197,415	182,186	172,161	154,221
Departmental Workload Statistics					
Theatre					
Cardiac	763	831	864	877	862
Main Block	4,408	4,403	4,993	4,806	4,277
Phase 1a (incl day surgery)	7,796	8,136	7,289	7,690	7,721
Total	12,967	13,370	13,146	13,373	12,860
Radiology					
Main Dept	114,240	114,836	105,997	105,087	97,034
A&E	32,818	38,338	36,284	34,154	32,322
MRI	6,692	5,851	5,114	5,168	4,154
Total	153,750	159,025	147,395	144,409	133,510

2008 now excludes status A as requested by Radiology dept

Mater Misericordiae Hospital
Statistics for Annual Report 2009

	2009	2008	2007	2006	2005
Laboratory					
Tests Performed	4,723,161	4,732,990	4,457,892	4,015,262	3,565,913
Physiotherapy					
Visits	80,139	87,161	80,812	76,572	67,025
Occupational Therapy					
Visits	11,181	8,492	31,849	30,756	23,142
Speech & Language Therapy					
Visits	8,760	34,685	31,617	30,429	26,032
Social Work					
Visits	10,068	40,393	38,519	43,936	39,342
E.C.G					
Total Procedures	17,961	17,316	16,176	16,741	16,148
Clinical Nutrition & Dietetics					
Attendances	23,091	25,195	25,033	23,588	24,252
Renal Unit					
Dialysis Procedures Performed	11,589	11,504	10,824	10,971	8,987

Mater Misericordiae Hospital
Statistics for Annual Report 2009
Patient Statistics 2009

	Total	Admissions by Source			Bed Day	Inpatient	ALOS	Day Cases
		Elective	Emergency	NonElective	Total	Discharges		
Division of Medicine								
Dermatology	41	7	4	30	379	41	5.40	5,675
Cardiology	1,145	154	506	485	12,226	1,319	7.80	1,874
Endocrinology	902	11	870	21	10,879	824	11.20	5
G.I	1,145	113	915	117	13,315	1,020	10.40	5,749
Respiratory	1,258	229	895	134	17,787	1,211	14.40	564
Infectious Diseases	1,088	42	964	82	13,136	982	12.60	10
Med for the Older Person	526	11	472	43	15,678	505	30.80	384
Gen Medicine	247	5	212	30	3,895	204	18.30	4
Nephrology	596	72	374	150	9,236	623	14.80	5,045
Oncology	383	179	104	100	4,287	418	11.50	4,540
Haematology	210	107	36	67	4,641	224	22.20	1,717
Rheumatology	435	11	411	13	7,955	365	17.00	704
Neurology	229	83	80	66	10,548	403	25.20	218
Psychiatry	174	17	122	35	4,775	178	22.80	12
Pain Management	34	25	3	6	144	32	4.40	1,158
A&E/ Other	421	1	419	1	4	399	1.00	5
Total Division of Med	8,834	1,067	6,387	1,380	128,885	8,748	13.70	27,664
Dialysis moved from OPD Jan to June								5,399
Total								33,063

Mater Misericordiae Hospital
Statistics for Annual Report 2009
Patient Statistics 2009

Division of Surgery	Total	Admissions by Source			Bed Day	Inpatient	ALOS	Day
		Elective	Emergency	NonElective	Total	Discharges		Cases
Cardiac Surgery	662	306	61	295	13,303	737	19.00	44
ENT	509	103	151	255	4,358	514	8.60	2,579
Gen Surgery	2,747	1,034	1,327	386	24,347	2,613	8.70	2,063
Gynaecology	296	144	44	108	2,333	331	7.00	449
Ophthalmology	649	265	155	229	2,777	623	4.70	4,345
Dental	62	22	35	5	245	65	3.80	60
Orthopaedics	1,258	73	716	469	18,905	1,245	14.10	949
Plastic Surgery	430	170	215	45	2,072	431	4.60	1,183
Urology	452	283	107	62	3,624	575	6.60	958
Total Division of Surgery	7,065	2,400	2,811	1,854	71,964	7,134	9.82	12,630
Total Hospital	15,899	3,467	9,198	3,234	200,849	15,882	11.90	45,693
%		22%	59%	21%				

note ALOS calculated on LOS (not beddays)

Mater Misericordiae Hospital
Statistics for Annual Report 2009
Expenditure Analysis

Total Net Expenditure	2009	2008	2007	2006	2005
	€000	€000	€000	€000	€000
Payroll	194,415	188,735	178,784	165,514	149,076
Nonpay	84,156	84,874	80,469	76,597	72,506
Income	(40,874)	(28,211)	(25,782)	(22,067)	(20,227)
	<u>237,697</u>	<u>245,398</u>	<u>233,471</u>	<u>220,044</u>	<u>201,355</u>

Payroll Costs Analysis

Management/Administration	19,893	20,223
Medical	47,040	44,253
Nursing & Allied	76,834	75,353
Paramedical	25,442	25,809
Support Services	11,363	12,160
Maintenance	2,391	2,470
Pensions/Other	11,452	8,467
	<u>194,415</u>	<u>188,735</u>

NonPay Analysis

Direct Patient Care	47,719	47,760
Support Services:		
Clinical	8,945	8,661
Non Clinical	15,766	16,994
Administration	11,616	11,402
Bank Interest & Charges	110	57
	<u>84,156</u>	<u>84,874</u>

Income Analysis

Payroll Deductions	19,929	10,392
Cafeteria Income	1,275	1,728
Patient Income	13,960	13,352
Sundry Income	5,710	2,739
	<u>40,874</u>	<u>28,211</u>

MATER MISERICORDIAE UNIVERSITY HOSPITAL
YEAR ENDED 31ST DECEMBER 2009
PROFIT AND LOSS ACCOUNT

	2009	2008
	€000	€000
Turnover:		
Revenue Grants(net)	243,490	249,772
Other Income	<u>40,874</u>	<u>28,211</u>
Total Turnover	284,364	277,983
Costs:		
Payroll and Related Costs	(194,415)	(188,735)
Non Pay Costs	(84,046)	(84,817)
Depreciation	(5,829)	(4,579)
Total Operating Costs	<u>(284,290)</u>	<u>(278,131)</u>
Profit/(Loss) on Ordinary Activity before Interest	74	(148)
Interest Receivable and Similar Income	19	158
Interest Payable and Similar Charges	<u>(129)</u>	<u>(215)</u>
Loss for the Financial Year	<u>(36)</u>	<u>(205)</u>

(Extract from Audited Financial Statements)

MATER MISERICORDIAE UNIVERSITY HOSPITAL
BALANCE SHEET
as at 31ST DECEMBER 2009

	2009	2008
	€000	€000
FIXED ASSETS		
Tangible Assets	19,109	18,654
Investments	-	-
	<u>19,109</u>	<u>18,654</u>
CURRENT ASSETS		
Debtors	52,944	56,621
Stocks	4,408	3,715
	<u>57,352</u>	<u>60,336</u>
CREDITORS - Amounts falling due within one year		
Creditors	(39,735)	(38,758)
Bank Loans and Overdrafts	(16,067)	(20,052)
Finance Leases	(120)	(160)
	<u>(55,922)</u>	<u>(58,970)</u>
NET CURRENT ASSETS	<u>1,430</u>	<u>1,366</u>
TOTAL ASSETS LESS CURRENT LIABILITIES	20,539	20,020
CREDITORS - Amounts falling due after more than one year		
Bank Loans	(431)	(576)
Finance Leases	(98)	(218)
Capital	(19,109)	(18,654)
	<u>(19,638)</u>	<u>(19,448)</u>
CAPITAL AND RESERVES		
Share Capital	1	1
Capital Reserve	936	776
Profit and Loss	(36)	(205)
SHAREHOLDER'S FUNDS	<u>901</u>	<u>572</u>

(Extract from Audited Financial Statements)