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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 year 2008 severely challenged all our plans and objectives. The problems associated with the delayed discharge of non-acute patients was never dropped from management's priority agenda throughout the year without, unfortunately, achieving a satisfactory outcome due to circumstances outside our control.

Also, in our efforts to constantly seek improvement in patients' experiences, the issue of hygiene and infection control received the very highest importance in the deployment of restricted resources and was a subject of every board report during the year. We live with funding constraints and restraints as a matter of course. The year under review experienced some exceptional cost pressures unrelieved by HSE funding. These included the cost effects of reducing weekly nursing hours in June, certain necessary medicine and drug costs and also costs arising from our own initiative in seeking to relieve the delayed discharge problem. Importantly it became clear that we are likely to face acute funding problems in the short and medium-term future.

Mater Campus

A number of pivotal events marked the year. In April the Sisters of Mercy donated a significant site on Campus to the H.S.E. for the new National Paediatric Hospital with room also for a future maternity services development.

Meantime key advance works and decanting of certain hospital departments continued. By end April the Child Guidance Clinic had relocated. End July marked the full transfer, off-site, of the Outpatient's

Department. This enabled work to commence, in September, on our new interim Emergency Department which is designed to improve patient comfort and safety. HSE approval was received in September to proceed with the final stage of advance preparatory works and by December, following the standard tendering process, the HSE board approved the recommendation that John Sisk & Son Limited be awarded the Main Building Contract for the major hospital extension. We appreciate and are grateful to the HSE for their assistance and co-operation in these significant developments, which we expect will see work on the planned new hospital expansion commence in the second half of 2009.

Other Developments

Following the establishment of Dublin Academic Health Care, now renamed as Dublin Academic Medical Centre, which I commented upon in my statement last year, I am pleased to report significant progress. Professor Bill Powderly was appointed as Chief Academic Officer. The appointments of a Director of Post Graduate Education and a Director of Translational Research were also made during the year. A Joint Medical Executive between Mater and St.Vincent's Group has been established and has applied considerable energy on working on a Joint Cancer Strategy.

On the 19th September, President Mary McAleese formally opened the Dublin Neurological Institute at the Mater, the first of its kind in the country. Currently the hospital sees each year approximately 3,500 outpatients with neurological disorders. The neurology team at the hospital now hopes to double the number of patients currently seen,

Chairman's Statement Continued

through the provision of rapid access clinics and specialised nurse led clinics.

On 19th December, Mary Harney TD, Minister for Health, officially opened Ireland's first National Isolation Unit at the hospital. This unit has 12 beds including six single isolation beds under negative pressure, with two of the isolation rooms of high specification separate from the rest of the unit with different air-handling systems. The Unit cares for patients referred from all over Ireland who have both hazardous and highly infectious diseases. The Unit will also provide essential care of infectious diseases stemming from any bioterrorism.

Board and Management

In March, following his successful spell as Acting Chief Executive Brian Conlan was appointed Chief Executive. Brian brings considerable management experience and skill to this position and carries the full confidence of the Board. He will contribute significantly to the success of the hospital at this critical time. In May, Ms Anne Carrigy, our long serving Director of Nursing, and Head of Corporate Affairs, resigned to take up a senior appointment at the HSE as Director of the Serious Incident Management Team. We thank her most sincerely for her significant contribution to the hospital over many years of distinguished service and wish her every success in her new appointment. In June we welcomed Ms. Caroline Pigott, Director of Finance, to the Board. Caroline will have a crucial role in guiding the Board in the present environment of severe financial challenge. In September we welcomed Ms. Mary Day as our New Director of Nursing and as a member of the Board.

All other members of the Board served throughout the year. I wish to take this opportunity of thanking each Director for their commitment, loyalty, advice and assistance in the conduct of the affairs of the hospital throughout the year.

I wish also to thank most sincerely all our staff for their work, commitment and dedication to our patients and for seeking at all times to live up to the ethos and mission we all at the Mater espouse.

Outlook

Board objectives in 2009 will seek to maintain the momentum to achieve the delivery of the state of the art hospital expansion we so urgently need. We will take all necessary steps within our control to bring this to fruition whilst recognising an increasingly difficult economic environment. The Board will also give every possible assistance to the HSE in the planning and development of the much needed National Paediatric Hospital on the campus.

Progress in establishing the Dublin Academic Medical Centre will continue. However, it is becoming increasingly difficult to plan in the absence of any discernible national strategy over critical areas of health service planning and delivery.

Whatever the future challenges we will continue to concentrate on the paramount principle which is the welfare and good of all our patients. All our objective setting and planning activities are undertaken with the object of serving that goal.

Mr. John Morgan
Chairman

Chief Executive's Report

I am pleased to present this report on the performance of the hospital for 2008.

The primary executive management and operational focus for the year centred on achieving planned levels of activity on the basis of ELS (Existing Levels of Service) to be delivered within financial limits in line with the hospital's quality agenda.

The hospital incurred a financial loss of €215k on its activities for 2008 against a budget of €248m. This effectively represents a balanced budget performance for the year.

During 2008, HSE targets under ELS (Existing Levels of Service) for inpatient and day cases were exceeded with over 49,000 patients discharged. Outpatient attendance increased significantly over 2007 levels during 2008, with almost 200,000 attendances at clinics. Emergency Department attendances were in excess of 48,000, a slight reduction on 2007 levels. This reflects the success of both hospital and community working on reducing ED attendances i.e. Extended GP services, Community Intervention Teams etc. (CIT's).

Access to hospital services during 2008 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 2008 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.

The second National Hygiene Audit was completed in September 2008. The hospital was placed 5th of 50 hospitals overall in terms of adherence to the standard criteria scoring 33 A's, 20 B's and 3 C's. While achieving this significant result and improvement, the hospital's overall rating of FAIR remained in place.

In 2008 the hospital completed its first staff audit with the support of the Partnership Committee. The overall outcome of the evaluation was positive. From the information it is clear that the hospital is a good place to work with staff reporting high levels of satisfaction with their work as well as a strong sense of affiliation with the hospital and the hospital itself being held in high regard.

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Chief Executive's Report Continued

The Risk Management Department introduced the Electronic Incident Report Form in 35 wards and departments during the year. This replaces the previous manual / paper based form and assists the Risk Management Department in following up and managing incidents in real time. This will, overtime result in a reduction in incidents thereby creating a safer environment for patients, visitors and staff.

The tender for the Adult Hospital Development was finalised towards the latter part of 2008 with John Sisk and Son emerging as the successful bidder in January 2009. Enabling works on site are due for completion in July 2009 and building works will commence in September 2009 with a completion date in early 2012.

The hospital met its headcount targets for 2008 and remains within the HSE employment ceiling as at 31st December 2008, exclusive of recoverable positions.

Other significant achievements during 2008 were:-

- Establishment of the Board of Dublin Academic Medical Centre (DAMC).
- New Consultant Contracts in place. In excess of 75% of consultant staff have signed the new contract.
- Opening of the Dublin Neurological Institute at the Mater Misericordiae University Hospital by President Mary McAleese.
- The Mater Hospital was designated one of 8 cancer centres nationally.
- Positive casemix outcome for 2009.
- Complex Discharge Unit opened in St. Marys in Phoenix Park, run by PCCC in conjunction with the

Mater Hospital funded by the Innovation Fund.

- Appointment of Ms. Mary Day as Director of Nursing following the resignation of Ms. Anne Carrigy who left the hospital after 30+ years of service for a new position in the HSE.

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 2008.

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 2008, the eight session course in Bioethics by Dr. Alan Kearns, was repeated in February/March. Participants included staff from the Mater, Beaumont, Temple Street, St. Francis Hospice, Bon Secours, Catherine McAuley House and Holles



Street Hospital. The course focused on: Principles of Healthcare Ethics; Ethical Theories; Ethical Decision Making; End of Life Decision Making; Consent and Informed Decision Making; Confidentiality; 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.

During January/April, a five session course: "Making Links: Faith and the Workplace" was given by the Manresa Team for Members of the Mission Effectiveness Committee. This included inputs on Catholic Social Teaching; Spirituality at Work; The Dignity of Work; The Dignity of the Person at Work; Work and Family Life; Work/Life Issues in the light of the Social Teachings of the Church and Gospel Values; Ecology,

Director of Mission Effectiveness Report Continued

the Environment and Stewardship of the Planet; Globalisation and the Widening Gap between First and Third World Countries. Each session was followed by a period of reflection and discussion.

In May, an afternoon of quiet reflection for the members of the Mission Effectiveness Committee was facilitated by Sr. Nora McCarthy at the Redemptistine Conference Centre, Glasnevin. Four members of the Mission Effectiveness Committee attended a conference on "Mercy in a Global World" at Mercy International Centre, Baggot Street in June. Speakers included Sr. Deirdre Mullan (Mercy Office at the UN) and St. Carol Rittner (Mercy Global Concern)

In July a series of presentations on Core Values were given to approximately 70 staff of the Cardio Thoracic Unit, Intensive Care Unit and High Dependency Unit. Presentations were also provided for staff of the Spinal Injuries Unit, CPE students, Health Records and Porter Staff.

The Annual Mission Awareness Week took place in September. The theme for the week was "Values in Action". Each department chose a value from among the values enshrined in the Mission Statement and indicated how that value is given expression through its daily work. In all, 60 posters were exhibited. Thanks to Noirin Bannon whose assistance with the communications aspects of the event was invaluable. 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.

In October/November, Dr. Alan Kearns facilitated six sessions on the Mater's Ethical Code. Sixty staff from across the disciplines attended.

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: World Day of the Sick was celebrated on February 11th and on February 17th the Annual Mass of Thanksgiving for the Transplant Recipients and their Donors was celebrated.

The Director of Mission Effectiveness engaged 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. This is duly acknowledged and much appreciated.

The 'Thought for the Day' continues to be mounted on the Mater web each day. Many thanks to the IT Department for all of their help in formatting and supporting this feature. A compendium of the Social Teachings of the Church and copies of the various Social Encyclicals were

Director of Mission Effectiveness Report Continued

purchased and placed in the hospital library for use by staff and students. Thanks to Angela Rice, Library Manager, for making space for these items and for facilitating us in every possible way.

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 Finance, 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) before the adjustments to deferred income amounted to €248,350,735, an increase of 6% over the amount recovered in 2007. The majority of the increase relates to amounts allocated in respect of pay awards, a number of new initiatives and also increases to reflect non-pay medical inflation and service pressures.

The deficit for the year was €205,415 (2007 - €44,285). Under the terms of the provider plan agreed with the HSE the accumulated deficit at 31st December is a first charge on the following year's grant, and accordingly the cumulative deficit at 31 December 2007 of €44,285 has been offset against the revenue grant received in 2008.

Key financial milestones achieved in 2008 were:-

- Statutory external audit of controls / 2007 financial statements, completed in advance of deadline with clean audit opinion and financial breakeven.
- Satisfactory internal audit opinion – Materials Management Department; overdue invoices and compliance with EU directive on Late Payments
- Achieved €0.2m positive Casemix adjustment in 2008 (based on 2006 activity / costs) demonstrating that the hospital is operating efficiently and delivering value for money
- Mater inpatient CMI (national measure of workload complexity) for 2008 (based on 2006 activity) was 2.03 (consistently) highest in the country.



- 4 HIPE coders completed the Comprehensive Medical Terminology Course (CMTC), Australia – (only Irish hospital)
- Establishment of Procurement & Equipping Committee
- Fixed Assets Register compiled – assets tagged
- Compliance with IMR reporting deadline to HSE – reduced by 3 days to 15th of month
- Extensive work involved in ongoing implementation of payroll changes:
 - Nursing 37.5 hour week
 - 2008 Consultant Contract (work in progress)
 - Pay awards
 - Nurse bank
- Adhered to headcount targets throughout the year

Ms. Caroline Pigott
Director of Finance

Director of Nursing

Report

There have been significant changes in nursing since the publication of the Commission of Nursing in 1998. The advent of nursing specialisation and the opportunity for nurses and midwives to expand the scope of practice, the implications of nurse prescribing, and the training and wider deployment of health care assistants present a unique challenge for nurses and midwives to re-define their roles and, in the process, to re-define healthcare delivery.

Commencing in my role as Director of Nursing for the Mater Misericordiae University Hospital I believe there is a real opportunity for nurses, in the context of the current climate to embrace new methods of care delivery that will provide a quality service that is truly people-centred. It is now an opportune time for a review of traditional health care roles and professional boundaries.

There will be many challenges as well as opportunities in my role as Director of Nursing. The key aspirations I have for the coming year are:

- Further develop nurse led initiatives and maximise multi-professional collaboration
- Maximise the potential for individuals to achieve their growth and potential
- Develop a Practice Development Programme for ward leaders where practitioners can be facilitated to learn from practice, introducing work-based learning
- Build capacity for nursing research, which will take place in practice

and inform practice to improve patient outcomes



It is my ultimate goal for the year ahead and into the future, with the senior nursing management team, to ensure the provision of high quality nursing care, where the patient is at the centre of all we do and quality and safety is at the heart of the organisation.

Ms. Mary Day
Director of Nursing

Clinical Support Report

This year we continued to advance our patient-focus culture by forging links with Cáirde, an organisation dedicated to improving ethnic minority access to health services.

Key Achievements in 2008:

- Guidelines for responding to written complaints produced
- Recommendations form introduced for department heads when responding to written complaints
- Presentation on local resolution provided to staff
- Workshop on Learning From Complaints in preparation
- A joint project with the Information Management team enabling typed correspondence to be held electronically against the patient record and viewed by authorised users, thus further supporting the development of the electronic patient record
- The Health Records department was involved in the transferring of 30 clinics to the Mater Dorset Street Clinic
- The Health Records department is currently launching the National Hospitals Office Healthcare Records Chart
- A major decant of inactive case notes to offsite storage was undertaken in order to facilitate storage of current notes in a safe and easily accessible environment
- One of our chaplains attended the European Chaplains Conference in Estonia
- Freedom of Information Officer, in conjunction with the Voluntary Hospital FOI Network, made a submission on the proposed draft amendments to current regulations and guidelines on access to records of the deceased
- Roll out of document templates for use by all staff
- Participation in Hospice friendly Hospital's communication subgroup
- Facilitated development of whole hospital policies



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

Non Clinical Support Report

Improving the built environment of the hospital is a contributory factor to improved hygiene and hygiene practices as well as improving the patients' experience and staff working conditions.

Development works completed in 2008 include:

- Refurbishment of St. Bernard's Ward incorporating the National Isolation Facilities
- Provision of 4 additional high dependency beds and related facilities
- Re-location of 30 outpatient clinics to the Mater Clinic, Dorset Street, improving greatly the facilities for outpatients. This relocation allows for the expansion of the Emergency Department, the first phase of which will be completed by year-end
- Relocation of Mater Child Guidance Unit and School to a new facility in James Joyce Street
- Provision of additional space for the Pathology Department
- Completion of Neurological Institute officially opened by President Mary McAleese
- Refurbishment of Freeman Auditorium
- Completion of Respiratory / Lung Health Centre at 56 Eccles Street
- Relocation of EEG and EMG facilities to Level 0
- Infrastructural improvements in energy, water and environmental facilities

Other developments completed or in progress include new Radiology



Intervention Room and Ultra Sound Room, ward upgrades in Spinal Injuries, St. John's Ward, Theatres and provision of additional Theatre storage area.

Developments planned for 2009 include:

- Completion of interim Emergency Department works
- Provision of day care facilities for the older person (vacated convent)
- Mortuary / Post Mortem facility refurbishment
- Theatre in-fill
- Continuation of water system upgrade
- Provision of additional Cardiovascular Laboratory
- Enlargement and re-design of the Pre-Assessment Unit
- Fire protection upgrade works

Mr. Martin Igoe
Head of Non-Clinical Support

Human Resources Report

Despite two national disputes with the Health Service Executive this year, one involving Psychiatric Nurses represented by the PNA for a number of weeks and the other involving Clerical, Administrative and Allied Health Professionals represented by IMPACT for four months, the stable employee relations climate here at MMUH facilitated the maintenance of services to our patients throughout 2008. This is in no small part due to the ongoing willingness of most parties within the hospital to reach amicable resolution of issues at local level wherever possible.

From a recruitment perspective the diversity, quantity and availability of high calibre candidates increased and the number of vacant positions dropped in all staff categories across the hospital. Steady progress has been made on a number of HR quality improvement plans including the development of a whole hospital policy and a set of procedures and guidelines on Recruitment & Selection; the development and implementation of the booklet on Sickness Absence and the implementation of first whole hospital Staff Evaluation.



Mr. Paul Burke
Head of HR

Information Management Services Report

The role and reliance on information technology throughout the hospital is ever increasing.

Key Activities In 2008:

- Business Continuity Planning (BCP) - commenced a major BCP project to provide data replication to our new Data Centre and high availability to two critical systems; Hospital and Laboratory Information Systems
- Management Reporting – the delivery of statistical information to the HSE via the HealthStat Hospital Dashboard
- Patient Documents – all typed patient related letters/documents now associated with the patient's record on the Hospital Information System - PatientCentre
- The delivery of IP Telephony to Neurology and Mater Clinic (OPD)
- Decanting and enabling ICT services for Mater CAMHS in new Metropolitan Building
- Development of the national spinal injuries electronic referral system via PatientCentre – piloting with Waterford Regional Hospital & St Vincent's Hospital
- Implementation of Room Booking software
- Cathlab - hospital-wide availability and secure storage of CathLab images
- Electronic version of Risk Management Occurrence Form available via MaterNet
- Development of Neurophysiology & Vascular Reporting within PatientCentre



Automation of laboratory requests and reporting from St. Mary's Hospital via HealthLink

Hospital Library and Information Service

In 2008, there was much development of the library web page. In addition to links to online databases and journals, new web pages were produced as follows:-

- Staff publications
- Can't Tell Bacon From Hollywood? Guide to Short and Full Titles of Irish Health-Related Documents
- King's Fund Current Awareness Bulletin
- Links to surgery and physical examination videos

There was also increased demand for tutorials and classes on search techniques and other types of information skills. We hope to develop this further in 2009.

Deirdre Hyland
Head of Information Management Services

Corporate Affairs Update

Health Promotion

2008 saw health promotion in the Mater advancing the holistic approach to wellbeing through the introduction of live music directly into the wards. Feedback has been extremely positive; patients found it relaxing and a generally positive experience. We are expanding it to involve the local community. St Dominic's College in Cabra are performing in December and will do so again in 2009.

Continuing on the arts theme, an art therapy project started in November and will continue into 2009. We have also reached the end of the 2008 initiative to promote staff healthy eating through the launch of the Staff Healthy Options Recipe book due out at the staff wellness day on December 11th.

Health & Safety

Eye Safety Awareness Day – annual event held on 26th June this year. Facilitated by Bolle – information on safety at work and at home. Sunglasses raffled as prizes for attendees.

Fire Safety Awareness Day – 10th October 2008

Annual attendance by the Dublin Fire Brigade at the Concourse. Information and 12 prizes of Fire Safety home packs were provided.

Pre Fire & Emergency Planning

October 8th, the first multidisciplinary Pre Fire and Emergency Planning drill with the Dublin Fire Brigade took place at St. Agnes' Ward – roll out throughout the hospital in 2009.

European Safety Week: 20th – 27th October 2008

A number of events held and information packs provided to staff.

Quality & Accreditation

Corporate Affairs Conference - September 2008

The Corporate Affairs Department held a successful conference entitled "*Safeguarding a Patient Centred Service*" on 12th September 2008 which highlighted the role of the Corporate Affairs group in supporting the clinical areas in safeguarding patient centred care.

Integrated Care Pathways (ICPs):

Seven new ICPs will be completed by the end of 2008.

Business Continuity Management (BCM)

Work is ongoing in relation to BCM including audits in relation to the process. Goal is to achieve British Standard 25999 accreditation in 2009.

Quality Database

Continuous work is being done on the hospital quality database. It has recently been updated to include 167 hospital-wide quality projects.

Hospice Friendly Hospitals Programme

We are participants of the Hospice Friendly Hospitals Programme.

Corporate Affairs Report Continued

Risk Management Department**Achievements of 2008**

- **2008 Annual Incident Report**
- **New Paper and Electronic Risk Management Occurrence Report Form** - launched in April 2008
- **HSE National Achievement Awards 2008:** MMUH won HSE Quality & Safety Stream Award in April 2008
- **Education on clinical & non-clinical risk management** is an integral part of our NCHD/Nursing and General Staff Induction Programme
- **Drug Safety:** Our established Drug Safety Committee works primarily in the interests of patients to promote safe medication practices
 - Analysis of all reported medication variances for 2007 compiled and sent to Medical and Nursing Executives with recommendations for actions
 - Current Drug Chart was audited and re-launched
 - Installation of new fridges to accommodate pharmaceutical products
 - New outpatient/discharge prescription and policy launched Safety Alerts
 - Drug Safety Facilitator appointed
- **Falls Prevention Tool** - developed to reduce the number of patient falls
- **2008 Approved Risk Management Policies** – Confidentiality Policy, Missing Patients Policy, Consent Policy and Patient Identification Policy
- Risk Assessment Training
- Root Cause Analysis Training

Goals for 2009

- Continued Risk Assessment Training
- Continued Education on Clinical & Non-Clinical Risk Management
- Root Cause Analysis Training
- Crisis Prevention Intervention Training
- Drug Safety E-learning Package for Clinical Staff
- The development and updating of Risk Management Policies
- Introduction of Correct Site Surgery Guidelines

Pathology Report

The Pathology department has experienced many changes and improvements in the year 2008. A new Laboratory Manager – Ms. Pauline McGrath, was appointed and took up post in March of this year.

Key Activities In 2008:

- All seven laboratories in Pathology have obtained CPA Accreditation status. The new pathology extension has facilitated this process as it provides staff facilities – this had been an outstanding issue with one of the CPA standards.
- An award was received at the Irish Healthcare Awards 2008 for 'Excellence in Healthcare Management' to Vox-Pro for their work with the Mater Phlebotomy Department in creating and managing their blood test appointment scheduling service.
- Phlebotomy saw the retirement of Maureen Nolan, Senior Phlebotomist and appointment of two new seniors, Siobhan Fitzpatrick and Sharon O'Sullivan.
- Extension of the 'Lean' initiative in Pathology, with training of 15 staff in basic Lean principles and methods. Some of the laboratories are applying this to re-configuration of space to ensure 'best fit for purpose' and will involve some works being carried out in the laboratories.
- Blood Transfusion has installed the REES temperature monitoring system on all of its fridges and freezers. The laboratory and the Haemovigilance nurses have had an active and challenging year preparing for Irish National Accreditation Board (INAB) inspection in order to comply with the EU Blood Directive.



Ms. Pauline McGrath
Laboratory Manager

Radiology Report

The Division of Radiology strives to continuously improve and expand the range and volume of services provided in line with the changing requirements of patients and referring medical teams.

Key Developments In 2008:

- Installation of a state of the art interventional radiology suite in May 2008, which facilitates the ongoing development of the Mater in new technologies for minimally invasive, image guided, diagnosis and therapy.
- In July 2008 a new Fluoroscopy suite was installed, providing upgraded facilities for general screening procedures. It also has angiography capabilities increasing our capacity for Interventional Radiology procedures.
- Upgrading of two ultrasound units allowing greater flexibility for performing all examination types. This has helped to standardise the quality of the imaging across the department. In 2009 we hope to introduce a specialised musculoskeletal ultrasound imaging service.
- In November 2008 the MRI Scanner was upgraded to a Total Imaging Matrix (TIM) class. This upgrade has been tailored to address the specific services provided by the Mater on a national level. Specific advanced imaging packages have been purchased for Orthopaedics, Neurology, Cardiology and Angiography.



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



UCD Clinical Research Centre at the Mater

The UCD-Mater Clinical Research Centre (CRC) strives to improve healthcare and patient outcome, by driving and facilitating patient-focused research. 2008 has seen activities at the UCD Mater continue to grow and it continues to be a major site for state-of-the-art bench-to-bedside research.

2008 has seen the delivery of various key milestones, for example, we opened our pharmacokinetics facility at the CRC, allowing us to closely monitor new and existing therapies. Furthermore, we opened our DEXA scanner facility. These dedicated research facilities will doubtlessly be key to our continuing success and expansion going forward.

In 2008 the dynamic bidirectional links between the CRC and the main UCD campus were strengthened through collaborations with the UCD Conway Institute and the UCD Geary Institute. Furthermore, our efforts have grown significantly through harmonisation with our CRC facility at St Vincent's University Hospital and the creation of a single CRC under the auspices of Dublin Academic Medical Centre.

The growth of the CRC in 2008 is evidenced by headline metrics including;

- 36 principal investigators are now using the CRC facility
- Over 30 peer-reviewed articles published in 2008
- 81 projects (both clinical and laboratory based) ongoing within the centre



In addition the UCD-Mater CRC continues to play a major leadership role in the roll out of national and international research programmes including GeneLibrary Ireland, The Irish Clinical Research Infrastructure Network and the European Biobanking project, BBMRI. These outputs demonstrate the immense impact that the UCD - Mater CRC is having on the local, national and international research environment that will ultimately lead to improved treatments for our patients.

Dr. Peter Doran

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

Dublin Academic Medical Centre

Dublin Academic Medical Centre (DAMC) is a joint venture of the Mater Misericordiae University Hospital (MMUH), St. Vincent's Hospital Group (SVUH) and University College Dublin (UCD) to create Ireland's first academic health centre. In the US and Europe, most internationally recognised teaching hospitals have developed as academic health centres. The DAMC was created on this premise and its mission is to improve the health of patients and the general population, and provide excellent training to healthcare professionals by purposefully linking treatment, teaching and research capability.

In the first phase, the DAMC has been given responsibility for research and medical education at the two hospitals and has been charged with establishing joint medical departments for each specialty, with clear clinical governance guidelines.

The DAMC has appointed Prof. Bill Powderly as Chief Academic Officer to oversee the first phase of this development. The DAMC has also appointed Dr. Dermot Power (Consultant in Medicine for the Elderly at the MMUH) as Director of Postgraduate Education and Prof. Doug Veale (Consultant Rheumatologist at SVUH) as Director of Translational Research. The DAMC has also developed a medical executive committee, composed of representatives from the medical executives of both the MMUH and SVUH and from UCD Medical School, which will assume many of the functions of the existing medical executives. The joint medical executive will, for example, have the

responsibility of developing new consultant appointments at both hospitals and at the Medical School and will oversee the appointments of NCHDs at both hospitals.

Both hospitals face major challenges in the next few years in maintaining their status among Ireland's leading medical facilities. Already, the advantages of a co-ordinated approach have been evident in the emerging national cancer strategy. Although both MMUH and SVUH have been designated as national cancer centres, the development of the DAMC has allowed for a single unitary strategic approach which capitalises on the skills of the many talented professionals working in both hospitals.

Prof. Bill Powderly
UCD Health Sciences Centre

Hospital Hygiene

Maintaining a high standard of hygiene is critical for supporting good patient care practice and maintaining infection control standards. Our aim in the MMUH is to protect patients, staff and visitors and help reduce the incidence of healthcare associated infection. Throughout 2008 we have continued to build on the progress achieved in hospital hygiene. Our focus is on all clinical and non-clinical areas throughout the hospital.

Examples of key achievements in 2008

(In addition to ongoing programmes)

Documentation:

- Hygiene Services Corporate & Service Delivery Plans 2008–2011 reviewed
- Hospital Hygiene Annual Report 2007
- Policy & procedure documents updated
- Terms of reference of committees (Hygiene Services) updated
- Job descriptions for all hospital staff updated and now include responsibility for hygiene
- Hygiene section included on Risk Management Occurrence Form

Hygiene Task Force Committee:

- Hygiene Task Force Committee evaluated
- Patient representative on Hygiene Task Force Committee

Education & Training:

- Hospital hygiene site on MaterNet developed



- Hospital induction programme for new staff reviewed & to include hospital hygiene from Jan 2009
- Feedback / education sessions on 2007 Hygiene Assessment & Report carried out

Service Delivery:

- Trial new innovation in hygiene services i.e. Medigenic Infection Control Keyboard
- Hospital wide audit of alcohol hand gel dispensers and replacement programme
- Further rollout of PEMAC System
- Introduction of MMUH hand hygiene logo mats
- Power wash facility for equipment cleaning
- Onsite glass crusher to recycle glass
- Additional hand hygiene education sessions & Certificate of Attendance developed

Mairead Mulhern
Hygiene Services Standards
Coordinator

INFECTION PREVENTION AND CONTROL

Introduction.

This is the second annual report from the Infection Prevention and Control service of the Mater Misericordiae University Hospital covering the year 2008.

For the past year the hospital particularly at Senior Management level has continued to support the Infection Control team in implementing policies and procedures aimed at reducing healthcare associated infections.

This will be further endorsed in 2009 when the CEO will take the Chair of the Infection Control Committee.

Infection Control Policies.

The infection control team will continue to review and update all policies and procedures relating to infection control ensuring they are in line with national and international standards are evidence based and reflect current legislation.

Infection Control has also been involved with the development of policies for the new High Containment Isolation Unit and this will be continued into 2009.

Other policies under development are the Pandemic Flu plan for the hospital.

Business Continuity Plan.

This was another new initiative for infection control. The development of the plan outlining the issues for the hospital in the event of a major outbreak situation caused by e.g. Norovirus / *Clostridium difficile* was a good educational task for the team.



As part of the Site Recovery team, this has led to further education for the team and a review of our initial plan. This will continue into 2009 as we continue to review and consolidate the infection control plan.

Audit / Surveillance.

The infection control nursing team maintained ongoing monitoring of the rates of MRSA, *Clostridium difficile*, VRE and Norovirus within the hospital. These figures are presented yearly to the Infection Control committee.

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

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

Infection Control Report Continued

Infection Control nursing team also supported the Hygiene Services Coordinator in carrying out environmental audits throughout the hospital prior to the Hygiene audit, which was carried out in September by HIQA.

Education and Training.

Education for the infection control nurses was continued during the year both at local level and attendance at national conferences.

Ongoing education for all healthcare staff within the hospital continued. This involved mandatory attendance at hand hygiene lectures plus education for new and existing staff in infection control.

In May 2008 *Clostridium difficile* became a notifiable disease. All medical and nursing staff were informed of this through in house memos, emails and at meetings. The Infection Control nursing team also produced a Patient Information leaflet which was distributed to all wards.

Committees.

Dublin North SARI Regional Infection Control committee has developed well over the first year. It has produced a newsletter, a report on Urinary Tract Infections within the community of Dublin North area, and held its first Infection Control seminar for the Community services on the 9th December. This was a very successful day, which will be repeated on an annual basis.

Projects for 2009.

1. Main project will be the implementation of the National Standards for the Prevention of Healthcare Associated Infections.

2. Development of an Integrated Care pathway for *Clostridium difficile*.
3. Continue to develop the BCM documentation.
4. Continue to develop the Pandemic Flu plan for the hospital.
5. Involvement in the forthcoming HSE Risk and Quality standards
6. The training for all staff in the correct application and fit check plus fit testing in the use of FFP3 masks.
7. Infection Control in conjunction with the Hygiene Services Coordinator in carrying out Hand Hygiene audits in the clinical areas.

Celine O'Carroll

**Assistant Director of Nursing,
Infection Control**

MATER MISERICORDIAE UNIVERSITY HOSPITAL

YEAR ENDED 31st DECEMBER 2008

PROFIT AND LOSS ACCOUNT

	NOTE	2008 000	2007 000
Turnover:			
Revenue Grants(net)		249,772	238,380
Other Income		28,211	25,782
Total Turnover		<u>277,983</u>	<u>264,162</u>
Costs:			
Payroll and Related Costs		(188,735)	(178,786)
Non Pay Costs		(84,817)	(80,402)
Depreciation		(4,579)	(4,951)
Total Operating Costs		<u>(278,131)</u>	<u>(264,139)</u>
Profit/(Loss) on Ordinary Activity before Interest		(148)	23
Interest Receivable and Similar Income		158	102
Interest Payable and Similar Charges		<u>(215)</u>	<u>(169)</u>
Loss for the Financial Year		<u>(205)</u>	<u>(44)</u>
ACCUMULATED DEFICIT CARRIED FORWARD		<u>(205)</u>	<u>(44)</u>

The results in both years arise from continuing operations.
There were no recognised gains or losses other than from those included in the Profit & Loss Account

(Extract from Audited Financial Statements)

MATER MISERICORDIAE UNIVERSITY HOSPITAL

YEAR ENDED 31st DECEMBER 2008

BALANCE SHEET AS AT 31st DECEMBER 2008

	2008 000	2007 000
FIXED ASSETS		
Tangible Assets	18,654	18,727
Investments	-	-
	<u>18,654</u>	<u>18,727</u>
CURRENT ASSETS		
Debtors	56,621	53,344
Stocks	3,715	3,650
	<u>60,336</u>	<u>56,994</u>
CREDITORS - Amounts falling due within one year		
Creditors	(38,758)	(38,706)
Bank Loans and Overdrafts	(20,052)	(16,531)
Finance Leases	(160)	(230)
	<u>(58,970)</u>	<u>(55,467)</u>
NET CURRENT ASSETS	<u>1,366</u>	<u>1,527</u>
TOTAL ASSETS LESS CURRENT LIABILITIES	20,020	20,254
CREDITORS - Amounts falling due after more than one year		
Bank Loans	(576)	(646)
Finance Leases	(218)	(356)
Capital	(18,654)	(18,727)
	<u>572</u>	<u>525</u>
CAPITAL AND RESERVES		
Share Capital	1	1
Capital Reserve	776	568
Profit and Loss	(205)	(44)
SHAREHOLDER'S FUNDS	<u>572</u>	<u>525</u>

(Extract from Audited Financial Statements)

Expenditure Analysis**Total Net Expenditure**

	2008	2007	2006	2005	2004
	000	000	000	000	000
Payroll	188,735	178,786	165,514	149,076	132,662
Nonpay	84,874	80,469	76,597	72,506	63,367
Income	(28,211)	(25,782)	(22,067)	(20,227)	(18,751)
	245,398	233,473	220,044	201,355	177,278

Payroll Costs Analysis

Management/Administration	20,223	19,988
Medical	44,253	41,770
Nursing & Allied	75,353	71,750
Paramedical	25,809	23,863
Support Services	12,743	11,838
Maintenance	2,470	2,367
Pensions/Other	7,884	7,210
	188,735	178,786

NonPay Analysis

Direct Patient Care	47,760	44,018
Support Services:		
Clinical	8,661	8,936
Non Clinical	16,994	15,485
Administration	11,402	11,963
Bank Interest & Charges	57	67
	84,874	80,469

Income Analysis

Payroll Deductions	(10,235)	(9,216)
Cafeteria Income	(1,728)	(1,708)
Patient Income	(13,352)	(12,168)
Sundry Income	(2,896)	(2,690)
	(28,211)	(25,782)

**Mater Misericordiae Hospital
Statistics for Annual Report 2008**

	2008	2007	2006	2005	2004
Admissions					
Emergency	9,628	9,158	8,978	8,618	8,500
Elective	3,378	3,742	3,573	3,303	3,742
Non Elective	3,546	3,501	3,590	3,076	3,221
Total	16,552	16,401	16,141	14,997	15,463
Emergency	% 58%	56%	56%	57%	55%
Elective	% 20%	23%	22%	22%	24%
Non Elective	% 21%	21%	22%	21%	21%
Discharges					
Inpatient	16,539	16,402	16,096	14,960	15,504
DayCase	33,413	28,877	29,741	27,087	27,291
Total	49,952	45,279	45,837	42,047	42,795
Average Length of Stay (days)					
	11.7	11.75	11.54	12.00	11.10
Accident & Emergency(attendances)					
New	44,269	44,640	43,637	41,243	45,558
Return	3,865	6,557	6,412	5,869	5,599
Total	48,134	51,197	50,049	47,112	51,157
Outpatient Clinics					
Attendances	197,415	182,186	172,161	154,221	150,247
<i>includes warfarin clinic</i>	2,304	15,340			
Departmental Workload Statistics					
Theatre					
Cardiac	831	864	877	862	943
Main Block	4,403	4,993	4,806	4,277	4,390
Phase 1a (incl day surgery)	8,136	7,289	7,690	7,721	8,060
Total	13,370	13,146	13,373	12,860	13,393
Radiology					
Main Dept	114,836	105,997	105,087	97,034	95,969
A&E	38,338	36,284	34,154	32,322	36,522
MRI	5,851	5,114	5,168	4,154	3,935
Total	159,025	147,395	144,409	133,510	136,426
Laboratory					
Tests Performed	4,732,990	4,457,892	4,015,262	3,565,913	3,229,735
Physiotherapy					
Patients Treated	87,161	80,812	76,572	67,025	67,650
Occupational Therapy					
Treatments **	8,492	31,849	30,756	23,142	30,530
Speech & Language Therapy					
Treatments	34,685	31,617	30,429	26,032	29,356
Social Work					
Units	40,393	38,519	43,936	39,342	35,548
visits	19,890	17,348			
E.C.G					
Total Procedures	17,316	16,176	16,741	16,148	16,025
Clinical Nutrition & Dietetics					
Attendances	25,195	25,033	23,588	24,252	23,699
Renal Unit					
Dialysis Procedures Performed	10,545	10,824	10,971	8,987	7,528

Patient Statistics 2008

Division of Medicine

Dermatology 27
 Cardiology 1,205
 Endocrinology 1,033
 G.I 1,124
 Respiratory 1,239
 Infectious Diseases 1,000
 Med for the Older Person 509
 Gen Medicine 347
 Nephrology 599
 Oncol/Haematology 743
 Rheumatology 480
 Neurology 207
 Psychiatry 200
 Pain Management 56
 A&E/ Other 485

Total	Admissions by Source			Bed Day Total	Inpatient Discharges	ALOS	Day Cases	
	Elective	Emergency	NonElective					
	8	11	8	140	29	4.40	5,415	
	112	618	475	13,201	1,329	8.80	1,834	
	37	972	24	12,048	919	12.80	22	
	109	919	96	12,258	1,081	11.20	5,490	
	176	918	145	16,421	1,179	13.10	475	
	53	882	65	11,166	928	11.10	18	
	11	459	39	15,062	513	32.50	374	
	4	286	57	4,650	241	18.60	1	
	67	377	155	9,449	623	14.10	56	
	207	179	357	8,816	785		5,926	
	29	433	18	4,949	389	12.20	827	
	68	70	69	9,659	359	31.50	228	
	24	137	39	4,762	208	20.30	-	
	27	5	24	168	55	3.05	1,045	
	4	481	-	691	470	1.60	5	
Total Division of Med	9,254	936	6,747	1,571	123,440	9,108	13.55	21,716

Division of Surgery

Cardiac Surgery 731
 ENT 589
 Gen Surgery 2,671
 Gynaecology 379
 Ophthalmology 640
 Dental 75
 Orthopaedics 1,384
 Plastic Surgery 407
 Urology 422

Total	Admissions by Source			Bed Day Total	Inpatient Discharges	ALOS	Day Cases	
	Elective	Emergency	NonElective					
	307	88	336	13,727	815	17.90	110	
	177	195	217	5,138	565	8.60	2,415	
	983	1,316	372	23,832	2,587	9.00	1,908	
	135	31	213	2,752	407	7.20	338	
	256	100	284	2,681	632	3.80	3,606	
	24	44	7	218	78	2.70	88	
	86	820	478	18,668	1,374	13.80	889	
	175	206	26	1,611	413	3.90	1,191	
	300	81	41	3,535	560	6.50	1,152	
Total Division of Surgery	7,298	2,443	2,881	1,974	72,162	7,431	9.76	11,697
Total Hospital	16,552	3,379	9,628	3,545	195,602	16,539	11.70	33,413
%	22%	62%	23%					

note ALOS calculated on LOS (not beddays)