



EASTERN HEALTH BOARD
JAMES CONNOLLY
MEMORIAL HOSPITAL

Annual Report 1997

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EASTERN HEALTH BOARD

BOARD MEMBERS

MEMBERS APPOINTED BY LOCAL AUTHORITIES

Dublin Corporation

Cllr. R. Shorthall T.D., (Chairperson), 12 Iveragh Road, Whitehall, Dublin 9.

Cllr. M. Barrett, 102 Glasnevin Avenue, Dublin 11.

Cllr. B. Briscoe, T.D., Dail Eireann, Dublin 2.

Cllr. E. Byrne, 32 Ashdale Road, Terenure, Dublin 6W.

Cllr. I. Callely, T.D., 7 St. Laurence Road, Clontarf, Dublin 3.

Cllr. J. Connolly, 39 Hughes Road South, Walkinstown, Dublin 12.

Sen. J. Doyle, 14 Simmonscourt Terrace, Donnybrook, Dublin 4.

South Dublin County Council

Cllr. C. O'Connor, %o South Dublin Co. Co., P.O. Box 4122, Tallaght, Dublin 24.

Cllr. S. Laing, 86 Templeville Road, Terenure, Dublin 6W.

Cllr. P. Upton, T.D., 1 College Drive, Templeogue, Dublin 6W.

Fingal County Council

Cllr. C. Gallagher (Vice-Chairman), 16 Glasmore Park, Swords, Co. Dublin.

Cllr. A. Devitt, Lispopple, Swords, Co. Dublin.

Cllr. K. Farrell, 4 The Drive, Orylenn Park, Lusk, Co. Dublin.

Dun Laoghaire/Rathdown County Council

Cllr. B. Coffey, Rere 40 Northumberland Avenue, Dun Laoghaire, Co. Dublin.

Cllr. O. Mitchell, T.D. 18 Ballawley Court, Sandyford Road, Dublin 16.

Cllr. J. Dillon Byrne, Silchester House, Silchester Road, Glenageary, Co. Dublin.

Kildare County Council

Cllr. G. Brady, Main Street, Maynooth, Co. Kildare.

Cllr. J. Reilly, Ballinakill, Carbury, Co. Kildare.

Cllr. M. McWey, Tower View Park, Kildare, Co. Kildare.

Wicklow County Council

Cllr. K. Ryan, Hilltop Nurseries, Carnew, Co. Wicklow.

Cllr. T. Keenan, 1 Lourdes Crescent, Aughrim, Co. Wicklow.

Cllr. T. Cullen, Deerpark, Baltinglass, Co. Wicklow.

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MANAGEMENT TEAM

Chief Executive Officer

Mr. P.J. Fitzpatrick

**Programme Manager Acute Hospitals and
Services for the Elderly**

Mr. Seamus O'Brien

Programme Manager Community Services

Mr. Michael Walsh

**Programme Manager Services for Persons with
Disabilities**

Ms. Maureen Windle

**Programme Manager Mental Health Addiction
and Social Development**

Mr. Pat Mc Loughlin

Programme Manager Children and Families

Ms. Brid Clarke

Finance Officer

Mr. Martin Gallagher

Personnel Officer

Ms. Mary Kelly

Management Services Officer

Ms. Mary Crowe

Technical Services Officer

Mr. Jim Curran

Director of Public Health

Dr. Brian O'Herlihy

Estate Management Officer

Mr. Philip Doyle

Communications Director

Ms. Maureen Browne

ACUTE HOSPITALS AND SERVICES FOR THE ELDERLY PROGRAMME COMMITTEE

Mr. Gerry McGuire CHAIRPERSON

Cllr. Betty Coffey VICE CHAIRPERSON

Cllr. Gerry Brady

Cllr. Michael McWey

Cllr. Roisin Shorthall T.D.

Dr. Ray Hawkins

Ms. Maria Hoban

Dr. Marie Laffoy

Cllr. Jim Reilly

OTHER HOSPITAL COMMITTEES

Bed Management
Cardio-Pulmonary Resuscitation
Casemix
Complaints
Drugs and Therapeutics
G.P. Liaison
Infection Control
Health Promotion
Health and Safety
Medical Ethics
Medical Nursing Liaison
Nurse Education
Radiation Safety

Medical Board

Chairman: Mr. S. J. O'Flanagan
Hon. Sec: Dr. M. Barry

CONSULTANT STAFF

Dr. M. Barry, Consultant Physician/Rheumatologist.
Mr. D. Barton, Accident and Emergency Consultant.
Mr. H.I. Browne, Consultant Surgeon.
Dr. C. Burke, Consultant Respiratory Physician.
Dr. E. Cryan, Consultant Psychiatrist.
Dr. J.D. Curran, Consultant Pathologist
(retired 31.8.1997)
Prof. J. Devlin, Consultant Physician/Endocrinologist.
Ms. M.G. Donovan, Consultant Urologist.
Dr. J. Duggan, Consultant Geriatrician.
Dr. B. Farrell, Consultant Pathologist.
Dr. D.E. Fitzgerald, Consultant Vascular Physician.
Dr. R. Gaffney, Consultant E.N.T. Surgeon.
Prof. F. Gleeson, Consultant
Physician/Gastroenterologist.
Dr. A.T. Greene, Consultant Gynaecologist.
Dr. O. Hardiman, Consultant Neurologist.

Dr. M. Harte, Consultant Physician/Cardiologist.
Dr. T. Hogan, Consultant Anaesthetist.
Dr. R. Hone, Consultant Microbiologist.
Mr. P. Keeling, Consultant Surgeon.
Mr. P. Keogh, Consultant Orthopaedic Surgeon
Mr. B. Kneafsey, Consultant Plastic Surgeon
Mr. B. Lane, Consultant Surgeon.
Dr. J. Lavan, Consultant Geriatrician.
Dr. E. Leen, Consultant Histopathologist
(commenced duty 1.9.1997)
Dr. P. Nicell, Consultant Radiologist.
Mr. C. O'Brien, Consultant Ophthalmologist
Mr. S.J. O'Flanagan, Consultant Orthopaedic Surgeon.
Dr. S. O'Loughlin, Consultant Dermatologist.
Dr. F. Powell, Consultant Dermatologist.
Dr. J. Puri, Consultant Anaesthetist
Dr. R. Rooney, Consultant Anaesthetist.
Dr. C. Thompson, Consultant
Physician/Endocrinologist.
Dr. J. Toland, Consultant Radiologist.
Dr. B. Tormey, Consultant Chemical Pathologist.
Dr. M. Wrigley, Consultant Psychiatrist.

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- Development of Speech and Language Therapy services with the employment of two full-time therapists.
- An additional post of Consultant Endocrinologist.
- Upgrading Theatres, Main Kitchen and Mortuary.
- Development of information technology systems.

HOSPITAL ACCOMMODATION/ INFRASTRUCTURE

The current accommodation and hospital lay-out is inadequate to meet the needs of its patients and staff. I am pleased to advise that approval has now been received to the appointment of the Design Team for the new hospital. They will be commencing work immediately with the drawing up of a Protective

Development Control Plan for the total hospital followed by the detailed planning of the first phase. It is envisaged that building works will commence in the Autumn of 1999. I am also pleased to advise that the scale of the project will now be much greater than originally envisaged and will be in the order of £50m.

The hospital is certainly entering into an exciting time of change and development. The success of these initiatives will largely be dependent on the full co-operation and support of all the hospital staff. This has been a vital factor in recent developments and I look forward to their continued support and assistance to ensure that James Connolly Memorial Hospital becomes one of the best health care facilities in the country.

Tom Gorey
Hospital Manager

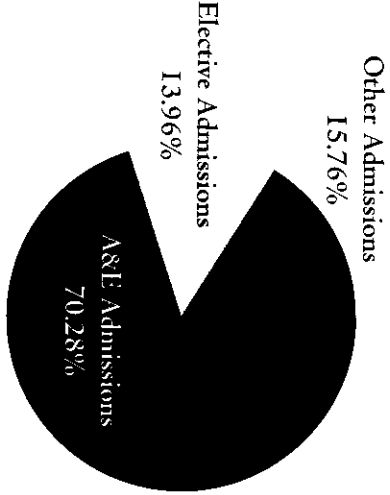
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STATISTICAL REVIEW IN-PATIENTS 1996 - 1997

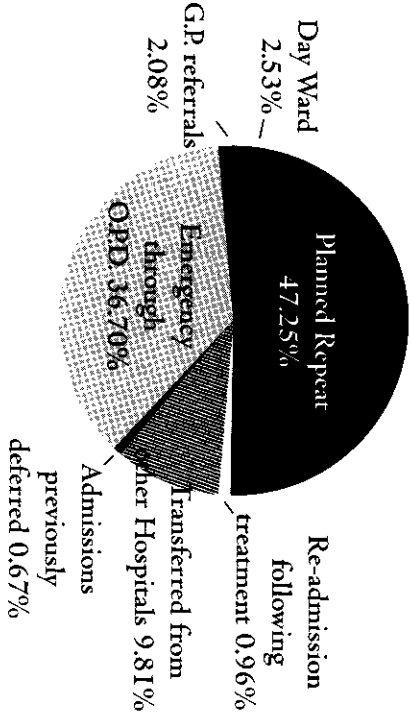
Ward	Admissions 1996	Admissions 1997	Variance	% Variance
Medical	4,251	3,814	- 437	- 10.27%
Surgical	3,806	3,956	150	3.94%
Intensive Care	237	255	18	7.59%
Coronary Care	312	306	-6	-1.92%
Geriatric Assessment/ Rehabilitation	1,203	1,059	-144	-11.97%
Acute Psychiatry	313	354	41	13.10%
Geriatric Long Stay	288	283	-5	-1.74%
Psycho-Geriatric	31	24	-7	-22.58%
Total	10,441	10,051	-390	-3.73%

STATISTICAL CHARTS

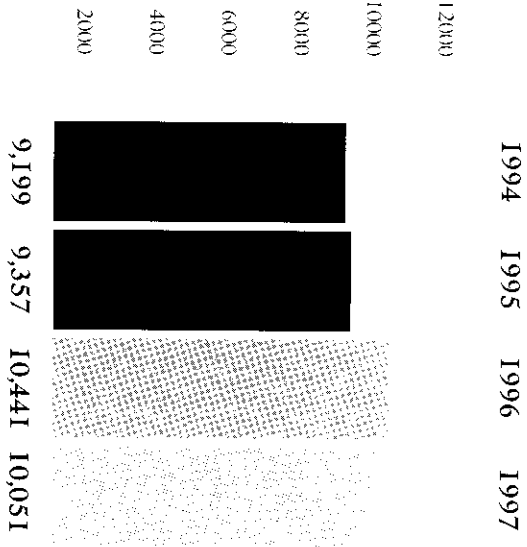
ADMISSIONS BY SOURCE
FOR THE YEAR 1997



BREAKDOWN OF
OTHER ADMISSIONS



IN-PATIENT ADMISSIONS
1994 - 1997



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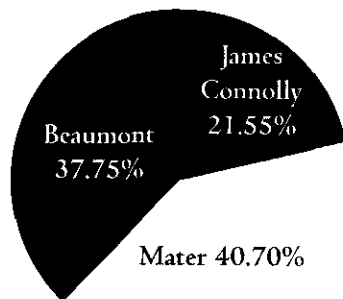
OTHER HOSPITAL SERVICES

	1997 No. of Patients	1996 No. of Patients
Day Services		
Pulmonary Laboratory	4,109	3,981
Endoscopy	1,334	1,321
Geriatric Day Hospital	4,354	4,192
Day Surgery Procedures	2,745	2,046
Dental Unit	115	103
Diabetic Day Centre	2,137	1,781
Diagnostic Services		
Radiology	39,838	37,294
Physiotherapy	24,504	25,544
Occupational Therapy - Geriatrics	781	911
Occupational Therapy - General	863	461
E.C.G.	6,521	6,369
Vascular Medicine	3,301	2,930
Pathology Department (Number of Tests)		
Microbiology	61,461	68,905
Serology	7,146	7,001
Immuno-Haematology	12,802	17,728
Clinical Chemistry	471,277	446,594
Histology	38,043	33,306
Haematology	331,832	350,098
Total Number of Tests	922,561	923,632
Autopsies	144	148

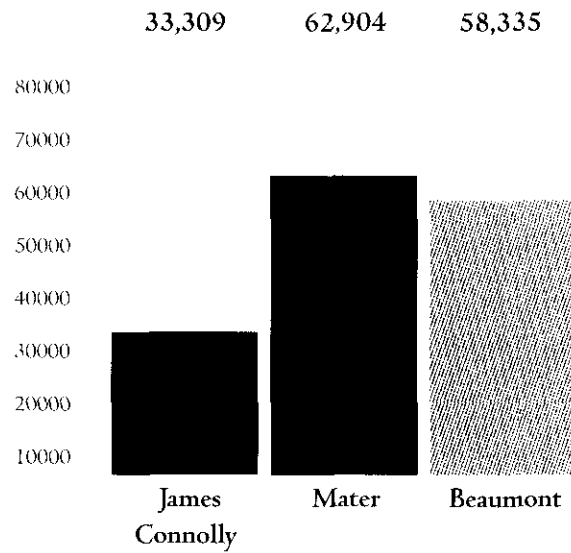
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ACCIDENT & EMERGENCY SERVICE 1997

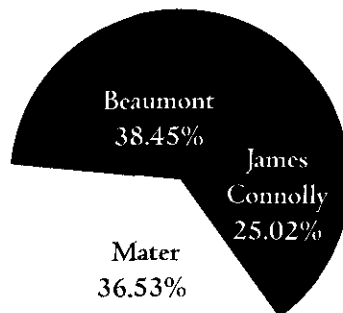
ACCIDENT & EMERGENCY
ATTENDANCES 1997



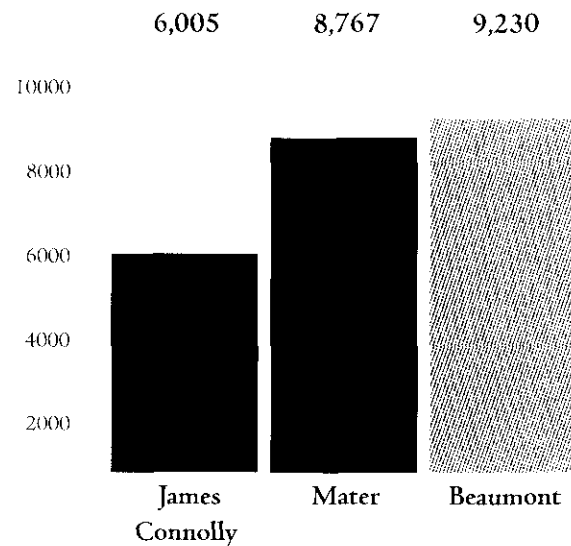
ACCIDENT & EMERGENCY
ATTENDANCES 1997



ACCIDENT & EMERGENCY
ADMISSIONS 1997



ACCIDENT & EMERGENCY
ADMISSIONS 1997



NURSING REPORT

Ms. K. A. Sheeran, Matron

Early in 1997 the threat of an unprecedented nurses strike nationally was averted by the establishment of the Commission for Nursing under the chairmanship of Ms. Justice Mella Carroll. The awaited Report will have implications for the future course of the nursing profession.

In March the Department of Health approved the introduction of the Diploma Course and on July 31st, an Accreditation Board Meeting under the chairmanship of Dr. John Carroll, Dublin City University, took place. Subsequently the programme was accredited and commenced on the 29th September, 1997. The inaugural meeting of the Programme Board took place in James Connolly Memorial Hospital on the 21st of November, 1997. It is hoped in the future that the way in which student nurses educational experience is constructed will help to make explicit the values central to nursing such as caring, holism and patients' partnership in care.

Pastoral Care is a most important aspect for patients and relatives. The team are meeting increasing needs due to bereavement, dysfunctional families, impact of unemployment and trauma of illness/accident. Availability of counselling facilities and resources is a pressing need. The pastoral care team incorporates 20 local people who loyally provide rostered assignments throughout the campus. Sr. Olivia who served on the pastoral care team for seven years retired in July. Also retired in 1997 following twenty three years service in James Connolly Memorial Hospital, Ms. Ellen Heavin, Nursing Administration.

Staff Nurse Catherine Bellew was nominated as one of the finalists of the BOC Gases Critical Care Nurse of



Mrs. K. A. Sheeran, Matron

the Year annual awards. Nurse Bellew continues to collaborate with Dr. Marie Harte, Cardiologist on a cardiac rehabilitation advisory service and patient programme development.

The A&E Department frequently had to retain patients for admission due to bed unavailability. Ms. K. O'Sullivan, Bed Manager co-ordinated with great dedication and resourcefulness in difficult circumstances. Triage system was introduced in the A&E Department in 1997 and is of great benefit for patient prioritisation. G.P. sessional attendance in A&E continued in 1997.

Following alteration and refurbishment the new Day Ward and Rheumatology Ward were opened. These wards provide excellent facilities for patients. The commencement of Dressing Clinic sessions in the Out Patients Department has proved very beneficial and is

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report of the Commission on Nursing states that continuing professional education was the focus of much discussion. Through this, the on-going development of nurses will be ensured by providing a coherent system of continuing education. A very positive step in this direction was the appointment of a Practice Development Co-Ordinator to the Nursing Development. The continuous change in the environments where nurses practice, requires that nurses receive continuing and professional education. Five staff nurses attended a new course for Clinical Placement Co-Ordinators. These are new positions sanctioned by the Department of Health to support the Diploma Students when they go on clinical placements. Appointments will be made in 1998.

A very comprehensive programme of in-service staff development was held during 1997. A total of 52 sessions were provided. These varied in length from one hour to a full day. Topics included Manual Handling Techniques, IV Policy, Counselling, Legal Aspects of Documentation, Infection Control, Wound Care, Patient Controlled Analgesia, Reflexology and Complementary Therapy, and an Introduction to Patient Transfer Aid Phil-E-Slides to all departments.

Four Bachelor of Nursing Studies students from UCID were accommodated for teaching practice during the year, both in the classroom and clinical areas.

Post Registration Care of the Older Person Modular Course began in 1997 and will continue for 18 months. This is a new innovative development and is replacing the six month course. This is being closely monitored with a view to validation for a Diploma in the future.

A six week full time Back to Nursing Course was held in September/October 1997 with seven participants.

Student Education and Training

In 1997, twenty three students successfully completed the Three Year General Nurse Training Programme. Further selection of students for Traditional Training did not occur as the Department of Health had decided to fund the Diploma Programme for the Autumn. Post Registration General Nurse Training was also discontinued due to this development.

Five St. Brendan's Hospital students gained three months general medical and surgical nursing experience in the hospital as part of their training programme.

Beaumont Diploma students continued to be accommodated for Care of the Older Person experience during the year.

This year was particularly demanding on the School Staff with the development and implementation of the Diploma Programme. We are grateful for the continued effort and close co-operation of Nursing Administration, Ward Staff and Colleagues.

INFECTION CONTROL

Methicillin Resistant Staphylococcus aureus

In 1997 infection control focused on Methicillin Resistant Staphylococcus aureus. MRSA was used as a guide to practice within clinical areas following the review (ongoing) and development of infection control guidelines.

There was a marked reduction in the number of patients acquiring MRSA in 1997. An overall reduction of 60% for 1997 over 1996 was achieved.

Audit

Audit of facilities and structures continued.

Audit of practices and procedures within the clinical areas was also carried out.

Written reports of the findings and recommendations were provided to each audited area.

Infection Control Guidelines

Infection control guidelines, in the format of a 150 page referenced manual, was circulated in 1997. The manual was distributed to each ward/unit after an introductory session in that area. Introductory sessions were also held for medical and other departmental staff.

The formulation of written infection control guidelines for non-nursing staff, attendants and household staff commenced. This manual will contain infection control issues relevant to this group of staff particularly environmental cleaning.

Guidelines for staff working in the mortuary and staff undertaking phlebotomy are now in draft form.



NURSE EDUCATION CENTRE

MEDICINE

CARDIOLOGY

The Cardiology Department continued to provide a comprehensive service with an increase in the number of Out Patients and In-Patients admitted to the cardiac service.

There has been an increase in the demand for both Out Patient and In-Patient E.C.G. Recordings, Exercise E.C.G. Tests, Holter Monitor Recordings and Echocardiograms.

During the past year one of our nurses completed the coronary care postgraduate nursing course which is run in conjunction with Beaumont Hospital and a number of cardiac nursing staff successfully completed the Advanced Cardiac Life Support Course which was held within the hospital.

The Cardiac Link Programme which is run by our Cardiac Rehabilitation Nurse, Catherine Bellew, is proving to be very successful and we have now extended the facility to patients who have undergone Angioplasty and Coronary Artery Bypass Surgery. The initial evaluation of the programme would suggest that it is helping patients and their families to deal more effectively with the physical, psychological and social factors which may determine their prognosis. It is planned to develop a formal rehabilitation programme in the hospital in the near future.

The attendances at the Anti-Coagulant Clinic which is held once weekly have increased significantly and there are now over 100 patients attending the clinic weekly.

VASCULAR MEDICINE

DEPARTMENT

Clinical Activities

The clinical activities of the Unit continue to develop with a 12.6% increase in the number of patients referred for diagnostic vascular tests. Some 40% of the referrals are from hospitals in other health board

regions. In 1997 a total of 3,301 patients were investigated.

Academic Activities

Review teaching courses in Vascular Technology have been run successfully again this year. The courses attract CME credits and both clinical and technical personnel apply to attend. The two day courses are dedicated to either Cerebrovascular or to Venous Diseases and the application of Duplex Ultrasound Investigation.

Ms. A.M. O'Shaughnessy, Senior Technologist in the Unit, has been elected as President of the Society of Vascular Technology of Great Britain and Ireland. This Society is responsible for organising standards for training and accreditation for vascular technologists.

Areas of continuing research interest included extended investigation of deep vein thrombosis and the post phlebitic syndrome and also of atherosclerosis particularly cerebrovascular and critical ischaemia of the lower limbs.

DEPARTMENT OF

RESPIRATORY MEDICINE

Clinical service continued to grow and a total of over 600 new patients and 3000 return patients were seen. This includes a 'fast track' referral for sick patients which prevents or at least minimises admission and Accident and Emergency attendance. Our referral base continues to grow and now includes all health board areas.

Our fiberoptic bronchoscopy diagnostic and therapeutic service continues to grow with a total of 244 bronchoalveolar lavage, bronchial biopsy or transbronchial biopsy procedures completed in the past year - over 90% of these were completed as day case obviating the inconvenience and indeed expense of hospital admission.

The computerised lung function laboratory offers an assessment service for all varieties of lung disease

Long Stay/Continuing Care

The Department provides continuing care for the small number of extremely disabled elderly people who are unable to return to their own homes.

Teaching

The Department continues to provide an undergraduate teaching service to both third year and final year medical students of the Royal College of Surgeons in Ireland. It is also involved in the postgraduate teaching programme of the hospital and participates in clinical exams for the Diploma of Medicine for the Elderly and Part II of the M.R.C.P.I.

Research

The Department continues with its interest in various aspects of ageing and blood pressure regulation. A Research Fellow continues a programme of work towards an M.D. Thesis.

ENDOCRINE SERVICE

The Out Patient Service on a Thursday morning 9.00 a.m. - 1.00 p.m. has an average attendance in excess of 70.

The Diabetic Day Care Service had an annual attendance of 2,137 last year.

The diabetes service is pro-active in so far as every patient has a full annual review check on a clinic date closest to their birth date and appropriate steps are taken to treat any complication which may be starting to appear. Data is stored on a computer in the Diabetic Day Centre and is available to general practitioners from 9.00 a.m. - 5.00 p.m. by telephone each day.

There are plans to expand the computerised facilities in conjunction with the diabetic day care centres throughout Ireland to form a national base for diabetes care and management. Staffing includes one Diabetes Nurse Specialist, One Registrar and One Senior House Officer. In-Patient facilities are arranged with the assistance of the Bed Manager and frequently are arranged through Accident & Emergency in emergency situations.

RHEUMATOLOGY DEPARTMENT

In-Patient Activity

Following refurbishment of a Unit in the grounds of the hospital, a dedicated, 12 bed five day Rheumatology Rehabilitation Unit was opened in November. This is the first Rheumatology Rehabilitation Unit to be established on the Northside of Dublin and provides a comprehensive multi-disciplinary assessment and treatment service for patients with rheumatic diseases. In addition to the In-Patient facilities, the Unit also has Occupational Therapy and Physiotherapy facilities for Out Patients attending the Department.

Out Patient Services

There was a 49% expansion in OPD activity in 1997 compared with 1996. In addition to the New and Return patient clinics already established, an additional clinic was established to perform Out-Patient procedures including joint and soft tissue injections. This has been a very successful development and has allowed general practitioners to attend one afternoon per week to learn joint injection techniques. This should reduce the requirement for general practitioner referral of rheumatic disorders requiring straight forward injection.

A combined Rheumatology/Orthopaedic clinic was established with Mr. S. O'Flanagan, Consultant Orthopaedic Surgeon for assessment of complex musculo-skeletal disorders.

In 1997 there was increasing demands on the Para-Medical Rheumatology Services at the hospital including Rheumatology Nurse Specialist, Physiotherapist and Occupational Therapist. As a result, an expansion in Para-medical staff needs to be examined. The Para-medical and Nursing staff were involved in the establishment of a specialist group, the Irish Health Professionals in Rheumatology. The Department ran a very successful educational and self development course for patients with arthritis and these courses will continue in 1998.

POSTGRADUATE TEACHING

The postgraduate teaching programme continues to develop. As a result of initiatives taken by the Medical Council, Mr. Parnell Keeling has been appointed as the Intern Tutor. Increasingly, the activities of interns will become more and more monitored and the overall development of the intern year is currently being considered by the Medical Council. With regard to the senior house officer grade, the concept of general professional training continues to be developed and in the very near future formal regular assessments of the senior house officer performances will be monitored. Developments in the specialist registrar grade, which were actively being carried out during 1997 by the Irish Committee on Higher Medical Training, have now been completed. As a result, the hospital has been recognised for higher specialist training which will commence with a number of specialties in July 1998. This development will again result in more demands being made on the Consultant staff in the hospital with regard to the formal education of the specialist registrar grade.

The ongoing postgraduate activities which include journal clubs and individual specialty conferences have continued to develop. Our Friday hospital conference continues to be popular, not alone with the medical staff but with members of the nursing staff and other paramedical staff and, in addition, for visiting general practitioners. It is only with the constant support of all members of staff that such conferences continue to be successful.

Over the next year we would expect that the new library will become operational. This will be under the direction of our Honourary Librarian, Dr. Dermot Fitzgerald and it is hoped that he will have qualified library staff to carry out the day to day activities of the library which is also being prepared to include facilities for information technology.

Our ability to provide facilities for postgraduate examinations is fully recognised by the various examination authorities. The nursing staff each year make a major contribution to the provision of such examinations and I wish to formally thank them. I also wish to thank those members of the catering staff who

provide facilities for us each year during the examinations.

In summary, therefore, 1997 was a very significant year in the overall academic development of the hospital and hopefully, in the next year, we will see the fruits of the efforts put in by many members of staff in the opening of the new educational facilities.

infection, and for patients who require disc surgery, as well as a general orthopaedic and trauma service.

The department was inspected by the Surgical Advisory Committee for higher surgical training early in 1997. This is the body which supervises higher surgical training within the British Isles. Generally, a favourable report was obtained from this inspection with numerous recommendations noted for the further development of the unit. The unit has been recognised for two posts in the orthopaedic training continuum from years one to three. This six year continuum for specialist registration in orthopaedics will replace the existing middle grade/senior registrars training programme.

Regular undergraduate and postgraduate teaching continues in the department, as well as participation in the surgical cogwheel grand rounds. This year has seen the initiation of closer links with the Department of Vascular Medicine in relation to clinical research projects.

UROLOGY DEPARTMENT

A very high element of the operative workload comes through the Accident & Emergency Department or from internal referrals within the hospital rather than routine elective cases from the Out Patients. With regards to future developments in Urology it would be hoped that at some stage in the future there would be a second Urologist appointed to James Connolly Memorial Hospital and this would considerably reduce the waiting list for Out Patients.

It would be hoped to establish a one stop haematuria clinic in an Out Patient environment when the Out Patients Department is developed. The area of Urodynamics also needs to be expanded.

PSYCHIATRY

DEPARTMENT OF ADULT PSYCHIATRY

The Psychiatric Service provides assessment and treatment to a specified population, which had increased to 63,554 between the census of 1991 and that of 1996 - an 11% increase (6,850).

The area was divided (as per Dept. of Health Guidelines) into two distinct geographical sectors, Dr. Cryan taking the Western Sector (Castleknock/Corduff) with 37,452 population and Dr. Stone the Eastern Sector (Blakestown/Mulhuddart) with 26,102 - matching the work generated in 1995. This division applies to new patient referrals and not to existing patients. Multidisciplinary services operate across both sectors. Each sector now has one new patient and two return patient clinics weekly.

There were 354 admissions to the Acute In-Patient Unit (Unit 9). Total Out Patient attendances were 5,682, an increase from 1996 of 12%, despite an assertive discharge policy. In addition, 480 patients were reviewed on the General Hospital Wards and in Casualty.

Ms. Anne McDonnell (CPN) retired after a distinguished contribution since the inception of the service 16 years ago, and Mr. Chris Kelly CPN transferred. Three new CPNs were appointed, Vera Kelly, Dakie Hayes and Siobhan Buckley. Mr. Hanlon CPN was appointed as a half-time Bereavement Therapist, who can now take direct referrals. He arranged two Bereavement Camps in Barretstown House for 105 children and also facilitated a group for "Suicide Survivors" ongoing. A Senior Psychologist, Dr. Rosario Power, was appointed for four sessions weekly.

Undergraduate and Postgraduate teaching and examinations including the Diploma in Clinical Psychiatry and the Diploma in Psychological Medicine continued during 1997.

DEPARTMENT OF PSYCHIATRY OF OLD AGE

The Department of Old Age Psychiatry provides a specialist psychiatric service for elderly people in its catchment area of Community Care Areas 6 & 7 in North Dublin. The population of this area is approximately 29,000 people over the age of 65 years. Patients referred by GPs are assessed by a psychiatrist in the patient's own home and management is then carried out by the community psychiatric nurse in conjunction with the service's day hospitals. A consultation liaison service is also provided for the catchment area patient in James Connolly Memorial Hospital, The Mater Hospital and St. Mary's Hospital, Phoenix Park.

PARA MEDICAL AND SUPPORT SERVICES

PHYSIOTHERAPY

DEPARTMENT

The demand for all aspects of Physiotherapy increased dramatically during 1997. Post-graduate training also continued during the year.

The high bed occupancy in the Intensive Care area increased both the routine day work and the emergency night and weekend call. The work-load in both Medical, and Orthopaedics increased by 30%; Rheumatology opened its new Physiotherapy Department in Unit 2 to provide both In-Patient and Out Patient services. In Care of the Elderly the staff worked hard to improve the service for the acute admissions, the rehabilitation area, and for the amputee service.

The number of referrals from the Out-Patients Department continued to increase during 1997. As a result of the increasing referrals, a number of programmes were set up to improve the health of the patients. The following projects were undertaken during 1997.

1 **Arthritis Education Programme**

This is a series of six weekly seminars and workshops run jointly by the Physiotherapist, Occupational Therapist, and Nurse Specialist with the aim to educate patients in the management of their arthritis.

2 **Cardiac Rehabilitation Programme (Medical Team)**

The aim of the input into this programme by the Physiotherapist is to improve relaxation, flexibility and exercise tolerance - tools to improve lifestyles.

3 **Stress Management/Movement Project**

This is a series of six 2 hour programmes for patients with neck/back problems to create

awareness of physical, mental, emotional and situation stresses, and to provide some coping skills for same. The programme also addresses the awareness of movement with the aim to make the impossible possible, the possible easy, and easy elegant.

A Programme for Wellness.

The size of the groups has been dictated by the space available. Attendance at all these projects has been wonderful and the feed-back rewarding.

We look forward to developing these projects, improving our skills, providing an efficient, effective, quality service.

OCCUPATIONAL THERAPY

DEPARTMENT

General Medicine and Surgery Patient Services.

During 1997, the service received 358 new referrals.

The service continues to serve both Out Patients and In-Patients. However, In-Patients remain the priority with only 13% of contact time being spent with Out Patients.

Developments

A Staffing Levels

The Department of Health has agreed a further 5 staff for Occupational Therapy services across the hospital. Additional staff will be allocated to the General Medicine/Surgical areas, resulting in improved quality of care offered to patients.

B Staff Education

The Occupational Therapist commenced a two year Masters course in Occupational Therapy in September of this year. The course takes place

independence and psychological adjustment to his or her condition on a one to one basis by providing and promoting information in the areas of joint protection, energy conservation, technical aids, stress management and relaxation techniques, pain management and posture, in activities of daily living.

The Occupational Therapist is working closely with a multi-disciplinary team to ensure a multi faceted and comprehensive 6 week education programme for people in a group setting with arthritis which commenced in October 1997 to good effect. Work is ongoing to adapt and provide programmes targeting people with Fibromyalgia and Back Pain.

PATHOLOGY, LABORATORY & DIAGNOSTIC SERVICES

The pathology department provides an extensive routine and emergency service for the hospital, local general practitioners and nursing homes. A histopathology service is provided for Our Lady's Hospital, Navan.

The past year has seen an overall 5% increase in activity. Activity has been doubled since 1990.

The following developments have occurred in 1997:

Histopathology

Dr. Eamon Leen was appointed Consultant Histopathologist (1st September, 1997) following the retirement of Dr. Dermot Curran. There has been a comprehensive re-equipping of the histopathology laboratory. The range of clinicopathological meetings has been expanded as has the cytology service. There was a 14% increase in workload in 1997.

Haematology/Blood Transfusion

In 1997 the blood transfusion service laboratory joined the UK National External Quality Assurance Scheme (NEQAS). A joint appointment, with the Mater Hospital, of a Consultant Haematologist is being actively sought and a submission is under consideration.

Biochemistry

The workload continues to increase in this laboratory at a rate of 7-10% annually.

Microbiology

This area provides a routine and emergency service to the hospital on a wide variety of sample types e.g. aspirates, wound and other swabs, blood cultures, cerebrospinal fluid etc. The microbiology laboratory is also an important part of the hospital infection control programme. The section also takes responsibility for the dispatch of specialised serology and TB investigations of national centre.

Mortuary

144 autopsies were performed in 1997. A refurbishment and modernisation plan for this area has been submitted and should be implemented in 1998.

The priorities for development of the service in 1998 are:

A Computerisation

This will be extended to blood transfusion, where it is urgently required to cope with the Blood Transfusion Service Board directives.

B The expansion of the service to encompass work currently sent to other hospitals, principally immunohistochemistry and endocrine function tests.

C The formulation of standard operating procedures and a users' laboratory manual, which will lead to more efficient use of laboratory tests.

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Four Social Workers now provide a service to the Surgical, Medical and Accident and Emergency Departments. Once again much of the resources of the Department in 1997 were deployed in these areas in an attempt to assist with the placement and aftercare arrangements of many elderly patients. Patients and relatives are provided with information regarding placement options thus allowing them to make informed decisions. Attempts are made to deal with these issues promptly bearing in mind the high demand for acute hospital beds. In addition, support and counselling was provided to many patient groups such as Substance Abusers, Victims of Aids and H.I.V. Several patients were successfully linked into detoxification programmes and ongoing counselling services.

Patients referred to the team for counselling following major surgery or having received a diagnosis of cancer were provided with a counselling service and many were referred for Hospice In-Patient care or ongoing domiciliary services.

During 1997 the Social Work team played an active role in the Accident and Emergency Department. Many of the referrals from this Department involved Child Protection Work. The identification and management of child abuse calls for vigilance and in-depth knowledge of the current legislation on handling such cases. Liaison with Community Care Personnel is vital and very often a joint management arrangement is necessary in order to bring these cases to a successful conclusion.

The Social Work Team is very pleased to participate in the Domestic Violence Project which is about to commence in the Accident & Emergency Department. James Connolly Memorial Hospital has been invited to become directly involved in new initiatives aimed at developing a more preventative and community based approach to dealing with the issue of violence against women particularly in the greater Dublin 15 area. At present a number of staff are undergoing training with Women's Aid and it is envisaged that all Accident and Emergency staff will receive training in this area in the near future. The services of an additional Social Worker have been made available in order to assist this project.

During the last year the Social Work staff were once again involved in the organisation and facilitation of a Carer's Support Group. Carers were given practical advice on a broad range of care issues and were also encouraged to explore care issues of concern in a therapeutic way. The co-operation of many other departments in the hospital attributed to the success of this project, these included Physiotherapy, Occupational Therapy, Dietetics and Nursing Staff. A number of speakers from other Eastern Health Board Agencies were also involved.

During 1997 the Social Work Department was invited to participate in the Cardiac Link Project. This project aims to provide patients with relevant education and information on their medical condition and encourages them to make lifestyle changes where appropriate. The role of the Social Worker is to assist patients to look at the psycho-social treatment of Coronary Artery Disease, its social implications and ways of reducing Stress, Social Isolation etc. Group members are encouraged to get to know their "Feeling Heart" - this term is used to embrace the mental and emotional attitudes of the individual who uses the "Worker Heart" in both positive and negative ways.

During the past year the team continued to play a role in education and training. A number of Social Work Students were facilitated with placements in the Department. A very successful workshop on "Working with Victims of Breast Cancer" was organised and hosted by the Social Work Department. This was attended by Nursing Personnel from the Surgical Wards and the Social Work Team. Team members continue to involve themselves in various Vocational and Special Interest Groups thus ensuring that we can continue to make a contribution to Health and Social Care Policy Development.

DEPARTMENT OF NUTRITION AND DIETETICS

The Department of Nutrition & Dietetics in James Connolly Memorial Hospital continued to develop its services in 1997. 1997 was a busy year for the

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Swallowing and Eating Difficulties

These accounted for 52% of people referred to the Speech and Language Therapy Department in 1997. Up to now there has been only limited access to Videofluoroscopy. This essential diagnostic tool assists in the selection of appropriate treatment, which can include a range of modified diets and/or compensatory strategies. The imminent provision of this facility on-site will be of great value. The hospital has shown its commitment to ongoing skill development in this area by providing funding for specialist training.

Service Development

This year saw the introduction of a limited Out Patient service, which is available to people living in Community Care Area 6. Developing this service further will be a priority in the coming years. The increased profile of the Speech and Language Therapy Department along with the recently introduced formalised referral system and on-going staff education, continue to improve the use of the department services throughout the hospital. Short-term and long-term service plans are being drawn up for the future delivery of the service. These plans should guide the on-going development of the speech and language therapy service in the hospital.

New Developments in Health Promotion

The stress management project which was found to be very effective in a pilot ward is currently being extended to our Coronary Care Unit. It is hoped that this programme will be effective in helping our patients during a very stressful time in their lives.

As back problems among nurses is a common problem, a new project is looking at current training and lifting procedures. The Manual Handling and Patient Assessment Project commenced in November and will run for 2 years. The aim is to establish an effective staff training programme in relation to manual handling and lifting within the hospital setting.

Following requests from staff, a stress management and assertiveness training programme will be introduced to the workplace in the near future. If this pilot project is successful, the programme will continue on an on-going basis.

The Eastern Health Board in its plan for Womens' Health has identified Domestic Violence as an issue requiring the development of a more preventative community based approach to this problem. James Connolly Memorial Hospital is liaising with Women's Aid, Contact Dublin 15 (a local voluntary group) and the local Gardai in the development of a pilot project on violence against women in the home. The aim of this project is to identify victims of domestic violence who attend the Accident and Emergency Department as a result of injuries inflicted by spouse/partner. It is planned to put structures in place to enable these women to deal with their own individual situations. The hospital will work with all the above agencies to try to effectively deal with this problem.

Additional Activities

Other activities undertaken included the participation of the hospital in National Campaigns such as Irish Heart Week, Irish Cancer Week and National Hospital Challenge Day organised by Saol Plus. The annual Cardiac Awareness night organised in conjunction with the Coronary Care Unit was again very successful with an attendance of over 100 people. Health promoting sessions involving cardiac risk factor assessment and mini health checks were also organised for local industry and a local health club during heart week.

During Irish Cancer Week the Health Promotion Unit in association with the Occupational Health Department in

Dr. Steevens' held two information sessions on Womens' Cancers, these were very well attended by both staff and members of the public.

The hospital has been supporting the Health Environment Lifestyle Programme (H.E.L.P.) since it began in 1992. The aim of this community based project is to promote health awareness and health action in the greater Blanchardstown area. The hospital facilitates this project by the involvement of the hospital project co-ordinator on the committee and in the planning of activities. In addition other personnel from the hospital have presented health promoting sessions for the project.

Notable Achievements for the Hospital

Ms. Ann O'Riordan and Mr. Tom Gorey, Hospital Manager presented a paper on James Connolly Memorial Health Promoting Hospitals experience at the 5th International Conference in Vienna in 1997.

Ms. Catherine Bellew was a major contributor at the launch of the National HPH Network presenting a paper on the Cardiac Rehabilitation Link Project. This paper will also be presented at the 6th International Health Promoting Hospitals conference in Darmstadt, Germany in April, 1998.

The Catering department of James Connolly Memorial Hospital was awarded the Happy Heart Symbol by the Irish Heart Foundation in October 1997 in recognition of healthy catering for over 800 staff in the hospital.

CARDIO-PULMONARY RESUSCITATION (CPR) TRAINING CENTRE

Ms. Mary Hannon commenced in a job-sharing position with Ms. Billie Lawler as Resuscitation Training Officer in April, 1997. She will be co-ordinating the Basic Life Support Programme and emergency equipment audits at James Connolly Memorial Hospital.

Basic Life Support (BLS) Training

The annual BLS Provider training programme continues with the main target groups being the staff in the wards/areas where cardiac arrests most frequently occur. The 3 hour CPR course is available for all hospital staff to attend. An evaluation of skill and knowledge retention

GENERAL SUPPORT

CHAPLAINCY DEPARTMENT

Recognition of the need to minister to the whole person has led to a considerable enhancement of the role of Chaplaincy and Pastoral Care within a hospital environment. Responding to such needs, the scope of the Chaplaincy Department within the hospital has been completely broadened to provide a comprehensive Pastoral Ministry to patients, relatives and staff. This ministry to people of all faiths encompasses ward visitation, pre-theatre visits, nurse education, bereavement, crisis counselling, celebration of the Eucharist, sacraments and prayer.

Staff Changes

In July 1997, Fr. Noel Carrigg was appointed Chaplain in succession to Fr. John Brown who was recalled to work with his congregation. Fr. Carrigg is a member of the Camillan Fathers who specialise in ministry to the sick.

The Roman Catholic Chaplaincy Team consists of two full-time priests:-

- Fr. Desmond O'Reilly (Co-ordinating Chaplain)
- Fr. Noel Carrigg

We are fortunate to have the services of three retired religious Sisters who work on a part-time basis. These are:

- Sr. Clare Murphy LSA
- Sr. Mairead Conole SSL
- Sr. Elizabeth Crowe MSHR

Although part-time, the three Sisters make a valuable and much appreciated contribution to the pastoral care of patients.

In July, 1997 Sr. Olivia Hunt MMM retired on health grounds. Sr. Olivia who was the first Pastoral Care Sister served for eight years in James Connolly Memorial Hospital. The foundations she laid will stand for many years to come.

New Developments

During the year under review a number of initiatives were undertaken to strengthen links with the surrounding parishes. Choirs and groups from parishes have been invited to participate in liturgies and activities initiated by the Chaplaincy. Two bereavement masses were held in November to remember all those who died in the hospital during the year. These were much appreciated by families who suffered a bereavement.

Auxiliary Pastoral Care Workers

We are very fortunate to have the services of dedicated volunteer workers who give unstintingly of their time and services. Twenty one Ministers of the Eucharist (from surrounding parishes) dedicate themselves to serving the needs of patients each Sunday and on Holy Days. The hospital also has a very active St. Vincent de Paul Conference which visits patients in the long stay units each week and by fund-raising helps provide treats at Christmas and holiday time.

The needs of the other Christian Churches are provided for as follows:

- | | |
|-----------------------|--------------------|
| • Church of Ireland | Canon Paul Colton |
| • Presbyterian Church | Rev. Alan Martin |
| • Methodist Church | Rev. Daphne Twinem |

The Church of Ireland Chaplain, Canon Paul Colton, was joined this year by an assistant Chaplain - the Reverend Lynda Peilow. Since they are parochial clergy with full-time parish work in the greater Blanchardstown area, they do not work full-time in the hospital. Nonetheless they are fully involved in the chaplaincy work. They visit Church of Ireland patients at least several times a week and are always on call. Holy Communion, spiritual counselling, the laying on of hands and anointing with oil for healing are all available on request. Local Church of Ireland parishioners have a hospital support group which, when needed, will visit longer-term Church of Ireland patients, do shopping and laundry, and arrange transport for visiting relatives.

The Chaplaincy Department wish to record their appreciation of the co-operation and goodwill received from all grades of staff throughout the hospital.

CATERING DEPARTMENT

During 1997 the Catering Department catered for 350 patients, 40 day care patients, 300 staff and over 60 meals on wheels per day as well as a number of special functions. Patients' relatives and visitors are also encouraged to use the dining room.

The upgrading and refurbishment of the staff restaurant has given a very pleasant dining ambience and greatly increased staff numbers using the facilities. This is as pleasing for the Catering staff who cook and serve the food as it is for the customers.

James Connolly Memorial Hospital was the proud recipient of the Happy Heart at Work Healthy Eating symbol in 1997. This award recognises the commitment and hard work of the Catering staff to ensure the food in the staff restaurant meets the healthy eating guidelines as set out by the Irish Heart Foundation and the Department of Health. Congratulations to all concerned.

The first of the updated Food Hygiene courses developed by our Environmental Health Offices was recently completed and all participants successfully passed the exam set at the end. A report on this course will be held in 1998 and it is open to all staff involved in any form of food handling.

1997 saw a closer integration of services between the kitchen and wards, much better communication and a better working relationship. This will be of benefit to the patients. The upgrading of the service of food to patients is being reviewed and a special regenerating/hostess trolley was trialled on Surgical A and Unit 7. A very favourable response was received from patients and staff. It is hoped this will lead to patient choice of menu and a more individual approach to giving the patients a better service.

The food vending service in the Out Patients is very popular and it is hoped to extend this to other patient waiting areas.

Approval has been given for the replacement of kitchen equipment. Plans are drawn up and the work will commence in 1998. Many thanks to our Maintenance

Department for all the back-up service throughout the year.

HOUSEHOLD SERVICES DEPARTMENT

The Household Services Department in James Connolly Memorial Hospital was set up in 1997 in response to the clearly identified needs to upgrade the standards which exist in the hospital. Cleaning methods have changed rapidly in the recent past to such an extent that what was once commonly accepted is now not adequate to cope with the higher standards expected in hospital care situations.

The hospital is aware of the contribution that a properly trained, properly equipped workforce can make to the overall care team. The introduction of specific training courses for the Household Staff has already shown results by reducing cross infection across all hospital departments in the past year. It is proposed to develop further these training programmes in the future.

It is hoped that the consultation process which has proven successful in the past when new ideas and work practices have been introduced will yield increased benefits in the area of patient care and improved standards in the hospital.

MAINTENANCE

During the year the Maintenance Department continued to make a significant contribution to the upkeep and improvement in the hospital. Apart from efficiently dealing with an ever increasing routine maintenance workload, the Maintenance Department was also involved in the supervision of upgrading works in the Out Patients Department and Unit 2 (Rheumatology) and liaised on consultants supervised works in the Surgical Day Ward and the X-ray C.T. Scanning Department.

The provision of maintenance services in a busy acute hospital like James Connolly Memorial Hospital is a challenging task and Mr. Pat Gamble, Engineering Officer, Mr. Brendan Smyth, Maintenance Officer and their hardworking staff are to be complimented on their success in meeting this challenge.

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2. **Early Synovitis: Assessment and Preliminary Investigation**
Barry M.
Published: Modern Medicine of Ireland 1997
Vol 27, No: 10 October, 1997.
3. **Up-date on Rheumatology:**
Lee R., Barry M.
Published: Geriatric Medicine 1997.
4. **Magnetic Resonance Imaging, Histology and X-ray of 3 stages of damage to the knees of STR/ORT mice**
Munasinghe J., Tyler J., Hodgson R., Barry M.A., Hall L.D.
Published: Investigative Radiology Vol 31
Pages 630-38.
5. **Lung Immunopathology in Cases of Sudden Asthmatic Death**
Faul J., Leonard C., Tormey V., Burke C.M., Horne S., Poulter L.W.
Published: European Respiratory Journal 1997, 10: Pages 301-307.
6. **T. Cell Cytokines May Control the Balance of Functionally Distinct Macrophage Populations**
Tormey V., Leonard C., Faul J., Burke C.M., Dilmeach A., Poulter L.W.
Published: Immunology 1997; 90
Pages 463-469.
7. **Concepts in Lung Immunology: Macrophages & Allergic Lung Disease**
Leonard C., Tormey V., Burke C.M., Poulter L.W.
Published: Immunobiology 1996; 195
Pages 574-87
8. **Allergen Induced Cytokine Production in Atopic Disease and Its Relationship to Disease Severity** Leonard C., Tormey V., Burke C.M., Poulter L.W. Published: Am. J. Resp. Cell & Mol. Biol.; 1997; 17
Pages 368-75.
9. **Dysregulation of Monocyte Differentiation in Asthmatic Subjects is Reversed by IL-10**
Tormey V.J., Leonard C., Faul J., Bernard S., Burke C.M., Poulter L.W.
Published: Eur. Respir.
(In-Press).
10. **Golf Ball Liver: Agent Orange Hepatitis**
Leonard C., Burke C.M., O'Keane C., Doyle J.D.
Published: Gut 1997; 40
Pages 687-688.
11. **Allergen Induced CD30 Expression on T Cells of Atopic Asthmatics**
Leonard C., Tormey V., Faul J., Burke C.M., Poulter L.W.
Published: Clin. & Exp. Allergy 1997; 27
Pages 780-786.
12. **Utility of Wang Transbronchial Needle Biopsy in Sarcoidosis**
Leonard C., Tormey V., Lennon A., Burke C.M.
Published: Irish Journal of Medical Science 1997; 166 Pages 41-43.
13. **Transbronchial Needle Biopsy Forceps Biopsy and Broncho-Alveolar Lavage in the Diagnosis of Sarcoidosis**
Leonard C., Tormey V., Burke C.M.
Published: European Respiratory Journal 1997
Pages 2722-2724.
14. **Inhaled Fluticasone Propionate Causes Dose-Dependent Deterioration in Diabetic Control**
Faul J., Tormey V., Tormey W., Burke C.M.
BMJ 1997. Accepted for publication.
15. **Evidence of Peribronchial Cytotoxic T Cell Expansion in Cases of Sudden Asthma Death**
Faul J., Poulter S.J., Poulter L.W., Burke C.M.
Submitted: European Respiratory Journal 1997.
16. **A Comparison of Regular with Intermittent Bronchodilators in Asthma Patients on Inhaled Corticosteroids**
Tormey V.J., Burke C.M..
Published: Irish Journal Medical Science 1997; 166 Pages 249-252.
17. **Evidence for a Cytotoxic T Cell Response Associated With Sudden Asthmatic Death**
Faul J., Tormey V.J., Burke C.M., Poulter S., Poulter L.W.
Submitted: 1997

APPENDIX 1

OUT-PATIENT CLINICS			
Day	Time	Consultant	Specialty
Monday	8.30 a.m.	O'Flanagan Mr. S.	Orthopaedics
	8.45 a.m.	Burke Dr. C.	Respiratory (8E)
	8.45 a.m.	Browne Mr. H. (P)	General Surgery
	9.00 a.m.	Keeling Mr. P.	General Surgery
	11.00 a.m.	O'Flanagan Mr. S.	Fracture
	2.00 p.m.	Gaffney Dr. R.	E.N.T.
	2.00 p.m.	Greene Dr. A.T	Gynaecology
Tuesday	9.00 a.m.	Anti-Coagulant Clinic	
	9.00 a.m.	Devlin Prof. J. (P)	Medical/Endocrine
	9.15 a.m.	Gleeson Prof. F.	Medical/G.I.
	10.00 a.m.	Harte Dr. M. (P)	Medical/Cardiology
	10.30 a.m.	Kneafsey Mr. B.	Plastic Surgery
	2.00 p.m.	Browne Mr. H.	General Surgery
	2.00 p.m.	Gleeson Prof. F. (P)	Medical/G.I.
Wednesday	2.00 p.m.	Barry Dr. M.	Rheumatology
	8.30 a.m.	O'Flanagan Mr. S.	Fracture
	9.00 a.m.	Burke Dr. C.	Asthma (8E)
	10.00 a.m.	Harte Dr. M.	Medical/Cardiology
	11.00 a.m.	O'Loughlin Dr. S.	Dermatology
	1.30 p.m.	Cryan Dr. E.	Psychiatry
	2.00 p.m.	Keogh Mr. P.	Orthopaedics
Thursday	3.00 p.m.	Keeling Mr. P.	General Surgery
	9.30 a.m.	Hardiman Dr. O.	Neurology
	10.00 a.m.	O'Brien Dr. C.	Ophthalmology
	10.00 a.m.	Devlin Prof. J.	Medical/Endocrine
	1.30 p.m.	Gleeson Prof. F.	Medical/G.I.
	1.30 p.m.	Donovan Ms. M.	Urology
	2.00 p.m.	O'Brien Dr. C.	Ophthalmology
Friday	2.30 p.m.	Barry Dr. M.	Rheumatology/ Procedure
	8.30 a.m.	Keogh Mr. P.	Fracture
	9.00 a.m.	Powell Dr. F.	Dermatology
	9.00 a.m.	Barry Dr. M.	Rheumatology
	9.00 a.m.		Psychiatry
	2.00 p.m.	Lane Mr. B.	General Surgery

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18. **A Study of Aggression Among Referrals to a Community-based Psychiatry of Old Age Service.**
Gibbons P., Wrigley M.
Published: Int. J. Ger. Psych. 12 (3) 1997
Pages 384-388.
19. **Lewy Bodies (Letter)**
Curran S., Wrigley M.
Published: Am. J. Psych. September 1997; 154
Page 9.
6. **Assessment of Clinical Competence**
Gleeson F.
Faculty of Health Sciences Trinity College, Dublin,
September 1997.
7. **Recent advances in the Management of Gastro-Oesophageal Reflux Disease.**
Gleeson F.
Kildare Clinical Society
November, 1997.

ABSTRACTS

1. **Assessment of Clinical Competence using the Objective Structured Long Examination Record (OSLER)**
Gleeson F. Medical Education Review 1997
1, 4, 61.

INVITED LECTURES

1. **Sex offending behaviour in elderly people**
Wrigley M.
Royal College of Psychiatrists Winter Meeting
January 1997 and Irish Gerontology Society
Conference,
September 1997.
2. **Medicine for Manager**
Wrigley M.
RCSI, 1997.
3. **The Management of Helicobacter Pylori**
Gleeson F.
Irish College of General Practitioners
May 1997.
4. **The Objective Structured Long Examination Record (OSLER)**
Gleeson F.
Association for the Study of Medical Education in
Europe (AMEE) Vienna,
August 1997.
5. **Developing Teaching Skills**
Gleeson F.
Irish College of General Practitioners
Dublin, September 1997.

PAPERS

1. **Assessment of Clinical Competence using the Objective Structured Examination Record (OSLER)**
Gleeson F.
Association for Medical Education in Europe
(AMEE) 1996.
Education Guide No. 9
2. **The Objective Structured Long Examination Record (OSLER)**
Gleeson F.
Medical Teacher 1996, 1, 7-14, 19.
3. **Advances in the Assessment of Clinical Competence**
Gleeson F.
Journal of the Royal Colleges of Physicians Surgeons

IN-PRESS

1. **Sexually Offensive Behaviour in Elderly**
Wrigley M., McAleer A.
2. **Alcohol Abuse in the Elderly: its detection using the CAGE**
Farragher B., Wrigley M.
3. **The Time Course of Action with High-Dose Inhaled Fluticasone Propionate in Subjects with Moderate Asthma: A Biopsy Controlled Study**
Faul J., Tormey V.J., Leonard C., Poulter S.J.,
Poulter L.W., Burke C.M.
In Press: Thorax 1997.

AWARDS, PRESENTATIONS & PUBLICATIONS

AWARDS

1. Clare Scotland, Pharmacy received her diploma in Clinical Pharmacy from Robert Gordons University in Aberdeen.
2. Dr. Gerard Meachery was awarded the Medal as the outstanding Royal College of Surgeons Clinical Teacher for 1997.
3. The Catering Department was awarded the Happy Heart Eating Symbol by the Irish Heart Foundation in October, 1997 in recognition of healthy catering.

PRESENTATIONS

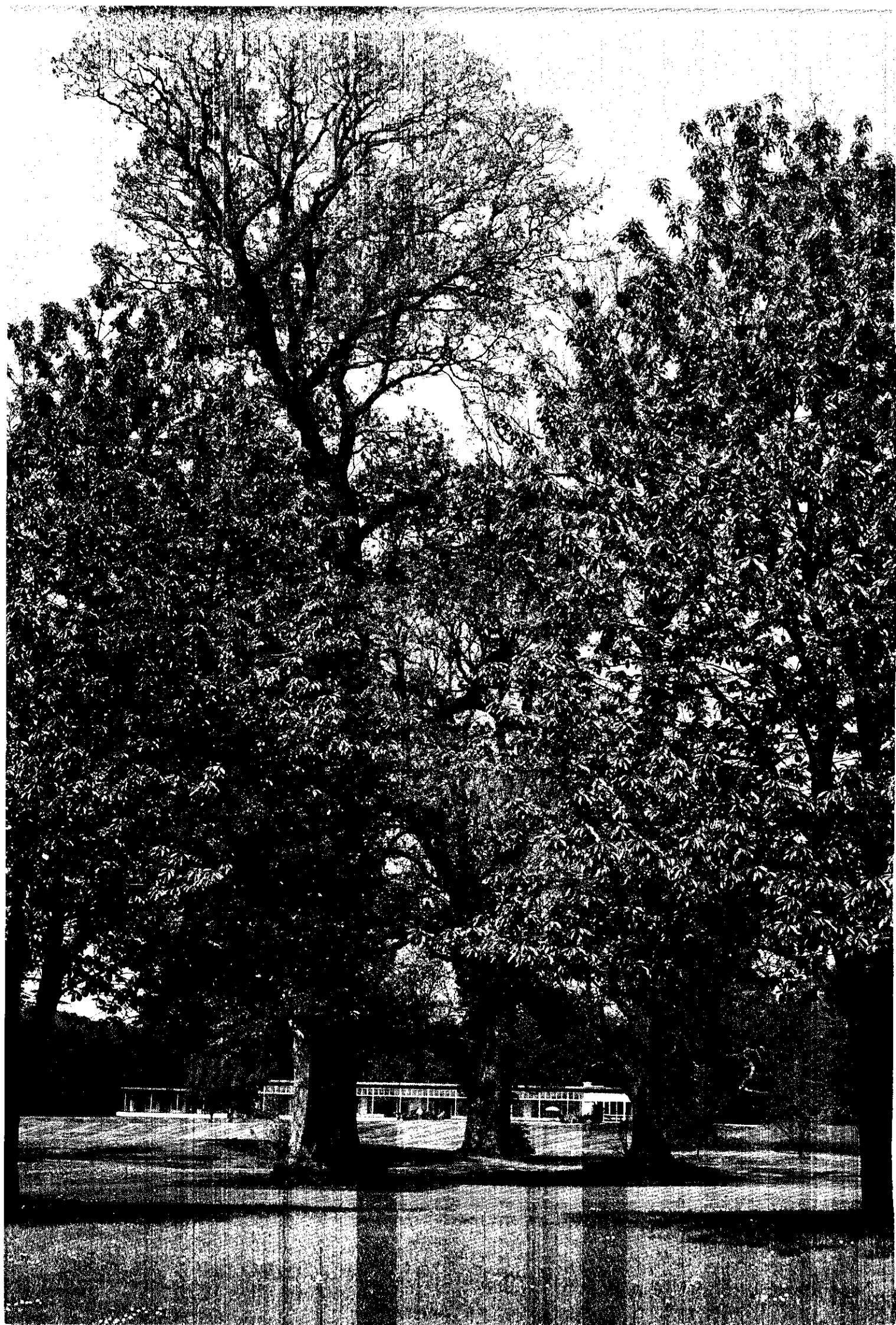
1. **Consensus Panel. Transatlantic Vascular Medicine** Controversies and consensus
Fitzgerald D.E.
Presented: University of Minnesota
May 1997.
2. **Consensus Panel. Advances and Controversies in Disease**
Fitzgerald D.E.
Presented: University of Crete
September 1997.
3. **Transatlantic Conf. On Clinical Trial Guidelines in Peripheral Arterial Obstructive Disease**
Fitzgerald D.E.
Presented: Basal University
November 1997
 - A. Patient selection and study design Stage II disease panel.
 - B. Critical issues Study Design Stage III/IV disease panel. (to be published)
4. **Morphology of deep vein thrombosis**
O'Shaughnessy A.M.

Presented: Vascular Meeting Beaumont Hospital, February, 1997

5. **Duplex scanning in the study of the natural history of thrombi**
O'Shaughnessy A.M.
Presented: Paris, 1997
6. **DVT Scanning Protocol**
O'Shaughnessy A.M.
Presented: The Society for Vascular Technology Venous Ultrasound Workshop
Dublin, July, 1997.
7. **Unstable carotid artery disease: a potential duplex ultrasound dilemma**
O'Shaughnessy A.M., Fitzgerald D.E.
Presented: 11th Meeting of the European Congress of Angiology
Rome, October, 1997.
8. **The Attitude of Junior Students to Senior Students as examiners in an OSLER**
Meachery G., Gleeson F.
Presented: Association for the Study of Medical Education (ASME)
London, September, 1997.

PUBLICATIONS

1. **Implications of duplex ultrasound morphological findings in the future management of acute D.V.T. and development of the post-phlebotic syndrome**
O'Shaughnessy A.M., Fitzgerald D.E.
Published: J. Vascular Investigation 1997.
3:4: 177-182.



among staff over the yearly period is underway with preliminary results expected in April, 1998.

A BLS Instructor Course was held at James Connolly Memorial Hospital over three days in May-June 1997 with twenty seven participants from hospitals nationwide. A Co-ordinator training day followed this course to facilitate those BLS Instructors wishing to initiate CPR Training programmes in their respective areas. There are ten BLS instructors at James Connolly Memorial Hospital who assist with teaching so as to ensure continuity of the courses on a weekly basis.

Ms. Billie Lawler formed the Irish Association of Resuscitation Training Officers (IARTO) who have forwarded a proposal to the Irish Heart Foundation (IHF) to endorse and hence standardise all BLS training in hospitals throughout the Republic of Ireland.

Advanced Cardiac Life Support (ACLS) Training

There were four ACLS Provider courses held during 1997, training a total of ninety four participants. The ACLS Council at the IHF have drawn up guidelines (algorithms) for the management of cardiac arrest and serious arrhythmias, these are to be issued to hospitals nation-wide. Mr. Derek Barton, Dr. Marie Harte and Ms. Billie Lawler are active members of the ACLS Council at the IHF and they have been at the forefront in writing these ACLS protocols in 1997. Work has commenced on a standard drug list for emergency trolleys and a national audit form for use during and after cardiac arrest.

General

A course on 'Basic ECG Interpretation' was developed and this workshop was held at the CPR Training Centre in December, 1997. Due to demand from hospital staff, another two workshops are planned for 1998.

CARDIAC REHABILITATION

The Cardiac Rehabilitation Link Programme continued to develop throughout the year providing advice, information and support for cardiac patients. Evaluation of the first phase took place in conjunction with the Health Promotion Unit. Results suggest that patients in the experimental group felt more supported, received more information and made more positive lifestyle changes than those in the control group. In

addition patients appeared to appreciate having a focal person within the hospital to contact after discharge. On the basis of these results, Catherine Bellew was released from her duties in the Coronary Care Unit, in May 1997 and is now full-time cardiac rehabilitation nurse.

As part of the further development of the programme, cardiac patients and their families are now being offered additional cardiac educational sessions. The aim of this project is to enable patients and their families have a better understanding of their condition, support them in making positive lifestyle changes as well as addressing any convalescence queries they may have. In order to evaluate the effectiveness of the programme a Focus Group Meeting was organised to give course participants an opportunity to present their views on the sessions. Early indications are that patients and families found them very beneficial and supportive. The sessions are now being continued on an on-going basis and it is hoped to do more sessions involving the family in the future.

Additional Activities

The cardiac rehabilitation nurse is also co-ordinating a stress/relaxation project for patients in Coronary Care and Unit 7. The programme was developed by Margaret Boland, Nurse Tutor and successfully used by patients in 8 West. The aim of the project is to enable patients to recognise stressors in their lives and to be able to deal effectively with stress both in hospital and following discharge. Relaxation techniques are taught to patients by nursing staff and tapes and walkmans are available for their use. One of the major sources of stress to patients in hospital is lack of information, staff ensure that up to date verbal and written explanations are accessible to their patients at all times. It is hoped that patients will continue to incorporate stress reduction techniques into their lives post discharge.

The Cardiology Department in conjunction with the Health Promotion Unit have run some extremely successful and enjoyable information sessions for staff and discharged patients and their families. The last one was in November which coincided with Irish Heart Week. The event attracted over 100 people and also offered a mini health check. A multidisciplinary team participated in these educational sessions and contributed to their success.

HEALTH PROMOTION

The National Health Promoting Hospitals (HPH) Network continues to gain momentum. This initiative was officially launched in October 1997 by the Minister for Health and Children Mr. Brian Cowen T.D. This initiative spearheaded by James Connolly Memorial Hospital in 1995 has, at present membership of 27 hospitals. James Connolly Memorial Hospital continues in its commitment to the further development of the Network by providing office accommodation for the National Co-ordinating Centre which is based in the Health Promotion Unit in James Connolly Memorial Hospital.

1997 was a time of change in the Health Promotion Department in James Connolly Memorial Hospital. Ms. Ann O'Riordan was seconded to the position of National Health Promotion Co-Ordinator, thereby creating a need for a new Health Promotion Co-Ordinator in the hospital. This post was filled by Ms. Maria Lordan-Dunphy who previously worked in the Coronary Care Unit as a Staff Nurse. The major emphasis last year was on the completion of the project's submission for the Review Book for the European Pilot Project which highlights the achievements of the HPH Project within the hospital. This review book will be launched at the 6th International Conference on Health Promoting Hospitals in Darmstadt, Germany in April, 1998.

The hospital health promoting project continued to develop and expand. Existing projects continue to be further developed and new projects have commenced. The Stop Smoking service is ongoing within the hospital and to further develop this service, the number of Stop Smoking support groups in the hospital have increased in 1998. Evaluation of Stop Smoking Group continues to demonstrate effectiveness in achieving behavioural change. The average success rate is currently 28.9%, two years post intervention. We are striving to improve compliance in relation to the hospital smoking policy to provide a smoke free environment for our patients and staff. Whilst there has been substantial improvement in relation to smoking practices within

the hospital increased compliance is essential. A new working party has been set up to achieve this aim. The hospital intends to further extend the stop smoking support service to the community following approaches from a GP and a local Industrial Plant.

Nursing staff in our Care of the Elderly Units have been involved in a Continence Promotion Project to develop strategies to promote continence for patients. This project has recently been completed and recommendations will follow shortly. It is hoped to extend this project to other areas within the hospital and ultimately develop a policy on continence for all departments to improve patient care and to enable staff to deal effectively with this issue.

The Cardio-Pulmonary Resuscitation centre continues to provide a valuable training service to all staff. The annual re-training of staff in the acute areas is ongoing. Evaluation of the CPR programme continues and will be completed in May 1998. Conclusive recommendations for staff CPR training will follow on from this. Our link with the Irish Heart Foundation continues to strengthen with regard to the standardising of basic CPR in Ireland and in relation to CPR in the community.

The Cardiac Rehabilitation Link Project has provided a very effective service to patients following discharge creating a link for patients to enable them to make contact with a focal person within the hospital. To improve this service, it was decided to run Cardiac Educational Sessions for patients and spouses. The programme consisted of a multidisciplinary approach to enable patients to return to as normal a lifestyle as possible after a cardiac event. The project was run over a 6 month period and clients were invited back to discuss the effectiveness of the programme. The sessions were found to be very helpful and clients felt supported. This service will be continued within the hospital.

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Department, which is involved in a wide range of services.

Patient Services

In 1997 a total of 1868 In-Patient and 1,154 Out Patient dietetic consultations were undertaken.

Nutritional Support

In 1997 a new state of the art enteral feeding system was introduced throughout the hospital. As a result, feeding practices throughout the hospital have been standardised and there is now a wide range of disease-specific feeds to suit a variety of clinical conditions, readily available on all wards. This ensures that patients requiring nutritional support are fed in a safe, nutritionally-complete and cost-effective manner. In addition, work commenced, in conjunction with pharmacy, nursing and medical staff, on an Enteral Feeding Manual which should be finalised early in 1998.

Education

In 1997, a final year student dietician underwent part of her Clinical Placement in James Connolly Memorial Hospital. In addition, several undergraduate student dieticians spent time observing in the department. The dietician has also been involved in in-service education of nursing and medical staff. As nutrition is a developing science, it is particularly important that members of the department keep abreast of the latest developments in this field. To this end, the department has been represented at a number of conferences, seminars and study days, including the European Society for Parenteral and Enteral Nutrition, The Royal Irish Academy Symposium on Nutrition and Elderly People, and a seminar on Today's Challenges in Enteral Feeding.

Health Promotion

The Nutrition Department continued to play an active role in Health Promotion in conjunction with the Health Promotion Unit in the following ways:

- The Dietician advises those who are attending the Stop Smoking Group on prevention of weight gain after smoking cessation.
- The Dietician is also involved in Nutrition Education Sessions for patients attending the

Cardiac Rehab Link Project. Feedback from these sessions to date has been very positive.

- During Healthy Heart Week the Dietician gave a number of talks to members of staff and the general public on Eating for a Healthy Heart.
- During Cancer Week the Dietician gave a series of lectures on Nutrition and Cancer, and Nutrition and Women's Health.

Catering

The department of nutrition continues to liaise and advise the Catering Department on suitability of menus for therapeutic diets. The Dietician has also assisted the Catering Department in the design of menu cards to enable parents requiring therapeutic diets to make appropriate food choices. In 1997 a new menu was devised for the Coronary Care Unit to allow a wider choice of meals.

SPEECH AND LANGUAGE THERAPY SERVICE

Speech and Language Therapy involves the treatment of people with a variety of communication and swallowing impairments. These can develop following stroke, head injury and dementia. The service is currently undergoing significant up-grading. The existing half-time basic grade position has been replaced with a full-time senior position. This has been filled temporarily since October 1997 and will be made permanent in 1998, along with a new basic grade position. This improved staffing level is essential due to the increasing demands on speech and language therapy service; there were 258 referrals in 1997, an increase of 77% on 1996.

Communication Impairment

Speech, language and communication impairment accounted for 48% of overall referrals. These included people with language impairment, motor-speech difficulties, cognitive impairment and voice disorders. The provision of resources for both assessment and treatment has greatly improved the quality of care provided.



RADIOLOGY DEPARTMENT

During the year 58,857 examinations were carried out in the department including 7,681 ultrasound scans. 1997 has seen major expansion with provision of CT Scanning facilities. A state of the art, high solution, spiral Scanner has been installed and hopefully will be up and running by mid 1998.

Approval was also received to the appointment of an additional Consultant Radiologist, a Superintendent Radiographer and a Senior Radiographer.

PHARMACY

1997 has been a busy year for the Pharmacy. As in the past developments are taking place simultaneously at many levels across the Board, with many hospital colleagues, at patient level, at ward level and within our own department.

Although the regionalisation of the service has not yet been completed, much work was done in conjunction with other Pharmacy departments in the Board to develop staffing and resources.

We continue to work with our Consultant colleagues to progress the introduction of our Formulary or more appropriate Prescribers Guide. As James Connolly

Memorial Hospital continues to benefit from the increased Dietician services we also had the opportunity to work with the Dietician. The result was the rationalisation of many aspects of Enteral and Sip Feeding. We look forward to more developments in 1998. The department continues to work closely with the CPR Committee to meet the changes in this area.

Patient counselling continues to be an area of key focus for Pharmacy. Apart from selected individual counselling, we are now contributing to the excellent Cardiac Rehabilitation series of talks.

Much work has been achieved at ward level with the introduction of stock lists tailored to the individual needs of each ward. This is proving popular all round due to the fact that both speed and accuracy are increased. For those wards not yet on the system, it is planned to introduce the service in 1998.

Within our own department work continues to improve the 'nuts & bolts' of our service. New boxes have been introduced with added safety features, as well as ongoing developments in our shelving and organisation. We continue to provide Pharmacy Training and Education at all levels.

SOCIAL WORK DEPARTMENT

The Medical Social Work Department provides a full range of assessment and therapeutic services to In-Patients, their families and those patients referred to the team from various Out Patient clinics in the hospital. Six Social Workers are presently involved in the provision of this service. An average of 300 clients per month were offered a service during 1997.

Two Social Workers are assigned to the Department of Medicine for the Elderly and operate on a blanket referral basis. The service in this area includes a comprehensive social assessment service which aims to assist in the diagnosis and treatment of elderly patients where psycho-social factors are relevant. A broad counselling service is offered on issues such as bereavement, lower limb amputations, increased frailty and loss of independence. Another large component of the work in this area is that of supporting patients and carers who face the difficult decision of residential care.

within Trinity College. She has also become a member of the Neurological Special Interest Group.

C Student Education

Training continues to be a priority within the department. Placements are facilitated for Occupational Therapy students.

Talks are also delivered to nursing students on a regular basis.

D Service Expansion

The Occupational Therapy service has expanded in the area of Cardiac Rehabilitation. The Occupational Therapist has been involved in educating members of the Cardiac Rehabilitation Programme in stress management techniques.

She has also had input to the Carers Support Group, talking on coping with caring. Furthermore, she has been involved in developing an anxiety management/assessment programme for James Connolly Memorial Hospital staff, in conjunction with other Occupational Therapy and Psychology staff. This is due to commence in mid 1998.

The Occupational Therapist has also compiled several information leaflets on Occupational Therapy. The aim of these is both promotion of the service and alleviation of patients and carers anxieties through dissemination of information.

E Outcome Measures

In order to measure the effectiveness of Occupational Therapy intervention, the Barthel Functional Performance index has been introduced to the service.

CARE OF THE ELDERLY

The Care of the Elderly Department is covered by two Senior Occupational Therapists and one Attendant.

In 1997 the following figures were recorded for patients seen by the Occupational Therapy service.

Day Hospital Assessments

Number of patients seen by
Occupational Therapists 192

In-Patient - Admissions and Rehabilitation Units

Number of patients seen by
Occupational Therapists 589
Total 781

The service continues to provide assessment and rehabilitation to the acute and rehabilitation units. Home assessments are carried out to prepare for safe and successful discharges.

The Occupational Therapy Service liaises with the community services to co-ordinate discharge planning. The Service is also involved in the prosthetic rehabilitation service.

The therapists work closely with the multi-disciplinary team to ensure a quality service is provided.

The Day Hospital receives a service four mornings a week for the new Day Hospital assessment patients. Specific requests were attended to also.

Patients are seen in the extended care wards following assessment.

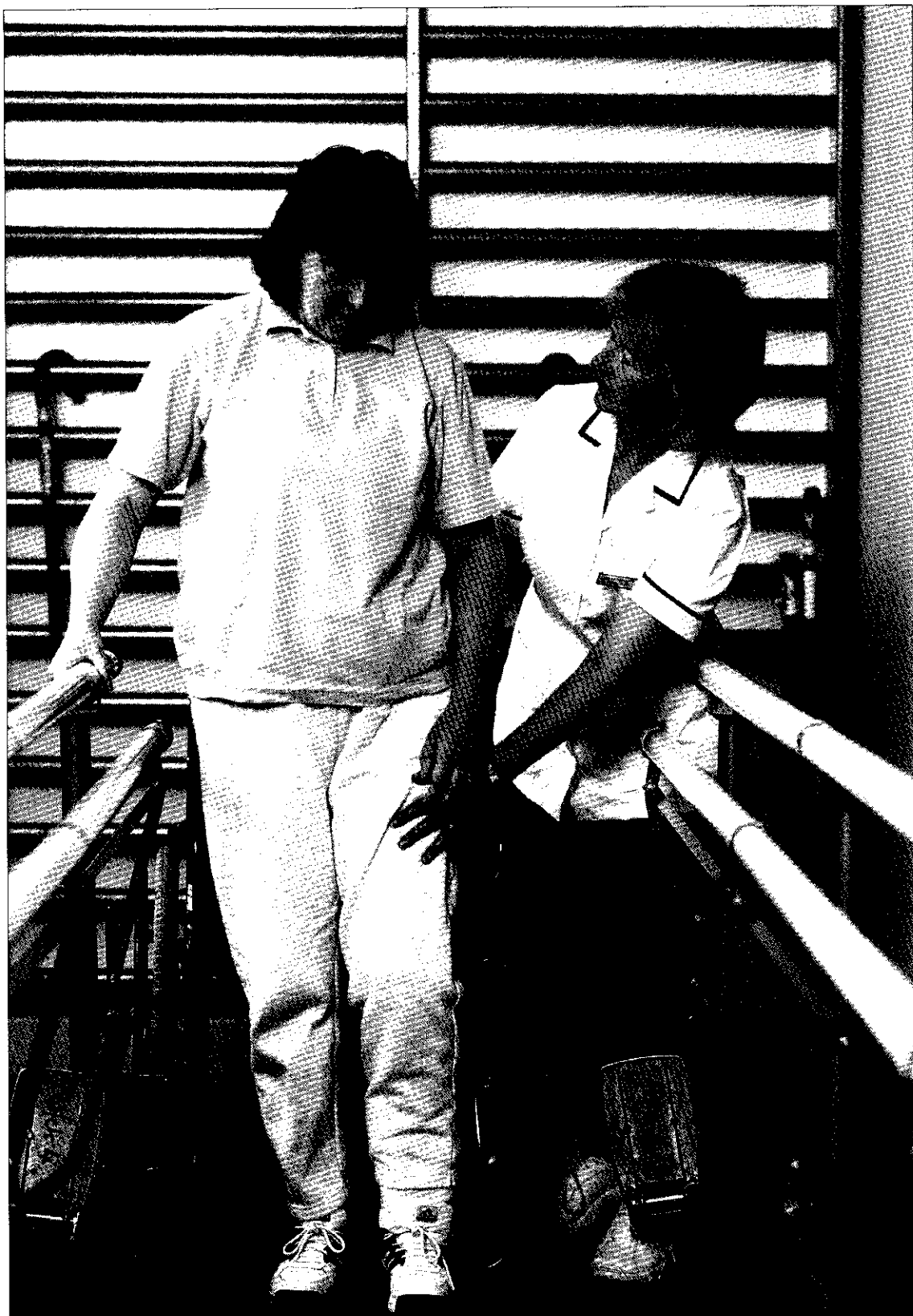
The Occupational Therapy Department aims to provide comfortable and appropriate seating systems for patients. Pressure relieving cushions for use in hospital are issued to patients following assessment. Additional equipment will be required in the coming year to meet the demands on the seating service.

During the year the Occupational Therapists attended the geriatric special interest groups meetings and other courses to keep up to date with professional issues and new developments relevant to the profession. The department continues to have links with the School of Occupational Therapy and placements are provided for students. A talk was given at the carers group regarding equipment and safety issues in the home environment.

OCCUPATIONAL THERAPY IN RHEUMATOLOGY

This senior post commenced in December 1996 and saw a total of 240 patients over the following year, referred via the Rheumatology Out Patient clinic and In-Patients in Unit 2, Department of Rheumatology. Final alterations were made to the custom built Occupational Therapy Department providing an excellent therapeutic setting for patients experiencing a wide range of biomechanical difficulties.

The work of the Occupational Therapist has concentrated on maximising the patient's level of



ACCIDENT & EMERGENCY DEPARTMENT

The Accident & Emergency Department provides a 24 hour 7 day service to the catchment population. During 1997, 33,309 patients were treated whilst 6,005 patients were admitted to the hospital, representing 70.28% of all hospital admissions.

Developments to the A & E service included the introduction of 24 hour Receptionist cover and Nurse Triage, 7 days a week. The Primary Care Physicians continued to work in the department on a sessional basis 6 days per week. They complement the medical and nursing staff providing emergency care to the patient population. The department was physically re-organised with building of storage facilities, enlargement of the reception area and establishment of a triage office.

The Poisons Information and Emergency Care C.I.D. ROM databases were installed providing extensive information for the staff.

Plans progress for the development and design of the new Accident & Emergency Department following

acceptance of the schedule of Accommodation by the Project Team.

The introduction of a dedicated Accident & Emergency Computer System will promote the aim of a "paperless" department.

The Continuing Medical Education Programme included the weekly Accident & Emergency Forum and Monthly Audit and Journal Club Meetings. Publications have been accepted by the Journal of the Irish Colleges of Physicians and Surgeons, the European Journal of Emergency Medicine and the British Journal of General Practice. By December of 1997 all A & E medical staff had completed an Advanced Cardiac Life Support course and two-thirds an Advanced Trauma Life Support course.

The expanding catchment population demands the development and delivery of emergency services by the A & E Department.

DEPARTMENT OF ANAESTHETICS

In it's first full year of operation, the new Intensive Care Unit had 255 admissions of which 142 patients required mechanical ventilation. The new Unit has proved to be a major improvement on the previous facility and congratulations are due to all involved in the design process. A lot was achieved with restricted space and relatively small expenditure.

The provision of a Blood Gas and Electrolyte Analyser in the Intensive Care Unit has helped the provision of efficient patient care. This effectively completes a process of upgrading equipment and facilities which has taken place over the last four years.

SURGERY

GENERAL SURGERY

In 1997, the Department of General Surgery at James Connolly Memorial Hospital continued its commitment to providing a better service for the community and expanded to meet the increasing activity of the area. This is reflected by the increase in Out-Patient attendance by 11%, In-Patient increase by 4%, Day Ward increase of 24% and admissions from Accident & Emergency of 5%.

The need for a dressing clinic became obvious and this was introduced in April, 1997, attending to Day Ward Patients and Out-Patients thus reducing the number of wound dressings performed in the wards and leading to improved quality of care and early discharge from hospital of certain patients.

In the new Day Ward and due to its increased activity, the introduction of day case hernia repairs and varicose veins surgery under general or regional anaesthesia has ensured that these patients are not cancelled repeatedly due emergency admissions. The introduction of video endoscopy equipment serves both improved efficiency and as an educational facility to surgical and nursing staff.

Undergraduate and postgraduate surgical education and training has always been an important aspect in the hospital. In addition to the existing weekly Surgical Conference, weekly Journal Clubs, pre-fellowship lectures and video surgery presentations, a "Surgical Pathology" conference has also been introduced which is very helpful with both patient management and educational for all the junior staff. We take this opportunity to welcome the arrival of Dr. E. Leen, (Consultant Pathologist) who has helped the general surgical services a great deal with frozen sections and FNAC, frequently performed by himself.

The appointment of an Intern co-ordinator has helped the new interns. A structured educational and training programme including induction courses, clinical skills and regular feedback meetings with the interns was introduced. To ensure a smooth hand over, a meeting

between the departing interns and the new interns has been established. Two additional intern posts were secured for the new year.

The Department of Surgery would like to welcome Mr. Brian Kneafsey, our newly appointed Consultant Plastic Surgeon who will greatly enhance the spectrum of patients treated at James Connolly Memorial Hospital. The Department of Surgery would like to thank Mr. Denis Lawlor for his many years of service to James Connolly Memorial Hospital.

Major expansion has taken place within the Radiology Department and the provision of C.T. Scanning facilities will undoubtedly enhance all surgical departments and reduce hospital stay significantly.

The appointment of Mr. Colm O'Brien, Consultant Ophthalmologist is greatly welcomed and he has already revolutionised the ophthalmology service for Out-Patients and In-Patients. We are very fortunate to have such an experienced Consultant working in our hospital.

The continuing developments to the Department of Surgery and the additional teaching facilities attached to the hospital will assist in meeting the challenge in caring for an ever expanding community.

DEPARTMENT OF ORTHOPAEDIC SURGERY

The clinical activity within the orthopaedic service continued its upward trend during 1997. 593 In-Patients and 237 day cases were treated. Out Patient attendances also increased to 6,732.

A second Orthopaedic Surgeon commenced duty in July 1997. This facilitates the further development of specialisation within the department. At present, there is an active upper limb service with a combined rheumatology/orthopaedic clinic service within the hospital. The new Orthopaedic Surgeon has an interest in providing a service for patients with bone and joint

GASTROENTEROLOGY

1997 was, again, a busy year for the Department of Gastroenterology. Increasingly, procedures are being performed on a day care basis which is dependent on adequate day care facilities.

The unit has acquired video endoscopy equipment during the last year which has made a very significant difference to the overall functioning of the unit. Such equipment reduces the physical stress on the endoscopists in addition to lessening direct contact with the instruments, thus improving the overall hygiene of the endoscopies. Furthermore, it makes the procedure we carry out more interesting for the nursing staff who, until now, could not see the fruits of their labours and are now currently able to watch the procedures on a video monitor. As a teaching hospital, it is of course extremely advantageous to have video equipment available so that both medical and nursing students can see precisely what is going on during such procedures.

Increasingly, general practitioners who refer patients to the hospital are requesting open access facilities and currently we are in discussions with the Hospital Manager who, in the interest of hospital development, recognised the need to provide such services for our general practitioners. This would require extra facilities, but, in turn, would decrease the demands made on the Out Patient clinics to the benefit of reducing the waiting times for Out Patient appointments. Hopefully, over the coming months, we will be able to provide open access facilities, which are now the norm in similar hospitals to ourselves. There is also a necessity for us to provide extra space for the cleaning of endoscopic equipment which, over the years, has become increasingly more rigorous in the standards expected of all hospitals. We are currently reviewing, with the Hospital Manager, our overall facilities with a view to developing standards which are currently being laid down by the regulatory authorities.

Finally, it is only with the continuing support and dedicated work of our endoscopy nursing staff that we are able to provide an endoscopy service to such an extent that, under normal circumstances, no In-Patient is waiting longer than 24 hours for a procedure to be

performed, thus making a major contribution to the overall throughput of the hospital.

UNDERGRADUATE TEACHING

Once again 1997 was a very busy year in terms of the work involved in teaching the undergraduates that we have here from the Royal College of Surgeons in Ireland. Medical and nursing staff, at both senior and junior level, have made major contributions to the teaching throughout the year. It is essential that this work be continued as it elevates the overall status of the hospital and, in turn, the presence of the undergraduate students stimulates the staff in a number of academic spheres.

Again during 1997, there were sixty junior clinical students together with twenty to twenty five final year students. The formal feedback that we obtained from the students has again been very positive highlighting the efforts put in by all members of staff, as already stated. 1997 was a landmark year for us in the development of our academic facilities. A significant section of the old Domestic Staff Home has been converted into tutorial rooms, library, common room and offices for the academic staff and is currently waiting to be fitted out. In addition, we have been fortunate in obtaining agreement for the building of a 200 seat lecture theatre which is currently under construction and which will be of major benefit in our ongoing academic development.

Further progress has been made with the development of the Objective Structured Long Examination Record (OSLER), which was originally developed in the hospital in 1987. During 1997 invitations were received to present papers on the topic in both London and Vienna, in addition to a number of presentations here in Dublin.

Our growing reputation as a teaching hospital is now evidenced by the major competition for internship in our hospital. Once again, this year, thanks to all the medical, nursing and all branches of the administrative staff who have contributed to the teaching and the organisation of the examinations.

including routine spirometry, static lung volumes, diffusion capacity, body plethysmography, bronchial challenge protocols, cardio-pulmonary stress exercise protocols, specific antigen inhalation challenge testing and a wide battery of allergy testing. The laboratory saw over 4,000 patients in the last year.

Collaboration with the University of London (Professor Len Poulter), Stanford University, California (Professor Tom Raffin) and the University of Western Australia (Professor Patrick Holt) continues to expand. Three post doctoral Fellows completed a total of fourteen papers which were published in the peer review international literature in the past year. In addition the department had a total of twenty eight invited presentations to international meetings including the American Thoracic Society Annual Scientific Meeting and the British Thoracic Scientific Meeting. Three post doctoral Fellows, namely Dr. Sreenan, Dr. Leonard and Dr. Faul successfully achieved prestigious positions in the Department of Respiratory Medicine, Stanford University Medical Center in California in July 1997 and Dr. Vincent Tormey was successful in achieving a senior position in the Royal Free Hospital & University of London School of Medicine.

The department continues to provide a respiratory and general medical service to patients admitted via the Casualty Department and our In-Patient service and Intensive Care Unit responsibilities continue on an ongoing basis.

DEPARTMENT OF MEDICINE FOR THE ELDERLY

This Department continues to operate as part of the integrated North Dublin Geriatric Service together with the Mater, Beaumont and St. Mary's Hospitals. The Department at James Connolly Memorial Hospital provides a comprehensive geriatric service, including acute medical care, rehabilitation, respite care, Day-Hospital and long stay continuing care. Dr. Lavan also provides an amputee rehabilitation service for elderly amputees.

Acute Service

Patients were admitted predominantly directly from the Day Hospital or Accident and Emergency. Other patients were admitted directly to the acute ward following discussion with the patients general practitioner or were transferred from other acute medical or surgical wards. There were 488 admissions to the acute ward.

Rehabilitation

The Department continues to provide a comprehensive rehabilitation service in particular for patients with stroke, patients with mobility problems following hip fracture and patients with lower limb amputations. There were 625 admissions to the rehabilitation ward.

Respite Care

The Department offers two forms of respite care. First of all there are three beds in the rehabilitation ward committed to providing regular intermittent admission where the patient spends two or three days in hospital on a planned basis every two weeks with a view to providing regular medical review in addition to social relief. The second form of respite care involves patients being booked in for a week or two weeks in particular during the holiday periods to give carers a break.

Day Hospital

The Day Hospital continues to provide multi-disciplinary assessment and maintenance rehabilitation on a day care basis five days a week. New patients receive medical, nursing, occupational therapy, physiotherapy and social work assessment. 368 new patients were assessed and 1,317 return patients were reviewed, as a result of which there were 4,354 attendances at the Day Hospital.

Amputee Rehabilitation Service

The amputee rehabilitation and limb fitting service continues to offer rehabilitation to elderly amputees on a national basis in close association with the prosthetic services provided by Vessa International Limited on the campus adjacent to Unit 4. 33 new patients were fitted with a primary prosthesis. Of the 191 patients who attended for review, a further 19 required a secondary prosthesis.

DEPARTMENTAL REPORTS

PATIENT SERVICES

DEPARTMENT

The National Health Strategy explicitly identified quality as one of the core values which are to underpin the health services of the future. It is widely accepted that it is only the consumers of a service who can decide whether their needs have been satisfied. It follows that to improve quality we must know the needs of our patients. During 1997 a number of initiatives were undertaken by the Patient Services Department to encourage patient feedback on services provided. The following systems were put in place.

Patient Complaint Monitoring

A formal system for handling Patient's Complaints was introduced in 1995. Information on patient complaints is regarded as a valuable corporate resource and provides an opportunity for us to identify areas requiring attention. Formal written complaints received in 1997 have been categorised, and a number of improvements will be made during 1998 to rectify shortfalls identified.

Patient views on changes in the format of the Warfarin Therapy Clinic

Changes in the method of managing the Warfarin Therapy Clinic were introduced in 1996. This involved the introduction of a new Warfarin Therapy /Information Booklet for patients. The purpose of introducing this booklet was to reduce patient waiting times at clinics as well as providing details of treatment regime. We were anxious to assess patient understanding of the importance of receiving their therapy details on time and to rate overall satisfaction levels. A telephone survey was conducted for this purpose with responses to the following sought:

- Clarity of Dosage Information on Booklets
- Where patients found dosage information unclear, what steps would be taken to seek further clarification
- Length of time for receipt of Booklet by the patient via the postal system
- What steps the patient would take if Booklet did not arrive

- Capturing of OPD return appointment date in booklet
- Overall level of satisfaction with the new system

It was encouraging to note that of those surveyed, 83.33% had an increased level of satisfaction with the arrangements. Of the remaining 16.77%, 13.33% did not have experience of the old system and 3.34% omitted to respond to the question.

In-Patient Survey

In November, 1997 an in-patient survey was conducted involving sixty patients at post-discharge phase of their treatment. A number of the findings of this survey will be raised with relevant heads of departments.

OUT PATIENTS DEPARTMENT

Comment Boxes

A comment box was installed on a pilot basis in the Out Patients Department. Pre-printed comment forms have been provided to encourage regular patient feedback in this area. Comments received have highlighted the need to re-distribute patient traffic from the Out-Patient Reception Desk and a number of steps will be taken in 1998 to ease this problem.

It is now intended to extend comment boxes to other hospital wards and departments.

Level of Patient Non-Attendance at Out Patient Clinics

Significant hospital resources are assigned to preparing for Out Patient clinics. An analysis of patient OPD attendances and levels of non-attendances took place across each Consultant Speciality. This analysis highlighted an extremely high level of non-attendance rates in certain specialties. To identify possible reasons for this, telephone surveys were conducted. The results of the analysis and patient survey has been circulated to all hospital consultants involved. It is hoped that a pooling of ideas and suggestions will follow and enable us to resolve this particular hospital problem.

During 1998 we will be focusing on initiatives that will benefit the greatest possible number of our patients. We will continue to encourage patient feedback, and take action on any identified deficiencies in our systems.

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Nursing care-plans for care of the patient with MRSA and Pulmonary Tuberculosis and patient information sheets on Hepatitis B & C were produced.

Committees

The Infection Control Sister is a member of and regularly attended meetings of the Eastern Health Board Infection Control Committee.

Education

Education of all members of staff and students, nursing and medical continued throughout 1997.

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expanding due to earlier discharge of patients. These developments are improving the responsiveness of our hospital services to patient and community needs.

Professional development in all its guises is necessary to drive forward nursing and to enhance standards of care for the patient. Professional development by nurses was evident by the number undertaking RCSI diploma and other external courses. Courses organised by the EHB Department of Nursing Research & Development and the Continence Promotion Unit were also well attended. The final group of Ward Sisters received the benefit of the updated Management Development Modular Course.

Two recognised stressors for nurses have been identified as work overload and management of rapid pace of change. Change is happening, change lies ahead but it also offers great opportunity for Clinical Development. The culture of the nursing setting has developed over time from shared beliefs, norms, policies, traditions and attitudes. Change poses the challenge of encountering difficulties in the adoption of new ideas and new practices which include structures that are inconsistent with the current nursing culture.

The process of strategic management will imply managerial and decision making demands on staff at all levels. The nursing profession in the next century must be built on a careful analysis of the strengths and weakness of the past blended with creative imaginative and determination about the future.

Quality assurance is a necessary requirement for professional practice. The establishment in October 1997 in conjunction with the Diploma Course introduction of the post of Nurse Practice Development Co-Ordinator will foster the introduction of quality systems. Quality systems will require audit in clinical areas where staff not only set their own standards but monitor to see if they are being consistently achieved, meeting the patients and relatives perceptions of good practice. Substantial progress was made in relation to Infection Control aspects in 1997.

We were delighted to have at our Annual Presentation of Badges and Certificates in October the Chairperson of the Eastern Health Board, Councillor Roisin Shorthall, T.D. and Ms. Peta Taaffe who was appointed in October to the newly established post of Chief

Nursing Officer, Department of Health. 21 Three Year Course Students and 7 Post Registration Course Students were presented with their badges and certificates.

I wish to express my appreciation and thanks to all Nursing staff for their co-operation in the planning sub groups and many new developments and for the high standard of care they continually strive to achieve.

NURSE EDUCATION CENTRE

Nurse education finds itself at the beginning of an important new era, the inevitability of change is no longer a debatable topic, we now operate in a changing climate and we need to develop a commitment to innovation and change. Student nurse education is undergoing major transition at present.

The Pre-Registration Diploma Programme for student nurses got the go ahead from the Department of Health in March 1997. This set in train a flurry of preparation for a new curriculum and links with the third level institute for Accreditation in Dublin City University.

Thanks and congratulations to all staff who worked so diligently on the Curriculum Development Committee in preparation for the programme which received Accreditation in August 1997.

Recruitment interviews were held for the Diploma Intake in the new academic year. Twenty one successful applicants commenced on 29th September, 1997 and their academic modules are shared between Dublin City University and James Connolly Memorial Hospital.

Subsequent to this development a number of Academic Committees and Programme Boards have been set up to advise/control 'Marks and Standards' and Examination Procedures. Development of this programme is an ongoing activity with many new demands on educational staff members contributing on these forums on professional matters both inside and outside the hospital.

Inservice and Continuing Education

Continuing professional education is very much on the minds of all nurses since the publication of the framework document on Continuing Professional Education by An Bord Altranais. Also, the interim

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FINANCIAL OUT TURNS

Out Turn 1996

Pay	18,767.000
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Non Pay	6,209.000
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Total Gross	24,976.000
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Income	1,510.000
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Nett Expenditure	23,466.000
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Out Turn 1997 (Projected) *Final figures not available at time of going to print*

Pay	19,036.000
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Non Pay	6,769.000
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Total Gross	25,805.000
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Income	1,568.000
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Nett Expenditure	24,237.000
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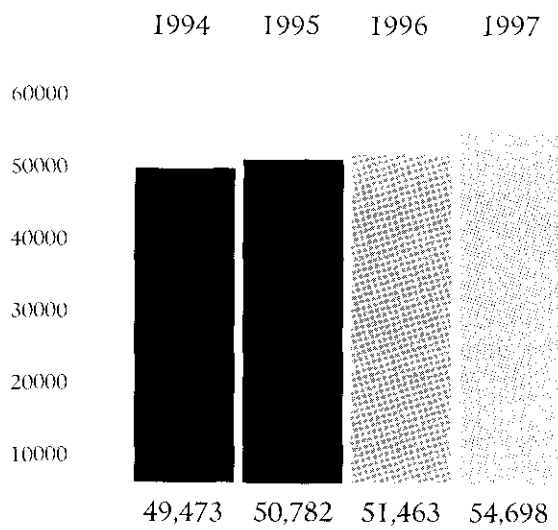
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OTHER PROFESSIONAL SERVICES		
	1997 No. of Patients	1996 No. of Patients
Number of Operations	6,542	5,861
Prosthetic Service		
Patients fitted with limbs	52	29
In-Patients	32	54
Out-Patients	210	165
NORTH DUBLIN PSYCHIATRY OF OLD AGE SERVICE		
Domiciliary Assessments		
New Referrals	390	382
Return Referrals	235	189
Community Psychiatric Nurses		
New Referrals	288	282
Return Referrals	84	109
Other Referrals	4,780	5,098
Therapeutic Day Hospital		
Total attendances	1,272	1,135

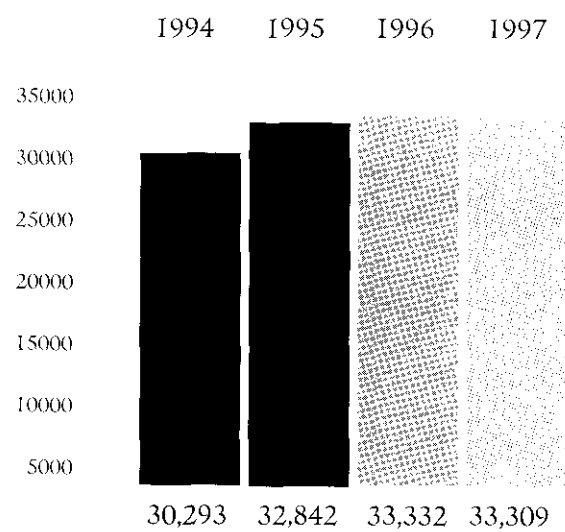
JAMES CONNOLLY MEMORIAL HOSPITAL - ANNUAL REPORT 1997

STATISTICAL CHARTS - CONTINUED

OUT-PATIENT ATTENDANCES
1994-1997



ACCIDENT & EMERGENCY
ATTENDANCES 1994-1997



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OUT-PATIENT ATTENDANCES

Specialty	1997	1996
Respiratory	7,608	7,234
Endocrinology	5,083	4,463
Gerontology	1,696	1,550
Gastroenterology	2,709	3,035
Cardiology	2,513	2,660
Rheumatology	1,963	1,354
Neurology	451	53
Psychiatry	5,671	5,164
Dermatology	1,167	1,251
General Surgery	8,477	7,627
Orthopaedics	6,732	6,077
Plastic Surgery	812	1,020
Urology	687	770
Gynaecology	590	647
Ophthalmology	495	781
Orthoptics	72	54
Ear Nose and Throat	412	499
Geriatric Day Hospital	4,354	4,192
Anti Coagulant (Warfarin)	3,206	3,032
Total	54,698	51,463

STATISTICAL REVIEW

IN-PATIENT ACTIVITY STATISTICS JANUARY TO DECEMBER 1997

Ward	Bed Complement	Available Bed Days	Occupied Bed Days	Total Admissions	% Bed Occupancy	Average Length of Stay (days)
Medical	91	31967	30347	3814	95%	7.95
Surgical	60	21900	21234	3956	97%	5.37
Intensive Care Unit	4	1460	1177	255	81%	4.61
Coronary Care Unit	5	1825	1317	306	72%	4.30
Geriatric Assessment/ Rehabilitation	56	20440	17407	1059	85%	16.44
Acute Psychiatry	22	8030	6849	354	85%	19.35
Geriatric Long Stay	70	25550	24437	283	96%	—
Psycho Geriatric	40	14600	12379	24	85%	—
Total	348	125772	115147	10051	91.5%	—

REPORT OF HOSPITAL MANAGER

Mr. Tom Gorey

I 997 has once again been a very busy year for the hospital with most departments/specialties showing an increase in activity. I must acknowledge the tremendous commitment and dedication of all our staff in meeting these ever increasing demands. In addition to its core activities a number of service developments took place during the year which will both enhance the overall quality of service provided for our patients and expand the range of services available at the hospital. These included:

- Funding was made available in 1997 to enable the hospital to open an additional 20 beds for four months during the Winter to meet increased demands from the A&E service during this peak period.
- The development of C.T. Scanning facilities is now complete. The total additional funding made available to the hospital for this new service was in the order of £750,000.
- The new Day Surgery was opened in January, 1997. This new unit has provided our patients with an excellent facility.
- Funding was also made available for the purchase of state of the art video endoscopy/bronchoscopy equipment.
- Approval for additional posts of Consultant Orthopaedic Surgeon and Consultant Radiologist.
- Approval for the development and enhancement of Occupational Therapy Services. This included the recruitment of three additional therapists.



Mr. Tom Gorey, Hospital Manager

- Establishment of a specialist Household Services Department.
- Development of new educational facilities to include a 200 seater lecture theatre (due for completion in May, 1998).

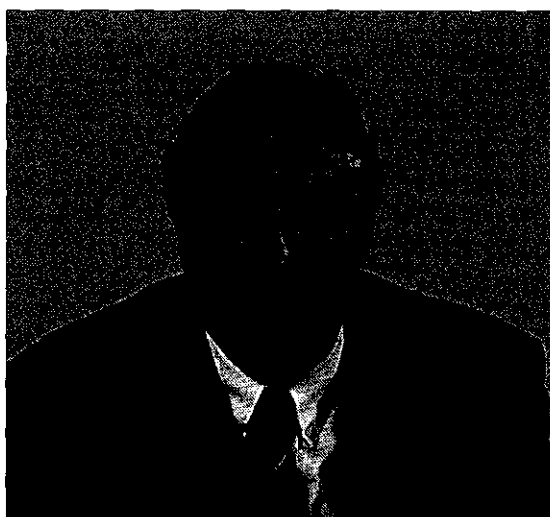
The total investment in the hospital as a result of the above developments was in excess of £3.5m. These are all very necessary and indeed very welcome developments for the hospital and they represent a serious commitment at the highest level to ensure that the hospital is in a position to provide a quality service to its patients and staff.

I am confident that 1998 will see continued development of the hospital services and facilities. The 1998 budget allocation includes provision for the following:

HOSPITAL MANAGEMENT COMMITTEE



Mr. Tom Gorey, Hospital Manager



Mr. S.J. O'Flanagan, Chairman, Medical Board



Mr. H.I. Browne, Medical Administrator



Ms. K. Sheeran, Matron

MEMBERS APPOINTED
UNDER HEALTH BOARD
(ELECTION OF MEMBERS)
REGULATIONS, 1972

Registered Medical Practitioners

Dr. J. Fennell, St. Columcille's Hospital,
Loughlinstown, Co. Dublin.

Dr. C. Smith, Central Mental Hospital, Dundrum,
Dublin 14.

Dr. R. Hawkins, Bray Medical Centre,
Herbert Road, Bray, Co. Wicklow

Dr. J. Reilly, Fingal House, Lusk, Co. Dublin.

Dr. S. Barry, Cluain Mhuire Service,
Blackrock, Co. Dublin.

Dr. K. Harkin, 15 Grattan Crescent,
Inchicore, Dublin 8.

Dr. M. Laffoy, 20 Avoca Park,
Blackrock, Co. Dublin.

Dr. P. O'Connell, 57 Craysfort Downs,
Blackrock, Co. Dublin.

Registered Dentist

Dr. D.I. Keane, 130 Merrion Village, Dublin 4.

Registered Pharmaceutical Chemist

Mrs. B. Bonar, 9 Leopardstown Park,
Blackrock, Co. Dublin.

Registered General Nurse

Ms. M. Hoban, 6 Ashgrove Crescent,
Naas, Co. Kildare.

Registered Psychiatric Nurse

Mr. G. McGuire, 1 The Strand, New Road, Donabate,
Co. Dublin.

MEMBERS APPOINTED BY
MINISTER FOR HEALTH

Mr. P. Aspell, 61 College Park, Newbridge, Co.
Kildare.

Cllr. Dr. W. O'Connell, Vale Road, Arklow, Co.
Wicklow.

Mr. L. Butler, 3 Whitehall Mews, Westminster Road,
Foxrock.

Cllr. C. Quinn, 47 Beechwood Lawns, Rathcoole,
Co. Dublin.

