



James Connolly Memorial Hospital

Annual Report 1996





Eastern Health Board
James Connolly
Memorial Hospital



Annual Report
1996

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Eastern Health Board

Board Members

MEMBERS APPOINTED BY LOCAL AUTHORITIES

Dublin Corporation

Cllr. R. Shorthall (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, T.D., 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, c/o South Dublin County Council, 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, Oryllyn Park, Lusk, Co. Dublin.

Dun Laoghaire/Rathdown County Council

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

Cllr. O. Mitchell, 18 Ballawley Court, Sandyford Road, Dublin 14.

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.

MANAGEMENT TEAM

Chief Executive Officer

Mr. P.J. Fitzpatrick

Programme Manager General Hospital Care

Mr. Seamus O'Brien

Programme Manager Special Hospital Care

Mr. Michael Walsh

Programme Manager Community Care

Ms. Maureen Windle

Programme Manager Aids and Drugs Services

Mr. Pat Mc Loughlin

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

GENERAL HOSPITAL CARE PROGRAMME COMMITTEE

Mr. Gerry McGuire – Chairperson

Dr. John Fennell

Cllr. Gerry Brady

Sen. Joe Doyle

Cllr. Michael McWey

Cllr. Ben Briscoe, T.D.

Cllr. Mary Whitty

Cllr. Jane Dillon Byrne

Cllr. Roisin Shorthall

Ms. Margaret Nealon

Dr. Reg Hawkins

Mrs. Bernadette Bonner

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.

Prof. J. Devlin, Consultant
Physician/Endocrinologist.

Ms. M.G. Donovan, Consultant Urologist.

Dr. N. Downey, Consultant Anaesthetist.

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. V.T. Greene, Consultant Psychiatrist. **

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. Lane, Consultant Surgeon.

Dr. J. Lavan, Consultant Geriatrician.

Mr. D. Lawlor, Consultant Plastic Surgeon.

Dr. P. Nicell, Consultant Radiologist.

Dr. J. Noel, Consultant Geriatrician.

Mr. S.J. O'Flanagan, Consultant
Orthopaedic Surgeon.

Dr. S. O'Loughlin, Consultant Dermatologist.

Dr. F. Powell, Consultant Dermatologist.

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.

* Commenced duty, September 1996

** Retired 1996

*** Commenced duty, October 1996

**** Commenced duty March 1997

***** Commenced duty, February 1997

Radiology Service

A special capital grant was received from the Department of Health in the latter part of 1996 for the purchase of a C.T. Scanner. The introduction of this diagnostic service will ensure speedier diagnosis and treatment of our patients thus providing a better quality service. Detailed specifications were drawn up and the procurement process through a public tendering process is in train.

Neurology Services

A new Consultant Neurologist was appointed to the hospital on a joint contract basis with Beaumont Hospital.

CAPITAL DEVELOPMENT

The process of recruiting the Design Team for the hospital capital development project was completed in 1996. The next stages will be the drafting of a protective development control plan for the new hospital followed by the drawing up of detailed specification and tender documents for the first phase. It is envisaged that these tasks will be completed in 1997 with building work commencing in early 1998.

SERVICE DEVELOPMENTS 1997

Areas of priority which will be addressed over the next year include:

Radiology Services

Whereas the allocation from the Department of Health provided for the purchase of a C.T. Scanner, the accommodation and revenue costs of this development will be met from within our Board's own resources. This development also includes provision for the appointment of an additional Consultant Radiologist. It is targeted that this service development will be completed in 1997.

Accident and Emergency Service

Provision has been made in the 1997 budget which will enable the hospital to put an additional 20 acute beds in place in January and February to meet the peak demands of the Accident and Emergency Service.

Provision has also been made for the enhancement of staffing in the Accident and Emergency Department which will enable us to provide twenty four hour receptionist cover.

Day Surgery

As previously advised a new Day Surgery Unit was completed in 1996. The staffing and equipping is now proceeding and the expanded service will be fully operational in early 1997.

Blanchardstown Hospital Society

The Blanchardstown Hospital Society was recently established as a registered charity to launch a programme of fund-raising for James Connolly Memorial Hospital. Proceeds from events will go to support patient care programme needs and medical research at the hospital. The committee under the chairmanship of Ms. Deirdre Donohoe, Sister, Intensive Care Unit has to date, in their short existence, raised almost £100,000. They are to be congratulated on their tremendous efforts.

Occupational Therapy

Provision has also been made in the 1997 budget for the enhancement and development of Occupational Therapy services at the hospital. This will be achieved through the appointment of three additional therapists and two support staff.

Conclusion

The above service developments will enable the hospital to provide:

- improved quality of patient care
- a more comprehensive service

Statistical Review

IN-PATIENT ACTIVITY STATISTICS

JANUARY TO DECEMBER 1996

Ward	Bed Complement	Available Bed Days	Occupied Bed Days	Total Admissions	% Bed Occupancy	Average Length of Stay (days)
Medical	91	32,058	30,839	4,251	96%	7.25
Surgical	60	21,241	21,191	3,806	100%	5.57
Intensive Care Unit	4	1,464	1,104	237	75%	4.66
Coronary Care Unit	5	1,830	1,283	312	70%	4.11
Geriatric Assessment/Rehabilitation	56	20,496	17,937	1,203	87%	14.91
Acute Psychiatry	22	8,052	7,126	313	88%	22.76
Geriatric Long Term	70	25,575	24,220	723	95%	33.36
Paediatric	20	7,300	6,840	204	94%	33.53
Neonatal	10	3,650	3,450	104	94%	33.17

STATISTICAL REVIEW OUT-PATIENT ATTENDANCES

Specialty	1996	1995
Respiratory	7,234	7,280
Endocrinology	4,463	4,297
Gerontology	1,550	1,693
Gastroenterology	3,035	3,222
Cardiology	2,660	2,441
Rheumatology	1,354	585
Neurology	53	-
Psychiatry	5,164	5,403
Dermatology	1,251	1,331
General Surgery	7,627	7,364
Orthopaedics	6,077	6,960
Plastic Surgery	1,020	918
Urology	720	631
Gynaecology	647	600
Ophthalmology	701	433
Otorhinolaryngology	60	56
ENT and Plastic	150	104

OTHER HOSPITAL SERVICES

	1996	1995
	NO. OF PATIENTS	NO. OF PATIENTS
DAY SERVICES		
Pulmonary Laboratory	3,981	4,105
Endoscopy	1,321	1,381
Geriatric Day Hospital	4,192	5,301
Day Surgery Procedures	2,046	2,253
Dental Unit	103	137
Diabetic Day Centre	1,781	1,671
Diagnostic Services		
Radiology	37,294	34,725
Physiotherapy	25,544	22,962
Occupational Therapy – Geriatrics	911	1,046
Occupational Therapy – General	461	424
E.C.G.	6,369	5,784
Vascular Medicine	2,930	2,466
PATHOLOGY DEPARTMENT (Number of Tests)		
Microbiology	68,905	67,182
Serology	7,001	8,707
Immunohaematology	17,728	18,686
Clinical Chemistry	446,594	389,610
Histology	33,306	29,722
Haematology	350,098	324,350
Total Number of Tests	923,632	835,257
Autopsies	148	122
OTHER PROFESSIONAL SERVICES		
Number of Operations	3,861	3,380
Prosthetic Service		
Patients Fitted with Implants	23	34
In-Patients	54	70
Out-Patients	165	173
South Dublin Partnership of Old Age Services		
Community Assessments		
New Referrals	762	746
Referral Renewals	136	760
Community Referrals Number		
New Referrals	287	432
Referral Renewals	74	5
Community Referrals		
New Referrals	1,040	1,074
Referral Renewals	140	140

FINANCIAL OUT TURNS

Out Turn 1995

Pay	15,718.000
Non Pay	5,637.000
Total Gross	21,355.000
Income	1,662.000
Nett Expenditure	19,693.000

Out Turn 1996 (Projected)

Final figures not available at time of going to print

Pay	18,767.000
Non Pay	6,209.000
Total Gross	24,976.000
Income	1,510.000
Nett Expenditure	23,466.000

Nursing

MS. K. A. SHEERAN, MATRON

NURSING REPORT

A series of audits occurred in 1996 which included Pressure Area Management, Infection Control Audit of Departments, with a follow-up audit of a Primary Nursing Care Project in Unit 8 West.

With the increasing hospital activity and bed utilisation, the launch by Mr. Austin Currie of the Development Brief in the autumn was a great source of celebration and optimism. The nursing staff were also happy to meet the newly appointed C.E.O. on his first official visit to the hospital on November 12th, 1996.

A Nurse Planning Officer was appointed in September and was immediately involved with the relocation of the Intensive Care Department. This resulted in the split location of I.C.U. for the period May to December which was very demanding on staff requiring co-ordination of vigilant patient observation by the I.C.U. staff team. Unfortunately due to her serious illness Dr. Downey, a key person involved in planning the improvements of I.C.U. was not able to experience the benefit of working in it. The staff were also very shocked and saddened by the sudden death in the Autumn of Mr. Bill Murphy, Head Social Worker, who was a most esteemed work colleague.



During 1996 the hospital was regularly complimented on the friendliness of its staff. Facilitated by this interpersonal factor there is a sustained thrust to improve the standard of care for the patients and to link effectively with our community services for appropriate continuity of care after discharge.

With an escalating technological environment and changing health needs for patients it is necessary for there to be a greater visibility of senior nurses in addressing health issues particularly those in which nursing plays a major part. New developments in nurse specialisation areas, in addition to the progressive C.P.R. Training Programme, Asthma Services, and Infection Control were the appointments of an Arthritis Practice Nurse and Cardiac Rehabilitation Nurse. Some complimentary therapies such as Aromatherapy, Reflexology and Music Therapy has been introduced in critical care areas and in some ward areas reflecting the nurses acquired personal skills in these aspects.

Five Bachelor of Nursing Studies students from UCD were accommodated for teaching practice during the year, both in the classroom and on the wards. A Post Registration six month training and education in Care of the Elderly Course was held for six participants. A six week full time Back to Nursing Course was held in September/October with eight participants.

Student Education and Training

1996 – ten students successfully completed the three year general nurse training programme.

Student selection was made from the waiting list of the Joint Recruitment Bureau.

Two St. Brendan's Students gained three months general medical and surgical experience.

One U.K. Project 2000 student was accommodated for six weeks surgical nursing experience.

Arrangements were made to accommodate Beaumont/DCU Diploma Students in the Care of the Elderly Wards over the year 1997 commencing on January 6th, 1997.

We are grateful for the continued effort and co-operation of Nursing Administration, Ward Staff and Colleagues.

INFECTION CONTROL

The new post of Infection Control Sister was filled in January, 1996. This role is multi-faceted including roles of Audit, Surveillance, Education and Written Reports/Guidelines.

In the first year, 1996, the roles of education and audit were focused on. Over 80% of the Ward Areas/Departments underwent an Audit. The Audit looked at facilities, structures and practices under the heading of Infection Control. A written report including recommendations was provided for each area audited. The remaining areas will be audited in 1997.

Education

Education of staff has been undertaken on both a formal and informal level. A programme of Study Days for all Nursing Staff is planned for 1997.

Guidelines

An Infection Control Manual is due to be launched in February/March 1997. Approximately 150 pages of guidelines will look at all Infection Control issues and has been produced in conjunction with hospital Nursing, Medical and Surgical Staff.

Departmental Reports

PATIENT SERVICES DEPARTMENT

1996 saw an increased level of activity in the Patient Services area. In addition to this, service improvements were introduced in a number of areas.

MEDICAL RECORDS

The provision of an accurate, up-to-date patient record is of paramount importance to patient treatment and effective throughput in a hospital environment. The relocation of the Medical Records Department to new accommodation in the Nurses' Home together with a high turnover in clerical staffing highlighted a number of shortfalls in our control procedures for record availability.

The drafting of new procedures commenced in 1996 and it is intended that these will be launched in 1997. Co-operation by all staff with these procedures is essential to ensure delivery of a quality service to our patients.

OUT-PATIENT'S DEPARTMENT

Clinic Suites

Renovation of the Out-Patient's Department continued throughout 1996 with additional rooms coming on stream in a second unit of the former Medical Records Department. This has reduced the level of overcrowding in the department to the benefit of patients and staff.

Appointment Times

The practice of block booking for patient appointments was inconsistent with the Patients' Charter. In 1996 we commenced eliminating this practice and a number of clinic schedules were adjusted accordingly. A review of patient waiting times at clinics is planned for 1997.

Anti-coagulant/Warfarin Clinic

Following a review of various practices in other hospitals, the method of managing the Warfarin Clinic has been improved. A new Warfarin Anti-coagulant Therapy Record booklet has now been introduced for patients. This booklet contains general treatment information together with individual patient treatment regime details. The booklet is posted to patients in the afternoon of their clinic attendance and has eliminated the need for patients to remain on in OPD to await laboratory results and medication prescription. Feedback from patients in relation to the changes has been very positive.

Pathology

Computer terminals were installed in the Out-Patient's Department and A & E which will enable staff access patient laboratory results on-line. This facility will be extended to wards in the Surgical Block in 1997.

Plans for connection to the Beaumont Hospital Laboratory are at an advanced stage and will allow our Laboratory personnel access to requests referred there.

Medicine

CARDIOLOGY

The activities in the Cardiology Department continued to expand during the past year. The number of patients seen in the Out Patient Clinic and the number of admissions to the Coronary Care Unit and the Cardiac Ward continues to increase.

The demand for In-patient and Out-patient E.C.G.'s, Exercise Tests, Holter Monitor Recordings and Echocardiograms shows a significant increase over the figures for 1996.

During the past year four of our nursing staff completed the Coronary Care Post-Graduate Nursing Course which is run in conjunction with Beaumont Hospital. A number of the cardiac nursing staff successfully completed the Advanced Cardiac Life Support Course which was held within the hospital.

The increased indication for the use of anti-coagulant drugs has resulted in a total attendance at the clinic of 3032 patients compared with 999 patients in 1993.

The Cardiac Rehabilitation Link Programme was set up during the year. The programme is run by the Cardiac Rehabilitation Nurse, Catherine Bellew, and it commences on admission of patients to the Coronary Care Unit and continues until the patient joins a formal cardiac rehabilitation course at six weeks following their discharge from hospital. Nurse Bellew provides advice, information and support to the patient and the family during the hospital admission, and, in addition, group sessions are held for patients and families with discussion on risk factors for heart disease. Contact with the Dietician, Smoking Cessation Counsellor, Pharmacist and

Social Worker is also a vital part of the programme. The effectiveness of the programme is being evaluated in conjunction with the hospital's Health Promoting Hospitals Project and the preliminary results suggest that the continued support offered by the Cardiac Rehabilitation Link Programme is greatly appreciated and utilised by the majority of myocardial infarction patients and they appear to value the development of an on-going relationship with a focal person who provides a continuity of information and support.

VASCULAR MEDICINE DEPARTMENT

Clinical Activities

A total of 2,930 patients were referred for diagnostic vascular tests in 1996 representing an 18.8% increase in work load over the previous years. There has been a 136.2% increase in the first four years. (1993-1996).

The vascular diagnostic tests carried out expressed as a monthly average are as follows:

1. Carotid and vertebral arteries 98 per month
2. Transcranial doppler ultrasound 65.3 per month
3. Venous assessments 56.6 per month
4. Peripheral arterial assessments 22.3 per month
5. Ambulatory 24 Hr. blood pressure 26.8 per month

Total 269 per month

obtain these samples in a day case setting, thereby preventing patient admission and obviating the necessity in many cases for a prolonged hospital stay, general anaesthesia and open surgical approaches.

Professor Poulter is currently organising expansion of the basic science facilities and introducing a number of in-vitro models of asthma together with the development of a large animal model of asthma which will greatly accelerate our capacity to develop and introduce novel therapeutic methods in this common condition.

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 either by General Practitioners or referred from the hospital's Medical, Surgical or Accident and Emergency Departments following consultation or via our Day Hospital or OPD. There were 573 admissions to the acute ward in 1996.

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 630 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 respite care where the patient spends two or three days in hospital on a planned basis every two weeks. 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 Care

The Day Hospital continues to provide multi-disciplinary assessment and maintenance rehabilitation on a day case basis five days a week. New patients receive medical, nursing, occupational therapy, physiotherapy and social work assessment; 292 new patients were assessed and 1,200 return patients were reviewed, as a result of which there were 4,192 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. 29 new patients were fitted with a primary prosthesis. Of the 165 patients who attended for review, a further 16 required a secondary prosthesis.

Long Stay/Continuing Care

The Department provides continuing care for disabled elderly people who are unable to return to their own homes.

As a result of our interest in patient education, Dr. Buckley and Professor Gleeson have produced a booklet "Crohn's Disease – Questions and Answers for patients and carers". To date this addition to the patient education literature on the disease has been well received.

Finally, a word of thanks to the ever hardworking endoscopy nursing staff who have now become very experienced, largely due to the fact that there has been very little change in personnel over a long number of years.

UNDER-GRADUATE TEACHING

1996 was again a very active year in the academic field in relation to the ongoing teaching agreement with the Royal College of Surgeons. It was only with the co-operation of both the medical and nursing staff that we were able to maintain a widely accepted excellent teaching programme during the alterations that were taking place in the wards during this past year. We now have 60 third year clinical students at any one time with us during the year and this makes significant demands on all of those involved.

The formal feedback that we gather from these students was again very satisfactory with regard to their appreciation of the work that is carried out for them in the hospital. Our final year students were similarly pleased with their teaching.

With regard to developing academic facilities, 1996 was quite a momentous year. The Royal College of Surgeons together with the hospital management and consultants have been in discussions on a number of occasions with regard to the development of teaching facilities. With the overall developments within the hospital, the current facilities in Unit II will cease and a more central replacement has been the subject of much discussion. Agreement with regard to significant developments are likely to be achieved in the very near future which in turn will guarantee our continued hard earned reputation as a teaching hospital.

Further developments have again taken place in the development of the Objective Structured Long Examination Record (OSLER) which was developed in 1987 in the hospital and has now become an established method for the assessment of clinical competence of medical students. This method of clinical assessment was the subject of an editorial in the Lancet during 1996 and three papers are already in press for publication on OSLER topics during 1997.

POST-GRADUATE TEACHING

We continue to have a very active postgraduate teaching programme which in turn attracts many job applicants because of our reputation in this respect. Each individual unit has its own postgraduate teaching activities including journal clubs and case conferences. Our hospital's unifying teaching activity is the Friday Conference which, in addition to being attended by consultants and non-consultant hospital doctors each week, also attracts members of the nursing staff and visiting general practitioners. The highlight of this activity is the case competition at the end of each term in which representatives from each on the units present an interesting case under competition conditions. This has led to some outstanding presentations and is widely accepted as an excellent method for giving staff experience in case presentation which stands to them when they present under the James Connolly Memorial Hospital banner at conferences outside the hospital.

Finally again this year, a word of thanks to all members of the hospital staff who provide for the holding of the examinations at both undergraduate and postgraduate level. This is a highly responsible activity and our reputation in this respect is in no small way responsible for our growing stature as a teaching hospital.

This expansion of the academic staff has resulted in a great improvement in the Undergraduate and Postgraduate Teaching with weekly Journal Clubs, Pre-Fellowship Lectures, Video Surgery Presentations and Surgical Workshops as well as Clinical Research projects.

The Department of Surgery wish to acknowledge the continuing close support of the Anaesthetic Department and extends condolences and appreciation to the family of the late Noelle Downey whose contribution will be greatly missed.

Undoubtedly the Department of Surgery has thrived in often difficult circumstances but ongoing concrete improvements as well as firm commitment by all the medical, nursing and ancillary staff will ensure continuing success in the future.

DEPARTMENT OF ORTHOPAEDIC SURGERY

Once again all areas, In-Patient and Out Patient, clinical activity within the orthopaedic service rose during 1996. 488 In-Patients were managed along with 159 day cases. This indicated a rise in the number of treated In-Patient cases whereas the number of day case patients remains static. This reflects the limitations of the Day Surgery Unit utilised in 1996 rather than the demand. A significant increase in day case surgery is predicted when the new Day Surgery Unit comes into use in 1997. On these patients a total of 679 operative procedures were performed and this continues the annual trend of increasing clinical activity in the service. 6,077 Out-Patient attendances occurred during this year. This number is also up on the previous year and reflects the increasing number of orthopaedic referrals being received in the hospital. Once again the number of new attendances during this period was over 30%.

A second Orthopaedic Surgeon has been appointed to the hospital and took up his post in March 1997. This will ensure correct consultant supervision of the expanding clinical activity in all areas. It will also allow an increase in the number of new patients attending the Out-Patients and it is hoped that the waiting list for Out-Patient appointments will be reduced. Clearly the number of elective procedures performed in Cappagh Hospital of patients initially seen in James Connolly Memorial Hospital will increase as a consequence to this appointment.

Along with generalised orthopaedic out-patient clinics, fracture clinics and a specialised hand and upper limb clinic, a new combined rheumatology/orthopaedic clinic is planned for 1997. Other specialised orthopaedic clinics may develop with the arrival of the second Orthopaedic Surgeon.

The role of the orthopaedic unit in post graduate teaching is expanding and from 1997 one SHO post will be on the basic surgical training programme and one registrar post will be on the current middle grade registrar scheme. The orthopaedic unit will also be inspected by the SAC in 1997 for recognition of its post to be included in the orthopaedic training continuum. Clinical research in upper limb surgery continues in the hospital.

The orthopaedic department continued to expand in 1996 and looks forward to 1997 where significant development within the unit will occur.

Psychiatry

DEPARTMENT OF ADULT PSYCHIATRY

Despite a reduced number of admissions to the acute psychiatric ward (Unit 9) in 1996 compared with 1995, the number of return Out Patient visits increased to 5,060 and the number of liaison consultations rose by 42%, to a total of 540, from 1995 (372). Mr. Peter Hanlon (C.P.N. and Bereavement Counsellor) ran two bereavement Camps in Barretstown Castle involving 61 children and 84 adult volunteers. He will be making a presentation of this experience to 5th International Conference on Grief and Bereavement, in 1997.

Dr. Vincent Greene retired in October, 1996 after fifteen years in James Connolly Memorial Hospital, expanding the service from a single clinic with a few beds to a comprehensive psychiatric service serving 65,000 people. He is sorely missed by all his colleagues, and his teaching in psychiatry has been valued by generations of students in the Royal College of Surgeons in Ireland.

A Lecturer/Registrar (R.C.S.I.) was appointed for two years in January, 1996, a new and much needed post to provide some of the teaching and liaison needs of psychiatry within the hospital, and a second Occupational Therapist has meant that the Occupational Therapy service has expanded to provide more individual outpatient assessments and a Young Adult Programme. A new outreach service for patients with alcohol dependence or abuse from the Stanhope Street Centre provides one session weekly. The appointment of a second secretary/receptionist has allowed for clerical assistance at all Out Patient sessions, and has

improved the efficiency of the service especially in communication with centralisation of O.P.D. appointments and plans for computerisation in 1997.

A second hospital out-patient clinic is now in place on Wednesday afternoons, in addition to that on Friday mornings. The four Community Psychiatric Nurses continue to offer an extensive domiciliary service in addition to running out-patient groups for anxiety management and an Adult Bereavement Service (Mr. Hanlon). Dr. Deirdre Stone, M.Med.Sc. MRC Psych., has been A/Consultant Psychiatrist since Dr. Greene's retirement.

Undergraduate and postgraduate teaching and examinations including the Diploma in Clinical Psychiatry, Diploma in Psychological Medicine and the Final Fellowship in Psychiatric Nursing have included examiners from the Consultant staff. Dr. Cryan obtained her M.D. degree from Trinity College, Dublin.

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 28,000 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 Physiotherapy Department provides a service for In-Patients in Intensive Care, General Surgery, Orthopaedics, Medical, Coronary Care, Rheumatology, Neurology and the Geriatric Rehabilitation Unit which includes the National Amputation Centre for the over 65 age group. The Out-Patient Department provides a service for a community of over 150,000, and also provides a 24 hour Emergency Chest-Therapy service.

The staff of nine Physiotherapists have a variety of talents and skills and work in harmony to provide this wide range of services.

The patient attendances of 25,544 in 1996 was an increase of 11.25% on 1995.

The new Rheumatology service was established during the year with the appointment of a Senior Physiotherapist.

In the Geriatric Rehabilitation Centre the Amputee services continues to expand. It provided 24 primary prosthesis and secondary prosthesis this year. On discharge these patients progress can be monitored at a review clinic held every two weeks, and the Senior Physiotherapist, through liaison with outlying Physiotherapy Departments nationwide provides after-care and advice. The Senior Physiotherapist in this area also acts as a co-facilitator in the carers group which is run on a voluntary basis to support relatives caring for elderly patients at home.

OCCUPATIONAL THERAPY DEPARTMENT

General Medicine and Surgery Patient Services

A total of 461 patient referrals were made in 1996 (an increase of 37 patients from the previous year). As in previous years the majority of the Therapists time was spent with In-Patients.

Care of the Elderly

In 1996 a total of 911 patients were seen by the Occupational Therapy Service. Day Hospital Assessments accounted for 257 of these patients with the balance being in-patient referrals. Throughout 1996 a comprehensive service was provided to the Admission and Rehabilitation Unit. The Occupational Therapy service is also involved in the Prosthetic Rehabilitation service working closely with on site prosthetists.

In-Patients on the admission and rehabilitation wards are seen on a "blanket" referral system therefore all patients have access to the service. Again during 1996 emphasis was put on providing a quality service re. assessment, treatment and appropriate re-settlement working in conjunction with the multi-disciplinary team.

The Occupational Therapy Department continued to provide education on its role and services to Post Graduate nursing students, nursing students and occupational therapy students. There was also regular attendance at Occupational Therapists

technique is easier to use than the older system and reduces the margin of error in this important area of laboratory testing. The method is particularly useful for the on-call service as blood grouping and cross matching are usually performed by staff from departments other than the blood transfusion department.

Clinical Chemistry

The Kodak dry chemistry 750 Ektachem Analyser has continued to work well during 1996 and adequately copes with the clinical chemistry workload.

Histopathology Service

The histopathology department provides a tissue pathology service and cytopathology service for James Connolly Memorial Hospital and Our Lady's Hospital, Navan. There has been an increase in workload in 1996 and this is reflected in the statistics.

During the year we have been taking specifications and quotations for the provision of a properly fitted out gross room. This provides for the purchase of stainless steel tables with flowing take away water supply and air exchange extract system.

Autopsy Service

The numbers of autopsies have increased to 153 in 1996.

Quality Control and Specimen Testing

Internal quality control checks are run on all laboratory tests. In addition we participate in the UK Neqas external assessment schemes. These include general microbiology, parasitology, mycology, general haematology, coagulation and clinical chemistry. We will add blood serology in January, 1997.

RADIOLOGY DEPARTMENT

During the year 54,283 examinations were carried out in the department. This represents an 11% increase on the previous year.

1996 saw major expansion of our department with the addition of an extra general radiology room and the re-siting of the ultra-sound department. In addition a new staff room was provided.

1997 promises to be another year of development with the purchase of a state of the art C.T. Scanner and Chest Changer. These much needed facilities will greatly enhance our diagnostic capabilities and should open the way for an improved service to our catchment area G.P.s. In addition a full-time post for Consultant Radiologist has been sanctioned and hopefully will be in post before the end of the year.

PHARMACY

This year has seen the Pharmacy consolidating and building on recent developments to ensure the safe, effective and economic use of drugs. While it has not been possible to expand the ward top-up services due to resource considerations, we have been examining the possibility of providing ward stock lists. This has proved more difficult than anticipated due to the "fluid" nature of some of the wards due to hospital developments. As things settled, we have taken this up again in some areas and it should simplify ordering as well as reduce stock held. It should prove cost effective time-wise as well as keeping waste to a minimum.

On-Going Developments

The Pharmaceutical service throughout the Board is on the threshold of a new era of development and much work has been done in the department in James Connolly Memorial Hospital to prepare for the forthcoming changes. Major internal renovations took place within the department in October and the result has been a transformed department,

continued to be actively involved in Special Interest Groups during 1996. These included the Special Interest Group on Ageing and the Medical Social Workers Group.

DEPARTMENT OF NUTRITION AND DIETETICS

The Department of Nutrition & Dietetics has undergone significant changes in 1996. In October a Senior Dietician was appointed to a full-time permanent post, increasing the staff complement of the department to 1.5 posts. This has enabled significant improvement in the delivery of Nutrition Services to both In-Patients and Out-Patients.

Since October the department has acquired a consulting room in the new Out Patients area. This has enabled the department to provide a more comprehensive Out-Patient service, with four scheduled Out-Patient clinics per week in addition to an on-call service to afternoon clinics, diabetic and geriatric day centres. The provision of scheduled clinics ensures that patients are seen at their appointment time, thereby avoiding delays for patients. The on-call service allows same-day urgent referrals to be seen promptly. All patients are now given follow-up appointments thus improving quality of service.

A formal system of referral has been established, thus ensuring that those patients requiring nutrition intervention are brought to the attention of the dietician. Record-keeping on all patient contacts has become standard practice to ensure a safer, more effective service. Much time has been devoted to the design of appropriate patient literature for specific therapeutic diets, so that all patients now receive written as well as verbal advice.

The dietician has also taken an active role in health promotion by giving lectures to the general public as part of Heart Health Week. In addition, she has also become involved in staff education, lecturing to

student nurses and qualified nursing and medical staff on a variety of nutrition-related topics, including healthy eating, diabetes, enteral feeding and heart disease.

The Department looks forward to further developing its services in 1997. It is planned to extend this service to accept General Practitioner referrals, staffing levels permitting. Other planned developments include the introduction of a syllabus of nutrition lectures for student nurses, training of undergraduate student dieticians, in-service training for nursing staff, nutrition lectures to medical staff, revamping of therapeutic diet menus, as well as the continued delivery of services to an ever-growing number of In-Patients and Out-Patients.

SPEECH AND LANGUAGE THERAPY SERVICE

Background

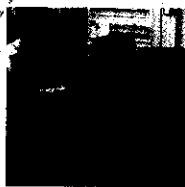
The Speech and Language Therapy Service in the Eastern Health Board is administered through Community Care with services then being provided to other programmes as requested.

Speech and Language Therapy has been provided to James Connolly Memorial Hospital since 1974 (approximately). Initially 4 sessions per week were allocated and has now increased to 5 sessions.



James Connolly Memorial Hospital

Annual Report 1996





Eastern Health Board
James Connolly
Memorial Hospital



Annual Report
1996

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Eastern Health Board

Board Members

MEMBERS APPOINTED BY LOCAL AUTHORITIES

Dublin Corporation

Cllr. R. Shorthall (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, T.D., 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, % South Dublin County Council, 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, Orylnn Park, Lusk, Co. Dublin.

Dun Laoghaire/Rathdown County Council

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

Cllr. O. Mitchell, 18 Ballawley Court, Sandyford Road, Dublin 14.

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.

MANAGEMENT TEAM

Chief Executive Officer

Mr. P.J. Fitzpatrick

Programme Manager General Hospital Care

Mr. Seamus O'Brien

Programme Manager Special Hospital Care

Mr. Michael Walsh

Programme Manager Community Care

Ms. Maureen Windle

Programme Manager Aids and Drugs Services

Mr. Pat Mc Loughlin

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

GENERAL HOSPITAL CARE PROGRAMME COMMITTEE

Mr. Gerry McGuire – Chairperson

Dr. John Fennell

Cllr. Gerry Brady

Sen. Joe Doyle

Cllr. Michael McWey

Cllr. Ben Briscoe, T.D.

Cllr. Mary Whitty

Cllr. Jane Dillon Byrne

Cllr. Roisin Shorthall

Ms. Margaret Nealon

Dr. Reg Hawkins

Mrs. Bernadette Bonner

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.

Prof. J. Devlin, Consultant
Physician/Endocrinologist.

Ms. M.G. Donovan, Consultant Urologist.

Dr. N. Downey, Consultant Anaesthetist.

Dr. J. Duggan, Consultant Geriatrician.

Dr. B. Farrell, Consultant Pathologist.

Dr. D.E. Fitzgerald, Consultant Vascular Physician.

Dr. R. Gaffney, Consultant F.N.T. Surgeon. *

Prof. F. Gleeson, Consultant
Physician/Gastroenterologist.

Dr. A.T. Greene, Consultant Gynaecologist.

Dr. V.T. Greene, Consultant Psychiatrist. **

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. Lane, Consultant Surgeon.

Dr. J. Lavan, Consultant Geriatrician.

Mr. D. Lawlor, Consultant Plastic Surgeon.

Dr. P. Nicell, Consultant Radiologist.

Dr. J. Noel, Consultant Geriatrician.

Mr. S.J. O'Flanagan, Consultant
Orthopaedic Surgeon.

Dr. S. O'Loughlin, Consultant Dermatologist.

Dr. F. Powell, Consultant Dermatologist.

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.

* Commenced duty, September 1996

** Retired 1996

*** Commenced duty, October 1996

**** Commenced duty March 1997

***** Commenced duty, February 1997

Radiology Service

A special capital grant was received from the Department of Health in the latter part of 1996 for the purchase of a C.T. Scanner. The introduction of this diagnostic service will ensure speedier diagnosis and treatment of our patients thus providing a better quality service. Detailed specifications were drawn up and the procurement process through a public tendering process is in train.

Neurology Services

A new Consultant Neurologist was appointed to the hospital on a joint contract basis with Beaumont Hospital.

CAPITAL DEVELOPMENT

The process of recruiting the Design Team for the hospital capital development project was completed in 1996. The next stages will be the drafting of a protective development control plan for the new hospital followed by the drawing up of detailed specification and tender documents for the first phase. It is envisaged that these tasks will be completed in 1997 with building work commencing in early 1998.

SERVICE DEVELOPMENTS 1997

Areas of priority which will be addressed over the next year include:

Radiology Services

Whereas the allocation from the Department of Health provided for the purchase of a C.T. Scanner, the accommodation and revenue costs of this development will be met from within our Board's own resources. This development also includes provision for the appointment of an additional Consultant Radiologist. It is targeted that this service development will be completed in 1997.

Accident and Emergency Service

Provision has been made in the 1997 budget which will enable the hospital to put an additional 20 acute beds in place in January and February to meet the peak demands of the Accident and Emergency Service.

Provision has also been made for the enhancement of staffing in the Accident and Emergency Department which will enable us to provide twenty four hour receptionist cover.

Day Surgery

As previously advised a new Day Surgery Unit was completed in 1996. The staffing and equipping is now proceeding and the expanded service will be fully operational in early 1997.

Blanchardstown Hospital Society

The Blanchardstown Hospital Society was recently established as a registered charity to launch a programme of fund-raising for James Connolly Memorial Hospital. Proceeds from events will go to support patient care programme needs and medical research at the hospital. The committee under the chairmanship of Ms. Deirdre Donohoe, Sister, Intensive Care Unit has to date, in their short existence, raised almost £100,000. They are to be congratulated on their tremendous efforts.

Occupational Therapy

Provision has also been made in the 1997 budget for the enhancement and development of Occupational Therapy services at the hospital. This will be achieved through the appointment of three additional therapists and two support staff.

Conclusion

The above service developments will enable the hospital to provide:

- improved quality of patient care
- a more comprehensive service

Statistical Review

IN-PATIENT ACTIVITY STATISTICS

JANUARY TO DECEMBER 1996

Ward	Bed Complement	Available Bed Days	Occupied Bed Days	Total Admissions	% Bed Occupancy	Average Length of Stay (days)
Medical	91	32,058	30,839	4,251	96%	7.25
Surgical	60	21,241	21,191	3,806	100%	5.57
Intensive Care Unit	4	1,464	1,104	237	75%	4.66
Coronary Care Unit	5	1,830	1,283	312	70%	4.11
Geriatric Assessment/Rehabilitation	36	21,496	17,947	1,703	87%	14.91
Acute Paediatric	22	8,052	7,126	313	88%	22.76
Geriatric Long Stay	30	10,920	24,543	288	88%	84.18
Paediatric Oncology	10	3,650	2,500	207	68%	12.08

STATISTICAL REVIEW OUT-PATIENT ATTENDANCES

Specialty	1996	1995
Respiratory	7,234	7,280
Endocrinology	4,463	4,297
Gerontology	1,550	1,693
Gastroenterology	3,035	3,222
Cardiology	2,660	2,441
Rheumatology	1,354	585
Neurology	53	-
Psychiatry	5,164	5,403
Dermatology	1,251	1,331
General Surgery	7,627	7,564
Orthopaedics	6,077	5,960
Plastic Surgery	1,020	918
Urology	770	831
Gynaecology	543	615
Oncodermatology	782	435
Ophthalmology	24	30
ENT & Head & Neck	405	385

OTHER HOSPITAL SERVICES

	1996	1995
	NO. OF PATIENTS	NO. OF PATIENTS
DAY SERVICES		
Pulmonary Laboratory	3,981	4,105
Endoscopy	1,321	1,381
Geriatric Day Hospital	4,192	5,301
Day Surgery Procedures	2,046	2,253
Dental Unit	103	137
Diabetic Day Centre	1,781	1,671
Diagnostic Services		
Radiology	37,294	34,725
Physiotherapy	25,544	22,962
Occupational Therapy – Geriatrics	911	1,046
Occupational Therapy – General	461	424
E.C.G.	6,369	5,784
Vascular Medicine	2,930	2,466
PATHOLOGY DEPARTMENT (Number of Tests)		
Microbiology	68,905	67,182
Serology	7,001	5,707
Immuno-Haematology	17,728	18,686
Clinical Chemistry	446,594	389,610
Histology	33,306	29,722
Haematology	350,098	324,350
Total Number of Tests	923,632	835,257
Autopsies	148	122
OTHER PROFESSIONAL SERVICES		
Number of Operations	5,861	5,880
Prosthetic Service		
Patients fitted with limbs	28	34
Prostheses	54	70
Ortho Prostheses	165	173
Neuro Diabetic Prosthetics of Old Age Service		
Orthopaedic Prosthetics		
Prostheses	382	348
Orthopaedic Prostheses	139	160
Prostheses Prosthetic Service		
Prostheses	243	282
Prostheses	117	141
Prostheses	5,045	5,071
Prostheses	1,111	1,111
Prostheses	1,111	1,111

FINANCIAL OUT TURNS

Out Turn 1995

Pay	15,718.000
Non Pay	5,637.000
Total Gross	21,355.000
Income	1,662.000
Nett Expenditure	19,693.000

Out Turn 1996 (Projected)*Final figures not available at time of going to print*

Pay	18,767.000
Non Pay	6,209.000
Total Gross	24,976.000
Income	1,310.000
Nett Expenditure	23,666.000

Nursing

MS. K. A. SHEERAN, MATRON

NURSING REPORT

A series of audits occurred in 1996 which included Pressure Area Management, Infection Control Audit of Departments, with a follow-up audit of a Primary Nursing Care Project in Unit 8 West.

With the increasing hospital activity and bed utilisation, the launch by Mr. Austin Currie of the Development Brief in the autumn was a great source of celebration and optimism. The nursing staff were also happy to meet the newly appointed C.E.O. on his first official visit to the hospital on November 12th, 1996.

A Nurse Planning Officer was appointed in September and was immediately involved with the relocation of the Intensive Care Department. This resulted in the split location of I.C.U. for the period May to December which was very demanding on staff requiring co-ordination of vigilant patient observation by the I.C.U. staff team. Unfortunately due to her serious illness Dr. Downey, a key person involved in planning the improvements of I.C.U. was not able to experience the benefit of working in it. The staff were also very shocked and saddened by the sudden death in the Autumn of Mr. Bill Murphy, Head Social Worker, who was a most esteemed work colleague.



During 1996 the hospital was regularly complimented on the friendliness of its staff. Facilitated by this interpersonal factor there is a sustained thrust to improve the standard of care for the patients and to link effectively with our community services for appropriate continuity of care after discharge.

With an escalating technological environment and changing health needs for patients it is necessary for there to be a greater visibility of senior nurses in addressing health issues particularly those in which nursing plays a major part. New developments in nurse specialisation areas, in addition to the progressive C.P.R. Training Programme, Asthma Services, and Infection Control were the appointments of an Arthritis Practice Nurse and Cardiac Rehabilitation Nurse. Some complimentary therapies such as Aromatherapy, Reflexology and Music Therapy has been introduced in critical care areas and in some ward areas reflecting the nurses acquired personal skills in these aspects.

Five Bachelor of Nursing Studies students from UCD were accommodated for teaching practice during the year, both in the classroom and on the wards. A Post Registration six month training and education in Care of the Elderly Course was held for six participants. A six week full time Back to Nursing Course was held in September/October with eight participants.

Student Education and Training

1996 – ten students successfully completed the three year general nurse training programme.

Student selection was made from the waiting list of the Joint Recruitment Bureau.

Two St. Brendan's Students gained three months general medical and surgical experience.

One U.K. Project 2000 student was accommodated for six weeks surgical nursing experience.

Arrangements were made to accommodate Beaumont/DCU Diploma Students in the Care of the Elderly Wards over the year 1997 commencing on January 6th, 1997.

We are grateful for the continued effort and co-operation of Nursing Administration, Ward Staff and Colleagues.

INFECTION CONTROL

The new post of Infection Control Sister was filled in January, 1996. This role is multi-faceted including roles of Audit, Surveillance, Education and Written Reports/Guidelines.

In the first year, 1996, the roles of education and audit were focused on. Over 80% of the Ward Areas/Departments underwent an Audit. The Audit looked at facilities, structures and practices under the heading of Infection Control. A written report including recommendations was provided for each area audited. The remaining areas will be audited in 1997.

Education

Education of staff has been undertaken on both a formal and informal level. A programme of Study Days for all Nursing Staff is planned for 1997.

Guidelines

An Infection Control Manual is due to be launched in February/March 1997. Approximately 150 pages of guidelines will look at all Infection Control issues and has been produced in conjunction with hospital Nursing, Medical and Surgical Staff.

Departmental Reports

PATIENT SERVICES DEPARTMENT

1996 saw an increased level of activity in the Patient Services area. In addition to this, service improvements were introduced in a number of areas.

MEDICAL RECORDS

The provision of an accurate, up-to-date patient record is of paramount importance to patient treatment and effective throughput in a hospital environment. The relocation of the Medical Records Department to new accommodation in the Nurses' Home together with a high turnover in clerical staffing highlighted a number of shortfalls in our control procedures for record availability.

The drafting of new procedures commenced in 1996 and it is intended that these will be launched in 1997. Co-operation by all staff with these procedures is essential to ensure delivery of a quality service to our patients.

OUT-PATIENT'S DEPARTMENT

Clinic Suites

Renovation of the Out-Patient's Department continued throughout 1996 with additional rooms coming on stream in a second unit of the former Medical Records Department. This has reduced the level of overcrowding in the department to the benefit of patients and staff.

Appointment Times

The practice of block booking for patient appointments was inconsistent with the Patients' Charter. In 1996 we commenced eliminating this practice and a number of clinic schedules were adjusted accordingly. A review of patient waiting times at clinics is planned for 1997.

Anti-coagulant/Warfarin Clinic

Following a review of various practices in other hospitals, the method of managing the Warfarin Clinic has been improved. A new Warfarin Anti-coagulant Therapy Record booklet has now been introduced for patients. This booklet contains general treatment information together with individual patient treatment regime details. The booklet is posted to patients in the afternoon of their clinic attendance and has eliminated the need for patients to remain on in OPD to await laboratory results and medication prescription. Feedback from patients in relation to the changes has been very positive.

Pathology

Computer terminals were installed in the Out-Patient's Department and A & E which will enable staff access patient laboratory results on-line. This facility will be extended to wards in the Surgical Block in 1997.

Plans for connection to the Beaumont Hospital Laboratory are at an advanced stage and will allow our Laboratory personnel access to requests referred there.

Medicine

CARDIOLOGY

The activities in the Cardiology Department continued to expand during the past year. The number of patients seen in the Out Patient Clinic and the number of admissions to the Coronary Care Unit and the Cardiac Ward continues to increase.

The demand for In-patient and Out-patient E.C.G.'s, Exercise Tests, Holter Monitor Recordings and Echocardiograms shows a significant increase over the figures for 1996.

During the past year four of our nursing staff completed the Coronary Care Post-Graduate Nursing Course which is run in conjunction with Beaumont Hospital. A number of the cardiac nursing staff successfully completed the Advanced Cardiac Life Support Course which was held within the hospital.

The increased indication for the use of anti-coagulant drugs has resulted in a total attendance at the clinic of 3032 patients compared with 999 patients in 1993.

The Cardiac Rehabilitation Link Programme was set up during the year. The programme is run by the Cardiac Rehabilitation Nurse, Catherine Bellew, and it commences on admission of patients to the Coronary Care Unit and continues until the patient joins a formal cardiac rehabilitation course at six weeks following their discharge from hospital. Nurse Bellew provides advice, information and support to the patient and the family during the hospital admission, and, in addition, group sessions are held for patients and families with discussion on risk factors for heart disease. Contact with the Dietician, Smoking Cessation Counsellor, Pharmacist and

Social Worker is also a vital part of the programme. The effectiveness of the programme is being evaluated in conjunction with the hospital's Health Promoting Hospitals Project and the preliminary results suggest that the continued support offered by the Cardiac Rehabilitation Link Programme is greatly appreciated and utilised by the majority of myocardial infarction patients and they appear to value the development of an on-going relationship with a focal person who provides a continuity of information and support.

VASCULAR MEDICINE DEPARTMENT

Clinical Activities

A total of 2,930 patients were referred for diagnostic vascular tests in 1996 representing an 18.8% increase in work load over the previous years. There has been a 136.2% increase in the first four years. (1993-1996).

The vascular diagnostic tests carried out expressed as a monthly average are as follows:

1. Carotid and vertebral arteries 98 per month
2. Transcranial doppler ultrasound 65.3 per month
3. Venous assessments 56.6 per month
4. Peripheral arterial assessments 22.3 per month
5. Ambulatory 24 Hr. blood pressure 26.8 per month

Total 269 per month

obtain these samples in a day case setting, thereby preventing patient admission and obviating the necessity in many cases for a prolonged hospital stay, general anaesthesia and open surgical approaches.

Professor Poulter is currently organising expansion of the basic science facilities and introducing a number of in-vitro models of asthma together with the development of a large animal model of asthma which will greatly accelerate our capacity to develop and introduce novel therapeutic methods in this common condition.

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 either by General Practitioners or referred from the hospital's Medical, Surgical or Accident and Emergency Departments following consultation or via our Day Hospital or OPD. There were 573 admissions to the acute ward in 1996.

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 630 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 respite care where the patient spends two or three days in hospital on a planned basis every two weeks. 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 Care

The Day Hospital continues to provide multi-disciplinary assessment and maintenance rehabilitation on a day case basis five days a week. New patients receive medical, nursing, occupational therapy, physiotherapy and social work assessment; 292 new patients were assessed and 1,200 return patients were reviewed, as a result of which there were 4,192 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. 29 new patients were fitted with a primary prosthesis. Of the 165 patients who attended for review, a further 16 required a secondary prosthesis.

Long Stay/Continuing Care

The Department provides continuing care for disabled elderly people who are unable to return to their own homes.

As a result of our interest in patient education, Dr. Buckley and Professor Gleeson have produced a booklet "Crohn's Disease – Questions and Answers for patients and carers". To date this addition to the patient education literature on the disease has been well received.

Finally, a word of thanks to the ever hardworking endoscopy nursing staff who have now become very experienced, largely due to the fact that there has been very little change in personnel over a long number of years.

UNDER-GRADUATE TEACHING

1996 was again a very active year in the academic field in relation to the ongoing teaching agreement with the Royal College of Surgeons. It was only with the co-operation of both the medical and nursing staff that we were able to maintain a widely accepted excellent teaching programme during the alterations that were taking place in the wards during this past year. We now have 60 third year clinical students at any one time with us during the year and this makes significant demands on all of those involved.

The formal feedback that we gather from these students was again very satisfactory with regard to their appreciation of the work that is carried out for them in the hospital. Our final year students were similarly pleased with their teaching.

With regard to developing academic facilities, 1996 was quite a momentous year. The Royal College of Surgeons together with the hospital management and consultants have been in discussions on a number of occasions with regard to the development of teaching facilities. With the overall developments within the hospital, the current facilities in Unit II will cease and a more central replacement has been the subject of much discussion. Agreement with regard to significant developments are likely to be achieved in the very near future which in turn will guarantee our continued hard earned reputation as a teaching hospital.

Further developments have again taken place in the development of the Objective Structured Long Examination Record (OSLER) which was developed in 1987 in the hospital and has now become an established method for the assessment of clinical competence of medical students. This method of clinical assessment was the subject of an editorial in the Lancet during 1996 and three papers are already in press for publication on OSLER topics during 1997.

POST-GRADUATE TEACHING

We continue to have a very active postgraduate teaching programme which in turn attracts many job applicants because of our reputation in this respect. Each individual unit has its own postgraduate teaching activities including journal clubs and case conferences. Our hospital's unifying teaching activity is the Friday Conference which, in addition to being attended by consultants and non-consultant hospital doctors each week, also attracts members of the nursing staff and visiting general practitioners. The highlight of this activity is the case competition at the end of each term in which representatives from each on the units present an interesting case under competition conditions. This has led to some outstanding presentations and is widely accepted as an excellent method for giving staff experience in case presentation which stands to them when they present under the James Connolly Memorial Hospital banner at conferences outside the hospital.

Finally again this year, a word of thanks to all members of the hospital staff who provide for the holding of the examinations at both undergraduate and postgraduate level. This is a highly responsible activity and our reputation in this respect is in no small way responsible for our growing stature as a teaching hospital.

This expansion of the academic staff has resulted in a great improvement in the Undergraduate and Postgraduate Teaching with weekly Journal Clubs, Pre-Fellowship Lectures, Video Surgery Presentations and Surgical Workshops as well as Clinical Research projects.

The Department of Surgery wish to acknowledge the continuing close support of the Anaesthetic Department and extends condolences and appreciation to the family of the late Noelle Downey whose contribution will be greatly missed.

Undoubtedly the Department of Surgery has thrived in often difficult circumstances but ongoing concrete improvements as well as firm commitment by all the medical, nursing and ancillary staff will ensure continuing success in the future.

DEPARTMENT OF ORTHOPAEDIC SURGERY

Once again all areas, In-Patient and Out Patient, clinical activity within the orthopaedic service rose during 1996. 488 In-Patients were managed along with 159 day cases. This indicated a rise in the number of treated In-Patient cases whereas the number of day case patients remains static. This reflects the limitations of the Day Surgery Unit utilised in 1996 rather than the demand. A significant increase in day case surgery is predicted when the new Day Surgery Unit comes into use in 1997. On these patients a total of 679 operative procedures were performed and this continues the annual trend of increasing clinical activity in the service. 6,077 Out-Patient attendances occurred during this year. This number is also up on the previous year and reflects the increasing number of orthopaedic referrals being received in the hospital. Once again the number of new attendances during this period was over 30%.

A second Orthopaedic Surgeon has been appointed to the hospital and took up his post in March 1997. This will ensure correct consultant supervision of the expanding clinical activity in all areas. It will also allow an increase in the number of new patients attending the Out-Patients and it is hoped that the waiting list for Out-Patient appointments will be reduced. Clearly the number of elective procedures performed in Cappagh Hospital of patients initially seen in James Connolly Memorial Hospital will increase as a consequence to this appointment.

Along with generalised orthopaedic out-patient clinics, fracture clinics and a specialised hand and upper limb clinic, a new combined rheumatology/orthopaedic clinic is planned for 1997. Other specialised orthopaedic clinics may develop with the arrival of the second Orthopaedic Surgeon.

The role of the orthopaedic unit in post graduate teaching is expanding and from 1997 one SHO post will be on the basic surgical training programme and one registrar post will be on the current middle grade registrar scheme. The orthopaedic unit will also be inspected by the SAC in 1997 for recognition of its post to be included in the orthopaedic training continuum. Clinical research in upper limb surgery continues in the hospital.

The orthopaedic department continued to expand in 1996 and looks forward to 1997 where significant development within the unit will occur.

Psychiatry

DEPARTMENT OF ADULT PSYCHIATRY

Despite a reduced number of admissions to the acute psychiatric ward (Unit 9) in 1996 compared with 1995, the number of return Out Patient visits increased to 5,060 and the number of liaison consultations rose by 42%, to a total of 540, from 1995 (372). Mr. Peter Hanlon (C.P.N. and Bereavement Counsellor) ran two bereavement Camps in Barrettsown Castle involving 61 children and 84 adult volunteers. He will be making a presentation of this experience to 5th International Conference on Grief and Bereavement, in 1997.

Dr. Vincent Greene retired in October, 1996 after fifteen years in James Connolly Memorial Hospital, expanding the service from a single clinic with a few beds to a comprehensive psychiatric service serving 65,000 people. He is sorely missed by all his colleagues, and his teaching in psychiatry has been valued by generations of students in the Royal College of Surgeons in Ireland.

A Lecturer/Registrar (R.C.S.I.) was appointed for two years in January, 1996, a new and much needed post to provide some of the teaching and liaison needs of psychiatry within the hospital, and a second Occupational Therapist has meant that the Occupational Therapy service has expanded to provide more individual outpatient assessments and a Young Adult Programme. A new outreach service for patients with alcohol dependence or abuse from the Stanhope Street Centre provides one session weekly. The appointment of a second secretary/receptionist has allowed for clerical assistance at all Out Patient sessions, and has

improved the efficiency of the service especially in communication with centralisation of O.P.D. appointments and plans for computerisation in 1997.

A second hospital out-patient clinic is now in place on Wednesday afternoons, in addition to that on Friday mornings. The four Community Psychiatric Nurses continue to offer an extensive domiciliary service in addition to running out-patient groups for anxiety management and an Adult Bereavement Service (Mr. Hanlon). Dr. Deirdre Stone, M.Med Sc. MRC Psych., has been A/Consultant Psychiatrist since Dr. Greene's retirement.

Undergraduate and postgraduate teaching and examinations including the Diploma in Clinical Psychiatry, Diploma in Psychological Medicine and the Final Fellowship in Psychiatric Nursing have included examiners from the Consultant staff. Dr. Cryan obtained her M.D. degree from Trinity College, Dublin.

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 28,000 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 Physiotherapy Department provides a service for In-Patients in Intensive Care, General Surgery, Orthopaedics, Medical, Coronary Care, Rheumatology, Neurology and the Geriatric Rehabilitation Unit which includes the National Amputation Centre for the over 65 age group. The Out-Patient Department provides a service for a community of over 150,000, and also provides a 24 hour Emergency Chest-Therapy service.

The staff of nine Physiotherapists have a variety of talents and skills and work in harmony to provide this wide range of services.

The patient attendances of 25,544 in 1996 was an increase of 11.25% on 1995.

The new Rheumatology service was established during the year with the appointment of a Senior Physiotherapist.

In the Geriatric Rehabilitation Centre the Amputee services continues to expand. It provided 24 primary prosthesis and secondary prosthesis this year. On discharge these patients progress can be monitored at a review clinic held every two weeks, and the Senior Physiotherapist, through liaison with outlying Physiotherapy Departments nationwide provides after-care and advice. The Senior Physiotherapist in this area also acts as a co-facilitator in the carers group which is run on a voluntary basis to support relatives caring for elderly patients at home.

OCCUPATIONAL THERAPY DEPARTMENT

General Medicine and Surgery Patient Services

A total of 461 patient referrals were made in 1996 (an increase of 37 patients from the previous year). As in previous years the majority of the Therapists time was spent with In-Patients.

Care of the Elderly

In 1996 a total of 911 patients were seen by the Occupational Therapy Service. Day Hospital Assessments accounted for 257 of these patients with the balance being in-patient referrals. Throughout 1996 a comprehensive service was provided to the Admission and Rehabilitation Unit. The Occupational Therapy service is also involved in the Prosthetic Rehabilitation service working closely with on site prosthetists.

In-Patients on the admission and rehabilitation wards are seen on a "blanket" referral system therefore all patients have access to the service. Again during 1996 emphasis was put on providing a quality service re. assessment, treatment and appropriate re-settlement working in conjunction with the multi-disciplinary team.

The Occupational Therapy Department continued to provide education on its role and services to Post Graduate nursing students, nursing students and occupational therapy students. There was also regular attendance at Occupational Therapists

technique is easier to use than the older system and reduces the margin of error in this important area of laboratory testing. The method is particularly useful for the on-call service as blood grouping and cross matching are usually performed by staff from departments other than the blood transfusion department.

Clinical Chemistry

The Kodak dry chemistry 750 Ektachem Analyser has continued to work well during 1996 and adequately copes with the clinical chemistry workload.

Histopathology Service

The histopathology department provides a tissue pathology service and cytopathology service for James Connolly Memorial Hospital and Our Lady's Hospital, Navan. There has been an increase in workload in 1996 and this is reflected in the statistics.

During the year we have been taking specifications and quotations for the provision of a properly fitted out gross room. This provides for the purchase of stainless steel tables with flowing take away water supply and air exchange extract system.

Autopsy Service

The numbers of autopsies have increased to 153 in 1996.

Quality Control and Specimen Testing

Internal quality control checks are run on all laboratory tests. In addition we participate in the UK Neqas external assessment schemes. These include general microbiology, parasitology, mycology, general haematology, coagulation and clinical chemistry. We will add blood serology in January, 1997.

RADIOLOGY DEPARTMENT

During the year 54,283 examinations were carried out in the department. This represents an 11% increase on the previous year.

1996 saw major expansion of our department with the addition of an extra general radiology room and the re-siting of the ultra-sound department. In addition a new staff room was provided.

1997 promises to be another year of development with the purchase of a state of the art C.T. Scanner and Chest Changer. These much needed facilities will greatly enhance our diagnostic capabilities and should open the way for an improved service to our catchment area G.P's. In addition a full-time post for Consultant Radiologist has been sanctioned and hopefully will be in post before the end of the year.

PHARMACY

This year has seen the Pharmacy consolidating and building on recent developments to ensure the safe, effective and economic use of drugs. While it has not been possible to expand the ward top-up services due to resource considerations, we have been examining the possibility of providing ward stock lists. This has proved more difficult than anticipated due to the "fluid" nature of some of the wards due to hospital developments. As things settled, we have taken this up again in some areas and it should simplify ordering as well as reduce stock held. It should prove cost effective time-wise as well as keeping waste to a minimum.

On-Going Developments

The Pharmaceutical service throughout the Board is on the threshold of a new era of development and much work has been done in the department in James Connolly Memorial Hospital to prepare for the forthcoming changes. Major internal renovations took place within the department in October and the result has been a transformed department,

continued to be actively involved in Special Interest Groups during 1996. These included the Special Interest Group on Ageing and the Medical Social Workers Group.

DEPARTMENT OF NUTRITION AND DIETETICS

The Department of Nutrition & Dietetics has undergone significant changes in 1996. In October a Senior Dietician was appointed to a full-time permanent post, increasing the staff complement of the department to 1.5 posts. This has enabled significant improvement in the delivery of Nutrition Services to both In-Patients and Out-Patients.

Since October the department has acquired a consulting room in the new Out Patients area. This has enabled the department to provide a more comprehensive Out-Patient service, with four scheduled Out-Patient clinics per week in addition to an on-call service to afternoon clinics, diabetic and geriatric day centres. The provision of scheduled clinics ensures that patients are seen at their appointment time, thereby avoiding delays for patients. The on-call service allows same-day urgent referrals to be seen promptly. All patients are now given follow-up appointments thus improving quality of service.

A formal system of referral has been established, thus ensuring that those patients requiring nutrition intervention are brought to the attention of the dietician. Record-keeping on all patient contacts has become standard practice to ensure a safer, more effective service. Much time has been devoted to the design of appropriate patient literature for specific therapeutic diets, so that all patients now receive written as well as verbal advice.

The dietician has also taken an active role in health promotion by giving lectures to the general public as part of Heart Health Week. In addition, she has also become involved in staff education, lecturing to

student nurses and qualified nursing and medical staff on a variety of nutrition-related topics, including healthy eating, diabetes, enteral feeding and heart disease.

The Department looks forward to further developing its services in 1997. It is planned to extend this service to accept General Practitioner referrals, staffing levels permitting. Other planned developments include the introduction of a syllabus of nutrition lectures for student nurses, training of undergraduate student dieticians, in-service training for nursing staff, nutrition lectures to medical staff, revamping of therapeutic diet menus, as well as the continued delivery of services to an ever-growing number of In-Patients and Out-Patients.

SPEECH AND LANGUAGE THERAPY SERVICE

Background

The Speech and Language Therapy Service in the Eastern Health Board is administered through Community Care with services then being provided to other programmes as requested.

Speech and Language Therapy has been provided to James Connolly Memorial Hospital since 1974 (approximately). Initially 4 sessions per week were allocated and has now increased to 5 sessions.

Health Promotion

PILOT HOSPITAL PROJECT

Since 1992, James Connolly Memorial Hospital has been working along with 20 other European hospitals to introduce a new concept into the hospital health care system. This new concept requires participating hospitals to create changes, away from traditional emphasis on clinical and curative services and more towards a wider role of supporting the development of positive health by individuals and communities. A process that enables people, staff, patients and the community members to take more control over and to improve their health. In this, the James Connolly Memorial Hospital's health promotion project has been relatively successful over the last five years. Although, the World Health Organisation's European Pilot Project ends in 1997, much work still remains to be done. However, James Connolly Memorial Hospital is fully committed to the on-going process that is necessary to becoming a health promoting hospital.

Hospital Project

The major emphasis during 1996 was the completion of the project activities relating to the European Pilot Project. This required documentation and evaluation procedures on the initial five sub-projects to be completed and sent to the European Co-ordinating Centre in Vienna. In addition, a full account of the development and outcome of the HPH project in James Connolly Memorial Hospital is currently being prepared in a twenty page submission. This submission will be included in a Review Book on the European Pilot Project, which will be published in 1997, following

the presentation of the Project at the 5th International Conference on Health Promoting Hospitals in Vienna in April, 1997.

Furthermore in April 1996, two of the sub-project leaders were invited to share their experiences and present their project findings at the 4th International Conference of Health Promoting Hospitals in Derry. These were Ms. Billie Lawlor, Resuscitation Training Officer and project leader for the Cardio-Pulmonary Resuscitation (CPR) Project and Mary Smyth, part-time Cessation Counsellor and project leader of the Smoke Awareness Project. The presentations generated a lot of interest and discussion and lead to a number of enquiries being made for further information. The conference was well attended, with Ms. Sheeran (Matron), Mrs. Murphy (Asst. Matron) and Ms. O'Riordan (HPH Project Co-ordinator) creating visible support for the James Connolly Memorial Hospital Project.

Sub-Projects

The HPH sub-projects continue to grow and develop. Many of the recommendations outlined in 1995 were implemented and subsequent evaluations in 1996 have produced further recommendations for 1997.

Stop Smoking Support Services, a vital part of the Smoke Awareness project, continue to demonstrate effectiveness in achieving positive behavioural change. A helpline and drop-in service established towards the end of 1996, has generated encouraging feedback. Furthermore, during 1996 three six week group support courses were held in the hospital, with a fourth one being conducted in Donaghmede

Hospital. Likewise, Mary Smyth representing the Smoke Awareness project, was a major contributor at the national HPH workshop entitled "Clean-air for Better Health" in November 1996.

CARDIO-PULMONARY RESUSCITATION (CPR) TRAINING CENTRE

Courses

Basic CPR Provider Training

James Connolly Memorial Hospital Courses

The results of CPR Skill retention tests in 1995 demonstrated that two-yearly courses were not sufficient to maintain a high level of CPR Skills among Hospital staff. An annual training programme began in May 1996 with the main target groups being nurses working in those areas where cardiac arrests most frequently occur in the hospital. A further evaluation of skill retention commences in May 1997.

Community Courses

An Irish Heart Foundation (IHF) CPR Instructor Course was held at James Connolly Memorial Hospital July-September 1996 and members of the CPR Committee assisted with tuition on this course. This has initiated a link with the IHF which will progress to expanding the hospital's role in community CPR training in the near future.

Basic CPR Hospital Instructor Training

An Instructor Course was held January-March 1996 with participants from the following hospitals:

- James Connolly Memorial Hospital
- Our Lady's Hospital, Navan
- Our Lady of Lourdes Hospital, Drogheda
- Louth County Hospital, Dundalk

- General Hospital, Monaghan
- Regional Hospital, Limerick
- General Hospital, Letterkenny
- University Hospital, Galway
- St. Columcilles Hospital, Loughlinstown
- General Hospital, Sligo
- Cherry Orchard Hospital, Dublin
- General Hospital, Cavan

The Basic CPR Instructor also provides training as a CPR Course Co-Ordinator which facilitates the Instructors to commence a training scheme at their respective hospitals similar to that at James Connolly Memorial Hospital. There are ten basic CPR Instructors at James Connolly Memorial Hospital who assist with teaching the CPR courses, this ensures the continuity of courses to meet the needs of hospital staff.

Advanced Cardiac Life Support (ACLS) Training

There was one ACLS course for 24 participants on 8th and 9th March, 1996. Dr. Rosemary Rooney, Consultant Anaesthetist was Course Director.

General

Ms. Billie Lawler, Resuscitation Training Officer, Dr. Marie Harte, Consultant Cardiologist and Mr. Derek Barton, A&E Consultant are members of the IHF National ACLS Council. A national audit form to monitor the management of cardiac arrests is being developed. A pilot survey on the use of this audit form was carried out at James Connolly Memorial Hospital during September-November 1996. An assessment of all emergency equipment in the hospital was carried out in October 1996 and a review of the first and second line drug trays is underway in association with Pharmacy.

General Support

CHAPLAINCY DEPARTMENT

A person who is admitted to hospital experiences three prominent feelings: anxiety, alienation and fear. These feelings vary with each individual in intensity, but are generally present to some degree. 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 considerably 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 and crisis counselling, sacraments and prayer.

Staff Changes

In July 1996, Fr. Desmond O'Reilly was appointed by Archbishop Connell to replace his fellow diocesan priest Fr. Ciaran O'Mathuna who had served as chaplain since July 1993. During the year under review, Fr. Ciaran and Fr. Desmond served with their fellow chaplain Fr. Austin McGuinness S.S.C. In February 1997, Fr. McGuinness was recalled by his congregation (the Columban Fathers) and has been replaced by Fr. John Brown, Cssp. a Holy Ghost Father.

The Roman Catholic Chaplaincy Team is made up as follows:

Fr. Desmond O'Reilly (resident/co-ordinating chaplain)

Fr. John Brown Cssp.

Sr. Olivia Hunt MMM

Sr. Clare Murphy LSA

Sr. Mairead Conole Ssl

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

The Church of Ireland

Rev. Paul Colton and his assistants

The Presbyterian Church

Rev. Alan Martin

The Methodist Church

Rev. Daphne Twinem

These Chaplains provide an on-call service to their members, as well as engaging in regular visitation.

Auxiliary Pastoral Care Workers

We are very fortunate to have the services of dedicated volunteer workers who give unstintingly of their time and services. Eighteen 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.

Awards, Presentations & Publications

AWARDS

1. The Department of Vascular Medicine was awarded the Thrombosis Prize at the Congress of the International Union of Angiology in Budapest, May, 1996.
2. A certification of Accredited Vascular Technologist (AVT) was awarded to Ms. A.M. O'Shaughnessy and Ms. S.C. Ruddle in February, 1996.
3. Dr. John Faul, Registrar, won first prize at the American College of Chest Physicians Annual Scientific Meeting for a presentation based on his work on the cause and mechanisms of Bronchial Asthma.
4. Dr. Colm Leonard and Dr. Vincent Tormey won British Ambassador Scholarships for original scientific research and in addition, Young Investigator Awards for original scientific research from the American College for Chest Physicians.

PRESENTATIONS AND PUBLICATIONS

1. **Should calf vein DVT's be diagnosed.**
O'Shaughnessy A.M.
Presented: Vascular Technologist Meeting
Beaumont Hospital, March, 1996.

2. **Methods of evaluating the ageing processes of Deep Vein Thrombosis.**
O'Shaughnessy A.M., Fitzgerald D.E.
Presented: European Chapter's Congress of the International Union of Angiology, Budapest, May, 1996.
3. **Assessment of Clinical Competence Using the Objective Structured Long Examination Record (OSLER). Proceedings of the Association for the Study of Medical Education in Europe (AMEE) 1995.**
Gleeson F.
Published: University of Zaragoza Press.
Vol. 36. Pages 31-33.
4. **Making the best of the long case (An OSLER Analysis) Lancet Commentary**
Published: The Lancet 1996, Vol 347,
Pages 704-705.
5. **The Objective Structured Long Examination Record (OSLER)**
Published: Medical Teacher 1996 Vol 18 No 3, Pages 243-244.
6. **Crohn's Disease – Questions and Answers for patients and carers**
Buckley M., Gleeson F.
Published: Published with the aid of an educational grant from Yamanouchi Industries.
7. **The value of Duplex Ultrasound in the follow-up of acute Calf Vein Thrombosis.**
O'Shaughnessy A.M., Fitzgerald D.E.
Published: Journal International Angiology
(In print) – 1996.

24. **Carbamazepine use and aggressive behaviour associated with senile dementia.**
Cooney E., Mortimer A., Smith A., Newton K., Wrigley M.
Published: International Journal of Geriatric Psychiatry 1996 (11): 901-905.
25. **Involuntary Admissions and Elderly Patients.**
Freyne A., Wrigley M
Published: Medico-Legal Journal of Ireland. 1996, 2 (2) 47-48.
26. **Spontaneous Subclavian, Jugular and Axillary Vein Thrombosis; Resolution with Streptokinase.**
Leonard C., Fitzgerald D., Lennon A., Meachery G., Burke C.M.
Published: Journal of the Irish Colleges of Physicians and Surgeons, July, 1996; volume 25 (3): 177-178.
27. **Golf Ball Liver: Agent Orange Hepatitis.**
Leonard C., O'Keane C., Doyle J.S., Burke C.M.
In press: Gut 1997.
28. **The Utility of a Wang Transbronchial Needle in the Diagnosis of Sarcoidosis.**
Leonard C., Tormey V., Lennon A., Burke C.M.
Published: Irish Journal of Medical Science 1997; 166 (1): 41-43.
29. **Lung Immunopathology in Cases of Sudden Asthma Death.**
Faul J.L., Tormey V.J., Leonard C., Burke C.M., Farmer J., Horne S.J., Poulter L.W.
Published: European Respiratory Journal 1997; 10: 301-307.
30. **Allergen-Induced CD30 Expression on T Cells of Atopic Asthmatics.**
Leonard C., Tormey V.J., Faul J., Burke C.M., Poulter L.W.
In press: Clinical and Experimental Allergy, 1996.
31. **Allergen-Induced Cytokine Production in Atopic Disease and its Relationship to Disease Severity.**
Leonard C., Tormey V., Burke C.M., Poulter L.W.
In press: American Journal of Respiratory Cell & Molecular Biology, 1996.
32. **T Cell Cytokines May Control The Balance of Functionally Distinct Macrophage Populations.**
Tormey V.J., Faul J., Leonard C., Burke C.M., Dilmech A., Poulter L.W.
In press November 1996: Immunology.
33. **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.
Submitted Clinical and Experimental Allergy November 1996.
34. **Evidence for Peribronchial Cytotoxic T Cell Response in Victims of Sudden Asthma Death.**
Faul J.L., Tormey V.J., Burke C.M., Horne S.J., Poulter L.W.
European Respiratory Journal; submitted.
35. **Temporal Relationships Between Immunopathological and Physiological Changes After Treatment with Inhaled Corticosteroids for Asthma.**
Faul J.L., Tormey V.J., Leonard C., Burke C.M., Horne S.J., Poulter L.W.
American Journal of Respiratory & Critical Care Medicine; submitted.
36. **High Dose Inhaled Corticosteroids Cause Dose-Dependent Deteriorations in Diabetes Mellitus A Case Report.**
Faul J.L., Tormey V.J., Leonard C., Tormey W.P., Burke C.M.
American Journal of Respiratory & Critical Care Medicine; submitted.

8. **Differential effect of T cell cytokines on monocyte differentiation.**
Tormey V.J., Leonard C., Faul J., Burke C.M., Dilmet A., Poulter L.W.
European Respiratory Journal 1996;
9 (supplement 23): 315s.
9. **IL-10 increases the T cell suppressive capacity of differentiating monocytes in asthmatic subjects.**
Tormey V.J., Leonard C., Faul J., Burke C.M., Poulter L.W.
European Respiratory Journal 1996;
9 (supplement 23): 315s.
10. **Possible evidence of anti-viral immune responses in victims of sudden asthma death.**
Faul J., Tormey V.J., Leonard C., Horne S., Burke C.M., Poulter L.W.
European Respiratory Journal 1996;
9 (supplement 23): 16s.
11. **CD30 expression on T lymphocytes reflects disease activity in atopic asthma.**
Leonard C., Tormey V.J., Faul J., Burke C.M., Poulter L.W.,
Chest 1996; 100 (4) supplement: 39s.
12. **The Wang transbronchial needle in sarcoidosis: An Irish experience.**
Leonard C., Lennon A., Faul J., Burke C.M.
Chest 1996; 110 (4) supplement: 91s.
2. **Approaches to the MRCP Part II Examination.**
Gleeson F.
Royal College of Physicians of Ireland. 9th April, 1996.
3. **The Medical Approach to Gastro-Oesophageal Reflux Surgery.**
Gleeson F.
The Oesophageal Club, Royal College of Surgeons in Ireland. 23rd November, 1996.
4. **Involuntary admissions to a Specialist Psychiatry of Old Age Service.**
Wrigley M.
Irish Gerontology Society Conference, September, 1996.
5. **Depression in Late-Life – AWARE.**
Wrigley M.
St. Patrick's Hospital, Dublin, July, 1996.
6. **Strategies for Wandering.**
Wrigley M.
European Union Conference on Alzheimer's Disease. Limerick, 1996.
7. **Lower Limb Arterial Flow. Prediction of Outcome of DVT – Identification of Subgroups.**
O'Shaughnessy A.M., Fitzgerald D.E.
Venous Forum Meeting, Manchester, October, 1996.

INVITED LECTURES

1. **The Objective Structured Long Examination Record (OSLER) A new approach to Long Case Clinical Assessment.**
Gleeson F.
Royal College of Physicians, London. 10th December, 1996.

POSTER PRESENTATIONS

1. **Tropical Sprue in Non-Tropical Ireland**
Buckley M., Gleeson F.
Irish Society of Gastroenterology. November, 1996.

Appendix I

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.	Lawlor Mr. D.	Plastic Surgery
	2.00 p.m.	Browne Mr. H.	General Surgery
	2.00 p.m.	Gleeson Prof. F. (P)	Medical/G.I.
	2.00 p.m.	Barry Dr. M.	Rheumatology
Wednesday	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
	3.00 p.m.	Keeling Mr. P.	General Surgery
Thursday	9.30 a.m.	Henderson Dr. O.	Neurology
	10.00 a.m.		Ophthalmology
	10.00 a.m.	Devlin Prof. J.	Medical/Endocrine
	1.30 p.m.	Gleeson Prof. F.	Medical/G.I.
	1.30 p.m.	Devlin Prof. J.	Cardiology
	2.00 p.m.		Ophthalmology
Friday	8.30 a.m.	O'Flanagan Mr. S.	Fracture (8E)
	9.00 a.m.	Devlin Prof. J.	Endocrinology
	9.30 a.m.	Barry Dr. M.	Rheumatology
	9.30 a.m.	Devlin Prof. J.	Cardiology
	1.00 p.m.	Lawlor Mr. D.	Plastic Surgery

37. **Allergen-Induced CD30 Expression on T Cells of Atopic Asthmatics.**
Leonard C., Tormey V., Faul J., Burke C.M., Poulter L.W.
Clinical & Experimental Allergy; in press.
38. **Allergen-Induced Cytokine Production in Atopic Disease and Its Relationship to Disease Severity.**
Leonard C., Tormey V., Burke C.M., Poulter L.W.
American Journal of Respiratory Cell & Molecular Biology; in press.
39. **Relative Effects of Inhaled Corticosteroids on Immunopathology and Physiology in Asthma: A Controlled Study.**
Burke C.M., Sreenan S., Pathmakanthan S., Patterson J., Schmekel B., Poulter L.W.
Published: Thorax 1996;51:993-999.
3. **Lymphocyte subpopulations in acute severe asthma.**
Faul J., Tormey V.J., Leonard C., Horne S., Burke C.M., Poulter L.W.
Proceedings of the Annual Scientific Meeting of the Irish Thoracic Society 10th and 11th November, 1995, Belfast.
Irish Journal of Medical Science. 1996; 165 (supplement 4): 66.
4. **A comparison of monocyte differentiation in normal and asthmatic subjects.**
Tormey V.J., Faul J., Leonard C., Burke C.M., Dilmet A.H., Poulter L.W.
Proceedings of the Annual Scientific Meeting of the Irish Thoracic Society 10th and 11th November 1995, Belfast.
Irish Journal of Medical Science. 1996; 165 (supplement 4) 67.
5. **CD30 expression on T lymphocytes defines important differences in the immune response in inflammatory disease of the respiratory tract.**
Leonard C., Tormey V.J., Poulter L.W., Burke C.M.
Proceedings of National Scientific Meeting, Irish Journal of Medical Science, March 1996; 165:13.
6. **CD30 expression inducible by house dust mite antigen: important differences between atopic asthmatics, atopic non-asthmatics and normal subjects.**
Leonard C., Tormey V., Faul J., Burke C.M.
European Respiratory Journal 1996; 9 (supplement 23): 435s.
7. **The Wang transbronchial needle in sarcoidosis: An Irish experience.**
Leonard C., Tormey V., Faul J., Burke C.M.
European Respiratory Journal 1996; 9 (supplement 23): 57s.

ABSTRACTS

1. **CD30 as marker of TH2 activity in atopic individuals.**
Leonard C., Banerjee P., Tormey V.J., Faul J., Poulter L.W., Burke C.M.
Proceedings of the Irish Thoracic Society 10th and 11th November, 1995, Belfast.
Irish Journal of Medical Science. 1996; 165 (supplement 4): 66.
2. **The use of a Wang transbronchial needle in the diagnosis of sarcoidosis.**
Leonard C., Tormey V.J., Poulter L.W., Burke C.M.
Proceedings of the Annual Scientific Meeting of the Irish Thoracic Society 10th and 11th November 1995, Belfast.
Irish Journal of Medical Science. 1996; 165 (supplement 4): 69-70.

8. **Natural History of Proximal Deep Vein Thrombosis assessed by Duplex Ultrasound**
O'Shaughnessy A.M., Fitzgerald D.E.
Published: Journal International Angiology
(In print) – 1996.
9. **Outcome of acute Carotid Artery Thrombosis monitored by Duplex Ultrasound: A case study.**
Ruddle S.C., Fitzgerald D.E.,
O'Shaughnessy A.M.
Published: Journal of Vascular Technology
(In print) – 1996.
10. **Spontaneous regression of Thrombotic Obstruction of the Internal Carotid Artery: Four case reports.**
Fitzgerald D.E., O'Shaughnessy A.M.
Published: Journal Vascular Investigation
(In print) – 1996.
11. **Epidemiology, Risk and Haemodynamics.***
Jager K.A., Labs K-H., Fitzgerald D.E. Labs R.
12. **Clinical Trial Methodology.***
Fitzgerald D.E., Jager K.A., Labs K-H.
13. **Therapeutic options for Peripheral Occlusive Arterial Disease.***
Labs K-H., Fitzgerald D.E., Jager K.A.
14. **Peripheral Vascular Disease. Clinical Impact.***
Ed. K-H Labs., G.W. Schmid-Schonbein
M.M. Schonbating.
* Prous Science, Barcelona 1995.
15. **Brief Report: A case-control study of Obstetric Complications and later Autistic Disorder.**
Cryan E., Byrne M., O'Callaghan E.,
O'Donovan A.
Published: Journal of Autism and
Developmental Disorders, 1996, 26, 453-460.
16. **MD. Obsessional Symptoms in Eating Disorders: Prevalance, Correlates and Effects on Outcome.**
Cryan E.
Trinity College Dublin, Library, 1996.
17. **Prevalence of Depression Among Postnatal Women and Associated Factors in an Urban Irish Community.**
Cryan E., Keogh F., Connolly E., Cody S.,
Quinlan A., Daly I. Social and Psychiatric
Epidemiology (submitted).
18. **An assessment of lithium use: indicators and practice in a suburban sector.**
Rooney M., Cryan E.
Proceedings, Winter Meeting, Royal College of
Psychiatrists, 1996, 73.
19. **Obsessional symptoms in patients with eating disorders and their relationship to outcome.**
Cryan E., Harrington D., Darby M., Walsh N.
European Psychiatry 1996; II suppl 4, 301.
20. **Relating anxiety levels and self esteem in school children.**
Maher C., Fitzgerald M.
Spring Edition Irish Journal of Psychiatry,
(In press).
21. **Ideas of Flight.**
Maher C., Murray D.
Psychiatric Bulletin, (In press).
22. **Aggressive incidents towards staff by elderly patients with dementia on a long stay ward.**
Freyne A., Wrigley M.
Published: Int. J. Ger. Psych. 1996; 11: 57-63.
23. **Abuse of the Elderly with Dementia.**
Cooney C., Wrigley M.
Published: Ir. J. Psychol. Med. 1996;
(3) 94-96.

Again, this year we acknowledge the work of two lay students from the Milltown Institute who engage in pastoral visitation. Until September, 1996 we were also fortunate to have the services of Sr. Marie Therese Barnard S.S.J.C. who undertook pastoral visitation in the long stay units.

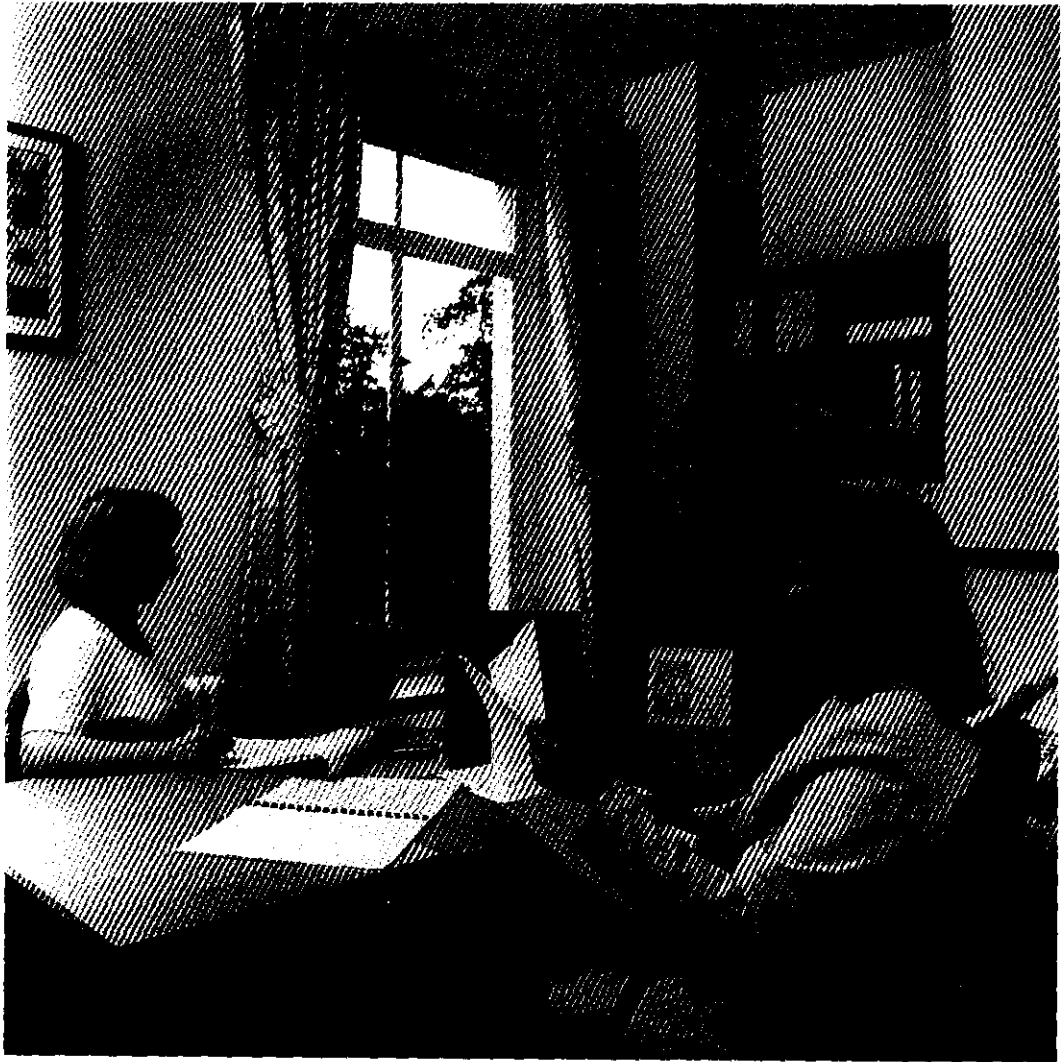
CATERING DEPARTMENT

The Catering Department during 1996 catered for 350 patients, 40 day care patients, 300 staff, 20 visitors as well as 60 Meals on Wheels on a daily basis. Developments in the Catering Department commenced with the appointment of Ms. Peggy Lowry, Catering Officer in September, 1996. The introduction of early closure took place in November, 1996. The new opening hours are now from 7.30a.m. to 4.30p.m. Monday to Sunday. A modern vending service is provided to facilitate staff after hours in the Nurses Home "Breakers". The early closure gave rise to improved standards of food

service to patients and staff including provision of a Full Breakfast Service (full Irish and continental breakfasts, including scones, croissants, danish, muffins and cuisine de france baked fresh every day). This facility is now available up to 11.00 a.m. every day. Lunch which is available from 12.30 to 2.15 now offers a wide choice of menu including home-made soups, rolls, sandwiches and an elaborate Salad Bar with emphasis on healthy eating.

MAINTENANCE

During the year the Maintenance Department continued to make a significant contribution to the upkeep and improvement in the hospital. These included upgrading Surgical Block Wards A, B & C, Out Patients, Rheumatology Unit. The provision of maintenance services in buildings like James Connolly Memorial Hospital is difficult and Mr. Paddy Brennan, Engineering Officer and his staff are to be complemented on their efforts.



Patient Services Department

at the request of a local community group. In addition to these services, a pilot Out-Patients service was instigated in three clinics (Respiratory, Asthma and Cardiology) between September and December 1996. Early evaluation suggests that significant benefits can be gained, when a positive approach to smoking cessation at Out-Patients is followed by a personal telephone contact at a later stage. Of the 104 smokers identified 84% were interested in stopping smoking and of the 58 successfully followed up 14% had already stopped and 38% had reduced their consumption. Therefore, continuation of this service over a longer period has been recommended with additional consideration to be given to the feasibility of extending this service to other clinics.

The Cardiac Link Support Project developed and implemented during 1996, provided education, information and on-going support to post myocardial patients and their families. This was achieved with the appointment of Catherine Bellew to the position of part-time Cardiac Rehabilitation nurse. The project set out to demonstrate the effectiveness of such a link role to provide patients with on-going support and education, elements considered essential in the promotion of healthier lifestyles. Early indications have confirmed the effectiveness of this role, with recommendations being made for the role to be established on an on-going basis and the programme to be further extended by the inclusion of drop-in education sessions.

The Continence Promotion Project initiated in 1995, was officially implemented in March 1996. An interim audit carried out six months later, clearly highlighted the positive benefits of this project in financial and quality patient care terms. However, the full implications of this project will not be known until next year, when the final audit and evaluation procedures have been completed.

Finally, the recommendations made by the CPR project for the establishment of an annual basic CPR training programme, for all medical and nursing staff in critical care areas, was implemented last May. The effectiveness of this programme will be evaluated next year, when conclusive recommendations on staff CPR training will be drawn up. Furthermore, Ms. Billie Lawlor (project co-ordinator) has been involved in community training through her participation in an Irish Heart Foundation community training programme and a locally based Dublin Healthy Cities community project group.

Additional Activities

Other activities undertaken during the year included a Catering Audit carried out as part of the Irish Heart Foundation's "Happy Heart at Work" programme, participation in the promotion of National Healthy Eating Week, with Unit 7 winning the ward based competition for the best Healthy Eating display stand, participation in the first ever National Hospital Challenge Day, an event organised by Saol Plus and the National HPH Network set out to promote and encourage daily physical exercise. Furthermore, another successful event organised in conjunction with Coronary Care Staff, was an information night on Heart Disease. This successful event, held in the hospital during Irish Heart Week, attracted over a hundred people and also offered a mini-medical check up. In addition, on-going activities such as the hospital newsletter involvement in the local Dublin Healthy Cities community forum and the organisation of annual Craft Fair were maintained.

National Network

James Connolly Memorial Hospital continues to play a leading role in the development of the Irish National HPH Network, with secondment of Ann O'Riordan to the National Co-ordinating Centre, currently based at James Connolly Memorial

Referrals

There has been a steady increase in referrals particularly over the last 3 years.

Year	Referrals
1993	87
1994	93
1995	105

The factor which most influenced the referral trend is the change in caseload type which can be seen from the following analysis:

	1995	1996
Dysphasia	38%	33%
Dysarthria/Dyspraxia	22%	26%
Dysphagia	40%	41%

Dysphasia

Language impairment following stroke.

Dysarthria/Dyspraxia

Sensory motor problems involving articulation following stroke.

Dysphagia

Swallowing problems following stroke.

The assessment and management of Dysphagia is very time consuming. The referral trend in James Connolly Memorial Hospital reflects similar trends in all other general hospitals.

There are on-going discussions with hospital management in relation to the Speech and Language Therapist Service and recommendations will soon be made concerning changing needs within the hospital.

modern and bright with space utilised to a maximum. Appropriate pharmaceutical shelving and dispensing benches have streamlined the work flow and this will prove its worth when we become a Regional Pharmacy in 1997.

Progress on the Formulary has continued but at a slower pace than initially anticipated. When completed, the Formulary will herald a new up-to-date approach which, while routine in other countries, will be ground breaking in Ireland. This will give prescribers in James Connolly Memorial Hospital appropriate information in a readily accessible form.

1996 has also seen an expansion of the role of the Pharmacist in direct patient care. Warfarin and Amiodarone counselling now takes place by agreement for a number of these patients, and we welcome the opportunity to put our skills and training to use in the provision of a multi-skilled service for our patients.

Continuing Education

The department in James Connolly Memorial Hospital is the only department in the Board to provide training and continuing education. We contribute at all levels which includes Pre-Registration Pharmacist and Student Technician training as well as facilitating a post-graduate Diploma/M.Sc. in Clinical Pharmacy.

SOCIAL WORK DEPARTMENT

A team of five Medical Social Workers provide a broad range of services to patients and their families to enable them to deal with the impact of hospitalisation and to maximise the benefits of Health Care services. The social work staff work in a therapeutic way assist in the resolution of individual and family difficulties presenting when the patient is in hospital. Collaboration with the entire health team within the hospital setting is

engaged in by the team in an attempt to achieve optimum total care of patients at all stages of their treatment and after care, taking into account also the needs of the family.

During 1996 the Social Work Department dealt with an average of 250 referrals per month. A comprehensive social assessment service was provided to all units in the hospital. This service assists in diagnosis and treatment of the patient where psycho-social factors may be relevant. A counselling service was made available on a wide range of issues such as new diagnosis, bereavement and loss, disability and trauma.

The social work staff played a key role in the area of discharge planning during 1996. This necessitated liaison and negotiation with Community Care Networks. Facilitating the placement of elderly patients in alternative care settings continued to demand much of the time of our social work team last year, reflecting the increasing growth in our elderly population. Intervention in crisis situations such as domestic violence, elder and child abuse was also evident in the work of the department during 1996.

The social work team was instrumental in organising and co-facilitating two Carers Support Groups during the year. These groups provided carers with an opportunity to discuss care issues and concerns in a group setting and focused specifically on issues such as Stress Reduction, Management of Confusion and Dependency and Services available to Carers. Positive feedback from carers highlighted the need for this service and therefore the social work team will endeavour to make this service available in the future.

The Department was also active in the areas of education and ongoing training. Social Work students from Trinity College, Cork University and University College Dublin, were offered placements in the department under the supervision of the social work staff. Various members of the team

Geriatric Special Interest Group meetings to keep up to date with professional issues/topics. This Group held their annual study day in James Connolly Memorial Hospital on Amputee Rehabilitation.

Rheumatology

A full time Senior Occupational Therapist was appointed to the Rheumatology multi-disciplinary service in 1996, and an Occupational Therapy treatment area has been established in the Rheumatology Rehabilitation Unit. Assessment and rehabilitation of this client group commenced with the provision of in-patients and out patient services.

Service Developments

It is accepted that the present level of staffing in the Occupational Therapy Department of the hospital is inadequate to meet current needs. The present inadequate level of Occupational Therapy services available in the hospital impacts adversely on our efficiency in treating and discharging patients. A greater Occupational Therapy input would ensure speedier assessment of patients and the delivery of a more comprehensive rehabilitation service resulting in improved efficiencies within the hospital. Detailed proposals for the enhancement and development of this service are being finalised in conjunction with hospital management and it is envisaged that these service developments will be completed in the coming year.

PATHOLOGY, LABORATORY & DIAGNOSTIC SERVICES

Microbiology

Internal quality control procedures includes the use of positive and negative controls for all procedures performed in the laboratory. The microbiology department participates in the NEQAS external quality assessment schemes for general bacteriology and antimicrobial sensitivity testing, parasitology and mycology schemes.

During the year five meningococcal meningitis cases were identified.

The volume of serology being sent to RCSI increased during the year.

Haematology

The haematology sections provides a service for James Connolly Memorial Hospital and is extensively used by the G.P.s in the community. The workload in this department has increased. The automated coagulometer acquired in 1995 has been linked to the laboratory computer system and the results are obtainable on the monitor in the Accident and Emergency Department.

The method of informing the patients who attend the weekly anti-coagulant clinic is to be changed early in 1997. The patients will be sent home immediately after phlebotomy and the result of their tests and any alteration in anti-coagulant dosage will be notified to them by telephone. This arrangement will suit the laboratory which is under pressure with the current system.

The new coulter blood counter was acquired in 1996. This is the fully automated colter STSK. This instrument handles up to 144 full blood count tubes and issues a five part differential and platelet count with the full blood count result. It is a walk away instrument and staff can perform other duties when it is in operation.

Independent power supplies were installed for the automated blood counters and the coagulometer.

Software for the preparation of bar-code labels for the computer was acquired during the year.

The Starstedt Satstedt System for ESR with an automatic reader has also been installed.

Blood Transfusion

The gel test for blood grouping serology was introduced during 1996. This was pioneered by the Diamed Company and is currently in use by most of the hospital laboratories in Ireland. The



Accident & Emergency Department

The Accident & Emergency Service which is provided on a 24 hour, seven day basis was very busy in 1996. During the year 25,121 new patients presented which is an increase of 2.57% on 1995. A

further 8,211 return patients attended. The hospital received 5,689 admissions through the Accident & Emergency Department which accounted for 68.72% of total admissions.

Department of Anaesthetics

Overall activity levels were broadly similar to recent years. The high point of the year was the success of all three of our candidates in the Final F.F.A., R.C.S.I. Examination in the Spring. Congratulations to Dr. Maki, Dr. Memon and Dr. Whyte, all three of whom passed the examination on their first attempt.

Sadly December saw the final departure of Dr. Noelle Downey on sick leave. The cheerful enthusiasm which she maintained for her work throughout her illness was quite remarkable. She maintained her interest and involvement in

Anaesthesia, Intensive Care, Pain Management, Teaching and other areas to the very end. She will be greatly missed by the Anaesthetic Department, Intensive Care staff and the Hospital generally.

There were 237 admissions to the Intensive Care Unit in 1996. 43% of patients required mechanical ventilation. Approximately 60% of admissions were Surgical and 40% Medical.

Work commenced within the year on re-modelling and refurbishing the west end of Surgical C to provide a larger, better laid-out Intensive Care Unit with an isolation room. At the time of writing this, it is fully operational.

Surgery

GENERAL SURGERY

In 1996 the Department of Surgery responded to increasing community need with a 40% increase in Out Patient attendances, a high level of clinical activity and reinforced its academic commitment with the appointment of a Lecturer and a College Secretary under the aegis of the Royal College of Surgeons in Ireland.

While the obvious community need for the services provided by the Department of Surgery was underlined by the greatly increased number attending the Out Patients Clinic, this has not been matched by a similar increase in the number of surgical procedures.

Many reasons have contributed to this problem, ultimately resulting in increased waiting lists, including the occupation of surgical beds by acute medical admissions and Day Ward closures. It is greatly hoped that the provision of an increased modern Day Ward will facilitate the provision of an improved service and shorten patient waiting lists. A commitment to improvement of the endoscopic equipment will allow the continued smooth turnover of day cases.

Structural improvements started early in the new year with the renovation of the Surgical Block, with resultant improvement of ward facilities and the creation of temporary modern Intensive Therapy Unit facilities in an appropriate setting. Further reconstruction allowed the opening of the new Surgical Out-Patients suite with an expanded number of Consulting Rooms thus allowing patients to be seen in privacy, reducing crowding and lengthy delays.

In addition to the present physical improvements that have been made, the above changes represent a commitment by all the staff in James Connolly Memorial Hospital to improving patient care in surroundings suitable for the challenges ahead.

While obvious changes have been made within the hospital, perhaps even greater developments have occurred in Blanchardstown and environs. 1996 has seen Blanchardstown become a hub of industrial, retail and recreational activity. The opening of the new Northern Cross, the Blanchardstown Shopping Centre and new Healthclub have all brought improved activities to the area and placed Blanchardstown as an attractive suburb readily accessible to the large populous. This promises a bright future for James Connolly Memorial Hospital as a community based and Teaching Hospital.

The Department of Surgery would like to welcome two new Surgical appointments. Mr. Robert Gaffney, Consultant Ear, Nose and Throat Surgeon and Mr. Peter Keogh, Consultant Orthopaedic Surgeon. The Department also recognises the contribution made by the Infection Control Sister, Rosaleen Cashman. The Department also extends congratulations to Mr. Hy Browne who was awarded the Order of the Two Niles (First Class) by the Sudanese Government in recognition of his role in training Sudanese Surgeons.

As a major Dublin Teaching Hospital attached to the Royal College of Surgeons in Ireland the Department of Surgery has overseen the appointment of a Clinical Tutor, Lecturer and College Secretary to the RCSI in James Connolly Memorial Hospital.

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. The Department is heavily involved in the Care of the Elderly post graduate course for nursing staff.

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.

RHEUMATOLOGY DEPARTMENT

There was a considerable expansion in the Rheumatology Out-Patient service during 1996 following the provision of modernised Out-Patient facilities. A new patient and return patient clinic were established.

The Medical Staff of the service was enhanced by the addition of a Senior House Officer and there were a number of other important additions to the Rheumatology staff. A full time Arthritis Nurse Specialist took up duty in Spring 1996. The nurse specialist has been instrumental in the development of drug information sheets for Patients and General Practitioners. The Nurse Specialist also ran a course on arthritis education and personal development on behalf of the Arthritis Foundation of Ireland.

Services for the assessment and the rehabilitation of arthritis patients was enhanced by the appointment of a full time Senior Physiotherapist and a full time Senior Occupational Therapist to the Department. Each will have dedicated assessment and treatment facilities in an Arthritis Rehabilitation Unit based in Unit 2. A Nursing Sister to run the Rheumatology Ward was also appointed and is due to take up duty in January, 1997.

A Rheumatology In Patient and Out-Patient database was also established during 1996. This system uses dedicated Rheumatology software which should prove useful for audit purposes and practice management, once local networking difficulties have been eradicated.

A commercial company, Vessa, located in the grounds of the hospital appointed a dedicated Orthotist/Prosthetist. This will provide the Rheumatology Department with a very useful facility to assist in the management of foot problems in arthritis patients.

GASTROENTEROLOGY

The Department of Gastroenterology had a further busy year in 1996. As with all such departments, the main emphasis is on day care and out-patient activities. In addition however, a significant proportion of the endoscopic procedures carried out in the unit were done so on in-patients. The service has now been developed to such an extent so that no patient will wait longer than 24 hours for such a procedure to be carried out. This in turn continues to maximise efficient patient turnover. Newer procedures continue to develop and Percutaneous Endoscopic Gastrostomy (PEG) lessens the difficult burden on patients requiring such procedures.

The challenge facing us as we come to the turn of the century will be for the provision of open access endoscopy facilities. Such facilities are now becoming the norm in most hospitals. To develop further in this respect we would require the provision of an extra procedure room in addition to the extra equipment. Further developments in this respect will become clearer over the coming year when decisions with regard to the overall hospital development are established.

The referral sources for these patients are 55% James Connolly Memorial Hospital, and 45% hospitals in other health board regions.

Academic Activities

Review courses in Vascular Technology have been run successfully again this year. These two day courses have been fully booked on each occasion, are attended by both technical and medical personnel from various parts of the Republic and Northern Ireland. In 1996 two courses were dedicated to cerebro-vascular and two to venous disease duplex ultrasound scanning. These courses attract C.M.E. credits for those attending.

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

The ACSRS multi centre study on asymptomatic carotid stenosis is in progress. There are now three other Irish groups involved in this trial which numbers a total of fifty three participating international centres.

Areas of continuing research include extended investigation of deep vein thromboses and the post phlebitic syndrome and also atherosclerosis particularly cerebrovascular and critical limb ischaemia.

DEPARTMENT OF RESPIRATORY MEDICINE

The clinical activities of the Department of Respiratory Medicine continue to expand and our referral base continues to expand from within and outside our catchment area.

Under-Graduate and Post-Graduate Teaching Programmes continues apace with a significant expansion in the post graduate area. At the present time three post doctoral scholars are completing MD and PhD theses (Drs. Colm Leonard, John Faul and Vincent Tormey).

The expansion in research activities is evidenced by the large number of publications in the peer review international literature and in prestigious American and European journals. These activities have resulted in significantly increased collaboration with academic institutions in Dublin and also with the University of London, Stanford University in California and the University of Western Australia in Perth with whom we currently collaborate.

Dr. John Faul won first prize at the American College of Chest Physicians Annual Scientific Meeting for a presentation based on his work on the cause and the mechanisms of bronchial asthma and Dr. Colm Leonard and Dr. Vincent Tormey won British Ambassador Scholarships for original scientific research and in addition, Young Investigator Awards for original scientific research from the American College of Chest Physicians.

In July 1997, Dr. John Faul and Dr. Colm Leonard will commence prestigious post doctoral fellowship programmes in the Department of Respiratory Medicine in Stanford University in California, thereby initiating closer collaboration with Stanford and further strengthening our clinical and academic links with that institution.

The lung function laboratory continues to provide state of the art computerised lung function tests and continues to work at maximum capacity.

Our bronchoscopy service and day care service continues to expand and we introduced bronchoscopic needle biopsies of mediastinal (chest) lesions which have not been available in the country to date. This has resulted in our ability to

Rheumatology Database

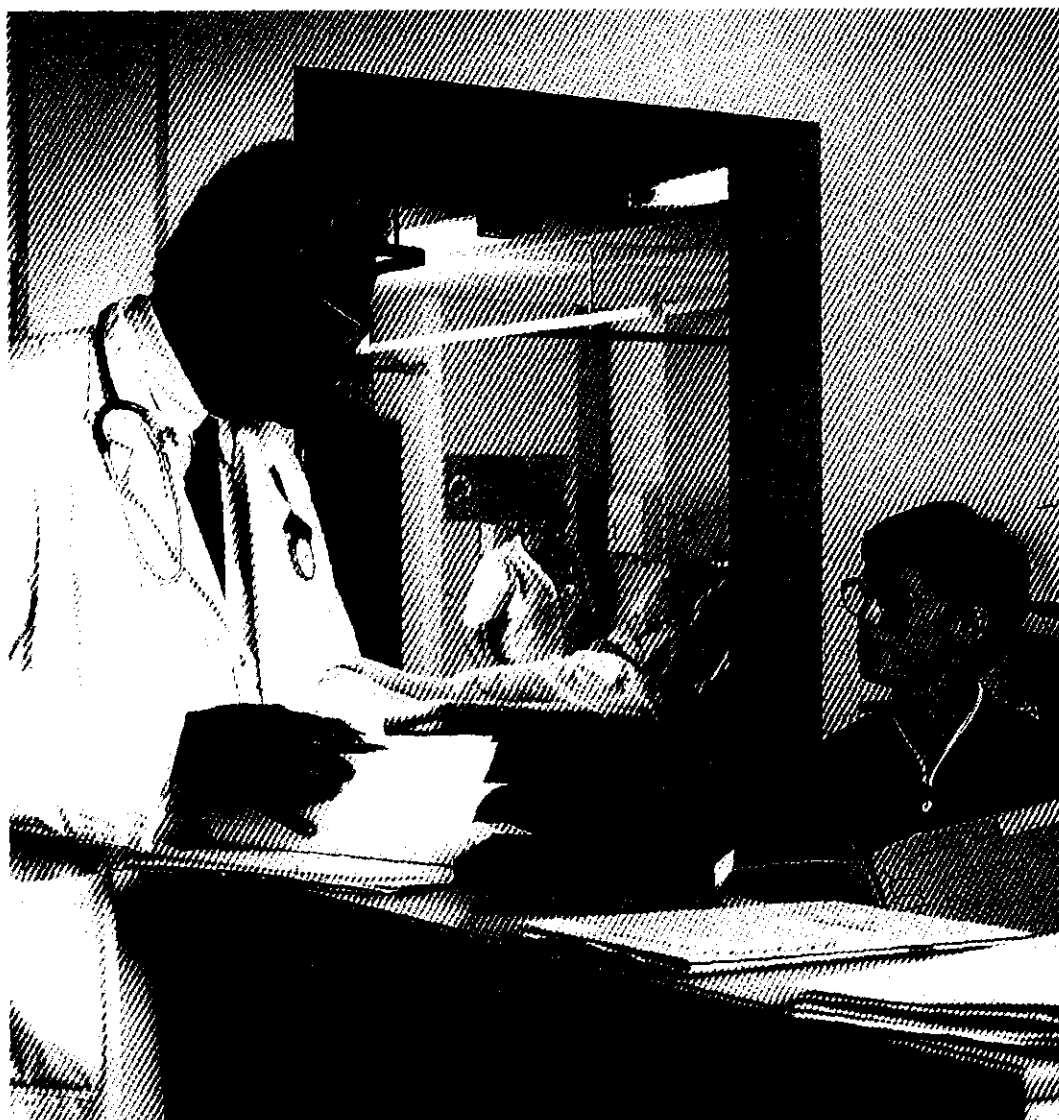
A patient database running on a Local Area Network has been implemented for the Rheumatology Service. The LAN connects Unit 2 to the Medical Records Department allowing sharing and updating of patient details in each location.

Circulation of Hospital Activity Statistics

A major function of the Patient Services Department is the accumulation and presentation of statistical information within the hospital. Monthly comparative statistics are now circulated to various hospital departments.

Staff Training

The invaluable contribution of a trained and committed workforce in delivering a quality service to patients is recognised. A number of Patient Services staff attended developmental and computer skills courses during 1996. Also a number of staff took on private courses of study on patient service topics. The difficulty of study in addition to normal working is appreciated and staff are to be commended for their efforts.



Surgical Day Ward

In 1996 a timely debate emerged concerning evidence based practice. Yet not all nursing problems are capable of being reduced to a clear issue that can be solved by scientific means and may require artistry to find a solution. Clinical experience is held to be an important source of knowledge with reflective practice debated as the legitimate way of generating nursing knowledge. Remaining nursing rituals are challenged by a debate of the different perspectives and the availability of relevant factual information made accessible with advances in information technology. There is a climate of change in the expanding nursing role to meet the future health care trends towards equity, quality of service and accountability.

Continuing educational and inservice opportunities were provided with total and partial funding. In addition a range of study days were arranged by the Nursing Research and Development Unit which were helpful for staff development. The nursing link with Beaumont Hospital has been strengthened with, in addition to a reserved place for JCMH staff on the Post Registration Coronary Care Course, a place was secured on the Post Registration Accident and Emergency Course which commenced in September. Further liaison with Beaumont Hospital is anticipated with the placement of their Diploma Students to the Care of the Elderly areas of the hospital.

Throughout the year many patients and relatives expressed appreciation and valued highly the Pastoral Care Teams involvement in their care. It appears likely that the increased social demands will necessitate additional human resources in this area in the future.

NURSE EDUCATION CENTRE

The Nurse Education Centre continued to provide the traditional three year certificate programme of nurse training. However, we are now at an advanced stage in arranging for the adoption of the Diploma Course. Arrangements are being made for its commencement in Autumn 1997.

Tutorial staff, as members of various committees contributed to nursing forums on professional matters, both inside and outside the hospital.

Professional Development

Opportunities and support systems are provided for the clinical staff who are pursuing further education programmes. The Nurse Education Centre offers excellent library support and retrieval facilities. Mrs. M. McGrath was successful in her BNS Degree and has joined the full-time tutorial staff with effect from November, 1996. Ms. G. Maher was successful in her higher degree M.Sc (Econ) – a great asset to our specialist expertise.

Throughout the year, tutorial staff attended study days and conferences appropriate to their areas of specialty and interest. Members of the staff had material published and were invited to lecture on EHB courses, study days, in-service hospital study days on many and varied topics.

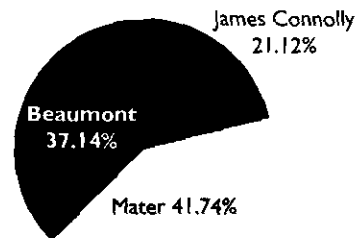
Inservice and Continuing Education

The Nurse Education Centre provides support for staff in their personal and professional development. A very comprehensive programme was held during 1996. A total of 62 sessions were provided. These varied in length from one hours duration to a full day. Topics included Manual Handling, I.V. Policy, Counselling, Reflexology, Preceptors, Peg Tube Feeding, MRSA, Palliative Care, Nursing Audit, Wound Care, Patient Controlled Analgesia, Infection Control and Complementary Therapies.

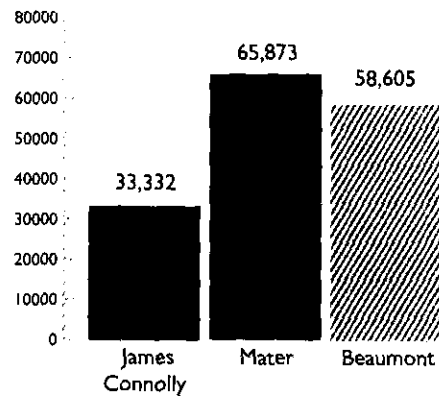


ACCIDENT & EMERGENCY SERVICE 1996

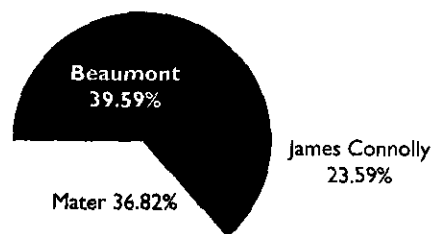
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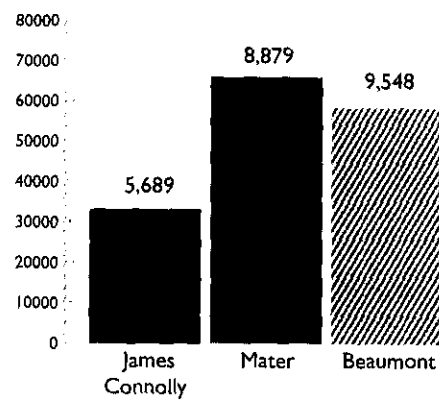
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Attendances 1996



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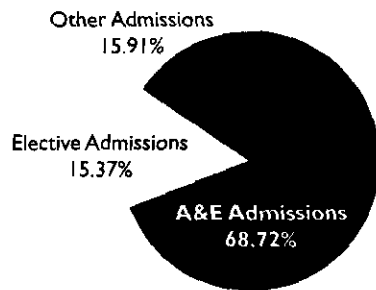


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Admissions 1996

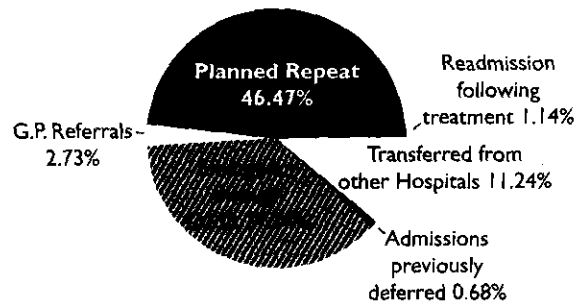


STATISTICAL CHARTS

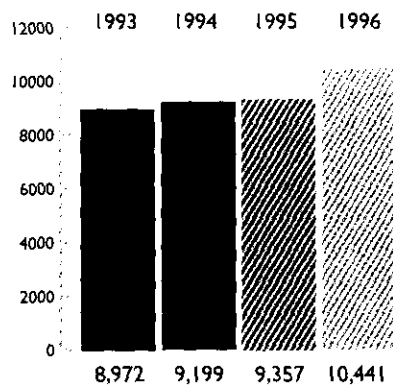
**Admissions by Source
for the year 1996**



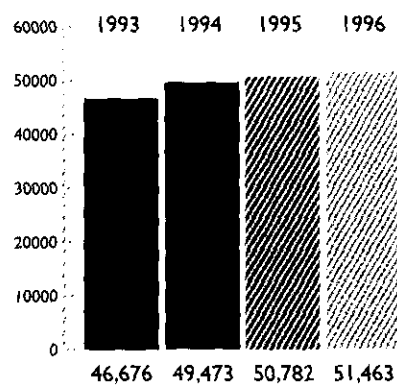
**Breakdown of
Other Admissions**



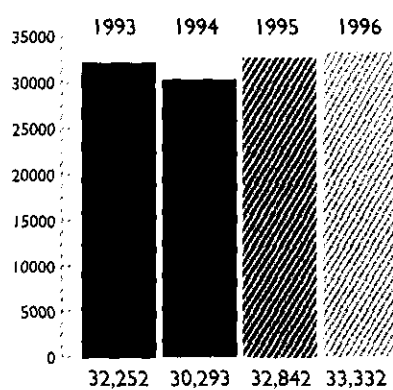
**In-Patient Admissions
1993 - 1996**



**Out-Patient Attendances
1993-1996**



**Accident & Emergency
Attendances 1993-1996**



STATISTICAL REVIEW IN-PATIENTS 1995 AND 1996

Ward	Admissions 1995	Admissions 1996	Variance	% Variance
Medical	3,262	4,251	989	30.32%
Surgical	3,831	3,806	-25	-0.65%
Intensive Care	208	237	29	13.94%
Coronary Care	340	312	-28	-8.23%
Geriatric Assessment/ Rehabilitation	1,170	1,203	33	2.82%
Acute Psychiatry	414	313	-101	-24.40%
Chronic Long Stay	73	268	275	376.57%
Paediatric/Gynaecology	54	51	-3	-5.56%
Total	9,352	10,441	1,089	11.64%

- speedier patient access to diagnostic and treatment services
- reduction in waiting lists in some specialties
- more optimum utilisation of our bed stock as a result of reduced lengths of stay.

The commitment to these developments has further emphasised the important role the hospital has to play in the provision of hospital services in the greater Dublin area. They will also ensure that the hospital is better placed to provide a more comprehensive and quality service to our catchment population.

Tom Gorey

Hospital Manager

Report of Hospital Manager

MR. TOM GOREY

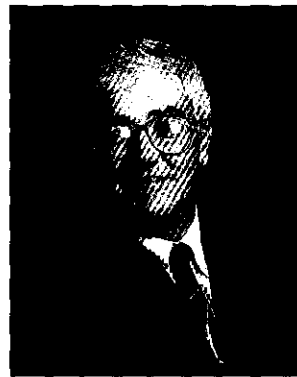
The recent trends in the increasing need for hospital services over the past number of years continued in 1996. This increase in the hospital's activity level put further pressure on all grades of staff within the hospital. It was only with their co-operation and exceptional efforts that the hospital was able to respond appropriately to the service need of the catchment population. There is a need to change the emphasis on acute care with a shift from the acute hospital care to primary health care. In this regard the hospital has continued to establish and foster links with Community Care personnel and General Practitioners. This policy needs to be further developed over the coming years particularly to ensure effective discharge planning and extended direct access by the General Practitioners to the comprehensive range of diagnostic services.

DEVELOPMENTS 1996

While the completion of our capital development programme is urgently needed to address the totality of our requirements a number of significant developments took place during 1996. These initiatives included:

Intensive Care Unit

A new Intensive Care Unit, inclusive of isolation facilities, was completed. This facility will greatly improve the quality of service for our patients in this specialist area.



Day Surgery Unit

The upgrading and relocation of the Day Surgery Unit was completed. This new expanded facility will greatly enhance our capacity to provide speedier access for patients in need of day surgery procedures.

Ward Accommodation

The upgrading of Surgical Block Wards A, B & C involving re-wiring, nurse call system, piped gases, fire detection and refurbishment of toilets, bathrooms and ward kitchens was completed. This work has significantly improved the standard of facilities in these areas.

Out Patients Department

Additional Consultant consultation rooms and ancillary accommodation was provided in the Out Patient Department. This has reduced the level of overcrowding in the department to the benefit of patients and staff.

Hospital Management Committee



Mr. Tom Gorey, Hospital Manager



Ms. K.A. Sheeran, Matron



Mr. H.I. Browne, Medical Administrator



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

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, 2 Duncairn Terrace, Bray,
Co. Wicklow.

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

Dr. M. Wrigley, Sterling Park House, Orwell Road,
Rathgar, Dublin 14.

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. Nealon, 15 Achill Road, Drumcondra,
Dublin 9.

Registered Psychiatric Nurse

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

MEMBERS APPOINTED BY MINISTER FOR HEALTH

Cllr. L. Creaven, 43 St. Fintan's Park, Sutton,
Dublin 13.

Sen. D. Roche, 2 Herbert Terrace, Herbert Road,
Bray, Co. Wicklow.

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

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

Cllr. Mary Whitty, 3 Coolgreany Park, Arklow,
Co. Wicklow.

Cllr. Reg Lalor, 16 White Castle Lawn, Athy,
Co. Kildare.

Dr. John Meehan, Magheramore, Co. Wicklow.