Cappagh National Orthopaedic Hospital
Dublin East Hospital Group
Our Mission Statement

We are inspired by the love of Catherine Mc Auley and the Sisters of Mercy

We strive to Care for all patients with excellence, Cherish the uniqueness of each person and Treat them with compassion, love and integrity

We are constantly challenged to meet the needs of our times, in all aspects of care, through ongoing education and research
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*Front cover photo: CHKS 2013 Quality Improvement Award*
About Cappagh National Orthopaedic Hospital

Who we are

Cappagh National Orthopaedic Hospital is Ireland's major centre for elective orthopaedic surgery. Cappagh has been the pioneer of Orthopaedic Surgery in Ireland and is now the biggest dedicated Orthopaedic hospital in the country.

Cappagh National Orthopaedic Hospital is a Voluntary Hospital founded in 1908 under the care of the Religious Sisters of Charity. It was once renowned for its 'Open Air' wards and for its surgical treatment of children with TB from the 1920s. It is now an elective hospital with 156 beds, catering for both public and private patients.

The hospital provides the full range of Orthopaedic services including Major Joint Replacement (Ankle, Hip, Knee, Shoulder, Elbow, and Wrist), Spinal Surgery, Primary Bone Tumour service, Paediatric orthopaedics and Sports Injuries.

Since October 2012 Cappagh has a dedicated active rehabilitation unit to treat patients following an acute episode to sustain independent living.
Ten facts about Cappagh

1. In 2004, Cappagh became the first public hospital in Ireland to be accredited by CHKS (Caspe Healthcare Knowledge Systems) International Accreditation Programme for Healthcare Organisations for Service Delivery and Organisational Management. The hospital received CHKS accreditation again in 2007 and 2011.

2. On the 30th of April 2013 Cappagh was announced the winner of the 2013 CHKS Quality Improvement Award. This international award recognises significant improvements in patient care and patient experience as well as staff welfare, safety and morale.

3. Since October 2012 Cappagh has a dedicated unit specialising in the active rehabilitation of patients from other acute hospitals. We work with these patients with the goal that they are fit to return to their own homes rather than long term care, enabling patients to maintain a productive and independent life.

4. Cappagh National Orthopaedic Hospital Bone Bank was set up in 1996 as a living donor tissue bank that retrieves bone from suitable consented donors undergoing Total Hip Replacement. The bank and its satellite units at the Mid Western Regional Orthopaedic Hospital Croom and Our Lady's Hospital, Navan are routinely inspected and licensed by the Irish Medicines Board to ensure compliance of their processes, testing procedures and practices with Irish and EU legislation and standards. Together, the three units hold a Tissue Establishment (TE) License and was the first Irish Bone Bank to achieve this in 2007.

5. We have a Bone Tumour Service that brings together dedicated specialist staff and expert teams who aim to provide the very best personalised cancer treatment.
6. **Cappagh has established links with** Beaumont Hospital, the Children's University Hospital, Temple Street, Connolly Hospital, Blanchardstown, Mater University Hospital, St. Vincent’s University Hospital, St. Michael's Hospital Dun Laoghaire, St. Columcille's Hospital Loughlinstown and St James' Hospital.

7. There is an **established partnership between Cappagh and the UK based Specialist Orthopaedic Alliance (SOA).** To whom quarterly we submit agreed benchmarking data thus facilitating and enhancing our research process.

8. We have ongoing academic partnerships with the University College Dublin, Royal College of Surgeons Ireland, Dublin City University and Trinity College Dublin. In 2013, a total of **643 students comprising of medical, nursing and other healthcare professions have attended Cappagh as part of their academic curriculum.**

9. On the 14th of May 2013 the Minister for Health, announced a reorganisation of public hospitals into hospital groups. **With Cappagh becoming part of the Dublin East group.** The objective being to achieve the highest standard of quality and uniformity in hospital care across the group; deliver cost effective hospital care in a timely and sustainable manner; encourage and support clinical and managerial leaders; and ensure high standards of governance, both clinical and corporate and recruit and retain high quality staff of all disciplines in all hospitals.

10. **2013 was an exceptionally busy year with 3,179 surgical procedures carried out.** A total of **13,608 patients** were seen in our OPD, MSK, Pre-Assessment and Joint Register clinics. **7,314 patients** attended our Day Care unit. There were **1199 Medical Social Work referrals** and **211 discharges** from our Active Rehabilitation Unit.
Patient Demographic of Cappagh in 2013

Area of Residence
Out-Patients 2013

[Map showing the percentage distribution of Area of Residence for Out-Patients in 2013 across different regions of Ireland, with percentages ranging from 0.1% to 53.3% in various regions.]
Area of Residence
In--Patients/Day Cases 2013

Northern Ireland 0.12%

0.68%

1.68%

1.47%

2.96%

0.68%

1.02%

0.95

7.04%

56.78%

0.32%

1.73%

3.11%

0.88%

0.77%

0.77%

0.96%

1.94%

1.22%

1.93%

1.93%

4.22%

4.73%

1.34%

1.73%

0.61%

0.53%

0.61%

0.32%

2.96%

1.07%

1.07%

0.73%

0.73%
Chairperson and Chief Executive Officer Reports

Report from the Chairperson of the Board of Directors

Financial Status

2013 continued the trend of recent years with regard to budgetary restraints. The HSE and Department of Health set access targets for outpatient and inpatient/day case activity of 12 months and 8 months respectively. These targets dictated activity levels in 2013 and the hospital successfully delivered on the national targets, however this level of activity required additional financial support in the last quarter of 2013.

There was much uncertainty in 2013 regarding budgetary support which hampered clear operational planning throughout the year.

At year end the hospital sustained a trading deficit of €600,000 which will have to be recouped in 2014.

It became very evident in 2013 that the demand for the hospitals services is growing at a very significant pace due to many varied and complex factors but most notable as a result of an ageing population and increases in body mass index (BMI). This will greatly affect the ability of the hospital to deliver on access targets against a reducing financial allocation for services.

It will remain a priority of the Board of Directors to ensure that patient care is central to all development and that the effect of future financial restraint has minimal negative impact on the level of care provided to all service users.

Development Plan

In 2013 work began on the development of a new Central Decontamination Unit and was substantially completed at year end. The unit is planned to be commissioned and opened in early 2014. This major development facilitates carrying out decontamination to ISO standards ensuring patient safety.

The HSE financially supported the development of an extension to the existing Out Patient Department to facilitate the growing demand for services. This unit was completed in 2013 and sees the addition of 7 new outpatient clinic rooms, waiting areas and a communal office space.

The hospital has requested funding for 2014 to develop a new theatre recovery suite. The proposed new recovery facility will ensure that the privacy and dignity of patients is guarded in the recovery setting and will enhance the efficient delivery of quality clinical care in an appropriate environment.

These significant investments underline Cappagh Hospital’s commitment to development for the benefit of our patients.

Activity

In 2013 the hospital maintained its levels of activity and indeed exceeded targets against a backdrop of reducing budgets. Increasing rates of day surgery admissions has been instrumental in maintaining activity whilst reducing costs.
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**Board of Directors Retirements / New Directors**

Dr Brid Mc Grath joined the Board of Directors having commenced her term in the role of Medical Board Secretary in January 2013 succeeding Dr Patrick Higgins.

Professor John O Byrne’s term in the role of Medical Board Chairperson concluded in December 2013 and he is succeed by Mr. Keith Synnott as Chairperson of the Medical Board, who will take up his position on the Board of Directors in January 2014.

**Conclusion**

I would like to take this opportunity to thank Professor John O'Byrne, Chairman of the Medical Board and Dr. Patrick Higgins, Secretary, for their dedication and hard work over several years.

I would also like to thank the Executive Council and Medical Board for their efforts in 2013.

I wish to convey to the Chief Executive, Mr. Gordon Dunne, and to all the staff at Cappagh National Orthopedic Hospital at all levels, in all disciplines, and in all services the appreciation of the Board of Directors for their ongoing dedication to patient care and their commitment to excellence.

The hospital continues to be at the forefront of developments in orthopedics, both nationally and internationally and this is achieved as a result of the hard work and commitment of everybody involved with the hospital.

I wish also to acknowledge the dedication of all staff to the reduction of costs and their adaptability in maintaining quality patient outcomes during financially challenging times.

Together we look forward to working to achieve our aims and objectives in 2014.

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*Mr. Tony Kilduff*

Chairperson

Board of Directors
Report from the Chief Executive Officer

Financial Status

The total revenue allocation for 2013 was €24.773million. The increase in allocation was primarily to fund additional activity required to achieve Patient Treatment List access targets.

Initiatives continued to be undertaken throughout the year to improve operational efficiency. These included reduction in overtime and agency costs, reduction in length of stay and increase in day of surgery admissions as well as close monitoring of all pay and non-pay costs. Despite these initiatives and the increase in revenue achieved, the Company incurred a loss of €0.607m.

2013 was one of the busiest years with regard to total activity levels recorded for the year. The average patient bed days per month has effectively doubled within the hospital whilst the average length of stay for orthopaedic patients has continued to fall. This is in part due to the introduction of an additional 42 bed active rehabilitation unit which celebrated its first birthday in October of 2013.

The main financial pressure continues to be the consistent increase in referrals of patients requiring orthopaedic intervention. This mirrors similar trends within affiliate orthopaedic hospitals in the UK where demand has increased by up to 40% in recent years.

The hospital was successful in achieving national access targets in 2013 however a trend of reducing allocation against increasing demand cannot be sustained without radical transformation of the entire health care system.

Service Developments

The final phase of construction and commissioning of both the Central Decontamination Unit and the Out Patient Extensions was completed in the final months of 2013 and both facilities will be fully operational early in 2014.

Both developments will radically change the quality of service delivery to the patient. The Central Decontamination Unit has been constructed and commissioned to the most recent European and National standards, ensuring an efficient and highly effective decontamination service to all service users.

In 2013, as a result of years of clinical audit the hospital introduced an enhanced level of medical cover at night and weekends. This change in clinical provision ensures the most appropriate clinicians are available to patients at the appropriate time. In tandem with this development extended working days were introduced across the anaesthetic team. Clinical audit indicates that these changes will provide an enhanced recovery to our patients.

Following a review of the HIQA investigation of the Galway Hospital Group the cover for Microbiological services were reviewed and recommendations completed to enhance the service to patients.

Supporting infrastructure to medical practice initiatives in 2013 included the introduction of a digital medical dictation system, development of an electronic medical social work record and the hospital wide integration to the National Integrated Medical Imaging System (NIMIS).
The hospital continued to support national access target initiatives in the South East Region Navan and Tullamore. Patients from these initiatives will proceed to have the required surgery at Cappagh Hospital as appropriate.

**Personnel**

I would like to pay special thanks to all the staff that retired from the hospital during 2013 and wish them well in future years.

I would like to express the gratitude of all staff and patients to the new volunteers who give freely of their time to assist patients through their journey to recovery. Their kindness and dedication is commendable.

**Conclusion**

I would like to thank Mr. Tony Kilduff, Chairman of the Board of Directors and the collective board for their support and advice and I look forward to working with them in the years ahead.

I would like to recognise and thank the efforts of patient representatives who give freely of their time to committees to ensure all service developments are focused on the patients' needs.

I would like to thank the Sisters of Mercy for their commitment to developing Cappagh National Orthopaedic Hospital.

I would especially like to thank Professor John O'Byrne, Chairman of the Medical Board and Dr. Brid McGrath, Secretary, Medical Board for their valued contribution to the running of the hospital.

I would also like to thank my own Management team, Ms. Kathy O'Sullivan, Ms. Angela Lee and Ms. Roseanne Killeen for their loyalty, support and hard work during the year.

I would like to thank our Auditors, Ernst & Young, for their constant help and support.

Finally the level of dedication, team spirit and sense of pride the staff of the hospital display is evident to all patients, visitors and service users. It is clear that the patient is very firmly at the centre of staff activity.

Cappagh National Orthopaedic Hospital has established itself as a premier care hospital both nationally and internationally and it is my objective to ensure that we continue to serve our patients with an excellent service in the years ahead.

![Mr. Gordon Dunne](image)

**Mr. Gordon Dunne**

Chief Executive Officer
What We Do

Treating patients as individuals is at the heart of our patient centred care. In the following pages we present some of the achievements from last year which will allow us to continue to deliver quality personalized care along each step of the patient journey.
What we do
The patient’s journey

**Referral**
GPs play a key role in assessing symptoms and referring patients for diagnosis. Developing our relationship with GP’s is therefore vital to give patient fast access to care.

**Treatment**
We offer a comprehensive service for elective orthopaedic surgery offering a range of simple and complex inpatient and day care procedures. Our Active Rehab Unit provides a rehabilitation service to patients who may be struggling physically or had a recent decline in functional abilities. Our multidisciplinary team of experts works together to plan each patient’s course of treatment in order to achieve optimum outcomes.

**Rehabilitation**
Our dedicated multidisciplinary team works closely with patients to restore, maintain and promote maximum levels of function and wellness, enabling patients to maintain a productive and independent life.

**Diagnosis**
A fast and accurate diagnosis contributes to better outcomes for patients. Our Laboratory and Radiology departments provide our multidisciplinary care teams with quick results and images.

**Care**
Our approach to care is patient-centred. This means we consistently strive to improve the patient’s experience in our hospitals and use our expertise to tailor the care we provide to the needs of individuals.

**Research**
As a top-class orthopaedic hospital our work and research has been internationally recognised and has lead to better ways of treating patients more effectively and improved patient outcomes.
Referral

The majority of our patients are referred to us after an initial consultation with their GP. To help GP’s make decisive and timely referrals we continue to strengthen our relationships with them to ensure that together we can increase early access to diagnosis and achieve better outcomes for our patients. Continued engagement with GP’s has been a priority for us in 2013 and our successful GP Study Evening reflects this commitment.

Throughout 2013 we continued to work with the national Special Delivery Unit (SDU) on the validation of our waiting lists in order to reduce in-patient and out-patient waiting times and improved access to diagnosis and treatment.

2013 Initiatives in Referral

Improved Management of OPD Processes

In 2013 the Out Patient booking service moved from a process of booking all patients in advance by letter to calling each individual patient and offering them a choice of two possible dates. This process has enhanced the patient experience whilst also assisting in reducing the number of patients who do not attend the allocated appointment.

Patient Did Not Attend (DNA’s) Rate Reduction

The rate of DNA in the outpatient setting has been a major focus for the hospital in 2013 due to the cost of wasted resources, ultimately the less DNA’s the more patients that can be treated within limited resources.

A multifaceted approach has been adopted to ensure the level of DNA is reduced. This project has ensured that throughout 2013 the level of DNA has consistently remained below the initial target of 8%.

Increase in the Number of New Patients seen at Clinics

The hospital introduced practice in 2013 to ensure that all patients reviewed post operatively in the Out Patient setting more than twice must be scheduled for a consultant appointment to review why the patient has not been discharged or referred for further treatment. This ensures appropriate use of staff resources to apportion resources to review more new referrals.
Diagnosis

Accurate and quick diagnosis is vital in delivering an efficient and quality service to our patients. We have expert diagnostic pathology and radiology departments to ensure that this is achieved.

Our pathology department is made up of four specialities Biochemistry, Blood Transfusion, Haematology and Microbiology. All dedicated to the diagnosis of human disease and infection, to follow its progress and to monitor the effect of treatment.

Our radiology departments’ (X-ray and MRI) provides a service for all in-patients and out-patients in the hospital, as well as for referrers from all over Ireland. The departments continue to offer the most sophisticated service under the Guidance of Professor Steve Eustace and Prof. Eoin Kavanagh.

Radiology is equipped with two Philips MRI scanners – the 1.5T Gyroscan Intera and the 3T Achieva TX. The 3T Achieva TX enables fast, high resolution scanning. Boasting higher intrinsic signal, the 3T Achieva MRI scanner provides superior image resolution resulting in improved detection of more subtle pathologies, improving overall patient diagnosis. Advanced imaging capabilities with this system include: musculoskeletal volume imaging, high quality neurological imaging and rapid whole body imaging. The department also has two Philips image intensifiers for screening in Theatre.

Cappagh Hospital holds contracts with all of the private health insurers for MRI services.
2013 Initiatives in Diagnostics

Electronic Blood Tracking System (EBTS)

The national implementation of the EBTS will see the deployment of a single national system to track blood and blood products throughout the public hospital network. EBTS is a 3 phased rollout, PHASE 1 (tracking of Red cells) was completed in Cappagh in November 2013. PHASE 2 will track Blood product and PHASE 3 will incorporate bedside management of the transfusion of blood and blood products and reduce the practise from a two person rate to a one person rate. Implementation of phase 1 and phase 2 is to be completed by the end of 2015.

Irish National Board Accreditation (INAB)

On the 3rd of December 2013 CNOH's pathology department was awarded INAB accreditation for the compliance of ISO 15189 for Haematology and Biochemistry tests with ISO 15189.

INAB is the national body with responsibility for accreditation in accordance with relevant International Organisation for Standardisation ISO 17000 series of standards and guides and the harmonised EN 45000 series of European standards. Accreditation by INAB provides organisations and their customers with confidence in the diagnostic service being provided.

In 2014, the pathology department will continue to work on extending the existing scope of accreditation and gain accreditation in the two other specialities of Microbiology and Blood Transfusion.

National Integrated Medical Imaging System (NIMIS)

In July 2013 NIMIS was implemented in Cappagh. NIMIS is a state of the art electronic radiology system project that will be implemented in 35 Irish hospitals. NIMIS will make Ireland’s radiology service ‘filmless’ and provides a seamless data flow of patient images including X-rays, CT, MRI, Ultrasound and PET scans between hospital sites. Interfacing NIMIS with Healthlink enables us to send electronic reports to GPs.

The benefits of NIMIS are:
- No lost films. All patients’ prior and current images will be available electronically in the radiology department, out-patient clinic or hospital ward
- Fewer repeat exams
- Faster turn-around for reports
- Rapid transfer of images between clinicians for consultation or remote referral
- Increased security of patient data with controlled and audited access
Service Development

In 2013 we purchased new software on our Dexa scanner which allows us to do Whole Body Dexa scanning. This software enables us to measure lean tissue mass and total and regional body fat, as well as bone density and presently we are engaged in a research study with patients in the rehabilitation ward, looking at their muscle mass before and after rehabilitation.
Treatment

We offer patients access to treatment with specialist staff and equipment. We continue to invest in improving our services and facilities, offering international best practise treatments.

2013 Initiatives in Treatment

Ward Development

The Same Day Admission (SDA) unit was relocated to St Catherine’s Ward in 2013. The Nursing Office was fully refurbished and is now a more modern and spacious office for the staff working in the unit.

Our Same Day Admission (SDA) procedure requires patients where possible to be admitted on the morning of their procedure. This efficient and effective process we believe has greatly enhanced the patient experience by enabling us to provide better pre-op admission for patients and allowing the patient to spend the night before their procedure with their family.

The overall percentage of patients admitted to the hospital on the same day of surgery in 2013 was 98%.

National Early Warning Scores (NEWS)

In March 2013 Cappagh began using the National Early Warning Score (NEWS) for adult patients. NEWS is a tool used to ensure that deterioration in a patient’s clinical condition can be identified promptly and managed appropriately.

It also provides clinical staff with a clear procedure on the measurement of EWS vital signs and the EWS escalation procedure, exceptions to the EWS parameters and the communication of triggered EWS to the appropriate personnel.

Throughout 2013 all relevant staff received training on NEWS and this training which is mandatory will continue in 2014.

Out Patient Antimicrobial Therapy Programme (OPAT)

OPAT is a home IV (intravenous) antibiotic programme that commenced in Cappagh in October 2013. This programme facilitates earlier discharge home for some of our patients who require medium term IV medication administration.

Run in conjunction with Fannin Healthcare and Total Care Personnel (TCP), Fannin Healthcare compound the individual antibiotic doses and TCP provide the nursing care.

The success of this initiative is based on a multidisciplinary team effort and coordination.
Care

We pride ourselves on providing excellent standards of care to all patients. By working together and using collective expertise so as to ensure patients receive the best personalised care.

In order to deliver a world class Orthopaedic and Active Rehabilitation service Cappagh have brought together an expert multi-disciplinary team, that is singularly focused on delivering exceptional patient care combined with best outcomes. Our teams provide patient centred and coordinated evidence based care with treatment and interventions tailored to our patients needs.

2013 Initiatives in Care

Pressure Ulcer to Zero Collaborative

*Pressure Ulcers to Zero* is the first large scale improvement healthcare collaborative to be undertaken in Ireland. It is supported by the HSE Quality and Patient Safety Division and the Royal College of Physicians, through the National Quality Improvement Programme and by the Regional Quality and Patient Safety Department, Dublin North-East. The primary aim is to reduce the number of avoidable pressure ulcers across the healthcare system and to increase the capacity and capability of frontline clinical teams to improve the care they deliver.

The collaborative has started in Louth, Meath, Cavan, Monaghan and North Dublin, in partnership with staff, patients and carers across a range of settings including hospitals, primary care centres, nursing homes and other community and private residential centres. In December 2013 we selected our active rehabilitation unit to participate in this initiative and a hospital multidisciplinary team was established to assist with the project.

Nursing Metrics

In late 2012 Cappagh began using acute nursing metrics that are an agreed standard of measurement for nursing care where care delivered to patients can be monitored against agreed standards or benchmarks. The Nursing care metrics cover areas which are of the highest concerns in terms of risk.

These metrics measure standards of nursing documentation in the following areas:
- Pressure Ulcer Prevention
- Falls Management
- Medication Management and Storage
- Custody of Medications

This data collection was carried out monthly in 2013 to measure improvement with each indicator. The overall compliance rate with the above acute nursing metrics in 2013 was 88%. Nursing metrics for ‘older persons services’ was introduced in June 2013; the overall compliance rate over the 6 months was 82%.
Rehabilitation

Cappagh Hospital has a very long tradition of delivering rehabilitation to our orthopaedic patients. In fact Cappagh was the first hospital in Ireland to develop an occupational therapy service for its patients and our physiotherapy department has a combined working experience of over 150 years.

Since October 2012, Cappagh has a dedicated unit specialising in active rehabilitation. This 42 bed unit specialises in assessing and actively rehabilitating patients from other acute hospitals who have experienced an acute medical episode. We work with our patients to ensure they are fit for discharge to their own home rather than long term care enabling patients to maintain a productive and independent life.

All our patients participate in intensive personalised rehabilitation plans, conducted by Medical, Rehabilitative Nursing, Physiotherapy, Occupational Therapy, Medical Social Work, Dietician and Speech and Language practitioners as required.

2013 Initiatives in Rehabilitation

Active Rehabilitation Unit (ARU)

The bed capacity of the unit increased from 36 to 42 beds in 2013. A total of 224 patients were admitted to the unit with 211 of these patients being discharged by year end, 88% to home and the remainder to extended care.

Falls Prevention and Management Programme

In 2013 we have introduced a new programme to increase the awareness of falls and reduce the risk of a fall for each of our patients. This programme involves assessing each patient on their arrival and educating the patients and staff and relatives on how to prevent a fall and how to manage the individual mobility issues of their family member.

This programme is based on the Forever Autumn program which was originally set up in St Mary’s Hospital in the Phoenix Park. We intend rolling out this throughout the whole hospital in 2014.
Research

Our clinical audit programme and joint register department work in partnership to produce high quality research and studies, with the aim of developing better treatments for the benefit of our patients.

The established partnership with the UK based Specialist Orthopaedic Alliance (SOA) were maintained in 2013 and we continued to submit quarterly agreed benchmarking data facilitating the research process.

These internal and external partnerships provide us with an opportunity to share information which can ultimately enhance quality in the delivery of service by providing evidence on which to make informed decisions and develop service innovation.

Cappagh’s Joint Register aims to provide a lifelong review for all patients following primary and revision hip and knee replacements. Its main objectives are to define the epidemiology of arthroplasty surgery by monitoring the performance of prostheses used in surgery and to identify risk factors for poor outcome. This is achieved by documenting complication rates and outcome measurement (PROM’s), thus facilitating meaningful international comparisons.

It is a nurse-led clinical service that aims to undertake reviews at six months, two years, and every following five years post procedure. The first five year review clinics commenced in 2010.

Clinical audit has been established as a necessary and desirable practice in orthopaedics for some years. It has been associated with the potential to enhance quality in the delivery of service by providing evidence on which to make informed decisions and share good practice. The process at Cappagh is facilitated by the electronic management of patient information enabling the production of reports which reflect clinical activity. The patient administration system CAPAS and clinical information system Bluespiers, provide the supporting technological infrastructure.
2013 Initiatives in Research

Lifespan Research Conference

Attendance and participation in the November 2013 Lifespan Research Conference at the Rotunda Hospital, Dublin provided Cappagh a forum for presentation of our high quality research in orthopaedics at a national level.

Joint Register Activity 2013

Please see below a breakdown of attendance levels at our joint register review clinics in 2013

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<td>246</td>
<td>195</td>
<td>260</td>
<td>287</td>
<td>182</td>
<td>287</td>
<td>134</td>
<td>220</td>
<td>200</td>
<td>213</td>
<td>168</td>
<td>2586</td>
</tr>
</tbody>
</table>

Clinical Audit Meetings 2013

Biannual clinical audit meetings took place on the 19th of June 2013 and on the 20th of December 2013.

The agreed programme of clinical audit for 2013 was in the following areas / clinical activity:

- Antibiotic Stewardship
- Blood Transfusion
- Consent Processes
- Complications & Transfers Out
- Infection Rates
- Medication Management
- Physiotherapy Outcomes
- Productive Operating Theatre
- Theatre Productivity
- Morbidity & Mortality
- Waterford Initiative

- ASR Activity
- Bone Bank
- Convalescence Referrals
- High Dependency Unit Outcomes
- Joint Register Outcomes
- Out-Patient Department Outcomes
- Pre-operative Assessment Outcomes
- Safe Site Surgery
- Length of Stay
- Waiting List

Data from these areas was presented and reviewed at the clinical audit meetings with relevant improvement actions identified and initiated.
Other Clinical Audit Activity

An audit titled ‘Pregnancy Testing in Women of Childbearing Age Undergoing Elective Orthopaedic Surgery at Cappagh’ was conducted and a poster presented at the 2013 College of Anaesthetists (Ireland) annual scientific meeting.

Dr. Brid Mc Grath wrote Guidelines on the Management of veno-thromboembolism (VTE) for Patients Undergoing Arthroplasty. This has been endorsed by the Institute of Orthopaedic Surgeons (IOA) and has been encouraged for nationwide use (2013).

Dr Hunter and Dr. Brid Mc Grath organised the third annual Irish Orthopaedic Anaesthetists’ Association (IOAA). Attendance was the highest so far and invited three overseas speakers (Nov 2013). The IOAA was Dr Hunter's inception of which she is the President and I am the Treasurer.

2013 was the 5th year of the audit against the highly successful policy for the provision of out-of-hospital Bridging LMWH (low molecular weight heparin) for patients on warfarin. This Cappagh initiative has been a great success as it is safe, patient friendly and has stopped admission for such treatment. This policy is fairly unique to Cappagh in Ireland.
Education

Whether it’s sharing our learning with the clinical community or furthering the knowledge and improving the skills of our staff, education and training is made an absolute priority at Cappagh National Orthopaedic Hospital.
Education

Royal College of Surgeons Ireland

Undergraduate Education

Cappagh National Orthopaedic Hospital is affiliated to Royal College of Surgeons in Ireland for Undergraduate Musculo-skeletal teaching in the Intermediate (IC3) Cycle. Cappagh National Orthopaedic Hospital is also affiliated to University College Dublin for Undergraduate Musculo-skeletal teaching in 4th Med.

Postgraduate Training

Cappagh National Orthopaedic Hospital is accredited by the Specialist Advisory Committee of the Joint Royal Colleges of Surgeons of Great Britain and Ireland, to train Orthopaedic Surgeons in all six years of Higher Specialist Training.

Cappagh has regular teaching sessions for trainees and also participates in the national Core Curriculum cycle as agreed with the Irish Institute for Trauma and Orthopaedic Surgery at the Royal College of Surgeons in Ireland.

These include:

- Weekly Journal Club meetings
- Monthly Upper Limb meeting
- Monthly Arthroplasty meeting
- Core Curriculum training

<table>
<thead>
<tr>
<th>Medical Education Programmes</th>
<th>Students</th>
<th>Training time in Hospital (Months per students)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Degree</td>
<td>9 (Interns)</td>
<td>6</td>
</tr>
<tr>
<td>Undergraduate Medical Education</td>
<td>(Students)</td>
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</tr>
<tr>
<td>Musculo-Skeletal Medical Education</td>
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<td>1-2 weeks</td>
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<tr>
<td>Graduate Medical Education</td>
<td>(Residence)</td>
<td></td>
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<tr>
<td>Musculo-Skeletal Medical Education</td>
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<tr>
<td>SPR in Radiology</td>
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<tr>
<td>SPR in recognised Anaesthetics Training</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>SHO in recognised Anaesthetics Training</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>SPR in Trauma &amp; Orthopaedic Surgery</td>
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<td>6</td>
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<tr>
<td>SHO in Basic Surgical Training for Orthopaedics</td>
<td>1</td>
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</tbody>
</table>

Academic Events 2013

Foundation Weekend was held in May 2013

Guest Lecturer:
Professor Jean-Charles LeHeuc, Spine Surgeon from Bordeaux, France

Cappagh Prize Weekend was held in August 2013

Guest Lecturer:
Dr. George Mitchell Dyer, MD., from Brigham & Women’s Hospital, Boston, and Consulting Orthopaedic Surgeon to Partner’s In Health (for Haiti)
Prize Winners 2013:
Gallagher Medal (UCD): Dr. Brian Gibney.
Anaesthesiology: Dr. Jacqueline Malouf
Orthopaedics: Dr. Paul McKenna
Winner of the 2013 Cappagh Residents Prize (for best research project):
Dr. Ali Abdulkarim, Senior Specialist Registrar in Trauma and Orthopaedic Surgery.

Dr. Michael Floyd Memorial Medals (Nominated by Dr. Floyd’s Anaesthetist Colleagues at Cappagh Medical Board) for top Residents in Training in Anaesthesiology and Orthopaedic Surgery.
Other
Clinicians from Cappagh contributed to a book chapter on Pre-operative Optimization for The Hip: Preservation, Replacement and Revision. Mr. James Cashman was the chapter editor. The book will be going to press in 2014.

Nursing Education Department
The nursing education department continued a varied programme of work throughout 2013; we endeavored to respond to national and international developments in orthopaedic and rehabilitative nursing, ensuring that our courses and in-training educational sessions are relevant to the qualifications of our workforce.

Postgraduate Diploma
Six staff were successfully awarded the specialist Postgraduate Diploma in Orthopaedic Nursing Programme in 2013.
Five staff commencing this programme in September 2013.

RCSI Orthopaedic Casting Course
An orthopaedic casting techniques course was held in February 2013. This course was jointly organised by the nursing education department and the theatre plaster room and was facilitated with the help of experience casting personnel from hospitals around the country.

National Nurses Orthopaedic Conference
We successfully hosted our annual National Nurses Orthopaedic Conference now in its fifteenth year in April 2013, with a variety of papers presented by nursing and medical staff.

Other Educational Activities
Other activities / initiatives that took place throughout 2013 included the delivery of various study days and teaching sessions, these included:

- Basic Life Support training sessions for all clinical staff
- ECG interpretation study sessions
- Other in-service training sessions specific to care of the older person and orthopaedics
- Staff also attended ACLS, ALERT, Preceptorship and PLS training
Infection Prevention & Control Education Sessions

Hand hygiene is the single most important way of reducing healthcare associated infections and it is mandatory that all staff re-train in hand hygiene every two years. Eighteen education sessions on hand hygiene were held in 2013 with 170 staff attending. 50 staff in 2013 utilised the e-learning module on 'HSE-land' as a training option.

All staff in Cappagh undergo induction training in Infection Prevention and Control when they join our workforce. This education is repeated every two years and is part of our mandatory training program. In 2013, eleven of these induction sessions took place and 94 staff attended. The topics covered by these training sessions are:
- The Prevention of Healthcare Associated Infections (HCAI)
- Standard Precautions
- Hand Hygiene
- Decontamination of medical Equipment and Devices
- Waste Management
- Personal Protective Equipment (PPE)
- Using a spill kit
- The Management of a Needle-stick / Splash Injury

Other training sessions that were given through infection prevention and control covered ‘aseptic non touch technique’, a work shop on *Clostridium difficile* and a session on the newly implemented Emergency Management of Injuries guidelines. Sixty staff in total attended these sessions.
Staff

Thanks to the commitment and expertise of our staff, we have built a reputation for delivering the highest quality care.
Our Staff

Again in 2013 our staff showed outstanding commitment and dedication as they continued to deliver a high quality service with minimal disruption to patients despite severe employment ceiling restraints.

The on-going efforts, cooperation and support of department heads and all staff during the implementation of difficult changes to pay, hours in work and overtime brought about due to the Haddington Road Agreement in July 2013 made it as seamless as transition and has to be commended.

Under the Haddington Road Agreement an intern support scheme for Multi Task Attendants and Health Care Attendants was introduced. In 2013 under this scheme we hired 2 Multi Task Attendants and 5 Health Care Attendants and we wish these new staff members every success in their 2 year Internships.

The Government job bridge initiative continues to be a success and a valuable resource in Cappagh. During 2013, 27 job bridge candidates completed placements in Cappagh. All reported very positive experiences while working in the hospital and the majority of candidates are now in paid employment.

Three people retired in 2013 from various hospital departments and we take this opportunity to thank each and every one of them for their service to Cappagh and wish them all the very best for the future.

At the end of 2013 Professor John O’Byrne completed his tenure as the Chair of the Medical Board and Mr. Keith Synnott was appointed as the new Chair of the Board. Dr. Brid McGrath continues in the role as Secretary to the Medical Board. We would like to thank Professor O’Byrne for all his hard work and dedication during his tenure as head of the Medical Board and also wish Mr. Keith Synnott every success in the role for the future.
Staff Achievements in 2013

Educational Achievements

**Fiona Armstrong** (Occupational Therapy Manager) was invited to deliver elements of the University of Limerick Department of Clinical Therapies Health & Welfare Systems and Management for Therapy Professions. Fiona delivered the lectures on healthcare systems at Home & Abroad; the HSE policy background: Key drivers and strategies; Change & project management and Clinical audit

**Mary Cassells** (MSc BSc (Hons) MISCP) completed a Masters Module in the Principles and Practice of Joint and Soft Tissue Injections, through Keele University, UK

**Fiona Clarke** (Bone Bank Coordinator) recertified as Tissue Specialist with the American Association of Tissue Banks.

**Tara Dawson** presented at the 2013 HSE/Dublin North East Clinical Leadership Competency Development Programme (CNM 3/ADONs) “Will implementation of a Peripheral Nerve Block Room result in measurable quality improvements?”

**Laura Fleming** (Senior Medical Scientist) in Haematology was awarded an MSc’ in Biomedical Sciences from the University of Ulster

**Dr. Siobhan Forman** successfully completed the MRCPI Part I in General Medicine

**Caroline Kilcoyne** (Clinical Tutor) completed a Post Graduate Diploma in General Nursing Practice.


**Emma Nolan** (Senior Occupational Therapist) presented a research study at the Irish Gerontological Society 61st Annual Scientific Meeting entitled Aiming for Home: the effectiveness of occupational therapy intervention in facilitating goal achievement in a frail elderly active rehabilitation unit

**Kate O’Mahony** (BSc (Hons) MISCP) and **Mary Nolan** (BSc (Hons) MISCP) jointly presented a poster entitled “Development of a 36-bedded gerontological rehabilitation unit: a profile of client and hospital outcomes“ at the Irish Gerontological Society conference in September 2013. They also presented a poster entitled “A profile of physiotherapy interventions and outcomes in a post-acute older person rehabilitation unit“ at the ISCP annual conference in November 2013

**Stephen Ryan** (IT department) was awarded an honors degree from the National College of Ireland in Computing

**Anitha Priyadharshini** (Staff Nurse) completed her BSc in Nursing Management.

**Trevor Smyth** was award a Bachelor of Business, Procurement and Supply Management with distinction from the Irish Institute of Purchasing and Material Management (IIPMM). Trevor was also awarded with the IIPMM level 7 National Student of the year in 2013.
Sarah Tormey (BSc (Hons) MISCP) presented a poster entitled “The development and audit of a balance class in a gerontological rehabilitation unit” at the Irish Gerontological Society conference in September 2013.

Martin Towey (MSc BA MISCP) presented a poster entitled “Physical outcomes in a post-acute elderly population attending a lower limb progressive resistance training class” at the Irish Gerontological Society conference in September 2013 and at the ISCP annual conference in November 2013.

Annette White (Clinical Specialist Radiographer MRI) began working with UCD in May 2013 to develop an MRI sequence to investigate the use of Diffusion Weighted Imaging in Achilles tendon injuries. The study was brought about as part of a PhD course undertaken by UCD student Muna Al-Mulla. From May to December 2013 approximately thirty subjects were scanned using the new sequence and then recalled for further scanning depending on their results. The study is currently ongoing.

National Collaboration

Many of our staff are involved with external committees, groups and collaboratives, such as

Fiona Clarke (Bone Bank Coordinator) attended the Annual Scientific Conference British Association for Tissue Banking in Edinburgh 2013 and was elected to the Executive Committee of the British Association for Tissue Banking (UK).

Siobhán Coughlan (Clinical Quality Manager) is a member of the HSE Dublin North East (DNE) Regional Quality & Patient Safety Forum. Siobhán was also a member of the Safer Better Care National Acute Care Collaborative that assisted the HSE Quality and Patient Safety Directorate in the development and trialling of the Quality Assessment Improvement Tool (QAI) that was developed to assist organisations assess compliance against the HIQA National Standards for Safe Better Healthcare. This assessment tool was rolled out nationally in June 2013.

Tara Dawson (Theatre CNM III) sits as member of the RCSI Trauma and Orthopaedic Program/HSE Procurement Hip and Knee Arthroplasty Tender Committee and serves as Secretary of the Irish Association of Theatre Managers and Superintendents (IATM).

Mary Derivan (CNM II – Theatre) joined the National Clinical Care Programme for Anaesthesia in 2013.

Gordon Dunne (CEO) chairs the Voluntary Hospitals Risk Management Forum Radiation Protection Advisory Group and the Minimal Handling Advisory Group. The VHRMF is a group comprising all major voluntary medical organisations across the country to work collectively to advance issues of Risk in the Health Care Sector. Gordon is also the specialist hospital representative on the NAEMS (National Adverse Event Management System) Governance Group.
Siobhan Gahan (CNM II) and Bronagh McCoy (CNM II) sit on the NE Regional Steering Group for the Introduction of Nursing Metrics. Cappagh is one of the five hospitals taking part in this initiative which is now being rolled out countrywide.

Mr. Paddy Kenny (Orthopaedic Consultant) is President of the Irish Institute for Trauma and Orthopaedic Surgery (IITOS) and one of two Clinical leads for the National Clinical Programme in orthopaedics.

Joanne Larkin (CNM I) is a committee member of the National Community of Practice for Falls Prevention.

Jill Long (MSc. BSc. (Hons) MISCP) is President of the Irish Society of Chartered Physiotherapists (ISCP)

Rosemary Masterson (Nurse Tutor) is currently the book review editor of the International Journal of Orthopaedic & Trauma Nursing and also acts as a reviewer for the journal in relation to potential articles for publication. She is a committee member of IONs (Irish Orthopaedic Nurses interest group) in association with the Irish Nurses Organization, the Post Graduate Nursing steering committee group within the School of Nursing in the Royal College of Surgeons and the Centre for Nurse Education Regional Committee for Dublin North East.

Bronagh McCoy (CNM II) and Maeve Colligan (S/N) attended the International Collaboration of Orthopaedic Nurses Conference in Vancouver in May 2013 and have since given presentations to Cappagh staff on the research and innovations discussed at the conference.

Hannah McMahon (CDU Manager) is Honorary Secretary of the Irish Decontamination Institute. She presented at their 2013 annual conference.

Kate O’Mahony (BSc (Hons) MISCP) and Mary Nolan (BSc (Hons) MISCP) are committee members of the ISCP clinical interest group Chartered Physiotherapists in Neurology and Gerontology (CPNG)

Niall O’Mahony (BSc (Hons) MISCP) is chairperson of the ISCP clinical interest group Chartered Physiotherapists in Orthopaedics.

Kathy O’Sullivan (Director of Nursing / Deputy CEO) sits on the committee of the Irish Association of Directors of Nursing and Midwifery, the Directors of Nursing & Midwifery Ireland East Hospital Group Steering Committee and the Centre for Nurse Education Regional Committee for Dublin North East.

Ruth Ray (CNS – Infection Control) is currently in the role of Education Lead for the Irish Branch of Infection Prevention and Control Society. This involves collaboration and working with the educational leads of all the branches of the IPS across England Wales Scotland and Northern Ireland.

Sarah Tormey (BSc (Hons) MISCP) is a committee member of the ISCP clinical interest group Chartered Physiotherapists in Orthopaedics.

Anne White (Assistant Director of Nursing) sits on the Clinical Programme for Older People Steering Group in the Mater Misericordiae University Hospital and is also a member of the NE Regional Steering Group for the Introduction of Nursing Metrics.
Our Volunteers

Cappagh Hospital Foundation launched a Volunteer Programme on the 13th of September 2013. Since the programme began 20 volunteers have been recruited.

Currently our army of volunteers known as the “Cappagh Crew” lend their valued support to patients and staff on the Active Rehabilitation Unit by:

- Welcoming patients and their families
- Escorting patients around the Hospital
- Providing refreshments
- Organising and leading entertainment for patients (bingo, music, quiz)
- Conducting patient visits

The concept is spearheaded by one of our hospital patrons, TV personality and hotelier Francis Brennan, who is renowned for excellence in comfort and hospitality, and we look forward to providing our patients with some extra touches which we hope will make their visit to Cappagh as pleasant, comfortable and efficient as possible.

It is planned that in 2014 this programme will be rolled out throughout the hospital.
Quality Account

We continually strive towards improving the quality of patient care as well as the overall patient experience as both are vital in achieving better outcomes. Our quality report summarises our performance over the last year and sets out our targets for 2014 and beyond.
Our Performance

Statement on Quality by the Chief Executive

Our commitment to meeting the challenges of delivering a quality, effective and efficient service under ongoing monitory pressures underpinned our corporate objectives for 2013, which were to:

1. Improve patient safety, clinical effectiveness and the patient experience
2. Deliver ongoing excellence in treatment and care
3. Deliver excellence in teaching and research
4. Ensure financial and environmental sustainability

Our extensive, proactive, process driven framework places emphasis on design, planning, analysis and continuous monitoring and review of our clinical and managerial systems, so that we are continually improving the quality of care we offer to our patients.

2013 was another successful year for Cappagh as we achieved high ratings in all regulatory inspections of our services and facilities carried out by third party external agencies, validating our commitment to quality improvement.

The biggest validation being when Cappagh was announced winners of the CHKS Quality Improvement Award 2013 at the CHKS Top Hospitals programme awards ceremony in Middle Temple Hall London on the 30th of April.

This international award recognises significant improvements in patient care and patient experience as well as staff welfare, safety and morale. The CHKS Quality Improvement Award 2013 was open to all healthcare organisations accredited by CHKS in 2012.
Our commitment to quality in 2013 is evidenced by the following initiatives and achievements:

**National Standards for Safer Better Healthcare**

In June 2012 the Health Information Quality Authority (HIQA) published the *National Standards for Safer Better Healthcare* to assist healthcare organisations in driving improvements and promoting responsibility and accountability for quality and safety of healthcare in Ireland.

The standards are grouped according to 8 themes

- Person-Centered Care and Support
- Effective Care and Support
- Safe Care and Support
- Better Health and Wellbeing
- Leadership, Governance and Management
- Workforce
- Use of Resources
- Use of Information

Throughout 2013 Cappagh’s quality department together with multidisciplinary groups continued to assess and monitor Cappagh’s compliance with these standards, initiating appropriate improvement plans and actions as required.

**Hospital Accreditation**

Throughout 2013 we continued to operate the service in compliance with the CHKS international accreditation programme standards. Cappagh’s hospital accreditation is due for renewal by the 31st of March 2014, it was decided in 2013 to change accreditation programmes from CHKS (*Caspe Healthcare Knowledge Systems*) International Accreditation Programme for Healthcare Organisations to the JCI (Joint Commission International) Accreditation Program for Hospitals. An application will be submitted to JCI in January 2014 with an assessment visit expected in late 2014.

**Integrated Governance Monitoring Report**

In March 2013 we commenced presenting our safety and quality assurance data through the quarterly compilation of Integrated Governance Monitoring Reports. These reports detail the on-going and routine monitoring of compliance with key performance indicators, activity levels, audits and other national and international recognised quality indicators. This data is benchmarked against previous hospital performance, and nationally where possible.

These reports are presented to the hospital’s Board of Management and Senior Executive Management, providing a quarterly review of the governance of care, research and infrastructure provided in Cappagh.
Pathology Accreditation (INAB)
On the 3rd of December 2013 Cappagh’s pathology department was awarded INAB accreditation for compliance with ISO 15189 for Haematology and Biochemistry tests.

INAB is the national body with responsibility for accreditation in accordance with relevant International Organisation for Standardisation ISO 17000 series of standards and guides and the harmonised EN 45000 series of European standards.

Accreditation by INAB provides organisations and their customers with confidence in the diagnostic service being provided.

In 2014 the pathology department will continue to working on extending the existing scope of accreditation and work towards obtaining accreditation in the two other specialities of Microbiology and Blood Transfusion.

Tissue Establishment Licensing (IMB)
An IMB inspection of the Tissue Establishment took place on Tuesday the 22nd of October to Thursday the 24th of October 2013. All outstanding non-conformances identified in previous inspections were closed out in advance of the inspection.

An inspection report was received on the 2nd of December 2013. All required corrective actions arising from the inspection will be implemented and closed out in 2014.

Dangerous Goods Safety Audit (DGSA)
Dangerous Goods Safety Audits (DGSA) were carried out on the 22nd of February and the 13th of November 2013 by independent external auditors from DCM Compliance.

The scope of the inspection was on the segregation, handling, storage and transport of dangerous goods with the following areas / departments being inspected:

- Waste Management
- Hospital Wards & Theatre
- Medical Gases
- Catering & Maintenance Department
- Pathology Department
- Bone Bank
- Radiology Departments

Following both inspections quality improvement plans (QIPs) were agreed to address issues cited with all the QIPs being listed on an action plan.

The inspection reports commended the hospital on clinical waste documentation; management of the primary waste compound; transport of patient specimens; signing of sharps bins on the wards and use bio-systems waste bins throughout the hospital.
Infection Prevention and Control

Hand Hygiene

Hand hygiene is the single most important factor in preventing the spread of infection. To ensure that hand hygiene remains front of mind for all our staff, the infection prevention and control team gave **48 hours of hand hygiene training** and carried out **555 audits of hand hygiene moments** in 2013 with the **overall compliance** being **90%**.

National Standards for the Prevention and Control of Healthcare Associated Infections

A HIQA (Health Information Quality Authority) audit team carried out an unannounced monitoring assessment in Cappagh against the National Standards for the Prevention and Control of Healthcare Associated Infections (HCAI's) on the 1st of October 2013.

The unannounced on-site monitoring assessment focused on gathering information about compliance with two of the standards:

- Standard 3: Environment and Facilities Management, Criterion 3.6

The areas assessed during this monitoring assessment were St Teresa’s Ward (Orthopaedic) and St Paul’s Ward (Single / Paediatric / Isolation rooms)

The official report on the monitoring assessment was issued and published on the HIQA website on the 19th of December 2013. The report acknowledged the cooperation of staff during the monitoring assessment and concluded overall, that the physical environment and patient equipment in Cappagh were clean and well maintained, with some exceptions.

The level of hand hygiene compliance observed at the time of the monitoring assessment was 94%, indicating that a **culture of hand hygiene practice is well embedded** amongst staff in the hospital.

The hospital was then tasked with developing a quality improvement plan (QIP) that prioritises the improvements necessary to fully comply with the National Standards. The QIP was approved by the hospitals CEO Gordon Dunne and published on our hospital website within six weeks of the date of publication of the assessment report. The QIP contained a total of **41 actions**.

Health Care Associated Infection Surveillance

As part of the surveillance programme for Health Care Associated Infections (HCAI), all our patient microbiology reports are reviewed by the Infection Prevention and Control Nurse Specialist and Consultant Microbiologist. This includes all out patient, day patient and inpatient tests.

**21,920 microbiology tests** were processed in Cappagh in 2013.

All reports indicating possible infection were followed up with the Consultant Microbiologist, Infection Prevention & Control CNSp, Pre-assessment team and admitting Consultant as necessary.
Surgical Site Infection Rates (SSI)

Despite advances in antisepsis, aseptic techniques, antibiotic prophylaxis and surgical techniques, SSI infections continue to complicate the postoperative recovery of some patients.

A surgical site infection (SSI) is an infection that occurs after surgery in the area that has been operated on. These can be superficial infections involving the upper layers of the surgical wounds. Others are more serious deep infections and can involve bone, tissue or implanted material.

The below figures reflect the percentage of patients who had SSI’s in the year 2012 and 2013.

<table>
<thead>
<tr>
<th></th>
<th>Overall Primary Joint Infections</th>
<th>Deep Primary Joint Infections</th>
<th>Deep Wound Infections – All Procedures</th>
<th>All Procedures – Infections (Deep &amp; Superficial)</th>
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<tbody>
<tr>
<td><strong>2012</strong></td>
<td>1.60%</td>
<td>0%</td>
<td>0.18%</td>
<td>0.90%</td>
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<tr>
<td><strong>2013</strong></td>
<td>1.5%</td>
<td>0.5%</td>
<td>0.4%</td>
<td>1%</td>
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</table>

Cappagh’s 2013 infection rates compare favorably with national and international rates for similar organisations.

HSE Environmental Health Officer (EHO) Inspection

The hospital’s main kitchen was inspected by an EHO on the 19th of June 2013.

Following the inspection quality improvement plans (QIPs) were agreed to address issues cited.

QIP’s were prioritised with actions relating to structural work completed as funding became available.
Priorities for Quality Improvement

The following summarises the specific objectives we set ourselves in 2013 to ensure Safer Better Healthcare.

Our performance against these objectives are ‘graded’ were possible as follows –

★★★★ Target Exceeded
★★★★ Target met
★★★ Target Partial / Almost met
★★ Target Not met

Priority 1
To ensure patients have equitable access to treatment and to reduce waiting times

Priority 2
To reduce patients non attendance (DNA’s)

Priority 3
To ensure effective management of patient feedback

Priority 4
To avoidance of unplanned return to theatre with 30 days of initial procedure

Priority 5
To admit patients on same day of surgery (SDA), where possible

Priority 6
To reduction in the risk and incidences of patient falls

Priority 7
To attain hospital accreditation(s) and establishment licenses

Priority 8
To achieve the HSE acceptable absenteeism rate
Person Centred Care and Support

Priority 1

To ensure patients have equitable access to treatment and reduce waiting times

Target

To achieve an increase in the number of patients who have access to treatment based on their assessed needs by increasing activity and reducing inpatient and outpatient waiting times.

How did we perform in 2013?

1.1 Overall Activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>Running Total (2012)</th>
<th>Running Total 2013</th>
<th>Year End Target 2013</th>
<th>PTL Running Target 2013</th>
<th>Prospective Funding Target 2013</th>
<th>Performance</th>
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<td>THR</td>
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<td>670</td>
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<td>568</td>
<td>420</td>
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<td>RTHR</td>
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<tr>
<td>RTKR</td>
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<td>41</td>
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<td>Other</td>
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<td>REHAB Discharges</td>
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<td>211</td>
<td></td>
<td></td>
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<td>★★★</td>
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</tbody>
</table>

NOTE

- Patient Treatment List (PTL) in-patient / day case running target – waiting 8 months and over
- Out Patients Department (OPD) PTL running target – waiting over 12 months
- Active Rehabilitation Ward opened October 2012
1.2 Waiting Lists Referrals

**In-Patient Waiting List Referrals**

<table>
<thead>
<tr>
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<td>Ortho</td>
<td>1268</td>
<td>1298</td>
</tr>
<tr>
<td>THR</td>
<td>795</td>
<td>837</td>
</tr>
<tr>
<td>TKR</td>
<td>68</td>
<td>708</td>
</tr>
<tr>
<td>Rev Hip</td>
<td>160</td>
<td>35</td>
</tr>
<tr>
<td>Rev Knee</td>
<td>43</td>
<td>43</td>
</tr>
<tr>
<td>Other Joints</td>
<td>50</td>
<td>57</td>
</tr>
<tr>
<td>Spinal</td>
<td>111</td>
<td>191</td>
</tr>
</tbody>
</table>

**Day Case Waiting List Referrals**

- Orthopaedics: 5,586
- Overall Performance: ★★★★★

**Overall Performance**

- Orthopaedics: 5,300
- Overall Performance: ★★★★★
1.3 Patient Treatment List – Boarding v Procedures carried out Comparison (Hips & Knees)

<table>
<thead>
<tr>
<th>Joints Boarded / Done 2012 &amp; 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Primary Hip</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>2012</strong></td>
</tr>
<tr>
<td>Boarded</td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td>January</td>
</tr>
<tr>
<td>February</td>
</tr>
<tr>
<td>March</td>
</tr>
<tr>
<td>April</td>
</tr>
<tr>
<td>May</td>
</tr>
<tr>
<td>June</td>
</tr>
<tr>
<td>July</td>
</tr>
<tr>
<td>August</td>
</tr>
<tr>
<td>September</td>
</tr>
<tr>
<td>October</td>
</tr>
<tr>
<td>November</td>
</tr>
<tr>
<td>December</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Joints Boarded / Done 2012 &amp; 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Revision Hip</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>2012</strong></td>
</tr>
<tr>
<td>Boarded</td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td>January</td>
</tr>
<tr>
<td>February</td>
</tr>
<tr>
<td>March</td>
</tr>
<tr>
<td>April</td>
</tr>
<tr>
<td>May</td>
</tr>
<tr>
<td>June</td>
</tr>
<tr>
<td>July</td>
</tr>
<tr>
<td>August</td>
</tr>
<tr>
<td>September</td>
</tr>
<tr>
<td>October</td>
</tr>
<tr>
<td>November</td>
</tr>
<tr>
<td>December</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>------------------</td>
</tr>
<tr>
<td><strong>January</strong></td>
</tr>
<tr>
<td><strong>February</strong></td>
</tr>
<tr>
<td><strong>March</strong></td>
</tr>
<tr>
<td><strong>April</strong></td>
</tr>
<tr>
<td><strong>May</strong></td>
</tr>
<tr>
<td><strong>June</strong></td>
</tr>
<tr>
<td><strong>July</strong></td>
</tr>
<tr>
<td><strong>August</strong></td>
</tr>
<tr>
<td><strong>September</strong></td>
</tr>
<tr>
<td><strong>October</strong></td>
</tr>
<tr>
<td><strong>November</strong></td>
</tr>
<tr>
<td><strong>December</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2012 Boarded</th>
<th>2012 Done</th>
<th>Diff</th>
<th>2013 Boarded</th>
<th>2013 Done</th>
<th>Diff</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>January</strong></td>
<td>5</td>
<td>1</td>
<td>-4</td>
<td>6</td>
<td>3</td>
<td>-3</td>
</tr>
<tr>
<td><strong>February</strong></td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>-2</td>
</tr>
<tr>
<td><strong>March</strong></td>
<td>3</td>
<td>5</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td><strong>April</strong></td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>5</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td><strong>May</strong></td>
<td>3</td>
<td>2</td>
<td>-1</td>
<td>6</td>
<td>5</td>
<td>-1</td>
</tr>
<tr>
<td><strong>June</strong></td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td><strong>July</strong></td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>5</td>
<td>4</td>
<td>-1</td>
</tr>
<tr>
<td><strong>August</strong></td>
<td>5</td>
<td>0</td>
<td>-5</td>
<td>4</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td><strong>September</strong></td>
<td>5</td>
<td>3</td>
<td>-2</td>
<td>4</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td><strong>October</strong></td>
<td>3</td>
<td>2</td>
<td>-1</td>
<td>1</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td><strong>November</strong></td>
<td>7</td>
<td>6</td>
<td>-1</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td><strong>December</strong></td>
<td>7</td>
<td>0</td>
<td>-7</td>
<td>1</td>
<td>0</td>
<td>-1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>45</td>
<td>26</td>
<td>-19</td>
<td>42</td>
<td>41</td>
<td>-1</td>
</tr>
</tbody>
</table>
1.4 Patient Length of Stay (LOS) / Delayed Discharge

<table>
<thead>
<tr>
<th>Target Average</th>
<th>Target Average</th>
<th>Average LOS</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthopaedic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>THR</td>
<td>3.5</td>
<td>4.66</td>
<td>★</td>
</tr>
<tr>
<td>TKR</td>
<td>3.54</td>
<td>4.88</td>
<td>★</td>
</tr>
<tr>
<td>Rev THR</td>
<td>3.7</td>
<td>7.93</td>
<td>★</td>
</tr>
<tr>
<td>Rev TKR</td>
<td>3.14</td>
<td>10.66</td>
<td>★</td>
</tr>
<tr>
<td>Other Ortho</td>
<td></td>
<td>3.2</td>
<td>–</td>
</tr>
<tr>
<td>Paediatric</td>
<td></td>
<td>3.54</td>
<td>–</td>
</tr>
<tr>
<td>Rehab</td>
<td>42</td>
<td>50.6</td>
<td>★</td>
</tr>
</tbody>
</table>

Targets based on national clinical care programme top 10 percentile performances

1.5 Ward Activity

<table>
<thead>
<tr>
<th></th>
<th>Day Ward (Joseph's)</th>
<th>Theresa's</th>
<th>Mary's (ARU)</th>
<th>Paul's</th>
<th>HDU</th>
<th>SDA</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Available bed days</td>
<td>8645</td>
<td>10912</td>
<td>12617</td>
<td>3320</td>
<td>908</td>
<td></td>
<td>36420</td>
</tr>
<tr>
<td>Bed days occupied</td>
<td>7203</td>
<td>6347</td>
<td>11810</td>
<td>2898</td>
<td>796</td>
<td></td>
<td>29054</td>
</tr>
<tr>
<td>% Occupancy</td>
<td>83%</td>
<td>58%</td>
<td>94%</td>
<td>87%</td>
<td>88%</td>
<td></td>
<td>82%</td>
</tr>
<tr>
<td>Admissions</td>
<td>4458</td>
<td>1949</td>
<td>222</td>
<td>564</td>
<td>1278*</td>
<td>68*</td>
<td>8539</td>
</tr>
<tr>
<td>Discharges</td>
<td>4458</td>
<td>1949</td>
<td>211</td>
<td>564</td>
<td>1278</td>
<td>68</td>
<td>8528</td>
</tr>
<tr>
<td>Average LOS in days</td>
<td>3.59</td>
<td>50.6</td>
<td>5.32</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mode LOS</td>
<td>1</td>
<td>49</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delayed discharge patient*</td>
<td>0</td>
<td>2</td>
<td>26</td>
<td>4</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delayed discharge bed days*</td>
<td>2</td>
<td>994</td>
<td>21</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day Case conversion to Inpatient</td>
<td>107</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>107</td>
</tr>
</tbody>
</table>

*Admission Number of 1278 from HDU is also included in the admission numbers for the other patient wards i.e. if necessary a patient following surgery is initially transferred and admitted to HDU for observation.

*Number of 68 patients for SDA (Same Day Admissions) ward is the number of patients who were admitted but discharged on the same day as their procedure was cancelled.

*Delayed discharge and delayed discharge bed days is data from the 1st of September to the 31st of December 2013 for all wards with the exception of St. Mary’s (ARU) whose data is from the 1st of April to the 31st of December 2013
Priority 2

To reduce patients non attendance (DNA’s)

Target

Not to exceed the percentage target in the number of in---patients and out---patients non attendance (DNA’s) at hospital appointments.

How did we perform in 2013?

2.1 DNA’s

<table>
<thead>
<tr>
<th>Area / Department DNA’s</th>
<th>Target</th>
<th>% DNA 2013</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out Patients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>&lt;8%</td>
<td>5%</td>
<td>★★★</td>
</tr>
<tr>
<td>Review</td>
<td>&lt;8%</td>
<td>6%</td>
<td>★★★</td>
</tr>
<tr>
<td>MSK Clinics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>&lt;8%</td>
<td>7%</td>
<td>★★★</td>
</tr>
<tr>
<td>Review</td>
<td>&lt;8%</td>
<td>15%</td>
<td>★</td>
</tr>
<tr>
<td>Peri-operative Assessment Clinic</td>
<td>&lt;8%</td>
<td>2%</td>
<td>★★★★</td>
</tr>
<tr>
<td>Joint Register Clinic</td>
<td>&lt;8%</td>
<td>13%</td>
<td>★</td>
</tr>
<tr>
<td>Day Case</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>&lt;8%</td>
<td>3%</td>
<td>★★★★</td>
</tr>
<tr>
<td>Review</td>
<td>&lt;8%</td>
<td>7%</td>
<td>★★★</td>
</tr>
<tr>
<td>Radiology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>January-July (Pre NIMIS)</td>
<td>&lt;8%</td>
<td>8%</td>
<td>★★★</td>
</tr>
<tr>
<td>July-December (Post NIMIS)</td>
<td>&lt;8%</td>
<td>4%</td>
<td>★★★★</td>
</tr>
</tbody>
</table>

NOTE

- MSK – Muskelo Skeletal Physiotherapists led clinics
- 86 patients were removed from our waiting list in 2013 due to DNA’s
Priority 3

To ensure effective management of patient feedback

Target

That formal complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout the process

How did we perform in 2013?

3.1 Complaints

<table>
<thead>
<tr>
<th>Complaint Category</th>
<th>Total 2013</th>
<th>Responded to with 28 days</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment / Service Delivery</td>
<td>3</td>
<td>Yes</td>
<td>⭐⭐⭐⭐</td>
</tr>
<tr>
<td>Communication</td>
<td>4</td>
<td>Yes</td>
<td>⭐⭐⭐⭐</td>
</tr>
<tr>
<td>Staff Attitude / Manner</td>
<td>2</td>
<td>Yes</td>
<td>⭐⭐⭐⭐</td>
</tr>
<tr>
<td>Delays / Waiting Times</td>
<td>2</td>
<td>Yes</td>
<td>⭐⭐⭐⭐</td>
</tr>
</tbody>
</table>

Target

That patient feedback is used to improve their stay in Cappagh

How did we perform in 2013?

3.1 Feedback

From the period of the 2nd of January to the 31st of December 2013 a total of 122 Patient Satisfaction Survey’s / Comment Cards / Letters / emails were received, 53 from Males and 63 from Females (6 did not indicate their gender); 1 aged between 0-40, 3 aged between 41-60 years and 8 aged between 61-80 years (110 did not indicate their age). 99% of the feedback received was very positive and complimentary with the majority of patients rating their experience as Excellent. Any negative feedback or suggests were forwarded to the relevant department heads and actioned as appropriate.

Overall Performance        ⭐⭐⭐⭐⭐
Effective Care and Support

Priority 4

Avoidance of unplanned return to theatre with 30 days of initial procedure

Target

Not to exceed the percentage target for the number of patient who had unplanned returns to theatre within 30 days of their initial procedure

How did we perform in 2013?

4.1  % of Patients Unplanned Return to Theatre

<table>
<thead>
<tr>
<th>Target %</th>
<th>2013 %</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;1%</td>
<td>0.5%</td>
<td>★★★</td>
</tr>
</tbody>
</table>

Priority 5

Patients where possible are admitted on same day of surgery (SDA)

Target

That a minimum of 85% of elective surgery patients are admitted on the morning of their scheduled surgery

How did we perform in 2013?

5.1  Same Day Admissions (SDA)

<table>
<thead>
<tr>
<th>Month</th>
<th>SDA 2012</th>
<th>SDA 2013</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>157</td>
<td>206/210</td>
<td>★★★★★</td>
</tr>
<tr>
<td></td>
<td>(90%)</td>
<td>(98%)</td>
<td></td>
</tr>
<tr>
<td>February</td>
<td>170</td>
<td>187/189</td>
<td>★★★★★</td>
</tr>
<tr>
<td></td>
<td>(92%)</td>
<td>(99%)</td>
<td></td>
</tr>
<tr>
<td>March</td>
<td>155</td>
<td>205/207</td>
<td>★★★★★</td>
</tr>
<tr>
<td></td>
<td>(89%)</td>
<td>(99%)</td>
<td></td>
</tr>
</tbody>
</table>
## Safe Care and Support

### Priority 6

**Reduction in the risk and incidences of patient falls**

**Target**

To reduce the risk and incidences of patient falls

### How did we perform in 2013?

#### 6.1 Reported Falls Incidents

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Q 1</td>
<td>Q 2</td>
<td>Q 3</td>
</tr>
<tr>
<td>No. of Falls</td>
<td>9</td>
<td>9</td>
<td>18</td>
</tr>
</tbody>
</table>

The increase in the incidents of falls is attributed to increased activity in our Active Rehabilitation Unit (ARU) and the age profile of the patients on the unit (104 falls reported from ARU).

The new programme to increase awareness of falls and reduce the risk of falls that was introduced in the ARU in 2013 will assist in the reduction of such risks in 2014. (Programme detailed on page 20)

### Leadership, Governance and Management

#### Priority 7

**To attain hospital accreditation(s) and establishment licenses**

**Target**

To ensure that awarded accreditation standards and licenses are adhered to and maintained

### How did we perform in 2013?

#### 7.1 Regulatory Bodies

<table>
<thead>
<tr>
<th>Awarding Body</th>
<th>Inspection 2013</th>
<th>Status</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHKS Accreditation</td>
<td>None</td>
<td>Hospital accredited until the 31st of March 2014</td>
<td>★★★</td>
</tr>
<tr>
<td>INAB Accreditation</td>
<td>March 2013</td>
<td>14 biochemistry &amp; 14 haematology tests accredited on the 3rd of December 2013</td>
<td>★★★</td>
</tr>
<tr>
<td>IMB</td>
<td>October 2013</td>
<td>Tissue establishment license valid until October 2015</td>
<td>★★★</td>
</tr>
</tbody>
</table>
Workforce

Priority 8

To achieve the HSE acceptable absenteeism rate

Target

To ensure that the staff absenteeism rate is compliant with the HSE acceptable absenteeism rate – 3.5% or less

How did we perform in 2013?

8.1 Absenteeism Rates 2013

<table>
<thead>
<tr>
<th>Average Absenteeism Rate 2013</th>
<th>Target</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.36%</td>
<td>&lt;3.5%</td>
<td>★★★★★</td>
</tr>
</tbody>
</table>
Cappagh National Orthopaedic Hospital continues to maintain an excellent performance record. We have developed strong governance arrangements through our Board of Directors and Senior Management Executive.
Governance

Our Board of Directors

Mr. Tony Kilduff
Chairperson

Mr. Gordon Dunne
CEO

Mr. Jim Carr

Sr. Sheila Cronin

Ms. Angela Lee
Financial Controller

Ms. Eve Linders

Mr. Patrick Mahony
Company Secretary

Dr. Brid Mc Grath
Consultant Anaesthetist

Mr. Samir Naji

Professor John O’Byrne
Consultant Orthopaedic Surgeon

Ms. Kathy O’Sullivan
Director of Nursing

Mr. Alan Swan

*Not pictured above is board member Mr. John Wilkinson
The work of the Board of Directors

The Board of Directors of Cappagh National Orthopaedic Hospital composition is made up of a balance of skills, knowledge and experience appropriate to the governance and oversight of the organisation.

Decisions taken by the Board include the following:
- Regulations and control
- Policy establishment and determination
- Strategic decisions, business plans and budgets
- Oversight, monitoring and continuous appraisal of the organisation’s activity and quality of service
- Receipt and approval of the hospital’s annual report and accounts

Decisions delegated to the Senior Management Executive include policy implementation and operational management. The Executive meets every four to six weeks.

There were no fees or expenses paid to Board members in 2013.

Senior Management Executive

The Senior Management Executive is made up of the following members:

- **Gordon Dunne** - CEO
- **Roseanne Killeen** - Interim Human Resources Manager
- **Angela Lee** - Financial Controller
- **Dr. Brid McGrath** - Consultant Anaesthetist / Secretary of Medical Board
- **Professor John O’Byrne** - Consultant Orthopaedic Surgeon / Chair of Medical Board
- **Kathy O’ Sullivan** - Director of Nursing

Board of Director involvement in Hospitals Committees

- **Eve Linders** is chairperson of the Patient Care and Mission Committees
- **Samir Naji** is a member of the Finance Committee
- **Alan Swan** is a member of the Research Ethics Committee
- **John Wilkinson** is a member of the Ethics, Audit and Finance Committees
- **Sr. Sheila Cronin** will take over as chairperson in 2014 of the Clinical Governance & Clinical Risk Committee and Health, Safety & Risk Management Committee
- **Dr. Brid McGrath** is secretary of the Medical Board; a member of the Senior Management Executive; chairperson of the Drugs & Therapeutics and Tissue & Transfusion committees and a member of the Clinical Governance & Clinical Risk Committee, Clinical Audit and Health, Safety & Risk Management Committee
- **Professor John O’Byrne** is Chairperson of the Medical Board; a member of the Senior Management Executive; chairperson of the Clinical Governance and Clinical Risk Committee and a member of the Research Ethics and Clinical Audit Committees
- **Gordon Dunne, Angela Lee and Kathy O’ Sullivan** sit on the numerous hospital committees listed below, with the Senior Management Executive represented at all hospital committees by at least one member
Hospital Committees

Overview of key hospital committees

Clinical Governance and Clinical Risk Committee

The Committee provides support and guidance to the Senior Management Executive and has overall responsibility for the oversight of clinical governance and clinical risk in Cappagh. The committee ensures that the appropriate clinical governance mechanisms and effective structures and systems are in place throughout Cappagh. The committee oversees of the risk management programme in relation to the management of clinical risk (i.e. for all risks that are directly related to clinical services delivered to patients) ensuring patient safety & quality of care is maintained at all times.

The committee meets every six months.

Drugs and Therapeutic Committee

The Committee reports directly to the hospitals Medical Board. The roles and functions of the Drugs & Therapeutics Committee are delineated into four major areas:

1. Formulary / Drug Selection
2. Medication Process Management
3. Antibiotic Stewardship
4. Financial / Administrative
5. Communications

The committee meets every three months.

Health & Safety and Risk Management Committee

The committee provides support and guidance to the Senior Management Executive and oversees the organisation in the area of Health, Safety, Welfare & Risk. It strives to ensure that the Health, Safety, Welfare & Risk of all patients, staff, visitors and all stakeholders is maintained at all times by setting and endorsing strong relevant objectives and priorities for the hospital.

The committee meets every six months and met in January and July 2013.

Hygiene Services Committee

The committee provides support and guidance to the CEO and oversee the organisation in the area of hygiene services, ensuring the highest levels of hygiene services are maintained at all times by setting and endorsing hygiene objectives and priorities for the hospital. The committee plans, directs and supports the operations of the Hygiene Services team to best achieve optimum service delivery. It provides a consultative forum for all members representing their respective departments that can effectively address the hygiene services matters arising in Cappagh.

The committee is scheduled to meet every two months and met on five occasions in 2013.
**Infection Prevention and Control Committee**

The committee provides support and guidance to the Chief Executive Officer and oversees the organisation in the area of Infection Control & Prevention. It strives to ensure that the safety and quality of care for all patients, staff and visitors is maintained at all times. The committee sets and endorses Infection Control & Prevention objectives, priorities and work plans for Cappagh through the implementation of national policies, procedures and national & internal standards relevant to Infection Control & Prevention in particular the requirements of the *National Standards for the Prevention and Control of Healthcare Associated Infections (May 2009).*

The committee meets every three months.

**Patient Care Committee**

The Patient Care Committee as its main objective endeavours to ensure excellence in service delivery at Cappagh in accordance with the Hospital’s Mission Statement and the ethos and traditions of the Sisters of Mercy. In fulfilling this key role, the committee has regard to the National Healthcare Charter and the key elements of providing excellence in service honing in on equity, patient focus, quality assurance and efficiencies.

The committee meets every three months.

**Procurement Committee**

The Procurement Committee provides support and guidance to the Executive Council and oversees the organisation in the area of procurement. It sets and endorses the procurement objectives and priorities for Cappagh ensuring that all EU procurement legislation and policy are implemented where appropriate i.e. Capital funding projects, Orthopaedic implants procurement etc. The committee works in conjunction with the HPSG in order to achieve cost efficiency purchasing for the organisation.

The committee is scheduled to meet every three months and met in January, May, August and November 2013.

**Quality Review Committee**

The Committee will provide support to the CEO and oversee the organisations quality systems enabling the organisation to achieve its stated objectives which include delivering safe, high quality patient care and continual quality improvement. The quality review committee is responsible for the identification, development, implementation and endorsement of the quality objectives, priorities, KPI’s and initiatives for Cappagh. It ensures that there are robust systems in place throughout the hospital to monitor compliance and outcomes against set objectives.

The committee meets every quarter.
Other hospital committees

Bed Management Committee
Catering Committee
Child and Vulnerable Adults Protection Committee
Clinical Research Ethics Committee
Decontamination Committee
Department Heads Committee
Diagnostic Imaging IV Protocol Review Committee
Education Committee
HDU Committee
Healthcare Records Management Committee
Infection Prevention and Control Committee
Infrastructure Development Committee
IT Development Committee
Medication Management Committee
Mission Committee
Nursing Clinical Audit Group
Pain Management Committee
Paediatric Review Committee
Procurement Committee
Radiation Safety Committee
Technical Services Committee
Tissue and Transfusion Committee
Wound Management Committee
Finance

The following information is an overview of Cappagh National Orthopaedic Hospital’s financial position as of the 31st of December 2013
# Finance

## Financial Review for the year ended 31st of December 2013

**PROFIT AND LOSS ACCOUNT**

*for the year ended 31 December 2013*

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>€’000</td>
<td>€’000</td>
</tr>
<tr>
<td><strong>Turnover</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue grants</td>
<td>24,773</td>
<td>23,903</td>
</tr>
<tr>
<td>Patient income</td>
<td>4,274</td>
<td>4,093</td>
</tr>
<tr>
<td>Other income</td>
<td>6,103</td>
<td>4,002</td>
</tr>
<tr>
<td><strong>Total turnover</strong></td>
<td>35,150</td>
<td>31,998</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other operating income - Grants amortised</td>
<td>943</td>
<td>1,058</td>
</tr>
<tr>
<td>Staff costs</td>
<td>(22,029)</td>
<td>(20,273)</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(943)</td>
<td>(1,058)</td>
</tr>
<tr>
<td>Other operating charges</td>
<td>(13,722)</td>
<td>(12,130)</td>
</tr>
<tr>
<td><strong>Operating Profit/ (loss) - continuing activities</strong></td>
<td>(601)</td>
<td>(405)</td>
</tr>
<tr>
<td>Interest payable and similar charges</td>
<td>(6)</td>
<td>(5)</td>
</tr>
<tr>
<td><strong>Profit/ (loss) on ordinary activities before taxation</strong></td>
<td>(607)</td>
<td>(410)</td>
</tr>
<tr>
<td>Taxation on (loss)/profit on ordinary activities</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>Profit/ (loss) profit for the financial year</strong></td>
<td>(607)</td>
<td>(410)</td>
</tr>
</tbody>
</table>
### BALANCE SHEET

**at 31 December 2013**

<table>
<thead>
<tr>
<th></th>
<th>2013 €'000</th>
<th>2012 €'000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS EMPLOYED</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FIXED ASSETS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangible assets</td>
<td>13,792</td>
<td>12,717</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>13,792</td>
<td>12,717</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2013 €'000</th>
<th>2012 €'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>CURRENT ASSETS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stocks</td>
<td>632</td>
<td>692</td>
</tr>
<tr>
<td>Debtors</td>
<td>5,035</td>
<td>4,680</td>
</tr>
<tr>
<td>Cash at bank and in hand</td>
<td>1,092</td>
<td>39</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>6,759</td>
<td>5,411</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>2013 €'000</th>
<th>2012 €'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>CREDITORS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(amounts falling due within one year)</td>
<td>(5,669)</td>
<td>(5,126)</td>
</tr>
<tr>
<td><strong>NET CURRENT (LIABILITIES)/ASSETS</strong></td>
<td>1,090</td>
<td>285</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2013 €'000</th>
<th>2012 €'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL ASSETS LESS CURRENT LIABILITIES</td>
<td>14,882</td>
<td>13,002</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2013 €'000</th>
<th>2012 €'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>CREDITORS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(amounts falling due after more than one year)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>14,882</td>
<td>13,002</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2013 €'000</th>
<th>2012 €'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAPITAL GRANTS</td>
<td>(15,262)</td>
<td>(12,775)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2013 €'000</th>
<th>2012 €'000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NET (LIABILITIES)/ASSETS</strong></td>
<td>(380)</td>
<td>227</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2013 €'000</th>
<th>2012 €'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAPITAL AND RESERVES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Called up share capital</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Profit and loss account</td>
<td>(409)</td>
<td>198</td>
</tr>
<tr>
<td>Other reserves</td>
<td>29</td>
<td>29</td>
</tr>
<tr>
<td><strong>Shareholders’ funds (deficit)</strong></td>
<td>(380)</td>
<td>227</td>
</tr>
</tbody>
</table>
Life Demands Excellence

At Cappagh National Orthopaedic Hospital, we understand how valuable quality of life is and when people entrust their care to us, they have the right to demand the very best.

That’s why the pursuit of excellence lies at the heart of everything we do. No matter how much we exceed expectations, we believe we can exceed them still further.

We will never stop looking for ways to improve the care we give our patients. This attitude defines us all, and is an inseparable part of the way we work.