Cappagh National Orthopaedic Hospital

Ireland East Hospital Group
Our Mission Statement

We are inspired by the love of Catherine McAuley 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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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 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 159 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 the hospital has established a specialised rehabilitation unit to treat patients following an acute episode to sustain independent living. This 52 bed unit provides specialist inpatient rehabilitative services for patients over 18 years. The unit accepts post-acute discharges from the Mater and Connolly Hospitals.
Cappagh Patient Demographic in 2015

Area of Residence
Out-Patients 2015
Area of Residence
In-Patients/Day Cases
2015

0.54%
0.46%
0.33%
1.42%
0.56%
4.95%
3.58%
0.69%
0.3%
0.4%
0.47%

England 0.01%
Chairperson and Chief Executive Officer Reports

Report from the Chairperson of the Board of Directors

Financial Status

2015 witnessed a reverse in the trend of recent years with regard to budgetary restraints. A delegation from the hospital met with the Minister for Health to outline the opportunities the hospital could provide to the wider health system if it were to receive an increase in funding. Following this, the hospital's allocation was increased by €3.525m in 2015. The HSE and Department of Health access targets of 12 months for outpatient and 15 months for inpatient/day case activity, which were initially to be delivered at end of June and end of December, were changed to monthly targets from September. These targets dictated activity levels in 2015 and the hospital successfully delivered on the national targets for inpatient, day case and outpatient activity at the end of December 2015. I would like to thank all of the staff involved in meeting these targets. The hospital continued to be challenged by the reduction in health insurance income as a result of the new legislation. Despite this, the hospital achieved a breakeven position at year end.

In 2015 the demand for hospital services continued to grow in line with demographic predictions which continually challenges the hospital to deliver on access targets. The commitment from the Minister for Health to provide financial support in 2015 was very positive and helped offset, in some way, the significant reductions in funding over the past number of years. This greatly assisted the Board in the delivery of its commitment to the Minister, to significantly increase hospital activity, and this was evident when the Minister visited in December 2015.

It will remain a priority of the Board of Directors to ensure that quality and safe patient care is central to all development and planning going forward.

Development Plan

The new recovery facility was substantially completed throughout 2015 and when finished will result in a 12 bed state-of-the-art recovery facility for our patients. This will ensure the privacy and dignity of patients in the recovery setting and will enhance the efficient delivery of quality clinical care in an improved environment.
As a major development in 2015, this facility will further enhance the surgical service and infrastructure to meet current healthcare standards. This continued investment further supports Cappagh’s commitment to our patients.

**Activity**

In 2015 due to the significant increase in direct funding the hospital was able to increase its levels of activity.

<table>
<thead>
<tr>
<th></th>
<th>Activity 2014</th>
<th>Activity 2015</th>
<th>Activity Variance 2014/15</th>
<th>HSE Target 2015</th>
<th>% variance from HSE Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-Patient</strong></td>
<td>1,917</td>
<td>2,637</td>
<td>720</td>
<td>1,983</td>
<td>33%</td>
</tr>
<tr>
<td><strong>Day Case</strong></td>
<td>5,889</td>
<td>6,456</td>
<td>567</td>
<td>6,049</td>
<td>7%</td>
</tr>
<tr>
<td><strong>OPD/PAC/ Joint Register</strong></td>
<td>11,899</td>
<td>12,615</td>
<td>716</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Board of Directors Additions**

The Board welcomed Mr. James Wyse onto the Board in 2015. James has brought a wealth of business experience and enthusiasm with him and I look forward to his contribution.

**Conclusion**

I would like to take this opportunity on behalf of the Board of Directors to thank the Senior Management Executive and the Medical Board for their efforts in 2015. I wish to convey to the Chief Executive, Mr. Gordon Dunne, and to all the staff at Cappagh National Orthopaedic Hospital at all levels, in all disciplines and in all services the appreciation of the Board of Directors for their on-going dedication to patient care and commitment to excellence during a time of increased growth. As a combined team we look forward to the opportunities and challenges that need to be overcome to achieve our aims and objectives in 2016.

*Mr. Jim Carr  
Chairperson  
Board of Directors*
Report from the Chief Executive Officer

Finance & Performances

The total revenue allocation for 2015 was €28,921 million (25.396 million 2014). The Health Act 2013 continued to cause a significant challenge in 2015 with the reduction in the rate of remuneration in private health insurance income which remained a challenge in 2015.

The hospital continued to improve operational efficiency following a successful case to the Minister in late 2014 which resulted in it being able to increase activity and maintain a breakeven situation. As a result of this increased funding orthopaedic surgical activity was very strong in comparison to 2014.

In 2015 the Active Rehabilitation Unit received approval to increase capacity to 52 beds to assist with the winter surge. This unit has continued to contribute to the general increase in bed days occupied throughout the year.

The hospital was successful in achieving all national access targets at the end of 2015; however its ability to sustain this will depend on a continued upward funding stream.

Service Developments

The recovery room development proceeded this year and it is expected to be completed by mid-2016. This facility will greatly enhance the overall service provided to surgical patients by the hospital.

The hospital renovated a section of the Rehabilitation Unit this year to modernize some of the rooms and create a new gym. There are also plans to extend the scope of this development to other parts of the unit in 2016. The medium term plan for this unit is a full refurbishment and extension of the facility to provide more single rooms, increased bathroom facilities and increased meeting and therapeutic space.

Funding was received in late 2014 to develop a National Casting Programme for Registered Nurses. This programme is designed to develop and deliver a national formal accredited education programme in the area of casting techniques in Ireland. Work on developing this facility in the hospital’s education centre was substantially completed in 2015 and will be open in early 2016.
**Personnel**

I would like to pay special thanks to all the staff who retired from the hospital during 2015 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.

I would like to offer my condolences to the families of Dr. Máire McCarroll and Ms. Fiona Clarke who both passed away this year. They were both valued members of staff who are missed by all of their colleagues.

**Conclusion**

I would like to thank the Chairman and the Board of Directors for their support and advice and I look forward to working with them in the years ahead. I would like to recognise the efforts and thank the 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 staff who have worked tirelessly throughout the year to deliver the high level of care that makes Cappagh National Orthopaedic Hospital the great hospital it is.

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

I would especially like to thank Mr. Keith Synnott, 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 senior management executive team, Ms. Kathy O’Sullivan, Ms. Angela Lee, Ms. Roseanne Killeen, Ms. Aoife Gallagher and Mr. Ray Bonar for their loyalty, support and hard work during the year.

I would like to thank our outgoing auditors, Ernst & Young for their many years of service to the hospital and welcome Deloitte who will be taking over the external auditor functions going forward.
Finally while 2015 brought an increased allocation it also brought some challenges, such as recruitment for the hospital. The level of dedication the staff of the hospital have shown in 2015 is commendable and it is clear that our patients are very firmly at the centre of staff activity.

Cappagh National Orthopaedic Hospital has established itself as a premier specialist orthopaedic hospital both nationally and internationally and it is my objective to continue to provide support for staff so they can maintain this excellent service for our patients in the years ahead.

Mr. Gordon Dunne
Chief Executive Officer
Our purpose
To provide our patients the best standard of care in accordance with evidence based best practise in a safe environment.

What we do
Treating patients as individuals is at the heart of our patient centred care. In the following pages we present a summary of our work and some of our achievements and initiatives from the last year in the areas listed below, allowing us to continue to deliver quality personalised care along each step of the patient’s journey.
Referrals
The majority of our orthopaedic patients are referred to us after an initial consultation with their GP. To help GPs 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.
Throughout 2015 we continued to receive and admit patients to our Specialist Rehabilitation Unit from the Mater Misericordiae University Hospital and Connolly Hospital.
There were 4,227 orthopaedic outpatient referrals, 3,184 orthopaedic inpatient waiting list referrals and 4,936 day case waiting list referrals in 2015. There were 249 admissions to the Rehabilitation Unit.

Outpatient Services Performance Improvement Programme (OSPIP)
Throughout 2015 the hospital continued to work on implementing the National Outpatient Services Performance Improvement Programme. This programme encompasses the HSE, SDU, NTPF and all hospitals providing outpatient services. The programme aims to ensure timely, appropriate access to outpatient services so that the most appropriate member of the clinical team sees the right patient at the right time.
For access and equity to treatment, the outpatient waiting lists are validated every six months to ensure that there is continued requirement for treatment.
At the end of 2015 there were no patients breaching the 12 month outpatient waiting list SDU target.

Patient Did Not Attend (DNA) Rate Reduction
The rate of DNA in the outpatient setting continued to be a major focus for the hospital in 2015. In 2015 a confirmation appointment system was introduced whereby patients confirm by phone their intention to attend. The hospital is hopeful that this focus will reduce the DNA level in line with national targets.
**Diagnosis**
Accurate and quick diagnosis is vital in achieving better outcomes and in delivering an efficient and quality service to our patients. We have specialist teams, expert in diagnostic services in our pathology and radiology departments.

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**Pathology Department**
Our pathology department is made up of four specialties; Biochemistry, Blood Transfusion, Haematology and Microbiology, all dedicated to the diagnosis of human disease and infection, to follow their progress and to monitor the effect of treatment.

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**Radiology Department**
Our radiology departments (X-Ray, MRI & DEXA) provide a service for all inpatients and outpatients in the hospital, as well as for referrers from all over Ireland. Cappagh Hospital holds contracts with all of the private health insurers for MRI services.

The Departments continue to offer the most sophisticated service; MRI is equipped with two MRI scanners. The department's advanced imaging capabilities include: musculoskeletal volume imaging, high quality neurological imaging and rapid whole body imaging. The department also has two image intensifiers for screening in theatre. 2015 saw the purchase of a new DEXA machine for the hospital. This allows for the accurate assessment of bone density, fracture risk and body composition. Preparatory work took place in 2015 for the development of an orthopaedic CT scanning service with installation expected in 2016. This year the department also gained agreement to proceed with the purchase of a new mobile C-Arm and 3D software application to assist with spinal surgery. This will be installed in mid-2016.
Irish National Accreditation Board (INAB)

Laboratory & Haemovigilance INAB accreditation for compliance with ISO 15189 was maintained in 2015 following the annual INAB surveillance survey in May 2015. The scope of accredited Biochemistry tests was also expanded.

Electronic Blood Tracking System (EBTS)

In 2013 the national deployment of the implementation of the Diagnostics Electronic Blood Tracking System (EBTS) began. EBTS is a single national system to track blood and blood products throughout the public hospital network. The Electronic Blood Tracking System is an automated system used to track all blood used in hospitals so that a full record is maintained from donor to recipient, including the storage of blood in the intervening period.

EBTS is a 3-phased rollout. The hospital has implemented Phase 1 and 2. PHASE 3’s primary function is to record all blood related events using a PDA (personal digital assistant) at the patient’s bedside with a secondary functionality of patient identification when taking pathology specimens. With the introduction of Blood Track Phase 3, transfusion specimens can be labelled with the addressograph produced by the PDA and thereby reduce the amount of rejected transfusion specimens. The 2D barcode patient armband element of Phase 3 was completed in 2015, with the exception of OPD/PAC patients. Phase 3 rollout is scheduled to be completed in Quarter 2 2016.
Treatment, Care & Rehabilitation

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 achieve these high standards we 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 patient needs.

Cappagh hospital has a very long tradition of delivering rehabilitation to our orthopaedic patients. Adding to this service since late 2012 is our dedicated Active Rehabilitation Unit (ARU). All our patients participate in intensive personalised rehabilitation plans conducted by Medical, Rehabilitative Nursing, Physiotherapy, Occupational Therapy, Medical Social Work, Dietician and Speech & Language practitioners as required.

National Early Warning Scores (NEWS)
The National Early Warning Score is fully introduced in Cappagh National Orthopaedic Hospital, all relevant staff are trained in its use. NEWS is a tool used to ensure that deterioration in a patient’s clinical condition can be identified promptly and managed appropriately. It is a valuable asset to nursing and medical staff and is also the basis for the introduction of the National Sepsis Screening programme. The use of the NEWS is audited monthly as part of Nursing Metrics.

Paediatric Early Warning Scores (PEWS)
The purpose of this National Clinical Guideline is to improve prevention and recognition of, and response to children at risk of clinical deterioration in paediatric inpatient settings through the implementation of a standardised paediatric early warning system. The national guidelines were introduced in November 2015 and these guidelines will be implemented in Cappagh in 2016.
National Sepsis Programme

In 2015 the National Clinical Guidelines No. 6: Sepsis Management was published. The aim of the national clinical programme is to ensure awareness of both sepsis and the clinical decision tools that have been created to support adherence with the guideline. In Quarter 4 2015 a sepsis committee was established in Cappagh to review and update existing local guidelines against the new national guidelines. 2016 will see the roll out of the clinical decision support tools and a series of adherence audits.

Pressure Ulcer Collaborative

Pressure Ulcers to Zero is a large scale improvement healthcare collaborative which began in February 2014. This collaborative was the first large scale improvement collaborative to take place in Ireland and was supported by the Quality Improvement Division, Health Service Executive (HSE) and the Royal College of Physicians Ireland (RCPI), through the National Quality Improvement Programme.

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.

In 2015 we extended participation in this collaborative to all inpatient clinical areas in the hospital. Data was collected monthly in 2015 in relation to the number of acquired and inherited pressure ulcers. This data was monitored monthly by the Hospital Pressure Ulcer Prevention Committee and submitted to the Regional Quality and Patient Safety Department. The hospital procedure was reviewed and updated and additional measures were introduced to reduce avoidable pressure ulcers.
Nursing Metrics

Nursing Metrics is an agreed standard of measurement for nursing care, where care delivered to patients can be monitored against standards or benchmarks. The nursing care metrics cover areas which are of the highest concern in terms of risk. Individualised reports are provided to each acute area indicating targets achieved using a traffic light system. The traffic light system enables healthcare staff to identify when the quality of care being delivered has fallen below the required standard of care by a visual colour coded traffic light effect. Action plans are agreed and implemented to ensure greater attention to detail in these areas, with a resultant improvement in patient care.

All inpatient areas including Theatre, High Dependency Unit and also the Dayward are audited. These metrics measure standards of nursing documentation in the following areas:-

- Pressure Ulcer Prevention
- Falls Management
- Medication Management and Storage
- Custody of Medications
- NEWS Observation and Evidence of Escalation
- Discharge Planning
- Pain Management
- Communication

The overall compliance rate with the acute metrics in 2015 was 97%, it was 96% in the care of the older persons services metrics and 95% in theatre.
National Casting Programme
In October 2014 Cappagh Nursing department submitted an application to the Nursing Midwifery, Planning & Development Unit (NMPDU) innovation funding initiative to develop a national casting programme for registered nurses. The aim of the programme is to develop a national formal accredited, structured education programme in the area of casting techniques.
Cappagh was approved funding to cover the cost of a Clinical Facilitator, upgrading of the training room and equipment. Cappagh will now become the National Centre to provide this training, as currently registered nurses have to travel to the UK as such a programme is only available there.
In 2015 the Clinical Facilitator was appointed to the position and construction work was commenced at the end of the year to renovate a section of the convent as an education unit with plans for a practical room, class room and all facilities required to run the national programme. This is due for completion in February 2016. An application has been made to RCSI for academic approval and the date will then be set to commence the first programme in 2016.

Nurse Led Clinics in the Pre-operative Assessment Clinic
In March 2015, with the support of the anaesthetic department, we introduced Nurse Led Clinics in the Pre-operative Assessment Clinic to patients for major surgery.
From March 2015 every patient attending the Pre-operative Assessment Clinic received a medical questionnaire, this questionnaire is reviewed by nursing staff in the Pre-operative Assessment Clinic and each patient’s pathway is decided:
• **Pathway A**: Admission for surgery without further intervention
• **Pathway B**: Patient to attend Nurse Led Clinic
• **Pathway C**: Patient to attend Pre-operative Assessment Clinic (Anaesthetic Led)
In 2015, over 400 patients attended the Nurse Led Clinics and were passed fit for surgery. The plan for 2016 is to develop this Nurse Led service further and to audit the outcome.
Active Rehabilitation Unit (ARU)
Throughout 2015, the Rehabilitation Unit continued to develop its expertise in the specialised assessment and rehabilitation of patients aged 65 years and over following an acute episode which required a period of hospitalisation. Rehabilitation is the process of assessment, treatment and management with ongoing evaluation by which the individual (and their family/carers) is supported to achieve their maximum potential thus enhancing quality of life and, where possible, facilitating patients to return home to continue living independently.

Following admission to the Unit each patient has a personalised rehabilitation programme devised by the interdisciplinary team which includes Medical, Nursing, Physiotherapy, Occupational Therapy, Medical Social Work, Speech and Language Therapy, Dietetics, Pharmacy and Clinical Psychology.

In early 2015, the customised rehabilitation gym was opened which has enhanced our service offering to patients. At the end of 2015, the ARU diversified into the specialised rehabilitation of patients aged under 65 years and this is an exciting growth area for 2016.

In 2015, 249 patients were admitted to the rehabilitation unit with 250 discharges. The average length of stay on the unit was 66.3 days, with 73% of the patients being discharged to home.
Therapy Services

Therapy Services was established in 2015 following the realignment of Physiotherapy, Occupational Therapy, Podiatry, Speech and Language Therapy, Dietetics and Clinical Psychology.

Within both the orthopaedic and rehabilitation services patient centred care is key to service delivery and implementation. Maximising function and returning patients to being as independent as possible are core components of all therapy disciplines.

During 2015 Therapy Services:

• Facilitated undergraduate and postgraduate training for students studying either Physiotherapy or Occupational Therapy at Irish Universities as well as facilitating overseas placements for students from Austria and the USA.

• Continued to deliver a high quality of care to all patients attending for elective surgery with accelerated rehabilitation being a key goal for all team members.

• Continued to develop specialist rehabilitation skills – the new rehabilitation gym facilitated an increase in the number and variety of classes being run on a weekly basis to meet the needs of the patients. Particularly popular are the breakfast upper limb, lower limb strengthening and balance classes.

• Musculoskeletal (MSK) Physiotherapy led Triage Clinics continued to work with orthopaedic surgeons and the outpatient team to ensure effective management of referrals on the orthopaedic and rheumatology waiting lists.

• In February 2015 the Clinical Specialist Physiotherapy led Injection Clinic under the clinical governance of Mr. Hannan Mullett was established.

• Re-establishment of a Hand Therapy Service in the Occupational Therapy Department including attendance by a Senior Occupational Therapist (OT) at the East Coast Hand Clinic and the Congenital Upper Limb Clinic.
**Bone Bank**

The Cappagh Bone Bank service - which also includes two satellite banks, The Regional Orthopaedic Units of Croom, Co Limerick and Our Lady’s Hospital, Navan is now established 19 years. The three banks collectively supply all the fresh frozen femoral head graft that is used in orthopaedic surgery throughout the Republic of Ireland.

**Surgical Bone Donation and Utilisation**

The number of grafts retrieved during 2015 was less in Cappagh at 23.5 % than in previous years. This outcome is related to the continued application of stringent selection criteria introduced initially in 2012.

**Structural Graft**

The demand for such graft continues to increase, in part due to more complex reconstructive joint and sports injury surgery, but also due to the greater availability of graft to the orthopaedic surgical community through Cappagh’s Bone Bank access to a US Tissue Banking service.

**Service Developments**

November 2015 saw the successful completion of the Bone Bank’s Tissue Establishment licence renewal inspection, which is undertaken every two years by the HPRA (Human Products Regulatory Authority).

The hospital is especially grateful to the donor families who are willing to help others by providing bone to the Bone Bank. These donations make a significant contribution to the quality of life of those patients who avail of the service.

In 2015 the Bone Bank witnessed the passing of Ms. Fiona Clarke, a founding member of the banking service at Cappagh. Fiona contributed hugely to bone banking in Ireland over the last 19 years and was highly regarded both nationally and internationally. She is fondly and sadly missed by both work colleagues and friends.
Research

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

Joint Register Activity 2015

The joint register was established in Cappagh Hospital in 2004, all patients having hip and knee replacements are reviewed for life at intervals of 6 months, 2 years, 5 years and 10 years. The aim of the register is to monitor the performance of the different prostheses, to highlight post discharge complications to measure outcomes through quality of life evaluation. The model used to establish the joint register in Cappagh Hospital has been replicated by the National Joint Register.

Clinical Audit Meetings 2015

Clinical audit meetings took place in January 2015 and July 2016 with the agreed programme of clinical audit covering the following areas / clinical activity:

- Blood Transfusion
- Bone bank
- Convalescence Referrals
- Infection rates
- Length of Stay
- Morbidity & Mortality
- Out-Patient Department Outcomes
- Physiotherapy Outcomes
- Pre-operative Assessment Outcomes
- Radiology Outcomes
- Theatre Productivity
- Transfers Out
- Waiting List
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.

Cappagh National Orthopaedic Hospital maintains medical academic partnerships with University College Dublin and the Royal College of Surgeons Ireland.

Cappagh National Orthopaedic Hospital provides staff with mandatory and professional development training and supports staff who wish to participate in external training relevant to their post and development. Cappagh National Orthopaedic Hospital implements an annual training plan for the hospital, in line with departments training requirements.

Education and training is made an absolute priority at Cappagh National Orthopaedic Hospital through sharing our learning with the clinical community and furthering the knowledge and improving the skills of our staff.
Medical & Surgical Education

UCD – MSK Teaching at Cappagh
Undergraduate students from University College Dublin Medical School attended for intensive clinical attachments and didactic teaching from 17th August - 27th November 2015. The hospital hosted, on average, 30 students per week.

RCSI
The Department of Orthopaedic Surgery, RCSI, provided an intensive didactic lecture programme for all 270 IC3 undergraduate RCSI students at Beaumont Hospital Medical School's Robert Adams Theatre. RCSI IC3 and GEP students attended Cappagh from 6th January until Friday 27th June 2015 inclusive.

Seminars, Conferences and Workshops

May 2015 - The department organised the Annual Cappagh National Orthopaedic Hospital Foundation weekend, with Dr. Mark Mighell, MD, Shoulder and Elbow Surgeon from University of Tampa, Florida as guest speaker.

September 2015 - The Department organised, on behalf of Cappagh National Orthopaedic Hospital, the Annual Cappagh Residents Prize meeting and Guest Lecture.

The Guest Lecturer was Dr. Michel Maestro, MD, of the Monaco Institute of Sports Medicine and Surgery. The winning research paper was presented by Dr. Conor Moran, Orthopaedic Surgery Trainee.

Bioengineering
The Department of Orthopaedic Surgery, together with Dublin City University, Maynooth University and the 3U postgraduate programme (DCU, RCSI & Maynooth Universities), hosted a morning of interactive surgical education for 3rd year undergraduate engineering students and 4th year students with a specialist interest in bioengineering, and including Master in Bioengineering Degree candidates from the 3U programme. It is hoped this programme will encourage more engineering students to choose the bioengineering pathway and the session will be repeated again in due course.
Intercollegiate Examinations
The Department organised the clinical exams section of the Intercollegiate Examinations in Trauma and Orthopaedic Surgery – the final professional examination for trauma and orthopaedic surgery trainees. The clinical exams were held on St. Joseph's Day Ward and in Cappagh Convent. This exam was a huge undertaking and Cappagh has again broken its record for the number of candidates who attended. Whilst only four candidates were Irish, 124 other candidates travelled from across the UK to take their exams in Cappagh. This was a long, but exceptionally well run day. The department is grateful to all hospital staff for their help during this time, in particular, Ms. Ann White, Assistant Director of Nursing, Dr. James Broderick and Dr. Enda Kelly, Senior Orthopedic Registrars. Thanks also to the patients who gave up their day to participate.

Other Activities
- Professor O'Byrne was invited Keynote Speaker at the Indian Orthopaedic Association meeting in Jaipur, India, in December 2015.
- Professor O'Byrne has been clinical advisor to the 3U Biomedical Engineering Master's Degree, which successfully graduated two students in 2015.
- Professor O’Byrne is co-Principal Investigator (PI) and Prof Fergal O’Brien is chief PI on €1.3 million SFI-HRB Translational Research Award which began in 2012.
- Professor O’Byrne continues as Honorary Orthopaedic Surgeon to the Republic of Ireland senior soccer team, who successfully qualified for UEFA EURO 2016 in France.
Publications 2015

1. The prevalence of abnormal preoperative coagulation tests in pediatric patients undergoing spine surgery for scoliosis.

2. The use of postoperative suction drainage in total knee Arthroplasty: a systematic review.
   Quinn M, Bowe, A, Galvin R, Dawson P, O’Byrne J.
   Int. Orthop. 2015 Apr; 39(4): 653-8. PMID 25027980

3. The Irish experience of Symphysiotomy: 40 years onwards.
   Shaarani SR, VanEeden W, O’Byrne JM

4. A systematic review and meta-analysis of the diagnostic accuracy of MRI for suspected ACL and meniscal tears of the knee.
   Phelan N, Rowland P, Galvin R, O’Byrne JM.
Nursing Education Department

The nursing education department continued a varied programme of work throughout 2015 endeavoring 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.

Staffing changes

Ms. Deirdre O’Kelly and Ms. Marion Cronin joined the department in 2015.

Postgraduate Diploma in Nursing (Orthopaedic Nursing)

Four registered nurses (RGNs) were successfully awarded a Postgraduate Diploma in Nursing (Orthopaedic Nursing) having undertaken the programme between September 2014 and September 2015, two of whom were from the Cappagh nursing staff.

In 2015, one RGN commenced the programme in January with five commencing the programme in September, three of these RGNs were from Cappagh staff. The programme running from September 2015 was approved in January 2015 by the Nursing and Midwifery Board of Ireland (NMBI) for a five year period and received approval from Quality & Qualifications Ireland (QQI) in the RCSI in April 2015. As a result of the redeveloped programme, there are increased requirements from NMBI with respect to the facilitation of clinical learning.

Cappagh was approved funding to cover the cost of a Clinical Facilitator, upgrading of the training room and equipment. Cappagh will now become the National Centre to provide this training.
Orthopaedic Casting Courses
A two-day basic orthopaedic casting techniques course was held in January 2015 with thirty healthcare staff undertaking this (doctors/nurses). This course was jointly organised by the nurse education department and the theatre plaster room and was facilitated with the help of experienced casting personnel from hospitals around the country. This programme is approved by the Nursing and Midwifery Board of Ireland and is designed to provide an introduction to casting for nurse and medical personnel. In conjunction with the RCSI, CNOH is also involved in the delivery of a casting course for medical personnel as part of their continuing professional development.

National Nurses Orthopaedic Conference
The hospital successfully hosted the annual National Nurses Orthopaedic Conference, now in its seventeenth year, in April 2015 with a variety of papers presented by nursing and medical staff from Ireland and the UK.

Other Educational Activities
Other activities/initiatives that took place throughout 2015 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
• Early warning score sessions
• Medication management
• Anaphylaxis training
• Planning other in-service training sessions specific to care of the older person and orthopaedics
• Staff also attended ACLS, AED updates, ALERT, Preceptorship and PLS training
Therapy Services Education

During 2015 both the Occupational Therapy and Physiotherapy Departments continue to promote Cappagh as an Educational Centre. Compliance with professional standards is maintained through a full in-house continuous professional development programme as well as attendance on relevant external courses.

Clinical Specialist Physiotherapists lecture regularly to both medical and physiotherapy students from UCD and RCSI.

In April 2015, Mr. Niall O’Mahony, Senior Physiotherapist presented a poster at the Word Congress of Physical Therapy - Singapore on his research - “Musculoskeletal Triage: The experiences of Advanced Practice Physiotherapists in Ireland”

At the end of 2015, Cappagh successfully hosted two study evenings for the Neurology and Gerontology clinical interest group of the Irish Society of Chartered Physiotherapists.

Collaboration with the NRH by all disciplines working in the rehabilitation setting at Cappagh has facilitated the development of the Amputee Care Pathway during 2015.
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 2015 our staff showed outstanding commitment, professionalism 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 continuation of the Haddington Road Agreement and the new Lansdowne Road Agreement is truly appreciated.

The hospital continues to support staff as best it can within budgetary and staffing constraints on education, training and development courses, both internally and externally.

The JobBridge initiative continues to be a success. During 2015, eight JobBridge candidates completed placements in Cappagh and three commenced employment in Cappagh after their internship. All reported very positive experiences while working in the hospital and the majority of candidates are now in paid employment. Our Administration, Human Resources, Laboratory, Medical, Nursing, Occupational Therapy, Pharmacy, Physiotherapy and Social Work departments all welcomed new member(s) of staff in 2015. We wish them all the best in their new posts in Cappagh.

In 2015 three long serving members of staff retired and one member of staff left under the voluntary redundancy scheme, to them and the other staff members who left Cappagh to take up employment in other organisations, a thank you for your service to Cappagh and best wishes for the future.

On a sad note, we wish to acknowledge the passing of Dr. Maire McCarroll in April and Mrs. Fiona Clarke in June, they are both very sadly missed by all their colleagues in Cappagh.
Cappagh Hospital Foundation (CHF)

Cappagh Hospital Foundation is the charity funding arm of the hospital and is solely dependent on the generosity of the Irish public. The funds raised by the Foundation are channelled into improving the facilities for patients at Cappagh and giving training to healthcare professionals working in the hospital so that they can give the best care possible to patients, and patients can return to full mobility and health without delay. Funds are also channelled into research on how the practice of orthopaedics can be enhanced to the benefit of patients. Cappagh Hospital Foundation has raised over €23m since it was established in 1988, providing funding and support to the hospital on many levels, most notably:

- Sponsorship of 85 fellowships in orthopaedics
- Supporting nurses in their advanced education
- Funded over 40 orthopaedic research projects
- Funded the Hip and Knee National Register
- Funded over 21 lectures

Key achievements to date
• **Recovery Room – New 12 Bed Room opening in 2016** – will enhance the efficient use of all 6 theatres at Cappagh and ensure delays do not occur due to restricted recovery beds.

• **Ward Refurbishment** - will assist in managing infection in the hospital and create a more pleasant environment for patients.

• **Active Rehabilitation Unit** – its development is critical to enable patients to return to a productive and independent life after an acute medical episode.

• **Medical Education** - Cappagh National Orthopaedic Hospital is accredited internationally for Higher Surgical Training in Trauma and Orthopaedic Surgery by the Joint Royal Colleges of Surgeons of Great Britain and Ireland, and is regularly inspected to ensure the hospital maintains international standards of education and training.

2015
The CHF Committed €1m of their funds towards the €1.7m cost of the new 12 bed recovery room attached to the 6 operating theatres at Cappagh. At 2 recovery beds per theatre, this allows for the most efficient use of the surgery facilities at Cappagh and ensures delays do not occur due to restricted recovery beds in the past (replaced the original 5 bed recovery room). This new recovery room will open in mid-2016.
2016
The CHF has also committed €500k to fund a new dedicated orthopaedic CT scanner in 2016 – the first such dedicated orthopaedic scanner in Ireland that will enhance the diagnostic capability of Cappagh as the National Orthopaedic Centre. In addition, the CHF will fund €500k in 2016 for the purchase of a portable navigation assisted system and software for scoliosis corrective surgery. This is a first for Ireland and will allow surgeons at Cappagh to undertake complex spinal surgeries safely and with dramatically reduced risk, providing better outcomes for patients in reducing curvature of the spine and restoring patient height.

The CHF will also fund a €63k surgical arthroplasty fellowship for 1 year. The benefit to Cappagh is that the surgeon will bring an extra pair of senior hands working full time, doing research while here, and enhance Cappagh’s name internationally which will help attract future medical staff to work in Cappagh.

‘Cappagh Crew’ Volunteer Programme
‘Cappagh Crew’ is Cappagh Hospital Foundation’s volunteer initiative designed to facilitate friendly, hospitality-oriented interaction between volunteers, the patients and their families. The programme is running in the Active Rehabilitation Unit (ARU). There were 20 fully trained volunteers operating in the ARU during 2015 and the Foundation if actively seeking new additional volunteers to join their ‘Cappagh Crew’. For information on how you can help, contact the Foundation on 01-8340325 or email info@chf.ie.
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 and improvements against the quality priorities and objectives we set ourselves for 2013 to 2015.
Statement on Quality by the Chief Executive

The quality of care and services that patients and their families receive and their experience is central to all that we do here in Cappagh National Orthopaedic hospital.

Throughout 2015 we continued to achieve high standards in all aspects of what we do. Our commitment to meeting the challenges of continuing to provide quality care and effective and efficient services within a cost-effective framework underpins our corporate objectives for 2013 - 2015, which were:

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.

A focused emphasis has been placed on the six International Patient Safety Goals which promote improvements in patient safety and highlight the most common problems in healthcare. These are:

1. Identify Patients Correctly.
2. Improve Effective Communication.
3. Improve the Safety of High Alert Medications.
6. Reduce the Risk of Patient Harm Resulting from Falls.

Our commitment to quality in 2015 is evidenced by the following initiatives and achievements.
Our Performance
National Standards for Safer Better Healthcare (NSSBH) & Hospital Accreditation

Throughout 2015 the quality department together with senior management and multidisciplinary groups continued to implement, embed and monitor Cappagh’s compliance with the National Standards for Safer Better Healthcare. In order to improve and enhance our compliance with the NSSBH in late 2013 Cappagh Board of Directors took the decision for the hospital to apply for the Joint Commission International (JCI) Accreditation Standards for Hospitals as the JCI standards are closely aligned and reflected in the National Standards.

JCI is a well-recognised international accreditation body that has developed a set of international standards and an accreditation programme for hospitals. JCI identifies measures and shares best practices in quality and patient safety across the world. It also provides advisory and educational services in order to continuously improve the quality and safety of patient care. The JCI evaluation of a healthcare organisation is designed to be valid, reliable and objective, and the accreditation decision is made by an international accreditation committee.

Pathway to JCI Accreditation
1. Become familiar with JCI’s accreditation standards and survey process – Completed
2. Conduct gap analysis and build action plan - Completed
3. Update policies and procedures – On-going
4. Target improvements where needed – On-going
5. Work with staff to overcome obstacles – On-going
6. Continue training for sustainable changes – On-going
7. Evaluate and refine processes – Scheduled for 2016
8. Use a mock survey to assess our readiness – Scheduled for 2016
10. Survey Inspection - Scheduled for 2016
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 29th of April 2015.

The unannounced on-site monitoring assessment focused on gathering information about compliance with two of the national standards - Standard 3 Environment and Facilities Management, Criterion 3.6 and Standard 6 Hand Hygiene, Criterion 6.1. The areas assessed were St Mary’s Ward rehabilitation unit and the Operating Theatre department. The official report on the monitoring assessment was issued and published on the HIQA website on the 27th of July 2015.

In the key findings summary regarding Standard 3 (Environment and Facilities Management) of the report, HIQA stated that overall it was found that patient equipment in the Operating Theatre Department and St. Mary’s Ward was generally clean. Non-compliances were identified in relation to the maintenance and cleaning of furnishings, surfaces and finishes in patient care areas. Facilities for and the application of contact precautions were not in line with best practice recommendations.

In the key findings summary regarding Standard 6 (Hand Hygiene) of the report HIQA stated that the design of some clinical hand wash sinks in the departments inspected did not conform to Health Building Note 00-10 Part C: Sanitary assemblies. HIQA observed eleven hand hygiene opportunities in total during the inspection, five of the eleven hand hygiene opportunities were taken. Of the five opportunities which were taken, the correct hand hygiene technique was observed for all five hand hygiene actions.

Cappagh was then tasked by HIQA 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 hospital’s CEO and published on our website within six weeks of the date of publication of the assessment report.
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 hand hygiene training and carried out hand hygiene audits throughout 2015.

In 2015 Cappagh continued to participate in the National Health Protection Surveillance Centre (HPSC) Hand Hygiene audits. The overall compliance for the audits carried out in period 10 (October / November 2015) was 86.2%, the national target is 90%. This is a drop from 88.2% reported in period 9 (May / June 2015). The national average for period 10 was 89.2%.

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 outpatient, day patient and inpatient tests. 23,644 microbiology tests were processed in Cappagh in 2015.

All reports indicating possible infection were followed up with the Consultant Microbiologist, Infection Prevention & Control CNSp, Preoperative-assessment team and admitting consultant as necessary.

Dr. Binu Denish will be concluding her locum position in early 2016 and would like to take this opportunity to wish her well for the future and thank her for her committed service to the hospital and its patients.

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 SSIs in the year 2012 to 2015.

<table>
<thead>
<tr>
<th></th>
<th>DEEP WOUND INFECTIONS – ALL PROCEDURES</th>
<th>ALL PROCEDURES – INFECTIONS (DEEP &amp; SUPERFICIAL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>0.20%</td>
<td>0.90%</td>
</tr>
<tr>
<td>2013</td>
<td>0.30%</td>
<td>1.13%</td>
</tr>
<tr>
<td>2014</td>
<td>0.60%</td>
<td>0.64%</td>
</tr>
<tr>
<td>2015</td>
<td>0.18%</td>
<td>0.5%</td>
</tr>
</tbody>
</table>

Cappagh’s 2015 infection rates compare favorably with national and international rates for similar organisations.

**Staff Training**

Three members of nursing staff successfully completed post graduate modules on Infection Prevention & Control in the Royal College of Surgeons in 2015.

Cappagh’s Infection Prevention & Control CNSp Ruth Ray has been part of the project team for the set-up of the Infection Prevention & Control Ireland Society (IPCI). This society came into being in October 2015 and plans to have its first conference in May 2016.

**Development Works**

The Infection Prevention & Control CNSp was fully engaged in the monitoring of all building and redevelopment work carried out in 2015 so as to ensure compliance and monitoring of the prevention of Aspergillus during these projects.
Integrated Governance Monitoring Report
Throughout 2015 we continued to present our safety and quality assurance data through the quarterly compilation of Integrated Governance Monitoring Reports. Four of these reports were compiled and presented to the hospital’s Board of Directors, Medical Board and Senior Executive Management in 2015:

1. Report 9 - January to December 2014
2. Report 10 - January to March 2015
3. Report 11 - January to June 2015
4. Report 12 - January to September 2015

These reports provide a quarterly review of the governance of care, research and infrastructure provided in Cappagh by detailing the on-going and routine monitoring of compliance with key performance indicators, activity levels, audit and other national and international recognized quality indicators.

Dangerous Goods Safety Audit (DGSA)
Dangerous Goods Safety Audits (DGSA) were carried out on 29th May and 30th November 2015 by independent external auditors from DCM Compliance. The segregation, handling, storage and transport of dangerous goods were inspected in the relevant hospital areas / departments.

The subsequent reports commended the hospital on the following -

• The management and maintenance of the clinical waste compound.
• The availability of clinical waste consignment documentation.
• Healthcare risk waste segregation practices in the hospital departments / wards inspected.
• Secure hazardous chemical storage in the hospital departments.
• Medical gas cylinders securing mechanisms in the medical gas manifold rooms.
• The availability of healthcare risk waste segregation posters in ward sluice rooms.
• Tag traceability system maintained by the Stores department.
A total of 34 observations and 4 non-conformances were noted in the audits. The four non-conformances related to:

- The DGSA annual report questionnaire for the pathology department had not been returned. This was closed out immediately after the audit.
- Communication to the waste disposal company of changes to the ADR transport document for ethanol waste disposed of from the Pathology department that had been implemented.
- One healthcare risk waste purple lidded rigid bin used for the disposal of waste medicines in the Pharmacy department was not fitted with absorbent material. This was rectified at the time of the audit.
- Documented chemical agent risk assessments for the hazardous chemical products in the Microbiology, Pharmacy and Stores department. These are in progress, with further training scheduled for March 2016.

Quality Improvement Plans (QIPs) were prepared to address the non-conformance and observations, with appropriate actions being assigned to the relevant personnel for completion by agreed due dates.

HSE Environmental Health Officer (EHO) Inspection

EHO inspections were carried out on 6th and 13th May 2015 in our main and ward kitchens. 68 non-conformances were found in total in the following areas:

- 46  Structural / Maintenance.
- 6  Equipment / Services & Calibration.
- 10  Cleaning & Waste Management.
- 6  Food Storage / Monitoring / Management.

Following the inspections quality improvement plans (QIPs) were agreed to address issues cited. As in previous years QIPs 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 2014/2015 to ensure Safer Better Healthcare.
Our performance against these objectives are ‘graded’ where possible as follows -

- ✓ ✓ ✓ Target Exceeded
- ✓ ✓ Target Met
- ✓ Target Partial / Almost Met
- X 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 (DNAs).

Priority 3
To ensure effective management of patient feedback.

Priority 4
Avoidance of unplanned returns to theatre within 30 days of initial procedure.

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

Priority 6
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 2014 / 2015?

1.1 Overall Activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>Total 2014</th>
<th>Total 2015</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>THR</td>
<td>435</td>
<td>656</td>
<td>✔ ✔ ✔</td>
</tr>
<tr>
<td>TKR</td>
<td>350</td>
<td>493</td>
<td>✔ ✔ ✔</td>
</tr>
<tr>
<td>RTHR</td>
<td>78</td>
<td>71</td>
<td>X</td>
</tr>
<tr>
<td>RTKR</td>
<td>20</td>
<td>24</td>
<td>✔</td>
</tr>
<tr>
<td>Other</td>
<td>1,294</td>
<td>1,478</td>
<td>✔ ✔ ✔</td>
</tr>
<tr>
<td>OPD</td>
<td>7,367</td>
<td>7,297</td>
<td>X</td>
</tr>
<tr>
<td>PAC</td>
<td>1,299</td>
<td>2,088</td>
<td>✔ ✔ ✔</td>
</tr>
<tr>
<td>Day Case Theatre</td>
<td>473</td>
<td>438</td>
<td>X</td>
</tr>
<tr>
<td>Rehab Discharges</td>
<td>260</td>
<td>250</td>
<td>X</td>
</tr>
</tbody>
</table>
1.2 Inpatient Waiting Lists Referrals

Overall Performance  ✔

1.3 Day Case Waiting List Referrals
1.4 Patient length of Stay (LOS)

<table>
<thead>
<tr>
<th>Orthopaedic</th>
<th>Target Average</th>
<th>Average LOS 2014</th>
<th>Average LOS 2015</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>THR</td>
<td>3.5</td>
<td>4.59</td>
<td>4.29</td>
<td>X</td>
</tr>
<tr>
<td>TKR</td>
<td>3.5</td>
<td>4.91</td>
<td>4.69</td>
<td>X</td>
</tr>
<tr>
<td>Rev THR</td>
<td>3.7</td>
<td>9.9</td>
<td>7.57</td>
<td>X</td>
</tr>
<tr>
<td>Rev TKR</td>
<td>3.14</td>
<td>9.15</td>
<td>6.65</td>
<td>X</td>
</tr>
<tr>
<td>Other Ortho</td>
<td>3.07</td>
<td>3.56</td>
<td>4.63</td>
<td>✓</td>
</tr>
<tr>
<td>Paediatric</td>
<td>3.05</td>
<td>4.63</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Rehab</td>
<td>42</td>
<td>50.46</td>
<td>66.3</td>
<td>X</td>
</tr>
</tbody>
</table>

Targets based on national clinical care program top 10 percentile national performance.

Priority 2

To reduce patients non-attendance (DNAs)

Target

Not to exceed the percentage target in the number of inpatients and outpatients non-attendance (DNAs) at hospital appointments

How did we perform in 2014 / 2015?

2.1 DNAs

<table>
<thead>
<tr>
<th>Area / Department DNAs</th>
<th>Target</th>
<th>% DNA 2014</th>
<th>%DNA 2015</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatients</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>&lt;8%</td>
<td>5%</td>
<td>10%</td>
<td>X</td>
</tr>
<tr>
<td>Review</td>
<td>7%</td>
<td>7%</td>
<td>✓ ✓ ✓</td>
<td></td>
</tr>
<tr>
<td>MSK Clinics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>&lt;8%</td>
<td>7%</td>
<td>15%</td>
<td>X</td>
</tr>
<tr>
<td>Review</td>
<td>22%</td>
<td>9%</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Pre-operative Assessment Clinic</td>
<td>&lt;8%</td>
<td>2%</td>
<td>2%</td>
<td>✓ ✓ ✓</td>
</tr>
<tr>
<td>Joint Register Clinic</td>
<td>&lt;8%</td>
<td>6%</td>
<td>6%</td>
<td>✓ ✓</td>
</tr>
<tr>
<td>Day Case</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review</td>
<td>&lt;8%</td>
<td>5%</td>
<td>2%</td>
<td>✓ ✓ ✓</td>
</tr>
<tr>
<td>Radiology</td>
<td>&lt;8%</td>
<td>3%</td>
<td>3%</td>
<td>✓ ✓ ✓</td>
</tr>
</tbody>
</table>
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 2014 / 2015?

3.1 Complaints

<table>
<thead>
<tr>
<th>Complaint Category</th>
<th>Total 2014</th>
<th>Total 2015</th>
<th>Responded to within 30 days</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Judgement</td>
<td>1</td>
<td>0</td>
<td>Yes</td>
<td>✓ ✓</td>
</tr>
<tr>
<td>Communication and Information</td>
<td>1</td>
<td>11</td>
<td>Yes</td>
<td>✓ ✓</td>
</tr>
<tr>
<td>Access</td>
<td>3</td>
<td>10</td>
<td>Yes</td>
<td>✓ ✓</td>
</tr>
<tr>
<td>Dignity and Respect</td>
<td>1</td>
<td>3</td>
<td>Yes</td>
<td>✓ ✓</td>
</tr>
<tr>
<td>Safe and Effective Care</td>
<td>13</td>
<td>7</td>
<td>Yes</td>
<td>✓ ✓</td>
</tr>
</tbody>
</table>
Effective Care and Support

Priority 4

Avoidance of unplanned returns to theatre within 30 days of initial procedure

Target

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

How did we perform in 2014 / 2015?

4.1 % of Patients Unplanned to Returns to Theatre

<table>
<thead>
<tr>
<th>Target</th>
<th>2014</th>
<th>2015</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1%</td>
<td>0.1%</td>
<td>0.2%</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 2014 / 2015?

5.1 Same Day Admissions (SDA)

<table>
<thead>
<tr>
<th>Month</th>
<th>SDA 2014</th>
<th>SDA 2015</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>99%</td>
<td>95%</td>
<td>✓ ✓ ✓</td>
</tr>
<tr>
<td>February</td>
<td>98%</td>
<td>99%</td>
<td>✓ ✓ ✓</td>
</tr>
<tr>
<td>March</td>
<td>98%</td>
<td>98%</td>
<td>✓ ✓ ✓</td>
</tr>
<tr>
<td>April</td>
<td>94%</td>
<td>98%</td>
<td>✓ ✓ ✓</td>
</tr>
<tr>
<td>May</td>
<td>89%</td>
<td>98%</td>
<td>✓ ✓ ✓</td>
</tr>
<tr>
<td>June</td>
<td>88%</td>
<td>98%</td>
<td>✓ ✓ ✓</td>
</tr>
<tr>
<td>July</td>
<td>83%</td>
<td>99%</td>
<td>✓ ✓ ✓</td>
</tr>
<tr>
<td>August</td>
<td>81%</td>
<td>98%</td>
<td>✓ ✓ ✓</td>
</tr>
<tr>
<td>September</td>
<td>85%</td>
<td>97%</td>
<td>✓ ✓ ✓</td>
</tr>
<tr>
<td>October</td>
<td>83%</td>
<td>99%</td>
<td>✓ ✓ ✓</td>
</tr>
<tr>
<td>November</td>
<td>90%</td>
<td>99%</td>
<td>✓ ✓ ✓</td>
</tr>
<tr>
<td>December</td>
<td>93%</td>
<td>99%</td>
<td>✓ ✓ ✓</td>
</tr>
</tbody>
</table>
Safe Care and Support

Priority 6

Reduction in the risk and incidence of patient falls

Target

To reduce the risk and incidence of patient falls

How did we perform in 2014 / 2015?

6.1 Reported Falls Incidents

<table>
<thead>
<tr>
<th></th>
<th>Total 2014</th>
<th>2015</th>
<th></th>
<th></th>
<th></th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Q1</td>
<td>Q2</td>
<td>Q3</td>
<td>Q4</td>
<td>Total</td>
</tr>
<tr>
<td>No. of Falls</td>
<td>111</td>
<td>29</td>
<td>32</td>
<td>24</td>
<td>18</td>
<td>103</td>
</tr>
<tr>
<td>No. of Falls</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>resulting in</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injury</td>
<td>24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Safe Care and Support

Priority 7

Reduction in the risk and incidence of patient falls

Target

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

How did we perform in 2014 / 2015?

7.1 Regulatory Bodies

<table>
<thead>
<tr>
<th>Awarding Body</th>
<th>Inspection(s) 2014/2015</th>
<th>Status</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>INAB Accreditation</td>
<td>May 2015</td>
<td>Accreditation maintained</td>
<td>✓ ✓</td>
</tr>
<tr>
<td>HPRA</td>
<td>November 2015</td>
<td>Tissue establishment</td>
<td>✓ ✓</td>
</tr>
<tr>
<td></td>
<td></td>
<td>license maintained and</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>renewed</td>
<td></td>
</tr>
</tbody>
</table>
Safe Care and Support

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 2014 / 2015?

8.1 Absenteeism Rates

<table>
<thead>
<tr>
<th></th>
<th>Average Absenteeism Rate</th>
<th>HSE Target</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>3.06%</td>
<td>&lt;3.5%</td>
<td>✓ ✓</td>
</tr>
<tr>
<td>2015</td>
<td>3.04%</td>
<td></td>
<td>✓ ✓</td>
</tr>
</tbody>
</table>
Governance

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.
Our Board of Directors

<table>
<thead>
<tr>
<th>Image 1</th>
<th>Image 2</th>
<th>Image 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Jim Carr</td>
<td>Mr. Gordon Dunne</td>
<td></td>
</tr>
<tr>
<td>Chairperson</td>
<td>CEO</td>
<td></td>
</tr>
<tr>
<td>Sr. Sheila Cronin</td>
<td>Ms. Kathy O’Sullivan</td>
<td>Ms. Eve Linders</td>
</tr>
<tr>
<td>Non-Executive Member</td>
<td>Director of Nursing</td>
<td>Non-Executive Member</td>
</tr>
<tr>
<td>Ms. Angela Lee</td>
<td>Mr. Keith Synnott</td>
<td>Mr. James Wyse</td>
</tr>
<tr>
<td>Financial Controller</td>
<td>Consultant Orthopaedic Surgeon</td>
<td>Non-Executive Member</td>
</tr>
</tbody>
</table>

*Not pictured above is board member Mr. John Wilkinson*

In attendance at Board

<table>
<thead>
<tr>
<th>Image 4</th>
<th>Image 5</th>
<th>Image 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Patrick Mahony</td>
<td>Dr. Brid McGrath</td>
<td>Mr. Ray Bonar</td>
</tr>
<tr>
<td>Company Secretary</td>
<td>Consultant Anaesthetist</td>
<td>Deputy CEO</td>
</tr>
<tr>
<td>Ms. Aoife Gallagher</td>
<td>Ms. Roseanne Killeen</td>
<td></td>
</tr>
<tr>
<td>Director of HR/Operations</td>
<td>Director of HR/Operations</td>
<td></td>
</tr>
</tbody>
</table>
The Work of the Board of Directors

The Board of Directors of Cappagh National Orthopaedic Hospital comprises 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 organisations activity and quality of service
- Receipt and approval of the hospital’s Annual Report and Financial Statements

Decisions delegated to the Senior Management Executive include policy implementation and operational management. The Board met seven times in 2015. There were no fees or expenses paid to board members in 2015.

Board of Director Involvement in Hospital Committees

Sr. Sheila Cronin is chairperson of the Clinical Governance & Clinical Risk Committee.

Ms. Eve Linders is chairperson of the Patient Care and Mission Committees.

Mr. John Wilkinson is a member of the Ethics, Audit and Finance Committees

Mr. James Wyse, Chairperson of Cappagh Hospital Foundation.

Mr. Jim Carr, Chairperson of CNOH Board and member of Finance Committee.

Mr. Keith Synnott, Chairperson of the Medical Board.

Mr. Gordon Dunne, Ms. Angela Lee and Ms. 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.

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 and Clinical Audit
Senior Management Executive

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

Mr. Gordon Dunne  CEO (Chair)
Mr. Ray Bonar  Deputy CEO (Vice Chair)
Ms. Aoife Gallagher  Director of Human Resources / Operations
Ms. Roseanne Killeen  Director of Human Resources / Operations
Ms. Angela Lee  Financial Controller
Dr. Brid McGrath  Consultant Anaesthetist / Secretary of Medical Board
Ms. Kathy O’Sullivan  Director of Nursing
Mr. Keith Synnott  Consultant Orthopaedic Surgeon/Chair of Medical Board
## Medical Board Members

<table>
<thead>
<tr>
<th>Mr. Keith Synnott  (Chairperson)</th>
<th>Dr. Brid M’Grath  (Hon. Secretary)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Kathryn Byrne</td>
<td>Mr. Peter Keogh</td>
</tr>
<tr>
<td>Ms. Elizabeth Callaly</td>
<td>Dr. Miriam Langdon</td>
</tr>
<tr>
<td>Mr. James Cashman</td>
<td>Dr. Avine Lydon</td>
</tr>
<tr>
<td>Ms. Noelle Cassidy</td>
<td>Dr. Conor M’Carthy</td>
</tr>
<tr>
<td>Mr. Denis Collins</td>
<td>Prof. Geraldine M’Cormack</td>
</tr>
<tr>
<td>Mr. Paul Connolly</td>
<td>Prof. Damian M’Cormack</td>
</tr>
<tr>
<td>Dr. Frances Conway</td>
<td>Dr. Brendan M’Garvey</td>
</tr>
<tr>
<td>Mr. Paul Curtin</td>
<td>Mr. Paul Moroney</td>
</tr>
<tr>
<td>Dr. Eamon Dolan</td>
<td>Mr. Seamus Morris</td>
</tr>
<tr>
<td>Mr. Michael Donnelly</td>
<td>Prof. Kevin Mulhall</td>
</tr>
<tr>
<td>Dr. Joe Duggan</td>
<td>Mr. Hannan Mullett</td>
</tr>
<tr>
<td>Dr. Nicholas Eustace</td>
<td>Mr. Martin Murphy</td>
</tr>
<tr>
<td>Prof. Stephen Eustace</td>
<td>Prof. John O’Byrne</td>
</tr>
<tr>
<td>Ms. Olivia Flannery</td>
<td>Dr. Marie O’Connor</td>
</tr>
<tr>
<td>Prof. Robert Flavin</td>
<td>Dr. Frances O’Donovan</td>
</tr>
<tr>
<td>Dr. Conor Hearty</td>
<td>Mr. Seamus O’Flanagan</td>
</tr>
<tr>
<td>Dr. Patrick Higgins</td>
<td>Prof. Peter O’Gorman</td>
</tr>
<tr>
<td>Mr. Niall Hogan</td>
<td>Prof. Conor O’ Keane</td>
</tr>
<tr>
<td>Mr. Donough Howard</td>
<td>Dr. Geraldine O’Leary</td>
</tr>
<tr>
<td>Dr. Kim Hunter</td>
<td>Mr. Kieran O’Shea</td>
</tr>
<tr>
<td>Mr. Conor Hurson</td>
<td>Mr. Gary O’Toole</td>
</tr>
<tr>
<td>Mr. Darragh Hynes</td>
<td>Prof. Dermot Power</td>
</tr>
<tr>
<td>Prof. Eoin Kavanagh</td>
<td>Dr. Cormac Redahan</td>
</tr>
<tr>
<td>Dr. Grainne Kearns</td>
<td>Mr. James Walsh</td>
</tr>
<tr>
<td>Mr. Patrick Kenny</td>
<td></td>
</tr>
</tbody>
</table>
**Hospital Committees & Groups**

<table>
<thead>
<tr>
<th>Committee/Group</th>
<th>Committee/Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit</td>
<td>Patient Care</td>
</tr>
<tr>
<td>Bed Management</td>
<td>Procurement</td>
</tr>
<tr>
<td>Catering</td>
<td>Quality Review</td>
</tr>
<tr>
<td>Safeguarding</td>
<td>Radiation Safety</td>
</tr>
<tr>
<td>Clinical Governance and Clinical Risk</td>
<td>Staff Nurse</td>
</tr>
<tr>
<td>Clinical Nurse Managers</td>
<td>Technical Services</td>
</tr>
<tr>
<td>Clinical Nurse Specialist</td>
<td>Theatre Users</td>
</tr>
<tr>
<td>Clinical Research Ethics</td>
<td>Transfusion</td>
</tr>
<tr>
<td>Department Heads</td>
<td>Training</td>
</tr>
<tr>
<td>Diagnostic Imaging IV Protocol Review</td>
<td>Wound Management</td>
</tr>
<tr>
<td>Drugs &amp; Therapeutic</td>
<td></td>
</tr>
<tr>
<td>Early Warning Score Implementation</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Finance</td>
<td></td>
</tr>
<tr>
<td>HDU</td>
<td></td>
</tr>
<tr>
<td>Health, Safety &amp; Risk Management</td>
<td></td>
</tr>
<tr>
<td>Healthcare Assistant</td>
<td></td>
</tr>
<tr>
<td>Healthcare Records Management</td>
<td></td>
</tr>
<tr>
<td>Hygiene Services</td>
<td></td>
</tr>
<tr>
<td>Infection Prevention &amp; Control</td>
<td></td>
</tr>
<tr>
<td>Infrastructure Development</td>
<td></td>
</tr>
<tr>
<td>IT Development</td>
<td></td>
</tr>
<tr>
<td>Medication Management</td>
<td></td>
</tr>
<tr>
<td>Mission Effectiveness</td>
<td></td>
</tr>
<tr>
<td>Nursing - AHPs</td>
<td></td>
</tr>
<tr>
<td>Nursing Clinical Audit</td>
<td></td>
</tr>
<tr>
<td>Nursing - Stores</td>
<td></td>
</tr>
<tr>
<td>Out Patients Service Review</td>
<td></td>
</tr>
<tr>
<td>Pain Management</td>
<td></td>
</tr>
</tbody>
</table>
Finance

The following information is an overview of Cappagh National Orthopaedic Hospital’s financial position as of the 31st of December 2015.
Statement of Income and Retained Earnings  
For the Financial Year ended 31 December 2015

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</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 Allocation</td>
<td>28,921</td>
<td>25,396</td>
</tr>
<tr>
<td>Active Rehabilitation Unit</td>
<td>3,518</td>
<td>2,721</td>
</tr>
<tr>
<td>Patient income</td>
<td>2,282</td>
<td>2,235</td>
</tr>
<tr>
<td>Other income</td>
<td>3,901</td>
<td>3,389</td>
</tr>
<tr>
<td><strong>Total turnover</strong></td>
<td>38,622</td>
<td>33,741</td>
</tr>
<tr>
<td>Other operating income - Grants amortised</td>
<td>743</td>
<td>801</td>
</tr>
<tr>
<td>Staff costs</td>
<td>(23,251)</td>
<td>(21,612)</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(743)</td>
<td>(801)</td>
</tr>
<tr>
<td>Other operating charges</td>
<td>(15,327)</td>
<td>(11,683)</td>
</tr>
<tr>
<td><strong>Operating Profit/(loss)</strong></td>
<td>44</td>
<td>446</td>
</tr>
<tr>
<td>Interest payable and similar charges</td>
<td>(6)</td>
<td>(11)</td>
</tr>
<tr>
<td><strong>Profit/(loss) on ordinary activities before taxation</strong></td>
<td>38</td>
<td>435</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>38</td>
<td>435</td>
</tr>
<tr>
<td>Retained earnings/(deficit) at the beginning of the reporting period</td>
<td>26</td>
<td>(409)</td>
</tr>
<tr>
<td>Retained earnings at the end of the reporting period</td>
<td>64</td>
<td>26</td>
</tr>
</tbody>
</table>
## Balance Sheet

### at 31 December 2015

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>€’000</td>
<td>€’000</td>
</tr>
<tr>
<td><strong>ASSETS EMPLOYED</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FIXED ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangible assets</td>
<td>15,435</td>
<td>14,495</td>
</tr>
<tr>
<td></td>
<td>15,435</td>
<td>14,495</td>
</tr>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stocks</td>
<td>559</td>
<td>653</td>
</tr>
<tr>
<td>Debtors</td>
<td>4,376</td>
<td>3,517</td>
</tr>
<tr>
<td>Cash at bank and in hand</td>
<td>97</td>
<td>565</td>
</tr>
<tr>
<td></td>
<td>5,032</td>
<td>4,735</td>
</tr>
<tr>
<td><strong>CREDITORS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(amounts falling due within one year)</td>
<td>(4,106)</td>
<td>(4,207)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NET CURRENT ASSETS/(LIABILITIES)</strong></td>
<td>926</td>
<td>528</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS LESS CURRENT LIABILITIES</strong></td>
<td>16,361</td>
<td>15,023</td>
</tr>
<tr>
<td><strong>CREDITORS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(amounts falling due after more than one year)</td>
<td>_</td>
<td>_</td>
</tr>
<tr>
<td></td>
<td>16,361</td>
<td>15,023</td>
</tr>
<tr>
<td><strong>CAPITAL GRANTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(16,268)</td>
<td>(14,968)</td>
</tr>
<tr>
<td><strong>NET ASSETS/(LIABILITIES)</strong></td>
<td>93</td>
<td>55</td>
</tr>
<tr>
<td><strong>CAPITAL AND RESERVES</strong></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>64</td>
<td>26</td>
</tr>
<tr>
<td>Other reserves</td>
<td>29</td>
<td>29</td>
</tr>
<tr>
<td><strong>Shareholders’ funds (deficit)</strong></td>
<td>93</td>
<td>55</td>
</tr>
</tbody>
</table>