Care Cherish Treat

Annual Report 2012

Cappagh National Orthopaedic Hospital
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*Chairman*

Mr. Gordon Dunne

Ms. Angela Lee

Mr. Alan Swan

Sr. Sheila Cronin

Ms. Eve Linders

Mr. Jim Carr

Mr. John Wilkinson

Professor John O’Byrne

Ms. Kathy O’Sullivan

Mr. Samir Naji

Dr. Patrick Higgins

Mr. Patrick Mahony  
*Company Secretary*
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HISTORY OF CAPPAGH NATIONAL ORTHOPAEDIC HOSPITAL

Cappagh House was the residence of Lady Martin, widow of Sir Richard Martin and daughter of Sir Dominic Corrigan, the distinguished physician whose name is associated with ‘Corrigan’s Pulse’ and ‘Corrigan’s Button’. On 15th September 1907 Lady Martin passed to her reward and very generously bequeathed the property to the Religious Sisters of Charity “to provide a school for poor children in the neighbourhood”. As the surrounding district was sparsely populated at the time, it was not considered practical to set up a school. Instead, it was used as a convalescent home for the Children’s Hospital, Temple Street and training school for nursery nurses. Underprivileged children who suffered from the diseases of poverty, such as rickets, tuberculosis and malnutrition were transferred to Cappagh for continuing treatment.

After World War 1 work commenced on the building of the hospital. Initially old army huts were used as wards. In 1921, Cappagh became an “open air” hospital in its own right for the surgical treatment of TB. The design was based on a similar hospital in Switzerland, and it was only the third hospital in the world to use this technique.

Between 1921 and the mid 1950’s, the building of the hospital continued and the number of beds and cots increased from 60 to 260. A modern operating suite, X-Ray Department and Physiotherapy Department were added.

Because of the long-term nature of the treatments (counted in years rather than months) a national school was established in 1923 for the education of the children. It still exists today. In addition, occupational therapy was introduced from an early date and patients were taught handicrafts of all kinds. In 1961, a new Occupational Therapy Department was opened, the first of its kind in Ireland, with specially qualified occupational therapists who had been trained in England.

The decade between 1945 and 1955 saw the rapid decline in the diseases tuberculosis and rickets due to new treatments, drugs and the general raising of living standards. These welcome developments meant fewer admissions of children and fewer beds needed.

Between the mid fifties and the present, radical changes have taken place. The number of beds was reduced to 159 and from being an all children hospital originally, 90% of today’s admissions are adults.

In 1961, the original operating theatre was replaced with a bigger, more modern one. A second theatre was added in 1971, fitted with the new Clean Air Facilities required for total hip replacement operations. The third of its kind in existence, one in England, one in Switzerland and one in Cappagh. In 1990, two additional Clean Air Operating Theatres were added.

The wards (which were large open-air design) have been reconstructed to meet adult requirements and to measure up to modern standards. A new Imaging Department and Pathology Laboratory were added.

The hospital is now the major elective Orthopaedic facility in the country and provides elective Orthopaedic Services for St. Vincent’s University Hospital, Mater University Hospital, Beaumont Hospital, Connolly Hospital Blanchardstown, The Children’s University Hospital Temple Street, Central Remedial Clinic and other tertiary referrals.

Further developments include the establishment of the Autologous Blood Transfusion Service in 1991 and the Bone Bank in 1996.

An Oratory for patients and staff was opened in 1987, a new Out-Patients Department was opened in 1995 and a 150-seated Auditorium was opened in June 1998.

In March 2001 a major project was completed with the commissioning of an MRI scanner. The scanner costing €1.52m was funded by the Research and Development Trust.

June 2004 marked the opening of the new four-bedded High Dependency Unit, an important development in the management of more complex cases.

In late 2006 the Occupational Therapy Department moved from where it had been located since its inception in 1961 to the newly renovated laundry area. The new facilities are state-of-the-art and have
greatly improved the service for patients.

Medical/Nursing education has always been the hallmark of Cappagh. The hospital provided the only postgraduate orthopaedic training course for nurses for many years. In 1990, approval was granted for the Diploma in Orthopaedic Nursing by the Royal College of Surgeons in Ireland for postgraduate nurses. In 1999 this course was approved as a Higher Diploma in Nursing Studies (Orthopaedic Nursing) by the RCSI /NUI and An Bord Altranais. From 2006 to the present day, it is approved as a Post Graduate Diploma in Nursing (Orthopaedic) with the current award at Level 9 on the National Qualification Framework.

The Department of Orthopaedic Surgery, Royal College of Surgeons in Ireland was officially opened in March 1992, with the appointment of Timothy O’Brien as the first Professor of Orthopaedic Surgery.

The hospital, in association with University College Dublin and the Royal College of Surgeons in Ireland, provides undergraduate and postgraduate medical education.

2006 was a memorable year for Cappagh National Orthopaedic Hospital as the Lady Martin Trust was transferred from the Religious Sisters of Charity to the Sisters of Mercy as from 1st January 2006 when our new Board of Directors came into effect. This was a historic development in the history of Cappagh National Orthopaedic Hospital. The hospital had been under the stewardship of the Sisters of Charity since 1908 and celebrated its centenary year in 2008.

The centenary was marked by a number of events throughout the year which highlighted the ongoing development of the hospital and acknowledged the contribution of the Sisters of Charity and all the staff, past and present, who have contributed to its position today at the forefront of orthopaedic surgery. The main celebrations took place in May 2008 and were officially launched by President Mary McAleese on May 16th followed by other events including a Centenary Mass celebrated by Archbishop Diarmuid Martin.

A new 10 bedded Isolation Unit was completed in the last quarter of 2008 and was officially opened on 2nd November, 2009 by the Minister for Health and Children, Ms. Mary Harney, T.D.

In October/November 2010 Francis and John Brennan from RTE’s ‘At Your Service’ recorded their Christmas Special in Cappagh. Two paediatric wards were redecorated and a sensory garden was developed.

In 2010, the hospital achieved a “Very Good” in the National Hygiene Audit carried out by HIQA.

In 2010 a development plan was agreed with the HSE for the installation of three new state-of-the-art theatre suites at a cost of €5m. Work commenced on the project in the latter half of 2010 and the theatre complex was completed and officially opened by Minister for Health, Dr. James Reilly on Friday 22nd July, 2011.

Work also commenced in 2010 on a new MRI building. This was completed in 2011 with the installation of a new 3T MRI scanner. This type of MRI scanner is the first of its kind in a public hospital in Ireland and is capable of high speed, high resolution imaging with improved patient tolerance and throughput. The building was officially opened on Saturday 3rd September, 2011 by Mr. Giovanni Trapattoni, Ireland Soccer Manager.

Cappagh continues to be the major centre for elective orthopaedic surgery in Ireland. At the present time the hospital has the services of 23 Consultant Orthopaedic Surgeons, each with a major subspecialty, 4 Consultant Rheumatologists, 13 Consultant Anaesthetists, 2 Consultant Radiologists, 1 Consultant Haematologist, 1 Consultant Pathologist and 1 Consultant Microbiologist, each giving their expertise to Cappagh.
ANNUAL GENERAL MEETING

DATE: 18th June 2013

TIME: 13.00 Hrs.

LOCATION: Lady Martin Auditorium
           Cappagh National Orthopaedic Hospital

AGENDA: Report of the Chairman of the Board of Directors.
        Report of the Chief Executive.
        Report of the Chairman of the Medical Board.
        Accounts for the year ended 31st December 2012.
        Appointment of Hospital Auditors.
        Any Other Business.
REPORT OF THE CHAIRMAN OF THE BOARD OF DIRECTORS

Financial Status

2012 has proven to be another very financially challenging year. Special Delivery Unit waiting list targets were introduced resulting in a need for increased activity to achieve targets. I am happy to report that the hospital delivered on waiting list targets and increased activity in all areas, however this resulted in a deficit status at year end.

It will remain a priority of the Board of Directors to ensure that patient care is central to all development and that future financial restraint does not impinge on the level of care provided to all service users. However the Board of Directors is acutely aware that further reductions in allocation will ultimately result in less activity.

Development Plan

Work continued in 2012 on the development of a new Central Decontamination Unit and fundraising activity is ongoing in an effort to complete this project over the coming year.

The hospital applied to the HSE for funding of an extension to the Out-Patients Department, as activity in this area has dramatically increased over recent years due to demand on the service.

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

Activity

In 2012 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.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Activity 2011</th>
<th>Activity 2012</th>
<th>HSE Target 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Patient</td>
<td>2,195</td>
<td>2,308</td>
<td>2,063</td>
</tr>
<tr>
<td>Day Case</td>
<td>9,041</td>
<td>7,621*</td>
<td>6,871</td>
</tr>
<tr>
<td>Out-Patient</td>
<td>9,255</td>
<td>11,039</td>
<td>8,300</td>
</tr>
</tbody>
</table>

*HSE adjusted definition of day case activity resulting in the removal of 1,783 cases from this 2012 reported parameter

Board of Directors Retirements/New Directors

There were no retirements or new appointments to the Board of Directors in 2012.

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 during 2012.

I would also like to thank the Executive Council and Medical Board for their efforts in 2012.

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 on-going 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 2013.

Mr. Tony Kilduff
Chairman, Board of Directors.
REPORT OF THE CHIEF EXECUTIVE OFFICER

Financial Status

The annual HSE allocation was reduced by approximately 8.44% relative to the initial service level agreement targets set, however some additional funding was provided in Q4 on the completion of additional activity. Cost minimisation continued to feature strongly in all service plans for the year and it was with great effort by all staff that the hospital achieved a deficit of €410,000 at year end.

The hospital has become ever more reliant on non HSE income streams to support patient activity and the Board of Directors and Management team continue to ensure that all additional funding generated wholly supports provision of services to public patients.

Cappagh National Orthopaedic Hospital achieved levels of patient activity as set out by the HSE in 2012 with increases in in-patient, day case and out-patient activity in comparison with 2011.

In 2012 the hospital was successful in gaining a VHI consultant direct referral contract for its MRI services

Service Developments

The hospital continued with its infrastructure and service development plans despite financial challenges.

Critical infrastructural developments commenced in the Central Decontamination Unit, which is a major undertaking for the hospital. This unit, when complete, will greatly enhance the capability, efficiency and quality of the hospital’s sterilisation process.

Work commenced on the implementation of the National Integrated Medical Imaging System which will be finalised in 2013.

The laboratory commenced provision of services to an external private health care provider which has subsequently greatly increased the level of activity processed on an annual basis.

In Q4 the hospital was successful in gaining additional funding in support of a new Active Rehabilitation Unit in conjunction with the National Clinical Programme for the Elderly. This unit provides intensive rehabilitation to patients post an acute episode in either the Mater or Beaumont Hospital with the aim on ensuring as many patients as possible achieve the ability to be discharged to home.

Work also commenced in Q4 to assist in management of out-patient orthopaedic waiting lists for the South East Region. In 2012 a total of 1,000 patients were managed at Cappagh under this initiative.

In addition, some minor initiatives were undertaken to facilitate waiting list management in day case colorectal surgery for the Mater Hospital.

Work on optimisation of day of surgery admission rates and length of stay continued and further improvements were achieved in these and other performance indicators relative to the National Clinical Programme for Elective Surgery.

The Special Delivery Unit of the Department of Health introduced several waiting list management initiatives in 2012 and the hospital has worked collectively in its goal of achieving the shortest possible waiting times for patients.

Personnel

I would like to pay special thanks to all the staff that retired from the hospital during 2012 and wish them well in future years.

Conclusion

I would like to thank Mr. Tony Kilduff, Chairman of the Board of Directors for his support and advice and I look forward to working with him and his fellow board members 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 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. Patrick Higgins, 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. Aoife Gallagher 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, 2012 was a very difficult year for all staff members who continue to improve patient outcomes and activity levels against a backdrop of economic uncertainty and reducing financial and personnel resources. I wish to personally thank each and every staff member at Cappagh Hospital for their commitment to ensuring that at all points in time the patient remains the core of all our endeavours.

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
Chief Executive Officer
## DEPARTMENTAL ACTIVITY 2012

<table>
<thead>
<tr>
<th>Theatre</th>
<th>2012</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary and Revision Hip Replacements</td>
<td>734</td>
<td>704</td>
<td>704</td>
</tr>
<tr>
<td>Primary and Revision Knee Replacements</td>
<td>495</td>
<td>471</td>
<td>481</td>
</tr>
<tr>
<td>Elbow Surgery</td>
<td>65</td>
<td>59</td>
<td>83</td>
</tr>
<tr>
<td>Total Shoulder Replacements</td>
<td>38</td>
<td>34</td>
<td>43</td>
</tr>
<tr>
<td>Shoulder Surgery</td>
<td>222</td>
<td>182</td>
<td>208</td>
</tr>
<tr>
<td>Spinal Fusions</td>
<td>27</td>
<td>66</td>
<td>88</td>
</tr>
<tr>
<td>Spinal Surgery</td>
<td>55</td>
<td>86</td>
<td>135</td>
</tr>
<tr>
<td>Tumour Surgery/Biopsy</td>
<td>57</td>
<td>54</td>
<td>74</td>
</tr>
<tr>
<td>Anterior Cruciate Ligament Repairs</td>
<td>159</td>
<td>125</td>
<td>109</td>
</tr>
<tr>
<td>Hand / Wrist Surgery</td>
<td>227</td>
<td>197</td>
<td>212</td>
</tr>
<tr>
<td>Foot Surgery</td>
<td>209</td>
<td>158</td>
<td>190</td>
</tr>
<tr>
<td>Ankle Replacements</td>
<td>6</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>Other Major Cases</td>
<td>7</td>
<td>13</td>
<td>25</td>
</tr>
<tr>
<td>Minor/Intermediate Cases</td>
<td>552</td>
<td>587</td>
<td>594</td>
</tr>
<tr>
<td>Injection/POP (Plaster Bay)</td>
<td>2,745</td>
<td>2,756</td>
<td>2,973</td>
</tr>
<tr>
<td>Total number of procedures</td>
<td>5,598</td>
<td>5,502</td>
<td>5,923</td>
</tr>
</tbody>
</table>

## Central Decontamination Unit

<table>
<thead>
<tr>
<th>Instrument Trays</th>
<th>2012</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loan Sets</td>
<td>2,115</td>
<td>1,649</td>
<td>2,084</td>
</tr>
<tr>
<td>Single Instruments</td>
<td>10,033</td>
<td>9,686</td>
<td>10,511</td>
</tr>
<tr>
<td>Incomplete Loads</td>
<td>115</td>
<td>72</td>
<td>32</td>
</tr>
<tr>
<td>Department</td>
<td>2012</td>
<td>2011</td>
<td>2010</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td><strong>Radiology</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic Imaging — includes below:</td>
<td>18,741</td>
<td>17,630</td>
<td>17,360</td>
</tr>
<tr>
<td>MRI</td>
<td>4,149</td>
<td>3,273</td>
<td>3,136</td>
</tr>
<tr>
<td>Dexa</td>
<td>636</td>
<td>540</td>
<td>581</td>
</tr>
<tr>
<td>Interventional Radiology</td>
<td>1,804</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pathology</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In house tests</td>
<td>82,324</td>
<td>76,056</td>
<td>84,734</td>
</tr>
<tr>
<td>Referred tests</td>
<td>6,470</td>
<td>3,599</td>
<td>4,028</td>
</tr>
<tr>
<td><strong>Physiotherapy Department</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In Patient attendances</td>
<td>11,846</td>
<td>10,718</td>
<td>12,955</td>
</tr>
<tr>
<td>Out Patient attendances</td>
<td>6,336</td>
<td>6,392</td>
<td>7,017</td>
</tr>
<tr>
<td><strong>Occupational Therapy Department</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total episodes of care</td>
<td>14,443</td>
<td>8,903</td>
<td>7,481</td>
</tr>
<tr>
<td><strong>Out Patient Clinic</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendances</td>
<td>7,139</td>
<td>6,459</td>
<td>6,417</td>
</tr>
<tr>
<td><strong>Joint Register Clinic</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendances</td>
<td>2,717</td>
<td>2,796</td>
<td>1,759</td>
</tr>
<tr>
<td><strong>Pre-Operative Assessment Clinic</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendances</td>
<td>1,783</td>
<td>1,818</td>
<td>1,792</td>
</tr>
<tr>
<td>Telephone triage</td>
<td>3,233</td>
<td>2,229</td>
<td>1,461</td>
</tr>
<tr>
<td><strong>Autotransfusion Department</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendances</td>
<td>6</td>
<td>17</td>
<td>30</td>
</tr>
<tr>
<td><strong>Social Work Department</strong></td>
<td>962</td>
<td>1,020</td>
<td>875</td>
</tr>
</tbody>
</table>
REPORT OF THE CHAIRMAN OF THE MEDICAL BOARD

Cappagh National Orthopaedic Hospital is the major centre for orthopaedic surgery in the country, providing a comprehensive range of treatments for patients with musculoskeletal disorders.

Hospital funding restrictions imposed by HSE have meant the retraction of theatre hours and imposition of rotating theatre closures for the last nine months of 2012. At the end of the financial year, the hospital achieved a minor budgetary deficit, thanks to the sound financial planning, including taking on waiting list initiatives from Sligo and the South East and also introducing rehabilitation beds (6-week intensive rehabilitation for suitably chosen patients) in St. Mary’s Ward, thereby alleviating bed congestion at both Mater and Beaumont Hospitals, and management, by our Chief Executive, Mr. Gordon Dunne and our Financial Controller Ms. Angela Lee. However, it would not have been possible to attain this minor deficit had it not been for the cooperation of all our dedicated staff.

Educational Activities

Cappagh National Orthopaedic Hospital is the centre for the Irish Orthopaedic Training Programme. As part of its commitment to the training of future orthopaedic surgeons, internationally renowned speakers are invited to Cappagh each year.

The annual Foundation Day meeting in May 2012 was very successful. Our invited guest speaker was Dr. Thomas P. Sculco MD, Surgeon-in-Chief at the Hospital for Special Surgery, New York, who had a specialist interest in hip surgery. He gave a number of lectures and led clinical teaching sessions and a clinical conference.

The Cappagh Trust Guest Lecture was held on the final weekend of August 2012 and our guest lecturer was Dr. John Healey, MD, Orthopaedic and Tumour Surgeon from Sloan Kettering Memorial Cancer Centre, New York. He presented two state-of-the-art lectures and also led an interactive teaching session.

Whilst here as our guest, Dr. Healey acted as Extern Adjudicator for the Annual Cappagh Resident’s Prize, which was jointly won by Dr. Emmet Cullen and Dr. Shahril Shaarani.

The 2012 Dr. Floyd Medal for residents in anaesthesia and orthopaedic surgery were won by Dr. Caroline Larkin and Dr. James Walsh, respectively. A wonderful introduction to the presentations was made by Mr. Martin Walsh, Consultant Orthopaedic Surgeon, where he spoke fondly of his friend and colleague Dr. Michael Floyd. The medals were presented by Dr. Marie-Therese Floyd.

The winner of the Gallagher Medal for best undergraduate student in orthopaedics at University College Dublin, was Dr. Anthony Cullen. The medal will be presented in early 2013 at the UCD prize ceremonies and dinner to be held in UCD, Belfield.

The hospital continued to organise the undergraduate teaching of musculoskeletal medicine for medical students from RCSI and UCD. Indeed, the format for the UCD students was changed to mirror the teaching already up and running for the RCSI undergraduates. This was undertaken in conjunction with the lecturing staff at the Professorial Unit.

On behalf of the medical staff, I want to express thanks to the entire hospital staff for their on-going hard work and commitment to the provision of a quality service to the patients at Cappagh. The multidisciplinary team involves every single member of staff at Cappagh and each person’s contribution is key to the excellent care and attention that Cappagh patients receive.

Professor John M. O’Byrne
Chairman
Medical Board
FINANCIAL REPORT

The total revenue allocation for 2012 was €23.903 million (2011 €25.428 million). HSE minor capital grants received during the period totalled €981,000. The balance sheet shows a cumulative surplus of €198,000 as at 31st December 2012.

A number of cost reduction initiatives continued to be undertaken during the year, including reduction in overtime and agency costs, reduction in length of stay and increase in same day admissions as well as close monitoring of all pay and non-pay costs.

Income Generation continued to be a major focus in 2012 and the hospital was very successful in generating additional income through a number of new initiatives during the year. Private insurance income increased by 18% on the previous year and new initiatives in Patients Accounts saw a reduction in debtor days.

I would like to acknowledge the contribution of all staff for their efforts in reducing costs and increasing income within the hospital.

Financial Outlook 2013

The hospital was notified in February 2013 that the HSE allocation for 2013 had been set at €23.563 million. This represents a 1.4% cut on the allocation of the previous year.

Finance Department Developments in 2012

The hospital continued to be part of the Money Follows the Patient (MFTP) pilot study in 2012 for four Diagnosis Related Groups (DRGs). The budget which was removed from the allocation was reinstated by year end as the hospital had met its targets as set down by the HSE.

The hospital also took part in two Patient Level Costing Studies in 2012. The results of these studies will be used by the HSE to set national DRG prices. This was a major project in the department in 2012 and I would like to acknowledge the work of the Financial Accountant in coordinating this project.

Audit

Following our external audit with Ernst & Young, there were no adjustments to the projected deficit of €410,554 for the year ended 31st December 2012.

Internal Audit

The Internal Audit Department carried out internal audits on Procurement, Tenders and Contracts, Theatre Stores and Implants, IT Systems, VAT and Data Protection in 2012. Theatre Stores and Implants carried a ‘Very Good’ rating while all others carried a ‘Satisfactory’ rating. A schedule of internal audits has been agreed with the Audit Committee for 2013.

I would like to thank all the staff in the Finance, Purchasing, HIPE and I.T. Departments together with our Information Manager for their support and dedication during the year. Finally, I would like to thank Mr. Gordon Dunne, Chief Executive Officer and all my colleagues on the management team for their help and support during the year.

Ms. Angela Lee

Financial Controller
## Profit and Loss Account for the Year Ended 31 December 2012

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</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>23,903</td>
<td>25,428</td>
</tr>
<tr>
<td>Patient income</td>
<td>4,093</td>
<td>5,520</td>
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<tr>
<td>Other income</td>
<td>4,002</td>
<td>2,841</td>
</tr>
<tr>
<td><strong>Total turnover – continuing activities</strong></td>
<td>31,998</td>
<td>33,789</td>
</tr>
<tr>
<td><strong>Other operating income - Grants amortised</strong></td>
<td>1,058</td>
<td>986</td>
</tr>
<tr>
<td>Staff costs</td>
<td>(20,273)</td>
<td>(21,217)</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(1,058)</td>
<td>(986)</td>
</tr>
<tr>
<td>Other operating charges</td>
<td>(12,130)</td>
<td>(12,042)</td>
</tr>
<tr>
<td><strong>Operating Profit/(loss) – continuing activities</strong></td>
<td>405</td>
<td>530</td>
</tr>
<tr>
<td>Interest payable and similar charges</td>
<td>(5)</td>
<td>(7)</td>
</tr>
<tr>
<td><strong>Profit/(loss) on ordinary activities before taxation</strong></td>
<td>(410)</td>
<td>523</td>
</tr>
<tr>
<td>Taxation on (loss)/profit on ordinary activities</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Profit/(loss) for the financial year</strong></td>
<td>(410)</td>
<td>523</td>
</tr>
</tbody>
</table>
### BALANCE SHEET

**as at 31st December 2012**

#### at 31 December 2011

<table>
<thead>
<tr>
<th></th>
<th>2012 (€’000)</th>
<th>2011 (€’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>12,717</td>
<td>12,340</td>
</tr>
<tr>
<td></td>
<td>12,717</td>
<td>12,340</td>
</tr>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stocks</td>
<td>692</td>
<td>638</td>
</tr>
<tr>
<td>Debtors</td>
<td>4,680</td>
<td>4,324</td>
</tr>
<tr>
<td>Cash at bank and in hand</td>
<td>39</td>
<td>949</td>
</tr>
<tr>
<td></td>
<td>5,411</td>
<td>5,911</td>
</tr>
<tr>
<td>CREDITORS (amounts falling due within one year)</td>
<td>(5,126)</td>
<td>(4,762)</td>
</tr>
<tr>
<td><strong>NET CURRENT (LIABILITIES)/ASSETS</strong></td>
<td>285</td>
<td>1,149</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS LESS CURRENT LIABILITIES</strong></td>
<td>13,002</td>
<td>13,489</td>
</tr>
<tr>
<td>CREDITORS (amounts falling due after more than one year)</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td>13,002</td>
<td>13,489</td>
</tr>
<tr>
<td><strong>CAPITAL GRANTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(12,775)</td>
<td>(12,852)</td>
</tr>
<tr>
<td><strong>NET (LIABILITIES)/ASSETS</strong></td>
<td>227</td>
<td>637</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>198</td>
<td>608</td>
</tr>
<tr>
<td>Other reserves</td>
<td>29</td>
<td>29</td>
</tr>
<tr>
<td>Shareholders’ funds (deficit)</td>
<td>227</td>
<td>637</td>
</tr>
</tbody>
</table>

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**Note:** The table above represents the financial statements as of 31st December 2012. The figures show the balance sheet position for the year, with a breakdown of assets, liabilities, and capital reserves.
The continued development of safe practices in all of the hospital’s activities is essential in achieving our mission (“Care for all patients through excellence”). To assist with this the hospital continued to provide a focused direction in 2012 for all services and staff in relation to health and safety and the effective management of risk.

The Health, Safety and Risk Management and Clinical Risk and Clinical Governance committees met regularly throughout the year and continuously reviewed incidents and near misses with each risk being graded and corrective action and escalation to the appropriate level where appropriate. High level risks were immediately reviewed by a multidisciplinary team and actions put in place to mitigate against the risk until its severity had been reduced.

Critical adverse events were reviewed throughout the year resulting in procedural development along with operational change in order to improve the delivery of our services delivery while maintaining a safe environment for staff, patients and visitors alike.

All new members of staff who joined the organisation in 2012 undertook induction training in health, safety and welfare issues.

Fire training continued throughout the year with a total of 240 staff members attending. The training focused on fire safety, fire fighting and evacuation techniques. The hospital conducted a full fire evacuation exercises, day time. The hospital’s fire safety consultants facilitated this full evacuation.

Moving and handling training continued throughout the year with 269 staff receiving manual handling training.

Staff information days and training sessions were held throughout the year, with emphasis being placed on key issues such as health and safety, chemical risk assessment, medical gas handling and risk management, and their overall importance for patient care.

The Dangerous Goods Safety Advisor (DGSA) conducted a number of audits of hospital practices and no critical deviations from best practice were noted. The DGSA also conducted training with key staff in the segregations of waste and chemical safety. The hospital continued to work closely with the DGSA in 2012 to complete all chemical risk assessments.

Ms. Siobhan Coughlan
Clinical Quality and Training Manager
2013 was another busy year for the Human Resources Department.

Nine people retired last year from various departments and I take this opportunity to wish them all well for the future. I would like to thank each and everyone who left in 2012 for their service to Cappagh and I am sure you all join me in wishing them well.

Severe employment ceiling restraints continued in 2012 when our ceiling for the year was reduced from 301 WTE in 2011 to 289 WTE in 2012. The outstanding commitment and dedication shown from all our staff ensured that we continued to deliver a high standard of quality with minimal disruption to patient services. Sadly one of our colleagues in Theatre, Mr. John Dawnay passed away in 2012. In November a tree planting ceremony was held in remembrance of John and Ms. Celica Hogan, RIP.

We continue to send headcount related monthly reports to the HSE and National Employment Monitoring Unit including reporting on monthly absence percentage rates, overtime costs, agency costs, maternity leave statistics and staff attrition rates.

The hospital continued with its change initiatives under the Public Service Agreement. In line with the Radiography Labour Court Agreement, new on-call and standby rates were introduced in Radiology in February 2012. We have excellent relations with all trade unions present in the hospital and their input into the modernisation agenda is greatly appreciated.

In April 2012 Human Resources launched the Cappagh Newsletter. This is a quarterly communication newsletter to all staff to keep everyone informed of hospital developments.

We began recruiting and hiring JobBridge candidates in April 2012. This scheme has been a success for the candidates involved as they gain valuable experience and training across a number of functions. During 2012 eighteen JobBridge candidates completed a placement in Cappagh and many candidates have been successful in gaining paid employment on foot of their placement here.

On the 12th June the hospital hosted a mass for the 50th International Eucharist Congress 2012. The mass was celebrated in the grounds of the hospital at the Eucharist Congress alter and was a huge success.

At the end of September 2012 recruitment for the new rehabilitation ward commenced. This was the biggest recruitment drive embarked by the hospital in a long time and twenty staff across a number of different functions were hired and commenced in their positions in a very short period of time. I would like to thank all department heads involved in the recruitment and selection process for the time they dedicated to selecting the best candidates.

I would like to thank Professor John O’Byrne, Dr. Patrick Higgins and Dr. Cormac Redahan, together with all the consultants and NCHD’s for their support in medical HR matters.

I would like to conclude by thanking my HR colleagues Johanne, Joanna and Mary for their hard work, commitment and dedication. Ms. Aoife Gallagher and Ms. Caroline Kenny left Cappagh and the Human Resources Department in 2012 and I would like to wish them well in their new positions. I would also like to express my thanks to the Heads of Departments and their staff for their cooperation with the Human Resources Department throughout what has been another very challenging year. Finally, I would like to thank Mr. Gordon Dunne, Chief Executive Officer and all my management colleagues for all their support throughout 2012.

Ms. Roseanne Killeen
Interim Human Resources Manager
Royal College of Surgeons at Cappagh Hospital
Clinical Audit and Research Report
DEPARTMENT OF ORTHOPAEDIC AND TRAUMA SURGERY, ROYAL COLLEGE OF SURGEONS AT CAPPAGH

The RCSI Department of Orthopaedic Surgery had another busy year in 2012.

The lecturers based at Cappagh National Orthopaedic Hospital from January to June 2012 were Dr. Shahril Shaarani, Dr. Mohammed Hassan, Dr. Hassan Jamil and Dr. Matthew Crockett. Dr. Jamil remained with us for a second year and he was joined in July 2012 by Dr. Yahya Elhassan, Dr. Ashwanth Ramesh and Dr. Hizabr Elhassan.

In January 2012, the RCSI undergraduate and graduate entry students commenced their musculoskeletal module and this programme continued to end of June 2012. The support of all hospital staff is much appreciated in accommodating these students.

University College Dublin, third year undergraduate medical students, attended Cappagh for musculoskeletal teaching from August to November 2012 inclusive.

The Professorial Unit would like to extend thanks to all lecturers for undergraduate teaching, in particular, Mr. Martin Walsh, Ms. Tina Traynor, Dr. Noel McCaffrey, Mr. Gary O’Toole and Mr. Keith Synnott. We would like to also extend our thanks to Professor Niall Moyna at Dublin City University who, together with his team and with Dr. McCaffrey, continues to provide a one-day teaching session for all medical students on exercise and health.

The winner of the RCSI Abraham Colles Medal, 2012 was Ms. Magdelena Bastiensen who has now progressed to Year 4 in RCSI Medical School.

In May 2012, Dr. Thomas P. Sculco, MD, Surgeon-in-Chief of the Hospital for Special Surgery New York, was our guest speaker for the Annual Cappagh Foundation Weekend.

On the last weekend of August 2012, at the Cappagh Trust / Resident’s Prize meeting, Dr. John Healey, MD, Orthopaedic and Tumour Surgeon from Sloan Kettering Memorial Cancer Centre, New York was our guest lecturer and presented two state-of-the-art lectures and also led an interactive teaching session.

At the Cappagh Trust/Resident’s Prize meeting, Drs. Emmet Cullen and Shahril Shaarani shared the 2012 resident’s prize and were each presented with a medal.

During 2012, the Professorial Unit hosted a one-day teaching event in conjunction with IBEC/Irish Medical Devices Association, for Engineers, Designers and Research and Development experts from the medical devices sector, and live interactive surgery was transmitted from theatre as part of the teaching programme. We are delighted with the success of this programme and the links with industry that this has fostered for Cappagh and RCSI. IBEC and the Irish Medical Devices Association are anxious to continue this association with Cappagh into the future, and more sessions are already planned for 2013.

The Masters in Surgery, which was set up by Professor John O’Byrne in 2009, goes from strength-to-strength in the Royal College of Surgeons in Ireland. There is an increasing demand for places on this programme. In September 2012, there were fifty students enrolled on the programme.

The department continues to develop links with CIST, IBEC, The Irish Medical Devices Association and also industry, and has received grants from Enterprise Ireland and HRB.

The Professorial Unit has also represented RCSI as part of the 3U Postgraduate Engineering Masters Degree in conjunction with Dublin City University and NUI Maynooth.

**The Professorial Unit and Haiti**

Subsequent to the devastating earthquake in Haiti on 12th January 2010, orthopaedic surgeons and nursing volunteers made two missions to Haiti during 2012. The planning and building of a new state-of-the-art hospital is well advanced and the Irish Institute for Trauma and Orthopaedic Surgery has been asked to provide orthopaedic education modules when the hospital is opened, provisionally during 2013.
Publications

Publications from the Department of Orthopaedic Surgery in 2012 can be obtained upon request. These include research published in peer reviewed journals and invited book chapters in leading textbooks.

Professor John O’Byrne          Ms. Ursula Gormally

Professorial Unit
Clinical audit has long 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 CNOH 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 Bluespier, interact to provide the supporting technological infrastructure.

Management of the information needs of all those concerned with the delivery of patient care is central to the service. This is achieved through:

- Optimum use of information systems for collection of clinical information for research, audit and administrative purposes.
- Continuous training of system users, and development of programmes in response to changing requirements.
- Regular attendance at multi-disciplinary team meetings which address specific information needs.
- Liaison with clinical information system suppliers and the IT team.
- Compliance with agreed protocols, standards and procedures in relation to information management and clinical best practice.

Significant new partnerships were established in 2012 with the UK based Specialist Orthopaedic Alliance (SOA) and the North Dublin Hospital Group (NDHG). The former involves quarterly submission of agreed benchmarking data which facilitates the process of sharing information with a view to enhancing service delivery. Participation in the latter provides a forum for presentation of high quality research at a national level.

The Joint Register

The Joint Register aims to provide lifelong review for all patients following primary and revision hip and knee replacements. Its main objective is to monitor the performance of the prostheses used in surgery through outcome measurement. It is a nurse-led clinical service that aims to undertake reviews at six months, two years, and every following five years post-op. These intervals were acknowledged in 2011 as being unsustainable within existing resources.

During 2012 the number of telephone reviews was increased to replace the physical visit to the unit of patients at two years post operative. The review format was unchanged with the exception of collecting radiological data, all other data being obtained by telephone and through postal return of outcome questionnaire. The Register policies were amended to reflect this change. This initiative resulted in a 42% increase in two-year reviews while maintaining six-month and five-year reviews at agreed levels.

Delivery of the service is dependent on continuous interdisciplinary liaison, and the contribution of all departments is sincerely acknowledged. In particular, I would like to thank the IT Department, Information Manager, OPD, PAC, Theatre, Radiology, Day Ward, Nursing Administration and all nursing staff for their valued support and cooperation.

Ms. Fionnuala Walsh
Clinical Audit and Research Manager
Nursing Administration Report
Theatre, Plaster Bay and Central Decontamination Unit Reports
Out-Patients Department Report
St. Joseph’s Day Care Unit Report
Nursing Education Department Report
High Dependency Unit Report
Cappagh Bone Bank Report
Phlebotomy Department Report
Bed Manager’s Report
Pre-operative Assessment Clinic Report
Infection Prevention & Control Report
Despite continuing budget challenges in 2012, I am delighted to say that Nursing has continued to embrace new innovations which have been supported by all members of the nursing staff. I would like to take this opportunity to acknowledge and thank them all. Their continued commitment and flexibility has been an integral part of the success of many projects this year.

Professional Development

The care and well-being of our patients has always been the highest priority of our nursing team. Nursing staff are committed to the goals of best practice and are supported to achieve these through education and training. In 2012 many staff attended external and hospital run in-service courses. All staff attended mandatory training and workshops. I would particularly like to commend the many staff who were motivated to attend study days in their own time to ensure they stay abreast of the newest developments in Nursing.

I would like to thank Ms. Rosemary Masterson and Ms. Caroline Kilcoyne for their expertise and support of all nursing staff undertaking hospital run courses and external courses. I would also like to thank the Clinical Nurse Specialists, Pharmacists and Medical and Anaesthetic Consultants for the education sessions they ran during the year.

I would like to congratulate all the nursing staff who successfully completed their Advanced Cardiac Life Support and Paediatric Advanced Life Support Training.

Innovations

- Nursing has supported the implementation of the Health Service Executive (2011) Guiding Framework for the use of a National Early Warning Score system to recognise and respond to clinical deterioration, and has recently introduced the Early Warning Score (EWS) system to all wards / areas in Cappagh National Orthopaedic Hospital. Patients admitted to Cappagh National Orthopaedic Hospital are entitled to the best possible care and need to be confident that, should their clinical condition deteriorate, that they will receive prompt and effective treatment. The Early Warning Score is a bedside score, a track and trigger system that is calculated by nursing staff from observations taken to indicate early signs of a patient’s deterioration. It is a valuable additional tool that is utilised in conjunction with the clinician’s clinical judgement about the patient’s condition. It includes respiratory rate, oxygen saturations, inspired oxygen, temperature, blood pressure, heart rate and the patient’s level of consciousness.

- Our 36 bedded active Rehabilitation Ward opened on the 1st October 2012. Patients from the Mater Hospital and Beaumont Hospital, identified by a Consultant Geriatrician as being suitable for active rehabilitation, are transferred to the active Rehabilitation Ward. Nursing care is based on the delivery of excellent quality patient care by highly skilled and competent nursing staff. Nursing, together with Consultant Geriatricians, Medical Registrars, Physiotherapists, Occupational Therapists, Speech Therapist, Pharmacist, Social Worker and Dietician all work closely together with one aim, to assist patients to return to their own homes as independently and safely as possible.

- In 2012 the number of patients admitted on the same day of surgery continued to rise, over 88% on a monthly basis. This has also led to a reduction in the length of the patient’s stay in hospital. This was achieved by close cooperation between all members of Cappagh’s multidisciplinary team.

- The Day Care Unit introduced epidural and injection information and self consent forms which are proving very beneficial for patients undergoing these procedures.

- Cappagh National Orthopaedic Hospital can be audited by HIQA at any time in relation to five standards including Hygiene, Infection Control, Decontamination, Medical Records, Quality, Safety and Risk. I would like to thank the nursing staff for their on-going commitment, focus and work ethic in relation to these. Ensuring our hospital maintains excellence in the area of hygiene remains an on-going priority for Nursing. Hygiene audits are carried out on a weekly basis in all clinical areas and results are monitored.

- HQS Accreditation - nursing policies and protocols continue to be reviewed and
updated. Training on the new Q-Pulse 5 system has continued in 2012. When complete all the hospital documentation will be accessed and updated through this.

- Nursing staff continued to work together on cost-saving measures in 2012. Ward areas were closed / amalgamated at different times during the year. Staff were redeployed or took on additional duties.

- In October 2012 Nursing implemented a quality initiative called nursing metrics in two of the hospital’s in-patient wards. This has been implemented in collaboration and partnership with the Nursing and Midwifery Planning and Development Unit (NMPDU). Nursing metrics provides a framework for how fundamental nursing care can be measured and managed. Metrics measure processes such as assessing patients for risks relating to medication management, patients observations, nursing documentation and pressure ulcers. Metrics are collected on a monthly basis and the results used to measure care. Metric indicators identify good practices but also highlight areas of poor performance. The software used is a web based system designed to collect data and create reports instantaneously thus eliminating the need to manually create reports. It provides reports individualized to each ward indicating targets achieved using a traffic light system. Collecting nursing metric data provides opportunities for nursing to deliver a standard of care that is safe, evidence based and congruent with legislative and national policies.

Plan for 2013

- Maintain the increased number of same day admissions.
- Introduction of the Productive Ward Initiative.
- Continue to expand nursing metrics to all nursing departments.
- Introduction of EWS for paediatric patients.
- Improve hospital hygiene ratings.
- Maintain hospital accreditation with HQS.
- Compliance with all HIQA standards.

I would like to thank Mr. Gordon Dunne, Chief Executive, the Management team, our Consultant colleagues, and all hospital departments for their continued support to nursing. I would especially like to acknowledge and extend my grateful appreciation to the entire nursing staff, we have achieved a great deal in a challenging climate and this is due to their on-going professionalism, hard work, commitment and dedication during 2012.

Ms. Eilish Bale, ADON retired in October 2012 after many happy years working in Cappagh, Eilish worked in Theatre, Clinical Research and Nursing Administration. On behalf of all the nursing staff I wish Eilish and all who retired in 2012 a long, healthy and happy retirement.

Finally I would like to thank my colleagues in Nursing Administration; Ms. Anne White, Ms. Eilish Bale, Mr. Kenneth O’Haire and Mr. Alan Bates for their support and hard work during 2012.

Ms. Kathy O’Sullivan
Director of Nursing
THEATRE REPORT

The theatre department had a very successful year despite budget restrictions reducing from four to three theatre capacity for the majority of the year. Theatre utilisation remained over 95% throughout the year with a throughput of 5,598 patients in the theatre and plaster bay. This exceeds the previous year total by an additional 54 joints with a department record of 85 total hip replacements in November. The ASR clinic continues to accept referrals for patients affected by the ASR recall throughout the country and our total surgical conversions to date numbers at 43.

Quality Initiatives

- Opening of Laminar Air Modular Theatres 6 and 7.
- HSE Special Delivery Unit waiting list initiatives:
  - Successful completion of PTL lists.
  - Trial “minor ops” theatre of 17 patients.
  - Mater Hospital colorectal of 18 patients.
  - Waterford/MSK/Sligo waiting lists.
  - Private patient lists.
- Staff Nurse and Theatre Assistant self directed competency based orientation preceptorship programme and log book for all newly appointed staff.
- Nursing Matter Meeting – Ms. Tara Dawson, Theatre Manager was a member of the organising committee in association with corporate sponsor PEI.
- Ms. Mary Derivan, CNM 2 was appointed as the Local Anaesthetic Nurse to support the National Clinical Programme for Anaesthesia.

Objectives for 2013

- Continued partnership with the SDU and successful achievement of targets.
- Introduction of the Surgical Care Programme for elective surgery.
- Trial of an anaesthetic led Block Room.
- Expansion of Bluespier IT programme to capture theatre utilisation.
- Implementation of NIMIS arthroscopy application.
- Trial of Quill knotless barbed suture.
- Expand trial of shape matching TKR with both Smith & Nephew and Stryker.

Staff Changes

2012 saw many changes in the department personnel. To departing staff we wish you well as you depart to foreign shores and take up promotional, educational and redeployed posts.

We also celebrate the retirement of long service members of staff – Mr. Eamon Kelly, Consultant Orthopaedic Surgeon, Ms. Eilish Bale, ADON Theatre, Ms. Elizabeth Mills, Staff Nurse and Ms. Therese McCole, Theatre Assistant. We thank you for your dedicated work in Cappagh and wish you the very best in your future endeavours. Congratulations to Ms. Michelle Carey on her promotion to CNM 1. We welcome six staff nurses, three consultant surgeons and one consultant anaesthetist to the department and look forward to meeting the challenges of the future.

We also say goodbye to our dear friend and colleague Mr. John Dawnay who passed away on June 26, 2012 following his battle with cancer. A candle service was held in the theatre tea room and a hospital tree planting ceremony was held in December to celebrate his life and contributions to Cappagh Hospital. He will be sadly missed and lovingly remembered. Donations can be made to the Cappagh Hospital Foundation and Barnardos in his name.

I would like to take this opportunity to thank the theatre clinical nurse management team, staff nurses, porters, theatre assistants, theatre secretary, CDU managers and staff, the medical board, senior management, our ward nursing colleagues, and all other departments for their dedicated hard work and continued support throughout the year.

Ms. Tara Dawson
Theatre Manager
PLASTER BAY REPORT

A total of 2,745 patients were treated in Plaster Bay, the majority of which were admitted through the Day Ward.

Procedures carried out included:

- Adult and paediatric specialised casting.
- Various injections, including viscosupplementation and Botox.
- Pinsite care and patient education for TrueLok external fixators.
- A large number of minor orthopaedic procedures were also carried out.

Development and Education

The Annual Casting Techniques course was successfully run in February 2012. The thirty participants included nurses and NCHD’s from hospitals throughout the country. Casting specialists from neighbouring hospitals facilitated at the practical sessions. Talks were given by Mr. Murali Krishna Sayana, Senior Orthopaedic Registrar and Ms. Ann Maria Byrne, Senior Orthopaedic Registrar.

Support continues to be given to the School of Nursing with the education of postgraduate students.

I would like to acknowledge the help from Portering, Day Ward and X-Ray staff in the efficient running of the area. Thanks also to all wards and departments for their continued support and for assistance in promoting the highest possible standards of patient care and excellence in the area of casting techniques.

Ms. Maura Shanahan
CNM 2

CENTRAL DECONTAMINATION UNIT (CDU) REPORT

During 2012 the Central Decontamination Unit strived to improve the service it offers by continuing to develop all aspects of the area. This year we have made improvements in the smaller areas of the unit, such as changing the layouts of reusable invasive medical devices (RIMD) sets during the washing process and also changing some of the detergent products we use. The traceability system we have in CDU has been expanded into theatre. This has allowed us to track RIMD much more rigidly and efficiently. This project has proved to be beneficial in many ways, but mostly in time saving when trying to locate sets.

Education

- All in-house training sessions were attended by staff.

Developments

- The department opening hours have been changed to allow for better team working and more efficient processing of RIMD.
- The traceability system has been extended to allow items to be transferred to specific locations within theatre.
- Work on a new CDU continues and it is hoped to move to the new unit in the coming year.

I would like to take this opportunity to thank Ms. B. Lally, Deputy Manager and the CDU team for their hard work and dedication over the last year. We have achieved a number of significant improvements in a challenging climate and this is a direct reflection on the commitment and enthusiasm of the CDU team.

Ms. Hannah McMahon
CDU Manager
OUT-PATIENTS DEPARTMENT REPORT

2012 was another busy year for the Out-Patients Department with 7,139 (including MSK) patients seen in line with HSE standards for 2012. We would like to acknowledge the efforts and commitment of all staff; medical, nursing, administration and allied health professionals who have adapted to significant changes in their workload in a very challenging year.

Staff Developments

We welcomed S/N Angela Skerry to the OPD. We said goodbye to S/N Esther Wambui who left OPD to join the staff in PAC. We wish Mr. K. O’Rourke well in his retirement from Cappagh.

OPD Developments

- MSK clinics increased in 2012 with 1,110 patients seen.
- IT developments: all PC’s in OPD were upgraded and two iMac’s were purchased to assist in viewing x-rays, MRI’s and scans from other hospitals. Preparation is in progress for the arrival of the National Integrated Medical Imaging System (NIMIS), due in 2013.
- Validation of OPD waiting lists continued in 2012 and great progress has been made. We are hoping to reduce the waiting time for new patients to twelve months by September 2013.

Education and Training

We continue to provide on-going training for our postgraduate nursing students and medical students from UCD and RCSI. Our upper limb fellows continue their fellowship under the guidance of Mr. D. Hynes and Mr. H. Mullett. All OPD staff continue to update and upgrade their skills in accordance with requirements of the department.

Plans for 2013

- To increase our clinic numbers in line with HSE requirements.
- To continue to provide a quality service to our patients by continuous monitoring and improving our hygiene standards.
- To continually update our policies and procedures.
- Await arrival of the NIMIS.
- Expand our rheumatology service.
- Expand our sports clinics.
- Reinstate our spinal service with the appointment of Mr. S. Morris, Consultant Orthopaedic Surgeon.
- To acquire a digital dictaphone system to improve the typing service.
- To provide a texting service to patients to remind them of their upcoming appointments.

Ms. Sheila Moore
CNM 2

Ms. Brigid Foley
CNM 2
ST. JOSEPH’S DAY CARE UNIT REPORT

2012 was another busy year for the Day Care Unit (DCU). A total of 7,395 patients attended DCU, an increase of 2% on 2011.

Developments

• A number of new radiological interventional procedures have been introduced to the procedure profile of the unit with the development of a closer working relationship with the Radiology Department; these include nucleoplasty (ozone injection), percutaneous discectomy and vertebroplasty.

• The development and rollout of a patient selfconsent form for epidurals and joint injections has been on going and is envisaged to be fully implemented early in 2013.

• We continue to monitor our process and service, and will continue to do so in 2013.

• The addition of a review/consulting room during 2012 will facilitate in the coming year, unit based consultation and the undertaking of minor procedures such as injection.

Education and Training

• DCU staff continue to maintain and extend their knowledge by participating in hospital provided educational opportunities and external educational opportunities. This includes mandatory and non-mandatory training. In particular, DCU staff possess and maintain paediatric life support and advanced cardiac life support training.

• DCU continues to provide an education opportunity and learning environment for nursing students and postgraduate registered nurses, as well as non-nursing personnel (work experience and JobBridge personnel).

Plan for 2013

• Provide a high standard of quality care for all patients in DCU.

• Improve waiting times for our patients by liaising with other healthcare stakeholders in improving efficiencies in delivery of care.

• Carry out a quality audit during the year.

• We are working with our consultant colleagues towards undertaking joint injections at unit level in the future.

Conclusion

We would like to take this opportunity to thank the DCU team for their hard work, dedication and commitment throughout 2012 and for working with the changes on the unit and supporting the culture of change with the view to achieving a better service for all our patients. The number of patients attending the unit continues to grow creating new challenges, which the team continue to meet. We would like to thank our colleagues in all departments for their on going support and help during the year. Finally, we would like to thank all the Nursing Administration staff and Director of Nursing, Ms. Kathy O’Sullivan for their support during 2012.

Ms. Fiona Davis CNM 2
Ms. Anita Kucharczyk CNM 2
The Nursing Education Department continued a varied programme of work throughout the year.

Four staff successfully completed our specialist Postgraduate Diploma in Nursing (Orthopaedic) programme in September. A graduation ceremony to mark this and the 2011 group’s completion was held in November 2012. Seven staff commenced the programme during 2012.

Our orthopaedic in-service education programme continued during 2012 with plans for an additional programme in 2013.

Other activities included the planning, organising and delivering of various study days and teaching sessions throughout 2012. These included:

Basic Life Support training sessions for all clinical staff.

- ECG interpretation study sessions.
- Other in-service training sessions (e.g. product updates – anti-embolic stockings and wound care, mock cardiac events, update on blood pressure control, fluid balance, limb lengthening, foot care, management of delirium, neurovascular assessment).
- Staff also attended ACLS, ALERT, Preceptorship and PLS.

Other educational and practice development initiatives in conjunction with the clinical / administrative staff included:

- A monthly bulletin advertising in-service and continuing education.
- Participation on various committees (Paediatric Review, Patient Care, Mission, Education, Nursing Clinical Audit, Wound Care, Hygiene, Medication Management, Child Protection/Vulnerable Adult).

An orthopaedic casting techniques course was held in February 2012. This course was jointly organised by Nursing Education and the Plaster Room and was facilitated with the help of experienced casting personnel from hospitals around the country.

A group involving staff from the clinical area, nursing administration and the education department is continuing to update nursing documents.

Our 14th National Nurses Orthopaedic Conference was hosted successfully in April with a variety of papers presented by nursing and medical staff.

The library was continually updated with the purchase of new books and the continued purchase of nursing journals.

Finally we would like to take this opportunity to thank all the staff from different areas who helped us throughout the year, including the Director of Nursing, Assistant Directors of Nursing, Clinical Nurse Managers, Registered Nurses, Clinical Nurse Specialists, Physiotherapists, Occupational Therapists, Social Workers, Consultants and Registrars.
HIGH DEPENDENCY UNIT (HDU) REPORT

2012 was another busy year for the High Dependency Unit. A total of 742 patients were cared for in the unit which represents an increase of 17% compared with 2011.

All HDU staff participated in various in-house mandatory training and courses ensuring continuous professional development.

We would like to acknowledge and thank Dr. McGrath, Consultant Anaesthetist for providing regular in-service educational sessions for HDU staff.

We would also like to thank S/N Kieran McCarthy for his hard work and dedication to the HDU and wish him every success in Australia. We would like to welcome S/N Sally Shuttleworth who joined our team in April.

Plans for 2013:

- Introduce ETCO2 monitoring to determine carbon dioxide levels in patients.
- Continue to provide a high quality care to all our patients.

We would like to thank all the other hospital departments who work closely with us on a daily basis for their on-going support.

BONE BANK REPORT

Cappagh Bone Bank, which includes two satellite banks at the regional orthopaedic units of Croom, Co. Limerick and Our Lady’s Hospital, Navan, is now established sixteen years. The banks collectively supply all the fresh frozen femoral head graft that is used in orthopaedic surgery throughout the Republic.

Each bank is self sufficient in providing graft for its own surgeons use and the surplus grafts are distributed on request to non-bank hospitals.

The bank also imports and distributes grafts that are not retrieved within Ireland, such as tendons or structural grafts.

Surgical Bone Donations and Utilisation

The number of grafts retrieved in Cappagh during 2012 was less than in previous years at 29%. This was a conscious decision to apply more stringent selection criteria on the volume/quantity of graft to be retrieved. The reason behind this is that the number of grafts now requested and issued per surgical procedure has changed. Fewer units of bone are required but a slightly larger volume/quantity than previously. For instance, while a procedure may have used two or three donated units of bone, changes in practice and implants now require only between one and two, on average.

There is a good stock of smaller volume graft but there is less predicted demand for it than in the past. The reduction in the number of these units held during 2012 reflects greater efficiencies and cost effectiveness in the banks.

Structural Graft

The need for these grafts continues to increase, in part due to more complex reconstructive joint and sports injury surgery, but also due to the greater availability of the grafts themselves through the USA Tissue Bank to Cappagh Bone Bank.

The bank is especially grateful to these donor families of this graft for making it available for use to benefit our patients in Ireland.
Service Developments

The extension of the document system, Q-Pulse to the satellite banks is almost complete with considerable work being carried out by the IT Departments of all three bank sites. Cappagh Bone Bank undertook the storage of autologous bone flaps for cranial surgery on behalf of another hospital as an exceptional occurrence. This service is to be formalised during 2013 with a planned application to change our tissue establishment licence.

Professional Development

Bank staff attended educational meetings on bone infections, the Cappagh National Orthopaedic Nurses Conference, undertook NHS and HSE e-learning programmes, and other related training sessions. Bone Bank staff continue to provide education on tissue banking to nursing and medical staff, and to other allied health professionals.

During 2012, to address one of the findings of the tissue establishment inspection by the Irish Medicines Board, the bank’s coordinators have worked to define bone graft characteristics and predictors of graft outcome. This has proven to be a task of mammoth proportions due to the individuality of each graft donor as well as the individual graft recipient. However, this has been a very interesting and informative challenge too.

In a broader scope, one staff member has trained as a FETAC manual handling trainer and also undertook the RSCI/HSE foundation course in infection prevention and control.

Due to fiscal constraints during 2012 bank staff were unable to attend the British Association for Tissue Banking AGM but it is hoped that some of these meetings may be held as webinars in the future. This would give greater access to the meeting for more staff at a reduction of the current cost.

With thanks to all our donors

Every year, every donor - all those kind generous people we have met – more than willing to help someone else when asked for their bone. All we can say again this year - Thank You Very Much!
PHLEBOTOMY REPORT

The Phlebotomy Department strives to provide a service of excellence to both in-patients and out-patients. Our phlebotomy service comprises approximately two-thirds of our workload while the ECG service takes up the balance.

Training in-house and out-house is a continuous important benefit to both staff and patients. Staff members have attended the Phlebotomy Association of Ireland’s (PAIRL) Spring and Autumn seminars and share information. Education continues with the development of staff in the extended role of blood culture retrieval and Hickman blood sampling, while continuously monitoring competency and complying with mandatory training sessions.

The department continues to work with the multidisciplinary teams within the hospital to maintain standards and improve performance. During 2012 there were minor changes to practice, enhancing our standards of care and safety. Phlebotomy is fully compliant with the EU Directive on Prevention of Sharps Injuries. Adjustments to work practice and staffing rosters have been made again this year to accommodate same day admissions, which have steadily increased throughout the year, providing an efficient service.

The department remains committed to the hospital accreditation process. The department carries out weekly departmental hygiene audits and continues to be involved with the Hygiene Services Committee activities.

In 2013 a Patient Satisfaction Survey will be performed looking at patient information, staff professionalism, patient discomfort, patient setting and hygiene. A Phlebotomy Service Satisfaction Survey was completed by hospital staff in 2012 with very positive results, minor adjustments were made to enhance the department.

We welcome Ms. Aisling Cosgrove to the team, Aisling is a qualified phlebotomist and we look forward to working with her. We would like to thank Ms. Gemma Collins for her work over the last several years.

I would like to take this opportunity to thank the phlebotomy team for their hard work and commitment and all our colleagues who support us in our daily routine and who have enabled us to work efficiently and happily.

Ms. Jackie O’Brien
Senior Phlebotomist
The position of Bed Manager at Cappagh National Orthopaedic Hospital continues to evolve since its establishment in April 2007.

The role of Bed Manager includes that of a Discharge Coordinator. This involves coordinating the referrals for further rehabilitation and meeting with patients and carers to discuss any issues or concerns the patient may have regarding their discharge. Daily ward round meetings were established in 2008 wherein the Bed Manager and the multidisciplinary team members highlight any discharge problems. The team consists of Clinical Nurse Managers, Medical Social Worker, Physiotherapist and Occupational Therapist. Patients who may require referral for further rehabilitation or home care packages are discussed during the daily multidisciplinary ward round. Prompt referrals and effective communication between the various disciplines allow for a more streamlined patient experience.

Bed management meetings are held weekly and are attended by members of the multidisciplinary team. Complex medical issues that may arise with future admissions are discussed. This allows Clinical Nurse Managers and Nursing Administration time to prepare staffing levels as appropriate to meet patients’ needs.

Admitting patients on the same day of surgery was introduced in April 2008. This process reduces length of stay which benefits the patient and the hospital. All Cappagh National Orthopaedic Hospital patients are eligible for admission on the same day of surgery, unless the anaesthetic team indicates otherwise. In 2012, 94% of all admissions were on the same day as surgery. This represents an increase of 29% on the previous year. The plan is to further increase this number in 2013.

Clinical audit comprises a large part of the role of Bed Manager. Patients who request further rehabilitation, patients cancelled for surgery, transfer out of patients to another care facility and the number of same day admissions are audited monthly. The purpose of auditing is to identify areas for improvement, follow up on the patient’s journey and provision of a more streamlined efficient patient-centred service.

The plan for 2013 is to continue to monitor and reduce the length of stay for patients. The newly refurbished Admissions Department is up and running and this allows for more privacy for patients during the admission process. It also gives patients an opportunity to discuss any discharge issues directly with the Bed Manager.

I would like to thank Ms. Kathy O’Sullivan, Director of Nursing and the Assistant Directors of Nursing for their on-going help and support. I would also like to thank the staff of the Admissions Department and all my colleagues in the daily multidisciplinary team meetings for their on-going support and dedication throughout the year.

Ms. Ruth Tighe
Bed Manager
The Pre-operative Assessment Clinic (PAC) continues to provide a holistic assessment using a multidisciplinary team approach to ensure that all patients attending the clinic are fit for surgery on admission. Assessments are carried out prior to surgery, thus allowing sufficient time for investigations and treatment in order to prevent unnecessary delays and cancellations. High standards of care continue to be the main goal of the Pre-operative Assessment Clinic.

The Pre-Assessment Clinic is an integral component of the patient journey through CNOH, ensuring patients admitted for surgery are well prepared both physically and psychologically. The information collected in PAC is audited and shapes the framework of the patient’s journey which ensures the best experience and outcome for them.

In 2012 the number of patients assessed in PAC was 1,783, a decrease of 2% on our 2011 figures. This decrease can be contributed to the implementation of protocols as directed by the Special Delivery Unit.

Quality Initiatives

1. Telephone triage figures for PAC for 2012 were 1,242. These have increased 2011 figures by 80.

2. PAC attendances for 2012 were 1,783.

3. Review of suspended patients – there was a total of 720 patients suspended on the in-patient waiting list by October 2012, this has been reduced to 343 patients.

4. Introduction of Early Warning Score system – training for staff took place in 2012.

5. Our nurse led clinic continues to expand. 122 patients attended PAC for pre-operative routine test and 235 patients attended post assessment for review.

Education and Training

Nurses undertaking the Higher Diploma in Orthopaedic Nursing at CNOH and Undergraduate Nurses from MMH attend the clinic for clinical training in orthopaedics. PAC staff continued their professional development by attending in-service education sessions throughout the year and also educational sessions at off site venues.

Plans for 2013

- To expand our nurse-led clinic.
- To maintain the number of patients suitable for same day admission.
- To implement the waiting list management policy 2013.
- To continue to carry out monthly audits to maintain an increase number of unit patients attending PAC.
- To move to our new department.

In Conclusion

I would like to acknowledge the help and support of the multidisciplinary team which contributes to the success of the clinic. I would also like to thank Nursing Administration and all hospital departments for their continued support and cooperation throughout the year.

Ms. Sandra O’Donovan
CNM 2
The Infection Prevention and Control (IPC) team at Cappagh National Orthopaedic Hospital (CNOH) continues to work to comply with the National Standards for the Prevention and Control of Healthcare associated infections as set out by the Health Information and Quality Authority (HIQA).

CNOH continues to comply with national targets for hand hygiene (HH) and we submit hand hygiene audits to the Health Prevention Surveillance Centre (HPSC) biannually, our last audit results appear overleaf.

Education

168 staff undertook mandatory two-yearly infection prevention and control education. Subjects covered were:-

- Hand hygiene
- Standard precautions
- Use of personal protection equipment
- Decontamination
- Waste management
- Prevention of healthcare associated infections
- Prevention and management of needle-stick injuries/splashes and use of the hospital NSI pack
- The management of a spill of blood or body fluids and use of the spill kit

116 staff undertook other IPC training including medication management and IPC that is integrated into the patient’s journey through theatre.

During the year Ms. Ruth Ray CNSp IPC attended the following education sessions:-

- Infection Prevention Society Conference 1-3 October 2012 Liverpool (Sponsored by IPS).
- Department of Clinical Microbiology, Trinity College - Focus on Infection Symposium – Thursday 6th Dec 2012.

Ms. Ruth Ray is the Irish education lead representative for the Infection Prevention Society.

Detection of MRSA is a vital part of our pre-admission process for the prevention of infection. The detection rate of MRSA in the pre-operative assessment clinic (PAC) can be seen below.

**Patients in Pre-operative Assessment Clinic**

<table>
<thead>
<tr>
<th>Year</th>
<th>Patient in PAC</th>
<th>MRSA Positive</th>
<th>Colonisation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>1448</td>
<td>35</td>
<td>2.40%</td>
</tr>
<tr>
<td>2010</td>
<td>1551</td>
<td>31</td>
<td>1.99%</td>
</tr>
<tr>
<td>2011</td>
<td>1549</td>
<td>34</td>
<td>2.10%</td>
</tr>
<tr>
<td>2012</td>
<td>1445</td>
<td>23</td>
<td>1.60%</td>
</tr>
</tbody>
</table>

CNOH had no MRSA wound infections in 2012.

Our screening, decolonisation program and early admission of patients with past history of MRSA have contributed greatly to this success. We continue to carry out surveillance on all surgical site infections and our rates for 2012 can be seen overleaf and compared to previous years. These rates compare favourably with international rates that use the same data set. (see page 38)

In our efforts to prevent medical device associated infections, our nursing staff carry out ‘care bundles’ to measure compliance with best practise in the care of these medical devices. These include peripheral vascular devices, central lines, peripherally inserted central lines and urinary catheters. An example of the results of these care bundles can be seen below and our compliance with best practise has been proven to be high. (see graphs page 37)

The IPC team partook in the Point Prevalence survey carried out by the HPSC in May 2012 and the results of the survey for HSE Dublin North are on page 38.

Due to our short length of stay, there were only 26 patients eligible to be included in the survey. We had one patient with a urinary tract infection and a second patient who had been transferred from
Hand Hygiene Observation Compliance for (Cappagh National Orthopaedic Hospital, 2012/10)

Hand Hygiene Compliance by Staff Groups
Cappagh National Orthopaedic Hosp Oct 2012

<table>
<thead>
<tr>
<th>Staff Group</th>
<th>Series1</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Staff</td>
<td>84.60%</td>
</tr>
<tr>
<td>Nurses</td>
<td>93.20%</td>
</tr>
<tr>
<td>Auxiliary</td>
<td>73%</td>
</tr>
<tr>
<td>Medical Doctors</td>
<td>72.40%</td>
</tr>
<tr>
<td>Other HC Workers</td>
<td>73.80%</td>
</tr>
</tbody>
</table>
Point Prevalence Survey May 2012

Needlestick/ Splash/ sharps Injuries 2012

<table>
<thead>
<tr>
<th>Year</th>
<th>At Theatre op table</th>
<th>Theatre away from op table</th>
<th>Anaesthetuc Room</th>
<th>CDU wash room</th>
<th>Wards</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>9</td>
<td>2.30%</td>
<td>1.70%</td>
<td>0.34%</td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td>14</td>
<td>1.60%</td>
<td>3.30%</td>
<td>0.80%</td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>9</td>
<td>0.96%</td>
<td>2.50%</td>
<td>0.40%</td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>6</td>
<td>0.97%</td>
<td>0.76%</td>
<td>0.49%</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>8</td>
<td>0.50%</td>
<td>2.80%</td>
<td>0.20%</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>16</td>
<td>1%</td>
<td>2%</td>
<td>0.60%</td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>10</td>
<td>1.5%</td>
<td>2.90%</td>
<td>0.39%</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>6</td>
<td>1.20%</td>
<td>1.40%</td>
<td>0%</td>
<td></td>
</tr>
</tbody>
</table>

Overall Primary Joint Infection Rate

<table>
<thead>
<tr>
<th>Year</th>
<th>Hip Infection Rate</th>
<th>Knee Infection Rate</th>
<th>Deep Hip Infection Rate Primary Hips</th>
<th>Deep Knee Infection Rate Primary Knees</th>
<th>Overall Deep Infection Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>2.30%</td>
<td>1.70%</td>
<td>0.34%</td>
<td>2.40%</td>
<td>1.30%</td>
</tr>
<tr>
<td>2006</td>
<td>1.60%</td>
<td>3.30%</td>
<td>0.80%</td>
<td>2.30%</td>
<td>1.20%</td>
</tr>
<tr>
<td>2007</td>
<td>0.96%</td>
<td>2.50%</td>
<td>0.40%</td>
<td>0.13%</td>
<td>0.80%</td>
</tr>
<tr>
<td>2008</td>
<td>0.97%</td>
<td>0.76%</td>
<td>0.49%</td>
<td>0.80%</td>
<td>0.00%</td>
</tr>
<tr>
<td>2009</td>
<td>0.50%</td>
<td>2.80%</td>
<td>0.20%</td>
<td>0.00%</td>
<td>0.20%</td>
</tr>
<tr>
<td>2010</td>
<td>1%</td>
<td>2%</td>
<td>0.60%</td>
<td>0.17%</td>
<td>1.30%</td>
</tr>
<tr>
<td>2011</td>
<td>1.5%</td>
<td>2.90%</td>
<td>0.39%</td>
<td>0.35%</td>
<td>0.40%</td>
</tr>
<tr>
<td>2012</td>
<td>1.20%</td>
<td>1.40%</td>
<td>0%</td>
<td>0%</td>
<td>1.60%</td>
</tr>
</tbody>
</table>

Deep Infections Rate All Procedures

<table>
<thead>
<tr>
<th>Year</th>
<th>All Procedures Infection Rate</th>
<th>Deep Infections All Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>1.30%</td>
<td>0.30%</td>
</tr>
<tr>
<td>2006</td>
<td>1.20%</td>
<td>0.45%</td>
</tr>
<tr>
<td>2007</td>
<td>1%</td>
<td>0.40%</td>
</tr>
<tr>
<td>2008</td>
<td>0.72%</td>
<td>0.34%</td>
</tr>
<tr>
<td>2009</td>
<td>1%</td>
<td>0.20%</td>
</tr>
<tr>
<td>2010</td>
<td>1.25%</td>
<td>0.57%</td>
</tr>
<tr>
<td>2011</td>
<td>1.40%</td>
<td>0.40%</td>
</tr>
<tr>
<td>2012</td>
<td>0.90%</td>
<td>0.18%</td>
</tr>
</tbody>
</table>

Point Prevalence Survey May 2012

<table>
<thead>
<tr>
<th>HSE REGION</th>
<th>HOSPITAL NAME</th>
<th>NUMBER OF ELIGIBLE PATIENTS</th>
<th>HAI PREVALENCE</th>
<th>ANTIMICROBIAL USE PREVALENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>ALL HAI N</td>
<td>%</td>
</tr>
<tr>
<td>HSE DUBLIN</td>
<td>Beaumont Hospital, Dublin</td>
<td>558</td>
<td>61</td>
<td>10.9%</td>
</tr>
<tr>
<td>NORTH-EAST</td>
<td>Cappagh National Orthopaedic Hospital, Dublin</td>
<td>26</td>
<td>2</td>
<td>7.7%</td>
</tr>
<tr>
<td></td>
<td>Cavan General Hospital, Cavan</td>
<td>206</td>
<td>7</td>
<td>3.4%</td>
</tr>
<tr>
<td></td>
<td>Connolly Hospital, Dublin</td>
<td>189</td>
<td>6</td>
<td>3.2%</td>
</tr>
<tr>
<td></td>
<td>Louth County Hospital, Dundalk</td>
<td>33</td>
<td>1</td>
<td>3.0%</td>
</tr>
<tr>
<td></td>
<td>Our Lady of Lourdes Hospital, Drogheda</td>
<td>340</td>
<td>14</td>
<td>4.1%</td>
</tr>
<tr>
<td></td>
<td>Our Lady’s Hospital, Navan</td>
<td>105</td>
<td>2</td>
<td>1.9%</td>
</tr>
<tr>
<td></td>
<td>Rotunda Hospital, Dublin</td>
<td>196</td>
<td>9</td>
<td>4.6%</td>
</tr>
<tr>
<td>TOTAL FOR HSE DUBLIN NORTH-EAST</td>
<td>1,653</td>
<td>102</td>
<td>6.2%</td>
<td>97</td>
</tr>
<tr>
<td>Adare, North &amp; National Children’s Hospital, Tribes</td>
<td>405</td>
<td>30</td>
<td>6.0%</td>
<td>27</td>
</tr>
</tbody>
</table>
another hospital with a wound infection which gave us a HAI prevalence rate of 7.6%.

The IPC team continues to be involved in monitoring ventilation and water systems in the hospital as well as being involved in the planning of any development work and the monitoring of IPC precautions during these developments. We work closely with our Facilities Manager, Maintenance Department, Theatre and CDU.

The Clinical Nurse Specialist works closely with patients who are reported to be colonised with MRSA and with staff in PAC, as well as staff in the Joint Register and the Microbiology Laboratory.

Rehabilitation Unit

In 2012 the Cappagh Rehabilitation Unit opened, this brought its own infection control challenges as patients are admitted after in-patient stays in other hospitals. Vigilance and adherence to our patient screening policy and IPC precautions have allowed the unit to function well without any infection control issues occurring for our elective orthopaedic patients.

Infection Outbreaks

In 2012 we had no outbreaks of infection in CNOH. We had one patient with a bacteraemia, two patients with Clostridium Difficile and one patient with Norovirus, none of these incidences escalated into an outbreak.

IPC in CNOH also manages, records, monitors and follows up on needle-stick/sharps/splash injuries—a summary of the 18 incidents in 2012 appears on page 38.

Ms. Ruth Ray
Clinical Nurse Specialist IPC
Pathology Department Report
Occupational Therapy Department Report
Physiotherapy Department Report
Pharmacy Department Report
Social Work Department Report
Diagnostic Imaging Department Report
PATHOLOGY DEPARTMENT REPORT

In 2012, the Pathology Laboratory processed 88,794 test requests. This represents an increase of 11% on 2011 overall. There was an increase in blood transfusion, microbiology, haematology and biochemistry requests by 17.02%, 20.07%, 17.28% and 6.16%, respectively. This is largely due to the additional workload from SSC and the Active Rehabilitation Ward. The Pathology Laboratory has continued to review and streamline the service in 2012, in order to remove duplication and enabling cost efficiencies across all four departments. The Pathology Laboratory continued with the extended working day (7 a.m.-6 p.m.), in conjunction with the same day admissions (SDA) pilot and in line with the Public Sector Agreement, which was formally rolled out on the 17th January 2011. We also continued with the new on-call work practises in line with the Public Sector Agreement, which was formally rolled out on the 1st March 2011.

Education

Ms. Laura Fleming continued her MSc. in Biomedical Science in 2012 and is due for completion in 2013. Ms. Ruth O’Donoghue undertook a Diploma in Risk Management and Quality in 2012 and is due for completion in 2013.

Blood Usage

The number of units cross-matched decreased by 34.2% in 2012, and the number of units transfused was down by 52.22%. This is due in part to a more vigilant review of blood usage and careful management of blood transfusion stocks. This, in turn with the roll out of the North East Dublin Blood Stock Management Scheme, has led to improved blood usage for the patient and cost savings to the hospital.

New Technology

The Biochemistry Department was a key driver in the ASR Depuy recall by providing strategic and clinical leadership. Going forward, the Biochemistry Department plans to repatriate trace metal analysis to CNOH.

The Haematology Department continued to undertake extensive research for the intravenous iron study in 2012 and the planned roll out is early 2013. This will lead to a reduction in blood usage for the patient and cost savings to the hospital.

The Biochemistry and Haematology Departments installed Healthlink in 2012, which has improved referral turn around time (TAT) from MMUH. An interfaced Healthlink will be implemented in 2013, further improving referral TAT from MMUH.

The Microbiology Department implemented EUCAST for antibiotic sensitivity testing in 2012. The Microbiology Department took delivery of a Vitec in 2012, which will undergo extensive validation in 2013. Blood Transfusion took delivery of the upgraded LIS (Winpath v5.3) which will undergo extensive validation in 2013. This will enable the roll out of electronic cross match, blood track and ISBT128, which will undergo extensive validation in 2013.

Ms. Marese Mullins
Laboratory Manager
QUALITY

The department continues to operate under S.I. 158 of 2006 (Quality and Safety of Human Tissues and Cells) and S.I. 360 of 2005 (Quality and Safety of Human Blood and Blood Components) as both a Tissue Establishment (Bone Bank) and a Blood Establishment (Autotransfusion/Haemovigilance/Blood Transfusion Laboratory).

Continuous improvement of the system remains one of the main objectives and is achieved through various means such as regular internal audits, monthly Quality meetings, annual management reviews, non-conformance reporting, change control, etc.

During 2013 all laboratories will be progressing with ISO15189 accreditation through INAB (The Irish National Accreditation Board). These ISO15189 standards take into consideration the specific requirements of the medical environment and the importance of the medical laboratory to the care of patients who remain the laboratory’s top priority.

Ms. Beverley Kristiansen
Quality Systems Manager

OCCUPATIONAL THERAPY REPORT

Cappagh Occupational Therapy Department established 1961 – achieving active independence from the first occupational therapy service in Ireland.

The Occupational Therapy Department had a very eventful year in 2012.

Cappagh undertook a specific initiative with the Mater Hospital from January to April 2012 to alleviate pressure on acute hospital beds. This initiative involved providing an active rehabilitation service to a maximum of eighteen beds over a three month period. Although challenging to the department, this initiative proved successful for the patients and greatly assisted in ensuring as many patients as possible were discharged directly to home.

The department undertook a service review initiative with a consultant to assess if our method of delivery was most beneficial for our patients. Following this two month project we reorganised our service delivery to the total hip replacement (THR) and total knee replacement (TKR) patient groups and now provide interactive group sessions where each patient practices the skills and tasks required for managing safely at home post operation. Each patient is then issued with a graduation certificate of competency in the required tasks. The feedback from our patients has been very positive and they have a greater confidence when returning home. Our nursing and physiotherapy colleagues have also given positive feedback for our new methods. Ms. Fiona Armstrong then presented on the project and the new practices at the Department Heads meeting in May.

The second major change in the OT service in 2012 was the inception, set up and delivery of the OT element of the new Active Rehabilitation Centre (ARC) initiative supported by the HSE under the auspices of the National Clinical Programme for the Care of the Elderly. This new service offers active rehabilitation to up to forty two patients in the over sixty five age range who have been admitted to either Beaumont or Mater Hospitals and who, when medically stable, are transferred to
CNOH ARC.  This initiative is fully supported and the department has gained four therapists to deliver the service. The overall aim of the ARC is to achieve active, functioning, independent and sociable individuals living at home. This service is operational and will continue to progress and develop as it becomes more established. It is a wonderful opportunity for the hospital to provide a much needed service to the frail and elderly population of Dublin North.

We have eight staff now in the Occupational Therapy Department and have continued to provide placements for OT students throughout 2012. Our placements this year came from University of Limerick, Trinity College Dublin and the University of Wisconsin-Madison USA. We have plans to extend our placement opportunities to include Canada and European mainland also in 2013. We are also planning to offer OT Assistant (OTA) placements in 2013.

Activity Levels:
In-patient treatments 11,378
Outpatients treatments 3,065
Total 14,443

During 2012 our liaison project with local community care services in Dublin West, Central and North ceased. This was mainly due to limited staffing to provide the service which was a difficult decision to make. We will look at this initiative again in the future should staffing levels improve in our orthopaedic service.

Plans for 2013

- To complete our THR and TKR DVD’s.
- To continue to provide student and OTA placements.
- To continue to develop the active rehabilitation service in the hospital.
- To establish a formal CPD programme in preparation for our professional registration in 2013.
- To embrace the changes in service as a result of the changing demands on our health service.

We look forward to another challenging and exciting year in 2013 and to working together with the hospital management as our health service demands.

Ms. Fiona Armstrong
Occupational Therapist Manager
PHYSIOTHERAPY REPORT

Physiotherapy Service

In 2012 physiotherapy further developed to provide a service to seven separate and distinct areas of the hospital:

1. Physiotherapists provide physical assessment, education and advice to all patients attending the Pre-Operative Assessment Clinic prior to their surgery.

2. A physiotherapy service is provided for all in-patients and day case patients under the care of a Cappagh consultant.

3. The new Active Rehabilitation Unit, set up under the auspices of the HSE Clinical Care Programme for the Older Person to provide rehabilitation to the frail elderly cohort of patients admitted from Beaumont Hospital and the Mater Hospital, opened in October 2012. Physiotherapists with expertise in neurology and gerontology are an integral part of the multidisciplinary team within this unit.

4. An out-patient physiotherapy service is provided for patients requiring further physiotherapy on discharge from Cappagh, for non-surgical patients referred from out patient clinics in Cappagh and other facilities, and for staff referred by a Cappagh consultant or the occupational health service.

5. Clinical Specialist, Ms. Tina Traynor works with the medical team in the weekly sports medicine clinics to assess and manage patients with sports related injuries and conditions.

6. Clinical Specialists, Mr. Niall O’Mahony and Ms. Mary Cassells work within the orthopaedic out-patient clinics, under the clinical governance of orthopaedic consultants, assessing new patients and referring them for appropriate management such as surgical review, physiotherapy, other investigations, advice and discharge. This service was set up under the auspices of the HSE Clinical Care Programme for Orthopaedics and Rheumatology and is referred to as physiotherapist-led musculoskeletal (MSK) triage. In addition to referrals from the Cappagh waiting lists, 1,000 patients on orthopaedic out-patient waiting lists in Waterford were transferred to Cappagh for MSK triage. This waiting list was validated and all remaining patients were seen by December 2012, providing valuable additional income for the hospital. In December 2012 a further 1,000 patients on the Waterford orthopaedic out-patient waiting list were transferred to the Cappagh MSK service for validation and MSK triage.

7. Ms. Yvonne O’Sullivan completed refresher training to continue as a manual handling instructor and resource for Cappagh staff.

Education

Senior physiotherapist, Ms. Mary Nolan commenced her Masters in Neurology and Gerontology. Clinical Specialists, Mr. Niall O’Mahony commenced his Masters in Musculoskeletal Physiotherapy and Ms. Mary Cassells completed her training in injection therapy – she now provides this service to patients under the mentorship of one of our orthopaedic surgeons. All staff completed at least thirty three hours of continuing professional development (CPD) as required by their professional body, the Irish Society of Chartered Physiotherapists (ISCP). Students from the physiotherapy schools in UCD and Trinity College underwent supervised clinical placements throughout the year. Physiotherapists also contributed to the education of undergraduate medical students and postgraduate nursing students.

Professional Association

Ms. Jill Long, Physiotherapy Manager, is President of the Irish Society of Chartered Physiotherapists (ISCP), the professional association for chartered physiotherapists in Ireland, for the term 2012-2014.

Key Performance Indicators

Five key performance indicators (KPIs) for physiotherapy were introduced in October 2012:

1. 66% of patients were discharged from physiotherapy within five days of an uncomplicated hip or knee arthroplasty.
2. 100% of out-patients reported a positive benefit from physiotherapy intervention on discharge from our service (KPI target 80%).

3. 1,249 new patients were booked into the MSK triage clinics and a further 694 were removed from the orthopaedic waiting list after validation (total 1,943), (KPI target 2000).

4. 74% of patients attending the MSK triage clinic had their condition managed effectively by the physiotherapy service, and did not require intervention by the orthopaedic or rheumatology teams (KPI target 70%).

5. 100% of patients had a valid outcome measurement performed on admission to and on discharge from the Active Rehabilitation Unit (KPI 100%).

Quality Improvement Initiatives

1. In June 2012 an external review of the physiotherapy service commenced. All staff were involved in creating a vision for the service that encapsulates what we want to achieve. The vision – “Physiotherapy – Transforming Lives through Movement and Mobility” has been incorporated into all physiotherapy information and correspondence. An implementation plan to improve the physiotherapy experience for all service users and stakeholders has commenced and a report of the review has been forwarded to Mr. Gordon Dunne, CEO.

2. Physiotherapy policies and procedures were reviewed, updated and approved. They are available on Q-Pulse.

3. Physiotherapy clinical guidelines and our “Shoulder Replacement Guide” were reviewed, updated and approved. They are available on Q-Pulse and on the physiotherapy page of the Cappagh website www.cappagh.ie

4. The introduction of a telephone reminder to patients prior to their physiotherapy outpatient appointment resulted in a 1.5% reduction in non-attendances (3.7% in 2012 compared to 5.2% in 2011).

5. The introduction of a class environment for the out-patient physiotherapy management of patients who undergo a hip replacement reduced the physiotherapy time commitment by 47%, compared with individual treatment sessions, and all patients who attended this class three months after their surgery reported a high level of satisfaction with this service.

6. In September 2012 a database was developed to record physiotherapy intervention, length of stay and reasons for discharge delays in all patients who undergo hip or knee arthroplasty. Analysis revealed that 66% of patients without complications were discharged within five days of their surgery, compared to 55% in 2011. Further analysis of this information is assisting the multidisciplinary team to work together to further reduce length of stay for these patients and will continue in 2013.

Objectives for 2013

1. A new physiotherapy –led post-operative orthopaedic review clinic for an agreed cohort of patients under the care of Orthopaedic Surgeon, Mr. Hannan Mullett.

2. A class environment for review of patients who undergo a knee arthroplasty and require physiotherapy follow-up, with the objective of reducing the amount of individual physiotherapy input required while maintaining patient satisfaction with the service.

3. Analysis of patient comments as recorded on a database developed in August 2012.

4. A joint initiative to improve physiotherapy and occupational therapy pre-operative assessment and education and to be more time efficient.

5. Continue to maintain the record of physiotherapy intervention, length of stay and discharge delays for patients undergoing uncomplicated hip and knee arthroplasty, with the objective to further reduce length of stay.
6. KPIs for the physiotherapy service in 2013:

- Patients undergoing hip or knee arthroplasty are discharged from physiotherapy within four days of surgery.
- 70% patients will report a positive benefit from physiotherapy intervention.
- 2,000 patients will be scheduled for MSK triage clinics.
- 70% patients attending MSK triage clinics will be managed effectively by the MSK physiotherapist without referral to the orthopaedic or rheumatology consultants.
- Patients undergoing physiotherapy within the Active Rehabilitation Unit will have a 50% improvement in their dependency levels.
- All patients seen in the new physiotherapy-led post-operative review clinic will be managed effectively by the physiotherapist or referred appropriately.

Ms. Jill Long MISCP
Physiotherapy Manager

PHARMACY REPORT

The same day admissions initiative became fully established in 2012. This required extended opening hours of the pharmacy; to ensure each patient’s own drugs and the drug record card were checked before surgery.

Mr. Steven Kowlessur, our Clinical Pharmacist, left in March and was replaced by Ms. Eimear Curran. Eimear has made a valuable contribution to the hospital and is a very fortunate addition to the staff.

A series of weekly lectures on different aspects of drug use were presented to nursing and allied health staff. A total of twenty two sessions were presented with an average of eleven participants per session.

Considerable savings in drug costs were achieved through generic switches and negotiated reductions in prices of some drugs.

The opening of the rehabilitation ward has put considerable pressure on the pharmacy department. Patients are generally admitted on multiple drugs and are receiving considerable medical attention, with attendant frequent adjustments to the medication regimens, placing significant demands on resources.

Pharmacy continued to participate in various committees that concern medication use including Drug and Therapeutics, Pain Management and Medication Management, aimed at increasing the efficiency and cost effectiveness of drug use in the hospital.

Mr. Charles O’Connell
Senior Pharmacist
SOCIAL WORK REPORT

The Medical Social Work Department continues to provide support and advice for patients and their families who experience social or emotional problems while attending for orthopaedic surgery. The department also provides extensive discharge planning services including planning for further rehabilitation or convalescence and liaison with community services to ensure that the benefits of orthopaedic surgery are maintained when a patient goes home.

2012 was a time of much change in the Medical Social Work Department. Ms. Mary MacDiarmada, Medical Social Work Manager went on career break in February 2012. Mary later retired in December 2012 after thirty-two years dedicated service to the department and to Cappagh National Orthopaedic Hospital. Many thanks and good wishes to Mary for the future. Ms. Gemma Cashin, Locum Medical Social Worker worked solely in the Medical Social Work Department from February to July when Ms. Eileen O’ Brien, Medical Social Worker returned from a career break. Many thanks also to Gemma and all the best in her future career. Ms. Eileen O’ Brien worked solely in the department from July to October. Ms. Sarah Davis, Locum Medical Social Worker joined the department in October to provide a social work service to the new Active Rehabilitation Unit, which opened in October 2012.

The Medical Social Workers in Cappagh National Orthopaedic Hospital are responsible for child protection and welfare issues arising in the hospital and are the designated reporters to the HSE. A new policy was developed in 2012 in relation to the non-attendance of paediatric patients following a recommendation from the Child Protection and Vulnerable Adults Committee. Our department is now responsible for regularly checking the attendance of paediatric patients at OPD appointments and a Social Worker will contact a child’s family if more than two consecutive appointments are missed to see if support can be provided to assist in attending a further appointment. The Medical Social Work Department is also responsible for managing elder abuse concerns and any issues arising in respect of vulnerable adults. Training for all staff in relation to elder abuse was provided by two senior caseworkers from the HSE in July 2012.

There has been an increased demand for the services of our department in 2012. This increase can be attributed to two things:

1. The opening of the new Active Rehabilitation Unit in October 2012 and the rehabilitation initiative from March-May 2012.
2. The increasing complexity of social and family issues that impact on a patient’s ability to recover from surgery.

The patient profile and nature of admission to hospital for patients on the Active Rehabilitation Unit means that the type of social work service provided is very different to the service provided to elective orthopaedic patients. While it is a challenge to manage two very different services from a small department, the Medical Social Work Department is constantly evolving and growing in terms of experience and in terms of the provision of additional services for patients.

The continuous professional development of the Medical Social Work Department was maintained in 2012. This is vitally important, given the impending registration of all professional social workers from May 2013. Both medical social workers attended a conference in Tallaght Hospital in November 2012 in relation to care planning meetings and the issue of capacity to consent. In September 2012 our department also took on the responsibility for ensuring that appropriate consent is sought in respect of paediatric patients, particularly children in care. Our department continues to have strong links with the Paediatric Nursing Department in responding to issues for paediatric patients attending for surgery.

The Medical Social Work Department also continues to have a close working relationship with the Pre-Operative Assessment Clinic to identify potential discharge problems and also to identify patients in need of support prior to their admission. Our department also liaises with the Bed Manager and members of the multidisciplinary team on a daily basis to ensure that the medical social work response to discharge planning issues is prompt and effective.
The Medical Social Work Department has ambitious plans for 2013 in terms of attempting to change the nature of how we record our work. A number of meetings took place with the IT department in the second half of 2012 in terms of attempting to move towards electronic notes and the electronic registration of referrals.

I would like to take this opportunity to thank the CEO and Deputy CEO for their continued support to our department in 2012 and to also thank the wider multidisciplinary team for their continued support and professionalism throughout 2012.

Ms. Eileen O’Brien
Social Work Manager

DIAGNOSTIC IMAGING DEPARTMENT REPORT

The Diagnostic Imaging Department had another very busy and productive year in 2012. We continue to provide a service for all in-patients and out-patients as well as for referrers from all over Ireland. Overall the department has increased its numbers by 1,100 examinations when compared to 2011. We have also extended department opening hours giving greater access for clinicians and patients.

The department continues to offer the most sophisticated minimally invasive spinal intervention service under the guidance of Professor Stephen Eustace and Dr. Eoin Kavanagh.

2012 saw the purchase of a new BV Pulsera for our orthopaedic theatres. The BV Pulsera is a mobile fluoroscopy system. It provides outstanding image quality at lowest possible radiation dose.

The National Integrated Medical Imaging System (NIMIS) project commenced in 2012 with the formation of our local project and a date for go-live of June 2013.

The NIMIS project will achieve a number of objectives for Cappagh:

- The installation of PACS/RIS to deliver a filmless solution for our Radiology Department.
- Delivery of a paperlite solution for Radiology.
- Ensure the rapid and secure movement of patient image data through Cappagh and the various HSE hospitals.

MRI Department

2012 was a very busy year for the MRI department. The department was awarded a VHI consultant direct settlement contract for the first year in the department’s history. This means that patients with VHI health insurance can avail of an MRI scan here at Cappagh for no direct charge to the patient. This has increased our patient numbers in the department.
and has boosted revenue for the hospital.

In 2012 we began scanning pre-operative knee replacement patients for made to measure cutting blocks to be used during their knee replacement surgery. These cutting blocks greatly reduce surgery time, allow for less instrument wastage and reduce patient blood loss during surgery. Each MRI scan performed is tailored specifically to the patient and the scans are then uploaded to the medical device site (either Smith & Nephew or Stryker) in the United States where the cutting blocks are made to the patient’s exact measurements. The two surgeons using this service here in Cappagh are Prof. John O’Byrne and Mr. Conor Hurson.

A number of research studies are on-going in the department with particular interest in clinical 3T imaging. One study that began in 2012 was in conjunction with UCD and was examining Achilles tendon injuries using diffusion weighting MR Imaging. This project was going through ethical approval in late 2012 so scanning will start in early 2013.

As with last year, the increase of interventional procedures within the x-ray department has increased the workload of the MRI department. Many patients now avail of an MRI scan, immediate medical report and an interventional procedure, if required, all on the same day.

Staff Training and Development

The Radiology Department continues to ensure hospital hygiene standards are maintained and regular risk audits are done.

Our MRI Clinical Specialist, Ms. Annette White and our Radiology Services Manager, Ms. Anne Smith attended a Philips MR user group meeting in May. This lecture day allows for MRI professionals from around Ireland and the UK to meet and discuss protocols, safety updates and on-going issues.

Mr. Johnston Burney, Senior Radiographer successfully completed a postgraduate diploma in MRI with Anglia Ruskin University, United Kingdom. Well done!

Radiographers Ms. Ciara Douglas and Ms. Mairead Williams completed the ISCD Bone Densitometry and Vertebral Fracture Assessment Course in Galway in April.

Plans for 2013

- Ensuring the smooth implementation of the NIMIS project.
- Increase access to interventional procedures for patients.
- Continue to expand the Radiology Department within the hospital.
- Continuous risk assessments within the department.
- Increase CPD training for all radiology staff.

I would like to take this opportunity to thank all radiology staff for their hard work over the year. I would also like to thank Mr. Gordon Dunne CEO, Ms. Kathy O’Sullivan, Assistant CEO/Director of Nursing, Ms. Angela Lee, Financial Controller and Ms. Roseanne Killeen, Human Resource Manager for their continued support over the year.

Ms. Anne Smith
Radiology Services Manager
Medical Records Report
Stores/Purchasing Department Report
Hip and Knee Implant Systems Report
Quality Department Report
MEDICAL RECORDS REPORT

Staff Changes

Ms. Gillian Beattie has taken up the role of Radiology Information System Manager with specific responsibility for integration of the National Integrated Medical Imaging System (NIMIS) and Ms. Susan Grimes commenced her role in Nursing Administration in October.

The Medical Records Department has been participating with the National JobBridge scheme; Ms. Laura Joyce and Ms. Stephanie Graham undertook training in the service in July and Mr. Des Hughes and Ms. Sylvia Dunne in November.

Initiatives

The department completed the removal of all charts up to 2010 to off-site secure storage and the chart room has been transformed into a very easily accessible and manageable work area.

The Special Delivery Unit (SDU) waiting list management policy for out-patient services was rolled out in 2012; this involves a lot of reorganisation of waiting lists and changes in work practices in order to comply with national waiting list targets.

Projects

The Bluespier trial was rolled out to the entire Medical Records Department in 2012. The aim of this project is to make patient clinical information easily and quickly accessible. It is planned to transfer OPD correspondence to Bluespier in 2013.

The Out-Patient Department commenced rolling audits of all patients attending to ensure that dictation was completed on all attendees.

Throughout the year the department, in conjunction with the Quality Department continued to conduct regular medical record audits against both national standards and our accrediting body, CHKS, standards.

I would like to thank all the staff in Medical Records, OPD, PAC, MRI and Theatre for their continuing hard work, team spirit and dedication throughout the year.
2012 was another busy year with over 4,500 orders placed with suppliers and more than 4,900 deliveries received into stores. This resulted in the issuing of 74,638 units of stock to user departments. Administration of these stock movements have been greatly improved through the use of web based requisitioning and allocated ordering days for each department. The use of web requisitioning has also provided a clear audit trail and concise identification of end user needs, while facilitating order book management. The level of manual requisitions has decreased drastically over the past three years and this has led to significantly less purchasing errors in both ordering and issuing materials.

Additional cost savings were small in 2012 due to this area being thoroughly exhausted in 2010 and 2011. Some small savings were achieved locally with the change of specifications or supplier. In addition, several contracts were awarded through the Hospital Procurement Services Group (HPSG) and a tender for the hip and knee contract was published.

In conjunction with the HPSG, many new product evaluations were conducted during the year. The process was refined to include Theatre, Nursing Administration, Infection Control and Quality. The evaluations continue to support the goals of best practice, value for money and quality products.

Value added tax (VAT) was another area that was investigated during the year. This led to a favourable change in the VAT rate, in conjunction with the Revenue VAT Interpretation Branch, for a small range of products which resulted in a VAT rebate in excess of €100K so far. This project is expected to conclude in May 2013. As a result of this project, an internal VAT audit was completed and determined that VAT is being properly managed within the hospital.

In 2013 there will be a new emphasis on internal audit controls, reductions in stock levels across the hospital and the development of new inventory policies. Cost savings and collaboration with the HPSG will continue to be priorities.

Finally, I wish to thank all departments for their cooperation in 2012.

Mr. Trevor Smyth
Purchasing Manager
In 2012, the Hospital Procurement Services Group (HPSG) initiated a tender process on behalf of Cappagh Hospital to renew the contract for the supply of hip and knee implant systems and associated technical support to this unit. The renewed contract awarded to incumbent suppliers by the HPSG for the hip and knee product category will not reflect further cost savings as part of the hospital’s continuous drive to reduce costs in 2013.

At national level during 2012 the Health Service Executive (HSE) continued with the development of a national procurement strategy to encompass the wide range of orthopaedic implant product categories under one national contract including hip and knee systems supplied to Cappagh. For the interim the HSE has implemented a national framework agreement with incumbent and other viable suppliers. This HSE strategy to consolidate national purchasing power to achieve savings and meet clinical requirements involves an interdisciplinary group consisting of lead clinical end-users; a theatre clinical nurse manager, regional HSE managers, and a procurement representative. Elected participants representing this unit will continue to provide input in relation to the HSE strategy during 2013.

At unit level, there was no significant deviation in the volume of high cost revision and reconstruction specific implant systems based on the hip and knee patient profile mix treated at the unit in 2012.

There was a moderate deviation in system types used during 2012 which reflected an overall reduction in the use of cemented systems and an increase for hybrid and cementless systems respectively;

- 45% of hip replacement procedures were cemented systems.
- 25% of hip replacement procedures were Hybrid cemented/cementless systems.
- 25% of hip replacement procedures were cementless systems.

Clinical preference for ceramic on highly cross linked polyethylene bearing surfaces for hip replacement surgery continued during 2012. This preference continues to reflect a reduction of the costs associated with ceramic on ceramic options. 2012 also reflected increased usage in ranges of plating and fixation implant systems in line with increased procedure volumes of foot and lower limb surgeries. Implant costs for spinal surgeries continued to decrease during 2012.

During 2012, a selection of clinical end-users expressed an interest in trialling a new design relating to knee replacement surgery which involves the design of a custom fit cutting block/instrument mapped to each recipient patient’s MRI. The rationale for using this custom device claims to improve the associated implant fit whilst reducing surgery time and instrumentation requirements in the operating room environment. The associated implant costs reflect significant savings per knee replacement procedure.

Training and Education

In 2012 Mr. Damien Gannon successfully completed and achieved a Bachelor of Business Honours Degree awarded at Level 8 by the Higher Education & Training Awards Council (HETAC).

Mr. Damien Gannon
Purchasing/Supplies Officer
QUALITY DEPARTMENT REPORT

2012 started on a high note with the hospital being re-awarded full accreditation from the international accreditation body CHKS. The reaccreditation was as a result of a week long assessment by CHKS auditors in March 2011. The period of accreditation is from the 25th of January 2012 to the 31st of March 2014 where after the hospital will have to undergo another full assessment against the CHKS International Accreditation Programme for healthcare organisations standards.

Cappagh’s CHKS client manager carried out a monitoring visit on behalf of the CHKS accreditation awards panel on the 12th of September 2012 and on the 18th of September 2012 we were notified that the awards panel was satisfied that the high standards which enabled Cappagh to achieve accreditation are being maintained and our accreditation award will continue until the March 2014 expiry date.

In June 2012 the Health Information Quality Authority (HIQA) published the National Standards for Safer Better Healthcare. The aim of these standards is to assist in driving improvements and promote responsibility and accountability for the quality and safety of healthcare in Ireland. By incorporating national and international best available evidence, the standards promote healthcare that is up to date, effective and consistent. The standards provide a basis for planning and managing our services and measuring improvements as well as identifying and addressing gaps and deterioration in the quality and safety of the services provided.

The standards are grouped according to eight 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 information.

The Quality Department continued to provide Q-Pulse Document Module training for hospital staff in 2012. Both group and individual training sessions were run throughout the year. By the end of 2012 67% of staff had completed their training and competency assessments and are now using the live Q-Pulse database. 19% of staff had completed training but still have to complete their competency assessment before they can access the live Q-Pulse system. 14% of staff are yet to be trained, this training is hoped to be completed by mid 2013.

The Quality Department welcomes and promotes feedback of any kind, both positive and negative, from patients. One of the mechanisms used to achieve this is the use of comment cards and surveys. In 2012, of the satisfaction surveys / comment cards returned 45% of people rated their overall experience in Cappagh as excellent, 12% of people rated it as very good, 27% of people did not indicate their overall experience but these patients did rate their experience of the individual services very highly.

Quality review meetings were held at quarterly intervals throughout 2012 to allow quality activities to be presented and discussed with senior management and for actions to be identified as required.

Finally we would like to take this opportunity to thank all staff for their continuing support and cooperation throughout the year.

Ms. Claire Falvey
General Quality and Training Manager

Ms. Siobhan Coughlan
Clinical Quality and Training Manager
Technical Services Report
Catering Department Report
Hygiene Services Committee Report
Portering and Household Services Department Report
2012 saw many changes in the department with Ms. Collette Gleeson leaving her role as Interim General Services Manager in May, after ten years of service to the hospital. Due to Collette’s resignation, a review of the role was undertaken and some parts of the role were re-assigned to Human Resources, Quality and the CEO’s office. The remaining parts of the role were redefined and I have been in the position as Interim Facilities Manager since June 2012.

The following areas are now under the remit of the Technical Services Department:

- Catering
- Household and Portering
- Infrastructure and refurbishment
- Maintenance (with the exclusion of medical devices)
- Reception Services
- Security
- Transport Services
- Utilities and Waste

The major achievements in the department in 2012 included:

- Redevelopment of the CDU (on going)
- Installation of the physical infrastructure for the NIMIS project (on going)
- Implementation of the Q-Pulse Maintenance Requisition system
- Refurbishment of St. Mary’s Ward ahead of the opening of the rehabilitation service
- Communal dining provided on St Mary’s Ward
- New financial recording system installed in the catering department to track various streams of food costs
- Assisting the hospital in achieving CHKS accreditation
- Compilation of a complete asset list for all mechanical plant
- Significant savings achieved on the procurement of electricity

Rehabilitation Service

The Rehabilitation Service commenced in St. Mary’s Ward in October 2012. This was a new undertaking for the hospital, and provided unique challenges for the support services due to the increased patient numbers, the patient profile and the type of care provided. The provision of services to these patients has been achieved with no increase in headcount for the support services, which reflects the dedication and hard work of the staff involved.

2013 Look Ahead

Plans for 2013 include:

- Completion of the CDU development
- Installation of a Building Management System to control the heating systems around the hospital to improve comfort levels and reduce energy consumption
- Each room in the hospital will be assigned a unique code, which will assist in the preparation and implementation of various risk assessments, tracking of maintenance, etc.
- Installation of a back up chiller and alarm system for the MRI chilled water system

I would like to take this opportunity to thank all of the staff in the department for their dedicated hard work and continued support throughout the year.

Mr. Michael Hogan
Interim Facilities Manager
CATERING DEPARTMENT REPORT

During 2012 the Catering Department continued to provide a quality service for all our patients, visitors and colleagues.

**Development**

We had considerable development within the department during 2012:

- All menus were redeveloped taking into account balance, diet restrictions, specific requirements and nutritional aspects.
- A new dietician was appointed to help with patients dietary needs and to create a greater awareness of nutrition and healthy eating.
- We continually review customer comment cards in the restaurant and this provided us with constant feedback and facilitated us in maintaining and improving our service. We continued to visit our patients to get their views in order to improve their stay and our service.

**Training**

All team members conducted further training including Fire, Manual Handling, Hand Washing and Infection Control, Food Safety, Chemicals and Q-Pulse, in order to maintain the highest levels of safety and service.

The hospital remained open during Christmas 2012 and our usual catering service was continued throughout this period.

It is still a very challenging time within the department but our main focus is, as always, on the service we offer to our patients, visitors and colleagues.

We hope to continue in 2013 with our progression and development.

I would like to thank other departments and managers who work with us on a daily basis and also my own team for their continued work and commitment to the Catering Department.

Mr. Andrew Samuel
Interim Catering Manager

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HYGIENE SERVICES COMMITTEE REPORT

The Hygiene Services Committee met on six occasions in 2012. The purpose of this committee is to ensure a multidisciplinary cohesive approach to all hygiene services provided throughout the organisation, to ensure all patients, visitors and staff have a safe, clean and hygienic environment and to ensure compliance against all relevant national and internal standards and best-practice guidelines pertaining to Hygiene Services.

The committee’s meeting agenda in 2012 was as follows:

- Actions arising from the previous meeting
- Environment and facilities
- Hand Hygiene
- Catering
- Management of Laundry
- Waste and Sharps
- Equipment
- Training
- Health, Safety & Risk Management (Hygiene Services related issues)
- Hygiene Services Key Performance Indicators
- Patient Feedback
- Associated Standards
- AOB (Any Other Business)

**Analysis of Audit Results**

**External Audits** - Cappagh National Orthopaedic Hospital’s Hygiene Services was not assessed in 2012 by any external auditors.

**Internal Audits** - Throughout 2012 the hospital’s Quality Department continued to coordinate and collate the hygiene audits completed throughout the hospital. A total of 414 internal hygiene audits were carried out by personnel working within and external to the department being audited.
The table above shows the average hygiene audit scores for 2012 and compares them to those of 2010 and 2011.

**Arrows** (↑, ↓, ↔) = Indicates if department average scores have gone up (↑), down (↓) or remained the same (↔) on the previous years scores

Any audit scoring less than 85% had a follow up audit within two weeks. In addition to the audits listed above, unannounced spot check hygiene audits were carried out throughout the hospital by teams of volunteers, ID badge and uniform compliance checks were carried out by nursing personnel and nursing management. The Infection Control Clinical Nurse Specialist conducted numerous audits based on Hand Hygiene and Infection Control Standards in all areas.

Corrective actions were put in place as a result of each audit as required. Some required changes and/or improvements to be made to physical infrastructure which required capital input to develop and improve areas, with clinical areas being given priority.

The key performance indicator (KPI) relating to the level of compliance achieved in audit remains a mean score of above 85% compliance.

The results of all audits were presented to the Hygiene Services Committee throughout the year, non-conformances are identified and timelines put in place for these corrective actions to be completed in a timely manner.
Conclusion

The Board of Directors, Hospital Executive and Management Team are committed to continual improvement of hygiene services throughout the hospital. The Board regularly reviews key performance indicators such as external audit results, internal audit results, infection rates, complaints and comments to assess the performance of the organisation with regard to hygiene standards and it is a key goal of hospital management to improve the patient, staff and visitor experience through developing hygiene services at Cappagh National Orthopaedic Hospital.

PORTERING AND HOUSEHOLD SERVICES DEPARTMENT REPORT

The Portering and Household Services Department continued in 2012 to play a quality role in the delivery of a high standard of patient care and service to other hospital departments.

Quality Improvements

Monthly hygiene audits took place in all clinical and service areas followed by a review and corrective action programme. This has ensured compliance with national standards and continuous improvements within the department.

An awareness of the importance of waste segregation and recycling continued to be a major focus for the department in 2012.

Training

Throughout the year the department continued to work towards the high standards of hygiene essential in the hospital.

All members of staff received further training in relation to hygiene and infection control, with an emphasis on the importance of hand washing.

All staff attended mandatory training and re-training in Manual Handling and Fire Safety.

Staff Changes

On 26th July 2012, after a short illness we lost one of our esteemed colleagues – Mr. John Dawney. John worked in the theatres in Cappagh Hospital from 1990 to 2012. He is sadly missed by all of his colleagues.

I would like to thank all Portering and Household Services staff, in particular Ms. Ann Keely, Ms. Theresa Watson, and Mr. Tommy Fitzpatrick for their hard work and cooperation during the year and for their valued contribution towards maintaining the national standards.

Mr. Declan Brennan
Portering and Household Services Manager
MISSION STATEMENT

We are inspired by the love of Catherine McAuley and the Sisters of Mercy.

At Cappagh National Orthopaedic Hospital 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.
PATIENT CARE COMMITTEE REPORT

Active Rehabilitation Unit

The Special Delivery Unit (SDU) under the direction of Minister for Health, Dr. James Reilly TD, has set up clinical care programmes as key efforts to address the identified difficulties and delays delivering appropriate care to meet the needs of the various patient groups within the Irish health system.

The Active Rehabilitation Unit (ARU) of CNOH is a consequence of the SDU proposed solution to improve services. The ARU opened in CNOH on 2nd October 2012 and has been most successful both in its ability to deliver excellent care to the frail elderly group of patients and also in its expansion of the services available within the hospital.

The ARU is being funded by the Frail Elderly Clinical Care programme and is providing a dedicated rehabilitation service to patients who are admitted to either the Mater or Beaumont Hospital with an acute medical episode.

These patients are in the over 65 age group and once medically stable are transferred to CNOH for their rehabilitation. There is a multidisciplinary team available in CNOH including nursing, medical, occupational therapy, physiotherapy, social work, speech and language therapy, and dietician. This team works with the patient over a time period of up to six weeks gradually improving the level of independence of the patient aimed at returning that patient to their home environment. The service involves one to one assessment of function, personal care, mobility and balance, kitchen tasks, cognition (memory, task planning, sequencing, etc), perception and motivation. The therapy programme is then planned and delivered to improve and/or teach the various skills required by the individual to return home to their normal environment. A home visit is conducted to ensure safe functioning in the home environment and to assess the need for involvement of any support services. This service is the first dedicated one of this type in Ireland to date and has more than delivered on expectations.

Statistics from ARU (October 2012 to April 2013)

- 149 admissions to the ARU to date, 36 of whom are current inpatients.
- 79% discharged patients have returned to their home.
- 4 patients have been transferred back to the referring hospital with acute medical issues.
- 5 patients have been referred to extended care as returning home proved unachievable (0.04%).

The funding has been secured for the ARU in CNOH up to the end of 2013. We anticipate this will continue into 2014 also.

Awards and Achievements

Cappagh National Orthopaedic Hospital has won the CHKS Improvement award for quality. We had been one of five shortlisted in Europe and won the award at a ceremony in London in May 2013. This is recognition of the dedication, quality and effort of all of the hospital staff in delivering an excellent standard of patient care. We are delighted with this award and hope to display the plaque and an explanatory note in the front hall.

Catering

Andy and his team continue to provide an excellent service and have received very positive feedback from both patients and visitors. There are regular ward visits to inquire from patients about their experience of catering and Andy is planning to display some of the comments in the restaurant for all to see. Andy is proactive in dealing with any concerns or complaints and speaks to any patients who are unhappy with the service, taking on board any suggestions or comments for service improvements.

Special Delivery Unit Targets

Cappagh has achieved all of the time frame targets set by the SDU for orthopaedic surgery referrals and waiting times. In addition to this, we are 35% ahead of our service plan for 2013 which will allow for additional activity in the final quarter of 2013 with additional funding.

Nursing Metrics

Cappagh National Orthopaedic Hospital is one of a number of pilot sites chosen for a nursing metrics quality of care study. Key performance indicators of the study have been identified as discharge planning, medication safety and storage, patient nursing observations (e.g. blood pressure, temperature, fluid intake, etc.), nursing documentation and care plan. There is also a nursing care feedback questionnaire for patients to complete. This study is progressing very well and the nursing staff are planning to continue with many aspects of the study beyond the allocated time frame as it has been very useful and user friendly for the staff in gathering essential patient medical information.
New Services within Orthopaedics

There continues to be additional specialised services available for patients in CNOH. We have a new Pain Management consultant, a consultant with a specialty in spinal surgery, and an upper limb specialist. We had a recent GP information evening where our consultant radiologist presented on the new diagnostic services available in CNOH.

HIQA

The Health Information and Quality Authority (HIQA) is drafting new national standards for safer, better healthcare. There is a template for hospitals to use to ensure compliance with these new standards and the patient care committee will be driving these standards in-house going forward.

Length of Stay

We have set up an internal length of stay committee aimed at reviewing the services delivered and improving them to ensure they meet patient needs. We are producing an information booklet which will advise patients pre-admission what needs to be organised at home to ensure a smooth return home as soon as they have reached their rehabilitation goals post operatively. Our experience is that patients are very eager and happy to share the responsibility for their rehabilitation and care.

Ms. Fiona Armstrong
On behalf of Patient Care Committee
At the Foundation people come first. Our mission is to improve lives and we dedicate ourselves to health and well-being. We do this by providing opportunities to give so that Cappagh National Orthopaedic Hospital can offer more people the best possible care using first class facilities and highly innovative medical procedures.

The funding donated through the Foundation has made a huge impact and allowed capital projects to be completed earlier than would normally be possible and with tangible patient benefits.

The Foundation payroll giving scheme, in operation in businesses throughout the Republic, continues to be a valuable and steady source of income. We are extremely grateful to the management and staff of all companies on our payroll giving scheme for their cooperation and support during 2012, and we look forward to their continued assistance in 2013.

The collection box scheme continues to be a valuable source of income and we deeply appreciate the support of all outlets.

Most of our annual traditional events took place again in 2012. The spring raffle in March was well supported by our ex-patients and friends, as was the Great Cappagh Walk and Garden Party which was held in the grounds of the hospital in September. Our annual golf outing took place at Newlands Golf Club in May and was well supported by our corporate benefactors.

With the continuing recession and its associated austerity, there remains intense competition for charitable funds. In 2012 the Foundation completed an intensive fundraising strategy review which resulted in a new and contemporary rebranding, the acquisition of two high profile patrons, Mr. Francis Brennan and Ms. Mary O’Rourke, and the identification of a 3-5 year development plan for the hospital. The Foundation also welcomed Ms. Dana Blaga and Ms. Valerie Donnelly to the team; Dana manages our communications and volunteer relations and Valerie manages corporate relations and payroll giving.

We remain indebted to the many ex-patients, friends and staff of Cappagh National Orthopaedic Hospital who continue to lend their support to our fundraising campaign. We thank you sincerely for all your assistance during the year and look forward to working closely with you again in 2013.

Finally may I express my thanks and appreciation to my fellow trustees and the staff of the Foundation office for their support and commitment to our fundraising endeavours during 2012.

Mr. Jim Carr
Chairman
Executive Council Members

Mr. Gordon Dunne (Chairman)
Ms. Angela Lee
Ms. Roseanne Killeen
Ms. Kathy O’Sullivan
Dr. Patrick Higgins
Prof. John O’Byrne

Medical Board Members

Prof. John O’Byrne (Chairman)
Dr. Brid McGrath (Hon. Secretary)
Ms. Noelle Cassidy
Mr. Denis Collins
Mr. Paul Connolly
Mr. Sean Dudeney
Mr. Darragh Hynes
Mr. Paddy Kenny
Mr. Peter Keogh
Mr. Ray Moran
Prof. Kevin Mulhall
Mr. Hannan Mullett
Prof. Damien McCormack
Mr. Shea O’Flanagan
Mr. Gary O’Toole
Mr. Keith Synnott
Dr. Frances Conway
Dr. Nick Eustace
Dr. Kim Hunter
Dr. Avine Lydon
Dr. Máire McCarroll
Dr. Frances O’Donovan

Dr. Cormac Redahan
Dr. Conor Hearty
Dr. Brendan McGarvey
Prof. Stephen Eustace
Dr. Grainne Kearns
Dr. Conor Mc Carthy
Prof. Geraldine McCarthy
Dr. Maureen Lynch
Dr. Conor O’Keane
Dr. Peter O’Gorman
Prof. Dermot Power
Dr. Joseph Duggan
Dr. Miriam Langdon
Dr. Patrick Higgins
Mr. Niall Hogan
Mr. Donough Howard
Dr. Eoin Kavanagh
Mr. Paul Moroney
Mr. Conor Hurson
Mr. Rob Flavin
Ms. Geraldine O’Leary
Mr. Michael Donnelly
Mr. Kieran O’Shea
Mr. Paul Curtin
Mr. Seamus Morris
Dr. Siobhan Forman

Hospital Management Team

Mr. Gordon Dunne (Chief Executive)
Ms. Kathy O’Sullivan (Director of Nursing/Deputy Chief Executive)
Ms. Angela Lee (Financial Controller)
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