



# Care Cherish Treat



## Annual Report 2010

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Founded 1908



# BOARD OF DIRECTORS



Tony Kilduff  
*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*

# CONTENTS

## CONTENTS

History of Cappagh National Orthopaedic Hospital .....	4
Annual General Meeting .....	6
Report of the Chairman of the Board of Directors .....	7
Report of the Chief Executive .....	8
Departmental Activity .....	10
Report of the Chairman of the Medical Board .....	12
Financial Report .....	14
Summary Financial Statements .....	15
Health, Safety and Risk Management Report .....	16
Human Resources Department Report .....	18

## MEDICAL

Department of Anaesthesia Report .....	20
Royal College of Surgeons at Cappagh Hospital .....	21
Clinical Audit and Research Report .....	23

## NURSING AND ALLIED DEPARTMENTS

Nursing Administration Report .....	25
Theatre, Plaster Bay and Central Decontamination Unit Reports .....	27
Out-Patients Department Report .....	30
St Josephs Day Care Unit .....	31
Nursing Education Department Report .....	32
Cappagh Bone Bank Report .....	33
Autotransfusion Report .....	34
Phlebotomy Department Report .....	34
High Dependency Unit Report .....	35
Bed Managers Report .....	36
Pre-Operative Assessment Clinic Report .....	37

## ALLIED HEALTH PROFESSIONALS

Pathology Department Report .....	39
Occupational Therapy Department Report .....	40
Physiotherapy Department Report .....	42
Pharmacy Department Report .....	43
Social Work Department Report .....	43
Diagnostic Imaging Department Report .....	44

## ADMINISTRATION

Information Technology Report .....	47
Medical Records Report .....	49
Admissions Department Report .....	49
Stores/Purchasing Department Report .....	50
Hip and Knee Implant Systems Report .....	51
Quality Department Report .....	52

## SUPPORT SERVICES

Maintenance Department Report .....	56
Catering Department Report .....	57
Hygiene Service Committee Report .....	58
Portering and Household Services Department Report .....	61
Mission Statement .....	62
Cappagh Hospital Research and Development Trust Report .....	63
Boards and Committees .....	64

## 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 T.B. 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 with one full time teacher working there. In addition, Occupational Therapy was introduced from an early date and patients were taught handcrafts 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 were reduced to 164 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.

Here history repeated itself because this was only the third of its kind in existence, one in England, one in Switzerland and one in Cappagh. In 1989/1990, two additional Clean Air Operating Theatres were added, again the most modern available.

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 Department 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 the patients and staff was opened in 1987 and a new Out-Patients Department was opened in 1995. A major hospital development programme remains with the Department of Health and Children. The first phase of the development commenced in July 1997 with the building of a 150 seated Auditorium, which 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 Course in Orthopaedic Nursing for this Hospital by the Royal College of Surgeons in Ireland for Postgraduate Nurses. Since 1999 this course has been upgraded to that of a Higher Diploma in Nursing Studies (Orthopaedic Nursing).

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 16<sup>th</sup> 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 2<sup>nd</sup> 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 Orthopaedic Hospital. Two paediatric wards were redecorated and a sensory garden was developed.

Also in 2010 a development plan was agreed with the HSE for the installation of three new pre-designed drop-in theatres at a cost of €5m. Work commenced on the project in the latter half of 2010 and it is hoped to have the new theatres fully operational by mid 2011.

Work commenced in 2010 on a new MRI building. The building will house a new 3T MRI scanner.

In 2010, the hospital once again achieved a "very good" in the National Hygiene Audit carried out by HIQA.

Cappagh continues to be the major centre for elective orthopaedic surgery in Ireland. At the present time the hospital has the services of 22 Consultant Orthopaedic Surgeons, each with a major sub-specialty, 4 Consultant Rheumatologists, 9 Consultant Anaesthetists, 2 Consultant Radiologists, a Consultant Haematologist, a Consultant Pathologist and a Consultant Microbiologist, each giving their expertise to Cappagh.

## ANNUAL GENERAL MEETING

**DATE:** 21st JUNE 2011

**TIME:** 13.00 HOURS

**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 2010.

Appointment of Hospital Auditors.

Any Other Business.

## REPORT OF THE CHAIRMAN OF THE BOARD OF DIRECTORS



### Financial Status:

It gives me pleasure to report that the hospital has maintained activity levels set against a background of diminishing funding. The collective determination of all staff has ensured that yet again the hospital has delivered on a change program to ensure patients are not disadvantaged in financially austere times.

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.

### Development Plan:

It is with great pleasure I can conclude the year with the announcement that the hospital has achieved a major element of its development plan with the completion of three new operating suites and supporting infrastructure. This major capital investment in the structure of the hospital will ensure the capability of delivering service in state of the art facilities well into the future.

The hospital has also, with the assistance of much fundraising, commenced on development of a 3Tesla MRI suite. This facility will be the first of its kind available to public patients, will allow for new minimally invasive procedures to take place and offers image quality never before available. This development will also ensure much reduced waiting times for patients.

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

### Activity:

In 2010 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.

### Board of Directors Retirements/New Directors:

I would like to thank, on behalf of the Board of Directors, Mr. Aidan Gleeson who availed of an early retirement scheme from his term of office as Chief Executive of the hospital at the end of December 2010. Mr. Gleeson had worked tirelessly for the hospital as Chief Executive and Board Director.

I would like to thank Mr. Danny Dunne who retired from the Board of Directors during the year for his dedication and hard work. I would like to welcome Mr. Gordon Dunne, who took over as Chief Executive Officer of the hospital. I would like to welcome Ms. Angela Lee who took up position as Financial Controller in 2010. I would like to thank all of the Directors for their continued effort and support during 2010.

	Activity 2009	Activity 2010	HSE Target 2010
In-Patient	2230	2475	1970
Day Case	8076	8177	8100
Out-Patient	8091	8783	8190

### 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 hard work and dedication during 2010.

I would also like to thank the Executive Council and Medical Board for their efforts during 2010.

I would like to convey to the Chief Executive, Mr. Gordon Dunne, and to all the staff at Cappagh National Orthopaedic Hospital at all levels, in all disciplines, and in all services, the appreciation of the Board of Directors for their ongoing dedication to patient care and their commitment to excellence. The hospital continues to be at the forefront of developments in Orthopedics, both nationally and internationally and this is achieved as a result of the hard work and commitment of everybody involved with the hospital.

Together we look forward to working to achieve our aims and objectives in 2011.

**Tony Kilduff,**

Chairman, Board of Directors.

## REPORT OF THE CHIEF EXECUTIVE OFFICER



### Financial Status:

I am glad to report that Cappagh National Orthopaedic Hospital achieved target patient activity for 2010. Our budget was reduced by approximately 10% and a major cost containment plan was implemented during the course of 2010,

which involved major change in the manner in which service is delivered.

The staff and management are to be commended for their efforts in achieving this. This would not have been achieved without their combined efforts to contain costs whilst maintaining levels of patient care. The national economic climate will dictate that further changes are necessary in the years ahead to restructure the manner in which the hospitals services are delivered, to ensure best value is achieved.



### Service Developments:

It gives me great pleasure to report that 2010 was a good year for Cappagh National Orthopaedic Hospital. The hospital continued on its quality development and succeeded in retaining its CHKS accreditation and remains the highest rating hospital in HIQA's Hygiene Audit.

The hospital completed part of its major development plan with the addition of three new operating suites and full upgrade of supporting infrastructure. In addition, work commenced on the development of an additional 3 Tesla MRI suite – the first of its kind available to public patients in the state. This new MRI utilises cutting edge technology

to ensure the best quality images are available to enhance diagnostic capability and, in addition to our existing MRI, ensures a major reduction in waiting time for diagnostics.

These significant investments underline Cappagh Hospital's commitment and dedication to ensuring the highest quality clinical service and facilities are available to all patients.

The RTE programme "At Your Service" visited Cappagh Hospital for their Christmas Special in 2010. Filming at the hospital took place from October through to November 2010. During this time St. Mary's paediatric wards (1&2) were redecorated and a sensory garden for children installed. Praise and thanks to all who contributed time and effort and a special word of appreciation to all the companies that sponsored the project.

### Personnel:

Throughout the year several valued members of staff retired or availed of the HSE voluntary redundancy scheme including Mr. Aidan Gleeson, former Chief Executive Officer. Mr. Gleeson was truly dedicated to the hospital and its patients. He contributed to the hospital greatly throughout his service and I wish to thank him for his personal support, loyalty and tireless efforts on behalf of the hospital. We all wish him well in this career after Cappagh.

Mr. Danny Dunne, Financial Controller took up position as Chief Executive Officer in the Royal Victoria Eye and Ear Hospital. We wish him all the best in his new position.

Ms. Peggy O'Dolan, Information Manager availed of the HSE early retirement scheme after thirty six years service in various management positions in Cappagh and will be much missed by all.

I would also like to pay special thanks to all the staff that retired from the hospital during 2010 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 thank the Sisters of Mercy for their commitment to developing Cappagh National Orthopaedic Hospital.

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

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. The Management team are committed to improving services for both patients and staff at Cappagh National Orthopaedic Hospital.

The mission of the hospital continues to grow. This hospital is very patient-centred and will continue to develop because all staff are very focused in relation to the patient in the delivery of their service. There is a fantastic work ethic among Cappagh staff. I wish to personally thank each and every staff member at Cappagh Hospital for this commitment.

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.

## **Gordon Dunne**

Chief Executive Officer



## DEPARTMENTAL ACTIVITY 2010

<b>Theatre</b>	<b>2010</b>	<b>2009</b>	<b>2008</b>
Primary and Revision Hip Replacements	704	687	737
Primary and Revision Knee Replacements	481	464	443
Wrist/Elbow Surgery	83	83	63
Total Shoulder Replacements	43	48	24
Shoulder Surgery	208	181	184
Spinal Fusions	88	62	43
Spinal Surgery	135	143	108
Tumour Surgery/Biopsy	74	97	106
Anterior Cruciate Ligament Repairs	109	105	96
Hand Surgery	212	196	214
Foot Surgery	190	207	205
Ankle Replacements	4	9	6
Other Major Cases	25	52	69
Minor/Intermediate Cases	594	593	586
Injection/POP (Plaster Bay)	2,973	2,947	2,975
<b>Total number of procedures</b>	<b>5,923</b>	<b>5,874</b>	<b>5,859</b>

<b>Central Decontamination Unit</b>			
Instrument Trays	19,324	18,521	18,907
Loan Sets	2,084	1,424	987
Single Instruments	10,511	10,804	-
Incomplete Loads	32	95	-
Miscellaneous Items	-	-	15,265

<b>Radiology</b>	<b>2010</b>	<b>2009</b>	<b>2008</b>
Diagnostic Imaging (includes MRI and Dexa)	17,360	16,881	16,815
MRI	3,136	2,947	3,021
Dexa Scans	581	598	815

<b>Pathology</b>			
In house tests	84,734	77,069	97,389
Referred tests	4,028	3,833	4,481

<b>Physiotherapy Department</b>			
In Patient attendances	12,955	12,194	11,824
Out Patient attendances	7,017	6,349	6,393

<b>Occupational Therapy Department</b>			
Total episodes of care	7,481	7,242	7,515

<b>Out Patient Clinic</b>			
Attendances	6,417	6,075	6,054

<b>Joint Register Clinic</b>			
Attendances	1,759	1,989	2,078

<b>Pre-Operative Assessment Clinic</b>			
Attendances	1,792	1,758	1,865
Telephone triage	1,461	268	-

<b>Autotransfusion Department</b>			
Attendances	30	40	22

<b>Social Work Department</b>			
	875	883	884

## 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

A number of meetings were held during the year with the HSE to discuss funding for essential infrastructural developments and, in particular, new theatres. Fortunately, agreement was reached for the installation of a new modular theatre suite, which we hope will be completed and commissioned in 2011.

The building work for the new MRI has commenced and it is envisaged that this will be completed and tested/commissioned by April or May 2011. This new MRI machine will be the most advanced of its kind in Ireland.

Hospital funding restrictions imposed by HSE have meant the retraction of theatre hours and imposition of rotating theatre closures for the first nine months of 2010, reducing capacity from four to three available theatres each day. From September to December 2010, we were in a financial position to reopen the fourth theatre and remain within budgetary constraints. In order to remain within budget, the theatres were closed from Tuesday, 21st December 2010 to Tuesday, 4th January 2011. This necessitated that all grades of staff take unpaid leave over the Christmas period, if they did not have sufficient annual leave remaining. At the end of the financial year, the hospital achieved "break-even", thanks to the sound financial planning and management by our Chief Executive, Mr. Gleeson and our Financial Controllers, Mr. Danny Dunne and Ms. Angela Lee. However, it would not have been possible to attain this "break-even" 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 2010 was very successful. Our Invited Guest Speaker was Dr. Stephen O'Brien, Attending Orthopaedic Surgeon at the Hospital for Special Surgery, New York, who had a special interest in the injured athlete and sports surgery. He gave a number of lectures and led clinical teaching sessions and a clinical conference.

The Cappagh Trust Guest Lecture was held in September 2010 and our Guest Lecturer was world renowned Foot and Ankle Surgeon, Dr. Roger Mann, from Oakland California.

Whilst here as our guest, Dr. Mann acted as Extern Adjudicator for the Annual Cappagh Residents Prize, which was won by Dr. Connor Green, Senior Specialist Registrar in Trauma and Orthopaedic Surgery.

The Dr. Floyd Medal for residents in Anaesthesia and Orthopaedic Surgery were won by Dr. Nessa Dooley and Dr. Diarmuid Molony.

The winner of the Gallagher Medal for best undergraduate student in Orthopaedics at University College Dublin was Douglas Mulholland.

The hospital continued to organise the undergraduate teaching of musculoskeletal medicine for medical students from RCSI and UCD. We were fortunate to receive funds to renovate a room within the Convent at Cappagh and this is now a much more appropriate and comfortable setting for teaching. New audio-visual equipment has been installed and there is now a facility for a live feed to Theatre 4 for remote screening of surgery.

The Medical Board would like to congratulate Mr. Aidan Gleeson on his retirement from his post and acknowledge the great contribution he made to the development of Cappagh National Orthopaedic Hospital during his tenure as Chief Executive Officer. During that time he was a marvellous, innovative CEO with a great enthusiasm for developing the range of services and facilities available in Cappagh National Orthopaedic Hospital. He also showed great enthusiasm for training and education and was particularly supportive of

the development of the Academic and Professorial Unit in Cappagh National Orthopaedic Hospital.

The Medical Board would also like to congratulate Mr. John Byrne on his retirement and acknowledge his many years of service in Cappagh National Orthopaedic Hospital. He was greatly admired by his peers for his technical ability and many training surgeons will attest to his wonderful ability to teach surgical techniques. He undertook a huge amount of highly complex orthopaedic work during his time in Cappagh and the Medical Board acknowledges and wishes him all the best in the future.

Several Consultant interviews took place and new Consultants are expected to commence in Cappagh in 2011.

On behalf of the medical staff, I want to express thanks to the entire hospital staff for their ongoing hard work and commitment to the provision of a quality service to the patients at Cappagh. The multi-disciplinary 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 2010



The total revenue allocation for 2010 was €26.883million (2009 €29.539 million). HSE minor capital grants received during the period totalled €630,000. Funding in the sum of €5m was also approved during the year for the installation of three new drop-in theatres.

The balance sheet shows a cumulative surplus of €85,000 as at 31st December 2010.

A number of cost reduction initiatives were undertaken during the year, including reduction in overtime, reduction in length of stay and increase in same day admissions. I would like to acknowledge the contribution of all staff for their efforts in reducing costs within the hospital.

### Financial Outlook 2011

The Hospital was notified in January 2011 that the HSE allocation for 2011 had been set at €24.255million. This allocation includes some budget neutral cost savings related to the exit scheme, reduction in pensions and increased income charges. Excluding these items this allocation represents a 7.2% reduction in real terms on 2010. The HSE have confirmed that the Hospital is expected to achieve financial break even in 2011.

From 1st July 2011, it is envisaged that an activity based funding model will be introduced by the HSE for selected orthopaedic elective activity. Initially this will be for four Diagnosis Related Groups (DRGs). The funding for these DRGs will be removed from the hospital budget and the hospital will raise bills for the work performed based on coded HIPE data. I would like to acknowledge the work and commitment of the HIPE team in this regard.

### Finance Department Developments in 2010

The Payroll department was outsourced during the year.

The Hospital continued to be part of the

Casemix funding system. A Casemix file in relation to 2009 expenditure was submitted to the HSE. This process resulted in a €77,385 deduction to the 2011 Revenue allocation.

The Internal Audit department finalised audit reports on Procurement and Capital Projects in 2010. Both reports carried a "Satisfactory" audit rating. An audit on Cash and Bank transactions was also carried out during the year which also carried a "Satisfactory" rating. As of 31st December there was an ongoing internal audit of Payroll.

A schedule of internal audits has been agreed with the audit committee for 2011.

Mr. Danny Dunne ceased employment as Financial Controller in Cappagh during the year and I wish him every success in his new role as Chief Executive of the Royal Victoria Eye & Ear Hospital. I would like to welcome Jenny Feeley who joined the finance department in 2010 to take up the role of Financial Accountant. I would like to thank all the staff in the Finance, Purchasing and I.T. Departments together with our Information Manager for their support and dedication during the year. Finally, I would like to thank my colleagues on the Management team for their help and support.

**Angela Lee**

Financial Controller

**PROFIT AND LOSS ACCOUNT for the year ended 31 December 2010**

	<b>2010</b>	<b>2009</b>
	<b>€ 000</b>	<b>€ 000</b>
Turnover		
Revenue Grants	26,883	29,309
Patient Income	4,902	4,676
Other Income	2,731	2,443
	<hr/>	<hr/>
Total Income - continuing activities	34,516	36,428
Other operating income - Grants amortised	966	849
Staff Costs	(22,025)	(22,484)
Depreciation	(966)	(859)
Other operating charges	<hr/> (13,103) <hr/>	<hr/> (13,305) <hr/>
Operating Profit/(loss)	(612)	629
Interest payable and similar charges	(13)	(16)
	<hr/>	<hr/>
Profit/(loss) on ordinary activities before taxation	(625)	613
Taxation on Profit/(loss) on ordinary activities	-	-
	<hr/>	<hr/>
Profit/(loss) for the financial year	(625)	613

**BALANCE SHEET as at 31st December 2010**

	<b>2010</b>	<b>2009</b>
	<b>€ 000</b>	<b>€ 000</b>
<b>FIXED ASSETS</b>		
Tangible assets	<hr/> 10,595 <hr/>	<hr/> 8,246 <hr/>
<b>CURRENT ASSETS</b>		
Stocks	714	644
Debtors	4,577	5,581
Cash at bank and in hand	<hr/> 1187 <hr/>	<hr/> 37 <hr/>
	<hr/> 6,478 <hr/>	<hr/> 6,262 <hr/>
CREDITORS (amounts falling due within one year)	<hr/> (5,928) <hr/>	<hr/> (6,105) <hr/>
NET CURRENT (LIABILITIES)/ASSETS	<hr/> 550 <hr/>	<hr/> 157 <hr/>
TOTAL ASSETS LESS CURRENT LIABILITIES	<hr/> 11,145 <hr/>	<hr/> 8,403 <hr/>
CREDITORS (amounts falling due after more than one year)	<hr/> -	<hr/> -
	11,145	8,403
CAPITAL GRANTS	(11,031)	(7,664)
	<hr/>	<hr/>
NET (LIABILITIES)/ASSETS	<hr/> 114 <hr/>	<hr/> 739 <hr/>
<b>CAPITAL AND RESERVES</b>		
Called up share capital	-	-
Profit and loss account	85	710
Other reserves	<hr/> 29 <hr/>	<hr/> 29 <hr/>
	<hr/> 114 <hr/>	<hr/> 739 <hr/>

## HEALTH, SAFETY AND RISK MANAGEMENT REPORT 2010



It is the policy of the hospital to do all that is reasonably practicable to prevent injury or ill health to all members of staff and persons affected by the hospital's activities. In recognition of our responsibilities under the Safety, Health and Welfare at Work Act and other

legislation relevant to our operations, the hospital is committed to providing and maintaining safe and healthy working conditions by the following measures:

### Progress in 2010

The Hospital Health, Safety & Welfare Risk and Clinical Risk & Clinical Governance Committees met regularly throughout the year and continuously reviewed incidents and near misses. Critical adverse events were reviewed throughout the year resulting in policy and protocol development along with operational change in order to improve service deliverables.

Several developments resulted from the efforts of the Health and Safety Risk Management Committee and it managed to complete all targets set out in its action plan for the year and has set its plan for the coming year.

There were several information days held throughout the year, again with emphasis being placed on key issues such as occupational first aid, clinical waste management and general hygiene and their overall importance for patient care and risk identification and management. The hospital's insurance brokers provided training sessions specific to clinical risk management.

Fire training continued throughout the year and a further 262 staff members received training on fire safety, fighting and evacuation techniques. The hospital conducted a full fire evacuation exercise – in the day time. The hospital's fire safety consultants facilitated this full evacuation.

Throughout 2010 training techniques emphasised the practicality of fire safety and a more interactive approach to training was adopted allowing staff to interface with fire detection and fighting equipment. The hospital's main fire panels were replaced and a fully addressable system is now in place.

Moving and Handling training continued throughout the year with a further 108 staff receiving manual handling training. The Moving and Handling instructors are based in key service delivery areas where they can continually assess needs and train as required.

The Dangerous Goods Safety Advisor (DGSA) conducted the annual audit of hospital practices and no critical deviations from best practice were noted. The DGSA also conducted training with key staff in the safe packaging and transport of specimens, and with portering and maintenance staff in the safe handling and dispatch of clinical waste. The hospital has worked closely with the DGSA to complete all Chemical Risk Assessments.

The Human Resources Department continued a comprehensive induction-training module for all staff commencing employment at the hospital. This module includes induction into hospital health, safety and welfare systems and infection control.

During 2010 the hospital continued to develop its interactive desktop risk register. The register is an interactive tool to assist in the elimination and minimisation of risk throughout the organisation. Work continued on a self assessment process in line with the national hospital office Quality Safety and Risk Framework. The initial assessment was submitted and quarterly update reports are now ongoing.

### Training Completed in 2010

- **Health and Safety Induction** – All new members of staff joining the organisation undertook induction training in health safety and welfare issues.
- **Radiation Protection Training** – Several clinical and non-clinical staff undertook a certified course in Radiation Protection Techniques. This course will continue on an annual basis.

- **Dangerous Goods Safety** – All staff associated with handling and transport of dangerous goods including waste materials undertook comprehensive training in safety techniques including identification and completion of associated documentation.
- **Risk Register Management** – Department Managers undertook specific training in the use of the hospital's interactive risk register.
- **Manual Handling** – Monthly courses on Manual Handling techniques continued throughout the year capturing both new and long standing members of staff.
- **Fire Safety and Evacuation** – staff received annual training in effective evacuation and safety techniques.
- **Waste segregation** – Information sessions took place with a specific emphasis on waste recycling
- **Occupational First Aid** - training was conducted and will continue into 2011
- **Chemical Awareness** – training was conducted with staff in areas that most frequently use chemicals and it is hoped that this training will be further rolled out in 2011

**Collette Gleeson**

**General Services Manager**



## HUMAN RESOURCES DEPT REPORT



2010 was another challenging year for the Human Resources Department.

Treasa Rogers left employment with Cappagh in June and her HR colleagues wish her well in her new role. I would like to welcome Caroline Kenny who

transferred from the Finance Department to join our team in July 2010. I also take this opportunity to congratulate Roseanne Killeen who welcomed her baby daughter Kiera into the world in March 2010.

Ten people retired last year and I take this opportunity to wish them well for the future. In addition, four staff members left Cappagh in December 2010 under the Voluntary Redundancy Scheme and two employees left the hospital under the Voluntary Early Retirement Scheme, including our former Chief Executive Officer, Aidan Gleeson. My management colleague, Danny Dunne, Financial Controller, also left Cappagh in 2010 and I wish him well for the future. I would also like to congratulate Angela Lee on her appointment as Financial Controller. I would like to thank each and every one who left in 2010 for their service to Cappagh and I am sure you all join me in wishing them well.

On a sad note I wish to acknowledge Ms Celia Hogan's untimely death in October – Celia is greatly missed by all her colleagues at Cappagh, especially in Theatre and Nursing. I also wish to acknowledge our beloved Fr O'Brien's passing in June, Fr O'Brien was our Chaplain for 20 years and he too is greatly missed by everyone in Cappagh.

The HR Department also recruited six candidates from the FAS Work Placement Programme; four of whom successfully completed the nine month programme and have gone on to attain permanent employment elsewhere. The candidates were placed in IT, HR, Stores and Medical Records.

Our employment ceiling for 2010 was reduced to 314 WTE from 325 WTE in 2009. The outstanding commitment and dedication shown from all our staff ensured that we continued to operate a high quality service within the reduced ceiling. We continue to send an ever-increasing amount of headcount related monthly reports to the National Employment Monitoring Unit including reporting on monthly absence percentage rates, overtime costs, agency costs, maternity leave statistics and staff attrition rates.

In January, the HR Department issued two new and two revised policies to be included in the Staff Handbook and Policy and Procedures Manual which take account of changes in legislation and best practice. The policies were:

Carers Leave Policy  
Sick Leave Policy  
Probationary Review Policy  
Protected Disclosures of Information Policy

Due to our comprehensive Attendance Management strategy which includes regular attendance trend monitoring, coaching meetings and our new Sick Leave Policy, our absence percentage rate fell to 2.65% in December 2010, which was our lowest sick leave rate since November 2007. This is a saving of €182,000 in 2010 compared to 2008.

The hospital continues to support staff as best it can within our budgetary and staffing constraints on education, training and development courses. Though funding is limited, the number of internal courses available continue to rise. The HR Department ran two refresher courses in Team Based Performance Management which subsequently increased the participants taking the Voluntary Individual Performance Reviews.

Another 11 staff participated in the Bike to Work Scheme which HR introduced in 2009; the scheme remains open to all staff.

The HR Department successfully rolled out the new NCHD Contract in February 2010 and I would like to extend my thanks to Johanne Murran who was heavily involved in that project. I would like to thank Professor John O'Byrne, Mr Peter Keogh, 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 colleagues, Roseanne, Johanne and Caroline for their hard work, support and dedication; it is a pleasure to work with them. I would also like to express my thanks to the Heads of Departments and their staff for their cooperation with us throughout what has been another very challenging year. Finally, I would like to thank Mr Aidan Gleeson, Chief Executive Officer and all the Management Team for all their support throughout 2010.

**Aoife Gallagher**

Human Resources Manager

MEDICAL

CARE

CHERISH

TREAT

**Department of Anaesthesia Report  
Royal College of Surgeons at Cappagh Hospital  
Clinical Audit and Research Report**

## DEPARTMENT OF ANAESTHESIA REPORT

The past year has been a productive one for our department. We have embraced the changing medical landscape and helped to contribute to a more efficient and streamlined service here in Cappagh. We have made progress in the past year both in pain management and in the management of our patients at the Pre-Operative Assessment Clinic. Daily pain rounds continue with a member from the Department of Anaesthesia, our Pharmacist, Mr. Steven Kowlessur and Mr. Nick McGowan, our Clinical Nurse Specialist. Nick has been doing great work following up our post-operative pain patients and with the aid of Dr Langdon, teaching and orientating both nursing and medical staff in pain protocols. We have introduced intrathecal morphine for patients following hip and knee arthroplasty. This has contributed to improved patient care in the post-operative period. In addition, a big effort has been made to move patients sooner from intramuscular or epidural analgesia to oral pain medications, which is helping to shorten their convalescence.

Following assessment and work up at the Pre-Operative Assessment Clinic (PAC), we are now bringing more patients into the hospital on the same day of their surgery. There was a 50% increase in same day admits from 2009. Patients are finding this an improvement and contributing to a more pleasant hospital experience, being able to stay at home the night before their surgery. It also decreases their overall length of stay in hospital. In the past year we have made progress in our management of patients on Warfarin. We now manage these patients as out-patients, changing them from their Warfarin to low molecular weight Heparins, these can be given as a once daily injection on our Day Ward.

In February 2010, two of our consultant colleagues Dr. Nick Eustace and Dr. Kim Hunter took leave to travel as part of a multidisciplinary team to Haiti, following its devastating earthquake. They found the experience both challenging from the limited resources they had to work with and yet rewarding knowing that their skills were being put to excellent use. As a result of this experience Dr. Eustace gave a very informative talk to the Annual Anaesthesia Congress at the newly opened Aviva Stadium

in Ballsbridge in May 2010.

In September 2010, we were saddened by the departure of our colleague Dr. Fidelma Kirby who left us to return to full time practice at The Children's University Hospital, Temple Street. Fidelma started in Cappagh in 2000, having a joint appointment with both Temple Street and Cappagh Hospitals. She has in recent years been very involved in the setting up of the new Children's Hospital. While in Cappagh she took on the care and anaesthetic management of paediatric patients, especially those awaiting bone tumor surgery. She chaired the Drugs and Therapeutics Committee in Cappagh for a number of years and put a tremendous amount of work into this. Fidelma has a superb analytical mind, gets to the kernel of a problem and provides a range of solutions. Our loss is Temple Street's gain. We wish her all the best in her new job.



In September we also had the retirement of Ms. Marie Patten, who had led the Pre-Operative Assessment Clinic as the Clinical Nurse Manager since 2001. Marie was a formidable force at the PAC clinic. She was innovative, enthusiastic and hard working, always in control, leading the PAC clinic both quietly and efficiently. We wish her well in her retirement.

During the summer months, to cut costs the High Dependency Unit (HDU) moved to St. Teresa's Ward. I would like to pay tribute to the staff of the HDU under the guidance of Ms. Siobhan Everard and Ms. Eithne Hartley for their flexibility and willingness to adapt to a new environment for that time period.

This year the Dr. Floyd medal for anaesthesia and surgery was awarded to Dr. Nessa Dooley and Mr. Diarmuid Moloney respectively. The Department of Anaesthesia awards these medals to those who have provided the best overall contribution to patient care in the

spirit of the late Dr. Michael Floyd, a distinguished Anaesthetist who worked here at the hospital up to 2000.



I would like to pay tribute to two members of our department who have put in more effort than the rest of us. Dr. Patrick Higgins, who is currently Secretary to the Medical Board has been involved in the arrangements and equipping of the three new theatres, which commenced in September 2010 and will open in 2011. Also our department could not run without the organizational skills of Dr. Francis Conway who every week arranges our departmental Rota despite holidays, natural disasters and exam leave. We have been fortunate over the past year to have an enthusiastic and hard working bunch of registrars. We hope they have found their time in Cappagh a positive experience.

### **Dr. Cormac Redahan**

Chairperson, Department of Anaesthesia

## **DEPT. ORTHOPAEDIC AND TRAUMA SURGERY, ROYAL COLLEGE OF SURGEONS AT CAPPAGH NATIONAL ORTHOPAEDIC HOSPITAL REPORT**

The RCSI Department of Orthopaedic Surgery had another busy year in 2010.

In January 2010 Professor took part, as a member of faculty, in the week-long AO Fracture Management Course for Surgeons in Royal College of Surgeons in Ireland.

The Lecturers based at Cappagh National Orthopaedic Hospital from January to June 2010 were: Dr. Oisín Breathnach, Dr. Eoin Devlin, Dr. Ingrid Radovanovic and Dr. Mark Quinn.. In July 2010, four new Lecturers were appointed and they were: Dr. Jamie Dowling, Dr. Aamir Hassan Shaikh, Dr. Kenneth Muir and Dr. Ian Hutchinson.

In January 2010, the RCSI Undergraduate and Graduate Entry students commenced their Musculoskeletal Module and this programme continued to mid-June, 2010. The support of all hospital staff is much appreciated in accommodating these students.

The winner of the Abraham Colles Medal was Ms. Aislinn O'Loughlin who has now progressed to Year 4 in RCSI Medical School. The medal was presented at the Undergraduate Conferral ceremonies held at RCSI in early November 2010.

Over three days in May 2010 Dr. Stephen O'Brien, Tumour Surgeon from The Hospital for Special Surgery New York was our guest speaker for the Annual Cappagh Foundation Weekend.

In September 2010, at the Cappagh Trust / Residents Prize Meeting the guest speaker was Dr. Roger Mann, Foot and Ankle Surgeon from Oakland, California.

Also in September we were delighted to open the Lecture Room in the Education Centre (formerly Cappagh Convent). The UCD Students were the first to use the facility and the audio-visual facilities have proved a great success. As part of the system, links with the Lady Martin Auditorium and Theatre 4 were

established with a camera mounted in the overhead lighting in that theatre.

In November 2010, Professor O'Byrne and Dr. Brian Devitt launched their new textbook on Elsevier Health publications. The textbook; Sports Emergencies, Management Scenarios, is a valuable tool for anyone involved in sport, whether they are doctors, teachers, coaches, physiotherapists or parents watching from the sideline.

The Cappagh Group Registrar Scheme – Mr. Paddy Kenny succeeded as Director of Training for the Basic Orthopaedic Training Programme (BOST).

Trainee reviews continued on a 6-8 week basis throughout the year and again, all trainees sat the American Academy of Orthopaedic Surgeons – Residents-in-Training examination in November 2010.

The MCh (by module) Programme commenced its second year at RCSI, with an increase in the number of students. The modules include Research Methodology and Statistics, Medical Device Design and Development, Medical Ethics, Surgery and the Developing World and Leadership and Management.

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

In December 2010, the Department hosted a three-day Introduction to Surgery course for engineers who are affiliated with the Irish Medical Devices Association of IBEC. As part of the programme, Professor O'Byrne and Professor Stephens demonstrated live from Theatre 4, how various surgical instruments were used in knee and foot and ankle surgeries. The event was a good success and plans are being made to expand this course for IBEC/Irish Medical Devices Association in 2011.

### **The Professorial Unit and Haiti**

On 12th January 2010, an earthquake struck

Port-au-Prince Haiti. In early February, contacts on the ground in Haiti had asked for help from Irish Orthopaedic Surgeons and in early February 2010, Professor John O'Byrne, Mr. Keith Synnott and Mr. Michael O'Sullivan travelled to Haiti. There they met with Dr. Louise Ivers, the Irish-born Director in Haiti for Partners in Health, a USA based medical charity. Within two weeks the first group of twelve volunteers from Ireland were in Haiti. The volunteer groups consisted of Orthopaedic Surgeons, Anaesthetists, Physiotherapists, Theatre Nurses and Specialist Orthopaedic Nurses. The Irish Orthopaedic Haiti Fund was founded as a charitable organisation under the auspices of the Irish Institute for Trauma and Orthopaedic Surgery. It was agreed that all those involved in the organisation of the fund would be on a volunteer basis and this would ensure funds raised would go directly where needed.

Professor John O'Byrne and Mr. Keith Synnott are two of the Irish Orthopaedic Haiti Fund Trustees, and through the Professorial Unit, we arrange the travel plans for the volunteers and cargo to Haiti. To the end of 2010, seven groups of volunteers have rotated with their USA counterparts to provide orthopaedic services in Haiti. We look forward to cooperating with Partners in Health into the future.

### **Publications**

Publications from the Department of Orthopaedic Surgery in 2010 can be obtained upon request.



**Professor John O'Byrne**

**Ur sula Gormally**

Professorial Unit

## CLINICAL AUDIT AND RESEARCH REPORT



It is widely acknowledged that research is associated with the potential to improve the delivery of health care by providing evidence on which to make informed decisions. At CNOH the process is greatly

enhanced by the electronic management of patient information which enables 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 & procedures in relation to information management and clinical best practice

In 2010 developments were designed to improve the quality of electronic information already enhanced by the wider inclusion of clinical detail in Bluespier. Monitoring of electronic documentation helped to identify system inadequacies and user difficulties, with a particular focus on preparation for the system upgrade. In conjunction with the IT manager, efforts were concentrated on developing the most effective improvements in order to optimise user satisfaction. This necessitated intensive liaison throughout the

year in advance of the proposed January 2011 upgrade.

### 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. Reviews are undertaken at six months, two years and every following five years post-op. In January 2010 the first five year reviews were commenced adding valuable data to that previously compiled.

In September, the media announced the ASR implant recall. The Joint Register proved to be a robust tool in identifying the patients who had received any component of the implant. An otherwise laborious task was facilitated as a result of the electronic record maintained within the register and the time expended on bar-code validation was greatly reduced.

The table summarises activity for the year.

6-Month Reviews	2-Year Reviews	5-Year Reviews	Total
846	620	293	1759

There was a slight decrease on the previous year (1989 reviews), which is attributable to reduced staffing levels; although on a pro rata basis there was an increase in activity 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 Out-Patients Department, Pre-Assessment Clinic, Theatre, Day Ward, X-Ray, IT, Nursing Administration and the Information Manager for their valued support and co-operation.

**Fionnuala Walsh, CNM2**

Clinical Audit and Research

NURSING & ALLIED  
DEPARTMENTS

CARE

CHERISH

TREAT

**Nursing Administration Report  
Theatre, Plaster Bay and Central  
Decontamination Unit Reports  
Out-Patients Department Report  
St. Joseph's Day Care Unit  
Nursing Education Department Report  
Cappagh Bone Bank Report  
Autotranfusion Report  
Phlebotomy Department Report  
High Dependency Unit Report  
Bed Managers Report  
Pre-Operative Assessment Clinic Report**

## NURSING ADMINISTRATION REPORT



2010 was another challenging year for Nursing at CNOH. The budget constraints tested us and from this came new innovations which have been embraced and 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 2010 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 Rosamary Masterson, Ms Caroline Kilcoyne and Ms Sandra Morton for their expertise and support of all nursing staff undertaking hospital run courses or external courses. I would also like to thank the Clinical Nurse Specialists and Medical and Anaesthetic Consultants for the education sessions they ran during the year.

Cappagh National Orthopaedic Hospital congratulates our Care Attendants who successfully completed the Health Care Support Programme in 2010 in conjunction with FETEC and in partnership with Connolly Hospital, Blanchardstown.

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

### Innovations

- In 2010 patient length of stay was further reduced. This was achieved by close cooperation between all members

of Cappagh's multidisciplinary team. Contributing to this is the increasing number of Same Day Admissions, which was increased to 26% in 2010. Both these initiatives have been embraced by the Nursing Team and will continue to be built on in 2011.

- Because of the growing number of Same Day Admission Patients a Transit Lounge was introduced in 2010. All patients are admitted to the Transit Lounge at 7am on the morning of their surgery. They are admitted by nursing and medical staff and have bloods taken before being transferred to their assigned wards.
- The Day Care Unit is also working to capacity and new streamlined protocols have been introduced to aid more efficient patient turnover.
- The Pre-Operative 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. CNM2 Marie Patten retired in 2010. Marie worked tirelessly to develop and improve the Pre-Operative Assessment Clinic and we wish her every happiness in her retirement. Sandra O'Donovan has now taken on her role.
- Telephone triage of Pre-Operative Assessment Clinic patients continued in 2010. This initiative was introduced to further ensure that all patients are fit when attending for surgery. 82% of patients who attended in 2010 were telephone triaged.
- The 'Patient Own Drug Use' Initiative which was introduced in July 2010 has proved very successful. Pharmacists and Nursing worked closely together to establish and monitor this initiative, a first for a public hospital in Ireland.
- Towards the end of the year we introduced a Discharge Ward. This ward is a multidisciplinary area where nursing and allied health professionals

work together to fast track the safe discharge of suitable patients.

- We constantly work to maintain our Accreditation. Nursing policies and protocols are developed and updated regularly. Training on the new Q-Pulse 5 system started in 2010. When complete all the hospital documentation will be accessed and updated through this.
- The "At Your Service" Christmas Special refurbished our paediatric rooms and developed a garden for all patients and staff. It is a very welcome addition to our paediatric area. All staff helped in true Cappagh fashion. I would like to extend a sincere thank you to Mr Francis Brennan and Mr John Brennan and the many companies and individuals that volunteered their services and time to the project.
- The Hospital closed again over the Christmas period in 2010. All staff worked towards doing this as efficiently and safely as possible.
- Nursing staff worked together on cost-saving measures throughout the year. Ward areas were closed /amalgamated. Staff were redeployed or took on extra duties.
- Three new modular theatres were approved for the hospital in 2010. Building is at an advanced stage. Once the building work has been completed, validation will take place.
- Significant monetary savings were maintained by Theatre Management working in conjunction with the Finance and Stores Department.

#### **Plan for 2011**

- Increase the number of Same Day Admissions.
- Admit Same Day Admission patients before their scheduled admission by telephone triage.
- Introduce in-patients walking to theatre.
- Improve Hospital Hygiene ratings.
- Maintain Hospital Accreditation with CHKS.

- Compliance with HIQA Standards.
- Compliance with NHO Decontamination RIMD Standards.
- Audit of Patient Own Drug initiative
- Continue to upgrade equipment and instruments in keeping with the needs of the Theatre Department.

I would like to thank Mr Aidan Gleeson, 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 ongoing professionalism, commitment and dedication during 2010.

On behalf of all the Nursing Staff, I wish a long and happy retirement to all who retired in 2010. On a personal note, I would like to extend my best wishes to Mr Aidan Gleeson, Chief Executive Officer and Ms Peggy O'Dolan, Information Manager who availed of the HSE early retirement scheme. I would like to wish them every success in their future endeavours.

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 2010.

On a sad note, I would like to pass on the sympathies and condolences of all the staff to Eleanor Hogan and her family on the sad passing of Celia in October 2010. Celia was CNM2 in Theatre. She was held in very high esteem by all staff and she is sadly missed by all who knew her and loved her. May she Rest in Peace.

#### **Ms Kathy O'Sullivan**

Director of Nursing

## THEATRE REPORT



Despite continuing budget challenges and reduced theatre sessions for five months of the year, theatre utilization averaged 96% and patient throughput showed an increase treating a total of 5923 patients in the operating theatres and plaster bay. The

hospital initiatives to increase day surgery and same day admission throughput continue to be very successful, and our increase in revision surgery using cutting edge technology provides direction for the future.

### Developments/Project Achievements

The theatre experienced many successes over the last year to modernize and improve theatre efficiency and enhance the quality of patient care. In many instances, this was through collaborative efforts with other departments and could not have been made possible without their support.

### Strategic Plan Accomplishments

- Perhaps the most exciting, the long awaited development plan of theatre expansion became a reality with the HSE approval for funding for three modular theatres. During the summer months, the theatre suite experienced a high degree of disruption during the creation of the link corridor. Despite the difficulties, spirits remained high as the link corridor was completed and the modular theatre arrived on site. We look forward to the completion of the commissioning and validation works and the grand opening during the early part of 2011 to meet the needs of the elective orthopaedic market.
- The Capital Purchase Business Plan submission was approved. This was used to purchase:
  1. Operating Theatre lights for Theatre 2
  2. Cervical spine set
  3. Vascular set
- Sandra Morton, Clinical Facilitator implemented the Peri-operative Induction Program and Appraisal assessment with great success and we continued to mentor our student colleagues in medicine, physiotherapy and nursing. In addition, the Theatre Assistants received intensive training to assist in selected clinical activities as required in our efforts to maintain high quality patient care.
- Once again significant savings was created through review of clinical practice, consumables and contracts. To this end, Sandra Morton and Tara Dawson were nominated as finalists in the National Procurement Awards – Healthcare Procurement due to their work in this area.
- The Theatre User's Committee proved invaluable for intra-disciplinary discussions and effective decision making to meet the challenges throughout the year. This ensured high efficiency of theatre sessions, timely implementation of theatre initiatives and meeting project deadlines for the development project. Through this committee the ASR recall was immediately addressed, as well as, development and approval of the equipment and instrumentation budget of €600,000 for the theatre development.
- The theatre staff passed the month of October playing Accreditation Bingo questions and answers as a fun and innovative way for document review and preparation for the CHKS inspection.
- Twelve months on and the surgical safety checklist - "Time out" is proving a success for patient safety. The theatre department provided detailed feedback to the INMO to assist in the publication of The Irish Operating Department Nurses Experience of Implementation of the Surgical Safety checklist and Timeout Safety Check.
- Many initiatives were implemented to improve Clinical Practice. These included:
  1. CDU Interrogator traceability and tracking system
  2. Identification a dedicated Clinical coordinator role

3. Installation of a new fire panel; installation of emergency shut off valves for OT1/2/plaster bay
4. Implementation of peri-articular custom packs
5. Purchase of CDU transport trolleys for contaminated instruments
6. Initiation of a monthly paediatric in-service
7. CADD training for post-operative pain management

### Staff Changes

2010 saw some changes in personnel. We thank those departing for their hard work and wish them continued success. New staff were also welcomed into the Cappagh family.

### Departures

Chloris Delgado, Registered Nurse

Clarissa Yee, Registered Nurse

Tom Davis, Registered Nurse

### Appointments

Mandy Freeman, Registered Nurse

### Promotion

Ana Alonso, Acting CNM 1

This year also marks the passing of our colleague, mentor and dear friend Celia Hogan, CNM 1 who passed away on Thursday, October 28, 2010 after a hard fought battle with ovarian cancer. A memorial service was held in the chapel on Friday, October 29, 2010 in her memory. She will be sadly missed and lovingly remembered. Donations can be made to the Irish Hospice Foundation in her 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.

### Tara Dawson

Theatre Manager.



### PLASTER BAY REPORT

2010 was another busy year. A total of 2973 patients were treated.

Procedures carried out included

- Spinal and joint injections including viscosupplementation and soft tissue injections including botox.
- A range of minor orthopaedic procedures.
- Casting, with patients also accepted from Beaumont and Connolly Hospitals for fitting of Neofrakt jackets and splints.

In January, the Plaster Bay was painted and refurbished improving both the aesthetics and work flow of the environment.

The Annual Casting Techniques course was successfully run in February 2010. The thirty participants included nurses and NCHD's from hospitals throughout the country. Ten Casting Specialists facilitated at the practical sessions and lectures were given by Mr. Michael Kalamaris, Upper Limb Fellow & Ms Sinead Boran, Senior Registrar.

An initiative to educate parents in the 'removal of casts at home' was trialled in late 2009, and following an audit of successful compliance was implemented this year. The use of soft cast where appropriate, allows the cast to be removed without the need for a cast saw. Time is spent educating the parent, giving instructions on when and how to remove the cast. The parents are also given the Plaster Nurse's contact details, and advised to phone to discuss any issues that may cause concern. To date this is proving very successful and benefits the parent, child and the department, by reducing the amount of visits to the hospital.

I would like to acknowledge the continued support of the portering, day ward, and x-ray staff in the efficient running of the area. Thanks also to staff on all the wards for their support and for their commitment to promoting the highest possible standards of patient care and excellence in the area of casting techniques.

### Maura Shanahan

CNM 2

## CENTRAL DECONTAMINATION UNIT (CDU) REPORT



During 2010 the Central Decontamination Unit has continued to strive to improve the service we offer by developing all aspects of the unit.

### Developments

There have been many exciting developments during the year both within the department and in partnership with the theatre department.

- An electronic traceability system was installed to trace and track the use of single instruments and instrument sets; it also allows patients on whom they are used to be traced. An audit of the system is completed daily to ensure it is working effectively. A number of reports can be uploaded from the system and is used for the departments KPI reports.
- The Reverse Osmosis (RO) water treatment plant was upgraded to include the servicing of the two steam generators.
- The decommissioning of the theatre Unisteri Autoclave has resulted in an auditable costs saving in excess of €12,600 per annum.
- An automatic detergent doser has been installed for the manual wash sink, which improves the accuracy of the dose used, it is also more user friendly
- Transport trolleys have been introduced to transport used instruments from theatre to the wash room. This has reduced the risk of cross contamination of instruments while also reducing the risk of injury for staff.
- Additional accessories have been purchased for the washer disinfectors to aid more intensive cleaning of cannulated instruments.
- Streamlining of the way instrument sets are configured and labelled has reduced unnecessary opening. These changes have needed no financial outlay to

achieve but consequently have resulted in financial saving in the costs to re-process unnecessarily opened sets and in staff time.

Staffing levels have remained as per last year.

### Education

- Marija Juraleviciute has commenced the Skills VEC FETAC Level 5 course.
- All CDU staff have completed the HSE e-learning decontamination programme

A number of in-house and external training sessions have been attended by staff

### Plans for 2011

- Increase the capacity of the traceability system to include the transfer of RIMD from the sterile store to specific theatres
- Install an independent monitoring system on the endoscope washer and the washer disinfectors.

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. During the enabling works for the theatre development the working environment in CDU and theatre was significantly more stressed. However, during this time the working relationship between CDU and theatre improved due to the amount of interaction involved to coordinate daily tasks. I wish to extend our thanks to theatre management, staff, senior management and all other departments for their ongoing support and consideration during the year, in particular during the enabling works.

**Hannah McMahon**

CDU Manager

## OUT-PATIENT DEPARTMENT REPORT

2010 was another busy year for the Out Patient Department. A total of 6,417 patients attended the department in 2010 representing a 6% increase compared with 2009 figures.

### Developments

The number of Rheumatology out-patient attendances continued to increase in 2010 with four Consultant Rheumatologists now holding clinic sessions on a monthly basis.

The number of patients who did not attend (DNA) their scheduled clinic appointment reduced in 2010. In 2011 patients will continue to be phoned to pre-advise them of their OPD appointment in advance of scheduled clinic dates and we hope to commence texting patients on a trial basis in 2011.

An OPD Patient Satisfaction Survey was introduced in 2010 and the overall feedback from our patients has been very positive.

The number of patients being referred to the Joint Registry Clinic continued to increase in 2011, thus facilitating additional OPD appointment slots.

The number of joint injections carried out in 2010 was 204 in total and this has reduced the requirement for admission to the hospital for this procedure.

### Education and Training

Dr. G. Kearns and Dr. D. Howard, Consultant Rheumatologists both gave in-house education sessions in 2010 for nursing, medical and allied health professionals and more are planned for 2011.

OPD continues to facilitate the education and training of RCSI undergraduates and postgraduate diploma nursing students. Feedback from students was very positive and OPD clinics provide an excellent learning environment for these students.

Professional development and mandatory training of all OPD staff continued throughout 2010.

OPD continued to facilitate the training of a Foot Fellow at Professor Stephens clinic in addition to an Upper Limb Fellow at Mr Hynes and Mr. Mullett's clinics.

### Plans for 2011

It is planned to set up a second Sports Clinic in 2011 which will be run by Dr. Pat O'Neill. This will greatly enhance an already efficient referral service for MRI, physiotherapy and surgery from our existing Sports Clinic.

We hope to introduce phone texting to patients prior to their clinic appointment, thus reducing the number of patients who do not attend clinics.

We would like to take this opportunity to thank Patricia, Margaret, Annette, Ann, and all of the multidisciplinary team for their continued hard work throughout the year.

We would also like to welcome Ms. Susan Rowley to the OPD administration staff. We would like to thank Ms. Kathy O'Sullivan, Director of Nursing and all the Nursing Administration team for their support throughout 2010.



**Sheila Moore, CNM 2**

Out Patient Department



**Brigid Foley, CNM 2**

Out Patient Department

## ST. JOSEPH'S DAY CARE UNIT REPORT

2010 was a very busy year for the Day Care Unit. A total number of 7038 patients, general anaesthetics and reviews attended the department, an increase of 526 on the previous year.

### Education & Training

- All Day Care Unit staff continued to further their education by regularly attending in-house education sessions and study days which included Paediatric Advanced Life Support and Advanced Cardiac Life Support.
- Anita Kucharczyk completed the Certificate in Orthopaedic's Module.
- Nurses undertaking the Higher Diploma in Orthopaedic Nursing from Cappagh National
- Orthopaedic Hospital and Pre Registration Students from Mater Misericordiae Hospital did their allocated time schedules in the Day Care Unit.

### Developments

- A new local anaesthetic procedure form was introduced to the department.
- Increased numbers of patients for radiology procedures as a result of the arrival of a second Consultant Radiologist.
- A second designated Paediatric ward with camera surveillance for the increased number of children attending the Day Care Unit.
- Some patients are now administratively admitted in Day Care Unit which accelerates their passage of care for procedures and new charts for review patients are made up.
- We are constantly auditing our procedures through information received from our Patient Satisfaction Questionnaires.
- We participate in improving and maintaining our standards in relation to the National Hygiene Audit Guidelines.

### Plans For 2011

- Introduction of a new General Anaesthetic Care Plan.
- Introduction of procedural leaflets for patients.
- Continued auditing.
- Provide a high standard of quality care for all our patients in the Day Care Unit.

### Conclusion

We would like to thank Ms. Kathy O'Sullivan, Director of Nursing, Assistant Directors of Nursing and all the multi-disciplinary team for their help during the year. We would also like to thank the Day Care Unit Team, Anita, Chad, Anna, Susan and members of Catering/Portering/Household staff for all their hard work, commitment and dedication throughout 2010.



**Fiona Davis**

CNM 2



**Mary McMahon**

CNM 2

## NURSING EDUCATION REPORT

The nursing education department continued a varied programme of work throughout 2010. Five staff successfully completed our specialist Postgraduate Diploma Programme with six staff commencing this programme in September.

The first group to undertake our orthopaedic in-service education programme (approved by An Bord Altranais) successfully complete this. A second programme was commenced during 2010 with plans for additional programmes in 2011. Work also commenced with an acute hospital in relation to taking suitably qualified external candidates onto the post graduate programme.

Other activities included the planning / organising / delivery of various study days and teaching sessions throughout 2010. These included:

- Basic Life Support training sessions for all clinical staff
- Medication management study session for nursing staff
- ECG interpretation study sessions
- Other in-service training sessions (e.g. product updates, mock cardiac events)
- Staff also attended ACLS, ALERT, Preceptorship, PLS and other programmes such as venepuncture and cannulation.

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 2010. This course was jointly organised by nursing education and the plaster room, theatre and was facilitated with the help of experience casting personnel from hospitals around the country.

A review of documentation (policies, procedures and guidelines) for accreditation was continued throughout 2010 with Rosemary Masterson and Ken O'Haire, ADON leading same.

A group involving staff from the clinical area, nursing admin and the education department was set up to look at updating nursing documents and we are in the process of developing an ICP for a hip replacement.

Our 12<sup>th</sup> National Nurses Orthopaedic Conference was hosted on April 2010 with a variety of papers presented by nursing and medical staff.

The Catherine Cummins Gold Medal for excellence in academic and clinical nursing practice was awarded to Catherine Greed. Congratulations to her.

The library was continually up-dated 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 that helped us throughout the year. This includes the Director of Nursing, Assistant Directors of Nursing, Clinical Nurse Managers, Registered Nurses, Clinical Nurse Specialists, Physiotherapists, Occupational Therapists, Social Workers, Consultants and all of the Registrars.



**Rosemary Masterson**  
Nurse Tutor



**Caroline Kilcoyne**  
Educational Facilitator

## **BONE BANK REPORT**

In 2010 the Bank and Satellites at Croom and Navan issued 166 grafts for over 130 recipients in Cappagh and other hospitals nationally. 46 structural grafts were sourced and provided for patients requiring special grafts not retrieved in Cappagh. Many of these were used for complex revision surgery and for sports injury repair- with an increased demand following the severe weather in the New Year.

The Bank will be re-inspected in November 2011 by the Irish Medicines Board. The Bank is committed to continuous improvement and re-evaluation to ensure the quality and safety of the graft issued and the retention of our Tissue Establishment License.

### **Bone Donations**

In 2010 the Bank retrieved 214 bone donations. This was more than anticipated at the half-year mark but with the opening of the 4<sup>th</sup> Theatre the number retrieved increased to give a good end of year figure. This reverses the trend of previous years. The overall retrieval rate increased to 38% from 33.5% in 2009. This may reflect changes in surgical treatments for hip arthritis and the number of operations carried out.

### **Developments**

There were no new structural developments during 2010.

The Central Decontamination Unit's Meditrax instrument bar-coding /tracking system is now operational and will facilitate the Bank complying with licensing requirements. This system will facilitate the tracking of all instrument sets coming into contact with the retrieved bone graft.

The introduction of a hospital-wide Q-Pulse document control system as part of the Quality Management system will include the Pathology Department's system and will be extended on-line to the Bank's Satellite units in Croom and Navan.

### **Satellites**

The aim of the Bank is to provide graft on demand for all requesting surgeons and hospitals but this cannot be achieved on occasions. The graft from Croom and Navan is vital to the Bank as the demand for allograft through-out the country cannot be met by one

unit alone. Thanks goes again in 2010 to Anne McCormack and Ann Birch at these units for their help and commitment.

Between the three sites- Cappagh, Croom and Navan- we would hope to achieve the standard of graft on demand nationally.

### **Education**

The Bank Coordinators attended the British Association for Tissue Banking Annual Scientific Conference in Belfast in May. As there is no similar professional group in Ireland, this meeting gives the opportunity to keep up with changes and new developments in Tissue Banking.

### **Our Donors**

Again we would like to express our thanks to all the very generous and willing donors who made surgery possible for so many others- thank you very much. And to those who were also willing but for various reasons were not accepted as donors- thank you for your kind and selfless intentions.

**Fiona E Clarke, RGN,  
BNS, CTBS**

Bone Bank Coordinator/  
Clinical Nurse Specialist.

**Caroline Power, RGN, BNS, CTBS**

Donor Nurse.

## AUTOTRANSFUSION REPORT



The Autotransfusion Department in Cappagh National Orthopaedic Hospital continues to provide an autologous blood transfusion service where some patients may pre-donate their own blood prior to admission for major orthopaedic surgery.

Only patients for elective surgical procedures with a reasonable expectation that blood will be transfused are considered for Autotransfusion (eg. Revision on joint surgery & some spinal surgery).

The Department continues to review its operations in a concerted effort to provide a quality service to patients and expand on best practice standards.

### Plans for 2011

- To continue to review our operations in a concerted effort to provide a quality service to patients in compliance with the EU Directive.
- To continue to expand on best practice standards.
- To continue to provide high quality care for all patients who attend the Department.

Finally I would like to acknowledge the help & support of the multi-disciplinary team: Nursing Administration & nursing staff, Consultant Anaesthetists, Sandra O'Donovan and her team in PAC, Dr Siobhan Forman (Medical Registrar), Laboratory Staff, Porterage & Household staff, IT and Admissions for their help and co-operation throughout 2010.

### Carmel Kavanagh

Clinical Nurse Specialist

## PHLEBOTOMY REPORT



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

In-service training is very beneficial to both staff and patients. It provides information and updates vital skills within the hospital chain while providing a better informed service for our patients. The department remains committed to the hospital CHKS Accreditation process and compliance with hygiene standards which provide us with mechanisms to enhance our practice and maintain our high standards. The department averaged a hygiene score of 96% through weekly department audits and continues to be involved with Hygiene Services Committee activities.

The Phlebotomy Department is determined to maintain, change and adapt our skills to further improve our service and continue to work with the multidisciplinary teams within the hospital, to maintain standards and improve performance. During 2010 there were many changes to practice which enhanced our standards of care and safety. The number of same day admission patients, i.e. patients admitted on the day of their surgery, has steadily increased in the second half of the year. The department has adjusted to facilitate this by reallocating the phlebotomists' workload, duty roster and work preparation in order to process patients efficiently. This will continue to evolve throughout 2011.

The department has endeavoured to continuously improve its systems for patient identification. We audit non-conformances and improve documentation to maintain standards in accordance with accreditation. Equipment has been maintained and a new phlebotomy chair procured.

I would like to take this opportunity to thank the phlebotomy team, Gay, Rosemary, Gemma and Mary for all their hard work and commitment. Also, to all the nursing staff in PAC, outpatients and the wards who have

supported us in our daily routine and who have enabled us to work efficiently and happily. I would like to acknowledge Ms. Kathy O'Sullivan, DON and Ms. Anne White, ADON for their continuous support throughout the year. I would like to acknowledge Marese Mullins and all her staff in the Laboratory for their support. Thank you also to Portering and the auxiliary team members of Cappagh whom we come into contact with on a daily basis.

**Jackie O'Brien**

Senior Phlebotomist.

**HIGH DEPENDENCY UNIT (HDU) REPORT**

The High Dependency Unit provided a turn over of 604 patients in 2010 and continues to open 6 days a week from Monday to Saturday.

HDU staff has continued to further their education by regularly attending study days that include Paediatric Advanced Life Support and Advanced Cardiac Life Support. We also attended many in – service study sessions within the unit and in conjunction with the education facilitator.

I would like to take this opportunity to thank Ms. Siobhan Everard for acting up as CNM2 and Ms. Eithne Hartley for acting up as CNM1 .

I would like to welcome Ms. Eimear Hennessey back to HDU after taking a year leave of absence.

We would like to thank all the other hospital departments who work closely with us on a daily basis for their ongoing support. I would also like to thank my own HDU staff for all their hard work commitment and dedication throughout the year and we look forward to continuing this work in 2011.



**Geraldine O Leary**

CNM 2

**Eimear Hennessy**

CNM 1

## BED MANAGERS REPORT



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 Co-ordinator. This involves coordinating the referrals for further rehabilitation and meeting with patients and carers to discuss any issues / concerns the patient may have regarding their discharge. Daily ward round meetings were established in 2008 wherein the Bed Manager and the multi-disciplinary team members highlight any discharge problems. The team consists of the Clinical Nurse Managers, Medical Social Worker, Physiotherapist and the Occupational Therapist. Patients who may require referral for further rehabilitation or home care packages are discussed during the daily multi-disciplinary 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 multi-disciplinary team. Complex medical issues that may arise with future admissions are discussed. This allows the Clinical Nurse Managers and Nursing Administration time to prepare staffing levels as appropriate, to meet the patients needs.

Admitting patients on the same day of surgery was introduced in April 2008. This process reduces the patients' length of stay, which benefits the patient. All Cappagh National Orthopaedic Hospital patients are eligible for admission on the same day of surgery, unless the Anaesthetic team indicate otherwise. In 2010, 26 % of all Cappagh Hospital admissions were on the same day as surgery. This represents an increase of 50% on the previous year. The plan is to further increase this number in 2011.

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 these areas is to identify areas for improvement, follow up on the patient's journey and provide a more streamlined efficient patient centred service.

The plan for 2011 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 the patients during the admission process. It also gives the 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 ongoing help and support. I would also like to thank the staff of the Admissions Department, and all my colleagues in the daily multi-disciplinary team meetings, for their on-going support and dedication throughout the year.

**Ruth Murray CNM2**

Bed Manager

## PRE-OPERATIVE ASSESSMENT CLINIC REPORT



The Pre-Operative Assessment Clinic (PAC) continues to provide a holistic assessment using a multi-disciplinary team approach to ensure that all patients attending the Clinic are fit for surgery. Assessments are carried out two to six weeks prior to surgery, thus allowing sufficient time for investigations and treatment in order to prevent unnecessary delays and cancellations.

In 2010 the number of patients assessed in PAC increased by 1%. This increase can be accounted for by the introduction of an additional clinic on Wednesdays and the expansion of telephone triage.

### Developments

- Telephone triage was introduced in March 2009. The aim of telephone triage is to ensure that all patients coming in to hospital are fit for surgery. Telephone triage is now an established part of pre assessment. In 2010 1,081 (PAC) patients were telephone triaged compared to 846 patients in 2009.
- 639 patients were admitted on the same day of surgery under our Same Day Admissions (SDA) scheme, this is an increase of 50% compared to 2009. This accounted for 26% of the overall in-patient admissions. Patients are assessed in PAC and identified by the Consultant Anaesthetist as suitable for same day admission.
- Cardiology clinics continue to be held every 4-6 with 10-12 patients being reviewed at this clinic in the Mater Private Hospital. Clinic letters and test results are returned within four working days, thereby increasing the efficiency of the clinic. In 2010 85 patients availed of this service.
- Participated in improving and maintaining our standards in relation to the National Hygiene Audit
- A patient satisfaction survey was carried out in 2010, feedback was very positive.

As pre-operative assessment clinics are being established throughout the country we continue to receive visitors to view our clinic and share information.

### Education and Training

Nurses undertaking the Higher Diploma in Orthopaedic Nursing at Cappagh National Orthopaedic Hospital and pre registration student nurses from the Mater Hospital attend the Clinic for clinical training in Orthopaedics.

Staff continue their professional development by attending Pre-Operative Assessment in-service educational sessions at Cappagh Hospital and at off-site venues.

### Plans for 2011

- Increase the number of Same Day Admissions.
- Participate in the hospital CHKS accreditation in March 2011
- Continue to provide a high standard of quality care to all patients.
- Review all documentation pertaining to patient's journey through pre assessment.

### Conclusion

Ms Marie Patten retired in September 2010 I would like to wish her good health and happiness.

I would like to acknowledge the help and support of the multi-disciplinary 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 co-operation throughout the year.

**Sandra O'Donovan**

CNM 2

ALLIED HEALTH  
PROFESSIONALS

CARE

CHERISH

TREAT

**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 2010, the Pathology Laboratory processed 88,406 test requests. This represents an increase of 9.68 % on 2009 overall. There was an increase in Blood Transfusion, Microbiology,

Haematology and Biochemistry requests by 0.63 %, 8.1 %, 1.66% and 14.21 %, respectively. The Pathology Laboratory has continued to review and streamline the service in 2010, in order to remove duplication and enabling cost efficiencies across all four departments. We piloted an extended working day (7 AM-5 PM), in conjunction with the Same Day Admissions (SDA) Transit Lounge Pilot and in line with the Public Sector Agreement, which will be rolled out formally on the 17th January 2011.

### **Staff Changes**

Maria Phelan, Audra Mumford and Sheena Moore left the laboratory in 2010, and we wish them every success in their future endeavours.

Aoife O'Reilly was appointed in April as Medical Scientist in Microbiology and Laura Fleming was appointed in November as Interim Senior Medical Scientists in Haematology.

Ruth O'Donoghue and Laura Fleming both undertook an MSc in Biomedical Science in 2010.

### **Blood Usage**

The number of units cross-matched was comparable to 2009, and the number of units transfused was up by 7.7%. This is due in part to a more vigilant review of blood usage and careful management of Blood Transfusion stocks. This, 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 planned free

upgrade of the Olympus AU400 moved forward in 2010. The Biochemistry Department took delivery of a Beckman Coulter AU480 in November and have undertaken extensive validation. It will go live early in the New Year after the completion of the Data Wizard validation, which will enable full traceability of reagent, internal quality control and calibrators of each patient specimen. Clinical Governance of the HDU Blood Gas Analyser improved in 2010 with the installation of remote access and monitoring out-of-hours by laboratory staff. The Biochemistry Department was a key driver in the ASR Deputy recall by providing strategic and clinical leadership.

The Haematology Department continued to undertake extensive research for the intravenous iron study in 2010 and the planned roll out is 2011. This will lead to a reduction in blood usage for the patient and cost savings to the hospital.

The Blood Transfusion Department rolled out immediate spin cross matching in March 2010. This has become an integral part of improving patient management in Blood Transfusion by reducing the turnaround time for crossmatching requests by 50% and will also facilitate the implementation of electronic cross matching.

### **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

A further objective for the Laboratory is to continue to prepare for full ISO15189 accreditation during 2011 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 in the care of patients, who remain the laboratory's top priority.

### **Beverley Kristiansen**

Quality Systems Manager

## OCCUPATIONAL THERAPY REPORT



During 2010 the Occupational Therapy Department continued to provide a service to all the in-patients and referred out-patients of the hospital and maintained our liaison project with the local community care occupational therapy

service. Feedback from our patients about our liaison project with community care is positive and patients in this group report feeling more prepared and reassured for the planned hip and knee replacement surgeries.

The Occupational Therapy Department was also involved in providing rehabilitation services to the Mater Hospital patients between January and March 2010. These patients had an orthopaedic issue but also had underlying illnesses and complicated social circumstances which impacted on their ability to safely return to their home environments. This group of patients required extensive input from the occupational therapy service which we were able to provide. This experience indicated the level of expertise among the staff of the Occupational Therapy Department.

We had one member of staff on maternity leave during 2010 and were fortunate to have a locum therapist Orla Sheahan available to us during the maternity leave. This has enabled us to continue to provide a very high standard of care to all our patients, and has reduced the negative impact of lower staffing levels in the department.

The occupational therapy department is actively involved in the discharge ward initiative whereby patients are identified as suitable for speedier rehabilitation and earlier discharge directly home. These patients are identified at the pre-operative stage and then again immediately post-operation and are then transferred to the discharge ward where their rehabilitation takes place at ward level.

## Activity Levels

In-patient treated	5.182
<b>Outpatients treated</b>	<b>2.299</b>
<b>Total</b>	<b>7.481</b>
<b>Liaison project figures for 2010</b>	<b>133</b>
<i>patients required input via liaison project</i>	
<b>Of those</b>	<b>86</b>
<i>required raised toilet seat and</i>	
	<b>101</b>
<i>required prescription of orthopaedic chair.</i>	

## Staff Changes

Orla Sheahan joined the department as a basic grade staff member. Orla has become an essential member of our team and will continue in her position into 2011.

Catherine Mulvihill was appointed Senior Therapist during 2010 and continues to carry out all duties to an exceptional standard.

Barbara Kralj was on maternity leave from June 2010. Barbara had a baby girl Tana in July 2010 and we look forward to her return early in 2011.

Antoinette Egan continues in her post as Occupational Therapy Assistant and is building on her skills and applying the new skills achieved through the FETAC level 5 skills training programme.

Fiona Armstrong continues in the position of Occupational Therapist Manager. Fiona is actively involved in many hospital committees, in particular the hospital Patient Care and Mission Committees. Fiona is also involved in providing ergonomic assessment and recommendation for staff of the hospital.

## Achievements

The OT department continued our in-house in-service educational programme sharing our expertise and up-dating each staff member.

The department continues to support student education and we facilitated students from both TCD and UL during 2010.

The opening of the new Rehabilitation Room in St Pauls Isolation Ward allows full rehabilitation (occupational therapy and physiotherapy) for all of the patients in this

ward and includes an extensive range of equipment available for rehabilitation.

The OT department completed a new MCP replacement booklet for patients.

The OT department was actively involved in the At Your Service program for RTE which was a most enjoyable project.

## Plans for 2011

- To review and update our THR and TKR DVDs;
- To continue to provide student placements;
- To continue to provide an efficient and quality service to our patients
- To embrace the changes in our service as a result of the new theatres planned to open in 2011.

## Acknowledgements

We would like to acknowledge the support of all our colleagues during 2010. In particular would also like to mention Mr Aidan Gleeson and Mr Danny Dunne both of whom have given continuous commitment and support to the Occupational Therapy Department over the last 10 + years and have left CNOH during 2010. We wish both Aidan and Danny well in the future. We look forward to an exciting and memorable year in 2011.

## Fiona Armstrong

Occupational Therapist Manager

## PHYSIOTHERAPY REPORT



A physiotherapy service is provided Monday to Saturday for all patients admitted to Cappagh. A physiotherapist assesses all patients attending the pre-assessment clinics every morning Monday to Friday.

Out patient physiotherapy is available for patients requiring further rehabilitation on discharge from Cappagh, for non-surgical patients referred from out-patient clinics in Cappagh and other facilities, and for staff. Three physiotherapists run full-day out-patient physiotherapy clinics Monday to Friday.

The Physiotherapy Clinical Specialist jointly (with medical staff) assesses and manages all patients attending the weekly sports medicine clinic.

Four physiotherapists are trained manual handling instructors. They provide manual handling training every month and on-going advice to all hospital staff.

Undergraduate physiotherapy students attend Cappagh for clinical placement within the physiotherapy department throughout the year. Physiotherapists also contribute to the education of medical and nursing students on placement in Cappagh.

I continued as physiotherapy representative on the Health and Social Care Professions Council, the statutory body responsible for introducing regulation of twelve allied health professions.

In 2010 in-patient activity increased by 6% and out-patient activity increased by 10%, compared to 2009. Out-patient activity has increased steadily year-on-year, reflecting the trend towards earlier discharge from hospital following surgery and the consequent need to provide rehabilitation in an out-patient setting.

Unfortunately the increased activity within the physiotherapy out-patient service has resulted in an increase in the mean wait time between receipt of referral and initial appointment, from 22 days in 2009 to 35 days in 2010. Therefore in January 2011 a triage physiotherapy appointment system will be

introduced and all patients will be offered an initial appointment within five working days.

### Service Developments

In October 2010 St Anthony's Ward was opened as a discharge ward. A small satellite physiotherapy room was established adjacent to the ward and suitable patients received their physiotherapy treatment in this room rather than being transported to the main physiotherapy gym, allowing one of the two physiotherapy porters to be reassigned elsewhere in the hospital. A physiotherapist and a physiotherapy assistant were also assigned for a period each day to St Paul's Ward to provide a ward-based service to those patients who were unable to attend the main physiotherapy gym due to medical or infection issues. These changes in service delivery have resulted in an improved physiotherapy service to these patients, in terms of earlier treatment sessions and earlier discharge from physiotherapy.

Further work was undertaken in 2010 in preparation for a physiotherapy triage service planned for patients on orthopaedic waiting lists. It is hoped to develop this initiative further in 2011, in line with the HSE objective of recruiting physiotherapy clinical specialists to work in triage clinics to reduce out patient orthopaedic and rheumatology waiting lists.

Physiotherapy rehabilitation protocols available on the Cappagh website and information booklets for patients were reviewed, updated and referenced in line with best practice.

To comply with accreditation and national standards some physiotherapy charts are now filed into the medical chart when the patient is discharged. Further work will need to be undertaken in 2011 to ensure that all physiotherapy charts are integrated into the medical chart and available to the physiotherapist on request.

A multi-disciplinary integrated care pathway for hip arthroplasty was developed and will be piloted in early 2011.

A Falls Screening Tool and measures to manage patients at risk of a fall while in hospital will be developed in 2011.

### Jill Long MISCP

Physiotherapy Manager

## PHARMACY REPORT

A scheme of use of Patient's Own Drugs (PODs) was introduced in the hospital in 2010. This system provides great safety and convenience benefits to both the patient and the hospital. The introduction went very smoothly and great credit is due to nursing management and staff in facilitating the introduction of the protocol.

Steven, Clinical Pharmacist, has been very involved on the wards, especially with his participation in the pain management ward round, drug lectures, counselling patients on their medications, auditing of antibiotic prophylaxis, reporting of adverse drug reactions (ADRs).

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

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



### **Charles O'Connell**

Senior Pharmacist

## SOCIAL WORK REPORT



The Social Work Department provides 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 liaison with community-based health care professionals, to ensure that the benefits of orthopaedic surgery are maintained when a patient goes home.

The Social Workers are also the designated child protection officers for Cappagh National Orthopaedic Hospital in line with the Children First (HSE) guidelines.

There were 875 new referrals to the Social Work Department in 2010.

The increasing complexity of surgery undertaken at Cappagh and also the changes in family structures and working patterns over the past few years have led to increased demand for social work intervention. In particular, many older people choose to live independently of their adult children and wish to avail of community services instead of requesting help from family.

The Social Work Department continued to work with the Pre-Operative Assessment Clinic, to identify patients in need of social work support at an early stage, and we are satisfied that this is reducing length of stay for many patients who would otherwise have discharge problems. This also optimises patient care by dealing with many causes of anxiety prior to admission.

We also met the Bed Manager and the multidisciplinary team on a daily basis to ensure that the Social Work response to discharge planning issues was prompt and effective.

The Child Protection policy for the hospital was revised and up-dated during the year and a hospital wide programme of training was developed. This training commenced in November 2010. New Vulnerable Adult and Elder Abuse policies and associated training

policies were also completed in 2010.

Staff attended training in Q-Pulse document control system and have also revised all departmental policies and procedures as required for accreditation 2011.



M.s. Ailish Lydon, Medical Social Worker, resigned in December 2010. We thank her for all her hard work in Cappagh and wish her well in her new job in Child Protection with the HSE.

Plans for 2011 include the completion of the new child protection training programme and the implementation of Vulnerable Adult and Elder Abuse policy training.

### **Mary MacDiarmada**

Social Work Manager

## **RADIOLOGY REPORT**



### **Main X-Ray Department**

The Diagnostic Imaging Department had another very busy and productive year in 2010.

The number of interventional procedures undertaken in the radiology

department increased to 964 in 2010. These procedures include epidural injections, ultrasound guided aspirations and biopsies, and compartment pressure studies. Many patients are now availing of an MRI scan, immediate consultation with a radiologist and interventional procedure if required, all on the same day.

An Apple iMac and OSIRIX MD Radiology viewing software were installed in the department in July 2010. This had led to increased efficiency in radiology reporting as hardcopy films are no longer required by the radiologists when dictating reports. All doctors within the hospital can now access radiology images stored in OSIRIX MD from most PCs around the hospital.

A new ultrasound machine was purchased for the department in October 2010. This Philips HD7 XE machine is built on a broadband digital beamformer resulting in high definition imaging, reduced artefact and excellent resolution.

A new fluoroscopic suite with a CT application was sanctioned for the interventional room to be implemented early 2011. This new equipment will enable more complex image guided spinal interventional procedures to be undertaken within the department.

Cappagh was named as one of the sites in the third phase of the roll out of the National Integrated Medical Imaging System (NIMIS). This will result in the department becoming fully filmless. The date of installation is dependent on the progress of the project at a national level but it is envisaged that installation will take place in 2012.

The department was very happy to welcome a new consultant radiologist to the team Dr Eoin Kavanagh. Dr Kavanagh has an interventional list every Wednesday morning and has a keen interest in musculoskeletal radiology.

### **MRI Department**

2010 was another busy year for the MRI department. The building works for the new 3T MRI scanner started, with a view to installation of scanning equipment early in 2011. This scanner will be the first of its kind in any public hospital in the country, enabling advanced scanning techniques, shorter scan times and greater patient tolerance.

We would like to thank all staff involved with this project and, in particular, staff working in the surrounding areas affected by the building works – thank you for your patience.

The MRI department is now almost totally filmless with the advent of our newly designed CD's. This has cut the department's film bill substantially.

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.

Ongoing research continued in the department. One study using MR imaging undertaken by Dr Noel McCaffrey, Prof Stephen Eustace and Ms Diane Cooper examined the impact of eccentric exercise training on energy expenditure in obese participants. This study was carried out in conjunction with the School of Health and Human Performance, Dublin City University.

### **Staff Training and Development**

The radiology department continues to ensure hospital hygiene standards are maintained and regular risk audits done.

All staff participated in various in-house courses ensuring continuous CPD.

A staff training and skills update day was held before Christmas where various lectures were given by staff members including film viewing and technique.

Johnston Burney started a Postgraduate course in MRI from Anglia Ruskin University in September 2010.

### **Plans for 2011**

- Ensuring the Hospital is ready for the NIMIS project.
- Increase access to Interventional Procedures for patients
- Installation of new 3T Philips MRI Scanner.
- Finish the upgrade of the existing Radiology equipment.
- Continuous risk assessments within the Department.
- Increase CPD training for all radiology staff

### **Ann Smith**

Radiology Services Manager

ADMINISTRATION

CARE

CHERISH

TREAT

**Information Technology Report**  
**Medical Records Report**  
**Admissions Department Report**  
**Stores/Purchasing Department Report**  
**Hip and Knee Implant Systems**  
**Quality/Accreditation Report**

## INFORMATION TECHNOLOGY REPORT



2010 was another busy year for the IT department which dealt with in excess of 1500 support calls over the course of the year. We continued to support and upgrade the hospital information systems and data network

infrastructure ensuring that all systems were running efficiently and effectively and that all electronic data was secured and properly backed up.

### Developments

An extensive video conferencing solution was implemented during the year. The video conferencing equipment and projector in the hospital auditorium were replaced. The Professorial Unit's new classroom facility and one of the existing theatres were also kitted out with state of the art video conferencing equipment, a projector and a flat panel monitor. This new setup supports two-way video and audio communications between the theatre, the auditorium and the classroom. An in-light surgical camera was installed in the theatre and the video from this camera can be routed to either the classroom or the auditorium to allow live surgery to be viewed by audiences in both of those locations

The three new modular Laminar Flow theatres coming on stream in 2011 will also be fitted out with video conferencing equipment and in-light surgical cameras that will be integrated into the current hospital system.

The Wireless Access network in CDU was extended to provide coverage in the Theatres for the sterile services instrument tracking and management system.

The hospital's data network infrastructure has been expanded throughout the hospital in line with the hospital growth. As part of this expansion, a new network hub was created in the old convent to provide network connectivity in the new classroom facility and to support future expansion of the hospital LAN in that part of the site.

### Business Continuity

Work continued on the development of a comprehensive IT business continuity plan for all departments. This plan outlines the steps to be followed to enable each department to manage and minimise loss of productivity in the event of computerised systems not being available. It involves the automated scheduling of critical lists and reports to a remote server, the provision of an intranet based backup to the PAS system to a remote server and the backup of all critical data on client computers.

A business continuity exercise was conducted in June to assess the effectiveness of the plan. This exercise was extremely useful and provided a number of key learning opportunities. Some further refinements are to be made to the continuity plans based on the results of this exercise and the plan will be tested again in 2011.

### Q-Pulse Compliance Management System

The IT Department collaborated with the Quality Department in the migration of the old system and the installation and rollout of the upgraded Q-Pulse system across the hospital and in the provision of training facilities to all hospital staff to support the implementation.

### CAPAS (Patient Administration System) Updates

The Diagnostic Imaging reports retrieval process was amended to allow reports to be viewed across all patient episodes so reports can be located and viewed with greater ease and efficiency. Controls were added to the system to ensure that reports only become available for general viewing when they have been verified for accuracy by, or on behalf of the radiologist.

An interface was added to the system to enable a consultant or a member of his team to view and electronically acknowledge transcribed Diagnostic Imaging reports on radiology exams referred by the consultant.

Work was also completed to improve the integration between the Patient Administration System and the BlueSpier Clinical Audit System on the scheduling of Interventional radiology procedures so that these patients could have a clinical outcome

recorded and a discharge letter created in the BlueSpier system. Substantial work was also completed in the Waiting list module to facilitate this.

The waiting list module was upgraded to allow in-patient waiting list referral details to be recorded more efficiently and to display more accurate referral details on the front sheets printed off on a patient's admission.

Reporting functionality was added to the system to assist the Chart Room Administrator in managing the process of keeping patient charts on site for six months following an episode.

The Telephone Triage management system was amended to allow the capture of more referral information and provide more comprehensive audit data to Nursing Administration to better enable them to assess the effectiveness of the Telephone Triage process.

The Physiotherapy activity stats interface was upgraded to enable the capture of all patient and non-patient related administration activity in the Physiotherapy Department to provide a more comprehensive and complete picture of activity in the department.

A suite of Out-Patient stats reports was created to enable the hospital to comply with the first phase of the HSE's Out-patient data quality initiative.

Changes were made to the system to support the introduction of a new wristband printer model to facilitate admissions directly into the Day Ward.

### **SystemX (Radiology Electronic Booking System) Updates**

A new interface was added to enable Medical Records to transcribe all radiology dictation directly into the system as part of an initiative to streamline the transcription process and make the reports available to hospital clinicians staff in a more timely fashion.

A new layout was designed and implemented for the Diagnostic Imaging Reports in collaboration with the Radiology Department.

Some additional management information reports were added to the reports menu for the Radiology department in both the CAPAS and SystemX systems.

### **BlueSpier (Clinical Audit System) Updates**

A significant upgrade was carried out on system at the end of 2010.

### **PAS Patient Billing Interface**

The patient billing interface was modified to take account of new rules in relation to patient billing.

### **PC Upgrade in the Hospital Laboratory**

A comprehensive upgrade of all of the laboratory client PC's was undertaken to improve performance with the installation of faster Network Interface Cards on all PC's.

### **Other Initiatives**

A comprehensive review and update of all IT Department Policies and Procedures was commenced at the end of the year in preparation for the hospital accreditation audit in 2011.

I would like to thank Stephen Ryan, IT support for his dedication and commitment to providing an efficient service throughout the year and to thank Vincent McMahon for his continued support and guidance.

Finally I would like to thank all departments for their co-operation and support in 2010.

**Eamon Brady**

IT Manager

## MEDICAL RECORDS REPORT



### Staff Changes

Staff changes in 2010: Gillian Beattie joined the Medical Records team in March in the role of Float/Medical Records Secretary and assumed all roles assigned to her with speed and efficiency. The role of

the Float is to provide cover for annual and sick leave to OPD, MRI, PAC, Theatre, Chart Room and Switch. Maria Lawlor left Cappagh in December 2010 and will be missed by all of her colleagues.

### Initiatives

We completed the removal of all charts up to 2008 off site and the chart room has been transformed into a very easily accessible and manageable work area. We will continue to hold only three years of patient records on site in order to maintain the chart room in its current condition.

The float role was expanded in April to include Switchboard cover.

### Projects

The new National Healthcare Record (chart) is now well established and into its fourth year in use in Cappagh. We completed quarterly chart audits in the year and these will continue in order to ensure compliance with national standards.

Self assessment as per NHO (National Hospitals Office) guidelines will also be coming on stream

I would like to thank all the staff in Medical Records Department, OPD, PAC, MRI and Theatre for their continuing hard work, team spirit and dedication throughout the year.

### Mary Dore

Medical Records Officer

## ADMISSIONS REPORT



Despite budgetary constraints throughout 2010, the department has managed to maintain a consistently high level of admissions.

The same day admission initiative has gone from strength to strength since its

introduction in 2008. In 2010 26% of all in-patient admissions were same day admissions – it is our aim to increase this number to 75% in 2011. This achievement could not have been attained without the tremendous help of everyone involved including the Admissions and Pre-Operative Assessment Clinic staff, Triage Nurse, Bed Manager and ward staff.

The department continued to admit patients for interventional radiology procedures in 2010 for Prof. Eustace; Dr. Eoin Kavanagh also commenced a weekly interventional radiology list in September of this year which has resulted in a further increase in day case admissions.

All existing policies and procedures were reviewed and updated to amend new standards and practices for HQS accreditation review. Accreditation is scheduled to take place in March 2011 so all policies and procedures have been updated to reflect changes in standards.

Validation of consultants' waiting lists continued during 2010; Peggy O'Dolan, Kathleen Weir and I liaised with the Patient Treatment Register of the National Treatment Purchase Fund concerning waiting list times.

I would like to thank all the staff in Theatre for their patience and hard work in the planning of patients' surgery and also Eamon Brady and Peggy O'Dolan for all their help throughout the year. I would also like to thank Ann Mitchell, Eimear Hallissey and Mary Cobbe for their dedication and commitment to providing an efficient and friendly service to patients.

### Stephanie Kilrane

Admissions Officer

## STORES REPORT



2010 was a busy year with over 5,200 orders placed with suppliers and 6,000 deliveries received. This was a reduction on 2009 figures and was a direct result of efforts by procurement to

consolidate purchase orders. It is hoped to consolidate further in 2011. Fourteen contracts were agreed through the Hospital Procurement Services Group (HPSG) during the course of the year and a number of contracts were development at the year end. These contracts continue to contribute to cost savings targets. We continue to support the HPSG in seeking to obtain best value for money.

The drive to increase the number of contract prices on Integra continued throughout the year and there were 2,700 contract prices on the system at year end. This was a net increase of 200 contract prices on the previous year.

The implementation of web baskets continued with several departments coming online during the year. It is hoped to complete this project in 2011. Web baskets allow quicker response times to user requirements, a clearer audit trail and facilitates order book management.

Cost reductions were a priority in 2010 and substantial savings were achieved as a result of end user observations and ideas. In many cases early purchasing involvement resulted in additional cost savings and additional service benefits being secured.

The replacement of old shelving, started in 2009, was completed in 2010. This has allowed a broader range of products to be held in stores, improving the pick rates for both theatre and wards. A thorough review of stock was completed to ensure that the stock profile is appropriate and to guard against obsolescence.

In conjunction with Finance, late payment to suppliers has been minimised. This has been

achieved through a systematic effort to resolve invoice queries in a timely manner. New product evaluations are happening on a regular basis with Nursing Administration heavily involved.

Finally, I would like to acknowledge the help and support of all departments in 2010.

**Trevor Smyth**

Purchasing Manager

## HIP & KNEE IMPLANT SYSTEMS REPORT



In 2010 the orthopaedic contract for hip & knee joint replacement systems awarded by the Hospital Procurement Services Group (HPSG) on behalf

of the DATH group members returned an average monthly savings of approximately 4.6% for the hospital.

These savings were based on the patient profile mix and appropriated joint replacement systems for primary and revision hip and knee procedures at the hospital for 2010.

Cross linked polyethylene implant volumes in the form of acetabular cups, acetabular liners and TKR tibial bearing inserts increased for the third consecutive year. Volumes of ceramic on ceramic bearing surface options for THR continued to decline in line with this upward trend of utilising cross linked polyethylene bearing surfaces with a ceramic or metal / CoCr femoral head.

58% of hip replacement procedures were cemented. This is an 11% increase on the year previous.

13% of hip replacement procedures were cemented - cementless hybrids; a 10% decrease on the year previous.

21% of hip replacement procedures were cementless; a 4% increase on the year previous.

Resurfacing procedures declined for a consecutive year to 3% overall.

Revision THR volumes declined marginally by 5%. Revision TKR procedure volumes were maintained as the year previous. There was however, a reduction in the volume of modular rotating hinge knee systems used for revision procedures.

Participation and support in cross functional groups relating to implant issues (follow-up, recall & costings) continued in 2010. The proposed additional joint replacement surgery

volumes for 2011 will extend the challenge to manage and co-ordinate the varied range of implant consignment at the hospital to meet patient & clinical demands. Objectives for the year ahead include implementation of a real time scanning system for the implant consignment inventory to be used in conjunction with the existing patient scanning and information databases.

**Damien Gannon**

Purchasing/Supplies Officer

## QUALITY DEPARTMENT REPORT

2010 started with CHKS (Caspé Healthcare Knowledge Systems – Hospital's Accreditation body) launching the Online Accreditation system which required the hospital to complete the accreditation application online and attaching the supporting documentation to the online application. The application and supporting documentation are then available for viewing by the auditors prior to the on-site survey visit which will allow the auditors to prepare for and perform a more comprehensive audit onsite.

In February, the hospital was invited to enter for the CHKS Quality Improvement Award which recognises the achievements of healthcare organisations during 2009, it required the hospital to describe how we had used the accreditation programme to achieve improvements in patient safety and patient experience, staff welfare, safety and morale. The hospital was shortlisted for the award but unfortunately was not awarded the overall accolade.

The Standards for the CHKS International Accreditation Programme for Healthcare Organisations were revised and issued at the end of April 2010. Given that the hospital's CHKS Accreditation expired at the end of 2010 and the extensive documentation review/update project undertaken by the hospital, an extension was granted by CHKS revising our accreditation expiry date to the end of March 2011. The Quality Department performed a review of the revised CHKS Standards, focusing in particular on the new criteria relevant to the hospital and presented this to Senior Management to ensure any accreditation show stoppers were identified and addressed early on in the accreditation preparation process.

In March 2010, the existing Q-Pulse system, which has been in use in the laboratory since 2007, was upgraded to the latest version of software and extended to include the entire hospital. Q-Pulse is a Quality Management Software System which is used to electronically manage the following core quality management systems: Document Control, Audit System, Corrective Action/ Preventative Action System, Training, Suppliers and Assets. The hospital participated in a strategic review in conjunction with the system supplier, HCI, to agree the configuration of the upgraded system. The Q-Pulse data from the laboratory was migrated into the new hospital-wide database in April

2010 and the system was configured by the supplier in May 2010. Training was provided by HCI for IT and Quality personnel in May 2010. The Quality Managers followed this up with training for Department Heads in the Use of the Document Control Module in November/September 2010. Training in the Use of the Document Control Module for all other hospital staff will take place in 2011.

As a result of the Q-Pulse strategic review, the document control system was completely overhauled to ensure that the needs to the laboratory and the hospital were met and, most importantly, to ensure compliance with regulatory and CHKS requirements. This resulted in a revised and standardised format / template for all controlled documentation e.g. policies/procedures, forms etc. April/ May 2010 saw the start of an extensive documentation review/update project where the Quality Department and relevant Department Heads worked together to review and update documentation to ensure that they reflected current practice, national regulatory requirements and the revised CHKS Standards and that they were placed into the new standardised format.



In June 2010, the CHKS Client Manager for the hospital, Ruth Wright, visited the hospital to assist with the set-up of the On-line Accreditation system, to review the standards/ criteria relevant to the hospital and to discuss the pending CHKS Survey visit in March 2011. The visit went well and Ruth Wright commended the hospital on its progress for the upcoming accreditation visit.

2010 saw the implementation of a formal internal audit programme for the hospital by the Quality Department. Quality Audits were scheduled with Department Heads and

compliance of each area was assessed against the revised CHKS standards. A report was issued for each audit and any issues observed were raised with Department Heads and Quality Improvement Plans with clear responsibilities and timeframes were agreed. The use of the Quality Improvement Plan Excel Spreadsheet was encouraged for tracking actions identified by committees, work groups etc.

Scheduled chart audits were carried out monthly during 2010 in conjunction with Medical Records with any issues raised brought to the attention of departments concerned. Corrective actions were put in place and subsequent audits showed an overall improvement.

The Clinical Audit Process continues to be implemented throughout the hospital. There is now a hospital wide register of Clinical Audit Activity which is maintained by the Quality Department. The Clinical Audit Review Meeting was held in June and December 2010 and had a multidisciplinary attendance. Any issues identified during clinical audits were raised and discussed by those in attendance and actions agreed to address same. A Quality Improvement Plan (QIP) is now maintained for all Clinical Audit Activities. The Specialist Orthopaedic Alliance Conference was held in Birmingham in May 2010 which focused on the Clinical Audit Process & Quality Improvement, it was attended by the hospital's Quality Department, the General Services Manager and the CNS for Clinical Audit & Research.

Patient comment cards and surveys were reviewed and actions were taken to improve patient care. A total of 139 Patient Satisfaction Surveys / Comment Cards were returned in 2010 with 66% of people rating their overall experience in Cappagh as Excellent, 8.5% of people rated it as Very good and 0.5% as Good. 25% of people did not indicate their overall experience.

Quality Safety & Risk Review Meetings were held at quarterly intervals throughout 2010 to allow quality activities to be presented and discussed with Senior Management and for actions to be identified as required.

The Quality Department continues to participate in HSE consultation meetings with regard to the updating of the existing Codes of Practice, specifically Management Healthcare

Records & Integrated Discharge Planning and Decontamination of RIMDs. In addition, the Quality Department attended HSE workshops aimed at improving the Service User Experience i.e. patient, staff & visitor feedback was given to the Patient Care Committee which is responsible for driving improvements to the service user experience at Cappagh.



Throughout 2010 we continued to implement and maintain compliance with the National Quality & Risk Framework of the HSE. The aim of the HSE Quality and Risk Framework is to provide a common set of requirements that will apply across all service providers to ensure that health, personal and social services are both safe and of an acceptable quality. This involved the hospital's participation in the HSE Quality Assurance Self-Assessment Programme through the completion of periodic self assessments against national standards and codes of practice. The assessments were on:

- NHO Quality Safety and Risk Framework
- HSA Health & Safety Audit
- NHO Healthcare Records Management
- HIQA Prevention of Healthcare Associated Infections
- NHO Decontamination of RIMD
- HIQA Hygiene Services Assessment Scheme

As a result of the HSE Self-Assessments, Quality Improvement Plans (QIP's) were put in place to address all deficiencies identified. The Self-Assessments and QIP's were

submitted to the Hospitals Regional Directors Office and the National Hospital's Office.

In May 2009 national standards for the Prevention and Control of Healthcare Associate Infections were introduced. All hospitals had until May 2010 to implement and ensure hospital compliance with these standards. HIQA are due to audit. These standards provide a framework for healthcare and social care providers to prevent or minimise the occurrence of healthcare associate infections such as MRSA and C. difficile, in Ireland.

The HIQA National standards for safer better healthcare were issued in draft in September. 2010. These national standards will provide the building blocks for quality and safety throughout the healthcare system, creating a common understanding of quality and safety. All hospitals were invited to review and submit their comments/concerns. It is expected that the final version of the standards will be issued by HIQA in the later half of 2011 with a view to all hospitals being compliant and audit ready the following year.

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

### **Claire Falvey**

General Quality and Training Manager



### **Siobhan Coughlan**

Clinical Quality and Training Manager



SUPPORT SERVICES

CARE

CHERISH

TREAT

**Maintenance Department Report**

**Catering Department Report**

**Hygiene Service Committee Report**

**Portering and Household Services Department Report**

## MAINTENANCE DEPARTMENT REPORT



During 2010 the Maintenance Committee continually met on a monthly basis. The Annual Service Programme, which is available to all department managers to assist in planning equipment maintenance and

maintaining adequate records on services conducted, is ongoing.

Throughout 2010 the Maintenance Department completed the following projects in addition to day-to-day maintenance issues.

- Refurbished and painted theatre areas.
- Upgrade of wiring system.
- Replaced large amount of old pipe work from the heating system.
- Installed second generator
- Refurbished Reception Area.
- Installation of new telephone system
- Involved in the enabling works for new theatre development and MRI
- Upgrade of St. Mary's Ward Paediatric Room in conjunction with the 'At Your Service' team
- Preparation of sensory garden
- Upgrade of wash hand basins

During 2010 the Maintenance Department undertook training in:

- Manual Handling.
- Fire Prevention and Evacuation techniques.
- Hand Hygiene techniques
- Chemical Awareness Training
- Safe Pass Training
- Waste Segregation.
- Occupational First Aid

- Team Based Performance Management

I would like to take this opportunity to wish Jimmy Barker and Dermot Nolan a very happy retirement and to thank them for their hard work and dedication to the hospital.

I would also like to thank all my colleagues in the Maintenance Department for their commitment and co-operation during the year.

**Leo Deathe**

Maintenance Supervisor

## **CATERING DEPARTMENT REPORT**

The Catering Department during 2010 continued to provide a quality service for all patients, visitors and staff of Cappagh National Orthopaedic Hospital.

### **DEVELOPMENT**

The Catering team continued to carry out its own internal audits to ensure that high standards are met with regard to Hygiene and H.A.C.C.P. All the catering staff have had ongoing Food Safety Training.

Throughout the year the Catering Committee continually met to review patient satisfaction scores and to continue to develop all catering services for the customer.

### **CHANGES TO TEAM**

Patricia Farrell consultant Catering Manager continued to run the catering department alongside Catering Officer Jane Mahady and Senior Head Chef, Andy Samuel.

### **TRAINING**

All catering staff continue to receive training in the following mandatory areas:

- Fire Training
- Manual Handling
- Hand Washing and infection control
- Food Safety Training
- Chemical Training

### **Niamh NiFhlatharta**

Consultant Catering Manager.



## HYGIENE SERVICES COMMITTEE ANNUAL REPORT

The Hygiene Services Committee met on eight occasions in 2010. The purpose of the committee is to ensure a multidisciplinary cohesive approach to all hygiene services provided throughout the organisation.

### Analysis of Audit Results

#### Audits by External Bodies

No audits were carried out by external bodies in Cappagh National Orthopaedic Hospital with respect to hygiene services in 2010.

In May 2009, HIQA launched the new National Standards for the Prevention and Control of Healthcare Associated Infections. Whilst incorporating the key quality and safety requirements for hygiene services, these standards focus on a broader set of issues rather than solely on hygiene. These standards were to be implemented in all hospitals by the 1st of June 2010. From this date, in relation to Healthcare Associated Infections, acute hospitals will be monitored by HIQA for compliance with the National Standards for the Prevention and Control of Healthcare Associated Infections only. The monitoring of compliance with the new standards will take into account the key quality and safety requirements of the hygiene standards. No audit / inspection by HIQA personnel has taken place to date.

#### Internal Audits

Throughout 2010 the hospital's quality office continued to coordinate, carry out and collate hygiene audits throughout the hospital. 336 internal hygiene audits were carried out by personnel working in the departments and by personnel external to the department being audited. The table below indicates the hygiene audit result scores for 2010 and compares it to those carried out in 2009.

Any audit scoring less than 85%, had a follow-up audit. 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 several audits based on Infection Control Standards in all areas including ward kitchens and mattress audits.

### Recommendations as a Result of Audit

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.

The Key Performance Indicator relating to the level of compliance achieved in audit remains a mean score of above 85% compliance.

#### Non-Conformances

1. Floors including edges and corners not clean and/or free of dust and grit.
2. High and low surfaces found not to be free from dust/ stains/ spillages or cobwebs.

3. Doors found not to be closed and/or locked (sluice, clean stores, linen rooms etc.).
4. Bins not emptied or cleaned
5. All dispensers, holders and all parts of the surfaces of the dispensers of soap, alcohol gels and paper towels were not visibly clean from body substances, dust, dirt, debris or adhesive tape.
6. Hand wash basin stained
7. Over filled bags, bags more than 2/3 full.
8. Alcohol gel not available
9. Rooms not clean and/or free from dust and inappropriate items.
10. Painting required

All non-conformances are brought to the attention of the portering & household manager and relevant department manager at the end of the audit, appropriate corrective actions and a timeline for the actions to be carried out is agreed, the majority of corrective actions are carried out within 24 hours of the non-conformance being identified.

Throughout 2010 mandatory training modules continued to be conducted with all staff to ensure greater compliance with the national hygiene standards and best practice.

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

The externally imposed moratorium on staffing continued throughout the year however it is recognised that hygiene services are a core component in delivering quality healthcare. During the year there has been a requirement to suppress posts in some areas and transfer these positions into vacant hygiene service posts to ensure a consistent

service.

### **Quality Improvement Initiatives**

- Introduction of the SRCL Biosafe system for clinical waste
- St Mary's Ward 'At your Service' upgrade
- Theatre holding bay redevelopment
- All Portering and Household Cleaning Matrices updated.
- Chemical Use training (DCM)
- HACCP system review and non conformance system

### **Conclusions**

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.

### **Siobhan Coughlan**

Clinical Quality and Training Manager

### **Ann Keely**

Household Supervisor

### **Declan Brennan**

Portering and Household Services Manager

<b>Area/Department Audited</b>	<b>No. of Audits carried out in 2009</b>	<b>No. of Audits carried out in 2010</b>	<b>Average score 2009</b>	<b>Average score 2010</b>
Anaesthetic Rooms	0*	6	-	80%
Admissions and Reception areas	2	0	75%	-
Auto Transfusion	1	0	100%	-
Bone Bank	9	5	<b>98%</b>	97%
Catering Department	10	10	<b>94%</b>	91%
CDU	33	19	93%	<b>94%</b>
HDU	35	35	<b>95%</b>	<b>95%</b>
Joint Register	8	9	86%	<b>97%</b>
Occupational Health	2	0	<b>77%</b>	-
Occupational Therapy	10	10	92%	<b>99%</b>
OPD	16	10	86%	<b>98%</b>
PAC	11	8	<b>96%</b>	94%
Pharmacy	2	0	81%	-
Phlebotomy	18	14	98%	97%
Physiotherapy	11	12	92%	<b>92%</b>
Plaster bay	13	11	<b>89%</b>	<b>91%</b>
Recovery Room	7	12	<b>91%</b>	<b>86%</b>
Stores	11	11	<b>86%</b>	85%
St. Anthony's	4	14	<b>95%</b>	<b>95%</b>
St. Joseph's Ward	33	34	<b>98%</b>	93%
St. Mary's Ward	42	24	<b>97%</b>	94%
St. Paul's Ward	35	41	<b>98%</b>	97%
St. Teresa's Ward	33	36	<b>97%</b>	93%
Theatres	25	15	83%	<b>86%</b>

## **PORTERING AND HOUSEHOLD SERVICES DEPARTMENT REPORT**

The Portering and Household Services Department continued in 2010 to play a quality role in the delivery of a high standard of patient care and service to other hospital departments.

### **Quality Improvements in 2010**

Monthly hygiene audits took place in all clinical and service areas followed by review and corrective action programme. This has had a positive impact on staff awareness of the required high standards of hygiene throughout all areas of the hospital and has contributed to the Very Good rating again achieved by the hospital in the National Hygiene Services Quality Review.

An awareness of the importance of waste segregation and recycling continued to be a major focus for the Department in 2010.

### **Training**

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

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

All staff continued to attend mandatory training and re-training in Manual Handling and Fire Safety.

### **Staff Changes in 2010**

Colm McGlue left Cappagh after thirty-eight years service, we wish him well in the future. Geraldine O'Callaghan and Kay Moore availed of the early retirement scheme and Mary Byrne resigned, best wishes to them also in their future careers.

I would like to thank all Portering and Household Services Department staff and in particular Ann Keely, Theresa Watson, Carol Joyce and Tommy Fitzpatrick for their hard work and co-operation during the year and their valued contribution towards the National Hygiene Services Quality Review rating.

### **Declan Brennan**

Portering and Household Services Manager



## MISSION STATEMENT

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

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

We are constantly challenged to meet the needs of our times, in all aspects of care, through ongoing education and research.



## CAPPAGH HOSPITAL RESEARCH AND DEVELOPMENT TRUST REPORT



At the Trust 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 Trust has made a huge impact and allowed capital projects to be completed earlier than would normally be possible and with tangible patient benefits.

2010 was a very tough year for the Trust, but thanks to the great support we received from many ex-patients and friends we have made it through and completed the funding for the T3 MRI unit, which will be ready for use in the second quarter of 2011.

The Trust Wage Deduction Scheme, in operation in factories 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 Wage Deduction Scheme for their co-operation and support during 2010, and we look forward to their continued assistance in 2011.

The Collection Box Scheme: - this scheme has been under considerable pressure as a large number of retail shop keepers and publicans have ceased to trade during 2010. Again, we deeply appreciate the support of all outlets.

Most of our annual traditional events again took place in 2010. The Spring Raffle in April and the Christmas Raffle in December were well supported by our ex-patients and friends, as was the Great Cappagh Walk & Garden Party which was held in the grounds of the Hospital on a beautiful sunny September afternoon. Our annual Golf Outing took place at the Castle Golf Club in Rathfarnham in May

and was well supported by members of Dublin's corporate sectors and many of our hospital consultants.

Due to the severity of the current economic recession, the Board of Trustees has carried out a strategic review of all matters and it plans to hire a Fund Raising Director before the end of the second quarter of 2011.

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 2011.

Finally may I express my thanks and appreciation to my fellow Trustees and the staff of the Trust Office for their support and commitment to our fundraising endeavours during 2010.

**Jim Carr**

Chairman

# BOARDS AND COMMITTEES

## EXECUTIVE COUNCIL MEMBERS

Mr. Gordon Dunne (Chairman)

Ms. Angela Lee

Ms. Aoife Gallagher

Ms. Kathy O'Sullivan

Dr. Patrick Higgins

Prof. John O'Byrne

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## HOSPITAL MANAGEMENT TEAM

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Ms. Kathy O'Sullivan (Director of Nursing/Deputy Chief Executive)

Ms. Angela Lee (Financial Controller)

Prof. John O'Byrne (Chairman Medical Board)

Ms. Aoife Gallagher (Human Resources Manager)

Hospital Committees

Bed Management Committee

Catering Committee

Child and Vulnerable Adults Protection Committee

Clinical Nurse Specialist Committee

Clinical Research Ethics Committee

Clinical Risk and Clinical Governance Committee

Decontamination Committee

Department Heads Committee

Diagnostic Imaging IV Protocol Review Committee  
Drugs and Therapeutic Committee  
Education Committee  
Executive Council  
Finance Committee  
Financial Audit Committee  
HDU Committee  
Health & Safety and Risk Management Committee  
Healthcare Assistant Committee  
Healthcare Records Management Committee  
Hygiene Services Committee  
Infection Prevention and Control Committee  
IT Development Committee  
Medical Board  
Medication Management Committee  
Mission Committee  
Nursing - AHP's Committee  
Nursing Clinical Audit Group  
Nursing - Stores Committee  
Pain Management Committee  
Patient Care Committee  
Paediatric Review Committee  
Procurement Committee  
Quality Review Committee  
Radiation Safety Committee  
Staff Nurse Committee  
Technical Services Committee  
Theatre Users Committee  
Tissue and Transfusion Committee  
Wound Management Committee

