Review 2005

St. Vincent’s Healthcare Group Limited

INCORPORATING

St. Vincent's Private Hospital
# Contents

## St. Vincent’s Private Hospital

### Overview

5

### Allied Health Division

#### Overview

8

#### Training & Education

8

#### Health & Safety Committee

8

#### Accreditation

9

#### GP Open Night

9

#### Cardiology

9

#### Academic Achievements

9

#### Diagnostic Imaging

9

#### Academic Achievements

10

#### Attending Post Graduate Courses in MRI

10

#### Dietetics

10

#### Conferences

11

#### Pharmacy

12

#### Auditor’s Report

12

#### Service Requirements Survey

12

#### Joint Nursing & Pharmacy Meetings

12

#### Academic Achievements

12

#### Physiotherapy

12

### Courses

13

#### Radiotherapy (Including Medical Physics)

13

#### Academic Achievements (Physics Staff)

14

#### Conferences

14

#### Presentations

14

#### Radiation Therapists

14

#### Conferences

14

#### Courses

14

#### Respiratory Department (Pulmonary Function and Sleep Lab)

14

#### Presentations

15

#### Social Work

15

#### Nursing Division

16

#### Support Services Division

19

#### Human Resource Division

24

#### Corporate Services Division

27

#### Organisational Structure

30
St. Vincent’s Private HOSPITAL
St. Vincent’s Private Hospital

Overview
St. Vincent’s Private Hospital continued to make steady progress in improving quality and increasing reimbursement levels for its services in 2005. Hospital turnover increased from €43.4m in 2004 to €50.6m in 2005 and a surplus of €1.417m was generated during the year compared to €812,000 in 2004. This was achieved through the development of the business model which focused on increasing activity and reimbursement levels during the year. Our thanks are due to the team leaders, consultants and staff who contributed to the various improvements made during the year which are outlined in this report. Average debtors days have dropped from 68 to 61 days due to the collaborative efforts of the Finance Department, Consultants and their secretaries. The hospital currently has 164 inpatient beds, 36 day care spaces (including oncology), operating theatres for major and minor surgery, endoscopy, diagnostic imaging which includes general radiography, CT, ultrasound and MRI and comprehensive oncology and radiotherapy services.

Patient Activity
In-patient occupancy increased to 86.26% in 2005 from 82.71% in 2004 in spite of a drop in admissions of 0.5%. An increase in average length of stay from 5.15 to 5.38 days reflects a change in the complexity of our case mix. Theatre activity increased by 2.8% to 3,914 cases which can be attributed to better utilisation of theatres during holiday periods and the allocation of theatre space to new consultants. The Diagnostic Imaging Department reported a significant increase in the volume of MRI Scans (11.1%) and CT Scans (10.9%) in spite of increasing competition. While general day care procedures dropped by 1.6%, day care oncology cases increased by 7.7% reflecting an increasing demand for this service. A summary of in-patient and outpatient activity is set out in the Corporate Services Division Report.
Service Developments and General Improvements

A number of development were completed in 2005 as follows:

- Completion of a €4.4m capital programme which included the supply and commissioning of 2 new linear accelerators in the Radiotherapy Department
- Establishment of a Triple Assessment Clinic (TAC) for women with symptomatic breast pathology
- A new four bedded Coronary Care Step Down Unit was established
- A new backup generator was installed and relocated (Cir. €0.3m)
- The electrical switch room was upgraded
- Medical gases and vacuum plant were upgraded in theatre
- Day Care Endoscopy Equipment was replaced (cir. €0.4m)
- First phase of the bed replacement programme

A more detailed list of improvements is set out in the reports by the Divisional Managers

Consultants Forum

The forum provided valuable advice and support on a range of matters during the year including clinical policies/procedures, debtors days and clinical service developments. Dr. J. Griffin resigned from the Forum during 2005 and Dr. Conor Collins was co-opted in his place. Professor D. O’Donoghue continues to represent the Forum on Best Practice Committee and Dr. Maurer, Dr. Eamonn Kelly and Dr. Griffin participated on the Executive Committee. Amended rules relating to the granting and withdrawal of admitting privileges to consultants at St. Vincent’s Private Hospital were circulated to all consultants in March 2005 having been approved by the Forum. Among the issues discussed by the Forum during the year were the following:

- Participation in a unified regional cancer patient information system
- Development of a phlebotomy service within St. Vincent’s Private Hospital
- Participation in the St. Vincent’s University Hospital General Practitioner Study Day on 12/11/2005
- Policy on Non Consultant Hospital Doctors assisting in St. Vincent’s Private Hospital Theatres
- Review of out-patient services offered to General Practitioners
- Extension of RIS PACS System to St. Vincent’s Private Hospital
- Ongoing review of patient activity.

Thanks are also due to Ms. Yvonne Farnan who continues to provide secretarial support to the Forum.
Management Team and Executive Committee

The Management Team and Executive Committee of the private hospital continued to meet throughout the year to review and monitor progress in relation to the budget and service plans. Ms. Annette O’Neill joined the Management Team during the year as Acting Allied Health Manager and Ms. Gretta Colbert retired as Director of Nursing after almost 40 years of service. Gretta had served as night sister and Administrative Sister before being appointed Director of Nursing in 1996. Gretta made a great contribution to the hospital over the years and her retirement party which was held in December 2005 was attended by a large group of colleagues and friends. We wish her well in her retirement.

Regular meetings were held with the Team Leaders/Heads of Departments during the year. At these meetings the Management Team provided updates on clinical and financial performance and on relevant internal and external factors affecting the hospital.

The Management Team also provided an induction programme for new staff to familiarise them with the hospital and its policies and procedures. They also produced a number of newsletters to keep all staff updated on developments during the year. General staff briefings were provided for staff in 2005.

New Archive Store and Staff Rest Room

A small working group was established during the year to free up space in a multi-function room on the lower ground floor and create a new archive store on the grounds. All records stored in the Archive Store are now labelled and a section of the room is allocated to each division, which is maintained by them.

The vacated multi-function room was refurbished and opened on Monday 4th July 2005 as a staff rest room. The staff room is available for all staff and the introduction of the room facilitated the closure of the Coffee Shop at 5.00 p.m. daily and the creation of two shared offices. Facilities include a relaxing seating area and dining area, vending machine, microwave, fridge and TV.

Pension Scheme

The new Defined Contributions Pension Scheme which applies to new staff appointed after 1 January 2005 was launched during the year. The existing Defined Benefit Scheme will continue to operate for staff employed before 1st January 2005.

Michael Redmond,
Chief Executive, SVPH
Allied Health Division

Overview
The Allied Health Division had a challenging and increasingly busy year in 2005. Departments within the Division continued to develop and work towards annual action plans. While lack of space impeded growth in some of the departments, there was significant increases in overall activity in 2005 compared to 2004 (see Corporate Services section).

Much of this is due to the dedicated, highly professional and hardworking staff. The contribution of staff is greatly appreciated in overcoming difficulties such as staff shortages.

There were welcomed improvements in IT infrastructure, with Local Area Networks installed in many departments. Access to e-mail and the internet helped improve overall efficiency and the quality of service offered by many of the departments.

New office accommodation was provided for a number of the Allied Health Managers and a member of the physics staff.

There was major capital investment in the Radiotherapy Department, which will allow the department to provide a high quality service to its patients.

Training & Education
Allied Health staff took part in mandatory Induction, Fire, Moving and Handling and Bullying and Harassment Training. CPR training was also provided for many of the clinical staff in the Division.

Many of the Allied Health subdivisions are technology driven. This results in rapid changes in technology, diagnostic tools and treatment. As a result Continuous Professional Development (CPD) for clinical staff in the Division is necessary. Throughout 2005 CPD was actively encouraged and supported by Senior Management. Members of the administration staff undertook ECDL advanced courses in Word and Excel.

There was significant representation from the Allied Health Division at the Health Promotion, European Health & Safety Week and Dignity at Work Training workshops organised through the Health & Safety Committee.

Health & Safety Committee
Two members of the allied health staff are involved with other divisional representatives on the Health and Safety Committee, helping to formulate policies and addressing many of the Health & Safety issues that arise.
Allied Health Division

Accreditation
Allied health staff are represented on some of the clinical, the HR, the environment and leadership and partnership teams. Members have been involved in working towards the quality improvement initiatives identified during the accreditation process.

GP Open Night
Allied health staff participated and helped to organise a GP open night in September. Posters were displayed outlining the services offered by the departments and information leaflets were distributed. Short presentations were given by Consultant Radiologists Dr Stephen Skehan on Multislice CT & Dr. Ann O’Doherty on Breast Imaging. Dr. O’Doherty stressed the importance of a multidisciplinary approach to the diagnosis and treatment of breast cancer. Dr. Walter Mc Nicholas and Dr Tom Crotty outlined the services offered by the Respiratory and Pathology Departments.

Cardiology
The activity in the department increased by over 18% compared to 2004 despite very restricted working space. Service developments in 2005 included pacemakers and insertion of internal cardiac debrilllators (ICD). Follow up clinics for ICD and pacing were introduced towards the end of the year. Jane Maher resigned from the staff in 2005. Lara Connolly joined the staff in April and Denis Scannell in October 2005.

Academic Achievements
Claire O’Leary Medical Physics and Physiological Certificate (DIT Kevin Street).

Courses attended
Lara Connolly Advanced AICD and Biventricular Pacing Course.
Claire O’Leary Basic Pacing Course (Medtronics).
Denis Scannell Basic Pacing Course (Medtronics).

Conferences
Lara Connolly AGM - The British Society for Cardiology.
Denis Scannell AGM - The Irish society of Cardiology.

Diagnostic Imaging
Diagnostic services continue to be the most significant provider of outpatient services by the hospital. Despite keen competition from other providers in the South East Dublin region there was despite this, an increase in overall activity in the department with significant increases in MRI and CT.

Equipment replacements in 2005 included a high-speed laser imager and two new advantage windows workstations.
Service quality improvement initiatives provided by the department included the provision of a Triple Assessment Clinic (TAC) for women with symptomatic breast pathology. In collaboration with the Dietetics department new patient information leaflets were designed for CT Colonography. The pre examination preparation was particularly tailored to minimise discomfort for elderly patients prior to the procedure.

The MRI and CT departments were involved in a number of clinical trials, particularly in relation to Multiple Sclerosis and Oncology.

Recruitment and retention remained a challenge with some staff having to be recruited from overseas to provide locum cover.

Kolbe Mooney was appointed as a permanent member of staff. Eileen Kelly resigned and relocated to Galway. Clare McFarland replaced her as Clinical Specialist in CT.

**Academic Achievements**

Veronica Gibbons  
Post Graduate Cert in CT, University of Bangor, Wales.

Veronica Gibbons  
IV Course UCD.

Christine Mc Kenna  
Diploma in first line management

Eileen Kelly  
Part 1 Diploma in first line management

Maire Hayes  
Part 1 Diploma in first line management

**Attending Post Graduate Courses in MRI**

Deirdre Gahan

Aisling Power

**Conferences**

A. O’Neill, M. Hayes & K. Mooney  
Irish Institute of Radiography Annual Conference.

Clare Mc Farland & Veronica Gibbons  
4th Annual GE Multislice CT Meeting.

Christine Mc Kenna  
9th Annual MRI Users Conference.

Toinette Tunney & Edel Cusack  
The Mater 8th International Breast Cancer Meeting.

Clare Mc Farland & Christine McKenna  
Radiological Society North America Annual Conference

**Presentations at Conferences**

Maire Hayes  
IIR Annual Conference. Double Contrast MRI Liver.

Eileen Kelly  
4th Annual GE Multislice CT Meeting. CT Colonography.

**Dietetics**

Throughout 2005 staff in the Dietetics Department made a conscientious effort to raise staff awareness at ward level of services available to inpatients. Patient information leaflets were also distributed to all wards and Day Care Oncology. This resulted in an increase in the referral rate by 16% compared to 2004.
While the referral rates were the same for outpatient there was a decrease in the number of reviews. The reasons for this included a reduction in the number of liver and jejunal biopsies leading to fewer new Coeliac and Fatty Liver/NASH patients.

There were also planned reductions of Outpatients in January 2005 due to staff shortage, and outpatient appointments were curtailed during the summer due to lack of locum cover for annual leave.

The Sleep Laboratory only returned to full activity in August and as another source of referral this impacted on the Dietetic activity. It has been noted that the DNA rate for review of sleep apnoea patients is high.

Outpatient information leaflets were distributed to the Consultants Private Clinic, Wound Care Clinic, Day-care and Radiotherapy waiting areas.

Dietary information material for the management of patients undergoing Virtual Colonography was developed for the Department of Diagnostic Imaging.

A Web Page for the Dietetic Department was also produced.

Nutrition Folders were circulated to Nursing Admin and wards providing all current guidelines and procedures relating to TPN, EPN, TPN Regimes, Enteral feeding at weekends, return of enteral feeding pumps for repair and out of hours contact procedures.

Staff education included a presentation during Healthy Eating Week, and two presentations on TPN/Enteral Feeding Guidelines to Nursing Staff.

Staff compliment increased from 1.5 to 2.0 WTE in 2005. Sinead Mathews joined the staff in November and Carol Reid returned home to New Zealand.

**Conferences**

Alice Cromian, Marge Young and Carol Reid. AGM and Annual Study Conference, INDI.

**Study Days & Evening Seminars**

<table>
<thead>
<tr>
<th>Alice Cromian</th>
<th>The Medical &amp; Dietary Management of Diabetes.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marge Young</td>
<td>Coeliac Disease a Review.</td>
</tr>
<tr>
<td>Marge &amp; Cari</td>
<td>Pre and Post Op Nutritional Support.</td>
</tr>
<tr>
<td></td>
<td>Community Nutrition Interest Group along with the Weight Management Interest Group of the INDI Interest Group, Annual Study Day - Looking at Other Approaches to Obesity (INDI).</td>
</tr>
<tr>
<td>Alice Cromie</td>
<td>Nutrition in the critically ill. Study Day INDI.</td>
</tr>
<tr>
<td>Carol Reid</td>
<td>Dietician Innovation -Abbott sponsored.</td>
</tr>
<tr>
<td>Carol Reid</td>
<td>Milk Consumption, CVD and Stroke - a review of the evidence Dairy Board Sponsored (INDI).</td>
</tr>
</tbody>
</table>

*All staff* Diabetes Update, and COPD - Nutricia sponsored (INDI).

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Marge Young</td>
<td>Nutrition in Liver Disease, Study Day</td>
</tr>
</tbody>
</table>
Pharmacy
Louise McDonnell was appointed as the new Pharmacy Services Manager in September 2005. Increased workload, staff shortages, and change in management of unit made 2005 an increasingly busy and challenging year for staff in the pharmacy.

The average number of dispensed items per month increased by 5% over 2004 while the average number of patients treated with intravenous chemotherapy per month increased by 12% for the same period.

Auditor's Report
The internal Group Auditors audited the department in September 2005 and a number of recommendations were made and a time frame for implementation given. Many of these have been implemented. New operational procedures have been devised.

Service Requirements Survey
A questionnaire study was carried out by the Pharmacy Department to identify requirements of hospital from Pharmacy Department. Arising from the study a number of changes have been implemented to improve the service particularly outside normal working hours. The need for the provision of a clinical pharmacist service at ward level was identified. This project is ongoing.

Joint Nursing & Pharmacy Meetings
Regular meetings took place in 2005. Many of the suggestions and recommendations on service improvements have been implemented.

Academic Achievements
Louise McDonnell Diploma in Management.
Jenny Dowling Aseptic Compounding Course, Leeds.

Courses
Helen O'Hare Chemical Risk Assessment Management Training Programme.

Physiotherapy
The Department provides services for both inpatients and outpatients. Despite the ongoing lack of space, activity in 2005 increased considerably compared to 2004. The 18% increase in the inpatient workload was primarily due to an increased demand for rehabilitation and the Summer Initiative.

Increased referrals from Respiratory, Neurology and Geriatric Consultants and an increased demand to treat patients suffering from oncology fatigue were the main sources of referral for rehabilitation.

Public patients, both medical and surgical were treated in SVPH as part of a Summer Initiative to reduce the waiting list in SVUH and provide full utilisation of beds in SVPH. The physiotherapy staff in SVPH treated fifty percent of the patients requiring physiotherapy.
Other services include orthopaedic (sports injuries, back care & rehabilitation) and breast care (post operative, reconstruction and plastic surgery).

Courses
Anne Broderick Muscle Imbalance (Upper Limb) May 2005
Anne Broderick Muscle Imbalance (Trunk) Sept 2005
Anne Broderick Muscle Imbalance (Lower Limb) Oct 2005
Anne Broderick, Deirdre Menton & Eileen Gallagher
Breast Awareness. May 2005
Eileen Gallagher Lymphodema. Apr. 2005
Eileen Gallagher Dignity at Work. Nov. 2005
Deirdre Menton Therapeutic handling to promote balance in adult neuro patients.
Deirdre Menton Combined approach to SIJ Therapy. Apr 2005
Deirdre Menton Incident Reporting, Risk Assessment and Hygiene awareness.
June Gallagher Advanced Respiratory, Oct. 2005

Radiotherapy (Including Medical Physics)
There was significant investment in the Radiotherapy Department in 2005. A second new Linear Accelerator, a CT Simulator, upgrading of planning system, replacement of wet processor with dry laser processor and a new patient administration (Clinisys) system were some of the major capital investments.

Considerable refurbishment and redesigning of the Department also took place. The Physics Department relocated to the old boardroom and the old location now houses the Radiotherapy Manager, Principal Physicist and a new filing room.

The radiotherapy reception was modified to accommodate space for a new administration post and a new work desk was designed for this area. Clinical rooms remain the same but additional software was installed for the Clinicians e.g. portal imaging terminal and Clinisys terminal.

On the lower ground floor the old storerooms became one and a new patient room is now available. New control areas, which are larger and more suitable to the needs of the staff, were provided. This investment should have considerable impact on the staff work environment and quality and range of services that will be provided in 2006.

Activity in the area was down marginally on 2004. This was to be expected due to continuing problems with old linear accelerator, major refurbishment work, commissioning of first and installation of the second new linear accelerator.

Three new therapeutic radiographers were appointed to the staff, Kirsten Dollery, Niamh Gargan and Una Monaghan. Paul Collins joined the physics staff. Lucinda Ryan (Radiotherapy) and Aoife Brown (Physics) resigned and relocated to Galway.
### Academic Achievements (Physics Staff)

Aoife Brown  
MSc in Physical Sciences in Medicine, Dublin University.

Colin Rooney  
Part 1 - Practical & Theoretical Radiotherapy Physics.

### Courses

- **Eimer O’Neill**  
  3D/IMRT Clinical Training Program, Precise Treatment  
  July 2005, Mannheim, Germany.

- **Aoife Brown**  
  Precise Plan, Clinical Application Training, Feb. Crawley, UK

- **Marty Grady**  
  Electa Digital Linear Accelerator 1st Line Training Course. April, Crawley, UK.

- **Martin Sheridan**  
  Electa Portal Imaging System iViewGT. Nov, Crawley, UK.

### Conferences

- **Aoife Brown**  
  Irish Radiotherapy Group Conference, Feb., Galway

- **Colin Rooney**  
  Irish Radiotherapy Group Conference, Feb., Galway

### Presentations

- **Aoife Brown**  
  Comparison of Brachytherapy versus Electron Treatment post Mastectomy. IRPG Galway.

- **Colin Rooney**  
  Radiotherapy Diode Assessment in Radiotherapy. IRPG, Galway.  
  (Poster Presentation)

### Radiation Therapists

### Conferences

Ten members of staff attended the Irish Institute of Radiography (IIR) Annual Conference, Nov. 2005

### Courses

- Patricia Flanagan, Olivia Scollard & Elaine Dolan - Training Linear Accelerator, Leeds
- Margaret Lynch, Kathleen Corr, & Leanne McNamara - 1 Day student clinical training course in Trinity.

Members of staff from the department attended study days in SVUH on colorectal cancer & prostate cancer.

### Respiratory Department (Pulmonary Function and Sleep Lab)

There was a 27% increase in the workload in the department in 2005 compared to 2004. This was primarily due to increased staffing levels and the trained status of staff. It also impacted on the waiting list for the sleep laboratory. The waiting times were halved compared to 2004.

Patricia Boyle returned from leave in June on a part time basis. New office space was located and refurbished for the department's manager.
Allied Health Division

Academic Achievements
Nicola McGovern & Kevin Fennell
Higher Certificate in Medical Physics and Physiological Measurement

Conferences
Anna O'Brien
Irish Sleep Society, February 2005, Dublin
Anna O'Brien & Kevin Fennell
ARTI/ARTP Joint Annual Meeting, 7th-8th October 2005

Presentations
Nicola McGovern gave a captivating talk about sleep hygiene at the Healthy Eating Week

Social Work
There was a small increase in referrals in 2005 reflecting the limitations of a single staffed Social Work service.

The 479 new referrals in 2005 repeat the pattern of previous years in a mainly elderly patient group. Timely referral to our Geriatricians helped identify those patients requiring further rehabilitation or extended nursing care placements.

The high demand for social work services to the Oncology unit continued but the current staffing situation made it difficult to provide a holistic service to patients and their families.

The appointment of the new neurologist had implications for social work services as many neurological patients required multi-disciplinary intervention.

Annette O’Neill,
Acting Allied Health Manager.
Nursing Report

Overview
In 2006 the Nursing Division continued to focus on the provision of highly skilled nursing expertise with the delivery of patient care underpinned by core values. In tandem with this many initiatives were undertaken to develop practice using a multidisciplinary team approach.

The commitment and dedication of staff has allowed for presenting challenges to be overcome in such a way that patient service provision has increased and flourished.

Recruitment
Much energy was expended on recruitment in a year with no nurse graduates coming on stream. We were able to replace nurses resigning and maintain the status quo.

<table>
<thead>
<tr>
<th>Staff Recruited</th>
<th>Resignations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff Nurses</strong></td>
<td><strong>Staff Nurses</strong></td>
</tr>
<tr>
<td>Theatre Attendant</td>
<td>1</td>
</tr>
<tr>
<td>Clinical Nurse Manager II</td>
<td>3</td>
</tr>
<tr>
<td>Porters</td>
<td>3</td>
</tr>
<tr>
<td>Phlebotomist</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Porters</strong></td>
</tr>
<tr>
<td></td>
<td>3</td>
</tr>
<tr>
<td></td>
<td><strong>Care Assistants</strong></td>
</tr>
<tr>
<td></td>
<td>3</td>
</tr>
<tr>
<td></td>
<td><strong>Phlebotomists</strong></td>
</tr>
<tr>
<td></td>
<td>3</td>
</tr>
<tr>
<td></td>
<td><strong>Clerical Assistants</strong></td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>TSSD Operative</strong></td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

In 2005 we said goodbye to a number of staff members.
2005 saw the appointment of Mary Donohue as Oncology Nurse Co-ordinator. This post provides for smooth delivery of oncology services with liaison between relevant departments and personnel. Patient and family education and support are provided by Mary and her role has proved invaluable.

Una Nicholson took up her position in April 2005 as Infection Control Nurse Specialist having received her Higher Diploma in Infection Control Nursing.

Portering Service
A new ‘pool’ system was introduced in October 2005 successfully orchestrated by Mr Michael Smith, Portering Supervisor. This system has worked very well and is providing an even more efficient system to patients and staff.

Urodynamics Department
The Urodynamic Department commenced in March 2005. Prior to March the Day Surgery staff carried out Urodynamic Tests. The service initially commenced 20 hours per week. This changed to 25 hours per week in January 2006 due to increasing demands for the service. The department offers a number of different tests to both in-patient and out-patient e.g. Uroflow, Bladder Scans, Cystometrogram and Self Intermittent Catherization Tuition.

Cardiology Step Down Unit
The new 4 bedded cardiology step down unit opened on Redwood to receive patients from CCU after a programme for staff training involving collaboration and assistance from cardiologists and staff in CCU.

Mission Committee Report
In December 2005 Gretta Colbert resigned as the Mission Committee Chairperson. Her successor was Orla FitzGibbon.

Education and Training
A number of committees met regularly throughout 2005 in order to advance staff education within the nursing division. These committees included:

- Policy & Procedure Committee
- Staff Development Committee.

As with other years many staff commenced higher education courses in 2005.

- Joanne Cadogan - Higher Diploma in Health Promotion.
- Christine Leonard - BSc in Nursing
- Elizabeth Looney - Diploma in Healthcare Management
- Marie Nolan - BSc in Nursing
- Aideen O’Callaghan - BSc in Nursing
• Phil O’Neill - Masters in Ministry
• Joanne Power - Higher Diploma in Gastrointestinal & Colorectal Studies.
• Annette Reilly - Higher Diploma in Healthcare Management
• Eleanor Scully - Graduate Diploma in Health & Safety
• Caroline Whelan - Higher Diploma in Diabetes Nursing

Annual in-service training took place in the hospital. These included:
  • Fire Training
  • Fire Marshall Training
  • Manual Handling
  • CPR
  • Induction Training
  • In Service Speciality Training including guest lecturers on:
    - TPN/NG Protocols
    - Microbiology in Oncology
    - Wound Care
    - Handwashing Techniques
    - Analgesia in Cancer Care

Retirements
Ms Gretta Colbert - Director of Nursing

Ms Gretta Colbert retired from her post as Director of Nursing at the end of December 2005.

Ms Colbert was a dedicated and committed member of staff always ensuring the highest quality care was delivered to the patients of St. Vincent’s Private Hospital. She worked tirelessly over the years to create a harmonious environment both for patients and nursing staff.

Gretta continued her patient focused ethos, whether it be in her role as mission liaison person or as nursing administrator.

Ms Brid Orbinski
Ms Brid Orbinski retired in December 2005 having given a long and committed service to the patients of St. Vincent’s Private Hospital. Brid carried out her duties in a caring, professional and sensitive manner. She will be greatly missed by all her colleagues.

On behalf of all the staff we wish them a happy retirement and good health to enjoy their well-earned free time.
Support Services Division

The Division is split into two separate areas. Yvonne Byrne and Geraldine O’Nolan manage the catering and hospitality area and Jennifer Calton heads up the facilities and maintenance section.

Reception

Reception is the first area of the hospital our customers see. One of its primary functions is to promote a warm and friendly welcome for patient’s visitors and staff. The reception provides switchboard and communication services throughout the hospital. The service operates seven days a week from 7.00am - 11.00pm Monday -Friday and from 8.00am- 9.00pm Saturday-Sunday and is staffed by a team of nine. The team under the supervision of Margaret English made some improvements to the service during the year.

- New uniforms were introduced to promote a more professional appearance.
- Standard procedure for answering the telephone
- Standard procedure for handling of post and parcels
- New database for patient telephone accounts was installed in the post room.
- A new franking machine was purchased to deal with increase in postage requirements.

Next year the car park attendant will join the reception team. This will help to have a more cohesive security function at the front desk.

Car Park

- A credit card software programme was installed by Integral into the Car Park Payment Machine. The additional facility will provide a convenient method of payment to patients and visitors to the hospital.
- A car park attendant is on duty Monday - Saturday each week.
Household Services
The Household Services Department provide a quality cleaning and hygiene service throughout the hospital. The department works closely with in-house and external maintenance personnel. Yvonne Gleeson is the Household Services Officer and has a team of five staff working with her. They provide a six-day service.

The Household Services team provide assistance and support to all departments in the hospital. There is an ongoing refurbishment programme in all patient areas, which is implemented in conjunction with a household inventory checklist.

In March a tendering process was initiated to review our cleaning service. The new cleaning specification was used as a benchmark for our required standard. Formal interviews were held using a consistent format and questioning process. Maybin Clean were selected as the successful service provider. This will be their second term in the hospital. The cleaning company will operate closely with household services and infection control on a daily basis. A formal meeting is held weekly.

Some new initiatives during the year were:
- Programme for washing fire blankets.
- Programme for changing shower curtains and bath mats.
- Housekeeping routines to complement the Fire Safety Plan.

Other areas supervised by the team are the patient linen service, laundering of catering uniforms, dry cleaning, window cleaning and a hair dressing service.

Maintenance Department
There are two full time maintenance operatives Eddie Hartland and Rory McElhinney. As part of our agreement with William Farrell Electrical LTD an after hours call out service is also provided.

There are a total of 74 external contractors who service and maintain equipment and services on a regular basis. Non-routine work and projects are organised separately by using reputable outside firms who continue to complete the majority of our project work.

Our plan this year is to use our new software maintenance package to compile reports on categorisation of requests i.e. maintenance, enhancement or project work.

Projects
External and internal maintenance personnel carried out a total of thirty-three projects. Fifteen major projects were carried out and a total of eighteen minor projects. These also require assistance from our internal facilities staff in household and maintenance. As part of ongoing Health & Safety improvements, the introduction of a new Maintenance & Projects Safety Statement was introduced as part of the hospital safety statement.

Some of the projects completed last year include

Fire Prevention
- New sprinkler system installed in the kitchen.
Support Services Division

- Installation of an additional fire satellite panel

Grounds
- Inactive storage unit installed
- Remarking of car park lines

Patient Areas
- Six new showers installed
- Shower heads replaced in all bathrooms

General
- Painting programme continued throughout the year
- Stainless steel surrounds fitted in six lift lobbies.
- Ceiling tiles were replaced in various areas.

All major works are project managed by a team incorporating Support Services, Finance and Corporate Services.

- New linear accelerators was installed in radiotherapy.
- Refurbishment of office and patient areas in radiotherapy.
- New GE Light Speed Scanner was installed in Radiotherapy.
- New backup Generator was installed and relocated.
- Upgrade of electrical switch room.
- Medical gases and vacuum plant upgrade in theatre.
- Refurbishment of two assisted bathrooms.
- New staff rest room.
- Refurbishment of meeting room.
- Boardroom was converted to Phlebotomy room.
- Refurbishment and enhancement of four nurses stations.
- Two staff rooms were converted to office accommodation.

Catering Department

The catering department has a team of 64, which services the needs of both patient catering and the coffee shop.

The department has a fully implemented HACCP System and are accredited with ISO 9001:2000 IS 343.

The coffee shop seats 105 and is open from 7.00 a.m. to 5.00 p.m. daily providing service to both staff and visitors in a busy environment.

All of the food is cooked and served on a daily basis supervised by Senior Chef Michelle Pounch. The department does its utmost to cater for all patient needs and customer satisfaction is of paramount importance to us.
Internal Audits

Eight internal audits were carried out last year by the Catering Officers. An example of three are:

January

- IS 340 Section 4 Cleaning
- ISO Section 7 Service Realisation
- IS 343 Section 4 HACCP Planning/Pre-requisite programme and flow chart.

March

- IS 340 Section 5 Pest Control
- IS 340 Section 2 Food Safety
- ISO Section 8 Validation and Auditing.

June

- ISO 340 Section 1 Hygiene Policy
- ISO Section 8 Measurement Analysis and Improvement

External Audits

- Cater Care carried out two audits in March and October.
- CVA International carried out a surveillance audit in May on the Departments ISO & HACCP system.
- Gwen Neary Environmental Health Officer visited the Catering Department in June with a follow up visit in August.

Departmental Statistics

The catering department provides service to 162 inpatients, 30 day-care patients and approximately 300 staff daily. The department also caters for various functions throughout the year as well as in-house meetings.

Minor Capital Developments/Improvements

The new staff room was opened on 6th July 2005. The room seats 30 people. It is equipped with a fridge, vending machine, microwave, and beverage making facilities. A new Bean to Cup Coffee Machine was installed in the Coffee Shop.

Future Plans

- Review how the split of the nursing floors has impacted on service delivery. There are now eight nurses stations to communicate with instead of the original four.
- Carry out customer surveys to ascertain our customer needs.
- To review our accredited system in line with new legislation ISO 22000.
Support Services Division

Training
A training plan is devised annually. It includes mandatory training such as refresher food hygiene, manual handling and fire training.

- Leona Dowd, Mary Gavin and Stephanie Watson completed an Advanced Access Computer Training Course.
- Siobhan Kelly completed a course on Team Leading Skills for Supervisors.
- Barbara McMullen, Aisling Murphy, and Levant Unal attended Primary Food Hygiene training.
- Mary Kelleher and Fiona Connolly attended a Customer Services course.

Staffing
- Congratulations to Florence Quinn who completed 25 years service in the catering department.
- Bill Hannon retired in October from our Reception team after 16 years of service. We wish him very best wishes for the future.

Welcome to
- Mary Gavin who joined the Support Services Administration office in January.
- Margaret English who commenced her new position as Head Receptionist in May.
- In the catering department there were eight new catering assistants, two chefs and one kitchen porter.

Janet Murray
Support Services Manager
Human Resources Division

Mission / Vision

“The Mission of the HR Division is to design and deliver innovative HR services in partnership with the Hospital and the Healthcare Group to ensure a progressive, equitable and challenging environment for staff, and a quality service for patients.”

Our Vision is to lead the way in HR expertise, creating a unique environment for our people that will generate success for the Hospital and the Healthcare Group.

Our Values include:

- Being the guardian of fairness and equity
- Valuing all our staff
- Listening and responding appropriately
- Balancing people and business needs
- Learning from our successes and our mistakes
- Communicating intentions and expectations clearly
- Advising Managers on how to manage performance fairly and firmly.

Overview

The HR Division continues to manage all of the activities relating to the personnel function, namely - to assist management to enhance the individual and collective contributions of staff in achieving the Mission and Objectives of the Hospital; to advise and assist all line managers on matters relating to staff; to provide information to staff on all employment matters and to carry out the Employee Relations function of the Hospital. The volume of employment legislation continues to grow and the HR Division ensures that the hospital complies with all employment legislation enacted over the last number of years.

The main activities that derive from these roles are recruitment and selection (including recruitment for St Vincent’s Healthcare Group); staff development and training; employee relations, implementation of policies and procedures, manpower planning, personnel administration and organisation development.

The wide span of activities places an onerous burden on staff and I would like to thank Ms Marian Murphy for her commitment and support during the year. I would also like to thank Ms Barbara Power for her valued contribution to the Division and the Hospital during the year also.

Occupational Health Service

St Vincent’s Private Hospital has entered into an agreement with St Vincent’s University Hospital for the provision of Occupational Health Services for Private Hospital staff. This service commenced on March 1st 2005, and the main elements of the service are:
Human Resources Division

- Treatment of inoculation injuries and risk management follow up
- Immune status evaluation
- Pre-employment assessment
- Flu vaccination
- Management referrals

The provision of this service supports our duty of care to staff under Health & Safety legislation, and also assists with Best Practice initiatives.

During the year ‘Be Sharp Be safe’ workshops were held on all Nursing floors and Theatre. All were well attended by staff. The Occupational Health Department also participated in Health & Safety Week, orientation days and also at Health Promotion events. Advice was given to managers and staff on issues concerning Health & Safety matters. Overall the feedback from staff has been very positive and it is hoped to expand the service in 2006.

I would like to thank Ms Ann O’Reilly and all the staff of the Occupational Health Department for their assistance and support throughout the year.

Training & Development

Induction training was provided on a number of occasions during the year for new staff. In June a number of workshops and seminars were held for Team Leaders and staff on the topic of ‘Equality and Diversity in the Workplace’. The aim of this training was to create and maintain an awareness of best practice in this area, as well as informing staff of statutory obligations. Similar workshops and seminars were held in November on ‘Dignity at Work’, dealing with the whole area of bullying and harassment. It is hoped to continue with this programme in 2006.

Support was given to a number of staff for courses of study in their own time. This support took the form of financial support and study leave. A number of staff completed the ‘Diploma in First Line Management’ which was provided by the National College of Ireland. Seminars on Pensions and Additional Voluntary Contributions (AVCs) were also held for staff and delivered by representatives from Mercer and Irish Life.

Recruitment, Selection & Retention

Recruitment and retention of staff remains a challenge and difficulties continue in sourcing a number of grades of staff including Radiographers, Doctors, Nurses, Pharmacy and experienced Administration staff. Recruitment of staff from overseas continues on an ongoing basis as required.

The HR Division assisted other Divisions with the selection of candidates for internal promotion vacancies. The Hospital website was adapted to facilitate 'on-line' applications by applicants. This has proven to be very popular and successful.

Staff Benefits

A major change to staff benefits took place with the introduction of a Defined Contribution Pension scheme for all new staff recruited after January 1st 2005. (This change reflects the increasing cost of pension provision for staff taking into account the increase in liabilities into the future). Changes were made in the administration of the Disability Benefit scheme for staff aged sixty and over. ‘Death in Service’ benefits were increased substantially for staff in 2005.
Employee Relations

Discussions on various issues took place with trade unions and staff representatives throughout 2005. A number of individual staff grievances were also resolved by agreement with the staff members concerned.

During the year we worked closely with our colleagues in the salaries office - Ms Dorothy Nolan and Ms Yvonne Casserly. I would like to thank them for their valued assistance.

Medical Records

The HR Division also has responsibility for Medical Records (including Floor Secretary staff), and Patient Focus. In order to improve access security (especially after normal working hours) a new entry security system was installed. This has helped to control access. Storage space for charts and x-ray films continues to be in short supply, and Day Surgery files are now being stored in the Department. New arrangements were entered into with 'Medrex Systems Ireland Ltd' to assist in providing solutions.

In order to improve the quality of service to patients a number of audits were carried out to measure completeness and accuracy of charts. In addition a number of measures were put in place to reduce the risk of duplicate medical record numbers occurring. I would like to thank Ms Castriona O’Connor, Ms Ann Marie Kavanagh, Ms Joanne Clarke, Ms Geraldine Pender, Mr Ciaran O’Callaghan, Ms Ann Pender, Ms Katie Thompson-Chadwick and Ms Ann Cavey for the consistently high level of service they provide to patients and staff.

Neil Twomey
Human Resource Manager
Corporate Services Division

The principal areas of emphasis in the Corporate Services Division relate to Quality & Risk Management, Information Technology, Capital Development and Statistics. During 2005 each element was progressed.

Quality and Risk Management

Quality and Risk Management are key elements of the normal work of all divisions and departments in the Hospital. The Best Practice Group provides an overarching framework for same. It also draws together the work of the Health & Safety Committee, the Radiation Protection Committee and the Infection Control group.

The Best Practice Group membership in 2005 was:

- Prof. D. O'Donoghue
- Mr Michael Redmond
- Mr Kieran Ryan
- Ms Janet Murray
- Ms Gerada Warnes
- Mr Neil Twomey
- Ms Greta Colbert
- Mr Peter Sheehan

The Health & Safety Committee membership was:

- Ms Janet Murray
- Ms Gerada Warnes
- Ms Annette O'Neill
- Mr Neil Twomey
- Ms Una Nicholson
- Ms Helen O'Hare
- Ms Patricia Flanagan
- Ms Mary Connolly
- Ms Gretta Colbert
- Ms Siobhan Connolly
- Ms Rita Leamy
- Ms Clare Jordan
- Ms Eleanor Scully
- Ms Yvonne Casserly
- Ms Jennifer Calton
- Mr Peter Sheehan

The work programme for 2005 included:

- Development, review and approval of Hospital policies in conjunction with the Health & Safety Committee.
  1. BP000 Safety Statement
  2. BP001 Moving and Handling
  3. BP002 Notifiable Infectious Diseases
  4. BP003 Visual Display Units
  5. BP005 Prescription Criteria for Diagnostic Imaging Procedures
  6. BP006 Smoke Free Policy
  7. BP007 Review of existing policies
  8. BP008 Incident Reporting
  9. BP009 Risk Assessment Process
  10. BP010 Facilities and Maintenance Safety Arrangements
  11. BP011 Fire Safety Policy

- Development of the Incident Reporting system
  1. A monthly report on incidents is presented to the Best Practice Group, Team Leaders and Heads of Departments
  2. A monthly report of all Medication Incidents is presented to the Best Practice Group
  3. A monthly report of all incidents rated as medium or high risk by the Grading Group is presented to the Best Practice Group
  4. Information sessions for staff were provided in May and October to raise awareness of the process and the importance of staff participation. These sessions were incorporated into a programme of events that were organised as a health promotion week and a health & safety awareness week.
• Patient Satisfaction Survey
  1. A satisfaction survey for inpatients was introduced during 2005 and is conducted on an ongoing basis.
  2. A monthly report including statistical analysis and commentary is presented to the Best Practice group and actions taken as appropriate by the management team.

• Accreditation
  During the interim period between the 2004 survey and the mid cycle review of 2006 work continued across the group on the quality improvement plans. A series of meetings were organised at the hospital to bring together staff of St. Vincent’s Private Hospital who were members of Quality Improvement Teams. In this way a cross current of information was generated between teams and it assisted team members in identifying improvements at the hospital that would contribute to the overall improvement plans for the Group.

Information Technology
IT development in 2005 concentrated on expansion of the Hospital network, the introduction of the clinical network in Radiotherapy and the linking of the two systems.

51 users were added to the network bringing the year end number to 82. The majority of users were supplied with new PCs of an approved specification. The hospital continues to use an external computer company for maintenance and support. However, in house support has been strengthened with an additional contracted staff member.

The IT development in Radiotherapy was completed in 2005 with the introduction of the clinical network throughout the entire department. A fibre backbone was installed with links to the diagnostic imaging department. Images can now be transferred from CT and MRI to the Radiotherapy treatment planning system.

The Hospital continued its investment in hardware and software to enhance the security and reliability of the system. An additional router was installed to protect the link between the two hospitals on the campus.

Capital Development
A team incorporating Support Services, Finance and Corporate Services manages all major capital projects. Major projects in 2005 included:

• Installation of 2 new Linear Accelerators, CT simulation and Treatment Planning system in the Radiotherapy department. The first Accelerator commenced clinical activity during the year and the second unit was commissioned in preparation for clinical work early in 2006.
• Installation of a new emergency generator to cover the entire Hospital.
• Replacement of the main plant providing electrical service to the Hospital.

An ongoing programme of minor capital development works continued through the year.
Statistics

The collection of statistical information and presentation of reports continued in 2005. The system has been refined and expanded to provide further information behind the headline statistics with a view to providing a suite of reports that is relevant to the decision making process at the hospital. Details of activity in clinical areas such as theatre, minor theatre and endoscopy were reported. In addition, Allied Health departments such as Radiotherapy, Diagnostic Imaging and Respiratory medicine reported details of both outpatient and inpatient throughput in each modality.

Headline Statistics

<table>
<thead>
<tr>
<th></th>
<th>Jan to December 2004</th>
<th>Jan to December 2005</th>
<th>Variance</th>
<th>Variance %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Discharges</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatients</td>
<td>9,127</td>
<td>9,081</td>
<td>-46</td>
<td>-0.5%</td>
</tr>
<tr>
<td>Inpatient Occupancy</td>
<td>82.71%</td>
<td>86.26%</td>
<td>3.55%</td>
<td>4.29%</td>
</tr>
<tr>
<td>Inpatient Bed days</td>
<td>46,994</td>
<td>48,884</td>
<td>1,890</td>
<td>4.0%</td>
</tr>
<tr>
<td>Average Length of Stay(Days)</td>
<td>5.15</td>
<td>5.38</td>
<td>0.23</td>
<td>4.5%</td>
</tr>
<tr>
<td>Daycases</td>
<td>5,317</td>
<td>5,233</td>
<td>-84</td>
<td>-1.6%</td>
</tr>
<tr>
<td>Oncology Daycases</td>
<td>5,127</td>
<td>5,524</td>
<td>397</td>
<td>7.7%</td>
</tr>
<tr>
<td>Operating Theatres</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SVPH Theatres</td>
<td>3,808</td>
<td>3,914</td>
<td>106</td>
<td>2.8%</td>
</tr>
<tr>
<td>Minor Operating Theatre</td>
<td>2,967</td>
<td>3,586</td>
<td>619</td>
<td>20.9%</td>
</tr>
<tr>
<td>Endoscopy unit</td>
<td>5,203</td>
<td>4,986</td>
<td>-217</td>
<td>-4.2%</td>
</tr>
<tr>
<td>Diagnostic Imaging</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No of Studies</td>
<td>29,324</td>
<td>30,648</td>
<td>1,324</td>
<td>4.5%</td>
</tr>
<tr>
<td>Radiotherapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No of Treatments</td>
<td>11,594</td>
<td>11,272</td>
<td>-322</td>
<td>-2.8%</td>
</tr>
<tr>
<td>Cardiology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No of Procedures</td>
<td>6,458</td>
<td>7,669</td>
<td>1,211</td>
<td>19%</td>
</tr>
<tr>
<td>Respiratory Medicine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No of Procedures</td>
<td>2,300</td>
<td>2,910</td>
<td>610</td>
<td>27%</td>
</tr>
<tr>
<td>Pathology Tests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No of Procedures</td>
<td>380,444</td>
<td>438,352</td>
<td>57,908</td>
<td>15%</td>
</tr>
</tbody>
</table>
Organisational Structure
St. Vincent's Private Hospital

Group Chief Executive

Chief Executive

Nursing Division
- Director of Nursing
- Assistant Director of Nursing (2)
- Patients Floors
- Theatres (2)
- Endoscopy
- Daycare
- Minor Operations
- Pastoral Care/ Chaplaincy
- Portering
- Admissions
- Nursing Education
- Nurse Specialists

Allied Health Division
- Allied Health Manager
- Diagnostic Imaging
- Radiotherapy
- Pharmacy
- Dietetics
- Cardiology
- Medical Social Worker
- Physiotherapy
- Pulmonary Laboratory
- Other Allied Health Services
- Medical Physics

Human Resource
- Human Resources Manager
- Administrative Assistant
- Recruitment
- Ward Clerks
- Medical Records
- Staff Training & Development
- Employee Relations
- Medical Administration

Support Services Division
- Support Services Manager
- Deputy Services Manager
- Reception
- Catering
- Coffee Shop
- Housekeeping
- Cleaning
- Maintenance
- Security
- Grounds

Finance Division
- Financial Controller
- Patients Accounts
- Debtors Accounts
- Creditors
- Salaries
- Materials Manager
- Administrative Assistant
- Management Accounts

Corporate Services
- Head of Corporate Services
- Administrative Assistant
- Risk Management
- Information Technology
- Accreditation
- Statistics
- Patient Complaints
- HPE
- Capital Projects

Return to Contents