

St. Vincent's Healthcare Group

ANNUAL REPORT

2007



St. Vincent's Healthcare
GROUP LIMITED

St. Vincent's Healthcare Group Limited



Mission Statement

St. Vincent's Healthcare Group Limited

St. Vincent's University Hospital

St. Michael's Hospital Dun Laoghaire

St. Vincent's Private Hospital

The values underlying the philosophy of St Vincent's Healthcare Group in relation to our care of patients and staff are those of human dignity, compassion, justice, quality and advocacy, which are based on the mission and philosophy of the Religious Sisters of Charity, our shareholders.

We strive to maintain excellence in clinical care, education and research.

We will continue to develop the Healthcare Group in line with the above principles and with our responsibilities to the wider Irish healthcare system.



St. Vincent's Healthcare Group Limited



Annual Report 2007

for

St. Vincent's Healthcare
Group Limited

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Board of Directors



Professor Noel Whelan
Chairman



Mr. Edmond J. Bergin



Sr. Eugene Butler



Ms. Louise English



Professor M. X. FitzGerald
Until October 2007



Mr. Stewart Harrington
Appointed August 2007



Mr. Nicholas C. Jermyn

In Attendance



Ms. Mary Duff



Mr. Bill Maher
Appointed October 2007



Mr. Joe Leyden



Sr. Anne MacEaney



Mr. Patrick Meade



Mr. Micheal Meagher



Ms. Gemma McCrohan



Professor
Diarmuid O'Donoghue



Dr. Risteard Ó Laoide



Professor William Powderly
Appointed in November 2007



Mr. William R. Quinlan



Mr. Conor Sexton



Dr. Michael Somers



Mr. Cormac Maloney



Mr. Seamus Murtagh



Mr. Michael Redmond



Overview by the Chairman of the Board of Directors

Professor Noel Whelan

I have pleasure in presenting the annual report of St. Vincent's Healthcare Group for the year 2007. The Group comprises: St. Vincent's University Hospital; St. Vincent's Private Hospital; and St. Michael's Hospital (Dun Laoghaire, Co. Dublin). This is the fifth annual report from the Group.

Details of the many challenging issues and opportunities which arose for the Group during 2007 are contained in the report from the Group Chief Executive Officer, and in the report itself. So, I shall simply present here an overview of events as seen from the perspective of the Board of Directors.

The year 2007 was an eventful year. Various operational and managerial challenges were encountered and addressed during the year, insofar as available resources would permit:

- There was continuous pressure on existing bed capacity;
- There was an ever present need to enhance infrastructure, and to get more out of the existing infrastructure of the Group;
- Overcrowding in the Accident and Emergency Department was a continuing problem;
- Managing the Group finances to ensure "break-even" continued to exert pressure;
- There was a continuing need to optimize the Group's interaction with the Health Services Executive (HSE) and with the other public agencies and healthcare providers; and

- Infection control, and its related isolation ward requirements within the hospitals, continued to demand acute attention from the staff and management.

The Board's Good Governance Programme, and its interaction with its environment was further developed:

- The Board met 9 times, in both strategic and operational modes, during 2007;
- The Board committees (Finance; Audit; Mission Effectiveness; Medical Board; Remuneration; Nominations; Clinical Governance) met on a scheduled basis, and presented their observations and recommendations to the Board;
- A major evaluation of the effectiveness of the Board was undertaken by independent professional management consultants;
- A review of the exposure of the Group (and its constituent hospitals) to Risk was undertaken; and clear responsibility for Risk Control was assigned at Board and Management levels;
- The Board and Group Management played a positive and active part in the creation of Dublin Academic Health Care. This is a combined and integrated forum for the clinical, medical research, and medical educational activities of St. Vincent's University Hospital, the Mater Misericordiae University Hospital, and University College Dublin;
- The Board and Group Management engaged actively in the development of the combined strengths of the Dublin Academic Teaching

Hospitals (the DATHs); the DATHs comprise St. Vincent's University Hospital, St. James's Hospital, the Mater Misericordiae University Hospital, Beaumont Hospital, and the Adelaide & Meath Hospital Incorporating the National Children's Hospital.

- The Board and Group Management continue to deepen their interactive relationships with their partner hospitals in the Dublin Region: with St. Columcille's Hospital (Loughlinstown), St. Luke's Cancer Hospital, the National Maternity Hospital (Holles St), the Royal Victoria Eye & Ear Hospital, the Royal Hospital Donnybrook, the National Rehabilitation Hospital, and Leopardstown Park Hospital.

Looking to the future, three key developments have been put in sharp focus during 2007, and much work has been undertaken in relation to them:

- The future development of St. Vincent's University Hospital...as an extension of the major €240 millions investment in the new Clinical Services Building of the hospital which came on stream during 2006. A new 120 bed block (single rooms en-suite) to replace the existing outdated bed stock is being added to the infrastructure, and is scheduled for completion during 2009;
- The building of a new "state of the art" St. Vincent's Private Hospital at a cost of €220 millions, to replace the existing St. Vincent's Private Hospital: Work on this is well underway. Private sector market funding is being put in place for this investment. The major infrastructure embedded in the existing St. Vincent's Private Hospital will be used for the delivery of public healthcare. This new private hospital is expected to be opened during 2009;
- St. Michael's Hospital (Dun Laoghaire, Co. Dublin) is being revamped, modernized and developed on its existing site. This project is expected to be completed by 2010.

Thanks

The Board of Directors of St. Vincent's Healthcare Group wishes to thank its many friends and benefactors who, willingly and without any material reward, contribute to the exciting and socially rewarding development of St. Vincent's Healthcare Group. We acknowledge and thank:

- The Shareholders of the Group: The Religious Sisters of Charity, under the caring guidance of Superior General Sr. Mary Christian and her colleague sisters;
- The staff of the Group, and of the Group's constituent hospitals;
- The Minister for Health and Children, and the departmental officials of the Department of Health and Children;
- The board members, Chief Executive, and officials of the Health Services Executive;
- The Governing Boards and staff of our many partner hospitals, and of University College Dublin;
- Our many supportive friends in Ireland and around the world.

I extend my personal thanks to my colleague directors on the group board; and to the management and staff of both the Group and of the individual group hospitals. All have been most supportive and helpful.

As we move forward from year 2007 into the time ahead, the Group Board renews its commitment and dedication to pursuing the welfare of St. Vincent's in the context of medical excellence, and in accordance with the ethos and philosophy of its shareholders.

Professor Noel Whelan

Chairman

St. Vincent's Healthcare Group Ltd.





Group Chief Executive Report

It gives me great pleasure to report for the fifth year on the work carried out in St. Vincent's Healthcare Group Ltd. (incorporating St. Vincent's University Hospital, St. Vincent's Private Hospital and St. Michael's Hospital) for the year ended 31st December 2007.

Introduction

This year has been full of challenges for the hospital Group, staff, management, Board of Directors and healthcare owners. I would like to take this opportunity to thank all our staff for their support, dedication and professionalism in carrying out their duties throughout the year in the interest of our patients and their families.

As I reported last year the hospital Group continued in 2007 to be faced with similar challenges. A considerable amount of the Board and management's time was spent discussing and trying to find solutions to a number of the challenges outlined below:

- a) Bed capacity and infrastructural deficits
- b) Infection control and isolation requirements
- c) Overcrowding in the Emergency Department
- d) Managing the Group finances
- e) Placement of patients who need on-going long term care
- f) Media management
- g) The management of the Healthcare Group hospitals interaction with the Health Service Executive (HSE) and other agencies and care providers.

Many of the issues I have referred to above are dealt with in the Group hospitals 2007 annual review and hence I do not intend to deal with them in my report in any great detail.

I would like to take this opportunity of reassuring staff and the public that St. Vincent's Healthcare Group (SVHG) will continue to prioritise its core activities of:

1. Delivery of clinical care to patients in the most effective and efficient way possible.
2. The provision of undergraduate and post-graduate education to staff and students.
3. Supporting research relevant to the delivery of patient care.

The Board of Directors in conjunction with management have been reviewing the Group hospitals effectiveness at all levels from a patient care perspective. The Board carried out a self-performance assessment and management review. The Group is using performance assessment frameworks and key performance indicators throughout the organisation in an effort to focus management and staff on the key objectives set by the Board. The purpose of which is to ensure the Group hospitals are providing services to the highest standards to patients having regard to the resources available. The Board spent a considerable amount of time reviewing the activities and terms of reference of the various Board sub-committees and their effectiveness

Quality Improvement and Risk Management

External advisors were commissioned to review the Group's risk management and governance structures. I am pleased to report that the external advisors indicated that risk management is strong within the Group. However, while a number of further developments are required, it was stressed the progress which has taken place to-date is of a high calibre. The main aim of the Group is to develop and maintain a clear and effective structure of responsibility and accountability across the Group hospitals. Together with clear systems for identifying and managing risks and underpinned with training and education, all staff in the Group hospitals will now be able to play their part in dealing with risk which leads to measurable improvements in patient and staff safety. The Group's Clinical Governance Committee is an essential part of the Group's management of clinical risk. The key roles of the Committee, which is a sub-committee of the Board under the chairmanship of the Group's Medical Board Chairman, are:

- 1) **Systems Assurance:** overseeing the establishment and maintenance of effective clinical governance mechanisms throughout the Healthcare Group
- 2) **Policy Development Governance:** monitoring the clinical governance principals, policies and standards
- 3) **Clinical Risk:** working with the Risk Management Committee(s) to identify and manage significant clinical risks.

Quality patient care is the focus of the committee. The committee's role is to harness, in an integrated and structured way, all the relevant resources within the Group to achieve this.

The Group has reviewed infrastructural plans for the hospitals. The Board, with management, have spent a considerable amount of time reviewing and carrying out

option appraisals in relation to the most effective use of its current facilities. This has been undertaken having regard to the planned future development of services and the changing needs and expectations of patients. Presentations have been made to the Board by the Consultant Microbiologist to brief members on the challenges faced by the Group relating to infection control matters that are affected by infrastructural deficits, antibiotic prescribing practice, level of patient activity and high in-patient occupancy levels.

Presentations on the Cystic Fibrosis services and facilities were delivered by the Consultant Respiratory Physicians. The services and activities within the Emergency Department were reported on by the Director of Emergency Services to the Board. Detailed information was also provided on the services for the elderly.

The hospitals within the Group were involved in a number of national initiatives sponsored by the HSE and the Health Information and Quality Authority (HIQA)

- (i) National Report on Acute Hospital Bed Usage,
- (ii) National Hygiene Audit,
- (iii) National Decontamination Review of Reusable Invasive Medical Devices
- (iv) Review on Delayed Discharges.

Accreditation

One of the major projects for the Group, as part of its key objectives to improve patient care and quality, is the development of its hospitals to meet international accreditation standards. While the Group has been awarded pre-accreditation by the Irish Health Services Accreditation Board (IHSAB), it has started to look at the potential of Joint Commission International (JCI) accrediting the Group hospitals while awaiting HIQA and the HSE's decision on the development of new standards for the national licensing system. Consultants from JCI will be visiting the Group

hospitals to carry out an assessment of what needs to be done as a Group and at individual hospital level in order to meet the JCI standards for full certification as acute hospitals. JCI is the international arm of The Joint Commission (USA); JCI's mission is to improve the quality of healthcare in the international community. For more than 75 years, The Joint Commission (USA) and its predecessor organisation have been dedicated to improving the quality and safety of health care services. Today, The Joint Commission is the largest accreditor of healthcare organisations in the United States – it surveys nearly 16,000 healthcare programmes through a voluntary accreditation process. The Joint Commission and JCI are both non-governmental, not-for-profit USA corporations.

I would anticipate that a report from JCI, in relation to the Group hospitals, will be available before the summer of 2008. This will allow us to assess what each of the individual hospitals has to do to receive certification. It should be noted that the Group hospitals will still participate in the national accreditation system, which is currently under review in HIQA.

As part of the Group's drive to improve the quality of care to our patients, there are many practical programmes for quality improvement on-going in our hospitals. There are quality initiatives throughout our hospitals currently underway.

Bed utilisation

A number of initiatives took place in an effort to improve bed utilisation, reduce length of stay and utilise the facilities the organisation has at its disposal in relation to in-patient care more effectively. Proposals regarding specialty specific admissions and a reorganisation of surgical and medical beds and on-call rota systems commenced in 2007 and are on-going within the Group. I can report that considerable efficiencies have been achieved by changing consultant general on-call rotas to specific specialities call systems. A task force to look at discharge planning and patient processes was set up and spent a

substantial amount of time over the year looking at various ways of improving patient turnover through the hospital. Again, advancements have been made and efficiencies achieved.

Dublin Academic Health Care

A key strategic initiative referred to last year was the development of the Dublin Academic Health Care (DAHC). I am pleased to report a Memorandum of Understanding was signed on 26th July 2007 by Mr. Tom Lynch (Chairman of the Academic Health Care group between University College Dublin, Mater Misericordiae University Hospital and St. Vincent's University Hospital/St. Vincent's Healthcare Group). It is hoped to have the group incorporated as a company by the end of 2007. The Board has appointed a temporary Chief Academic Officer, Professor William Powderly and we welcome him on board. It has been decided to discontinue with the Research and Education Advisory Board to the St. Vincent's Healthcare Group in light of the development of the DAHC group which will take responsibility for education and research as two of its key activities. The activities of the hospital's Education & Research Centre and various clinical departments research endeavours are highlighted in the Education & Research Centre's annual report and the Healthcare Group's annual review for 2007. (These will be released shortly).

Media Management

This year, the Group had both positive and negative press coverage. I appreciate at times staff may have felt that some of the coverage did not reflect the full story and the hospital's side has not been put forward. There are times when the hospital is not in a position to disclose details of cases for patient confidentiality reasons. Invariably opinions are expressed and the public have a right to give their views, which, at times, may not always fairly reflect what has actually happened. This is the world we live in. However, I would like to take this opportunity to document the Group's approach to media relations, which is a key strategic issue for the Board.

The Group CEO and management are responsible and accountable to the Board of Directors for the Group's public media relations practice. The Group has retained Setanta Communications to advise, manage and support the management team within the Group in the daily running of media relations practice. The Group's media relation's strategy has been to proactively manage the internal and external stakeholders who may impact positively or negatively on the work and reputation of the Group, staff and services.

The strategic priority over the last number of years in relation to media and public relations has been to ensure the Group hospitals have the support and understanding of key external stakeholders. With this in mind, over the years, hospital management and Setanta Communications have continued to build and develop direct networks with specific individuals and groups. We have found that this proactive approach of being "up front" on and off the record has been the most effective way of dealing with the media and public generally.

The Group hospitals, with Setanta Communications, have a strategy of responding proactively and in a timely fashion to media queries with the facts. Information is often given on and off the record to the main media sources to inform them on issues in order to ensure that SVHG's point of view is appropriately articulated. As a result of the networks created over the last number of years, it has been possible for the Group to brief the media (formally and informally) on major issues that might be coming up. This ensures that our view is expressed or is at least known to the various media either in advance or when the stories are breaking.

The hospital utilises many forms of communication – verbal, written etc. to deal with issues within the public media arena. In some cases the Group has adopted the approach that other individuals on behalf of the Group hospitals are better advocates and supporters of the hospital Group's services, reputation and staff. For

example, we have worked with GPs, funding bodies such as the Voluntary Health Insurance (VHI) etc., representative bodies to ensure that the public image of the Group hospitals is evidence based and reflects the excellent services provided. Thus, informed people who have actually received or used the services of the Group hospitals can promote the brand name of St. Vincent's Healthcare Group.

It should be noted that the media (papers, visual and sound) are scanned and assessed on a daily basis. When any of the Group hospitals are named or referred to, the articles are considered for accuracy and impact from a service and reputation perspective. If found to be inappropriate or inaccurate, they are dealt with through the hospital's public relations company Setanta or directly through the relevant management team members in the hospital and Group.

Nurses National Industrial Action

This year the Group hospitals had to manage an eight week national nurses work-to-rule industrial action. This dispute was concerning hours of working and pay. The dispute was very difficult to manage and I want to thank all the staff who stepped up to the mark and helped in the dispute. Thank You.

Infrastructural development

I believe it is important I report on the major infrastructural development that have taken place within the Group hospitals. A major subject of concern for the Group has been the inadequacies of its hospitals physical environment and the challenges that creates when we are trying to deliver care to extremely ill patients.

St. Michael's Hospital, Dun Laoghaire

A review of St. Michael's Hospital site has taken place and the Board have decided that a full-scale development of a new hospital will be carried out on the existing site which the hospital currently occupies.

Negotiations are ongoing with the HSE in relation to interim developments which involve the building of three new theatres, day-care ward facilities and ancillary support services. St. Michael's Hospital is awaiting receipt of tenders for architects to design the new facilities. This development has the support of the HSE, local County Manager and Dun Laoghaire/Rathdown County Council.

St. Vincent's Private Hospital

The new 260 bed St. Vincent's Private Hospital is underway. John Paul Construction (builders) have been appointed to manage and develop the new private hospital on St. Anthony's site. We are currently reviewing the potential to expand the current radiotherapy services on site of the present private hospital.

St. Vincent's University Hospital

St. Vincent's University Hospital is in the process of tendering for the development of a 120 bed ward block, four new theatres and a new in-patient and day care Haematology facility. It is hoped that this work would commence before the end of 2008. Planning permission has been received for all the above projects.

Key management appointments

Mr. Bill Maher has joined the organisation as Director of Operations, replacing Mr. Eamonn Fitzgerald. Professor Michael Keane and Professor Ronan O'Connell, replacing Professor M. X. FitzGerald and Professor Niall O'Higgins respectively, have filled the Medical and Surgical Professorial posts. Mr. Sean Kingston has filled the Group Internal Auditor position, which was previously held by Ms. June Stanley.

A number of other key appointments at consultant and nursing levels have been made and I would like to take this opportunity to welcome all new staff who have joined the Group hospitals in the last year. I would like to wish those members of staff who have retired a long, healthy and prosperous retirement. Further details in relation to new and retired staff of the Group can be found in the annual review.

ICT Development

The Group hospitals continue to strive to develop a paperless patient record system and further developments to improve the infrastructure required as part of this journey were carried out this year. There has been further expansion and up-grading of our picture archival and communications system (PACS). This digital radiological capability will enhance our ability to develop an electronic patient record. Over the next two years I believe we should be at the end of our journey in relation to this objective. I would like to take this opportunity of thanking our ICT staff for their support to the various developments within the three hospitals.

Finance

While 2007 was a very difficult year financially, I am pleased to report that there was surplus for the financial year of €3.2m, an increase of €2.1m on last year's figure. The income generated in 2007 was €343.2m, an increase of €36m (11.7%). The Companies net assets has increased from €234.7m in 2006 to €301.9m in 2007, an increase of €67.2m. This year, as in previous years, the Group spent a considerable amount of time managing its finances and I would like to thank all the staff involved. Please see the Financial Controller's report on behalf of the Group for more details.

I must state the financial performance of the Group hospitals for the year 2007 is exceptional when one considers the projections mid-year and the efforts made to maintain services within the limited fixed resources they had. It is important that we continue to advocate for resources to follow the activity in the hospitals. Overall patient/activity levels for the three hospitals in the Group have increased again in 2007 when compared with 2006. This can be seen particularly in day-care and in the support and diagnostic service areas.

Thanks

I would like to take this opportunity of once again thanking all the staff within the Group hospitals. It never ceases to amaze me how staff step up to the mark in an effort to look after our patients in a caring and professional manner. The system and the public expect so much of our staff and I want to acknowledge each and every staff member for their contribution in caring for our patients and their families. Again, I can only say "Thank You" for your dedication and professionalism.

I would like to thank Professor Noel Whelan, Chairman of the Board of Directors and his Director colleagues for their on-going support and leadership throughout 2007. They give freely of their time and a lot of responsibility, legal and otherwise, is placed on the shoulders of Board members.

To the members of the various sub-committees and their Chairs, Thank You.

I want to thank the Shareholders, the Religious Sisters of Charity for all their support and help.

It is important to mention all of the Group's other supporters and our colleagues in the HSE, Department of Health & Children, associated hospitals and other voluntary organisations with whom we work closely and who give us great support in our endeavours to serve patients and their families as best we can.

I would like to thank the various professionals, advisors and others who advised the Group on a number of issues: Financial – PWC, Oliver Freaney & Co., Legal – Arthur Cox, Beauchamps, Technical Design & Construction – Scott Tallon Walker, Boyd Creed Sweett, J.V. Tierney, ARUP, Bruce Shaw Partnership, Michael McNamara & Co., Dunwoody & Dobson, Precision Electric Ireland Ltd and Michael Slattery Associates, Media Relations - Setanta Communications and insurance advisors - AoN Healthcare Limited.

Once again, I would like to welcome all new members of staff and to wish those who left in the last year to pursue their careers or retire every success. I would like to finish my report by reminding all of us that if we treat every patient and their family as we ourselves would like and expect to be treated, I believe we will not go too far wrong in ensuring that they get the best care possible.

I believe the Group and its hospitals have achieved a lot this year. The facts speak for themselves. Staff should be proud of themselves. Well done and thank you.

Nicholas C. Jermyn
Group Chief Executive

Members of the Group Executive



Mr. N. C. Jermyn Chairman



Mr. Ken Bale



Ms. Josephine Barrett



Ms. Mary Connolly
from March 2007



Mr. James Crowe



Mr. Dermot Cullinan



Ms. Mary Duff



Mr. Donal Kelly
from April 2007



Mr. Sean Kingston
from May 2007



Mr. Donal Maguire



Mr. Ian Maguire



Mr. Bill Maher
from October 2007



Mr. Cormac Maloney



Mr. John McPhillips



Ms. Seamus Murtagh



Professor
Diarmuid O'Donoghue



Dr. Risteárd Ó Laoide



Mr. Michael Redmond



Mr. Peter Sheehan



Ms. Mary Shore



Mr. Frank Smyth
from February 2007



Report by the Chairman of the Medical Board

As Chairman of the Medical Board, I have pleasure in presenting the Annual Report for the year 2007.

Bed Capacity

The continuing lack of an appropriate elective bed capacity within the group continues to pose major difficulties. The Emergency Department remained busy throughout the year with an increase in attendance of 8% year on year. As previously noted in the 2005 Annual Report there is a significant shortage of en-suite side rooms in St Vincent's University Hospital (SVUH). This is a significant problem particularly in such areas as Haematology/Oncology, Liver Transplantation and Cystic Fibrosis.

A number of initiatives were progressed during 2007 to address the resulting problems. On an infrastructural level significant progress was made with respect to the development of a new 120 bed-block within the campus. This development is particularly important in relation to Cystic Fibrosis, Haematology/Oncology and the Liver Unit. It is hoped that this building will be in place in 2010. In the interim planning continues on the development of short-term improvement in the facilities for both Cystic Fibrosis and Haematology.

During the year SVUH has had positive discussions with the HSE on the development of an innovative plan for direct sub-speciality referral from the Emergency Department. There was considerable progress made in the development of sub-speciality bed bases within the Hospital which is an important part of this plan. An integral part of the proposal also includes the

recruitment of additional Consultants in the various medical sub-specialities. Whilst there has been approval for some of these posts from the HSE, the common contract negotiations have impeded progress on this issue.

Dublin Academic Health Care (DAHC)

Significant progress was made in 2007 on the development of an Academic Health Centre. After a number of meetings between representatives of St Vincent's Healthcare Group, the Mater Misericordiae University Hospital (MMUH) and University College Dublin (UCD), a Memorandum of Agreement was signed between the participants in July 2007.

The formal launch of the Dublin Academic Health Centre (DAHC) took place on the 10th December 2007. The development of DAHC was discussed with a wide range of external health and education agencies including the HSE, the Department of Health and Children, and the Higher Education Authority. These discussions were both informative and encouraging.

The first meeting of the DAHC Board took place in September 2007. The board has equal representations from the partner institutes as follows: **SVHG**: Prof. Noel Whelan, Mr. Nicholas Jermyn and Dr. Risteard O Laoide, **MMUH**: Mr. John Morgan, Mr Brian Conlan and Mr. Kevin O'Malley, **UCD**: Dr. Hugh Brady, Prof. Des FitzGerald and Prof. Bill Powderly. Mr Tom Lynch was appointed as the new independent Chair of DAHC by the partner institutions. Mr Lynch's considerable experience, including sectors such as the pharmaceutical

Report by the Chairman of the Medical Board

industry and the I.D.A., is undoubtedly a major asset to the development of the DAHC. Issues discussed by the DAHC Board during 2007 included the evolving clinical governance structure for the DAHC. To this end joint meetings of the MMUH and SVHG Medical Boards took place and a joint Medical Board structure is in evolution. The DAHC is working with the Clinicians in Management group (HSE) to optimise the development of clinical governance structures. Other issues addressed by the DAHC Board included: education, research and the organisation of cancer services.

Structural Projects

The Ambulatory Day Care Centre (ADCC) was fully operational in 2007, apart from the theatre complex. A decision has been made to develop the hospital theatres on a single location to optimise workflow. To this end significant progress has been made on the development of four additional theatres next to the eight new theatres and it is hoped that these will be completed in 2008.

Significant progress was also made on the development of the new 120 bed-block, all of which will be single en-suite rooms. It is hoped that building will begin in 2008. Significant progress was made on the development of a new 260-bed Private Hospital on the St. Anthony's site and it is hoped building will begin in 2008, with a completion date of February 2010.

Research

The Research Advisory Board of SVHG has been meeting under the chairmanship of Prof. Fottrell since 2006. The development of DAHC was discussed at the Research Advisory Board (RAB) and it was agreed that the development of research within the organisation would be best achieved by aligning research activities under the DAHC structure. It was subsequently agreed at a DAHC Board Meeting that all three institutions (SVHG, MMUH and UCD School of Medicine and Medical Sciences) would organise the governance of

research activities within the DAHC structure. On the advice of Prof. Fottrell and the RAB, the Board of SVHG has therefore ceded the activities of the RAB to DAHC. I would like to thank Prof. Pat Fottrell, Mr Leo Kearns, and all the members of the RAB for their considerable work in this area.

Dr Peter Doran was appointed as Scientific Director of the CRC, which combines the clinical research units in SVHG and MMUH. Prof. Douglas Veale continues as Director of the ERC but is working with Dr Peter Doran and Dr Seamus Donnelly in co-ordinating and streamlining the activities of both the CRC and the ERC.

The Health Research Board announced four substantial grants for the development of the Academic Health Centres in 2007. The only cancer project supported was a DAHC colorectal cancer submission. The Principle Investigator for the submission was Prof. Diarmuid O'Donoghue and this significant achievement is a tremendous boost to the evolving DAHC research mission.

Education

The significant educational infrastructural deficit on the campus was recognised in a strategic review performed by Prof. Pat Fottrell in 2006. At national level there is considerable evolution and flux in the development of educational governance structures with a more active role being taken by the HSE.

The Hospital and UCD continue to engage with the HSE in an effort to advance the educational infrastructure deficit on the SVUH site. It is hoped that significant advances will be made on this issue in 2008.

At a DAHC Board Meeting in December it was agreed by the three partner institutions that the high level organisation and governance of education should be conducted under the DAHC structure. This has been agreed by the SVHG Board.

Report by the Chairman of the Medical Board

The appointment of Prof. Ronan O'Connell as Prof. of Surgery and Prof. Michael Keane as Prof. of Medicine and Therapeutics was a significant development in 2007. The exceptional calibre and experience of both individuals will impact significantly on the development and enhancement of education and research at SVUH.

Clinical Governance

The Clinical Governance sub-committee of the SVHG Board met on a number of occasions during 2007. Issues discussed included the development of multi-disciplinary clinical care pathways, clinical audit and risk management. The development of adequate I.T systems is integral to the implementation of effective clinical governance within SVHG. The anticipated rollout of a national electronic chart system is three years. In the intervening period the I.T department at SVHG continues to develop some interim solutions.

Consultant Changes

A number of new Consultants commenced their practice in 2007: Prof. Michael Keane (Prof. of Medicine & Therapeutics), Prof. Ronan O'Connell (Prof. of Surgery), Dr Paul Murphy (Consultant Anaesthetist) and Dr Ronan Canavan (Consultant Endocrinologist). The Medical Board welcomes all our new colleagues and wishes them a happy and fulfilled professional career.

During 2007 Prof. Niall O'Higgins, Prof. T J McKenna, Dr Denis Molyneux and Dr Michael Moriarty retired from SVHG. On behalf of the Medical Board I would like to thank them for their dedication to the highest standards of clinical care, research and education over many years. They have all played key successful roles on both the local and national stage and I wish them a long and happy retirement.

Finally, I would like to thank the large numbers of Consultant colleagues who have given generously of their time and expertise throughout the year. In

particular I would like to thank Dr Hugh Mulcahy whose counsel and support as Honorary Secretary is greatly appreciated by us all. I would also like to thank Prof. Diarmuid O'Donoghue, Chairman of the SVPH Consultant Forum and Mr Donal Maguire, Chairman of the Consultant's Forum in SMH for their continued invaluable input.

I would like to thank Mr Eddie Staddon and his team in the Medical Board Office without whose considerable support the Medical Executive and Medical Board would not function.

I would also like to thank members of the Hospital Management including Mr Nicholas Jermyn Group C.E.O, for their continued help and support throughout 2007.

Dr. Risteárd Ó Laoide
Chairman of the Medical Board
St. Vincent's Healthcare Group Ltd.





Finance Report 2007

St. Vincent's Healthcare Group Limited

2007 has been a successful year financially for St. Vincent's Healthcare Group.

The consolidated surplus for the group was €3.2m. Of this amount €3.1m was earned in the private branch with the public branches St. Vincent's University Hospital and St. Michael's Hospital being close to breakeven.

Development of the University Hospital's infrastructure and its activities continued in 2007.

The new Clinical Services Building has been completed and its facilities have increased the scope for providing a better and expanded service particularly in the day care area.

Day care activity in the Hospital has increased significantly. Despite this the hospital has ended the year with a relatively small deficit. St. Michael's Hospital also had a good year financially.

Services in St. Vincent's Private Hospital continue to develop and compliment the services provided in the public sector.

The combined branch results attached include the income, expenditure and assets of the three institutions. Branch accounts are prepared separately for each division.

The following notes have treated each branch separately.

St. Vincent's University Hospital Branch

St. Vincent's received a Revenue allocation of €225.3m in 2007 from the HSE. This included some funding relating to the new Clinical Building but there is still a substantial gap in funding for this unit to cover the greatly expanded services being provided.

The Hospital was also in receipt of Minor Capital funding of €4m in 2007.

Overall Pay and Non Pay expenditure (net of income) was €224.8m, which left the Hospital with a small deficit in funding of (€387,000). This break-even situation was achieved through careful management of financial resources, implementation of numerous value for money initiatives and negotiation of funding from the HSE for additional services being provided.

Income and Expenditure Report PAY

Pay expenditure in 2007 was €169.5m, which is 70% of total cost. There were 2 payments of National Pay Awards in 2007-

- Towards 2016 - 3% increase paid in February 2007
- Towards 2016 - 2.5% increase, paid in June 2007

Another external factor, which would have added to the Hospitals pay costs in 2007, was the INO work to rule, which occurred in April/May 2007.

Increased services provision in areas such as Ambulatory Day Care, Radiology and ICU have required additional staffing resources. Service developments in areas such as Cystic Fibrosis and implementation of EU directives in Pathology and adherence to hygiene audit requirements all have staffing implications and have added to pay pressures.

The new Dermatology Unit was fully operational in 2007 and the transfer of Hume Street Hospital staff and services was completed successfully.

The manning of frontline health posts continues to be a difficulty. The introduction of an employment freeze by the HSE in late 2007 would have added to this difficulty. The introduction of a centralised Nurse Bank Office in June 2007 is a Value for Money initiative, which has led to a reduction to reliance on Agency Nursing.

NON PAY

Medicines

Medical inflation continues to run much higher than the national rate of inflation. The most significant increases in medicines expenditure occurred in Neurology (MS medicines) and in ICU (additional ICU beds in 2007). The expanded services in Radiology and increasing number of dialysis patients have also contributed to cost increases. Oncology medicines (Herceptin/Avastin) continue to be a primary driver of medicine costs.

Medical and Surgical Supplies

The most significant increases have occurred in the following areas-

- Dialysis supplies- SVUH continues to be the referral centre for all acute dialysis patients for the East Coast Area. Some patients are dialysed in the Beacon Clinic and the costs including transport costs are absorbed by St.Vincent's. There has been a 28% increase in the number of dialysis treatments performed in St. Vincent's in 2007.

- Laparoscopy supplies due to the increased volumes of this type of surgery.
- Arterial grafts.

Medical Equipment

Minor Capital grants helped fund a lot of medical equipment requirements in 2007.

Due to the ageing profile of our equipment and health and safety requirement there will be increasing demands on funds to replace equipment. This is reflected in 2007 by the increase in the repairs and servicing costs.

Pathology Expenses

Activity levels have increased by 15.5% from 2006, (659,418 tests). Services have been further expanded to GPs, with GP referrals now accounting for 20% of all tests. Demand from the Breast Screening service continues to be high.

X-Ray expenses

Consumable costs in Radiology have reduced due to the introduction of the digital PACS system.

Service costs though have increased significantly as the major imaging systems are now out of warranty periods.

The usage of PET Scans continues to increase due to their greater diagnostic ability.

Cleaning and Laundry

More stringent infection control measures, hygiene audits and the full year cost of new clinical building and Dermatology units have all contributed to the increase in cleaning costs in 2007.

Maintenance

A lot of minor works that took place in 2007 were funded through Minor Capital grants.

This will be an increasing cost due to the ageing nature of the building.

Income

Statutory increases were implemented as follows from January 1st 2007

- Health Act-10% increase to €66 per day
- Emergency Department charge- 10% increase to €66 per episode.

Semi Private charges increased by 25% to €540 per day

A major drive was implemented in 2007 to increase the occupancy of semi-private beds by insured patients in order to maximise income.

Semi Private income increased by €1.497m from 2006.

Finance Department Developments

The upgrade of the existing payroll system (Cara) to the Resource Link product was a major improvement for the Salaries Department. This upgrade allows for more advanced and comprehensive payroll reports and allows for greater control of payroll processes. The system will allow integration with HR time and attendance systems.

St. Michael's Hospital Branch

Income & Expenditure Account

Total Income in 2007 was €36.9m an increase of €2.3m on year 2006 (€34.6m).

This figure includes a total allocation received in the year of €33m. (€30.8m in 2006).

Expenditure excluding depreciation rose to €36.7m from €34.8m in 2006. The main increases arose from salaries and wages.

Pay

Salaries and Wages were €26.4m (€24.5m in 2006). Increase in payroll costs arose from National Pay Awards, Lump Sum Payments and an increase in the number of pensioners.

Non Pay

Increase expenditure on drugs, energy and cleaning costs, and an increased demand for diagnostic procedures (M.R.I./P.E.T. Scans) mainly account for the increase in Non Pay costs.

Activity

Admissions dropped from 7,221 in 2006 to 6,752 in 2007. This activity was affected by the nurses' dispute and the closure of wards to facilitate fire upgrade works.

St. Vincent's Private Hospital Branch

Income & Expenditure Account

	Eur M
Income:	63.5m
Pay costs:	27.9m
Non-Pay costs:	32.5m
Net Profit	3.1m

Pay

Pay costs in 2007 were €27.9m

The main components of these costs were:-

Nursing/Portering	€15.2m
Allied Health	€4.8m
Support Services	€3.1m

National wage agreements, higher pension costs and some extra staffing accounted for an 8% increase in pay costs over the previous year.

Non Pay

Non-pay costs in 2007 were: €32.5m

The main components of these costs were:-

Pathology	€2.1m
Pharmacy	€10.0m
Medical Supplies	€1.9m
Theatre	€2.5m

The costs of Pharmacy rose by €0.850m but the reimbursement also increased by the same amount. This reflects higher usage of drugs for oncology patients.

Income

Direct Income rose by €4.7m (8%) to €63.5m
This would be primarily due to increases granted by VHI and other insurers.

The main components of direct income are:

• Inpatient accommodation	€15.5m
• Radiology	€5.4m
• Oncology	€13.0m
• Major theatre	€3.5m
• Inpatient-packaged procedures	€11.7m
• Daycare & side room procedures	€6.9m

Activity

• Admissions (inpatient)	9,517
• Daycares	6,320
• Oncology (daycases)	5,816
• Major Theatre	4,720
• Minor Theatre	4,979
• Endoscopy	5,759
• Diagnostic Imaging	29,397
• Radiotherapy treatments	14,764

Balance Sheet**Capital Expenditure**

Capital expenditure totalled €4.7m of which €4.1m related to expenditure incurred for the new private hospital.

Future Finance Developments for the Group

- Web based on line requisitioning is to be introduced which will make requisitioning easier for all users and make production of purchase orders and issues of stock more efficient.
- The Salaries system is to be further upgraded in order to provide a link into the HR system.

This will greatly improve efficiency in both systems, as there is a lot of common data. It will also allow far better controls to be implemented.
- It is intended to continue to integrate the finance and procurement systems within the group

Cormac Maloney
Director of Finance

St. Vincent's Healthcare Group Limited

Combined Branch Accounts

For the year ended 31st December 2007

Income & Expenditure a/c	2007 Summary Euro €	2006 Summary Euro €
Income		
Patient Income	74,056,057	68,089,111
Other Income	10,802,395	9,813,432
	84,858,452	77,902,543
Amortisation		
Building & Equipment	16,886,922	15,025,395
Expenditure		
Salaries & Wages	222,859,037	197,023,905
Surgery & Dispensary	76,455,113	72,348,936
Provisions	2,329,623	2,264,909
Domestic	14,353,541	13,275,785
Clinical Support & Administration Services	7,928,364	7,747,104
Maintenance of Buildings etc	6,627,673	6,036,730
Miscellaneous	6,031,820	3,678,592
Bad Debts	63,205	646,307
Bank Interest & Finance Charges	194,724	263,750
Depreciation - Buildings & Equipment & Motor Vehicles	19,212,870	17,035,869
Total Expenditure	356,055,970	320,321,887
Excess of Expenditure over Income	(254,310,596)	(227,393,949)
Refundable from the HSE	258,378,536	229,258,761
Income & Expenditure Surplus / (Deficit)	4,067,940	1,864,812
Transfer to other reserves	(858,777)	(727,774)
Surplus / (Deficit) for the Year after trf to reserves	3,209,163	1,137,038
Accumulated Income and Expenditure Account		
Surplus / (Deficit) for the Year after trf to reserves	3,209,163	1,137,038
Surplus/(Deficit) carried forward from previous years	(1,954,298)	(4,323,079)
	1,254,865	(3,186,041)
Actuarial gain/(loss) in respect of pension scheme	1,577,000	1,230,000
Investment	(1,619)	1,743
Accumulated Surplus /(Deficit)	2,830,246	(1,954,298)

St. Vincent's Healthcare Group Limited

Combined Branch Accounts

For the year ended 31st December 2007

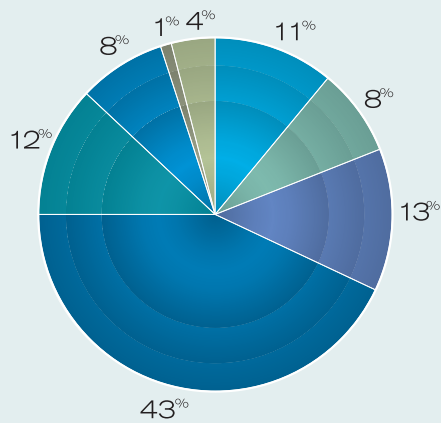
	2007 Summary Euro €	2006 Summary Euro €
Balance Sheet as at Year End		
Assets		
Fixed Assets	492,526,439	435,945,241
Current Assets	70,756,194	59,486,119
Total Assets	563,282,633	495,431,360
Liabilities		
Creditors	68,082,181	64,054,075
Capitalisation Accounts	189,330,266	191,245,315
Pension Liability	4,004,000	5,411,000
Total Liabilities	261,416,447	260,710,390
Net Assets	301,866,186	234,720,970
Capital and Reserves		
Capital & Other Reserves	299,035,940	236,675,268
Income & Expenditure Account	2,830,246	(1,954,298)
	301,866,186	234,720,970

NOTE

Figures shown include St. Vincent's University Hospital and St. Vincent's Private Hospital.

Financial Analysis

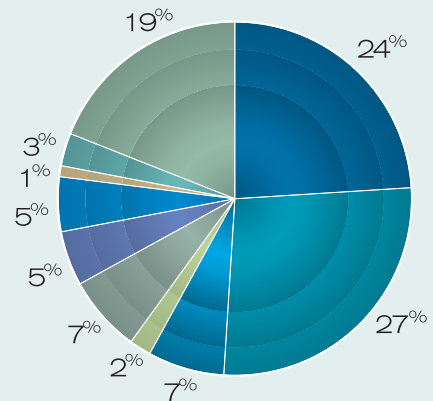
Pay Expenditure 2007



Administration	11%
Common Contract	8%
Medical Salaries	13%
Nursing & Allied	43%
Paramedical	12%
Catering/Housekeeping	8%
Maintenance	1%
Superannuation	4%

Figures shown include SVUH, St. Michael's Hospital & SVPH

Non Pay Expenditure 2007



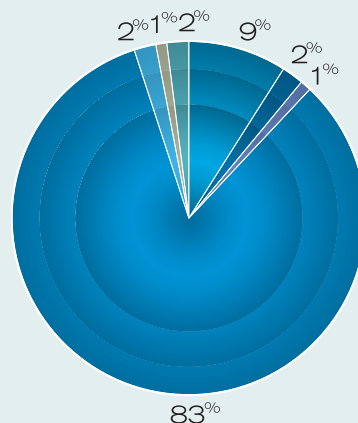
Medical & Surgical	24%
Medicines	27%
Pathology Expenses	7%
Medical Equipment	2%
Cleaning / Laundry	7%
Maintenance Charges	5%
Blood	5%
Courses & Seminars	1%
X-Ray Expenses	3%
Sundry Expenses	19%

Figures shown include SVUH, St. Michael's Hospital & SVPH

Income 2007

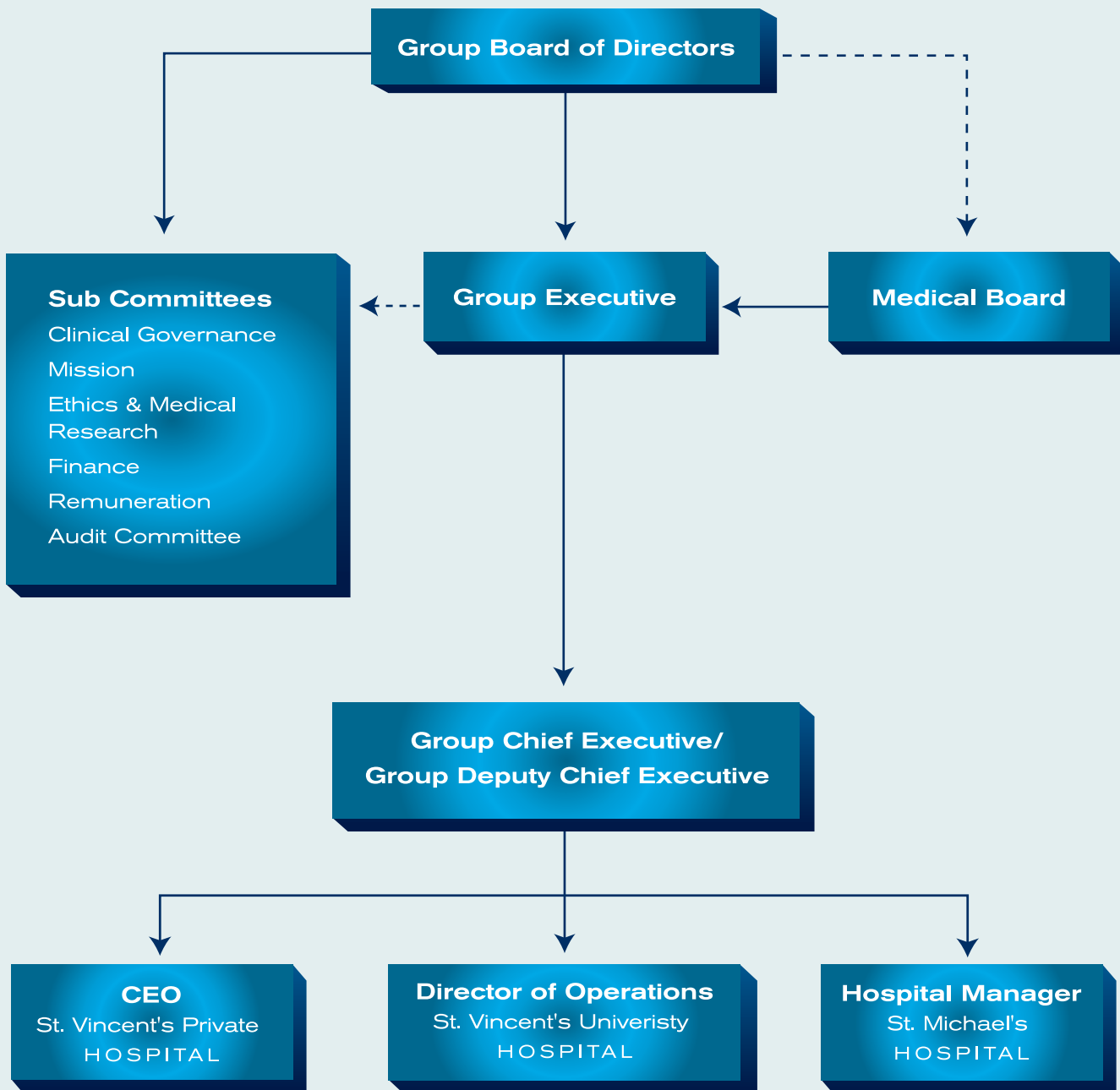
Superannuation	9%
Canteen	2%
RTA etc	1%
Semi-Private	83%
Health Act Inpatient	2%
ED Charge	1%
Other Income	2%

Figures shown include SVUH, St. Michael's Hospital & SVPH



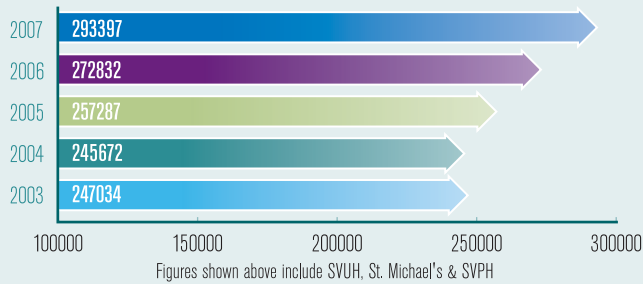
Organisational Structure

The Group's Governance & Organisational Structure

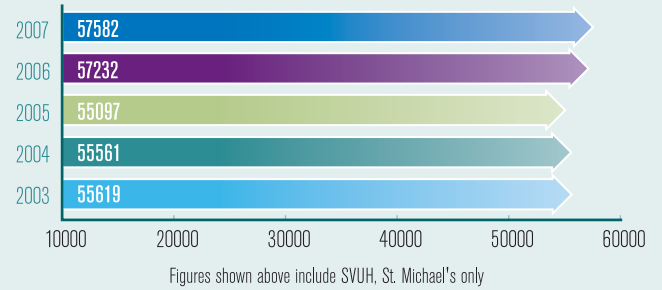


Statistics

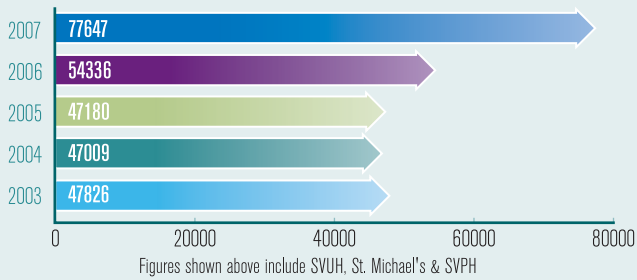
Bed Days



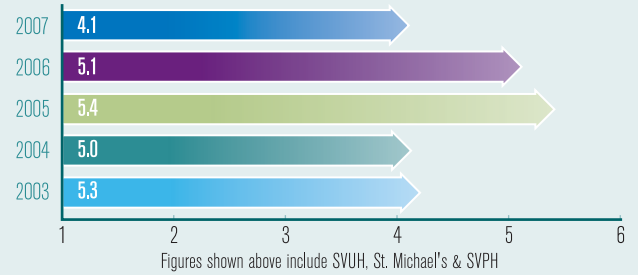
Emergency Dept Attendance



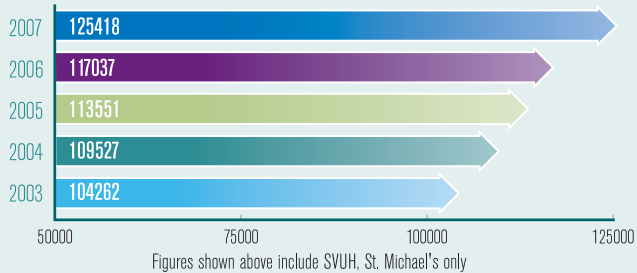
Admissions



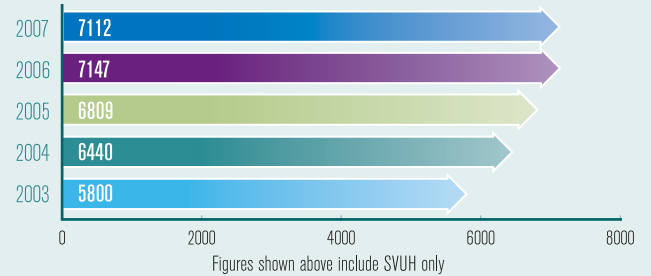
Average Stay days



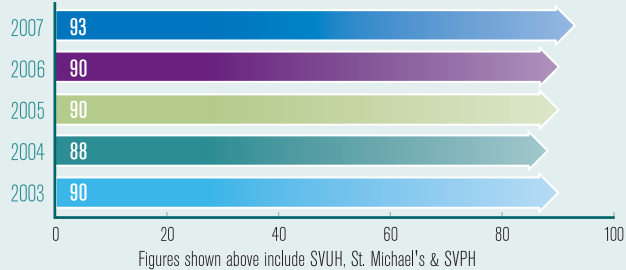
OPD Attendance



Cost per patient per week €uro



% Occupancy



St. Vincent's University Hospital

Departmental Statistics

		2005	2006	2007
Cardiology				
Inpatients(incl. Day-care)	Admissions	1,687	1,720	1,930
	Discharges	1,829	1,848	1,989
Outpatients	New patients	981	1,042	1,288
	Total attendances	5,829	6,301	6,965
Emergency Medicine				
Inpatients	Admissions	986	1,217	1,178
	Discharges	886	1,052	1,008
Nephrology				
Inpatients(incl. Day-care)	Admissions	529	588	598
	Discharges	454	545	496
Dialysis Day Cases	Admissions	0	5,689	7,958
	Discharges	0	5,689	7,958
Outpatients	New patients	193	185	241
	Total attendances	1,380	1,501	2,008
Oncology				
Inpatients	Admissions	426	415	525
	Discharges	619	592	691
Outpatients	New patients	322	245	241
	Total attendances	2,195	2,376	2,618
Radiotherapy				
Outpatients	New patients	303	242	276
	Total attendances	410	353	373

		2005	2006	2007
Haematology				
Inpatients(incl. Day-care)	Admissions	113	120	114
	Discharges	154	145	154
Outpatients	New patients	153	244	315
	Total attendances	1,459	1,600	1,952
St. Anne's Day Centre (Oncology/Haematology)				
PLUS ward patients treated in centre	Admissions	5,719	6,466	6,876
	Discharges	5,719	6,466	6,876
		164	195	208
General Medical				
Inpatients	Admissions	294	415	404
	Discharges	240	334	335
Outpatients	New patients	13	14	16
	Total attendances	90	130	174
Psychiatry				
Inpatients	Admissions	375	423	412
	Discharges	364	434	424
Outpatients	New patients	198	150	75
	Total attendances	1,887	1,676	1,747
Day Centre	Attendances	1,509	1,161	1,182
Neurology				
Inpatients(incl. Day-care)	Admissions	199	154	803
	Discharges	261	209	907
Outpatients	New patients	920	1,365	1,499
	Total attendances	3,912	5,015	5,425
Palliative Medicine				
Inpatients	Admissions	0	0	0
	Discharges	5	1	0

Departmental Statistics St. Vincent's University Hospital

		2005	2006	2007
Radiology				
Inpatients(incl. Day-care)	Admissions	1	10	185
	Discharges	1	11	184
Dermatology				
Inpatients(incl. Day-care)	Admissions	1,090	1,496	16,456
	Discharges	1,094	1,496	16,458
Outpatients	New patients	754	1,509	2,345
	Total attendances	2,245	3,901	8,508
Rheumatology				
Inpatients(incl. Day-care)	Admissions	492	523	915
	Discharges	423	469	817
Outpatients	New patients	909	1,007	923
	Total attendances	5,927	6,512	5,953
Respiratory & General Medicine				
Inpatients(incl. Day-care)	Admissions	1,875	1,934	1,751
	Discharges	1,849	1,887	1,734
Outpatients	New patients	654	684	757
	Total attendances	5,973	6,512	6,691
Endocrinology				
Inpatients(incl. Day-care)	Admissions	503	503	446
	Discharges	425	451	383
Outpatients	New patients	339	326	304
	Total attendances	2,388	2,592	2,580
Diabetes Clinic				
Outpatients	New patients	303	308	321
	Total attendances	3,614	3,708	3,753
Diabetes Centre				
	Attendances	6,265	6,589	7,605

		2005	2006	2007
Geriatric Medicine				
Inpatients	Admissions	445	456	414
	Discharges	451	503	503
Outpatients	New patients	221	282	293
	Total attendances	719	884	1,121
Gastroenterology & General Med.				
Inpatients(incl. Day-care)	Admissions	2,796	2,951	3,382
	Discharges	2,663	2,893	3,270
Outpatients	New patients	1,013	995	1,113
	Total attendances	3,571	3,748	4,041
General Surgery				
Inpatients(incl. Day-care)	Admissions	4,265	4,275	4,138
	Discharges	4,291	4,282	4,180
Outpatients	New patients	4,056	3,709	3,901
	Total attendances	14,114	13,344	13,760
Liver Clinic				
Outpatients	New patients	160	182	184
	Total attendances	2,436	2,573	2,757
Hepatitis C Clinic				
Outpatients	New patients	44	12	13
	Total attendances	738	657	540
Colorectal Clinic				
Outpatients	New patients	75	67	126
	Total attendances	807	785	1,159
Pain Relief				
Inpatients(incl. Day-care)	Admissions	699	1,039	1,314
	Discharges	709	1,038	1,306
Outpatients	New patients	300	290	388
	Total attendances	3,795	3,355	4,152

Departmental Statistics St. Vincent's University Hospital

		2005	2006	2007
Vascular Surgery				
Inpatients(incl. Day-care)	Admissions	527	571	606
	Discharges	537	576	623
Outpatients	New patients	528	616	764
	Total attendances	2,645	2,712	3,460
Orthopaedic Surgery				
Inpatients(incl. Day-care)	Admissions	1,724	1,732	1,756
	Discharges	1,720	1,732	1,782
Outpatients	New patients	3,514	3,266	3,450
	Total attendances	12,978	12,633	13,809
Urology				
Inpatients(incl. Day-care)	Admissions	2,126	2,246	2,341
	Discharges	2,136	2,257	2,345
Outpatients	New patients	971	1,039	896
	Total attendances	3,954	4,142	4,274
Plastic Surgery				
Inpatients(incl. Day-care)	Admissions	854	948	1,285
	Discharges	862	951	1,290
Outpatients	New patients	1,189	1,385	1,831
	Total attendances	4,228	4,459	5,554
Cardio Thoracic				
Inpatients(incl. Day-care)	Admissions	194	181	165
	Discharges	206	193	181
Outpatients	New patients	179	158	182
	Total attendances	557	551	580
Gynaecology				
Inpatients(incl. Day-care)	Admissions	260	233	495
	Discharges	267	235	519
Outpatients	New patients	622	548	444
	Total attendances	1,613	1,529	1,443

Departmental Statistics St. Vincent's University Hospital

		2005	2006	2007
Ophthalmology				
Inpatients	Admissions	365	366	344
	Discharges	363	362	344
Day-care	Admissions	1,647	1,536	3,663
	Discharges	1,647	1,536	3,663
Outpatients	New patients	836	742	8
	Total attendances	2,262	2,075	15
Orthoptics				
	Total attendances	973	283	0
ED Patients treated in Ophthalmology Dept.	Total attendances	1,157	1,204	1,333
E.N.T. Surgery				
Inpatients(incl. Day-care)	Admissions	469	490	920
	Discharges	469	490	934
Outpatients	New patients	1,085	1,224	1,082
	Total attendances	2,694	2,952	2,633
Emergency Department Clinic	New patients	86	52	62
	Total attendances	308	245	229
Audiometrics				
	Tests	503	315	289
Dental Surgery				
Inpatients(Incl. Day-Care)	Admissions	4	9	4
	Discharges	4	10	3
Outpatients	New patients	0	0	0
	Total attendances	0	0	0
Podiatry				
Outpatients	Total attendances	495	462	432
Summary				
Total Inpatients	Admissions	30,664	38,706	61,378
	Discharges	30,648	38,687	61,357
Total Outpatients	New patients	20,835	21,836	23,276
	Total Attendances	94,420	98,576	108,045

St. Vincent's University Hospital

Diagnostic and Treatments

	2006	2007	%VARIANCE	variance
Pathology Test	4,477,982	5,173,400	15.5%	695,418
X-Rays	118,865	131,258	10.4%	12,393
Dialysis Treatments	8,186	10,534	28.7%	2,348
Pulmonary Laboratory Attendances	3,118	3,256	4.4%	138
Physiotherapy Attendances	82,060	79,246	-3.4%	-2,814
Social Work Cases	9,326	14,954	60.3%	5,628
Dietetics Attendances	21,405	25,455	18.9%	4,050
Diabetes Centre	6,589	7,605	15.4%	1,016
Vascular Lab. Tests	1,328	1,415	6.6%	87
E.C.G. Recordings	16,991	19,193	13.0	2,202

Theatres:

Main Theatre	10,070	9,869	-2.0%	-201
Cardiovascular Theatre	2,458	2,450	-0.3%	-8
Endoscopy Unit	4,518	5,058	12.0%	540
E.E.G./E.M.G. Tracings	1,615	2,039	26.3%	424
Occupational Therapy Treatment Units	40,795	45,607	11.8%	4,812
Nuclear Medicine Scans	3,470	6,950	100.3%	3,480

St. Michael's Hospital

Departmental Statistics

DEPARTMENT	2006	2007
Admissions	7,221	6,752
Day Cases	2,963	2,787
Other	4,258	3,965
OPD	18,471	17,372
Emergency Department	17,730	16,151
Pathology Tests	1,369,059	1,303,860
Radiology	22,798	25,995
Bed Days	29,323	25,826
Theatre Operations	2,959	2,766



St. Vincent's Private Hospital

Departmental Statistics

	Jan to December 2006	Jan to December 2007	Variance	%Variance
Patient Discharges				
Inpatients	9,033	9,517	484	5.4%
Inpatient Occupancy	84.95%	81.83%	-3.1%	-3.7%
Inpatient Bed days	48,038	46,336	-1,702	-3.5%
Av. Length of stay (Days)	5.32	4.87	-0.45	-8.4%
Daycases	5,592	6,320	728	13%
Oncology Daycases	5,477	5,816	339	6.2%
Operating Theatres				
SVPH Theatres	3,778	3,941	163	4.3%
Theatre SVUH	810	779	-31	-3.8%
Minor Operating Theatre	4,399	4,979	473	10.5%
Endoscopy unit	5,417	5,760	343	6.3%
Diagnostic Imaging				
No. of Studies	30,393	29,397	-996	-3.3%
Radiotherapy				
No. of Treatments	14,570	14,764	194	1.3%
Cardiology				
No. of Procedures	6,688	6,478	-210	-3.1%
Respiratory Medicine				
No. of Procedures	2,749	3,029	280	10.2%
Pathology Tests				
No. of Procedures	441,053	466,476	25,423	5.8%



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