



Tallaght
University
Hospital

Ospidéal
Ollscoile
Thamhlachta

An Academic Partner of Trinity College Dublin



Mission

Our mission is to enhance the wellbeing of our community through care and innovation. We strive to

- > Deliver high quality care to our patients
- > Educate, train, challenge and empower our staff
- > Foster a culture of research and innovation

Tallaght University Hospital Annual Report and Accounts 2020

*People Caring for People
to Live Better Lives*

TALLAGHT UNIVERSITY HOSPITAL 2020 at a glance



227,890

OPD VISITS



NUMBER OF STAFF

3,226

48,686

ED ATTENDANCES



21,371

DAYCASE PROCEDURES
(EXCLUDING DIALYSIS)



16,931

INPATIENT ADMISSIONS



886

PATIENTS TREATED
EVERY 24 HOURS



5,621

SURGERIES &
PROCEDURES -
THEATRE EPISODES



260,000

MEDICATIONS DISPENSED

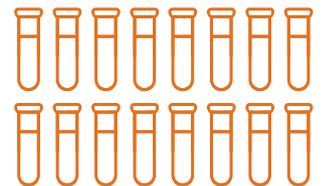
134,478

DIAGNOSTIC IMAGES TAKEN
(OF WHICH 7,588
COMMUNITY RADIOLOGY)



22.6M

TESTS CARRIED OUT
IN THE LAB



378,367

TEXT MESSAGE REMINDERS SENT
FOR OPD APPOINTMENTS



THE AVERAGE AGE
ON ADMISSION

52
MALE

48
FEMALE



Contents

1.	Message from the Chairman	2
2.	Hospital Board	3
3.	Message from the Chief Executive	8
4.	Access	10
5.	Integrated Care	18
6.	Enhanced Infrastructure	28
7.	Digital Enabled Care	33
8.	Research & Innovation	39
9.	People	52
10.	Awards	67
11.	Arts & Health	70
12.	Financial Management Performance	80
13.	Foundations	86
14.	Research & Publications	92

1

Message from the Chairman



Liam Dowdall
Chairman

It is with an enormous sense of pride and gratitude that I, on behalf of the Board of Directors and staff of Tallaght University Hospital (TUH), present the 2020 annual report. I think it is fair to say that as a country, health service and a hospital we have never before experienced a year like 2020.

It was a year of significant and unprecedented pressure on our services and our staff and yet the management team and staff achieved so much, this is I believe an incredible testament to their commitment to the Hospital and People Caring for People to Live Better Lives.

Despite the challenges, a keen focus was maintained on the Hospital's strategy with tremendous progress made on implementation across the strategy's six priority areas which you will see as you read through the report.

The achievement that is most pleasing to see is the progress made on research and innovation, with a Research Strategy published towards the end of the year and the creation of the Head of Innovation position. The Hospital has a strong reputation and long history of undertaking patient orientated research and innovation initiatives. Given the year that our staff have had and the demands on their time, I think what they have achieved in research is incredible and a testament to the drive the TUH team have to deliver improved patient care and enhance the health and wellbeing of our population.

I want to thank the Chief Executive Lucy Nugent, the Executive Management Team and Board of Directors for their unfailing support during the year, but most importantly a special thanks to all staff of TUH. I hope our country, health care service and hospital never again have to face a year like 2020 but we will take the lessons learned and build on progress made.

As for the year ahead who knows what is in store. One thing that I am confident of is our hospital and its staff will deal with the consequences and challenges as they present, but will maintain a unwavering focus on delivering on the five year strategy and delivering the right care at the right place, at the right time as we continue to develop as a "Hospital without Walls".

Liam Dowdall
Chairman



Hospital Board

In accordance with bye-laws made in November 2014 under the Tallaght Hospital Charter, the Board comprises 11 members appointed as follows:

- › one member appointed by the Adelaide Hospital Society;
- › one member appointed by the Meath Foundation;
- › one member appointed by the National Children's Hospital;
- › four members appointed by the Minister for Health on the nomination of the Church of Ireland Archbishop of Dublin/President of the Hospital;
- › one member appointed by the Minister for Health on the nomination of Trinity College Dublin;
- › one member appointed by the Minister for Health on the nomination of the HSE; and
- › two members appointed by the Minister for Health on the nomination of the Hospital Board.

The Chairperson is elected from the Board from among the members appointed by the Minister. The Vice Chairperson is appointed by the Board from among its members.

No remuneration is paid in respect of Board Membership.

Board members may be recouped for reasonable expenses incurred in accordance with the standard public service travel and subsistence rates. Details of any such payments to Board members are provided in the Hospital's annual accounts.

No employee of the Hospital can be a member of the Board. However, the Chief Executive and appropriate members of the senior management team generally attend and participate in Board meetings. This is designed to ensure that Board members are fully aware of the practical impact on the Hospital of their decisions, and on the other hand, that the senior management team is fully aware of the governance and other requirements of the Board. The aim is to achieve a robust approach by all concerned. Decisions are taken by consensus involving both the Board members and the management team but, should a vote be required, voting is confined to Board Members.

Board Members (11)



Mr. Liam Dowdall
(Chairman)



Mrs. Mairéad Shields



Professor Patricia Barker



Mr. David Seaman
(Resigned October 2020)



Archdeacon David Pierpoint



Professor Kathy Monks



Mr. Mark Varian



Professor Anne-Marie Brady



Mr. Edward Fleming



Dr. Darach O' Ciardha



Mr. John Hennessy
(Appointed March 2020)



Dr. Vivienne Byers
(Appointed December 2020)

Executive Management (10)

1. Ms. Lucy Nugent, Chief Executive Officer
2. Mr. John Kelly, Deputy Chief Executive Officer
3. Professor John Quinlan, Chair Medical Board
4. Professor Catherine Wall, Director of Quality, Safety & Risk Management
5. Professor Paul Ridgway, Clinical Director, Peri-Operative Directorate
6. Professor Peter Lavin, Clinical Director, Medical Directorate
7. Mr. Shane Russell, Chief Operations Officer
8. Ms. Sharon Larkin, Director of HR
9. Ms. Áine Lynch, Director of Nursing & Integrated Care
10. Mr. Dermot Carter, Director of Finance
Ms. Madeline O'Neill, Board Secretary

Board Committees

The Committees established by the Board to date are the Audit Committee; Finance Committee; Staff & Organisation Development Committee; Quality, Safety & Risk Management Committee (QSRM); and the Governance and Nominating Committee. Each committee has specific functions in assisting the Hospital Board to fulfil its oversight responsibilities. Membership of the Board committees is as follows:

Audit Committee

- > Professor Patricia Barker (Chair)
- > Archdeacon David Pierpoint (Board member – from March 2020)
- > Mr. Seán Quigley (External Member)
- > Mr. Peter Dennehy (External Member)
- > Ms. Darina Barrett (External Member – from September 2020)

Staff & Organisation Development Committee

- > Professor Kathy Monks (Chair)
- > Mrs. Mairéad Shields (Board member – from March 2020)
- > Mr. Brendan Mulligan (External Member)
- > Mr. Martin Leavy (External Member)
- > Ms. Claire Cusack (External Member – from September 2020)

Quality, Safety & Risk Management Committee

- > Mrs. Mairéad Shields (Chair)
- > Professor Anne Marie Brady (Board Member)
- > Dr. Darach Ó Ciardha (Board Member)
- > Dr. Gerard O'Connor (External Member)
- > Mr. Declan Daly (External Member)

Governance & Nominating Committee

- > Mr. Liam Dowdall (Chair)
- > Mr. John Hennessy (Board Member – from March 2020)
- > Mr. David Seaman (Board Member – resigned October 2020)
- > Mr. Sean McGlynn (External Member)
- > Ms. Gabrielle Ryan (External Member – from May 2020)

Finance Committee

- > Mr. Edward Fleming (Chair)
- > Mr. Mark Varian (Board Member)
- > Mr. Ray Ryder (External Member – from March 2020)
- > Mr. Robert Henderson (External Member – from November 2020)

Hospital Board Meetings Attended in 2020

Name	Expected no. of meetings to attend 2020	No. of meetings attended 2020
Mr. Liam Dowdall, Chairman	8	8
Mrs. Mairéad Shields	8	7
Professor Patricia Barker	7	7
Mr. David Seaman (resigned October 2020)	8	4
Archdeacon David Pierpoint	8	8
Professor Kathy Monks	8	8
Mr. Mark Varian	8	8
Professor Anne-Marie Brady	8	7
Mr. Edward Fleming	8	8
Dr. Darach Ó Ciardha	8	7
Mr. John Hennessy (appointed March 2020)	7	7
Dr. Vivienne Byers (appointed December 2020)	0	0

Executive Organisational Structure (December 2020)



Executive Management Team

MR. DERMOT CARTER

Director of Finance

Financial Accounting | Management Accounting | Treasury | Payroll | Settlements Unit
| Procurement and Contracting | Finance Systems Policies and Procedures | Financial
Policy Compliance | HIPE | Accounts Receivable | ABF

MS. SHARON LARKIN

*Director of Human
Resources*

Recruitment | Staff Relations | Medical Admin and Management | Superannuation
| Personal and Organisational Development | Workforce Planning and Control |
Absenteeism | Policy Compliance | Workforce Systems, Policies and Procedures |
Credentialing | Post Graduate Medical Centre | Learning and Development | Ethics
in Public Office | Library | Occupational Health

PROFESSOR PETER LAVIN

Clinical Director Medical Directorate

Clinical Services Organisation and Delivery Assurance
Implementation on National Clinical Care Programmes

PROFESSOR PAUL RIDGWAY

*Clinical Director Perioperative
Directorate, Lead Clinical Director*

Management of all Staff in Directorate:

- Medical
- Nursing / Health Care Assistants
- Health & Social Care Professionals
- Clerical & Administration

DR. ORLA BUCKLEY

*Clinical Director Radiology
Directorate*

DR. JOHNNY MCHUGH

*Clinical Director Laboratory
Directorate*

Management of Budget for Clinical Directorate
Quality, Patient Safety & Risk Management

MR. DAVID WALL

Chief Information Officer

Electronic Medical Record | Enterprise Resource Planning (Business Systems)
| Telephony - Multi Media (PACS / Teleconf) | Info Systems and Reports | RF Services
| Data Protection | Data Controller | Data Quality and Standards | Information
Governance | FOI | Medical Records

MR. CIARAN FAUGHNAN

*Director of Estates &
Facilities Management*

Catering | Housekeeping | Estate Management | Logistics | Facilities Management
| Technical Services | Projects | Security Services | Car Parking | Mortuary
| Decontamination Services | MPCE

PROFESSOR CATHERINE WALL

*Director of Quality Safety &
Risk Management*

Development of all Hospital QSRM Policies and Procedures | Risk Management
| Risk Register | Monitor / Assure Implementation of all QSRM Policies | Implement
National QSRM Policies | Licensing and Regulation | QSRM KPIs | Compliance and
Assurance | Clinical Audit | Health Promotion | Safety and Health at Work
| Ethics Programme

MS. ÁINE LYNCH

*Director of Nursing
& Integrated Care*

Graduate, Specialist & Advanced Nursing Practice | Professional Development |
End of Life Care | Patient Advice & Liaison Service | Volunteer Services | Pastoral
Care | Arts & Health | Patient Community Advisory Council | Integrated Care

MR. SHANE RUSSELL

Chief Operations Officer

Operations Oversight / Responsibility and Assurance | Service Planning | Bed
Management | Operations Systems, Policies and Procedures | Production and
Performance Compliance | Health and Social Care Professionals Manager | Pharmacy
| Medical Photography

2

Message from the Chief Executive



Lucy Nugent
CEO

It gives me great pleasure to introduce the Tallaght University Hospital (TUH) 2020 Annual Report. This was a unique year that challenged us as individuals, as a Hospital and a country with the COVID-19 pandemic and its impacts forefront in everyone's minds. I would like to pay tribute and thank every single member of staff who rose to the challenges of the pandemic with professionalism, dedication and good humour with the indomitable Tallaght team spirit shining throughout.

I could not be more proud or humbled by the lengths staff have gone to ensuring services were adapted, maintained and restarted as soon as it was safe to do so. In addition, I would like to thank the many local and national businesses, as well as the local community, that supported us through many acts of kindness, donations and support. Our academic and community partners CHO7 and Trinity College Dublin also supported us in providing access to alternative accommodation for vulnerable services such as our Oncology day service that relocated to the nearby Russell Building.

Our Children's Health Ireland at Tallaght colleagues generously vacated their footprint in the Hospital to support us in coping with the peak of the pandemic, temporarily transferring their services to their sister hospitals. We were delighted to welcome them back and we look forward to the new OPD and Urgent Care Centre opening on the Tallaght campus in 2021. Also thank you to our student nurses, medical students and graduates who stepped up and assisted us when we needed them.

This annual report is structured under the headings of the Hospital's Strategic Plan 2019-2024, reflecting the Hospital's overarching priority to improve access.

Despite COVID-19, there was positivity during the year with the completion of several projects aimed at improving patient access which is the Hospital's overarching strategic priority. These included the opening of the Vartry Renal Unit, Reeves Day Surgery Centre, opening of Tymon North beds and the commencement of the ICU expansion. To have delivered these capital projects is a significant achievement given the circumstances and are all an integral part of the implementation of the TUH 2019-2024 strategic plan.

Other elements of the strategic plan that have been delivered in 2020 include the People Strategy 2020-2024, the Research Strategy 2020-2024 and securing Meath Foundation funding support for a Head of Innovation. Our Digital Enabled Care programme accelerated during the pandemic with technology being used to aid communication, diagnosis and treatment.

Thanks to the support of the national Sláintecare programme five projects, aimed at providing care in the community, continued during the pandemic which reduced hospital admissions and was welcomed at a time when patients were reluctant to attend hospital due to a fear of COVID.

Whilst we continue to run the Hospital and enhance our service, we miss the sounds of singing and music in the Hospital atrium, our volunteers and meeting people at our community talks - a podcast is good but not the same! We know and appreciate how difficult it has been on our patients, their families and loved ones to not be able to visit as often or freely as before, but this is a temporary measure and we look forward to welcoming people back when it is safe to do so.

Finally, on a personal note I would like to sincerely thank the Executive Management Team, Chairman, Liam Dowdall and the Board of Directors for their ongoing and sterling support in what has been a very different year.

Lucy Nugent
CEO

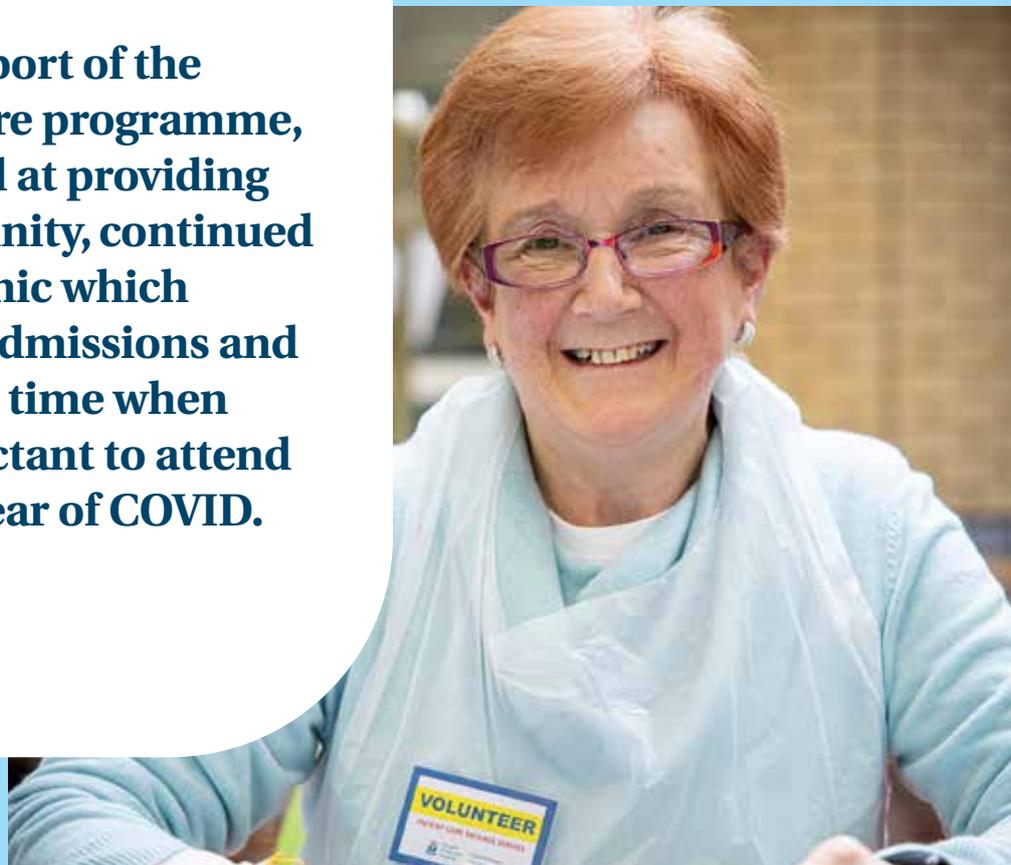


“

Thanks to the support of the national Sláintecare programme, five projects aimed at providing care in the community, continued during the pandemic which reduced hospital admissions and was welcomed at a time when patients were reluctant to attend hospital due to a fear of COVID.

”

Lucy Nugent, CEO





4

Access

While the Hospital has within the corporate strategy outlined how it intends to improve and reform access to services, predominantly the aim of 2020 was to increase support to unscheduled care and the management of COVID across all services. The maintenance of scheduled care was particularly challenging due to the requirement to enhance the flow of COVID patients through ED, a greater need for more unscheduled care beds and the need to create capacity for ICU surges.

The impact of COVID is seen across all hospital metrics and from a performance management point of view 2020 and 2021 will be outliers in terms of trends and achievement of key performance indicators.



16,631

Total number of episodes



147,823

Total number of bed days



260,000

MEDICATIONS DISPENSED

22.6M

TESTS CARRIED OUT IN THE LAB



886

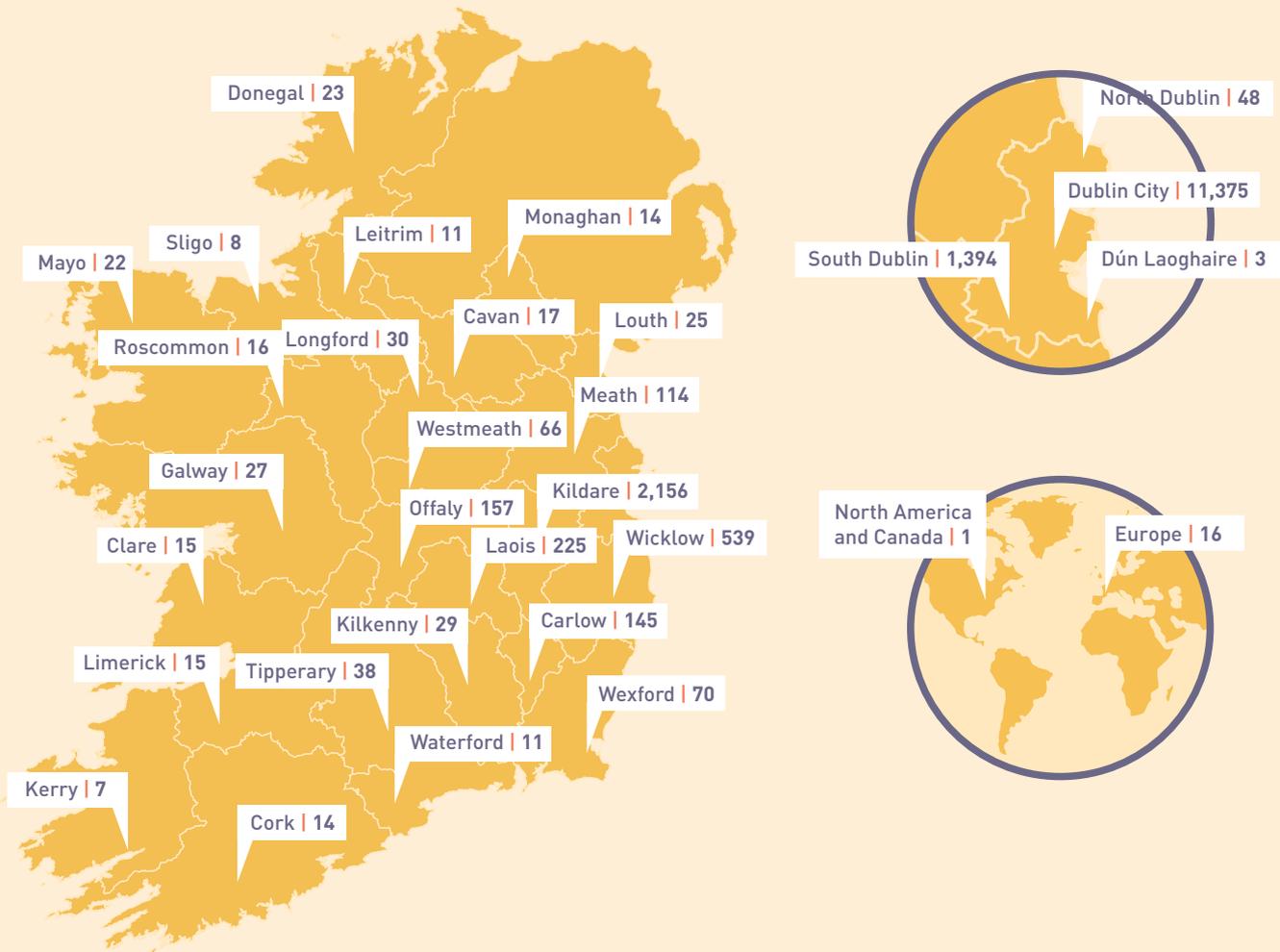
PATIENTS TREATED EVERY 24 HOURS



134,478

DIAGNOSTIC IMAGES TAKEN (OF WHICH 7,588 COMMUNITY RADIOLOGY)

Inpatient Admission by Area/County



Age Profile of Patients

The average age on admission



Most Common Diagnosis Requiring an Inpatient Stay

- Pneumonia
- General Collapse
- Chest Pain
- Kidney & Urinary Tract infections
- Chronic Obstructive Pulmonary Disease (COPD)
- Headache



2020 Continued

4,069

↓2%

No of patients 75+ years of age admitted (scheduled & unscheduled)

5,719

↓3%

No of patients 75+ years of age presenting to ED

↓2960

LESS PATIENTS ON TROLRIES (58% LESS)

PET Times

9hr PET 64%

MEDICAL AVERAGE LOS

10.3 days

(DOWN 0.84 DAYS)

Waiting lists

INPATIENT

1,068 ↑ 17%

DAYCASE

2,640 ↑ 9%

OUTPATIENT'S

35,382 ↑ 6%

ENDOSCOPY

3,364 ↑ 7%

Unscheduled Emergency Care

The main overarching objective of 2020 was the effective management of COVID and the provision of safe care for all patients. This necessitated the provision of three distinct patient streams; COVID, Non-COVID and patients suspected as having COVID. This stratification model was in line with national guidelines. This model of care also reinforced the need for additional single rooms which the Hospital is engaging with the HSE to develop with a capital build.

In 2020, the number of Adult ED attendances decreased by 7%, bringing the total to over 48,600. This was an outlier in the trend for the last number of years and the expectation is that ED presentations will return to growth in the future. The number of patients over 75 years of age also decreased by 3%. The age profile of the Hospital's patients continues to trend from a younger population to an older age profile. While all categories of patients saw less presentations in 2020, the percentage of patients requiring admission rose from 25% to 27%. This rise in admissions was particularly seen in the patients over 75 years of age. With the expectation that 2021 will be a transitional year in terms of the pandemic, the Hospital will refocus on the refinement of existing pathways within the acute floor and the development of new ones.

The Hospital 8am trolley numbers decreased significantly with over 2,960 less patients on trollies at 8am in the ED. While COVID played a factor in this improved performance, there has been an intensive focus to ensure that patient's reach a bed in a timely manner. This reduction in trolley numbers is the result of several quality improvement programmes, this work continues to improve patient transfer times. While PET times improved in 2020, the lack of single rooms for isolation plays a significant factor in the overall patient experience times.

Delayed transfer of care remains an ongoing challenge for the Hospital, however there was a noticeable increase in access to transitional care beds in the community in 2020, and this was reflected in the improvement in the delayed transfer of care metrics. This improvement at times was impeded by the closure of admissions in some nursing homes within our catchment area due to COVID.

The provision of Critical Care beds was a major challenge for the Hospital in 2020. The ICU pandemic plan was active for most of 2020 and it resulted in the use of the operating theatres and the Recovery Unit for additional ICU beds. While the Hospital is progressing the construction of 12 new ICU beds it is anticipated that the provision of ICU beds will remain challenging until the new unit opens in the second quarter of 2022.

Children's Health Ireland supported the Hospital by providing some or all of their beds on the campus during the most challenging part of the pandemic. This support was critical in ensuring that the Hospital was able to manage the demand for emergency care.



Waiting Lists

One of the biggest impacts of COVID for the Hospital was the suppression of scheduled care for the majority of 2020. This was due to a number of reasons; the need to reduce footfall to the Hospital, the community prevalence of COVID, the demand on beds and the need for additional critical care beds. There has been a rise in the number of patients on outpatients, inpatient and daycase waiting lists in 2020.

Inpatient waiting lists saw biggest rise, up 17% to 2,640 patients. This is, as previously discussed, due to the suppression of activity predominantly due to critical care demands due to COVID. The outlook for inpatient surgery is challenging for the first half of 2021 and recovery is not expected until later in the year.

While the other waiting list categories grew, growth was in single digits; Daycase surgery was up 9%, Outpatients up 6% and Endoscopy up 7%.

Theatre access for daycase surgery was also affected by the demand on ICU beds, albeit the impact was less than expected. The recovery of the daycase waiting list is expected in the first half of 2021 due to the opening of the Reeves Day Surgery Centre (RDSC) in December 2020. Endoscopy and Outpatients waiting lists increased predominantly due to the need to reduce footfall to the Hospital, community prevalence of COVID and revised national guidelines on the suppression of activity during the various surges in COVID.

As the Hospital transitions into 2021 it is expected that there will be a gradual refocus on scheduled care.

The Hospital continues to engage with the National Treatment Purchase Fund (NTPF) and the Dublin Midlands Hospital Group (DMHG) with the aim of reducing waiting lists. The prevalence of COVID will be a major factor when considering increasing elective activity in the early part of 2021.

Additional Services

While 2020 was undoubtedly one of the most difficult years for the Hospital in its history, despite COVID, the development of new services remained a priority for the Hospital. For the last number of years the Hospital has been pursuing an ambitious capital development programme. 2020 saw the culmination of three major projects; the Vartry Renal Unit, the RDSC and the community Radiology Centre.

Despite the challenges that 2020 presented, all units that were scheduled to open during the year opened on time and on budget which is an incredible accomplishment and a great credit to the teams that worked on the projects.

“2020 saw the culmination of three major projects; the Vartry Renal Unit, the RDSC and the community Radiology Centre.”



Vartry Renal Unit

The Vartry Renal unit opened its doors in late October 2020, delivering its first dialysis treatment in the new purpose built unit. It saw the culmination of years of planning to copper fasten the Hospital as the second biggest renal dialysis unit in the country.

The Vartry Renal unit provides a patient centred environment with larger capacity. There is a Home Therapies Unit and a self-care Haemodialysis Unit. The 2,700m² Unit built over two floors has 28 Haemodialysis Treatment Bays, doubling the Haemodialysis capacity. There are six single haemodialysis rooms for immunocompromised / acutely ill patients, four home dialysis training (Peritoneal & Haemodialysis) rooms and for the first time in Ireland, four self-care haemodialysis bays. There are also 14 offices which for the first time brings all the different medical and allied health care professionals that are involved in the care of renal patients together.

Annamma Samuel, CNM2 with Professor George Mellotte, Consultant Nephrologist in the new reception area of the Vartry Renal Unit just before the first patients arrived

Reeves Day Surgery Centre

One of the greatest challenges for the Hospital for the last number of years has been balancing the demand for scheduled and unscheduled care. As the number of patients presenting to the ED have increased it has placed a higher burden on the demand for beds. The net result of this pressure has been a significant reduction in the number of daycase surgeries completed at the Hospital. As part of the capital development plan the Hospital sought to address this issue and proceeded to build and commission a new day surgery centre. This development was support by Sláintecare and the HSE.

The Reeves Day Surgery Centre is a brand new, state of the art digital centric day surgery centre. Situated just outside the walls of the Hospital, it comprises four new operating theatres and associated facilities. It is a very significant unit for the Hospital in that it protects day case surgery and will enable us to reduce the daycase waiting lists in line with HSE and NTPF targets. The Hospital expects that the full unit, including the fourth operating theatre, will be fully commissioned by mid-2021. The Hospital expects the waiting list to reduce to a point where the wait times are no longer than three months by mid-2022, which is one of the key priorities set out in the Hospitals Corporate Strategy 2019-2024.



Reception for patients as they arrive at the Reeves Day Surgery Centre



Waiting area for patients before they go for their procedure

Radiology in the Community

On Monday 2nd March 2020, the Hospital, in conjunction with our colleagues in HSE Community Health Office (CHO) Dublin South & Kildare west Wicklow, opened a new Primary Care Radiology Unit in the Russell Centre, Tallaght Cross West. This unit provides access for direct referrals from GPs for plain film X-ray and Ultrasound examinations.

One of the recommendations of the Sláintecare Report is for expansion of diagnostics into the Primary Care setting to enable timely access for GPs. We are delighted to have partnered with the CHO Primary Care team to provide this service for patients in the local catchment area.

Since the opening of the Unit in March to year end there were 7,588 diagnostic examinations performed. By providing this service in the community we have reduced the footfall into the Hospital freeing up Radiology capacity for inpatients.



The Russell Centre in Tallaght Cross West

New Care Bundle

On average over 700 patients present with acute exacerbations of COPD each year to the Hospital. As you might expect, there is a marked increase in presentations of acute respiratory illness, including acute exacerbations of COPD (AECOPD), during the winter months.

In November, an AECOPD Care Bundle was piloted in the Emergency Department, following work undertaken by a multidisciplinary team of doctors, nurses, physiotherapists and pharmacists. The purpose of the Care Bundle is to standardise the management of AECOPD in the Hospital.

The bundle, now being used in the ED and Acute Medical Assessment Unit ensures that diagnostic tests are expedited, and treatment is initiated in a timely and stepwise fashion. The patient is reviewed frequently to ensure that there is clinical improvement. The bundle also initiates discharge planning through use of the DECAF score, a risk stratification tool that assists the clinician in determining patient disposition i.e. early supported discharge or admission.

Clinicians are also prompted to link in with various support services such as COPD Outreach and smoking cessation. The COPD Outreach service is an invaluable service and significantly reduces the length-of-stay for COPD patients and prevents readmission by providing early community follow-up support.

The bundle ends with a discharge check list to ensure that an optimal management plan is in place for each patient post discharge.

A COPD Discharge Booklet has also been developed for patients which contains important information to enable the patient to better self-manage at home. An educational video is being developed to complement this. As a team, we are proud to introduce these initiatives which we hope will optimise the management of COPD patients presenting to the ED and AMAU.

Pictured from left to right are the ED COPD Pathway Team, Sarah Cunneen, Respiratory Physiotherapy Coordinator; Dr. Victoria Meighan, ED Consultant; Ciara Scallan, Physiotherapist COPD Outreach; Yvonne Kerins, Nursing Clinical Facilitator ED; Sherin Varghese, Respiratory CNS COPD Outreach; Dr. John Cullen, Consultant in Respiratory & General Medicine and Dr. Aileen McCabe, ED Consultant



Endoscopy Surveillance Waiting list Initiative

With a steady 5% year on year rise nationally in the demand for an already busy Endoscopy service, the service was under significant pressure, with increasing demand and growing waiting lists. Urgent referrals are given priority access, this results in some challenges in providing timely access for routine and surveillance patient referrals.

The appointment of Joy Gordon as Endoscopy Validation Clinical Nurse Manager in April 2019 was part of a demonstrator project involving the partnership of the HSE Acute Operations Endoscopy Programme & DMHG. A clinical audit to assess the impact of nurse-led clinical review and application of current guidelines to the endoscopy surveillance waiting list was undertaken to establish if this would improve access, reduce patient risk and reduce the surveillance waiting list.

A retrospective audit of over 500 patients who were overdue a surveillance endoscopy procedure was undertaken with some impressive results. The audit showed that only 48% of the selected patients required an admission date and the remaining 52% were either removed or deferred on the waiting list.

The most important result from validating the surveillance list is it reduced patient risk, as high risk patients were identified, appropriate surveillance intervals were ensured and the number of unnecessary endoscopy procedures reduced. From a practical perspective, removing and deferring the unnecessary procedures resulted in a cost saving of €162,375 with 285 beds used more effectively within existing capacity.

Nurse-led validation has added value to the endoscopy service in TUH by balancing clinical need and service demand. The benefits of nurse-led validation include; more appropriate listing, improved access, reduced patient risk and significant cost savings. This has resulted in a more efficient and streamlined service and funding is currently being sought to embed the role permanently within the endoscopy service in TUH.



A retrospective audit of over

500 patients

overdue a surveillance endoscopy procedure was undertaken



48%

required an admission date

52%

were either removed or deferred on the waiting list

285

beds used more effectively within existing capacity



An Innovative Model of Care

The Otolaryngology (ENT) service has the second highest outpatient waiting list nationally. At a local level 'routine' referrals can be waiting up to three years to access an appointment. One of the proposed solutions to manage these high healthcare demands and improve patient services, is to use Speech & Language Therapists (SLTs) working at specialist or advanced capacity in expanded scope of practice roles. SLTs with advanced clinical skills can support the service demand on medical specialists, by delivering a first point of patient contact service, with referrals for ENT triaged directly to SLT.

To address the challenge of patients waiting, the SLT department developed a proposal, in collaboration with the ENT Department and Peri-Operative Directorate to establish a new Specialist SLT-led ENT clinic. This is the first clinic of its kind to be introduced in Ireland with funding provided by the NTPF.

The SLT-led clinic provides an alternative assessment and treatment pathway for 'low-medium' priority patients on the ENT outpatient waiting list who present with suspected voice and/or swallowing concerns. The ENT consultant triages clinically suitable referrals on the waitlist directly to this specialist SLT clinic for assessment and management. Referrals are seen in the SLT clinic within two weeks of receipt of referral. Triage referrals present with complaints of:

- > Dysphonia (including reports of throat irritation, chronic cough, suspected paradoxical vocal cord dysfunction)
- > Dysphagia (including globus)

A comprehensive clinical and instrumental assessment and examination is carried out by the Clinical Specialist SLT. At a designated case review meeting diagnostic decisions are made jointly with the ENT consultant following a review of the laryngeal image and case discussion of the assessment findings. This model of service delivery requires expert clinical practice and a philosophy of multidisciplinary team working which is integral to this service.

The clinic has presented a successful and viable model of service modernisation, achieved faster access time to support patient care without compromising service quality or professional expertise. It has achieved safe, effective, and cost effective changes to ENT service delivery using the advanced clinical skills of the SLT and close multidisciplinary working.

Figures to Date: October 2019-November 2020



228

patients removed
from ENT waiting
list to date

75%

of patients to date
have been directly
managed by SLT
and/or discharged
from ENT



**Earlier patient
access to treatment**

**Optimised
consultant time
for more complex/
urgent patients on
ENT waitlist**



Clinical Specialist SLT, Eanna Horan and ENT Consultant, Mr. Shawkat Abdulrahman review the laryngeal image from a patient's nasendoscopy exam



5

Integrated Care

Integrated care places the patient front and centre of the patient journey. It is a key component of the Hospital strategy and ensures that patients are provided with a simple and seamless healthcare journey. With this approach, the Hospital is embracing the Sláintecare ethos of right care, right place, and most importantly at the right time. Integrated care promotes a preventative rather than a curative approach which is particularly important as we support the health and wellbeing of an aging population and an increase in chronic disease presentations.

TUH Urology Department currently provides over

70%



of the activity within the Dublin Midlands Hospital Group (DMHG).

Approximately 300 patients have been assessed via telephone.



- DISCHARGED BACK TO THE GP - 65%
- GIVEN EDUCATION / LIFESTYLE ADVICE AND WILL GET A FURTHER TELEPHONE FOLLOW-UP - 25%
- FACE TO FACE CONSULTATION - 10%

Sláintecare Initiative for TUH Urology Team

Urology referrals have significantly increased in recent years and with our aging population they will likely continue to increase in the future. The TUH Urology Department currently provides over 70% of the activity within the DMHG. This has resulted in an increase of approximately 80% in urology waiting lists in recent years. Generally the patients waiting the longest are those with routine benign conditions such as men with Lower Urinary Tract Symptoms (LUTS).

Evidence has shown that LUTS can affect up to 70% of men over the age of 40 years with ranging severity of symptoms. The impact on quality of life for men experiencing LUTS can be profound. A vast amount of these men can be managed locally by an Advanced Nurse Practitioner (ANP) in close collaboration with GPs.

Sláintecare have funded an ANP post to develop an integrated referral pathway for male LUTS and develop a secondary care nurse-led clinic for benign urological symptoms. The aim is to deliver an increasing volume of urological care in the primary care setting and to address outpatient waiting list targets.

Candidate ANP, Lynn Casey has taken up the post and started to address the long waiting list for patients awaiting a return appointment. To date approximately 300 patients have been assessed via telephone clinic and the service has safely been able to discharge around 65% back to the GP.



Candidate Advanced Nurse Practitioner Lynn Casey

Approximately 25% have been given education/ lifestyle advice and will get a further telephone follow-up, the remaining men require face to face consultation. Work will now start on the assessment of long waiting new patients.

Going forward the aim is to provide education, support and collaboration with GPs to successfully manage this cohort of patients in the community through the introduction of the Outpatient Services Performance Improvement Programme integrated referral pathway for male LUTS. In doing this the service will achieve an improvement in quality of life as well as decreasing unnecessary referrals and number of visits to the acute hospital setting.

Integrated Heart Failure Service

In 2019, Sláintecare announced the successful application for funding of the Integrated Care Heart Failure Service project in TUH. This service was established in January 2020. The project has a two pronged approach. Firstly, working in collaboration with general practitioners in primary care in the CHO7 area to provide direct access to specialist Heart failure services and diagnostic investigations such as Echocardiography and NT-proBNP testing. Secondly, this service established a Heart Failure hub in Naas General Hospital in collaboration with TUH. The Integrated Care Heart Failure Service provides guideline-directed heart failure management for patients with established heart failure out of the acute setting and into the community.



Pictured from left to right Donal O'Dea, Senior Physiologist; Sarah Fall, candidate ANP; Dr. David Moore Cardiology Consultant (lead for the project) and Michelle Carey, Clinical Nurse Specialist in Heart Efficiency

It is a physician-led, nurse-manged service which aims to provide timely new diagnosis of heart failure, reduce re-admission levels, reduced length of stay and improved both the quality of life and life expectancy for patients with heart failure.

Sarah Fall, candidate ANP and Michelle Carey, Clinical Nurse Specialist, Heart Efficiency, share their skills and expertise, providing for the first time local patient-centred specialist heart failure management in the CHO area 7 and across Co. Kildare and north Co. Wicklow. Dr. David Moore is the Cardiologist lead for this service and Donal O’Dea is the senior physiologist to the Integrated Care team.

Friday June 26th, saw the launch of the Sláintecare Integrated Heart Failure Service in Naas General Hospital which will provide care for patients who have a diagnosis of heart failure. The service introduced a seamless system of care that includes the hospital and community throughout the patients’ journey. It will help care for patients with heart failure closer to home and avoid admission to hospital. To date the service, along with the Integrated Care Chest Pain and Integrated Care Heart Efficiency Service), has reduced the waiting list in Cardiology from six months to six weeks which is a significant improvement for patients in our community.



To date the service, along with the Integrated Care Chest Pain and Integrated Care Heart Efficiency Service) has reduced the waiting list in Cardiology from six months to six weeks which is a significant improvement for patients in our community.

Sláintecare Integrated Community Chest Pain Clinic (ICCP)

Chest pain is a principal presenting symptom of coronary heart disease, and places a significant burden on the Emergency Department (ED) and primary care service. Patient presentations with chest pain to TUH ED rose from 5% of all ED presentations in 2009 to 11% in 2017 (n= 5,917). 32% (n-1925) of which were referred after an initial visit to the GP. In the primary care setting of CHO7, Chest pain is a common presenting complaint with an over diagnosis/suspicion of stable angina, however GPs lack access to a cardiac specialist in a timely fashion, hence the referral of patients to the ED.

Prior to the TUH chest pain service 48% of low risk chest pain were admitted to the Hospital. Now in its 10th year the chest pain service has considerably reduced hospital admissions by providing a RANP-led consult service to the ED/AMAU.

As a natural extension of the TUH Nurse-led chest pain service, the integrated community chest pain clinic (ICCP) started in September 2020 after a successful application to the Sláintecare Integration Fund. This project aims to provide an alternative avenue for low risk chest pain assessment and so remove the need for these patients to attend the busy ED. This is done by providing a nurse-led chest pain clinic in the community setting, which can be accessed by all GPs in the TUH catchment. The community chest pain clinic facilitates expert assessment by the cardiology ANP of suitable non-acute patients with chest pain symptoms suggestive of coronary heart disease in the community rather than the ED.





**Achievements
by end of 2020**
*(First four months
of operation)*



134
Referrals received
(33% ahead of target)



89
Return appointments
booked (Telephone)



115
New Face to Face
appointments booked



67
Exercise Stress
Tests carried out

Patient feedback



*Shirley Ingram ANP Cardiology (left)
Maeve Kane ICCPC Admin (right)*



Having recently attended the community chest pain clinic I was favourably impressed by the speed and simplicity of dealing with the clinic. You were friendly and professional, I am thrilled that I seem to have no cardiac issues, and our conversation, along with the tests you carried out, have really been a great relief.





I was recently a patient at the Integrated Community Chest Pain Clinic. I have to say the quick response and care I received from the ANP and the rest of the team was exceptional. Having the Chest Pain Clinic right next door is so relieving when you're not feeling too good. I think this is an excellent way forward for the HSE. My sincere thanks to all the Team.



Donal O'Dea Senior Physiologist

Towards Self-care in Headache

Despite the widespread and incapacitating nature of headache, it can be underestimated in scope and scale. Most headaches are non-debilitating episodic tension headaches which do not require access to specialist healthcare.

Migraine is the most common severe form of primary headache. Up to 17% of the population have migraine, accounting for half a million Irish people. Up to 2.5 million days are lost from work or school due to migraine in Ireland.

Headache accounts for more than 50% of the disability burden attributed to all neurological disease and costs €290 million each year to the Irish Exchequer. Migraine is now the 7th most disabling disease globally and the 4th amongst women. Tension-type headache affects over 40% of the population at any one time. Although less of a burden to the individual sufferer than migraine, its higher prevalence results in a greater societal burden.

Management of headache and migraine can be improved by adopting a multi-disciplinary, coordinated team approach. Such an approach has been shown to improve headache outcomes, leading to fewer hospital appointments, increased throughput and reduced outpatient costs by 31.5%.



Pictured from left to right Dr. Claire Hannon, GP with specialist interest in Headache; Dr. Petya Bogdanova Mihaylova, Locum Consultant Neurologist and Sharon Moran, Clinical Nurse Specialist with specialist in headache

UP TO

17%



of the population have migraine, accounting for half a million Irish people

Headache is the most common cause for referral to a neurology outpatient clinic, accounting for 25% of all referrals. In 2010, there were 9,217 patients waiting on neurology outpatient department services in Ireland; by 2019, this had increased to 20,950. This level of growth is unsustainable within existing resources unless innovative approaches are considered.

The Headache clinic is part of the adult neurology services at TUH with a consultant neurologist and a GP with special interest in Headache. The clinic is also supported by a full time clinical nurse specialist and a half time psychologist with administration support. Located in the Simms Building the Headache Clinic is now supported by Sláintecare.

The purpose of this clinic is to shift the balance of care from costly acute hospital settings and into the community by offering holistic, patient centred care, at the lower level of complexity. The purpose is to reduce the reliance on secondary/tertiary care; harness existing resources within the community network (e.g. pharmacies) and to promote a programme of self-care and self-management for those with chronic disorders.

Musculoskeletal Triage Services

Musculoskeletal (MSK) diseases are the leading cause of disability in Ireland, with an estimated 1.2 million Irish citizens affected. This rising prevalence has led to increased waiting times to see orthopaedic and rheumatology consultants.

Clinical Specialist Physiotherapists (CSPs) are trained in diagnosing and triaging patients with MSK disorders, selecting the most appropriate care pathway for patients on orthopaedic and rheumatology waiting lists. Patients not requiring highly specialised consultant services can be more rapidly diagnosed and treated. Those requiring specialist services can be identified and triaged more rapidly to the most appropriate specialist service.

The Back Pain Screening Clinic in TUH was the first CSP-led MSK triage clinic in Ireland (2001) under the governance of Mr. Frank Dowling. TUH also developed the first national rheumatology triage clinic (2006) and further orthopaedic services to encompass peripheral joint triage (2010).

Since 2011, the National Clinical Programmes for Rheumatology (NCPR) and for Trauma & Orthopaedics (NCPTOS) have collaborated in the development of a national MSK physiotherapy triage initiative in order to manage the orthopaedic and rheumatology outpatient waiting lists. They used the CSP MSK Triage clinics that had been established in TUH as a model to roll out the service nationally.

In 2012, 24 MSK Clinical Specialist Physiotherapists (CSPs) were recruited across 18 hospital sites nationally, with a further six CSPs recruited in 2016. From 2012-2018, 125,852 patients were removed from Orthopaedic and Rheumatology waiting lists nationally.

Over 70% of all new patients were discharged following assessment and treatment. 19% who attended an orthopaedic CSP clinic were referred for orthopaedic consultant review and 10% who attended a rheumatology CSP clinic were referred for consultant rheumatologist review. The MSK physiotherapy triage initiative successfully reduced national Orthopaedic and Rheumatology waiting lists and is ongoing with a planned integrated care service in 2021.

The NCPR and NCPTOS has proposed that the next phase of the national triage programme should focus on establishing integrated clinics between primary and secondary care services. TUH hopes to be a pilot site for the introduction of this initiative.



Pictured from left to right Aine O'Brien, Deputy Physiotherapy Manager; Professor John Quinlan, Orthopaedic Consultant; Professor David Kane, Rheumatology Consultant; Aisling Brennan, CSP; June Lanigan, CSP; Louise Bernard, CSP; Elaine Hughes, CSP; Sarah O'Driscoll, Senior Physiotherapist in Rheumatology; Grainne Wall, CSP; Elaine Barker, Physiotherapy Manager and Antoinette Curley, CSP

New National Intellectual Disability Clinic

Brain health and dementia are important topics for adults with an intellectual disability. Trinity research has shown that the risk of dementia is very high in people with an intellectual disability and especially those with Down Syndrome. By 65 years of age, 80% of people with Down Syndrome will develop dementia with the average age of onset at 51 years of age. This compares to a prevalence of dementia in the general population of between 4.6% and 8.6% in people at 65 years and older.

People with an intellectual disability are now living to older age, a great success story of which health and social services, families and people with intellectual disabilities themselves, can be very proud. Despite these improvements, people with intellectual disabilities continue to experience greater and more complex health and social issues than their peers in the general population.

In 2020, TUH led by Professor Seán Kennelly started a pilot clinic to address some of the challenges outlined above by providing diagnosis, post-diagnostic support and promoting prevention strategies and brain health. The ID Clinic has developed with the support of the HSE National Dementia Office and funded through the Dormant Accounts Disbursement Fund, it will run on a part-time basis from the Simms Building.

It runs in parallel with the mainstream Memory Assessment & Support Service and uses the expertise of nurses from the Daughters of Charity Disability Support Services.

The ID Clinic can take referrals from GPs or psychiatrists who have a concern about someone with an intellectual disability. The service is guided by Professor Mary McCarron, a recognised global expert in dementia among this population.

Commenting on the launch of the clinic Professor Seán Kennelly said "TUH has developed over time as a centre of excellence for dementia care and cognitive research, we know from the mainstream memory assessment and support service that is running since 2016 that proper diagnosis is the vital first step towards providing the kinds of supports that people need. And the earlier we can diagnose, the better. Without diagnosis, health services cannot move forward with a patient. Our specialist Clinic, the first of its kind in Ireland, is in keeping with TUH's aspiration to move thinking forward about dementia in this country. This clinic will influence the mainstream service and will benefit from what we have learned in TUH."

BY 65 YEARS OF AGE

80%

of people with Down syndrome will develop dementia with the average age of onset at 51 years of age.



This compares to a prevalence of dementia in the general population of between

4.6% and 8.6%

IN PEOPLE AT 65 YEARS AND OLDER.



Some of the Dietetic team who managed the feeding of COVID-19 patients are from left to right Carisa Sheridan, Alice Black, Mairead Keenan, Fionnuala Staunton, Caoimhe Dempsey, Fiona Liu, Oonagh Smith, Aine Kelly and Sally Houlihan

Nutritional Needs of COVID-19 Patients

As COVID-19 made its presence felt across Europe, the evidence emerging from countries already affected showed that patients diagnosed with COVID-19 are at high risk of becoming nutritionally depleted very rapidly and experience significant weight loss, of both body fat and muscle.

The reasons are multifactorial and include higher requirements for energy, due to increased respiratory effort and fever; increased losses due to Gastrointestinal symptoms, such as diarrhoea and/or vomiting; and reduced dietary intake. Within a short time frame, the Dietetics Department acted to ensure that TUH could rise to the challenge of managing the nutritional aspects of patient care, in both critical and non-critical care settings.

In critical care feeding patients presented its' own challenges, with all patients requiring nutrition support – either enteral tube feeding and/or parenteral nutrition support. Other challenges included feed intolerances due to drug therapies and patient positioning.

To prepare for these, and the expected increase in patient numbers, senior staff were redeployed to critical care where they received training from experienced ICU dietitians. Based on the emerging international guidelines, Dietitians developed a comprehensive manual on the Provision of Nutrition Support for COVID patients in the Critical Care settings. This invaluable resource has helped guide decision making for the many complex cases encountered.

For patients on wards, including those post critical care, most experienced appetite loss, reduced sense of taste and smell, mechanical issues such as difficulty chewing and swallowing due to increased shortness of breath, all of which led to poor dietary intakes.



Working with our catering colleagues, who applied and tested various food fortification methods to existing menus, the energy density and nutritional content of meals and snacks offered to patients was maximised.

Thanks to the skill, creativity and enthusiasm of our chefs and support from catering management, a special menu was developed offering in excess of 3,000 kcals and 100g of protein per day. Work also continued on the modified consistency diet range, in collaboration with SLT, to ensure appropriate textures for patients with swallowing issues.

Working with nursing and patient food services staff, brief nutrition interventions have been provided by the Dietitians for every COVID patient, the aim being to help maximise intake from foods offered to enhance recovery and rehabilitation potential. All patients are prescribed Oral Nutritional Supplements, as per European guidelines and screened for more individualised dietetic assessment and intervention. In collaboration with patient food services and nursing staff on Osborne ward, a laminated menu was introduced for patients in isolation rooms. Giving the patients the opportunity to see and choose from daily menus.

Whilst we have learned a lot very quickly about COVID-19, and have modified practices at ward level accordingly, work is on-going to overcome the challenges of providing appropriate nutritional care, especially for those in isolation. Good nutrition is essential for post COVID recovery and to maximise rehab potential. To support patients we have developed a range of resources on dietary advice for COVID-19 recovery and even one for staff too. A resource pack for older persons has also been developed.

2020 Stroke FAST Service

The phrase “time is brain” is a phrase often used in acute stroke care, it emphasises the need for speed in acute stroke treatment. As stroke progresses the human brain can be rapidly and irretrievably damaged, with up to two million neurons dying every minute a stroke is left untreated. At TUH acute stroke pathways have evolved through multi-departmental collaboration to improve access to acute interventions for all stroke patients presenting to ED, in line with the Stroke National Clinical Programme.

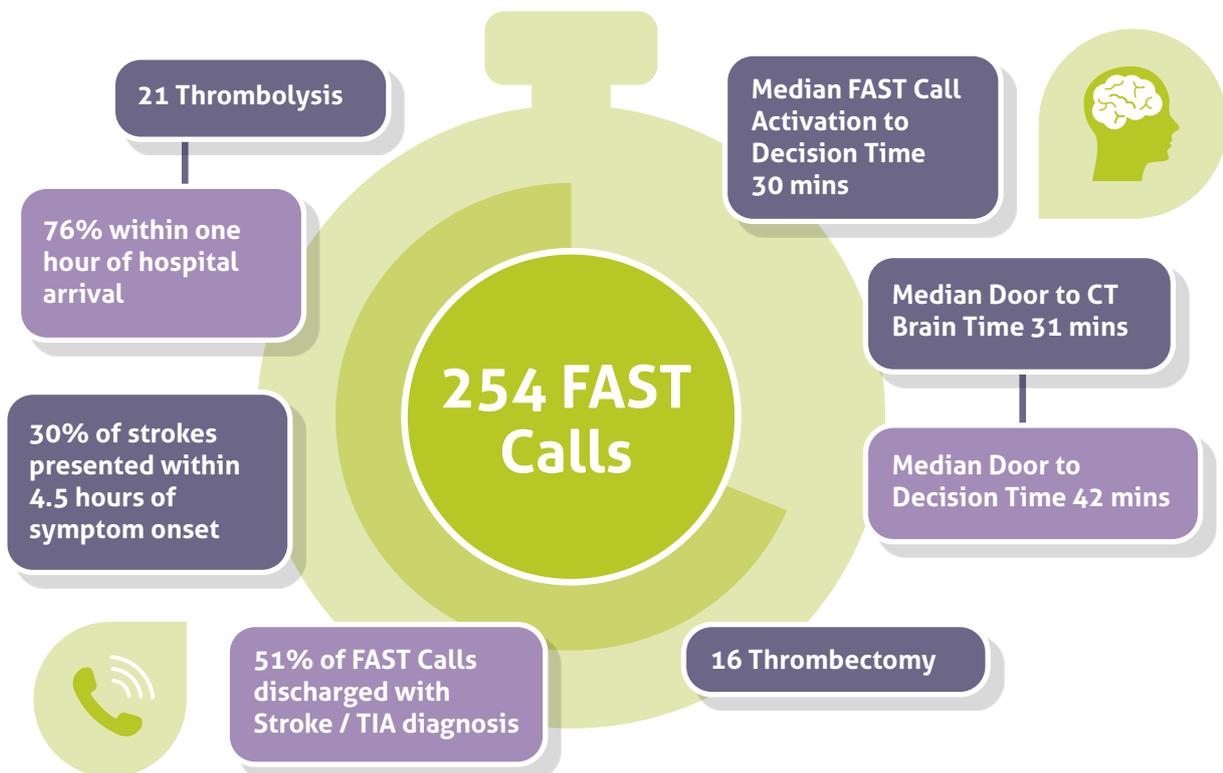
Most recently, in October 2020 TUH has been involved in a pilot project with the National Ambulance Service and Beaumont Hospital Thrombectomy Service called PITSTOP. In this pilot project the ambulance crew pre-notify ED regarding the incoming FAST positive patient ensuring patient details and presenting complaint are handed over.

The ED then alert the stroke team who assemble in ED awaiting the patients’ arrival. Using the patient identifiers provided by the ambulance crew, the necessary scans and blood tests are booked and relevant patient history reviewed. When the patient arrives they remain on the ambulance trolley for transfer to CT accompanied by the crew and relevant medics. Once a decision is made for transfer to Beaumont Hospital for thrombectomy the patient can leave urgently accompanied by the same ambulance crew alleviating the need for further clinical handover and the need for a Protocol 37 ambulance.

The Stroke service have also introduced Brainomix artificial intelligence software which uses algorithms to support decision making by providing real-time interpretation of brain scans to help guide treatment and transfer decisions for stroke patients.

In 2020 at TUH there were a total of 254 FAST call alerts a 21% increase on the previous year. Of those who had suffered an ischaemic stroke a total of 21 patients received thrombolysis while 16 were transferred urgently to Beaumont Hospital for mechanical clot retrieval. For those ineligible for acute treatment the benefits of earlier intervention by the Stroke team ensured expert stroke care commenced immediately upon arrival to the ED with referrals made to the necessary multidisciplinary teams and admission expedited to the Acute Stroke Unit.

Ongoing multi-professional collaboration, reconfiguration of resources and audit of clinical practice has resulted in an improvement in the delivery of emergency stroke care to our patients in TUH.



Nursing Home Support

The past year has been an extremely challenging time for our healthcare colleagues in the 15 local nursing homes that care for over 1,000 residents, many of which use the services of TUH. The residents in these homes represented one of the most vulnerable groups at risk during the COVID-19 pandemic.

To support our colleagues in the community a new service was set up by Professor Seán Kennelly and Advanced Nurse Practitioner Claire Noonan to support the nursing homes. The service liaised directly with nursing homes regarding the medical needs of residents to support both COVID and non COVID related healthcare issues during the pandemic.

The team provided a dedicated contact number for medical officers and directors of nursing in the local nursing homes, facilitating calls 24x7. Video and tele-conference facilities were also set up to help review residents and conduct meetings with Medical Officers and Directors or Nursing within the nursing homes. This reduced any unnecessary transfers for the Hospital whilst at the same time offering the best care possible within the long term care facilities.



Professor Seán Kennelly and Advanced Nurse Practitioner Claire Noonan who ran the Nursing Home Support Service

15 

LOCAL NURSING HOMES
THAT CARE FOR

**Over 1,000
Residents**





6

Enhanced Infrastructure

500

COVID Screens

INSTALLED AROUND THE HOSPITAL



603,000

Patient meals



5,600



Regular maintenance call-out projects



17.3 GWh Gas



12.4 GWh Electricity used annually



215,000kms

WALKED BY PORTERS

ENOUGH TO POWER 20,000 HOMES



264,800m³

Oxygen used in 2020

↑ 80% FROM 2019



8,340

Medical devices

MANAGED & SUPPORTED BY CLINICAL ENGINEERING



Oxygen Supply Upgrade

The oxygen system was designed 25 years ago so it would not be to the standard that you would find in a new hospital. Whilst it is robust in that it has not failed since the Hospital opened, it did require upgrading so that we could incorporate resilience and have a backup supply from another location on the campus in case of failure of the one supply tank. Work has commenced on this and will continue in 2021 and into 2022 as the work required is extensive.



Tymon North

An opportunity arose before the end of 2020 from CHO7 to provide the Hospital with an additional 52 beds. The Hospital quickly acted to transfer a team of TUH staff to the brand new Build located near the Hospital.

The unit is a brand new building only ten minutes drive from the Hospital. Although the unit is not in the Hospital grounds it is run and managed by the Hospital staff and is a place where we provide specialist medical gerontology care, addressing any social care and rehabilitation needs, while patients continue their recovery until well enough for discharge.

There are two wards which are called Cherry Blossom and Bluebell. Each single room is ensuite with a television.



Bluebell and Cherry Blossom wards at Tymon North



Opening of Vartry Renal Unit

The opening of the Vartry Renal Unit was the culmination of an enormous amount of work over several years having gone through the planning and the funding process to secure same. Despite the pandemic the Vartry Renal Unit opened on schedule and within budget at the end of October.

The 2,700m² Unit built over two floors has 28 Haemodialysis Treatment Bays, six single haemodialysis rooms for immunocompromised/ acutely ill patients, four home dialysis training (Peritoneal & Haemodialysis) rooms and for the first time in Ireland, four self-care haemodialysis bays. There are also 14 offices which for the first time will bring all the different medical and Health & Social Care Professionals that are involved in the care of renal patients together.

The single haemodialysis rooms for immunocompromised/ acutely ill patients could not have arrived on site at a better time as the third wave of the pandemic arrived at the Hospital in early 2021.

Funding for the building of the Unit was provided by the HSE and is one of the Government's National Development Plan projects 2018-2027.

The Unit is called after the reservoir in Wicklow where the water supply for the dialysis service is sourced. TUH supervises over 30,000 haemodialysis sessions a year.



Treatment Floor for Dialysis patients in the new Vartry Renal Unit



Vartry Renal Unit



Some members of the TUH Renal team moments before the Unit opened to its first patients in October

Reeves Day Surgery Centre (RDSC)

Formerly referred to as the Tallaght Cross West Project the RDSC opened on schedule in 2020, despite a halt to construction projects early in the year due to COVID-19.

The 3,460m² facility with four theatres and 25 recovery beds is located across the road from the main hospital. It will eliminate long wait times for routine day surgery and increase elective day surgery activity. The goal of the new RDSC is to reduce day surgery waiting times to a maximum of three months when fully operational. The first theatre opened in December 2020, with a further two theatres scheduled to open in the first quarter of 2021 with the final theatre opening in mid 2021. Funding of the fourth theatre was confirmed late in December 2020 by Sláintecare and the HSE, bringing the opening ahead of the Hospitals original forecast of 2022 to mid-2021.



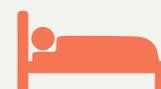
The goal of the new RDSC is to reduce day surgery waiting times to a maximum of three months within 12 months of the four theatres being fully operational.



4
THEATRES



25
RECOVERY
BEDS





Members of the Oncology Team in the relocated Oncology Day Service which provided patients with incredible views of the Dublin Mountains during the summer

Oncology Day Service Temporarily Moved

During the outset of the pandemic it was essential to ensure one of our most vulnerable groups of patients had their care continued in as safe an environment as possible. The Oncology Day Ward was temporarily moved offsite.

The service relocated to the 5th floor of the Russell Building for five months. This was a mammoth task taken on by a team of many disciplines across the Hospital, at what was already an incredibly busy time. This Monday to Friday service closed on a Friday and reopened on a Monday in the new location ensuring minimum disruption to the patients and is another incredible example of #TUHWorkingTogether. The space was made available by the Institute of Population Health at Trinity College Dublin to which the Hospital are most appreciative.

The Oncology Day Ward will move to a new home in May 2021. The space previously occupied by the renal service is currently being redeveloped with the support of the TUH Foundation. The new space will be 50% larger and a higher specification and finish.



An artists impression of the new ICU extension

ICU Extension

In what was an incredibly busy year for the Facilities & Estates Management team it ended on a positive note with confirmation in November that the HSE allocated funding for the building of the ICU extension.

The 1,500m² extension will provide an additional 12 new ICU beds alongside the existing ICU on the second floor of the Hospital. Dublin Midlands Hospital Group and HSE Estates have both supported the design, planning and build process of this long awaited and much needed extension.

The completion of the extension will put the Hospital in a better position to care for the greater number of acute patients presenting and strengthen our position as a trauma site for Dublin.

The new ICU extension will be of significant benefit to the Hospital. The current ICU has been working at over 100% capacity for several years. The opening of the additional beds will also facilitate an increase in the volume of complex elective procedures carried out at the Hospital as there will be improved access to the Post Anesthesia Care Unit.

Preparatory site works started before the end of the year with the new unit anticipated to be up and running by the summer of 2022.



The ICU build as it currently looks



7

Digital Enabled Care

1,271,401

Electronic Messages sent to Healthlink

TO GPs AND PRIMARY CARE CENTRES INCLUDING

316,407
LAB RESULTS

378,367
OPD MESSAGES

12,452
RADIOLOGY RESULTS

14,045
DISCHARGE SUMMARIES

42,687
ED DISCHARGE NOTES

ON AVERAGE
105,950
MESSAGES
A MONTH

234,848

OPD appointments

OF THOSE



161,325

WERE FACE TO FACE

73,523

WERE VIRTUAL

7,588

 Patients


BOOKED THEIR COMMUNITY RADIOLOGY APPOINTMENT VIA SWIFTQ SERVICE

25,673

 Patients

BOOKED FOR OPD / GP BLOOD TESTS THROUGH THE SWIFTQ SERVICE



34,498

E-REFERRALS RECEIVED FROM HEALTHLINK VIA GPs FOR TUH SERVICES

↑ **14,498** FROM 2019



14,490

Virtual Visits for patients arranged via Hospital Devices

MARCH – DECEMBER 2020



The Hospital introduced a new five year strategy with a heavy emphasis on Digital Enabled Care, no one realised at the time how quickly so many elements of that plan would need to be introduced during the early stages of the pandemic.



This was done with the incredible support of the entire ICT team working with nursing, medical and Health & Social Care Professional staff. The use of this technology proved to be critical in supporting our response to patients' needs during this challenging time. Combined with technology already in use, the Hospital has been in the fortunate position to provide safe and efficient communication between colleagues as well as patients and their families.

Advances in ICT at TUH have facilitated a number of 'firsts' for the Hospital including an online interactive lecture series using Zoom, medical teams being able to consult with colleagues using wearable cameras, remote monitoring and virtual visiting.

Digital Technology Assistance During COVID-19

The Hospital introduced numerous new digital solutions to help with patient care and also ensured patients and their families were able to keep in touch at a time when visiting was restricted. New technology combined with an existing innovative attitude helped to put in place a number of new systems which supported hospital staff communicating with their colleagues and patients ensuring efficient treatment and diagnosis of patients.

With generous donations from companies and volunteer groups such as Covid4comfort.org and gift cards from Amazon have helped TUH enhance the technology being used in the Hospital. In ICU and Theatre, Echo Show devices enabled two-way video calling so clinicians could consult with team members on video, rather than in person therefore reducing the level of foot traffic into a restricted area.

Redzinc, an Irish based technology company, have also loaned the Hospital five pairs of video glasses to TUH for six months. The wearable, point of view, wireless headsets enabled medical teams to interact with each other in real time in order to diagnose and treat patients. The Redzinc glasses were extremely useful which meant senior clinicians could literally step into a clinical situation as if they were there. The glasses were used in theatre, ED and ICU. They also helped to reduce footfall into critical areas with vulnerable patients. TUH continues to use the technology in our ED.



The RedZinc Glasses in use by the members of the Renal team as they consult on a patient case

Maintaining a human connection with friends and family is vitally important for patients and their loved ones. In the absence of face to face visiting virtual connections quickly became very important. iPads were placed on all wards to help patients keep in contact with family and friends at a time when visiting is restricted in the Hospital. The iPads are housed in cleanable, healthcare compliant cases and have been set up with Zoom, Skype, Facetime and Google Hangout. The nursing staff have helped patients use this technology so they can see and have a 'virtual visit' from family and loved ones. From March to December there was a total of 14,490 'virtual visits' facilitated on hospital devices. Additional visits would have taken place via patients own devices.

The work of healthcare chaplains is face-to-face listening compassionately and connecting immediately. This essential care and its provision to patients was challenged at the outset of the pandemic. Working with ICT the Pastoral Care team developed a solution to ensure that vital human connection was able to continue ensuring the team could continue to provide for the spiritual needs of patients and staff in the midst of the pandemic.

The Pastoral Care Service provided virtual visits to patients and especially for those who are isolated. The Video Conferencing "TUH Chat with a Chaplain" can be accessed through a mobile phone or by email. The Pastoral Care team remain onsite providing a 24/7 service and the daily services in the Hospital Chapel were broadcast along with reflective music on the televisions throughout the wards (Channel 41).



As one of the two main teaching hospitals of Trinity College Dublin, the Hospital specialises in the training and development of staff in the community. To ensure this support continued the Hospital used technology to support colleagues' in community settings such as hospices and nursing homes.

Age-Related Healthcare collaborated with the All-Ireland Institute of Hospice and Palliative Care to deliver an interactive virtual lecture series for nursing home staff to update them on changing guidelines and provide clinical education in order to enhance care. Four lectures were delivered with an average of between 300 and 600 participants. Participants were able to submit questions in real time and themes were identified and answered by panellists.



Maintaining a human connection with friends and family is vitally important for patients and their loved ones. In the absence of face to face visiting virtual connections quickly became very important.



As mentioned previously, the Hospital also supported the care of over 1,000 residents in 14 local nursing homes. This sector in our area was particularly impacted by the COVID-19 pandemic during the first two waves. The TUH specialist team supporting these services used technology to facilitate communication and clinical review. Professor Seán Kennelly, Consultant Geriatrician and Advanced Nurse Practitioner Claire Noonan developed a telehealth outreach service for GPs and directors of nursing to our local residential care facilities, including video-consultations to support care in place. The multidisciplinary team managed hundreds of contacts with the specialist service proving essential in supporting these care facilities during a very challenging time.

In conjunction with the HSE, TUH was one of the first sites to rollout the national outpatient video solution (Attend Anywhere) switching those patients suitable for a video outpatient consultation from a face to face consultation. This has assisted in reducing unnecessary patient visits to the Hospital and brought care into the patient's home.



Virtual Bereavement Service

In November, a month when the Hospital traditionally remembers our deceased patients the Pastoral Care team invited bereaved families and staff to attend an online Virtual Bereavement Service.

The Healthcare Chaplains along with Nursing colleagues, the Centre for Art's and the Communications Department recorded a Remember in November Service. This service took place in the Hospital and was made available for virtual participation. Service participation booklets and details of the virtual links were sent to over 700 bereaved families in advance of the event and over 2,500 participants attended the event on line.



“These days of November... make me remember. Into the cloak of my life is woven all the affection and tenderness of the people who are no longer here and whom I remember” (D. Söelle, The Mystery of Death)



**Bereavement Service
Remember in November**



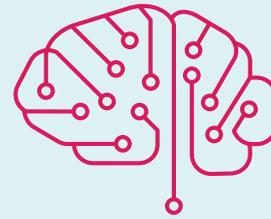
**Tallaght
University
Hospital**



**ADELAIDE
HEALTH
FOUNDATION**

Artificial Intelligence Speeds Up Stroke Care

According to the Irish Heart Foundation one in six people will have a stroke at some point in their lives. A stroke can be a life altering event leading to permanent disability, it is critical that when people have a stroke that they are assessed in a timely manner so the most effective treatment can be provided.



Artificial Intelligence (AI) offers new opportunities to further develop and enhance the care we provide to our patients. The use of AI software improves the accuracy with which a doctor can interpret CT scans of the brain, it has been described as a doctor having a second set of eyes.

The e-Stroke Suite, produced by Oxford-based Brainomix Ltd, is an AI-powered software that analyses the images of the brain and its vessels immediately after a patient is scanned, automatically indicating the area(s) of probable damage and any blocked blood vessels – information that helps doctors make faster, more confident treatment decisions. This is particularly important in stroke, as every minute is critical, and we know that a good outcome is strongly linked to speed of treatment. In acute stroke treatment one minute delay equates to one day of independent living.

The secure Brainomix GDPR compliant app provides the stroke doctor on-call with a notification on their phone of a stroke scan being performed, which can be viewed by the doctor three to five minutes after the scan is complete. The app provides excellent views of the imaging on their phone. The implementation of Brainomix software pushes the stroke pathway to move faster and more slickly, and the quick transmission of easily interpretable data expedites treatment decisions.



Dr. Dan Ryan, Consultant Geriatrician demonstrating the Brainomix software to David Wall, Chief Information Officer

HSE Living Lab

In 2020, the TUH Digital Living Lab joined the HSE network of digital health living labs whose goal is to accelerate the co-creation and adoption of digital health solutions in Ireland.

Digital Health Living Labs provide test beds for new digital technologies through high impact projects. In collaboration with our partners, these innovative projects focus on enhanced benefits and services for patients in hospital and the local communities as well as delivering value for money. Digital health living labs are a new instrument to help co-create, pilot, test, and socialise new digital solutions which improve patient care and quality of life, reduce cost and improve clinician experience.

The Digital Living Lab at TUH will promote proactive collaboration between clinicians, companies large and small, policy makers, academics and importantly patients and patient groups. Collectively the output and impact of the Digital Health Living Labs will help TUH become a digital health leader in the years ahead with significantly better outcomes for our patients. Having successfully completed projects on Artificial Intelligence and Single Sign On, the TUH Digital Living Lab is now working on Electronic Vital Signs Automation and solutions for Chronic Obstructive Pulmonary Disorder patient care with more in the pipeline.



CCIO First Appointment for TUH

In 2020, the Hospital appointed its first Chief Clinical Information Officer (CCIO) Dr. Jason Carty, ED Consultant. He will carry out the new role alongside his clinical commitment as consultant in emergency medicine, providing clinical leadership in the evolution and roll-out of TUH's electronic patient record (EPR).

The upcoming years are poised to bring great change, but also benefits, as the Hospital rolls out its EPR system. This will be the biggest single change of practice across the Hospital in its history to date. The EPR will offer a single interface for the myriad of different programmes and applications that we use every day on the hospital computers.

Clinical engagement from all areas in these projects is essential. As well as having a masters in Health Informatics, Jason's background in emergency medicine will provide great insight on the different needs of all the specialities and skills around the Hospital. The work of the IT Department goes outside the walls of the Hospital, working to improve electronic communications and bookings from primary care, and provide access for patients to their own medical information. There are also many smaller IT innovation projects which are very interesting and give us ideas about how we will deliver healthcare over the next decade and help us to fulfil our ethos of people caring for people to live better lives.



Tallaght University Hospital appointed its first CCIO





8

Research & Innovation

Tallaght University Hospital has a strong reputation and long history of undertaking patient orientated research and innovation studies. Staff within the Hospital are dedicated to performing high impact research which focuses on the patients attending TUH. In late 2020, the Hospital published a Research strategy following extensive work from the strategy working group and input from all research stakeholders within TUH.

The strategy encourages all staff to engage in research in order for every patient within the Hospital to have the opportunity to enroll in research studies should they wish to take part. 'Research lies at the heart of TUH's drive to deliver improved patient care and enhance the health and wellbeing of our population'.

The next step for the Hospital is to establish a Research Governance Committee. It will be the role of the Committee to decide on the research priorities of the Hospital. This will provide researchers with guidance on the type of research that meets the Hospital's strategy and the needs of the population of patients attending TUH.

The 2020-2024 research strategy was published by the Hospital in late 2020 and supports the Hospitals overall strategic priorities published in 2019.

Commenting on the strategy John Kelly, Deputy CEO and the person tasked with overseeing the implementation of the strategy said: "Research and innovation will help with problem solving and provide creative insight that will empower our staff to look at things from a different perspective, regardless of whether we are changing a process, developing a new product or finding a new way to stay competitive.

The vision for TUH is to become a magnet hospital for innovation, where public sector and private industry identify this hospital as a leader in healthcare innovation. We are looking forward to working with Trinity College Dublin, the Hospital Foundations and other partners in achieving this strategy." A copy of the document can be accessed via this [link](#).

“
Research lies at the heart of TUH's drive to deliver improved patient care and enhance the health and wellbeing of our population.
”



Pictured from left to right following the publication of the five year research strategy for TUH were Professor Seamas Donnelly, Consultant Respiratory & Professor of Medicine TCD; Professor Kevin Conlon, Consultant General Surgery & Professor of Surgery TCD; Lucy Nugent, Chief Executive of TUH; John Kelly, Deputy Chief Executive of TUH and Dr. Sadhbh O'Neill, Research & Clinical Trials Manager at TUH

Five key strategic priorities and objectives were identified from situational analysis performed by the Research strategy working group and engagement of all research stakeholders within TUH.

The five areas of priority are: Leadership & Governance; Staff Participation & Talent; Research Impact & Community Engagement; Research Partnerships and Funding. The strategy aims to encourage and foster hospital led creativity and innovation through roll out of the strategic priorities and objectives.

Leadership and Governance - one major growth for research within TUH is the establishment of a Research Office, which sees all research within TUH pass through a centralised system for registration, ethics approval, research data protection, staff training and research contract sign off.

This leads to greater governance and reporting of all research taking place in all departments in TUH. The Research Office will relaunch in early 2021 with the establishment of an online research registration and ethics application system, this will also encompass research data protection, resulting in improved efficiency of the research ethics service and overall reducing the burden of starting a research project for researchers.

Staff Participation and Talent – As an academic hospital TUH want to attract and retain the most talented clinical staff who also want to pursue research activities within TUH, in collaboration with TCD, other universities and other hospitals. The Research office will provide support and training to staff in order to facilitate high impact research that meets the requirements of the Research Governance Committee.

Research Impact and Community Engagement –

One major advancement for research in TUH is the establishment of a Clinical Research Facility (CRF) in collaboration with TCD within the TUH campus.

This facility will facilitate high quality research by providing researchers with state-of-the-art facilities and equipment. The CRF will make TUH attractive to multinational sponsor companies resulting in a greater number of Clinical Trials of Investigational Medicinal products and Device Trials. Not only will the number of trials TUH can accommodate increase the number of disciplines within TUH taking part in multinational trials, will also increase. Giving more TUH patients the opportunity to access these trials which would otherwise be unavailable to them.

Research Partnerships – TUH will collaborate with its academic partner TCD but also other industry and academic partners in order to build TUH's reputation as a national centre for health research and innovation.

Funding – The Hospital will adopt a more structured and consolidated approach to targeting research funding. A research funding plan will be developed.

A Synopsis of the Research taking place in TUH

All research taking place in TUH which includes the recruitment of patients, their family members or staff are required to seek ethical approval. The Research Ethics Committee at TUH is a Joint Committee for TUH and St. James's Hospital (SJH). The Research Ethics Committee currently have a Service Level Agreement in place to provide ethical review of all Paediatric research taking place in Children's Health Ireland at TUH.



Research is taking place in the majority of departments within TUH including Cardiology, Dermatology, Gastroenterology, ICU, Dietetics, Speech and Language Therapy, Gynaecology, the Laboratories, Oncology, Orthopaedics, Pharmacy and Radiology but to name a few. Over 120 research studies were reviewed by the TUH/SJH Joint research ethics committee in 2020 for TUH alone.

With 2020 came many challenges for Healthcare systems throughout Ireland and worldwide, this included TUH. However, one area that flourished was Research & Innovation as researchers in TUH responded to the crisis and strived to understand the COVID-19 pandemic, its mechanisms of action, its effect on the populations of patients we see in TUH and medications that could potentially treat COVID-19 illness.

A total of 26 studies were performed by TUH staff and researchers into COVID-19 since March 2020. This research was conducted simultaneously to their clinical work. A hospital wide COVID-19 data and bio resource was established and is now expanding to link with the SJH COVID bio resource and Trinity College Dublin.

TUH COVID-19 Research

During the year Professor Mark Little received confirmation of a research grant to examine whether people on immunosuppressive medications are at higher risk of contracting #COVID19 or are protected against it.

The grant he received is part of a €3.4 million investment in 21 new research projects to tackle COVID-19 by the Health Research Council. In summary, his project will determine the outcome of patients taking immunosuppressive medication who contract COVID-19. This will enable clinicians to target accurate advice regarding cocooning to these patients, and to inform development of new therapies and biomarkers'.



The grant he received is part of a €3.4 million investment in 21 new research projects to tackle COVID-19 by the Health Research Council.



Healthcare Worker COVID-19 Antibodies Study

Since the onset of the COVID-19 pandemic, healthcare workers (HCWs) were generally considered at higher risk of infection than the general population. This is not only due to patient exposure, but also due to a large number of interactions in the workplace at a time when the general population has reduced social contact. The Health Protection Surveillance Centre report that 20-25% of all confirmed cases of COVID-19 in Ireland were among healthcare workers (14th October 2020).

Over a three month period from mid-July to mid-October the Laboratory Medicine Department in TUH conducted a study to evaluate the prevalence of antibodies ('seroprevalence') to SARS-CoV-2 (the virus causing COVID-19) among HCWs in the Hospital. The Tallaght AntiBody (TAB) Study has determined what proportion of staff have had COVID-19 at some point since the onset of the pandemic.

This was the first Irish study at the time of release to report SARS-CoV-2 seroprevalence of healthcare workers.

Commenting on the results Dr. Anna Rose Prior, Consultant Microbiologist said "These results demonstrate that a high proportion of COVID infection in HCWs goes undetected and supports the requirement for universal mask use for all patient interactions during the pandemic, both to protect staff but also to minimise the risk of staff unknowingly transmitting infection to patients. This study enables us to identify colleagues who do and don't develop a measurable immune response to COVID-19. The study is a 12 month study meaning we will follow all participants who want to remain in the study for 12 months, measuring their antibody levels at multiple time points.

This will provide two key pieces of information, the first is understanding how long a measurable level of antibodies to COVID-19 is present in participants and secondly, how many staff develop antibodies during the coming waves of infection."

It is important to acknowledge the incredible work of the team in Laboratory Medicine who dedicated their valuable spare time to conduct the study at what is a particularly busy time in the Hospital. Almost 1,200 volunteered to participate in the study which was open to staff from all departments and directorates. This study represents approximately one third of staff working in the Hospital, there was representation from all departments throughout the Hospital.

Antibodies to SARS-CoV-2 were detected in 18% of participants overall. For staff with roles involving more direct patient contact the rate was 20% and for those with less direct patient the rate was 13%. Before this study, 12% of participants had been diagnosed with COVID-19 at some point, based on a positive swab result. When the group who had known previous infection was excluded, the seroprevalence among those never confirmed to have infection was 7.5%. However over half of this group suspected they had infection at some point.

The initial results of this study indicate that nearly one fifth of our staff have antibody evidence of SARS-CoV-2 infection, acquired at some point since the onset of the pandemic. This is higher than the rate of previously known infection in our participants. The seroprevalence among our population of HCWs is significantly higher than the overall estimated national seroprevalence of 1.7% (as per SCOPI study, conducted by HPSC). It is also significantly higher than that reported by seroprevalence studies from similar healthcare institutions in other countries that implemented similar community restrictions.



20-25%

of all confirmed cases of COVID-19 in Ireland were among healthcare workers (14th October 2020).

Of the group with positive antibodies who were not confirmed previously as having had infection, many of these suspected they possibly had infection as they had symptoms at some point or were known to have been in contact with a case. Some of these had symptoms early in the onset of the pandemic, such as loss of smell and taste, which were not recognised at that point as being due to COVID-19 and so did not meet testing criteria. Staff with fever or respiratory symptoms, such as cough or shortness breath but who were either not tested (because they didn't meet the criteria at the time) or had a negative result were advised to stay off work until symptoms resolved. Others identified as being a close contact of a case remained off work for 14 days in line with public health advice.



Reflecting the gender breakdown in the Hospital employee population (75% females 25% males).



TUH and Trinity College Dublin Awarded €2.3 million Research Grant



Professor Mark Little, Consultant Nephrologist at TUH and Principle Investigator at the SFI ADAPT Research Centre. He is also Professor of Nephrology in Trinity College Dublin

During the year it was announced that ADAPT, Trinity College Dublin, Trinity Translational Medicine Institute and TUH were awarded €2.3 million to use Advanced Data Linkage Technologies to Study Rare Disease.

The disease Vasculitis is a rare condition that needs very large quantities of data to enable researchers to draw conclusions about possible treatments or cures. Since there are so few patients alone in one European country researchers need to combine the databases of patient registries of several countries. This will ensure a sufficient dataset is available for meaningful research. FAIRVASC is a research project of the European Vasculitis Society and RITA European Reference Network for rare immune disorders. It is bringing together leading scientists, clinicians, and patient organisations from across Europe to approach vasculitis with a Big Data toolkit.

The funding award will be put toward using semantic-web technologies to link vasculitis registries across Europe into one "single European dataset." The key Principal Investigators involved in FAIRVASC are Mark Little, Professor of Nephrology in Trinity College Dublin, Consultant Nephrologist at TUH & Principal Investigator at the SFI ADAPT Research Centre and Declan O'Sullivan, Professor in Computer Science & Principal Investigator at ADAPT (the world-leading SFI Research Centre for Digital Media Technology hosted by Trinity College Dublin).

Small Business Innovation Research

One of the key roles of Enterprise Ireland (EI) is to promote cost-effective research & innovation in organisations. Through the Small Business Innovation Research (SBIR) programme, EI helps to source and licence new technologies that can have a transformational impact within an organisation. SBIR enables public sector bodies to connect with small businesses to provide innovative solutions to societal problems, when that solution is not currently available in the marketplace. TUH was granted funding for an Innovation project in 2020 to the value of €150k.

The project, led by Dr. John Cullen, Consultant in General Internal & Respiratory Medicine, explores the challenge of supporting patients with Chronic Obstructive Pulmonary Disorder (COPD) in their home environment. COPD is one of the most common diagnoses requiring an inpatient stay in TUH. This project aims to enhance the care of these patients, empowering them to better self-manage their condition. The goal is to replicate the known benefits of standard face-to-face Pulmonary Rehabilitation by using a virtual solution that promotes incremental and sustained activity by the patient at home. This activity will be incentivised and gamified to try to ensure continuing patient engagement and progress.

Funding was allocated in two phases - initial product development phase to demonstrate technical feasibility, followed by a second phase to test the technology with a patient cohort. Applicants were provided with a brief to develop a tailored domiciliary activity programme that incorporates all of the key components of a standard Pulmonary Rehabilitation Programme.

Two companies were selected through a tender process, Aseptika is a UK based company that utilises a range of platforms to enable technology-based self-care of complex conditions. Salaso is an Irish company with extensive experience of delivering technological health solutions in Ireland and internationally. Dr. Cullen and Sarah Cunneen, Clinical Specialist Physiotherapist, worked closely with the companies throughout to develop a solution that is tailored to the specific requirements of patients with COPD.

Phase 1 is due to be completed at the end of February 2021. The desired product will be a prototype software that can be accessed by the patient on their own mobile device. Features include an education and exercise programme, continuous measurement of patient progress and feedback to the patient. The software provides a programme that is simple and user friendly and includes incentivisation and gamification features. Each product will now be subject to rigorous evaluation by a panel drawn from TUH, HSE and Enterprise Ireland to determine suitability to progress to Phase 2 patient testing.

Pictured from left to right at the announcement of the Enterprise Ireland's SBIR Challenges were Maeve Murphy, Health & Social Care Professions Manager; Dave Wall, Chief Information Officer TUH; Lorraine Smyth, Communications & Innovations Lead, Office of the Director of the Digital Academy and Open Innovation HSE; Dr. John Cullen, Consultant in General Internal & Respiratory Medicine, Sarah Cunneen, Physiotherapist TUH and John Kelly, Deputy Chief Executive, TUH



Innovative Care

Respiratory Care

The assessment and management of COPD patients is an inherent part of Physiotherapy practice. The rise in COPD related inpatient admissions (25% growth in COPD inpatient episodes, 64% growth in COPD inpatient bed days and 31% growth in COPD Average length of stay between 2013 and 2017) is reflective of the growth in the demand for both inpatients and outpatient physiotherapy respiratory services over recent years.

Acute Exacerbation of COPD was the second most common diagnosis requiring an inpatient stay in TUH in 2019, through a winter initiative funded by the Meath Foundation, Physiotherapy identified the opportunity to address these growing demands within TUH by streamlining services for COPD patients and facilitating earlier discharge with appropriate outpatient follow up.

In January 2020, a Clinical Specialist (CS) Physiotherapist in Respiratory post was funded to run the Outpatient Oxygen clinic and to review Respiratory inpatients with a particular focus on COPD patients.

The CS Physiotherapist screened 733 Respiratory inpatients in 2020, accelerating 443 discharges. The average length of stay for COPD patients was reduced from 10.85 days in 2019 to 8.69 days in 2020, an average reduction of 2.16 days per patient. These patients received access to interventions to enable early discharge from the acute hospital but also to ensure they remain well at home upon discharge.

The post made a significant impact on the transfer of patients from TUH to Peamount Healthcare Respiratory Rehabilitation Unit, reducing the number of steps in the transfer process and a daily teleconference was introduced to improve the efficiency of the process.

In 2020, 135 TUH patients transferred and spent a cumulative of 1,779 bed days in Peamount Respiratory Rehabilitation Unit which indicates the number of bed days saved in the acute setting. Peamount Respiratory Rehabilitation Unit closed for 46 days in 2020 due to COVID-19 and reopened with reduced capacity but despite these barriers there were 135 transfers in 2020 compared to 90 in 2019. This project resulted in a saving of approximately €907,290 for the Hospital.

733

Respiratory inpatients screened in 2020

443

Discharges accelerated

AN AVERAGE REDUCTION OF

↓2.16

DAYS PER PATIENT FOR COPD PATIENTS

135

TUH patient transferred in 2020 (compared to 90 in 2019)

1,779

BED DAYS SPENT IN PEAMOUNT RESPIRATORY REHABILITATION UNIT IN 2020

€907,290

SAVED FOR THE HOSPITAL AS A RESULT

Patient Feedback on the Service (n=49)

The Oxygen Clinic is also an essential discharge pathway for respiratory patients and there were 361 Oxygen assessments completed in 2020. This made a significant impact on the Oxygen Clinic waiting list resulting in respiratory outpatients now having timely access to the service.

The Oxygen Clinic closed for eight weeks in March 2020 as a result of COVID-19 and during this time the CS Physiotherapist was involved in writing a National Guideline published by the National Clinical Care Programme for Respiratory on the Incorporation of Virtual Telehealth into Existing Oxygen Clinics and the first Virtual Oxygen Clinic was piloted in TUH.

Permanent funding for this post has recently been approved which will enable TUH to maintain the benefits to our respiratory patients. This is one of the first services of its type for a teaching hospital, focusing on streamlining and improving pathways for respiratory patients.



Sarah Cuneen, Clinical Specialist Physiotherapist that is running the new respiratory service



82%

of patients reported that there was no unnecessary waiting or delays during their admission in TUH.



67%

of patients reported that they were informed of their plan of care in TUH.



100%

of the patients discharged to Peamount Respiratory Rehabilitation Unit reported that they understood why they were discharged there.



100%

of the patients discharged to Peamount Respiratory Rehabilitation Unit reported that they were happy to go there.



Trauma Assessment Clinic

A Trauma Assessment Clinic (TAC) is an innovative service that enables the Hospital to review a patient's fracture remotely following their initial clinical review in the ED. The orthopaedic Surgeon and physiotherapists uses radiological information, case notes and a virtual consultation to agree the care plan, without the patient having to physically attend an appointment at the orthopaedic clinic.

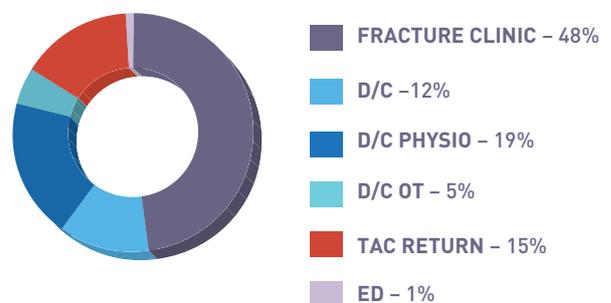
The patients X-rays and notes are reviewed and a clinical management plan decided before contacting the patient to discuss their case and treatment. Some patients may be discharged by phone, other patients that need further review are booked into the appropriate orthopaedic sub-specialist clinic and some may be referred for conservative management such as physiotherapy or occupational therapy.

The first TAC Virtual Orthopaedic clinic was established in TUH in March 2020 with the main objective to reduce footfall within the Hospital as a result of the COVID-19 pandemic. This was staffed by Clinical Specialist Physiotherapists reassigned from elective orthopaedic clinics and subsequently via a project post since October 2020.

Significant work has been completed to date to streamline processes from ED to TAC. From March – June, 242 new patients were managed via TAC. Of this 74% (n=180) were discharged.

From July 2020, all patients seen in ED requiring orthopaedic opinion and who were not surgical candidates were reviewed within a TAC clinic. From July 2020 to the end of December 2020 857 new patients were managed via TAC (16% of the total orthopaedic fracture clinic activity for that period). Of these 857 patients, only 48% required a further fracture clinic appointment for orthopaedic review.

TAC Outcomes 1st July 2020- 29th December 2020



The TAC clinic has been beneficial in managing both Soft Tissue Injuries (STI) and Fractures across all joints. With the change in the inclusion criteria from ED to TAC in July 2020, there was a marked increase in the number of fractures managed via the TAC (67%, n= 547). For those fractures that required fracture clinic follow up as an outcome from TAC, an initial assessment in the TAC resulted in fewer physical appointments and less radiology throughout their journey of care.

Following acute traumatic orthopaedic injury, patients should be seen in a new fracture clinic within 72 hours of presentation with the injury (British Orthopaedic Association Standards for Trauma). Due to the large volume of patients who sustain fractures annually in Ireland, this timeframe can be challenging to meet. Going forward, with these new pathways in place, it is expected that TAC will continue to reduce waiting times, the number of visits for patients to the Hospital, improve patient flow and in turn add convenience and improve the patient experience.

This has been a very successful initiative with excellent collaboration and teamwork between the Department of Orthopaedics and Physiotherapy to establish a new service. With the TAC service now running efficiently for over six months 52% of patients deemed suitable for TAC were reviewed virtually and discharged without an orthopaedic physical appointment required in the fracture clinic.

The fracture clinic redesign is cost effective, with studies showing a direct saving of nearly 40% versus the traditional 'face to face' clinics. Studies have quoted a societal cost of nearly €80 per consultation due to productivity loss. This is eliminated when the TAC pathway is used. On a national level it is projected that 18,000 new fractures could be managed via a TAC pathway, representing a cost saving of nearly €2 million.

Going forward, a full TAC service has the potential to reduce annual physical attendance at fracture clinic appointments by approximately 20% (n = 1,854) per year, with a projected discharge of 52% of this cohort of patients.



Elaine Hughes Musculoskeletal Clinical Specialist that manages the TAC service



It is expected that TAC will continue to reduce waiting times, the number of visits for patients to the Hospital, improve patient flow and in turn add convenience and improve the patient experience.



Robotic Surgery Arrives at TUH

TUH has a strong tradition of developing minimally invasive surgical techniques and pioneering short stay and daycase minimally invasive surgery, particularly in the areas of Urology, General Surgery and Orthopaedics. Thanks to the generosity of the TUH Foundation the Hospital are now in a position to offer an alternative option to open surgery and perform complex minimally invasive surgical procedures with precision and accuracy to over 200 patients annually, making a significant difference on how TUH will deliver excellent patient care.

The newly delivered da Vinci Surgical System enables surgeons to perform complex minimally invasive surgical procedures with precision and accuracy. Christened 'Leona' by staff, the robot enables surgeons to operate at high levels of precision without ever touching their patients. It will mean smaller incisions, less pain, reduced blood loss and a quicker recovery time for the patient. Initially Leona will be used primarily by the busy Urology service at TUH, with Colorectal Surgery and Gynaecology also using the new robotic system in time.

During the surgery the surgeon sits at a console next to the patient and operates through small incisions using fine, wristed instruments. 'Leona' provides the surgeon operating an advance set of instruments to use. She translates the surgeon's hand movements at a console in real time, bending and rotating the instruments while performing the surgery. The tiny wristed instruments move like a human hand, but with a greater range of motion. Leona provides a highly magnified, 3D high-definition view of the surgical area. The size of the instruments used makes it possible for surgeons to operate through one or a few small incisions.

Leona also provides a camera for viewing the surgical area in magnified, high definition 3D, in traditional open surgeries surgeons would stand and look at a screen for greater detail of what they were doing. Leona also enhances opportunities for training in the latest equipment for our students.



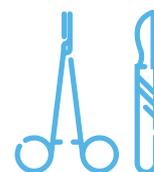
Mr. Arun Thomas, Consultant Urologist and one of the surgeons trained to work with Leona



Pictured from left to right in Theatre 12 as Leona arrived were Angela Clayton-Lea, Perioperative Directorate Operations Manager; Douglas Collins, CEO TUHF; Mr. Arun Thomas, Consultant Urologist; Isam Odwan, CNM1 in GU theatre and Lucy Nugent, Chief Executive, TUH



The Hospital are now in a position to perform complex minimally invasive surgical procedures with precision and accuracy to over 200 patients annually.



Innovative Training

Sepsis is a life threatening organ dysfunction. It affects up to 50 million people internationally with some countries' having a mortality rate as high as 50%. In 2019, in Ireland in-hospital mortality was 19.4%.

Patients with sepsis are hospitalised on average 21.09 days, this is preventable.

Each year the Hospital runs an awareness campaign encouraging colleagues to take a few minutes to engaged and learn from the education initiatives. A new event thrown into the mix in 2020 was the running of the first TUH Sepsis Wars Competition. Multidisciplinary, consultant led teams from Medicine, Emergency Medicine, Intensive Care, Surgery and the Emergency Response Teams took part and competed against one another to help raise awareness of sepsis.



Sepsis Wars was run in the Hospital Atrium in front of an expert panel of judges, including the Hospital Chairman. The 2020 Champions were the Emergency Department. The winning team was led by Dr. Aileen McCabe with Dr. Hugh O'Reilly; Dr. Emma Curran; Emma Byrne, Clinical Facilitator and Megan Carney, Staff Nurse.

Huge credit to the Simulation Committee and Sepsis Steering Group who ran the awareness campaign with the new added element at what was an incredibly busy time in the Hospital.

Patients with sepsis are hospitalised on average

21.09
Days 



“

Sepsis is a life threatening organ dysfunction. It affects up to 50 million people internationally with some countries' having a mortality rate as high as 50%. In 2019, in Ireland in-hospital mortality was 19.4%.

”



The 2020 Sepsis War Challenge Cup and medals for the members of the winning team

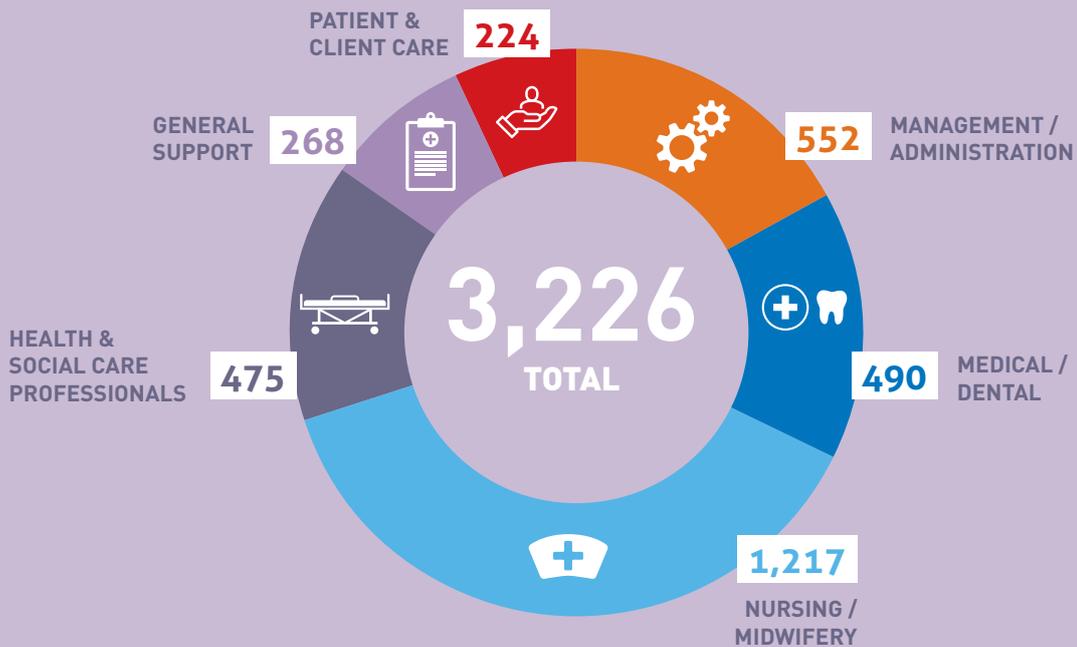


9

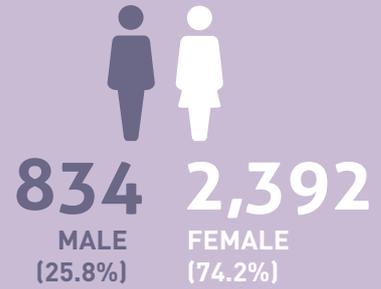
People

This Hospital is no stranger to challenging times and as we have demonstrated in the past we are open to and adaptable to change, no more so than this year with COVID-19. Launched in 2020 the HR Strategy supports the three key principles of Attracting, Developing and Retaining an engaged, efficient and patient centred work force.

Our Staff by Category



Gender Breakdown



Nationalities Represented in TUH

Afghan	Finnish	Nepalese
Albanian	French	Nigerian
American	Hungarian	Nigerien
Australian	Indian	Northern Ireland
Belgian	Iranian	Pakistani
Botswanan	Iraqi	Polish
Brazilian	Irish	Portuguese
British	Italian	Romanian
Bulgarian	Jordanian	Russian
Canadian	Kenyan	Saudi Arabian
Chinese	Latvian	Slovak
Costa Rican	Libyan	Spanish
Croatian	Lithuanian	Sri Lankan
Czech	Portuguese - Macau	Sudanese
Danish	Malawian	Swedish
Dutch	Malaysian	Syrian
German	Malian	Venezuelan
Egyptian	Maltese	Zimbabwean
European	Mauritanian	
Filipino	Mauritian	

Due to the calibre and commitment of our staff we are working together to continue to provide the best possible care to the patients and indeed to one another. This strategy takes into account the challenges COVID-19 has presented to us, both now and into the next few years, and how we will support both managers and staff in different ways of working.

At the centre of the objectives outlined in the strategy is that we value our staff and their well-being, as we recognise our vision of

“People Caring for People to Live Better Lives”.



Strategic Priorities

The Strategic Priorities and associated objectives have been categorised under the following three themes:

1	Collective Leadership	Leadership and Cultures	Service Design and Integration	Performance Accountability
2	Exceptional Talent	Employee Experience	Capability and Talent	Workforce Planning and Intelligence
3	Excellent Capability	Network and Partner	HR Digital Transformation	Professional HR Services

The strategic implementation plan will be continuously reviewed and updated to respond to both internal and external factors.

Recruitment in 2020

The figure for Nursing include new graduates, Adaptation Nurses and also some hires from Ireland on call. A total of 46 of the 49 new graduates started full time employment in the Hospital.

The impact of COVID-19 and also additional service developments led to a 38% increase in competitions for medical staff, with the number of competitions denoted in the graph.

2020 was a challenging year for Recruitment as it was necessary to revert to new ways of interviewing e.g. Zoom, MS Teams and by Telephone.



HR Medical Division – Non Consultant Hospital Doctors (NCHDs) Rota project

The HR Medical Division piloted the implementation of automated NCHD rotas in certain specialties in the Hospital. The pilot included Medical Interns, SHOs and Registrars as well as the Surgical/Orthopaedic SHO rota.

Previously these rotas had been compiled manually by the HR Medical Division working in partnership with MedModus, a business intelligence company on their automation, reducing the time spent on their creation by over 60%. This has resulted in improved time frames for issuing the rotas to the NCHDs as well as equal distribution of call shifts and reduced manual errors and has been very well received by the doctors. There will be further roll out of this initiative in 2021.

The COVID-19 pandemic has had a profound effect on staffing call rotas and this new system has allowed faster adjustments to be made, for example implementation of 'shadow' rotas and additional rotas at short notice. It has allowed for faster reconfiguration of rotas e.g. the discontinuation of 24 hour call shifts for the Medical Directorate rotas. It has also allowed for better facilitation of leave requests which can be incorporated into the system which serves to improve NCHD work life balance, something we all strive towards.

Centre for Learning & Development (CLD)

The CLD continued to implement the TUH Learning & Development Strategy 2018-2021. The Strategy identifies a road map for the design and delivery of learning and development opportunities to all TUH staff.

One of the key objectives of the strategy is to develop new innovative ways to enable learning. Like so many other developments in the Hospital in 2020, the arrival of COVID moved the realisation of this objective forward at speed! A new videoconferencing system was installed in the Robert Graves Post-Graduate Centre in the CLD. The system can be used for live remote teaching, demonstration of clinical skills as well as boardroom and multi-disciplinary team meetings across a number of sites. This extends the reach of TUH teaching excellence enabling us to link in with other hospitals, healthcare professionals in the community and for the first time develop an integrated educational network with primary care.

The project was generously supported by the Robert Graves Post Graduate Centre Steering Committee and the Adelaide Health Foundation.



This extends the reach of TUH teaching excellence enabling us to link in with other hospitals, healthcare professionals in the community and for the first time develop an integrated educational network with primary care.



Enhancing Digital Capability in the CLD

A new TUH eLearning programme, "Pressure Ulcer Assessment, Prevention and Management" was launched on Stop Pressure Ulcer Day on 19th November 2020. The programme was developed by Helen Strapp, RANP in Tissue Viability, Tom Martin, Educational Technologist and Deirdre Halford, Regional Nurse Tutor with the support of the Meath Foundation.

The programme which is widely available nationally on www.hseland.ie aims to enhance the knowledge and skills of healthcare staff as part of the hospital's 'Pressure Ulcer to Zero (PUTZ)' campaign. This programme was developed as part of the CLD's strategy to enhance our digital capability. It was fully designed and developed in TUH using a new eLearning software package.

OnBoard@TUH

To help new staff orientate themselves with the TUH campus the CLD introduced a new onboarding hub, OnBoard@TUH in September. The Hub, developed with the support of the Meath Foundation, is available on HSEland for all new staff. The Hub is designed to help new staff get to know TUH, its services and what the Hospital can offer them as employees. The objectives of the Hub are to ease transition into new roles, reduce the stress associated with starting a new job and to support retention. Staff can access the Hub on their computer, smart phone or tablet in advance of their first day and during their first few months in post.



Library Service

In 2020 the focus of the Library was on ensuring a continued service to staff and students in the context of the pandemic and uninterrupted access to the evidence base of health for direct patient care. With the arrival of COVID-19 the library service continued behind closed doors. The Library reopened fully on 21st September with slightly reduced hours during Level 5 restrictions.

Registration for point-of-care diagnostic tools, journals and databases, for both staff and students, was made available via phone, email and a new SharePoint form.

Book borrowing was able to continue by appointment until reopening and then via a new 'Click-and-Collect' service.

The number and length of loans increased and overdue notices and fines suspended.

One-to-one literature search tutorials provided over the phone. There was a high demand for assistance with literature reviews from redeployed nurses. There was also increased demand for research support in areas with fewer patients.

Inductions for new members of staff to the library service were carried out via podcast and zoom. The library team also introduced a new Fiction collection in late 2020 to provide a little escapism for staff during challenging times.

Marking International Nursing Day

2020 was designated by the World Health Organisation as the first every global Year of the Nurse & Midwife. Nurses and midwives make up the largest numbers of the healthcare workforce worldwide to reflect on their commitment, compassion and expert clinical care and the impact that nurses and midwives make on many lives.

The year was also an opportunity to promote nursing and midwifery as careers and to ensure that the professional voice is heard and represented at the heart of all health and care decisions and policy. International Nurses Day was celebrated globally on the 12th May, the anniversary of Florence Nightingale's birth.

The 2020 theme - Nurses: A voice to lead - Nursing the World to Health, is apt for the current pandemic environment. As part of the multidisciplinary team, nurses deliver care with leadership, compassion, commitment and clinical expertise.

To support the initiative and in place of being able to hold events for nursing colleagues there was a comprehensive social media campaign which highlighted the various nursing roles there are in TUH and the integral role they play in a patient's care. The Director of Nursing & Integrated Care also organised a sweet treat for each Nurse to have during their break on the day.



2020
INTERNATIONAL YEAR
OF THE NURSE AND
THE MIDWIFE



Tallaght University Hospital
Ospidéal Ollscoile Thamhlachta
An Academic Partner of Trinity College Dublin



There are 24 different nationalities represented on the TUH Nursing Team

Irish 1,215	Polish 5	Albanian 1	Kenyan 1
Filipino 159	Romanian 3	Belgian 1	Maltese 1
Indian 40	Zimbabwean 3	Bulgarian 1	Mauritian 1
British-GB 15	Croatian 2	Canadian 1	Nigerien 1
	Chinese 2	Swiss 1	Portuguese 1
	Lithuanian 2	Finnish 1	Slovakian 1
	Australian 2	Italian 1	

Nurses are the most trusted profession
(Source Ipsos MRBI Poll 2019)

Nurses are healers, advocates, educators, counsellors, confidantes, innovators, collaborators and leaders

Profile of Nurses at TUH

- Staff Nurses
- Clinical Nurse Managers 1, 2, 3
- Clinical Placement Coordinators
- Clinical Facilitators
- Clinical Nurse Specialists
- Candidate Advanced Nurse Practitioners
- Advanced Nurse Practitioners
- Registered Nurse Prescribers
- Cancer Nurse Coordinators
- Critical Care Outreach
- Healthcare Assistants
- Nursing Students

No. of episodes of competent care

immeasurable

Connection and Compassion

-  Care delivered through moments of comfort and words of reassurance
-  Care delivered to family though, comfort and consolation in times of sadness at the loss of a loved one
-  Care delivered through effective listening and sensitivity
-  Care delivered through advocacy, negotiation and mediation

101,420

Discharge plans and episodes of discharge advice in 2019

No. of smiles delivered:

millions

Nursing Graduation 2020

On 25th November 2020 Tallaght University Hospital celebrated the graduation of the 2016 Nursing Group. Due to the pandemic celebrations were marked virtually with key speakers commending the 50 graduate's achievements.

The recipients of the TUH Honorary Clinical Lecturer in Nursing Awards were also announced. This award acknowledges outstanding teaching in professional practice and significant contribution to the education and support of Nursing Students in the clinical area. The winners included from the Peri-operative Directorate Ailsa McCullagh (CNM2, Gogarty Ward), Sylvia Leahy (Staff Nurse, Gogarty Ward) and Medical Directorate Sindhu Cheriyan (CNM2, William Stokes Unit) and Lisa Waters (Staff Nurse, Acute Medical Unit).

The feedback from the graduates following the virtual event was that it was a great success and even though it was not how they envisaged graduating the ceremony still had a personal touch. Graduates received their certificate, hospital badge, individual photographs from the Medical & Illustration Department and a bespoke TUH congratulations card.



COVID-19 Pandemic

The COVID-19 Pandemic brought many challenges to the Hospital and the HR Directorate during 2020. The following initiatives were devised to deal with these challenges.

COVID-19 Staffing

On 16th March 2020 (in advance of the national call), the HR department contacted all staff on career breaks, secondments and those recently retired to ascertain if they were available to return to work. Other staff members deferred their upcoming retirements and some staff increased their hours.

The temporary cessation of Paediatric Services at TUH enabled us to redeploy staff to help in areas where there was a requirement. In addition, student Nurses returned to the Hospital as Health Care Assistants with Trinity Medical Students available to work as Health Care Assistants if required which was greatly appreciated by the Hospital.

Accommodation

Accommodation was co-ordinated centrally for staff who were working directly with COVID-19 patients but could not return home due to vulnerable family members, positive family members at home or no on-site rooms available.



Patient Care Package Service

In response to the COVID-19 Pandemic there was an urgent need to reduce footfall into the Hospital for the safety of our patients and staff. This has resulted in the introduction of a restricted visiting policy, with visiting permitted in exceptional circumstances and at end of life.

In response to this change, the Patient Care Package Service (PCP) was established. Originally co-ordinated by the Head of the Centre for Learning & Development (CLD) and staffed by re-deployed staff members from the CLD and HSSD staff. In August 2020 the Patient Advice & Liaison Service (PALs) took over the PCP Service.

A year on there are now over 10 volunteers supporting the PALS service. The service has also provided an opportunity for Walkway Trainees during their training at TUH.

The Sending Love Service was introduced. An e-mail address was set up and advertised via social media encouraging families who could not visit their loved ones to send an e-mail. To date we have delivered in excess of 510 e-mails with lovely messages to our patients.

13,700 
Care packages to patients on the wards

 **3,123**
Laundry packages to families

510 
Sending Love emails

 **1,200**
Book in a bag

In December 2020 Tallaght Community Council chose the PCP Service for an Appreciation Award to recognise and show gratitude to all those who go the extra mile in the community. The PCP Service was also accepted for "Excellence in Customer Service Case Studies". This publication was launched by Ossian Smyth, TD, Minister of State Department of Public Expenditure & Reform at the 2020 Annual Quality Customer Service Conference held in December last year. The service is generously supported by the Adelaide Health Foundation.

Remote Working

A Remote Working Policy was quickly developed to ensure a structured, systematic and consistent approach was adopted in regard to remote working arrangements. It also provided clarity on the obligations, expectations and accountabilities of all parties to remote working arrangements. A training programme was developed for staff who are working from home and also for line managers on managing staff working from home.



PPE Safety officers



Pictured from left to right Lorna Yeates, Clinical Facilitator (CF); Fiona Hennessy, Clinical Placement Coordinator (CPC); Aoife Corley, CPC; Aoife Walker, CF; Rachel O Byrne O Reilly, CPC; Vivienne Dick, CF and Finola O'Brien CF

During the COVID-19 pandemic members of the Nurse Practice Development Department provided education on PPE for all staff and became PPE Safety Officers in all clinical areas to protect staff and patients and promote best practice in wearing PPE.

Education Programmes

Education programmes were reviewed during COVID and, where possible, podcasts, e-learning programmes and blended learning programmes were developed. There were 7,652 attendances at face to face education and training programmes. Due to the impact of COVID-19 and the increase in use of digital teaching and learning there was a considerable increase in the total number of podcasts viewed and attendances at live virtual classes to 10,617 over the year.

Additional initiatives included

- Educational training provided to support nurses in the community and in residential settings with a focus on respiratory care and early detection and management of deterioration
- A training programme was developed and rolled out as refresher training for staff who previously worked in ICU and who needed to redeploy to ICU
- CLD staff were redeployed to support service needs. This included the initial establishment and management of the patient care package service

- New blended learning education programmes started for remote clinical consultations and staff working from home.
- Monthly induction was rescheduled to a weekly induction with a modified induction programme including podcasts to reduce the requirement for face-to-face delivery of the programme.



7,652

attendances at face to face education and training programmes

10,617

podcasts viewed and attendances at live virtual classes



Clinical Pastoral Education Internships

In partnership with St. Patrick's College, Maynooth, the Pastoral Care Service at TUH provide an Internship for the students of the Post Graduate Diploma in Pastoral Theology (Healthcare Chaplaincy) and Masters in Theology: Specialisation in Pastoral Theology (Healthcare Chaplaincy).

This clinical pastoral education internship offers a dynamic and rigorous opportunities for those who are preparing for the profession of chaplaincy in a highly complex healthcare system, and within a twenty-first century pluralist cultural/societal context. In August 2020 the first four students completed their internship at TUH. Two of these first graduates Maria O Keffe and Amy Guinan have joined the Pastoral Care team at TUH.



Maria O Keffe and Amy Guinan have joined the Pastoral Care team at TUH

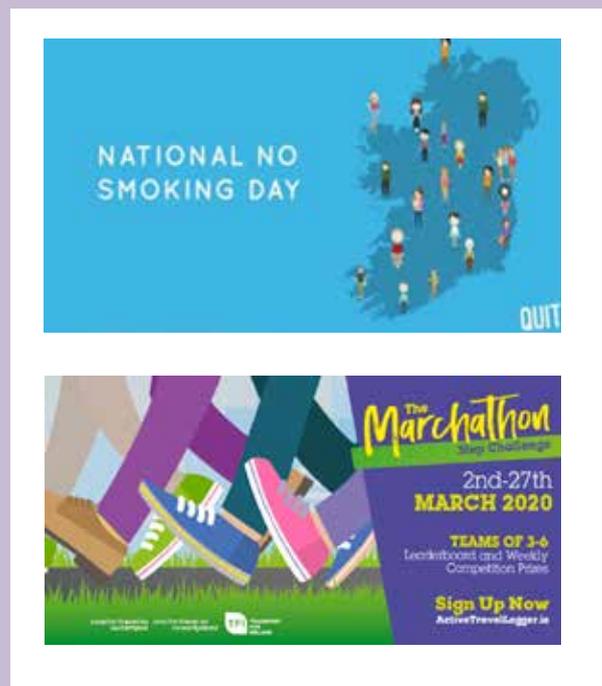
Occupational Health & Wellbeing



The Occupational Health & Wellbeing Department (OHWD) provides a service for all staff in TUH as well as Trinity College nursing students. 2020 was a challenging year for OHWD in respect of managing COVID-19. The OHWD provided a service to all staff in TUH and satellite departments, students, contractors and agency staff. An electronic system (SharePoint) was developed and rolled out in May 2020 to help manage staff with COVID-19 symptoms, contact tracing and managing fitness to return to work for staff who developed COVID-19. This system enabled the department to expand and benefit from staff working from home. Below is a summary of the staff interaction with OHWD for COVID-19 screening.

In addition to management of COVID-19, OHWD together with peer vaccinators from across the Hospital administered 2,770 influenza vaccines during October and November. Of the vaccines administered 2,208 vaccines were administered to TUH staff representing 76% of the workforce thus achieving the national key performance indicator set by the HSE. The graph below outlines the other services provided by OHWD in 2020:

The Health & Wellbeing Officer role in the OHWD takes overall responsibility for leading the work of the TUH Healthy Ireland Steering Group. In 2020 there were ongoing efforts to promote physical activity in TUH with events such as Operation Transformation, 5@5 runs, lunchtime walks, bike for your breakfast, Pilates classes and staff exercise classes. The Slí na Sláinte and distance to walk signage was also updated and positioned around the Hospital. In addition, there was involvement with national events including Love Life, National No Smoking Day, Love Walking day (February), Marchathon and Walktober step challenges (March & October), National Workplace Wellbeing Day (May), Steps to Health (May), National Bike Week and CycleLocal bike challenge (July).



Other Health & Wellbeing initiatives in 2020 included:

- > Design and distribution of the working from home information leaflet and the provision of quick and easy desk exercise for staff in conjunction with Health & Safety
- > Enrolment on the IBEC 'Keep Well Mark' accreditation programme
- > Installation of 'Fit Food' vending machines to improve access to hot meals for staff
- > Participation with online programmes; relaxation and recovery, minding your wellbeing, stress control programme and yoga
- > Ongoing progress and support associated with the Cleaner Air Campus, Know your Numbers campaign and Making Every Contact Count
- > Development of #Do Good December health & wellbeing calendar
- > COVID-19 health & wellbeing information pack for positive staff developed and sent to staff. The development of posters and information leaflets for staff dealing with COVID-19 and support available at times of increased stress
- > COVID-19 survey for positive staff



Be **STRONG** enough to stand alone, **SMART** enough to know when you need help, and **BRAVE** enough to ask for it.

I have **signs and symptoms** of COVID-19

Call Occupational Health
Ext 3592 Open seven days a week

I am **worried and not sleeping** I need to talk to someone

Book a completely confidential phone / video call with one of our Psychology Team
Monday-Friday: 7am-9pm
Weekend: 10am-12pm & 2pm-4pm
Call: Ext 4599 or book via the link on the staff app

You can also access the Employee Assistance Programme on 1800 300 999
<https://www.workplaceoptions.ie/contact/>

#TUHWorkingTogether

Employee Wellbeing talks for 2020:

- > Menopause
- > Climate Crisis is a Health Crisis
- > Resilience
- > Healthy Eating
- > Autism in the Workplace

Outdoor Gym Installed

The CEO and members of the TUI Health & Wellbeing committee got exercising on National Fitness Day in October to mark the official opening of the outdoor exercise equipment for staff of TUI. Funded by Healthy Ireland, this area is designed to offer staff a place to participate in cardiovascular and strength training alongside friends and colleagues before or after work or even at break time!

With six pieces of equipment that target fitness and strength, placed in a socially distanced manner, this outdoor area behind the canteen is a perfect space for all staff to get more active, more often. The Health & Wellbeing Committee have worked for many years to introduce this facility and TUI are now proud to be one of the first Hospitals to have such facilities available to employees.

A number of taster classes were run to introduce staff to the equipment and proved popular with staff.



Pictured from left to right Christina Lydon, ADON Nurse Practice Development; Mairead Holland Flynn, Business Manager Occupational Health & Wellbeing Dept; Lucy Nugent, Chief Executive; Sharon Larkin, Director of HR; Sinead Feehan, Nutrition & Dietetics Manager; Helen Stokes, General Manager Healthy Ireland, DMHG; Ciaran Faughnan, Director of Facilities & Estate Management and Victoria Jones, Health & Wellbeing Officer



The 2020 TUH Heroes

Like so many things in 2020 the staging of the annual Hero Awards were a little later than normal!

The awards, now in their third year recognise individuals and teams that make a special difference to patients and their families. Given the challenges 2020 presented it was not surprising to see the number of nominations increase.

Traditionally nine awards have been presented but given the unprecedented year experienced by the Hospital a total of 10 awards were presented.

Commenting at the brief, social distanced ceremony, Chief Executive Lucy Nugent said: "the past few months have been extremely challenging at a professional and personal level. I am incredibly proud of both our staff and local community and how they have supported one another through these uncertain times. I have no doubt there will be further challenges for us to face but I thought it was incredibly important to take some time to acknowledge the incredible commitment of staff. The efforts that they go to embodies our ethos of people caring for people to live better lives each and every day."



PATIENT EXPERIENCE

Professor Catherine Wall, Consultant Nephrologist and Director of Quality Safety & Risk Management -

Professor Wall received a number of nominations this year from both patients and their families, they all share the same sentiment *'she is a clinician that cares not just for the patient but also their loved ones. She takes the time to get to know her patient and their family inspiring 100% trust in her advice and in the course of treatment that she recommends. She is an exemplary medical professional that will always run from the limelight but she needs to know how much she means and the genuine difference she makes to patients and their families.'*



PEOPLE CARING FOR PEOPLE

Patricia Morrison, Assistant Director of Nursing, Perioperative Directorate

"Patricia's first thought after patients is for her team, she has never forgotten what it is like to work on a ward/unit. During the first COVID-19 surge she continued to bring out the best in her colleagues, she supported staff in theatre and ICU that were working together as one team throughout the surge. Her ingrained skills undoubtedly protected her colleagues from burnout during this intense time. Despite the daily challenges we face she keeps a smile on her face, masked of course but you can still see the twinkle in her eye!"



UNSUNG HERO - SERVICE EXCELLENCE

Ian Healy, Porter in the Endoscopy Service

"Throughout the pandemic Ian demonstrated a high awareness towards the needs of the staff and the Hospital itself. He spearheaded an incredible programme of support across the Hospital for both staff and also patients. Whilst he was assisted by a core group of colleagues who gave so much of their own time at night and weekends he always kept a smile on his face and no request/challenge put to him was too great. He helped greatly in keeping spirits and his constant, cheerful presence he encapsulates everything that a hero should be in a time of crisis."



SERVICE EXCELLENCE

Dr. Pradeep Govender, Service Excellence - Consultant Radiologist, Radiology Directorate

"Often referred to as Dr. Yes or Dr. I can put a drain anywhere Govender will do anything he can to solve a problem, regardless of the time of day or night the needs of the patient always comes first. He is passionate about his discipline and provides leadership clearly communicating to his staff and despite working in a very pressurised environment he is always approachable to his colleagues and inspires his trainees with his diligence and can do attitude."



MENTORING AWARD

Sandra Hartigan, Clinical Facilitator Emergency Department

"Clinical Facilitators play a key role in providing our students with a positive learning experience, she goes above and beyond to empower, educate, challenge, teach and mentor staff. She is a superb role model at the heart of nursing education in the Hospital. The Emergency Department is incredibly busy and often challenging despite this she remains calm, approachable, confident and passionate about providing quality, safe patient care."



TEAMWORK AWARD

Padraig Byrne, Porter in Occupational Therapy Services

"Padraig provides an outstanding service to both colleagues and patients. He is kind and treats everyone with kindness, compassion and empathy. He is a team player and has a friendly smile for everyone with patients often remarking how much they enjoyed the conversation on the way down to their therapy. He also has a great awareness for patients that might be a little reluctant to attend therapy and will make sure he goes up to collect them from the ward a little bit earlier to make sure they are down on time putting them at their ease and also ensuring that appointments run to schedule helping his colleagues and the other patients."

TEAM OF THE YEAR

COVID ICU Team, collected by Dr. Maria Donnelly and Lisa Dunne

"The 2020 award is for the COVID ICU Service, this is a team that as an organisation we never wanted to put together but presented with the challenge of COVID-19 it was essential to put this team together to ensure patients in the Intensive Care Unit have the best chance possible to recover from their illness. This team comprised not only of ICU staff but staff that were redeployed from other services such as Anaesthetics and Theatre. This group of staff have risen to the challenge of becoming a COVID unit with a smile on their faces (behind the face masks!). They showed and indeed continue to show exceptional bravery in caring for our COVID patients despite personal risk to themselves. They work long days and nights in full PPE. Despite all these obstacles they provided excellent nursing care to these critically ill patients. Despite dealing with the significant clinical challenge of caring for patients with a completely new virus and new treatment protocols which sometimes changed daily, they also made time to develop relationships with relatives with scheduled daily phone calls and facetime calls. These are a source of great comfort to those distraught family members waiting anxiously at home for updates."



Pictured from left to right: Professor Gerry Fitzpatrick; Lisa Dunne; Dr. Ciara Martin, Ian Healy, Dr. Pradeep Govender; Wendy Moynan; Patricia Morrison, Professor Catherine Wall; Maeve Ryan; Angela Clayton-Lea; Dr. Maria Donnelly and Sandra Hartigan
Maeve very kindly collected the award on behalf of her colleague Padraig Byrne

CEO Awards



Professor Gerry Fitzpatrick, Consultant Intensivist & Anaesthetist

The first recipient for this 2020 award was Professor Gerry Fitzpatrick, this was in recognition of his long standing commitment and dedication to the Hospital both as a consultant and previously as an interim CEO.

“ Like so many staff Professor Fitzpatrick rose to the challenge that COVID presented, he led a very innovative and successful approach in increasing the Hospitals ICU capacity. His mentoring skills were invaluable in bringing the ICU and Anaesthetic Departments together. The impact of his leadership and efforts are reflected in the success rate in our ICU survivorship during the initial surge period. This effort is impressive but even more so when it was at a time that he was due to retire and have a well-earned break after years of service to the Hospital. He not only delayed his retirement but volunteered to lead on the Hospital plan for the COVID ICU surge which unfortunately was needed. ”



Ms. Wendy Moynan, Social Worker

“ Wendy consistently shows compassion and empathy in her dealing with patients and their family. She is persistent and kind and never more so when dealing with socially complex and challenging situations with patients and their families. Such is her commitment that despite being off work due to a smashed knee cap she came into work to support a patient and their family at a particularly critical time in their journey transitioning from the Hospital. ”



Special Merit Award – CHI at Tallaght

Given the exceptional year that 2020 turned out to be and the challenges it has presented to staff there was a Special Merit Award. The recipient was CHI at Tallaght and was collected by Dr. Ciara Martin, the Paediatric Executive Lead for CHI at Tallaght.

Commenting on the presentation of this Award Ms. Nugent said

“ Dr. Martin is being presented with this award for the incredible flexibility and support both she and her CHI at Tallaght provided to the adult service during the recent COVID-19 outbreak. The incredible support and willingness to go the extra mile in supporting the adult service during the initial breakout of the pandemic TUH would not have been in the strong position they were to provide the space and patient care that was required to treat both COVID and non-COVID. ”



10

Awards

“ The achievements of an organisation are the results of the combined effort of each individual. ”

Vince Lombardi

Changes introduced during 2020 touched every aspect of work in TUH. There was widespread cancellation/postponement of conferences and award programmes. This impacted on the opportunities for staff in the Hospital to highlight work/research they had undertaken to their peers. Where events did take place virtually our colleagues enjoyed some success, below is a summary of the achievements of colleagues that worked on their own or as part of larger teams. Working successfully towards the shared goal of people caring for people to live better lives.

Congratulations

Following on from last year's success at the annual HR Leadership & Management Awards TUH collected another in 2020. This time it was the turn of the Centre for Learning & Development who virtually collected the Excellence in Education & Training Award for the Autism Awareness video. Congratulations to Geraldine Kyle who led the project and the contributors from TUH, CHI at Tallaght, AsIAm and Trinity.



Pictured from left to right with the Excellence in Education & Training Award are Emily and Abigail Kyle with their parents Geraldine Kyle, Nurse Tutor in the Centre for Learning & Development and Nigel Kyle, Clinical Nurse Manager in the ED



The Irish Society of Rheumatology Young Investigator of the Year Award

Dr. Rachael Flood, Rheumatology SPR was awarded the Irish Society of Rheumatology Young Investigator of the Year Award for her abstract detailing the results of the Trinity Rheumatology and COVID-19 registry.

COVID-19 is a rapidly evolving situation with over 106 million cases reported globally. There was concern following publication of global physician-reported registry data revealing hospitalisation rates of 46% for COVID-19 infection in patients with Rheumatic Diseases. The rheumatology team at TUH felt this was a result of a potential reporting bias in the registry data towards patients already hospitalised. To eliminate reporting bias, they contacted all 7,500 patients attending the Rheumatology Departments at TUH and SJH and recorded outcomes in those who contracted COVID-19.

Interestingly they found no significant differences in cumulative incidence/100,000 of COVID-19 between rheumatology patients and those in metropolitan Dublin. Hospitalisation rates for community acquired COVID-19 in rheumatology patients (15%) equivalent to national figures (13%) were observed. Hospitalisation was more likely to occur in those receiving glucocorticosteroids or those diagnosed with type 2 diabetes. In analysis of patients with community acquired infection subsequent hospitalisation was statistically less likely in patients receiving long-term biological therapies.

Although the dataset is small, these results suggest that treatment with immunosuppressive biologic therapies does not lead to poorer clinical outcomes and may in fact be protective through a potential role in preventing hyper inflammatory syndrome. These findings are reassuring for patients with rheumatic diseases and COVID-19 infection.



The Nightingale Challenge

Investing in young nurses and midwives is essential for improving health and health care in Ireland.

The Nightingale Challenge is designed to encourage and enable the development of the next generation of nurses and midwives to play a more significant role in influencing health direction and policy. The Nightingale Challenge, running as part of the International Year of the Nurse & Midwife offers an opportunity to be part of a global movement to empower the next generation of nurses and midwives as leaders, practitioners, and advocates in the promotion of positive health.

In Ireland the Nightingale Challenge is led by Dr. Siobhan O'Halloran, Chief Nursing Officer in the Department of Health and Dr. Geraldine Shaw, Director, Office of the Nursing & Midwifery Services, HSE. The two programmes available for the 2020 Irish Nightingale Challenge are A) Mentorship and Career Development – organised by the Office of the Chief Nursing Officer, Department of Health and B) Leadership Development programme – organised by the Office of Nursing & Midwifery Services Director, HSE.

Rachel O'Byrne O'Reilly, Clinical Placement Coordinator, Nurse Practice Development and Staff Nurse Rose Tully, Haematology Day Ward were the successful TUH candidates for programmes A and B respectively.



Pictured from left to right Áine Lynch, Director of Nursing & Integrated Care; Rachel O'Byrne O'Reilly, Clinical Placement Coordinator in Nurse Practice Development and Staff Nurse Rose Tully, Haematology Day Ward following the announcement of the TUH Nightingale Challenge Candidates

Scholars & Fellows at Trinity College Dublin

Trinity College Dublin announced its 2020 Scholars and Fellows in April. Despite the pandemic, the Provost, Dr. Patrick Prendergast kept with the tradition and stood on the steps of the Examination Hall in the Front Square of Trinity and read out the names of the Scholars and Fellows. There were 57 Scholars, 14 Fellows, five new Professorial Fellows and three Honorary Fellows announced across a wide range of disciplines.

To become a Trinity Scholar, second year students must show exceptional knowledge of their subjects through special exams in January, this is in addition to their regular coursework. Scholars are entitled to a range of additional benefits within the College. There were four nursing undergraduate students who were announced as Scholars. They are: Rebecca Sanfey, General Student, Rhianna Corcoran, Monica Dalton and Ellen McGee, Children's General Integrated Degree Programme congratulations.

57 SCHOLARS

14 FELLOWS

5 NEW PROFESSORIAL FELLOWS

3 HONORARY FELLOWS

RCSI National Surgical Skills Competition

Mr. Abidur Rahman, a final year Medical student at TUH won the Irish intercollegiate surgical skills competition at the RCSI National Surgical Skills Competition.

This annual event sees students from seven medical schools across the island of Ireland competing against each other. The Competition, open to medical students who may be considering a career in surgery, assessing their laparoscopic and suturing skills.



Mr. Abidur Rahman

Best Student Project

Jason Connolly, Principal Clinical Engineer in MPCE was presented with an award from the Biomedical Engineering Association of Ireland (BEAI) at their annual scientific meeting for Best Student Project. Jason completed an MSc in Healthcare Management in the RCSI with the support of the Meath Foundation.

As part of his study, Jason implemented a trial of an Electronic Asset Tracking System in the Hospital. MPCE service over 8,000 devices and it is essential to keep track of where this equipment is at all times. Having this information ensures that if a piece of equipment is quickly needed it can be redirected and when equipment is due for servicing the MPCE team know exactly where it is.

His project was very successful in capturing the loan of equipment and increasing the accuracy of the equipment database from 53% to 80%. The system also means that the loaning system has been streamlined and the team are further along in their journey of implementing a paperless system.



Jason Connolly, Principal Clinical Engineer in MPCE



Arts & Health



ARTS PROGRAMME ONSITE

Art4All Patient Packs
Greeting Cards & Activity Sheets distributed for Culture Night Celebrations
Arts Programme Online
Culture Night videos
Reaches, impressions and hits on LinkedIn, FB & YouTube

9,700+

EXHIBITIONS

'Life of Objects'
Exhibition by Lucy Turner
Artworks installed in the Staff Rest & Reconnect Rooms donated by the Gaslamp Gallery

INSTALLATIONS

Point Depot Bears
Butterfly Haven

5,640+

MUSIC PROGRAMME ONSITE

Music Therapy Service
Music Programme Online Video Series
Sing with Me
Relax with Me
Musical Moments

+3,250

In 2020
the Arts and Health Programme in TUH engaged both Onsite and Online with

23,740+*

NCAH AT TUH MEDIA COVERAGE ARTSINHEALTH.IE

Case Studies for:
The Sky's The Limit & Butterfly Haven
Hope Survives Documentary Trailer by Virgin Media One: Introduction to TUH Arts
TCD Arts & Health Module First Year Medical Students
'Music, Health & Wellbeing' Symposium, UL - Key Note Speaker

Arts Programme presentations:
EMT & Hospital Board

+1,750

PRESENTATIONS INCLUDED

'Checking In' Arts & Health Online Showcase
TCD Arts & Health Module First Year Medical Students
'Music, Health & Wellbeing' Symposium, UL - Key Note Speaker
Arts Programme presentations:
EMT & Hospital Board

+300

* +23,740 figure is based on Staff, Patients and Visitor engagements, footfall and social media hits.

** In addition to the above figure the NCAH in TUH were delighted to have many of our Arts Programme initiatives featured in the local and national media including the HSE National Staff Magazine 'Health Matters' summer publication, alongside articles in the Tallaght Echo, Gorey Guardian interview with the Gaslamp Gallery, 3BFit interview with Catherine Shields, and Virgin Media One: Introduction to Arts in TUH featuring the talents of the Leinster String Quartet supported by ROQU Group.

Despite the challenges of 2020 a positive and unexpected aspect for the Arts Programme was the development of our online presence, this has largely contributed to the increased engagement numbers with our service and a whole new area to continue to expand upon.



The National Centre for Arts & Health (NCAH) exists to improve patient care and promote the benefits of the arts in health. Like all other services in TUH the Centre was challenged in 2020 to adapt to providing a service. The following report outlines how they rose to this challenge.

Integrated Care

The Arts & Music Programme during COVID-19, Exhibition and Art Donations

Art at the Bedside

TUH are proud to have a longstanding, active and diverse Arts & Music Programme for patients and staff within the Hospital. When COVID-19 restrictions came into place the Hospital artists could no longer provide an Arts Trolley service for patients at the bedside. But patient feedback has told us time and time again that *'Art provides a meaningful and welcome distraction from the clinical side of being in a Hospital by presenting an opportunity for decision making, enjoyment and a way to reduce stress – its food for the soul'* notes Alison Baker Kerrigan, TUH Arts Officer.

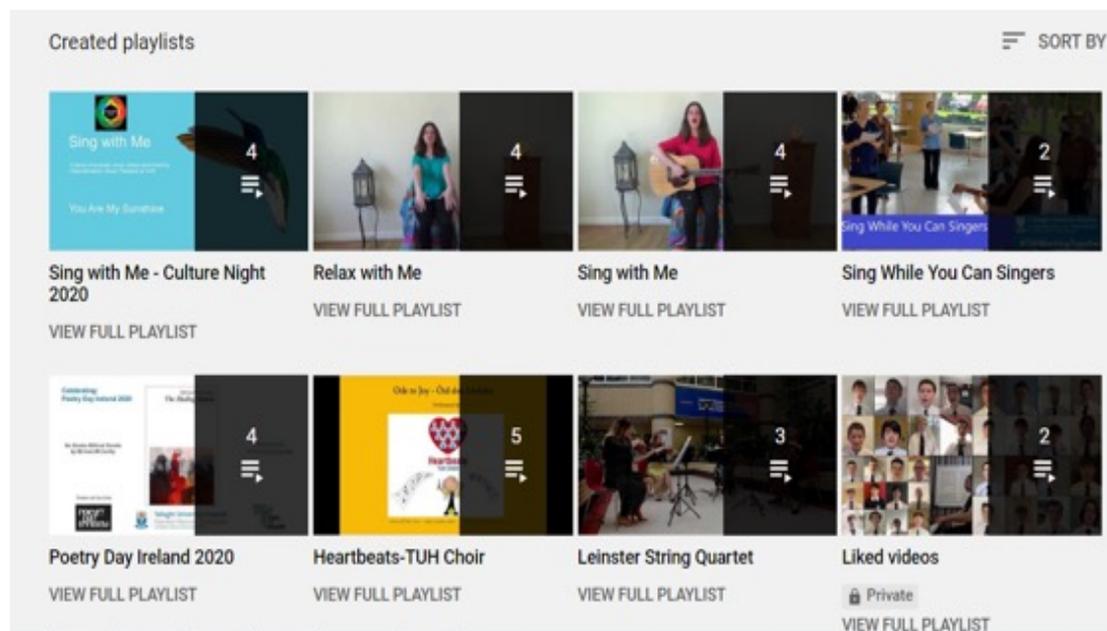
With this in mind the Arts Team including the artists in residence redesigned a number of activities both onsite and online that could be rolled out quickly to maintain a level of Art & Music engagement for patients and staff.

The first initiative dealt with the onsite aspect by creating a series of art packs for patients called **ART4ALL**. Designed and produced to encourage creativity, self-expression and to ease the boredom for patients. The art packs offer a broad choice of activities from; colouring to weaving, crafting to sewing and cross-stitch; catering for all levels and abilities. The pack contained everything needed to complete the creative project including an easy to follow instruction booklet. Patients were encouraged to share images of their finished projects and let the Arts Department know what they enjoyed most about the activity. Special thanks to the Meath Foundation and the Adelaide Health Foundation for supporting the **ART4ALL** initiative which produced over 800 art packs for patient enjoyment.

The second initiative focused on online aspects of the music and wellbeing element of the Arts Programme. Featuring Clara Monahan, Music Therapist in TUH (also a professional Singer/ Songwriter) the Arts Team began a two strand series of videos easily accessed via the TUH YouTube Channel. **Sing with Me** - is a series of acoustic music videos performed by Clara. The videos provide a quick and simple way to listen in, sing or tap along and enjoy these feel-good songs. **Relax with Me** - music inspired relaxation and visualisation videos guided by Clara in her capacity as a Music Therapist. Both series offer a wonderful opportunity to relax, recharge and revive. The series combined an invitation to access musical opportunities in a receptive or participative format whilst also supporting the health and wellbeing of patients and staff.

Many staff noted missing the live lunchtime music sessions in the Hospital atrium by Musician in Residence, classical guitarist Jon Henderson. Based on the success of the video series, Jon was approached to develop a new series called Musical Moments – a video series of acoustic instrumental pieces and collaborations, kindly supported by The Meath Foundation. In December, Jon performed with Clara Monahan to produce a beautiful version of 'The Christmas Song'.

As restrictions continue the Department will look at involving more artist and musicians in the future in this programme. The video series now includes celebrations around Art Project Launches, Poetry Day, Culture Night and Christmas 2020. To view the range of videos you can visit the [TUH YouTube Channel](#).



Culture Night

The 'Life of Objects' exhibition provided the inspiration for the Arts Team to design two greeting cards featuring Lucy Turner's artworks. The cards were delivered to all inpatients by the Catering Department as part of the breakfast service on the morning of September 18th. The cards highlighted Arts in TUH (both onsite and online) available to patients, accompanied by a fun activity sheet with a word search and puzzles to enjoy.

Especially for Culture Night, Clara Monahan recorded four well-loved songs to provide a musical entertainment factor. All songs may be accessed through the TUH YouTube Channel in the 'Sing with Me' video series.

- > You Are My Sunshine
- > Raglan Road
- > All You Need Is Love
- > I Wish I Knew How (It Would Feel to Be Free)



Culture Night Celebrations 2020

Poetry Prescriptions



World Poetry Day 2020 was celebrated in TUH through a series of poems connected with the Hospital. The first two poems 'The Hurler' and 'No Smoke Without Smoke' reflecting the patient narrative with staff were recorded by Professor Rónán Collins. Selected from 'The Healing Station' a book of poems created by the late Fr. Michael McCarthy during his residency in TUH. The next two poems were displayed during the 'Sense of Place' art exhibition on Hospital Street in 2019 by two artists alongside their artworks and resonated strongly with staff. 'Time- Memory-Space' is by artist Fergus Smith and 'Walk with Earth' was penned by the late Maeve Doyle. Clara Monahan, Music Therapist, accompanied the poetry readings with the addition of her own musical compositions. The recordings are available as a playlist on the [TUH YouTube Channel](#).

Music Therapy in Age Related

Clara Monahan provides a Music Therapy (MT) service for patients in Age Related Healthcare on Tuesdays. With the onset of COVID-19 the MT service delivery also had to adjust and adapt. Due to Health & Safety guidelines there was no MT service on the Age Related wards between March – June 2020. However the development of the aforementioned music and relaxation video series provided an accessible online element of the service in the Hospital.

Following consultation with the ward managers and Infection Prevention Control, the MT Service resumed on William Stokes and Burkitt Wards in July. A revised Health & Safety Guideline was developed for MT sessions with focus directed towards individual sessions as opposed to group sessions. This resulted in an increase of referrals from the Multi-Disciplinary Team (MDT) for work with individual patients.



Music Therapist Clara Monahan

'Ceol Connections' – Virtual Music Therapy Sessions

It is understandable that some patients may be experiencing the effects of loneliness and isolation as a result of COVID-19 visiting restrictions. A clinical need was identified for these patients to connect with their families in a meaningful and supportive way. Clara developed an innovative programme called, 'Ceol Connections' supported by the MDT which provides an onsite music therapy session between the Music Therapist and the individual patient, whilst connecting virtually with a patient's family during the session. Many benefits have been noted by staff, patients and their family members as the programme continues to develop as a part of the Music Therapy Service in the Age Related service.

Music Therapy Service Numbers 2020*



Survey of Music Therapy in Age Related Healthcare

A Survey was conducted over a five month period, November 2019 – March 2020. The Music Therapist surveyed staff, patients and their family members about their experiences and reflections on the Music Therapy Service in the Age Related service. There were 51 responses in total, 18 of these responses were from patients, four from family members of patients attending Music Therapy and 29 from TUH Staff members.

Respondants who strongly agree with each statement



Patient comments on benefits of Music Therapy:



Staff comments on benefits of Music Therapy:



Art Exhibition in TUH

'Life of Objects' is a series of artworks created by Irish Artist Lucy Turner, curated by the TUH Arts Officer in TUH for exhibition on Hospital Street during 2020. The exhibition explored the making of images, the processes to do this; and the reuse of materials. The decorative and detailed drawings were carefully cut into lino to form a relief image ready to be printed on recycled Irish linen. Blurring the lines between fine art, craft and illustration Turner created this body of work with a strong narrative inspired by her own locality, world travel, poetry, flora and fauna. Giving new life to abandoned materials is as much about 're-loving' these items as it is about recycling.

After the success of the exhibition the Meath Foundation kindly purchased these artworks donating them to the TUH Arts Collection for dissemination within the Hospital in 2021.



Life of Objects, Exhibition PR Image 2020



Life of Objects, Exhibition PR Image 2020

Donation of artworks by the Gaslamp Gallery

At the start of the pandemic a number of Rest and Reconnect Rooms were set up on wards for TUH Staff through an initiative set up by colleagues Angela Clayton Lea and Jill Mason. The Arts Department assisted with organising artworks for the rooms and contacted our exhibition partner Claire O'Connell, Director and Owner of the Gaslamp Gallery in Gorey. Claire immediately came on board kindly loaning 14 original and limited edition artworks to brighten the walls of these rooms for staff enjoyment. The Arts Department was delighted to announce that the artworks have now been 'donated' to TUH and share this heartfelt message:

'It is our most sincere wish that you, the Staff of TUH know that our donation of artworks is in your honour. It is in recognition of your incredible, tireless and exhausting work throughout this pandemic. In truth, because of the care you provide, there is hope.'

Claire O'Connell, Director of the Gaslamp Gallery.



Jannika Talts - Chandelier, Acrylic on canvas

Enhanced Infrastructure – Art Installations

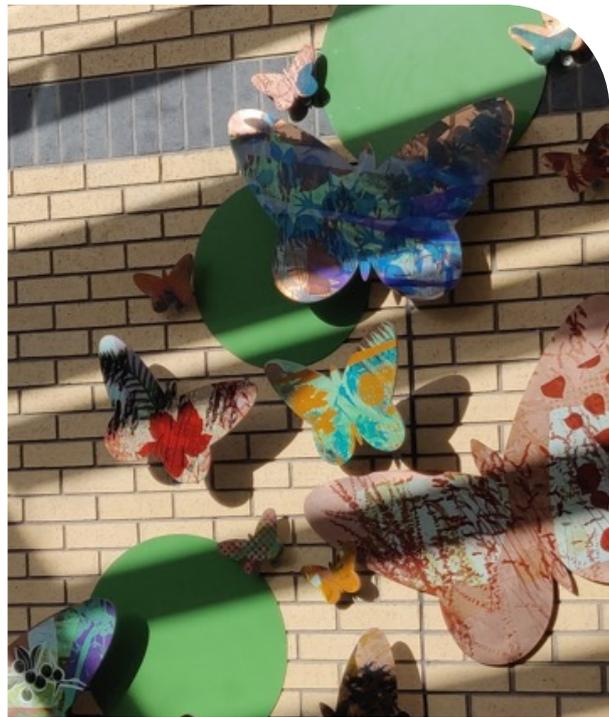
Butterfly Haven - Staff Commemorative Project

Butterfly Haven is an art installation by artist Lucy Turner remembering deceased colleagues of Tallaght University Hospital (TUH)... 'A fleeting glimpse that captivates the onlooker into witnessing something delicate and free'.

The butterfly symbol is often recognised to symbolise hope, transition, endurance and joy; elements that strongly resonate in how TUH remembers our deceased colleagues. This uplifting installation is comprised of screen-printed copper butterflies with wing designs inspired by flora, local to the Dublin and Wicklow Mountains. A design feature which not only mirrors the beautiful and fragile nature of each butterfly but echoes the importance of individuality of those who we remember.

The official unveiling of 'Butterfly Haven' was launched by CEO Lucy Nugent on 31st January 2020. The ceremony included readings and reflective poetry from our Pastoral Care Team (a Butterfly Haven poem is noted). The TUH - Sing While You Can Singers led by Music Therapist Clara Monahan performed 'Something Inside So Strong' and 'Lean On Me' which resonated throughout the Hospital as attending Staff joined in the celebration. When invited to speak artist Lucy Turner described elements of the project particularly noting: 'It was no accident the choice of metal for the butterflies was copper. Whilst incorporating the history of its use within medicine it also provides a warming reflective shine that works beautifully with the natural light source coming from above. The butterflies are positioned to catch the light as it changes hourly, bringing one butterfly at a time into focus.'

The project was initiated and led by the End of Life Coordinator; Ann Hickey, supported by the Project Committee and Arts Officer; Alison Baker Kerrigan, working alongside the commissioned artist to develop the concept and assist with the project installation. The artwork is on permanent display, centrally located in the Hospital atrium where it may be viewed from many vantage points on different floor levels leading to the Hospital wards.



Butterfly Haven



Screen printed Butterfly

A Butterfly Haven

*A rush of wings they flutter high
to touch the sun and kiss the sky*

*A butterfly haven is with us now
No longer caterpillars upon a leaf*

*Our former staff with outstretched wings
Now as soaring butterflies with us they sing*

© PastoralCare@TUH



L-R front row: Lucy Nugent, CEO TUH; Lucy Turner, Commissioned Artist; Hilary Daly, retired staff member (Former Director of Nursing). L-R back row: Áine Lynch, Director of Nursing & Integrated Care; Ciaran Faughnan, Director of Estates & Facilities; Alison Baker Kerrigan, Arts Officer; John Kelly, Director of Pastoral Care and Ann Hickey, End of Life Coordinator & Project Lead

TUH is new home for the Point Depot Bears

The 'Three Bears' by artist Patrick O'Reilly were first installed outside the Point Depot and were subsequently gifted to the state by businessman Harry Crosbie. Katherine Zappone, former Minister for Children & Youth Affairs chose TUH as their new home in Dublin. The Bears are visible from various inpatient rooms on multiple floors, including the Charlie O'Toole Unit and the new Children's Health Ireland Urgent Care Centre. The campus location was selected with the support of Arts Officer, Alison Baker Kerrigan with the hope that anyone leaving or entering the TUH Campus will enjoy the sight of the Three Bears as they stride purposefully towards the Hospital.

The area surrounding the Three Bears will be landscaped into a colourful wild meadow garden with the support of the TUH Foundation, Meath Foundation and Adelaide Health Foundation.



Pictured from left to right at the launch of the Point Depot Bears were Lucy Nugent, CEO at TUH, Douglas Collins, CEO of TUHF, Liam Dowdall, Chairman of the Board of TUH, Niamh Gavin, CEO of the Adelaide Health Foundation, Katherine Zappone, Former Minister of Children & Youth Affairs, Mairéad Shields, Chairman of the Meath Foundation

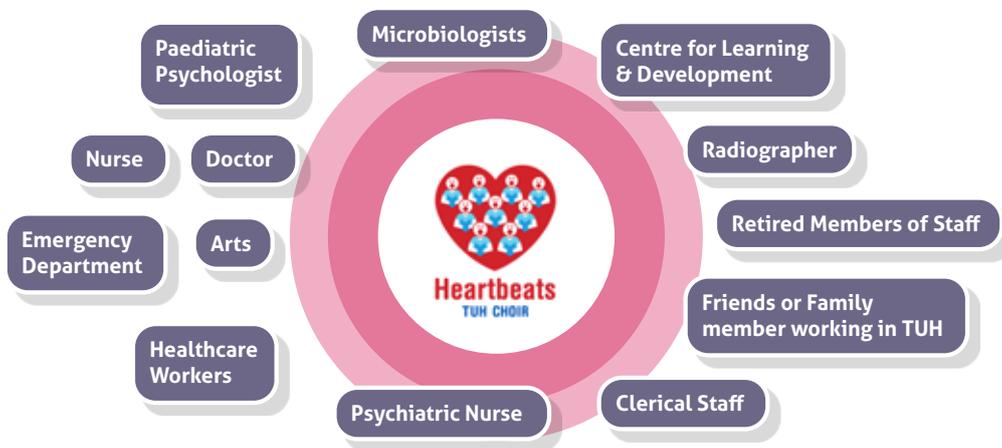
People

Heartbeats Choir, Sing While You Can Singers, Cards Created By You Staff Project

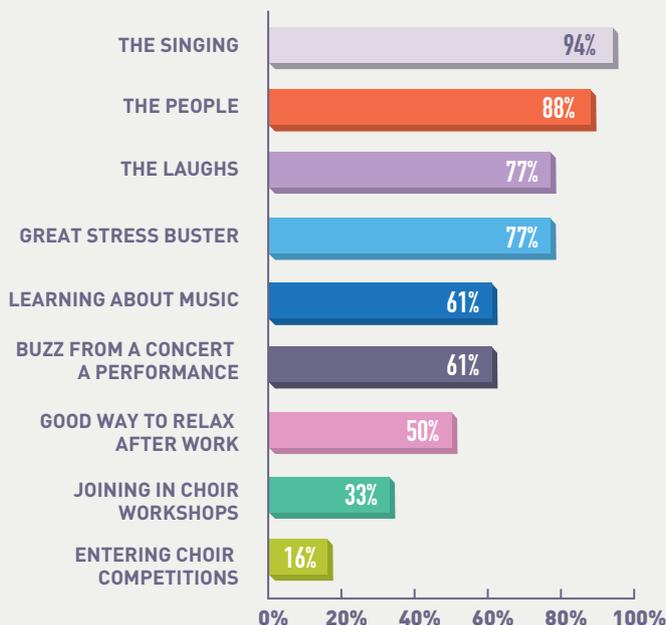
Heartbeats-TUH Choir goes virtual

During the first lockdown Heartbeats-TUH Choir quickly swapped their well-established onsite rehearsals for an online format under the direction of Michael Fay. This was a big learning curve for the choir but all rose to the challenge and with the help of a few 'tech savvy' singers they managed to get their members online and singing again on a weekly basis. Aside from learning new material online sessions included warm-ups, quizzes, member's catch-up time and conducting a choir survey. Highlights from our survey clearly convey what being in the choir means to our members.

Where do our members work in TUH?



What do members love about the Choir?



Reflections shared by members

“ Tuesdays are my favourite day of the week, I get so much satisfaction from attending the choir! ”

“ Choir is a very welcoming group I'm delighted to be checking in on zoom ”

“ I love meeting the gang and especially welcoming new members ”

“ It's a wonderful stress buster for a very demanding and challenging job in healthcare ”

New members are always welcome, including retired TUH staff members. To sign up or for further details please email heartbeatschoir@tuh.ie

Choir Projects

As restrictions moved back to Level 3, Heartbeats - TUH Choir came together in person to sing and record 'Ode to Joy' as part of A Nation Performs initiative to the Frontline Crew. The fun, laughter and love of music remained as vibrant as always, a great way to celebrate European Music Day.

Our grand finale of the year was 'A Christmas Thank You' video which beautifully captured the ensemble sound of the choir. Audio recordings were made remotely by choir members and mixed together by our director Michael Fay. Video visuals consisted of images and footage from the choir members, collated by the Arts Team to complete the special Christmas Thank You. This was the choir's way to say thanks at the end of an extraordinary year to our family, colleagues and friends for all their support throughout 2020. The video is available to watch on the [TUH YouTube Channel](#).



Video still from A Christmas Thank You



Ode to Joy
Video Still

Sing While You Can Singers (SWYCS)

The Sing While You Can Singers were formed in November 2019 as a collaboration between NCAH and Pastoral Care. A casual singing group made up of a wide cross-section of TUH staff, under the musical direction of Clara Monahan. This is a perfect option for Staff who wish to experience group singing with their colleagues without having to commit to being involved in a Choir, although many staff do both – which highlights the benefits of singing in a group. The format is simple: when an event is identified, two 40 minute lunchtime practices are held on site in the days leading up to the event, followed by the performance itself.

In January 2020 this group performed at the launch of 'Butterfly Haven' the art installation previously noted which is located in the Innovation Hub in the Hospital Atrium. When guidelines allowed the SWYCS managed to come together for some 'socially distanced' singing to celebrate 'The International Day of the Nurse and Midwife' and also as a "Sing to Support Staff" events. Both of these performances are available on the TUH YouTube Channel.



Video still from International Day of the Nurse & Midwife

Greeting Cards project by TUH Staff

We all love to receive a greeting card, especially one that presents a beautiful image for us to enjoy and lift our spirits. The Arts Department invited TUH Staff to 'let their creativity flow' and submit their paintings, drawings, illustrations or photographs to be considered for a series of greeting cards exclusive to TUH!

There was a wonderful response to the 'Cards Created by You' competition which really showed just how talented TUH staff are. There were 69 images submitted in total, all from varied mediums. The judging panel had the difficult task of selecting 10 winning images in fact they were so blown away by the standard of submissions they suggested selecting an additional eight Highly Commended images. All winners received a One for All Voucher.

As a result of this project, the Arts Department are planning a Staff Art Exhibition on Hospital Street in 2021 to exhibit all the artworks received for the project for images to be seen and enjoyed by all staff in TUH. This project was by the NCAH in collaboration with the Executive Management Team and is kindly supported by the Meath Foundation.

12

Financial Management Performance

HSE ALLOCATION IN YEAR

€270.4m



PAY

€216.7m

67% of gross costs



NON-PAY

€104.9m

33% of gross costs

NET OUTTURN

€266.8m



SURPLUS

€3.6m



INCOME

€54.5m



PATIENT INCOME

€26m



€20m

INFRASTRUCTURE DEVELOPMENTS
(includes Renal, Reeves Day Surgery, ICU)



€5.3m

EQUIPMENT REPLACEMENT




€23m
 MEDICAL AND
 SURGICAL SUPPLIES


€20m
 MEDICATION

HIPE CHARTS
 REVIEWED AND CODED
61,500

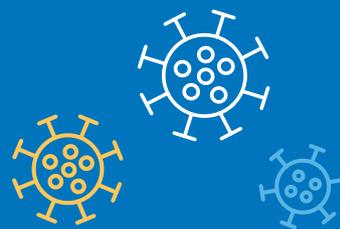
SCAN4SAFETY

1,762
 PATIENT EPISODES
 CAPTURED

28,797
 PRODUCTS ALLOCATED


 VALUE
€1.9m

COVID-19 COSTS **€26m**



PPE

SURGICAL MASKS USED 	2019 174k	2020 1,835k	953% INCREASE
SURGICAL GOWNS USED 	2019 17.4k	2020 481.5k	2,667% INCREASE
VALUE OF PPE USED 	2019 264k	2020 3,184k	1,104% INCREASE

Financial Review

The below table summarises the financial outturn for 2020.

Total	2020	2019	Movement	
	Total €'000	Total €'000	€'000	%
HSE Allocation notified	273,852	246,475	27,377	11.1%
HSE Allocation before once-off allocation	(3,437)	-		
Retrospective once-off allocation	-	(5,637)		
	<u>270,415</u>	<u>240,838</u>		
Allocation received re PPE not yet consumed	(4,010)	-		
HSE Allocation excluding once-off income for PPE not yet consumed	<u>266,405</u>	<u>240,838</u>	25,567	10.6%
Net expenditure in year	266,804	240,842	25,962	10.8%
HSE Allocation excluding once-off allocations	<u>(266,405)</u>	<u>(240,838)</u>		
Net deficit re current year before additional allocations	399	4		
Allocation received re PPE not yet consumed	(4,010)	-		
Retrospective once-off allocation	-	(5,637)		
Net surplus in year	<u>(3,611)</u>	<u>(5,633)</u>		
Cumulative deficit	15,494	19,105		

In 2020, the Hospital received an allocation of €273.9m which was an increase of €27.3m (11.1%) on the final allocation for 2019. Of this allocation €3.4m has been deferred to the following year as it relates to specific costs which have not been incurred at December 2020, resulting in an allocation of €270.4m for the year. This allocation includes €4m in respect of funding received for COVID-19 personal protective equipment (PPE) which remained in stock at the year end. The financial performance of the Hospital demonstrated a deficit of €0.4m against the comparable HSE allocation excluding the funding received for this PPE remaining in stock. A surplus of €3.6m results in 2020 when taking account of this PPE funding leading to a reduction in the cumulative deficit to €15.5m at 31 December 2020. The surplus in 2020 will be eliminated in future years as the stock of PPE is consumed.

As a result of the COVID-19 pandemic the Hospital incurred additional costs of €26.1m in 2020 which were funded in full in the HSE allocation. These additional costs can be broken down into increased pay costs of €8.3m, increased non-pay costs of €9.9m including the PPE of €4m still in stock and loss of income of €7.9m. In 2020 the Hospital saw the net expenditure increase by €26m (10.8%) when compared with 2019.

Expenditure

	2020 €'000	2019 €'000	Movement €'000	%
Pay	216,709	201,611	15,098	7.5%
Non-pay	104,580	97,930	6,650	6.8%
Gross expenditure	<u>321,289</u>	<u>299,541</u>	<u>21,748</u>	7.3%
Income	(54,485)	(58,699)	4,214	-7.2%
Net expenditure	<u>266,804</u>	<u>240,842</u>	<u>25,962</u>	10.8%

Total pay costs in 2020 increased by €15m (7.5%) compared to 2019 of which COVID-19 related pay costs amounted to €8.3m. The remaining increased costs can be attributed to national wage agreement pay restoration costs (€3.17m), enhanced nursing pay scales (€2.5m), consultants' agreements (€1m) and pay increments.

Non-pay expenditure increased by €6.6m (6.8%) in 2020. This increase can be attributed to COVID-19 non-pay costs incurred of €5.9m exclusive of PPE still in stock and additional medical equipment of €3.4m transferred from the HSE. These increased costs are partly offset by reduced direct patient care costs due to lower non COVID-19 general activity levels.

Income year on year has fallen by €4.2m due to the impact of reduced capacity due to COVID-19 restrictions.

Income

	2020 €'000	2019 €'000	Movement €'000	%
Patient income	26,093	31,730	(5,637)	-17.8%
Superannuation and Pension Levy	10,392	10,551	(159)	-1.5%
Income from external agencies	7,561	10,524	(2,963)	-28.2%
Miscellaneous Income	10,439	5,894	4,545	77.1%
	<u>54,485</u>	<u>58,699</u>	<u>(4,214)</u>	-7.2%

Patient income reduced in 2020 due to reduced activity arising from patient admission cancellations and the use of private facilities for the isolation and treatment of COVID-19 patients.

The decrease in income from external agencies reflects Children's Health Ireland moving off-site for five months during the year in order to enable the use by the Hospital of the paediatric facilities to cope with the level of COVID-19 patients.

The negative impact of COVID-19 on the patient income has been partly offset due to an increase in miscellaneous income from other sources. As part of the COVID-19 response, in addition to the allocation, during 2020 the HSE also purchased equipment valued at €3.4m directly and transferred this to the Hospital without charge.

Capital projects in 2020 reflect campus developments including the completion of the new renal unit and opening of the off-site Reeves Day Surgery Centre in late 2020 and the commencement of the building work on the new critical care unit. During the year we acquired significant additional equipment to meet COVID-19 requirements and medical equipment replacement. During 2020 the Hospital received a donation of €1.6m from the Tallaght University Hospital Foundation to enable the purchase of a robotic assisted surgery system.

The Hospital continued the extension of our 'Scan4Safety' project in 2020 and at the end of the year had complete traceability of items used during surgical procedures in four surgical theatres, our new off-site day surgery and our catheterisation laboratory. This is a quality and safety led project with the added focus of value improvement in the areas of supply chain which has improved patient safety and operational efficiency and reduced costs.

The Hospital continues to work with St. James's Hospital in relation to the shared development and enhancement of the SAP financial management system and is currently in the process of developing an online Edge4Health virtual product catalogue.

Income and Expenditure Account

For the reporting period 1st January 2020 to 31st December 2020

	2020 €'000	2019 €'000
Pay Expenditure	216,709	201,611
Non Pay Expenditure	104,580	97,930
Gross Expenditure	<u>321,289</u>	<u>299,541</u>
Income	(54,485)	(58,699)
Net Expenditure for the year	<u>266,804</u>	<u>240,842</u>
Allocation in year before once-off allocation	(270,415)	(240,838)
(Surplus)/deficit in year before once-off allocation	<u>(3,611)</u>	<u>4</u>
Retrospective once-off allocation	-	(5,637)
Surplus in year after once-off allocation	<u>(3,611)</u>	<u>(5,633)</u>
Cumulative deficit brought forward from previous year	19,105	24,738
Cumulative deficit carried forward to following year	<u>15,494</u>	<u>19,105</u>

Balance Sheet

as at December

	2020 €'000	2019 €'000
Fixed Assets		
Tangible Assets	77,877	46,906
Current Assets		
Debtors	31,368	44,692
Stocks	9,235	5,017
Bank and Cash balances	<u>24,715</u>	<u>11,160</u>
	65,318	60,869
Creditors – less than one year		
Creditors	(72,497)	(69,301)
Bank Overdraft	-	(5,796)
Obligations under finance leases	<u>(2,386)</u>	<u>-</u>
	(74,883)	(75,097)
Net Current Liabilities	(9,565)	(14,228)
Total Assets less current liabilities	68,312	32,678
Creditors - more than one year		
Obligations under finance leases	<u>(12,531)</u>	<u>-</u>
	55,781	(14,228)
Capital and Reserves		
Non Capital Income & Expenditure Account Deficit	(15,494)	(19,105)
Capital Income & Expenditure Account	(6,602)	4,877
Capitalisation Account	<u>77,877</u>	<u>46,906</u>
	55,781	32,678



13

Foundations

Adelaide Health Foundation (AHF)

The Adelaide Health Foundation delivered a full programme in 2020, responding to the remote working environment necessitated by the global pandemic by moving activity online.

Support of nursing education remained a key focus, and the AHF also supported a wide range of projects in TUH and in the local community.

Support of Nursing Education

Student Nurse Applications

A main focus of the AHF is to develop and support Nursing in TUH. Working with Trinity College Dublin (TCD), the foundation accepts and reviews applications for the Adelaide School of Nursing (ASN), a four-year BSc General Nursing Degree in TCD.

The 2020 application process commenced in March, at the same time as the country was going into Phase 1 of lockdown due to COVID-19. The process was moved online, 406 students applied to be nominated by the Foundation for entry as Year 1 students which was a significant increase on 2019 applications. The total number of available 1st year nursing places in TUH in 2020 was increased from 90 to 105, which helped alleviate some pressure on the Class of 2020. All Adelaide School of Nursing places were taken up.

Nursing Bursaries

The AHF has been granting support to TUH nursing students since 1997, assisting financially to enable them focus on their studies as they work towards achieving their nursing degree.

The means tested Bursary scheme was reviewed early in 2020 with a view to evaluating whether it remains the best use of available resources.

Travelling daily to Dublin is costing me a small fortune but the bursary goes a long way with helping me to meet those costs. I honestly don't think I could have done it without the bursary. So once again, I just want to say thank you so much.

I could never have managed these past two years without the help of the bursary.

An on-line application process was introduced and 86 applications were received across 1st, 2nd and 3rd year students.

In 2020, a total of €154,000 was awarded to 74 new and continuing students. The total number of bursaries awarded since the scheme commenced is 716 and total expenditure on bursaries has now reached €1,434,865.

Nursing Scholarships

The 2020 Hannah McDowall Scholarship was awarded to Katie Conlan for her distinguished performance in her first year TCD examinations.

Supporting TUH and the community it serves

The Foundation directly funds projects both in the Hospital and in the local community. In 2020 the criteria of both funding streams were adapted to help deal with the impact of the pandemic, and both were moved fully online.



Pictured from left to right Niamh Gavin, Chief Executive of the Adelaide Health Foundation; Professor David Kane, Consultant Rheumatologist; Professor Greg Swanwick, Consultant Psychiatrist and Shauna Ennis, Head of Learning & Development



Pictured from left to right Shauna Ennis, Head of Learning & Development, Cathy Mullen, Resuscitation Training Officer and Niamh Gavin, CEO of the Adelaide Health Foundation

Hospital Projects

AHF funding was granted for a number of projects highlighted by TUH staff as presenting particular challenges as a result of the pandemic these included:

- The Patient Care Packages initiative enables patients to send and receive packages from home to help alleviate the impact of the restriction on visitors
- Two defibrillators and seven mannequins were funded for the Centre of Learning & Development to facilitate safe staff education for training staff in basic life support
- In conjunction with the Robert Graves Post-Graduate Centre Steering Committee, the AHF part funded a new video conference system for the centre, to provide live remote teaching.

The AHF also invites applications annually across all hospital departments for “New Initiatives” in TUH. The scheme was launched towards the end of 2020 and a record 19 applications were received, of which 11 projects were approved for funding totalling €41,257.

Of the 11 projects approved, two from Pastoral Care served as stark reminders of the impact of the pandemic on TUH staff, patients and families. These were for a virtual bereavement service and a permanent memorial to deceased patients.

Also approved were applications for equipment for hospital Departments e.g. a portable handheld ultrasound for Radiology and a sepsis trolley for ED. Funding was also granted for an application to Improve Safety and Administration in the Medication Process.

A number of projects were funded from the Patient Well Being Fund in 2020 including TVs for waiting areas and special chairs for Age Related Health Care. Support was also provided for the Social Work Department.

Community Health Grants

The pandemic brought increased challenges to local community organisations in 2020 including additional health and safety, IT and staffing costs, which were coupled with a decline in fundraising. The criteria for the Community Grants Scheme were adapted to enable applicants apply for funding to address these challenges.

The 2020 scheme was launched in March and awards totalling €36,140 were made across 11 organisations for a broad range of projects.

AHF RESEARCH

Towards the end of 2020 the AHF launched a research project into genetic testing and counselling services in Ireland as these services are currently under-regulated, underfunded and fragmented.

The aim of the project is to:

- review genetic testing and counselling services available in Ireland and compare them against best international practice.
- provide recommendations on improving service design and delivery together with a roadmap to improve the patients experience in finding answers to difficult questions.

A recommendation has now been approved by AHF Board and an 18 month/€115k research project is currently being commissioned.

Finally, during 2020 the AHF’s M&A was updated in line with Companies Act 2014 and the membership approved to change the registered name of the organisation from Adelaide Hospital Society to Adelaide Health Foundation.

The Meath Foundation

Research

The Meath Foundation were pleased to continue to award Research Grants in 2020. There were five Research Grants awarded with a total value of €350,000. The recipients were Professor Lucy Ann Behan; Professor James Gibney; Professor Kevin Conlon; Professor Seamas Donnelly and Professor Seán Kennelly.

In addition a special COVID-19 Research Grant was awarded to Professor Seán Kennelly. His research project is titled 'COVID-19 in Nursing Home Residents (NHRs): Predicting Disease Severity, Outcomes and Anti-Viral Immune Responses'. The research is investigating the effect of COVID-19 on the population most impacted by this viral illness – those living in nursing homes, and accounts for almost 60% of all deaths due to the virus both in Ireland and many other countries. The research is being led from TUH along with colleagues in other Dublin hospitals and already has resulted in publishing the first large case-series in the international literature on outcomes for nursing home residents during the first wave of the pandemic.

Professor Kennelly wrote: 'In supporting this study the Meath Foundation have provided an opportunity for me as a clinician to collaborate with COVID laboratory specialists here in TUH, immunology colleagues in Trinity College Dublin, and our network of local nursing homes to deliver this novel study. This study commenced in January 2021, with almost 80 participants recruited to date. Once the dataset is complete it will provide an opportunity for collaboration with international groups with similar objectives.'

In 2020 The Foundation also awarded a Research Fellowship to Dr. Emmett Browne. This Fellowship, valued up to €75,000, is to allow for protected time to carry out research while studying for a higher degree e.g. PhD.

The Foundation continues to support the Meath Foundation Clinical Research Laboratory. The number of researchers doing research in this Laboratory has continued to increase year on year and has a vibrant group of researchers working there.

Quality Improvement & Innovation

The Foundation awarded funding for a number of projects during 2020. Some of the projects funded were:

Arts & Health: 'Our Voices – TUH Patient Choir'

Nutrition & Dietetics: 'Completion of Comprehensive Analysis which commenced in 2019 of the nutrient content of the hospitals patient menus to assess compliance with national standards'

Nursing Directorate: 'Fostering a positive Patient Experience (Providing each patient with a 'Sleep Pouch)'

Nursing Directorate: 'Introduction of an Electronic Early Warning Score to Aid Patient and Nursing Outcomes'

Emergency Department: 'Improving detection and management of delirium in the ED and the acute medical unit'

Psychology Department: Support for printing of 'COVID-19 Manual'. This manual is given to patients who have contracted the virus upon discharge from the Hospital to help them with their ongoing recovery at home

Laboratory Medicine: 'Support for the SARS-COV-2 Serology Antibody Prevalence Study in TUH HCWs, initiated in Laboratory Medicine under the Innovation HUB, led by Dr. Ann Leonard'

Due to the pandemic some of the projects have been put on hold.

The Foundation continued to sponsor the annual Clinical Audit & Quality Symposium. This year due to the pandemic it was postponed from its usual date and was held virtually, very successfully in November. A big 'thank you' to all those who presented on the day and displayed posters. The Clinical Audit Manager did a superb job in very difficult circumstances.

During 2020 The Foundation also agreed with the TUH Leadership to fund the establishment of an Innovation Manager post. This post will greatly enhance the already great work being done in this area.



The Meath Foundation

Education

The implementation of the TUH Learning & Development Strategy 2018 – 2021 continued during 2020. The funding provided by The Foundation has assisted the development of the Strategy by supporting the following:

- > Coaching Programme
- > Mentoring Education Programme
- > Meath Foundation MSc Fellowships

These programmes have assisted in expanding the Leadership Academy.

- > eLearning Programs
 - Onboard@TUH Hub – launched in September 2020. This is an on-line induction programme for new staff joining TUH. In the four months to December 116 new employees attended induction and 54% completed Onboard @Hub assessment to date.
 - Pressure Ulcer Assessment, Prevention & Management. This eLearning Program was launched in November 2020 and sits on HSELand and available to all staff working in the Health Services. In the two months to December, 318 TUH / HSE staff have completed the programme.
 - The Foundation also assisted in building capacity to develop expertise in-house. This expertise will greatly enhance the development of eLearning programmes.

Arts & Health

The Arts & Health programme in TUH is diverse, but in March 2020 due to the pandemic, most of the programmes were suspended due to restrictions. None the less the Artists, led by the Arts & Health Manager, put on their very creative caps and some of the initiatives developed were:

- > ARTS4ALL – a series of art packs for patients to encourage creativity, self-expression and to somewhat ease boredom. The Art Packs included Colouring, Weaving, Crafting and Sewing. This initiative was jointly funded by the Adelaide Health Foundation and ourselves.
- > Music Therapy continued where it was safe to do so.
 - 135 Music Therapy sessions provided with 253 inpatients accessing service
 - Series of Music and Relaxation Videos / Choir / TUH You Tube featuring Clara Monahan, Music Therapist
 - Sing with Me video series x 4: You Tube Hits 1,123
 - Sing with Me Culture Night video series x 4: You Tube Hits 426
 - Relax with Me video series x 4: You Tube Hits 81

Work continued on the Digital Archive / Catalogue and an Arts & Health website.

Art exhibitions on the Hospital Street have been very popular over a good number of years. In 2020 during the pandemic the Artist, Lucy Turner exhibited 'Life Objects'. At the end of the exhibition Lucy offered the collection to the Hospital and The Foundation were delighted, as part of our support for Arts & Health, to acquire this beautiful art for TUH.

Tallaght University Hospital Foundation

Tallaght University Hospital Foundation (TUHF) was established by TUH as an independent registered charity in 2018 to support and facilitate the Hospital's mission and strategic objectives across innovation, integrated care, research and hospital expansion. Our mission is to establish Tallaght University Hospital as the partner of choice in terms of new innovations and large-scale health care investments as well as to work with the wider community to support specific hospital projects.

Like with so many organisations, the COVID-19 pandemic was a game-changer. TUHF successfully raised €1.9 million and funded new equipment to help in operating theatres and clinics, delivered new ways of examining and monitoring medical conditions, upgraded and renovated rooms within the Hospital and supported a number of miscellaneous and staff projects to enhance services. All that in a year that saw our lives upended in a way that no one could have ever imagined.

Most noteworthy was our investment of €1.6 million in a surgical robotic programme known as da Vinci Surgical System for the benefit of TUH and its patients. This technology brings TUH in line with leading hospitals internationally. The Hospital is now able to offer an alternative option to open surgery and perform complex minimally invasive surgical procedures with precision and accuracy to over 200 patients annually, making a significant difference on how TUH will deliver excellent patient care.

TUHF also invested €152,500 in the delivery of best-in-class environments that reflect TUH's excellent patient care so that both patients and staff can thrive. We also invested in supporting staff working in challenging work conditions that staff now face by investing in mobile workstations. These provide TUH staff with access to ICT systems anywhere on the ward, protecting staff and patients and reducing the risk of infection.



From left to right TUHF team members Sarah Benson, Kelly Crowley, Douglas Collins and Siobhán Cosgrove

TUHF is committed to being on the forefront of that change, to becoming a Foundation that attracts support that can ensure TUH leads through the integration of the most cutting-edge developments, pioneering medicine to benefit the whole community locally and nationally. Our board are firmly committed to ensuring high standards of transparency and accountability in all that the organisation does.

In 2020, TUHF was awarded the Triple Lock Standard from the Charities Institute Ireland. This standard is awarded to charities who actively demonstrate openness, transparency and integrity through ethical fundraising, financial reporting and adherence to regulation devised by the Charities Regulator in formally adopting the Charities Governance Code.

We will continue to build and strengthen TUHF to support TUH's ambitious plans for the Hospital. 2021 will see the roll out of our hospital lottery, tap and donate machines, our grateful patients, in memory and legacy programmes as well as the formation of an expert advisory group to attract philanthropic support. There are radical changes happening in the field of medical technology and preventative intervention. And with the continued support of the community and investors, we will continue to support innovation, better outcomes and create an even longer lasting positive impact on the lives of the patients, staff, visitors, donors and community, setting new standards in Ireland and redefine healthcare for a better future for us all.



2021 will see the roll out of our hospital lottery, tap and donate machines, our grateful patients, in memory and legacy programmes as well as the formation of an expert advisory group to attract philanthropic support.



14

Research & Publications

AGE RELATED HEALTHCARE

- **Peripheral Inflammation and Cognitive Performance in Middle-Aged Adults With and Without Type 2 Diabetes: Results From the ENBIND Study.** Dyer AH, McKenna L, Batten I, Jones K, Widdowson M, Dunne J, Conlon N, Reilly R, Woods CP, O'Neill D, Gibney J, Bourke NM, Kennelly SP. *Front Aging Neurosci.* 2020 Nov 30;12:605878. doi: 10.3389/fnagi.2020.605878.
- **Nursing Home Design and COVID-19: Balancing Infection Control, Quality of Life, and Resilience.** Anderson DC, Grey T, Kennelly S, O'Neill D. *J Am Med Dir Assoc.* 2020 Nov;21(11):1519-1524. doi: 10.1016/j.jamda.2020.09.005.
- **Cognitive performance in midlife type 2 diabetes: results from the ENBIND study.** Dyer AH, McKenna L, Gamage G, Bourke NM, Killane I, Widdowson M, Woods CP, Gibney J, Reilly R, O'Neill D, Kennelly SP. *Diabet Med.* 2020 Sep 30:e14412.
- **Asymptomatic carriage rates and case-fatality of SARS-CoV-2 infection in residents and staff in Irish nursing homes.** Kennelly SP, Dyer AH, Noonan C, Martin R, Kennelly SM, Martin A, O'Neill D, Fallon A. *Age Aging.* 2020 Sep 28:afaa220.
- **Sedative Load in Community-Dwelling Older Adults with Mild-Moderate Alzheimer's disease: Longitudinal Relationships with Adverse Events, Delirium and Falls.** Dyer AH, Murphy C, Lawlor B, Kennelly SP; on behalf of NILVAD Study Group. *Drugs Aging.* 2020 Nov;37(11):829-837.
- **Antidepressant use and orthostatic hypotension in older adults living with mild-to-moderate Alzheimer disease.** Dyer AH, Murphy C, Briggs R, Lawlor B, Kennelly SP; on behalf of NILVAD Study Group. *Int J Geriatr Psychiatry.* 2020 Jul 15.
- **Potentially inappropriate medication use in older adults with mild-moderate Alzheimer's disease: prevalence and associations with adverse events.** Murphy C, Dyer AH, Lawlor B, Kennelly SP; NILVAD Study Group. *Age Aging.* 2020 May 30 doi: 10.1093/ageing/afaa067.
- **Non-pharmacological interventions for cognitive impairment in women with breast cancer post-chemotherapy: A systematic review.** Floyd R, Dyer AH, Kennelly SP. *J Geriatr Oncol.* 2020 Jun 11:S1879-4068(20)30019-9. doi: 10.1016/j.jgo.2020.05.012.
- **Developing a guidance resource for managing delirium in patients with COVID-19.** Meagher D, Adamis D, Timmons S, O'Regan NA, O'Keefe S, Kennelly S, Corby C, Meaney AM, Reynolds P, Mohamad M, Glynn K, O'Sullivan R. *Ir J Psychol Med.* 2020 May 28:1-16. doi: 10.1017/ipm.2020.71.
- **Understanding the aetiology of fear of falling from the perspective of a fear-avoidance model - A narrative review.** Peeters G, Bennett M, Donoghue OA, Kennelly S, Kenny RA. *Clin Psychol Rev.* 2020 May 13;79:101862. doi: 10.1016/j.cpr.2020.101862.

- **Long-term proton-pump inhibitor use in older adults with mild-to-moderate Alzheimer’s disease: Are there cognitive consequences?** Dyer AH, Murphy C, Lawlor B, Kennelly SP; NILVAD Study Group. Eur J Intern Med. 2020 May 6;S0953-6205(20)30119-9. doi: 10.1016/j.ejim.2020.04.004.
- **COVID-19 in Nursing Homes.** Fallon A, Dukelow T, Kennelly SP, O’Neill D. QJM. 2020 Apr 20:hcaa136. doi: 10.1093/qjmed/hcaa136.
- **Social networks in mild-to-moderate Alzheimer disease: longitudinal relationships with dementia severity, cognitive function, and adverse events.** Dyer AH, Murphy C, Lawlor B, Kennelly SP, Study Group For The Nilvad. Aging Ment Health. 2020 Apr 7:1-7. doi: 10.1080/13607863.2020.1745146.
- **Is Ongoing Anticholinergic Burden Associated with Greater Cognitive Decline & Dementia Severity in Mild to Moderate Alzheimer Disease?** Dyer AH, Murphy C, Segurado R, Lawlor B, Kennelly SP; NILVAD Study Group. J Gerontol A Biol Sci Med Sci. 2019 Oct 15. pii: glz244.
- **Gait speed, cognition and falls in people living with mild-to-moderate Alzheimer disease: data from NILVAD.** Dyer AH, Lawlor B, Kennelly SP; NILVAD Study Group. BMC Geriatr. 2020 Mar 30;20(1):117. doi: 10.1186/s12877-020-01531-w.
- **Sexual dimorphism in the association of APOE 4 genotype with cognitive decline and dementia progression in mild-to-moderate Alzheimer disease.** Dyer AH, Lawlor B, Kennelly SP; NILVAD Study Group. Int J Geriatr Psychiatry. 2020 Jun;35(6):683-686. doi: 10.1002/gps.5294.
- **The Influence of Baseline Alzheimer’s Disease Severity on Cognitive Decline and CSF Biomarkers in the NILVAD Trial.** Abdullah L, Crawford F, Tsolaki M, Börjesson-Hanson A, Olde Rikkert M, Pasquier F, Wallin A, Kennelly S, Ait-Ghezala G, Paris D, Hendrix S, Blennow K, Lawlor B, Mullan M. Front Neurol. 2020 Mar 6;11:149. doi: 10.3389/fneur.2020.00149.
- **Driving assessment, A comprehensive guide to rehabilitation of the older patient.** O’Neill D, O’Hanlon S, Smith M 4e, London, Churchill Livingstone, 2020.
- **Design and the built environment to support patients living with dementia and accompanying persons in acute hospitals,** Grey T, Xidou D, O’Neill D, Fleming R, Zeisel J, Bennett K., World Alzheimer Report 2020: Design Dignity Dementia: dementia-related design and the built environment Volume 1, London, England, Alzheimer’s Disease International, 2020, 56 - 61.
- **Health, aging, authenticity and art,** O’Neill D, Sholl J, Rattan S, Explaining Health Across the Sciences, Basel, Springer Nature, 2020, 137 - 147.
- **COVID-19, vision, and fitness to drive** O’Neill D, Chen S, Kearns F, Roche L, Ryan M QJM, 113, 10, 2020, 775.
- **Widening our horizons for promoting mobility and safety for drivers with dementia** O’Neill D, International Psychogeriatrics, 32, 12, 2020, 1389 – 1391.
- **Mainstreaming medical humanities in continuous professional development and postgraduate training.** O’Neill D, Kelly BD, O’Keeffe ST, Moss H, Clinical Medicine, 20, 2, 2020, 208 – 211.
- **von Willebrand Factor Antigen, von Willebrand Factor Propeptide, and ADAMTS13 in Carotid Stenosis and Their Relationship with Cerebral Microemboli, Thromb Haemost,** Murphy SJX, Lim ST, Hickey F, Kinsella JA, Smith DR, Tierney S, Egan B, Feeley TM, Murphy SM, Collins DR, Coughlan T, O’Neill D, Harbison JA, Madhavan P, O’Neill SM, Colgan MP, O’Donnell JS, O’Sullivan JM, Hamilton G, McCabe DJH, Epub 2020 Sep 15.
- **Asymptomatic carriage rates and case-fatality of SARS-CoV-2 infection in residents and staff in Irish nursing homes,** Kennelly SP, Dyer AH, Noonan C, Kennelly SM, Martin A, O’Neill D, Fallon A, Age and Aging, 2020, epub ahead of print.
- **Nursing Home Design and COVID-19: Balancing Infection Control, Quality of Life and Resilience,** Anderson DC, Grey T, Kennelly S, O’Neill D, Journal of the American Medical Directors Association, 21, 11, 2020, 1519 – 1524.
- **Warmth and humour in dementia,** O’Neill D, Lancet Neurology, 19, 7, 2020, 571.
- **Cognitive performance in midlife type 2 diabetes: results from the ENBIND study,** Dyer A, McKenna L, Gamage G, Bourke N, Killane I, Widdowson M, Woods C, Gibney J, Reilly R, O’Neill D, Kennelly S., Diabetic Medicine, 2020.

- **Disease and Moyamoya Syndrome in Ireland: Patient Demographics, Mode of Presentation and Outcomes of EC-IC Bypass Surgery**, Doherty RJ, Caird J, Crimmins D, Kelly P, Murphy S, McGuigan C, Tubridy N, King MD, Lynch B, Webb D, O'Neill D, McCabe DJH, Boers P, O'Regan M, Moroney J, Williams DJ, Cronin S, Javadpour M., *Moyamoya Ir J Med Sci*, 2020 epub ahead of print.
- **Inclusion of medical fitness to drive in medical postgraduate training**, Al Azawi L, O'Byrne A, Roche L, O'Neill D, Ryan M, *Journal of the Royal College of Physicians of Edinburgh*, 50, 3, 2020, 309 – 315.
- **Protecting our Longevity Dividend during COVID-19**, *Ir Med O'Neill D, J*, 113, 4, 2020, P50.
- **Dementia Friendly Hospital Design: Key Issues for Patients and Accompanying Persons in an Irish Acute Care Public Hospital**, Xidous D, Grey T, Kennelly SP, O'Neill D, *Health Environments Research & Design*, 13, 1, 2020, 48 – 67.
- **Hiding in plain sight – post stroke cognitive impairment**, Daly B, O'Neill D *Ir Med J*, 113, 9, 2020, P173.
- **Perceptions and attitudes towards risk and personal responsibility in the context of medical fitness to drive**, Ryan M, Walshe J, Booth R, O'Neill D, *Traffic Injury Prevention*, 21, 6, 2020, 365 – 370.
- **COVID-19 in Nursing Homes**, Fallon A, Dukelow T, Kennelly S, O'Neill D, *QJM*, 113, 6, 2020, 391 – 392.
- **On behalf of the Special Interest Group in Long-Term Care of the EuGMS, COVID-19 highlights the need for universal adoption of Standards of Medical Care for Physicians in Nursing Homes in Europe**, O'Neill D, Briggs R, Holmerova I, Samuelsson O, Gordon AL, Martin FC *European Geriatric Medicine*, 2020 Aug;11(4):645-650.
- **The Great Enigma: Tomas Tranströmer and the magic of geriatric medicine**, O'Neill D, *European Geriatric Medicine*, 11, 2020, 879 – 880.
- **Interim EuGMS guidance to prepare European Long-Term Care Facilities for COVID-19**, Blain H, Rolland Y, Schols JMGA, Cherubini A, Miot S, O'Neill D, Martin FC, Guérin O, Gavazzi G, Bousquet J, Petrovic M, Gordon AL, Benetos A., August 2020 *European Geriatric Medicine*, 2020 Dec;11(6):899-913.
- **On behalf of the Irish Society of Physicians in Geriatric Medicine, Responding to Needs of Residents in Long Term Care in Ireland**, Martin A, Boyle N, Cooke J, Kennelly SP, Martin R, Mulroy M, O'Connor M, O'Keeffe S, O'Neill D *Ir Med J* 113, 9, 2020, P181.
- **Peripheral Inflammation and Cognitive Performance in Middle-Aged Adults With and Without Type 2 Diabetes: Results From the ENBIND Study**, *Front. Dyer AH, McKenna L, Batten I, Jones K, Widdowson M, Dunne J, Conlon N, Reilly R, Woods CP, O'Neill D, Gibney J, Bourke NM, Kennelly SP, Aging Neurosci*, 12, 2020 Nov 30;12:605878.
- **Promoting well-being among people with early-stage dementia and their family carers through community-based group singing: a phenomenological study**, Lee S, O'Neill D, Moss H, *Arts and Health*, 2020 epub ahead of print.
- **Profile of reticulated platelets in the early, subacute and late phases after transient ischemic attack or ischemic stroke**, Lim ST, Tobin WO, Murphy SJX, Kinsella JA, Smith DR, Lim SY, Murphy SM, Coughlan T, Collins DR, O'Neill D, Egan B, Tierney S, McCabe DJH, *Platelets*, 2020 epub ahead of print.
- **Persistent Perioperative Cognitive Impairment: prevention, management and sharing with patients**, Benamer C, Fitzpatrick G, Ridgway P, O'Neill D, *Ir Med J*, 113, 5, 2020, P68.
- **Older people and COVID-19 updates by medical postgraduate colleges in UK and Ireland**, Lynch A, O'Neill D *European Geriatric Medicine*, 2020 Aug;11(4):711-712.
- **COVID-19 in care homes: the many determinants of this perfect storm**, O'Neill D, *BMJ*, 369, 2020, m2096.
- **Generating Guardians of the Longevity Dividend**, O'Neill D *Age and Aging*, 49, 6, 2020, 932 – 933.
- **Ethical road map through the COVID-19 pandemic: Continuing Professional Development in ethics for clinicians also needed**, O'Neill D, *BMJ*, 370, 2020, m2793.
- **Oropharyngeal dysphagia among patients newly discharged to nursing home care after an episode of hospital care**, Horgan E, Lawson S, O'Neill D, *Ir J Med Sci*, 189, 2020, 295 – 297.
- **Response to articles on psychotropic drugs, mental health and driving**, Roche L, Ryan M, O'Neill D, *Ir Med J*, 113, 6, 2020, 110.
- **K, COVID in Care Homes – Challenges and Dilemmas in Healthcare Delivery**, Gordon AL, Goodman C, Achterberg W, Barker RO, Burns E, Hanratty B, Martin FC, Meyer J, O'Neill D, Schols J, *Spilsbury Age and Aging*, 2020 Aug 24;49(5):701-705.

DERMATOLOGY

- **Psychosocial burden and out-of-pocket costs in patients with atopic dermatitis.** Murray G, O’Kane M, Watson R, Tobin AM. Clin Exp Dermatol Epub 2020 Sept 27. Doi: 10.1111/ced.14422 PMID:3280784.
- **Response to ‘Reduction in skin cancer diagnosis and overall cancer referrals, during the COVID-19 pandemic.** Murray G, Roche D, Ridge A, Hackett C, Tobin AM. Br J Dermatol 2020 Nov 5.doi:10.1111/bjd.19667. Online ahead of print. PMID: 33151567.
- **Sun protection factor reimbursement as a means to promote increased usage in an organ transplant recipient population.** O’Grady C, Roche D, Gilhooley E, MacMahon J, Awdeh F, Tobin AM. Photodermatol Photoimmunol Photomed. 2020 May;36(3):244-245. doi: 10.1111/phpp.12532. Epub 2020 Jan 22.PMID:3191202.
- **Enrichment of Polyfunctional IL-17-Producing T Cells in Paradoxical Psoriasis Skin Lesions.** Moran B, Gallagher C, Tobin AM, Fletcher JM. J Invest Dermatol. 2020 May;140(5):1094-1097. doi: 10.1016/j.jid.2019.10.010. Epub 2019 Nov 1.
- **An Update on Health-Related Quality of Life and Patient-Reported Outcomes in Hidradenitis Suppurativa.** Mac Mahon J, Kirthi S, Byrne N, O’Grady C, Tobin AM. Patient Relat Outcome Meas. 2020 Feb 10;11:21-26. doi: 10.2147/PROM.S174299. eCollection 2020. PMID: 32104123.
- **Psoriatic Nails; Severe Dystrophy and Hyperkeratosis.** O’Grady C, Tobin AM. J Clin Rheumatol. 2020 Jan 21. doi: 10.1097/RHU.0000000000001295. [online ahead of print].
- **A qualitative analysis of psychological distress in hidradenitis suppurativa.** Keary E, Hevey D, Tobin AM. Br J Dermatol. 2020 Feb;182(2):342-347. doi: 10.1111/bjd.18135. Epub 2019 Aug 14.
- **Photoinduced granulomatous reaction of cosmetically tattooed lips.** Gilhooley E, O’Grady C, Tobin AM, Connolly M. J Cosmet Dermatol 2020 Dec;19 (12): 3423-3425. doi: 10.1111/joed.13664. Epub 2020 Sep 4:PMID:32767805.
- **Scleromyxoedema, blistering lesions and progressive sensorimotor neuropathy in Waldenstrom’s macroglobulinaemia.** Jayadev Menon P, Alexander MD, Costelloe L, MacMahon J, Tobin AM, DesmondR, Murphy SM. Pract Neurol. 2020 Aug 27;practneurol-2020-002577.doi:10.1136/practneurol-2020-002577. Online ahead of print. PMID: 32855210.
- **High Levels of Psychological Distress, sleep disturbance and alcohol use disorder in Adults with Atopic Dermatitis.** Gilhooley E, O’Grady C, Roche D, MacMahon JM, Hambly R, Kelly A, Dhonncha EN, Moriarty B, Connolly M, Kirby B, Tobin AM, Ryan C. Dermatitis. 2020 Dec 15; Publish ahead of Print. Doi: 10.1097/DER.0000000000000687. PMID:33332864.
- **Perceptions of and barriers to the implementation of patient initiated follow-up.** Gilhooley E, Tobin AM. Int J Dermatol. 2020 Oct;59(10):1280-1281. Doi:10.1111/ijd.15107. Epub 2020 Aug 9.PMID: 33460077.
- **Transgender issues in dermatology.** D. Roche, G. Murray, M. Connolly, A.M. Tobin, Clin Exp Dermatol in press.
- **Fleshy friable nodule of the forehead.** D. Roche, G. Murray, O’Grady, A.M. Tobin. Clin Exp Dermatol in press.

ENDOCRINOLOGY

- **Peripheral Inflammation and Cognitive Performance in Middle-Aged Adults With and Without Type 2 Diabetes: Results From the ENBIND Study.** Dyer AH, McKenna L, Batten I, Jones K, Widdowson M, Dunne J, Conlon N, Reilly R, Woods CP, O’Neill D, Gibney J, Bourke NM, Kennelly SP.Front Aging Neurosci. 2020 Nov 30;12:605878. doi: 10.3389/fnagi.2020.605878. eCollection 2020.PMID: 33424582.
- **HDL particle size is increased and HDL-cholesterol efflux is enhanced in type 1 diabetes: a cross-sectional study.** Ahmed MO, Byrne RE, Pazderska A, Segurado R, Guo W, Gunness A, Frizelle I, Sherlock M, Ahmed KS, McGowan A, Moore K, Boran G, McGillicuddy FC, Gibney J.Diabetologia. 2021 Mar;64(3):656-667. doi: 10.1007/s00125-020-05320-3. Epub 2020 Nov 9.PMID: 33169205.
- **Cognitive performance in midlife type 2 diabetes: results from the ENBIND study.** Dyer AH, McKenna L, Gamage G, Bourke NM, Killane I, Widdowson M, Woods CP, Gibney J, Reilly R, O’Neill D, Kennelly SP. Diabet Med. 2020 Sep 30:e14412. doi: 10.1111/dme.14412. Online ahead of print. PMID: 32997841.

- **Metabolic dysfunction and diabetes mellitus during long-term follow-up of severe acute pancreatitis: A case-matched study.** Duggan SN, O'Connor DB, Antanaitis A, Campion JR, Lawal O, Ahmed M, Tisdall AR, Sherlock M, Boran G, le Roux C, Gibney J, Conlon KC. *Pancreatology*. 2020 Jul;20(5):813-821. doi: 10.1016/j.pan.2020.03.016. Epub 2020 Jun 4. PMID: 32522508.
- **Non-pharmacological interventions for cognition in patients with Type 2 diabetes mellitus: a systematic review.** Dyer AH, Briggs R, Mockler D, Gibney J, Kennelly SP. *QJM*. 2020 Mar 1;113(3):155-161. doi: 10.1093/qjmed/hcz053. PMID: 30825309.
- **Outcomes of the short Synacthen test: what is the role of the 60 min sample in clinical practice?** Dineen R, Mohamed A, Gunness A, Rakovac A, Cullen E, Barnwell N, Neary C, Behan LA, Boran G, Gibney J, Sherlock M. *Postgrad Med J*. 2020 Feb;96(1132):67-72. doi: 10.1136/postgradmedj-2019-136669. Epub 2019 Sep 25. PMID: 31554730.
- **An advanced nurse-led clinic for patients following percutaneous coronary intervention.** Ingram, S., Quirke, M.B., Loo, B. *British Journal of Cardiac Nursing* Oct 2020.
- **Impact of the 2019 ESC chronic coronary syndrome guidelines publication, on referrals for coronary imaging in a chest pain service.** Waters M, O'Connor C, Offiah G, Ingram S, Loo B. *Heart* 2020;106:A10.
- **Transforming post triage assessment of chest pain in a busy emergency department (ED), from ED doctor to advanced nurse practitioner (ANP) direct; the impact on patient experience times.** Ingram S (PET) *Heart* 2020;106:A26.
- **A fragility fracture screams chronic disease.** David Askin, Clinical Nurse Specialist, Bone Health, Tallaght University Hospital, Nursing in General Practice 17th September 2020.
- **Asymptomatic carriage rates and case fatality of SARS-CoV-2 infection in residents and staff in Irish nursing homes.** Kennelly, S.P., Dyer, A.H., Noonan, C., Martin, R., Kennelly, S.M., Martin, A., O'Neill, D. and Fallon, A., 2021. *Age and Aging*, 50(1), pp.49-54. Published electronically 28 September 2020.

EMERGENCY MEDICINE

- **"Expanding before my very eyes!": spontaneous axillary artery branch bleeding resulting in a large, subpectoral haematoma.** Obuseh EE. *BMJ Case Rep*. 2020 Sep 13;13(9):e238307. doi: 10.1136/bcr-2020-238307. PMID: 3292882.

NURSING

- **Patients experiences of living with multiple myeloma.** Horgan Cuffe, C., Quirke, M., & Mc Cabe, C. 2020. *British Journal of Nursing* Vol 29, No. 2.
- **Assessment and management of metastatic bone cancer in Emergency Departments.** *Emergency Nurse*. 28:6, 25-30. McBrien B (2020).
- **RCSI Research Conference March 2020 (Awarded Runner Up Prize for an innovative Research Project).** Mc Brien B; Mahon, P (2020) Caregivers' decision making for bring children to ED with Non urgent conditions.
- **Transforming post triage assessment of chest pain in a busy Emergency Department (ED), from ED doctor to Advanced Nurse Practitioner (ANP) direct; The impact on patient experience times (PET);** S Ingram. Tallaght University Hospital, Dublin, Ireland *British Medical Journal* Oct 2020.
- **Atopic Eczema – Why Scratching Can Make You So Itchy! On Line September 2020.** Carmel Blake. <https://irishskin.ie/atopic-eczema-why-scratching-can-make-you-so-itchy/>.
- **Your guide to Face masks and your skin.** On Line July 2020. Carmel Blake. <https://irishskin.ie/your-guide-to-your-skin-and-face-masks/>.
- **COVID-19 Hand Care Advice On line May 2020.** Carmel Blake. <https://irishskin.ie/covid-19-hand-care-advice/>.
- **Sun Protection for Organ Transplant Recipients. On line May 2020.** Carmel Blake. <https://irishskin.ie/sun-protection-for-organ-transplant-recipients/>.

- **Slow down skin aging – is the SPF in your moisturiser or make-up offering adequate UV protection? On line April 2020.** Carmel Blake https://irishskin.ie/premature_skin_aging_spf_and_uv_protection/.
- **Who is failing who? A survey exploration of the barriers & enablers to accurate decision making when nursing students' competence is below required standards.** Nugent, O., Lydon, C., Part, S., Dennehy, C., Fenn, H., Keane, L., Prizeman, G., Timmins, F. (2020) Nurse Education In Practice. 45, 102791.
- **Assessment and management of metastatic bone cancer in emergency departments.** Emergency Nurse. 28:6, 25-30. McBrien B (2020).
- **Spontaneous Intracranial Hypotension - A Common Misdiagnosis.** A.Subramanian, A. Kecler-Pietrzyk, S.M. Murphy. QJM: An International Journal of Medicine 2020 1;113(6):421-422.
- **Spastic ataxia associated with colour vision deficiency due to DDHD2 mutations.** Petya Bogdanova-Mihaylova, Neil Austin, Michael D Alexander, Lorraine Cassidy, Raymond P Murphy, Richard A Walsh, Sinéad M Murphy European Journal of Neurology 2020 Jan;27(1):e9-e10.
- **Relationship between "on-treatment platelet reactivity", shear stress, and micro-embolic signals in asymptomatic and symptomatic carotid stenosis.** Murphy SJX, Lim ST, Kinsella JA, Tierney S, Egan B, Feeley TM, Murphy SM, Walsh RA, Collins DR, Coughlan T, O'Neill D, Harbison JA, Madhavan P, O'Neill SM, Colgan MP, Cox D, Moran N, Hamilton G, Meaney JF, McCabe DJH. J Neurol 2020, 267(1):168-184.

NEUROLOGY

- **Headache in the neurology clinic: a two-year audit.** Kinley Roberts, Linda Harrington, Sinéad M. Murphy. In press Irish Journal of Medical Science (1971-) 2020 Oct 21. doi: 10.1007/s11845-020-02416-y.
- **Demyelinating neuropathy secondary to a mutation in SAMD9L.** David Vaughan, Petya Bogdanova-Mihaylova, Daniel J Costello, Brian J Sweeney, Brian McNamara, Richard Walsh, Sinéad M Murphy. Journal of the Peripheral Nervous System 2020;25(4):433-437.
- **Connecting the dots: scleromyxedema, blistering lesions and progressive sensorimotor neuropathy.** Poornima Jayadev Menon, Michael Alexander, Lisa Costelloe, Ann Marie Tobin, Ronan Desmond, Sinéad M Murphy. Practical Neurology 2020 Aug 27; practneurol-2020-002577.
- **Chronic progressive external ophthalmoplegia due to a rare de novo m.12334G>A MT-TL2 mitochondrial DNA variant.** Luke O'Donnell, Emma L. Blakely, Karen Baty, Michael Alexander, Petya Bogdanova-Mihaylova, John Craig, Ronan Walsh, Francesca Brett, Robert W Taylor, Sinead M Murphy. Journal of Neuromuscular Diseases 2020; 7(3):355-360.
- **Tongue pseudohypertrophy in a hypoglossal palsy secondary to an atlanto-axial synovial cyst in the hypoglossal canal.** David Vaughan, Sinead M Murphy, Michael D Alexander, Richard A Walsh. Practical Neurology 2020 Oct; 20(5):427-428.
- **Simultaneous assessment of plaque morphology, cerebral micro-embolic signal status and platelet biomarkers in patients with recently symptomatic and asymptomatic carotid stenosis.** Murphy SJX, Lim ST, Kinsella JA, Tierney S, Egan B, Feeley TM, Dooley C, Kelly J, Murphy SM, Walsh RA, Collins DR, Coughlan T, O'Neill D, Harbison JA, Madhavan P, O'Neill SM, Colgan MP, Meaney JF, Hamilton G, McCabe DJH. J Cereb Blood Flow Metab 2020; 40: 2201-2214.
- **Assessment of the adequacy of counselling regarding reproductive-related issues in women of childbearing age on anti-epileptic drugs.** Murphy OC, Wrigley S, Walsh RA, Freir DB, McCarthy AJ, O'Dowd S, McCabe DJH. QJM 2020 (Apr 16. pii: hcaa131. doi: 10.1093/qjmed/hcaa131. [Epub ahead of print]).
- **New data and the COVID-19 pandemic mandate a rethink of antiplatelet strategies in patients with TIA or minor stroke associated with atherosclerotic carotid stenosis.** Naylor AR, McCabe DJH. Eur J Vasc Endovasc Surg 2020; 59: 861-865.

- **Platelet function / reactivity testing and prediction of risk of recurrent vascular events and outcomes after TIA or ischemic stroke: Systematic review and meta-analysis.** Lim ST, Murphy SJX, Thijs V, Fernandez-Cadenas I, Montaner J, Marquardt L, Kelly PJ, Bath PM, Lim SY, Ford GA, Norrving B, Cox D; Prodan CI, Barber PA, Werring DJ, Perry R, Zgaga L, Dawson J, McCabe DJH. *J Neurol* 2020; 267: 3021-3037.
- **Profile of reticulated platelets in the early, subacute and late phases after transient ischaemic attack or ischaemic stroke.** Lim ST, Tobin WO, Murphy SJX, Kinsella JA, Smith DR, Lim SY, Murphy SM, Coughlan T, Collins DR, O'Neill D, Egan B, Tierney S, McCabe DJH. *Platelets* 2020; 21: 1-9.
- **Moyamoya disease and Moyamoya syndrome in Ireland: Patient demographics, mode of presentation, and outcomes of EC-IC bypass surgery.** Doherty RJ, Caird J, Crimmins D, Kelly P, Murphy S, McGuigan C, Tubridy N, King MD, Lynch B, Webb D, O'Neill D, McCabe DJH, Boers P, O'Regan M, Moroney J, Williams DJ, Cronin S, Javadpour M. *Ir J Med Sci* 2020 (in press) (doi: 10.1007/s11845-020-02280-w).
- **Profile of von Willebrand factor antigen, von Willebrand factor propeptide and ADAMTS13 and their relationship with cerebral micro-embolic signal status in patients with carotid stenosis.** Murphy SJX, Lim ST, Hickey F, Kinsella JA, Smith DR, Tierney S, Egan B, Feeley TM, Murphy SM, Collins DR, Coughlan T, O'Neill D, Harbison JA, Madhavan P, O'Neill SM, Colgan MP, O'Donnell JS, O'Sullivan JM, Hamilton G, McCabe DJH. *Thromb Haemost* 2021; 121: 86-97. *Thromb Haemost* 2020 (in press).
- **Cerebrovascular Disease: Decision making including optimal medical therapy.** Naylor AR, McCabe DJH. In: Sidawy A & Perler B, Eds. *Rutherford's Vascular Surgery and Endovascular Therapy*, 10th Edition. 2020 (In press).
- **Management of Juvenile Myasthenia Gravis.** O'Connell K, Ramdas S, Palace J. *Front Neurol*. 2020 Jul 24;11:743. doi: 10.3389/fneur.2020.00743. PMID: 32793107; PMCID: PMC7393473.
- **Prevalence and incidence of neuromyelitis optica spectrum disorder, aquaporin-4 antibody-positive NMOSD and MOG antibody-positive disease in Oxfordshire, UK.** O'Connell K, Hamilton-Shield A, Woodhall M, Messina S, Mariano R, Waters P, Ramdas S, Leite MI, Palace J. *J Neurol Neurosurg Psychiatry*. 2020 Oct; 91(10):1126-1128. doi: 10.1136/jnnp-2020-323158. Epub 2020 Jun 23. PMID: 32576617.
- **CNS lymphoma, the Irish experience: A retrospective review of neuropathologically confirmed cases over 10 years.** O'Connell K, Looby S, Gou P, Flavin R, Farrell M, Cryan JB, Beausang A, Brett FM *Clin Neuropathol*. 2020 Sep/Oct; 39(5):212-220. doi: 10.5414/ NP301252. PMID: 32301694.
- **The "round the houses" sign and "zig-zag" sign in progressive supranuclear palsy and related conditions.** Fearon C, Field R, Donlon E, Murphy OC, Buckley C, Cronin S, Williams R, Llamas Y, O'Dowd S, O'Sullivan S, Gold DR, Walsh R, Healy DG, Quinn N, Lynch T. *Parkinsonism Relat Disord* 2020 Dec; 81: 94-95.
- **The Oxford Textbook of Old Age Psychiatry, 3rd ed.** O'Dowd, S (2020) Chapter 10. *Clinical Cognitive Assessment*. In Denning T, Thomas A, Stewart R, Taylor JP (eds). Oxford University Press: Oxford, UK.

MEDICINE

- **Aerosolised drug-loaded nanoparticles targeting migration inhibitory factors inhibit *Pseudomonas aeruginosa*-induced inflammation and biofilm formation.** Doroudian M, O'Neill A, O'Reilly C, Donnelly SC *Nanomedicine* 2020;15: No. 30.
- **Nanotechnology in pulmonary medicine.** Doroudian M, O'Neill A, Mac Loughlin R, Prina-Mello A, Volkov Y, Donnelly SC. *Curr Opin Pharmacol*. 2020 Dec 17;56:85-92.
- **Lung Organoids and Other Preclinical Models Of Pulmonary Fibrosis.** Oglesby IK, Schweikert A, Fox B, Redmond C, Donnelly SC, Hurley K. *QJM*. 2020 Jan 23:hcaa281.
- **The effects of genetic deletion of Macrophage migration inhibitory factor on the chronically hypoxic pulmonary circulation.** Li L, Xu M, Rowan SC, Howell K, Russell-Hallinan A, Donnelly SC, McLoughlin P, Baugh JA. *Pulm Circ*. 2020 Oct 26;10(4):2045894020941352.

- **Announcing the first AoP webinar: “can evidence-based medicine survive in a pandemic?”**. Delles C, Dayan CM, Dominiczak AF, Donnelly SC, Irvine AD. QJM. 2020 Oct 18:hcaa287.
- **The association between HPV gene expression, inflammatory agents and cellular genes involved in EMT in lung cancer tissue.** Rezaei M, Mostafaei S, Aghaei A, Hosseini N, Darabi H, Nouri M, Etemadi A, Neill AO, Nahand JS, Mirzaei H, Donnelly SC, Doroudian M, Moghoofei M BMC Cancer. 2020 Sep 24;20(1):916.
- **The role of Epstein-Barr virus-expressed genes in breast cancer development.** Mostafaei S, Vahidi Manesh P, Sadri Nahand J, Nesaei A, Sorayyayi S, Abasabadi F, Mirzaei H, Etemadi A, O’Neill A, Donnelly SC, Doroudian M, Armstrong ME, Moghoofei M Breast J. 2020 Nov;26(11):2323-2326.
- **A qualitative study of chronic obstructive pulmonary disease patient perceptions of the barriers and facilitators to adopting digital health technology.** Slevin P, Kessie T, Cullen J, Butler MW, Donnelly SC, Caulfield B Digit Health. 2020 Aug 25;5:2055207619871729.
- **Exploring the barriers and facilitators for the use of digital health technologies for the management of COPD: a qualitative study of clinician perceptions.** Slevin P, Kessie T, Cullen J, Butler MW, Donnelly SC, Caulfield B. QJM. 2020 Mar 1;113(3):163-172.
- **Pro-inflammatory Stimulation of Monocytes by ANCA Is Linked to Changes in Cellular Metabolism.** O’Brien EC, White CA, Wyse J, Leacy E, Porter RK, Little MA, Hickey FB. Front Med (Lausanne). 2020 Sep 8;7:553.
- **Environmental risk factors associated with ANCA associated vasculitis: A systematic mapping review.** Scott J, Hartnett J, Mockler D, Little MA. Autoimmun Rev. 2020 Nov; 19(11):102660.
- **2020 international consensus on ANCA testing beyond systemic vasculitis.** Moiseev S, Cohen Tervaert JW, Arimura Y, Bogdanos DP, Csernok E, Damoiseaux J, Ferrante M, Flores-Suárez LF, Fritzler MJ, Invernizzi P, Jayne D, Jennette JC, Little MA, McAdoo SP, Novikov P, Pusey CD, Radice A, Salama AD, Savige JA, Segelmark M, Shoenfeld Y, Sinico RA, Sousa MJ, Specks U, Terrier B, Tzioufas AG, Vermeire S, Zhao MH, Bossuyt X. Autoimmun Rev. 2020 Sep; 19(9):102618.
- **International Consensus on ANCA Testing in Eosinophilic Granulomatosis with Polyangiitis.** Moiseev S, Bossuyt X, Arimura Y, Blockmans D, Csernok E, Damoiseaux J, Emmi G, Flores-Suárez LF, Hellmich B, Jayne D, Jennette JC, Little MA, Mohammad AJ, Moosig F, Novikov P, Pagnoux C, Radice A, Sada KE, Segelmark M, Shoenfeld Y, Sinico RA, Specks U, Terrier B, Tzioufas AG, Vaglio A, Zhao MH, Cohen Tervaert JW; European EGPA Study Group Am J Respir Crit Care Med. 2020 Jun 25.
- **Sphingosine-1-phosphate receptor modulator FTY720 attenuates experimental myeloperoxidase-ANCA vasculitis in a T cell-dependent manner.** Wang LY, Sun XJ, Wang C, Chen SF, Li ZY, Chen M, Little MA, Zhao MH Clin Sci (Lond). 2020 Jun 26; 134(12):1475-1489.
- **Pathogenesis of ANCA-associated vasculitis: an emerging role for immunometabolism.** Leacy E, Brady G, Little MA. Rheumatology (Oxford). 2020 May 1;59 (Suppl 3):iii33-iii41.
- **Coaxing Anti-Inflammatory Granulocytes to Prevent Ischemic Kidney Injury: A Fine Balance.** Salama AD, Little MA. J Am Soc Nephrol. 2020 Apr; 31(4):668-670.
- **Targeting of the cGAS-STING system by DNA viruses.** Phelan T, Little MA, Brady G. Biochem Pharmacol. 2020 Apr; 174:113831.
- **Renal transplant outcomes in patients with autosomal dominant tubulointerstitial kidney disease.** Cormican S, Kennedy C, Connaughton DM, O’Kelly P, Murray S, Živná M, Kmoch S, Fennelly NK, Benson KA, Conlon ET, Cavalleri GL, Foley C, Doyle B, Dorman A, Little MA, Lavin P, Kidd K, Bleyer AJ, Conlon PJ. Clin Transplant. 2020 Feb; 34(2):e13783.
- **Utility of Genomic Testing after Renal Biopsy.** Murray SL, Dorman A, Benson KA, Connaughton DM, Stapleton CP, Fennelly NK, Kennedy C, McDonnell CA, Kidd K, Cormican SM, Ryan LA, Lavin P, Little MA, Bleyer AJ, Doyle B, Cavalleri GL, Hildebrandt F, Conlon PJ. Am J Nephrol. 2020; 51(1):43-53.

- **Histone deacetylase 6-mediated selective autophagy regulates COPD-associated cilia dysfunction.** Lam HC, Cloonan SM, Bhashyam AR, Haspel JA, Singh A, Sathirapongsasuti JF, Cervo M, Yao H, Chung AL, Mizumura K, An CH, Shan B, Franks JM, Haley KJ, Owen CA, Tesfaigzi Y, Washko GR, Quackenbush J, Silverman EK, Rahman I, Kim HP, Mahmood A, Biswal SS, Rytter SW, Choi AM. *J Clin Invest.* 2020 Nov 2; 130(11):6189.
- **Mitochondrial dysfunction in lung aging and disease.** Cloonan SM, Kim K, Esteves P, Triantafyllidis T, Barnes PJ. *Eur Respir Rev.* 2020 Oct 15; 29(157):200165.
- **Hepcidin Is Essential for Alveolar Macrophage Function and Is Disrupted by Smoke in a Murine Chronic Obstructive Pulmonary Disease Model.** Perez E, Baker JR, Di Giandomenico S, Kermani P, Parker J, Kim K, Yang J, Barnes PJ, Vaulont S, Scandura JM, Donnelly LE, Stout-Delgado H, Cloonan SM. *J Immunol.* 2020 Nov 1; 205(9):2489-2498.
- **Increased airway iron parameters and risk for exacerbation in COPD: an analysis from SPIROMICS.** Zhang WZ, Oromendia C, Kikkers SA, Butler JJ, O’Beirne S, Kim K, O’Neal WK, Freeman CM, Christenson SA, Peters SP, Wells JM, Doerschuk C, Putcha N, Barjaktarevic I, Woodruff PG, Cooper CB, Bowler RP, Comellas AP, Criner GJ, Paine R 3rd, Hansel NN, Han MK, Crystal RG, Kaner RJ, Ballman KV, Curtis JL, Martinez FJ, Cloonan SM. *Sci Rep.* 2020 Jun 29;10(1):10562.
- **Dendritic cell-derived hepcidin sequesters iron from the microbiota to promote mucosal healing.** Bessman NJ, Mathieu JRR, Renassia C, Zhou L, Fung TC, Fernandez KC, Austin C, Moeller JB, Zumerle S, Louis S, Vaulont S, Ajami NJ, Sokol H, Putzel GG, Arvedson T, Sockolow RE, Lakhal-Littleton S, Cloonan SM, Arora M, Peyssonnaud C, Sonnenberg GF. *Science.* 2020 Apr 10;368(6487):186-189.
- **Association of urine mitochondrial DNA with clinical measures of COPD in the SPIROMICS cohort.** Zhang WZ, Rice MC, Hoffman KL, Oromendia C, Barjaktarevic IZ, Wells JM, Hastie AT, Labaki WW, Cooper CB, Comellas AP, Criner GJ, Krishnan JA, Paine R 3rd, Hansel NN, Bowler RP, Barr RG, Peters SP, Woodruff PG, Curtis JL, Han MK, Ballman KV, Martinez FJ, Choi AM, Nakahira K, Cloonan SM, Choi ME; SPIROMICS Investigators. *JCI Insight.* 2020 Feb 13;5(3):e133984.
- **Alveolar Macrophage Immunometabolism and Lung Function Impairment in Smoking and Chronic Obstructive Pulmonary Disease.** O’Beirne SL, Kikkers SA, Oromendia C, Salit J, Rostmai MR, Ballman KV, Kaner RJ, Crystal RG, Cloonan SM. *Am J Respir Crit Care Med.* 2020 Mar 15;201(6):735-739.
- **To “Fe” ed or Not to “Fe”ed: Iron Depletion Exacerbates Emphysema Development in Murine Smoke Model.** Zhang WZ, Cloonan SM. *Am J Respir Cell Mol Biol.* 2020 May;62(5):541-542.
- **Mitochondria: at the crossroads of regulating lung epithelial cell function in chronic obstructive pulmonary disease.** Aghapour M, Remels AHV, Pouwels SD, Bruder D, Hiemstra PS, Cloonan SM, Heijink IH. *Am J Physiol Lung Cell Mol Physiol.* 2020 Jan 1;318(1):L149-L164.
- **Mitofusins regulate lipid metabolism to mediate the development of lung fibrosis.** Chung KP, Hsu CL, Fan LC, Huang Z, Bhatia D, Chen YJ, Hisata S, Cho SJ, Nakahira K, Imamura M, Choi ME, Yu CJ, Cloonan SM, Choi AMK *Nat Commun.* 2020 Jul 29;10(1):3390.
- **Hp-EuReg Investigators, European Registry on Helicobacter pylori management (Hp-EuReg): patterns and trends in first-line empirical eradication prescription and outcomes of 5 years and 21,533 patients.** Nyssen OP, Bordin D, Tepes B, Pérez-Aisa Á, Vaira D, Caldas M, Bujanda L, Castro-Fernandez M, Lerang F, Leja M, Rodrigo L, Rokkas T, Kupcinkas L, Pérez-Lasala J, Jonaitis L, Shvets O, Gasbarrini A, Simsek H, Axon ATR, Buzás G, Machado JC, Niv Y, Boyanova L, Goldis A, Lamy V, Tonkic A, Przytulski K, Beglinger C, Venerito M, Bytzer P, Capelle L, Milosavljević T, Milivojević V, Veijola L, Molina-Infante J, Vologzhanina L, Fadeenko G, Ariño I, Fiorini G, Garre A, Garrido J, F Pérez C, Puig I, Heluwaert F, Megraud F, O’Morain C, Gisbert JP *Gut.* 2020; in press.
- **Three paralogous clusters of miR-17-92 family microRNAs restrain IL-12-mediated immune defense.** Zhang X, Smith S, Wang X, Zhao B, Wu L, Hu X., *Cellular & Molecular Immunology.* 2020; in press.
- **Shared changes in angiogenic factors across gastrointestinal vascular conditions: a pilot study.** W Douglas AR, Holleran G, Smith SM, McNamara D., *World Journal of Gastrointestinal Pharmacology & Therapeutics.* 2020;11:40 – 47.

- **The colonic macrophage transcription factor RBP-J orchestrates intestinal immunity against bacterial pathogens**, Kang L, Zhang X, Ji L, Kou T, Smith S, Zhao B, Guo X, Pineda-Torra I, Wu L, Hu X. *Journal of Experimental Medicine*, 2020;217, (4), pe20190762.
- **Caspase-4: A Therapeutic Target for Peptic Ulcer Disease**, Zaslona Z, Flis E, Nulty C, Kearney J, Fitzgerald R, Douglas AR, McNamara D, Smith S, O'Neill LAJ, Creagh EM., *Immunohorizons*, 2020;4, (10):627 – 633.
- **Multi-Omic Biomarkers as Potential Tools for the Characterisation of Pancreatic Cystic Lesions and Cancer: Innovative Patient Data Integration** LE Kane, GS Mellotte, KC Conlon. BM Ryan, SG Maher. doi:10.1177/2040622320970354. eCollection 2020.
- **Gastrointestinal side effects of cancer treatments** November 2020, Therapeutic Advances in Chronic Disease Mary O'Reilly 1, Gregory Mellotte 1, Barbara Ryan 1, Anthony O'Connor 2 DOI: 10.1177/2040622320970354.
- **The challenge of primary gastric melanoma: a systematic review**. Gregory S Mellotte 1 2, Diya Sabu 3, Mary O'Reilly 1, Ray McDermott 3, Anthony O'Connor 1 2, Barbara M Ryan 1 2. *Melanoma Manag* 2020 Nov 23;7(4):MMT51. doi: 10.2217/mmt-2020-0009.
- **The future of nanomedicine in optimising the treatment of inflammatory bowel disease** Scand J Lauren J Mohan 1 2, Jacqueline S Daly 1, Barbara M Ryan 3, Zebunnissa Ramtoola 2. *Gastroenterol* 2020 Jan;54(1):18-26. doi: 10.1080/00365521.2018.1563805. Epub 2019 Jan 24.
- **Dye-based chromoendoscopy following polypectomy reduces incomplete polyp resection** Neil R O'Morain 1 2, Mohd I Syafiq 1 2, Ammar Shahin 1, Barbara Ryan 1 2, Stephen Crowther 3, Deirdre McNamara. *Endosc Int Open*. 2020 Jan;8(1):E13-E19. doi: 10.1055/a-1024-3759. Epub 2020 Jan 8.
- **Development of significant disease in a cohort of patients with non-specific enteritis on capsule endoscopy: clinical suspicion and a high base line Lewis score are predictive of Crohn's disease** S Sihag, B Tan, S Semenev, BM Ryan, D McNamara. October 2020, *BMC Gastroenterology*.
- **A novel value-based scoring system for endoscopic ultrasound-guided drainage of pancreatic fluid collections: a single-centre comparative study of plastic and lumen-apposing metal stents (NOVA study)**. V Parihar, Y Bashir, D Nally, GS Mellotte, PF Ridgway, KC Conlon, T Manoharan, D Nally, C Walker, N Breslin, BM Ryan. August 2020. *European Journal of Gastroenterology & Hepatology*.
- **Argatroban for therapeutic anticoagulation for heparin resistance associated with COVID-19 infection**. August 2020. *Journal of Thrombosis and Thrombolysis*. F McGlynn, J McGrath, C Vergehse, BM Ryan, A Fahy, J McHugh, H Enright.
- **Irish data on the safety and efficacy of vedolizumab in the treatment of inflammatory bowel disease**. C Judge, N McGettigan, T Ryan, BM Ryan, A O'Connor. D McNamara, E Slattery June 2020, *Scandinavian Journal of Gastroenterology*.
- **Lower gastrointestinal symptoms and symptoms-based triaging systems are poor predictors of clinical significant disease on colonoscopy**. MS Ismail, O Aoko, S Sihag, Bm Ryan, D McNamara, N O'Morain, A O'Connor, N Breslin, BM Ryan, D McNamara. March 2020, *BMJ Open Gastroenterology*.
- **Prevalence of coexisting autoimmune thyroidal diseases in coeliac disease is decreasing**. P Dominguez Castro, G Harkin, M Hussey, D McNamara, BM Ryan, R McManus. January 2020, *United European Gastroenterology Journal* 8(2).
- **Shared changes in angiogenic factors across gastrointestinal vascular conditions: A pilot study**. Douglas AR, Holleran G, Smith SM, McNamara D. *World J Gastrointest Pharmacol Ther*. 2020 Aug 8;11(3):40-47.
- **Endoscopic management versus transanal surgery for early primary or early locally recurrent rectal neoplasms-a systematic review and meta-analysis**. Naughton AP, Ryan EJ, Bardon CT, Boland MR, Aherne TM, Kelly ME, Whelan M, Neary PC, McNamara D, O'Riordan JM, Kavanagh DO. *Int J Colorectal Dis*. 2020 Dec;35(12):2347-2359.

- **Hp-EuReg Investigators European Registry on Helicobacter pylori management (Hp-EuReg): patterns and trends in first-line empirical eradication prescription and outcomes of 5 years and 21 533 patients.** Gu Nyssen OP, Bordin D, Tepes B, Pérez-Aisa Á, Vaira D, Caldas M, Bujanda L, Castro-Fernandez M, Lerang F, Leja M, Rodrigo L, Rokkas T, Kupcinskis L, Pérez-Lasala J, Jonaitis L, Shvets O, Gasbarrini A, Simsek H, Axon ATR, Buzás G, Machado JC, Niv Y, Boyanova L, Goldis A, Lamy V, Tonkic A, Przytulski K, Beglinger C, Venerito M, Bytzer P, Capelle L, Milosavljević T, Milivojević V, Vejjola L, Molina-Infante J, Vologzhanina L, Fadeenko G, Ariño I, Fiorini G, Garre A, Garrido J, F Pérez C, Puig I, Heluwaert F, Megraud F, O'Morain C, Gisbert JP; t. 2021 Jan;70(1):40-54.
- **Caspase-4: A Therapeutic Target for Peptic Ulcer Disease.** Zaslona Z, Flis E, Nulty C, Kearney J, Fitzgerald R, Douglas AR, McNamara D, Smith S, O'Neill LAJ, Creagh EM. Immunohorizons. 2020 Oct 12;4(10):627-633.
- **Development of significant disease in a cohort of patients with non-specific enteritis on capsule endoscopy: clinical suspicion and a high base line Lewis score are predictive of Crohn's disease.** Sihag S, Tan B, Semenov S, Ismail MS, Ryan B, O'Connor A, Breslin N, Douglas R, McNamara D. BMC Gastroenterol. 2020 Oct 15;20(1):341.
- **Risk of Progression of Gastric Intestinal Metaplasia Is Significantly Greater When Detected in Both Antrum and Body.** O'Connor A, Bowden A, Farrell E, Weininger J, Crowther S, McNamara D, Ridgway P, O'Morain C. Dig Dis Sci. 2020 Oct 23.
- **Imaging alternatives to colonoscopy: CT colonography and colon capsule. European Society of Gastrointestinal Endoscopy (ESGE) and European Society of Gastrointestinal and Abdominal Radiology (ESGAR) Guideline - Update 2020.** Spada C, Hassan C, Bellini D, Burling D, Cappello G, Carretero C, Dekker E, Eliakim R, de Haan M, Kaminski MF, Koulaouzidis A, Laghi A, Lefere P, Mang T, Milluzzo SM, Morrin M, McNamara D, Neri E, Pecere S, Pioche M, Plumb A, Rondonotti E, Spaander MC, Taylor S, Fernandez-Urien I, van Hooff JE, Stoker J, Regge D. Eur Radiol. 2020 Oct 26.
- **Lower gastrointestinal symptoms and symptoms-based triaging systems are poor predictors of clinical significant disease on colonoscopy.** Ismail MS, Aoko O, Sihag S, Connolly E, Omorogbe J, Semenov S, O'Morain N, O'Connor A, Breslin N, Ryan B, McNamara D. BMJ Open Gastroenterol. 2020 Mar 31;7(1):e000221.
- **Prevalence of coexisting autoimmune thyroidal diseases in coeliac disease is decreasing.** Castro PD, Harkin G, Hussey M, Christopher B, Kiat C, Chin JL, Trimble V, McNamara D, MacMathuna P, Egan B, Ryan B, Kevans D, Abuzakouk M, Farrell R, Feighery C, Byrnes V, Mahmud N, McManus R. United European Gastroenterol J. 2020 Mar;8(2):148-156.
- **Nomenclature and semantic descriptions of ulcerative and inflammatory lesions seen in Crohn's disease in small bowel capsule endoscopy: An international Delphi consensus statement.** Leenhardt R, Buisson A, Bourreille A, Marteau P, Koulaouzidis A, Li C, Keuchel M, Rondonotti E, Toth E, Plevris JN, Eliakim R, Rosa B, Triantafyllou K, Elli L, Wurm Johansson G, Panter S, Ellul P, Pérez-Cuadrado Robles E, McNamara D, Beaumont H, Spada C, Cavallaro F, Cholet F, Fernandez-Urien Sainz I, Kopylov U, McAlindon ME, Németh A, Tontini GE, Yung DE, Niv Y, Rahmi G, Saurin JC, Dray X. United European Gastroenterol J. 2020 Feb;8(1):99-107.
- **Genomic profiling of intestinal T-cell receptor repertoires in inflammatory bowel disease.** Saravananarajan K, Douglas AR, Ismail MS, Omorogbe J, Semenov S, Muphy G, O'Riordan F, McNamara D, Nakagome S. Genes Immun. 2020 Feb;21(2):109-118.
- **Meta-analysis of early bowel resection versus initial medical therapy in patient's with ileocolonic Crohn's disease.** Ryan ÉJ, Orsi G, Boland MR, Syed AZ, Creavin B, Kelly ME, Sheahan K, Neary PC, Kavanagh DO, McNamara D, Winter DC, O'Riordan JM. Int J Colorectal Dis. 2020 Mar;35(3):501-512.

HAEMATOLOGY

- **Scleromyxoedema, blistering lesions and progressive sensorimotor neuropathy in Waldenström's macroglobulinaemia.** Jayadev Menon P, Alexander MD, Costelloe L, MacMahon J, Tobin AM, Desmond R, Murphy SM. *Pract Neurol*. 2020 Aug 27;practneurol-2020-002577. doi: 10.1136/practneurol-2020-002577.
- **Eltrombopag for patients with moderate aplastic anemia or uni-lineage cytopenias.** Fan X, Desmond R, Winkler T, Young DJ, Dumitriu B, Townsley DM, Gutierrez-Rodrigues F, Lotter J, Valdez J, Sellers SE, Barranta ME, Shalhoub RN, Wu CO, Albitar M, Calvo KR, Young NS, Dunbar CE. *Blood Adv*. 2020 Apr 28;4(8):1700-1710. doi: 10.1182/bloodadvances.2020001657.
- **Oral Azacitidine Maintenance Therapy for Acute Myeloid Leukemia in First Remission.** Wei AH, Döhner H, Pocock C, Montesinos P, Afanasyev B, Dombret H, Ravandi F, Sayar H, Jang JH, Porkka K, Selleslag D, Sandhu I, Turgut M, Giai V, Ofra Y, Kizil Çakar M, Botelho de Sousa A, Rybka J, Frairia C, Borin L, Beltrami G, Čermák J, Ossenkopppele GJ, La Torre I, Skikne B, Kumar K, Dong Q, Beach CL, Roboz GJ; QUAZAR AML-001 Trial Investigators. *N Engl J Med*. 2020 Dec 24;383(26):2526-2537. doi: 10.1056/NEJMoa2004444.
- **Can absolute basophilia distinguish e1a2 BCR-ABL1 chronic myeloid leukemia from chronic myelomonocytic leukemia?** Langabeer SE, Bhreathnach Ú, Cahill MR, Elhassadi E, Ní Loingsigh S, Conneally E, Enright H. *Blood Cells Mol Dis*. 2021 Mar;87:102521. doi: 10.1016/j.bcmd.2020.102521. Epub 2020 Nov 19.
- **Argatroban for therapeutic anticoagulation for heparin resistance associated with COVID-19 infection.** McGlynn F, McGrath J, Varghese C, Ryan B, McHugh J, Fahy A, Enright H. *J Thromb Thrombolysis*. 2021 Jan;51(1):243-245. doi: 10.1007/s11239-020-02251-z. Epub 2020 Aug 24. PMID: 32830309.

RESPIRATORY

- **E. COPD outreach Team in the COVID-19 era- "Bringing un petit je ne sais quoi!"** Kooblall M, Scallan C, Lane SJ, Moloney *Irish Medical Journal*;Vol 113;No 10;P226.
- **Wasp Venom Immunotherapy: a 5-year case follow up.** Kooblall M, Murray M, Moloney E, Lane SJ. *Ir Medical Journal* (In Press).

RHEUMATOLOGY

- **Insulin-Resistant Pathways Are Associated With Disease Activity in Rheumatoid Arthritis and Are Subject to Disease Modification Through Metabolic Reprogramming: A Potential Novel Therapeutic Approach.** Gallagher L, Cregan S, Biniecka M, Cunningham C, Veale DJ, Kane DJ, Fearon U, Mullan RH *Arthritis Rheumatol*. 2020 Jun;72(6):896-902. PMID: 31840936.
- **A Thorough Examination of Morning Activity Patterns in Adults with Arthritis and Healthy Controls Using Actigraphy Data.** Keogh A, Sett N, Donnelly S, Mullan R, Gheta D, Maher-Donnelly M, Illiano V, Calvo F, Dorn JF, Mac Namee B, Caulfield B. *Digit Biomark*. 2020 Sep 23;4(3):78-88. doi: 10.1159/000509724. eCollection 2020 Sep-Dec.
- **A, Pathogenic, glycolytic PD-1+ B cells accumulate in the hypoxic RA joint.** Floudas A, Neto N, Marzaioli V, Murray K, Moran B, Monaghan MG, Low C, Mullan RH, Rao N, Krishna V, Nagpal S, Veale DJ, Fearon U. *Floudas JCI Insight*. 2020 Nov 5;5(21):e139032. doi: 10.1172/jci.insight.139032. *JCI Insight*. 2020. PMID: 33148884.
- **Correspondence to: 'Characteristics associated with hospitalisation for COVID-19 in people with rheumatic disease: data from the COVID-19 Global Rheumatology Alliance physician-reported registry' by Gianfrancesco et al.** Flood RM, Conway R, Kirby C, Gheta D, Kane DJ, Mullan RH. *Ann Rheum Dis*. 2020 Aug 19;annrheumdis-2020-218733.
- **"It's Not as Simple as Just Looking at One Chart": A Qualitative Study Exploring Clinician's Opinions on Various Visualisation Strategies to Represent Longitudinal Actigraphy Data.** Keogh A, Johnston W, Ashton M, Sett N, Mullan R, Donnelly S, Dorn JF, Calvo F, Mac Namee B, Caulfield B. *Digit Biomark*. 2020 Nov 26;4(Suppl 1):87-99. doi: 10.1159/000512044. PMID: 33442583.
- **Sarcoidosis manifesting during treatment with secukinumab for psoriatic arthritis.** Kirby C, Herlihy D, Clarke L, Mullan R *BMJ Case Rep*. 2021 Feb 22;14(2):e240615. doi: 10.1136/bcr-2020-240615. PMID: 33619146.
- **Fearon U Increased T Cell Plasticity With Dysregulation of Follicular Helper T, Peripheral Helper T, and Treg Cell Responses in Children With Juvenile Idiopathic Arthritis and Down Syndrome-Associated Arthritis.** Foley C, Floudas A, Canavan M, Biniecka M, MacDermott EJ, Veale DJ, Mullan RH, Killeen OG. *Arthritis Rheumatol*. 2020 Apr;72(4):677-686. doi: 10.1002/art.41150. Epub 2020 Mar 12.

NEPHROLOGY

- **"Pilot Randomized Controlled Trial of a Standard Versus a Modified Low-Phosphorus Diet in Hemodialysis Patients"**. Byrne FN, Gillman BA, Kiely M, Palmer B, Shiely F, Kearney PM, Earlie J, Bowles MB, Keohane FM, Connolly PP, Wade S, Rennick TA, Moore BL, Smith ON, Sands CM, Slevin O, McCarthy DC, Brennan KM, Mellett H, Dahly D, Bergin E, Casserly LF, Conlon PJ, Hannan K, Holian J, Lappin DW, O'Meara YM, Mellotte GJ, Reddan D, Watson A, Eustace J. *Kidney Int Rep.* 2020 Aug 18;5(11):1945-1955.
- **"Plasma Exchange and Glucocorticoids in Severe ANCA-Associated Vasculitis"**. Sexton DJ. *New England Journal of Medicine.* 2020 May 28;382(22):2168.
- **"2020 international consensus on ANCA testing beyond systemic vasculitis"**. Sergey Moiseev, Mark A Little...Xavier Bossuyt, *Autoimmunity Reviews*, Volume 19, Issue 9, September 2020, 102618.
- **"Pro-inflammatory Stimulation of Monocytes by ANCA Is Linked to Changes in Cellular Metabolism."** Eóin C. O'Brien, Carla A. White, Jason Wyse, Emma Leacy, Richard K. Porter, Mark A. Little and Fionnuala B. Hickey; *Front. Med.*, 08 September 2020 | <https://doi.org/10.3389/fmed.2020.00553>.
- **"Sphingosine-1-phosphate receptor modulator FTY720 attenuates experimental myeloperoxidase-ANCA vasculitis in a T cell-dependent manner."** Luo-Yi Wang, Xiao-Jing Sun, Chen Wang, Su-Fang Chen, Zhi-Ying Li, Min Chen, Mark A. Little, Ming-Hui Zhao; *Clinical Science* (2020) 134 1475–1489.
- **"Utility of Genomic Testing after Renal Biopsy"** Murray S.L., Dorman A, Benson K, Connaughton D.M., Stapleton C.P., Fennelly N.K., Kennedy C., McDonnell C.A., Kidd K, Cormican S.M., Ryan L.A., Lavin P., Little M.A., Bleyer A.J., Doyle B., Cavalleri G.L., Hildebrandt F., Conlon P.J. *Am J Nephrol* 2020;51:43–53, <https://doi.org/10.1159/000504869>.
- **"Renal Transplant Outcomes in Patients with Autosomal Dominant Tubulointerstitial Kidney Disease."** S Cormican, C Kennedy, D M Connaughton, P O'Kelly, S Murray, M Živná, S Kmoch, N K Fennelly, K A Benson, E T Conlon, G Cavalleri, C Foley, B Doyle, A Dorman, M A Little, P Lavin, K Kidd, A J Bleyer, P J Conlon; *Clin Transpl* e13783.
- **"Towards European harmonisation of healthcare for patients with rare immune disorders: outcome from the ERN RITA registries survey."** Riccardo Papa, Andrew Cant, Christoph Klein, Mark A. Little, Nico M. Wulffraat, Marco Gattorno, Nicolino Ruperto. *Orphanet Journal of Rare Diseases* 2020.
- **"Pathogenesis of ANCA-associated vasculitis: an emerging role for immunometabolism"** Emma Leacy, Gareth Brady, Mark A Little, *Rheumatology*, Volume 59, Issue Supplement_3, 2020, Pages iii33–iii41, <https://doi.org/10.1093/rheumatology/keaa023>.
- **"Coaxing Anti-Inflammatory Granulocytes to Prevent Ischemic Kidney Injury: A Fine Balance"** Alan D. Salama and Mark A. Little, *JASN* April 2020, 31 (4) 668-670; DOI: <https://doi.org/10.1681/ASN.2020020146>.
- **"Targeting of the cGAS-STING system by DNA viruses."** Thomas Phelan, Mark A. Little, Gareth Brady. *Biochemical Pharmacology* 2020.

PSYCHOLOGY

- **Hedderman, E., O'Doherty, V. and O'Connor, S. (2020) Mindfulness moments for clinicians in the midst of a pandemic.** *Journal of Psychological Medicine.* Published online by Cambridge University Press: 21 May 2020.
- **Caring for staff in stressful times. Health Manager. October 2020.** O'Doherty, V.(2020).

PHARMACY

- **A prospective observational pilot study of adverse drug reactions contributing to hospitalisation in a cohort of middle-aged adults aged 45-64 years.** T Smeaton, P McElwaine, J Cullen, M J Santos-Martinez, E Deasy, M Widdowson and T C Grimes, *Drugs & Therapy Perspectives* ISSN 1172-0360.

PHYSIOTHERAPY

- **Reduction of Orthopaedic and Rheumatology Outpatient Waiting Lists - The National Musculoskeletal Physiotherapy Triage Initiative 2012-2018.** A. Brennan, J. Ashton, E. Callanan, C. Farrell, G. Killeen, O FitzGerald, D. Moore, P. Kenny, D. Kane (2020) Ir Med J; Vol 113; No. 8; P150.
- **Impact of Sarcopenia on Degenerative Lumbar Spondylosis. Clinical Spine Surgery.** Gibbons D, Ahern DP, Curley AE, Kepler CK, Butler JS. (2020). Jul 24. doi:10.1097/BSD.0000000000001047. PMID: 32732706.
- **National Clinical Programme for Respiratory (COPD & Asthma) Guidance for the process of incorporating Virtual Telehealth into existing Oxygen Clinics.** (2020). Murphy, D., Curtis, S., Cunneen, S., Cribbin, E.
- **Management of hospitalised osteoporotic vertebral fractures.** Cunningham, C., Hughes, E., Gallagher, C., Fitzgerald, M., Persson, U.M., Sherrington, C. and Blake, C., 2020. Archives of Osteoporosis, 15(1), pp.1-10.
- **Enabling the feedback process in work-based learning: An evaluation of the 5 Minute Feedback Form. Assessment and Evaluation in Higher Education.** O'Malley E, Scanlon AM, Alpine L, McMahon S (2020) DOI: 10.1080/02602938.2020.1842852 (published online 08 November 2020).
- **A systematic review of physical rehabilitation interventions for stroke in low and lower-middle income countries, Disability and Rehabilitation,** Muireann Dee, Olive Lennon & Cliona O'Sullivan (2020) 42:4, 473-501, DOI: 10.1080/09638288.2018.1501617.
- **A systematic review of sleep deprivation and technical skill in surgery.** Whelehan, D.F., McCarrick, C.A. and Ridgway, P.F., 2020. The Surgeon.
- **Would you allow a sleepy surgeon operate on you? A Narrative Review.** Whelehan, D., Alexander, M. and Ridgway, P.F., 2020. Sleep Medicine Reviews, p.101341.
- **Medicine and heuristics: cognitive biases and medical decision-making.** Whelehan, D.F., Conlon, K.C. and Ridgway, P.F., 2020. Irish Journal of Medical Science (1971-), 189, pp.1477-1484.
- **Students as Partners: A model to promote student engagement in post-COVID-19 teaching and learning.** Whelehan, D.F., 2020. All Ireland Journal of Higher Education, 12(3).
- **If in Doubt Don't Act Out! Exploring Behaviours in Clinical Decision Making by General Surgeons towards Surgical Procedures.** Whelehan, D.F., Conlon, K.C. and Ridgway, P.F., 2020. World Journal of Surgery, pp.1-11.
- **COVID-19 and surgery: A thematic analysis of unintended consequences on performance, practice and surgical training.** Whelehan, D.F., Connelly, T.M. and Ridgway, P.F., 2020. The Surgeon.
- **Is your physio tired? Exploring sleep deprivation in Irish physiotherapists.** Whelehan, D.F., Baily-Scanlan, M. and Ridgway, P.F., 2020. Physiotherapy Practice and Research, 41(2), pp.201-211.

SPEECH AND LANGUAGE THERAPY

- **Examining the effects of carbonation on swallowing for adults with oropharyngeal dysphagia using FEES and sEMG.** E. Leitch, E. Flynn, M. Walshe. Dysphagia 2020, 35: 154.
- **Fidelity in behavioural interventions for oropharyngeal dysphagia in parkinson's disease: a systematic review.** C. Cattaneo, E. Flynn, M. Walshe. Dysphagia 2020, 35: 133-205.
- **Diet modification to improve swallowing in parkinson's disease: a systematic review.** M. Llimos Ladika, É. Flynn, M. Walshe. Dysphagia 2020, 35: 133-205.
- **Oesophageal screening during videofluoroscopy: International practices and perspectives of speech-language pathologists.** J. Regan, T. Wiesinger, J. Keane & M. Walshe. International Journal of Speech-Language Pathology 2020, 22: 591-600.



Access

Shorter waiting time for elective and emergency patients

- Better access through patient flow improvement



Integrated Care

High quality care in the right place, delivered by the right people at the right time

- Re-orient models of care towards a patient perspective



Infrastructure

Improved infrastructure for our most vulnerable patients and forecasted population growth, to improve access and deliver excellent care

- Expanded ICU, 72 bed ward block, Offsite day surgery



Digital Enablement

Transform care delivery through programmes of digital enablement

- Electronic Patient Record - a single view of the patient record & Intelligence led healthcare
- Digital information sharing & Mobile Enabled solutions
- Patient Portal



Research & Innovation

Build a reputation for translational research, implementation science and innovation

- Research Strategy 2020-2023
- Innovation Hub & Framework



People

Attract, develop and retain top talent as an employer of choice

- HSE 'Values in action' programme
- Competency-based workforce planning framework
- Employee experience
- Learning & Development Strategy 2018-2021

Tallaght University Hospital
Tallaght, Dublin 24
D24 NROA Ireland

www.tuh.ie



Tallaght
University
Hospital

Ospidéal
Ollscoile
Thamhlachta

An Academic Partner of Trinity College Dublin