Annual report
2013

A YEAR OF CHANGE

Mater Misericordiae University Hospital

Chairman's Statement

2013 was not only a year of change but a transformational year for the hospital.

We restructured the manner in which we deliver our services to our patients while the migration of departments to our new hospital development, comprising the Whitty Building, continued. In addition, the production of the report "The Establishment of Hospital Groups as a transition to Independent Hospital Trusts ("The Higgins Report") and its acceptance by Government in May of the year has fundamentally changed the future landscape for acute hospitals. All this activity was undertaken against a backdrop of increased demand for our services within a financial environment of exceptional difficulty. Each of these issues warrant comment.

In order to deliver optimum levels of clinical care and other services to each of our patients, in circumstances of maximum safety, we reconfigured our operational structures. Ongoing analysis had demonstrated that our traditional structures were proving neither sufficiently flexible nor responsive and inclusive enough to meet the significant challenges in adjusting to financial, clinical and human resources demands in both scheduled and unscheduled care delivery for patients. The "Directorate" model we introduced has both "bedded down" extremely well and has already proved successful in its first year.

Contemporaneously, the migration of departments to the Whitty Building continued. Following on from the relocation of oncology / haematology services to a new unit at end of 2012 the early part of the year witnessed two significant developments when our new fully equipped emergency department opened in February, followed by

radiology in March. Delivering emergency care to 55,000 patients annually in a new and expanded space allows our patients more privacy, dignity and comfort while allowing staff work more efficiently, and, aided by new technologies, greatly improves our patients' experience. With increased resuscitation capacity of over 60% it is available to respond more readily in aiding those who present with critical illness or injury. Patient comfort, dignity and safety is also significantly enhanced with the new state-of-the- art radiology department with its six digital radiography rooms and a range of the most up-to-date technology support as it performs in the order of 160,000 examinations per year.

As the year closed the dates for final migration of areas to the new Whitty Building were in place so that total hospital-wide benefit of the relocation could be achieved very shortly after year-end.

The recommendation of the Higgins Report for the hospital justified all the efforts expended in seeking as favourable an outcome as possible. The composition of hospital groups placed our hospital and St Vincent's University Hospital with nine other hospitals to comprise the "Dublin East Group ". This group will be the largest of the hospital groups, serving an estimated population of 1 million in Dublin and Leinster with an existing aggregate budget in excess of €770 million. As the report states: "The Mater Misericordiae University Hospital and St Vincent's University Hospital have undertaken considerable preparatory work with this group's primary academic partner, UCD, to develop a strategic alliance. This preparatory work will serve the new hospital group well". Further considerable activity was undertaken by us in the second half of the year to position ourselves and Dublin East Group as favourably as possible pending the appointment of Its board and interim group management, expected to be announced in 2014.

As recorded in the report of the directors, although we received a 7% increase over 2012 in the level of HSE funding for the year, our patient treatment levels were significantly in excess of our funded service level agreement. Additionally, we were able to reduce our overall operating costs resulting in a small operating surplus for the year, despite reductions in certain areas of income generation. We owe sincere thanks to management and staff for their dedicated co-operation and assistance in achieving such result.

Board and Staff

During the year Eamon Clarke and Dr Nuala Healy each retired from the board on 25th April. Eamon had served in the governance of the hospital for 25 years, providing the benefit of his considerable wisdom and wide experience. We will miss his counsel and wish him a well-earned retirement. Nuala, after a distinguished career as a consultant child psychiatrist at the hospita,l joined the board in 2005. Her advice was always both valuable and timely. Fr Kevin Doran resigned from the board on 29th September, having served as a director since 2002. The quality of his contributions to our discussions and decision making were always of the highest value. We thank him most sincerely for his service with us.

After her interim appointment in late 2012, Mary Day was confirmed as CEO during the year. The degree to which so much was accomplished in such a streamlined fashion throughout a transformational year is testament to the leadership she has displayed.

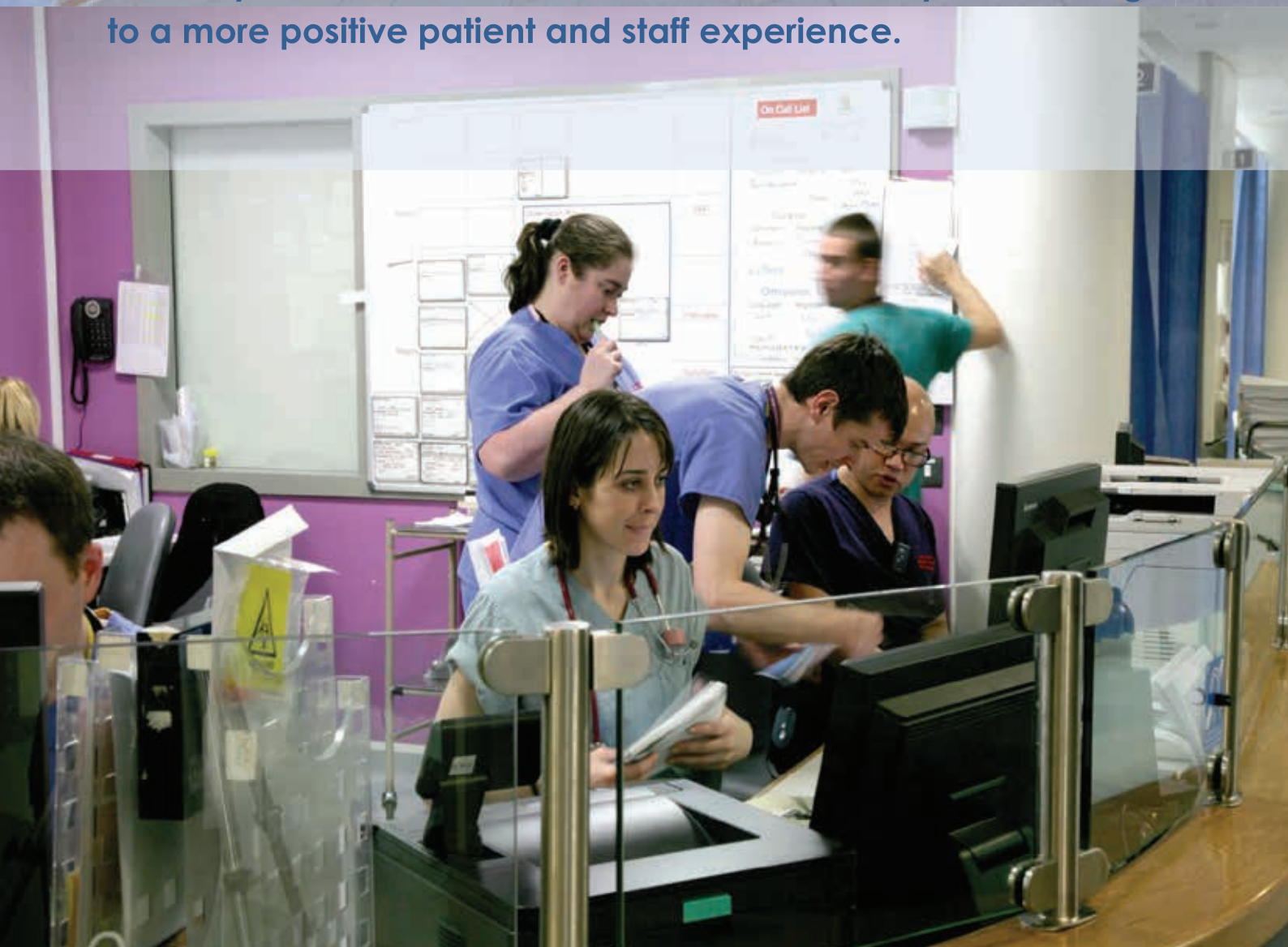
I would also like to take this opportunity to thank all our staff. It is their commitment and dedication that has built the successful hospital the Mater is to-day.

The Future

We look forward to serving our patients in the new setting which is provided by the Whitty Building. Its achievement gives impetus to improving the quality and safety of our care and to developing new and exciting programmes. While the outlook for 2014 is tempered by the continuing difficult financial funding climate, the board are positive and confident about the future prospects for the hospital. Significant strategic developments have been planned so as to advance and establish leading clinical positions for the hospital in the context of future participation in the Dublin East Group.

John B. Morgan
Chair, Board of Directors

A facility of this calibre is a morale boost for everyone, adding to a more positive patient and staff experience.



CEO's Welcome

Introduction

I am very pleased to present this year's annual report for the Mater Misericordiae University Hospital. I would like to commend our staff who are responsible for the achievements detailed within and who continue to shape the Mater's outstanding reputation. The strong commitment of our entire workforce has allowed us to respond successfully to unprecedented changes in our healthcare system while staying true to our core mission and values.

Establishment of hospital groups

The Mater Hospital is part of the Dublin East Hospital Group which comprises eleven hospitals covering the full range of clinical tertiary and a number of quaternary services, with University College Dublin as its academic partner, and will support primary care practices serving upwards of 1 million people. The other hospitals are St Vincent's University Hospital; Midland Regional Hospital, Mullingar; St Luke's General Hospital, Kilkenny; Wexford General Hospital; National Maternity Hospital; Our Lady's Hospital, Navan; St Columcille's Hospital; St Michael's Hospital, Dun Laoghaire; Cappagh National Orthopaedic Hospital; Royal Victoria Eye and Ear Hospital. I expect the Mater to play a very important role in the reorganisation and leadership of the healthcare system in Ireland as part of the government's strategic framework for reform.

Strategic Initiatives

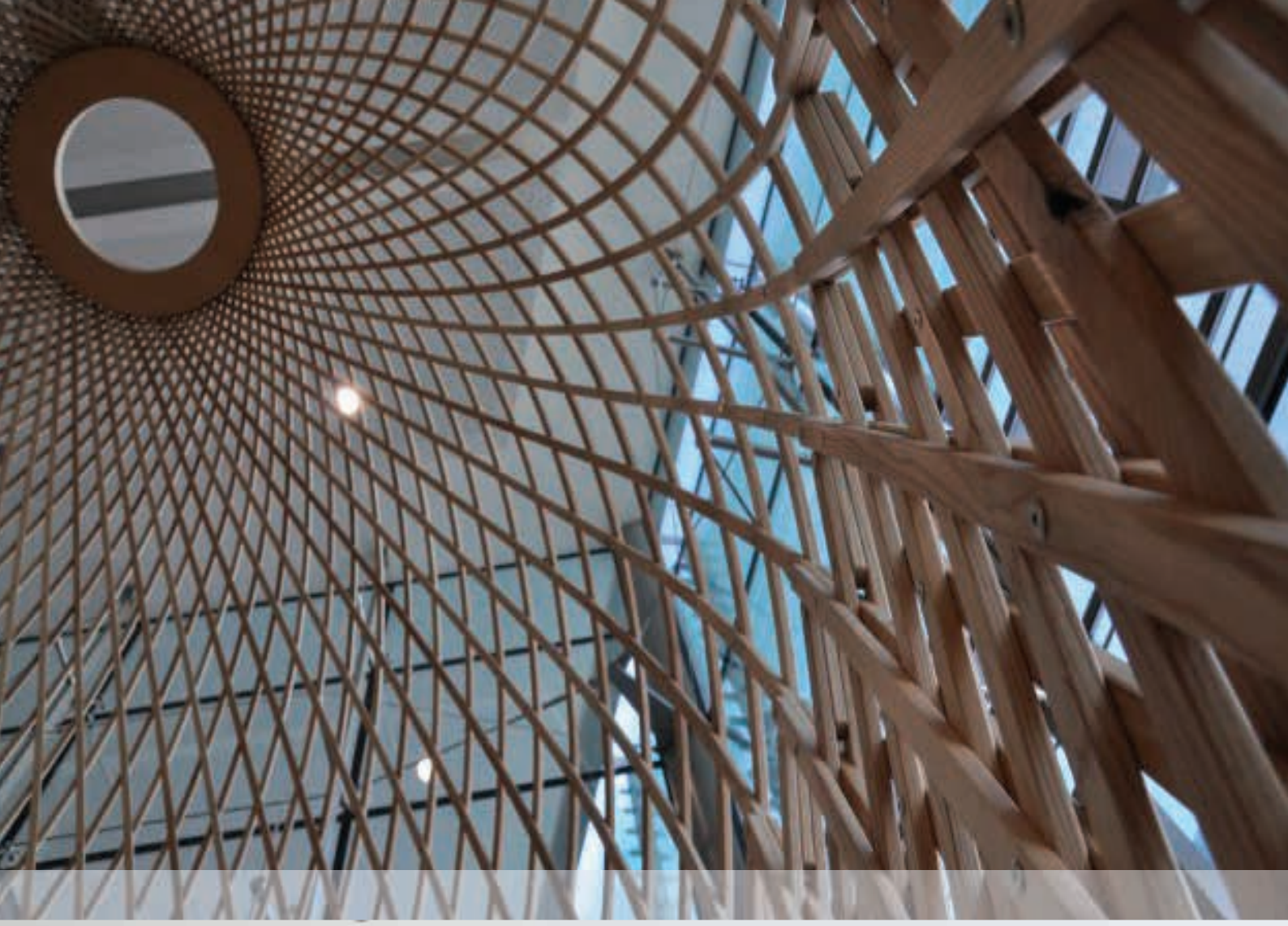
To cultivate a workforce of the future, we introduced a clinical directorate management structure to promote team approaches that would enrich our patient care delivery. The hospital faced a significant challenge in adjusting to the financial, human resource

and SDU targets and we sought to ensure that those who deliver services are more centrally involved in shaping and influencing service delivery and development, both operationally and strategically. A realignment of corporate function/business partnering with the directorates occurred simultaneously.

Healthcare is evolving at a rapid pace and while the Mater already has good systems and processes in place to make incremental performance and productivity improvements, it will require its own dynamic strategic process to support sweeping transformational changes. Services need to be redesigned so that value for money is enhanced while waste is reduced or removed. In doing this, outcomes will improve and costs will reduce, thereby proving that quality and low cost are not mutually exclusive. The newly established Office for Transformational Change will have executive responsibility to co-ordinate all major changes; oversee challenges and support the various quality and efficiency programmes being introduced in the hospital.

Quality initiatives have always been a significant part of the Mater's working culture and our strong performance was bolstered this year by the successful establishment of our Mater Lean Academy; our process redesign programme will be central to our ability to enhance patient experience, improve our working environment and continue to provide quality healthcare in a timely, efficient manner.

Reconfiguration of medical wards by specialty and the realignment of NCHDs and AHPs to medical wards, has resulted in substantial improvements to patient experience and reduction in trolley waits.



The contemplation pod in the Whitty Building was acknowledged and appreciated with the bestowing of a highly commended award from the Institute of Designers in Ireland.

2013 was a record year for organ donations and transplantations and our heart/lung programme was a tremendous success. We doubled the number of lung transplants to 32 and performed 11 heart transplants. More lung transplants were carried out in 2013 than for the previous four years and saw Ireland rise from 13th place in Europe for lung transplantation to third place.

Clinical Care Programmes

Throughout 2013, the Clinical Care Programmes Office, in collaboration with staff, continued to ensure that our hospital is considered an 'exemplar site' in terms of driving local implementation of the national clinical care programmes. Highlights of the year included the Acute Coronary Syndrome Programme going live in January, ensuring that all appropriately diagnosed patients within a 90 mile radius are now brought directly to the Mater for intervention. In February, the Outpatient Anti-Microbial Therapy Programme got underway allowing more patients to receive intravenous antimicrobial therapies at home.
The reconfiguration of medical wards by specialty saw the expansion of the specialist geriatric ward ensuring that our frail elderly cohort of patients now has better access to the multidisciplinary specialist geriatric team. Work commenced on the development of a new theatre management system, in August, as part of the Productive Operating Theatre Programme. During November, we prepared for the launch of the Acute Surgery Model of Care which will improve quality and access to services for patients requiring emergency surgery.

Operational Performance

	2013 Activity				2012 Activity			
Discharge Specialty	Discharges	Bed Days	ALOS	<30days ALOS	Discharges	Bed Days	ALOS	<30days ALOS
Accident and Emergency	748	712	0.4	0.4	808	1,172	0.6	0.4
Cardiology	1,366	12,078	7.8	5.3	1,263	9,736	6.9	5.5
Cardiothoracic Surgery	1,007	14,097	16.1	10.0	929	13,212	15.2	10.0
Dental Surgery	82	148	1.8	1.8	70	158	1.9	1.9
Dermatology	6	480	14.3	14.3	12	203	11.8	11.8
Endocrinology	925	11,729	11.5	6.4	1,068	12,724	11.9	6.5
Gastroenterology	1,447	10,347	6.3	4.4	1,310	12,098	9.0	5.3
General Medicine	2,287	3,911	0.7	0.7	408	540	0.2	0.2
General Surgery					15	125	1.8	1.8
General Surgery: Breast	862	3,278	3.6	3.0	707	2,995	3.8	2.8
General Surgery: Colorectal	826	7,977	10.0	6.3	660	7,755	11.8	7.1
General Surgery: Hepatobiliary	380	2,631	6.8	5.2	387	2,575	6.9	5.1
General Surgery: Vascular	720	7,456	10.3	6.2	755	8,131	10.0	6.8
Geriatric Medicine	1,050	24,152	27.4	9.4	795	19,703	27.9	8.0
Gynaecology	328	1,872	5.9	4.8	334	2,466	7.2	5.9
Haematology	274	4,467	16.9	10.0	213	3,665	16.2	9.7
Infectious Diseases	1,052	10,927	9.9	6.0	1,170	12,918	11.0	5.5
Metabolic Medicine	4	22	1.3	1.3	1	1	1.0	1.0
Nephrology	961	12,928	13.4	8.3	956	14,907	16.5	8.2
Neurology	403	8,851	24.6	10.3	272	9,091	36.5	11.3
Oncology	528	4,920	10.8	7.9	603	5,961	10.5	7.6
Ophthalmology	577	2,017	3.1	3.1	517	1,506	2.6	2.6
Orthopaedics	1,279	14,584	11.6	6.6	1,091	14,450	12.9	6.3
Otolaryngology (ENT)	414	2,265	5.1	4.0	425	2,809	6.9	4.3
Pain Medicine	71	135	1.4	1.4	51	141	2.2	2.2
Plastic Surgery	387	1,250	3.4	2.5	368	1,437	3.4	3.0
Psychiatry	257	4,430	17.8	9.6	203	4,583	25.3	10.3
Radiology	1	4	2.0	2.0				
Respiratory Medicine	1,457	15,926	10.9	6.3	1,467	16,340	10.9	6.3
Rheumatology	455	5,609	13.0	6.6	485	6,458	12.9	6.4
Urology	666	3,425	5.5	4.7	544	2,898	5.8	4.8
Hospital Total	**20,820**	**192,628**	**9.4**	**5.3**	**17,887**	**190,758**	**10.7**	**5.8**

2013 has been an active, eventful and quality-driven year for nursing and our nursing care metrics covered areas which are of

the highest concerns in terms of risk, with an overall compliance rate of 71% and an impressive 91.5% patient satisfaction rate.

Making each patient interaction a positive experience is our top priority and what our patients and their families say about our services is vitally important. Our patients may have different reactions to our services, and our patient liaison service's compliance rate for managing complaints within the HSE's target timeframe is 95%.

We introduced departmental quality & safety 'walk rounds' to strengthen our commitment and accountability for quality and safety.

Our hospital is in a transition phase with many services relocating to our new state-of-the-art Whitty wing and the reconfiguration of departments and services. Part of this transition is enabling people find their way as quickly and safely as possible. The first phase of implementation of the wayfinding strategy aims to assist patients, visitors and staff to find their way around the expanded Mater campus with ease

Key Challenges

The challenge for the hospital is to improve further services in the context of some of the biggest changes and challenges our health service is facing in a generation. At the same time as large-scale structural organisation of the health service, we are being challenged at local level with delivering significant efficiency savings. These are not just short-term financial challenges, but will require ongoing efforts to find new and innovative ways of delivering our services.

Notwithstanding the increase in the level of HSE funding we received in 2013 and implementation of a range of cost saving measures, we experienceed marginal compensatory spending due to substantially exceeding our funded service level agreement. I acknowledge the tremendous efforts and cooperation of staff at all levels to continue to deliver services in these difficult circumstances.

Conclusion

I am proud of what the Mater has achieved and I am excited by the opportunities that present themselves in response to the pressures we face.

Of special note, our annual commemoration of the official opening of the Mater Hospital on September 24th 1861 was marked, this year with the launch by the Archbishop of Dublin Dr Diarmuid Martin of a publication entitled 'Caring for the Nation: A History of the Mater Misericordiae University Hospital' by Sr Eugene Nolan. This book gives an account of how the sick were cared for in the Mater since its opening in 1861. Founded by the Sisters of Mercy in 1861, on the north side of Dublin, the Mater was the only hospital opened 24 hours during the cholera and smallpox epidemics that blighted the tenements. The Mater was at the ready during some of the most dramatic incidents to grip the city including the years of civil strife, two world wars, Dublin bombings (1970), a gun battle to rescue Sean Mac Stíofáin from St. Agnes's Ward (1972) and the tragic 'Stardust' fire disaster (1981).

Mary Day
Chief Executive

Director of Mission Effectiveness

During 2013 the mission effectiveness programme continued its objective of sustaining the mission of the hospital and its enduring values through a period of unprecedented change. It was hoped that in this way the staff would be encouraged and supported in their ongoing aspiration to provide excellence in patient care at every level of the hospital's activity.

A highlight of the programme for the year was a two day conference on "Caring: Returning to the Heart of Healthcare" which took place in the Catherine McAuley Lecture Theatre in May. Over 120 delegates attended the conference which included the following topics:

1. "Mission Statement & Values: Relevance in Current Healthcare" (Michael Brophy, B.L.)
2. "Social Solidarity and Caring" (Dr Fergus O'Ferrell)
3. "Values Based Leadership in Healthcare" (Dr Ciaran O'Boyle)
4. "Caring – The Essence of Nursing" (Dr Laserina O'Connor)
5. "Caring: Not an Optional Extra in Healthcare" (Mrs Mary Nally)
6. "Stress & Compassion Fatigue in the Current Healthcare Setting" (Dr Sinead O'Toole)
7. Compassion: "The Patient's Perspective" (Dr Sean Brophy).

September 1st to 8th :

Mission Effectiveness supported Phizzfest, the local Phibsborough festival by providing facilities for four of its events in the Mater. It was hoped that the festival organisers would again achieve the overall prize with which they had been awarded the previous year by Dublin Living Awards. The festival provided opportunities for the

Mater to link in a special way with the local community and environment

On September 21st we had "The Good Cup of Tea" fundraising event for Mercy International Ministries which raised □1,500. A huge thanks to all who contributed.

September 23rd:

Mission Awareness Week was launched. Included were the following:

- Launch of Staff Bereavement Policy.
- The Compassion Award was launched. 38 nominees receive a Certificate and Commemorative mug with four receiving cash prizes.
- Initial introduction to naming of various sections of the campus. This event was chaired by Professor Mary Day and took place in the Pillar Room.
- Poster Exhibition of Mission & Values on Level 2, Mater Whitty Wing.
- A Mass of Thanksgiving on 24th September, our Foundation Day, in the Hospital Chapel.

September 26th 2013:

- Sr. Eugene's book: "Caring for the Nation: A History of the Mater Hospital" was launched. This was a significant event which was appreciated by all. The guest of honour was Archbishop Diarmuid Martin.
- An opportunity to participate in the creation of a tribute wall to people who are or have been significant in our lives. This was part of an initiative of the Irish Hospice Foundation. The piece created by the Mater staff and patients formed part of an art

installation which was unveiled at the forum on End of Life Care in Dublin Castle on October 24th.

Lunchtime talks were organised during Q4:

1. "Self Care and Building Resilience" (Abate Counselling Services
2. "Care of the Bereaved" (Amanda Casey),
3. "Self Care for Healthcare Professionals" (Jonathan Egan) – 2 Talks.

October 5th 2013:

- As part of Ireland's architectural festival organised by Open House, Dublin, four groups visited the hospital. Visitors had an opportunity to view elements of Georgian, Victorian, Edwardian and contemporary styles of architecture. Feedback from Open House indicated that more than 300 people had expressed an interest in seeing the Mater.

The annual Christmas dinner for senior staff took place at Mercy International Centre. 34 staff attended. Talks were given by Srs. Mary Reynolds, Denise Doherty and Mr. John Morgan. A cheque for □2,600 was presented for relief work in the Philippines.

Once again, we offer sincere appreciation to the Chair of the Board of Directors, Mr. John Morgan, the Chief Executive, Prof. Mary Day, and all the staff in the hospital for their continuing commitment to the mission of the hospital.

Sr Margherita Rock
Director of Mission Effectiveness

AT A GLANCE

Our vision/mission/values

OUR VISION

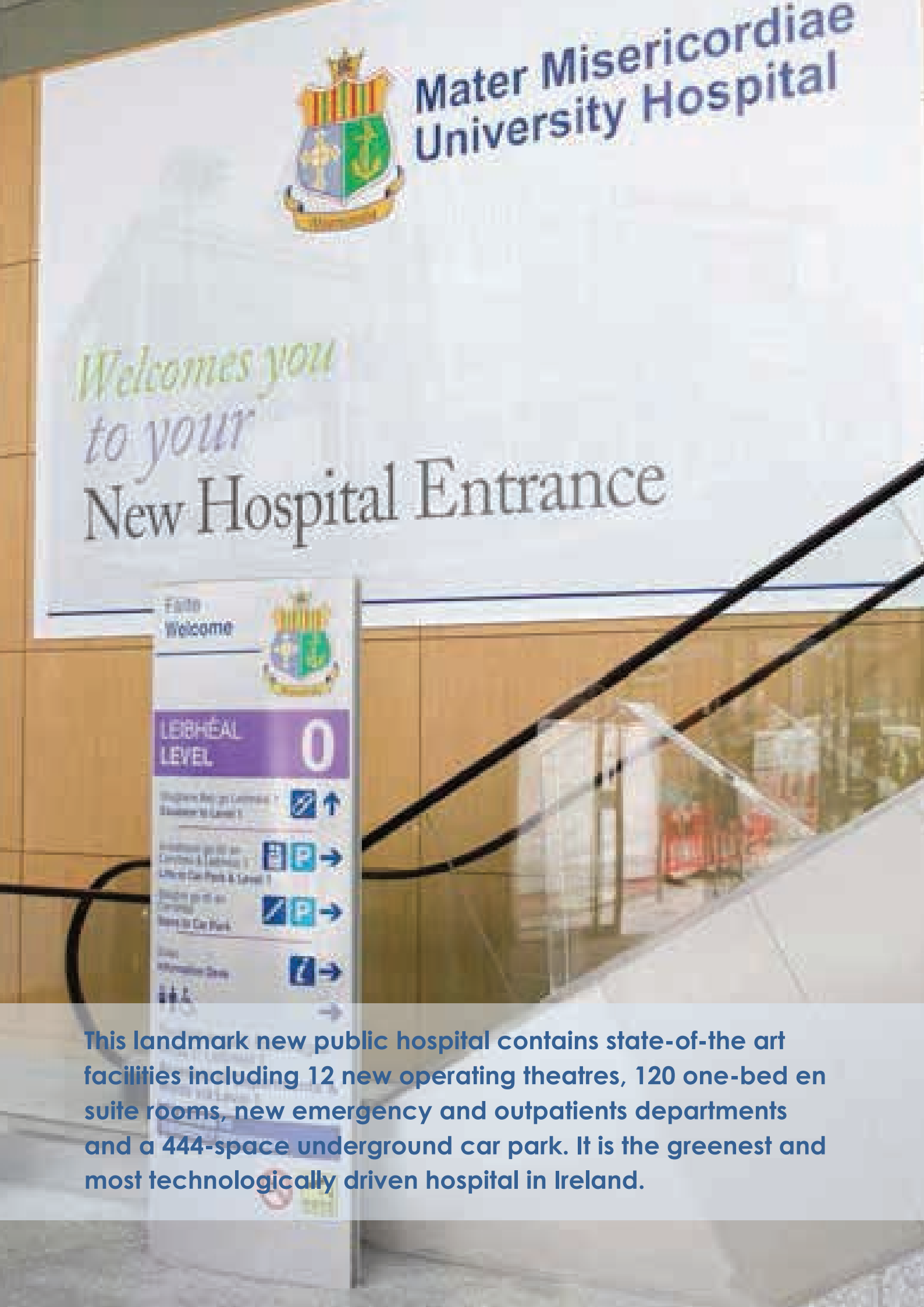
To provide each patient with the world-class care, exceptional service and compassion we would want for our loved ones.

OUR MISSION

By caring for the sick in the Mater Misericordiae University Hospital we participate in the healing ministry of Jesus Christ; we honour the spirit of Catherine McAuley and the Sisters of Mercy; we pledge ourselves to respect the dignity of human life; to care for the sick with compassion and professionalism; to promote excellence and equity, quality and accountability.

OUR VALUES

- Excellence and innovation
- Leadership and integrity
- Diversity and inclusion



This landmark new public hospital contains state-of-the art facilities including 12 new operating theatres, 120 one-bed en suite rooms, new emergency and outpatients departments and a 444-space underground car park. It is the greenest and most technologically driven hospital in Ireland.

Caring for our community

The Mater Hospital offers wide-ranging, high quality, patient-focused healthcare services to 185,000 people in its catchment area and beyond.

We are the national specialty centre for:

- Cardiac surgery
- Heart and lung transplantation
- Extra corporeal life support
- Spinal injuries
- Pulmonary hypertension
- National isolation unit
- Bone anchored hearing aid

We also have specialties in:

- Cardiology,
- Ophthalmology
- Haematology/oncology
- Nephrology
- Urology
- Infectious diseases
- Psychiatry
- Ear, nose and throat
- Rheumatology
- Diabetes & endocrinology
- Neurology and stroke care
- Breast care
- Respiratory medicine
- Vascular surgery
- Interventional radiology
- Emergency & intensive care
- Plastic surgery
- General & colorectal surgery
- Orthopaedics
- Medicine for the elderly
- Pain medicine
- Palliative care medicine

The Mater Hospital in association with the largest university in Ireland, Univeristy College Dublin, provides medical and nursing training through its links with the postgraduate colleges and faculties.

Our teaching and research commitments include:

- Diagnostic radiology
- Oncology
- Cardiology and other clinical specialties
- Healthcare informatics.

We now have state-of-the-art accommodation and facilities, creating a perfect environment for delivery of top class care to our patients provided by the best professionals in the business.

Our story

OUR TEAM

2608 Employees
366 Doctors (125 consultants and 241 NCHDs)
1032 Nurses
395 Allied Healthcare Professionals
416 Support Staff
370 Administration Staff

EDUCATION

5 Clinical Fellows
5 Research Fellows
158 Elective Students / Observers
360 Nursing Students
2000 Nursing Clinical Learning Placements
2100 Nursing Continuous Education Attendances

OUR PATIENTS

At the MMUH, we have continued to see an increase in hospital activity year on year since 2010

20,820 Inpatient Patient Discharges
56,161 Day Cases
54,461 Emergency Department Visits
215,000 Outpatient Visits
197,340 Venepuncture Procedures
300,000 Point of Care Tests
6,500,000 Pathology Test Results

OUR FACILITY

600 Beds (approx.)
9.35 Days per Average Length of Stay

Executive Management Team

Ms Mary Day
Chief Executive

Ms Suzanne Roy
Chief Operations Officer

Sr Margherita Rock
Director of Mission Effectiveness

Ms Caroline Pigott
Director of Finance

Mr Paul Burke
Director of Human Resources

Ms Mairéad Curran
Director of Nursing (Interim)

Prof. Connor O'Keane
Clinical Director

Prof Tim Lynch
Deputy Chair, Medical Executive

Ms Una Cunningham
Chair of Health and Social Care Professions Directorate / Head of Transformation

Prof Brendan Kinsley
Honorary Secretary, Medical Executive

Mr Conor Shields Consultant
Colorectal Surgery

This new build will allow us to break free of the shackles of limited space as we will now have appropriately-sized departments and waiting areas. This building provides patients and staff with an environment reflective of the quality of care patients get at the Mater into the 21st century and beyond.

2013 IN REVIEW

A year of change

Given the significant change that is underway in the organisation, the need for an office dedicated to change management was recognised. The MMUH Transformation Office was therefore established in November 2013.

OFFICE OF TRANSFORMATION

The primary driver for transformational reform at MMUH is "to improve patient experience and patient care". The Transformation Office will hold responsibility for co-ordinating and overseeing major changes within the organisation via an over-arching transformational change plan. This will allow changes introduced to be paced, risk managed and also ensure inter-dependencies are recognised in order to time pieces of work, avoid duplication and reduce risk of competing demands on support systems.

NEW BUILDING

The new Mater Whitty wing accommodates an emergency department, radiology department, oncology / haematology unit, outpatient department, National Centre for Cardiothoracic Surgery / Heart and Lung Transplantation, National Spinal Injuries Unit, intensive care unit and theatres, among other services.

The Mater's status as a major trauma centre is now firmly established as a trauma patient's journey is significantly enhanced by the provision of direct access from the emergency department combined with improved centralisation of critical care departments.

IRELAND EAST GROUP

We welcomed the announcement of the Dublin East Hospital Group by Minister for Health, Dr James Reilly TD, in May. This network is one of six academic medical centres recommended by the Higgins report and is central to the restructuring of the health service. The Ireland East Group will comprise of eleven hospitals in Leinster covering the full range of clinical tertiary and a number of quaternary services with University College Dublin as its academic partner. It will be Ireland's largest hospital network.

PERFORMANCE IMPROVEMENT PLANNING

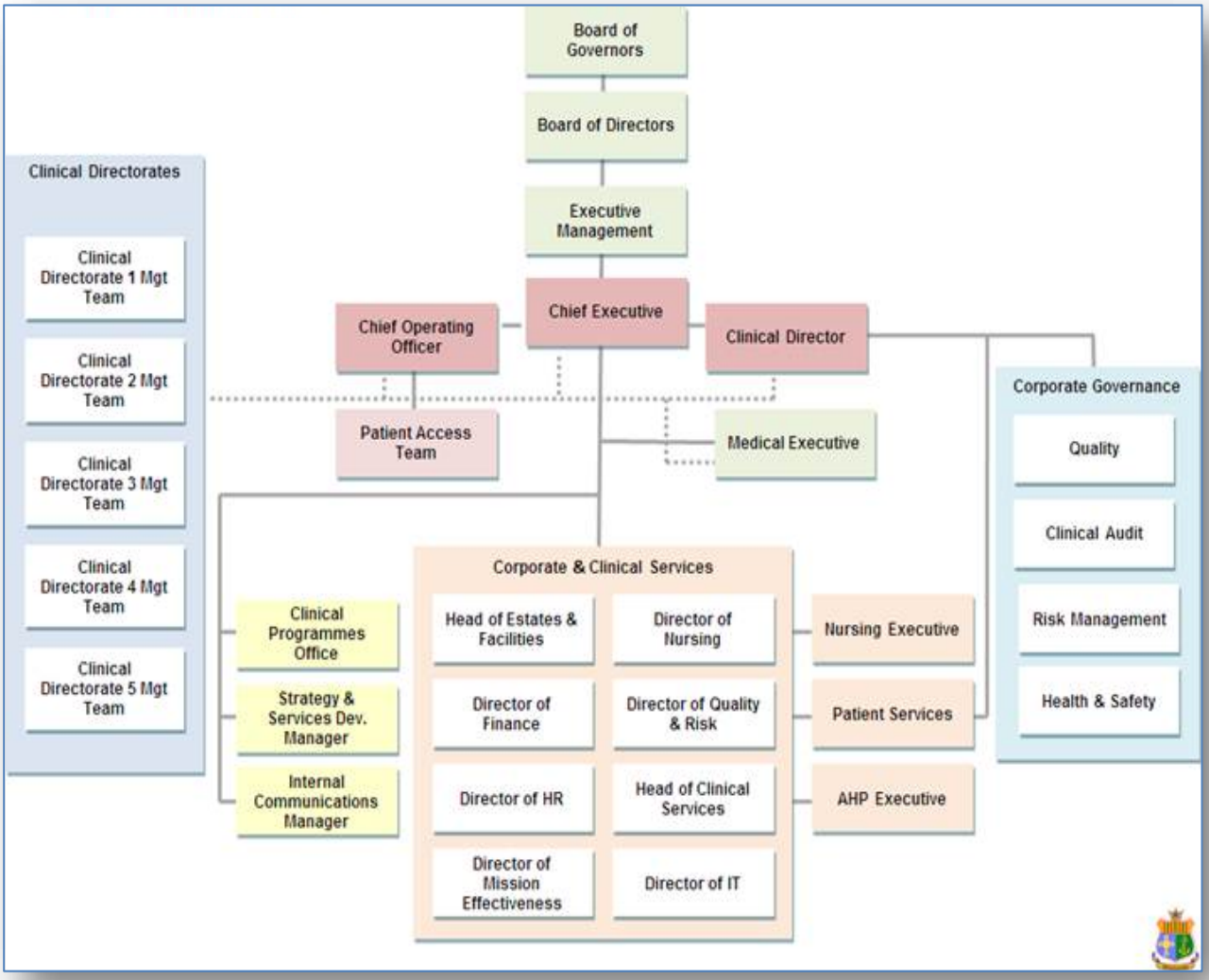
A scheduled / unscheduled care performance monitoring group commenced this year, to track progress on the performance targets for COMstat including our own process improvement performance metrics for unscheduled care. In February, an important workshop entitled 'Unscheduled Care Performance Improvement' took place in the Mater with staff, external stakeholders from the Special Delivery Unit and the region in attendance. It provided an opportunity for us to showcase the work completed to date and our ongoing performance improvement planning.

We commenced systematic 'walk-rounds' to provide a formal process for senior managers to talk with frontline staff about issues and offer support.

A comprehensive review of our ICT infrastructure was undertaken in 2013, which provided a roadmap for the development of ICT to meet future service developments; this included an inpatient management system to revolutionise our bed management function and an e-prescribing module. A review of our corporate systems was also undertaken.

Moving into a purpose built facility of this calibre enables us to rethink how care is delivered and review and change as part of continuous quality improvement. A series of Lean projects were instigated to rationalise work processes in accordance with the new surroundings. This new expanded space allows patients more privacy, dignity and comfort and it facilitates staff to work together more efficiently.

New corporate structure



New Hospital Directorate Model

The rationale for the new directorate structure was not driven by efficiency and cost containment alone but by quality, patient safety and to facilitate the integration of regional and national clinical imperatives (such as the regional reconfiguration and clinical care programmes) into the hospital service delivery.

CANCER & SURGERY	CRITICAL CARE/ ANAESTHESIA/ ELECTIVE SURGERY & THEATRES	CARDIOVASCULAR/ RESPIRATORY/ RENAL/ENDOCRINE & DIABETES	EMERGENCY & SPECIALTY MEDICINE	CLINICAL & DIAGNOSTIC SERVICES	HEALTH & SOCIAL CARE
• Breast Health • Colorectal Surgery • Ear, Nose and Throat • Gynaecology • Haematology • Hepatobiliary • Medical Oncology • Ophthalmology • Orthopaedics (and Spinal Injuries Unit) • Palliative Care • Plastic Surgery • Radiation Oncology • Urology	• Anaesthesia • CPR • CSSD • Day Surgery • Elective Surgery Unit • Intensive Therapy and High Dependency • Pain Medicine • Surgical Pre-assessment • Theatre	• Cardiology • Cardiothoracic Surgery • Diabetes and Endocrine • Heart/Lung Transplantation • Nephrology • Respiratory Medicine • Vascular Surgery	• Acute Medicine • Dermatology • Emergency Medicine • Gastroenterology • Infectious Diseases • Medicine for the Elderly • Metabolics • Neurology (including Clinical Neurophysiology) • Psychiatry • Rehabilitation • Rheumatology • Stroke	• Clinical Engineering • Clinical Photography • Medical Physics • Pathology • Radiology	• Audiology • Clinical Nutrition and Dietetics • Occupational Therapy • Physiotherapy • Podiatry • Clinical Psychology • Medical Social Work • Speech and Language Therapy

Highlights

In 2013, we

Introduced	a clinical directorate management structure
Expanded	to our new building
Launched	our Office of Transformational Change
Established	our Lean Academy
Improved	our care pathways and processes
Strengthened	our external partnerships
Enhanced	our integrated planning

Quality indicators

Quality measurement	2011	2012	2013
Patient complaints	-	1236	1510
Patient compliments	-	231	458
Emergency department wait time	-	9.9 hrs	8 hrs
Hand hygiene compliance	**May** 55.7% **October** 73.3%	**May** 78.1% **October** 79%	**May** 81.4% **October** 74.8%
Readmission within 30 days	-	7.6%	8.7%
Patient experience satisfaction rate	-	-	91.5%
Inpatient falls rate (wards)	-	5.3	4.9
Inpatient falls number (wards)	-	870	913

Next steps

We will continue to build on our achievements attained in 2013 as well as continuously seek out areas for improvements.

We will embark on an innovative project to provide leadership at MMUH Board of Director level to drive improvement in delivering safe and quality patient care. By next year, quality indicators will have priority for discussion at every Board of Director's meeting.

IN THE SPOTLIGHT

Taking the lead

The Mater Hospital is a university teaching hospital and is the major accident and emergency hospital serving Dublin's inner city. We are committed to building a community of excellence by combining academic and practical knowledge with the highest degree of professional ethics in response to modern healthcare advances and public expectation.

Each member of our integrated team ensures that every patient who walks through our doors has access to the best possible care.

The following stories demonstrate the Mater's innovation, vision, and commitment to the health and wellbeing of its patients.

HIV SCREENING

A HIV screening programme based in the emergency department has revealed that nearly three in every thousand people tested who participated in the testing programme were diagnosed with HIV infection, rates regarded as high by international standards.

Dublin is leading the way in international HIV research through the Mater-Bronx Rapid HIV Testing Project or 'M-BRiHT, collaboration between researchers at the Mater Hospital and the Jacobi Medical Center in the Bronx in New York. In the M-BRiHT Project, routine attenders to the emergency department are offered a confidential, rapid HIV test combined with novel video-based counselling and information.

There has been an upsurge in interest in HIV screening research since the recognition that early identification of HIV infection not only improves the outlook of those with infection but, with effective treatment, this can also prevent onward transmission of HIV. "This has been a real ground breaking advance in HIV research and one that the whole population can help with." said Dr Mallon, Consultant in Infectious Diseases at the Mater and the principal Investigator on the M-BRiHT Study. "If we can identify those with undiagnosed HIV and help prevent them from passing on the infection, we can stop this epidemic in its tracks. The importance of the need for increased HIV testing is reflected in the first European HIV Testing Week – everyone should use this opportunity to know their HIV status."

CARDIOTHORACIC SURGERY

The cardiothoracic surgical programme at the Mater is the biggest programme in the country. Part of the strength of the National Centre for Cardiothoracic Surgery is the spectrum of surgery that is carried out, which includes heart and lung transplantation, ventricular assist device implantation for patients with a failing hearts who cannot wait for heart transplantation, coronary bypass surgery, valve surgery and adult congenital surgery and the full range of thoracic surgery. The number of thoracic procedures has increased by approximately 300% over the past two to three years.

It is an exciting time at the unit and we now have a number of surgeons which allows a wide range of sub-specialisation to take place so that the patient can get the best treatment possible. There is a huge amount of work involved for the transplant team. The success is due to the dedication of the whole team including staff in the ward, the high dependency unit, the intensive care unit and theatre.

In 2013, 587 major cardiac surgical operations were carried out at the unit and 374 thoracic operations were performed. The thoracic surgical programme has got busier over the last 3 years and now many lung resections are performed with video-assisted techniques.

There were a total of 43 thoracic organ transplants performed in 2013, with 32 lung transplants and 11 heart transplants. This is a record number for the unit and is a result of the dedication of the transplant team and the generosity of organ donors.

The cardiothoracic surgical team dedicate much time trying to improve the patient pathway and the quality of patient care. A particular emphasis has been placed reducing the patient length of stay and we are thankful to our referring hospitals for helping with this.

PERITONEAL TREATMENT PROGRAMME

In June 2013 the Mater Misericordiae University Hospital was established as the single all-Ireland treatment centre for the management of patients with peritoneal malignancy. The Mater programme has allowed the repatriation of patients requiring treatment which takes the form of surgical cytoreduction combined with heated intra-peritoneal chemotherapy (HIPEC). This approach can significantly improve survival and quality of life in appropriately selected patients with peritoneal metastases from colorectal or appendiceal tumours. The support of the Mater Foundation was crucial to the development of this new treatment programme.

INTERNATIONAL ACCESS RIGHTS AND EMPOWERMENT STUDY

The International Access Rights and Empowerment (IARE) study is a study designed to help better understand the needs of patients aged 65 and over who have received palliative care and the needs of their families. This knowledge will be used to help improve access to these valuable services for this group. The study will be conducted in four major cities including London (King's College, Guy's and St Thomas's hospitals) New York (Mount Sinai Medical Centre, Dublin (Mater, Beaumont hospitals) and San Francisco (University of California, San Francisco Medical Center).

CANCER GENETICS CLINIC / LYMPHOEDEMA SERVICES

Cancer genetics clinic and lymphoedema services have been set up in the BreastHealth unit. The goal of the cancer genetics service is to identify individuals who are genetically predisposed to malignancy, and to offer screening and / or prevention recommendations commensurate with their perceived risk. A trained lymphoedema therapist now forms part of the multidisciplinary breast care team to further enhance the quality of care delivered to patients, including prompt assessment and management of their condition. Treatment is centred on managing the swelling using manual lymphatic drainage and specially measured garments. The service aims to assist each patient in coping with lymphoedema, promoting self-management of the condition and increasing quality of life.

NATIONAL CLINICAL CARE PROGRAMMES

During 2013, the Clinical Care Programmes Office (CCPO) continued its work in improving patient care through the implementation of clinical care pathways, guidelines and bundles for eighteen of the national clinical care programmes.

Key drivers for change via the programmes are:

- The need to increase quality of care for patients by ensuring that they get on the right care pathway as soon as possible - "*right person, right place first time*"
- Reducing the number of "handoffs" of patients between consultants and teams in order to minimise risks
- Increasing efficiencies in patient processes so that patients receive care in a timely manner
- Reducing hospital length of stay

It was widely accepted that improving patient care and reducing patient experience time on "the acute floor" (emergency department and acute medical assessment unit) could only be effectively managed through a series of improvement initiatives, that is, discharge management on specialty wards, whole system escalation procedures and protocols, rapid access to specialty consults and robust transfer of care protocols. To this end, the office led a cross programme initiative together with members of the Division of Medicine in order to redevelop specialty wards and reconfigure NCHD staff to meet workload demands. The return to specialty-based medical wards (July 8th) as per respective programme requirements allowed for an increase in the capacity of the acute medical short stay unit from twenty-five to thirty-one beds and an increase in the capacity of the specialist geriatric ward

(SGW) to fifty beds thereby improving patient access for both of these patient cohorts. In tandem with this initiative, the clinical care programmes office also continued to lead on the implementation of a performance improvement plan for integrated discharge planning in a manner that incorporated National Clinical Care Programmes Strategy.

Over the course of 2013, the hospital became recognised by the National Programmes Office as being a leadership site for driving quality of care and innovation in healthcare. This was reflected in the successful submission of five papers for presentation to the National AMP forum on May 31st at the Royal College of Physicians in Ireland (RCPI). This forum entitled *From Strategy to Implementation* provided the MMUH with a platform to showcase the innovative programme work undertaken during 2011 and 2012.

A key milestone for the clinical care programmes office at the beginning of 2013 was the successful launch of the acute coronary syndrome programme and recognition of the MMUH as a regional Percutaneous Coronary Intervention (PCI) Centre. In February, the MMUH also commenced implementation of the epilepsy programme whereby the MMUH operates as a satellite site to the regional hub at Beaumont Hospital for patient treatment. The Out-patient Antimicrobial Therapy (OPAT) programme also went live in the first quarter and was operational by the end of the second quarter of 2013 ensuring a greater number of patients can safely be discharged on IV.

The roll-out of the stroke programme continued with increased access for patients to the stroke unit (27% increase in admission rate), further development of the early supported discharge initiative, expansion of the thrombolysis pathway including support

to other sites via tele-medicine and further development of 24/7 transient ischaemic attacks (TIA) services.

During 2013, the surgery and anaesthesia programmes made significant progress. Development of an electronic theatre management system is underway and it is anticipated that the first *test* components of the system will be launched in early 2014. It is envisaged that this will allow for live feeds of data and ongoing analysis of theatre utilisation to determine lost and potential capacity. Eight productive operating theatre (TPOT) programme modules ran during 2013 with the addition of turnaround, handover and recovery modules during the first quarter. Work also commenced on bed capacity review and waiting list demands as per the recommendation of the 2013 Meridian report. In addition, the Elective Surgery Programme steering committee established **s**ub-groups to increase percentage of surgery completed as day surgery procedures, increase rates of day of surgery admission, increase rates of pre-operative assessment and to develop patient information leaflets for specific procedures. A surgical resource planning group was also tasked with carrying out demand and capacity analysis to inform a new surgical bed plan. The Acute Surgery Model of Care was formally launched at the hospital on November 21st 2013.

The Health and Social Care Professions continued to lead and implement the diabetes foot-care programme and the physiotherapy musculo-skeletal programme meeting national targets and key performance indicators in terms of waiting list management. With the appointment of a new chief audiologist, the MMUH also began the successful roll out of the audiology programme with particular emphasis on the Bone Anchored Hearing Appliance (BAHA) aspect of the programme.

Transitioning programmes to directorates

In the fourth quarter of 2013, the office began the process of transitioning the governance of the clinical care programmes to the newly established clinical directorates in order to ensure sustainability of the programmes under the new governance structures. This process will be finalised by the end of January 2014 when new reporting structures to the Hospital Executive will be consolidated. A project manager for the elective surgery and TPOT programmes in addition to implementing the acute surgery programme, will be required.

NATIONAL DIABETIC RETINAL SCREENING (DRT) PROGRAMME

The National Diabetic Retinal Screening programme is a government-funded screening programme that offers free, regular diabetic retinopathy screening and treatment to people with diabetes.

The DRT programme was initiated in the Mater Hospital in November 2013.

The programme has provided a streamlined service to patients, increased access in line with National KPIs and has facilitated income generation which will be re-invested to further enhance service delivery within the Ophthalmology Department.

NATIONAL STROKE PROGRAMME

The Mater Misericordiae University Hospital (MMUH) stroke service has continued to advance implementation of the National Stroke

Programme in 2013. 513 people admitted with stroke or transient ischaemic attack (TIA) were treated in MMUH in 2013, a 16% rise from 2012.

A key aim of the National Stroke Programme is increasing access to safe stroke thrombolysis. The stroke service continues to offer 24/7 thrombolysis access. In 2013 22% of appropriate patients received thrombolysis - equivalent to the best international rates, and significantly above the 7.5% National Stroke Programme target set for the end of 2012.

During 2013 the 'Door to Needle' Lean project commenced, focusing on reducing the time between arrival and CT brain, and between CT brain and administration of thrombolysis. Timely access to this treatment results both in lives saved, and reduced disability.

Admission to an acute stroke unit results in improved outcomes and decreased death and dependency. The stroke unit allows patients to be assessed and treated by dedicated, stroke specialist multidisciplinary team. In 2013 there was a 27% increase in admission to the acute stroke unit compared with 2012.

The Early Supported Discharge (ESD) for stroke programme aims are to expedite discharge and provide intensive domiciliary rehabilitation to appropriate patients with mild- moderate disability post stroke. Forty-nine MMUH patients were discharged through ESD in 2013, representing 14% of all patients with a primary diagnosis of stroke discharged in this year. Key outcomes of the ESD programme are reduced length of stay in the acute setting, improved functional outcomes and improved self-reported quality of life.

Service developments in 2013

Further highlights of assessment and treatment advances in 2013 under the stroke service include:

- Young stroke clinics commenced (running twice per month in the Dublin Neurological Institute)
- Introduction of intermittent pneumatic compression devices following CLOTS-3 results
- Introduction of multi-phase CT Angiography
- Selected stroke/TIA patients accessed the full cardiac rehabilitation service at MMUH
- MRI imaging protocol established in Cappagh for FAST service patients
- Weekly stroke radiology multidisciplinary team meeting commenced

The stroke service received approval from the hospital research ethics committee to participate in the ESCAPE trial, researching the outcomes of endovascular clot removal.

Looking forward, the stroke service commenced work on a business proposal for developing a stroke and neurology acute inpatient unit, including a hyper-acute stroke unit for improved care for stroke patients in the first few days post stroke.

EXTRA-CORPOREAL LIFE SUPPORT

Extracorporeal membrane oxygenation (ECMO) and extracorporeal life support (ECLS) refer to the same process in both adult and paediatric practice. In the Mater Hospital, we use the more generic term ECLS to refer to temporary mechanical support for adult

patients with severe cardiac and/or respiratory failure who are refractory to maximal conventional therapies already available within the intensive care unit (ICU). An artificial pump and circuit drains venous blood from the patient to a gas exchange device where it is enriched with oxygen and carbon dioxide is removed. The blood is then returned to the patient's venous circulation (Veno-Venous [VV] ECLS) for respiratory support or to the arterial circulation (Veno-Arterial [VA] ECLS) for cardiac support.

VV ECLS is indicated in adult patients with acute severe potentially reversible respiratory failure when the use of optimal lung protective mechanical ventilation strategies and rescue therapies such as prone positioning, inhaled nitric oxide (iNO) and high frequency oscillation (HFO) have been ineffective. The primary goal of VV ECLS is to provide stable gas exchange for the patient while allowing the lungs to rest and recover. Lung recovery may take several weeks and weaning from VV ECLS will be based upon improvements in the patient's clinical status, lung compliance and radiological appearance.

VA ECLS is considered in patients with refractory cardiogenic shock despite maximum inotropic support, mechanical ventilation and intra-aortic balloon counter-pulsation. Adult patients who recover from cardiogenic shock will show signs of improvement within approximately five days. If there is no evidence of cardiac recovery following a week of VA ECLS, an exit strategy is considered which may involve bridging to longer-term mechanical circulatory support such as a ventricular assist device (VAD) or heart transplantation or if appropriate, ceasing ECLS therapy (changing to comfort measures).

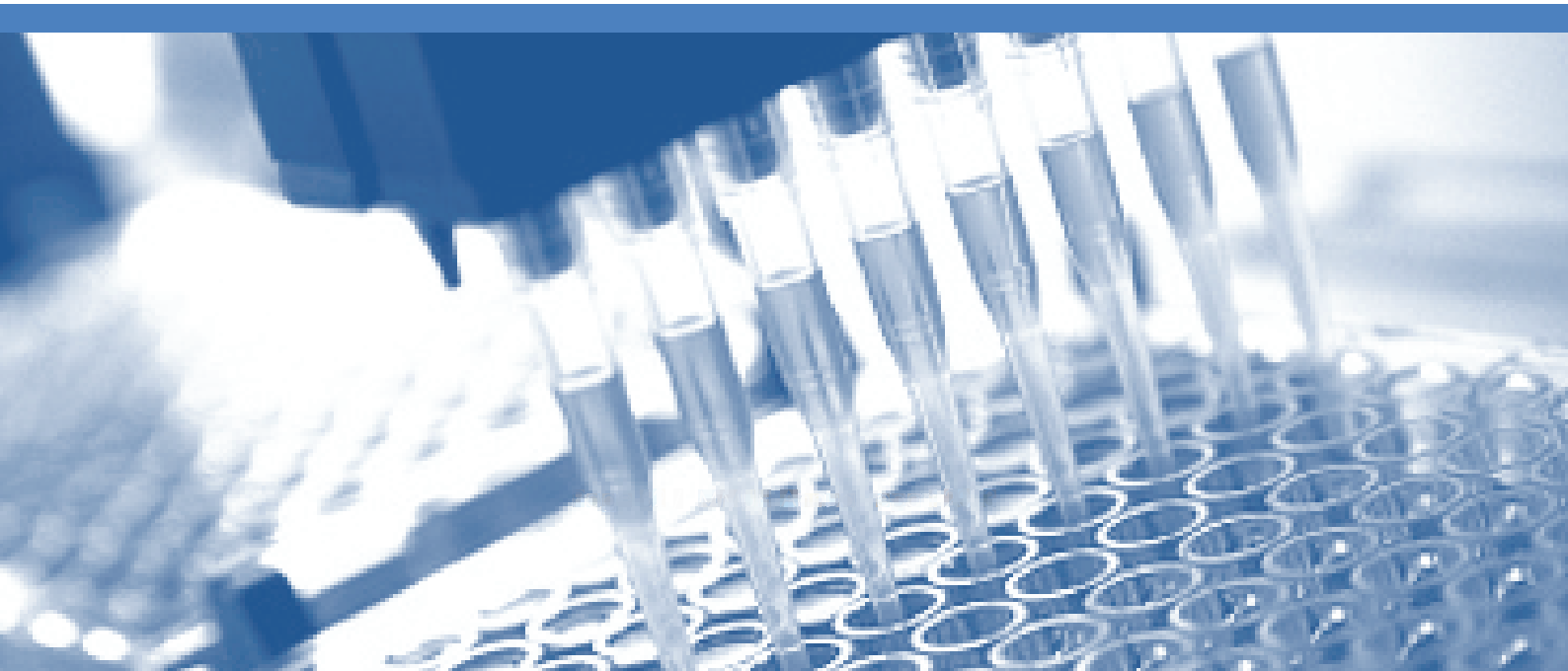
Research and innovation

JOINT PROFESSORSHIP

Laserina O'Connor was appointed a clinical professor and joint clinical chair at University College Dublin (UCD) in partnership with the Mater Misericordiae University Hospital and St Vincent's Healthcare Group on 1st July 2013. She is the lead facilitator of the UCD MSc Advanced Pain Management / Prescriptive Authority programme.

LEAN ACADEMY

As part of the hospital's transformational agenda, a Lean academy was established to co-ordinate White Belt (introduction to Lean) and Green Belt (academic award with UCD) training programmes, consolidate existing Lean projects, oversee rapid improvement events and run the Lean masterclass and symposium series. A Mater staff member with Green Belt certification was approved for training to Black Belt level to oversee and coordinate the Lean academy agenda.



Multi-Centre Movement Disorders Video Journal Club

The Dublin Neurological Institute (DNI) has been hosting a monthly video journal club in which clinical videos are presented and discussed by a panel of specialists in movement disorders (in adults and paediatrics), neurologists with other specialist interests, nurse specialists and doctors in training. This meeting is chaired by Prof. Timothy Lynch to other centres with expertise in movement disorders and neurodegenerative diseases such as the Addenbrooke's University Hospital in Cambridge (UK), the Belfast City Hospital, Galway University Hospital and Cork University Hospital. Complex and challenging cases are discussed, especially those in which a diagnosis is rare or difficult, in order to educate colleagues and develop a strategy for ongoing investigation and management to benefit patients from pooled expertise and experience.

There is a strong clinical teaching ethos at the DNI and doctors in training benefit from the demonstration of clinical signs and key points of history taking in the field of movement disorders at the video journal club. This should facilitate the development of diagnostic skills with a view to bringing those back to the clinic setting for the benefit of our patients. The multi-center nature of this meeting has helped develop links between colleagues and institutions and disseminated knowledge and expertise for the benefit of patients in all the centres involved.

Medical Education for General Practitioners

Through the Irish College of General Practitioners the DNI is conducting an E-learning programme for general practitioners where GPs will become more informed about the early diagnosis and onset of various neurological conditions.

extremely important as current research is focused on individuals who already have the condition. By the time someone presents with Parkinson's symptoms, many of the dopamine producing cells of the brain are already lost and thus identifying a group of individuals many decades before disease onset, would offer the potential to study disease modifying/preventative therapies and in identifying potential environmental factors which in addition to genetic factors may be contributing to the development of Parkinson's disease.

Awards and achievements

HEALTHCARE AWARDS

Irish Healthcare Awards

- Commendation: Our Daily Bread

Biomnis Healthcare Innovation Awards

- Finalist: Hospice Friendly Hospitals' Programme

Radiology Department of the Year

- Shortlisted: Mater Radiology Department

Diagnostic Radiographer of the Year

- Winner: Mr Adrian O'Rourke

PHARMACY AWARDS

Hospital Pharmacy Awards

- Pharmacist of the Year: Patricia Ging
- Manager of the Year: Maríosa Kieran
- Aseptic Unit of the Year: Aseptic Compounding Unit (ACU)
- Lifetime Achievement Award: Ciaran Meegan

Helix Healthcare Pharmacy Awards

- Shortlisted for Hospital Pharmacist of the Year: Patricia Ging

Hospital Pharmacists Association of Ireland Annual Meeting

- Commendation: Maríosa Kieran (for developing a cross-reference list for identifying potentially photo-sensitising drugs)

Biomnis Healthcare Innovation Awards

- Shortlisted: Drug Safety Committee (led by Deirdre Lenehan) for patch guidelines

HYGIENE AWARDS

Accommodation Services Institute

- Gold Standard IASI Award for Hygiene: Gastrointestinal Unit
- Supreme Hygiene Award (Hospital Category) 2013: Mater Hospital

Q Mark for Hygiene & Food Safety

- Level 3 / Emerald: Mater Hospital Catering Service

ACCREDITATION

Irish National Accreditation Board

The laboratory discipline provides a high quality service and the progression to Irish National Accreditation Board accreditation to ISO 15189 throughout pathology was a huge challenge for 2013. In September, a very successful assessment visit was achieved by the blood transfusion and clinical chemistry / diagnostic endocrinology departments.

JAG (Joint Advisory Group in GI Endoscopy)

The GI unit was awarded JAG (Joint Advisory Group on GI Endoscopy) Certificate of Endoscopy Unit accreditation in August 2013 following an audit and inspection in July 2013. This enabled us to participate in the National Bowel Cancer Screening Programme run by the NCSS.

THE NUMBERS

Financial

2013 FINANCIAL STATEMENTS

YEAR ENDED 31ST DECEMBER, 2013
BALANCE SHEET AT 31ST DECEMBER 2013

	2013	2012
FIXED ASSETS		
Tangible Assets	29,478	21,349
Investments	-	-
	29,478	**21,349**
CURRENT ASSETS		
Debtors	40,657	34,265
Stocks	5,629	3,849
Cash at Bank and In Hand	400	41
	46,686	**38,155**
CREDITORS – (Amounts falling due within one year)		
Creditors	(46,501)	(45,147)
Bank Loans and overdrafts	(13,814)	(9,657)
Finance Leases	-	-
	(60,315)	**(54,804)**
NET CURRENT LIABILITIES	**(13,629)**	**(16,649)**
TOTAL ASSETS LESS CURRENT LIABILITIES	**15,849**	**7,200**
CAPITAL GRANTS	**(29,478)**	**(21,349)**
NET LIABILITIES	**(13,629)**	**(16,649)**
CAPITAL AND RESERVES		
Share Capital	1	1
Capital Reserve	-	-
Deficit	**(13,630)**	**(17,804)**
SHAREHOLDERS DEFICIT	**(13,629)**	**(16,649)**

YEAR ENDED 31ST DECEMBER 2013

INCOME ANALYSIS

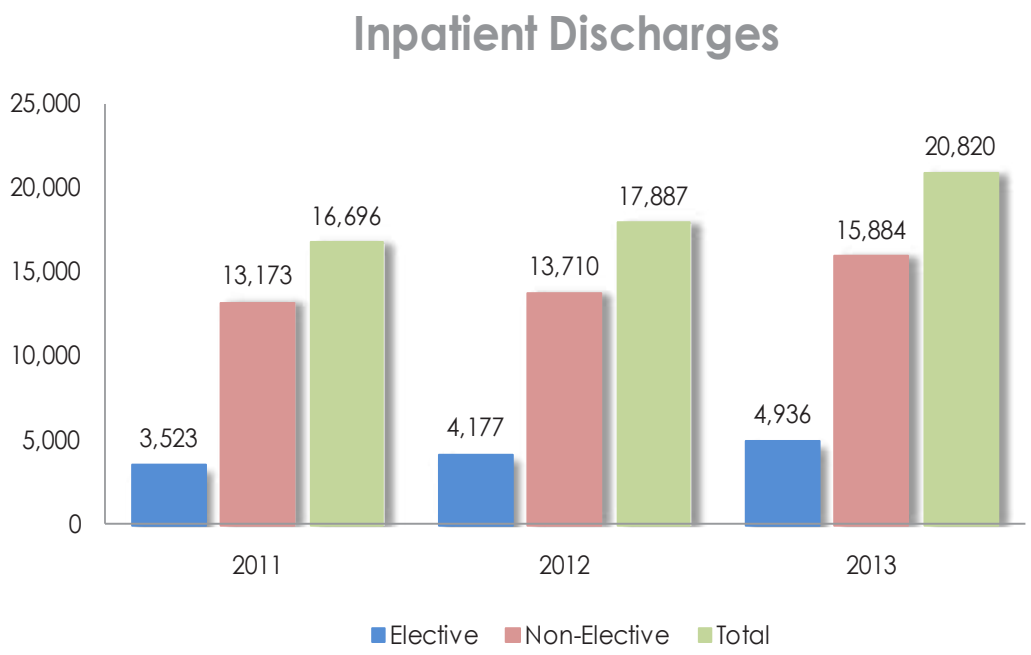
	2013	2012
	€'000	€'000
TOTAL NET EXPENDITURE		
Payroll	180,403	184,073
Non-Pay	81,603	82,765
Income	(43,001)	(44,161)
	219,005	**222,677**
PAYROLL COST ANALYSIS		
Management / Administration	(18,056)	(17,624)
Medical/Dental 1(NCHD'S)	(22,750)	(23,673)
Medical / Dental 11 (Consultants)	(22,210)	(22,368)
Nursing	(70,596)	(71,383)
Paramedical	(24,086)	(23,972)
Catering and housekeeping/Support Services	(8,890)	(9,118)
Maintenance/technical	(1,780)	(1,764)
Other – Pastoral Care	(453)	(458)
Pensions/Refunds/Gratuities/Lump Sum	(11,582)	(13,713)
Total Payroll	**(180,403)**	**(184,073)**
NON PAY		
Direct Patient Care	(48,146)	(45,952)
Support Services	(22,076)	(21,774)
Administration and Other Non-Pay	(11,381)	(15,039)
Total Non-Pay	**(81,603)**	**(82,765)**
INCOME ANALYSIS		
Patient Income	19,511	19,915
Other Income	23,490	24,246
Total Income	**43,001**	**44,161**

YEAR ENDED 31ST DECEMBER 2013

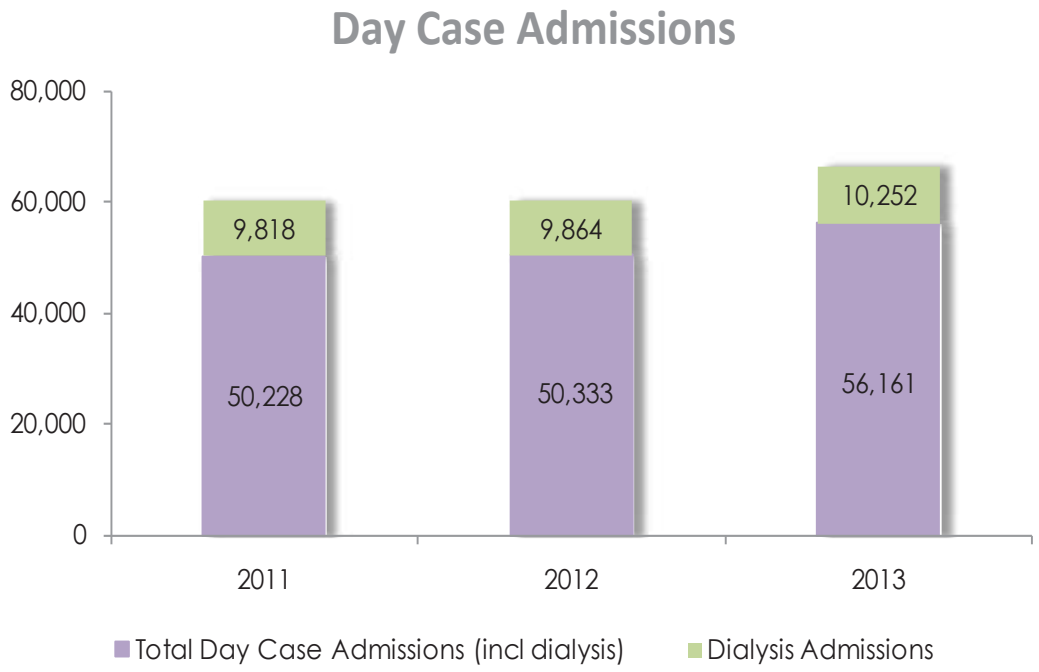
STATEMENT OF FINANCIAL ACTIVITIES

	2013 €'000	2012 €'000
INCOME RESOURCES		
Revenue	226,269	211,676
Other Income	43,001	44,161
	269,270	**255,873**
RESOURCES EXPENDED – CHARITABLE ACTIVITIES		
Payroll and Related Costs	(180,403)	(184,073)
Non Pay Costs	(81,603)	(82,765)
Depreciation	(4,222)	(4,915)
Total Resources Expended	**(266,228)**	**(271,753)**
NET INCOME/(OUTGOING) RESOURCES BEFORE INTEREST	3,042	(15,916)
Interest Receivable and Similar Income	36	29
Interest Payable and Similar Charges	(58)	(53)
NET INCOME/(OUTGOING) RESOURCES	**3,020**	**(15,940)**

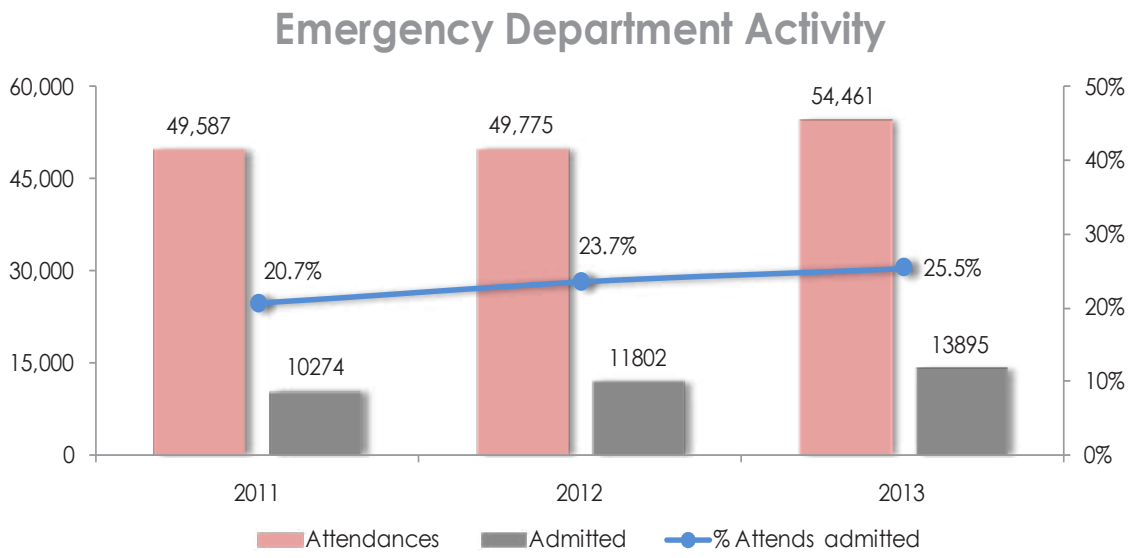
Hospital Activity



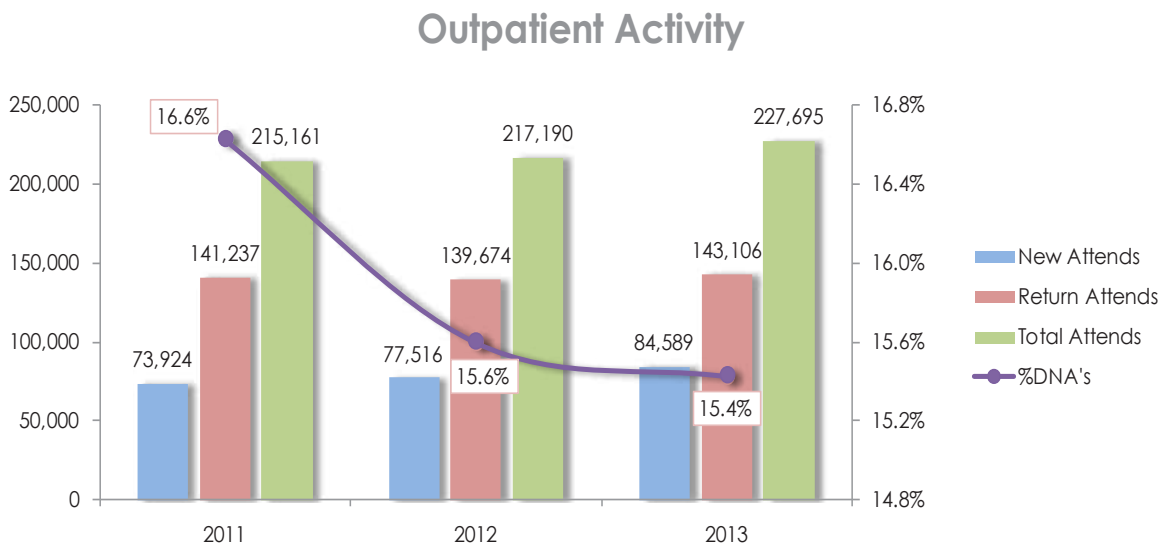
20,820 inpatients were discharged during 2013. Of these 76% were non-elective admissions and 24% were elective. The majority of non-elective patients were admitted from the emergency department with a smaller number being admitted from the outpatients department. Discharge activity has increased by almost 25% since 2011.



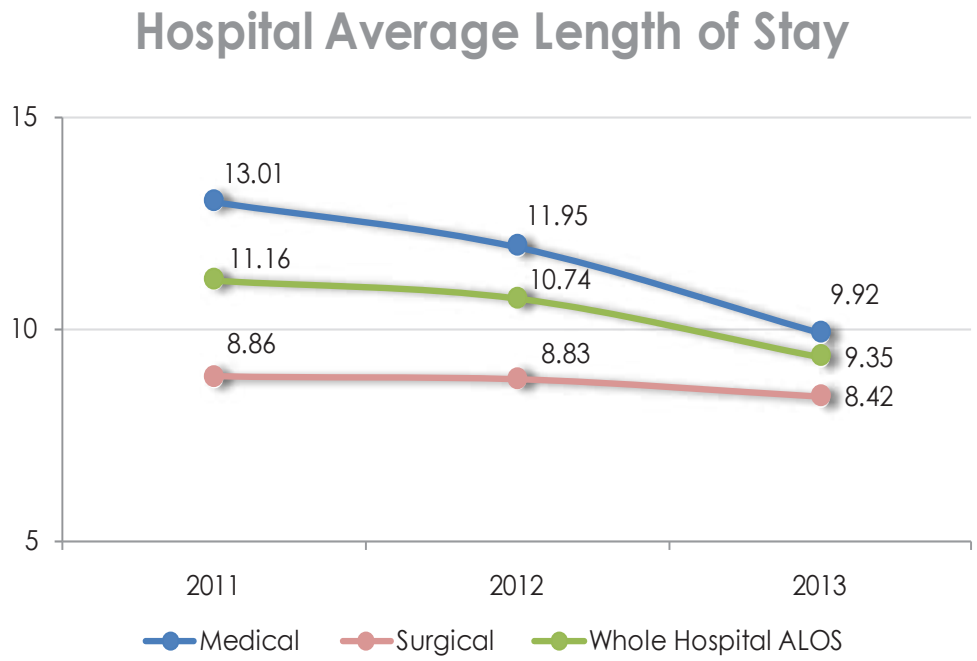
56,161 day cases were performed in 2013. This included 10,252 haemodialysis procedures. Discharge activity is also showing increases year on year and has increased by almost 12% since 2011.



54,461 patients attended our emergency department (ED) in 2013. This includes those who attend our offsite Rapid Injuries Unit in Smithfield. Admissions from ED were 13,895, a conversion rate of 25.5%. We continue to see an increase in ED attendances and admissions year on year since 2010.



227,695 patients attended our outpatients department (OPD) in 2013. Of these, 84,589 were new attendances and 143,106 were return attendances. Our ratio of new to return patients was 1:1.7. Similar to ED, day case and Inpatient activity, OPD activity continues to increase having increased by almost 6% since 2011.



MMUH whole hospital average length of stay (AvLOS) for 2013 is 9.35 days. This is a reduction of 16% since 2011. AvLOS for Medicine is 9.92 days and for surgery is 8.42 days. The reduction from 2011 for medicine is 24% and for surgery is 5%.

Mater Misericordiae University Hospital ● Dublin 7