Our Lady's Children’s Hospital Crumlin

Annual Report 2005

Financial year: 1 January 2005 – 31 December 2005
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COMMITTEES

BOARD OF DIRECTORS 2005

CHAIRMAN: Most Reverend Diarmuid Martin DD
Archbishop of Dublin

DEPUTY CHAIRMAN: Mr F Feely

MEMBERS: Cllr C Ardagh
Ms J Bartley
Mrs C Byrne
Dr P Doherty
Sr A McKenna DC
Mr R Martin
Mr L Marnane
Mr C O’Broin
Mr B O’Donoghue
Ms G O’Sullivan
Cllr O Quinn
Ms G Regan

SECRETARY: Mr G O’Dwyer/Ms E Hempenstall

FINANCE & GENERAL PURPOSES COMMITTEE 2005

CHAIRMAN: Mr C O’Broin

MEMBERS: Mr F Feely
Mr R Martin
Mr L Marnane

SECRETARY: Mr G O’Dwyer / Ms E Hempenstall
ETHICS COMMITTEE 2005

CHAIRMAN: Mr F Feely

MEMBERS: Ms J Bartley
Ms A Connolly
Fr D Doyle
Mr E Gleeson
Ms M Godfrey
Professor A Green
Ms M Heffernan
Mr G O'Dwyer/Ms E Hempenstall
Professor P Puri
Ms D Roche

SECRETARY: Ms C Rice

THE CHILDREN'S RESEARCH CENTRE COUNCIL 2005

CHAIRMAN: Mr Michael Hawkshaw

MEMBERS: Professor B Drumm
Mr R K Gahan
Mr G O'Dwyer
Dr J Kelleher
Mr S McGrath
Dr H Monaghan
Dr M McDermott
Professor P Puri
Mr G Little
Mr J H D Ryan
Mr G Sisk

SECRETARY: Mr D Doran
HOSPITAL EXECUTIVE COUNCIL 2005

CHAIRMAN: Mr G O'Dwyer/Ms E Hempenstall

MEMBERS: Dr. P. Doherty
Dr. M. McDermott
Mr. D. Orr
Dr. A. O'Meara
Dr. M. White
Ms. A. Connolly
Ms. M McQuaid
Ms. G. Regan
Ms. I. Saul
Mr. L Farrell
Ms R Maher
Ms S Hayden
Ms. E Hempenstall
Ms S Downey

SECRETARY Mr C McRiocaird

MEDICAL EXECUTIVE COUNCIL 2005

CHAIRPERSON: Dr P Doherty

MEMBERS: Dr A O'Meara
Dr M White
Mr D Orr

SECRETARY: Dr M McDermott
DRUGS ADVISORY COMMITTEE 2005

CHAIRPERSON: Dr. M. Waldron

MEMBERS: Dr. F. Breatnach, Dr. A. O'Meara, Dr. Niamh O'Sullivan, Mr. T. Kiely/Ms Evelyn Hempen stall, Ms M. Walsh, Ms G. Peel, Ms R. Kenna, Dr. D. Mannion, Mr. G. O'Dwyer, Ms A. Connolly, Ms Ruth Maher, Dr. K. Butler, Ms F. O'Neill, Dr. E. Griffin, Mr. F. Murphy

SECRETARY: Ms M O'Connor

AUDITORS

Ernst & Young, Chartered Accountants
Harcourt Centre, Harcourt Street, Dublin 2

SOLICITORS

Arthur O'Hagan & Co., Charlemont Exchange, Charlemont Street, Dublin 2

BANKERS

Allied Irish Banks Ltd, 219 Crumlin Road, Dublin 12
### LIST OF CONSULTANTS - 2005

<table>
<thead>
<tr>
<th>NAME</th>
<th>SPECIALITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Neil Adamson</td>
<td>Child Psychiatry</td>
</tr>
<tr>
<td>Dr David Allcutt</td>
<td>Neurosurgery</td>
</tr>
<tr>
<td>Dr Atif Awan</td>
<td>Nephrology</td>
</tr>
<tr>
<td>Dr Billy Bourke</td>
<td>Gastro/College Lecturer</td>
</tr>
<tr>
<td>Dr Mags Bourke</td>
<td>Anaesthetics</td>
</tr>
<tr>
<td>Dr Fin Breathnach</td>
<td>Oncology</td>
</tr>
<tr>
<td>Dr Clare Brenner</td>
<td>Radiology</td>
</tr>
<tr>
<td>Dr Annemarie Broderick</td>
<td>Gastroenterology</td>
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<tr>
<td>Dr Paul Browne</td>
<td>Ophthalmic Surgery</td>
</tr>
<tr>
<td>Dr Karina Butler</td>
<td>Haematology</td>
</tr>
<tr>
<td>Dr Anne Marie Cahill (to commence 01/03/07)</td>
<td>Infectious Diseases</td>
</tr>
<tr>
<td>Dr Gerry Canny</td>
<td>Radiology</td>
</tr>
<tr>
<td>Dr Michael Capra (to commence 01/12/06)</td>
<td>Respirology</td>
</tr>
<tr>
<td>Dr Bill Casey</td>
<td>Oncology</td>
</tr>
<tr>
<td>Dr Declan Cody</td>
<td>Anaesthetics</td>
</tr>
<tr>
<td>Dr David Coghlan</td>
<td>Endocrinology</td>
</tr>
<tr>
<td>Dr David Coleman</td>
<td>Paediatrics</td>
</tr>
<tr>
<td>Prof Martin Corbally</td>
<td>Cardiology</td>
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<tr>
<td>Dr Colm Costigan</td>
<td>Paediatric Surgery</td>
</tr>
<tr>
<td>Dr Melanie Cotter</td>
<td>Endocrinology</td>
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<td>Dr Eugene Dempsey</td>
<td>Haematology</td>
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<tr>
<td>Dr Mairin Doherty</td>
<td>Neonatology</td>
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<td>Dr Pat Doherty</td>
<td>Psychiatry</td>
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<tr>
<td>Mr Frank Dowling</td>
<td>Anaesthetics</td>
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<td>Dr Des Duff</td>
<td>Orthopaedics</td>
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<tr>
<td>Ms Patricia Eadie</td>
<td>Cardiology</td>
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<tr>
<td>Prof Michael Fitzgerald</td>
<td>Plastic</td>
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<td>Mr Padraig Fleming</td>
<td>Psychiatry</td>
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<tr>
<td>Mr Esmond Fogarty</td>
<td>Dentistry</td>
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<tr>
<td>Dr Paddy Gavin (to commence 23/10/06)</td>
<td>Orthopaedics</td>
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<tr>
<td>Dr Peter Greally</td>
<td>Infectious Diseases</td>
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<tr>
<td>Prof Andrew Green</td>
<td>Respiratory</td>
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<tr>
<td>Dr Roisin Hayes</td>
<td>Genetics</td>
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<tr>
<td>Dr Martina Healy</td>
<td>Radiology</td>
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<tr>
<td>Dr Roisin Healy</td>
<td>Anaesthetics</td>
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<tr>
<td>Prof Hilary Hoey</td>
<td>Accident &amp; Emergency</td>
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<tr>
<td>Mr. Stephen Hone</td>
<td>Paediatrics/Endocrinology</td>
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<tr>
<td>Dr Alan Irvine</td>
<td>ENT Surgery</td>
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<tr>
<td>Dr Jerry Kelleher</td>
<td>Dermatology</td>
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<td>Dr Orla Killeen</td>
<td>Radiology</td>
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<tr>
<td>Dr. Bryan Lynch</td>
<td>Rheumatology</td>
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<tr>
<td>Dr Sally Ann Lynch</td>
<td>Neurology</td>
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<tr>
<td>Dr Barry Lyons</td>
<td>Genetics</td>
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<tr>
<td>Dr Michael McDermott</td>
<td>Anaesthetics</td>
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<td></td>
<td>Histopathology</td>
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Dr Jacinta McGinley
Dr Colin McMahon
Dr Corrina McMahon
Prof Joe McMenamin
Prof Fiona McNicholas
Dr David Mannion
Dr. Philip Mayne
Dr Eleanor Molloy
Dr Hugh Monaghan
Dr Terence Montague
Mr David Moore
Mr Jacques Noel (to commence 15/09/06)
Mr Lars Nolke
Dr Pamela O’Connor
Dr. Colm O’Donnell
Mr David O’Donovan
Dr Brendan O’Hare
Dr Aengus O’Marcaigh
Dr Anne O’Meara
Mr Tom O’Reilly
Dr Maeve O’Reilly
Dr Catriona O’Sullivan
Dr Maureen O’Sullivan (to commence 01/01/07)
Dr Niamh O’Sullivan
Dr Paul Osliziok
Mr David Orr
Dr Ethna Phelan
Prof Prem Puri
Mr Feargal Quinn
Dr Shoana Quinn
Dr William Reardon
Prof J. Mark Redmond
Dr. Michael Riordan (to commence 05/02/07)
Mr John Russell
Dr. Clodagh Ryan
Dr Imelda Ryan
Dr Padraig Sheeran
Dr Margaret Sheridan-Pereira
Prof Owen Smith
Dr Mary Waldron
Dr Kevin Walsh
Dr Sean Walsh
Dr Rosemarie Watson
Dr David Webb
Dr Barry White
Dr Martin White
Mr Freddie Wood
Dr Sufin Yap

Anaesthetics
Cardiology
Haematology
Neurology
Child Psychiatrist
Anaesthetics
Chemical Pathology
Neonatology
Paediatrics
Anaesthetics
Orthopaedics
Orthopaedics
Cardiothoracic
Neonatology
Neonatology
Plastics
Anaesthetics
Haematology
Oncology
Plastics
Palliative Care
Radiation Oncology
Histopathology
Microbiology
Cardiology
Plastics
Radiology
Paediatric Surgery
Paediatric Surgery
Paediatrics
Genetics
Cardiothoracic
Nephrology
ENT Surgery
Haematology
Psychiatry
Anaesthetics
Neonatology
Haematology
Nephrology
Cardiology
Emergency Medicine
Dermatology
Neurology
Haematology
Neonatology
Cardiac Surgery
Metabolics
Our Lady’s Children’s Hospital, Crumlin’s Activity for 2005

<table>
<thead>
<tr>
<th>Category</th>
<th>2005</th>
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<tbody>
<tr>
<td>Admissions</td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>10,965</td>
</tr>
<tr>
<td>Day Case</td>
<td>11,684</td>
</tr>
<tr>
<td>Total</td>
<td>22,649</td>
</tr>
<tr>
<td>Bed Days Used</td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>55,103</td>
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<tr>
<td>Day Case</td>
<td>11,684</td>
</tr>
<tr>
<td>Total</td>
<td>66,787</td>
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<tr>
<td>Average Length of Stay</td>
<td></td>
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<tr>
<td>Inpatients</td>
<td>5.02</td>
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<tr>
<td>Percentage Occupancy</td>
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</tr>
<tr>
<td>Inpatient &amp; Day Case</td>
<td>80.88%</td>
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<tr>
<td>Outpatient</td>
<td></td>
</tr>
<tr>
<td>Attendances</td>
<td>73,322*</td>
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<tr>
<td>Accident &amp; Emergency</td>
<td></td>
</tr>
<tr>
<td>Attendances</td>
<td>29,102</td>
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<tr>
<td>Theatre</td>
<td></td>
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<tr>
<td>Procedures</td>
<td>11,984</td>
</tr>
<tr>
<td>Patients</td>
<td>9,811</td>
</tr>
<tr>
<td>Deaths</td>
<td></td>
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<tr>
<td></td>
<td>55</td>
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Accident & Emergency Attendances 2005:
- New: 26,354
- Return: 1,949
- Re-Attend: 799

Percentage Occupancy 2005: 80.88%
Inpatient Average Length of Stay 2005: 5.02 Days
Our Lady's Children's Hospital, Crumlin
Former HBA

**2005**

<table>
<thead>
<tr>
<th>Category</th>
<th>Attendances</th>
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<tbody>
<tr>
<td>EHB</td>
<td>14,131</td>
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<tr>
<td>MHB</td>
<td>1,267</td>
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<tr>
<td>MWHB</td>
<td>702</td>
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<tr>
<td>NEHB</td>
<td>1,611</td>
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<tr>
<td>NWHB</td>
<td>703</td>
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<tr>
<td>SEHB</td>
<td>2,066</td>
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<tr>
<td>SHB</td>
<td>1,059</td>
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<tr>
<td>WHB</td>
<td>1,077</td>
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<tr>
<td>NON NATIONAL</td>
<td>23</td>
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<tr>
<td>NOT SPECIFIED</td>
<td>10</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>22,649</strong></td>
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Outpatient Attendances by Speciality

**2005**

<table>
<thead>
<tr>
<th>Speciality</th>
<th>Attendances</th>
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<tbody>
<tr>
<td>CARDIAC SURGERY</td>
<td>173</td>
</tr>
<tr>
<td>CARDIOLOGY</td>
<td>3,885</td>
</tr>
<tr>
<td>DENTAL</td>
<td>1,213</td>
</tr>
<tr>
<td>DERMATOLOGY</td>
<td>4,393</td>
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<tr>
<td>E.N.T.</td>
<td>8,417</td>
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<tr>
<td>ENDOCRINOLOGY</td>
<td>1,583</td>
</tr>
<tr>
<td>GASTRO-ENTEROLOGY</td>
<td>2,235</td>
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<tr>
<td>GENERAL MEDICAL</td>
<td>6,045</td>
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<tr>
<td>GENERAL SURGICAL</td>
<td>4,703</td>
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<tr>
<td>GENETICS</td>
<td>3,179</td>
</tr>
<tr>
<td>HAEMATOLOGY</td>
<td>4,218</td>
</tr>
<tr>
<td>INFECTIOUS DISEASES</td>
<td>8</td>
</tr>
<tr>
<td>NEONATOLOGY</td>
<td>783</td>
</tr>
<tr>
<td>NEPHROLOGY</td>
<td>761</td>
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<tr>
<td>NEUROLOGY</td>
<td>1,395</td>
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<tr>
<td>NEURO-Oncology</td>
<td>137</td>
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<tr>
<td>NEURO-PHYSIOLOGY</td>
<td>1,468</td>
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<tr>
<td>ONCOLOGY</td>
<td>1,637</td>
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<tr>
<td>OPHTHALMIC</td>
<td>6,034</td>
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<tr>
<td>ORTHOPAEDIC</td>
<td>9,314</td>
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<tr>
<td>ORTHOPTIC</td>
<td>4,295</td>
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<tr>
<td>PHYSIOTHERAPY</td>
<td>2,928</td>
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<tr>
<td>PLASTIC SURGERY</td>
<td>4,245</td>
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<tr>
<td>PSYCHIATRY</td>
<td>773</td>
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<tr>
<td>PSYCHOLOGY</td>
<td>2,494</td>
</tr>
<tr>
<td>SCOLIOSIS</td>
<td>56</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>76,372</strong></td>
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</table>
THE DEPUTY CHAIRMAN’S REPORT

Mr Frank J Feely

DEVELOPMENT OF SERVICES

2005 was another important year in the planning and delivery of medical care for the children from all parts of Ireland who attend the hospital.

- Her Excellency The President of Ireland, Mrs Mary McAleese officially opened the new Nephro-Urology (Renal) unit and visited many of the sick children in 2005. The new renal unit provides an invaluable multi-disciplinary facility for the treatment of children with kidney and bladder disorders including those who require kidney transplant.

- The Tánaiste and Minister for Health and Children, Ms Mary Harney TD officially opened our new ambulatory care centre in 2005 - the Medical Tower. Further details are contained later in this report.

- Funding was provided by the Health Service Executive for developments in, haematology/oncology, MRI and cardiology patient services. Project planning for these services is well underway.

On behalf of the Board of Directors I wish to pay tribute to all the people who have made Our Lady’s Children’s Hospital Crumlin so renowned. This includes the staff who work hard to consistently deliver the highest quality of care for the children, the volunteers who dedicate their time and efforts, and fundraisers who support our activities in many different ways. We acknowledge the co-operation and understanding of parents and carers who are increasingly working in partnership with our staff, our commissioners and partners who help us deliver care. The spirit and energy of the children who attend our hospital, motivates and inspires us to continue to develop and improve this excellent centre of care which we have today.

I would also like to pay particular thanks to The Children’s Medical & Research Foundation for their ongoing support to developments at the hospital.

CHANGE IN NAME OF HOSPITAL

The Board adopted the new name of the hospital which is now “Our Lady’s Children’s Hospital, Crumlin” thus keeping the Crumlin brand name which is internationally recognised, and the new motto “where children’s health comes first”.

Annual Report 2005
ACTIVITY OF THE HOSPITAL

Our Lady’s continues to care for over 100,000 patients from all over the country and is delighted to be involved in collaborative arrangements with our colleagues and health agencies in Northern Ireland to treat children from both parts of Ireland in a partnership arrangement.

There were a total of 22,649 admissions to the hospital in 2005, with over 100,000 out patient attendances. The average length of stay for patients was almost 5 days.

Each year the complexity of our work is greater and the level of activity year on year is increasing dramatically. We are proud to be able to deliver such high quality, often unique, safe, patient and family centred care to so many young people, many of whom suffer from very serious and often life threatening conditions.

STAFF AND PARTNERS OF THE HOSPITAL

In our last report, we welcomed Mr Gerry O’Dwyer as the new Chief Executive of the hospital. During 2005, he accepted an offer from the newly formed Health Service Executive to return to Cork as a Network Services Manager. Although he was only in the post for a relatively short period, his energy and enthusiasm for the job were obvious to all who worked with him and our thanks are due for his contribution to Our Lady’s. Following his departure, Evelyn Hempenstall ably carried the additional burden of Acting Chief Executive and we would also like to take this opportunity to thank Evelyn for the high standard of her performance during 2005. Mr Michael Lyons was appointed as the new Chief Executive in 2006. We welcome the new staff to the hospital and wish those who left us a happy retirement.

Our particular good wishes go to Professor Brendan Drumm who took up duty as Chief Executive of the Health Services Executive during the year.

Our thanks are due to the ambulance and fire service, the Irish Air Corps, Civil Defence and the Irish Naval Service particularly the Commander and crew of the Le Eithne for their ongoing commitment to the hospital. We would also like to thank all our special visitors to the hospital in 2005 and particularly our sporting and other celebrities who willingly find time to visit the children and bring smiles to their faces.

NEW HOSPITAL

There was considerable preparation towards the replacement of the hospital during 2005.

In my report for the year 2004 I outlined our proposals for the building of a new hospital on the current site and indicated that approval had been requested to proceed to the next stage from the Minister for Health and Children.

I indicated our concern to ensure that the momentum to provide a new hospital to complement the significant recent capital investment in the site be not lost. I stated that the redevelopment of the hospital was now urgent.

In December 2005 the Health Services Executive initiated a revue of the Tertiary level paediatric services for Ireland.
After the close of the year there have been significant developments:

- A Government commissioned report from McKinsey
- A Task Force to recommend a suitable site for the establishment of a single tertiary paediatric hospital for Ireland, with provision for secondary acute services for the greater Dublin area.
  And based on a Government decision to build a new children’s hospital on a site at the Mater Hospital in Eccles Street
- A Transition Group to progress proposals

Obviously the expertise and experience of Our Lady’s Children’s Hospital is crucial to the success of any national Children’s Hospital. Our concern has been to ensure that whatever the outcome it should be measured against one criteria “what is best for Ireland’s children?” The developments have been the subject of much consideration by the Board.

These considerations will of course be fully dealt with in the 2006 Report.
2005 was another year of solid achievement at Our Lady’s Children’s Hospital, Crumlin. In a continued environment of tight budgets the hospital has successfully delivered on its service and financial commitments to the ERHA (Eastern Regional Health Authority) and the HSE (Health Services Executive) and increased its capacity to provide services to patients and their families. The capacity building undertaken in 2005, in partnership with the Health Service Executive, has resulted in the treatment of more patients than in any prior year, more efficient utilization of resources and the ability to be able to continue both growth and continued quality improvement into 2006 and later years.

Against the backdrop of increased activity and complexity the Hospital returned a commendable financial performance through intensive pursuance of finance needs with our funders and pursuance of efficiency and control of expenditure internally. A requirement to definitively resolve the continuing baseline funding impasse however remains particularly in the light of the hospitals role as a leading national tertiary care provider.

During the year the Health Service Executive was established. We look forward to the continued development of the planning and delivery of integrated services for paediatrics in which the Hospital is a key provider, and wish the Health Service Executive and their Chief Executive Prof Brendan Drumm well in their challenges.

One of the key goals of the hospital is to advocate on behalf of our patients for improvements and developments that are focused on family centered care. One such development in 2005 was the successful proposal by the hospital that a Transitional Care Unit meeting the needs of patients requiring long term acute care and their families be developed. The timescale achieved by the team in the hospital from initial proposal, planning and development was an excellent achievement with the result that the unit is now complete for opening in January 2006.

I would like to welcome new staff who joined the hospital in 2005, particularly those who have joined us from abroad. We hope that working here will be a rewarding experience for them and their families and for all new staff that their experience in joining the dedicated team at Our Lady’s will be fulfilling and longstanding. I would like to thank also staff who retired during the year for their long and dedicated service to the hospital and hope that they will maintain their connections of friendship and support to the hospital.

The achievements of 2005 were only attainable through the continued exceptional responses and commitment of staff at the Hospital. I thank them for their sustained support, loyalty and hard work in advancing level of work and the quality of service in the hospital.

ACCREDITATION UPDATE

The Accreditation Programme continues in the hospital. Non clinical teams and local departmental Quality and Safety Groups continue to develop, implement and evaluate local quality and safety improvement plans. The IHSAB site re visit is due in October 2006

We look forward to the coming year when we will celebrate the 50th Anniversary of Our Lady’s with our patients and their families and reflect on the achievement of our history and look forward to the future with renewed confidence dedication and energy.
FINANCE REPORT

Mr Cormac O’Broin, Chairman, Finance & General Purposes Committee

The Income and Expenditure report to 31st December 2005 shows a deficit of €791,406 on an allocation for the year of €109.144m. The hospital had an opening surplus of €10,534 from 2004, and with the effect of a prior year adjustment of €2,097,852 the resulting net surplus carried forward at 31 December 2005 is €1,306,446.

An operating deficit for the year of € 791,416 is a highly credible performance in a period of unprecedented patient demand and throughput. Activity over the key range of services exceeded planned and previous year outcomes in all instances. The prior year credit arises after update to the reporting systems which disclosed that certain provisions for creditor liabilities were no longer necessary creditors.

Funding Allocation

The Financial Allocation was €109.144m for 2005 which was an increase of 11% or €10.8m over the prior year. The increase of 11% comprised 4.1% for pay increases, 2.6% for specific services not included in the hospitals activity, and the balance of 4.3% for increases in services, activity, new initiatives and non pay cost increases. The 2005 Financial Allocation comprises baseline finding of €105.278m and once-off funding of € 3.866m (2004 Baseline € 96.875m and once off € 1.481m). The final allocation for the year reflects the fact the HSE have granted additional funding in response to the hospitals requirements for service capacity increases and previously identified shortfalls in funding.

There has been a noticeable increase in capacity and activity in 2005 compared with 2004 and the areas specifically targeted with the support of the HSE were ICU capacity and Theatres culminating in the opening of the final two new theatres in Nov/Dec 2005. Increases in patient activity were generated across almost all areas of performance measurement in particular there is a significant increase in Day Case Activity of 13.2%, Theatre Activity 14.2% and total admissions 6%. These activity increase compare well with the funding allocation increase for services of 4.3% reflecting that the hospital in its performance for the year achieved improved efficiency in its resource usage for patient activity. This would reflect that the work of the hospital and its staff is providing increasing value for money to its funders.

From a funding process standpoint, 2005 continued to be challenging with the final allocation and securing of confirmed funding not achieved until late in the year. The impact of funding uncertainty on planning for quality and service continuity continues to give rise to concern particularly in the area of establishing baseline funding relative to service capacity going forward. While the final revenue allocation represented a 96.4% recurring base line funding going into 2006 it will not be sufficient to recognise the correct cost levels for the capacity currently existing and available for services particularly capacity developed with the support of the HSE in 2004 and 2005.

Expenditure and Income Overview:

Net expenditure increased by €11.590m (11.6%) over 2004, of which pay expenditure increased by €9.268m (12.2%), non pay expenditure by €3.669m (11.9%) and income by €1.040m (12.3%).
Pay Costs

Payroll costs increased by €9.268m (12.2%) over the previous year. Of this approx 50% was in respect of pay increases for opening staff levels and the balance was in respect of additional staff for activity increases and new service developments including Haematology /Oncology services, expansion of day medical and surgical services, opening of new theatres, increased capacity in ICU through nursing recruitment, and expansion of services in the National Centre for Medical Genetics.

Non Pay Costs

Expenditure on supplies and services, excluding the purchase of Fixed Assets from Revenue Allocation, increased from € 30.016m in 2004 to €33.295m in 2005, an increase of 10.9%. This is significantly less than the effect of both medical inflation rates and the increases in activity volumes achieved in the year. This reflects the fact that the hospital achieved efficiencies in its non pay spend in the year.

Income

Income from services to patients of €3.919m in 2005 is significantly higher than the prior year (€3.328m 2004) due both to increases in statutory hospital charges and some improvement in the rate of utilisation of chargeable beds. However a deduction had been made from our financial allocation by of €0.774m in respect of increases in statutory bed and A&E charges which was higher than the income increase in the year. This is due to the allocation deduction being made year on year at a rate higher than the hospitals restricted capacity to utilise its semi private bed facilities and the level of chargeable attendances in A&E.

Capital Expenditure

The allocation detailed above refers only to revenue funding in the period. The HSE also approved capital funding of €2.792m of which €1m was in relation to the Transitional Care Unit and €0.466m for the MRI development. In addition, €880k of minor capital during 2005 was purchased out of revenue and included in the December revenue allocation.

The total investment in building and equipment in 2005 amounted to €4.365m. Of this total investment in capital infrastructure in the year €3.868m was funded through Department of Health Capital and Revenue grants, €0.360m from the Children’s Medical & Research Foundation and the balance of €0.139m from contributions made by other individuals & organizations. The most significant development was the successful completion of construction of the Transitional Care Unit which was fully operational by January 2006 and a much needed development for the patients and families who had previously been restricted to ICU for long term care.

Casemix Funding

The casemix funding process has been in place for over ten years for acute adult hospitals and enables the Department of Health & Children to measure the Hospitals outputs and financial performance against a peer group of hospitals. The Hospital joined the Casemix process in 2004 and continued in its development of its application in 2005. The issue of establishing what peer group is appropriate for the Hospital, considering its national tertiary remit and its full ranges of specialities is under ongoing
discussion with the Casemix unit of the Department of Health & Children. Over the next few years the relevance of the Casemix model for funding will increase for the hospital once agreement is reached on the appropriate peer group is determined with appropriate cost weights for paediatrics.

**Conclusion**

The hospital’s capacity to fulfil its mission to both its patients and their families has been improved by developments which have come on stream in 2004 and 2005. These developments, which were supported by our funders, include the opening of Theatres 6&7, the appointment of new Consultant posts, improvement of Ambulatory care through the opening of the Medical Tower (using private donated funds), development of TCU, and the increasing staffing and thereby capacity in ICU and other wards.

However the funding mechanisms going forward continue to be based on holding activity levels at previous year levels – termed Existing Levels of Service. The hospital fully understands the need to agree national plans for activity levels and to fund on that basis. However the successful capacity building and incremental growth in activity in 2005 which were supported by the HSE, have created circumstances where we are better able to treat more patients, respond to changing demand and support changes in best medical practice. This means that we can now contract to deliver more and improved service in 2006 and beyond if those capacity levels are funded through clear agreement of the hospital’s role and related base line funding going forward. This fundamentally effects the hospitals capacity to plan and deliver services required, fulfil the goals of its quality improvement plans, to carry our necessary capital renewal and upgrading works, and to respond as timely as it would wish to changing service and patient demand.

The Hospital continues to work to achieve efficiency and effectiveness in its financial and resource management in order to provide appropriate service and care to our patients and their families.

### INCOME AND EXPENDITURE ACCOUNT

*for the Year Ended 31 December 2005 - Summary*

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
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<tbody>
<tr>
<td></td>
<td>€</td>
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<tr>
<td>Opening Deficit / (Surplus)</td>
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<tr>
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<td><strong>Total Assets less Current Liabilities</strong></td>
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**Capital and Reserves**

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<td></td>
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<td>89,414,997</td>
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</tbody>
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Our Lady's Children's Hospital, Crumlin
MEDICAL STAFF REPORT
Dr Pat Doherty, Chairman Medical Board

HOSPITAL INFRASTRUCTURE
In terms of hospital infrastructure, 2005 saw further progress in the ambulatory care facilities at the Medical Tower. Additional out-patient attendances were transferred to the Medical Tower to complement those services already instituted in 2004. Funding to develop the vacant top floor for ambulatory services in Cardiology was also received in 2005 and we look forward in delivering the service benefits to the substantial cardiology and cardiac surgery population who will access it in the coming years. Funding was also approved for ambulatory and day care services in Haematology/Oncology as well as a substantial upgrading of diagnostic imaging department to include the installation of the hospital’s first MRI scanner. All these new facilities are likely to open in late 2006 and will improve the quality of care and the experience of hospitalization for many children and their families.

During the hospital's discussions with the Department of Health and Children and the newly formed Health Service Executive regarding the replacement of the entire hospital infrastructure, doubts were raised as to the ability of the hospital to replace itself on the current site within an appropriate time scale and without a significant negative impact on our ability to care for children during the protracted construction phase. These discussions coincided with the commissioning of an independent outside review by the Health Services Executive into the appropriate configuration of acute paediatric services in the country. The review is likely to lead to a centralization of all paediatric tertiary care and is, as such, to be welcomed. Although it will ultimately lead to Our Lady’s moving to another site, the move will fulfil the long-held aspiration of medical staff to have a single tertiary paediatric facility for the country.

NEW CONSULTANT STAFF
2005 saw the arrival of six new members of consultant staff. Dr. Eugene Dempsey, Dr. Eleanor Molloy were appointed as consultants in the Department of Neonatology, Dr. Terence Montague was appointed consultant anaesthetist, Dr. Stephen Hone appointed as consultant ENT surgeon, Dr. Colin McMahon was appointed as consultant cardiologist and Mr. Lars Nolke was appointed as a consultant cardiothoracic surgeon. We wish them all every success in their new appointments. The year also saw the retirement of Professor Ray Fitzgerald, consultant paediatric surgeon who was a huge influence in
the hospital. His surgical skills allowed him to help the thousands of Irish children he encountered during his career. Moreover, his dedication and enthusiasm contributed to the significant developments that have occurred within the hospital in paediatric surgery and, in particular, in the field of surgical oncology. These reforms will leave a lasting impression on the health of generations of children to come. Professor Fitzgerald will be sorely missed and we all wish him the very best in this retirement.

**STAFF AND PARTNERS OF THE HOSPITAL**

Finally, the medical staff would wish to express, as always, their continued gratitude to members of hospital staff who efforts facilitate the delivery of paediatric health care. We look forward to continued collaboration with our colleagues in other hospitals throughout the country as well as the Health Services Executive and the Department of Health and Children in our continuing efforts to improve the quality of health care for children throughout Ireland.

We would also like to wish Gerry O’Dwyer former Chief Executive well in his new role as Network Manager for the HSE Southern Area Hospitals. From his departure in October 2005 the hospital was very ably served by the Acting Chief Executive, Evelyn Hempenstall.
The Centre has in the Annual Report in recent years referred to the changing research environment in this country. Today there is a significantly enhanced view of research as a trigger to national economic development and “The Knowledge Economy”. Laudable as it is, such a sentiment is not the motivation that lies behind this institution’s commitment to research, nor do such feelings greatly influence clinicians and scientists. Their drive, as ever, is to throw more light on childhood illness and disease and to provide satisfaction by way of return to the many volunteers and donors who provide the wherewithal that enables the small but effective unit to compete in international fora and to contribute to the relief of families distressed by illness. The Tánaiste and Minister for Health and Children stated at the opening of a major research conference in Dublin Castle that “today’s Health Research is tomorrow’s Health Care”. That phrase says it nicely and could be a mission statement for the Children’s Research Centre.

2005 was a very productive year for the Children’s Research Centre. There were 55 papers published in peer reviewed international journals. There were 7 chapters published in books and Professor Puri published the book Paediatric Surgery Atlas.

Members of the staff presented 47 papers at 21 international meetings. The staff also presented 39 papers at Irish scientific meetings. (see appendix)

The Director of Research, Professor Prem Puri gave the Niilo Hallman Lecture at the University of Helsinki and European Lecture at the European Association of Paediatric Surgeons in Gdansk. He was visiting professor at the Universities of Colorado, and Michigan. Professor Puri was also appointed Vice President of the World Federation of Associations of Paediatric Surgeons (WOFAPS) in 2005. The Tánaiste and Minister for Health and Children appointed the Chief Executive of The Children’s Medical & Research Foundation, David Doran, to the Health Research Board during the year.

Professor Denis Reen gave the Irish Society for Immunology and Irish Times Public Lecture 2005. Mr Fleming was an invited speaker at the International Association of Paediatric Dentistry in Sydney. Dr Caroline Goldberg was an invited speaker at the University of Liverpool.

Several staff members received honours and awards. Dr Billy Bourke, Consultant Paediatric Gastroenterologist received the Science Foundation Ireland Investigator Programme award 2005 – 2009, was appointed Programme Leader of Citywest Campus University College Dublin, received the Health Services Innovation award (with Nutrition Support Team) and the Department of the Year award for clinical teaching. Dr Gerry Canny, Consultant Paediatric Respirologist was appointed reviewer for Indian Journal of Paediatrics. Dr Michael McDermott, Consultant Histopathologist was appointed International pathology reviewer for Pleuropulmonary Blastoma Registry and UKCCSG panel reviewer for Soft Tissue Sarcomas.

Dr Sandra Montedonico won the Novartis Prize for the best paper presented at the 18th International Symposium of Paediatric Surgical Research, Stockholm in October 2005. Dr Martina Pirker was winner of the Young Investigators Award for the best paper presented at the 6th European Congress of Paediatric Surgery, Gdansk in May.
Dr Michael McDermott, Consultant Histopathologist and Secretary to the Medical Board, joined the The Children’s Research Council during 2005.

A notable loss to the research team during the year was the UCD Professor of Paediatrics, Professor Brendan Drumm. Professor Drumm led our programme of research in the area of Enteric Infection. His new role as Chief Executive Officer of the Health Services Executive augurs well for research, particularly epidemiological and health services research, where the HSE will be poised to make a contribution to the existing knowledge base. Dr Hugh Monaghan, Consultant Paediatrician also retired from the Council during the year. Our thanks to both of these Hospital staff members.

The Centre is indebted also to the many volunteers, sponsors and donors who finance our work at the Research centre. A special word of thanks to the President of the Foundation, Mr Bob Gahan who retired from that role during the year, to Mr Tony Barry who replaced him and the Board Members. In making its grants, the Foundation is well disposed to supporting the Centre’s research activity. Also, our Regional Committees and numerous supporters and volunteers throughout the Country are due a vote of thanks for their very generous and practical support throughout the year. It is the significant size and scale of the fundraising effort, married with great generosity that allows us to achieve such success in research. Particular thanks goes to Mr Michael Hawkshaw, Chairman of the Research Centre Council; to the Chief Executive of the Hospital, Mr Gerry O’Dwyer and to the many members of the Hospital staff who assisted the research effort – not least the staff of the Research Centre itself and Professor Denis Reen, Head of the Laboratory. We owe them all a great deal of gratitude for the important contribution they make to our programme.

Another landmark figure in the hierarchy of the Hospital, Foundation and Research Centre was lost during the year: Seamus McGrath had served on the Board of the Hospital, Chaired the Foundation and contributed for 27 years as a Council member. Ar dheis de go raibh a anam.
NURSING & GENERAL SUPPORT SERVICES
Geraldine Regan, Director of Nursing

General Overview of Nursing

Nursing strives to provide a quality child focused and family friendly service to our children and their families. There have been a number of key developments in the hospital and nursing, in conjunction with our medical colleagues and other staff, have played a key role in their establishment. These key developments include:

- The hospital’s new Transitional Care Unit (due to open in January 2006) underwent the design, building and staff recruitment phases throughout 2005. The TCU aims to provide an appropriate setting for the care of children requiring long term ventilation. These children were previously accommodated in the ICU. The new unit as well as providing a more developmental environment for these children provides for greater throughput and access to the ICU unit.
- The Nephro-Urology unit that provides specialised care to children with renal conditions was opened by President Mary McAleese in 2005.
- In conjunction with the chaplaincy department nursing took a lead in the renovation of the mortuary so that families’ last experience of the hospital would be as comfortable as possible in the circumstances.
- Suaimhnness, a quiet room for breaking bad news to parents or following the death of a child, was opened. This is part of our attempt to improve facilities for parents.

A number of international partnerships have been established with leading children’s hospitals e.g. Great Ormond St, Birmingham Children’s Hospital, St Jude’s Memphis and Chicago Memorial Hospital. This has expanded our capacity to educate and develop specialised nurses to care for our children with very complex conditions.

We also continued our commitment to children in developing countries raising funds for charitable children’s hospitals and the mud slide victims in the Philippines, and for the education of children from the slum areas of Bangalore. Some of our nurses also assisted our medical colleagues in treating children in Vietnam in conjunction with the Christina Noble Foundation.

In the area of recruitment and retention, 2005 continued to be a very challenging but also a very successful year for recruitment and retention of nurses for OLCHC. Throughout the year recruitment was ongoing. Three highly successful international recruitment campaigns were organised resulting in nurses being recruited from the Middle East, Philippines and India. A significant nursing panel in now in place for staff nurses. Nurses were also recruited from the United Kingdom, Australia and Ireland. Nursing Staff vacancies overall improved throughout the organisation.

Significant improvements were also made in the area of retention. Nursing Turnover for 2005 has reduced to 10.9%, from 13.44% in 2004. This could be attributed as a direct impact of the increased focus on retention strategies. These strategies ranged from supporting continuing professional development, flexible working to facilitate family life and also the establishment of support structures in all ward areas to facilitate induction and orientation of new staff and also staff development.
The recruitment and retention of skilled paediatric intensive care unit (PICU) nurses has continued to pose a significant challenge to nursing management. Staff vacancies in the PICU had reduced to 15 WTE by December 2005. Staff vacancies on the ward areas also improved over the last year. Recruitment trips abroad yielded a significant panel for staff nurses who have continued to enrich the nursing complement. Staff vacancies overall have improved and the turnover of staff, new developments and promotional opportunities continues to pose recruitment and retention challenges for us. The recruitment trips abroad have facilitated the development of a nursing panel for most areas.

**Clinical nursing practice development and quality** initiatives are essential to ensure the frontline nursing service is as good as possible. In 2005 these included:

- Collaboration between the three Children's hospitals in Dublin to standardise intravenous training and certification, breast feeding standard statement for the three hospitals, and other standardised practice issues;
- Continual guideline development, review and ratification;
- Review and updating of nursing care documentation, intravenous sheets, observation sheets, to improve documentation and accountability;
- Changes in practice such as the implementation of PH paper for use in naso gastric feeding
- Auditing, review and development of nursing documentation to ensure accuracy and compliance with agreed guidelines.
- A prospective audit of pain management was carried out in the area of Haematology Oncology to make recommendations into the management of pain.
- Nursing and parent literature was updated in a number of areas, study leave guidelines were updated, a guide for CNMs when writing a reference, and an orientation handbook were all agreed.
- The analysis of Nursing Dependency that demonstrates that a significant proportion of the children on the wards in Our Lady’s are of a high acuity and need ward high dependency care. Our nursing dependency report and request for additional staff was submitted to the Health Services Executive.
- A Patient Satisfaction Survey was piloted in St Michaels ward The results are being acted upon
- All nursing guidelines were updated and new guidelines drafted.

**Nursing Staff Education and continuing professional development** continued to be a priority for nursing in 2005 with many of our staff pursuing BSc Degrees in Nursing, Specialised Nursing Higher Diploma’s and Master’s Degrees. Nine nurses successfully undertook the Higher Diploma in Paediatric Intensive Care Nursing; a number of nurses completed the higher diploma in Accident and Emergency Nursing, the Higher Diploma in Oncology Nursing with UCD and two nurses undertook Specialised Renal Nursing Education with Southbank University and Great Ormond St Children's Hospital. Two members of staff completed a Stoma Course in Great Britain.

The first week long course in the care of the acutely ill child at ward level was run with great success in November 2005 under the leadership of the clinical nurse facilitators. Numerous in-house programmes were run in various specialities which had both a clinical and managerial focus. The phlebotomy service continues to facilitate the NATS phlebotomy training course. OLCHC was accredited to run the first nationally recognised phlebotomy course. OLCHC is the only paediatric facility for this training currently. Many of our Clinical Nurse Managers have attended the LEO (leading empowered organisation) programme that is accredited by Leeds University. One of our CNM2s has qualified as a trainer so we can provide these programmes locally in the future. A number of management
development programmes were organised for all clinical nurse managers as well IT training in Word and Excel for CNMs and CNFs.

The Director of Nursing and Principal Tutor of Our Lady’s Children’s Hospital was a member of the Expert Group on Children’s Nursing established by the Department of Health and Children to examine and make recommendations on Children’s Nursing Education. The group recommended a new four and a half year combined children’s and general nursing degree be established in conjunction with UCD. Our Lady’s was recommended 40 places on this course although OLCHC did seek 60 places.

Clinical nurse specialists led the development of a number of services to improve patient care including nurse led clinics, information leaflets, telephone support for parents, drop in services, and parent education etc. were developed by the clinical nurse specialist group. For example the Ponsetti clinic is a nurse-led orthopaedic clinic for children. The Resuscitation training officers continued to provide extensive training in life support to hospital staff and paediatric staff nationally. The Cardiac CNS team was also extremely busy throughout 2005 and participated in two trips to the US with Irish children to undergo cardiac surgery. The limb lengthening service has over 300 patients and the spinal disorders service sees over 700 per year. All these patients receive in-depth input from the CNS group pre, intra and post operatively. This group also provides extensive education internally and externally to OLCHC. The neurology CNS’s had a very busy year with over 1600 patients facilitated in the department. This department also developed a CNF post for parent education which has proved invaluable in providing support to families of children with epilepsy and has resulted in fewer admissions to hospital for these children. Many children need intravenous feeding at home and an additional Clinical Nurse Specialist post was sanctioned for the Nutrition Support Services. This CNS post enabled sicker children to be cared for at home thus reducing long hospital stays. A new CNS to the Infectious Diseases services was also appointed.

There are currently two candidate Advanced Nurse Practitioners in the Hospital, one in Orthopaedics and one in Oncology. Both are doing their Masters in Advanced Practice in UCD. Mr David Moore, Dr Fin Breatnach and Dr. Aengus O’Marcaigh are acting as link consultants with Nursing to progress these roles. Their support, along with that of Dr Martin White and other consultants, is much appreciated.

Clinical Bed Management facilitates the admission (elective and emergency) and internal transfer of all hospital patients. The service is provided over a twenty four hour, seven day period. Continuous liaison with both internal and external agencies and personnel ensures a seamless transition to hospital care for our patients. This also provides for positive and speedy transfer to shared care facilities.

New Initiatives to Decrease Children’s Inpatient Periods
- Children and parents awaiting admission are regularly accommodated overnight in the Home from Home and Ronald Mc Donald House rather than cancelling appointments.
- Increased Use of Day Care Units.
- Elective NET patients previously admitted overnight are now admitted fasting to the Day Units the day morning of surgery and transferred to wards post operatively.
- All cardiac pre operative patients receive full multi-disciplinary assessment on the Medical Day Unit. Depending on results the children may be discharged home until immediately prior to surgery.
- Special needs patients’ families are contacted to enable appropriate facilities be available on admission.
SCHOOL OF NURSING

Mary Godfrey, Principal Nurse Tutor

The School of Nursing continued its activities in providing the 18 month post-registration children’s nurse registration programme in partnership with University College Dublin with two intakes annually; adaptation and orientation programmes for international nurses and a range of continuing education programmes for Registered Nurses throughout the hospital.

Mary Godfrey was appointed Principal Nurse Tutor with effect from 8th October 2005.

On the 17th November the Tanaiste and Minister for Health, Mary Harney announced that funding would be provided for the introduction of the new direct entry undergraduate children’s/general nursing honours degree programmes in 2006. In order to monitor the implementation of this programme together with the direct entry midwifery programme a National Implementation Group (NIG) was established on the 22nd December 2005. The group was also charged to oversee recommendations of Report of the Expert Group on Midwifery and Children’s Nursing Education (2004) and to review the arrangements for the provision of the post-registration programme. The Director of Nursing and the Principal Nurse Tutor were appointed as members of this group.

During 2005 the hospital lost one of its greatest servants with the death in April of Sr. Antoinette Kelleher DC, much loved Principal Nurse Tutor. Sr. Antoinette came to Our Lady’s as a student nurse in 1963 and worked as a staff nurse and Nurse Tutor for some years. She returned to the hospital in 1979 and took up the post of Principal Nurse Tutor in 1984. Successive generations of children’s nurses learned their skills and values under Antoinette’s tutelage. There was no better or kinder teacher. She is greatly missed.

PRESENTATIONS
1. Frances Howlin presented a concurrent session at Royal College of Nursing – Children’s and Young People’s Nursing Conference in Belfast on “Understanding Children’s Nurses Experiences of Advocacy: a Hermeneutic Study” in September 2005.

2. Poster Presentations at the 6th Interdisciplinary Research Conference, School of Nursing and Midwifery Studies, University of Dublin Trinity College were designed and presented by:
   i) Mary Godfrey “The Conundrum of Consent for Young Adolescents”
   ii) Frances Howlin “Understanding Children’s Nurses Experiences of Advocacy: a Hermeneutic Study”.

3. Master’s Degree completed by Frances Howlin in June 2005 in the University of Dublin Trinity College.
**Play Department**

Play is used to promote coping strategies for children having procedures in hospital. The Hospital Play Specialists (HPS) use many forms of play to reduce any short/long term psychological effects. Staffing has increased to provide service in:

- the Surgical Day Unit. There is a rapid turnover of children for both emergency and elective surgery. Non preparation of children for hospitalisation results in increased anxiety for both children and parents.
- Transitional Care Unit. Normal development of our long stay sick patients through natural play is provided. Working with siblings and families through play to maintain the normal link with family and encourage interaction with their siblings.

Adolescent evenings of art classes and music are provided weekly from 19.00 - 22.00hrs away from the ward areas.

Children in Hospital Ireland, our voluntary organisation partner, provides 85 volunteers to work in close cooperation with the Hospital Play Specialists to provide play in the ward play rooms and patients' rooms. The CHI Play Well volunteers provide a continuous morning, afternoon and evening service throughout the hospital.

**Clown Doctors**

Following a year of planning, the Clown Doctor scheme in the hospital – the first in Ireland - was officially launched in September 2005. Two clown doctors (professional arts performers contracted by the Humour Foundation of Ireland) undertake their rounds each Tuesday and Thursday visiting on average 50 children in various wards. Sponsored by the Children’s Medical and Research Foundation, the scheme has proved very successful and Dr’s Fairy Dust, Scatterbrain, Funnybones, Merry-Go-Round and D. Liscious have been popular with staff, patients and parents alike. The project is managed by the Director of Nursing’s office.

**A Word of Thanks**

The nursing staff would like to thank the medical staff, allied health, all the support staff, administration, chaplaincy and volunteers for their support and cooperation in progressing a child focused and family friendly service in Our Lady’s Children’s Hospital.

**Nursing Publications, Presentations and Awards**

Nursing staff presented papers at the Haematology Association of Ireland conference the European Bone Marrow Transplant Conference in Prague, and The Irish Association of Oncology Nursing. The Haematology/Oncology Clinical Nurse Specialist team developed a booklet for *Children and their Families in Relation to Brain Tumours* in conjunction with the CNS team in Beaumont Hospital.

*Precious Times*, a palliative care booklet for parents and children with cancer, won an EPE award (Excellent Patient Education) awarded by the European Oncology Nursing society. The work was carried out by the Clinical Nurse Specialist team within Haematology Oncology and also involved social work. A paper was presented by Fiona O'Loughlin in Paris and the award was accepted by Fiona on behalf of the team. The team also presented three papers at the Moving Points conference in March on “The Controversial Use of Steroids” and a joint presentation with a CNS from Our Lady's Hospice titled “Continuous Infusion via a central line”
Research
BSc research proposals included topics such as *The experiences of parents dealing with chronically ill children* and *The incidence of medication errors amongst nurses*.

Publications


Patient Booklets Compiled
Karen O’Driscoll, CNS Gastroenterology, compiled and launched a booklet titled *Inflammatory Bowel Disease in Children* at the annual Gastroenterology conference. It was very well received.

Presentations

PICU staff member Ger Thompson presented at an international conference in Argentina on breastfeeding in a Paediatric Intensive Care Unit. The CNM in the apheresis unit presented at the British Blood Transfusion Specialist Interest Apheresis Group Meeting.

Last year saw the organisation of a palliative care conference by the oncology team in Our Lady’s in conjunction with Our Lady’s Hospice, Harold’s Cross.


Awards
UCD presented an honorary award to Clinical Facilitator, Alice Ward, for the co-ordination and development of the Higher Diploma in Children’s Cancer nursing.

The National University of Ireland awarded the Dr. H.H. Stewart Scholarship to Carol Hilliard, Clinical Facilitator, in recognition of achieving the highest marks in the NUI BSc Nursing programme throughout Ireland.

An Award was made to Staff Nurse Ger Thompson by the National Council for the Professional Development of Nursing and Midwifery for her poster presentation on Breastfeeding to an international conference in Argentina.
UCD awarded an Honorary Lectureship in Nursing Leadership to Geraldine Regan, Director of Nursing.

Two awards were made to the nurses and doctors of Our Lady’s Children’s Hospital as ‘thanks for the help and generosity shown in the time of need for victims of the earthquake in Pakistan’ These awards were presented by the Pakistani Ambassador and Mr Brian Lenihan T.D.

**General Services**

The **Hygiene Audit** was coordinated by the nursing staff and the Hygiene Audit Committee consisted of representatives of medical, nursing, allied health, health care assistants, porters, household, technical services, materials management, health and safety and finance. The Hospital was joint second in the country and achieved the status of the cleanest Emergency department in the country as well as being voted the top hospital for hand hygiene. This achievement is a symbol of the great teamwork and commitment to excellence that the staff of Our Lady’s Children’s Hospital has for its children and families. All grades of staff at the service frontline worked together to achieve this result.

**Household Services**

As stated above the household services were the key to the success of the Hygiene Audit. In order to improve hygiene standards we have commenced colour coding all cleaning equipment and introduced a single use mop system. Also to comply with HACCP standards, staff continue to be trained in basic hygiene and basic food handling. Twenty four staff have been trained on the ‘Cleaner Proficiency Course’ and this training will continue. The Household services are a vital part of the services team in the hospital.

**Catering Service**

The catering service provides a food service to the children, staff and families of Our Lady’s Children’s Hospital. In addition to the normal food service requirements the catering staff provide an excellent food service to the many children, family and staff events that are organised in a hospital. Training in HACCP standards including food handling and basic hygiene continued. A catering group was established to make recommendations to the Hospital Management team on the improvements required for the kitchen. The Environmental Health Officer for the area agreed to be a member of this group. Refurbishment or a new kitchen are the two options being considered.

**Switchboard**

The switchboard office and switchboard was upgraded. This provided an opportunity to look at new work practices and to reorganise the staffing structure. This has proved successful.

**Portering Department**

The portering service continues to provide support to the wards and departments in Our Lady’s Children’s Hospital and continues to endeavour to meet the needs of the expanding service in the hospital. The increasing acuity of the children puts more demands on the portering service. This year a waste monitoring office was appointed and work was commenced on a waste management policy which involved the portering service. The portering service continues to provide a very valuable service to the hospital.
OUR LADY’S HOSPITAL SPECIAL SCHOOL

Our Lady’s Hospital Special School has seen some changes this year. Our Staff includes a Principal Ms. Mary McCarron, Deputy Principal Ms. Yvonne McDonagh and two other teachers. This increase in staffing enabled us to provide a more comprehensive educational service with a dedicated teacher to St. Brigid’s, Our Lady’s and Nephrology wards. Mr. Niall Cassidy, the teacher for St. John’s was appointed Principal in Glenasmole N.S. and he was replaced by Ms. Annette Hennessy. We welcomed Ms. Brenda Hogan, our new Special Needs Assistant. She is the person who accompanies the children to and from school.

Our total enrolment for 2005/2006 was 661 pupils. Secondary pupils accounted for 30.6% of this number, forty three of which were Junior Cert. pupils and there were ten pupils who sat Junior Cert. exams while in hospital. On the strength of these figures we are the first Irish hospital school to get sanction for a permanent secondary school teacher and we are currently proceeding with this appointment.

64% of our pupils came from outside the greater Dublin area. 41% of the pupils who attend school are recurrent admissions. These pupils attend hospital with their schoolbags, and educational programmes as set out by their home schools and we facilitate them in continuing their work whether in the schoolroom or at the bedside. 44.8% of our pupils require one-to-one teaching because they are in isolation and cannot mix.

Highlights during school year 2005/2006 included visits from Keith Barry, Sam McGuire, Liam McCarthy, Brendan Martin and all their entourages! We also had many appearances from the international rugby players who were very kind to some of our pupils.

Teaching sick children is a challenging job and we thank the hospital staff for their co-operation during the year. We as teachers enjoy working alongside the other professionals in providing a child-friendly educational service in a welcoming and inclusive environment.

A very special thanks goes to Fr Des Doyle, our esteemed Chairperson and Hospital Chaplain for the last 7 years. We wish him well in his future career.
HUMAN RESOURCES

Liam Farrell, Director of Human Resources

2005 was once again another extremely busy and challenging year for the Human Resources Department. Recruitment and selection, personnel administration, partnership employee and industrial relations, staff development initiatives and accommodating family friendly initiatives meant that we continued to handle very large volumes of work.

One of the significant highlights of the year was the site visit by The Performance Verification Group which was set up to report on the modernisation and change programme. The group was impressed by the range of improvements which were taking place in the hospital including changes in skill mix, customer services initiatives and value for money items.

The Partnership Committee continued and developed its work throughout the year. The committee met on a regular basis and dealt with a range of issues - the objective being to replace the adversarial approach to change with an open co-operative process based on effective consultation and participation. In tandem with this, the hospital continued to develop and improve its constructive working relationships with most of the Trade Unions who represent our staff. It is interesting to note that very few cases were referred outside in 2005 for conciliation or arbitration compared to a couple of years ago.

The Action Plan for People Management set out our responsibilities in relation to managing people. Funding was secured under the APPM and a range of relevant training courses was designed and run during the year, including a major Management Development Programme, an Executive Development Programme, a Customer Service Skills Training Course and a course on Managing Aggression and Violence in the work place. Various I.T. training initiatives were also implemented.

Many staff requested changes to their working hours on a permanent or temporary basis, to support them in achieving an improved work life balance at important times in their lives and most of these requests were accommodated to a large extent after discussions which included consideration of service needs.

I would like to conclude by thanking my colleagues in the department for their hard work during the year and all staff and Trade Union Officials who worked with us to resolve or improve the huge variety of matters which we dealt with during 2005.

STAFF EMPLOYMENT NUMBERS as at 31/12/2005

<table>
<thead>
<tr>
<th>Department</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management / Administrative</td>
<td>195.1</td>
</tr>
<tr>
<td>Medical / Dental</td>
<td>149.1</td>
</tr>
<tr>
<td>Nursing</td>
<td>586.1</td>
</tr>
<tr>
<td>Paramedical</td>
<td>240.8</td>
</tr>
<tr>
<td>Support Services</td>
<td>215.1</td>
</tr>
<tr>
<td>Maintenance Technical</td>
<td>13.0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1399.2</strong></td>
</tr>
</tbody>
</table>
2005 was a busy year for the Chaplaincy Department. The department continues to provide pastoral care and support to our ill children and families with emphasis on the critically ill, many of who spend long periods of time in the intensive care units.

Although a vast majority of children and families we support do return home, the chaplains were involved with 80 children who died during 2005, not including those sent home or to other hospitals on palliative care. Of this number 63 died while in-patients.

We celebrated 97 baptisms during 2005.

The hospital chapel continues being the focal point whereby distressed parents and families and staff can find support through its liturgies and spending quiet time there. Mass is celebrated daily where the names of our deceased children are read from the Book of Remembrance. We want to thank all our overseas staff through their dedication in helping to make out Sunday Mass such a vibrant celebration. Their expression of faith is a support to our parents and families.

Our three Remembrance Services for bereaved parents and families were attended by approximately 300 parents whose child had dies. Parents find great solace in attending these services. Frequently parents will attend the daily mass on the anniversary of their children’s death because we remember them during it.

We are grateful to the various clergy that have assisted us from the Orthodox, Islamic, Buddhist faiths and various Evangelical Communities. In particular we wish to thank Rev. Ivor Power, Church of Ireland, Chaplain for his continuous help during this year.

We are thankful to the Board of Management for being able to provide continuous 24 hour pastoral care and support to the children and their families no matter the illness or criticalness of the illness. This includes when a child is dying, at the death and when the child leaves the hospital. We are grateful to Sister Barbara Falls, who continues to work with us on a volunteer basis in helping us to provide 24 hour coverage.

Father Des Doyle, after 7 years in the Chaplaincy Department and 5 years as manager, had announced he would be leaving the hospital in 2006.

After 5 years as a chaplain on the 31st of December 2005 Sister Breege Fahey left the hospital in pursuit of further studies. We thank her for her dedicated pastoral care to the children, families and staff in the hospital. She was an asset to the department and will be sorely missed. With the increase demand of the chaplaincy service and to ensure 24 hour availability of a chaplain, a fourth post was required.

Finally, we thank all our colleagues from every department and discipline for the cooperation during the past year and in particular Mr. Gerry O’Dwyer, former C.E.O., and Ms Geraldine Regan, Director of Nursing and all the nursing staff in providing family centred health care in a compassionate and supportive environment.
ALLIED HEALTH CARE PROFESSIONAL GROUP REPORT

Audiology Department

A contribution was made by one of the audiological scientists representing the department to a document called ’Best Health for Children Revisited. This report was from the National Core Child Health Programme Review Group to the Health Service Executive. The contribution included recommendations for early intervention regarding hearing assessment with particular emphasis on a universal hearing screening programme.

Introduction of a more efficient working pattern to free up time for other clinical/administrative duties. This was possible by altering the way we perform Visual reinforcement audiometry (VRA). VRA is a technique commonly used to perform behavioural assessment on children aged 6 months - 36 months. This test traditionally uses 2 testers and 2 testers are advantageous over 1 tester particularly for difficult-to-test children. However, a number of centres have set up the equipment to be operated by 1 tester and in 2005 OLHSC Audiology department implemented a 1 tester system. This freed up 1 worker for other tasks and although occasionally a child could not be tested, this has proved to be more efficient use of staff time.

Clinical Nutrition and Dietetics Department

The department collaborated with the IT department to develop a PAS linked statistics system to record specific patient activity and dietetic intervention.

The Nutrition Support Team was a finalist in the HSE Health Service Innovation Awards - held in October with a presentation entitled: Nutrition Support Team for Children requiring Specialised Intravenous Nutrition(TPN)

Music Therapy Department

- Music Therapy continues to operate a service for patients 2 days per week
- We continue to take referrals from within the hospital and also from outside agencies
- Soundbeam equipment was acquired for the Unit this year, enabling us to enhance the options for music making in the Unit.

Occupational Therapy Report

In 2005, the Occupational Therapy team initiated the establishment of an OT/Nursing led pressure care management working party to develop a hospital wide evidence-based pressure care management service. Final recommendations are due by November, 2006.

Consistent with the ethos of open communication, accountability and quality improvement in the department, a structured performance management system was planned and implemented in 2005 which includes:

- six-monthly Individual Performance Reviews between the service manager and team members
- monthly Service Review meetings between the service manager and each team member
- a fortnightly in-service training programme, co-ordinated by team members
**Pharmacy Report**

In 2005 the pharmacy extended their clinical service to the majority of the wards in the hospital.

The Wednesday Synagis (Palivizumab) clinic was organized to streamline the administration of Synagis to both in and out patients, as a result information on compliance and treatment outcome is readily available. The medication costs are re-imbursed by HSE.

**Psychology Department**

- Activity – Patient appointments

<table>
<thead>
<tr>
<th>Inpatients</th>
<th>Outpatients</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1212</td>
<td>1279</td>
<td>2491</td>
</tr>
</tbody>
</table>

  Major referrers (over 150 p.a.): Cardiology, Endocrinology, Neurology, Gastroenterology, Haematology, Respiratory, Neonatology.

- Celebration of Carol Matthews, Principal Clinical Psychologist’s contribution to OLCH on her retirement after working at OLCH for 23 years.

- Recruitment of Jo Boniface, Senior Clinical Psychologist

- Development of departmental Information leaflets for Children and Parents

- Group for adolescents with living Cardiac Conditions and their Parents, run jointly by Yvonne Duane and Catherine Matthews and Social Work colleagues in August 2005.

- Lectures on Paediatric Psychological issues given to the Postgraduate Course in Paediatric Nursing, Doctorate in Clinical Psychology (UCD, TCD) as well as in-hospital talks and seminars.

- Hosting of the Paediatric Psychology Inter-hospital Seminars.
**Social Work Department**

The aim of the Social Work staff is to provide positive, holistic intervention to child patients and their families at times of crisis and when they cope with the impact of long term illness. The thrust is to provide this adequately in all areas of the hospital.

An innovation in the Social Work Department in 2005 was the development of and implementation of Structured Supervision. In recent years the need for staff supervision in Social Care has been recognised. In 2005 the Head Medical Social Worker and Senior Social Workers joined with their counterparts in the Adelaide and Meath Hospital (incorporating National Children’s Hospital) and completed training with Teresa Crawford, Trainer in Supervision. The aim is to support staff in their work and to promote the delivery of good service.

The Accreditation process was the focus of much energy and attention this year and Social Workers were active members of all clinical teams and saw the process contributing positively to multidisciplinary team work.

**Speech & Language Therapy Department**

The Speech & Language Therapy department is pleased to announce the development of a dedicated SLT service to the Transitional Care Unit. This has been made possible through funding for a half time senior SLT for the T.C.U. The post holder, Zelda Green, took up her position in February 2006.

**Physiotherapy Department**

**Advances**

The Physiotherapy Staff continue to be involved in
- Clinical education of Physiotherapy Students from T.C.D and U.C.D
- Education of NCHDS
- Lectures for Higher Diploma in Nursing Studies
- Links with Irish Society of Chartered Physiotherapists and Paediatric Specific Interest Group.
- Links with Physiotherapy Managers/Clinical Tutors/Academic staff of TCD and UCD
- Continuing professional development

**Developments**

**April 2005** Commencement of the PONSETI Clinic in OLCHC. Senior Physiotherapist included in the Orthopaedic M.D.T.

**May 2005** FETAC Presentation of certificates to Healthcare Assistants. Two Physiotherapy HCAs completed the course with distinction.

**December 2005** First Pilot Programme for Transition Year Students. Physiotherapy staff actively involved

**December 2005** Appointment of Senior Physiotherapist to newly established Transitional Care Unit
HOSPITAL ACHIEVEMENTS IN 2005
NEW AMBULATORY CENTRE
THE MEDICAL TOWER

The Ambulatory Paediatric Tower at OLCHC provides a comprehensive consultation for children with a multi disciplinary team of health professionals.

The Tower was officially opened by An Tánaiste and Minister for Health & Children, Mary Harney TD., in 2005. OLCHC has in excess 100,000 out patient attendances annually and this Medical Tower provides an excellent new environment for these children and families.

It provides an extremely comprehensive holistic approach to the treatment of children with illnesses from eight Paediatric specialities:

- Neurophysiology
- Gastroenterology
- Cystic Fibrosis
- Infectious Diseases
- Dermatology
- Haematology & Oncology
- Immunology

There is further excellent potential to accommodate much needed ambulatory cardiology out patient facilities on the top floor of the tower which is currently shelled out.

The vision to realise this project was conceived by Professor Brendan Drumm and his medical colleagues who through their commitment and dedication in developing patient care for children were the driving force that brought the project to where it is today.

STAFFING

These units are staffed by a dedicated team of Doctors, Nurses, allied health care professionals and support staff who work as a multi disciplinary team in provide quality care for children and families.

The purpose of the Medical Tower is to improve the patient experience, increase efficiency by providing one stop integrated out patient care, and reduce the necessity for inpatient admissions.
Experience from overseas has clearly shown that children treated in such specialised units have better long-term outcomes.

Ambulatory care affords the child and family a comprehensive visit where the service is delivered to the patient rather than having the patient travel from department to department throughout the hospital. This One-Stop-Shop approach to out-patient service is systematic and sympathetic in its delivery of health care for children.

New facilities provide a spacious child friendly area for families, new outpatient clinic rooms, improved waiting and relaxation rooms, treatment rooms, clinic examinations rooms, dressing clinics, phlebotomy, physiotherapy service, day treatment services, minor surgery clinics and patient/family education facilities.

The interior design in the Tower plays a key role in providing excellent patient care. Natural light, views of the courtyard/water fountains, and lively use of colour add to the pleasant atmosphere.

The ambulatory service was instigated some time ago by Professor Brendan Drumm who was then Consultant Gastroenterologist at Our Lady’s and his medical colleagues. Their vision and commitment was the driving force in both conceiving and achieving this excellent development for children.

An integral element of the Tower’s facilities and key to moving paediatric treatment forward in Ireland and internationally is the Telemedicine facility, in operation for almost a year.

It allows joint case conferences between expert clinicians in different hospitals to discuss diagnostic test results and treatment protocols for patients. Already there are formal links with OLHSC and St Jude Research Hospital Memphis. The high-tech development is also linked to a number of other hospitals in southern and northern Ireland and Europe. The hospital can now carry out medical assessment without the patient having to travel long distances.

The Medical Tower was funded in the main by The Children’s Medical & Research Foundation through its range of corporate donors as well as individual donors and fundraising groups. The Department of Health & Children provided almost €2million towards the project.
The hospital will be 50 years in operation in 2006. Over this period the throughput of patients has increased way beyond the capacity envisaged and it now caters for more than 120,000 out patient attendances per year from all over Ireland. This together with the advantages in medical science underlines the need for constant improvement and replacement.

As part of the ongoing development of Our Lady’s, and in fulfilling our commitment to providing family-centred healthcare in a compassionate, supportive environment so that each child receives the highest standards of health care, we are rightly proud of our new ambulatory care facilities.

Among the objectives of the Medical Tower are to:

1. To improve patient care – to meet the needs of children and their families
2. Reduce hospitalizations – patients and families may opt to stay in our family accommodation and attend daily for treatment.
3. Provide “one-stop” healthcare that lets you go home the same day.
4. Provide a less clinical environment for the delivery of a high quality care in a dedicated setting suited to the needs of children / adolescents and their families.
5. Enhance skills base of the staff, working as part of a multi-disciplinary team,
6. Provide a resource / educational facility – Telemedicine suite with links to St. Jude Cancer Research Hospital, USA
7. Improved educational opportunities for staff, parents and patients.
8. Play and recreation will be provided to entertain and support children undergoing procedures in the unit. Some play will be directed and aimed at preparing the children for their procedures in a relaxed stress free environment whereas other forms of play will be supervised by the parent / carer with the purpose of occupying the child and siblings during the periods of waiting.

TELEMEDICINE

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NEW IMPROVED FACILITIES FOR RENAL PATIENTS

Nephro-Urology – Our Lady’s Ward

President of Ireland, Mary McAleese officially opened the new Nephro-Urology (Renal) Unit at a special visit to the children of Our Lady’s Children’s Hospital, Crumlin on Friday, 2nd December 2005.

The new Renal Unit at Our Lady’s provides an invaluable multi-disciplinary facility for the treatment of children with kidney and bladder disorders including those who require kidney transplant.

In the past children suffering from renal disorders where treated in many different areas of the hospital. The new unit allows children to be treated on one ward with direct access to the nephrology and urology team services.

At the official opening Dr Mary Waldron, Consultant Nephrologist at Our Lady’s said:

“In addition the Renal Unit provides a vital support service to other paediatric specialties at Our Lady’s such as cardiology, oncology and intensive care patients. Owing to the complex nature of many of these conditions it requires specialized medical, nursing, allied healthcare professional skills and play therapy including technical therapies such as dialysis to effectively treat patients. A high dependency bed contained in the unit allows for an acutely ill child to be cared for outside of an ICU environment. This in turn assists in freeing up ICU beds for other sick children.”

New facilities include specialised renal equipment, a refurbished playroom, kitchen facilities and beds for parents/guardians and refurbished clinic examinations rooms.

The ongoing treatments required by these children can be disruptive to family life but through the work of our dedicated and specialist healthcare team we aim to enable them to enjoy as normal a life as possible in their home away from home.

As part of the ongoing development of Our Lady’s, and in fulfilling our commitment to providing family-centred healthcare in a compassionate, supportive environment so that each child receives the highest standards of health care, we are rightly proud of our new Renal Unit.
1st CLOWN DOCTORS PROGRAMME IN IRELAND

Doses of fun and laughter are now being “prescribed” at Our Lady’s Children’s Hospital Crumlin. Our Lady’s & The Humour Foundation of Ireland launched the first Clown Doctor programme in the Republic of Ireland at the hospital on Wednesday, 21st September 2005.

Our Lady’s Children’s Hospital is very pleased to be launching this new concept of humour for our children and families. Clown Doctors work together with the hospital routine to help children and families laugh and adapt to the hospital environment. The Clown Doctors are professional arts performers selected for their high level of skills as well as their personal qualities such as sensitivity and compassion. Clown Doctors will play a key role in the hospital in entertaining children through performing arts. The Clowns are excellent at improvisation and have other skills such as music, magic, mime, puppetry and making balloon animals.

“The Humour Foundation’s core project, Clown Doctors, uses the healing properties of laughter to aid the recovery of sick children in hospitals. The Humour Foundation of Ireland is an established charity which depends on community support through donations, sponsorship, grants and fundraising events. It aims to establish Clown Doctors as an integral part of children’s well-being and recovery programmes in paediatric hospitals. The Humour Foundation acknowledges and thanks Our Lady’s and in particular The Children’s Medical & Research Foundation who have sponsored the project,” said John-Paul Bell co-founder of Clown Doctors.

“The Children’s Medical & Research Foundation are delighted to sponsor this exciting new development of performing arts for children attending Our Lady’s which will bring fun to our children when they attend hospital”, said Eamon Coghlan Director of Fundraising Foundation.

Clown Doctors are specially trained by The Humour Foundation to work in the hospital environment. Clown rounds at Our Lady’s are now conducted through all wards, intensive care, emergency, outpatients as well as hospital corridors, foyers and lifts. Clown Doctors visit children at their bedside and involve them and their families.
RESEARCH PUBLICATIONS

PUBLICATIONS 2005

INVITED SPEAKER/GUEST LECTURERS TO INTERNATIONAL MEETINGS

Professor Prem Puri

Niilo Hallman Lecturer, Hospital for Children and Adolescents, Helsinki, Finland, 1st – 4th February 2005

Invited Speaker, 6th International Meeting on Vesicoureteral Reflux, Madrid, Spain, 18th – 21st February 2005

Invited Speaker, 6th International Paediatric Surgical Week, Kuhtai, Austria, 5th – 12th March 2005

Visiting Professor, University of Colorado, Denver, USA, 1st – 7th May 2005

European Lecturer, 6th European Congress of Paediatric Surgery, Gdansk, Poland, 24th – 29th May 2005

Invited Speaker, Academic Symposium honouring Jay L Grosfeld, Indianapolis, USA, 2nd – 4th June 2005

Invited Speaker, University of Michigan, Ann Arbor, USA, 5th – 6th June 2005

Invited Speaker, Italian Congress of Pediatric Surgeons, Bologna, Italy, 27th – 29th October 2005

Invited Speaker, International Update on Pediatric Surgery, New Delhi, India, 4th December 2005

Invited Speaker, International Meeting on “Progress in Paediatric Surgery”, Chennai, India, 9th – 12th December 2005

Dr Caroline Goldberg

Invited Speaker, University of Liverpool, Liverpool, UK, December 2005

Mr Paddy Flemming

Invited Speaker, International Association of Paediatric Dentistry, Sydney, Australia, November 2005

Invited Speaker, Scotland NHS Postgraduate Education, Edinburgh, March 2005

Dr Rosemarie Watson

Invited Speaker, Johns Hopkins Medical Institutions, USA, May 2005
INVITED SPEAKERS/GUEST LECTURERS TO IRISH MEETINGS

Mr Paddy Fleming

Invited Speaker, Irish Society for Mucopolysaccharidosis, Kildare, May 2005

Dr E J Molloy

Invited Speaker, Paediatric Consultant’s Study Day, Our Lady’s Hospital for Sick Children, Dublin, 2005

Guest Lecturer, Irish Paediatric Association, Dublin, November 2005
CHAPTERS IN BOOKS

Broderick A, Jonas M M. Management of Hepatitis B in Children. UptoDate. Editor: Rose BD. UptoDate, Wellesley, MA, 2005


Corbally MT. Spina Bifida. Editors: Puri P and Höllwarth M. Pediatric Surgery Atlas, Springer-Verlag, Heidelberg, Germany, pages 413-418


BOOKS AND MONOGRAPHS

Puri P, Hollwarth M. Pediatric Surgery Atlas
Springer-Verlag. Heidelberg, Germany, 2005, pages 632
PUBLICATIONS


Puri P. Editorial Pediatr Surg Int 21 (3), 2005, 131


PRESENTATIONS AT MEDICAL AND SCIENTIFIC INTERNATIONAL MEETINGS

British Scoliosis Society, Liverpool, UK, March 2005

Does two-stage correction of adolescent idiopathic scoliosis produce results that justify the increased risks?

C J Goldberg, D P Moore, E E Fogarty, F E Dowling

The natural history of spinal deformity in transplanted Hurler’s Syndrome.

C J Goldberg, D P Moore, E E Fogarty, F E Dowling

Digestive Disease Week and the 106th Annual Meeting of the American Gastroenterological Association, Chicago, USA, 14th – 19th May 2005

Effect of H. pylori infection on expression of TFF1 in rhesus monkeys.

J Gramling, M Clyne, C Semina-Mora, HJ Liu, C Sullivan, B Drumm, A Dubois

6th European Congress of Paediatric Surgery, Gdansk, Poland, 24th – 29th May 2005

Development of enteric mucosal innervation in the fetal & postnatal period.

S Paran, U Rolle, T Shinkai, P Puri

Kidney development in the nitrofen-induced pulmonary hypoplasia and congenital diaphragmatic hernia in rats.

S Montedonico, T Shinkai, P Puri

Longterm outcome of patients with enterocolitis complicating Hirschsprung’s disease.

M Menezes, P Puri

Mucinous cystadenoma of the ovary in premenarchial girls.

A Mortell, S Paran, D Devaney, A Pinter, P Puri

Prenatal and postnatal neuromuscular development of the ureterovesical junction.

M Pirker, U Rolle, T Shinkai, M Shinkai, P Puri
36th Annual Meeting of the American Pediatric Surgical Association, Arizona, USA, 29th May – 1st June 2005

Effect of VEGF on the branching morphogenesis of normal and nitrofen-induced hypoplastic fetal rats lung explants.

M Shinkai, T Shinkai, S Montedonico, P Puri

105th General Meeting of American Society for Microbiology, Georgia, USA, 5th – 9th June 2005

The basis of divergence in Campylobacter pathogenicity in humans and poultry.

C Byrne, M Clyne, B Bourke

The use of flow cytometry to assess Campylobacter association with cultured cells.

C Byrne, M Clyne, B Bourke

American Academy of Pediatrics/European Society of Pediatric Urology Joint Meeting, Uppsala, Sweden, 15th – 18th June 2005

Familial vesicoureteral reflux: Influence of sex on prevalence.

M Pirker, P Puri

Structural basis of voiding dysfunction in megacystics microcolon intestinal hypoperistalsis.

U Rolle, P Puri

Idiopathic Thrombocytopenic Purpura Medical Seminar 2005, Dublin, 17th June 2005

A year of paediatric ITP – Data from the Irish Paediatric Surveillance and Ulster Paediatric Society report card system.

M Cotter

8th International Workshop on Carcinoma-associated Mucins, Mucins in Health and Disease, Cambridge, UK, 9th – 13th July 2006

Helicobacter pylori and gastric mucin tropism: the role of MUC5AC.

A Smith, M Clyne, S Carrington, B Drumm, C Reid
Complex anorectal malformation in Adriamycin mouse model.
M Dawrant, P Puri

Insights into the pathogenesis of Hirschsprung’s associated enterocolitis.
F Murphy, P Puri

Interstitial cells of Cajal in intestinal motility disorders in children.
U Rolle, P Puri

Longterm outcome of patients with enterocolitis complicating Hirschsprung’s disease
M Menezes, P Puri

Morphological changes in nitrergic neurons during fetal to adult life in the porcine model.
S Paran, U Rolle, S Montedonico, P Puri

Nitrergic innervation of the myenteric plexus in the developing chick cloaca and colorectum: A comparative study.
A M O’Donnell, S Montedonico, J Bannigan, P Puri

Contribution of the Adriamycin rat model in the understanding of congenital anomalies.
A Mortell, P Puri

Elevated expression of IL2 is associated with increased infiltration of CD8 T-cells in biliary atresia.
M Shinkai, T Shinkai, P Puri

Nitrofen rodent model for congenital diaphragmatic hernia.
S Montedonico, P Puri
Paediatric Pathology Meeting: SPP/PPS, Tours, France, 31st August – 3rd September 2005

A prospective study of the impact of a child’s epilepsy on their quality of life and on their family.

S Deiratany, Y Najan, D Grant, A Sawyer, J Hughes, J McMenamin, D W Webb

An unexpectedly high incidence of neonatal cholestasis in children born in Ireland to recent immigrants from Africa.

A M Broderick, B Bourke, B Drumm, M Corbally, M McDermott

International Epilepsy Congress, Paris, France, August 2005

The social and economic burden of paediatric epilepsy in Ireland – a prospective study.

M McGinn, Y Najan, S Deiratany, D Grant, A Sawyer, R Reeves, J Hughes, J McMenamin, D W Webb

Neural Tube Defects 2005 and Beyond, California, USA, 9th – 13th September 2005

Cephalocele in Oculo-auriculo-vertebral spectrum

S A Lynch

37th Annual Meeting of the Canadian Association of Paediatric Surgeons, Quebec City, Canada, 23rd – 25th September 2005

Defining the extent of anomalies in the Adriamycin mouse model.

M Dawrant, S Giles, J Bannigan, P Puri

Developmental changes in submucosal nitrergic neurons in the porcine colon.

S Montedonico, S Paran, M Pirker, U Rolle, P Puri

Increased CXCR3 expression associated with CD3-positive lymphocytes in the liver and biliary remnant in biliary atresia.

M Shinkai, T Shinkai, P Puri, M Stringer

European Association of Cardiothoracic Surgery, Barcelona, Spain, 24th – 28th September 2005

Neutrophil transendothelial migration potential predicts early rejection in human myocardial transplantation.

Joint Meeting of Paediatric Pathology Society and Society of Paediatric Pathologists, Tours, France, September 2005

Increased incidence of neonatal liver disease in a recently arrived immigrant group to Ireland.

A Broderick, B Bourke, B Drumm, M Corbally, M McDermott

Scoliosis Research Society, Miami, USA, September 2005

Natural history and outcome in non-congenital scoliosis presenting before age ten years.

C J Goldberg, D P Moore, E E Fogarty, F E Dowling, A O’Meara

18th International Symposium of Paediatric Surgical Research, Stockholm, Sweden, 30th September – 1st October 2005

Age related changes in the myenteric and submucous plexuses of the procine bowel.

T S Paran, U Rolle, S Montedonico, P Puri

Altered rennin-angiotensin system gene expression causes renal hypoplasia in the rats with nitrofen induced diaphragmatic hernia.

N Nakazawa, B Chertin, S Montedonico, P Puri

Differences in nitrergic innervation of the developing chick cloaca and colorectum.

A M O’Donnell, S Montedonico, J Bannigan, P Puri

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American Academy of Pediatrics 2005, Washington DC, USA, 8th – 12th October 2005

Iron overload in preterm infants: an under-recognised problem?

E J Molloy, A Bieda, J H Petersen, M M Jelinek, J Baley

Minimally invasive treatment of high grade vesicoureteral reflux in infants with endoscopic injection: Twenty years of experience.

M Dawrant, N Mohanan, P Puri
Neonatal neutrophil triggering receptor expressed on Myeloid cells (TREM)-1 expression is hyporesponsive to Lipopolysaccharide (LPS) & E. Coli.

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Renal scarring in familial vesicoureteral reflux: is prevention possible?

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STING as firstline of treatment in the management of high grade Vesicoureteral Reflux.

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TNF is a mediator of the anti-inflammatory response in a human neonatal model of the non-septic shock syndrome.

S Hassett, D J Reen

European Macrohage-Dendritic Cell Society, Amsterdam, October 2005


M Brien, D J Reen

British Society for Paediatric Dermatology, 20th Annual Symposium, Newcastle upon Tyne, UK, November 2005

Visceral kaposisform haemangioendothelioma: report of three cases.

GM O'Regan, SM Collins, A O'Marcaigh, AD Irvine, R Watson

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Antigen independent expansion and differentiation of naïve CD8 T cells.

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M Brien, D J Reen

European Society of Paediatric Research, Siena, 2005
Maternal and neonatal lipopolysaccharide responses are altered in neonatal encephalopathy.

PRESENTATIONS AT MEDICAL AND SCIENTIFIC
IRISH MEETINGS

Neonatal Nurse Study Day, March 2005

The changing face of BPD.

G Canny

Joint Meeting of Irish & Welsh Paediatric Associations, Wales, May 2005

An audit of chart maintenance in a Dublin teaching hospital.

M McGinn, D McDonald, M Keegan, J McMenamin, D W Webb

Intracranial haemorrhage secondary to immune thrombocytopenic purpura complicating acute varicella infection in an immunocompetent seven week old infant.

M McGinn, A Awadalla, W Khan, K McMahon, E Phelan, J McMenamin, D W Webb

Severe cardiomyopathy in Hurlers Syndrome reversed by enzyme replacement therapy.

A Rayis, D Coleman, A O’Meara

Irish Cytometry Society, Dublin, May 2005

Phenotypic and functional analysis of lymphocytes.

J NiGabhann, D J Reen

Irish Neurological Association, Dublin, May 2005

A prospective study of the impact of a child’s epilepsy on their quality of life and on their family.

S Deiratany, Y Najan, D Grant, A Sawyer, J Hughes, J McMenamin, D W Webb

The social and economic burden of paediatric epilepsy in Ireland – a prospective study.

M McGinn, Y Najan, S Deiratany, D Grant, A Sawyer, R Reeves, J Hughes, J McMenamin, D W Webb
Immunology Postgraduate Masterclass, Maynooth, July 2005

Antigen independent expansion and differentiation of naïve CD8 T cells.

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5th Annual Festival of Research, Dublin, 15th September 2005

Antigen independent expansion and differentiation of naïve CD8 T cells.

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TNF-α is a mediator of the anti-inflammatory response in a human model for the non-septic shock syndrome.

S Hassett

The interaction of Cryptosporidium hominis and Cryptosporidium parvum with primary human and bovine intestinal cells.

A Hashim, G Mulcahy, B Bourke, M Clyne

Irish Society for Human Genetics, Belfast, 19th September 2005

Accuracy of a clinical diagnosis of Marfan Syndrome.

A M Murphy, S A Lynch, A J Green

Incidence of BRCA1 and BRCA2 mutations in Irish breast cancer families.

T McDevitt, B O'hici, N Cody, M Adams, N Miller, W Ormiston, E Berkeley, C Nolan, R Clarke, P A Daly, E McDermott, D E Carney, A J Green, D E Barton

Mutation screening of a break-point candidate gene for autism, UBE2E3, on chromosome 2q31.3.

S Lalor, L Gallagher, G Kearney, M Fitzgerald, D E Barton, A J Green, M Gill, S Ennis

The complexity of hereditary non-polyposis colon cancer (HNPCC) diagnosis in the Irish population.

S Roring, S McQuaid, D Grehan, J O’Brien, M McDermott, D Barton, A Green
Irish Society of Immunology, Dublin, October 2005

Cytotoxic killing mechanisms induced in naïve CD8 T cells following IL-15 exposure.

J NiGabhann, D J Reen

Phenotypic and functional profile of dendritic cells from ‘reprogrammed’ monocytes following exposure to apoptotic cells.

M Brien, D J Reen

Irish Paediatric Association, Dublin, 25th November 2005


N Ni Shuibhne, J McMenamin, E Hicks, D W Webb

A review of Diamond-Blackfan anaemia in the Irish paediatric population.

D Cox, R Gilmore, A Mohammed, O Smith, A O'Marcaigh, C McMahon

C2 deficiency in Ireland: The paediatric perspective and its relevance to general paediatricians

L Hickey, B Freyne, K Butler, A J Cant

Central hypoventilation syndrome in haemophilus influenza B meningitis – a case of vaccine failure.

S Tirupathi, N Lynch, D W Webb, E Phelan, K Butler, J McMenamin

Detecting hypoglycaemia in hyperinsulinaemic neonates. Are we getting it right?

A F El-Khuffash, C S O’Gorman, C Costigan, N Murphy

Indications and outcome following occlusion of the main pulmonary trunk in univentricular hearts using a transcatheter septal occluder device.

J Beamish, P Oslizlok, D F Duff, K P Walsh, C J McMahon

Interval laparoscopic appendicectomy in children.

N U Monahan, G L Dass, P Puri

Intravenous immunoglobulin in the management of Haemolytic disease of the newborn.

N Yao, A Twomey, E J Molloy
Kaposi’s haemangioendothelioma – A rare blood vessel tumour presenting antenatally as bilateral chylothoraces.

N A Yao, G O'Regan, F Gorman, T Ngi Chiw, A Twomey, J Murphy, F McAuliffe, R Watson, A Irvine

Management of vascular birthmarks: Review of a multidisciplinary clinic

G M O'Regan, R Watson, D Orr, D O'Donovan, D Brosnahan, E Phelan, M Ryan, A D Irvine.

Meconium Ileus: An Irish Experience.

J Lucey, G Canny

Non-CF bronchiectasis in Irish children.

A Abou Zaid, B El Nazir, P Greally

Ovarian tumours in childhood – an OLHSC review.

A Byrne, H Kerrigan, M McDermott, F Breathnach, M Corbally, A O'Meara

Rationalising the Use of “Growing Bloods” in Preterm Infants.

R McNamara, E J Molloy

Recurrent focal segmental glomerulosclerosis (FSGS) in post renal transplantation: The Irish experience.

R Khan, A Awan, P Conlon, D Gill, D Hickey, D Little, N Comey, M Waldron, M O'Connell

Safety and efficacy of Flecaïnide Acetate in children with congenital heart disease.

P Y Iroh Tam, H Bruell, P O Oslizlok, K W Walsh, C J McMahon

Severe complications associated with the use of Synacthen in the management of infantile spasms.

N Ni Shuibhne, J McMenamin, D Colemand, P Oslizlok, D W Webb

The diagnosis of Marfan Syndrome at genetic outpatient clinics.

A M Murphy, S A Lynch, A J Green

Use of B-Natriuretic peptide (BNP) in monitoring response to inotropic withdrawal in a child with decompensated left ventricular failure.

C S O’Gorman, C J McMahon
Use of cardiac SPECT to determine coronary flow reserve in children with coronary arteriopathy following Kawasaki disease.

J Beamish, M J O’Connell, F Desmond, D F Duff, C J McMahon

Use of extracorporeal membrane oxygenation (ECMO) for severe postoperative ventricular dysfunction following cardiac surgery in children.

E Kieran, J Beamish, D F Duff, P Osliizlok, L Nolke, A E Wood, J M Redmond, C J McMahon

Walker Warburg Syndrome in the Irish Traveller population and the difficulties of genetic counseling in the context of complex consanguinity.

A M Murphy, A J Green

Videosurgery, RCSI Charter Day, Dublin, 2005

Congenital tracheal stenosis requiring 60% tracheal resection with end to end anastomosis.

Wood AE, Rowley H, Russell J, Doherty P, Healy DG
HONOURS AND DISTINCTIONS

Dr Billy Bourke
Science Foundation Ireland Investigator Programme Award 2005-2009: €503,000
Programme Leader Citywest Campus University College Dublin
Health Services Innovation Award (with Nutrition Support Team) 2005
Department of the Year Award for Clinical Teaching 2005

Dr Gerry Canny
Reviewer for Indian Journal of Paediatrics

Dr Michael McDermott
International pathology reviewer for Pleuropulmonary Blastoma Registry
UKCCSG panel reviewer for soft tissue sarcomas

Dr Sandra Montedonico
Novartis Prize for the best paper presented at the 18th International Symposium of Paediatric Surgical Research, Stockholm in October 2005

Dr Martina Pirker
Young investigator’s award for the best paper presented at the 6th European Congress of Paediatric Surgery, Gdansk in May 2005

Professor Prem Puri
Appointed Vice President of the World Federation of Associations of Pediatric Surgeons (WOFAPS)

Professor Denis Reen
Irish Society for Immunology and Irish Times Public Lecture, April 2005