

ANNUAL REPORT 2021

Registered Charity Number:
20002374



THE ROYAL VICTORIA
EYE AND EAR
HOSPITAL DVBLIN



ROYAL VICTORIA

EYE AND EAR

ADMINISTRATIVE DETAILS

Registered Name:	Royal Victoria Eye and Ear Hospital	
Registered Address:	Adelaide Road Dublin 2	
Charity Registration Number:	20002374	
Legal Structure:	Established by the Dublin Eye and Ear Hospital Act 1897	
Council Members:	Aisling Dodgson (President from October 2021) Patrick Dowling (President until October 2021) Donal Brosnahan (Accountable Officer and Clinical Director) Doreen Delahunty Jane Farrar (Joined March 2021) Frank Fenn Stephen Hone Susan Gilvarry Elaine Hanly Dermot Kelly Hugh Kelly Dara Kilmartin Brian McKiernan (Retired March 2021) Muhammad Mukhtar Stephen Murphy Willie O'Reilly Chris White (Retired March 2021)	
Ex Officio Members	The Lord Mayor of Dublin Councillor Patrick McCartan	
Auditors:	PricewaterhouseCoopers One Spencer Dock North Wall Quay Dublin 1	
Solicitors:	Mason Hayes and Curran South Bank House Barrow Street Dublin 2	A&L Goodbody Solicitors North Wall Quay North Wall Dublin 1
Bankers:	Allied Irish Bank Westmoreland Street Dublin 2	



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HIGHLIGHTS OF THE YEAR / FAST FACTS / PATIENT FEEDBACK

HIGHLIGHTS OF THE YEAR



VACCINATION PROGRAMME

In January, the hospital rolled the national COVID-19 vaccination programme, initially to frontline staff, high-risk patients and vulnerable patients in community nursing homes. Staff Nurse Rodel Ganache (pictured) was the first staff member to receive his vaccination after coming off night duty.

MINISTER DONNELLY OPENS NEW EMERGENCY DEPARTMENT

The newly refurbished Emergency Department was officially opened on Wednesday 10th of November 2021 by Minister Stephen Donnelly pictured with Ms Aisling Dodgson, President of Council.



“I’m delighted to be able to open the newly refurbished Emergency Department (ED). The ED has been redesigned to better help meet the needs of patients now and in the future and the approach implements the insight we have gained over the past two years while managing the COVID-19 pandemic. I want to commend the team here in the Royal Victoria Eye and Ear Hospital for their ambition and commitment to improving patient care.”

Minister for Health, Mr Stephen Donnelly, TD.



COMMUNITY VACCINATIONS

In January the RVEEH team of vaccinators moved into the community to help vaccinate this high-risk group of those living in nursing homes and their carers. The team vaccinated residents in Four Ferns Nursing Home, Foxrock, the Brabazon Trust Nursing Home, Sandymount, Simpson's Hospital, Dundrum, Kinvara Nursing Home, Bray, Aclare House, Dun Laoghaire and Glengara Park Nursing Home, Glenageary.

FIRST ANNIVERSARY OF THE OPENING OF THE TELEHEALTH SERVICE

The renovated ED includes the introduction of a new phone triage system that was introduced during the COVID-19 lockdowns and is designed to prioritise access for those most in need, reduce wait times and establish more efficient patient flows. It also forms a key part of the hospital's plan's to further modernise its outpatient and its theatres over the next five years.



RANSOMWARE ATTACK



On 14th May 2021 the HSE and the Department of Health were subject to a ransomware attack. Key nationally based systems like the National Integrated Medical Imaging System (NIMIS) for radiology and Healthlink for electronic referrals were unavailable. As an immediate response the hospital turned off access to those national systems and the internet and email traffic to/from all HSE related email addresses.

In the following weeks the IT Department worked closely with the HSE appointed cyber security specialists to complete a "digital forensic" review of all hospital systems before starting a graduated return to normal use of those systems. The cyber-attack caused a significant disruption to patient care for several weeks as the hospital and the HSE undertook a cautious phased approach to connecting to the HSE and integrated national services.

INHERITED RETINAL DISEASE (IRD)



In 2021, an ophthalmic genetics service was formally established at the hospital and led by Consultant Ophthalmologist Emma Duignan who has a specialist interest in ophthalmic genetics. The service builds on the pioneering work of Dr Paul Kenna at the RVEEH Research Foundation over the last 20 years. The team manages all aspects of the care of patients with IRDs and inherited optic neuropathies.

NEW YORK PARTNERSHIP



In 2021 the hospital established a collaborative partnership with the New York Eye and Ear Hospital. The two institutions initially agreed to collaborate on:

- Post-Covid learnings.
- AI and robotics.
- Glaucoma service cooperation.
- Training and distance learning sessions.
- Fellowships





FAST FACTS 2021 ACTIVITY

OUT-PATIENT ATTENDANCES

52,367

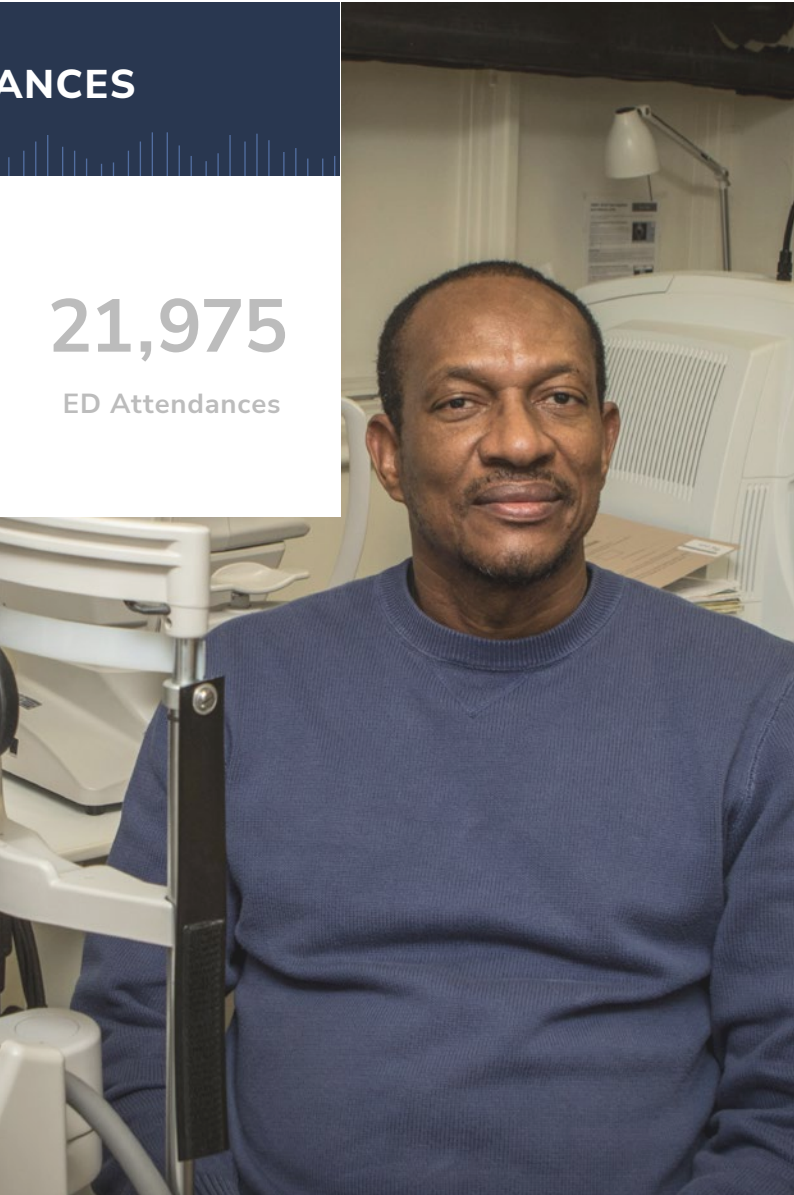
OPD Attendances

27,219

Telehealth Calls

21,975

ED Attendances



IN-PATIENT, DAY CASES AND INJECTIONS

1,798

In-Patients

7,128

Day Cases

9,586

Injections



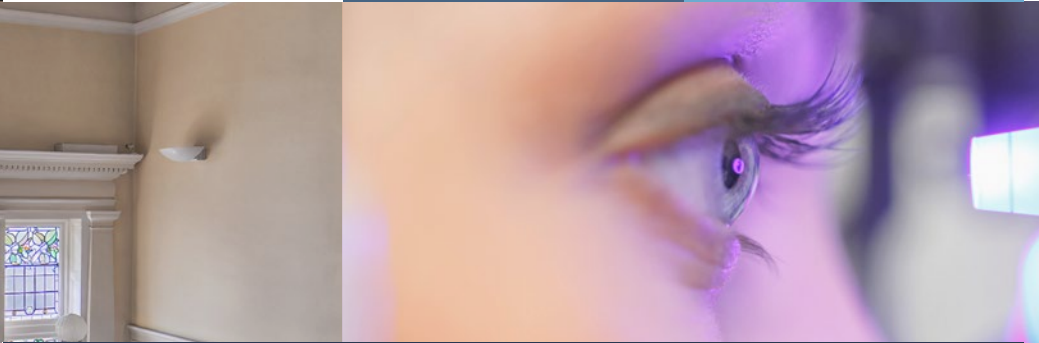


SURGICAL ACTIVITY

5,204
Ophthalmology
Procedures

1,622
ENT Procedures

3,518
Cataract
Procedures



COVID

0
Patients contracted
Covid in RVEEH

1,063
Vaccinations
Administered

704
Vaccinations
Administered in
Nursing Homes

PATIENT FEEDBACK



My son had ptosis of both eyes which he was born with. Professor Brosnahan saw him as an infant and advised waiting until Charles was older and ready to ask for correction himself.

That's exactly what he did, age 9. So we were recommended Ms Khan. She talked directly to my son, in very easy to understand words. It was a very reassuring experience. He had surgery on both eyes several months apart. They were both day admissions and all went well.

Every staff member we met on this 6 month journey to correct his eyelids was kind and understanding. I always felt he was safe, and that I could ask questions and receive balanced information.

Charles is delighted with the result, thank you to all involved.

S. Crowe, Dublin



You are all amazing. Thank you for everything you do.

Anon.



Every time I have been here the care is top class. Well done to all the team.

Anon.



I just want to acknowledge how the whole team in the ED seem to work together. I have been extremely well looked after by everyone, from security to administration, nursing and doctors.

They all went out of their way to take care of me after I had a serious trauma to my eye at home in the kitchen on a Sunday afternoon, with three subsequent visits. I am indebted to this department and I would just say the feeling here is one of a team working well together – thank you and keep making the difference you do!

E. Gardiner



Excellent staff very helpful and professional. Pleased with my procedure. Great attitude from all staff in difficult conditions and long hours. Keep up the great work. Many thanks.

S. Kelly



25th Feb had a cyst removed from eye, the care, the friendliness and smiling welcome from everyone was extraordinary, everyone from reception to telephonist, great empathy and care. Surgeon wonderful. Very impressed. Love the warm blankets.

Thank you.

A. Hickey



All the staff are great and very accommodating. Keep it up! God bless and keep safe!

Anon.



Excellent, polite, great job by your medical team.

Anon.



In May 2022 I had an unexpected admission and treatment in the Royal Victoria Eye & Ear hospital, Dublin. Although unfortunate that I had to have treatment, I was very fortunate to find myself in this hospital as I had a very positive experience.

From the first contact in admissions to the day I was discharged I received excellent treatment from a most caring and professional team.

I was admitted to Room 27 on May 9th where I remained for the duration of my stay until my discharge on May 12th.

I want to commend your hospital and staff; Consultants, Doctors, Nursing Staff, Catering and Administration. I felt very cared for and safe while I was in the Royal Victoria Eye & Ear Hospital.

Thank you.

**Margaret McKeon-Boyle,
Co. Cavan**



SECTION 1:
LETTER FROM
THE PRESIDENT



Aisling Dodgson
President of Council
Royal Victoria Eye and Ear Hospital

In 2021, the COVID-19 pandemic continued to provide significant challenges across the healthcare sector and society in general. The year started with a national lockdown, which affected most healthcare services across the state, and the roll-out of the national vaccination programme. The vaccine programme was administered in the first quarter of the year to hospital staff, high risk patients and as part of the HSE's nursing home programme to over 700 people living in community care facilities. I would also like to mention and commend 7 of our nursing colleagues who volunteered for temporary redeployment to support the critical care services in St Vincent's University Hospital in January and February. At a time when St Vincent's were facing significant challenges staffing the critical care service.

However, the pandemic also demonstrated the benefits of the Royal Victoria Eye and Ear Hospital's position as a standalone, primarily scheduled care institution. Activity at the hospital recovered well in 2021, with the number of procedures 4% higher than 2019 levels, a major achievement given the wider environment.

Out-Patient activity however, although up significantly from 2020, remained over 10% below 2019 levels, primarily driven by infection control and social distancing requirements. The pandemic continued to put significant pressure on our Out-Patient Department (OPD) infrastructure, which already had a significant capacity and overcrowding issues, and has consequently led to an increase in our Out-Patient new patient waiting lists, which will be a major focus for 2022.

The newly modernised Emergency Department, was officially opened by the Minister for Health, Stephen Donnelly TD in November. The redeveloped Emergency Department provides 25% more clinical space, negative pressure rooms for the treatment of patients with infectious diseases and enhanced privacy for patients.

In October 2021, Patrick Dowling stepped down as President of Council after almost 7 years in the role and 10 years on Council. Patrick oversaw some of the most significant developments in the hospital. I would like to express our deep gratitude to Mr Dowling for the time, energy and expertise he has devoted to the hospital over the last decade.

I am proud to have been President of Council at such a significant time for the hospital. 2022 will also be a year of change and challenge as we progress the hospital redevelopment programme, seek to significantly reduce our Out-Patient waiting lists and continuing to enhance our status as a Centre of Excellence for Ophthalmology and ENT.

Finally, I would like, on behalf of Council to pay special tribute to the staff of the hospital for their unstinting work during what has been another challenging year.



SECTION 2:
ABOUT THE RVEEH



MISSION: OUR VISION, OUR VALUES, OUR PRIORITIES

Context

The Royal Victoria Eye and Ear Hospital (RVEEH) in Dublin was founded in 1897 and is the National Referral Centre for both Eye and Ear, Nose & Throat disorders. The hospital is a National Centre of Excellence providing tertiary and quaternary services in Ophthalmology and Otolaryngology and is the main tertiary provider for complex subspecialty eye disorders. Academic and clinical training are provided to undergraduate and postgraduate medical students from Royal College of Surgeons in Ireland, University College Dublin and Trinity College Dublin. Research in both Ophthalmology and Otolaryngology is undertaken in partnership with the academic institutions.

Mission

“In partnership with the Department of Health and Children, the Health Service Executive and in co-operation with other statutory and non-statutory bodies – “to maintain the Hospital as a national centre of excellence for the treatment of adults and children with ophthalmic or otolaryngological diseases, through providing a first class, caring, efficient and cost effective service, while fostering and recognising the contribution of staff and developing and promoting the Hospital’s reputation in Research and as a teaching Hospital”

Vision

“Improved quality of life through comprehensive care of the eye, ear, nose and throat”.

Values

- **Quality health care**
To provide a quality, safe, effective patient centered service to patients.
- **Integrity and leadership**
To promote integrity, effective leadership and teamwork within the organisation to continuously improve the standards of care delivered.
- **Responsiveness**
Understanding and meeting the needs of the patients.
- **Achieving together**
Collaborating for improvement through ongoing consultation, partnerships and teamwork.

SEEING THE FUTURE – STRATEGIC PLAN 2021 – 2026



Seeing the Future (2021 – 2026), the hospital's Strategic Plan for the next five years, builds on the success of the 2015 Ophthalmology Strategy and lays out the key steps that need to be taken to meet our growing patient needs and delivers on the hospital's vision and mission.

This builds on the significant progress made across the major priorities identified in the 2015 Ophthalmology Strategy in particular:

- **Cataract Unit:** The opening of a Cataract Unit (privately funded by the Teaching and Development Foundation) in July 2017 that eliminated the RVEEH cataract waiting list by the end of 2019.
- **Community Care Units:** The establishment of Community Care Units, identified in the Strategic Plan and subsequently in the National Clinical Programme for Ophthalmology, is well underway with clinical teams for CHO 6 and CHO7 in posts by the end of 2020.
- **EMR:** The delivery of an Electronic Medical Record that enables the seamless linking of community units to the hospital.

The Strategy also identified a range of issues that needed to be addressed in the coming years with three issues needing to be managed as a matter of priority:

- **Surgical Demand:** A forecasted 28% increase in demand for surgery by 2025, that mirrors the growth and demographic changes.
- **OPD and ED Capacity:** The out-patient (OPD) has a significant infrastructural capacity deficit that provides little privacy for patients.
- **Covid-19 Impact:** Covid-19 is changing the way care is delivered in the hospital and is having a negative impact on waiting lists. Safe-distancing measures and reduced clinical capacity have also had a negative impact on waiting lists. New and innovative strategies to improve patient flow are required.

KEY STRATEGIC CHALLENGES



- **Out-patient (OPD) Waiting List:** The COVID-19 pandemic had a significant impact on the volumes of patients treated in Out-Patients. Consequently, in January 2022 we had a new patient OPD waiting list of over 10,000 in ophthalmology and over 5,000 in ENT
- **Service Demand:** The aging population is driving increased demand for services. Between 2022 and 2030 the forecast increase in OPD and surgical demand is 37%.
- **Infrastructure Deficits:** A site upgrade programme is required to modernise the ophthalmology Out-Patient Department and the five main Theatres on the first floor. The Emergency Department was upgraded during the COVID-19 pandemic.
- **Model of Care Implementation:** Successful implementation of the models of care for Ophthalmology and ENT will enable patients to be seen closer to home and only attend the hospital for essential services.

ACUITY FOUNDATION IRELAND

As part of a five-year strategic plan, “**Seeing the Future, 2021-2026**”, the hospital Council established a new charitable foundation which will raise visibility, and funding, to support the delivery of the key priorities identified in the Plan.

The collaborative process for developing name, mission, vision and brand assets of this new foundation was a considerable commitment of resources. From surveys to focus groups via Zoom, internal and external stakeholders contributed their time and talents, with additional input from advisors and partners in both Ireland and the U.S.

The name “**Acuity Foundation Ireland**” was workshopped with several other potential monikers. After a rigorous vetting process, it was adopted. Appropriately, it means sharpness of mind, as well as vision and hearing. The mission and vision for the foundation were thoughtfully developed and informed by peer institutions.

The Royal Victoria Eye and Ear Hospital and Acuity Foundation Ireland are separate legal entities. The Acuity Foundation was established in 2021 with one of its primary aims to raise €40m in funding over the next three years to fund significant develop of the facilities at the Royal Victoria Eye and Ear Hospital and advance research and clinical care available to people suffering from blindness, deafness and conditions of the head and neck.



Mission:

Acuity Foundation Ireland is a public charity headquartered in Dublin. In conjunction with the Royal Victoria Eye and Ear Hospital and their academic partners, Trinity College Dublin, University College Dublin and the Royal College of Surgeons in Ireland, Acuity Foundation Ireland is committed to the education of future health care professionals, as well as the education of the public concerning the prevention, diagnosis, and treatment of the diseases in its specialties and concerning the rehabilitation of patients handicapped by these diseases. In order to provide the highest quality of contemporary care and even better care in the future, Acuity Foundation Ireland funds laboratory and clinical research in auditory and visual diseases. Acuity Foundation Ireland is committed to excellence in patient care, teaching and research in Dublin, Ireland and the world.

**Vision:**

To establish a preeminent world-wide centre for advances and leaders in preserving and restoring vision, hearing, balance and voice, as well as in curing disorders of the head and neck.

We will achieve this vision through our mission:

- Supporting exceptional clinical care
- Funding cutting-edge translational and clinical research
- Committing to tomorrow's leaders and today's medical community

The launch of the Acuity Foundation Ireland includes a significant collaboration with the New York Eye and Ear Infirmary of Mount Sinai in New York, which is one of the world's leading facilities for treating diseases of the eyes, ears, nose and throat. This marks a milestone for the newly launched charity, in that this partnership will facilitate the exchange of best practices leading to immeasurable opportunities across clinical, surgical and research disciplines.

Acuity Foundation Ireland supports the Royal Victoria Eye and Ear Hospital's innovative research programmes enabling scientific breakthroughs that change lives. It will also raise funds to help build six new operating theatres to enable the Hospital to manage their increased surgical demand. It plans on raising funds through individual support from the international Irish community in Canada, the USA, Australia and the UK.

Christopher Clinton Conway has been appointed Managing Director of Acuity Foundation Ireland. Mr. Conway has worked for multiple non-profit institutions and launched his career assisting former U.S. President Jimmy Carter create an innovative, global health agenda.

Commenting on the launch of the Acuity Foundation Ireland, Mr. Conway said, "Research has changed our world. It is the bedrock of improving healthcare systems, treatments and outcomes. Research has enabled society to eradicate diseases and change lives. We already have a brilliant partner in the Royal Victoria, and together with the expertise from our latest association with the New York Eye and Ear Infirmary, we are confident we can make a significant impact.

We've set an ambitious target of 40M in funding over the next three years; these funds will be vital in helping to improve the lives of people suffering from these conditions. We have a shared vision with our partners and that's for exceptional clinical care, cutting edge research and patient education and through this collaborative approach we hope to make leaps and bounds."

To find out more about the Acuity Foundation visit <https://acuityfoundationireland.ie>.





SECTION 3:
THE RVEEH
AND COVID

COVID-19

No patient caught Covid in the RVEEH in 2021. The Vaccination Team administered a total 1,063 vaccines in our vaccine clinics in the hospital to staff, patients, and community workers. In addition to these doses we administered in RVEEH we also administered 704 Doses in the following Nursing homes - Four Ferns Nursing Home, the Brabazon Trust, Simpson’s Hospital, Kinvara Nursing Home, Aclare House and Glengara Park Nursing Home. We also facilitated 375 patients for their vaccines (both doses) in The Aviva.



INFECTION PREVENTION AND CONTROL (IPC)

The IPC service is delivered by a specialist team (IPCT) who report to the Infection Prevention and Control Committee (IPCC). The IPCT is comprised of a Consultant Microbiologist and two Clinical Nurse Specialists. A Surveillance Scientist, based in the microbiology laboratory, contributes to the surveillance service in RVEEH. The hospitals’ surveillance program indicates very low rates of HCAI (Healthcare Associated Infection).

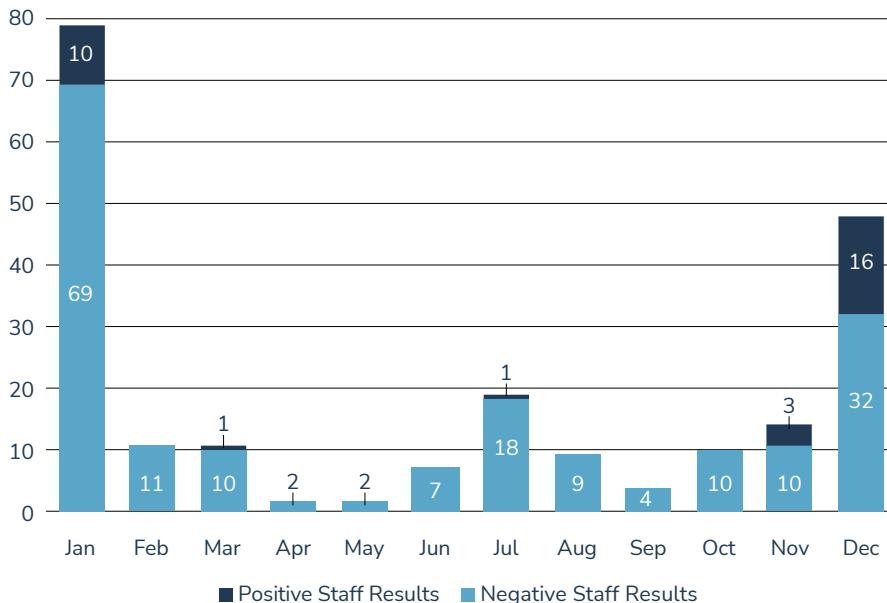
The main objectives of IPC service program are to identify and reduce the risk of acquiring and transmitting infections. This is achieved through:-

- Implementation of National Regulations and HIQA standards.
- Development and review of IPC policies, procedures, and guidelines.
- Training and education of staff in prevention and control of HCAI
- Monitoring/surveillance of HCAI
- Advice and education on isolation procedures and IPC measures.
- Investigation, management, control, corrective actions, preventative actions and reporting of outbreaks
- Education and advice regarding prevention of transmission of infection.
- Infection control audit of practice
- Antimicrobial stewardship

The past two years have been very challenging as the Covid-19 pandemic led to widespread disruption to services. To maintain a high standard of care for our patients, new ways of delivering services were developed and implemented. The IPC outbreak control plan was implemented at the outset as an urgent response to the Pandemic.

The emergence of the Omicron variant was an additional challenge in the latter end of 2021. However, the execution of the fundamental principles of IPC, remain a key part of the defences we have for protecting patients, our colleagues and ourselves from acquiring this disease. RVEEH continues to evolve and respond to this pandemic as it moves towards an endemic infection.

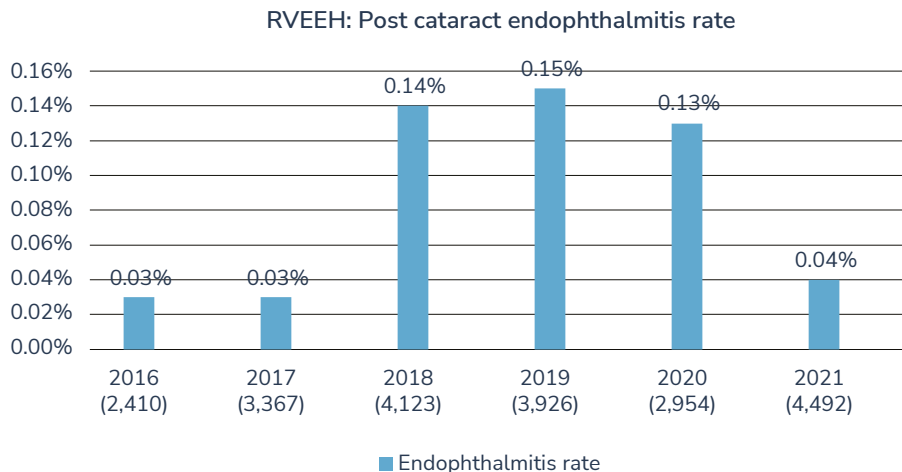
RVEEH Staff SARS-COV-2 Testing 2021



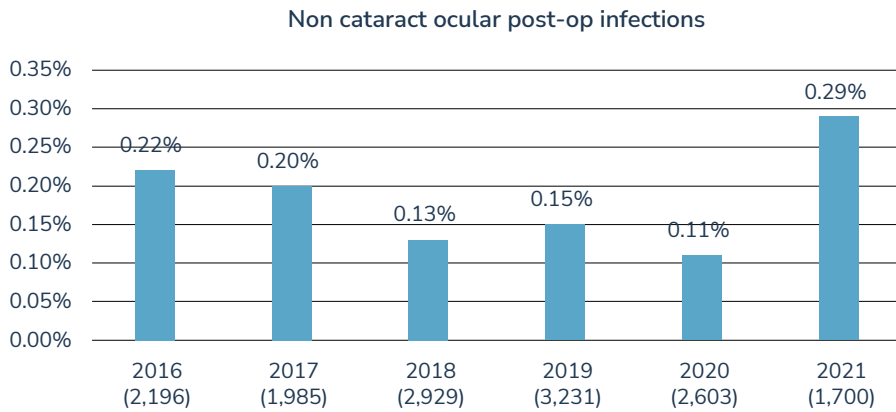
While the Covid-19 significantly curtailed Out-Patient activity due to the requirement for physical distancing measures in clinics and waiting areas, the success of the measures rolled out by the IPC Team meant that procedure volumes were much less affected. Day Case procedures in 2021 were 98% of 2019 levels, In-Patient procedures were more curtailed at 83% of 2019 levels, while injections in the Macular Treatment Centre were 15% ahead of 2019.



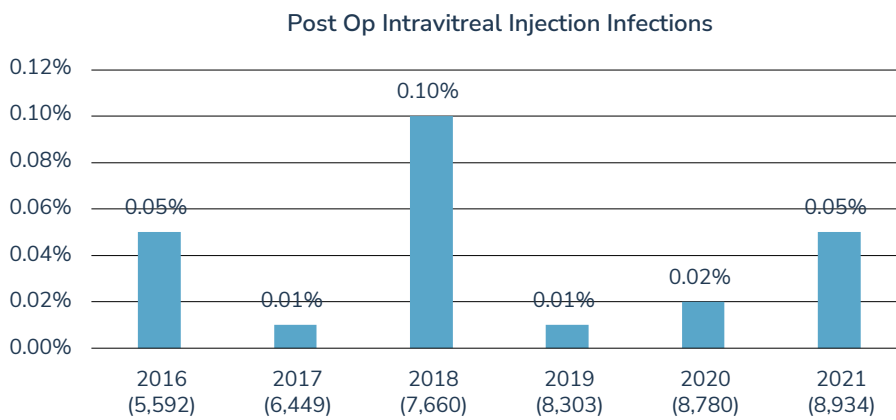
Endophthalmitis Rate in the RVEEH 2016-2021



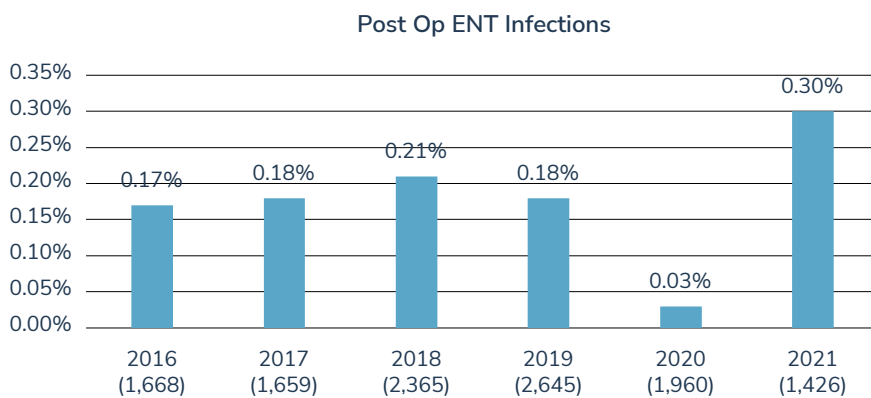
Non cataract ocular post-op infections in the RVEEH 2016-2021



Post-op intravitreal injection infections in the RVEEH 2016-2021

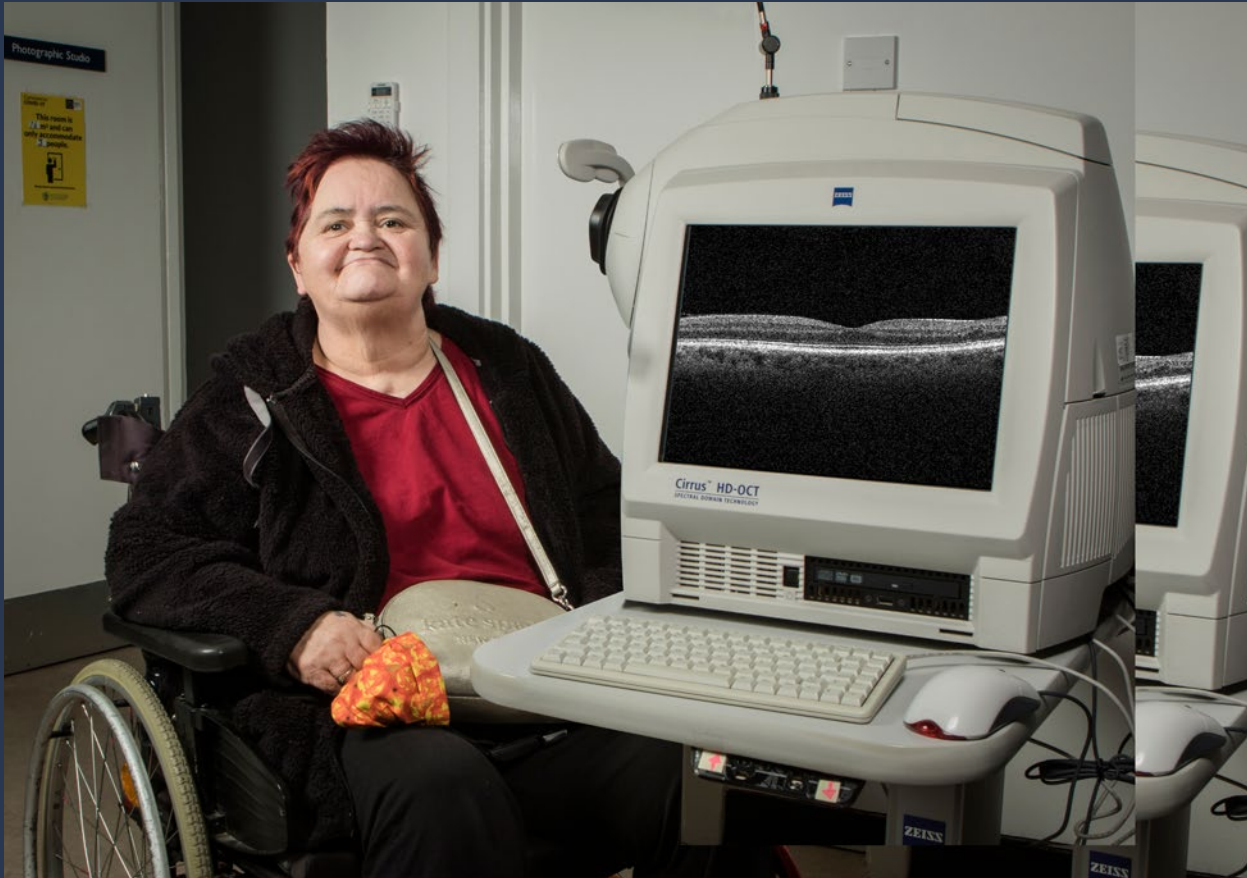


Post-op ENT infections in the RVEEH 2016-2021





SECTION 4: DELIVERING QUALITY CARE



QUALITY AND PATIENT SAFETY

Quality

The RVEEH uses a range of indicators and standards to measure and monitor the quality of care we provide. The hospital is externally accredited by Joint Commission International (the New York based international quality of care standards organisation) as we benchmark ourselves against all relevant national and international standards of quality.

Patient Safety

- **Patient centred care:** Patients are actively involved and encouraged to participate in their care and we ensure they have equitable access to required healthcare services, their rights are protected and that they are adequately informed of the care that is being provided to them

- **Patient experience, feedback and complaints management:**

The hospital hears patient stories and receives feedback on how to improve patient experiences as well as address any negatives issues that they would have faced during their treatment in the hospital. The new Emergency Department (ED) has addressed complaints related to waiting time. The introduction of the Telehealth services has ensured that patients are triaged adequately prior to their arrival at the ED, which minimizes waiting times and cross infections.

- **Quality Monitors, Audits and Surveys:**

The hospital measures and monitors data which is used to ensure that patients receive care of a high standard. Internal and external audits are conducted, and results analysed to review and improve on processes to deliver high quality care. Culture of Safety Surveys are conducted to ensure that staff have an opportunity to identify areas of safety concerns in their respective workplaces. These concerns are addressed and staff are trained on how to make their workplaces safe. The hospital has been ranked # 1 in the National Patient Experience Surveys (NPES) conducted in 2017 and 2019 (2021 results awaited).

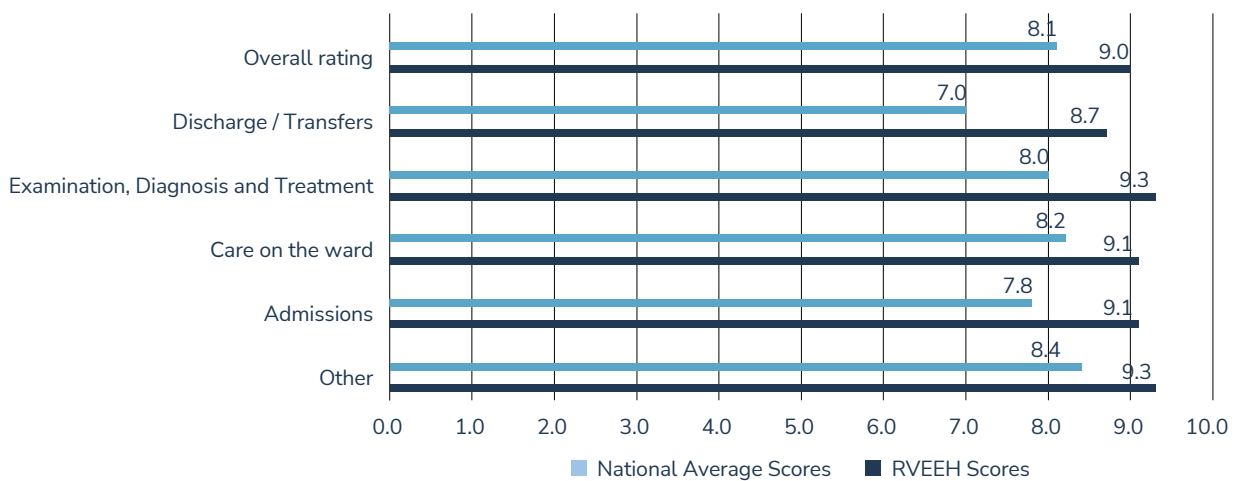
2021 National Patient Experience Survey:

The National Patient Experience Survey is conducted nationwide and offers patients the opportunity to describe their experiences of healthcare in Ireland. The survey, first conducted in 2017, is a partnership between the Department of Health, the Health Information and Quality Authority (HIQA) and the Health Service Executive (HSE).

The 2021 survey was conducted in September and patients aged over 16, residing in Ireland and who spent over 24 hours as inpatients at the Royal Victoria Eye and Ear Hospital (RVEEH) were part of the survey to voice and share their experiences of the hospital care and tell us of what improvements they believe are necessary. The survey asked patients about every aspect of their care, trust and confidence in staff and information provided when leaving the hospital.

The RVEEH results have been excellent, with the overall score of 9 compared to the national average of 8.1 (on a scale of 10). Below is a representation of the breakdown of the hospital scores in the key areas as compared to the national average:

2021 National Inpatient Experience Survey-RVEEH



The hospital has been ranked joint 2nd for scores related to discharge or transfer by hospital, ranked joint 3rd for scores related to 'information on the side effects of medication' by hospital and ranked 4th for scores related to 'explanation of the purpose of medications' by hospital. It has also scored high on respect and dignity in the ED, cleanliness of the hospital and room/ward, explanations prior to treatment, printed information prior to leaving the hospital on what patients should/ should not do after leaving the hospital and most importantly, on the confidence and trust in hospital staff that were treating them.

Accreditation and Certification:

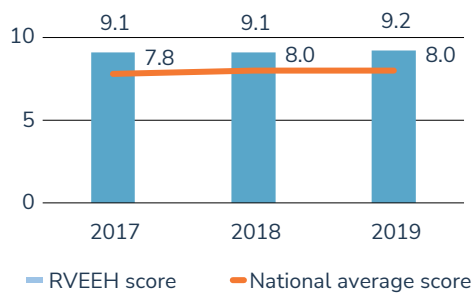
- **Joint Commission International Accreditation (JCIA):**

The Joint Commission International (JCI) Accreditation is recognized as the global leader for healthcare quality of care and patient safety. Among the 30 JCI accredited healthcare facilities in Ireland, RVEEH is one of the two public hospitals that are JCI accredited and has been accredited thrice since 2014, a true testament to our value of delivering high quality healthcare services. Despite the challenges of the pandemic, the last accreditation cycle in 2020 had minimal and minor findings, which displayed our endeavour to meet a rigorous set of international healthcare standards. Quality is a journey for us at the RVEEH, and the accreditation is just one of the milestones in our pursuit of providing excellence in healthcare services. The hospital has adopted the best practices in the International Patient Safety Goals (IPSGs), which has ensured a high level of care and safety.

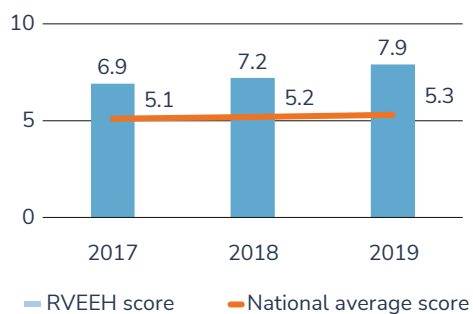
- **Health Information and Quality Authority (HIQA):**

HIQA is an independent statutory authority established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public. The hospital performed well in the last inspection conducted in 2019, with scores consistently improving year on year since 2017, and higher than then national average scores in the areas of medication management.

Explanation of purpose of medications to be taken at home



Informed about medication side effects to watch out for when at home





SECTION 5: CENTRE OF EXCELLENCE

QUATERNARY SERVICES

Inherited Retinal Disease

The Genetics Clinic in the Royal Victoria Eye and Ear Hospital has now commenced. It is run by Ms Emma Duignan along with her colleagues Dr. Paul Kenna, Consultant Ophthalmologist, and Dr. Willie Reardon, Consultant Geneticist. Patients have given very positive feedback regarding the new Genetics Clinic on the basement corridor where a repurpose and refurbishment of the medical record room was enabled by the commitment of the hospital to electronic healthcare records.

Giving these patients an accurate diagnosis and prognosis, providing them with information which will allow them to plan their families and identify other family members who may be at risk of visual loss, and providing access to clinical trials and therapies for inherited visual loss are the cornerstones of the service. The clinic is supported by the Eye Clinic Liaison Officer through the NCBI, who provide emotional and practical support to patients navigating the journey of visual impairment. The Genetics Team appreciates all referrals from within and outside the hospital.

Rhinology

Rhinology is the speciality that related to diseases of the nose and sinuses. Ms Mona Thornton, Consultant Surgeon has been appointed to develop this specialism at the RVEEH. A structured clinical pathway for chronic rhinology referrals to ensure efficient utilization of OPD has been developed. This service has also embraced virtual pre assessment to optimise the efficiency of the clinic. Investigations can be requested prior to the clinic visit.

Projects and Infrastructure 2021

The main project for 2021 was the upgrade of our Emergency Department. Several months were spent finalising the plans, securing tenders and planning for the relocation of the Emergency Department for the duration of the upgrade. After reviewing various options, we decided to retain the Emergency Department services on Adelaide Road rather than moving it off-site or closing it down. The services were split in two along specialty lines, Ophthalmology services were relocated to the Education and Conference Centre, which was repurposed to accommodate, whilst ENT was accommodated on the ground floor of the hospital.



Reception area of the newly upgraded Emergency Department

The design team took into consideration several factors when developing the brief in order to optimise the Emergency Departments footprint and to address some of the issues that had been flagged by external inspections. We faced many challenges in delivering the refurbishment and upgrade namely working within a compressed programme on a confined, live hospital campus without any interruptions to the hospital's day-to day operations. Other challenges faced included working through Covid-19, Brexit and a worldwide shortage of materials, however the refurbishment was still delivered on time and within budget.

Works consisted of the improvement of the entrance area, provision of a new reception and triage area, secure drugs room, and facilitating a designated area for Telehealth in the Radiology Department. All mechanical and electrical services were replaced and upgraded, while a new services room and communication room were provided.

The refurbishment is aesthetically pleasing to both staff and patients, it has created a bright, calm and modern working environment.

Other key projects undertaken included conversion of an office area into a third vision lane in the Ophthalmic Out-Patients Department to optimise space and improve patient flow.

Emergency Exit signs were upgraded and replaced throughout the hospital to enable the use of LED light technologies and sensor controls – building towards a greener future.

Exciting times ahead for Radiology who have received approval for a new X-Ray system and Cone Beam computed tomography which will increase efficiencies and productivity within the department.

Covid-19 impacted on the clinical space available, so we needed to be creative. The old coffee shop was converted into a consulting room and a virtual consulting room used by our Clinical Nurse Specialists and Advanced Nurse Practitioners (pictured below).



A decant of 25,000 charts from the basement file room facilitated the conversion of this space into five additional clinical rooms which are now home for Inherited Retinal Disease clinics (pictured below).



COMMUNITY

A new model of eye care centred on a multidisciplinary primary eye care teams located in the community and integrated with acute services has been developed in CHO 6 and CHO 7. Three teams are now in place and have made significant inroads into the paediatric and adult waiting lists.

Adult patients thought to have cataracts are seen and assessed in the community. If the patient is listed for cataract surgery all the pre and postoperative care is provided in the community. The patient only attends the hospital on the day of surgery. This reduces the footfall in the hospital and allows care to be delivered close to home for the patient.

This shared care has been facilitated by use of MediSight EMR across both sites. The process of transfer of patients with chronic stable ocular disease has begun. This creates opportunities to see more new patients at the RVEEH. It also promotes delivery of care at a location close to the patients home.



CHO7 Team



SECTION 6:
RESEARCH AND
EDUCATION



RCSI UNDERGRADUATE OPHTHALMOLOGY AT THE ROYAL VICTORIA EYE AND EAR HOSPITAL

During 2021 the RCSI undergraduate ophthalmology teaching programme was very successfully delivered to approximately 230 students at the Royal Victoria Eye and Ear Hospital. The programme consists of 2 day sessions of online based tutorials, 3 sessions of in house rotation through different departments and 1 session of case presentations and self-directed learning per week. A full day of didactic lectures is also delivered separately to larger groups. The in house rotations are structured so that students participate in an interactive teaching session on a certain topic followed by supervised patient based teaching in the same area of ophthalmology.

Students take the history, examine the patients and present to the supervising tutor, following which a discussion of the salient issues takes place. An average of 2 – 4 patients participate in the patient based teaching sessions. They get plenty of opportunity to practice and hone their clinical skills, both with patients and using manikins for ophthalmoscopy, enabling them to gain a good understanding of the most important eye conditions and how to assess patients with eye complaints. Those who wish to pursue a career in Ophthalmology are encouraged to do a summer elective either locally or abroad. Many students also take the RCSI Medal Examination and the Duke Elder Examination of the RCOphth.

Overall the Ophthalmology teaching is progressing well and is delivered to a very high standard, thanks to the many patients who are eager to assist and the facilities provided by the hospital. Students reported a very high level of satisfaction with the programme in the 2021 student survey, particularly with respect to the organisation and delivery of the teaching. In a short space of time students gain valuable insights into ophthalmic practice and leave with a knowledge base that is useful in their future careers no matter which speciality they progress into as well as a very positive impression of Ophthalmology as a career. The amount of patient contact has been highlighted as a real strength of the programme and this allows the assessment of transferrable skills such as history taking in addition to more specific ophthalmic skills.

POST-GRADUATE EDUCATION



The RVEEH is committed to providing world-class training to our junior medical staff. RVEEH is routinely the top preference for incoming Ophthalmology and ENT trainees. It is testament to the quality of training opportunities provided, that the number of recognised training posts in RVEEH has increased from 20 in 2017 to 25 in July 2021.

Our surgical and medical training programmes are subject to stringent accreditation by national training bodies. RVEEH successfully completed the Special Advisory Committee training inspection in Otolaryngology in November 2021. The hospital will undergo training inspections by the College of Anaesthesiology in Ireland in 2022 and a hospital wide inspection by the Irish Medical Council.

NURSING DIRECTORATE & SCHOOL OF NURSING

The Nursing Directorate & School of Nursing in line with RVEEH corporate objectives is committed to continuing to developing experienced competent nurses in a variety of roles (CNS/ANP) in Ophthalmology and ENT who can treat large numbers of low complexity patients, making independent treatment decisions and prescribing medications improving access and releasing medical capacity to treat more complex care.

In 2021

- 7,434 patients were treated by specialist nursing roles an increase of 43%
- Reduced waiting time for chronic stable ENT patients by 16 months to 2 months
- Delivered 33% of all intravitreal injections in 2021 used to treat AMD, a form of irreversible blindness.

There has never been a more exciting time to join our nursing team as we embrace digitalisation and lead in virtual health <https://vimeo.com/663036878>. In 2021 we welcomed 20 new staff. Our fundamental purpose remains unchanged: to grow our specialisation, serve more at home incorporating our values as system thinkers and patient advocates.

Leading through education, innovation, and research

Education

The School of Nursing has been in existence since the 1940's, initially involved in providing both pre-registration and post registration programme in nursing studies. Since the early 1980s, it has been predominantly involved in post graduate programmes and provides further education to the highest professional level of education, advancing to MSc and PhD level.

Innovation

RVEEH is the first specialist hospital in Ireland to appoint

- Advanced Nurse practitioners in Ophthalmic Emergencies, Medical Retinal, Glaucoma & Anterior Cornea
- Clinical Nurse Specialist in ENT
- Implement a nurse led intravitreal injection service for patients with wet macular degeneration & macular oedema
- Only hospital in Ireland that provides nurse specialist services for ocular oncology patients
- Telehealth is a new model of care developed in direct response to Covid 19. It is the only one in Ireland where patients are triaged in the comfort of their own home to ensure appropriate referral whilst offering advice and prescriptions virtually.
- The RVEEH is currently undertaking a pilot study to upskill health care assistants to perform visual field testing

Research

- Fellowship of the Faculty of Nursing and Midwifery (FFNMRCIS) by examination was awarded to Ms. Diana Malata, Advanced Nurse Practitioner Anterior Cornea and Anterior Segment in 2021. This award recognized how she has contributed and developed her capacity, competence and capability across the following domains: autonomy, professional / clinical leadership expertise and research recognizing her body of expertise in her field.
- Making the move to nurse led CXL Clinics <http://www.eyeonoptics.co.nz/articles/archive/making-the-move-to-nurse-led-cxl-clinics/> Making the move to nurse-led CXL clinics – eyeonoptics for all eye health professionals
- Clinical audit: An evaluation of the safety and effectiveness of telephone triage in prioritising patient visits to an ophthalmic Emergency Department, the impact of COVID-19 Hanrahan G, Ennis C, Conway M, Murtagh P, & Brosnahan D Irish Journal of Medical Science 2021 <https://doi.org/10.1007/s11845-021-02806-w>
- Conference Women in vision and Eye Research (WVER) Ireland Inaugural virtual conference Sep 2021

Together we can make a difference

People are our strength in RVEEH. This coupled with our position as a standalone specialist hospital afforded opportunity to support our fellow colleagues in other hospitals during covid 19.

- 2 members of staff volunteered to work in a nursing home for 2 weeks.
- A vaccination team was formed within 48hours and mobilized to the community to vaccinate vulnerable patients & staff in 6 nursing homes over 6 days, nearly 1000 vaccinations.
- ICU: a team of 7 staff supported their colleagues in ICU in SVUH for 4 weeks having a catalyst effect in the hospital group resulting in further support from other organizations.
- One of our team was involved in developing a national foundation education module in Critical care Nursing RCSI as a direct result of her experience in ICU to support nursing nationally.

Research Foundation Activities 2021

Meetings

Professor Billy Power acted as Chair of the IX **2021 New Frontiers Meeting** in September, with a focus on Refractive Surgery. The meeting was fully virtual and sponsored by Novartis. Overseas Speakers were from Boston Massachusetts Eye and Ear Hospital and the New York Eye and Ear Infirmary of Mount Sinai.

The Annual **Eithne Walls Meeting** took place in December 2021 as a fully virtual meeting with submissions invited from RVEEH Ophthalmic, Otolaryngology and Anaesthetic NCHDs.

The medal winners were:

- Ophthalmology: The Eithne Walls Medal - Emily Greenan 'Optimising the method for isolating ocular surface microRNA using impression cytology'.
- Otolaryngology: The Aongus Curran Medal - Tamer El Natout, 'What is the most common foreign body in the Ear?'
- Ophthalmology, Otolaryngology & Anaesthetics: The Research Foundation Clinical Prize for Clinical Achievement - Alison Greene 'Methylation regulates Lysyl oxidase like 1 (LOXL1) expression in Pseudoexfoliation Glaucoma'.

Fellowships

Dr. Deirdre Harford was the recipient of the **Traynor Fellowship 2020-2021**. Dr. Harford was extremely successful in her post. Her key achievements during the year include the publication of 'Decreased CSF – 1R signalling and the accumulation of reticular pseudo-drusen?' Ophthalmic Surgery, Lasers and Imaging Retina

The **Traynor Fellowship 2021 – 2022** was awarded to Dr. Fionn O'Leary. He will progress with the study 'Changes to the Retinal Barrier in the context of Contact Sports'.

Services

Despite the challenges of Covid 19 and the cyber-attack, normal Electro- Diagnostic services were provided during the year.

The Inherited Retinal Diseases Service was initiated by the Research Foundation in September 2020 with the appointment of Ms. Emma Duignan as Clinical Lead for the Service, with Electro-diagnostic testing as a key element.



SECTION 7:
FINANCIAL REVIEW

INCOME AND EXPENDITURE ACCOUNT

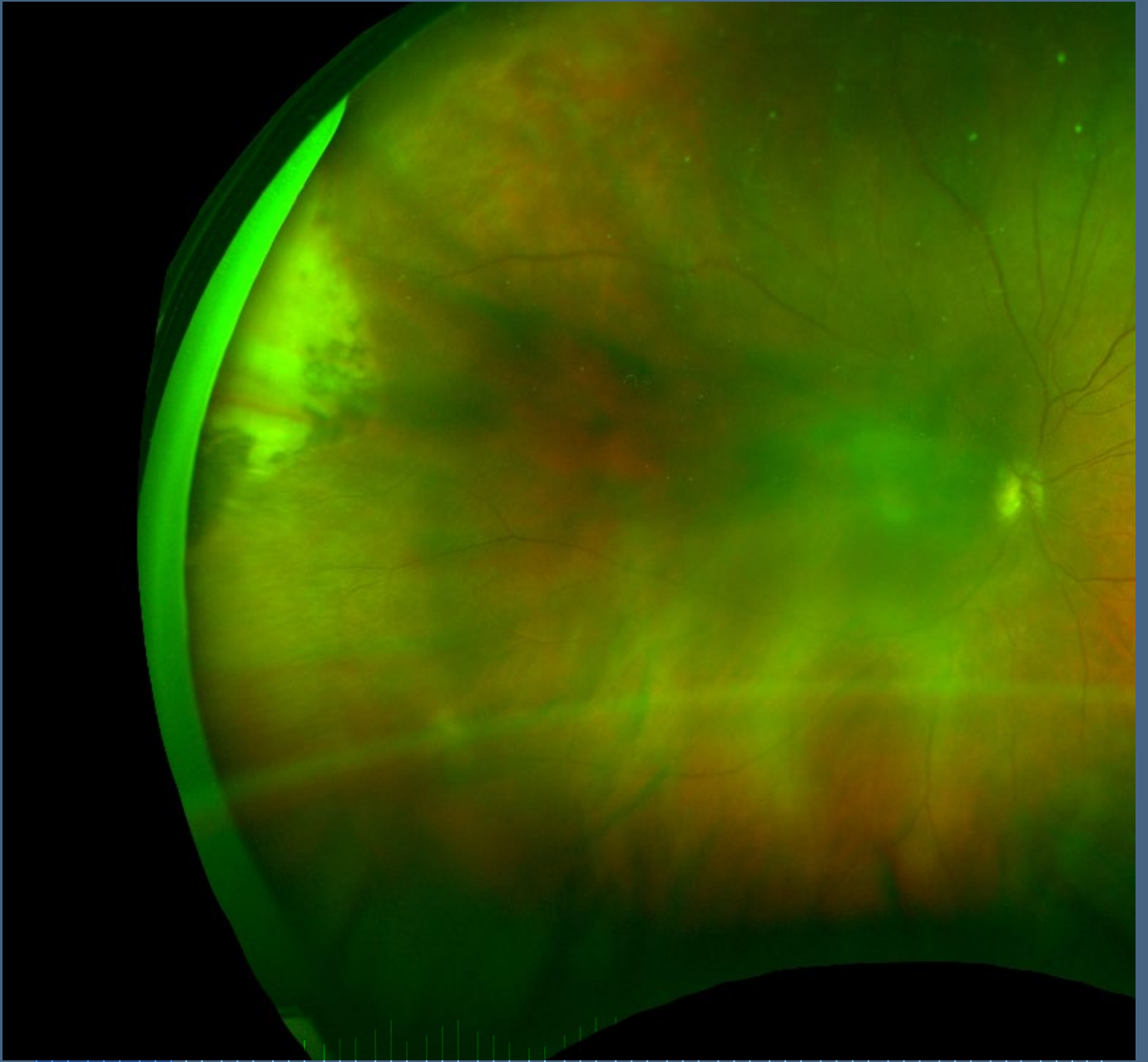
Financial Year Ended 31 December 2021

	2021	2020
	€	€
Income for the year	41,332,900	37,264,795
Non-pay expenditure	(14,757,674)	(12,456,056)
Pay expenditure	(26,751,232)	(24,787,007)
Operating (Deficit)/surplus	(176,006)	21,732
Interest payable and similar charges	(1,694)	(1,894)
(Deficit)/Surplus for the year	(177,700)	19,838
Accumulated surplus at beginning of year	365,877	346,039
Accumulated surplus at end of year	188,177	365,877

Balance Sheet

As at 31 December 2021

	2021	2020
	€	€
Fixed assets		
Tangible assets	6,200,716	4,835,177
Current assets		
Stocks	510,813	562,147
Debtors	6,562,125	5,372,350
Cash and cash equivalents	30,733	33,177
	7,103,671	5,967,614
Creditors (amounts falling due within one year)	(7,251,450)	(5,832,380)
Net current (liabilities)/assets	(147,779)	135,234
Total assets less current liabilities	6,052,937	4,970,411
Creditors (amounts falling due after more than one year)	(5,261,120)	(4,000,894)
Net assets	791,817	969,517
Represented by:		
Capital funds		
Building fund	527,070	527,070
Bequest fund	76,570	76,570
	603,640	603,640
Accumulated surplus	188,177	365,877
	791,817	969,517



SECTION 8: PUBLICATIONS AND PRESENTATIONS

Ms Paula Casserly

- Differences in patient satisfaction with virtual telephone clinics in a tertiary referral centre for otolaryngology during and after lockdown measures during the SARS-Cov2 pandemic. Hintze JM, et al. Among authors: **casserly p**. *Ir J Med Sci*. 2021. PMID: 33439412
- Outcomes of preoperative real-time polymerase chain reaction testing for SARS CoV-2 in elective otolaryngology surgical patients during the pandemic: a prospective cohort study. Kavanagh FG, et al. Among authors: **casserly p**. *Br J Surg*. 2021. PMID: 34426824

Prof. Susan Kennedy

- Review of Preclinical Disease Models for the Development of New Treatments for Uveal Melanoma. *J Cancer*. 2021 Jun 4;12(15):4672-4685. doi: 10.7150/jca.53954. PMID: 34149931; PMCID: PMC8210544. Goldrick C, Palanga L, Tang B, Mealy G, Crown J, Horgan N, **Kennedy S**, Walsh N. *Hindsight*:
- Endometrial Mesonephric-like Adenocarcinoma Presenting as an Ocular Lesion: A Case Report. *Int J Gynecol Pathol*. 2021 May 3. doi: 10.1097/PGP.0000000000000781. Epub ahead of print. PMID: 33935158. Al Nabhani S, Doyle A, **Kennedy S**, McVey R, Crown J, Gibbons D.
- Recurrent Lacrimal Gland pleomorphic adenoma: a case series and recommendation for treatment. *ORBIT*. In Press Sinead Reilly, O'Sullivan M. Ellard R, Khan R, **Kennedy S**.

- Polyostotic craniofacial fibrous dysplasia with a concomitant aneurysmal bone cyst 19 January 2021 John A. Duignan, Patrick J Murtagh, Rizwana Khan, **Susan Kennedy**, Ronan P Killeen, Graeme McNeill.

Professor Dara Kilmartin

- Literature review and proposal of best practice for ophthalmologists: monitoring of patients following intravitreal brolocizumab therapy **Dara J. Kilmartin**

Mr Ronan Killeen

- 'Popcorn' in the Brain: A Cause for Confusion Rafee, Shameer; **Killeen, Ronan P**; Tubridy, Niall;
- Molecular and anatomical imaging of dementia with lewy bodies and frontotemporal lobar degeneration Duignan, John A; Haughey, Aoife; Kinsella, Justin A; **Killeen, Ronan P**;
- Polyostotic craniofacial fibrous dysplasia with a concomitant aneurysmal bone cyst Ryan, David T; Duignan, John A; Murtagh, Patrick J; Khan, Rizwana; Kennedy, Susan; **Killeen, Ronan P**; McNeill, Graeme;
- Eagles talons: Bilateral Eagle's syndrome and neck trauma. A case report Farrell, Eric; Speaker, Richard; **Killeen, Ronan**; Khoo, Seng Guan;
- PET/CT Variants and Pitfalls in Head and Neck Cancers Including Thyroid Cancer Mihailovic, Jasna; **Killeen, Ronan P**; Duignan, John A;
- Automated subtraction and segmentation of 3D MRI scans for the assessment of lesion volume change in multiple sclerosis Kelly, Michael; Aseervatham, Tim; Sheridan, Martin; **Killeen, Ronan**;

- Adherence with reporting of ethical standards in COVID-19 human studies: a rapid review Sullivan, Lydia; **Killeen, Ronan P**; Doran, Peter; Crowley, Rachel K;
- Combination Functional and Structural Imaging for the Diagnosis of Neurodegenerative Dementia A Suggested Imaging Strategy Duignan, JA; Ryan, DT; McNeill, G; **RP, Killeen**;
- Multimodality Anatomic and Molecular Imaging of Parkinson Disease and Atypical Parkinson Syndromes with MRI, Iodine 123 N-(2-(4-Iodophenyl)-2-Carbomethoxy-3-(4-Methylphenyl)propyl)-3-(4-Methylphenyl)propylammonium SPECT (Dopamine Transporter SPECT), Iodine 123 Metaiodobenzylguanidine Cardiac Scintigraphy, and [18F] FDG-PET Duignan, JA; Haughey, A; Hughes, NM; Kelly, BS; Lucey, JA; McGuigan, C; Kinsella, JA; **Killeen, RP**;
- Image quality assessment of low dose Ga-68 DOTA-TOC PET using traditional semi-quantitative metrics, clinical assessment and radiomic feature extraction McCann, A; Cournane, S; Loughnane, E; Stone, A; **Killeen, R**; Vintro, L Leon; Lucey, J;

Dr. Susan Knowles

- In vitro study examining the effectiveness of antiseptic prophylaxis for antibiotic-resistant bacterial endophthalmitis. *J Cataract Refract Surg* 2021;47:1581–1586
M O'Rourke, **S J Knowles**, A Curry, N Kealy, P Barry, R Khan.
- Immunological assessment of SARS CoV-2 infection in pregnancy from diagnosis to delivery: a multicenter prospective observational study. *PLOS ONE* 2021; 16(9): e0253090.
Kate Glennon, Jennifer Donnelly, **Susan J Knowles** et al.
- Maternal outcomes and risk factors for COVID-19 severity among pregnant women. *Sci Rep* 2021;11:13898 <https://doi.org/10.1038/s41598-021-92357-y>
Vouga, M., Favre, G., Martinez-Perez, O. et al.
- The burden of Methicillin-Resistant *Staphylococcus aureus* in the delivery of eye care. *Eye* 2021 Jun 25:1–5. doi: 10.1038/s41433-021-01643-6 [Epub ahead of print]. PMID: PMC8227368
Harford D, Grennan E, **Knowles SJ**, Fitzgerald S, Murphy CC.
- The etiology of stillbirth over 30 years: a cross-sectional study in a tertiary referral unit. *Acta Obstet Gynecol Scand.* 2021;100:314–321. <https://doi.org/10.1111/aogs.13992>. PMID: 32959373
O'Leary BD, Walsh M, Mooney EE, McAuliffe FM, **Knowles SJ**, Mahony RM, Downey P.

Prof Conor C Murphy

Peer reviewed published research articles 2021

- Investigation of type I interferon responses in ANCA-associated vasculitis. [Journal Article] Batten I, Robinson MW, White A, Walsh C, Fazekas B, Wyse J, Buettner A, D'Arcy S, Greenan E, **Murphy CC**, Wigston Z, Gabhann-Dromgoole JN, Vital EM, Little MA, Bourke NM *Scientific Reports* 11(1) Published 1 Dec 2021
- Optimising the method for isolating ocular surface microRNA using impression cytology. [Journal Article] Greenan E, **Murphy CC**, Ní Gabhann-Dromgoole J *Ocular Surface* 22:83–85 Published 1 Oct 2021
- Advancing our understanding of corneal herpes simplex virus-1 immune evasion mechanisms and future therapeutics [Journal Article] Greenan E, Gallagher S, Khalil R, **Murphy CC**, Gabhann-Dromgoole JN *Viruses* 13(9) Published 1 Sep 2021
- A scoping review of quality of life questionnaires in glaucoma patients. [Journal Article] Gazzard G, Kolko M, Lester M, Crabb DP, Emesz M, Hirn C, **Murphy C**, Aragona P, et al. *Journal of Glaucoma* 30(8):732–743 Published 1 Aug 2021
- Changing trends in corneal transplantation: a national review of current practices in the Republic of Ireland [Journal Article] Iselin KC, Greenan E, Hynes C, Shaw S, Fulcher T, Power WJ, Quill B, Guerin M, Lee WH, **Murphy CC** *Irish Journal of Medical Science* 190(2):825–834 Published 1 May 2021

- 5-year longitudinal study of clinical and patient-reported outcomes in acute anterior uveitis. [Journal Article] Goodchild C, O'Rourke M, Haroon M, FitzGerald O, **Murphy CC** *Eye (Basingstoke)* 35(2):651–658 Published 1 Feb 2021
- Presentation of Infectious Keratitis to ED during COVID-19 Lockdown. [Journal Article] Power B, Donnelly A, **Murphy C**, Fulcher T, Power W *Journal of Ophthalmology* 2021 Published 1 Jan 2021
- The burden of methicillin-resistant *Staphylococcus aureus* in the delivery of eye care. [Journal Article] Harford DA, Greenan E, Knowles SJ, Fitzgerald S, **Murphy CC** *Eye (Basingstoke)* Published 1 Jan 2021

Lecture presentations 2021

- Indications and outcomes for penetrating and anterior lamellar keratoplasty; Cornea and glaucoma study day, 6th November 2021, Dublin
- Case discussion; Ocular anaesthesia annual study day, 13th November 2021, Dublin
- Irish College of Ophthalmologists cornea e-tutorial series; Investigation and management of autoimmune corneal disease, 21st September 2021, Dublin (virtual)
- Introduction to the National Irish Uveitis Registry; Pan Ireland Uveitis Forum, September 15th 2021, Dublin (virtual)
- Penetrating and anterior lamellar keratoplasty; EUPO course on Cornea and Ocular Surface disease, 22nd – 23rd October 2021, Dublin (virtual)
- Diagnosis and management of cicatrising conjunctival disease; Birmingham Annual Cornea Study Day March 19th 2021, Birmingham (virtual)

- Irish College of Ophthalmologists cornea e-tutorial series Diagnosis and management of cicatrising conjunctival disease, 9th March 2021, Dublin (virtual)
- UKISCRS annual congress; Diagnosis and management of peripheral ulcerative keratitis, 3rd March 2021, Dublin (virtual)

Mr Noel Horgan

- Vortex Vein Ampulla.
Murtagh P, O'Dwyer G, **Horgan N**.
- Hindsight: Review of Preclinical Disease Models for the Development of New Treatments for Uveal Melanoma.
Goldrick C, Palanga L, Tang B, Mealy G, Crown J, **Horgan N**, Kennedy S, Walsh N.

Dr. Brendan O'Hare

- Morbidity and mortality after anaesthesia in early life: results of the European prospective multicentre observational study, neonate and children audit of anaesthesia practice in Europe (NECTARINE).
Disma N, Veyckemans F, Virag K, Hansen TG, Becke K, Harlet P, Vutskits L, Walker SM, de Graaff JC, Zielinska M, Simic D, Engelhardt T, Habre W.
- Difficult tracheal intubation in neonates and infants. Neonate and Children Audit of Anaesthesia Practice in Europe (NECTARINE): a prospective European multicentre observational study.
Disma N, Virag K, Riva T, Kaufmann J, Engelhardt T, Habre W.
- Corrigendum to 'Difficult tracheal intubation in neonates and infants. Neonate and Children Audit of Anaesthesia Practice in Europe (NECTARINE): a prospective European multicentre observational study' (Br J Anaesth 2021; 126: 1173-81).
Disma N, Virag K, Riva T, Kaufmann J, Engelhardt T, Habre W.



APPENDIX 1: COUNCIL AND SUB- COMMITTEES OF COUNCIL MEETING ATTENDANCE 2021

MEETINGS

	Council	Finance Committee	Audit & Risk Committee	Nominations Committee	Ethics & Medical Research Committee	Quality & Safety Committee
Board Members	<i>Attended (Eligible)</i>	<i>Attended (Eligible)</i>	<i>Attended (Eligible)</i>	<i>Attended (Eligible)</i>	<i>Attended (Eligible)</i>	<i>Attended (Eligible)</i>
Aisling Dodgson	8 (9)	8 (9)	-	2 (2)	-	2 (2)
Patrick Dowling	7 (9)	7 (9)	-	-	-	-
Donal Brosnahan	9 (9)	-	-	-	-	-
Doreen Delahunty	9 (9)	-	3 (3)	-	-	-
Jane Farrar	5 (6)	-	-	-	-	-
Frank Fenn	9 (9)	9 (9)	-	-	-	-
Susan Gilvarry	8 (9)	-	3 (3)	-	1 (1)	-
Elaine Hanly	8 (9)	-	-	2 (2)	-	2 (2)
Stephen Hone	8 (9)	-	-	2 (2)	-	-
Dermot Kelly	8 (9)	-	-	2 (2)	-	-
Hugh Kelly	9 (9)	-	3 (3)	-	-	-
Dara Kilmartin	8 (9)	-	-	-	-	-
Brian McKiernan	1 (2)	-	-	-	-	-
Muhammad Mukhtar	9 (9)	-	-	-	-	-
Stephen Murphy	5 (9)	-	2 (3)	-	-	-
Willie O'Reilly	8 (9)	8 (9)	-	2 (2)	-	-
Chris White	0 (2)	-	-	-	-	-
Paddy McCartan	6 (9)	-	-	-	-	-
Lord Mayor Hazel Chu	0 (4)	-	-	-	-	-
Lord Mayor Alison Gilliland	0 (5)	-	-	-	-	-



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