



Statement of Purpose: National Rehabilitation Hospital

Service Provider	
Name:	National Rehabilitation Hospital
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City	Dublin
County	Dublin
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Legal Status	
The National Rehabilitation Hospital (NRH) is a charitable institution. It is a Catholic voluntary publicly funded hospital, currently under the care of the Sisters of Mercy and jointly held in trust with the Minister for Health and Children.	Company Limited by Guarantee Revenue CHY Number: 3329 Registered Charity Charity No: Number: 20004149

Contact Person's	
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Accreditation	Accredited by Commission for Accreditation of Rehabilitation Facilities (CARF)
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Our Aim:

The aim of the National Rehabilitation Hospital (NRH) is to provide a comprehensive range of specialist rehabilitation services to adult and paediatric patients from throughout Ireland who, as a result of an accident, illness or injury have acquired a physical or cognitive disability and require a specialist interdisciplinary programme of rehabilitation.

The NRH aims to maintain the best clinical practice and a patient-centred approach at all times in order to ensure that each person can achieve the maximum benefit and best possible outcomes from their rehabilitation programme.

Rehabilitation Programmes at the NRH are Consultant-delivered by Interdisciplinary Teams in the following areas of specialty:

- **Acquired Brain Injury** (including traumatic brain injury, non-traumatic brain injury, and Stroke or other neurological conditions)
- **Spinal Cord System of Care** (including traumatic, and non-traumatic spinal cord injury)
- **Prosthetic, Orthotic and Limb Absence Rehabilitation** (POLAR)
- **Paediatric Family-Centred Rehabilitation**

Our Objectives:

The objective of the NRH is to provide the highest standard of care and treatment, as indicated for each patient's individual rehabilitation programme, in order to enhance the best possible management and or treatment of symptoms. The ultimate goal is to optimise independence for each patient in a timely and effective manner which achieves equity, quality, transparency and accountability. Unfortunately for some patients the extent of their injuries is so severe that they will remain fully dependent on others for life. In these circumstances the ultimate goal is achieving best achievable onward care by providing carer training and by offering education and support to the family.

Our Ethos:

The NRH espouses the value established by the Sisters of Mercy by providing high quality care and treatment to patients on the basis of need and irrespective of background, creed or status. The NRH, in partnership with the patients and their families, endeavours to achieve health and social gain through the effective treatment and education of patients who, following illness or injury, require dedicated interdisciplinary rehabilitation services. The NRH aims to achieve this in a manner that is equitable and transparent in its service delivery, sensitive and responsive to those availing of its service, and supportive of the staff entrusted with its delivery.

Capacity of the Hospital:

- 108 Inpatient Beds, (102 adult beds and 6 paediatric beds).
- 9 Day Beds, (7 POLAR day beds and 2 paediatric day beds).
- Comprehensive Interdisciplinary Outpatient, Day Patient Therapy and Liaison Service

NRH facilities / Layout

The National Rehabilitation Hospital was established as a rehabilitation hospital by the Sisters of Mercy in 1961. At the NRH, our facilities include:-

8 wards located over 3 floors – Total 108 Inpatient Beds (102 adult beds and 6 paediatric beds). There are 9 Day Patient beds (2 Paediatric Day Patients and 7 adult POLAR Day Patients). Details are outlined below:-

- **1st Floor** – two wards serving the Spinal Cord System of Care Programme – a total of 35 Beds including:
 - A 4-bedded high dependency unit (of which two are single occupancy cubicles).
 - A 12-bedded male ward
 - A 19-bedded mixed ward comprising of 2 single ensuite rooms and one single room.
- **1st Floor** – one ward serving the Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programme including:-
 - A five-bedded ward, two single ensuite rooms, and three single rooms.
 - A facility for 7 Patients to attend a Day Treatment Programme
- **2nd Floor** – two wards serving the Brain Injury Programme – a total of 28 beds including:-
 - A nineteen bedded ward with three single rooms and one cubicle.
 - A nine bedded neuro-behavioural ward with two extra-large single ensuite rooms with facilities to accommodate patients with behaviour that would be at risk to others, and seven cubicles.
- **3rd Floor** – two wards serving the Brain Injury Programme – a total of 29 beds including:
 - A sixteen-bedded ward, with one single en-suite room (the single room is dedicated for the treatment of spinal cord injured patients with pressure wounds).
 - A thirteen-bedded ward with two single en-suite rooms
- **3rd Floor** – one ward serving the Paediatric Programme – total of 6 x Inpatient and 2 x Day Patient beds
 - A six-bedded ward with two cubicles. This is a 5 day ward closed at week-ends.

Other Facilities on the First Floor include:-

- Urology Department
- Radiology Department
- Chapel
- Pharmacy

Other Facilities on the Second Floor include:-

- Department of Clinical Psychology
- Medical Department
- Offices of Medical Social Work and Speech and Language Therapy
- Office of the Spinal Cord System of Care and Brain Injury Programme Managers
- Patient and Family Conference Room

Ground Floor – Therapy Area

- Separate treatment gyms for adults and for children.

Adult Services (alphabetical order) Include:-

- Aquatic Physiotherapy
- Assessment of Mental Capacity and Decision-making ability
- Assistive Technology Clinic
- Clinical Psychology & Clinical Neuropsychology
- Dental Service
- Driving Instruction
- Exercise Physiotherapy
- Medical
- Nursing
- Nutrition and Dietetics
- Occupational Therapy
- Pastoral Care
- Pharmacy
- Radiology
- Rehabilitation Liaison Services
- Seating and Wheelchair Clinic
- Sexual Health Service
- Social Work
- Speech and Language Therapy
- Sports and Fitness Therapy
- Therapeutic Recreation
- Urology Service
- Vocational Assessment
- Woodwork

Activity of Daily Living (ADL) areas, where daily living skills can be learned or re-learned and practised, such as the kitchen, bathroom, bedroom and computer room located in the Occupational Therapy Department, and also the Therapeutic Garden.

Paediatric Services Include:-

- Clinical Neuropsychology
- Dental Service
- Designated time for access to aquatic physiotherapy and exercise physiotherapy
- Medical Social Work
- Multi-sensory room
- Music Therapy
- Occupational Therapy
- Physiotherapy
- School
- Speech and Language Therapy

Paediatrics Patients and nursing staff transfer from the ward to the Paediatrics Day Unit during the day and attend their therapies while in the Day Unit.

Other Facilities on the Ground Floor Include:-

- Patient recreation areas and Day Room
- Coffee shop and a patients' canteen
- Garden and courtyard area
- Patient Canteen
- Staff Canteen (which is available to Patients and Visitors also)
- Dental Service

Other Services on Lower Ground Floor

- Prosthetic Outpatient and Day Programme Service including:-
 - Prosthetic workshop for minor limb adjustments
 - Education & Training Room

Other Services on the hospital Grounds

- **The Rehabilitative Training Unit (RTU)** and Corofin Lodge. The RTU is part of the National Brain injury Programme continuum of care, and is also available to patients with other disabilities. The Rehabilitative Training Unit provides group and individual training in life skills and vocational development for adults with Acquired Brain Injury who continue to need access to specialized rehabilitation therapies and other services in the NRH. Some trainees attend daily from home or from external accommodation while others require accommodation in the Corofin Lodge.
- The Corofin Lodge is a supervised, purpose built unit attached to the RTU. The Unit comprises:-
 - Ten single en-suite rooms and one double en-suite room
 - Kitchen & Dining Area, Quiet Room and Laundry Facilities
 - Social Care Leader Accommodation.
- **Villa Maria:** The Villa is a purpose built pre-discharge unit located on the hospital grounds. Its main purpose is to enable patients and families to try out adaptive equipment and to practice daily living skills in a homelike setting

- in preparation for discharge. It also provides accommodation for parents and children attending the Paediatric Programme
- **The Outpatient Department** which includes multidisciplinary outpatient Clinics and Day Therapy Services. Outpatient Clinics held in the Outpatient Department (OPD Unit 6) at the NRH Include:

Brain Injury Programme: New and Review Clinics; Multidisciplinary Clinic; Neurobehaviour Clinic and Spasticity Clinic.

Spinal Cord System of Care Programme: New and Review Clinics; Multidisciplinary Clinic; Paediatric Clinic.

Other Outpatient Clinics include:-

- Assessment of Mental Capacity and Decision-making
 - Disabled Drivers Medical Board of Appeal
 - Meet and Teach - Brain Injury Education and Aphasia Education (Speech & Language and Occupational Therapy)
 - Neurobehavioral Clinic (Incorporating specialities of Rehabilitation Medicine, Neuropsychiatry and Clinical Neuropsychology)
 - Occupational Therapy and driving screening assessment for Brain Injured patients
 - Orthopaedics
 - Orthoptics
 - Plastics
- **Outpatient Therapy Services:** OPD Therapy Services include: Occupational Therapy, Physiotherapy, Clinical Psychology and Neuropsychology and Speech and Language Therapy. A number of changes to the referral process for OPD Therapy Services have been made to improve the access and waiting times for outpatients. The Outpatient Services Management Steering Group (OPSMSG) meets monthly in order to support the development of the OPD programme.
 - **Urology Clinic:** This is located on the 1st floor of the hospital and provides urology service for both in-patients' and out-patients' of the hospital. The clinic provides urology assessments, urodynamics, flexicystocopies and links with Radiology Department for ultrasound and other radiological examinations. Some clinics are nurse-led and supported by a Consultant Urologist from AMANCH Hospital.
 - **Other Clinical Services** on the campus include: Infection Prevention and Control, Chaplaincy.
 - **Non-clinical services** provided include Chief Executive, Finance, Human Resources, Risk Management, Communications, Stakeholder and Corporate Data Manager (Complaints Officer), Technical Services, Information Management and Technology.

Facilities for the Day Programme Patients'

Paediatric Day Patients: Paediatric Day Patients receive their treatment with the paediatric in-patients and are accommodated in the Paediatric Day Unit.

Prosthetic and Amputee Day Patients (POLAR Programme)

Outpatient Therapy Patients: POLAR patients receiving an outpatient therapy programme attend the OPD Department in Unit 6

Fire Safety

Fire Action Notice to be followed:

- On discovery of a fire
- On hearing the fire alarm

Fire Training:

- Fire Marshal Training provided for all nursing staff and department heads and deputies to be completed on an annual basis.
- Evacuation equipment workshop training provided on an annual basis – fire training on hospital evacuation equipment (Ski-sheet, ski-pad and evacuation chair)
- Fire Drill undertaken annually (Day and night drills)

Fire Alarm:

- Service contract, 24/7 – serviced four times per year
- Fire alarm bell test – weekly and includes checks for door closing and audible siren

Evacuation procedures:

- Horizontal evacuation to adjoining ward/compartment and vertical evacuation when required and to external buildings in the Rehabilitative Training Unit (RTU) and the Outpatient Department (Unit 6).

Other emergency procedures include:

- Medical emergency
- Acute challenging behaviour event
- Internal emergency, for example, a communications failure, gas leak, water outage, power outage.
- Bomb threat
- Exposure to a weapon

Governance and Management

Organisational Structure

- Appendix 1 - NRH Board and Committees Chart
- Appendix 2 - NRH Organisation Chart

The NRH is a publicly funded with no private or semi-private accommodation. The hospital governed by a Board of Management which meets monthly with 11 meetings per year. The Board of Management membership is outlined in Appendix 1.

The Executive Management Team meets monthly and reports to the Hospital Board of Management. The Executive is chaired by the Chief Executive and consists of the following membership:

Executive Management Team:	
Derek Greene,	Chief Executive & Chairperson
Dr. Mark Delargy	Clinical Director & Consultant in Rehabilitation Medicine.
Frances Campbell	Director of Nursing
Dr. Jacinta McElligott	Chairperson Medical Board, Consultant in Rehabilitation Medicine
Sam Dunwoody	Director of Finance
Olive Keenan,	Director of Human Resources
Rosemarie Nolan	Director of Communications
Dr. Simone Carton,	Head of Clinical Neuropsychology
Eugene Roe,	Programme Manager, Spinal Cord System of Care
Bernadette Lee	Clinical Risk Manager
Anne O'Loughlin	Principal Social Worker

All Clinical services within the NRH are delivered under the lead of the Clinical Director, Dr Mark Delargy and Director of Nursing, Frances Campbell.

The Chief Executive is responsible for Administration & Business Accountability.

Staffing, Training and Development

Staffing

Vacancies are advertised on www.nrh.ie and www.hospitaljobs.ie in selected newspapers and are notified internally by means of e-mail and notice boards. Each vacancy posting has a full job specification which describes the service where the vacancy exists, the eligibility and selection criteria and the duties and responsibilities that are attached to the post.

Robust recruitment procedures ensure only staff with exemplary professional and personal backgrounds are employed. All staff within the hospital are employed in line with the Public Service Management (Recruitment and Appointments) Act, 2004 (the Act) [2] and is regulated by the Commission for Public Service Appointment (CPSA). The recruitment and selection process involves eligibility screening, short listing and selection interview. Only those applicants who pass through these filtering stages are progressed to interview.

All Healthcare Professionals must be registered with the appropriate governing body, such as the Nursing and Midwifery Board of Ireland (NMBI), the Irish Medical Council (IMC) and CORU.

Assurance checks are also undertaken to confirm that all appointees have appropriate qualifications, skills and experience necessary to carry out the duties of the post for which they are employed.

All staff are required to comply with hospital policies and procedures.

Training

In-house and external education and training is provided and supported via educational assistance in order to facilitate each employee's training requirements and Continual Professional Development (CPD).

All staff receive mandatory training in Health and Safety including fire and manual handling, safeguarding children and vulnerable adults, customer care, equality and diversity. Clinical staff receive mandatory training in e.g. resuscitation - adult and paediatric, infection control.

Non mandatory training relevant to the individual and service needs is provided and supported, as appropriate

All Staff training is recorded.

Development

All staff undergo an extensive Induction Programme and probation process, during the initial period of employment. The established NRH Competency Framework, which staff participate in with their line manager annually, as well as completing the Personal Development Plan, helps the individual develop professionally by setting career goals and planning their learning objectives, helping staff identify their

strengths and areas for improvement and ensuring they are fully up to date and practicing to the required high standards.

Staff are also encouraged to develop their career by competing for both temporary and permanent positions and promotion through Recruitment and selection process.

Human Resources Staffing Compliment

Census (2016)	
	WTE
Management & Admin	63.69
Medical/Dental	19.76
Nursing	100.39
Health and Social Care Professions	117.70
Central Support Staff	31.50
Other Patient and Client Care	69.19
NRH Total	402.23

Clinical Care Programme Structure

Programme	Medical Director	Programme Manager	Contact Number (Programme Administration)
Brain Injury	Dr. Jacinta McElligott	Dr. Amanda Carty	235 5389
Spinal Cord System of Care (SCSC)	Dr. Eimear Smith	Eugene Roe	235 5528
Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR)	Dr. Nicola Ryall	Emilie Fritte	235 5262 / 3
Paediatric Family - Centred Rehabilitation	Dr. Susan Finn	Ghyslaine Brophy	235 5331

Referral to the NRH

The NRH accepts referrals for Adult and Paediatric Patients requiring complex specialist rehabilitation services in the following areas of specialty:

- Acquired Brain Injury, including Stroke and other Neurological Conditions
- Spinal Cord Injury (traumatic and non-traumatic)
- Limb Absence (congenital and acquired limb loss)

Referrals can be made to both the Inpatient and Outpatient services at the NRH. For hospitals where NRH Consultants or Liaison Service specialists are in attendance, advice and consultation on referral is available. Alternatively, for further information, referrers may contact the relevant NRH Rehabilitation Programme – telephone 01 235 5000 and ask for the Administration Office for either the: **Brain Injury** Programme; **Spinal Cord System of Care** Programme; **Prosthetic, Orthotic and Limb Absence (POLAR)** Programme; or the **Paediatric** Programme.

Referral forms can be downloaded from our website www.nrh.ie.

Referrals are accepted from the following sources:

- Acute Hospitals
- GPs
- Community Agencies

Admission criteria

Admission Criteria for Inpatient Adult Programmes

The patient must:

1. Be 'rehab ready'. this term refers to the physical and psychological ability of the patient to fully participate in a comprehensive rehabilitation programme
 - a. Have an acquired brain injury (ABI), which is an inclusive category that embraces acute (rapid onset) brain injury of any cause. Have medical, cognitive, physical, communicative and/or behavioural needs associated with the acquired brain injury or disease process.
 - b. Have a spinal cord dysfunction due to trauma or other cause.
 - c. Have an amputation or congenital limb absence
 - d. Have a complex peripheral neuropathy, for example, a critical care neuropathy resulting in a physical impairment.
2. Be medically stable
3. Be willing and able to participate in a rehabilitation programme
4. Be under the care of a Consultant in Rehabilitation Medicine employed by the National Rehabilitation Hospital

Admission to the NRH is based on the preadmission assessment of the level of need and conformance with the relevant Rehabilitation Programme's admission criteria. The timing of an admission to any programme may be influenced by the preadmission assessment of the intensity of the individual's rehabilitation needs. The level of physical and cognitive dependency is taken into account when determining a programme's capacity to best meet the individuals' specific needs at that time.

Admission Criteria for Inpatient Paediatric Programmes

Admission to the programme is based on the preadmission assessment of need and on meeting the programme's admission criteria. The Paediatric programme operates an Active Waiting List management system consisting of acquired brain injury, spinal cord injury and limb absence where the patients are placed on the list based on date they have been accepted as meeting the admission criteria. The timing of admission to the Paediatric programme is influenced by the preadmission assessment of the specificity, intensity of the individual's needs and level of dependency, in relation to PAEDS's capacity to best meet these specific needs at that time. This system ensures that all administrative, managerial and professional health care staff follow an agreed minimum standard for the management and administration of the NRH PAEDS programme patients waiting list.

To be admitted to the Paediatric Family-Centred Rehabilitation Programme the patient must:

1. Be under 18 years of age.
2. Be medically stable.
3. Have the potential to benefit from an interdisciplinary rehabilitation process.
4. Have medical, nursing and interdisciplinary therapy needs requiring the services of the specialised Interdisciplinary Paediatric Rehabilitation team.
5. Be accepted under the care of the National Rehabilitation Hospital (NRH) Paediatric Medical Consultant.

To be admitted into the Paediatric Brain Injury at the NRH, the individual must have one of the following diagnoses:

- a. Acquired brain injury (ABI), which is an inclusive category that embraces acute brain injury of any cause, including:
 - i. Trauma (brain or post-surgical injury)
 - ii. Vascular accident (stroke or subarachnoid haemorrhage)
 - iii. Cerebral anoxia/hypoxia
 - iv. Infection (for example, meningitis, encephalitis) or other inflammatory conditions.
 - v. Non malignant or low grade brain tumour
- b. Have cognitive, physical, communicative and/or behavioural needs related to the acquired brain injury or disease process.

To be admitted into the Paediatric Spinal Cord Injury at the NRH, the individual must have one of the following diagnoses:

- a. traumatic spinal injury,
- b. non-traumatic spinal cord injury acquired as a consequence of Transverse Myelitis, spinal tumour or other such conditions
- c. acquired neuropathies and neurological disorders such as Guillian Barre or Multiple Sclerosis

Exceptions to the above are:

The Programme is capable of caring for those with respiratory insufficiencies including those with a tracheostomy but does not accept ventilator dependent patients. Patients with any neurological level & ASIA impairment grade spinal cord dysfunction can be considered for admission once he or she can ventilate independently

To be admitted into the Paediatric POLAR at the NRH, the individual must:

Have one of the following diagnoses:

- a. An amputation or congenital limb absence
- b. Be receiving a prosthesis through the NRH-Ability Matters partnership

Exceptions to the above are:

The Paediatric Programme, primarily through the Consultant Paediatrician and the Clinical Nurse Specialist Paediatric Liaison Nurse, liaise with referring hospitals, medical teams, families and carers, schools and local therapeutic service providers to ensure appropriate and timely admissions. In situations where the appropriateness

of admission is unclear the child/young person may be seen by the Consultant Paediatrician and members of the Interdisciplinary Team for a pre-admission assessment as an outpatient or day patient.

Specific Care and Support Needs

The Scope of Service for all programmes at the NRH outlines that each person receives a pre-admission screening assessment of their medical and rehabilitation needs. This includes diagnosis, prognosis, morbidity, co-morbidity, premorbid level of function, mental status, ability to tolerate the intensity of the care and their available support systems.

A person can be offered the service if they meet the programme's admission criteria. Persons admitted (and their families as indicated) are offered appropriate information and opportunity for feedback at regular stages of the process, and as appropriate, are actively involved in decisions regarding their care.

An important aspect of all rehabilitation programmes is the education requirements of both patient and family. Education focuses on primary prevention in order to avert reoccurrence of the impairment process and secondary prevention related to potential risks and complications which could arise due to any residual impairment.

Following acceptance of referral, the interdisciplinary team members, in collaboration with the patient and family, develop a comprehensive treatment plan that addresses the identified needs of the person, their family and support network.

Access to Therapeutic Recreational Activities

Therapeutic Recreation offers a variety of activities in the evenings which are designed to complement patients' rehabilitation programmes. The service may include activities such as photography classes, art, fishing, shopping trips, clay modelling, DVD, quiz and music nights. It also offers the opportunity to learn or develop new skills in mobile technology such as computer laptops and tablets or smart phones.

The volunteering service includes a Hospital Trolley Shop, Library Service and Internet Access, and visiting patients. Volunteers can also be linked through Recreational Therapy to individual patients for particular activities such as chess or other board games. There is an Annual Summer Barbeque and a Christmas Party.

Patients have a daily rehabilitation programme – see details listed below in the Therapeutic Techniques Section.

Access to Education, Training and Employment

Education and self-management are core components in rehabilitation. Patient education in rehabilitation enhances patients' skills relevant to the clinical rehabilitation process with the aim of maximising the person's independence. The Rehabilitative Training Unit (RTU) at NRH serves persons with a brain injury. The

Occupational Therapy Department offers a Vocational Assessment Service across all programmes and the Spinal Cord System of Care is involved in a Vocational Programme for patients in partnership with Spinal Injuries Ireland (SII).

Individualised Care Plan

Patients attend goal-setting meetings with the consultant or their senior medical officer and the interdisciplinary team to set rehabilitation goals. The goals are designed to enable patients to meet optimum recovery, and they will determine the required length of stay and the discharge date. Patient conferences are held at intervals during the patients' rehabilitation programme to ensure that goals are being achieved on target and to enable patients, families and carers to ask questions about their care.

Ward rounds are held by consultants and the interdisciplinary team members on a weekly basis and any problems patients may have are discussed.

Discharge planning is initiated from the time of the patients' admission to ensure that at the end of the rehabilitation process, the patient has a destination to return to, such as home, residential or community care. A comprehensive discharge report is forwarded to patients' GP and local healthcare professionals.

Access to Therapeutic Interventions

Each patients' therapeutic interventions are timetabled and supervised by qualified nursing and therapy professionals. Treatment delivered is documented at a minimum twice weekly in their Healthcare Record. The following is a list of therapeutic services provided in the NRH.

- Activities of daily living training
- Adaptive equipment assessment and training
- Assessment of mental capacity and decision-making
- Assistive technology assessment and training
- Audiology screening
- Bowel and bladder training
- Clinical psychology assessment and intervention
- Communication assessment and management
- Coping and adjustment to disability
- Dentistry
- Discharge planning
- Driving and community transport assessments and training
- Dysphagia assessment and management
- Emergency preparedness
- Family and caregiver training and education
- Fitness and sports
- Aquatic Physiotherapy
- Independent living assessment
- Information regarding entitlements and services.
- Mobility training
- Neurobehavioural Clinic

- Nutritional counselling and management
- Occupational therapy
- Orthopaedic assessment
- Orthotics and splinting
- Pastoral and spiritual services
- Patient Advocacy Service
- Patient and family support system counselling
- Pharmaceutical Care
- Exercise Physiotherapy
- Podiatry
- Positive Behaviour Support
- Prosthetics
- Psychotherapies such as Cognitive Behavioural Therapy, Family Therapy
- Radiology
- Referral to appropriate care pathway supports
- Rehabilitation nursing
- Respiratory therapy
- Safety awareness and training
- Sexuality and fertility counselling
- Skin care training
- Social work support and advice with onward care planning
- Spasticity and pain management
- Tendon transfer surgery: commencement of assessment
- Urology service
- Vocational assessment

Communication

Communication between service-users and their relatives, friends, carers, representatives and the local community can take place in a number of ways.

- Family Conference – all patients are offered the opportunity to have a family conference
- As part of the rehabilitation process, patients are normally encouraged to return home at weekends to practise the learned rehabilitation self management skills.
- Therapy staff supervised community outings are designed and individually tailored to enable the person to experience the real life challenges of negotiating the outside world after a major disability. These training outings are facilitated as part of the rehabilitation education process
- Liaison Services in the various programmes offer pre or post admission clinical assessment and make links with local communities on a national basis.
- The NRH Social Work Service has a specific role in supporting patients and families throughout the rehabilitation process as they try to come to terms with their loss and grief and adjusting to an altered future.
- All patient information and educational literature is being reviewed and new or re-ordered documents are now produced to best practice standards in accessibility for all.
- Patients or families may request information in alternative formats or languages as required.

Respecting Privacy & Dignity

- At present, due to the age of the existing building, the NRH has to provide the services to patients in a number of 'Nightingale wards'. Privacy is therefore limited at times and in particular there can be difficulties with visual, auditory and olfactory privacy. Staff are very mindful of these privacy constraints inherent in a nightingale wards and endeavour to minimise the impact as much as is possible as outlined below:-
- Patients and their families have access to a private area to speak with all members of the interdisciplinary team as requested.
- Where possible, a quiet room is provided if a patient and their family require privacy in the evenings or at weekends.
- Patients are accommodated in an isolation room, where possible, if they have an infection.
- An Intimate Care Policy is adhered to by all staff to respect patients' dignity and privacy.
- The NRH has a Dignity at Work Policy in place and arrangements are in place to train all staff. The NRH has an in-house Dignity at Work trainer.
- The NRH has a Hygiene, Infection Prevention and Control Committee to ensure the highest standards of hygiene are maintained.

Access to Religious Service of Choice

Chaplaincy Service

- The Chaplain visits patients on the wards on a regular basis and provides spiritual and pastoral care support to patients and their families.
- The Chaplain will help patients to contact representatives of any faith.
- The office of the Chaplain is on the first floor of the hospital (Level 1).

Chapel Services

Information about chapel services is available for patients on the Chapel Notice Board or by contacting the Chaplain or asking a member of the Rehabilitation Team.

This includes:

- Times of Mass
- Distribution of Holy Communion to the wards
- Anointing of the Sick
- Confessions

Visiting Times

Monday - Friday	18:30 – 21:30
Saturday, Sunday and Bank Holidays	14:30 – 21:30 excluding patient mealtimes. Families or visitors must leave the ward at mealtimes but may remain on the hospital premises.

Service User Engagement

- Some former patients may participate in the management of the NRH through membership of the National Rehabilitation Hospital Board
- There is a monthly patient forum, chaired by a former patient, which is also attended by the both the Stakeholder and Corporate Data Manager and by a member of the hospital Executive Committee
- The Hospital Accessibility Committee has former patients as members.
- Individual programmes are engaged with various voluntary charity agencies and the hospital also facilitates and supports an Interagency Forum which provides a forum for voluntary support agencies' co-operation, collaboration and communication between the voluntary agencies and the National Rehabilitation Hospital and between the voluntary agencies themselves.
- A user-group was established to elicit feedback, input and suggestions from patients for the design process of the New Hospital Project.
- An independent Patient Experience Survey is issued to each patient three months after their discharge. The responses received are analysed and they influence executive planning and service delivery.

Comments & Suggestions

Patient Experience feedback – Comments cards for patients, relatives, carers, visitors and staff are available throughout the public areas in the hospital which are collected and processed by the Stakeholder and Corporate Data Manager (SCDM).

HSE Information Leaflet: 'Your Service Your Say' – HSE policy and procedures for the management of consumer feedback to include comments, compliments and complaints. This is available on the HSE website:
<http://www.hse.ie/eng/services/yourhealthservice/feedback/Complaint/>

uSPEQ Patient Experience Survey: This is issued to all patients 3 months post discharge and the completed surveys are forwarded to an independent company for analysis. Quarterly reports are received by the Stakeholder and Corporate Data Manager, from uSPEQ and these are distributed to the Programme Managers for follow up.

Complaints

Patients of the NRH have the right to complain about any aspect of the hospital services they are unhappy with or if the hospital services has not met their

expectations. The Hospital promises to handle patient complaints and personal details in confidence and gives reassurance to patients that their complaint will not in any way adversely affect their present or future care.

Patients may contact the SCDM for any of the following reasons:

- To talk to someone in confidence
- To request information on hospital services
- Or; if they would like support or assistance in giving feedback or making a complaint.

The NRH Complaints Management Policy is available to all staff via NRH Common Folder. An information leaflet is provided for patients' in their patient information booklet and is also posted on display stands throughout the hospital. The contact person for complaints is:

Ms Audrey Donnelly, Stakeholder and Corporate Data Manager (SCDM)

Monday to Friday – 8.00am to 5.30pm

Email: Audrey.donnelly@nrh.ie

Patients can also make a complaint via the HSE website "Your service you Say" at <http://www.hse.ie/eng/services/yourhealthservice/feedback/Complaint/>

Patients may also contact the Office of the Ombudsman or the Ombudsman for Children.

List of key policies that inform practice in the NRH.

Policies required in regulations	
Policy (amend to the titles used in the centre as required)	Please tick all existing
Incident Management Policy	Yes
Absconded and missing patients	Yes
Policy and Procedures To Follow For The Protection Of Children And Young People In The National Rehabilitation Hospital	Yes
TULSA Standard Report Form for reporting child protection and/or welfare concerns to the HSE Child and Family Agency.	Yes
NRH Standard Operating Procedures regarding the admission of Adolescents (16 – 18 years old) to adult wards Version 1.0 05/06/2014.	Yes
Offender Risk Policy	Yes
Visitor Policy	Yes
Policy and Procedure for the Management Of Concerns, Suspicions or Allegations of Abuse among Adult Patients	Yes
Policy & Procedure for the Unplanned Transfer of Patients between the National Rehabilitation Hospital and the Acute Hospital	Yes
Policy and Procedure for Handling Complaints	Yes
NRH Policy on Same Gender Accommodation	Yes
NRH Policy on Intimate / Personal Care	Yes
Policy and Procedure to Obtaining Access to Healthcare Records, Personal and General Information 2.0 18/06/2014	Yes
Privacy Policy: Notice of Privacy Practices in Relation to your Healthcare Record. Version 2.0 12/06/2014.	Yes
Data Protection & Confidentiality Policy Version 1.0 18/06/2014	Yes
Confidentiality Declaration Form 18/06/2014.	Yes
NRH Policy on the use of Physical Restraints Version 1.1 13/03/2013	Yes

Appendices

Appendix 1

NRH Board and Committee Chart

Appendix 2

NRH Organisational Chart