

39TH ANNUAL REPORT
2019



Moving Forward Together



Commission for Accreditation
of Rehabilitation Facilities
Details of NRH Accreditation on
www.nrh.ie

Our Mission

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



Patient Activity 2019

Inpatient Service	Discharges	Day Cases No. patients
Spinal Cord System of Care Programme	126	0
Brain Injury Programme	129	0
Stroke Specialty Programme	87	0
Prosthetic Orthotic and Limb Absence Rehabilitation (POLAR) Programme	68	42
Paediatrics Programme	80	11
TOTAL	490	53

Outpatient Service	Attendances Clinics
Consultant Led Clinics	
Spinal Cord System of Care Programme	733
Brain Injury Programme (including Stroke)	816
Prosthetic Orthotic and Limb Absence Rehabilitation (POLAR) Programme	391
Paediatrics Programme	47
Total Consultant Led Clinics	1,987
Therapy Led Clinics	
Spinal Cord System of Care Programme	2,397
Brain Injury Programme (including Stroke)	4,971
Prosthetic Orthotic and Limb Absence Rehabilitation (POLAR) Programme	932
Paediatrics Programme	71
Total Therapy Led Clinics	8,371
TOTAL	10,358

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Chairman's Report



Kieran Fleck
Chairman

The New Hospital Development – Phase One

In 2019, the New Hospital Project at the NRH achieved further momentous progress with the main structure of the building completed and the fit-out works underway. The new Sports and Exercise Therapy facility was formally opened for patients' use in January. This is the exciting first stage of the transformation into a world class rehabilitation facility. This major capital project will reshape the delivery of specialist rehabilitation services for the national population. In 2020, the patients and staff of the hospital will finally move into the new, long awaited state of the art facilities. The Board receives continuous updates of the Project Team's ongoing work and is involved in all decision making processes.

Launch of HSE Capital Plan at the NRH

In September, the NRH hosted the launch of the HSE Capital Plan and we were delighted to welcome An Taoiseach, Leo Varadkar, Simon Harris, Minister for Health; Paschal Donohoe, Minister for Finance and Public Expenditure and Reform; Catherine Byrne, Minister for Health Promotion, and Paul Reid, Chief Executive, HSE. The event gave us the opportunity to showcase part of the new hospital building as a successful capital project in which the Government has invested. There is a commitment to provide the funding for Phase Two of this capital project in the National Development Plan 2018 – 2027.

Corporate Governance

During 2019 the Board continued to incorporate the principles of good corporate governance into its

responsibilities. This includes having an effective Board structure; evaluation of the Board and its meetings; review of duties and liabilities of Board members; review of the Terms of Reference of Board sub-committees; compliance with legal and regulatory frameworks, GDPR compliance, and Corporate Governance training. The Board's knowledge and understanding of hospital matters is enhanced by membership of staff and patient representatives on the Board.

Hospital Activity and Performance Data Reporting

Monthly reports are circulated to the Board to ensure its members are fully informed in relation to all key issues and milestones on an ongoing basis.

Challenges for the NRH in 2019

The hospital awaits the outcome of the submission to the HSE of a detailed workforce planning document which identified the necessary staffing resources to enable the hospital provide a safe and appropriate level of care to our patients within its current bed capacity (and also in respect of the move to 120 beds in the new hospital); and to ensure that NRH beds, given their scarcity, are made fully available at all times. Four beds remain closed in the hospital and discussions are ongoing with the HSE.

Sr Aileen McCarthy

Board members were sad to learn of the passing of Sr Aileen McCarthy, former Board member in May. Sr Aileen was instrumental in the establishment of the NRH, with particular interest in spinal injury patients and outreach services. The Board greatly appreciates the dedication, care and compassion shown by Sr Aileen to NRH patients for over 50 years. We encourage you to read the tribute to Sr Aileen on pages 8 and 9.

NRH Board of Management

In December, Ms Aine Cornally resigned from the Board after many years of voluntary service. On behalf of the patients we serve, the Sisters of Mercy, the Board, Management and staff, I thank Aine for her hard work and commitment during her tenure as Board member. We wish her well for the future.

We warmly welcomed new Board member, Mr Robert Costello.

I thank each Board Member for your ongoing work and commitment to the NRH. We greatly appreciate the contribution made by each Member of the Board in sharing your expertise and experience towards achieving the hospital's strategic objectives.

Clinical Directorship at the NRH

The Board is very appreciative of the work undertaken by Professor Mark Delargy in this vital role which involves strategic matters as well as managing all medical resources and service delivery planning across NRH Clinical Programmes.

NRH Medical Board

The Board thanks Dr Jacinta McElligott for her immense work and steadfast commitment during her tenure as Chair of the Medical Board up to May 2019. The Board welcomed Professor Áine Carroll as Chair of the Medical Board in June and looks forward to continuing to work closely with the Medical Board as we transition to new ways of delivering specialist rehabilitation services to our patients.

Quality Improvement and CARF Accreditation

The hospital staff, management and Board continue to work collaboratively with the HSE Quality Improvement Division (QID), and we strive to continually improve our services through implementing the 'Framework for Improving Quality at the NRH'. In addition, the Board operates within the CARF Leadership and Governance Standards. The Commission for Accreditation of Rehabilitation Facilities (CARF) is an independent, international accrediting body for Rehabilitation Services.

NRH Research, Academic and Teaching Facility

The Board considered the detailed proposal submitted by Professor Áine Carroll and Dr Maeve Nolan, Academic Lead, to advance the hospital's academic partnership with UCD. The Board approved the recommendation and subsequently authorised the Chief Executive to sign the necessary documentation. The NRH was conferred with university teaching hospital status in 2019. The Board recognises this is a prestigious status for the NRH, both from an educational and a clinical perspective, and approved that the hospital incorporate the word 'university' into its logo and branding materials.

HIQA Inspection

Following the announced Health Information and Quality Authority (HIQA) pilot inspection at the NRH to monitor services against the National Standards for Safer Better Healthcare in July, the hospital received its findings which were very positive and the inspection identified that the NRH was compliant with all of the HIQA National Standards for Safer Better Healthcare assessed, including:

- Patients' Needs and Preferences (Standard 1.1)
- Medication Safety (Standard 3.1)
- Prevention and control of healthcare-associated infections (Standards 3.1 and 5.2)
- Governance (Standard 5.2).

The Board extended its appreciation to all staff for this excellent result.

Key Appointments and Retirement in 2019

In January, we were delighted to welcome **Ms June Stanley** as **Director of Operational Services / Deputy CEO**. We warmly welcome Ms Stanley to this role, particularly at such a crucial time in the development of the new hospital and its services. We also welcomed **Ms Elayne Taylor** as **Quality and Risk Manager** and wish her every success in this role.

We bade farewell to **Ms Bernie Lee, Clinical Risk Manager** who retired in September after over 30 years' service to the NRH. Bernie reported on Risk Management matters at the Board and during her career worked as staff nurse, CNM, Assistant Director of Nursing and most recently as Clinical Risk Manager. The Board greatly appreciated Bernie's professionalism and dedication to the NRH and wish her well for the future.

A Note of Appreciation

We extend our grateful appreciation to Sr Peggy Collins, Provincial Leader, for the enormous contribution of the Sisters of Mercy over the years and welcomed Sr Brenda Dolphin as Provincial Leader in early 2019.

We also thank the HSE for its ongoing support and look forward to working constructively together to maintain and improve the invaluable services provided by the NRH.

We are grateful for the continued assistance and services from Mason Hayes + Curran, Solicitors; and our Auditors, Robert J. Kidney and Company. We thank them for their dedication and guidance in ensuring the appropriate operation of the NRH.

The members of the Board of Management and of its subcommittees in 2019 also deserve our thanks, namely:

- the Medical Board,
- the Audit Committee,
- the Nominations Committee,
- the Executive Committee,
- the Finance Committee,
- the Ethics Committee.

The Chairpersons and members of each committee give their time, voluntarily and without remuneration, in the interests of the hospital and the patients we serve. The Terms of Reference of these committees were reviewed in 2019.

And finally, our sincere thanks to the staff of the hospital and the Chief Executive, Derek Greene. Despite severely limited resources, rehabilitation services are not only being delivered, but continuously developed and improved to enhance the wellbeing of the patients and their families who receive complex specialist rehabilitation services at the NRH.



Kieran Fleck
Chairman



Chief Executive's Report



Derek Greene
Chief Executive

Delivering and Developing Specialist Rehabilitation Services Nationally

The work undertaken by our Staff at the NRH in the delivery of Complex Specialist Rehabilitation Services to adult and paediatric patients from throughout Ireland is highlighted in our Annual Report. The NRH works closely with the National Clinical Programme for Rehabilitation Medicine (led by Dr Jacinta McElligott and Dervla Kenny), and with Ms Edina O'Driscoll, Project Manager for the introduction across the country of the Managed Clinical Rehabilitation Networks. Progress continued in the development of rehabilitation services nationally in 2019. These include the collaborative work undertaken in line with the National Strategy & Policy for Neurorehabilitation Services in Ireland, including:

- The **Model of Care (MOC) for the provision of Specialist Rehabilitation Services in Ireland.** The Model of Care describes the framework for the development of specialist Rehabilitation Services in Ireland around the Hub and Spoke model.
- Work continued in 2019 on the **Development of Managed Clinical Rehabilitation Networks** with the HSE, CHO Areas 6 and 7, Primary Social Care, Acute Services and other Rehabilitation providers to explore how efficiency of processes and patient flows across our services can be improved and piloted.

- In collaboration with the National Clinical Programmes in the HSE, the NRH (through Dr Amanda Carty) continued working to pilot the development of an **Irish Rehabilitation Outcomes (IROC) Database** through the hospital. The aim of the project is to establish and develop a much needed rehabilitation outcomes database to underpin future investments in rehabilitation medicine and to identify key areas where services need development and investment.
- An integral part of a trauma network is rehabilitation, and as the national provider of complex specialist rehabilitation services, the NRH is involved in the process for the **National Trauma Strategy** launched by the HSE and Department of Health. Dr Valerie Twomey, Brain Injury Programme Manager is the clinical liaison person for the NRH.

The New Hospital Development – Phase One

In 2019, the new Sports and Exercise Therapy Department was opened for patient use in January. This was a major milestone in Phase One of the New Hospital Development. Work has continued on a series of change management projects and programmes to facilitate the transformation to the new hospital and to ensure that our patients, staff and services can seamlessly transfer across to the new facilities. Orientation tours of the new building were arranged by the Health Planning Team for staff during 2019 and these were facilitated in line with site safety regulations. Staff and patient engagement continues throughout all aspects of the project.

Clinical and support staff members across the hospital must be acknowledged and thanked for overcoming many operational challenges on a day to day basis to ensure the impact of the construction works on services to patients is kept to a minimum.

Appointment of Director of Operational Services / Deputy Chief Executive

In January 2019, we were delighted to welcome Ms June Stanley as Director of Operational Services / Deputy CEO, following a nine year vacancy due to the moratorium on filling the post as a result of the voluntary redundancy scheme in place at that time. Ms Stanley has brought a wealth of knowledge and expertise to the NRH having extensive experience working in Senior Management positions in a number of hospitals in the Dublin region. This is particularly beneficial at this time as we transition from the existing building to our new world class facility, and as we change the ways in which we deliver rehabilitation programmes and services to our patients based on interdisciplinary team working.

Staffing Matters – Workforce Planning

In 2019, efforts continued by hospital representatives to advance the business case for the HSE to commit the necessary financial resources to increase our staffing to the levels required for the provision of safe care to all our patients, at the appropriate intensity, considering increasing service demands and caseload complexities. Currently four inpatient beds remain closed. There are increased pressures on staff as we transition to the new hospital, with no increase in funding for new posts or to enable services to be delivered safely.

Highlights and Key Issues in 2019

AWARDS AND FORMAL RECOGNITION OF NRH INITIATIVES

The Hospital is proud of the formal recognition for our commitment to continuous improvement in the delivery of services as the many achievements, clinical posters and presentations will attest to, and which are mentioned throughout this report. We also congratulate colleagues for the following achievements during 2019:-

- The Spinal Cord System of Care Programme won the **Pure Pharmacy Recruitment Hospital Multidisciplinary Team Award**. This award recognises excellence in practice in the treatment of patients. The award focuses on how working in a multidisciplinary way can lead to improved outcomes in patient healthcare as well as increased efficiency and improved working practices within a hospital environment.
- The Catering Team were awarded a Distinction in the **Food Safety Assurance Award** from the Food Safety Professionals Association.
- The NRH, represented by Professor Mark Delargy, was presented with the **Light of Hope Award** from the Irish Road Victims Association (IRVA). Presenting the award, Donna Price, Founder and Chairperson of IRVA said “The award is for the great work done in the NRH in helping rehabilitate road crash victims, relieving their suffering and that of their families. The award also acknowledges the great efforts of the NRH in trying to ensure adequate provision of specialised services and accommodation to meet the needs of this large group of trauma victims”.
- The hospital’s staff engagement and health and wellbeing initiatives have been formally recognised and have been shortlisted for the **Best Public Sector HR Initiative Award** at the HR Leadership and Management Awards and also in the category of **Most Effective Employee Engagement Strategy**.

Well done and thank you to all staff who participate in the many service improvements and staff wellbeing initiatives on an ongoing basis.

Rehabilitation Nursing Conference ‘The Complexities and Challenges of Rehabilitation Nursing’

This very successful event took place in the NRH in October. The conference was an opportunity for NRH nursing staff to share their knowledge and specialism to colleagues from other healthcare facilities, which can help to ensure a safe patient journey from acute care to the NRH or to services in the community. It was also an opportunity to promote recruitment and raise the profile of the NRH and the work we do. Over 160 delegates attended, with representation from 35 different agencies including both hospital and community-based staff from all areas of the country. The Nurse and Midwifery Practice Development Unit (NMPDU) supported this conference which was greatly appreciated.

Launch of the Road Safety Authority (RSA) Pre-Christmas Road Safety Campaign

A key element in the delivery of rehabilitation services is prevention. The opportunity to host the annual RSA Christmas and New Year Road Safety Campaign at the NRH enabled us to support the RSA in their objective to reduce fatalities and life-altering injuries as a result of road traffic accidents. Key speakers at the event included Siobhán O’Brien and Laura Doherty (former patients); Shane Ross, Minister for Transport, Tourism and Sport; Liz O’Donnell, RSA Chairperson; Moyagh Murdock, CEO RSA; Drew Harris, Garda Commissioner and Professor Mark Delargy. Patients who participated in media interviews included Oliver Cox, Luke Carey and Sinéad O Meara. We appreciate the contributions made by both patients and staff to ensure this was a very successful event.

10th Annual Ernest Goulding Memorial Lecture

The keynote speaker for the 10th Ernest Goulding Memorial Lecture was Mr Pedro Delgado, Head of Europe and Latin America Institute for Healthcare Improvement. The lecture was entitled ‘The Continuous Improvement Imperative: a global view’ and was very positively received by all those who attended the event.

Digital Solutions

Digital solutions enabled the Board information pack to be fully transferred from paper to electronic format in 2019. Data dashboards were developed to support the Key Performance Indicator reports, waiting lists, daily operational and safety huddle, and mandatory training. In addition, the patient post-discharge feedback survey (uSPEO) is now streamlined, which allows the Board to have an overview of the patient experience under a set of agreed themes.



“ In keeping with strategic priorities identified in the NRH Strategy, and the National Strategy for the Provision of Neuro-Rehabilitation Services in Ireland, the Academic Department will contribute to building the expertise required for the NRH to be the acknowledged educator and leader in defining the role of rehabilitation services as an essential component of the healthcare continuum in Ireland. ”

Collaboration with the HSE Quality Improvement Division

The hospital continues to work with the HSE Quality Improvement Division (QID) to apply the 'Framework for Improving Quality' in the NRH. This partnership ensures that the NRH continues on the dynamic path of quality improvement, to foster a culture of person-centred care that continually improves.

The Academic Department

The Academic Department at the NRH (led by Dr Maeve Nolan) was established in July 2019 with the aim of developing academic, research and teaching capabilities and facilities at the hospital. This represents the culmination of many years' work and planning on the part of the interdisciplinary Academic Steering Group (ASG). This innovation represents an opportunity to lead and develop systems, policies and plans for clinical education and research at the NRH. The ultimate purpose is to support evidence based clinical practice and the enhancement of the patient experience of rehabilitation. In keeping with strategic priorities identified in the NRH Strategy, and the National Strategy for the Provision of Neuro-Rehabilitation Services in Ireland, the Academic Department will contribute to building the expertise required for the NRH to be the acknowledged educator and leader in defining the role of rehabilitation services as an essential component of the healthcare continuum in Ireland.

Health Information and Quality Authority (HIQA)

The Health Information and Quality Authority (HIQA) carried out an announced inspection at the NRH in July. Services were measured against the National Standards for Safer Better Healthcare. The findings were very positive and the inspection identified that the NRH was compliant with all three of the National Standards for Safer Better Healthcare assessed, as shown below:

THEME 1: PERSON-CENTRED CARE AND SUPPORT

STANDARD 1.1

The planning, design and delivery of services are informed by patients' identified needs and preferences.

Compliant



THEME 3: SAFE CARE AND SUPPORT

STANDARD 3.1

Service providers protect patients from the risk of harm associated with the design and delivery of healthcare services.

Compliant



THEME 5: LEADERSHIP, GOVERNANCE AND MANAGEMENT

STANDARD 5.2

Service providers have formalised governance arrangements for assuring the delivery of high quality, safe and reliable healthcare.

Compliant



Challenges in 2019

Two national industrial disputes involving nursing and nursing support colleagues in early 2019 provided significant challenges for the Hospital. The first dispute was resolved alongside recommendations for an expert review of the nursing profession. The second industrial action involved a national dispute over a national Job Evaluation Scheme related to the role of the Health Care Assistant Grades and again there was a successful resolution following interventions from the Labour Court. During this time staff worked together successfully to implement contingency planning arrangements to ensure continuity of service, quality and safe care, and minimal disruption to our patients.

Delayed Transfers Of Care

This is an ongoing significant challenge for the NRH which affects patients' admission to our services, causing considerable lengthening of our waiting lists. The HSE has set up a working group with representatives from the NRH to explore if an improved and more timely funding model can be introduced to reduce the impact of this issue on all services.

Brexit Plan

In 2019, the Hospital followed the advice of the Department of Health, HSE and IBEC and developed a preparedness plan in relation to the supply of goods, services and supplies with regard to the implications of Britain exiting from the European Union (Brexit).

Staffing Changes

In 2019, Ms Sarah Kearney moved from her position as PA to the Chief Executive to become the new Academic Administrator for the Hospital. During her tenure as PA for almost ten years, Sarah also managed the administration for the Board and many of its sub-committees. We thank Sarah for her hard work and dedication to the hospital and the Board for the past decade and wish her every success in her new role.

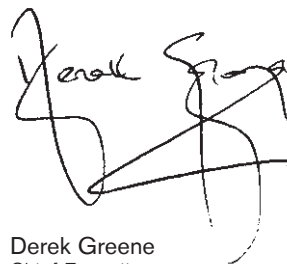
During 2019, Ms Pamela Shealy moved from her position in the CEO Administration Office to take up a new post in the HSE. Pamela also assisted with many of the Board's administrative requirements, and those of its sub-committees. We wish Pamela every success and thank her for all her hard work and commitment to the hospital also.

The NRH Board

The NRH is very fortunate to have a Board and Chairman – Mr Kieran Fleck, who support the hospital as they do. Thank you sincerely for all your ongoing support, guidance and wise counsel. I would like to formally acknowledge, on behalf of the staff, all the work that the Board undertakes to maintain our governance structure to the highest possible standard, guiding us through difficult financial times, promoting the case for the next phases of the new hospital and at all times supporting Patient and Staff needs.

In Conclusion

We at the NRH are also very privileged to work with our patients and enter into their lives at a time when they have experienced a life-changing event or trauma. My sincere thanks to each and every staff member for your unstinting commitment and dedication to our patients and their families – the quality of services delivered cannot be underestimated. Thank you all for your professionalism and hard work under very challenging circumstances during 2019.



Derek Greene
Chief Executive



A Tribute

Sr Aileen McCarthy

November 4th, 1928 – May 25th, 2019

Sister Aileen McCarthy was a pioneering presence in the area of rehabilitation medicine in Ireland. Throughout her nursing career she specialised in the care of patients with spinal cord injuries.

Sr Aileen joined the Sisters of Mercy in 1952, and was given the name Sister Marie of the Cross, but later reverted to her original name, Aileen. Throughout her life she was an independent spirit and often questioned the status quo of the health services, especially while advocating on behalf of her patients.

Sr Aileen was an accomplished sportswoman. She represented Munster at hockey and swimming, and represented Ireland at golf in 1952, playing off scratch. She grew up in a very sporting household – her brother Jim was on the Ireland grand slam winning rugby team of 1948, and toured with the Lions in 1950.



Sr Aileen's Career at the NRH

After Sr Aileen took her vows in 1956, she trained to become a nurse, working in Jervis Street hospital. At the time, the Sisters of Mercy, prompted by Dr Thomas Gregg, decided to convert the TB hospital on Rochestown Avenue in Dún Laoghaire into a rehabilitation hospital. In 1960, in preparation for this, Sr Aileen travelled to England with Sr Bernadette (who subsequently became the matron at the National Rehabilitation Hospital) and two other nurses Brid Murphy and Anne Kilcoyne. The group worked together at Stoke Mandeville Rehabilitation Hospital, and learned how to train nurses in rehabilitation medicine.

On returning to Ireland, Sr Aileen and her colleagues began getting the hospital ready. Dr Gregg was appointed as the first Medical Director of the NRH. In 1961, Sr Aileen began her first ward manager position in the NRH spinal unit, which was called St Joseph's – the first rehabilitation unit in Ireland.

For over 50 years she worked with spinal injury patients on their rehabilitation, and was a powerful life-affirming presence in the ward. Her efforts significantly enhanced the quality of the lives of patients who had often suffered life-changing injuries.



Her friend and NRH colleague Eva Wallace said: "Aileen was a visionary. She pushed the boundaries of healthcare and challenged everything to get the best care. She was fearless in dealing with authority and bureaucracy."

She also took a keen interest in patients' wellbeing after they were discharged from the hospital. She travelled around the country on her Honda 50 motorbike to visit them, ensuring that family members had the necessary skills to look after the patients post-discharge from the NRH.

Her commitment to the aftercare of patients led to the establishment of Spinal Injuries Ireland, which last year named its new headquarters the Sister Aileen McCarthy Resource Centre in her honour. It is a fitting tribute to a life spent selflessly caring for others.

In later years Sr Aileen was appointed to the Board of Management of the NRH where she continued to advocate strongly on behalf of all our patients.

👉 Aileen was a visionary. She pushed the boundaries of healthcare and challenged everything to get the best care. She was fearless in dealing with authority and bureaucracy. 👈



Sr Aileen's Legacy

The NRH liaison Nurse Service for the Spinal Injury Programme, established by Sr Aileen, has continued to develop and expand over the years. It provides information, education and advice to all spinal cord injured (SCI) patients, their families and to healthcare professionals in the acute and community settings.

The Liaison Service, through the active delivery of specialised education and knowledge, helps patients prevent the occurrence of secondary complications such as pressure sores, and bladder and bowel issues. The service is active across the continuum of care from preadmission assessments, inpatient stay, post discharge follow up and lifelong care through a comprehensive annual telehealth clinic. In addition, Sr Aileen fundraised extensively to establish 'Villa Maria' – a pre-discharge unit in which patients, prior to discharge home, could re-orientate in natural home surrounds.

We are deeply indebted to Sr Aileen for her commitment, dedication, and solidarity with the patients, and also her friendship and unique sense of humour enjoyed by all her colleagues at the NRH.

Ar dheis Dé go raibh a hanam.



From left to right:

Sr Aileen in the early years;

Sr Aileen with President Mary Robinson and Henry Murdoch;

Sr Aileen with longtime friend Eva Wallace;

Sr Aileen with Brid Murphy and Dr Tom Gregg



NRH Board of Management



Mr Kieran Fleck
Chairman



Mr Henry Murdoch



Mr Derek Greene
Secretary



Mr Barry Dunlea



Dr Jacinta McElligott
(to June 2019)



Ms Breda Moriarty



Prof Richard Reilly



Frances Campbell
Director of Nursing



Mr Paul McNeive



Dr John O'Keeffe



Ms Pauline Sheils



Ms Elizabeth Maguire



Sr Helena O'Donoghue



Ms Áine Cornally
(to December 2019)



Prof Mark Delargy



Prof Áine Carroll
(from July 2019)

NRH Committees

Board of Management

Mr Kieran Fleck <i>(Chair)</i>	(11/11)*
Mr Derek Greene <i>(Secretary)</i>	(11/11)*
Mr Henry Murdoch	(9/11)*
Sr Helena O'Donoghue	(7/11)*
Mr Barry Dunlea	(11/11)*
Dr Jacinta McElligott <i>(to June 2019)</i>	(4/6)*
Mr Paul McNeive	(11/11)*
Prof Mark Delargy	(11/11)*
Ms Elizabeth Maguire	(9/11)*
Ms Pauline Sheils	(11/11)*
Ms Áine Cornally <i>(to December 2019)</i>	(8/11)*
Dr John O'Keeffe	(7/11)*
Ms Breda Moriarty	(11/11)*
Ms Frances Campbell	(6/11)*
Prof Richard Reilly	(6/11)*
Prof Áine Carroll <i>(from July 2019)</i>	(5/6)*

* Total Board Meeting Attendance

Patients Forum

Mr Brian Kerr <i>(Chair to Oct 2019)</i>
Mr Tim Rice <i>(Chair from Oct 2019)</i>
Ms Audrey Donnelly <i>(Secretary)</i>
Mr Stuart McKeever
Ms Esther Fitzgerald
All Patients and family members are invited to attend
In attendance:
Member of NRH Executive Committee

Executive Committee

Mr Derek Greene <i>(Chair)</i>
Prof Mark Delargy
Ms June Stanley
Mr Sam Dunwoody
Ms Bernadette Lee <i>(to August 2019)</i>
Ms Elayne Taylor <i>(from Sept 2019)</i>
Ms Frances Campbell
Dr Jacinta McElligott <i>(to July 2019)</i>
Prof Áine Carroll <i>(from July 2019)</i>
Mr Eugene Roe
Ms Rosemarie Nolan
Ms Olive Keenan
Ms Anne O'Loughlin
Ms Rosie Kelly
Ms Cathy Quinn

Finance & General Purpose Committee

Mr Kieran Fleck <i>(Chair)</i>
Mr Barry Dunlea
Ms Áine Cornally
Prof Mark Delargy
Ms Frances Campbell
In attendance:
Mr Derek Greene
Ms June Stanley
Mr Sam Dunwoody

Ethics Committee

Ms Elizabeth Maguire <i>(Chair)</i>
Dr Harvey Mallory <i>(to July 2019)</i>
Dr Jacqui Stow
Dr Maeve Nolan <i>(from July 2019)</i>
Dr Simone Carton
Mr Derek Greene
Ms Bernadette Lee <i>(to Sept 2019)</i>
Ms Elayne Taylor <i>(from Sept 2019)</i>
Ms Frances Campbell
Ms Pauline Sheils
Fr Michael Kennedy
Ms Breda Moriarty
Dr Áine Merwick
Prof Richard Reilly
Mr Sam Dunwoody

Audit Committee

Mr Dermot Quinn <i>(Chair)</i>
Mr Barry Dunlea
Mr Henry Murdoch
Ms Áine Cornally
In attendance:
Mr Derek Greene
Ms June Stanley
Mr Sam Dunwoody

Medical Board

Dr Jacinta McElligott <i>(Chair) (to May 2019)</i>
Prof Áine Carroll <i>(Chair) (from June 2019)</i>
Prof Mark Delargy
Mr Robert Flynn
Dr Jacinta Morgan
Dr Brian McGlone
Dr Tom Owens
Dr Nicola Ryall
Dr Éimear Smith
Mr Keith Synnott
Dr Susan Finn
Mr Seamus Morris
Dr John MacFarlane
Dr Paul Carroll
Dr Sinéad McNicholas
Dr Cara McDonagh
Dr Eugene Wallace
Dr Jacqui Stow
Dr Raymond Carson
Dr Harvey Mallory <i>(to Aug 2019)</i>
Dr Maria Frampton
Dr Angela McNamara
Dr Sean Carroll
Dr Blathnaid McCoy
Dr Mairead Hayes

Nomination Committee

Sr Helena O'Donoghue <i>(Chair) (to April 2019)</i>
Ms Elizabeth Maguire <i>(Chair) (from April 2019)</i>
Mr Kieran Fleck
Mr Derek Greene
Ms Breda Moriarty

Financial Statement



Sam Dunwoody
Director of Finance

Following a detailed review and analysis of staffing at the NRH, and based on significant changes in service demands and increased caseload complexities, the hospital submitted a Workforce Planning document to the HSE highlighting the requirement for additional staffing needed to provide safe care at the appropriate levels for our patient population.

2019 saw six of our beds still closed however we were able to reopen two of these beds in January under the 2018/2019 Winter Initiative Programme. Discussions continued with the HSE in the hope that the these two beds could remain open. It was agreed to extend this funding to the end of 2019. Unfortunately, the additional funding to keep these beds open was not allocated and this underfunding has resulted in a final year outturn of an overspend of circa €800,000 with the majority relating to this HSE service funding deficit.

Financially 2019 began with the HSE funding allocation for service provision that was less than our closing 2018 funding level, considering the additional payroll costs associated with the National Wage Agreement funding requirements. The opening allocation for the year was set at €29.962m – a decrease of €0.327m on our final 2018 (€30.288m) funding. As €0.712m of the 2019 opening allocation was to cover 2019 payroll increases and staffing costs, the actual opening position was in fact a €1.040m cut in funding, however the NRH was expected to maintain existing level

of service for 2019 as part of our Service Level Agreement with the HSE. Throughout 2019 the hospital continued to negotiate with the HSE for further funding and while a further €2.238m was allocated, over 83% of this (€1.864m) was allocated on a “once off” basis only.

2019 Fiscal Outcome

The year-end final allocation was €32.502m (2018: €30.288m) set against our total net expenditure incurred in 2019 of €33.302m (2018: €30.292m). This resulted in a very significant deficit of circa €800,000 for the year – this represents our largest deficit ever for the Hospital and that was despite the hospital’s very tight fiscal policy and monitoring of expenditure across all areas (achieved by very strong working relationships with budget holders and line managers across the organisation). Appreciation and thanks to all the staff for their support and commitment in managing costs while maintaining safe services for our patients. The overspend can be attributed to the lack of appropriate funding of services as agreed with the Hospital as part of the 2019 Service Level Agreement with the HSE. This 2019 deficit has now burdened the hospital to commence its services in 2020 with a financial first charge of circa €800,000 carried forward from the previous year. This result will increase further into 2020 as the “once off” funding has now been removed from our opening allocation for 2020 services.

A summary of the 2019 Revenue Income & Expenditure Account is as follows:

	Budget 2019 €000	Actual 2019 €000	Variance Current Year €000	Actual 2018 €000
Pay Expenditure	30,749	31,266	517	28,692
Non-Pay Expenditure	9,615	9,858	243	9,753
Gross Expenditure	40,364	41,124	760	38,445
Less Income Receipts	7,862	7,822	40	8,153
Net Expenditure	32,502	33,302	800	30,292
Revenue Allocation	32,50	32,502		30,289
Accumulated Deficit		803		3

Income and Expenditure Account

Service-related pay costs increased from €26.236m to €28.445m – an increase of 8.4%. Payroll costs increased by €2.209m (2018: €1.692m) due to national pay increases, Consultants Pay award, service increases and service pressures and increased maternity cover. Excluded from this figure is the Pensions and Lump Sums expenditure of €2.851m (2018: €2.456m). The current level of funding is having an effect on the level

of services we can provide and is making it increasingly difficult to meet the demands for rehabilitation programmes as our patient complexity continues to increase.

Non-Pay expenditure shows an increase of €0.105m – an increase of just 1.1% on the expenditure incurred in 2018. This year resulted in an overrun on budget of €243,000 of which a significant part related to the expenditure in treating our more complex patients as well as running the new Sports and Fitness Facility. The main areas of expenditure were:-

The cost associated to the manufacture and supply of Artificial Limbs and Orthotics which made up 33.4% of an expenditure of €3.294m (2018: €3.112m) - a 5.8% increase of €182,000 on 2018. Other categories of Non-Pay expenditure which increased were: Drugs & Medicines, Medical and Surgical, Laboratory Services, Catering, Radiology, Cleaning, Patient Transport, Maintenance, Insurance and Administration. Maintenance, Legal and Office Supplies and Medical Equipment had some decreased expenditure with the remaining categories in line with 2018 expenditure.

As a Teaching Hospital it is vitally important that the NRH continues to invest in staff training and education across the organisation to support our teams in delivering this specialised national service. In previous years increases in income receipts helped offset the majority of the non-pay and pay overruns but the opposite occurred in 2019 even taking into consideration the grants from the NRH Foundation which help fund the purchase of new ward and therapy equipment. 2019 saw for the first time in many years a decreased level of receipted income from approved charges related to Road Traffic Accidents (RTA) insurance claims which contributed to the year-end deficit result.

2019 saw income receipts decrease by €0.332m to €7.821m (2018: €8.153m – a decrease of 4.1% on 2018). The main areas of income changes of note were: Sales of Artificial Limbs and Orthotics increased to €3.296m (2018: €3.121m), Income from External Agencies decreased by €0.204m, the majority of which was due to decreased Grant Aid from the NRH Foundation, from €803,000 in 2018 to €507,000 in 2019. 2019 saw a decrease in RTA receipts of circa €266,000 to €€0.837m (2018: €1.103m) and also a small decrease in canteen receipts of circa €3,000 from €371,500 in 2018 to €368,600 in 2019.

The inflow of income receipts from Road Traffic Accidents is extremely unpredictable and the decreased receipts over our budget projections has added to the overall overspend in 2019.

Capital Grants

Capital Funding approved during 2019 was as follows:

	2019 €	2018 €
Capital Project –		
Hospital Redevelopment Project – HSE	53,264,767	42,118,555
Minor Capital –		
New MV Switchgear and ESB Panels	120,015	–
Minor Capital – Projects		
X-Ray Replacement Equipment		
Dexa Scanner	110,382	–
Urology Equipment and		
Decontamination Project	135,290	–
ICT New Windows Server and Licences	52,602	–
	53,683,056	44,118,555

Developments

Hospital Senior Management met with the designated HSE Senior Managers (National Hospitals Office / CHO 6, Disability Services – Social Care Division) as part of a continuous review process and to discuss a number of issues including bed closures, reopening beds, additional service funding, current staffing and related funding levels, increased number of patients experiencing delayed transfers of care, the National Clinical Programme for Rehabilitation Medicine, ongoing service pressures, service developments and waiting list initiatives, employee levels and revenue allocation adjustments and submissions.

The Hospital continued to seek additional minor Capital funding throughout 2019 in support of services in our existing hospital buildings. Grant funding was sought for replacement of our Dexa Scanner; upgrading of our Urology Service and Equipment, and upgrading of some of our Server Windows Licences. We are very thankful that these items were funded by the HSE which has helped to maintain our services in line with international standards and best practice.

The Hospital received €507,000 Grant Aid from the NRH Foundation in support of equipping the New Sports and Fitness Facility, Recreational Therapy Service, Music Therapy Service, upgrading of patient facilities and some new diagnostic and monitoring equipment, all of which was very much appreciated. These additional services and equipment will all go towards enhancing services for our patients. Our sincere gratitude and thanks to all those who have donated and fundraised over the last year as your kind generosity has and will continue to make a difference to the lives of the patients we serve, their families and carers.



Sam Dunwoody
Director of Finance



Clinical Director's Report



Professor Mark Delargy
Clinical Director

The NRH Clinical Directorship is now in its 5th year and this is the fourth NRH Annual Clinical Director report.

Preparation for opening the new 120 bed NRH due in 2020 has been a core focus for clinical planning during 2019. The design of the new hospital will transform our rehabilitation facilities for people with disabilities and will set a very high international standard for rehabilitation facilities.

Meanwhile delivery of a high-quality clinical service continued during 2019 despite the major additional service planning demands that are part of delivering a new hospital. Our staff are to be commended on their work in helping NRH clinical services deliver the high standards expected by our patients. Improvements achieved in 2019, such as the increased Paediatric Consultant hours have proven transformational for our Paediatric Service patients. Our service user feedback streams give us reason to celebrate our successes but also identify areas in which we need to improve.

Our Daily Operational Safety Huddle (DOSH) has proven invaluable again in 2019, helping management coordinate patient care during two periods of industrial action. The information exchange process at the core of DOSH is under continuous development with our Director of Nursing Frances Campbell.

Since July 2019 we have been helping our Hospital Board members be better informed about the clinical achievements and challenges facing patients and staff. The Patient Story is a monthly anonymised synopsis of a patient journey through the NRH and thereafter. In turn each clinical programme highlights a patient journey focusing on the interdisciplinary team inputs and identifying the team strategies which manage both the recoverable and lost elements of lives transformed by a sudden neurological catastrophe or limb loss event.

Quality, Safety & Risk (QSR)

During the three years since its inception, the QSR committee has established itself as key in monitoring and promoting quality and safety whilst managing risk. In 2019 the NRH gave a fond farewell to Bernie Lee our retired Risk Manager and welcomed our new Risk Manager Elayne Taylor.

Working with our CEO and the Brain Injury Programme Manager, the QSR Committee highlighted and successfully promoted the much-needed re-establishment of our Orthoptic service. In addition, with the support of Beaumont Hospital the NRH will introduce a Neuro-ophthalmology service in 2020.

The QSR Committee facilitated the introduction of a pre-admission checklist to streamline the admission process for patients on our waiting list. Similarly, with support from the QSR Committee Programme Managers will introduce a therapeutic leave checklist for all programmes in 2020. The therapeutic leave checklist is designed to reduce risks to patients primarily when they leave the NRH to experience their first day or weekend at home after many months in hospital care.

Risk Management also supports our Medical Peer Reviews in which an independent clinician reviews our medical and nursing processes for transfer of critically ill patients to an acute hospital – mainly St Vincent's University Hospital (SVUH). We are much indebted to our clinical colleagues in SVUH for their essential clinical support for transfers of acutely ill patients from the NRH.

Access to services during 2019

The 25% increase in beds to 120 in the new NRH will help ease some of the immense pressure on our admissions waiting list. The HSE Neurorehabilitation Services Implementation Framework 2019-2021 is seeking a major expansion of rehabilitation beds and community rehabilitation services so that transfer of patients from acute hospitals to rehabilitation and then into the community can progress sooner with fewer long delays.

The NRH has maintained consistent access for patients with severe disability into our comprehensive interdisciplinary rehabilitation programmes but long waits continue due to the shortfall in rehabilitation beds nationally. Service delivery is known to be substantially dependent on resources, so it is very relevant for example that Australia with excellent rehabilitation services and short waiting lists has 5 times more rehabilitation consultants per 100,000 population than Ireland. From the data provided by the National Doctors Workforce Planning Group no other specialty in Ireland has anywhere close to this gross shortfall in consultant numbers. Ireland needs to invest in the rehabilitation resources to increase staffing which will then match the norms in high quality international services. Our rehabilitation facility and community rehabilitation access benchmarking needs to move from delays of months to weeks, and then to seamless transfers from acute services to rehabilitation in whatever is the most appropriate environment. It is expected that the National Trauma Strategy implementation will give direction in this regard.

Once all the new 120 beds are fully staffed and operational in 2020, the benefit will be felt nationally when the NRH admits more patients sooner from our referring hospitals. Due to the severe shortfall in rehabilitation beds nationally the NRH continues the drive for its Phase Two Development so that it can be more responsive to the ever-increasing referrals.

New Developments

We are delighted to welcome Professor Áine Carroll as our new chair of the NRH Medical Board and warmly thank Dr Jacinta McElligott for her six years of service as Medical Board chair. We also welcome the return of Professor Jacinta Morgan from her sabbatical as Chair of the Department of Medicine in the Medical School in Bahrain and say thank you and farewell to Dr Harvey Mallory who was locum with us during this period. We also welcomed two further locum consultants in 2019, Dr Kinley Roberts and Dr Aaisha Khan who stepped in during colleagues' periods of extended leave. Following negotiations with Our Lady's Hospital for Sick Children Crumlin (OLHSC), Children's Health Ireland (CHI) and HSE CHO Area 6 we achieved an increase in Paediatric Consultant hours at the NRH and we welcomed Dr Blathnaid McCoy in January 2019 as 0.5 WTE Locum Consultant.

During 2019, our Interdisciplinary Team (IDT) group has been doing excellent work introducing an innovative refashioning of our IDT engagement style for both our colleagues and patients.

The Road Safety Authority (RSA) with our Garda Commissioner Mr Drew Harris and Minister for Transport Mr Shane Ross, launched the Winter Road Safety Initiative at the NRH in November 2019. Former NRH patients told their stories of changed lives after major road trauma. Those attending were left in no doubt that the survivor's journey can be a very long and unfortunately incomplete one. The NRH is very much invested in supporting the RSA strategy to reduce road deaths and major injuries.



Professor Mark Delargy
Clinical Director



Medical Board Report

Admitting Consultants (Consultants in Rehabilitation Medicine)



Prof Mark Delargy
Clinical Director



Dr Jacinta McElligott
Chairperson Medical Board
(to May 2019)



Dr Nicola Ryall



Dr Jacinta Morgan



Dr Áine Carroll
Chairperson Medical Board
(from June 2019)



Dr Éimear Smith



Dr Susan Finn



Dr Eugene Wallace



Dr Paul Carroll



Dr Jacqui Stow



Dr Cara McDonagh



Dr John MacFarlane



Dr Blathnaid McCoy

Consultants with clinical attachment at the NRH



Dr Maria Frampton
Consultant Psychiatrist



Dr Sinéad McNicholas
Consultant Microbiologist



Dr Raymond Carson
Consultant in Rehabilitation
Medicine



Dr Harvey Mallory
Consultant in Rehabilitation
Medicine
(to August 2019)

It is with great pleasure that I write this report as the newly appointed Chairperson on the NRH Medical Board. I offer special thanks to my friend and colleague, Dr Jacinta McElligott, who diligently steered the Medical Board as Chairperson for many years. The Medical Board offer their thanks and appreciation for her commitment to her colleagues and the NRH.

We are a team in the NRH so on behalf of my colleagues on the Medical Board I would like to commend each and every member of the organisation for all the work they have done in 2019. Every day you contribute to improving the experience of care for the people we serve and for that we are most grateful. Thank you.

2019 has been a year of celebration for us on the Medical Board. We celebrated a number of career milestones in the consultant body and I think it is important to acknowledge the contribution my colleagues have made to Rehabilitation Medicine in Ireland but also internationally. Professor Mark Delargy celebrated 25 years of being a Consultant; Dr Eimear Smith celebrated 10 years as a Consultant and Dr Brian McGlone celebrated 20 years as a Consultant working in the NRH.

Another cause for celebration was the welcome return of our colleague Dr Jacinta Morgan in October 2019 from her sabbatical as Professor of Medicine and Senior Cycle Director, RCSI University Bahrain. We would also like to congratulate Dr Paul Carroll on his achievement of obtaining his Masters of Science in Systemic Psychotherapy this year.

Academic Activity

NCHD AND BST TRAINING PROGRAMME

The Medical Board extends their appreciation to the continued hard work, commitment and excellent patient care provided by all our trainees to our patients and the interdisciplinary team working throughout the hospital. We especially wish to acknowledge the support of all the NCHDs to their clinical audit activities and the improvements in clinical services, patient care and outcomes which are as a result of all their endeavours. An extensive NCHD teaching calendar delivered by members of the Interdisciplinary teams supported their placements in 2019.

UNDERGRADUATE MEDICAL EDUCATION.

The NRH continues to serve as a vibrant teaching site for training undergraduate Medical Students from Trinity College Dublin (TCD), University College Dublin (UCD) and the Royal College of Surgeons in Ireland (RCSI).

The Medical Board sincerely thank Dr Sabrina McAlister and Dr Ameya Jagtap, Clinical Lecturers for their hard work and contribution to our undergraduate medical programmes throughout 2019 at the NRH. Once again, we would also like to thank the staff and patients who were so facilitating and supportive of our students throughout the year.

Approximately 60 medical students from TCD and 39 medical students from the RCSI had the opportunity to participate in two-week clinical rotations. In addition, 282 UCD medical students had an opportunity to interview patients at the NRH as a component of the popular UCD Understanding Disability Module.

HIGHER SPECIALIST TRAINING (HST)

Dr Eimear Smith continues as the National Speciality Director for Higher Specialist Training in Rehabilitation Medicine. The Board congratulates Dr Kinley Roberts on her graduation from HST training. Dr Lilia Zaporozhan, Dr Ruairi Connolly, Dr Marie Bolan and Dr Shane Hanratty continue in the NRH HST programme.

EDUCATION DELIVERED BY MEDICAL PERSONNEL TO INTERDISCIPLINARY TEAM GRAND ROUNDS

Month	Grand Rounds Topic	Presenter, Speaker
May	Medicinal cannabis: the highs & the lows	
June	Mind the Gap – Pre-discharge SCO Patients education	Dr Eimear Smith and SCSC Team
	Twisted Paths – Life's Uncertain Journey	Dr Jacinta McElligott and IDT Team
September	An Introduction to the Rehabilitative Training Unit	Rehabilitative Training Unit Team
October	Neurological Functional Disorder	Outpatients Department Team
November	Music Therapy in Neurorehabilitation	Dr Shane Cassidy
December	Pearls of Interdisciplinary Team (IDT) Working	Dr Jacinta McElligott and IDT Team

**NCHD TEACHING CALENDAR**

Month	Educational Topic or Event	Presenter, Speaker
January	NCHD Induction	Prof Mark Delargy
	NCHD Journal Club (Biweekly)	NCHDs
	Spinal Cord Injury Teaching (Weekly)	Dr Mairéad Hayes
	Radiology Conference (Monthly)	Dr Brian McGlone
February	Respiratory management of Spinal Cord Injury	Dr Mairéad Hayes
March	Radiology Interdisciplinary Meeting	Dr Brian McGlone
April	NCHD Induction	Prof Mark Delargy
	Urology – Medications in Urology	Mr Robert Flynn
May	Introduction to Psychiatry	Dr Maria Frampton
	Microbiology – Carbapenemase Producing Enterobacterales	Dr Sinead McNicholas
June	Microbiology – Carbapenemase Producing Enterobacterales	Dr Sinead McNicholas
July	NCHD Induction	Prof Mark Delargy
	Stroke Assessment and Management	Dr Jacinta McElligott
August	Medico - Legal Issues	Prof Mark Delargy
	Medication Safety and Prescribing Workshop	Sheena Cheyne
	Rehabilitation and Physical Exam	Dr Jacinta McElligott
	Behavioural Problems in Traumatic Brain Injury	Prof Mark Delargy
	Neuropathic Pain in SCI	Dr Eimear Smith
September	Infectious Disease - CPE and Aspergillus	Dr Sinead McNicholas
	Paediatric Life Support	Linda Farren
	Advanced Life Cardiac Support Training	Learn to Save A Life
October	NCHD Induction	Prof Mark Delargy
	Neurogenic Functional Prognosis after Traumatic SCI	Dr Eimear Smith
	Sexual Health Service	Pauline Sheils
November	Prosthetic Rehabilitation Respiratory Management in Spinal Cord Injury	Leana Colgan
	Psychiatry in Rehabilitation Medicine	Dr Maria Frampton
	Respiratory Management in Spinal Cord Injury	Dr Eimear Smith

Pictured are Professor Mark Delargy, Liz O'Donnell, RSA Chairperson, Laura O'Doherty and Siobhan O'Brien (former patients) speaking at the launch of the Road Safety Authority Campaign in November.



National and International Presentations – Highlights 2019

The Medical Board continued the tradition of high-quality presentations and publications at national and international conferences.

INVITED PRESENTATION:

'Traumatic Spinal Cord Injury in Ireland & Service Development', Smith E. Keynote Address, 36th Annual Guttman Conference, Belfast, 28th June 2019.

PRESENTATIONS:

'The Role of the Interdisciplinary Rehabilitation Team in Secondary Stroke Prevention', Zaporojan L, Conroy J, Wilkinson I, McElligott J. Irish Association of Rehabilitation Medicine (IARM) Meeting, Belfast 6th December 2019.

'QT Interval Safety. An ECG audit of Brain Injury Patients receiving Medications with the potential to prolong the QT Interval', Connolly, R. Irish Association of Rehabilitation Medicine (IARM) Meeting, Belfast 6th December 2019.

'A Systematic Review of Job Analyses in Medicine', Connolly, R. Irish Association of Rehabilitation Medicine (IARM) Meeting, Belfast 6th December 2019.

'Building our Capacity Paediatric Rehabilitation in Ireland', McElligott J, O'Loughlin A, Doherty S, Finn S. Keynote Address, Irish American Paediatric Society, Galway, December 2019.

'Complex Discharges-Spinal Cord Injury', Hayes M, MBBCH, MD, FRCA, FJFICM, EDIC, MRCS, Consultant Intensivist, Mater Misericordiae University Hospital. National Clinical Programme for Critical Care Conference, 28th May 2019.

'Aetiology and Functional Outcomes following Hypoxic Ischaemic Brain Injury', Carroll A. Platform Presentation Irish Association of Rehabilitation Medicine (IARM) Meeting, Belfast 6th December 2019.

'Disorders of Consciousness and Misdiagnosis, a Retrospective Review in a National Rehabilitation Hospital', Carroll A. Poster Presentation 5th EAN Congress in Oslo, Norway 29 June – 2 July 2019.

'Towards Answering Questions in Disorders of Consciousness and Locked-in Syndrome with a SMR-BCI', Carroll A. 8th Graz Brain-Computer Interface Conference 2019, Austria.

'The Implementation of a Cross-Jurisdictional Clinical Network for Congenital Heart Disease', Carroll A. Platform Presentation ICIC19 San Sebastian, Spain 1-3rd April 2019.

'Transforming Stroke Care – the Irish National Stroke Programme', Carroll A. Platform Presentation ICIC19 San Sebastian, Spain 1-3rd April 2019.

We were delighted that one of our UCD Medical Students Sharon Omiwole won the poster prize for her presentation *'The Impact of CNS Infections: Clinical Presentation, Treatment and Outcome in a Tertiary Neurorehabilitation Centre'* at the Irish Association of Rehabilitation Medicine (IARM) Meeting, Belfast 6th December 2019. Sharon was on a UCD Student Summer Research Awards (SSRA) Programme Attachment at the NRH.



Medical Board Publications – Highlights 2019

'Towards Answering Questions in Disorders of Consciousness and Locked-in Syndrome with SMR-BCI', Dayan N, Bigirimana A, McCann A, Stow J, McElligott J, Carroll A, Coyle D, Conference Proceedings: 8th Graz Brain-Computer Interface Conference 2019: Bridging Science and Application in Graz, Austria

'A Prospective Audit of Inappropriately Occupied Hospital Beds in Patients with Newly Acquired Traumatic Spinal Cord Injury', Smith E, Synnott K, Irish Medical Journal 2019; 112: 971-5

'An Internet-delivered Cognitive Behavioural Therapy Pain Management Programme for Spinal Cord Injury Pain: a Randomised Controlled Trial', Burke D, Lennon O, Blake C, Nolan M, Barry S, Smith E, Maye F, Lynch J, O'Connor L, Maume L, Cheyne S, Ni Ghiollain S, Fullen B, Eur J Pain 2019; 23 (7): 1264 - 82

'The Implementation of a Cross-jurisdictional Clinical Network for Congenital Heart Disease', Morrow S, Carroll A, International Journal of Integrated Care 19 (4) 2019

'The Unmet Rehabilitation Needs in an Inclusion Health Integrated Care Programme for Homeless Adults in Dublin', Carroll A, O'Brien S, Harrington D, Cheallaigh C, Ireland International Journal of Integrated Care 19 (4) 2019

'Transforming Stroke Care – the Irish National Stroke Programme', Collins R, McCormack J, Carroll A, Harbison J, International Journal of Integrated Care 19 (4) 2019

'Disorders of Consciousness and Misdiagnosis: A Retrospective Review in a National Rehabilitation Hospital', Carroll A, McCann A, European Journal of Neurology 2019 Jul 1 (Vol. 26, pp. 397-397)

'Burnout in the Emergency Department: Randomised Controlled Trial of an Attention-based Training Programme', Dunne PJ, Lynch J, Prihodova L, O'Leary C, Ghoreyshi A, Basdeo SA, Cox DJ, Breen R, Sheikhi A, Carroll A, Walsh C, Journal of Integrative Medicine 2019 Mar 29

'Neurogenic Heterotopic Ossification: A Pictorial Review', McCormack R, McGlone B, British Journal of Hospital Medicine, November 2019, Vol 80, No 11

National Clinical Programme Rehabilitation Medicine (NCPRM) Highlights

A key achievement was the successful admission of the first ventilator dependent patient onto the Spinal Cord Injury (SCI) acute to community care pathway. This pathway was developed by the Mater National Spinal Cord Injury team and the NRH Spinal Cord System of Care programme. The first patient was admitted in 2019 following the appointment of an intensivist, rehabilitation SCI care coordinator and development of an education programme for staff training and competencies in management of patients with high SCI and ventilator dependency.

The Rehabilitation Outcomes Collaborative Project commenced in 2019, with the appointment of Dr Amanda Carty as project manager. This project will include a review of all existing rehabilitation outcomes databases internationally as well as a review of what outcomes are currently collected in Ireland. The main aim is to design and make recommendations towards a National Rehabilitation Outcome data base.

Also notable in 2019 was the commencement of the pilot Managed Clinical Rehabilitation Network (MCRN), in the HSE CHO Areas 6 and 7, with the appointment of Edina O'Driscoll as the MCRN Programme Manager. This pilot aims to develop efficiency of processes and improve patient flows across our services.

The NCPRM programme made a presentation to the HSE Chief Clinical Officer Clinical Forum in conjunction with Edina O'Driscoll and Anne Marie Ryan (National Steering Group Neurorehabilitation Implementation Strategy) on the Neurorehabilitation Implementation Framework.

The NCPRM also held a strategy day and the first combined NCPRM Clinical Advisory and Working Group meeting in 2019.

Regional highlights

DR RAYMOND CARSON

Mater Misericordiae University Hospital and Cappagh Hospital

Dr Carson provides an acute rehabilitation consultation service for patients with acquired brain injury and onward referral for rehabilitation at Cappagh Hospital and the NRH. During 2019 a bi-weekly Rehabilitation Medicine Outpatient Clinic was established.

The Cappagh Rehabilitation Unit continues to develop as a specialist rehabilitation unit for Dublin north city and county. Dr Carson is the clinical lead for a 21-bedded service which focuses on neurological rehabilitation (acquired brain injury and stroke). Lower limb amputee rehabilitation and general post-acute rehabilitation is also provided. We have a formal interdisciplinary goal setting and review process for all of our neurological patients in line with best practice. We continue to build upon clinical and educational links with the NRH, with nursing staff attending the recent NRH rehabilitation nursing conference.

Dr Carson is the lead consultant for the RCPI BST programme at Cappagh Hospital. In 2020 Cappagh will be seeking accreditation by the RCPI to become a training site for HST in Rehabilitation Medicine.

New developments in 2019

The Transition to Adult Clinic for young people with acquired brain injury has been running on a monthly basis since May 2019, in conjunction with Dr Susan Finn. To date, 16 young people have been assessed at the new clinic. It is envisaged that the clinic will move to the Outpatients Department once arrangements for administrative and multidisciplinary team support have been agreed.

The commitment of the whole medical team to improving outcomes for the people we serve is clear in the various activities we have seen in 2019. On behalf of the Medical Board, I would like to sincerely thank all those who support us in our endeavours to provide high quality care for the patients we serve; all hospital employees, administration staff, the hospital Executive and Board and our volunteers. I would particularly like to extend my thanks to Doreen Kane, Medical Administrator, for her invaluable help and assistance throughout the year.

Professor Aine Carroll,
Professor of Integrated Care,
Consultant in Rehabilitation Medicine
Chairperson, NRH Medical Board

Pictured at the launch of the HSE Capital Plan in September are Catherine Byrne, Minister for Health Promotion, Paschal Donohoe, Minister for Finance, An Taoiseach Leo Varadkar, Simon Harris, Minister for Health, Kieran Fleck, NRH Chairman, Derek Greene, NRH CEO and Mary Mitchell O'Connor, Minister of State at the Department of Education.





SECTION 2

NRH REHABILITATION PROGRAMMES

Brain Injury Programme and Stroke Specialty Programme Reports





Professor Mark Delargy
Clinical Director, Medical Director,
Brain Injury Programme
(to November 2019)



Dr Jacinta Morgan
Medical Director, Brain Injury
Programme (from November 2019)



Dr Valerie Twomey
Programme Manager

Brain Injury Programme Report

The Brain Injury Programme at the National Rehabilitation Hospital, in collaboration with the patients, their families and carers, provides specialist brain injury rehabilitation designed to assist people with acquired brain injury (ABI), to achieve optimum functional independence, social participation and community integration.

The programme provides the national, and only, post-acute complex specialist inpatient rehabilitation service for people with acquired brain injury and stroke in the Republic of Ireland. The programme also provides the only specialist inpatient rehabilitation beds for patients with a Persistent Disorder of Consciousness (PDoC) and provides specialist neurorehabilitation for patients with neurobehavioural disorders. Referrals are received nationwide from acute hospitals, HSE service areas and primary care services.

The Brain Injury Programme has developed a full continuum of care which includes:

- Brain Injury Comprehensive Integrated Inpatient Rehabilitation Programme
- Brain Injury Outpatient Rehabilitation Programme
- Brain Injury Home and Community Based Rehabilitation Programme
- Brain Injury Vocational Programme (Please see Rehabilitative Training Unit report on page 76)

The NRH Brain Injury Programme is accredited by CARF (the Commission for Accreditation of Rehabilitation Facilities) as a Speciality Programme of Rehabilitation. The programme has been re-accredited for the 4th consecutive time (for the maximum three years) as a Speciality Brain Injury Programme for inpatient, outpatient and home and community based services and vocational services.

Demographics, Activity and Outcomes for Inpatient Services – 2019

129 patients received inpatient Brain Injury rehabilitation services in 2019. Of the patients discharged from the programme, 120 were admitted to the Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP), and nine patients were admitted for short review or assessment.

DEMOGRAPHICS AND ACTIVITY

Of the 120 patients admitted to the Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP):

67

(56%) had a diagnosis of Non-traumatic Brain Injury

51

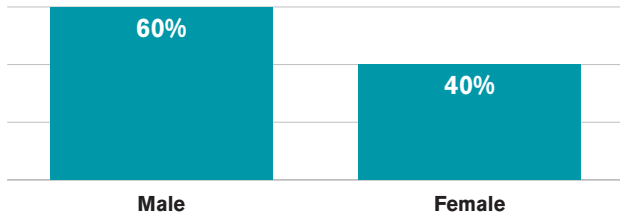
(42.5%) had a diagnosis of Traumatic Brain Injury

2

(1.5%) had a diagnosis of other Neurological Conditions



GENDER OF INPATIENTS SERVED BY THE BI PROGRAMME IN 2019



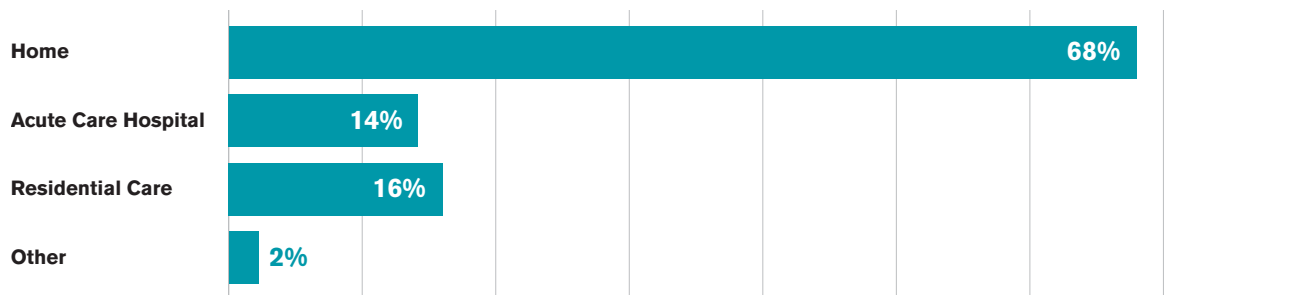
AGE PROFILE OF INPATIENTS SERVED BY THE BI PROGRAMME IN 2019

Average age	44 years
Lower age range	18 years
Higher age range	68 years

Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE BI PROGRAMME

DISCHARGE LOCATION OF INPATIENTS SERVED BY THE BI PROGRAMME IN 2019



Indicator	Target Set – 2019	Outcome
Average Days Waiting for Admission	Target: average days waiting for admission would be less than 90 days	Patients waited an average of 124 days for admission to the programme (range 5–504 days)
Completion rate of Outcome Measures (FIM Functional Independence Measure)	95% completion of both the admission and discharge FIM	76% completion rate of FIM
Modified Barthel (MB)	95% completion of both the admission and discharge MB	94% completion rate of MB
Incidence of Positive Change in Outcome measure at Discharge	Improvement in FIM Score 90% of patients would show a positive change in Barthel	94% patients 90% of patients
Average Score Change in Outcome Measures at Discharge	Patients would improve on average by at least 10 points as measured on the Modified Barthel and FIM	Barthel Average Improvement 14 points FIM Average Improvement 20 points
Average Rehabilitation Length of Stay	Length of stay would be less than or equal to 90 days	84 days
Discharge to Home Rate	75% of patients would be discharged to home	68%

The programme continues to deliver high quality, effective rehabilitation in a national context of increasing patient complexity and numbers, increasing demand for earlier access, and a higher proportion of all patients having higher complexity of needs than previously seen. Our interdisciplinary teams of experts continue to deliver consistent and excellent patient outcomes with reduction in resources.

Brain Injury Programme Goals and Achievements in 2019

2019 was a very busy year for the programme, with particular emphasis on quality improvement along with maintaining and building on our commitment to standards of excellence and care in rehabilitation. Guided by the NRH Quality Goal and Strategic Plan (2015-2019) service improvements included development of a new performance measurement system, extensive review and improvement of our vocational rehabilitation programme, the establishment of a creative arts therapy service and a focus on new ways of working in our new hospital.

PERSON-CENTRED COORDINATED CARE

Under the programme for quality improvement, a number of initiatives were undertaken in 2019. The Programme's Prolonged Disorder of Consciousness (PDoC) Steering Group conducted a review of its scope of service, in collaboration with the Royal Hospital for Neurodisability in London. This resulted in detailed plans for a new PDoC service now outlined as a stand-alone PDoC Unit in our new hospital building. The treating team have spent time testing processes and procedures in preparation for this move.

ENABLING INTEGRATED CARE

Identified as a significant enabler to the provision of person-centred coordinated care, the programme has clinical and operational representation on the hospital's steering groups for the Clinical Rehabilitation Management System and the New Hospital Project. The importance of access to information, ease of communicating with external referrers and service providers and most importantly the introduction of a patient portal for education, information and participation are key features of the programme's plans to enable patients and their families and support networks to benefit from their rehabilitation.

PATIENT FLOW

In 2019, the work of the programme's pre-admission and liaison service continued to deliver improved access to specialist care for patients awaiting admission to the NRH. With an increasing demand for inpatient beds, patients in acute hospital settings have experienced a significant increase in waiting times. Significant input into the stratification of patients in specialist categories took place in 2019. Stratification leads to more accurate analysis and reporting of data which ultimately allows us to better plan for delivery of service to the right person at the right time and in the right place. The Programme stratified patients with Prolonged Disorders of Consciousness, Neurobehavioral Disorders and Stroke, with the emergence of the NRH Stroke Specialty Programme a key outcome from this work.



The Rehabilitative Training Unit continually seeks ways in which the trainees can demonstrate and apply skills developed during their training programme.



Stroke Specialty Programme Report

The Stroke Specialty Service initially achieved CARF Accreditation in 2010 as part of the Brain Injury Programme. With advances in the performance management system in the organisation, the Stroke Specialty Programme was established separate to the Brain Injury Programme in 2019.

The Stroke Specialty Programme, in collaboration with the patients, their families and carers, provides specialist stroke rehabilitation designed to lessen the impact of impairment and to assist people with stroke, to achieve optimum functional independence, social participation and community integration.

The programme provides the national and only, post-acute complex specialist inpatient rehabilitation service for people with stroke in the Republic of Ireland. Referrals are received nationwide from acute hospitals, HSE service areas and primary care services.

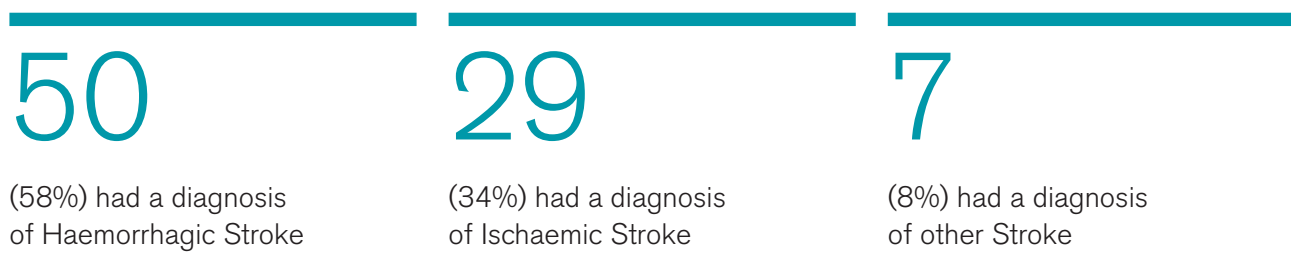
The Stroke Specialty Programme was delighted to be re-accredited by CARF for the 4th time as a Speciality Stroke Programme for inpatient, outpatient and home & community-based services, extending to September 2020.

Demographics, Activity and Outcomes for Inpatient Services – 2019

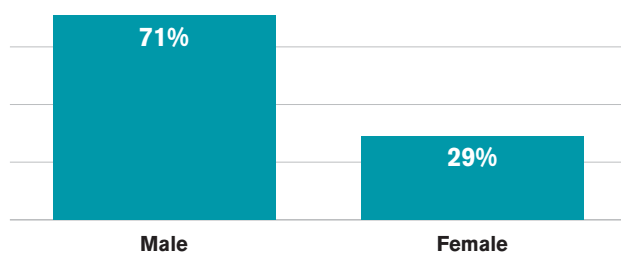
87 patients received inpatient rehabilitation services in 2019. Of the patients discharged from the programme, 86 were admitted to the Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP), and one patient was admitted for short review or assessment.

DEMOGRAPHICS AND ACTIVITY

Of the 86 patients admitted to the Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP):



GENDER OF INPATIENTS SERVED BY THE STROKE SPECIALTY PROGRAMME IN 2019



AGE PROFILE OF INPATIENTS SERVED BY THE STROKE SPECIALTY PROGRAMME IN 2019

Average age	54 years
Lower age range	23 years
Higher age range	73 years

Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE STROKE SPECIALTY PROGRAMME

DISCHARGE LOCATION OF INPATIENTS SERVED BY THE STROKE SPECIALTY PROGRAMME IN 2019



Indicator	Target Set – 2019	Outcome
Average Days Waiting for Admission	Target: average days waiting for admission would be less than 70 days	Patients waited an average of 137 days for admission to the programme (range 10–1,475 days)
Completion rate of Outcome Measures (FIM Functional Independence Measure)	95% completion of both the admission and discharge FIM	84% completion rate of FIM
Modified Barthel (MB)	95% completion of both the admission and discharge MB	98% completion rate of MB
Incidence of Positive Change in Outcome measure at Discharge	Improvement in FIM Score 90% of patients would show a positive change in Barthel	80% patients 90% of patients
Average Score Change in Outcome Measures at Discharge	Patients would improve on average by at least 10 points as measured on the Modified Barthel and FIM	Barthel Average Improvement 14 points FIM Average Improvement 20 points
Average Rehabilitation Length of Stay	Length of stay would be less than or equal to 84 days	84 days
Discharge to Home Rate	75% of patients would be discharged to home	80%



The Rehabilitative Training Unit (RTU) continually seeks ways for trainees to demonstrate and apply skills developed during their training programme. Trainees present their experience of living with acquired brain injury which allows them enhance their communication skills and build confidence while affording them the chance to tell their story. Luke Carey, former RTU trainee is pictured here participating in the Road Safety Authority campaign in November.

The programme continues to deliver high quality, effective rehabilitation in a national context of increasing patient complexity and numbers, increasing demand for earlier access, and a higher proportion of all patients having higher complexity of needs than previously seen. Our interdisciplinary teams of experts continue to deliver consistent and excellent patient outcomes with reduction in resources.

Stroke Specialty Programme Goals and Achievements in 2019

PERSON-CENTRED COORDINATED CARE

Stratifying Stroke as distinct from other acquired brain injury and illness has enabled the programme to view, analyse and report data in a more person-centred coordinated way. New targets were set for operational and functional outcomes and we are delighted to announce that we will be opening the country's only specialist inpatient stroke rehabilitation facility in our new hospital in 2020.

ENABLING INTEGRATED CARE

Stroke is a leading cause of death and disability worldwide and in Ireland. Approximately 10,000 people will have a stroke event each year. According to the recently published Irish Heart Foundation National Stroke Audit just one in four patients were recorded as having received acute or post-acute rehabilitation. Increasing demands on healthcare services has led the Health Service Executive to consider the role of the patients in managing their own healthcare, with an emphasis on chronic disease self-management programmes and the development of a national framework for supported self-management. These initiatives have guided the development and design of the NRH Stroke Specialty Programme and aim to make better use of consultations with professionals and enable patients to take a greater role in managing their own health condition.

Programme Manager

Dr Valerie Twomey (Senior Clinical Neuropsychologist) is the Programme Manager for the Brain Injury and Stroke Specialty Programmes.

Clinical Services delivered within the Brain Injury Programme and Stroke Specialty Programme include:

- **Medical**

Patient care and treatment is delivered by Consultant led interdisciplinary (medical, nursing, health and social care) teams. Clinical responsibility is held by **Professor Mark Delargy** (Clinical Director, and Medical Director of the Brain Injury and Stroke Specialty Programmes), and **Dr Jacinta Morgan** (Medical Director of the Brain Injury and Stroke Specialty Programmes), with Consultant Colleagues **Dr Jacinta McElligott, Dr Aaisha Khan, Dr Paul Carroll** and **Dr Jacqui Stow. Dr Kinley Roberts. Dr Eugene Wallace, Dr Raymond Carson** and **Dr John McFarlane** provide rehabilitation input on behalf of the NRH in major referring hospitals in Dublin and Cork respectively. A rotating team of NCHDs continue to provide medical support at the NRH.

- **Nursing (St. Brigid's Ward, St. Patrick's Ward, St. Camillus' Ward and St. Gabriel's Ward)**

Rehabilitation nursing staff provide nursing care, support and direction to patients. They act as an important communication link with the patients' family, visitors and with the other members of the interdisciplinary team. Nursing staff assist patients in practicing what they are learning in therapies and teach patients how to manage their personal care, along with their families and carers.

- **Clinical Psychology**

The clinical neuropsychology service to the Brain Injury Programme includes a suite of services from assessment to psychotherapy to supporting situations that challenge by using Positive Behaviour Support with teams and patients. The most frequent psychological issues are complex mood and adjustment disorders, queries about decision making capacity, systems that challenge patients and teams and all of these may be in the presence of long-standing psychological vulnerability.

- **Pre-admission and Liaison Service**

The Pre-admission and Liaison Service continued to provide an invaluable link between the hospital, home, and patients' healthcare professionals, acting as an advocate and liaising with referring hospitals to assess the person's clinical needs and evaluate their readiness for admission to the programme. The service supported patients from all HSE hospital groups and community healthcare organisations nationally and has led the development of a national clinical care pathway for patients with a Persistent Disorder of Consciousness (PDoC).

- **Nutrition and Dietetics**

The main priority of the Nutrition & Dietetic service to the Brain Injury and Stroke Programmes is to manage nutritionally at-risk patients and to support patients to reduce the risk of recurrence by addressing lifestyle factors. The service is provided to Inpatients only. Due to the nature of brain injury, dietetic consultations take place on a one-to-one basis and are frequently facilitated by the Speech & Language Therapist. Patients with highly complex dietary needs are increasing, for example patients with Phenylketonuria (PKU), which require greater dietetic expertise and input.



- **Occupational Therapy**

The number of patients presenting with complex brain injury was noted to increase this year and with this an increase in the number of these patients facing challenges around discharge planning. New groups were developed by the team including a 'breakfast club' on St Patrick's ward, a sleep hygiene group on St Camillus ward and a non-functional upper limb group in collaboration with Physiotherapy. An interdisciplinary team (IDT) approach to mealtimes was established with OT, Dietetics and Speech & Language Therapy developing a Mealtime Care plan on St. Gabriel's Ward. The Cognitive and Communication Affected Rehabilitation Service (CCARS) was trialled on St Brigid's ward. In response to the challenges with staffing, the team used a capacity tool to assist with the prioritisation of patients and with service planning and delivery.

- **Pharmacy**

Pharmacists counsel patients in the Brain Injury and Stroke Programmes on their medications and an individual Medicine List is provided to each patient. Pharmacists attend Consultant ward rounds and Medicines Prescription Administration Record (MPAR) reviews, advising on medications and optimising treatment. All medications are reconciled on admission and discharge to ensure that the medication list is accurate at transitions of care.

- **Physiotherapy**

The Physiotherapy team delivers a comprehensive, highly skilled service across the Programmes. Physiotherapy provides individual sessions, Graded Repetitive Arm Strengthening Programme (GRASP) upper-limb group practice and supports Sports and Exercise Physiotherapy group sessions. Additional therapies include functional electrical stimulation and robotic training for the upper and lower limb. Patients may also be referred to Aquatic Physiotherapy, the Wheelchair and Seating service or a weekly Splinting service based on their clinical need. The Physiotherapy team place an emphasis on quality evidence-informed practice and continue to act as a national resource to physiotherapists nationally.

- **Radiology**

The Diagnostic Radiology service supports rehabilitation following brain injury. Ultrasound-guided botulinum toxin injection into salivary glands in conjunction with the Medical teams is available for use in selected brain-injured patients with sialorrhoea. DXA surveillance for those at risk of low bone density is widely used. Preventative screening of the urinary tract by Ultrasound and X-ray are also employed to detect occult pathology in the most immobile patients. Case review and discussion at monthly Clinical Interdisciplinary Radiology Meetings of pre- and post-admission brain CT and MRI is provided to facilitate understanding of structural brain deficits and to assist with ongoing inpatient management.

- **Social Work**

Social Workers provide the Brain Injury Awareness for Friends and Family (BIAFF) Programme and participate in other committees including the Behavioural Consultancy Forum, and the Disorders of Consciousness Working Group. The length of time required to access funding and services remains a major concern for patients and families and is a major contributor to bed days lost due to delayed transfer of care. A new resource 'Supporting Child relatives of Adults with ABI: A resource for Rehabilitation Teams' was launched in 2019 and work began on a resource for parents with an ABI and their partners and families. The social work team were also involved in the Educational Sleep programme.

- **Speech and Language Therapy**

The Speech and Language Therapy (SLT) service works within the Programmes to manage the communication and swallowing needs of patients. The SLT team continually monitor and review treatment and management plans to recognise and respond to the changing needs of patients, families and carers, including how treatment goals and patients' choices may change at different stages of illness and disability. In addition to weekly chart rounds, therapists contribute to goal setting and family and discharge conferences, often supporting and facilitating patients with communication difficulties to participate in these meetings.

- **Therapeutic Recreation Service**

The NRH Therapeutic Recreation Service encourages and facilitates patients' participation in leisure and recreation activities. It provides an opportunity to explore how they can return to hobbies or interests they enjoyed before their injury, or to explore new leisure pursuits. The ultimate aim is reintegration back into their community through involvement in hobbies or interests.

- **Music Therapy**

Music Therapy is an evidence-based profession using psychoanalytic theories to inform the therapy process by observing how patients interact with the environment, the therapist and the music. A three-year music therapy study continued in 2019. Shane Cassidy, Music Therapy PhD candidate, is investigating the impact of Neurologic Music Therapy sensorimotor techniques on the physical rehabilitation (gait) and mood among adults and paediatric patients with an acquired brain injury.

Stroke is a leading cause of death and disability worldwide and in Ireland, approximately 10,000 people will have a stroke event each year. According to the recently published Irish Heart Foundation National Stroke Audit just one in four patients were recorded as having received acute or post-acute rehabilitation.



SECTION 2

NRH REHABILITATION PROGRAMMES

Spinal Cord System of Care (SCSC) Programme Report





Dr Éimear Smith
Medical Director
SCSC Programme



Dr Cara McDonagh
Consultant in
Rehabilitation Medicine



Eugene Roe
Programme Manager

The Spinal Cord System of Care (SCSC) Programme at the National Rehabilitation Hospital has developed a continuum of care for people with spinal cord dysfunction, encompassing the Inpatient rehabilitation phase, Outpatient phase and linkages to community services.

Spinal cord dysfunction may result from traumatic injury or non-traumatic injury including such disorders as benign or malignant spinal cord tumours, demyelination, vascular or inflammatory disorders. The SCSC Programme also includes the management of patients with peripheral neuropathies, such as Guillain Barre Syndrome, as similar principles of rehabilitation apply to these conditions.

Persons with spinal cord dysfunction have many needs and may face wide-ranging long-term restrictions in their ability to live independently, to drive or use public transport, return to work or education, participate in leisure and social activities, fulfil family roles and maintain personal, sexual and family relationships. The Spinal Cord System of Care at the NRH is designed to assist patients and their family and carers to manage their impairments and to promote greater levels of functional independence, social participation and community reintegration.

The SCSC Programme provides a continuum of care. This encompasses the Inpatient rehabilitation phase (with a reduced bed capacity of 33 beds in 2019 until August, with a further reduction to 31 beds due to building works associated with the new hospital) and an Outpatient phase with the capacity to see patients in interdisciplinary clinics, consultant led clinics and single therapy treatments. Linkages to community services include a nursing liaison service, a pilot vocational programme and links with the voluntary organisation Spinal Injuries Ireland (SII).

Patient care and treatment is delivered by an interdisciplinary team with overall clinical responsibility led by the Medical Director of the programme, **Dr Éimear Smith**, in collaboration with **Dr Cara McDonagh**, Consultant in Rehabilitation Medicine.



NRH Volunteers pictured with minister for Finance Paschal Donohoe at the launch of the HSE Capital Plan in September.

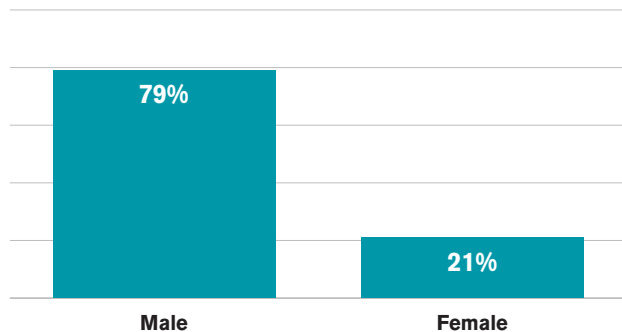


Demographics, Activity and Outcomes for Inpatient Services – 2019

DEMOGRAPHICS & ACTIVITY

In total 126 persons were discharged in 2019 from the SCSC Programme. Of these patients, 109 were admitted for a full goal setting rehabilitation programme (Comprehensive Integrated Inpatient Rehabilitation Programme) and 17 were admitted for short review or assessment. 44% of these patients were admitted for a traumatic spinal cord injury, 50% for non-traumatic and 6% for neuropathies and various neurological disorders.

GENDER OF INPATIENTS DISCHARGED BY THE SCSC PROGRAMME IN 2019



AGE PROFILE OF INPATIENTS DISCHARGED BY THE SCSC PROGRAMME IN 2019

Average age	51 years
Lower age range	16 years
Higher age range	86 years

Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE SCSC PROGRAMME

Indicator	Target Set – 2019	Outcome – 2019	Note / Trend
Average Days Waiting for Admission	Target: Admission of patients within 60 days	The average days waiting for admission was 75 days	Days waiting for admission have continued to increase on an annual basis. There has been an approximately 70% increase in wait times since 2014.
Average Rehabilitation Length of Stay (LOS)	Target: Average length of stay less than 90 days	Average LOS was 93 days	The LOS in the SCSC Programme is negatively impacted when a number of patients must wait for long periods to access onward care.
Delayed Discharges	Target: To lose less than 8% of bed days to delayed transfers of care	Days lost to Delayed Transfers of Care amounted to 11% of bed days	'Delayed Transfers of Care' is the term used when patients have completed their rehabilitation programme and are medically fit for discharge but are awaiting access to onward care.
Discharge to Home Rate	Target: To discharge at least 75% of patients to home	70% of patients were discharged home	17% of patients were discharged back to the acute referring hospital in 2019 13% of patients were discharged to long term residential care

SCSC Programme Highlights in 2019

- The SCSC Programme Development Committee continued to meet on a monthly basis to address service issues regarding patient and family care. The programme continued to benefit from its collaboration with Spinal Injuries Ireland (SII)
- Supported by ASPIRE UK, the Mind-the-Gap pre-discharge survey continued in 2019 with an added one-year post discharge follow up component. The original survey is now being used in several UK spinal units.
- Established SCSC Programme annual events that took place in 2019 included;
 - Participation in the UK Inter Unit Spinal Games (April)
 - 9th Annual Reunion for Women with Spinal Cord Injury (May)
 - 7th Annual NRH Spinal Sports Championships (September)
 - A Farmers Day was held in Kilkenny in collaboration with Embrace (November)

Programme Manager's Report

Eugene Roe is Programme Manager for the Spinal Cord System of Care (SCSC) Programme.

Planned and coordinated interdisciplinary working is at the core of patient centred care in the SCSC Programme. In 2019 the SCSC Programme relocated to a single interdisciplinary space for patient treatment which initially focussed on the collaboration of physiotherapy and occupational therapy.

The commitment of all involved in planning admissions contributed to a consistently high bed occupancy rate in the SCSC Programme with an average occupancy of 92% in 2019. However, the programme lost a number of beds due to the enabling works for the new hospital. A fitting 'farewell to St Margaret's ward' was held in August before it was handed over to facilitate a link corridor to the new hospital building.

As in past years, significant fundraising was undertaken by individuals and groups in 2019 to support the spinal programme at the NRH. These individual and group efforts are very much appreciated by both patients and staff of the programme.

Medical Director's Report

Dr Éimear Smith is the Medical Director for the Spinal Cord System of Care (SCSC) Programme.

In 2019 the first ventilator dependent spinal cord injured patient was admitted to the NRH since the 1990s. It had not been possible to do this for over 20 years, due to changes in governance standards and the need for closer medical oversight of these patients. This standard of care has now been achieved through the commencement in post of Dr Mairead Hayes, Consultant in Critical Care Medicine at the Mater Misericordiae University Hospital and the NRH, and Siobhan O'Driscoll, as SCI liaison nurse with a focus on ventilatory management. In addition, a formal camera and audio link between the NRH high dependency Fern Unit and the Mater Intensive Care Unit were installed. Although the NRH can now admit and manage ventilated patients successfully, discharge planning for these complex patients remains a huge challenge, in view of the current funding model for community services.

It is a source of great distress that more dependent patients continue to wait longer for admission to the NRH SCSC programme, thereby increasing their risk of developing secondary complications. These longer waiting times have arisen due to more cases of spinal cord injury nationally and reduced bed capacity. The latter has increasingly evolved due to nursing shortages, the need for patient isolation due to hospital-acquired infections and more recently, closure of St. Margaret's Ward to facilitate a link corridor to the new hospital.

The strength of the collaboration with Spinal Injuries Ireland (SII) was evident during 2019. NRH research outlining the changed epidemiology of spinal cord injury in Ireland was presented at the launch of the SII 2019-2023 Strategic Plan in April and helped greatly to inform this plan. The NRH team delivered an education programme on Cauda Equina Syndrome for SII staff and their partners Coloplast in September.



Clinical Services delivered within the SCSC Programme include:

- **Medical**

The Medical Director of the programme is Dr Éimear Smith who works in collaboration with Dr Cara McDonagh, Consultant in Rehabilitation Medicine.

- **Nursing (Fern Unit (formerly St. Margaret's Ward), St. Joseph's Ward, Our Lady's Ward and St. Camillus' Ward)**

Nursing staff on the above wards provide care, support and encouragement to patients from the SCSC Programme, and provide an important communication link with the other members of the team. Nursing staff help patients to practice what they are learning in therapies and teach patients how to manage their personal care, along with their families and carers.

- **Clinical Psychology**

The psychology team on the SCSC programme were involved in educating patients and professionals on emotional adjustment following SCI at the Annual Reunion for Women with SCI and a Focus on Farmers Day. Weekly staff support sessions on each spinal ward encourage reflective practice in relation to the clinical challenges experienced by all staff.

- **Spinal Injury Liaison Service**

The Liaison Service is a nurse led service and covers 26 counties. The service offers: education and advice both for patients and family members, attendance at family and community conferences during the inpatient stay at the NRH; active involvement through the delivery of specialised knowledge helping to prevent complications; pre-admission assessments; post-discharge review and annual review.

- **Nutrition and Dietetics**

Dietetic intervention focuses on ensuring that patients are well nourished in the initial rehabilitation phase, and as recovery progresses, the focus shifts to address issues with long term health. At present, the service is provided to inpatients of the SCSC programme only. In 2019, the Spinal Injury 'Health Hub' was launched to empower patients to look after their own health, along with an animated DVD raising awareness of weight changes that can occur after SCI.

- **Occupational Therapy**

Occupational Therapy (OT) in the SCSC programme involves functional assessment and personalised intervention for patients, to enable them to become independent, return home, integrate with community and return to meaningful occupation. In line with the increased complexity and increased number of incomplete SCI, OTs worked closely with community services and the Central Remedial Clinic to address power mobility needs of our patients. Interdisciplinary initiatives included a functional sitting balance and functional standing balance group. Service developments included a pilot Fatigue Management group, Tetra Self-Management Group 'Know Your Own Care' for patients and families, Wheelchair Skills Training staff upskilling, Driving Lessons for patients whilst seated in a powered wheelchair with the Irish Wheelchair Association and the development of a standardised Hand Assessment tool.

- **Pharmacy**

All medications are reconciled on admission and discharge to ensure that the medication list is accurate at transitions of care. Pharmacists work as part of an interdisciplinary team and attend Consultant ward rounds advising patients and staff on medications. Individual medication counselling is offered also and all patients are provided with an individual Medicine List. Group education sessions are provided to all SCSC patients on 'Medication' and 'Spasticity'.

- **Physiotherapy**

The SCSC physiotherapy team continued to deliver a specialised quality interdisciplinary service which included joint groups and ward-based activities with our OT colleagues. An Integrated Therapy Treatment Area shared by Physiotherapy and OT was implemented in preparation for the move to a programmatic model of service delivery in the new hospital. This shared space supported the provision of person-centred coordinated care and enhanced communication within the team for an improved patient experience. The out of hours Independent Exercise group supervised by volunteers continued to grow with the aim of promoting healthy living and exercise post discharge. The spinal physiotherapy team were also involved in several educational initiatives delivering lectures to other hospitals and universities and presenting at international conferences.

- **Radiology**

Key amongst the Radiology services provided are regular inpatient and outpatient imaging of the renal tract using ultrasound and x-ray to detect stones and other complications in order to prevent the morbidity and mortality associated with occult urinary tract disease, including sepsis. For newly admitted high dependency cervical SCI patients, the assessment of diaphragmatic function by ultrasound and the radiographic evaluation of spinal instrumentation are essential tools. An on-call 24 hour x-ray service is also provided, mainly used for acute chest and musculoskeletal conditions. DXA evaluation of baseline bone density is available for all SCSC patients. In 2019 a new state-of-the-art DXA system was installed for the identification of patients at risk from osteoporosis and other debilitating conditions.

- **Social Work**

The Social Work service is offered to all patients and their families within the SCSC Programme. Social Work involvement continues throughout the rehabilitation programme and in the immediate post-discharge stage as required. Pre-admission and outreach visits are completed in consultation with Interdisciplinary Teams and the Discharge Liaison Occupational Therapist (DLOT). Social Workers on the spinal programme were involved in various patient and family information and educational events in 2019. The intense negotiations in relation to discharge planning and funding continue to be a major challenge for the Social Work team. Plans to develop a carer programme for families affected by SCI are in progress as well as a resource for parents with SCI.

- **Speech & Language Therapy**

The Speech and Language Therapy (SLT) department offers assessment, diagnosis and treatment of dysphagia and communication needs to patients in the SCSC programme. Patients have access to Fiberoptic Endoscopic Evaluation of Swallowing (FEES) and Audiology screening on site and may have access to Videofluoroscopy services from their referring hospitals.

- **Therapeutic Recreation Service**

The NRH Therapeutic Recreation Service encourages and facilitates patients' participation in leisure and recreation activities. It provides an opportunity to explore how they can return to hobbies or interests they enjoyed before their injury, or to explore new leisure pursuits. The ultimate aim is reintegration back into their community through involvement in hobbies or interests.



SECTION 2

NRH REHABILITATION PROGRAMMES

Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programme Report





Dr Nicola Ryall
Medical Director



Dr Jacqui Stow
Consultant in
Rehabilitation Medicine



Aoife Langton
Programme Manager

The Prosthetic, Orthotic and Limb absence Rehabilitation (POLAR) programme provided prosthetic rehabilitation for people with both amputation and congenital limb absence throughout 2019. Dr Jacqui Stow provides consultant cover for both Inpatients, Day-patients and Interdisciplinary team clinics. Dr Ryall provides specialist Upper Limb and Complex Cases Clinics.

The feedback received from patients throughout 2019 has been positive, praising the dedication and expertise of the staff in the POLAR programme.

Demographics, Activity and Outcomes for Inpatient and Day-patient Services in 2019

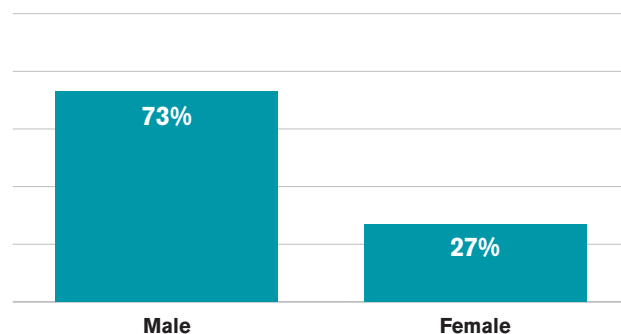
In total 110 patients were discharged from the POLAR Programme in 2019. Of these patients, 68 were from the inpatient programme (a 10 bedded ward) and 42 patients were from the POLAR Day service which is offered four days a week for seven places. Of the 68 inpatients, 58 received a Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP). In August, inpatient beds were reduced to nine to facilitate works as part of the new hospital build. To compensate for this, the POLAR Day service increased day patient places when possible from seven to eight places.

DEMOGRAPHICS & ACTIVITY

Types of Amputation	Inpatient	Day Patient	%
Below knee	33	19	47%
Above knee	23	11	31%
Bilateral lower limb	9	9	16%
Upper limb	1	1	2%
Through knee	2	1	3%
Through hip	0	1	1%
Total	68	42	100%

The following graphs and tables show, for Inpatients and Day-patients to the service in 2019, the breakdown of gender, and average age profile.

GENDER OF PATIENTS DISCHARGED FROM THE POLAR PROGRAMME IN 2019



AGE PROFILE OF INPATIENTS AND DAY-PATIENTS DISCHARGED BY THE POLAR PROGRAMME IN 2019

Average age	62 years
Lower age range	26 years
Higher age range	82 years



Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE POLAR INPATIENT PROGRAMME

Indicator	Target Set - 2019	Outcome	Note / Trend
Average Days Waiting for Admission to the Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP)	Admission of patients within 40 days	Average wait for admission was 66 days	An increased number of referrals, reduced bed capacity due to the new hospital building, an infection outbreak and industrial action all resulted in an increase waiting time for admission
Average Rehabilitation Length of Stay (LOS) for CIIRP Inpatients	Less than 60 days	Average LOS was 56 days	Patient complexity has increased and this has increased the patients LOS
Delayed Discharges	Less than 1% of bed days lost to delayed discharges	0.2 %	Key Performance Indicator (KPI) achieved
% of CIIRP* patients who improve Barthel Score	90% of CIIRP patients will improve Barthel Score	92% achieved an increase in Barthel Score	KPI achieved

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE POLAR DAY PROGRAMME

Indicator	Target Set - 2019	Outcome	Note / Trend
Average Days Waiting for Admission	Admission of patients within 30 days	Average wait for admission was 38 days	Industrial Action resulted in reduced capacity during 2019 which increased waiting time for admission
Average Rehabilitation Length of Stay (LOS)	Less than 70 days	Average LOS was 58 days	KPI achieved

Programme Developments in 2019

COMMUNICATION STRATEGY

The NRH POLAR team along with our strategic partner Ability Matters engaged with external stakeholders (senior management in the HSE, acute hospitals and community colleagues) at all levels in order to provide a better understanding of the POLAR programme, provide education and information about the programme and collaborate in a more effective way for the benefit of patients. More meetings are planned for 2020.

OUTREACH

- Education and training were provided to acute and community services via the physiotherapy outreach service. Several patients were successfully facilitated to receive their rehabilitation locally through this collaboration.
- A physiotherapy study day was delivered through the outreach service in St. John's Hospital, Sligo.
- The POLAR programme continues to lead out on community outreach and satellite clinics throughout the country. Clinics are based in Galway on a weekly basis, and a monthly clinic occurs in Carrick on Shannon, Letterkenny and Castlebar along with a six weekly consultant visit to Galway.

PATIENT EDUCATION

- The Physiotherapy and Occupational Therapy “Gluts Group” initiative was extended to the day patient programme.
- Peer support groups commenced and now run on a weekly basis for current inpatients. Peer support groups are held on a monthly basis for past patients.
- The POLAR ‘Ladies Day’ continued to support women who have an established limb loss

INTERDISCIPLINARY TEAM WORKING

The POLAR team took part in pilot Interdisciplinary Team training in 2019. The POLAR Occupational Therapy and Physiotherapy service moved into an integrated therapy space along with prosthetic colleagues. This greatly enhanced opportunities for joint team working aimed at improving the patient experience through prosthetic rehabilitation.

Strategic Partnership between the NRH and Ability Matters Group (AMG)

The Strategic Partnership Agreement continues to combine both national strategic oversight and governance across the POLAR Programme services. Throughout 2019, the POLAR Programme and AMG carried out a comprehensive review of the current service levels to ensure patient needs are met at all times. Following the review, new initiatives were introduced to further benefit patients and their families. An example of such an initiative is the establishment of the fortnightly Consultant case review meeting.

Activity levels across the NRH and Satellite Clinics continue to increase year on year. As part of our ongoing recruitment plan we welcomed an experienced Prosthetist/Orthotist in January 2019 and a newly qualified Prosthetist/Orthotist as part of our Clinical Graduate Programme.

PROSTHETIC SERVICE

There was a total of 6,474 attendances in 2019 across both prosthetic and orthotics services. As well as our management of established patients, we received 252 new prosthetic referrals in 2019. Of the 252 patients assessed and reviewed, 136 patients were deemed suitable for prosthetics and prescriptions were raised to assist with their care plan.

ORTHOTICS SERVICE

The orthotics service operates across all of the specialist rehabilitation programmes. Clinics operate daily serving both Inpatients and Outpatients.

Our team of Orthotists practise in upper and lower limb as well as cranial and spinal orthotics. They combine traditional and modern scanning technology assessment methods providing premium bespoke quality devices. Following patient assessments, our Orthotists prescribe devices suitable for patient’s rehabilitation care. These can reduce pain, improve stability and assist patients’ recovery from injury. Our highly skilled team of technicians manufacture a wide range of bespoke orthotics by hand as well as utilising advanced robotic machinery.

There were 873 attendances to the orthotic clinic in 2019. We encourage patient feedback to understand more the about the care and services we provide. It assists in identifying areas of strength and areas for improvement.

ACTIVITY DATA FOR 2019

Reason for Appointment	Patients Attended	Reason for Appointment	Patients Attended
Review	358	Fitting/Delivery	53
Assessment	125	Meeting/Consultation/Phone Call	41
Casting	81	General Repair and adjustments	25
Fitting	188	Walk in	2
			Total 873



Programme Manager

Aoife Langton is the Manager of the Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programme.

Clinical Services delivered within the POLAR Programme Include:

- **Medical**

The Medical Director of the programme is Dr Nicola Ryall who works in collaboration with Consultant colleague Dr Jacqui Stow.

- **Nursing (McAuley Ward)**

Nursing staff on McAuley Ward provide care, support and encouragement to patients from the POLAR Programme, and provide an important communication link with the other members of the team. Nursing staff help patients to practice what they are learning in therapies and teach patients how to manage their personal care, along with their families and carers.

- **Clinical Psychology**

The psychological service to patients at the POLAR programme focuses on issues related to psychological distress associated with traumatic or elective events leading to limb loss, psychological readiness to manage a prosthetic limb and the presence of concomitant disease that may compromise cognitive function and phantom limb pain.

A feature of the POLAR programme is the need for multiple contacts and admissions throughout the rehabilitation journey. The implications of this for the psychology service is to ensure that, as required, there is opportunity for the patient, their family and the clinical team to access psychology services as required during this time.

- **Nutrition and Dietetics**

Dietetic cover is provided to all inpatients admitted to the POLAR programme, with a limited service to Outpatients. The goal of nutritional therapy is to support patients in making behavioural and lifestyle changes to improve their health and for secondary prevention. This is achieved on a one to one basis and through POLAR 'Healthwise Talks'.

- **Occupational Therapy (OT)**

In 2019 Occupational Therapy supported the priorities of the POLAR service by attending the monthly upper limb assessment clinic and provided an upper limb outpatient service. Due to staffing challenges OT were unable to attend the weekly lower limb assessment clinic. Shadowing days were facilitated for an acute hospital and a community based occupational therapist. This facilitated enhanced understanding of prosthetic rehabilitation in order to support appropriate referrals to the service. It provided opportunities for discussion on interventions for patients at the acute, rehabilitation and community stage and supported patients in understanding what to expect when attending for rehabilitation. There was ongoing work to enhance the communication pathways and sustain outcomes for POLAR patients across the continuum of care, with an increase in direct patient handover training in step down facilities and acute hospitals where a patient may return following prosthetic rehabilitation while awaiting their return to home.

- **Pharmacy**

All medications are reconciled on admission and discharge to ensure that the medication list is accurate at transitions of care. Pharmacists work as part of an interdisciplinary team and attend Consultant ward rounds advising patients and staff on medications. Individual medication counselling is offered also and all patients are provided with an individual Medicine List. Group education sessions on 'Medications' are provided to all POLAR patients.

- **Physiotherapy**

A physiotherapy service is provided across the POLAR programme. Services include a functional balance class, outpatient assessment clinic, and consultant led IDT assessment clinic. 2019 saw an increase in collaboration with community and acute services via our outreach service. A number of patients were facilitated to receive their rehabilitation locally as a result. Clinical advice and support were provided by phone and email to local health centres and acute hospitals. A study day was provided in St John's Hospital, Sligo. 'The Gluts Group' initiative was extended to include the day patient programme. This service encourages individuals to improve self-management through exercises.

Nursing staff help patients to practice what they are learning in therapies and teach patients how to manage their ongoing care.



- **Prosthetic and Orthotic Service**

Prosthetic and Orthotic Services for the POLAR Programme are delivered by our strategic partner, Ability Matters.

- **Radiology**

Specific to the POLAR Programme, Radiology provides X-ray and Ultrasound imaging of soft tissues of the residuum following amputation to assess for acute and chronic complications causing stump pain and other limb-fitting issues. Aspiration of fluid collections and haematomas can also be performed under ultrasound guidance in specific circumstances. Estimation of fracture risk is guided by DXA evaluation of bone density, which is often decreased on the side of lower limb amputation.

- **Social Work**

A Social Work service is delivered across the POLAR Programme. Patient and family education is offered by Social Work staff who also facilitate sessions on the Peer Support Programme. The focus in 2019 was on enhancing peer support services and a POLAR Ladies Day took place in June. A Past Patient Reunion also took place in December. The monthly Peer Support Group attended by former patients continued, whose presence and voluntary contribution is very much valued by new patients admitted to the POLAR programme and staff.

- **Speech and Language Therapy**

The Speech and Language Therapy Department continues to provide audiology, swallowing and voice consults to patients from the POLAR programme as required.

- **Therapeutic Recreation Service**

The NRH Therapeutic Recreation Service encourages and facilitates patients' participation in leisure and recreation activities. It provides an opportunity to explore how they can return to hobbies or interests they enjoyed before their injury, or to explore new leisure pursuits. The ultimate aim is reintegration back into their community through involvement in hobbies or interests.



SECTION 2

NRH REHABILITATION PROGRAMMES

Paediatric Family-Centred (PAEDS) Rehabilitation Programme Report





Dr Susan Finn
Consultant Paediatrician

Dr Blathnaid McCoy
Consultant Paediatrician

Ghyslaine Brophy
Programme Manager

The Paediatric Family-Centred Rehabilitation (PAEDS) Programme at the National Rehabilitation Hospital is the national tertiary rehabilitation service for children and young people requiring complex specialist interdisciplinary rehabilitation.

The PAEDS Programme has eight beds between inpatient and day places. It operates as a five day service. The PAEDS Programme encapsulates the specialist rehabilitation services at the NRH, delivering these services to children and young people up to the age of 18 who require a complex specialised interdisciplinary rehabilitation intervention. The Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP) is accredited by the Commission for Accreditation of Rehabilitation Facilities (CARF) and meets international best practice standards. Although it is modest in size, the challenges of the Programme for the experienced Paediatric Team are broad and exacting. The PAEDS's vision of a "rehabilitation without walls" approach has led to a more child and family-centred approach. The PAEDS Programme provides for more fluid movement between the services based on assessment of individual clinical need and social circumstances.

The Programme accepts referrals for patients with the following diagnoses:

- Acquired brain injury of traumatic origin, for example traffic accidents, falls, assaults and sport injuries, and non-traumatic origin such as tumour, stroke and infection
- Acquired spinal cord dysfunction of traumatic and non-traumatic origin such as transverse myelitis, tumour and Gullian-barre Syndrome
- Acquired and congenital limb absence requiring prosthetic intervention
- Other acquired neurological conditions requiring specialist rehabilitation

Referrals are received from across Ireland: major referring hospitals are Children's Health Ireland at Crumlin, Temple Street and Tallaght Hospitals and Beaumont and Cork University Hospital neurosurgical units. Referrals are also accepted directly from general practitioners (GP).

Family-centred care is the cornerstone of the PAEDS Programme. It places children and families at the centre of the service by advocating for the needs of service users, protecting their rights, respecting their diversity, values and preferences, and actively involving them in the provision of care. Young people and their families are involved in identifying goals that are important to them, education about their condition and self-management, where appropriate. The PAEDS team offer parental education and opportunities for family peer support. Siblings are encouraged to attend the unit and participate in therapy sessions, and each family has a social worker as their key worker. The team place a particular emphasis on working with the family as a whole.

There are some joint pathways between the adult and paediatric clinical teams at the NRH with regard to management of care and transition to adult specialist rehabilitation services.

The NRH PAEDS Programme has three main aims:

- To improve the quality of care delivered to children within the scope of service
- To improve access to specialist services
- To improve cost-effectiveness



The Objectives of the PAEDS Programme are:

- To achieve the maximum rehabilitation potential of each child or young person – physically, emotionally and cognitively
- To involve the children and young people and their families or carers in the rehabilitation process
- To support the reintegration of the child or young person into their home, school and community
- To help and support the child or young person and family to adjust to loss, changed self-image and abilities
- To liaise and advocate with Health, Therapeutic and Education Authorities in the child's or young person's local communities regarding their ongoing rehabilitation needs
- To offer rehabilitation training and education to family, carers, Teachers, Special Needs Assistants, Personal Assistants and other service providers.

The rehabilitation needs of each child and young person referred are assessed by the PAEDS team either through the Inpatient or Day-patient service, or a one-day interdisciplinary team screening assessment, to establish whether these needs can be met by the services available at the NRH.

Comprehensive assessments are usually carried out during the initial period of admission and may be followed by a period of intensive individual goal-focused rehabilitation treatment as appropriate.

The PAEDS Programme team also provide a follow-up or review rehabilitation service to children and young people as they grow and develop through childhood, where further assessment and advice may be needed. Excellent communication with community health, educational and social care services is an essential element of the continuum of care for our patients.

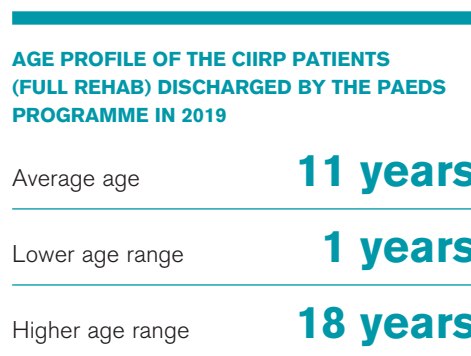
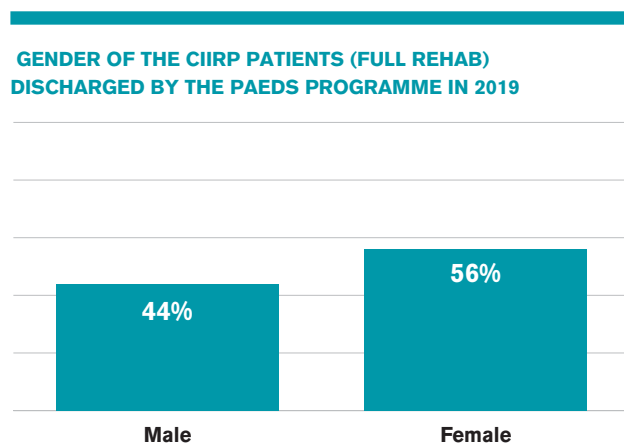
Demographics, Activity and Outcomes for PAEDS Services – 2019

DEMOGRAPHICS & ACTIVITY

In 2019 the Paediatric Family-Centred Rehabilitation programme served 91 patients as Inpatients or Day-places; 71 were new patients to the programme and 20 had been previously admitted.

Type of Rehabilitation Admission / Activity	Description	Number in 2019
PAED 1 Full Rehabilitation Programme CIIRP	Children and young people admitted for their main rehabilitation programme, either as inpatient or day place. The full programme meets CIIRP standards	32
PAED 2 Assessment and/or Specialist Programme	Children and young people assessed for a particular goal such as cognitive assessment, either as inpatient or day place or for an MDT pre-admission assessment of rehabilitation needs	59
Outpatient Treatment and Clinic Services	Spinal Injury Multidisciplinary clinics, ABI clinics, Transition to Adult clinics, treatment and/or reviews	76
OUTREACH Activity (excluding during admission stay)	Pre-admission, post-discharge follow-up outreach work	42

The following tables represent the breakdown of gender, and average age profile of the CIIRP patients who attended the service in 2019 for the Full Rehabilitation Programme (PAED 1);



Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE DAY PROGRAMME

The indicators and outcome targets shown below relate specifically to the service provided to the CIIRP (Comprehensive Integrated Inpatient Rehabilitation Programme) patients who attended for a Full Rehabilitation Programme in 2019.

Indicator	Target Set – 2019	Outcome	Note / Trend
Discharge Home Rate	75% of the CIIRP patients (full rehab) to be discharged home	100%	All children admitted to the NRH returned home
Average Days Waiting for Admission	80% of the CIIRP patients (Full Rehab) to be admitted within 90 days.	38% were admitted within 90 days	The average wait was 121 days
Average Rehabilitation Length of Stay	Length of stay of the CIIRP patients (Full Rehab) to be less than 90 days	Average LOS was 55 days	The lowest stay was 11 days and the highest was 171 days
Completion rate of Outcome Measure	95% completion of both the admission and discharge Paediatric Barthel Measure	94% completion of both the admission and discharge Barthel	Two were completed at admission only
Delayed Discharge	Less than 1% of bed days available to the Programme to be lost to delayed discharges	0% lost	No bed day was lost to delayed discharge in 2019

Of the 32 CIIRP patients seen by the PAEDS Programme in 2019, the spread of diagnoses is as follows:

Traumatic Brain Injury (TBI)	Brain Infection	Brain Tumour	Aneurysm, AVM	Subarachnoid Haemorrhage (nonaneurysm, Non AVM)	Other BI	Traumatic Spinal Injury	Other Spinal Injury	Neuro-pathies	Limb Absence	Total
7	7	12	2	1	2	0	1	0	0	32



Programme Developments and Initiatives in 2019

The Paeds Programme started 2019 with an increase in much needed Consultant Paediatrician cover to ensure comprehensive integrated care for the children. This has had a very positive impact on the delivery of service: a significant increase in bed days utilised, more children availing of the service and a reduction on the waiting time for admission.

The Paeds team continued to work closely with Dr Raymond Carson, Consultant in Rehabilitation Medicine, on the development and implementation of a Transition to Adult Clinic for young people with ABI. In 2019, 6 young people attended this clinic with both the Consultant Paediatrician and the Consultant in Rehabilitation Medicine in attendance.

Members of the Paediatric team gave presentations at a number of conferences throughout 2019, engaging with experts, gaining important insights, establishing new collaborations and promoting the NRH.

The Integrated Interdisciplinary Approach and its associated joint-working sessions that facilitate assessment and clinical intervention, particularly with complex-needs patients, continue to foster strong collaboration within the Paeds team and with other service providers.

The collaborative work between Our Lady of Lourdes School at the NRH and the interdisciplinary team plays a significant role in relation to the transitioning of school-age children and young people back into local education. On the school census for the period between January and June of 2019, 18 children returned to Mainstream National School and 9 to Secondary Level after their rehabilitation intervention at the NRH. Unfortunately, at the start of the academic year 2019-2020, the Paeds team was informed that the school would not re-open due to the absence of a teacher. The NRH and the Paeds Programme Manager met with representatives from the School's Board of Management and the Department of Education and Skills to seek resolution to this matter as a priority.

The Paeds Programme continues to offer talks to parents such as "About the Brain" and "Your Child's Journey through Rehabilitation".

The establishment of a separate paediatric outpatient team to develop and implement fully its outpatient, outreach and community services remains a top priority. This would allow the Paediatric service to not only align with the adult programmes at the NRH, in keeping with international clinical guidelines for best practice but more importantly to work in tandem with the current team. In this way, children's needs would be met at the right time and in the most appropriate setting in close collaboration with families and other paediatric services. The substantial volume of outpatient and outreach work done by the current team is indicated in the activities report above.

Preparations continued for the transition to the stand-alone Paediatric Family-Centred Rehabilitation Unit in the new hospital.

The Programme gratefully acknowledges the generous support of all its donors throughout 2019.

Programme Manager

Ghyslaine Brophy is the Programme Manager for the Paediatric Family-Centred Programme.

The PAEDs Programme Team are looking forward to moving into our new world class rehabilitation facility in 2019. Pictured during a recent visit by members of the Government in support of the new development are: Kieran Fleck, Chairman; Minister for Health, Simon Harris; Minister of State for Education, Mary Mitchell O'Connor; An Taoiseach, Leo Varadkar; Henry Murdoch, Chairman NRH Foundation; Professor Mark Delargy; Siobhán Bonham, New Hospital Project Manager; Derek Greene, CEO.



Clinical Services delivered within the Paediatric Family-Centred Programme Include:

- **Medical**

Consultant Paediatrician Dr Susan Finn, Medical Director of the Paediatric-Family Centred Programme, and Dr Blathnaid McCoy, Paediatric Neurologist, work collaboratively with their Consultant Colleagues in Rehabilitation Medicine for patients with needs in relation to limb absence, spinal cord injury, and paediatric patients referred to the NRH. When necessary the Rehabilitation Consultant reviews new referrals in their inpatient setting to help plan their rehabilitation admission.

- **Nursing – St. Agnes’s Ward**

Nursing staff from St. Agnes’s Ward work collaboratively with all members of the Paediatric Interdisciplinary Team to provide quality standards of rehabilitation to children, young people, their extended families, carers and teachers. All patients and their parents continue to benefit from the Primary Nurse Initiative.

- **Clinical Psychology**

Clinical Paediatric Psychology on the Paeds Programme provides specialist assessment and therapeutic services to inpatients and increasing numbers of outpatients. A growing focus has been on trying, where possible, to keep children out of hospital and working jointly with schools and families to achieve therapeutic goals in the community. Dr Sarah O’Doherty and Rebecca O’Connor, Music Therapist have continued to work jointly on the development of their assessment protocol, the O’Doherty O’Connor Music and Psychology Assessment (OOMPA).

- **Liaison Service**

The Specialist Liaison Nurse Service for the Paeds Programme assists paediatric patients and their families transitioning from acute settings to the NRH and on to their community. The service liaises with the referring hospitals and families while providing ongoing support and advice where necessary. In preparation for clinics, the liaison service plays an active role in gathering relevant information for the attendees, sourced from home, school and community services. Training and education on Brain Injury and Spinal Cord Injury are provided to parents, carers and nursing colleagues in the community, other hospitals and schools including a DCU Neuroscience Nursing Module and National Paediatric Continence Group.



- **Music Therapy**

Music Therapy is an evidence-based profession using psychoanalytic theories to inform the therapy process by observing how the children and young people interact with the environment, the therapist and the music. Research work continues with the MATADOC project for use with the minimally responsive paediatric population.

- **Nutrition and Dietetics**

A broad range of nutritional issues can arise for patients in the Paeds Programme including enteral feeding, weight management, high fibre diets, failure to thrive and food allergies. Meeting the increasingly complex nutritional needs of children referred poses challenges in light of a limited service allocation.

- **Occupational Therapy (OT)**

OT have contributed significantly to the design of spaces within the new hospital. They have also continued to network nationally with community and acute hospital colleagues to share knowledge and learning across the continuum of care. A paediatric 'wheelchair skills day' and a weekly multi-sports games group were established in collaboration with physiotherapy colleagues and the Irish Wheelchair Association. An interdisciplinary team 'transition to secondary school' group and an 'ABI Fatigue' group for parents were also developed in 2019.

- **Pharmacy**

All medications are reconciled on admission and discharge to ensure that the medication list is accurate at transitions of care. The Pharmacy department provides information on advice on dosing and sourcing medications. All patients are provided with medications for their therapeutic leave as part of their rehabilitation.

- **Physiotherapy**

The NRH paediatric physiotherapy service works closely with the multidisciplinary team to provide specialised rehabilitation to children with acquired brain injury, spinal cord injury and limb absence. This includes some outreach contact with patients through home and school visits.

- **Prosthetics and Orthotics**

Prosthetic and Orthotic Services for the Paeds Limb Absence Programme are delivered by our strategic partner, Ability Matters.

“ The Paediatric Programme was granted funding from Early Childhood Ireland to develop an Interdisciplinary ‘Playhab’ App - an online resource for younger children presenting with Acquired Brain Injury. ”

- **Radiology**

X-rays are strictly controlled in the paediatric age group due to radiation concerns, with Ultrasound (US) being the preferred imaging modality in children, where appropriate. Bone densitometry (DXA) software (for age 3-19 years) uses low dose techniques to monitor bone density in at-risk children. X-rays are occasionally used in the assessment of scoliosis, but overall Ultrasound is most appropriate for use in the paediatric service.

- **Social Work**

The role of the Social Worker for the paediatric service is to support parents and carers in dealing with the emotional and practical impact of the acquired illness and disability. The Social Worker along with the identified key nurse also acts as a link between the family and carers and the interdisciplinary team throughout the rehabilitation process as well as with outside services and agencies. The Social Worker provides support to the team in terms of child safeguarding issues. In 2019, the first Sibshop programme took place. Eleven children who have a sibling with an ABI attended for a day of peer and support activities which included a feedback session for parents.

- **Speech & Language Therapy (SLT)**

The SLT Service manages the communication and swallowing needs of all children and young people in the Paeds service through intensive inpatient interventions, outpatient clinics along with pre-admission and post-discharge outreach and outpatient treatment services. The Paeds Programme was granted funding from Early Childhood Ireland to develop a 'Playhab' App - an online resource for younger children presenting with Acquired Brain Injury. This work is on-going.

An example of some of the images included in the Playhab App.





Section 3 Clinical Services Provided Across All Programmes



Dr Simone Carton
Head of Clinical Psychology



Alastair Boles
Senior Dental Surgeon (Special Needs) HSE Dun Laoghaire



Anne O'Loughlin
Principal Social Worker



Kim Sheil
Dietitian Manager



Rosie Kelly
Physiotherapy Manager



Frances Campbell
Director of Nursing



Aoife Henn
A/Speech & Language
Therapy Manager



Clare Hudson
Deputising for Aoife Henn
in 2019



Lisa Held
Occupational Therapy Manager



Michael Brogan
Occupational Therapy Manager



Anne Marie McDonnell
Rehabilitative Training Unit
Manager



Dr Jacintha More O'Ferrall
Consultant in Occupational
Health



Stuart McKeever
Therapeutic Recreational
Specialist



Dr Brian McGlone
Consultant Radiologist



Mr Robert Flynn
Consultant Urologist



Catherine O'Neill
CNMII Infection Prevention
and Control (to September 2019)



Amanda Carty
Outpatients Department
Programme Manager



Maureen Gallagher
A/Rehabilitative Training
Unit Manager



Sheena Cheyne
Chief II Pharmacist



Maya Tom
Infection Prevention and Control
Nurse (IPCN) (from Sept 2019)

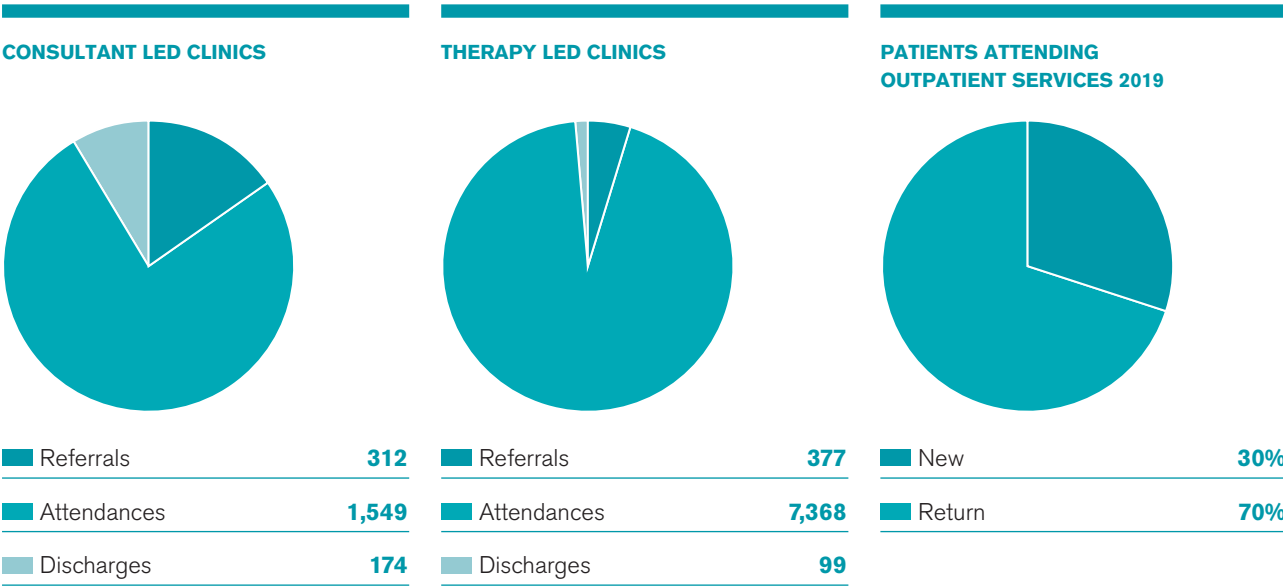
Outpatients Services – Consultant and Therapy Led Clinics

DR AMANDA CARTY
PROGRAMME MANAGER

The NRH Outpatient Department provides consultant led clinics and multidisciplinary therapy clinics and treatment programmes primarily to the Brain Injury Programme, Stroke Speciality Programme and the Spinal Cord System of Care (SCSC) Programme. The NRH Outpatient Department strives to offer high quality care which is considerate of the individual needs of the patients and their families.

Activity Data and Outcomes for Outpatient Services 2019

312 patients were referred to Consultant led clinics in 2019 with 1549 attendances. 377 patients were referred for therapy led clinics with 7,368 attendances. 70% of patients who attended the outpatient department were return patients, 30% were new patients. 273 patients were discharged from the service in 2019. On average patients achieved 80% of individual goals set.



The Outpatient therapy services prioritise Interdisciplinary working and offer multidisciplinary, individual and group therapies as appropriate. Therapies provided include Occupational Therapy, Physiotherapy, Psychology and Speech and Language Therapy. Demand for these services continues to grow, for example, referrals to the Outpatient Occupational Therapy service increased by approximately 36% in 2019.



Outpatient therapy services prioritise Interdisciplinary working and offer multidisciplinary, individual and group therapies as appropriate. Consultant led outpatient clinics offer high quality care which is considerate of the individual needs of patients and their families.

Service Improvement Initiatives in 2019

Several quality improvement initiatives were implemented during 2019 which aim to address patient needs and improve services based on feedback.

IMPROVEMENTS TO CLINICAL ADMINISTRATION

- New processes to improve patient privacy and the protection of patient data at check in.
- A Brain Injury (BI) Managed Waiting List Project commenced to facilitate a move away from long term advance booking for clinics. This allows the Consultant led BI clinics to be more responsive to patient needs.
- Improved administrative processes to ensure safe administration for all clinics and therapies.
- Continued review of Protected Parking for Outpatients

NEW CLINICAL AND THERAPY INITIATIVES

- Integrated nursing assessment in both Brain Injury and Spinal Cord System of Care Consultant Clinics through increased nursing presence, support and a new multidisciplinary assessment tool.
- Assessment of long-term patient outcomes through the introduction of patient questionnaires to establish changes in status and long-term health outcomes following discharge from NRH services.
- New Outpatient Consultant Led Clinic dedicated to Concussion and Mild Traumatic Brain Injury.
- Introduction of an interdisciplinary initiative – the Graded Repetitive Arm Supplementary Programme (GRASP) group therapy programme.
- The Functional Cognitive Communication group caters for patients unable to engage in office-based therapy.
- Increased use of technology and adapted communication for people with aphasia
- Physiotherapy acquired a G-Walk which provides quantitative data and clinical outcomes of functional gait analysis. This will be used more extensively in 2020.

CONTINUOUS DEVELOPMENT OF ESTABLISHED THERAPY PROGRAMMES

- The Wellness Day Programme continued to grow in 2019 with patients becoming more involved in the delivery of the programme. Four Wellness Days took place in 2019.
- The Living with Aphasia group continued to develop offering group therapy and support for those living with the communication disorder.
- Meet and Teach groups continued with improvement through the inclusion of cognitive screening and individual goal setting for all attendees.

Department of Nursing

FRANCES CAMPBELL
DIRECTOR OF NURSING

One of the highlights for nursing in 2019 was the Inaugural Rehabilitation Nursing Conference 'The Complexities and Challenges of Rehabilitation Nursing' that took place in the NRH in October. It is hugely beneficial for the nursing department at the NRH to share their knowledge and specialism to outside agencies in order to promote the NRH and the work carried out here. Providing education to our healthcare colleagues in the community helps to ensure a safe patient journey from acute care to the NRH. The conference was also an opportunity to promote recruitment. Over 167 delegates attended, with representation from 35 different agencies including both hospital and community-based staff from all areas of the country. Many thanks to the Nurse and Midwifery Practice Development Unit (NMPDU) who supported this conference.

A new nurse management structure was initiated in 2019, with clear roles and responsibilities identified for each Assistant Director of Nursing (ADON) working with specific rehabilitation programmes. While this new structure continues to evolve, each ADON now attends programmatic admissions and waitlist management meetings, working in conjunction with the programme managers and interdisciplinary teams to ensure efficient management of patient flow. This has made a big impact on patient flow with continued bed occupancy at all times. We welcomed Sinthya Lewis to the Nursing Management team mid-year.

Simone Lysaght joined the education and practice development department to prepare for the implementation of an Electronic Patient Record (EPR). This project was funded by the Nurse and Midwifery Practice Development Unit (NMPDU) to ensure all current nursing documentation is standardised and up to date in line with national and international guidelines. An audit programme was prepared in line with HSE quality care metrics (monitoring and auditing of falls, early warning score (EWS), pressure ulcers, medication management and documentation guidelines).

There was an increase in the complexity of patients from both medical and social perspectives, which in turn increased the demands on the nursing staff. This was particularly noted with the increased demands for one to one care (enhanced care) in all programmes. We have been successful in recruiting a good skill mix of new nurses, including Registered General Nurses (RGN), Registered Nurse Intellectual Disability (RNID) and Registered Children's Nurse (RCN). We also had the opportunity of recruiting our first graduate nurse. This is giving nursing management time to induct and train new staff in readiness for the transition to new hospital.

Nursing staff from the Paediatric Programme work collaboratively with all members of the Paediatric Interdisciplinary Team to provide high-quality standards of rehabilitation to children, young people, their extended families and teachers.





I would like to thank the Executive Management Committee and Heads of Department for their support during INMO and SIPTU industrial disputes in 2019. It was much appreciated and assisted nursing with continued patient safety and care.

The NRH had an announced visit from Health Information Quality Authority (HIQA) in July. The findings were very positive overall, and the inspection identified that the NRH was compliant with all three of the National Standards for Safer Better Healthcare assessed.

Congratulations to all staff at all levels who undertook extra academic education over the last year. Continuous professional development is essential to maintain best practice and to provide a high quality of care to all our patients.

Wards – Spinal Cord System of Care

ST MARGARET'S WARD (FERN UNIT), ST JOSEPH'S WARD AND OUR LADY'S WARD

A significant achievement in 2019 for the spinal programme was the first admission of a fully ventilated patient. This was followed by successful weaning from artificial ventilation by day. The patient was also supported to spend a weekend in Corofin Lodge (a residential facility on the campus of the NRH where patients can stay independently with family members) as well as nights away from the hospital.

Preparations for the transition to new hospital impacted on St Margarets ward in September, when the ward closed to facilitate a link corridor connecting the new hospital with the current building. St Margarets ward was relocated to the rear of Our Lady's Ward, and the high dependency unit was renamed 'Fern Unit' (as it will be called in the new hospital). All staff involved on the spinal programme must be commended as it was a big change for all and not without challenges.

Wards – Brain Injury Programme

ST PATRICK'S WARD, ST BRIGID'S WARD, ST GABRIEL'S WARD AND ST CAMILLUS WARD

Despite many challenges in 2019 including the increased complexity of patient care needs, all staff worked together to assist patients to achieve functional independence, while continuing to maintain a quality standard of care. The interdisciplinary team (IDT) approach is an integral part of successfully delivering results and accompanying our patients on their rehabilitation journey. It supports staff to enhance the patient experience by involving the patient in setting their goals and respecting what they hope to achieve from their rehabilitation programme. This is in collaboration with all team members.

Improvements to the IDT approach are evidenced in the conference on St Brigid's Ward. The Cognitive Communication and Affective Rehabilitation service (CCARs) was also established on St Brigid's ward providing a new peer support service for the higher cognitive challenged patients. A daily huddle focused on behavioural issues continued on St Patrick's Ward as part of an IDT development plan. This serves to ensure consistency and carryover of behavioural strategies and to identify issues early to enable the team to promptly put plans in place. St Patricks also introduced an IDT 'breakfast club' which provides a new opportunity for patients and staff to work in a cohesive, collaborative manner. It enables a series of person-centred goals to be achieved in a functional and meaningful way. IDT members include Nursing, Speech and Language Therapy, Occupational Therapy, Physiotherapy and Catering. Members of Psychology attend as needed.

Paediatric Programme Ward

ST AGNES' WARD

St Agnes' nursing team continue to provide an efficient and effective service to patients with increasing complexity of needs. The paediatric nursing team also took part in a pilot of interdisciplinary training with our peer therapists. Thank you to all our dedicated and hardworking volunteers from Children in Hospital Ireland for their ongoing support and involvement with the children and families on St Agnes' Ward. The support they provide to ensure play is maintained and enjoyed throughout a child's admission is most valued.

Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programme Ward

MCAULEY WARD

McAuley Ward consists of a ten bedded unit caring for Inpatients from the POLAR Programme. The ward also accommodates seven Patients from the POLAR Day Programme. In 2019, the Programme reshaped its service in line with the NRH objective of continuous improvement in efficiency, effectiveness and patient outcomes.

NURSING EDUCATION DEPARTMENT

LIZ CROXON
MARY FEENEY
CLINICAL FACILITATORS

Nursing Students

UNDERGRADUATE NURSING DEGREE PROGRAMME

A total of 33 placements were facilitated for students in University College Dublin (UCD) in 2019.

POST GRADUATE CERTIFICATE IN SPINAL COLUMN AND SPINAL CORD INJURY NURSING

This Clinical Professional Development programme is a collaboration between the NRH, the Mater Misericordiae University Hospital, and UCD. This course leads to a certificate at level 8 with UCD awarding 10 credits. Four nurses completed the course.

COURSES IN PRE NURSING AND HEALTH CARE SUPPORT QQI LEVEL 5

Five students from the Institutes of Further Education, undertaking Pre Nursing and Health Care Support courses were facilitated with clinical placements at the NRH. The nursing education department supports staff through their studies including the clinical component of the course.

Nursing Courses delivered in the NRH to Community Nurses

The NRH provides education to nursing staff in the community in order to support our patient population both pre and post discharge. The hospital works together with the community to promote best practice for our client population.

NEUROGENIC BOWEL MANAGEMENT – CATEGORY 1 NMBI – CEUS 6

This training was delivered both within the NRH and externally in 2019. Eight courses were delivered providing essential education in neurogenic bowel dysfunction.

TRAIN THE TRAINER COURSE: NEUROGENIC BOWEL MANAGEMENT – CATEGORY 1 NMBI – CEUS 12

This two day course was attended by ten nurses from the community to assist establishing training in their practice area. The course enables individual nurses to develop their skills and competence in a supportive environment and ensures the successful transfer of an effective bowel management training programme nationally.

NEUROGENIC BLADDER MANAGEMENT – CATEGORY 1 NMBI – CEUS 6

This course supports the training required in relation to neurogenic bladder dysfunction including male ureteral and suprapubic catheterisation. The programme was delivered jointly by the urology and nursing education departments. Three courses were facilitated in 2019.

New Initiatives

POST GRADUATE DIPLOMA IN ORTHOPAEDIC NURSING

An education session on rehabilitation of individuals with Spinal Cord Injury was delivered to participants completing the above course at the National Orthopaedic Hospital Cappagh.

HSE SEASONAL INFLUENZA PEER VACCINATION PROGRAMME

Collaborating with St Vincent's University Hospital an additional staff member was trained as a peer vaccinator in 2019 (bringing the total number of peer vaccinators to four). This programme has enabled the NRH to meet the HSE annual target for staff vaccination.

INAUGURAL REHABILITATION NURSING CONFERENCE

The Nursing and Midwifery Planning and Development Unit of the HSE supported the NRH's first Rehabilitation Nursing Conference in 2019. Workshops on 'Pressure Ulcers to Zero' were provided by the Nurse Education Department, and a workshop on continence was facilitated in collaboration with the Urology Department.



NEUROGENIC BOWEL MANAGEMENT REVISION COURSE – NMBI – CEUS 3

This course has been developed to renew and maintain competency for Registered Nurses in the SCSC programme. Participants must successfully complete a multiple choice questionnaire followed by practical assessment in a simulated situation.

GRADUATE DIPLOMA IN PUBLIC HEALTH NURSING

The Nurse Education Department facilitated training in Neurogenic Bowel Management for trainee Public Health Nurses at the request of UCD. Whilst this added additional demands on the department in terms of releasing staff, it is a welcome development.

ENHANCING PATIENT EDUCATION

Education sessions were delivered on the wards to patients. It is hoped this will enhance patient understanding and enable patients to take a proactive role in their healthcare.

TRACHEOSTOMY TRAINING

Working with the Spinal Liaison service, Physiotherapy Department and Speech and Language Department interdisciplinary workshops on tracheostomy were delivered.

GASTROSTOMY TUBE CARE FOR NURSES AND ALLIED HEALTH PROFESSIONALS

The Nurse Education Department collaborated with the Department of Nutrition and Dietetics to form an Enteral Feeding Group. The objective is to formulate a policy, procedure and guidelines for enteral feeding and provide practical training based on best practice. Training was provided by an external trainer, enhancing professional knowledge and facilitating delivery of appropriate standards of care.

Continuing Professional Development

PRESSURE ULCERS TO ZERO – NATIONAL QUALITY IMPROVEMENT (QI) COLLABORATIVE

The NRH continues to participate in the National QI Programme 'Pressure Ulcers to Zero'. In 2019, a data management system was devised in collaboration with the Nursing Document Coordinator and the IM&T department, to support and shape the next steps in this initiative.

STAFF NURSE INDUCTION PROGRAMME

Induction for 22 Registered Nurses and 5 Healthcare Assistants was provided in 2019. With regular recruitment ongoing, the demands on the Nurse Education Department have increased considerably due to essential training.

CLINICAL PRACTICE SUPPORT

Clinical practice support meetings are held to provide support in advancing evidence based practice in the clinical environment. Appropriate education and professional development for staff was identified and facilitated.

PRACTICE DEVELOPMENT

Nursing Education contributed to practice development by collaborating with interdisciplinary colleagues - formulating and contributing to policies, procedures and guidelines including Pressure Ulcer Prevention and Management, National Early Warning Score and Management of Neurogenic Bowel.

ADMINISTRATION OF INTRAVENOUS MEDICATION FOR NURSES

Collaborating with St. Vincent's Healthcare Group, thirteen Registered Nurses completed the above course.

BASIC LIFE SUPPORT COURSE

Basic Life Support classes were facilitated throughout the year.

INFECTION PREVENTION & CONTROL DEPARTMENT

DR SINÉAD MCNICHOLAS
CONSULTANT MICROBIOLOGIST

CATHERINE O'NEILL
CLINICAL NURSE SPECIALIST (CNS) INFECTION PREVENTION AND CONTROL (TO SEPTEMBER)

MAYA TOM
INFECTION PREVENTION AND CONTROL NURSE (IPCN) (FROM SEPTEMBER)

The Infection Prevention and Control (IPC) team consists of Dr Sinéad McNicholas, Consultant Microbiologist, Catherine O'Neill, IPC Clinical Nurse Specialist and Maya Tom, IPC Nurse who joined the team in September following Catherine's retirement. The IPC team oversees infection prevention and control in the NRH, however infection prevention and control is everyone's responsibility. Part of the IPC team's role is to ensure that all staff are compliant with all mandatory IPC education. The IPC team aim to provide a safe environment for all patients while they participate in a full rehabilitation programme in the NRH. Patients and family members are also educated about the importance of hand hygiene on admission. The IPC Nurse continuously monitors compliance with frequent audits and results are reported to the Hygiene Infection Prevention and Control Committee (HIPCC) and to the Quality Safety and Risk (QSR) Committee.

Surveillance of infection

Surveillance forms a crucial component of infection control in the NRH. As the majority of our patients are admitted from other healthcare institutions, large numbers of patients are already colonised with a Multidrug Resistant Organisms (MDRO) on admission. We endeavour to ensure all patients with an identified MDRO are monitored and cared for with appropriate transmission-based precautions to limit the spread of resistant organisms in the NRH.

Monthly updates on surveillance figures are reported to the HIPCC and to the Quality, Safety and Risk Committee. Outbreak of any infection will prompt the convening of the Outbreak Committee with the immediate implementation of appropriate measures.

There were additional challenges in 2019 for the IPC team with the opening of new sports hall, as well as assisting with the purchasing of new equipment and decommissioning of old.

Patients were pleased to meet with An Taoiseach Leo Varadkar and Minister for Health Simon Harris when they visited the NRH in September.





SEXUAL WELLBEING SERVICE

PAULINE SHEILS

CLINICAL NURSE SPECIALIST (CNS) IN SEXUAL WELLBEING AND ILLNESS/DISABILITY

The Sexual Wellbeing Service is available to Inpatients and Outpatients of the hospital from all four NRH Rehabilitation Programmes.

The patient, with or without their partner, is the focus of the service with support and counselling provided in relation to the impact of the illness and, or disability on their sexuality, relationship, sexual function and fertility issues.

2019 saw collaboration with the Paediatric Service developing information leaflets for parents of children with acquired brain injury and spinal cord injury. Work is continuing to further develop educational booklets for children of different age groups. Work with the Irish Heart Foundation has led to the development of a patient educational DVD 'Cardiac Rehab for all' which contains a chapter on Sex and Heart Disease. The Sexual Wellbeing steering group have updated the NRH Intimate Care Policy and the NRH Sexuality and Gender Identity Policy. The CNS for Sexual Wellbeing led a group of nurses in arranging the first Rehabilitation Nursing Conference 'The Complexities and Challenges of Rehabilitation Nursing' which was a huge success.

External healthcare agencies continue to recognise the uniqueness of this service and regularly request training, workshops and presentations at their conferences. The number of patient referrals from outside the NRH has increased as awareness of the service has become more evident.

Training and Education

Creating awareness of issues around Sexuality and Disability continued to be the driving force to providing education in 2019. Education was delivered to staff both within the NRH and external stakeholders including the Spina Bifida Hydrocephalus Association, Springfield Resource Centre, Nursing Homes Ireland, Irish Cancer Group, Irish Heart Foundation and the Association of Urology Nurses Ireland.

Cardiopulmonary Resuscitation (CPR) Committee

The CPR Committee met every six weeks. CPR scenario training continued throughout the year and staff have found this to be very beneficial to prepare for emergency situations in the hospital.

2019 was challenging due to a reduction in the number of trainers available. However, a total of 109 staff were trained in Basic Life Support (BLS) and six in Heart Saver AED. A further 15 completed the AED online training. Despite an increase in the number of classes for both the BLS and Heart Saver AED, attendance at the latter remains low.

Advanced Cardiac Life Support training continues to be provided by an external trainer for all Medical staff and Nurses In Charge.

SPINAL NURSE LIAISON SERVICE

SIOBHAN O'DRISCOLL – CNMII

PAULA KEANE – CNMII

The Spinal Liaison Service is a nurse led, patient focused service offered to all patients referred to the Spinal Cord System of Care Programme.

Developments in 2019

Siobhan O'Driscoll continued in her role supporting the liaison service with a particular focus on respiratory issues in the SCI population. Siobhan is part of the interdisciplinary tracheostomy team which gives advice and support to the treating team caring for individuals with a tracheostomy. Paula Keane completes the liaison nursing complement and brings her considerable expertise in the care of patients with spinal cord injuries. This Liaison role has a particular focus on maintaining and improving the 'Integrated Care Pathway for the Management of Spinal Cord Injury' especially in the management of ventilated Spinal Cord Injury (SCI) patients. Dr Maireád Hayes consultant Intensivist acts as clinical lead on the ventilated SCI care pathway. The focus in 2019 was on providing training for all NRH staff on respiratory management post Spinal Cord Injury and the management and care of patients with a tracheostomy tube. 145 staff were trained in airway management in 2019. Staff continue to be supported on any training needs identified to support this essential Care Pathway. Respiratory Competencies has been rolled out and will continue to be reviewed and monitored.

Education and Advice

The liaison service provides information education and advice to all spinal cord injured (SCI) patients, their families and to healthcare professionals (HCP) in the acute and community setting. 380 patient and family members sought advice in 2019, and the team dealt with 411 queries from HCPs caring for patients with SCI in the acute and community setting. The Liaison Service, through the active delivery of specialised knowledge, helps patients prevent secondary complications such as pressure sores and bladder and bowel issues from occurring. Difficulties in the community and other healthcare facilities delivering neurogenic bowel care to SCI patients continues to be problematic and has led to some delayed discharges. To assist this, additional bowel training to HCPs was provided by the Liaison Service, with 107 HCPs trained in Neurogenic Bowel Care in 2019. The service is active across the continuum of care from preadmission assessments, inpatient stay, post discharge follow up and lifelong care through a comprehensive annual telehealth clinic.

🗨️ This Liaison role has a particular focus on maintaining and improving the 'Integrated Care Pathway for the Management of Spinal Cord Injury' especially in the management of ventilated Spinal Cord Injury (SCI) patients. 🗨️



UROLOGY SERVICE

MR ROBERT FLYNN – CONSULTANT UROLOGIST
OONAGH CREAN – CNMII
CAROLINE AHERN – CNS NEURO UROLOGY
GEORGINA RICH – SENIOR UROLOGY NURSE

Services Provided

The Urology Service strives to deliver patient focused, comprehensive quality care which has been shaped around our commitment to best practice. The service is available to both Inpatients and Outpatients from each of the Rehabilitation Programmes at the NRH, however the majority continue to come from the Spinal Cord System of Care.

Urology Clinics

CONSULTANT CLINIC

Our Urologist Mr Flynn attends for two clinics per week and sees both inpatients and outpatients, with procedures running in parallel with these clinics. In 2019, 414 patients attended these clinics.

NURSE-LED CLINIC (NLC)

The Nurse Led Clinic is a lifelong service for most of our spinal patients who attend on an annual or bi annual basis. The NLC includes a comprehensive assessment, phlebotomy, urine culture, renal ultra sound and KUB if deemed necessary. We work very closely with the Radiology Department to provide this service. Patients present with various needs to the Nurse-Led Urology Clinic and often require referral to the Rehabilitation Consultants, Multidisciplinary Clinics, Liaison Service, Sexual Health Service, Public Health Nurse or General Practitioner. In 2019, 780 patients attended this clinic.

URODYNAMICS CLINIC

The urodynamic clinic operates one morning per week for outpatients, with extra clinics during the week to facilitate inpatients. In 2019 we performed 177 procedures.

FLEXIBLE ENDOSCOPY

This is a very valuable service for our patients who would otherwise have to wait for long periods in general hospitals. In 2019, a total of 63 cystoscopies were performed by our Consultant Urologist. We facilitated the Speech and Language Therapy service to perform Fibre-optic Endoscopic Evaluations of Swallow (FEES) procedures.

SUPRAPUBIC CATHETER (SPC) INSERTIONS

We provide education and training to family members, carers and healthcare professionals. Eleven suprapubic catheter insertions were performed in 2019.

EDUCATION

Education is provided at each clinic and on an individual basis depending on patient requirements. We also facilitate education with families, carers and healthcare professionals by appointment. We scheduled 158 of these appointments in 2019.

TELEPHONE SUPPORT

Telephone communication is vital in providing support and advice to our patients, their families and healthcare professionals. Advice on bladder issues is the most common query. We received 1,280 telephone calls seeking advice in 2019.

NEW DEVELOPMENTS

An upgrade of the Decontamination Suite, to conform to International Organisation for Standardisation (ISO) Standards, commenced in 2019. A new video cystoscope and stacking system was purchased.

QUALITY IMPROVEMENT

A Clinical Nurse Specialist pathway in Neuro-Urology for our Urology Nurses was established. A business case was submitted to address waiting list management.

Dental Service

ALASTAIR BOLES
SENIOR DENTAL SURGEON (SPECIAL NEEDS), HSE DÚN LAOGHAIRE

The Dental Unit at the NRH provides a dental service for all Inpatients of the hospital, and also for Outpatients with special needs from the Dún Laoghaire area. The dental unit mainly offers a primary care dental service. Dental treatment for Inpatients is mostly limited to treatment that can be provided within the time available while patients are admitted to the NRH.

In 2019 Inpatient and Outpatient referrals remained consistent with previous years. Outpatients were treated from some community residential units and local nursing homes. Onward referrals of patients being discharged from the hospital are organised to other regions of the country's public dental service as required.

Each year, students from the Dental Hospital are facilitated through observation of the Dental Service provided at NRH as part of their training.

Patients enjoying the facilities in the new Sports and Exercise Therapy Department which opened for patient use in January 2019.





Nutrition & Dietetics

KIM SHEIL
DIETITIAN MANAGER

The aim of nutrition in rehabilitation is to optimise the nutritional status of patients to ensure that they can derive the maximum benefit from their rehabilitation programme. In the longer term, the dietitian addresses nutrition related issues to support the patient's long-term health goals. All in-patients attending the NRH can access dietetic services by referral through their healthcare team or at their own request. The dietitian is also responsible for staff education on nutritional matters.

New Services and Developments in 2019

Despite recruitment challenges, the department rolled out a number of new initiatives aimed at improving the mealtime experience and safety for our patients. This included;

- The Spinal Injury Health Hub was launched in January. This service aims to promote nutritional self-management for patients with Spinal Cord Injury. This included an animated educational video 'Mind your Weight after Spinal Cord Injury'.
- The dietitians worked with the catering team to revise and update the menu for therapeutic diets. A new system of communicating therapeutic diet and mealtime needs was introduced via pantry white boards. As part of this process, an interdisciplinary Mealtime Care Plan was devised and is currently being piloted.
- The dietitians conducted an audit of the Protected Mealtimes initiative. The purpose of this initiative is to improve the patient experience at mealtimes and to allow for safe feeding of those who require it. The audit results were discussed with the interdisciplinary teams and the required improvements were put in place.
- The dietitians collaborated with the pharmacy and medical departments to devise a process for dietitian prescribing of oral nutritional supplements for patients at risk of malnutrition. This role has previously been undertaken by the medical team, however it is recognised that the dietitian is the best placed member of the team to prescribe such products. In order to facilitate this process, the dietitians completed prescriber training. Dietitian prescribing will commence in January 2020.
- The dietitians, in collaboration with the Speech & Language Therapy, Catering and Nursing Departments launched the International Dysphagia Diet Standardisation Initiative (IDDSI). This required all dietitians to complete training in the new terminology and framework and to deliver 'Kitchen to Tabletop' training to all relevant NRH staff.
- The dietitians arranged training in the care and replacement of feeding tubes for dietetic and nursing staff. Eleven staff members were trained in 2019. Further training will take place in 2020.
- The Dietitian Manager delivered a number of Talktime sessions and therapy department updates on 'The Role of Nutrition and Hydration'.
- The Dietitian Manager joined the newly formed Diabetes Steering Committee.

To ensure that best practice is followed, department members attended a wide range of courses and study days in 2019. All department members also participate in Non-Managerial Professional Supervision, a form of peer led supervision which allows for structured reflective practice.

Occupational Therapy

LISA HELD AND MICHAEL BROGAN
OCCUPATIONAL THERAPY MANAGERS

Overview of Occupational Therapy Department and Services

Occupation is any activity that a person needs to, wants to or is expected to do during the course of their everyday lives. Occupational Therapy (OT) helps people participate in everyday meaningful activities and promotes health and well-being, through occupation.

Occupational Therapists (OTs) analyse the physical, mental and social components of an activity, and adapts the activity or the environment to suit the person's needs. OT helps a person learn new skills with or without assistance or adaptive aids.

OT programmes are goal-orientated and designed specifically to meet the unique needs of each patient through individual and, or group sessions designed to focus on physical, cognitive and behavioural rehabilitation. Interventions include personal care, home and community skills training, self-management, patient education and family training.

The OT service provides comprehensive services to patients from all four clinical rehabilitation programmes at the NRH, namely; Brain Injury; Spinal Cord System of Care; Prosthetic Orthotic and Limb Absence Rehabilitation (POLAR) and Paediatric Programmes. OT activity specific to each programme is outlined in the relevant programme reports in Section Two of this report.

OT SERVICES DELIVERED ACROSS ALL NRH PROGRAMMES

- Discharge Liaison Occupational Therapy (DLOT)
- Vocational Service
- Driving Assessment and Training
- Stress Management – Living Well
- Woodwork
- Horticultural Therapy
- Practice Education
- Interdisciplinary Team Services and Initiatives (see page 90)

Occupational Therapists analyse the physical, mental and social components of an activity, and adapts the activity or the environment to suit the person's needs.



DISCHARGE LIAISON OCCUPATIONAL THERAPY (DLOT)

The scope of the DLOT service is to expedite the timely discharge of patients from the Dublin, Kildare and Wicklow areas, from the NRH to their home environment. This is achieved by completing home visits, providing equipment and training on its use and also information and advice on home adaptations. In 2019, a member of the DLOT contributed to the publication of the Housing Guidelines 2019. A DLOT interdisciplinary preadmission assessment was piloted. The OT Intervention Process Model (OTIPM) was explored as a model of practise for the service.

VOCATIONAL SERVICE

The Vocational service continues to provide vocational assessment to inpatients and outpatients of the NRH, across all programmes. In 2019, 69% of referrals were from the Brain Injury programme. There was a 20% increase in the number of patients who attended the service, compared to 2018. The majority of referrals (59%) were Outpatients or from external referrers. Staff continue to develop the quality and efficiencies of the vocational service. The team aim to run a 'Return to Work' day for outpatients with a brain injury who are preparing to return to work.

DRIVING SERVICE

The OT Driving Service collaborates with the Irish Wheelchair Association (IWA) to assist NRH Inpatients and Outpatients explore a return to driving. OTs carry out pre-driving screening and offer referral for driving lessons in manual, automatic and hand controlled vehicles. IWA driving instructors work with patients from the Spinal System of Care, POLAR and Brain Injury programmes. OTs attend the driving assessments for certain patients and collaborate with the driving instructor on the outcomes. The driving service continues to develop in line with guidelines set out by the Traffic Medicine programme and the Road Safety Authority (RSA).

STRESS MANAGEMENT – LIVING WELL

The Occupational Therapy Department and the Neuropsychology Department teams are currently working together to restructure this service, in light of staffing changes, to deliver an interdisciplinary service under the new title "Living Well". This will ensure the service is in line with best practice and that contingency for staff leave is built into service continuity.

WOODWORK SERVICE

This service delivers direct therapeutic individual and group sessions to patients across all NRH Rehabilitation Programmes and the Rehabilitative Training Unit. It is designed to meet the needs of patients' specific abilities and goals. Referrals are received directly from Occupational Therapists. Senior Woodwork instructor Dave Nolan started in post in March 2019.

HORTICULTURAL THERAPY SERVICE

The therapy garden continues to be an important therapeutic resource, and its value has been maximised by having dedicated staffing. Patient attendance grew, particularly from the Paediatric and Outpatient Programmes. Links also strengthened with GIY and Thrive. Therapeutic Horticulturist Rachel Gerard became a steering committee member of Social, Community and Therapeutic Horticultural Ireland and was a guest speaker at their Symposium in September. Several corporate volunteer days were facilitated in 2019. Dunhumby, Sage, Johnson and Johnson, and Aspen Pharma kindly donated funds, time and energy to our garden. Staff and patient Wellness and Kindfulness events were also facilitated. Sincere thanks to our volunteers whose continued contribution to our garden throughout the year was much appreciated.

OT PRACTICE EDUCATION

The OT department is strongly committed to facilitating undergraduate OT placements from Trinity College Dublin (12 students per year), NUI Galway (6 students per year) and postgraduate students from the University of Limerick (6 per year). The role of the OT practice tutor involves the co-ordination of placements between the universities and the OT department at the NRH. There is also a strong commitment to inter-professional education which is done in collaboration with the other tutors at the NRH.

2019 OT Service Developments and Initiatives

INTERDISCIPLINARY TEAM (IDT) WORKING

In preparation for the move to the new hospital and IDT working, Occupational Therapists and Physiotherapists from the Spinal Cord System of Care and POLAR Programmes moved to shared IDT programmatic treatment areas and offices. This significant move took place in December and was very successful thanks to the planning and commitment from both programme team members. The benefits to patient care is already evident and we will continue to analyse the learning in this in the move to the new hospital.

NEW HOSPITAL PROJECT

The OT team has been heavily involved with the Health Planning and Transition teams in work relating to the development and move to the new hospital.

CAPACITY TEMPLATE

OTs in the Brain Injury Programme developed a template to capture daily and weekly capacity in the team in order to responsively allocate resources as effectively as possible. This is a pilot which we are considering rolling out to the other programme teams.

POWERED MOBILITY WORKING GROUP

OTs collaborated with the Central Remedial Clinic's Assistive Technology and Specialised Seating (ATSS) Service to complete a joint powered mobility assessment. This is for use with patients with complex needs such as those with high cervical injuries. A pathway has been developed on powered mobility to increase efficiencies and quality of service.

'TEAM LEAD' ROLE IN EACH SERVICE

The role of 'Team Lead' (introduced in 2018) was continued and developed in 2019 to assist management with decision making and to identify a point of contact within the various teams. This initiative has worked very well and we feel that learning from this can be carried through to plans for the new hospital.

CLINICAL MODALITIES PROJECT

The OT Department form part of a project group looking at governance, structure and future service developments of the use of clinical modalities and technologies in the NRH. The work of this group will continue into 2020 in liaison with the Health Planning team.

DEPARTMENT STRATEGY WITH IDT COLLEAGUES

Extensive engagement with the OT team continued in 2019 to develop a strategic plan for the future delivery of OT services. This strategy was developed with our Health and Social Care Professionals colleagues and will be a useful foundation for planning the delivery of a cohesive service in the transition to the new hospital.

WORKFORCE PLANNING

OT Managers have been very involved in the development of the hospitals workforce planning strategy.

SUMMARY OF KEY ISSUES FOR THE NRH OT SERVICE

There was a noted increase in the complexity of our patient profile in 2019. The lack of cover for planned or unplanned leave has been very challenging in terms of service continuity. Staff turnover and unavoidable delays in staff recruitment has also proved difficult. Capturing team capacity in a reactive manner remains a challenge. There have been additional demands placed on the service in relation to planning for the new hospital.



Pharmacy

SHEENA CHEYNE
CHIEF II PHARMACIST

The Pharmacy continues to provide a comprehensive pharmaceutical service to all patients, carers and staff to all Rehabilitation Programmes at the NRH.

Overview of Services Provided

The Pharmacy Department:

- Provides medication reconciliation of all admission and discharge prescriptions, which is an important safety initiative as more than 40% of medication errors happen at transfer of care. The Inpatient prescriptions are checked against a list of medications obtained prior to admission, and discharge prescriptions are checked against the kardex system.
- Procures stores and supplies all medications in a safe, effective, timely and economic manner through diligent dispensing processes and negotiating with vendors to obtain best prices
- Provides medication review of all prescriptions to optimise medication therapy
- Attends Consultant ward rounds to advise proactively on medications at point of prescribing. This also enables the pharmacy staff to engage with patients. On average 250 interventions are made every month
- Participates in a weekly anti-microbial stewardship round with the Consultant Microbiologist
- Dispenses medication for patients for therapeutic weekend leave, which is a vital element of patients' rehabilitation
- Individualised patient medications are dispensed - a safety initiative to decrease the risk of nursing staff making incorrect selection of medications
- Liaises with community pharmacies and other hospitals regarding unusual, 'high tech' and unlicensed medication issues that may arise
- Presents an interactive workshop for all new doctors to advise on safe prescribing and supports nurse prescribers
- Handles medical information queries from all staff and closely liaises with many hospital Departments
- Counsels patients on their medications prior to discharge on request and provides an individual medication list to each patient
- Reports incidents monthly to the Risk Management Department for inclusion in the National Incident Management System database (NIMS).
- Dispenses prescriptions to staff for convenience and cost savings.

Service Developments and Initiatives

Medication safety: The pharmacy team promote safe practices, policies and standard operating procedures (SOPs) for the administration of medications. These initiatives include:

- Introduction of 'Guide Doc' app for use by pharmacists, nurses and medical staff. 'Guide Doc' is an NRH electronic medicines guide which includes NRH antimicrobial guidelines for adults and an A-Z of Injectable Medicines - Intravenous administration guidelines. This enables all staff to have access to current NRH guidelines.
- Involvement in the peer vaccinator policy and working group which resulted in an increased uptake of Flu vaccine
- Introduction of Falsified Medicines Directive (FMD). The Healthcare assistant is trained and responsible for scanning and checking every medication pack for a tamper proof seal and 2D scan.
- Annual review of medication incidents reported show that all were 'near miss' or 'no harm' due to the vigilance of the pharmacy department
- The reduction of the medication burden on patients is the most frequent pharmaceutical intervention. This has significant financial savings to the HSE when patients are discharged
- The Pharmacy team received a positive report from the HIQA inspection in relation to medication safety – they commented on the many safety initiatives introduced by the pharmacy staff. They acknowledged the importance of resourcing clinical pharmacists to designated wards.

Antimicrobials: We participated in the national point prevalence study for antimicrobials. This study determines current trends, identifies areas for intervention and tracks changes annually.

Health Promotion: Various Health promotion events were held and well attended by staff and patients including 'Antimicrobials Awareness Day' in conjunction with the Consultant Microbiologist, 'Asthmas Awareness' and 'April Falls Day'

Audits: A number of audits were carried out in 2019; MPAR (Medication Prescription Administration Record), out of hours medications, compliance with medicinal fridge temperature monitoring and weekend leave medications.

Staff education: The Drugs and Therapeutics newsletters were distributed for all staff. Pharmacy members presented 'Medicinal Cannabis – the highs and the lows' at Ground Rounds with medical colleagues.

Interdisciplinary work: Team members have participated in stakeholder engagement sessions with the Clinical Rehabilitation Management System (CRMS) team ensuring pharmacy involvement in the project.

Highlights in 2019

Awards: The pharmacy staff were shortlisted for a number of Hospital Professional News Awards in 2019. The team were shortlisted in the following categories; Hospital Multidisciplinary Team, Pharmacy Technician and Hospital Pharmacy Team of the Year. The team won 1st prize in the Hospital Multidisciplinary Team category for their work on patient education as part of the Spinal Cord System of Care team.



Physiotherapy

ROSIE KELLY
PHYSIOTHERAPY MANAGER

The Physiotherapy Department continues to strive towards best clinical practice and standards of care based on national and international practice in rehabilitation. Physiotherapy services are provided across the interdisciplinary teams to provide a better patient experience and to maximise patient outcomes.

Specialist Physiotherapy rehabilitation is delivered by expert staff to the core programmes:

- Brain Injury and Stroke Specialty Programmes including Prolonged Disorders of Consciousness (PDOC)
- Spinal Cord System of Care including ventilated patients
- Prosthetic Orthotic and Limb Absence Rehabilitation (POLAR) Programme including Day Patients
- Paediatric Family Centred Rehabilitation

Physiotherapy Services delivered across all Rehabilitation Programmes

The Physiotherapy Department also provides specialist treatment across all Programmes and adjunct services, engaging with interdisciplinary teams which include:

- Respiratory
- Aquatic Physiotherapy and Sports & Exercise Physiotherapy
- Outpatient Physiotherapy
- Clinical Practice Tutor
- Recreational Therapy
- Wheelchair Seating (see Interdisciplinary Team Services and Initiatives on page 90)
- Splinting (see Interdisciplinary Team Services and Initiatives on page 90)
- Patient and Non Patient Handling Co-ordinator

RESPIRATORY SERVICE

The respiratory physiotherapy service predominantly delivers therapy to the acute spinal cord injury and disorder of conscious patients. Paediatric and POLAR patient treatment sessions are provided as required. In 2019 an interdisciplinary Tracheostomy team was established with Consultant Intensivist, Dr Mairead Hayes, respiratory physiotherapy, speech and language therapy (SLT) and the spinal liaison respiratory nurse. Respiratory physiotherapy provided ongoing tracheostomy education to ward staff and physiotherapy staff as required. Respiratory physiotherapy also presented at two joint NRH UCD education study days, in UCD's state-of-the-art simulation lab, upskilling staff in the management of patients with tracheostomy and ventilator dependency. Several outreach visits were completed to patients with complex respiratory needs and links continued to be forged in the community and acute hospitals. Respiratory physiotherapy also participated in the IDT Voice Group that was piloted in the SCSC programme in collaboration with SLT, music therapy and nursing.

AQUATIC PHYSIOTHERAPY AND SPORTS & EXERCISE PHYSIOTHERAPY

Aquatic Physiotherapy and Sports & Exercise Physiotherapy provide treatment for both adults and children from all inpatient programmes with a limited outpatient service.

In 2019 the Sports and Exercise Physiotherapy service was provided in a new state of the art facility which opened to patients in January. A huge body of work was involved in this transition, with ongoing training for staff in the modern and innovative fitness equipment, the target range and the climbing wall required. The Sports & Exercise Physiotherapy department ran several successful events including the 7th NRH Sports Championships. They also participated in Inter-Spinal Unit Games in Stoke Mandeville. The introduction of monthly wheelchair rugby sessions in conjunction with Irish Wheelchair Association (IWA) has proved very popular.

In preparation for the new pool facility, a significant amount of planning took place. This included finalising equipment, monitoring and approving each stage of the build, staff training in line with pool standards and formulating policies and procedures in line with current best practice guidelines. In addition, a Halliwick Concept Foundation course was delivered to external candidates in May.

PHYSIOTHERAPY OUTPATIENT DEPARTMENT (OPD) SERVICE

The outpatient physiotherapy service continued to grow in 2019 with additional Graded Repetitive Arm Strengthening Programme (GRASP) groups and Pilates classes offered. The Wellness Day Programme developed with patients becoming more involved in delivery of the programme, offering activities such as gardening and flower arranging. The Outpatients Physiotherapy acquired a G-Walk (Gait and Motion technology) which provides quantitative data and clinical outcomes of functional gait analysis.

CLINICAL PRACTICE TUTOR

The NRH facilitates students from both Trinity College (TCD) and University College Dublin (UCD). The practice tutor plans and co-ordinates a busy throughput of physiotherapy undergraduate students with a total of 47 students attending for placement in 2019. A positive learning environment is created, with an emphasis on interdisciplinary teaching. Professionalism, Roles within the Team and Sexuality and Disability are some of the topics covered. The physiotherapy practice tutor continues to link closely with the Higher Education Institutes and is involved in providing practical and theoretical teaching on neurology and rehabilitation specific subjects to students in their university setting. The physiotherapy practice tutor is also involved in examining UCD physiotherapy students on their practical skills and is currently the IDT tutor representative on the Academic Steering Group.

THERAPEUTIC RECREATION SERVICE (TRS)

Therapeutic Recreation Service (TRS) focuses on individualised recreational assessment and intervention for patients who face specific challenges engaging in recreational programmes. It is a key addition in terms of extending the therapeutic opportunities offered to patients in a meaningful way. The service provides regular evening group sessions as well as one to one sessions as required. Weekend events are offered for those patients who remain in the NRH. 52 weekend activities were provided in 2019, compared to 38 in 2018. The introduction of a weekly Sunday music performance, and an increase in weekend performances from the National Concert Hall musicians has been very popular. There were more frequent outings and activities facilitated for patients such as cinema trips. Additional weekend volunteers have greatly contributed to this increase in patient activities. 2019 also saw the introduction of a monthly Beauty Makeover Service. The most popular evening activity continues to be the regular Quiz night.

TRAINING IN PATIENT AND NON-PATIENT HANDLING

Patient Handling and Manual Handling training expanded in 2019 with two additional Patient and Manual Handling Instructors. It is a welcome development as we prepare to transition to the new hospital which will be installed with new handling equipment. This equipment was selected by a special interest group of NRH staff as the best choice for patient comfort, postural management and safety. The service also provides for specialised risk assessments alongside the clinical team and policy development in cooperation with the Quality, Safety and Risk team.



Milestones and Issues 2019

The Sports & Exercise Physiotherapy department provided a wide range of accessible sports including the introduction of climbing, wheelchair rugby with Irish Wheelchair Rugby and walking soccer with the FAI. The new full-sized tennis court was well utilised by sessions provided by Tennis Ireland. We continue to nurture existing partners, particularly with the Irish Wheelchair Association, and forge new links with external agencies to enable patients to explore new sports and fitness activities.

The Physiotherapy Department continued a pilot project to encourage patients to practice self-management skills. The physiotherapy department remained open on Monday evenings, extending the therapy day, with patients accessing physiotherapy equipment independently under the supervision of a volunteer. Uptake has been mixed with an average of six patients availing of this facility at one time. To increase attendance, this pilot may move to the Exercise & Sports gym to allow patients access to equipment and take part in activities that might be more like those they may engage with after discharge home.

The Physiotherapy team continued to represent the hospital, presenting at several national and international educational conferences and events such as the Irish Heart Foundation conference, the Irish Society of Chartered Physiotherapists Annual Conference, the International Spinal Cord Society Annual Scientific Meeting and the Annual Guttman Conference. A one-day course on Traumatic Brain Injury Rehabilitation was provided for physiotherapists in Galway. A clinical specialist presented on The Role of Physiotherapy in Stroke and chaired a session at the RCPI Stroke Diploma. Research was undertaken in the SCSC programme in collaboration with SLT regarding the incidence of dysphagia in cervical spinal cord injury.

The Physiotherapy staff were once again commendable in providing a continuous service with minimal disruption despite the adjacent building works of the new hospital and ongoing staffing challenges due to unplanned or extended leave. The physiotherapy department also participated in IDT training and successfully transitioned to new ways of working in the POLAR and SCSC programme. We would like to extend our thanks to all staff in the physiotherapy service for their hard work, team working and commitment and support in 2019.



The NRH facilitates students from both Trinity College (TCD) and University College Dublin (UCD). The practice tutor plans and coordinates a busy throughput of physiotherapy undergraduate students each year.

Psychiatry – Liaison Service

DR MARIA FRAMPTON
CONSULTANT PSYCHIATRIST

Liaison Psychiatry specialises in the interface between general medicine and psychiatry. Liaison psychiatrists work at the interface between physical and psychological health. The liaison psychiatry service provides assessment, evaluation and assistance in the treatment of mental health problems across all NRH adult programmes. Some patients have a previous history of mental illness, others develop mental illness either as a direct consequence of their brain injury or in trying to cope with their hugely altered life situation. Patients may be referred as part of a risk assessment if there is a concern there is a risk to themselves or others. Others may be referred for a medication review or a capacity assessment.

Nature of psychiatric illness in rehabilitation

There is widespread evidence of increased prevalence of mental illness, ranging from 20-60% in patients who have sustained a brain or spinal cord injury. The most commonly treated new onset diagnoses in spinal cord injury patients are anxiety, depression and adjustment disorder. For patients with a brain injury challenging behaviour and personality change are most common. A proportion of patients have co-morbid conditions including alcohol or drug misuse. It is well recognised that risk of suicide is increased up to four-fold in persons who have sustained a brain or spinal cord injury. The physical (loss of body function, dignity and personhood) and psychological (loss of future hopes and dreams for relationships, employment and being) consequences of brain and spinal cord injury can have a devastating impact not only on the individual themselves but also their extended family.

INTERVENTIONS OFFERED

- 1:1 assessment and review of psychiatric history and mental state examination
- Review of existing medication regime and supplementation, adjustment and monitoring when necessary
- Gathering of collateral history from family members and health professionals
- Liaison with interdisciplinary team regarding appropriate management plan
- Supportive psychotherapy

Monthly case discussion meetings are convened with neuropsychology colleagues. Joint assessments, where indicated, are arranged with other members of the interdisciplinary team. Meetings are arranged with family members providing psycho-education and support. Onward referral and liaison with community mental health teams post-discharge is arranged where appropriate.

The production of a podcast interview on positive mental health, a 'vox pop' of clinical experience for the Patient Experience Project, the Annual Suicide Awareness Day and regular participation in teaching for staff, undergraduate and postgraduate students have heightened the awareness of positive mental health within the organisation. The liaison psychiatrist also developed a protocol for managing persons expressing suicidal thoughts.



Radiology

DR BRIAN MCGLONE
CONSULTANT RADIOLOGIST

In keeping with the mission of the NRH, the Radiology Department strives to ensure each person is treated with respect and dignity, and high quality x-ray services. Diagnostic imaging services are provided in a warm, welcoming and caring environment.

Diagnostic imaging services were provided to the hospital in 2019 by a small team comprising a part-time Consultant Radiologist, two Clinical Specialist Radiographers, one part-time Radiographer and a Health Care Assistant.

The following services are provided to all inpatient and outpatient groups, including the Brain Injury Programme, Spinal Cord System of Care, Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR), and Paediatric Programmes:

- General Radiography, Ultrasound, Mobile Radiography, special procedures and Dual-Energy X-ray Absorptiometry (DXA) scanning
- CT scanning service at St. Columcille's Hospital, Loughlinstown, Co. Dublin
- 24/7 On-call radiography service at the NRH

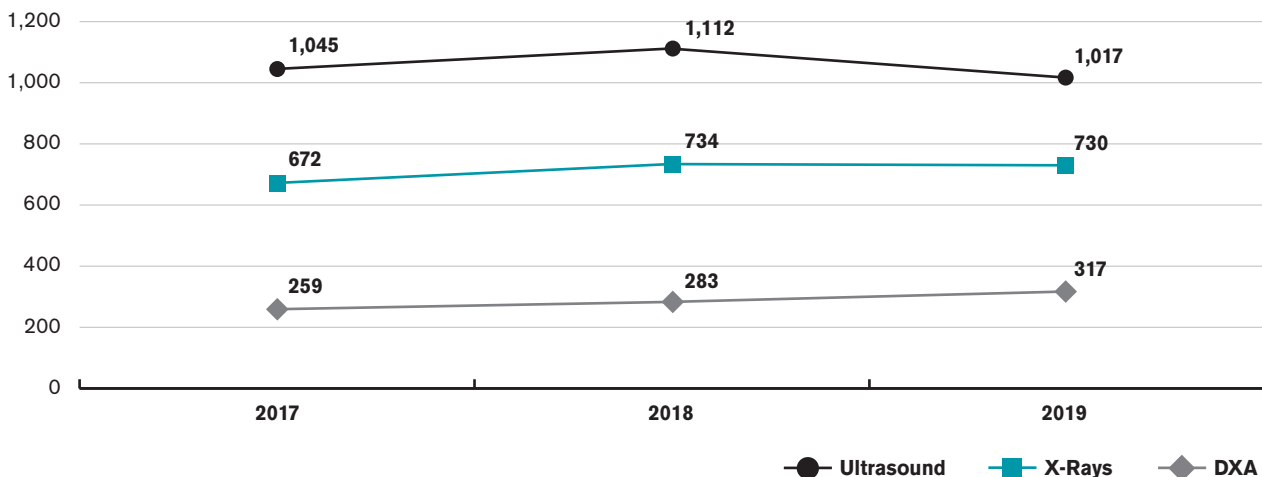
Activity Data

Radiology activity data for 2019;

- **Ultrasound** – 1,017 examinations performed
- **General X-Ray** – 730 examinations performed
- **DXA Scans** – 317 scans performed, an increase on the previous year

GRAPH A – RADIOLOGY ANNUAL STATISTICS 2017 – 2019

Number of Examinations



Services and New Developments

DXA – In July a locum Clinical Specialist DXA Nurse was employed one day per week. This experienced DXA practitioner is essential to maintain current DXA service levels and enable development and expansion of the service for practitioners and patients at the NRH. In October 2019 a new state of the art DXA System was purchased and installed. This equipment enables the identification of patients at risk from osteoporosis and other debilitating conditions. The aim is to establish a Centre of Excellence for Bone Health and for Fracture Prevention for neurologically injured patients. This would include a new service -

Body Composition Analysis. This can be provided by the new DXA unit and is a rapidly developing area of clinical and research interest particularly in patients with muscle loss (sarcopenia), typically in the immobilised neurologically injured population.

Ultrasound – In 2019 there was a slight decrease in the number of ultrasound examinations performed compared to 2018. This reduction in activity was to allow time for clinical training in ultrasound for the part time radiographer undertaking a Post Graduate Certificate in Abdominal Ultrasound at the University of Salford. There was however an increased number of specialised interventional procedures performed under ultrasound guidance such as intramuscular and salivary gland botulinum toxin injections.

Nurse prescribing – Nurse prescribing of ionising radiation at the NRH continues successfully within the nurse led urology service, with a third urology nurse successfully completing training, resulting in a marked reduction in the number of x-rays ordered.

X-Ray - A new state of the art portable digital x-ray machine was purchased for the NRH and is installed and operational, timely for the new hospital site where it is envisaged an increased amount of portable examinations will be required.

Admin Support – A part time locum clerical grade IV post was provided within x-ray to provide much needed administrative support to the radiographers and optimise patient throughput.

Research - An Interdisciplinary research project was undertaken from August to December 2018 comparing the accuracy of bladder volumes between three different scanners used in the hospital. The results of this research were presented in November 2019.

NIMIS – The National Integrated Medical Imaging System (NIMIS) continues to be fully operational at the NRH.

Highlights

RADIOLOGY PROTOCOLS AND POLICIES

Work to review department policies and protocols was ongoing in 2019. New procedures are being developed to reflect the scope of work undertaken by radiology.

AUDIT

A number of audits were carried out in 2019. These include; Online Radiation Safety for NCHD's Audit; Nurse Prescribing Audit; Diagnostic Reference Levels Audit; Pregnancy Declaration Audit; Reject Analysis for general X-Ray; Patient ID Audit; Hygiene, Infection Prevention and Control audits; Environmental Health and Safety Self Inspections; Dress Code Audit; Staff compliance wearing dosimetry badge.

RADIATION SAFETY

The Radiation Safety Committee (RSC) met twice during 2019 as required and advised hospital management in relation to the protection of patients, workers and members of the public against the hazards arising from the use of ionizing radiation in the hospital. Carmel Kelly is the Radiation Protection Officer (RPO) for the hospital. Medical Physicist services are provided from St Vincent's University Hospital, Dublin. Dr Julie Lucey is the Radiation Protection Adviser (RPA) and Eamon Loughman is the MPE (Medical Physics Expert).

The Radiation Safety Procedures were reviewed and updated in December 2019. Equipment Risk Assessments and commissioning of the new DXA and Mobile Direct Radiography units were successfully completed and both units are operational. The RPO worked to review and revise policy and procedure documentation and the NRH Radiation Safety Key Performance Indicators (KPIs) in conjunction with Dr McGlone, Rosie Conlon and Medical Physics.

Key Issues

Overall Radiology activity has been on a par with 2018 despite a shortage in staff due to a delay in filling a vacant post. Following successful recruitment we had a full complement of 2.4 radiographers. A review of radiographer staffing was conducted from March to May 2019. The review recommended a significant increase in staffing to include a manager post and administrative support to enable continued delivery of a safe and quality service. We aim to secure funding to increase staffing and enable service development as recommended by the external review.



Rehabilitative Training Unit

ANNE-MARIE MCDONNELL AND MAUREEN GALLAGHER
RTU MANAGERS

Overview of Service

As part of the Brain Injury Programme continuum of care, the 'Next Stage Programme' at the Rehabilitative Training Unit (RTU) provides group and individual rehabilitative training for adults with acquired brain injury. It is a national service and referrals are accepted from across the country. For individuals who do not live within commuting distance of the NRH, an eight bed accommodation facility is available onsite.

The RTU delivers two integrated CARF accredited programmes: the Vocational Programme and the Home and Community Programme. Allocation to a programme is determined by the trainees' goals, as determined at referral and through the Individual Training Plan. Training is delivered through 25 training modules grouped in the following six areas:

1. Brain Injury Awareness and Management
2. Personal and Social Development
3. Life Skills Management
4. Information Technology
5. Educational and Project Support
6. Vocational Assessment, Planning and Exploration

The success of the RTU rests in its client-centred, holistic approach to programme delivery, providing individualised training programmes, including programme duration, and a comprehensive discharge planning process. The programme encompasses both vocational and community reintegration programmes. It is important to recognise that an increase in independent living and reintegration back into community and family life is regarded as successful an outcome for some trainees, as a return to work or education is for others, and this success is measured by the achievement of individualised rehabilitation goals as identified by the trainee and their family.

The RTU has an allocation of 17 WTE training places funded by the HSE. During 2019 the RTU received 45 referrals. Of these, 39 required onsite accommodation and 6 were for day places. The average programme duration for trainees in 2019 was 8.5 months, ranging from 1 (trial programme) to 13 months.

In 2019 the complexity of needs of the trainee group required increased flexibility and resourcefulness by the RTU team including remote case-working, home based programmes, training and guidance for external support staff and for family and carers.

THE RTU OUTCOMES FOR 2019 ARE AS FOLLOWS:

In 2019 54% of trainees were discharged to appropriate education and training programmes and 15% were discharged to employment. 23% were discharged to community supports and 8% were discharged to home life having reached their community reintegration goals on discharge. The RTU continues to support our trainees with a comprehensive training programme (Individual Training Programme) for as long as each trainee continues to benefit. RTU staff liaise with family, professionals and employers throughout the individual's programme to educate and assist with the transition from the RTU to the discharge occupation and destination.

New Services and Developments

The RTU is continually seeking ways in which the trainees can demonstrate and apply skills developed during their training programme. In 2019, several RTU trainees presented their experience of living with Acquired Brain Injury to various groups, including Inpatients and students. These opportunities allow them to enhance their communication skills and build their confidence and self-esteem, while also affording them the chance to 'tell their story'. RTU trainees were also involved in conferences, seminars, fundraising and volunteering. Current and past RTU trainees are representatives on hospital committees, including the NRH Patient Forum, and RTU Advisory Committee.

The RTU team have continued developing links and integrating supports from external agencies including Microsoft and Restorative Justice. New interdisciplinary team training modules have also been developed including Unified Protocol (UP) Therapy group and Perspective Training group.

In addition, RTU trainees have again been afforded excellent opportunities to undertake supervised work placements across NRH departments and in local business. Work experience develops work transferable skills and builds confidence. We would like to thank sincerely all involved for their continued and highly valued support.

Milestones and Issues for the Service

In 2019 we held two events that contributed to our community outreach goals: A Reunion for past trainees, and a Family Information Day. Both provided the opportunity for peer mentoring and guidance, as past trainees and families shared their experiences. The feedback from both days was very positive.

The RTU continues to provide Taster Sessions and tours of the Unit for Brain Injury inpatients who want to see what the RTU programme can offer them. These are jointly coordinated by treating therapists and RTU staff. These sessions provide the RTU trainees with another opportunity to take on an appropriate mentoring role towards the visiting patients. This year saw a growth in referrals for this service with 16 brain injury inpatients attending a total of 33 sessions.

The RTU offer trainees the opportunity to provide feedback on their satisfaction with the programme through an Exit Questionnaire. In 2019 75% of trainees discharging from the programme completed the questionnaire. Of those who responded, 55% rated 5/5 and 20% rated 4/5 on their overall level of satisfaction with the programme.

Key challenges for the programme for 2019 included the complexity and suitability of referrals received. The team addressed this issue by continued auditing of referrals received, and presenting to internal and external referral sources on the RTU service provision and outcomes. Plans are in progress to share this information to other external referral sources. In addition, referral documentation is under review in order to improve efficiency and to ensure that we receive the minimum data set and that key rehabilitation goals for the programme are identified.

The RTU maintains strong working links with various community services such as MABS, Citizen's Information Centre, Headway, Acquired Brain Injury Ireland, HSE Occupational Guidance Service, Southside Local Employment Service and An Garda Síochana. This in turn benefits the service users and advocates for brain injury supports in the community.

We continue to be most grateful to our partners in the community and feel they have a significant role to play in the breadth of services offered to RTU trainees and on-going supports. The RTU is also very appreciative of the support that it receives from all NRH Departments in the form of access to services and supports, work placements, education and information, or skills development.



Social Work

ANNE O'LOUGHLIN
PRINCIPAL SOCIAL WORKER

The services offered by the Social Work Department include: psychosocial assessment of the patient and family situation; resources and goals; counselling and support to patients and families; carer training programmes, care planning; complex discharge planning, and acting as the Designated Persons under both the Children First Legislation and the 'Safeguarding of Vulnerable Persons at Risk of Abuse' national policy.

Developments in 2019

Transition Planning: A key focus in 2019 was transition planning in preparation for the move to the new NRH building. This move will involve many changes in processes including a move from a Department based model to a Unit based interdisciplinary (IDT) teams model. Two members of the Social Work team were involved in facilitation of groups participating in an IDT pilot project.

Parental Acquired Brain Injury Project: Following the launch of "Supporting Child Relatives of Adults with Acquired Brain Injury: A Resource for Rehabilitation Teams" in 2018, the resource pack reached a wider audience in 2019. In June, Phil Butler presented on the pack at the All Ireland Social Work Research Conference in Dublin. For this, she received a high commendation for the contribution of research to practice. It was also presented at the International Conference for Social Workers in Health and Mental Health in York, UK. This was very well received and has since led to requests for copies from the UK, Sweden and Australia. Work has commenced on an information resource for parents with ABI and their partners and family as part of this suite. Plans are also in place to develop a similar resource with our colleagues in the SCSC Programme.

Family Meetings Research: The initial phase of this research on the experiences of patients, families and staff of the NRH interdisciplinary family meetings is now complete. The development of a set of guidelines for family meetings in the NRH commenced. This involves input from patients and families as well as staff in order to co-create a model that is based on service user feedback. This research was accepted for oral presentation at the International Social Work Conference in 2019.

Safeguarding: The Department continues to offer Safeguarding Awareness Training and Designated Person support in relation to child and adult safeguarding issues. Anne O'Loughlin is chair of the NRH Safeguarding Steering Committee and a member of the CHO6 Safeguarding Committee. She has presented on ABI and Safeguarding to HSE colleagues. Further development will continue throughout 2020 with a focus on managing safeguarding within the new hospital environment.

Delayed Transfer of Care: The lack of a centralised budget for the high complexity cases we see in the NRH continues to be a major contributor to the high number of bed days lost despite ongoing sustained efforts to advocate for our patient's needs. The Department has been involved in a small number of pre-admission outreach visits with our liaison colleagues which have been very worthwhile in terms of starting the planning process early and we continue to advocate for a complex discharge planner post.

Sibshops: Sibshops are workshops that provide peer support and education for brothers and sisters of children with special health and developmental needs within a recreational context. They aim to foster the wellbeing of the family members most likely to have the longest-lasting relationship with the person with special needs. Three NRH Social Workers attended training with the creator of the Sibshop model, Don Meyer and then launched this service in the NRH in 2019. We plan to develop a similar programme for children of parents with acquired brain injury in 2020.



Pictured is Phil Butler, Senior Social Worker, who developed "Supporting Child Relatives of Adults with Acquired Brain Injury: A Resource for Rehabilitation Teams". The resource was presented at the International Conference for Social Workers in Health and Mental Health and requests for copies have been received from international colleagues from as far away as Australia.

Activity for 2019

The Social Work services provided to the core Rehabilitation Programmes (Brain Injury and Stroke Specialty, Spinal Cord Injury, POLAR, and Paediatric Programmes) are detailed in the Programmatic Reports in Section Two of the Annual Report.

Submissions and consultation were made in the following areas:

- HIQA National Standards for Safeguarding
- Department of Health Safeguarding of Vulnerable Adults Policy (in development)
- Meeting with the Decision Support Service with NRH Colleagues in relation to capacity and consent.
- 'Falling Through the Cracks: The case for change. Key developments and next steps for Adult Safeguarding in Ireland' Report

Social Work representation and expertise was provided to the following national committees as well as to a wide variety of internal NRH committees:

- Rehabilitation Medicine Programme Working Group
- IHF Council on Stroke
- Social Workers in Disability National Committee
- Head Medical Social Work Forum
- Social Workers in Stroke Forum
- International Social Workers in Acquired Brain Injury (INSWABI) Committee

I would like to thank all the Social Work Staff for all their hard work and dedication throughout 2019. We look forward to working with our IDT colleagues in 2020 to ensure a successful transition to the new hospital.



Speech and Language Therapy

CLARE HUDSON

SPEECH AND LANGUAGE THERAPY MANAGER

The Speech and Language Therapy (SLT) Service supports the vision of the NRH as 'a respectful, accessible environment where you matter, and people care'. The SLT team are committed to providing high quality, evidence informed services for people with an acquired brain injury, spinal cord injury or limb absence that:

- **optimise** the person's recovery of communication and, or swallowing skills
- **minimise** the impact of communication and, or swallowing difficulties on the person's life
- **maximise** the person's potential to fulfil their life roles following communication and, or swallowing, eating and drinking difficulties

SLTs in the NRH use a person-centred approach in their work, meaning:

- taking time to understand the person's world, preferences and wishes, and those of their family so that it guides what we do
- working with all members of the team in the NRH including the person and his or her family
- providing information in a way that the person and his or her family can best understand and use it

Service Provision

SLT services include comprehensive assessment and diagnosis, and provision of therapeutic programmes for a range of language, voice, speech and swallowing disorders. Speech and language therapy services are delivered in individual, group based, team based and family-centred ways for patients and their families or carers. The services are delivered across all NRH Programmes and the Outpatient Department. In addition, we provide the following services:

- **Audiology Screening Assessment:** an instrumental screening assessment of hearing to identify the presence and severity of hearing difficulty, arrange onward referral to audiology services and or ENT for full hearing testing and hearing aid fitting where required, and provision of timely and accurate information regarding assessment findings and outcomes to patients and members of the interdisciplinary team.
- **Flexible Endoscopic Evaluation Swallow (FEES) Service:** an instrumental swallow evaluation service to inpatients from the brain injury and spinal cord system of care programmes.
- **Electronic Assistive Technology (EAT):** this service is provided in collaboration with the Occupational Therapy Service. It offers a service to in-patients in the NRH to explore whether there is technology that can support the person to have greater independence or control of their environment. The equipment includes Alternative and, or Augmentative Communication (AAC), computers, phones and environmental control systems.
- **Clinical Education Service:** the Clinical Educator supports the education of students in training to become speech and language therapists. This entails the provision of ongoing clinical tuition and placements and is an integral part of the SLT service. In 2019 a total of 14 SLT students from Trinity College Dublin and 2 SLT students from NUI Galway had placements at the NRH, and we continued to facilitate exams, training and education for students at Trinity and NUI Galway.

Service Developments in 2019

The SLT team are using the NRH Quality Improvement Toolkit to continually review and improve what we do and how we do it. The following initiatives were undertaken in 2019:

- The development and introduction of 'communication accessible timetables' and 'communication tips for teams' across the Brain Injury Programme. This initiative supports the work of the NRH Accessibility Committee to develop the NRH as a 'communication accessible' environment.
- Implementation of the International Dysphagia Diets Standardisation Initiative (IDDSI), as required by international best practice, the HSE and the Irish Association of Speech and Language Therapists, was undertaken from June to December. The aim of IDDSI is to standardise descriptions of food and fluid consistencies, and testing methods internationally. This leads to safer feeding, eating, drinking and drinking management. SLTs worked with the NRH catering, dietetics and nursing staff to lead the changes and provided a comprehensive interdisciplinary 'Kitchen to Tabletop' training, to support all staff to understand and adhere to the new guidelines.
- Development and implementation of a new model of service delivery for people with cognitive and, or cognitive communication and affective difficulties resulting from an acquired brain injury (the Cognitive Communication and Affective Rehabilitation service). The pilot involved staff from a range of disciplines working within an interdisciplinary model incorporating group work, independent work and peer support. The pilot received positive feedback from the participants with one individual noting, "I was always told that every stroke is different...makes you feel alone. Then in the group, you can see that other patients also have different bits and parts of what you are experiencing... don't feel so alone then".
- The 'Breakfast Club' is a new interdisciplinary initiative on one ward in the Brain Injury Programme. It allows the service user to incorporate their therapy goals and implement strategies learned throughout their rehabilitation programme into a meaningful context. Through informal social interactions, reading and discussing weekly current affairs, service users are supported to work on social and cognitive communication skills. The positive, inclusive atmosphere offers people the opportunity to engage in joint working and learning with their peers. Individuals are encouraged to reflect on the week and identify goals for the following week.
- The SLT Outpatients service has participated in facilitated workshops for all clinical therapy staff to review current outpatients therapy practice, scope and direction of therapy services to support a more timely and integrated service delivery.
- An SLT, Music therapist, physiotherapist and nurse collaborated to develop and implement a Voice Group for people with spinal cord injury. The pilot project showed positive outcomes for the people who attended in terms of measures of voice, breathing, quality of life and mood.

Speech and Language Therapy services include a comprehensive assessment and diagnosis, and provision of therapeutic programmes for a range of language, voice, speech and swallowing disorders to patients from all NRH Rehabilitation Programmes.





Section 4 Corporate and Support Services



June Stanley
Deputy Chief Executive



Liam Whitty
Catering Manager



John Fitzgerald
Materials Manager



Olive Keenan
Human Resources Manager



Bernadette Lee
Risk Manager
(to August 2019)



Elayne Taylor
Risk Manager
(from August 2019)



Rosemarie Nolan
Communications Manager



Dr Angela McNamara
Locum Chairperson, DDMBA



Dr Cara McDonagh
Chairperson, DDMBA



Fr Michael Kennedy
Chaplaincy



Aoife Mac Giolla Rí
School Principal



Audrey Donnelly
Stakeholder and
Corporate Data Manager



John Maher
Information Management
and Technology Manager



Siobhán Bonham
Health Planning Team Leader
and Senior Project Manager



Rose Curtis
Occupational Health Nurse



Brendan Martin
Payroll and Superannuation
Manager



Peter Byrne
Technical Services Manager



Maeve Nolan
Academic Lead



David Farrell
Senior Clinical Engineer

Academic Department

DR MAEVE NOLAN
ACADEMIC LEAD

The Academic Department at the NRH was established in July 2019. This exciting new development represents the culmination of much work and planning on the part of the interdisciplinary Academic Steering Group (ASG) over many years. The Department currently consists of Dr Maeve Nolan, Academic Lead and Sarah Kearney, Academic Administrator. This innovation represents an opportunity to lead and develop systems, policies and plans for clinical education and research at the NRH. The ultimate purpose is to support evidence based clinical practice and the enhancement of the patient experience of rehabilitation.

In keeping with strategic priorities identified in the NRH Strategy, and the National Strategy for the Provision of Neuro-Rehabilitation Services in Ireland, the Academic Department will contribute to building the expertise required for the NRH to be the acknowledged educator and leader in defining the role of rehabilitation services as an essential component of the healthcare continuum in Ireland. It will play a key part in facilitating and promoting clinical education and research and expanding the role of the NRH in the education of the wider healthcare community. A coordinated, systematic approach to delivering education and promoting research is essential in the current, challenging and changing times in healthcare.

The Academic Department identified four priorities as follows:

Staff, healthcare professional and student education: The NRH is the primary site and teaching hospital for the education and training of undergraduate and graduate medical, nursing and allied health students in the principles and practices of interdisciplinary rehabilitation. In the last academic year the NRH provided 450 student placements across all disciplines. In addition, it offers a Transition Year experience to 24 school students each year.

The Academic Department will identify staff and patient learning needs and support continuous learning opportunities for staff and for the next generation of healthcare professionals, with the patient always as the primary focus. It will seek to expand educational and research resources to allow staff and students develop and enhance the necessary skills to work effectively within interdisciplinary rehabilitation teams. An Academic Portal is currently being developed to support academic activity and provide teaching resources for NRH staff and students.

The Academic Department will work closely with the Academic Steering Committee (formerly the ASG), the Educational Assistance Group, HR, Clinical Tutors, the Executive and the Ethics Committee to identify a pathway for educational progress. Refining our Academic Teaching and Research Agreements with third level collaborating institutions will provide the foundation for the development and expansion of medical, nursing and allied health teaching and research programmes. This will enable the establishment of strong academic and clinical ties, an essential pre-requisite for clinical excellence.

Strengthening the research agenda at the NRH: Working closely with Dr Aine Carroll, Professor of Integrated Care at UCD, the Academic Department supports the development of a Clinical Research Centre (CRC) at the NRH. The NRH has long supported research activity and endeavors across all disciplines and establishing a CRC will enable us to expand and welcome researchers into a centre of clinically led, academic excellence that is supportive, innovative and visionary. Forging stronger links with academic institutions, and, in particular, with UCD, will enable us to pursue joint research partnerships, funding opportunities and shared learning experiences. The research agenda at the NRH will include service evaluation and audit activity so that there is a comprehensive approach to honouring our professional responsibility to enhance rehabilitation through clinical collaboration, research, education and service development. The research approval process has been streamlined and is currently under active review.



Pictured at the Inaugural NRH Rehabilitation Nursing Conference are Sajini Lawrance, Pauline Sheils, Professor Mark Delargy, Paula Keane, Siobhan O'Driscoll, Frances Campbell and Gemma Willis.

An important first step was made in December when the Board changed the hospital logo to reflect our University Hospital status. This organisational commitment and investment will also underpin the development of a Research and Education Strategy in 2020 to further enhance the development of a culture of learning and research at the NRH.

Engagement with relevant stakeholder networks: In pursuit of integrated care, as outlined in Sláintecare, and consistent with the values underpinning rehabilitation at the NRH, the department will actively engage with patients, families, carers and other community networks. It will also forge stronger links with patient and professional bodies and associations. In November, Dr Maeve Nolan presented a paper at the Annual Conference of the Health Informatics Society of Ireland on 'Matching Clinical Needs with eHealth Solutions: Lessons from the Frontline'.

The Academic Department have already made a number of site visits and valuable contacts which will inform future strategic developments. Engagement of patients in research is a priority for the department as is the expansion of the Patient Experience Project (PEP), developed by the Psychology Department, to provide psycho-educational and peer support for our patients.

Development of a fit for purpose Academic Facility: In collaboration with the Hospital's Technical Service Team, Health Planning Team and Information Management and Technology Department, along with the NRH Foundation, the Academic Department is currently planning the development of an Academic Facility in the existing convent building at the NRH. We look forward to formally launching the Academic Department to coincide with the opening of the Academic Facility in 2020.

Catering

LIAM WHITTY
CATERING MANAGER

The Catering Department provides catering services to the wards and also meets all catering requirements for patients, staff, and visitors across the NRH campus. In addition, the Catering Department provide Meals on Wheels for the Monkstown and Kill O' the Grange areas; the meals are delivered by volunteers to people in the Community who are unable to cook their own meals for various reasons, for example, illness or disability.

The cost of providing catering services to the hospital was €683,933 (excluding wages) and the income was €368,615.

Highlights in 2019

In October the Catering Department introduced a new pay by weight system for fresh fruit and salads in the staff canteen.

New Initiatives

In line with national HSE recommendations, the catering team along with Speech and Language Therapy colleagues successfully implemented significant changes to modified food and thickened drinks for people who have difficulty swallowing. The International Dysphagia Diet Standardisation Initiative (IDDSI) Framework was rolled out across NRH wards. A key benefit of this change means that the words used to describe modified food and thickened drinks are standardised internationally, improving the lives of those living with dysphagia.

Clinics for Disabled Drivers Medical Board of Appeal

DR CARA MCDONAGH
CHAIRPERSON, DDMBA

DR ANGELA MCNAMARA
(ACTING CHAIRPERSON TO SEPTEMBER)

The Disabled Drivers Medical Board of Appeal (DDMBA) is a statutory independent body set up by the Department of Finance in 1990 to review individuals whose application for the Primary Medical Certificate is unsuccessful at local HSE level. It operates independently of the assessment process carried out by local HSE Community Medical Officers. The legal basis for its operation is the Disabled Drivers and Passengers' (Tax Concession) Regulations 1994, most recently amended in 2004, and a succession of Finance Bills. Board members are appointed by the Minister of Finance from a body of interested registered medical practitioners, on the recommendation of the Minister of Health.

Activity and Developments in 2019

In 2019, 684 new appeals were lodged and 720 patient appointments were arranged. 23 clinics took place on the campus of the NRH and one peripheral clinic was arranged in Cork. 424 appellants attended for review, indicating a continuing high rate of non-attenders despite implementation of reminder policies. 9 appellants (2% of those reviewed) were successful in obtaining a Primary Medical Certificate at appeal. The current waiting time for review is in the order of four months.

The DDMBA is a 'reviewable body' in accordance with the provisions of the Ombudsman (amendment) Act 2012.



Central Supplies

JOHN FITZGERALD
MATERIALS MANAGER

The Central Supplies Department purchases and maintains stock materials for the day to day running of the hospital. Purchases for hospital equipment, patients' aids and appliances, and special requirements are managed by Central Supplies, in addition to placing purchase orders for service and maintenance contracts for Medical Equipment and Technical Services.

An inventory management software system has optimised hospital spend on materials and has improved services to wards and departments.

In 2019, the Supplies Manager assisted in Tenders preparation and loading onto the e-tenders web site for open competitive Tenders. Increased use of the e-tenders site is in line with the Hospital's objective to obtain value for money in all purchasing decisions.

During 2019 additional cost-saving initiatives continued, these include, but are not limited to:

- Utilising HSE Framework agreements which are nationally negotiated and continual evaluation of new products and services to reduce costs and improve efficiencies. Maintained access to the HSE Pricing and Assisted Sourcing System (PASS) which shows listings of the Health Business Section (HBS) Framework Agreements and Contracts, and the Office of Government Procurement (OGP) current Contracts and Frameworks.
- Preventative Maintenance Contracts for Medical Equipment reduces costly repairs and downtime on essential medical equipment for wards and therapy departments.
- Stock of special medical dressings, respiratory items, IV fluids and other trolley items are managed for expiry dates and planned future usage is controlled for ward storage areas.
- End of year stock count was successfully completed with optimum stock value and quantity accuracy to provide efficient and effective service.

In addition, during 2019, the Central Supplies Department:

- Worked collaboratively with hospital departments to ensure compliance with HSE, HIQA and CARF accreditation standards. Sourced the most cost efficient products for the Infection Prevention and Control Department, the Wheelchair and Seating Clinic and all services across the hospital.
- Participated on the Medical Devices Equipment Management Committee (MDEMC) in conjunction with St Vincent's University Hospital (SVUH). Maintained a database for service and repairs records of Medical Devices.

Chaplaincy

FR. MICHAEL KENNEDY, CSSP

The Chaplaincy Department plays a vital role in serving our patients' individual needs during their Rehabilitation Programme at the NRH. It is a support service which responds to the needs of patients and their families, offering pastoral, spiritual and religious support. The chaplain also has a role in the pastoral care and wellbeing of staff members.

Fr Michael Kennedy is the full-time Chaplain. Mrs Hilda Plant continues to fulfil her duties as the appointed chaplain from the Church of Ireland to the NRH. Ministers of other faiths can be contacted as requested.

The Liturgy Team

The liturgy team are a group of volunteers who work as Readers or Eucharistic Ministers, and in the organising and provision of liturgical music in the hospital chapel. Eileen Roberts is the Sacristan.

Visiting Patients

The Chaplain visits patients on the wards on a regular basis at times that don't impact on ward schedules. The Chaplain is available to meet with patients and relatives for private consultation as requested.

There are a number of volunteers who support the Chaplain with visiting. Sr Martina Nolan visits patients once a week and distributes Holy Communion. Sr Nora Wiseman and volunteers from the Legion of Mary also visit with patients each week. Their role is to offer spiritual and pastoral care to the patients.

Chaplaincy Involvement

The Chaplain plays an important role in the pastoral care of staff and is available to meet with them on request. He is involved also in the following Committees: Ethics Committee, Heads of Departments, Liturgy Team, St. Vincent DePaul Conference, The Legion of Mary and the NRH Staff Induction Programme.

During the year, the Chaplaincy team worked with various therapy departments to assist patients to attend Mass in the chapel with their therapists. This formed an important therapeutic and holistic part of their individual rehabilitation.

Challenges

Chaplaincy work is a unique discipline which enables the Chaplain to cross into the various strands of hospital life; it can be a solitary role requiring strong support networks. The turnover of patients has increased and the challenge for the chaplain is to offer patients the best possible pastoral care during their stay.



Communications

ROSEMARIE NOLAN
COMMUNICATIONS MANAGER

The Communications Department strives towards continually improving a range of communications channels in the NRH with a view to:

- informing individual audiences (internal and external), in a clear, timely, and accessible way through accurate, consistent and relevant messaging.
- capturing the views of patients, staff and all stakeholders, and using the feedback to inform and influence how services are planned, organised and delivered, and how the process of change is managed.

The vision underpinning the NRH Communications Strategy is based on best practice guidelines, research and work undertaken by the Communications Department, and is in line with the hospital's organisational strategic direction.

In 2019 the Communications Department, in collaboration with Programmes, Departments and Services across the hospital, devised comprehensive Communications Plans for major projects which are updated on an ongoing basis according to changing requirements. An example of some projects include the following:-

- New Hospital Project
- Intranet, Website and Social Media Development Plans
- The International Dysphagia Diet Standardisation Initiative (IDDSI)
- Health Hub – Suite of information leaflets for patients of the SCSC Programme
- Infection Prevention and Control patient and staff information literature and videos on Hand Hygiene and Hospital Acquired Infections
- Branding and accessibility input to educational booklet for Neurogenic Bowel Management videos
- Updating and standardising NRH Forms such as: referral forms, assessment forms, healthcare record forms among others.
- Continual updating of a range of patient and staff information literature to ensure its accessibility and suitability for target audiences
- Membership of the NRH-HSE Quality Improvement Steering Group and the working group
- Crisis Management and Emergency Response Communications
- Media Relations
- Working in collaboration with the HR Department in the production of the NRH Staff Absence Guide
- Development of an NRH Guide to Producing Accessible Videos
- Working in collaboration with the HSE and Government Departments in hosting the launch of the HSE Capital Plan in September
- Working in collaboration with the organising committee of the NRH Nursing Conference to support the production of conference literature and promotional materials
- Working in collaboration with the RSA in hosting the launch of the pre-Christmas Road Safety Campaign in the NRH in November

Action plans have been put in place to develop our communications systems and processes to ensure we can optimise our time, effectiveness and efficiency as a team in contributing towards the strategic objectives and mission of the NRH and to enhance the services we provide to our patients, their families, our colleagues and the management team across the hospital.

New Hospital Development – supporting the transition to the New NRH

In 2019, as we moved into the countdown to the handover of the new building, all staff were encouraged to get involved as we moved towards another major milestone. Regular information updates are provided for all staff in a range of different ways, such as lunchtime Information and Feedback Sessions in the Quadrangle, Cascades, Frequently Asked Questions documents, Staff Briefings and feedback and suggestion boxes located in the staff canteen and coffee shop. Information is provided in digital, print and person-to-person formats to meet the requirements of all staff in the hospital.

In addition to the regular New Hospital Development updates provided since the building began, NRH staff are provided with regular opportunities to share ideas and suggestions, and to voice concerns about the imminent move to our new, long awaited world class rehabilitation facility. Regular updates are provided through a range of communications channels on collaborative work that is ongoing as we continue to reach new milestones.

In 2019, The Positive Work Environment Group (PWEG) along with the Health Planning Team engaged with staff to ask how they felt they could be supported in the imminent move to the new hospital. The feedback showed that for many staff there is real excitement about this major change. Understandably, there are also mixed emotions from staff which range from delight and hope, to feelings of anxiety and fear of the unknown.

In an effort to address these concerns and further support our staff through this change, the **“New Ways of Working in our New NRH”** working group was established. The group includes representatives from the Positive Work Environment Group (PWEG), Human Resources Department, Health Planning Team, Interdisciplinary Team (IDT) Working Group, Clinical Rehabilitation Management System (CRMS) team and the Communications Department.

Programme Managers, Heads of Department and members of the ‘New Ways of Working in our New NRH’ group listen to staff feedback, ideas, and questions or concerns about the move to the New Hospital. All feedback is given consideration and responded to, if requested, or included in the ‘Frequently Asked Questions’ updates.

Staff Engagement – NRH Change Ambassadors

In 2019, staff nominated their colleagues, or themselves, for the role of NRH Change Ambassador. The purpose of the Change Ambassador role is to support other staff through the transition to the new hospital by offering informed, accurate and up to date information in preparation for new environment and new ways of working.

The role aims to create a supportive network for staff during this time of organisational change. Change Ambassadors serve as the local point of contact through which staff can channel ideas, information and queries or concerns. This feedback is relayed back to and addressed by the working group. There are over 30 Change Ambassadors with representation from clinical, non-clinical and support services across the hospital. Meetings are held fortnightly.

Thanks to Nicola Bell, HR Department for all her hard work and commitment in managing these meetings and processes in collaboration with the working group.



L-R: Margaret Kavanagh, Dublin City PR Officer for IRVA, Professor Mark Delargy, and Donna Price, Founder and Chairperson, IRVA.

The NRH was presented with the Light of Hope Award from the Irish Road Victims Association (IRVA). The award acknowledges the great efforts of the NRH in trying to ensure adequate provision of specialised services and accommodation to meet the needs of this large group of trauma victims.



Supporting Interdisciplinary Team (IDT) Working

NRH staff were central in the design phase of the new hospital building and they remain central in developing new ways of working in the new NRH - a key component being Interdisciplinary Team Working.

The Communications Department provide support as required to colleagues from across the hospital who are involved in various IDT Projects. This includes providing assistance with developing accessible design and layouts (for print and digital formats) for information and educational materials, for example:-

- The Interdisciplinary Team (IDT) Framework
- The Positive Working Environment Group (PWEG) Framework
- Communications Plan for the International Dysphagia Diet Standardisation Initiative (IDDSI) Framework
- Communications Plan for the Protective Mealtimes Initiative
- Launch of the 'New Ways of Working in our New NRH' and 'Change Ambassadors' Initiatives
- Guidance on media interviews and general articles for publication

Advances in IDT Working

In 2019, the Interdisciplinary Team (IDT) working group continued to develop a structure to promote increased opportunities for IDT working as part of the preparations for the move into the New Hospital and the new IDT treating environment. In December, Occupational Therapists and Physiotherapists from the Spinal Cord System of Care and POLAR Programmes moved to shared IDT programmatic treatment areas and offices. This greatly enhances opportunities for joint team working aimed at improving the patient experience. The benefits to patient care is already evident and the teams will continue to analyse the learning in this for the move to the new hospital.

Some examples of new NRH Interdisciplinary Services and Initiatives include:

IDT Voice Group – in 2019, a new IDT Voice Group was piloted in the SCSC Programme. A Speech and Language Therapist, Music Therapist, Physiotherapist and Nurse collaborated to develop and implement a Voice Group for people with spinal cord injury. The pilot project showed positive outcomes for the people who attended in terms of measures of voice, breathing, quality of life and mood.

The Friday Breakfast Club – in 2019, the neurobehavioural team on St Patrick's ward established the weekly Friday morning 'Breakfast Club'. This is a new opportunity for patients and staff from the Brain Injury Programme to work collaboratively in achieving person centred goals in a functional, meaningful way for each individual. The Breakfast Club core team include: Nursing, Speech and Language Therapy, Occupational Therapy, Physiotherapy and Catering. Other members of the Interdisciplinary Team (IDT) join breakfast club on occasion, including the Psychologist or Dietitian.

Some examples of existing NRH Interdisciplinary Services and Initiatives include:

Wheelchair and Seating Clinic – the Interdisciplinary Wheelchair and Seating Clinic is jointly delivered by Occupational Therapy and Physiotherapy staff.

Splinting Clinic – the Splinting Clinic is staffed by therapists from Physiotherapy and Occupational Therapy, with invaluable assistance from a volunteer who has considerable expertise in neurological-splinting as a Chartered Physiotherapist.

Electronic Assistive Technology (EAT) Clinic – the EAT Clinic is jointly run by the Occupational Therapy and Speech and Language Therapy Departments.

Protected Mealtimes – this is an initiative implemented by colleagues in Catering, Nursing and Dietetics.

Outpatient Department Wellness Day – the Speech and Language Therapy team, in conjunction with Interdisciplinary Team colleagues, continued to increase the frequency and activity of the Outpatient Wellness Day Programme.

Tracheostomy Service – the Tracheostomy Team at the NRH is well established with representation from the Medical, Nursing, Respiratory Physiotherapy and Speech and Language Therapy disciplines.

Interdisciplinary Team Working – a definition

“ A dynamic process involving two or more health professionals with complementary backgrounds and skills, sharing common health goals and exercising concerted physical and mental effort in assessing, planning, or evaluating patient care. This is accomplished through interdependent collaboration, open communication and shared decision-making. This in turn generates value-added patient, organisational and staff outcomes. ”

(Xyrichis and Ream, 2008)

I extend my grateful appreciation to **Ruth Lumsden** for her assiduous work and contribution towards the implementation of the NRH Communications Strategy in 2019. We are looking forward to developing new ways of working and communicating in the new hospital environment which is designed as a ‘Smart’ building.

Thanks also to our colleagues in the CEO Administration Office. **Alison McClurg, Fidelma Keogh** and **Stephen Barrett** who provide ongoing administrative and project support to the CEO, Deputy CEO and Board of Management. We work closely and collaboratively with the CEO Office Admin Team and appreciate their input to the overall communications function of the hospital.

Pictured at the launch of the RSA Road Safety Campaign in November: Moyagh Murdock, CEO RSA; Kieran Fleck, Chairman NRH; Oliver Cox; Shane Ross, Minister for Transport, Tourism and Sport; Liz O'Donnell, RSA Chairperson.





Health Planning Team

SIOBHÁN BONHAM

PROJECT MANAGER – NEW HOSPITAL PROJECT

In January, we were delighted to reach a major milestone in Phase One of the new hospital development. Our new state of the art Sports and Exercise Therapy facility opened for patient use. This new facility includes a sports hall, fitness gym, aerobic studio, target range, climbing wall and top of the range specialist rehabilitation equipment. Building works progressed at a rapid pace throughout 2019 and the project is due to be completed early in 2020.

New Hospital Development Project (Phase 1)

The Health Planning Team (HPT) functions as the client's (NRH) representative on the New Hospital Project team. The primary responsibility of the Health Planning Team is to capture the requirements of our stakeholders both internal and external, and act as facilitators working in partnership with the technical design team to translate those clinical, operational and human requirements into a fit for purpose design for the New Hospital Project. Our stakeholders are defined as any individual who will use the new building or any aspect of the NRH service.

One of the fundamental responsibilities of the NRH as an internationally accredited rehabilitation facility is to effect positive change in patients' functional ability, independence and self-reliance across environments, while protecting and promoting the rights of patients. The new hospital design endeavours to create that specific environment to facilitate the delivery of rehabilitation by an integrated team, which includes the patient. The design of this development is patient-centred and based on the principles of empowerment, dignity, privacy, confidentiality and choice.

Building of Phase One of the new hospital development is now nearing completion. This project will replace all existing patient ward accommodation at the NRH with 120 new specifically designed patient bedrooms and integrated rehabilitation-specific treatment spaces. The building also includes a new hydrotherapy unit and sports and exercise therapy department.

The new hospital building main structure is designed to link into the existing clinical and support services that will remain in the existing hospital building pending completion of Phase Two. The target date for completion of Phase One is Spring 2020. Following substantial completion, a period of equipping, commissioning and staff training will begin, in advance of the building becoming operational.

Future plans

DEVELOPMENT OF PHASES 2 AND 3

The NRH site development is conceived in three principle phases of which the current new 120 Bed development is Phase 1. The Health Planning Team will complete a brief and prepare documentation for the appointment of a design team to commence the design development of Phase 2 in 2020. Phase 2 includes for the relocation of all existing therapies and support facilities to a new modern development, to serve the new 120 bed hospital. The completion of Phase 2 will facilitate the demolition of the existing hospital buildings and the development of the Phase 3 to increase the bed and service capacity of the hospital.

Human Resources

OLIVE KEENAN
DIRECTOR OF HUMAN RESOURCES

The National Rehabilitation Hospital (NRH) is enhanced by the professionalism, dedication, hard work and commitment of our staff in terms of the services that they provide to our stakeholders. The NRH has a diverse workforce operating in a dynamic environment which is constantly changing and evolving.

The Human Resources (HR) Department endeavours to provide a professional and effective service to managers and staff by providing support and advice and in meeting service objectives through effective people management strategies. The HR team provides services, such as recruitment and selection, personnel administration, employee relations, industrial relations, policy development, staff development and ensuring compliance with legal, regulatory and Public Service Agreement requirements. The department works to support all staff through the lifecycle of their employment. HR works to support a positive working environment and culture within the hospital to encourage innovation, collaboration and partnership at all levels.

Recruitment and Staffing

The demand for specialist rehabilitation services nationally continues to rise with resultant pressures on service delivery and resources. It has been difficult for the hospital to maintain existing key services against the landscape of substantial service pressures, but we continue to do so with robust management of our staffing and fiscal resources. Despite ever increasing demands on hospital services, our staff continue to provide professional and quality care to our patients and an effective service to the hospital.

We work with managers regarding the specific needs of their services and general recruitment activities across the hospital and endeavour to explore creative and targeted recruitment options where necessary. We have also continued to exhibit at health sector job recruitment fairs, which has proved useful in terms of recruitment outcomes, employer branding and raising the profile of the hospital, particularly with Phase One of the new hospital development project nearing completion. In collaboration with Department Heads, we also review and reconfigure posts when the opportunity arises to assist with meeting new services requirements.

During 2019 we have been moving ahead with recruitment of priority posts identified as part of transitional planning arrangements for Phase One of the new hospital. Hospital Management continue to work with the HSE to advance the Workforce Planning Submission (2016), as part of efforts to increase our staffing levels for the current hospital as well as starting to identify anticipated resource deficits as we transition to the new hospital in 2020.

HR Information Management System

The HR information management system provides valuable management information reports. These reports are assisting management to optimise scarce resources, for example with rostering practices, better insights into how therapist resourcing translates into units of patient care. Improved reporting and decision-making leads to more streamlined HR administrative and business processes and helps to plan for current service demands and future resource planning for the new hospital. Our training information reports also help managers and staff to better manage compliance with the ever increasing demands of mandatory training.

Competency Assessment and Performance Reviews

The hospital has both an annual Competency Assessment and Performance and Development Review process in place for all staff. Annual reviews for all staff members is a requirement to meet our CARF accreditation standards and is also a useful process for providing regular feedback to staff on work performance and identification of any skills or knowledge gaps or training and supports that may need to be put in place.



Absenteeism

The overall staff absence rate for 2019 was 3.96 %, a slight improvement on the 2018 rate of 4.09% and just outside the national target of 3.5% (see table below). The Hospital continues to work hard to get this back below the HSE national target. Managers are provided with a monthly absence report which gives a departmental insight into the effects of staff absence in the hospital and assists them to manage absence within their area of responsibility. Employees can view and request leave using an Employee Self-Service portal, which in turn allows line managers to effectively manage attendance, absences, and leave requests across their teams.

The HR Department continued to support managers in improving levels of attendance, staff health and staff morale by working closely with Occupational Health. Working in the health sector work can be physically and psychologically demanding, increasing the risk of work-related illness and injury. However, we have robust procedures in place for managing any issues with attendance, which is done with the support of our line managers in each department and with a broad spectrum of employee health and wellbeing supports in place.

Absenteeism will continue to be monitored and as part of staff support, we published our NRH Attendance Management Policy and Booklet to assist with guidance on managing absence for managers and staff.

Year	TOTAL
2017	3.67%
2018	4.09%
2019	3.96%

Employee Relations and Change Initiatives

The HR Department continued to promote positive and strong employee relations throughout 2019. However, there were two national Industrial Disputes within the nursing areas in early 2019 which proved to be challenging time for the Hospital. The first dispute was centred on the overhaul of the role of staff nurse. The second Industrial Dispute involved a national dispute over a national Job Evaluation Scheme related to the role of the Health Care Assistant Grades. There was a successful resolution and outcome of the disputes. During this time, we worked successfully together with staff in terms of contingency planning arrangements to ensure continuity of service and quality and safe patient care.

The HR Department has supported many changes across the hospital during 2019. Many of these were associated with the move to the new hospital environment as we seek to further embed positive work practices and new ways of working. A number of changes in work practices have been identified, and we have worked with managers to implement necessary changes and efficiencies required for improved service delivery, review roles and job descriptions. As part of the transition planning process, several reviews were also undertaken in some service areas and we worked with and supported these departments in relation to the implementation of the recommendations of these reviews.

Employee Engagement

Staff engagement continues to be an organisational priority. The Hospital is proud of the formal recognition we have received both in the past and at present for our efforts and commitment regarding staff engagement and the many health and wellbeing initiatives in place. Our experience has shown that employee engagement has a significant, positive effect on performance, innovation, productivity, absenteeism, attendance rates, retention levels, motivation, well-being, and morale. Through improved engagement the NRH has become more aware of the challenges facing its staff which ultimately can affect patient care and outcomes. Staff engagement has been linked to patient satisfaction and improved clinical outcomes and our experience has shown that staff that are fully engaged at work are better able to give their best to patients and service users.

The Positive Working Environment Group (PWEG), is a cross representational group of staff, tasked with improving staff engagement and fostering a positive working environment. There is a broad spectrum of health and wellbeing initiatives for staff available within the hospital. These include physical activity sessions such as pilates, yoga, bootcamp, pedometer and weight loss challenges and events such as Workplace Wellbeing day and Staff Kindfulness day. There are other wellness initiatives in place such as Occupational Health support, mental health support, smoking cessation awareness, Employee

Assistance Programme and bereavement support. During 2019 the PWEG group undertook a planning workshop and hosted a number of lunchtime information stands to engage with staff around their workplace wellbeing needs. This culminated in a Workplace Wellbeing Framework being developed.

Following our participation in the 2018 National Health Sector Staff Survey "Your Opinion Counts" survey, the hospital received an individualised report in 2019. Our commitment to staff is to focus on staff experience and highlight areas for targeted improvements. Focus Groups were facilitated for staff on the survey results as part of a survey feedback process. Many initiatives have been rolled out in the last number of years as a direct result of the views and opinions voiced in previous surveys and we used this feedback process as another opportunity to identify and deliver on opportunities to improve employee wellbeing.

In Q4 2019, the HR team organised a Diversity and Inclusion stand and all staff, patients and their families were invited to attend. A short survey was conducted and the information gathered informed the creation of a Diversity and Inclusion Group to plan activities for the year ahead. In collaboration with Occupational Health we held a bi-monthly #cutitout lunchtime stand to promote dignity and respect in the workplace.

In preparation for the move to the new hospital, "Change Ambassadors" were appointed from within our staff. Their role is to support colleagues through the exciting transition to the new hospital by offering informed, accurate and up to date information about our new ways of working in our new NRH. They serve as the local point of contact for staff to channel ideas, information and queries through, which are relayed back to our "New Ways of Working in our New NRH" working group. This group includes members of the Positive Work Environment Group, HR Department, Health Planning Team, Interdisciplinary Team (IDT) Project team, Clinical Rehabilitation Management System (CRMS) team and the Communications Department.

Training Grants and Refunds

Access to high quality education and training opportunities prepares staff for future roles and responsibilities and enables them to reach their full potential. The Hospital continues to support the development of its workforce in the overall context of continued professional development (CPD), to achieve our strategic goal of expert staff with the skill sets necessary to optimally position the NRH as a leading healthcare provider.

During 2019 the Educational Assistance Steering Group approved 266 applications for financial and study leave support. Included in this was funding for clinical programmes, continuing professional development, medical professional development (CME), educational assistance and general funding for training.

We also welcomed the establishment of the Academic Department in 2019 and the appointment of the Academic Lead and Academic Administrator roles. We look forward to collaborating with the department in relation to a more strategic focus on clinical education and training; and in contributing to the development of the necessary structures that need to be put in place for the NRH to be the acknowledged educator and leader in complex specialised rehabilitation services.

Milestones in 2019

HR LEADERSHIP AND MANAGEMENT AWARDS

The HR Leadership and Management Awards represent the benchmark for those demonstrating excellence in HR and in recognition of the excellent contribution that HR teams are making to the success of organisations across Ireland.

In 2019 the NRH were delighted to have been shortlisted as finalists in two categories – **Best Public Sector Initiative and Most Effective Employee Engagement Strategy**.

LEGAL ISLAND IRISH HR AWARDS

The NRH was delighted to have been invited to present on the Legal Island "Lessons from 2018 Winners" session held in 2019 as the winner of the **Best Employee Engagement Initiative** in 2018.

Throughout the year the HR team rose to the many challenges with work demands and service pressure. The team engaged with the many opportunities to get involved with the departmental and hospital wide projects and initiatives as well as the transitional planning initiatives for the new hospital. I would like to take the opportunity of sincerely thanking them for all their hard work, support and valued contributions.



Information Management & Technology (IM&T)

JOHN MAHER
IM&T MANAGER

The Information Management and Technology department is responsible for the management of all Information Technology (IT) service delivery, data management and security, business intelligence, IT Strategy and IT project delivery across the NRH.

Service Delivery

In 2019 the department prepared to meet the needs of a larger hospital campus and a more digitally supported environment in the new hospital building. The department has therefore been in a state of change moving from reactive to more proactive service deliverables while maintaining operations and project focus.

Service Implementation

To support this approach, new technologies such as Network Monitoring have been implemented to help the team monitor and classify system conditions such as uptime, bandwidth utilisation on servers, switches, routers, PCs and a host of other devices and importantly administrative and clinical applications.

In parallel a new Information Technology Infrastructure Library (ITIL) compliant Support Desk solution was rolled out which will provide functionality to support Incident Management, Service Catalogues, Asset Management and a Self-service Portal.

Initially this solution will support both IM&T and Data Protection requirements. These initiatives are designed to ensure that the department is ready to meet the future needs of the new hospital, the opening of which will see approximately 28 additional systems, a new purpose built data centre hosting upwards of 11 additional physical servers, two physical networks encompassing 80 additional network switches and one clinical grade wireless networking consisting of 180 additional wireless access points being commissioned and managed by the department.

Clinical Rehabilitation Management System

The Clinical Rehabilitation Management System (CRMS) Project is a collaboration between the NRH and the HSE's Office of the Chief Information Officer (OoCIO). The aim of the project is to move from mostly paper based and manual systems for management of patient information, to use of an electronic clinical management system that will support and enhance the delivery of interdisciplinary, person-centred rehabilitation across NRH services.

The CRMS project objectives align with the Sláintecare Implementation Strategy 2018, the Model of Care for the Provision of Specialist Rehabilitation Services in Ireland and the Implementation Framework for the National Strategy and Policy for the Provision of Neurorehabilitation Services in Ireland; as well as supporting the strategic directions of the NRH.

In 2019 the invitation to tender for a Clinical Management System for Specialised Care Services (CMS-SCS) Framework was published on the Irish Government eTenders platform. A Procurement Evaluation Group (PEG), consisting of staff members from the NRH and OoCIO, was established to evaluate tender submissions, due for completion in February 2020. Approval will be sought from the Digital Government Oversight Unit (DGOU) to award a contract to the successful Tenderer.

Occupational Health

DR JACINTHA MORE O'FERRALL
CONSULTANT IN OCCUPATIONAL HEALTH

In 2019 over 1500 contacts were made with the Occupational Health Department. It was a challenging year for a number of staff and the Department offered a variety of supports to staff depending on their needs.

Staffing of the Department includes Occupational Health Nurse Rose Curtis and Dr Jacintha More O'Ferrall carrying out monthly on-site visits. Referrals, when required, take place in Medmark, Baggot St, and several staff members attended there as part of a medical assessment for fitness to work or for absence management in 2019.

Services Provided and Breakdown of Consultations in 2019

Service (alphabetical order)	Consultations	Consultations	Consultations
Advice on occupational health issues	94	Pregnancy risk assessment and review	29
Employee Assistance Programme (EAP) – Offered	45	Referrals to Medmark	30
Employee Assistance Programme (EAP) – Attended	26	Absence Management, Reviews and follow-up	389
Blood Pressure	22	Stress management	120
Blood Tests	55	Hepatitis B, MMR, Varicella Vaccinations	69
Health Surveillance	0	Seasonal Flu Vaccine	370
Illness at work	41	Weigh-in facility for Staff Members	10
Onsite Occupational Health Physician	68	Smoking cessation Support	4
Pre-employment screen	90	Work related injuries	34

The NRH Therapeutic Recreation service encourages and facilitates patients' participation in leisure and recreation activities. Patients are encouraged to explore how they can return to hobbies or interests they enjoyed before their injury or to explore new leisure pursuits.





Other Services available through Occupational Health

Other services available through Occupational Health include Sharps Injury Awareness and follow-up, Health Promotion Events, Contact Support Person and Facilitator for 'Dignity in the Workplace' Programme, Back to Work Assessments, DXA Bone Density Programme and Staff Physiotherapy for work related issues.

NRH Positive Working Environment Group

Occupational Health continues to offer core support to all NRH staff through a wide variety of proactive and responsive strategies. Rose Curtis continues to be part of the Positive Work Environment Group (PWEG) which continues to build on its solid foundations to promote positive behaviour and support for all stakeholders of the NRH throughout all levels of the organisation.

In 2019 four nursing staff were trained as peer vaccinators which contributed to the highest level of staff uptake (67%) in the NRH of the flu vaccine. The Occupational Health team presented 'The NRH PWEG Approach to Occupational Health and Wellbeing' at the Federation of Occupational Health Nurses in Europe 2019. An NRH Staff Wellbeing Framework was developed with members of the PWEG group which will be launched in 2020.

NRH Staff Wellbeing Events in 2019 co-ordinated through Positive Working Environment Group included; Staff 'Kindfulness' Day; Pilates Classes; Boot Camps; 'Trick or Treat' Halloween launch of the NRH Change Ambassadors, 'Zen Den' lunchtime relaxation sessions; National Workplace Wellbeing Day Event and World Physical Therapy Day (co-ordinated by the Physiotherapy Department).

While Occupational Health continues to offer supports to everyone in the NRH, it receives on-going vital support from HR, Risk Management, Executive Committee, Departmental Heads, Physiotherapy Outpatient Service, Radiology and staff throughout the organisation, for which it is very grateful.



Occupational Health in collaboration with the Positive Work Environment Group (PWEG) continues to build on its solid foundations to promote positive behaviour and support for all stakeholders of the NRH.

Risk Management Department

BERNADETTE LEE
(TO AUGUST 2019)

ELAYNE TAYLOR
RISK MANAGER
(FROM AUGUST 2019)

Introduction

The National Rehabilitation Hospital is committed to providing effective and integrated care in an environment that is safe for our patients, staff and visitors. The risk management department oversees the NRH risk management programme that aims to reduce risks in the organisation. It ensures systems and processes are in place to identify and to manage these risks to an acceptable level. It is our role to provide advice with regards to best practice in risk management, patient safety and environmental and health and safety issues. The department is committed to managing risks in a proactive, integrated and accountable manner. All staff levels within the NRH are kept informed regarding developments in the domain of risk management in the organisation. The department prepares monthly quality and risk reports for the Board of Management, Quality, Safety and Risk Committee and the Hospital Executive Management Committee. These reports are made available to all staff.

The NRH promotes a proactive health and safety culture by encouraging the reporting of all adverse or near miss events. All incidents are recorded using the National Incident Report Forms (NIRF) and are recorded onto the NIMS database (National Incident Management System). All reported incidents (clinical and non-clinical) are managed in line with the NRH Incident Management Policy.

RISK INCIDENT RATE 2019

In 2019, there were a total of 715 incidents reported, 609 were clinical and 106 were non-clinical. 594 of these clinical incidents were person incidents (this equates to a 9.5% drop in person incidents from 2018). These person incidents are further categorised by severity, 86% were reported as negligible, 6% were minor, 7.8% were moderate and 0.2% were extreme. All reported incidents are reviewed by the risk management department team. The review type is selected based on the severity rating. These review processes allow the NRH to learn from incidents and initiate change that will ultimately facilitate improvements in our standards of care.

Patient Falls

There were 4.2 patient falls per 1000 bed days recorded in 2019 which is largely in line with the figure recorded in 2018. The prevention and management of patient falls continues to be a focus for the risk management department. This work is further supported by the Falls and Fracture Prevention Steering Group.

Developments in 2019

The risk management department implemented numerous quality initiatives in 2019. An electronic version of the national incident reporting forms was rolled out, which has resulted in a significant increase in the number of incidents reported onto the NIMS system within 30 days of occurrence. The department prepared and disseminated monthly reports detailing all clinical and non-clinical incidents relating individual wards or departments. We continued to support staff in developing risk assessments. We managed and maintained the corporate Risk Register for the hospital. All risks were assessed for likelihood and consequence. The corporate Risk Register was reviewed regularly, and high-level risks were escalated to the HSE when necessary. Our department has engaged fully with all external inspections and audits that took place in 2019 and we have implemented quality improvement plans to target any corrective actions.



We continued to ensure that the NRH complies with legislation that protects the safety, health and welfare of all staff, patients and visitors as far as is reasonably practicable through the provision and maintenance of a safe place of work, safe plant machinery and equipment and safe systems of work. The department worked closely with the Technical Services Department in 2019 to develop an NRH Fire Register.

We have continued to recognise and meet the need for training and educating healthcare staff in patient safety. The department has continued to support the training requirements for staff in areas such as fire safety, incident management and chemical safety.

In August 2019, Bernadette Lee retired from her role as Clinical Risk Manager. The risk management department would like to extend sincere and heartfelt thanks to her for her invaluable contributions to this department over the course of her eighteen years as Clinical Risk Manager.

Freedom of Information Statistics

The following is an overview of access to records received by the NRH in 2019:

Type of Request	Number of Requests 2019
Freedom of Information	52
Data Protection	25
Freedom of Information & Data Protection Access	4
Routine Administrative Access	304
Total Requests for Access to Records	385

School Report

AOIFE MAC GIOLLA RÍ
SCHOOL PRINCIPAL

Our Lady of Lourdes School is a service provided and funded by the Department of Education and Skills (DES) to cater for the educational needs of students attending the National Rehabilitation Hospital. A new School Manager, Sr Eithne Woulfe, was appointed in December 2019 by the Minister for Education and Skills when the Board of Management completed its term of office. The School Manager governs the school under the patronage of the Archbishop of Dublin. Whilst this is a Catholic school all religions and those with no religion are welcomed and are catered for with respect and dignity. The school provides education to students of primary and second level (4yrs to 18yrs).

Philosophy and Ethos of the School

The school plays a major part in rehabilitation. We work collaboratively with the members of the hospital's Paediatric Team to ensure that the best care, therapy and education possible is offered to all children attending the school. We aim to create a happy environment that aids learning, recovery and rehabilitation for patients. We also liaise with the students' base (home) school and of course with their parents. Our priority as educators is to ensure, in as far as possible, that the students engage and progress with school work while keeping the focus on their mental and physical recovery. We strive to ensure that each student can achieve his or her full potential.

Services Provided

- On initial enrolment each student is assessed with a view to drawing up an Individual Education Programme (IEP) to cater for each student's specific needs in accordance with his or her abilities.
- Contact is made with students' base school so that where possible, continuity of school programme is maximised.
- For primary school children we deliver the primary school curriculum, adapted in many cases to meet individual needs.
- At secondary level we liaise with the base school and communicate with the students Home-School Liaison Teacher; Career Guidance Teacher or Resource Teacher as appropriate, in consultation with the base school's Principal.
- On students' discharge, we pass on the IEP work and results of any educational diagnostic tests administered to the pupil's base school.

Challenges in 2019

Due to staffing issues, the school was unable to reopen at the start of the 2019-20 academic year. The newly appointed School Manager is working with the Department of Education and Skills and the Paediatric team to resolve this issue and aims to reopen the school to students attending the NRH as soon as possible.



Stakeholder and Corporate Data Management

AUDREY DONNELLY

STAKEHOLDER AND CORPORATE DATA MANAGER

The NRH aims to provide patient centred care and stakeholder engagement is a vital part of this objective.

Input from Stakeholders is gained through numerous channels. These include;

COMMENTS AND SUGGESTIONS

All comments and suggestions received are referred to the relevant Head of Service and to be actioned or noted and passed onto staff as appropriate. Outcomes are reported back to contributors where they have provided contact details.

USPEQ QUESTIONNAIRES

USPEQ questionnaires are posted to patients three months post discharge (in line with CARF accreditation standards). Responses provide valuable insights into outcomes for patients who have completed their inpatient rehabilitation programme and to measure its effectiveness in terms of coping in day to day life beyond the NRH, and transition into the community or new care setting. This provides an opportunity to review services and implement required changes. The response rate to the questionnaire was 44% in 2019.

PATIENTS FORUM

Patients Forum meetings (chaired by a former patient) are held monthly with an invitation to all patients, family members and carers to attend. Meetings provide an opportunity for direct feedback from patients and allows them to ask questions and receive updates on hospital business. All feedback is reviewed by Heads of Services, actioned where possible and updates are given verbally at Patient Forum meetings, via Patient Newsletter 'You Said - We Did' section, or directly to the commenter if known.

PARENTS FORUM

The Parents Forum meetings take place quarterly or more frequently as required. It is an opportunity for Parents of current Paediatric patients to engage with hospital management and give feedback on their child's experience in the hospital or raise any concerns they may have.

COMPLAINTS

The NRH values all feedback and views complaints as an opportunity to resolve issues and bring about corrective action, but also as an invaluable tool for planning future services. In line with national policy, the NRH aims to resolve as many complaints as possible at point of contact. The hospital seeks to meet complainants at an early stage to discuss the issues raised, with a written response being issued for formal complaints following investigation.

Inter-Agency Forum

The Inter-agency forum meet bi-monthly and members include representatives from key hospital services and the many support agencies that provide information and support for NRH patients. The Forum hosts an annual 'Life beyond the NRH – working together towards recovery' Information Day to enable support agencies to showcase their services, engage with patients and provide contacts for families. Agencies meet patients and families within the hospital on request and hold information sessions for patients on a regular basis.

Volunteer Service

Volunteer numbers increased to 81 'active' volunteers this year, with an additional cohort available for events as required. During 2019 a total of 5418 hours of volunteering was provided. NRH volunteers are engaged in a variety of tasks and activities including supporting music sessions, voice groups, quiz nights, karaoke, bingo and boccia. Volunteers also provide support for sports days, the patients Christmas party and music week. They also assist within the OT garden and the splinting clinic on a regular basis. In addition, they provide a 'Meet and Greet' service for patients and escort them between wards and therapies. Volunteers also provide a 'buddy' service if a patient wants to go for a chat and a coffee on site. Volunteers attend Patient Exercise Self-Management sessions and link back with the Self-Management committee in relation to any issues that may emerge.

Admission and Urology Office

The Administration team within this area arrange admissions of all adult patients in collaboration with the Nursing and Medical teams following daily admissions meetings. Administration support is also provided for Consultant and Nurse-led Urology clinics.

Healthcare Records

A Healthcare Record (HCR) Archive project advanced in 2019 in preparation for a move to electronic records. A HCR documentation group was formed in 2019 to review and streamline all HCR documents in use within patient charts. Updates are provided to the Healthcare Record Steering Group (HCRSG) who meets on a monthly basis. The HCRSG has close links with the Clinical Rehabilitation Management System (CRMS) project team in relation to the transition and implementation of electronic patient record records.

Corporate Data Management

Ward Occupancy and Delayed Transfers of Care are reported at the Daily Operational Safety Huddle. Activity levels versus targets are monitored and a monthly Corporate Patient Activity Report is provided for the Hospital Board and the HSE. Ongoing review of delays in transfer of care is conducted in order to manage waiting list numbers and to ensure quality and safety in patient care.



Patient feedback is encouraged through numerous channels including comments and suggestions, feedback questionnaires, patients and family forums and focus groups and the Hospital's complaints process.



Technical Services Department

PETER BYRNE
TECHNICAL SERVICES MANAGER

In 2019 the Technical Services Department (TSD) completed many upgrades and developments throughout the hospital campus. The aging hospital buildings and infrastructure prove a constant challenge for the TSD team, in maintaining the facilities to the required standards. TSD work closely with all departments and strive to provide a safe and comfortable environment for patients, staff and all stakeholders using our facilities.

The ongoing development of the New Hospital Project increased demands on the team in 2019. TSD are working closely with the Health Planning Team and main contractor to ensure that the New Hospital Project contract runs smoothly with the least disruption to current hospital services.

Projects and Developments in 2019

Security Room and Reception Upgrades: In 2019 the security office was relocated at the main entrance of the current hospital. Security is now the first point of contact for any visitors to the hospital. The reception area was also upgraded with a new floor covering and a new glass sliding window to allow for easier communication with staff behind the reception desk.

Quadrangle Garden Upgrade: An upgrade of the Quadrangle Garden was completed in 2019. Access to the garden has been relocated with new automatic sliding doors adjacent to the day room, which will ease access and egress for patients. There is now a dedicated safe space for paediatric patients and visiting children to use while on the hospital premises, as well as an outdoor space for all to enjoy. A new paved patio area was also completed at the front of the hospital for use by patients, visitors and staff.

Lighting Upgrades: Lighting was upgraded to LED fittings in several areas across the hospital including the Quadrangle. They were also installed on the first floor corridor which will be the link corridor to the new hospital. These fittings provide better light quality, reduce glare, and are more hygienic as they can be cleaned from floor level. They are also more cost effective and will help us to meet our target of energy reduction of 33% by the year 2020.

Fire Register: In 2019, TSD and Risk Management began work on a Fire Register for the Hospital. An unannounced inspection by Dublin Fire Brigade took place in September and Fire Register documentation was reviewed – the feedback received was positive. The Fire Register will be rolled out after the move to the new hospital.

Fern Unit: Substantial work was carried out in 2019 in the new Fern Unit at the rear of Our Lady's ward. This work included the creation of a clean utility and involved putting in partition walls, door and frames and the installation of storage press's in the area.

Academic Department and NRH Foundation Facility: TSD have been involved in the process of costing an upgrade of the old convent building to accommodate both the Academic Department and the NRH Foundation.

Waste Compound: A new waste compound was handed over by the main contractor at the end of 2019. The TSD team moved all the waste compound bins, compactor, skips and equipment to this new location. The old compound was decommissioned and handed back to the contractor to allow work to commence on the Pottery Road entrance.

Television Service: Analogue TV services were discontinued across Ireland in April 2019. As a result, a new free to air TV service was installed across all wards using our current television infrastructure.

Other projects: New shelving storage units have been constructed and installed for a number of areas in the NRH. Renovations to the existing DXA room were made to allow for the new DXA scanner to be installed. TSD were also involved in decanting St Margaret's ward before it was handed over to the contractor to progress the connection to the new hospital building. A considerable number of areas throughout the hospital were also redecorated and painted during 2019.



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