

31st Annual Report
2011





1961
2011
CELEBRATING
FIFTY
YEARS

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 FOR 2011

Inpatient	Admissions	Day Cases
Brain Injury Non-Traumatic	127	76
Brain Injury Traumatic	133	139
Stroke Service	129	3
Other Neurological	37	11
Spinal Injury	193	53
Prosthetic Service	127	67
TOTAL	746	349

Outpatient service	Attendances
Brain Injury Programme	739
SCSC Programme	640
POLAR Programme:	
Prosthetics	3,371
Orthotics	812
Nurse Led Clinic	704
Orthoptics	109
Xray	1,549
TOTAL	7,924

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Section 1 Year in Review

CHAIRMAN'S REPORT



A new hospital – at last !! What welcome news – we are to get a new hospital.

It will not be exactly the hospital we were planning – which was a 235 bed unit, to be built in one phase. The new hospital will be a replacement hospital with 120 beds, with the possibility of 235 beds, and built in three phases.

Phase 1 will be a 3 storey 120 bedded ward block with some integral therapy space. Phase 2 will provide therapy spaces, located vertically above each other, and horizontally adjacent to the new wards. And Phase 3 will deliver the final 235 bed hospital.

The good news is that we have been given approval by the Health Service Executive to proceed to completion of Phase 1. Unlike the original plans to have 50% of beds in single rooms, all beds in the new development will be in single rooms to comply with the latest SARI* requirements. Also because the horizontally adjacent therapy areas will not be available until Phase 2, provision has been made in Phase 1 for increased integral therapy space over that in the original design.

The cost of Phase 1 will be funded (a) by the sale of land which is not required by the hospital, (b) by the NRH Foundation from the proceeds of previous land sales, and (c) by the HSE from its capital allocation. It is expected that professional advisors will be appointed, planning approval received and, building works commenced by mid-2013.

The HSE is committed to support Phases 2 and 3 but this will be dependent on the financial position of the country improving in the years ahead. However, the fact that Phase 1 has been approved, despite the current perilous financial state of the country, is a credit to all those, who over the years, believed that a new hospital was achievable.

And it is great news for our patients and staff, coming as it does after we celebrated our 50th Anniversary in 2011. And what a year of celebration we had, involving patients and staff, both present and past. The year of celebration commenced with a grand formal opening by the President of Ireland, Mary McAlesse, on 2nd February 2011. There followed a whole series of events to celebrate 50 years of service at NRH, including a major national conference on specialist rehabilitation services in Ireland, and an inter-faith service of thanksgiving which recognised the many different nationalities represented by our patients and staff. All those who organised these events, deserve our heartfelt thanks.

The hospital did not stand still during 2011. For the 30th year in succession we came in on financial budget – a deficit of €5,000 on an expenditure budget of €24.5m or 0.02% has been a major achievement. However, we face a challenging time in 2012 with reduced funding and reduced staffing.

During 2011 we continued our “war” against hospital acquired infections. In that connection, the current building project taking place in Our Lady's and St Patrick's Wards will greatly improve the conditions for patients in those wards.

The hospital co-operated in 2011 with RTE in the production of two TV programmes which followed the progress of some patients through the hospital. The series gave a very good demonstration of the value of medical rehabilitation.

There was slow progress made on the establishment of the new trust which will oversee the governance of the hospital and will ensure its continuation as an independent voluntary hospital into the future, when the Sisters of Mercy will no longer be involved. Also the other charitable trust, the National



Medical Rehabilitation Trust, which collects and distributes funds for the benefit of the hospital, changed its name in 2011 to the NRH Foundation, to enhance the link with the hospital. We thank Mr David Plunkett for that initiative.

We welcomed in November 2011 the publication by Kathleen Lynch TD, Minister for Disability, Equality, Mental Health and Older People, of the long awaited *National Policy and Strategy for the Provision of Neuro-Rehabilitation Services in Ireland 2011 – 2015*. We are pleased that the report strongly endorses the “hub and spoke” structure of medical rehabilitation as advocated and practised by the NRH over the years eg the developments already in place in HSE South and those proposed for HSE West. However, we have reservations about the recommendation that the medical rehabilitation of children should be provided “*within a children’s framework*” as such rehabilitation may not get the priority it requires in an acute children’s framework.

We regret the death which has taken place recently of two persons who gave dedicated service over many years on the Board of Management – Dr Claire Carney, who was the first woman to be appointed to the position of Faculty Dean in the history of UCD, and Mr Michael Slattery who as Manager of the Laboratory, for many years represented staff on the Board of Management. We are indebted to them both and extend sincere sympathy to their families.

The hospital could not survive without the support of many people, particularly the unstinting support of the Sisters of Mercy over the years, and in particular in 2011 by Sister Peggy Collins, Provincial Leader. We also thank the HSE for its support, particularly Mr Gerry O’Dwyer, Regional Director of Operations (Dublin Mid-Leinster). We are grateful

for the support over the years of David Cox, Solicitor, who retired from Mason Hayes + Curran in 2011. And also the contribution of our auditors Robert J. Kidney & Company.

The members of the Board of Management and of its sub-committees also deserve our thanks (Medical – Dr Jacinta McElligot who replaced Dr Aine Carroll in 2011 at the end of her term; Audit – Barry Dunlea; Nominations – Sr Maura Hanley; Ethics – Kieran Fleck SC). They put in considerable time, voluntarily and without remuneration, in the interests of the hospital. We congratulate Dr Aine Carroll on her appointment in 2011 as Clinical Lead of the National Rehabilitation Medicine Programme.

We received recently, with regret, the resignation of Sister Aileen from the Board of Management after many many years of dedicated service. We will miss her incisive contributions at the Board which were always made with the objective of improving services for our patients.

And our final thanks must go to you, the staff of the hospital, ably led by Derek Greene as CEO. You all deserve great praise for your dedicated service during the year.

Henry Murdoch
Chairman

*Strategy for the control of Antimicrobial Resistance in Ireland

CHIEF EXECUTIVE'S REPORT



Delivering & Developing Specialist Rehabilitation Services Since 1961

2011 was a special year for the National Rehabilitation Hospital as we celebrated the hospital's 50th year as National provider of Specialist Rehabilitation Services. A Programme of events was planned and took place throughout the year. Patients – current and past, and their families; Staff – current and retired; the Sisters of Mercy, the Board of Management, colleagues from the wider healthcare sector, and invited guests attended these events. Feedback was very positive and people were pleased to have an opportunity to and meet up with former patients and colleagues they hadn't seen in many years and reminisce over times past. It was a very memorable year and details of the events held throughout 2011 are featured throughout the Report.

Our Annual Report for 2011, which I encourage you to read, highlights the specialist work undertaken daily by our Staff at NRH, encompassing the talents, qualities and competencies that are vital in the provision of Complex Specialist Rehabilitation Services to our patients at the National Rehabilitation Hospital.

Astute fiscal management by our Finance Team resulted in an almost break-even final outturn at year-end, 2011 – an exceptional result given the hospital's funding allocation was reduced for the third year in a row.

New Hospital Project

The Board continued in 2011 to do everything possible to ensure that a new hospital is delivered and that this vitally important national project is realised, at the earliest possible opportunity.

CAPITAL PROJECT

In the interim period, remedial building works were approved in order to address ongoing challenges faced by patients and staff due to the age and infrastructure of the existing hospital buildings. The objective of the work is to improve existing antiquated facilities to meet current fire certificate requirements, HIOA requirements and to enhance the patients' environment. Consultation between the Health Planning Team and user groups continues throughout the process. The remedial works, when completed will vastly improve patient conditions and essential services on Our Lady's and St. Patrick's wards and the third floor accommodation.

Specialty Accreditation Survey – Clinical Programmes and Business Practices

Once again in 2011, staff at NRH faced exceptional challenges during another demanding and difficult year. Significant reductions in our funding allocation and staffing numbers failed to prevent our staff from maintaining an excellent standard of service provision to our patients, or from reaching the targets set. This is evidenced by the outcome of our Accreditation Survey carried out in May.



NRH was awarded a maximum three year accreditation (2011-2014). This is an outstanding accomplishment which could not have been achieved without real teamwork by staff throughout all areas of the hospital and most importantly, genuine commitment and dedication to our patients and their families.

National Strategy for Rehabilitation

A strategy document entitled "National Policy and Strategy for the provision of Neuro-Rehabilitation Services in Ireland 2011 – 2015" (HSE / Department of Health) was published and we welcomed the broad principles of the strategy with regard to the hub and spoke model and development of regional centres. Discussions are ongoing under the HSE Directorate of Quality and Clinical Care with a view to working together to develop a model which could be used to further develop services on a national, regional and local basis.

Appointments to the National Clinical Strategy and Programmes Directorate, HSE

The provision of Specialist Rehabilitation in Ireland currently includes the National Rehabilitation Hospital, with its 108 beds and 7 Consultant Specialists in Rehabilitation Medicine. Internationally, the minimum recommended number of specialist rehabilitation beds is 6/100,000 population with 1.5 consultants/250,000. This equates to a need for 254 Post-acute Rehabilitation beds and 27 Rehabilitation Consultants in the Republic of Ireland. There is currently a major shortage of specialist rehabilitation beds and rehabilitation expertise in Ireland.

In 2011 **Dr Áine Carroll** (Consultant in Rehabilitation Medicine) and **Valerie Twomey** (Brain Injury Programme Manager), NRH, were seconded part-time to lead the set-up and implementation of the National Rehabilitation Medicine Programme. The Programme offers a number of solutions to difficulties currently being experienced in Ireland. The **mission** of the National Rehabilitation Medicine Programme is "Maximising Ability and Reducing Disability" through access to specialist services and better use of resources. The **vision** of the Programme is the delivery of patient centred integrated care across the rehabilitation continuum, enabling the individual to access the right services at the right time in the right place. The overall **aim** of the National Rehabilitation Medicine Programme is to:

- Increase access to Specialist Rehabilitation Services
- Reduce disability and dependency
- Increase numbers returning to work

The Programme is also working very closely with personnel involved in the Department of Health's National Policy and Strategy for the Provision of Neuro-Rehabilitation Services in Ireland.

In addition, **Ms Aisling Heffernan** (Speech and Language Therapy Manager at NRH) was appointed Project Manager for the National Audiology Programme.

Activity

Inpatient activity reduced in 2011 circa 2% due to temporary bed closures and the ongoing challenge of delayed discharge, leading to longer length of stay for an increasing number of patients. However, our Outpatient activity increased significantly as we endeavour to ensure patients can access our services at the earliest possible time.

Regional Developments

HSE SOUTH

Linkages between NRH and HSE South were further developed and strengthened in 2011. The capital project to convert the old Accident and Emergency Department in the Mercy University Hospital, Cork into a new Prosthetics and Orthotics Clinic for the HSE South region was completed. Its first Clinic was held in April 2011. In addition, the first Consultant in Rehabilitation Medicine Post for HSE South, Dr Andrew Hanrahan, was appointed on a permanent basis.

HSE WEST

During 2011, discussions took place with the HSE regarding the development of a service model for HSE West based on the NRH Pilot scheme in Cork. Following collaboration and visits between teams from NRH and Roscommon General Hospital, the local management team in Roscommon developed the specifics of service and the business case around developing a 10 bed Inpatient service moving to 20 beds over time, as well as an associated Outpatients Service.

Highlights in 2011

DEVELOPMENT OF NRH ORGANISATIONAL STRATEGY

The outline hospital three-year Strategic Intent (2012 – 2015) was approved by the Board in 2011 and a working group are currently developing a detailed action plan to underpin the stated strategic objectives. We believe this to be a practical, pragmatic and eminently sensible document for the changing times we are experiencing and to ensure we are compliant with the CARF Accreditation organisational framework, HIOA guidelines and best international practice.

RECONFIGURATION OF PATIENT SERVICES TO PROGRAMME AND CENTRAL SERVICES ADMINISTRATION TEAMS

The Patient Services Review was a major change management project involving the complete reconfiguration of the former Patient Services function to accommodate the hospital's Programmatic structure. New administration teams were established, are now in place, and are based in more practical locations to support their relevant Programmes and Services. This new structure will facilitate a more patient-centred service due to revised systems for arranging clinical appointments, referrals, admissions and all patient related administrative services, while providing opportunities for staff to work in a more varied and interesting environment. The enormity of this project cannot be overestimated and great credit is due to each individual member of staff involved for its successful implementation.

TV DOCUMENTARY FOR RTE TELEVISION

In 2011, following many months of discussions between NRH and RTE, the Board approved the filming of an observational documentary in the hospital. The documentary followed the rehabilitation journey of patients from all four NRH Rehabilitation Programmes. It was aired as two 50 minute programmes in September and it served to highlight the broad range of services we provide, by capturing the essence of the complex work of the hospital through individual patient stories.

THE WORLD HEALTH ORGANISATION (WHO) REPORT ON DISABILITY

The hospital hosted an event and welcomed Ms Alana Officer, author of the World Health Organisation (WHO) Report on Disability in August. Guests attended from the HSE, Department of Health and Children and partner Health Service Agencies to hear presentations from Dr Aine Carroll, outlining the current state of rehabilitation services in Ireland, and from Ms Officer, who looked to the future organisation of Rehabilitation Services.

FOCUS ON HYGIENE, INFECTION PREVENTION AND CONTROL (HIPC)

There have been significant developments in the area of Infection Control at NRH driven by the Hygiene, Infection Prevention and Control (HIPC) Committee. The Board views this as a vitally important area of responsibility as it affects patients' welfare and wellbeing. Accordingly, in 2011, a letter was sent to each member of staff from the Chairman entitled "Fighting Hospital Acquired Infections is in Your Hands", encouraging staff to continue the momentum of the achievements to date in the areas of infection control throughout the hospital.

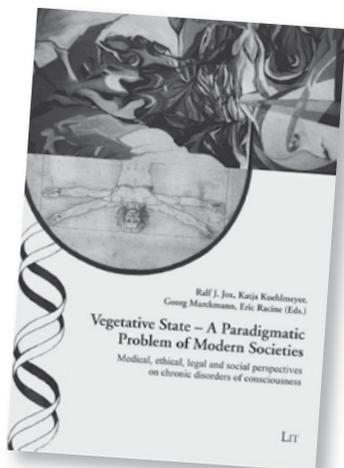
Education at NRH

A vital component of the work we do at NRH involves Education, Training and Research. Through this education we attempt to share and influence the way in which complex specialist rehabilitation services are commissioned and delivered throughout Ireland. The report on page 73 outlines the comprehensive list of education provided by NRH staff in 2011. Our register of research carried out at NRH can be accessed on www.nrh.ie.

Congratulations to Medical Director and staff members of the Brain Injury Programme: **Dr Mark Delargy, Alison McCann, Dr Jacqui Stowe, and Dr Áine Carroll** on the publication of their Book Chapter:

McCann A., Stow J., Delargy M., Carroll, A. (2012) 'Uncovering Hidden Awareness: Using the Sensory Modality Assessment and Rehabilitation Technique (SMART) to Reduce Potential Misdiagnosis.' published in:-

Ralf J. Jox, Katja Kuehlmeier, Georg Marckmann, Eric Racine (Eds.) **Vegetative State: A Paradigmatic Problem of Modern Societies** Medical, ethical, legal and social perspectives on chronic disorders of consciousness.



NRH Board

We are very privileged to have a Chairman and a Board who support the hospital as they do. The Board members continually work towards positioning NRH as a centre of excellence in Complex Specialist Rehabilitation services. The Board were surveyed under the CARF Accreditation Corporate Governance Standards in May – this was entirely optional and yet the Board volunteered their time to participate in the survey, such is their dedication to leading the hospital in accordance with best international practice. Once again, thank you sincerely for all your ongoing support and wise counsel.

In Conclusion

Once again, in 2011, we said farewell to many long serving colleagues whose expertise will be missed; we wish them a well earned long and happy retirement and thank them for passing on their knowledge and skills to our new generations of staff who will carry their good work forward.

Sadly in 2011, we learned of the death of a number of our former colleagues and former Board members. Our sincerest condolences go to all associated with NRH who have been bereaved.

In closing I would ask you to consider our patients whose lives have been altered by a traumatic, life changing event resulting in an acquired disability and the need for the specialist services we provide at NRH. The courage of our patients is clear to us every day as, together with the hospital staff, they work through their rehabilitation journey.

I would ask you to be proud of your contribution towards ensuring that our patients reach their maximum potential. Thank you to each and every staff member for your ongoing and unstinting commitment to our patients and their families.

Derek Greene
Chief Executive Officer

NRH BOARD OF MANAGEMENT



Mr Henry Murdoch
Chairman

Dr Áine Carroll
(to May 2011)

Mr Martin Walsh



Mr Barry Dunlea

Mr Kieran Fleck

Dr Tom Gregg



Sr Maura Hanly

Ms Eilish Macklin

Sr Aileen McCarthy



Mr Brian McNamara

Mr Paul McNeive

Ms Maeve Nolan



Mr Arthur O'Daly

Mr Dermot O'Flynn

Dr Jacinta McElligott
(from May 2011)

NRH COMMITTEES

Board of Management

Mr Henry Murdoch
(Chairman)

Dr Áine Carroll
(to May '11)

Dr Jacinta McElligott
(from May '11)

Mr Barry Dunlea

Mr Kieran Fleck

Mr Derek Greene
(Secretary)

Dr Tom Gregg

Sr Maura Hanly

Ms Eilish Macklin

Sr Aileen McCarthy

Mr Brian McNamara

Mr Paul McNeive

Dr Christine Murphy
(to April '11. RIP.)

Ms Maeve Nolan

Mr Arthur O'Daly

Mr Dermot O'Flynn

Mr Martin Walsh

Executive Committee

Mr Derek Greene
(Chairman)

Dr Áine Carroll
(to April '11)

Dr Simone Carton

Mr Gerry Coyle
(to September '11)

Mr Sam Dunwoody

Ms Bernadette Lee

Ms Eilish Macklin

Ms Vivienne Moffitt

Dr Jacinta McElligott

Dr Jacinta Morgan
(from July '11)

Mr Eugene Roe

Ms Rosemarie Nolan

Ms Olive Keenan

Ethics Committee

Mr Kieran Fleck
(Chairman)

Dr Áine Carroll
(to March '11)

Dr Jacinta McElligott
(from May '11)

Dr Simone Carton

Mr Derek Greene

Sr Maura Hanly

Dr Andrew Hanrahan

Ms Bernadette Lee

Ms Eilish Macklin

Mr Arthur O'Daly

Ms Pauline Sheils

Fr. Michael Kennedy

Medical Board

Dr Áine Carroll,

Dr Mark Delargy

Mr Robert Flynn

Dr Andrew Hanrahan

Dr Jacinta McElligott
(Chairperson)

Dr Hugh Monaghan

Dr Jacinta Morgan
(Secretary)

Dr Brian McGlone

Dr Tom Owens

Mr Ashley Poynton

Dr Nicola Ryall

Dr Éimear Smith

Mr Keith Synnott

Patients Forum

Mr Brian Kerr
(Chairman)

Patient Representatives
All current patients are invited to attend each meeting

Ms Joan Carthy

Ms Toni Burton

Mr Jim O'Reilly

Mr Seamus Ryan

Ms Olivia Doherty

Mr Eugene Roe

Ms Audrey Donnelly

Ms Angela Brown
(Minute Taker)

Ms Maryrose Barrington
(to August '11)

Finance & General Purpose Committee

Mr Henry Murdoch
(Chairman)

Mr Barry Dunlea

Mr Sam Dunwoody

Mr Derek Greene

Ms Eilish Macklin

Mr Arthur O'Daly

Audit Committee

Mr Barry Dunlea
(Chairman)

Mr Arthur O'Daly

Mr Martin Walsh

Nomination Committee

Sr Maura Hanly
(Chairperson)

Mr Derek Greene

Mr Henry Murdoch

LOOKING BACK – PHOTO DIARY

50
years of NRH



1. Patient and Physiotherapist work together in the gym - 1973. **2.** The children and staff in the Paediatric Service, National Rehabilitation Centre, welcome children from Saigon who suffered spinal cord injury in the Vietnam War in 1966. **3.** Nurses fundraising for the National Medical Rehabilitation Centre in the early 1970s - staff volunteering their time to raise much needed funds for direct patient benefit is a tradition that continues to this day.



4. The Army Air Corps provided an emergency patient transfer service to the National Rehabilitation Hospital between 1965 and mid-2000s when the surgical / acute phase of care of Spinal Injured patients was fully moved to the Mater Hospital, Dublin. This picture shows the last flight of the Alouette III on 21st September 2007.



5 8



9



6 7



5. Staff and Patients from the National Medical Rehabilitation Centre attending the Stoke Mandeville Inter Spinal Unit Games in the 1960s. A team has travelled every year since then, with the exception of 2010, due to the volcanic ash cloud which caused many flights to be cancelled. **6.** The Rotorest Bed - developed by Dr. Frank Keane, Consultant in Rehabilitation Medicine at NRH. **7.** Many lifelong friendships are forged at the National Rehabilitation Hospital. **8.** A Speech and Language Therapy treatment session in the 1970s. **9.** Patients and staff enjoying the sunshine outside the hospital in the 1980s.



10. Staff caring for a patient in the high dependency Spinal Injury ward during the 1990s. **11.** Class of '98 Rehabilitation Nurses from St. Joseph's Ward at their graduation ceremony. **12.** L-R: Dr. Maeve Keane, Dr. Patrick C. Murray, Ms Anne Casey, Ms Mary O'Mullanne, Dr Conal Wilmott, Ms Mary Mulligan; medical and nursing staff who commenced working at NRH in the early years.

FINANCIAL STATEMENT



2011 began with a further cut in the HSE funding allocation for services. The current year was set at €24.484m - a reduction of €1.094m. This allocation reflected a further 4.3% cut on top of the 6.6% reduction in funding (€1.813m) made in 2010. This cumulative reduction of 11% (€3m) over two years has put major pressures on our Specialist Rehabilitation Services provided to our Patients and their families nationally.

Our cumulative overrun at the end of the previous year (2010) was contained at €0.001m and this overrun is treated as our first charge on expenditure in our 2011 accounts. The total net expenditure incurred in 2011 was €24.489m, which resulted in a cumulative overrun of €0.005m for the year - this represents effectually a break even year which required very tight fiscal policy, monitoring of expenditure across all areas and a very strong working relationship with budget holders and line managers across the entire organisation. Credit is due to all staff for their support and commitment in managing costs to achieve this result in 2011. This will allow the Hospital commence its services in 2012 without any financial burden carried forward from the previous year.

A summary of the 2011 Revenue Income & Expenditure Account is as follows:

	Budget 2011 €000	Actual 2011 €000	Variance Current Year €000	Actual 2010 €000
Deficit brought forward		1		4
Pay Expenditure	23,360	23,513	153	24,413
Non-Pay Expenditure	6,974	9,040	2,066	7,758
Gross Expenditure	30,334	32,554	2,219	32,175
Less Income Receipts	5,850	8,065	-2,215	6,596
Net Expenditure	24,484	24,489	4	25,579
Revenue Allocation		24,484		25,578
Accumulated Deficit		5		1

Income and Expenditure Account

Pay costs reduced from €24.413m to €23.513m – a reduction of 3.69% mainly due to the staffing level reductions following the 2010 Redundancy and Voluntary Early Retirement Scheme. In addition, some savings were also achieved under cost containment from the reduction of staffing and agency cover following the recruitment freeze imposed by the HSE to bring agencies into a break even year end outturn.

Non-Pay expenditure increased this year by 16.5% over 2010 but was again showing a negative variance over available budget. This increase can be attributed to two main areas of expenditure.

The first relates to the cost associated to the manufacture and supply of Artificial Limbs and Orthotics which made up nearly 6% of the increase, and the second area was the increased cost of Building Maintenance and Repair related to HIQA Compliance and Fire Upgrade works which accounted for 8.5% of that increase. The majority of this increase in Maintenance non-pay expenditure is due to the age of the main hospital buildings following the delay of the approval of the New Hospital Project. However, we offset a significant part of the increased costs by increased return of RTA receipts and increase sales from the supply of Artificial Limbs and Orthotics which contributed to the year end result.

2011 saw income receipts increase by €1.469m (23.3 %) from €6.596m in 2010 to €8,065m in 2011. Three main areas of increased income to note were: - €0.870m increase in RTA receipts over 2010. Sales of Artificial Limbs and Orthotics increased by €0.435m and Income from External Agencies rose by €0.251m mainly due to Grant Aid from the NRH Foundation (formerly the National Medical Rehabilitation Trust Ltd) for Equipment, Rehabilitation Therapy Services and research of €362,000, and fundraising donations all contributed to the increased level of income generated in 2011.

The inflow of income receipts from Road Traffic Accidents is extremely unpredictable. Due to this years RTA receipts, projects such as Hospital maintenance and the replacement/ purchase of equipment which had to be curtailed in previous years, were possible due to an increase in RTA income in 2011.

Capital Grants

Capital Funding approved during 2011 was as follows:

	2011 €	2010 €
Minor Capital Project – New Hospital Project – HSE	–	244,726
Minor Capital – Fire Prevention Upgrade / HIQA Compliance Works	540,000	–
Minor Capital – Single Rooms with En-Suite	350,000	–
Minor Capital – Fire Prevention Upgrade Phase III	–	360,000
	890,000	604,726

Developments

Throughout 2011, the Hospital met on several occasions with representatives from the Health Service Executive (HSE) to discuss a number of issues including the Hospital Development Plan and Capital Grants and the National Rehabilitation Strategy Report. We also met with the hospital's designated Senior Commissioner (PCCC – LHO) as part of a continuous review process to discuss Service Pressures, New Service Developments/Waiting List Initiatives, National Strategy Group, Employee Control Ceiling and Revenue Allocation Adjustments and Submissions.

We received additional HSE Capital grants in 2011 which continued the process of Fire Upgrade/ HIQA Compliance Works and with the additional Capital Grant for the Single Rooms with En-suite, the combined funding allowed for a more beneficial tender package. The Project commenced in late summer and has a planned completion date of mid summer 2012. This will have a major impact on circa 30% of our ward accommodation for the direct benefit of our patients, which is very much appreciated.

The Hospital received Grant Aid from the NRH Foundation for the Recreational Therapy, Music Therapy, and Transport Service and funding from the HRB for research on "A Generic Electronic Assistive Technology package for persons with Quadriplegia" was very much appreciated. All these additional services will all go towards the enhancement of our services for people with disabilities.



Sam Dunwoody
Director of Finance

MEDICAL BOARD REPORT

Admitting Consultants



Dr Áine Carroll
Chair, NRH Medical Board
(to May '11)

Dr Mark Delargy

Dr Nicola Ryall

Dr Jacinta Morgan
Secretary to Medical
Board

Dr Jacinta McElligott
Chair NRH Medical Board
(from May '11)



Dr Éimear Smith

Dr Andrew Hanrahan

Dr Susan Finn

Dr Angela McNamara
Locum Consultant

The essence of excellence in rehabilitation medicine is teamwork. Therefore let me share with you how proud and privileged my colleagues and I are to have played our part with “Team NRH” in the successful achievement of a 3 year CARF accreditation awarded to NRH in 2011. As consultants working within specialty programmes we particularly recognise and appreciate the daily opportunity to work in close association with clinical teams in the continued commitment to the delivery of high quality interdisciplinary, evidence based, specialist medical rehabilitation services, to all our patients at NRH.

The medical board would like to extend a special congratulations and thanks to the Medical Directors of each of the programmes for their dedication, commitment and leadership in the continued development of high quality specialist rehabilitation clinical services within all our programmes. We also thank all of our affiliated consultant colleagues for all their help and support particularly, Dr Robert Flynn, Dr Brian McGlone, Dr Vivien Murphy and Mr Keith Synnott for their continued dedication and support for all our patients, staff and students at NRH.

Medical Directors of NRH Rehabilitation Programmes

Medical Director	Programme
Dr Mark Delargy	Brain Injury Programme
Dr Eimear Smith	Spinal Cord System of Care Programme
Dr Nicola Ryall	Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programme
Dr Jacinta McElligott	Comprehensive Integrated Inpatient Rehabilitation Programme

"The best way to predict the future is to create it."

Peter Drucker, also attributed to Abraham Lincoln.

"We live our lives going forward but only understand them going back."

Kierkegaard.

National Clinical Strategy- Rehabilitation Medicine Programme

The medical board congratulates Dr Áine Carroll on her appointment as Clinical Lead of the Rehabilitation Medicine Programme, National Clinical Strategy and Programmes Directorate in the HSE. Dr Carroll is also the National Clinical Lead for the Implementation of the National Policy and Strategy for the Provision of Neuro-Rehabilitation Services in Ireland. We recognise these appointments as strategic opportunities for a rehabilitation medicine consultant to support the development of national rehabilitation services. The Medical Board recognises and appreciates the support and commitment of Mr Derek Greene for his leadership and determination to promote and foster high quality rehabilitation services at the NRH and across the nation.

New appointments to the Medical Board in 2011

The Medical Board welcomes our colleague Dr Andrew Hanrahan as a permanent consultant in rehabilitation medicine for HSE South region. Dr Hanrahan participated in the development and implementation of the first regional POLAR unit at the Mercy University Hospital in Cork and is Regional and Reconfiguration representative in the Working Group of the National Rehabilitation Medicine Programme.

We also have the pleasure of welcoming Dr Susan Finn on her appointment as a permanent consultant in community Paediatrics. We look forward to working with Dr Finn in the further development of specialist paediatric rehabilitation services at NRH and across the acute to community continuum.

Rehabilitation Consultants National and International Matters

Dr Morgan was appointed as President to the Irish Association of Rehabilitation Medicine and, with **Dr McElligott**, represented the Irish Rehabilitation Medical Specialist at the Union of European Medical Specialists (UEMS). The UEMS represents the National Association of Medical Specialist in the European Union and its associated countries. **Dr Delargy** was appointed to the UEMS PRM programme following the IARM meeting this year.

Dr Áine Carroll launched the "The World Report on Disability and the implications for Ireland" in conjunction with the WHO at NRH this year.

Dr Ryall continues to serve as consultant medical lead in the HSE clinical group established to review national procurement and provision of prosthetic and orthotic services.

Dr Delargy is a member of the working party on Low Awareness States following profound brain injury at the Royal college of Physicians in London and **Dr Smith** was involved in research presentations at the National Spinal Cord Society annual scientific meeting in Washington DC and the European Society of Radiology in Vienna.

Dr McElligott remains a clinical Associate Professor at East Carolina University in North Carolina and the NRH hosted Dr Stephanie Plummer, Academic Chief Resident at the Department of Physical Medicine and Rehabilitation for a clinical clerkship at NRH this year.

Dr Morgan was senior examiner for the MRCPI part 2 clinical in Kuala Lumpur November and also Examiner for MRCPI part 2 clinical and MRCP (UK).

We also congratulate **Dr Morgan** who has successfully completed one year of a diploma in legal studies at the Honourable Society of Kings Inns in May.

Education and Training

All consultants at NRH participate in medical and multidisciplinary education at every level in the organisation and are senior lecturers with appointments within local and regional Universities.

We were pleased to note in 2011 the continued expansion and development of existing and new undergraduate medical education and Royal College of Physicians in Ireland (RCPI) training posts at NRH. The NRH continues to participate with St Vincent's, Beaumont and the Mater hospitals as the primary site for Non Consultant Hospital Doctors in Basic Specialty training, 4 trainees rotate every 4 months through NRH.

Dr Morgan was appointed Associate Dean of Examinations at RCPI in April and developed and delivered 2 Examinations for the Supervised Division in General Internal Medicine for the Irish Medical Council on behalf of the RCPI. **Dr Morgan** was also appointed as a Medical Performance Assessor by the Irish Medical Council in September.

Drs Carroll, Morgan and Delargy participated in the Diploma in Cerebrovascular and Stroke Medicine at RCSI; **Dr Smith** participated in the MSc Sports Medicine Teaching of Orthopaedic Specialist Registrar programme and **Dr Morgan** also presented at the College of Anaesthetists Spring refresher course "Traumatic brain injury: rehabilitation and outcomes." in February.

Dr Hanrahan developed a new module on Amputee Rehabilitation as part of the MSc in Older Person's Rehabilitation at University College Cork and is a Lecturer for the Ethics module on the Ethics of decision-making in Rehabilitation.

Undergraduate Medical Education

All consultants at NRH continue to participate in undergraduate education. The NRH continues to host medical students from Trinity College and University College Dublin, approximately 150 medical students from UCD and Trinity had an opportunity to train in the principles and practices of rehabilitation medicine at NRH.

Drs McElligott and Carroll continue as Senior Lectures and lead consultants in the curriculum for TCD and UCD students respectively. **Dr Jacinta Morgan** is the lead Consultant for curriculum development for new undergraduate medical education programme with RCSI where both **Dr Morgan** and **Dr Delargy** were appointed as Honorary Senior Lecturers in 2011. **Drs McElligott, Morgan** and **Smith** participate in final year examinations within their respective University teaching hospitals.

Specialist Registrar Training Programme in Rehabilitation Medicine

Dr Jacinta McElligott continues as the National Specialty Director in Rehabilitation Medicine and serves on the Irish Committee for Higher Medical Training. 2011 was noted for new developments in specialty training programmes and the implementation of ePortfolio. We welcome **Dr Raymond Carson** as newly appointed specialist registrar in training to our programme in rehabilitation medicine. Dr Carson joins our specialist registrars **Dr Jacqueline Stow, Dr Cara McDonagh**, and **Dr Eugene Wallace** who are out of programme and participating in clinical research:

Dr Jacqueline Stow presented "Achievable Brain Computer Communication through Short Intensive Motor Imagery Training despite Long Term Spinal Cord Injury" this year at the 14th Registrar's Prize in Clinical Neuroscience and **Dr Cara McDonagh** presented "Is Renal Ultrasound alone Effective in Detecting calculi?" in Vienna and Washington.

Academic Activities

CONSULTANT PRESENTATIONS

NRH consultants were pleased to participate in the NRH 50th year celebrations which included the day long seminar "Looking forward – How should specialist Rehabilitation Services be Delivered in Ireland". **Dr Carroll** presented "Rehabilitation Medicine in Ireland - now and where to?", **Dr Smith** - "The Changing Demographics of Disability" and **Dr Delargy** participated in a seminar on "challenging behaviour".

Dr Smith's presentations included the "International Comparison of Non Traumatic SCI Rehabilitation - survey of services and organisation of care" and "MRI in traumatic spinal cord injury". **Dr McElligott** presented "Rehabilitation in Profound Brain Injury/ Disorders of Consciousness" to faculty and residents in the Department of Physical and Rehabilitation Medicine at East Carolina University, in North Carolina. **Dr Smith** and **Dr McElligott** also presented at the "Research and New Developments in Spinal Cord Injury" at the NRH SCSC programme Research Day.

Dr Mark Delargy presented "Managing Challenging Behaviour in Acquired Brain Injury" at Beaumont Hospital. MS Ireland was also celebrating 50 years of service this year and **Dr Áine Carroll** was a keynote speaker with her presentation on "Multiple Sclerosis and Rehabilitation" at the MS Ireland 50th celebration in New Ross. **Dr Carroll** also presented the Rehabilitation Consequences of Road Collisions at the Road Safety Association Annual Conference this year and also presented The Rehabilitation Continuum, Ireland and the Elderly, MSc in Older Person Rehab University College Cork.

Dr Jacinta McElligott, Ms Alana Officer, World Health Organisation, Mr Derek Greene and Dr Andrew Hanrahan at the launch of the WHO Report on Disability and the Implications for Ireland, at NRH in August.



PUBLICATIONS NOTEWORTHY IN 2011

European Models of Multidisciplinary Rehabilitation, invited commentary. **McElligott J, Carroll A, Morgan J, Macdonnell C, Neumann V, Gutenbrunner C, Fialka-Moser V, Christodoulou N, Varela E, Giustini A, DelarqueA, Assucena A, Lukmann A, Tuulik-Leisi V, Zoltan D.**; American Journal of Physical Medicine and Rehabilitation, Vol 90, No 1, January 2011.

Bone mineral density in adults with acquired neurological disabilities- a review. **Smith E. Carroll A.** Journal of clinical Densitometry 2011; 14(2): 85-94

Treatment for Osteoporosis in people with a disability. **E Smith.** Physical Medicine and Rehabilitation 2011; 3(2): 143-52

MRI in Traumatic SCI: A single national spinal centre experience and study of imaging features with clinical correlations with ASIA score and outcome. GC Colleran, A Walsh, H Heneghan, R Gunapala, A Chadwick, **E Smith, A Poynton,** E Kavanagh, L Lawler

MULTIDISCIPLINARY PLATFORM AND POSTER PRESENTATIONS FROM NRH IN 2011

Is Renal Ultrasound Alone Effective for Detecting Calculi? **C McDonagh, E Wallace, K Murphy, R Flynn, E Smith, B McGlone.**

Disorders of Consciousness and misdiagnosis, a Retrospective review in a National Rehabilitation Hospital. Irish Neurological Association Annual Meeting, Sligo.

Áine Carroll, Jacqueline Stowe, Alison McCann, Jacinta McElligott, Mark Delargy, Jacinta Morgan, Aisling Weyham, Aneesa Ally.

International Comparison of Non –Traumatic SCI Rehabilitation: Survey of Services and Organization of Care. P New, Campbell, I Eriks-Hoogland, AGupta, M Post, G Scivoletti, **E Smith.**

I wish to extend my sincere appreciation to Anne Rankin, Medical Administrator for all her unfailing, support, hard work and commitment to all the consultants, medical staff and students at NRH. I wish to thank also my colleague Dr Jacinta Morgan, secretary to the medical board, for her wisdom, advice and support throughout the year.

On behalf of the all the medical staff, students and my colleagues on the medical board I wish to extend a special thank you to all of “Team NRH” for their continued support towards the provision of excellence in specialist rehabilitation care for patients, and the delivery of high quality multidisciplinary education and training programmes to NRH trainees and students.



Dr Thomas Gregg
Consultant in Rehabilitation Medicine, shown here having received a Papal Knighthood.

1964 **1965** 1966 1967 1968

“Spinal injuries, Brain Injuries, Amputation and other disabilities cause much stress to the individual and their families. Rehabilitation towards maximum independence and as full a life as possible needs a friendly approach with much skill and highly trained staff. I think that each member of the staff in the hospital (NRH) at all levels have contributed this to each person admitted”

From the Irish Times, December 1965

When the new buildings at the National Medical Rehabilitation Centre in Dún Laoghaire are completed, the centre should compare favourably with the facilities offered by any rehabilitation centre in the world. There are now 69 students attending St. Joseph’s college of Occupational Therapy.



Section 2



NRH Rehabilitation Programmes

BRAIN INJURY PROGRAMME





Dr Mark Delargy
Medical Director
Brain Injury Programme



Valerie Twomey
Programme Manager
Brain Injury Programme

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 lessen the impact of impairment and to assist people with Acquired Brain Injury (ABI) to achieve functional independence, social participation and community reintegration.

The NRH provides the national and only post-acute hospital Inpatient rehabilitation service for people with acquired brain injury in the Republic of Ireland. Referrals are received nationwide from acute hospitals and HSE service areas.

A total of 267 persons were served by the Inpatient programme in 2011. This compares with 290 in 2010. The small deficit from the previous year (23) was in part due to the temporary closure of beds to facilitate a programme of capital works, which will enhance our patient accommodation and treatment areas. Of 267 patients discharged from the Brain Injury Programme, 219 were admitted to the Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP), and 48 patients were admitted for various interventions such as a short period of assessment or review.

Patients waited an average of 73 days for admission, highlighting the efficiency of the programme. The average Inpatient rehabilitation length of stay for 2011 was 67 days.

Patient care and treatment is delivered by interdisciplinary teams, with clinical responsibility led by Dr Mark Delargy (Clinical Director), with **Dr Áine Carroll, Dr Jacinta McElligott** and **Dr Jacinta Morgan**.

The NRH has developed a full continuum of care for people with ABI. This includes:

- Brain Injury Comprehensive Integrated Inpatient Rehabilitation Programme
- Brain Injury Outpatient Rehabilitation Programme
- Brain Injury Home and Community Based Rehabilitation Programme
- Brain Injury Vocational Services

This comprehensive, interdisciplinary continuum of care ensures that all individuals can receive the most appropriate programme of care based on their injury and their individual rehabilitation needs.

The programme aims to discharge all persons served after they have achieved their desired rehabilitation goals and have received maximum benefit from the programme. 71% of brain injured patients were discharged to home in 2011.

2011 represented a significant year for the Brain Injury Programme. The Programme was seen to consolidate a number of targets that had been achieved in the previous year, for example; discharge to home; completion of outcomes; and improvement in access and quality. The programme continued to demonstrate steady and continuous improvement throughout 2011 and we strive to improve the access to, efficiency and effectiveness of our services.

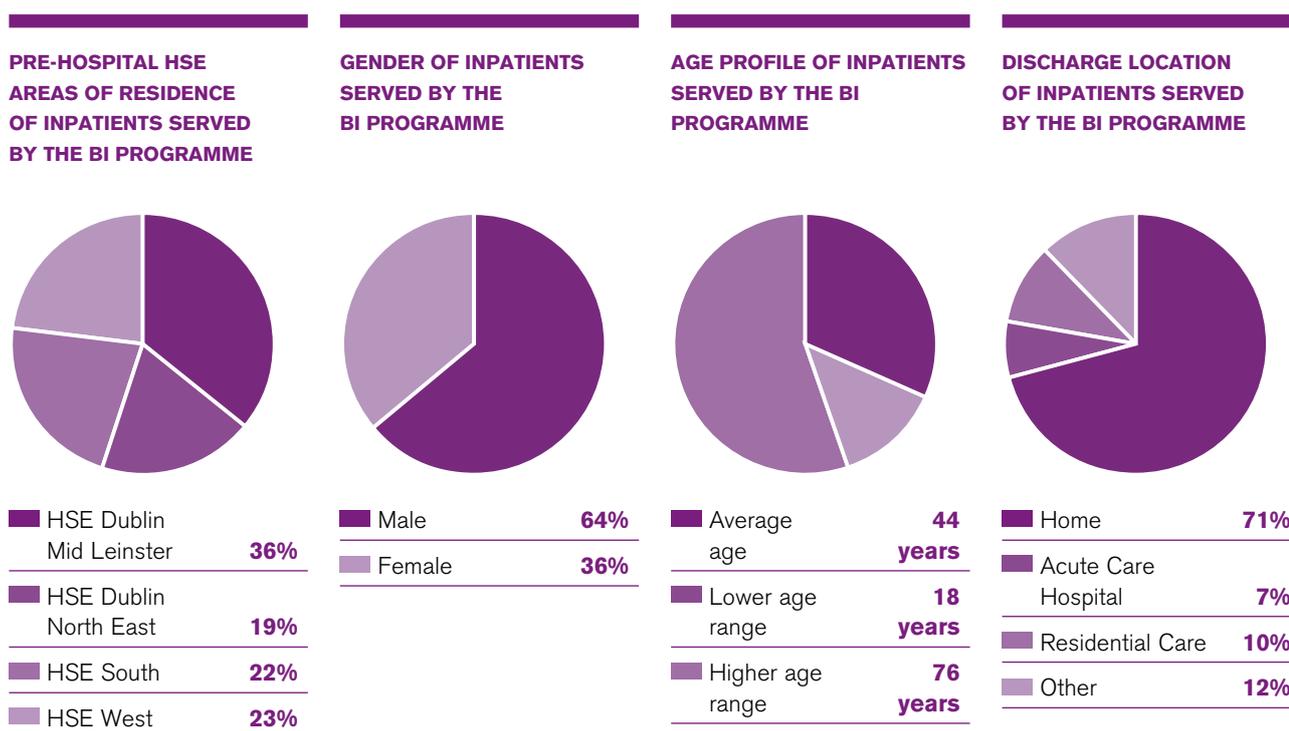
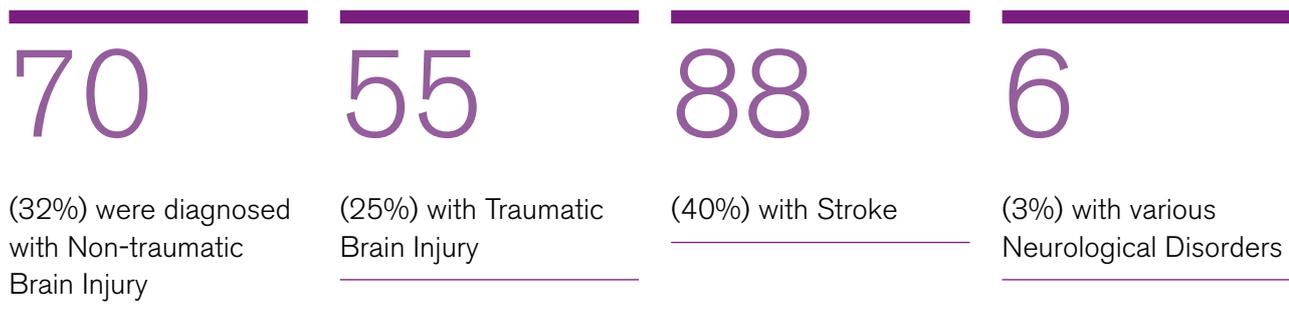
Section 2
NRH Rehabilitation Programmes

BRAIN INJURY PROGRAMME

Demographics, Activity and Outcomes for Inpatient Services – 2011

DEMOGRAPHICS & ACTIVITY

219 persons were discharged in 2011 from the Brain Injury Comprehensive Integrated Inpatient Programme:



Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE PROGRAMME

Indicator	Target Set – 2011	Outcome 2011	Note / Trend
Average Days Waiting for Admission	A target was set that the average days waiting for admission would be less than 70 days.	73 days	Most patients are admitted well within 90 days, but patients with more significant or complex care needs can wait longer for admission. Range of 3 to 413 days.
Completion rate of Outcome Measures (Modified Barthel and Disability Rating Scale (DRS))	95% completion of both the admission and discharge Modified Barthel and DRS	92% and 79% completion rates respectively	Considerable progress was made during the year with a rise in completion rates.
Incidence of Positive Change in Outcome measure at Discharge	90% of patients would show a positive change in the Modified Barthel and DRS at discharge	78% (MB) and 86% (DRS) showed positive change	
Average Score Change in Outcome Measures at Discharge	Patients would improve on average by at least 10 points as measured on the Modified Barthel	12 points	The Modified Barthel has a range of 0 to 100/110
Average Rehabilitation Length of Stay	Length of stay would be less than 90 days	67 days	This average was consistent throughout the year
Discharge to Home Rate	75% of patients would be discharged to home	71%	7% of patients were discharged back to an Acute hospital and 10% patients were discharged to residential care

Programme Goals Achieved in 2011

One of the most significant achievements for the programme in 2011 was its ratification in June as a Specialty Brain Injury and Stroke Programme of Care by the Commission on Accreditation for Rehabilitation Facilities (CARF) International. Once again, our Brain Injury Inpatient, Outpatient, Home & Community Based, and Vocational services also achieved full accreditation.

In 2011 the team further enhanced its Stroke and Brain Injury Awareness for Family and Friends support programmes and these have been delivered with great success throughout 2011. The SPPARC (Supporting Partners of People with Aphasia in Relationships and Conversation) was delivered over two weekends in May / June 2011 for families and friends of people with aphasia. The 'Meet & Teach' Programme delivered four Outpatient programmes, two relatives' programmes and five review programmes. The demand for this initiative has increased in 2011 and a goal for 2012 will be to further develop materials and resources to assist in delivering this programme more efficiently.

The Brain Injury Programme hosted a number of exciting events during Brain Awareness Week in March 2011. Our theme this year was 'Stroke Prevention' and the week culminated in an open, interactive event hosted by the Brain Injury team, where members of the public could have their risk factors assessed and were given important specialist guidance and advice in preventing stroke. A special 'thank you' to all the clinical and administrative staff in the programme, who contributed to the huge success of the week.

Late in 2010 and with great delight, the programme welcomed the introduction of a Music Therapy service into our Inpatient rehabilitation programme. We were successful in extending this service in February 2011 in order to meet the needs of our Inpatients, particularly our patients with a Disorder of Consciousness and Neurobehavioural problems.

The programme achieved international recognition for its Disorders of Consciousness (DoC) Service in March 2011 with representation by Alison McCann (Senior Occupational Therapist and Clinical Tutor) at the International Neuroethics Workshop in Munich. Members of the DoC Group have also contributed to Vegetative State – A Paradigmatic Problem of Modern Society, due for publication in early 2012.

In 2011, the Programme's Disorders of Consciousness Group also collaborated with the British Society for Rehabilitation Medicine in London on a UK/Ireland benchmarking study of practice in the management of DoC.

Section 2 NRH Rehabilitation Programmes

BRAIN INJURY PROGRAMME

Programme Manager

Valerie Twomey is the Brain Injury Programme Manager at NRH.

Medical

Dr Mark Delargy is Medical Director for the Brain Injury programme at NRH. The Programme continues to provide joint Acute sector-Rehabilitation Medicine sessions with Beaumont, St. Vincent's University Group, AMNCH Tallaght and Mater hospitals. Additional sessions are delivered at Royal Hospital Donnybrook and Peamount Hospital for continuing rehabilitation for those whose brain injury results in a 'slow to recover' process.

BRAIN INJURY LIAISON SERVICE

The Brain Injury Liaison post held by Jane Culligan, Senior Physiotherapist, on a part time basis, has significantly improved the ability of NRH to respond to the referral of complex severe brain injury patients who would be too fatigued by a long ambulance journey to engage effectively in their cognitive rehabilitation review at NRH. It is hoped that this efficient and effective way of reviewing patients at their referral hospital can be further developed into a multidisciplinary review team who can engage with each referring hospital as soon as patients are entered onto our waiting list for Inpatient rehabilitation. Exploring the capacity of referring hospitals to reduce core ABI disability complications pre-NRH should help improve our throughput and thereby improve our responsiveness to admission requests.

Clinical Services within the Brain Injury Programme

NURSING

ST. BRIGID'S WARD

St. Brigid's Ward is a 22 bedded ward providing post acute interdisciplinary rehabilitation for patients with Acquired Brain Injury. A dedicated single room allocated for the SMART (Sensory Modality & Assessment Rehabilitation Technique) programme is included within the wards' complex case load. This allows for the detailed cognitive assessment and treatment programme required for severely brain injured and minimally conscious patients.

In 2011, nursing staff participated in the 'Red Apron' pilot trial. This initiative ensures that the Nurse administering medications is not disturbed during medication round thus minimising medication administration errors. St. Brigid's Ward staff assisted in the rollout of this initiative to the other wards.

St. Brigid's ward is managed by Acting CNMII, **Annik De Dios**.

ST. PATRICK'S WARD

2011 was a very exiting time for the St. Patrick's Ward Team as the long awaited ward upgrade and extension began in August. The St. Patrick's Ward Team relocated to McAuley Ward in November 2011. Regular planning meetings continued up to the end of the year. St. Patrick's Ward Staff are looking forward to the completion of the upgrade to the ward. Staff from St. Patrick's Ward were involved in the following Committees in 2011.

- Behaviour consultancy forum.
- The Brain Injury Programme Committee.
- Operations Management Committee monthly meetings.

St. Patrick's ward is managed by **Patricia O'Neill, CNM II**, and **Teresa Whyte, CNM I**.

ST. CAMILLUS' WARD

St. Camillus Ward is a 20 bedded male unit caring for amputee patients and acquired brain injury patients. The unit also cares for a small number of spinal cord injury patients. There was an increase in the complexity of issues from both medical and social perspectives which saw a further increase in the demands on the nursing staff. Under Graduate and Post Graduate clinical placements continue to be facilitated on the Ward. Many Transition Year Students attended placement throughout the year.

A programme to upgrade bathroom areas on the ward has commenced. These new facilities will be greatly welcomed by both patients and staff.

St. Camillus' ward is managed by **Mary Bolger, CNM II** and Acting CNMII **Agi Jose** (since November '11)

ST. GABRIEL'S WARD

St. Gabriel's Ward is a 14 bed unit caring for amputee patients and those with neurological conditions. The unit also sometimes cares for a small number of spinal cord injured patients. 2011 continued to be a very busy year with an increase in the number of patients admitted with neurological conditions. There was also an increase in the complexity of issues from both a medical and social perspective which saw a further increase in the demands on the nursing staff. Staff from St. Gabriel's ward were involved in the following Committees:-

- Drugs and Therapeutics Committee.
- Hygiene Committee.
- Falls Committee.

St. Gabriel's ward is managed by **Pat Pickering, CNM II**.



Dr Mark Delargy
Medical Director,
Brain Injury Programme

1995 saw Major Development of the National Brain Injury Rehabilitation Service to meet growing demands.

Medical, Nursing and Therapy staff were specially trained to provide complex specialist rehabilitation treatment to patients with severe brain injury and a Complex Neurobehavioural Unit (St. Patrick's Ward) was opened. Development of the Pre-Vocational Training Unit followed in 1998. The RTU facilitates Brain Injured Patients to train, re-learn or learn new skills for returning to work or education, and reintegration into the community. Now the Rehabilitative Training Unit (RTU), this service continues to develop and is accredited to international standards.



Dr Angela McNamara, former Secretary, IARM; and Dr Mark Delargy



NRH
National
Rehabilitation
Hospital

1961
2011
CELEBRATING
FIFTY
YEARS

CLINICAL NEUROPSYCHOLOGY

The Psychology Service to the Brain Injury Programme provides the following clinical services to Inpatients and Outpatients:

- Clinical Neuropsychology Assessments including assessment of mental capacity and decision-making
- Assessment of mood and behaviour
- Psychotherapeutic and Psychological Interventions including individual, family and group work in order to ameliorate cognitive, emotional and personality changes associated with acquired brain injury
- Consultation and provision of education to patients, families, carers and other healthcare professionals and relevant agencies, for example, schools and community based services.
- Neurobehavioural Clinic
- Research and Audit

NUTRITION AND DIETETICS

The majority of referrals to the dietitian come from the Brain Injury Programme and include referrals for weight management, risk factor modification, enteral tube feeding, modified consistency diets and diet for diabetes, among others. The dietitians are involved in patient and family education including the Brain Injury Awareness for Families and Friends and Stroke Awareness for Families and Friends sessions.

OCCUPATIONAL THERAPY

During the year Occupational Therapists dedicated to the Brain Injury Programme reviewed the content and format of a number of therapeutic groups interventions offered to more effectively address the needs of the patient group.

Disorders of Consciousness Service – Dedicated beds for this service continue to ensure the effective and efficient use of the specialist staffing resource. There are three beds designated to disorder of consciousness patients in the brain injury programme. Occupational therapists provide a service including the Sensory Modality Assessment and Rehabilitation Technique (SMART) to the patients admitted to the service. The OT's trialed the use of the JFK Coma Recovery Scale (Glacino & Kalmer 2004) with Disorder of Consciousness patients.

The team were also delighted to host Braintree Training delivering a two day 'Cognitive Rehabilitation' and 'Insight and Awareness' courses in June 2011. Both internal and external candidates attended. The OT team provide continued programmatic involvement in the SAFF & BIAFF groups. Fiona Haughey was the Chairperson of this group for 2011; and there was active membership in the Disorder of Consciousness working group with Alison Mc Cann, Chairperson of the group for the year 2011.

PHYSIOTHERAPY

This service was particularly affected by changes in staffing as four senior staff members were on prolonged periods of leave. This necessitated a complete restructuring of staffing to provide the most appropriate cover possible, with our part-time Clinical working between all 3 BI services and more experienced staff grade therapists moving into acting senior positions.

The number of severely dependent patients admitted to the Programme increased considerably in 2011. Factors influencing this have been:

- The growing number of such patients on the waiting list making it difficult to regularly maintain an appropriate "weighting" level within the service
- Disorders of Consciousness patients being admitted out of service provision without any increase in staffing. Current staffing is based on 3 DoC patients being admitted at one time. These patients require a significant amount of both clinical and administrative time to meet their complex needs in relation to positioning, seating and exercise programme provision, and to training staff /carers from their discharge destination. This staffing issue needs to be addressed and progressed in 2012

The number of Day Assessments carried out by St Patrick's staff increased this year to 13 from 7 in 2010. All of these patients were new patients and a number were seen as pre admission screens.



Tánaiste Mr Eamon Gilmore TD and prizewinner, Stephen Butler at the NRH Photography Exhibition in September 2011.

Service Developments in 2011

- Continued attendance at monthly Programme Development, Disorder of Consciousness, and Programmatic Education meetings
- A senior/staff grade mentorship programme commenced in October 2011
- Interdisciplinary upper limb assessment working group is attended monthly

SOCIAL WORK

Social workers provide a service to Inpatients and Outpatients admitted under the Brain Injury programme. In addition, staff from the Department participate in the Behavioural Consultancy Forum, the SCIP Crisis Prevention Intervention Programme, and the Stroke Awareness and/or the Brain Injury Awareness for Family and Friends programmes which were run throughout 2011. The latter is currently being reviewed and updated by the Carer Training Team.

Service Trends / Initiatives:

- The Outpatient service has a particular demand for adjustment counselling and in the past year we have had a half-time social worker based in OPD but was reduced to 1.5 days per week in late 2011 due to cutbacks.
- The Fair Deal legislation is the means of funding for Nursing Home beds. This fund ran out for a period in 2011 and had serious consequences for patients needing long term care. The scheme is back in operation however there have been delays of up to five months in accessing the necessary finances for patients.
- Inadequate community supports resulted in residential care placements being the only viable option for some families. There are geographical inequities in terms of ability to get home care hours. The announcement of more bed closures in HSE community hospitals is also of great concern as these are vital in caring for patients with complex nursing and medical needs.

The economic situation is impacting on families through unemployment; the additional cost of hospitalisation is a hardship on many families. There are great difficulties involved in trying to sell a property to relocate to an accessible home.

SPEECH & LANGUAGE THERAPY

Inpatient Brain Injury Service - 2011

- The 'Face 2 F.A.C.E.' - Facilitating Aphasics in Communicating Effectively was run 5 times for NRH staff, with a total of 62 attendees.
- Due to withdrawal of funding in 2011 the www.try-it.ie loan bank on site was discontinued. AAC devices were obtained on loan from Therapy Box (Scene & Heard on iPad) and Dynavox (Dynavox V Max). Liaison with the Central Remedial Clinic Assistive Technology (AT) department also enabled the trial of the Tobi C12 Eyegaze device.
- The Aphasia and News Groups have continued with great success throughout 2011, benefiting patients from the entire Brain Injury program. The Apraxia Group was also set up as a new initiative in 2011.
- A number of joint SLT/Music therapy sessions have benefited patients and treatment programs.
- Supporting Partners of People with Aphasia in Relationships and Conversation (SPPARC) was held over two weekends in May, for families of patients presenting with aphasia following CVA.

Outpatient Brain Injury Service - 2011

- There were 90 new referrals to the Speech Therapy OPD Service in 2011, an increase on last year's referral numbers.
- A patient attending OPD designed a communication friendly directional leaflet, to help patients with Brain Injuries navigate to the hospital and from the Unit 6 to the main hospital.
- The Living with Aphasia Group continues to run with positive outcomes from participants. One of the participants undertook to collate a booklet about each client's experiences of Living with their Aphasia.
- The Meet & Teach Programme continues to develop. It is a joint programme run with the Occupational Therapist. Five Meet & Teach Groups were held for Patients, and two for families.

Section 2



NRH Rehabilitation Programmes

SPINAL CORD SYSTEM OF CARE (SCSC) PROGRAMME





Eugene Roe
Programme Manager
Spinal Cord System of Care Programme



Dr Jacinta McElligott
Medical Director
Comprehensive Integrated Inpatient
Rehabilitation Programme



Dr Éimear Smith
Medical Director
Spinal Cord System of Care
(from August '11)

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, 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/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 encompassing the Inpatient rehabilitation phase (with a current bed capacity of 35 beds), an Outpatient phase with the capacity to see patients in multidisciplinary clinics, consultant led clinics and single therapy treatments. Linkages to community services, including a liaison service, a pilot vocational programme and links to a range of external support and advocacy services, for example Spinal Injuries Ireland (SII), the Irish Wheelchair Association (IWA) and Citizen's Information Board.

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 Consultant Dr Jacinta Mc Elligott.

In 2011 the CARF resurvey resulted in the SCSC Programme retaining its status as an accredited specialty programme. The recommendations in the survey challenge the SCSC Programme at NRH to deliver best practice in the management of patients with spinal cord dysfunction including offering an annual review to all patients. The nurse led liaison service will play a central role in addressing the requirement for an annual review for all patients. Far from being a once off achievement CARF accreditation gives the SCSC Programme a quality framework that reflects standards in rehabilitation for spinal cord dysfunction that are internationally driven by spinal cord injured persons and colleagues working in Spinal Cord Injury rehabilitation facilities.

Feedback from patients throughout the year is consistently positive about the person centred practice, professionalism and skill of staff in the SCSC Programme. Interdisciplinary working is at the core of a patient centred delivery of care. Interdisciplinary working in the SCSC Programme is supported by the goal setting process, family and discharge conferences, programme development meetings and timetabling. However, the physical environment of the NRH limits interdisciplinary working in the SCSC Programme and future opportunities to develop interdisciplinary working need to be developed. In 2011 the whole team contributed to a request from the Health Planning Team to describe what would be required to develop a truly interdisciplinary space. The team also contributed to the development of the SCSC Programme strategy in line with the overall hospital strategy.

Work begun in 2011 to refurbish and upgrade facilities in Our Lady's ward and the target date for the completion of this work is April 2012. As in past years significant fund raising was undertaken by individuals and groups in 2011 to support the spinal programme at NRH and all this effort is very much appreciated by the staff of the programme. Among the significant amounts of money spent in 2011 on equipment was €5,000 on new wheelchairs.

Section 2
NRH Rehabilitation Programmes

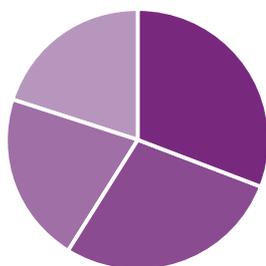
SPINAL CORD SYSTEM OF CARE PROGRAMME

Demographics, Activity and Outcomes for Inpatient Services – 2011

DEMOGRAPHICS & ACTIVITY

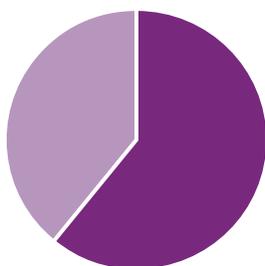
In total one hundred and sixty persons were discharged in 2011 from the SCSC Programme. One hundred and thirty two patients were admitted for the first time to the SCSC Programme at NRH and fifty two (39%) of these had sustained a new traumatic spinal cord injury (SCI). Overall 21% of patients were under the age of 40 and 31% over the age of 60.

PRE-HOSPITAL HSE AREAS OF RESIDENCE OF PATIENTS DISCHARGED FROM THE SCSC PROGRAMME



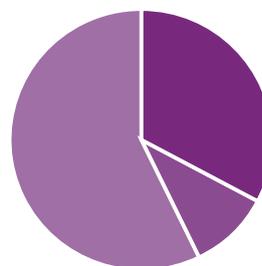
HSE Dublin Mid Leinster	31%
HSE Dublin North East	28%
HSE South	21%
HSE West	20%

GENDER OF PATIENTS DISCHARGED FROM THE SCSC PROGRAMME



Male	61%
Female	39%

AGE PROFILE OF PATIENTS DISCHARGED FROM THE SCSC PROGRAMME



Average age	52 years
Lower age range	16 years
Higher age range	90 years

Liam Gaynor pictured during the visit of John Delaney from the FAI, with the European Cup in 2011.



Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE PROGRAMME

Indicator	Target Set – 2011	Outcome 2011	Note / Trend
Average Days Waiting for Admission	Target: Admission of patients within 50 days.	The average days waiting for admission was 48 days	69% of patients were admitted within the target of 50 days
Average Rehabilitation Length of Stay (LOS)	Target: Average admission length of stay less than 90 days	Average LOS was 84 days	The LOS in the SCSC Programme is negatively impacted by a number of patients who wait for long periods to access onward care.
Delayed Discharges	Target: to lose less than 10% of bed days to Delayed Discharges	This target was slightly exceeded with 1434 (10.9%) of bed days lost to Delayed Discharge in 2011	Delayed Discharges are patients who have completed their rehabilitation programme and are medically fit for discharge. 1,434 bed days were lost to the SCSC Programme in 2011. This amounts to 4 beds not being available to the programme in 2011.
Discharge to Home Rate	Target: to discharge at least 75% of patients to home	74% of patients were discharged home.	In 2010 less than 3% of patients were discharged back to an acute hospital. In 2011 that figure rose to 17%. Planning the patient's ongoing journey to the community remains a challenge in the current economic environment with less funding available to support home discharges.

Programme Goals Achieved in 2011

- In 2011 the SCSC Programme successfully undertook resurvey to maintain CARF accredited specialty programme status
- The SCSC Programme Development Committee continued to meet monthly to address service issues regarding patient and family care. The programme continued to benefit from its collaboration with Spinal Injuries Ireland (SII) through the Venture Sports and Social Programme, Vocational Programme, Peer Support Programme and the presence of SII at the weekly NRH spinal Outpatient multidisciplinary clinic.
- Further team development and improvement in 2011 was supported with the introduction of a monthly interdisciplinary education programme with different disciplines presenting to the whole team
- The Second Annual 'Research and New Developments in Spinal Cord Injury' Information Day was held in September 2011 and included inputs on assistive technology, exoskeletons, NRH research projects and stem cell developments. This is a joint venture between SII and the SCSC Programme.
- An interagency advisory group was formed to address the 'attendant care needs and equipment needs of persons with spinal cord injury.' This group includes representatives from the SCSC Programme at NRH, the HSE, the Injuries Board and Spinal Injuries Ireland and will work to develop guidelines for various levels of injury.
- A first reunion for Women with Spinal Cord Injury was held in April which was great fun and very well received. Feedback from participants suggests it should become an annual event. A Facebook page entitled 'Women in Ireland with SCI' was set up and it is hoped that this might become a forum to help women share ideas and information. A service user agreed to act as coordinator of the site.
- A committee was formed to address the concerns of people living long term with spinal cord injury in Ireland. Preliminary plans include carrying out a survey of those who sustained injury 20 or more years ago and hosting a get together in 2012 for this group in order to establish their needs and priorities as well as to inform clinical practice for NRH.
- With clear skies and no Icelandic volcano eruption this year, the NRH once again participated in the Annual Inter Unit Spinal Games in the UK.

Section 2

NRH Rehabilitation Programmes

SPINAL CORD SYSTEM OF CARE PROGRAMME

Medical

The Medical Director of the programme is **Dr Éimear Smith** who works in collaboration with Consultant **Dr Jacinta Mc Elligott**.

Programme Manager

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

Clinical Services within the SCSC

NURSING

ST. MARGARET'S AND ST. JOSEPH'S WARDS

St. Margaret's and St. Joseph's wards collectively comprise of 16 beds caring for spinal injured patients. Staff provide training and education for patients, families, public health nurses and community carers in how to care for those with spinal cord injuries.

2011 saw on-going training and in-house education of staff to ensure compliance with our Accreditation standards and HIOA requirements.

St. Margaret's and St. Joseph's wards are managed by **Fiona Marsh, CNM II** and **Rita Gibbons, Acting CNM1**.

OUR LADY'S WARD

Our Lady's Ward is a 19 bedded ward, caring for both male and female patients with spinal injury and neurological conditions. 2011 saw an increase in the number of High Dependency patients admitted to the ward. These patients have an increasing complexity of problems from a medical and nursing perspective; some also have complex social problems. Staff provide training and education for the patient, family, and public health nurse in the community in caring for patients with spinal cord injury.

The redevelopment of Our Lady's Ward is in progress and will include the provision of ensuite facilities, toilet and shower facilities, wheelchair room, and store room. This is a very welcome development and will provide much needed space and facilities to a pre-existing Nightingale Ward.

Our Lady's ward is managed by **Sajimon Cherian CNM II**.

ST. CAMILLUS' WARD

St. Camillus Ward is a 20 bedded male. The ward predominantly cares for amputee patients and acquired brain injury patients. However, the ward also cares for a small number of spinal cord injury patients.

St. Camillus' ward is managed by **Mary Bolger, CNM II** and Acting CNMII **Agi Jose** (since November '11).

LIAISON SERVICE FOR SPINAL CORD INJURED PATIENTS

The Liaison service for patients in the SCSC Programme is delivered by **Clinical Nurse Specialists (CNS) Oonagh Crean** and **Liz Maume**. The Liaison service endeavours to bridge the gap between the hospital, home and the Healthcare Professionals. The Liaison co-ordinator acts as an advocate for the patients and sees patients in their homes nationwide. The Liaison Service is essential in helping prevent complications such as pressure sores and in providing specialist knowledge in the management of bowel and bladder issues that may not be available locally. It can also lead to re-referral back to the National Rehabilitation Hospital, or to other services if required. A database of 1700 SCI patients is maintained.

CLINICAL PSYCHOLOGY

The Psychology Service to the Spinal Injury Programme provides the following clinical services to the Inpatient service:

- Assessment of mood, psychological resources, coping strategies and cognitive function
- Psychotherapeutic support to patients and families
- Contributes to team management of behavioural issues
- Co-facilitates introductory Spinal Information group for newly admitted patients
- Chairs the SCSC Education sub-committee.

OCCUPATIONAL THERAPY

The Occupational Therapy team in the SCSC Programme have strategically developed a prioritisation system to provide maximum therapeutic input in circumstances where there is annual leave/sick leave without locum cover, especially during the summer months. Spinal OT team also hold a number of group therapy sessions such as kitchen skills, wheelchair, and upper limb group as another initiative to provide maximum treatment.

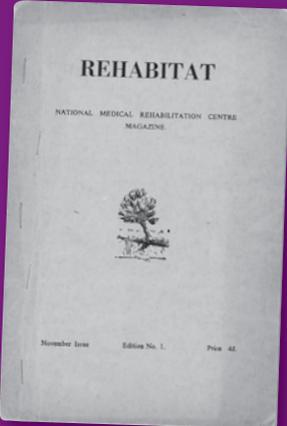
The arrival of the OT Therapeutic Garden has been a valuable resource for spinal injured patients. Patients get to develop their outdoor wheelchair skills in the proximity of the therapeutic environment with the use of kerbs, gravel, lawn and slopes. The garden also provides a means for patients to engage in meaningful occupations as part of their treatment process, such as working on dynamic standing balance while playing on the putting green and gardening as wheelchair users at raised flower beds.

1961 1962 **1963** 1964 1965 1966



Stanley Millar, young rugby player from Omagh was admitted to the National Rehabilitation Centre after suffering a spinal injury in a Tipperary Game.

“You couldn’t feel downhearted when you are surrounded by such an atmosphere of confidence” said Stanley. He has drawn, he says great support from the encouragement and quiet confidence of the Dún Laoghaire Rehabilitation Centre’s staff, where he edited ‘Rehabitat’ Magazine.



NRH
National
Rehabilitation
Hospital

1961
2011
CELEBRATING
FIFTY
YEARS

Stanley Millar
Former Patient

Section 2 NRH Rehabilitation Programmes

SPINAL CORD SYSTEM OF CARE PROGRAMME

Basic grade OTs in spinal service have completed projects as a means to improve evidence based practice. Dervla Kenny has presented to the OT department on upper limb assessment tools for spinal cord injury patients. Josephine Mitchell presented on the therapeutic use of the iPhone& iPad in the Rehabilitation setting. Eileen Mooney collaborated with other disciplines to provide a more holistic approach to bladder management for spinal cord injury patients and has presented at numerous conferences.

The spinal OT has been working in collaboration with Aspire U.K. in providing Assistive Technology for people with Spinal Cord injury.

Shangdar Maring Ronglo, Snr. OT has been a part of the splinting team. This has been beneficial in transfer of skills in these Departments (Spinal & Splinting) for example with the fabrication of spinal specific functional splints e.g phone splints and splints for holding grooming aids such as toothbrush.

NUTRITION & DIETETICS

The dietitians provide Nutrition & Dietetic services to patients after Spinal Cord Injury. Nutrition education and intervention for patients focuses on achieving and maintaining a healthy body weight, nutrition for pressure sore management, nutrition for bowel management, cardiac risk-factor modification and healthy eating with a spinal cord injury. The dietitians also delivered a staff education session on Weight Management in Spinal Cord Injury.

PHYSIOTHERAPY

The number of patients treated in the SCSC Physiotherapy service increased slightly this year. Of note however is the fact that the number of Incomplete Quadraplegic and Paraplegic patients increased, while admissions of those with Other Neurological Conditions decreased in the SCSC Programme.

This increase in incomplete lesions has necessitated more intensive and demanding programmes to meet the needs of this client group. This trend was noted especially amongst the elderly as a result of stenosis and falls. The number of admissions of people over 65 years continues as in previous years and the SCSC commenced a cognitive screen of each of these admissions in line with recommended guidelines.

While the number of 'Other Neurology' admissions was reduced, a significant number of them were patients with well developed spinal dysfunction conditions such as MS. Many of these patients already have well established links within the community.

Revision of wheelchair documentation and Interdisciplinary education sessions on Wheelchair /Seating for Physiotherapy and OT departments were held in 2011.

Negotiations with Momentum Healthcare to ensure a more timely delivery of lightweight SCI chairs commenced. If successful this should improve service delivery to patients and offset some of the pressure caused by delays in medical card provision which are increasing.

A high incidence of patients with Cauda Equina Syndrome were admitted in 2011. It is planned to develop an integrated treatment plan for the management of this client group. This should include Pilates and group work.



*L-R Programme Managers
– Mary Cummins
(Paediatric Programme),
Eugene Roe (Spinal
Cord System of Care),
Valerie Twomey (Brain
Injury Programme) and
Dorothy Gibney (POLAR
Programme).*

SOCIAL WORK

The Social Work service is offered to all patients and their families in the SCSC Programme. Social Work involvement continues throughout the rehabilitation programme and in the immediate post-discharge stage as required. There is also a social work service at the inter-disciplinary Outpatient clinics.

Service Trends / Initiatives:

- The cutbacks in health services continue to have an enormous effect on services such as personal assistants, essential equipment, adaptation grants and discretionary payments. An increasing number of patients have to remain at the hospital or in acute care beds for lengthy periods of time due to the lack of ongoing placement options and support services. Others have gone home to be cared for by family members without adequate support services placing extra pressure on the whole family system.
- There have also been difficulties with medical card applications due to stricter criteria and a change in the administration process. This has led to patients waiting on essential equipment and other services and causing a delay in discharge planning.

SPEECH & LANGUAGE THERAPY

Cover is provided to the Inpatient SCSC Programme by the Senior Clinician in Dysphagia. The majority of referrals are for the management of voice and swallowing difficulties following high level cervical spine injuries and tracheotomy. 16 patients were seen for dysphagia input in 2011.

THE VOCATIONAL PROJECT

The Vocational project continues to provide a service to all Spinal Cord injured patients who wish to explore vocational goals. The vocational programme forms an integrated part of Goal Setting Conference. Where goals are identified, the Vocational team works with patients at Inpatient level and through a follow up outreach programme so that the patients can maximise their interest and potential in lifelong learning, training and work. In 2011 the vocational team saw 60 patients.

OUTPATIENT FOLLOW-UP

Over the past year, the vocational team have utilised patients' appointment at the Outpatient clinic as an opportunity to meet with them to review and address barriers to return to training and work. It is envisaged that this service will continue to expand.

WORK SITE VISITS

This service continues to be offered as part of the Vocational programme. It is unique to this programme and can form a crucial link in supporting both employee and employer in transitioning back to work.

SUPPORTED EMPLOYMENT SCHEMES

Through the Vocational programme, patients are updated on changing trends and services at community level. The goal is to link patients into mainstream services. This is achieved through workshops or on a case by case basis.

NATIONAL REHABILITATION HOSPITAL NATIONAL CONFERENCE 2011

The Vocational team presented at the Vocational Workshop and Poster presentation at this conference to promote the benefit of vocational rehabilitation as part of enhanced quality of life and wellbeing.

FUTURE PLANS AND CHALLENGES FOR THE VOCATIONAL PROJECT

The Vocational programme continues to respond to the changing economic environment and the altered employment market. We aim to provide information on the evolving roles of service providers in the community. There is an ever increasing demand from those who are unemployed for courses and training schemes. Thus now more than ever there is a need to have patients link in at the earliest possible point post discharge to avail of appropriate training and courses.

Section 2



NRH Rehabilitation Programmes

PROSTHETIC, ORTHOTIC AND LIMB ABSENCE REHABILITATION (POLAR) PROGRAMME





Dr Nicola Ryall
Medical Director
POLAR Programme



Dorothy Gibney
Programme Manager
Prosthetic, Orthotic and Limb Absence
Rehabilitation Programme (POLAR)

2011 has been a very busy year for the POLAR programme and we have had several major achievements during the year. The team is especially proud to have maintained the Specialty Accreditation of Inpatient Service at re-survey in May.

The programme continues to explore ways of improving service delivery especially to Outpatients. Physiotherapy assessment for new referrals has become routine and there is much joint assessment working between prosthetists and physiotherapists. The figures show an increase in the Outpatient attendance of 11% compared with 2010. This increase is also reflected in the increase of some 10% in limb production.

The Inpatient programme showed a slight decrease in numbers for 2011. There were 96 discharges from the programme as compared with 102 for 2010. There are a number of reasons for this. We found that, as the year progressed sanction for limbs from the HSE became increasingly difficult to obtain so some admissions were delayed. Review of the Inpatient show that they are becoming increasingly more complex from a medical standpoint. This is reflected in the discharge to home rate which is 89% for 2011, a reduction of 2% compared with 2010.

The programme has continued to advocate for equality of access to prosthetic rehabilitation. Dr Ryall had worked with the HSE as a member of a working group regarding development of a national strategy for the provision of prosthesis and orthosis. A pillar of this is the National Guidelines for Prosthetic Prescriptions which Dr Ryall developed this year. Regarding delivery of clinical services, the opening of the POLAR unit in the Mercy Hospital in Cork has proved successful and the programme is delighted to note that Dr Andrew Hanrahan has been appointed on a permanent basis to the service there while retaining some clinical hours for NRH work. Patients previously seen in the St Finbarr's Hospital have transferred to the service in the Mercy Hospital. The figures of clinic attendances there show that this has been a successful development of a nationally led service being delivered regionally. It is planned that this or a similar model of regionally delivered services will be developed in the west and northwest. The satellite clinic held in Galway has recently been relocated to a new facility in the Podiatry Unit in Merlin Park Hospital. This provides a much enhanced clinical area and we continue to work with the hospital towards having dedicated nursing support. Congratulations to Dr Andrew Hanrahan, who having driven the establishment of the POLAR unit in the Mercy in a locum capacity, was appointed in a permanent capacity as Consultant in Rehabilitation Medicine for HSE South while retaining some hours allocated to NRH POLAR work.

The POLAR Programme, in conjunction with the Paediatric Programme, held a Summer Event for all children attending the hospital with either limb absence or limb loss. This was a one day event with talks for both patients and their parents together with some fun activities for the children and their siblings. This event was attended by 19 young people with limb absence together with parents and siblings. The day was significant in that it allowed for the children to mix with others with similar disability. A fuller report of this event is included in the Paediatric programme report. While this event has merit in its own right it does help prepare for the children transitioning to the adult service.

There was a significant reorganisation of the management within the POLAR service during 2011. A number of senior National Rehabilitation Hospital prosthetists and technicians retired in December 2010. This resulted in our partners, Ability Matters, undertaking the management of the manufacturing and also providing day to day supervision of the prosthetists and the prosthetic technician although they remain under the line management of the POLAR programme manager. We welcomed Dino Christodoulou who took over as Production Manager for Ability Matters in December 2010 but in 2011 his role became that of clinical Prosthetic Manager. We have reviewed and restructured some of the satellite clinics to better serve the patients in line with waiting times and clinic attendances.

Section 2 NRH Rehabilitation Programmes

PROSTHETIC, ORTHOTIC AND LIMB ABSENCE REHABILITATION PROGRAMME

The hospital has embarked on restructuring the delivery of administration support to the programmes through the Patient Services Review. In POLAR this has resulted in the administration office being completely refurbished and this now accommodates both NRH and Ability Matters admin staff who are providing direct support for the POLAR programme. A separate office has been created for Dr Ryall (Medical Director) adjacent to the administration office. A further office has been refurbished for the Programme Manager within the Prosthetic Department. Having all the staff located in close proximity has improved overall communications and work processes. It should be noted that these changes were achieved without encroaching on clinical space through reconfiguration of existing administration space. During the year upgrading of the file storage area for the prosthetic charts was completed filing moved to this area.

The National Rehabilitation Hospital has ceased to manufacture prosthesis with effect from mid- 2011. This has resulted in all manufacturing taking place off site in a new facility developed by Ability Matters in Deansgrange. The hospital has refurbished the former Leather Workshop on the NRH site to provide a day repair workshop facility. This allows for minor repairs and adjustments to continue to be carried out on site while all major work is done locally. The new Ability Matters manufacturing facility provides for all their limb builds within Ireland.

The programme has several goals for 2012. We plan to improve the service delivery in the Galway clinic by increasing the frequency. This should decrease the waiting time for appointments as numbers have increased from that area. We will continue to explore other ways of improving patient access to consultant review, possibly through the use of technology. The programme will continue to promote interdisciplinary working and to improve linkages between the NRH and our strategic partners to provide more streamlined care for our patients.

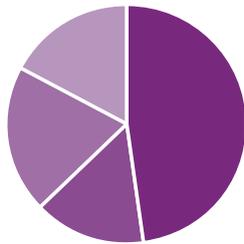
Demographics, Activity and Outcomes for Inpatient Services – 2011

DEMOGRAPHICS & ACTIVITY

Admissions to the POLAR Inpatient Service in 2011

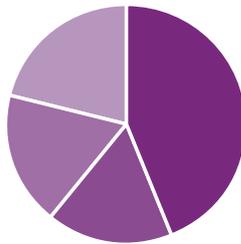
Types of Amputation	Numbers 2011	Percentage of Admissions 2011	Numbers 2010	Percentage of Admissions 2010	Numbers 2009
Above knee	38	40%	44	43%	46
Below knee	37	38%	46	45%	31
Bi-lateral Lower limb	18	19%	8	8%	12
Hemipelvectomy	0	0%	1	1%	1
Upper limb amputation	3	3%	3	3%	2
TOTAL	96	100%	102	100%	92

PRE-HOSPITAL HSE AREAS OF RESIDENCE OF PATIENTS SERVED BY THE POLAR PROGRAMME



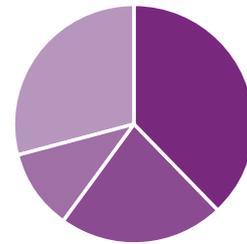
2011

HSE Dublin Mid Leinster	48%
HSE Dublin North East	15%
HSE South	20%
HSE West	17%



2010

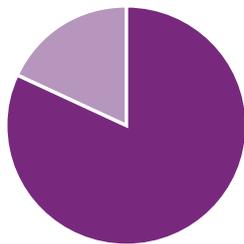
HSE Dublin Mid Leinster	44%
HSE Dublin North East	17%
HSE South	18%
HSE West	21%



2009

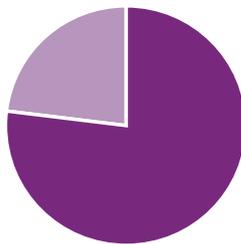
HSE Dublin Mid Leinster	38%
HSE Dublin North East	22%
HSE South	11%
HSE West	29%

GENDER OF PATIENTS SERVED BY THE POLAR PROGRAMME



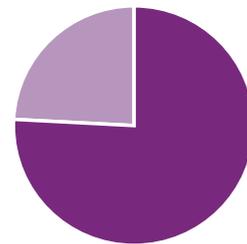
2011

Male	82%
Female	18%



2010

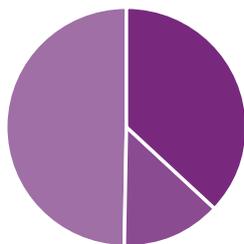
Male	77%
Female	23%



2009

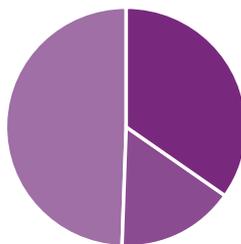
Male	76%
Female	24%

AGE PROFILE OF PATIENTS SERVED BY THE POLAR PROGRAMME



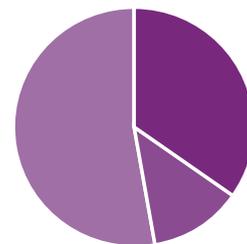
2011

Average	61%
Lowest	22%
Highest	82%



2010

Average	62%
Lowest	28%
Highest	88%



2009

Average	58%
Lowest	21%
Highest	88%

Section 2 NRH Rehabilitation Programmes

PROSTHETIC, ORTHOTIC AND LIMB ABSENCE REHABILITATION PROGRAMME

Outcomes

EFFECTIVENESS, EFFICIENCY AND ACCESS TO THE PROGRAMME

For the POLAR Programme in 2010 the following indicators and outcome targets shown in the table below demonstrate the effectiveness of the service.

Indicator	Target Set – 2011	Outcome 2011	Comment
Discharge to Home Rate	75% of Inpatients will be discharged home	89% of patients were discharged home	This is a reduction from 91% last year.
Average Days waiting for admission to Rehabilitation	Average Days waiting for admission for POLAR will be \leq 70 days	Average days waiting for admission was 32 days	While this is significantly lower than the target it should be remembered that this does not take into account the time patients wait for sanction before they can go onto the waiting list.
Average length of Stay	Average Length of stay should be \leq 90 days	The average length of stay was 54 days	
Delayed discharges	Less than 1% of bed days should be lost to delayed discharges	0.37% of bed days were lost to discharges	

PROSTHETIC SERVICE:

Production by Limb Type

Type of Prosthesis: Lower Limb	2011	2010	2009
Hip disarticulation	1	2	2
Above knee	68	61	72
Knee disarticulation	2	4	1
Below Knee	145	116	134
New sockets	110	111	114
Appliances	9	6	4
TOTALS	335	300	327

Type of Prosthesis: Upper limb	2011	2010	2009
Above Elbow	6	4	4
Below Elbow	25	27	41
Socket	10	14	5
Other Appliance	17	7	3
TOTALS	58	52	53

A group from the POLAR Programme welcome President Mary McAleese to NRH, February 2011.



Clinic Attendances	2011	2010
NRH consultant led clinic	918	876
NRH Prosthetist only Clinics	1236	900
Cork consultant led clinics*	157	409
Satellite clinics	1060	615
Total Prosthetic Attendances	3371	2800
Orthotic clinics	812	918
TOTAL Outpatient attendances	4183	3718

*The figure for Cork for 2011 represents all attendances (both prosthetist only and consultant appointments) at St Finbarr's Hospital up to the transfer of the clinic to the Mercy Hospital in April 2011. There have been 533 attendances at the POLAR service in MUH.

Medical

The Medical Director of the programme is **Dr Nicola Ryall** who works in collaboration with Consultant **Dr Andrew Hanrahan** who is based in Cork, leading rehabilitation services for the HSE South.

Programme Manager

Dorothy Gibney is the Programme Manager for the POLAR Programme.

Clinical Services within the POLAR Programme

NURSING

ST. CAMILLUS' WARD

St. Camillus Ward is a 20 bedded male unit caring for amputee patients and acquired brain injury patients. The unit also cares for a small number of spinal cord injury patients. There was an increase in the complexity of issues from both medical and social perspectives which saw a further increase in the demands on the nursing staff. Under Graduate and Post Graduate clinical placements continue to be facilitated on the Ward. Many Transition Year Students attended placement throughout the year.

A programme to upgrade bathroom areas on the ward has commenced. These new facilities will be greatly welcomed by both patients and staff.

St. Camillus' ward is managed by **Mary Bolger, CNM II** and Acting CNMII **Agi Jose** (since November)

ST. GABRIEL'S WARD

St. Gabriel's Ward is a 14 bed unit caring for amputee patients and those with neurological conditions. The unit also sometimes cares for a small number of spinal cord injured patients. 2011 continued to be a very busy year with an increase in the number of patients admitted with neurological conditions. There was also an increase in the complexity of issues from both a medical and social perspective which saw a further increase in the demands on the nursing staff. Staff from St. Gabriel's ward were involved in the following Committees:

- Drugs and Therapeutics Committee.
- Hygiene Committee.
- Falls Committee.

St. Gabriel's ward is managed by **Pat Pickering, CNM II**.

CLINICAL PSYCHOLOGY

The Psychology Service to the POLAR Programme provides the following services:

- Psychological Assessment
- Psychological intervention
- Consultation and education with families, carers and other professionals involved in the care of patients.

NUTRITION AND DIETETICS

Weight management, diabetes and renal disease continue to be the main reasons for referral from the POLAR programme to the dietitians. As well as individual patient education sessions, the dietitian also delivers group education sessions. These 'Healthwise' talks focus on healthy lifestyles for long-term health gain.

PHYSIOTHERAPY

Towards the end of 2011 a greater number of younger patients were admitted which required some reorganisation of treatment sessions to accommodate their different needs, however this was a very welcome change.

Physiotherapists on the team are now recording directly into the Health Care Record which is working extremely well.

The Physiotherapy service to the Friday POLAR clinic is growing and developing well. It is facilitating joint assessments with prosthetists and the consultant which is essential to ensure the appropriateness of admissions and prescriptions. It would be welcome if all complex patients be seen at this clinic with involvement of other disciplines if within staffing complements. A very successful outcome of a very complex case was facilitated due to the pre-admission work, planning and meetings with the patient and family members. This is obviously very encouraging and will hopefully be built on in 2012.

Maintaining bed occupancy remains a challenge as the timing of admissions is directly linked to the sanctioning of limbs which can now take several months. During this time patients can change dramatically in terms of health or physical abilities. Therefore it has been decided to review patients prior to admission and the commencement of manufacture of the prosthesis to ensure that they are still fit for rehabilitation.

OCCUPATIONAL THERAPY

The Inpatient POLAR Therapy service is provided through multi-therapy sessions whereby a number of patients are treated together facilitating shared learning and peer support. The caseload continues to be complex as the patients in general tend to have co-morbidities that in many cases make rehabilitation using their prosthesis a challenge. The majority of our patients attend as appropriate on Community Outings and have kitchen assessment, splinting, driving and vocational assessment as required. The Wii is used for patients to take control of their own balance programme this has proved to be a success. The use of the Wii as a treatment tool is being formalised in the UK.

It is felt that the involvement of an OT in the pre-admission stage would be beneficial particularly in providing input into the prescription of prosthesis as the OT assesses functional ability, especially hand function, required to manage varying suspensions.

Occupational Therapists continue to participate in interdisciplinary sessions with colleagues in the POLAR programme, on both an ad-hoc and formal basis.

SOCIAL WORK

The Social Work service is offered to Inpatients as well as to the Outpatient clinics on request. Patient and family education is offered by all members of the POLAR team including the Social Work staff.

Service Trends/Initiatives:

- The lengthy delays in sanctioning limbs have continued to have an impact on the POLAR service.
- The increase in the age and disability profile on the POLAR programme has increased the workload for social workers in terms of discharge planning and after care services.

SPEECH & LANGUAGE THERAPY

The Speech & Language Therapy service provides audiology and dysphagia consults to patients from the POLAR programme as requested. Patients from the POLAR programme can attend SLT for the management of speech, language and/or voice issues as appropriate.



Dr Frank Keane

Consultant in Rehabilitation
Medicine

The following text is taken from an article that appeared in the Irish Press – Spring 1964.

1961 1963 **1964** 1965 1966 1967

“Ireland will shortly be the only country in the world in which artificial limbs are made under direct medical supervision. Elsewhere they are made by commercial firms, although prosthetics (the manufacture and fitting of artificial limbs and legs) has been raised to faculty status in some American universities.

The manufacture of artificial limbs is to be undertaken as part of the limb fitting and training unit at the National Medical Rehabilitation centre at Dún Laoghaire. The Consultant or Orthopaedic Surgeon to the unit is Mr W. de Witt. The manufacture will be carried out under the supervision of Dr Frank Keane, who has recently returned from an almost year long visit to the English artificial limb manufacturing centre at Roehampton, the German centres at Münster and Heidelberg, Los Angeles and New York.”



Dr Keane also invented the internationally used Rotorest Bed.



1961
2011
CELEBRATING
FIFTY
YEARS

Section 2



NRH Rehabilitation Programmes

PAEDIATRIC FAMILY-CENTRED REHABILITATION (PAEDS) PROGRAMME





Mary Cummins
Programme Manager,
Paediatric Family-Centred Rehabilitation



Dr Susan Finn
Consultant Paediatrician

The Paediatric Family-Centred Rehabilitation Programme (PAEDS) is the national medical rehabilitation service for children and adolescents requiring a complex specialist interdisciplinary rehabilitation service.

The children and adolescents served are those with significant impairments, activity and participation limitations associated with traumatic and non-traumatic brain injury, stroke, traumatic and non-traumatic spinal cord injury, acquired neurological disorders, and limb absence.

Referrals for the service are received primarily from the major paediatric tertiary acute care hospitals in Dublin and Cork and from general hospital consultants, and G.P's from across the Republic of Ireland.

The initial rehabilitation needs of the children and adolescents referred are assessed by the PAEDS programme team on an Inpatient/day patient basis. Sometimes patients will be offered a 1 day screening assessment prior to a decision as to whether their needs can be met by the service.

In depth interdisciplinary assessments are usually carried out through a 2 week admission and this then may be followed by a period of individual, goal focused rehabilitation.

Intensive interdisciplinary rehabilitation interventions can be offered on an Inpatient or day patient, Monday – Friday basis.

The PAEDS Programme team also provide a follow-up or review rehabilitation service to children and adolescents as they grow and develop through childhood when further assessment/advice is needed from the specialist Interdisciplinary Team. Children and adolescents may experience difficulties as a consequence of their illness/injury at later developmental milestones. These services can be provided on an Inpatient, day patient, Outpatient or a limited outreach basis.

The Objectives of the Paediatric Programme are:

- To achieve the maximum rehabilitation potential of each child / adolescent – physically, emotionally, socially and cognitively.
- To involve the children / adolescents and their families / carers positively in the rehabilitation process.
- To support the successful reintegration of the child/adolescent into his/her home, school and the wider community.
- To help and support the child / adolescent and his/her family to adjust to loss, changed self image and abilities as a consequence of their illness or injury.
- To liaise and advocate with Health, Therapeutic and Education Authorities in the young persons' local communities regarding their ongoing rehabilitation needs.
- To provide rehabilitation training, education and information in an accessible manner to the young person, the family / carers to enable them to advocate and care for their child and their needs.
- To provide rehabilitation training, education and information to Teachers / Special Needs Assistants, Personal Assistants and other service providers in order to assist the successful transition to home and community.

PAEDIATRIC FAMILY CENTRED REHABILITATION PROGRAMME

Developments in 2011

The **Outcomes** information as detailed below highlights the increased number of children presenting to the service with complex and multiple neurological deficits. Dr Finn and the team have worked closely together to provide a patient goal focused service. The demands on the service for nursing and the different therapists have at times during the year been extremely high because of the 'case weighting' of the individual children. How best to respond to this potential change in the paediatric patient population served at the NRH will be explored during 2012 .

Spinal Cord Injury – the new Multidisciplinary Paediatric Spinal Cord Injury Clinics in 2011 served 19 children. This continues to prove an effective and efficient forum to manage these patients comprehensively. An Orthopaedic consultant/ registrar was also present at two of the three clinics which proved very valuable.

Following on from a **PAEDS Team planning** day in 2010, staff undertook:

- A major review of the needs of patients previously served by the Paediatric Programme with a brain injury at the direction of Dr Finn. This process is providing valuable information as to the resources necessary and appropriate to meet the ongoing developmental rehabilitation requirements of the patient group.
- Developed and delivered a 'working with challenging behaviour' training package for staff working with children and families.

A new joint **PAEDS and POLAR Programmes Open Day** was held in August as part of the Summer Project activities. The objective of the day was to bring young people and their families together from all over Ireland for a shared information and education day – combined with some group activities *and* of course a bit of fun. The NRH was supported in this endeavour by staff from voluntary agencies, Dún Laoghaire Rathdown County Council (DLRCC) and users of the service (details below).

Nineteen young people and their families attended. In the morning the young people with limb absence, and siblings took part in age appropriate activities, for example:

- Creative Art and play (for pre-school and primary school aged children)
- Activities with NRH Physiotherapists; various games and a treasure hunt (for primary school aged children)
- Airsoft rifles and hand-cycles with Spinal Injuries Ireland team (for teenagers)

Adults attended presentations by NRH staff as follows:

- SUSAN FLYNN, Snr OT presented:
Maximising Opportunity - wearing prostheses to enhance engagement in age appropriate occupations.
- CARL CATO, Ability Matters Prosthetist, presented:
Prosthetics for children – a general overview.
- Dr WAEL BERRO, Snr Registrar, presented:
Skin disorders
- Dr ANDREW HANRAHAN, Consultant in Rehabilitation Medicine, presented:
A National Strategy for Limb Absence: Strengths and Challenges – Introducing Owen Casey, service user
- EILISH HOLTON, in conversation with DOROTHY GIBNEY, POLAR Programme Manager presented:
A service user's experience

During the lunch-break, information was available from the Sports Inclusion Disability Officer, Dun Laoghaire-Rathdown Sports Partnership and Reach. In the afternoon there were more activities for the young people, including:

- Team games/sports with IWA-Sport and Football Association Disability Soccer (for teenagers and primary school aged children)
- Face painting/creative arts (pre-school and primary school aged children)
- A Discussion Group for teenagers with Social Work and Psychology



*Pictured at the
Jamming for Music
Therapy fundraising
event in May 2011.*

The adults in the afternoon participated in:

- *Development of body image and self-esteem in childhood:* Presentation by Dr Sarah O'Doherty, Snr. Clinical Neuropsychologist and Ghyslaine Brophy, Snr. Social Worker.
- *Parent and Toddler Music / O.T. Group* with Bairbre O'Sullivan, Montessori Music Teacher and Susan Flynn, Senior O.T.

Everyone came together at the end of the afternoon for refreshments and entertainment. The winner of a "Name the Day" competition was announced and a prize given to Eve McDermott for "Rockin' Rehab. Day!"

Milestones in 2011

The Paediatric Programme Team fully participated in the CARF resurvey and were delighted to be part of the successful 3 year Comprehensive Integrated Inpatient Rehabilitation Programme Accreditation.

Patients, their families and staff were all involved in the filming of the service by RTE.

The improvement of the physical environment for the paediatric patients commenced during 2011 with the painting of all areas and replacement of floor coverings. New, 'young person friendly' wall decorations, furniture and equipment is also in the process of being commissioned.

The second "Jamming for Music Therapy" event was held at the Royal Marine Hotel, Dún Laoghaire. Numerous performers again gave their time and creativity to the event in support of the Music Therapy service and we were fortunate to have the involvement of Eamon Keane, writer and television presenter as Master of Ceremonies. Music Therapy was also been nominated as a chosen cause for the International Charity Bazaar..

The paediatric staff team also provided a one week Summer Project week for a mixed gender group of teenagers with a brain injury. This is the group of young people that has been found to engage in, and benefit most from, this activity based week. The OT project for the group was to organise and run a cake sale in aid of funding therapeutic horse riding at Festina Lente, Bray.

Patients Services Review – Together with the other NRH programmes, the PAEDS team have been continuing to contribute to the process to improve the patient services administration systems and processes across the hospital.

A decision by the Department of Education and Science not to continue to fund the outreach teaching hours (12.5 p. week) for the NRH School has had a significant impact on the transitioning of young patients out of the hospital and back in to local education. Colm Jackson, Principal, and the his staff have provided as much assistance as possible over the telephone and through written material and staff from the receiving schools have also been invited to attend the NRH in advance of the young person's discharge.

Section 2 NRH Rehabilitation Programmes

PAEDIATRIC FAMILY CENTRED REHABILITATION PROGRAMME

Demographics, Activity and Outcomes for Inpatient Services – 2011

DEMOGRAPHICS & ACTIVITY

Patient Activity

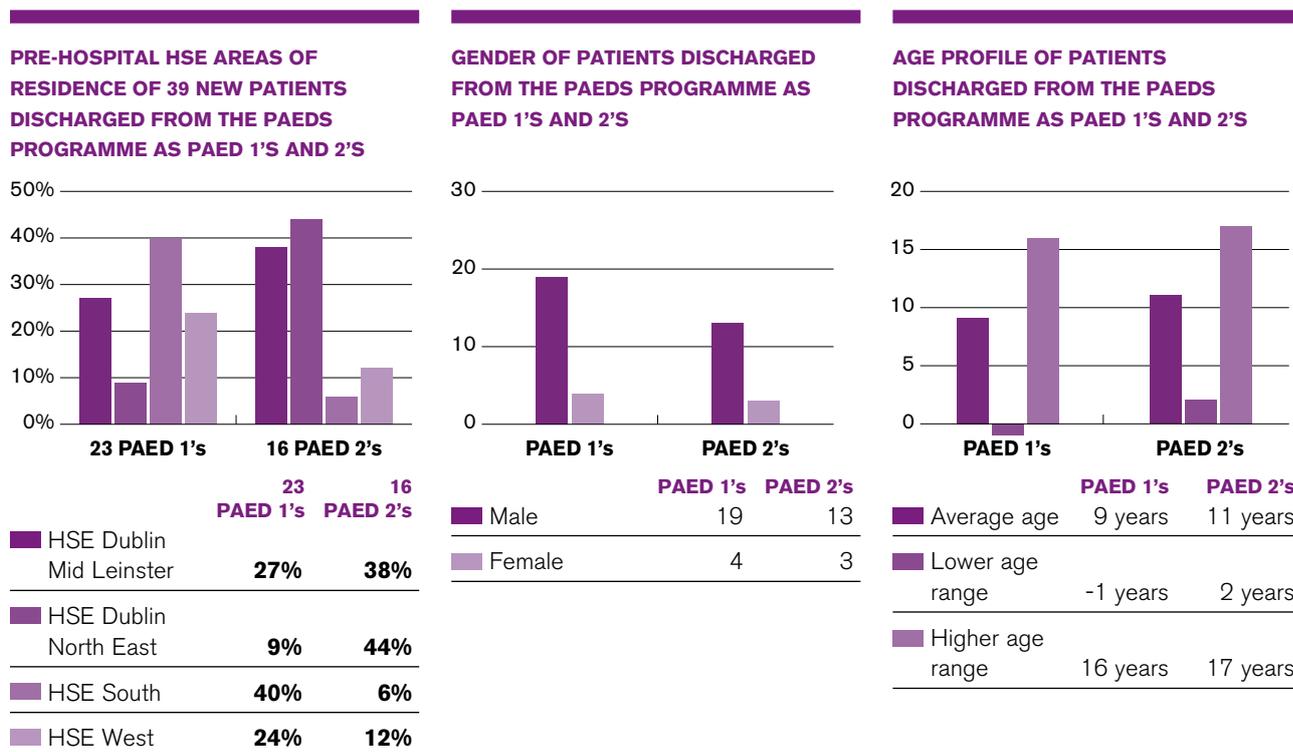
In 2011 the Paediatric Family-Centred Rehabilitation programme served 92 patients as day/Inpatients, **39** of the 92 were new patients to the programme and 53 had been previously admitted.

Type of Rehabilitation Admission/ Activity	Description	Number in 2011
PAED 1	Children and adolescents discharged from Inpatient assessment and a period of intensive rehabilitation (covered by the CARF CIIRP standards)	23
PAED 2	Initial assessment only	16
PAED 3	Interdisciplinary review	34
PAED 4	Neuropsychological assessment / review only	5
PAED 5	Prosthetic limb introduction/training	3
PAED 6	Interdisciplinary review via groups as part of "Summer Review Project"	7
PAED 7	Brief re-admission for a burst of intense rehab	3
PAED 8 *** See below		
PAED 9	Music Therapy Day-patient	1

***Outpatients (PAED. 8's)

19 patients were also seen at the multidisciplinary Spinal clinics lead jointly by Dr Susan Finn, Consultant Paediatrician, and Dr Éimear Smith, Consultant in Rehabilitation and Spinal Injury. In addition, 19 young people with a limb absence were seen at the PAEDS and POLAR Open Day in August (see New Services/Developments section for details).

In 2011, for all new patients to the service (the 23 'PAED 1' and 16 'PAED 2' Children) and Adolescents, the following graphs show the breakdown of pre-hospital HSE areas of residence, gender, and average age profile.



Of the 39 new patients seen and discharged from the PAEDS programme in 2011, the spread of diagnoses is as follows:

	Traumatic Brain Injury*	Brain Infection	Stroke	Brain Tumour	Other Brain Injury	Traumatic Spinal Injury	Transverse Myelitis	Other Spinal Injury	Neurological Disorders	Neuropathies	Total
PAED 1	8	1	2	3	4		1	3	1		23
PAED 2	13	1			1					1	16
Total	21	2	2	3	5		1	3	1	1	39

* The causes of the 21 Traumatic Brain Injuries are as follows:

RTA - Passenger	RTA - Pedestrian	RTA - Cyclist	Fall	Assault /NAI	Asphyxia	Blow to head caused by golf ball	Fall from motor scooter
	5	6	5	2	1	1	1

Section 2 NRH Rehabilitation Programmes

PAEDIATRIC FAMILY CENTRED REHABILITATION PROGRAMME

Of the 53 **previously admitted** patients who received a review/follow up type service from the PAEDS Programme during 2011 the spread of diagnosis is as follows:

	Traumatic Brain Injury	Brain Infection	Stroke	Brain Tumour	Other Brain Injury	Traumatic Spinal Injury	Transverse Myelitis	Other Spinal Injury	Limb Absence
PAED 3	17	4	1	6	3	4	1		
PAED 4	3								
PAED 5									3
PAED 6	6				1				
PAED 7	1			2					
PAED 8 ***									
PAED 9									1
Total	27	4	1	8	4	4	1		4

OUTCOMES

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE PROGRAMME

For the PAEDS Programme in 2011 the indicators and outcome targets shown in the table below were chosen to demonstrate the effectiveness of the service provided to PAED 1/CIIRP patients.

Indicator	Target Set	Outcome	Note / Trend
Discharge to Home Rate	75% of CIIRP/PAED 1 patients would be discharged to home	90.4% were discharged home	3 (14.28%) patients were discharged from the NRH to local acute care hospitals to await home care packages adaptations
Waiting for Admission to Rehabilitation Rate	80% of CIIRP/ PAED 1 patients would be admitted within 90 days	100 % were admitted under 90 days – the average wait being 24.7 days	
Average Rehabilitation Length of Stay	Average admission length of stay would be less than 90 days	Average length of stay was 53.5 days	The increasing complex needs of the children and adolescents served is reflected in the average increase in length of stay from 38 – 53 days
Delayed Discharge	Less than 1% of bed days available to the programme will be lost to delayed discharges	0	Arranging for children and adolescents to be discharged to local acute care hospitals to await care packages etc has meant that we had not delayed discharges in 2011
Completion of the Outcome Measure	95 % completion of both the admission and discharge NRH Paediatric <i>Barthell</i> Measuring Sheet	85 % completion rate for PAED 1s	

Tánaiste Mr Eamon Gilmore TD with Mr Barry Dunlea, NRH Board Member, at the Patients' Photography Exhibition in September.



Indicator	Target Set	Outcome	Note / Trend
Incidence of Positive Function Score	90 % of CIIRP/PAED 1 patients would show a positive change in the NRH Paediatric <i>Barthell</i> Measuring Sheet at discharge	52 % showed a positive change	The N.R.H. Paediatric Barthell Measuring Sheet is not sensitive enough to reflect the positive functional improvements in our paediatric population and the introduction of another more appropriate tool is under active consideration
Patient Satisfaction	40% of Inpatients will complete a patient satisfaction survey	57%	A successful Quality Improvement Plan was instituted to increase the rate or return for satisfaction questionnaires
Incidence of Return to Mainstream Education	90% of patients will return to mainstream education at time of discharge	79% (15 of the 19 school aged children) returned to mainstream school	The increased need for special educational provision reflects the complex needs of the young people served during 2011.
Durability of Outcomes	75% of patients, (reported by their parents), at time of 6 week post discharge telephone call will have maintained/improved their achieved rehab. goals	69.5% (16 of the 23 Paed 1 patients contacted for the 6 week post discharge call reported an improved/ maintained status	4 other patients were recorded from other sources to have either maintained or improved their status post discharge taking the overall rate to 86% (2 patients had deteriorated and 1 could not be contacted)

Medical

Dr Susan Finn was appointed as the permanent Consultant Paediatrician to the programme following the retirement of Dr Hugh Monaghan in 2010. Dr Finn's primary medical position is with Our Lady's Children's Hospital, Crumlin, and she has clinical responsibilities also with Enable Ireland. Dr Finn works in collaboration with **Dr Nicola Ryall** and **Dr Andrew Hanrahan** for patients with needs in relation to limb absence, with **Dr Éimear Smith** for patients with spinal cord injuries, and with **Dr Mark Delargy** who assesses and monitors paediatric patients referred to the NRH by Beaumont Hospital.

Programme Manager

Mary Cummins is the Programme Manager for the Paediatric-Family Centred Programme.

Clinical Services within the Paediatric Family-Centred Programme

NURSING

The Nursing group for the Paediatric programme, lead by Yvonne Owen, CNMII, is an experienced, skilled and family focused group of staff serving children and adolescents with complex rehabilitation needs. Support and cross cover is also provided from St. Gabriel's ward.

CLINICAL NEUROPSYCHOLOGY

Dr Sarah O'Doherty provides this integral part of the rehabilitation service for children and adolescents. She provides in-depth neuropsychological reports vital to the young persons' successful return to, and continuation in, individually appropriate education frameworks and liaises closely with all members of the team and the NRH school staff group.

MEDICAL SOCIAL WORK

The Paediatric Social Workers provide a service to Inpatients (and their parents/carers), Outpatient clinics and limited outreach services. The social workers provide an invaluable conduit for communication and liaison with services in the community.

The paediatric social workers provide child protection information and training across the NRH.

NUTRITION & DIETETICS

The dietitians provide one session per week to the paediatric programme for patients who have feeding issues as a result of their acquired disability.

OCCUPATIONAL THERAPY

Occupational Therapy (OT) treatment sessions take place in the paediatric gym, the multi-sensory room and the playground or group room with the Music Therapist. Also the Occupational Therapists join with school, Speech & Language Therapy, Physiotherapy, and Psychology as needed. The OT kitchen and woodwork shop are used at certain allocated paediatric times – as is the therapeutic garden.

The OTs collaborated with Music Therapist in providing individual and group sessions.

PHYSIOTHERAPY

The Paediatric Physiotherapy service continues to operate 9am to 1pm, Monday to Friday. The service continues to be delivered by a Senior Physiotherapist and a rotating Basic Grade Physiotherapist with experience in the core areas of Spinal Cord Injury and Brain Injury rehabilitation. This year staffing was consistent throughout the year. The service continues to develop the paediatric service toward providing specialist paediatric input whilst liaising closely with consultants and healthcare professionals across the SCSC, Brain Injury and POLAR programmes.

The Physiotherapy Outpatient service at the NRH has four hours a month for paediatric patients. These hours are reserved for patients already known to the paediatric service and with acute needs. These hours are being used to support the Multidisciplinary Paediatric Spinal Cord Injury Clinic which will now run as a full day from 9am to 5pm.

SPEECH & LANGUAGE THERAPY

From January to October 2011 the Paediatric Speech & Language Therapy (SLT) Service was provided by two half-time Senior SLTs. In October 2011 our Clinical Specialist SLT returned to working in the Paediatric Programme in a half-time capacity and a staff member (half-time) moved to the adult Brain Injury programme. Thus the Paediatric Programme continued to receive input from two halftime SLTs. On occasion SLT cover was also provided by a basic grade therapist as well as other SLT staff as required.

The paediatric SLT service provides comprehensive screening, assessment, diagnosis, treatment and education for children and adolescents with communication difficulties and their families. The type and severity of communication difficulties presenting vary widely and informs the type and intensity of intervention offered.

The specific acquired communication difficulties that children and adolescents seen by SLT in 2011 include disorders in cognitive–communication, speech, voice, receptive and expressive language, reading and writing, pragmatics, and fluency.

MUSIC THERAPY

Music Therapy has continued to develop as an integral part of the interdisciplinary service for children and adolescents, particularly those with an acquired brain injury. A weekly group session for all children is provided by the Music Therapist and the Occupational Therapists to enhance communication and social skills. This is in addition to the individual/interdisciplinary therapy sessions provided to children and adolescents.

Adults with a brain injury at the NRH are also availing of Music Therapy intervention now one day per week

We are fortunate to have such an experienced and skilled therapist in Rebecca O'Connor who is recognised widely being requested to speak at various events during 2011 e.g. Limerick University, and the International Music Therapy Conference held in Dublin in December.

PROSTHETICS AND ORTHOTICS

The Prosthetists and Orthotists from Ability Matters (strategic partners with the NRH) work closely with members of the paediatric team to provide an efficient and as child and family friendly service as is possible.

ADMINISTRATION

Angela Browne provides administrative support to both Dr Finn, and the members of the Paediatric Programme team. She has been very involved in the Patients Services Review Project.

CHILDREN IN HOSPITAL IRELAND VOLUNTEERS

The children and adolescents benefit from the reliable and supportive play activities three evenings each week provided by the Children in Hospital Ireland play volunteers.



Sr Camilla
Paediatric Service

The following text is taken from an article that appeared in the Irish Press – 10th August 1966.

1965 **1966** 1967 1968 1969

“Three child victims of the Vietnam war arrived in Dublin today for specialist treatment in one of the City's hospitals.

The Children, two girls and a boy, Trang, Aah and Hoa, suffered spinal injuries. They will be treated at Our Lady of Lourdes Hospital in Dún Laoghaire. A Swiss organisation, Terre des Hommes, is paying for the full cost of the visit and the treatment. A hospital spokesman said last night that the treatment might last several months.”



Trang, Aah and Hoa receive a music lesson from Sr Camilla.



1961
2011
CELEBRATING
FIFTY
YEARS



Section 3 Clinical Services Provided Across All Programmes



Eilish Macklin
Director of Nursing

Dr Simone Carton
Head of Clinical Neuropsychology

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



Anne O'Loughlin
Principal Social Worker

Kim Sheil
Dietitian Manager

Dr Jacintha More O'Ferrall
Consultant in Occupational Health



Dr Paul Gueret
Consultant in Occupational Health

Lisa Held
A/Occupational Therapy Manager

Sheena Cheyne
Chief II Pharmacist



Vivienne Moffitt
Physiotherapy Manager

Dr Brian McGlone
Consultant Radiologist

Aisling Heffernan
A/Speech & Language
Therapy Manager



Dr Vivien Murphy
Consultant Microbiologist

DEPARTMENT OF NURSING

EILISH MACKLIN
DIRECTOR OF NURSING

- Stephanie Mac Darby, Assistant Director of Nursing.
- Betty Hillary, Clinical Nurse Specialist, Spinal Injury Liaison Service.
- Claire Loughnanne, CNMII, Outpatients Department.

I thank the abovementioned staff for their years of dedicated service to the National Rehabilitation Hospital and wish them a happy and healthy retirement.

Continuous Professional Development

Nursing and non-nursing staff in the Department undertook continuous professional development and training programmes during 2011. Staff participated in mandatory in-house training and attended various study days and conferences to update their skills. In-house training included: Hand Hygiene, Catheterisation and Bowel Training, Basic Life Support (BLS), Moving and Handling, Fire Training, Complaints Training, Computer Courses, HACCP Food Hygiene training, and SCIP (Strategies in Crisis Intervention and Prevention).

I take this opportunity to thank Valerie O'Shea and Susan Meagher, Assistant Directors of Nursing for their help, support and hard work during 2011.

I thank all the members of the nursing and non-nursing staff for their continued help and support, especially the Clinical Nurse Managers for their dedication to patient care and the development and maintenance of standards of care. I also thank for their time and hard work, all those who serve on various hospital Committees, especially Accreditation and Hygiene, Infection Prevention and Control committees during 2011. Thanks also to Michael Sheridan Nursing Support Officer, for his assistance, and to Derek Greene for his availability, advice and support during 2011.

NURSING EDUCATION DEPARTMENT

LIZ CROXON AND CATHERINE O'NEILL
CLINICAL FACILITATORS

Undergraduate and Post-graduate Student Placements.

DEGREE STUDENTS

The Hospital continues to facilitate students from UCD with 68 attending in total this year including three Erasmus students.

THE FURTHER EDUCATION AND TRAINING AWARDS COUNCIL (FETAC) COURSE

Eight Students from the Institutes of Further Education, undertaking Pre-nursing and Health Care Assistant FETAC courses were facilitated with clinical placements at the National Rehabilitation Hospital. There was again an increase in students requesting clinical placements/work experience in 2011.

Post Graduate Student Placements

Specialist postgraduate clinical placements continue at the National Rehabilitation Hospital. The Education Department accommodated 3 students undertaking the Accident and Emergency Course at Tallaght Hospital and 1 student undertaking the Gerontology Course at TCD.

Course in General Rehabilitation Nursing (4-day)

Recommended for NRH Registered Nurses and for the first time was made available to other Hospitals including Royal Hospital Donnybrook, Peamount Hospital and Sligo Hospital. Successful completion of the course included 100% attendance at lectures and a compulsory research assignment in rehabilitation. (Category 1 approval by An Bord Altranais).

Section 3

Clinical Services Provided Across All Programmes

Management of the Neurogenic Bowel Training

Requests for this course continued to increase throughout 2011 from Directors of Public Health Nursing, Planning and Development Units, Continence Advisory services, general hospitals and Cheshire Homes. The Department supported this community need and facilitated training for a total of 97 community staff, both Registered Nurses and Health Care Assistants. Support was also facilitated by telephone communication. It is vital that we provide this training so that our patients in the community have optimal care.

Male Catheterisation Training

This education and training programme continued both for the National Rehabilitation Hospital Staff and Community Nurses. The training involved both a theoretical and practical component. The policy and training was updated in 2011 with the launch of SARI Guidelines for the Prevention of Catheter-associated Urinary Tract Infection. Revision courses were also available. (Category 1 approval by An Bord Altranais).

IV Study Day Administration of Intravenous Medication for Nurses

IV training for all Registered Nurses in the National Rehabilitation Hospital was completed in 2011. Biannual nursing courses are now being organised.

Foundation Course for Health Care Assistants (3-Day)

This course continued to run in 2011. Health Care Assistances attended the course and the feedback continues to be very positive.

Commission on Accreditation of Rehabilitation Facilities (CARF)

The Department continues to be available to assist with competencies and assessments and to support staff in any queries or training required.

Lectures Delivered

- Lecture to postgraduate diploma nurses on "Continuum of Rehabilitation" Cappagh Hospital by Liz Croxon and Caroline Aherne.
- Lecture on The Neurogenic Bowel to Irish Association of Urology Nurses.

New Developments

- In conjunction with the Pharmacy, the Education Department introduced the Red Apron Intervention. This project improved patient safety during medication rounds by preventing the Nurse administering medications being interrupted.
- Pharmacy and the Education Department also joined to carry out Medication Management Audits for all disciplines involved in medications. These audits are ongoing.
- Care Bundles for IV Therapy and Urinary Catheter Care produced.
- A poster entitled "What about my bladder" presented at the Irish Association of Urology Nurses Annual Conference in January by Staff Nurse Sinthya Lewis, CNMII Fiona Marsh and CNMII Eva Wallace, won a prize.

INFECTION PREVENTION AND CONTROL DEPARTMENT

EIMEAR FLYNN,
CLINICAL SPECIALIST – INFECTION PREVENTION AND CONTROL

A new Infection Prevention and Control Nurse, Eimear Flynn, was appointed and took up her post in September 2011 following the resignation of Emer Shepherd.

Dr Vivien Murphy, Consultant Microbiologist is employed on a split-site, session commitment basis at the NRH and St. Vincent's University Hospital.

The implementation of appropriate infection prevention and control practices has an integral role in the delivery of safe patient care. The National Rehabilitation Hospital is committed to the provision and maintenance of an effective and efficient infection prevention and control program within the organisation. The infection prevention and control team (IPCT) advises on all aspects of infection prevention and control, perform surveillance of alert organisms and delivers education to all grades of staff.

Infection Prevention and Control Committee

The NRH Hygiene / Infection Prevention and Control Committee is chaired by the Director of Nursing, has a multidisciplinary membership and meets monthly.

Surveillance of infection

Surveillance forms a major component of the Infection Prevention Programme within the NRH. The IPCT is responsible for undertaking daily surveillance, monitoring various alert organisms – principally MRSA, VRE and C.difficile - and infections within the hospital. Quarterly updates on surveillance figures are provided to the Hygiene/Infection Prevention and Control Committee and to the Safety and Risk Committee. Infections caused by alert organisms and acquired in the NRH are notified to the Risk Management Department. In addition, data from surveillance of clinically significant bloodstream infections are maintained by the Consultant Microbiologist.

Outbreaks / Incidents

Protocols are in place whereby any outbreak of infection within the NRH is managed in accordance with the NRH Policy on the Management of Communicable Diseases in conjunction with laboratory reporting of notifiable diseases to the Department of Public Health.

Policies and Guidelines

The development of policies continued in 2011. This involved the undertaking of a process of consultation involving a wide range of key stakeholders with guidelines then being ratified through the Hygiene/Infection Prevention and Control Committee.

The policies/protocols that were implemented in 2011 include:

- Interim NRH Guidance on the screening for, and management of, patients with CRE
- Policy and Procedure for the prevention and control of cases of Legionella bacteria in the NRH

Education

Hand hygiene education was facilitated by the Infection Prevention and Control Nurse throughout 2011 with the collaboration of the Hand Hygiene Champions and the Nurse Education Department. In addition, the IPC Nurse provided education and feedback to clinical and non-clinical staff on Standard Precautions, Transmission-based Precautions and Hygiene audit education.

CSSD

Fidelma MacMahon, Health Care Assistant, continues to supply sterile packs, sharps injury trays, feeding tubes and accessories to the wards and Departments.

OUTPATIENTS DEPARTMENT

CLAIRE LOUGHNANE CNM11 (UNTIL OCTOBER 2011)

SUSAN HOLMES, STAFF NURSE

MARCELLA WHELAN, HEALTH CARE ASSISTANT

The Outpatients' Service facilitates the following clinics (alphabetically):

- Brain Injury Clinic : New : Interdisciplinary : Dr Mark Delargy
- Brain Injury Clinic : New and Review : Consultant delivered : Dr Mark Delargy
- Brain Injury Clinic : New and Review : Dr Jacinta McElligott
- Brain Injury Clinic : New and Review : Dr Jacinta Morgan
- Disabled Drivers Medical Board of Appeal : Dr Jacinta Morgan
- Neurobehavioural Clinic : Dr Mark Delargy, Dr Ciaran O'Driscoll and Dr Simone Carton
- Neurological Clinic : Dr Jacinta McElligott
- Neurological Clinic : New and Review : Consultant Delivered : Dr Jacinta Morgan
- Neurological Rehabilitation Clinic : New : Interdisciplinary : Dr Áine Carroll
- Neurological Rehabilitation Clinic : New and Review : Consultant delivered : Dr Áine Carroll
- Neuro-spasticity Clinic : Dr Jacinta McElligott
- Orthopaedic Clinic : Mr Keith Synnott
- Orthoptics Clinic : Ms Irene Reid
- Plastic Surgery Clinic : Consultant Delivered : Mr Séan Carroll
- Prosthetic Clinic : Consultant Delivered : Dr Nicola Ryall
- Psychiatry Clinic : Dr Cian Denihan
- Spinal Clinic : Interdisciplinary : Dr Éimear Smith
- Spinal Clinic : New and Review : Consultant Delivered : Dr Éimear Smith
- Spinal Clinic : New : Interdisciplinary : Dr Jacinta McElligott
- Spinal Clinic : New and Review : Consultant Delivered : Dr Jacinta McElligott
- Spinal Clinic : Paediatric New and Review : Consultant Delivered : Dr Éimear Smith and Dr Susan Finn

Other Outpatient clinics held at NRH include: the Urology Clinic, the Sexual Health for Persons with Disability Clinic, the Aphasia Group, and the Meet and Teach Groups run by Occupational Therapy and Speech & Language Therapy staff.

SEXUAL HEALTH SERVICE

PAULINE SHEILS

CLINICAL NURSE SPECIALIST IN SEXUAL HEALTH AND ILLNESS/DISABILITY

The Sexual Health Service has twenty six hours cover a week by one Clinical Nurse Specialist. (Part of this time has been given over to providing the CPR Training in-house). Mr Flynn, Consultant Urologist continues to provide a valued input to the service especially in relation to the fertility programs for our spinal cord injured patients.

The service is available to all patients of the hospital and is not confined to a particular programme. Spinal Cord System of Care Programme continues to be the greatest users of the service, however work is ongoing with the Brain Injury Programme and the POLAR Programme for better inclusion of the service to these Programmes. The service is available to both Inpatients and Outpatients.

The patient, with or without their partner, continues to be the focus of the service with support and counselling provided in relation to the impact of the illness/disability on their sexuality, relationship, sexual function and fertility issues. While the number of patients attending the service was slightly lower this year than last year there was an increase in the number of patients availing of the psychosexual counselling which can last for a number of months and can be quite intensive. Psychosexual counselling is a specialty service provided.



L-R: Dr Áine Carroll, Mr Henry Murdoch and Mr Mark Pollock, Adventure Athlete and Author at the national conference 'Looking Forward: Specialist Rehabilitation Services in Ireland, in October 2011.

There was also an increase in the number of spinal cord injured patients attending for fertility counselling. This involved an increase in the number of patients attending for electro-ejaculation stimulation and semen analyses (6) followed by semen freezing (7). These procedures are co-ordinated between the NRH, ANMCH and the HARI unit of the Rotunda hospital. 2011 saw two male spinal cord injured patients successfully father babies, one for the first time after sustaining an injury 25 years ago; the other patient became a father for the second time since his injury. Many thanks to Mr Flynn and the HARI Unit for their participation in these programmes.

UROLOGY SERVICE

EVA WALLACE, CNM II

Services Provided

The Urology Service, led by Mr Robert Flynn, Consultant Urologist, provides a service for patients attending all Rehabilitation Programmes at the NRH with the majority of referrals coming from the Spinal Cord System of Care Programme. Staff continued the provision of a quality patient-centered service for our patients, some of whom have attended this service for as long as 40+ years post injury.

Clinics

Nurse led GU review clinics are held twice weekly. The Urology Department works closely with the X-ray Department for some of this service. This clinic addresses mainly spinal cord injured patients with neurogenic bladder dysfunction. These patients attend on an annual / biannual basis for routine surveillance of the urinary tract.

Urodynamics Clinics provide a service for both Inpatients and Outpatients.

Flexible Endoscopy – this service continued to progress very well in 2011.

Suprapubic Catheter (SPC) Insertion service is provided for selected patients who have the SPC inserted under local anaesthetic.

Catheter Clinic - Education programmes are run on an individual basis for patients / family / carers and also in conjunction with the Continence Promotion Unit and at different venues throughout the county.

Drop-In Clinic - Small numbers of patients continue to drop in for advice / assistance either when attending other services at NRH or on an ad-hoc basis if they are in the locality. The patients are facilitated or given appropriate appointments.

Referral - Many patients are referred to Tallaght Hospital for further urological procedures either as a day case for minor procedures or for surgery. Patients who attend the Nurse Led clinics with concerns are referred as appropriate to the Rehabilitation Consultant, Multidisciplinary Clinic, Liaison Service, Sexual Health CNS, Public Health Nurse or GP.

Telephone Triage continues as a means of communication for patients with continence problems following discharge from the hospital. This service assists patients with problem solving, offering advice and arranging follow-up appointments as required. This service is also used by many Health Care Professionals, including Consultants, General practitioners, Registered nurses and Public Health Nurses.

Education is carried out at each clinic and also on an individual basis, depending on Patients / Carer requests. It is essential to continuing patients' education regarding bladder and bowel concerns post-discharge.

Bowel Care - Increasing numbers of patients are requesting advice on bowel issues. In the absence of a dedicated bowel care clinic at NRH, the urology service deals with these enquiries.

CLINICAL NEUROPSYCHOLOGY

DR SIMONE CARTON
HEAD OF CLINICAL NEUROPSYCHOLOGY

The Department of Psychology at the National Rehabilitation Hospital (NRH) reached its 20th year in 2011. Over this time personnel at the Department have developed and delivered a specialist psychological service attending to the many psychological issues experienced by the patients who are referred to NRH. This clinical expertise has been the bedrock upon which the various education and training, and research projects undertaken by Psychology personnel is based. The expertise has also been shared within academic, clinical and policy making, for example, professional training in Clinical Psychology at TCD, UCD, and UCG, National Stroke Programme and to the Oireachtas Committee on Mental Capacity.

In December 2011, our colleague and the first Clinical Psychologist employed at NRH, Patricia Byrne secured a Principal Psychology post at the Psychological Medicine Department, St. James Hospital. She started at NRH in 1991 and worked across all services for 20 years. She is an exceptional and much respected colleague and we wish her every success in her new post.

Services provided

The Clinical Psychology services at NRH include clinical assessment and intervention, consultation and collaboration with relevant agencies, both clinical and academic as well as research and teaching related to our clinical practice. We provide a comprehensive range of clinical assessments and psychotherapeutic interventions focusing on the following:

- Neuropsychological assessments including assessment of mental capacity and decision-making.
- Assessment of mood and behaviour.
- Psychotherapeutic interventions including individual, family and group work in order to ameliorate cognitive, emotional and personality changes.
- Consultation and education to patients, families, carers, other health care professionals and relevant external agencies for example, schools and community based services.

Psychology personnel provide clinical expertise to the following specialist clinics and committees at NRH and within professional and allied bodies:

- Neurobehaviour Clinic
- Behaviour Consultancy Forum
- Behaviour Meetings
- Ethics Committee
- Executive Committee
- Spinal Cord System of Care (SCSC) Education sub-committee
- Brain Injury Programme (BIP) Education sub-committee
- Goal planning group
- Research and Audit Committee
- Irish Stroke Council of the Irish Heart Foundation
- Standing Committee of Psychometric Training & Education of Psychological Society of Ireland (PSI)
- Division of Neuropsychology of PSI
- Irish Council for Psychotherapy
- Medical-legal Society of Ireland
- Heads of Psychology Services in Ireland

Additional Services & Developments undertaken by Psychologists in 2011

1. The development of the brochure "Getting the most out of Rehabilitation" in conjunction with the Stroke Awareness for Family and Friends (SAFF).
2. An education module was developed for the POLAR Programme for patients with limb loss on *Managing your Mood after Limb Loss*.
3. Development of two new services (1) "Adjustment to Brain Injury" Psychology Mood group and (2) "Adjustment to Limb Loss" Psychology mood group for the BIP and POLAR programmes.
4. Devised and delivered three dedicated 'Managing Challenging Behaviour' workshops.
5. Input to "Stroke Awareness for Family and Friends" (SAFF) and "Brain Injury Awareness for Family and Friends" (BIAFF).
6. Provided information and services in relation to Acquired Brain Injury in Childhood including BRÍ, the Road Safety Authority, Youthreach, Headway Ireland, the Department of Education and Science and An Garda Síochána.

Research

Research undertaken by members of the Department included the following:

Patricia Byrne was co-investigator for: *Self Regulation of Goals and Psychosocial Adjustment to Amputation*, Doctoral thesis in preparation by Laura Coffey at Dublin City University.

Dr Maeve Nolan was awarded a Doctorate in Clinical Psychology (D.Clin.Psych) from Essex University in March 2011.

Dr Maeve Nolan is clinical supervisor for a Doctorate in Clinical Psychology thesis entitled 'The parental experience of mothers with spinal cord injury' by Anne Marie Casey, Trinity College Dublin.

Dr Simone Carton Cognitive impairments in traumatic brain injury: Novel biomarkers for new treatments. This study is ongoing in collaboration with TCD.

Dr Simone Carton is co-investigator in the study 'Self-management training: A Controlled Investigation of its Effectiveness in Improving Coping Skills, Mood and Quality of Life with Patients with Acquired Physical Disability' being undertaken by Mary FitzGerald from NUIM in conjunction with Prof. S Wegener from the John Hopkins Medical School, USA.

Dr Simone Carton was co-investigator in a study entitled 'Reconstructing sense of Self following Acquired Brain Injury: Exploring the Influence of Autobiographical and Working Memory' completed by Aisling Lennon from UCD.

Dr Simone Carton was a co-investigator in the study 'Self-Regulation of Goals and Psychosocial Adjustment to Amputation' a PhD thesis completed by Laura Coffey from DCU.

Dr Fiadhnaid O'Keeffe is co-investigator for: "Neuropsychological functioning and prosthetic rehabilitation outcomes", Doctoral thesis by Richard Lombard-Vance at Dublin City University.

Dr Fiadhnaid O'Keeffe is Clinical Supervisor for two Doctoral in Clinical Psychology theses: "The experience of being in a long terms relationship following an acquired brain injury" by Johann Dunne, Trinity College Dublin and "The impact of body image and psychological adjustment on sexual functioning and satisfaction after amputation" by Lorraine Woods, Trinity College Dublin.

Publications

Clune-Ryberg, M., Blanco-Campal, A., Carton, S., Pender, N., O'Brien, D., Phillips, J., Delargy, M., & Burke, T. (2011). *The contribution of retrospective memory, attention and executive functions to the prospective and retrospective components of prospective memory following TBI*. Brain Injury, 25 (9), pp. 819-831.

DENTAL SERVICE

ALASTAIR BOLES
SENIOR DENTAL SURGEON (SPECIAL NEEDS)
HSE DUN LAOGHAIRE

During 2011 the Dental Unit at NRH continued to provide a dental service for Inpatients of the hospital, and also for Outpatients with special needs from the Dún Laoghaire area. The dental unit offers mainly a primary care dental service.

Dental assessments are offered to all new Inpatients, and treatment is provided to Inpatients as required and where appropriate. Onward referrals of patients being discharged from the hospital are organised where required to other regions of the country's public 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 National Rehabilitation Hospital.

In 2011 Inpatient and Outpatient referrals remained consistent with previous years.

Outpatients were treated mostly from the following units: Dalkey Community Unit, Richmond Cheshire Home, Barrett Cheshire Homes, Carmona Services and some local nursing homes.

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

NUTRITION & DIETETICS

KIM SHEIL
DIETITIAN MANAGER

2011 was another busy year for the Department of Nutrition & Dietetics. Overall referrals undertaken increased by 5% compared with 2010. The majority of consultations are on a one-to-one basis and involve assessment of nutritional status, estimation of specific nutritional requirements, individualised dietary prescription, nutritional advice and counselling, and monitoring of progress. Reasons for referral to the dietitian are varied, including weight management, management of diabetes, enteral tube feeding, modified consistency diets and renal diets.

The dietitians are active members of several of the Irish Nutrition & Dietetics Institute (INDI) special interest groups, including the Diabetes Interest Group, the Weight Management Interest Group, the Disability Interest Group, the Nutrition Support Interest Group, the INDI Manager's Group and the newly-formed Cardiac Interest Group. Attendance at group meetings, workshops and study days allows the dietitians to network with colleagues who are specialists in these various fields. The dietitians also attend and present at the South Dublin Dietitians Journal Club based in the dietetics department of St Vincent's University Hospital.

Presentations, education and training by the dietitians included:

- Kim Sheil delivered the Non-Managerial Practice Supervision (NMPS) training course to dietitians.
- Lorna Fitzsimons presented a poster on 'Refeeding Syndrome in Multiple Sclerosis' at the British Society for Rehabilitation Medicine Conference.
- Kim Sheil presented 'Nutrition in Stroke Care' to doctors undertaking the RCPI Diploma in Stroke.
- Lorna Fitzsimons presented 'Nutrition in Rehabilitation' at the NRH 50th Anniversary Conference.

The work of the Diabetes Working Group continued in 2011. In May 2011 the dietitians held a Diabetes Awareness Day for NRH staff in order to promote awareness of the risk factors for developing diabetes. The day was very successful with over 30 staff attending for risk assessment

The department continues to be actively involved in the clinical training of dietitians. In 2011 a new system for clinical training was introduced. The NRH has been 'clustered' with the dietitians from St Michael's Hospital in Dun Laoghaire and the South Dublin community dietitians to form a 'B' placement site. In addition the paired training model was introduced. Two year 3 student dietitians successfully completed clinical placements at NRH. Feedback of their experience at NRH was extremely positive.

L-R: Dr Jacinta McElligott, Dr Áine Carroll, Ms Alana Officer, World Health Organisation, Dr Éimear Smith and Dr Jacinta Morgan attending the launch of the World Health Organisation Report on Disability – the implications for Ireland, at NRH in August.



OCCUPATIONAL THERAPY

LISA HELD

OCCUPATIONAL THERAPY MANAGER

The Occupational Therapy team provide a diverse range of services to Inpatients and Outpatients of the National Rehabilitation Hospital. Occupational Therapy in rehabilitation focuses on enabling maximum independence for patients within the limitations imposed by their injury or illness. Interventions are focused on enabling patients to achieve maximum independence in all aspects of their daily lives including their personal self-care, productive activity or work and leisure pursuits.

2011 was a year of change within the department. Ann Marie Langan left the NRH in February and we wish her well in her new post in the academic field of Occupational Therapy. 2011 was also marked by other key events celebrated by patients and staff which include but are not limited to; successful CARF accreditation, the completion of the Therapeutic Garden Project, the purchase of a new vehicle by the Occupational Therapy Department and obtaining a finalist place in the Masterchef Ireland competition by Bridin Carey.

The Occupational Therapy team supports the following clinical programmes and specialisms:

- Spinal Cord System of Care
- Brain Injury Programme
- Prosthetic Orthotic and Limb Absence Rehabilitation (POLAR)
- Paediatric Family-Centred Rehabilitation
- Discharge Liaison Occupational Therapy (DLOT)
- Vocational Assessment
- Splinting
- Outpatients Department

Members of the Occupational Therapy team also co-ordinate the 'Driving Assessment and Training Service', the 'Disabled Parking Badge' and the Primary Medical Certificate applications processes.

Therapeutic Garden

The garden project was funded by monies donated to the department, including a significant amount from the Valentines Ball. Many of the staff and patients were involved in the planning throughout the course of the four-month project. The garden was launched on a sunny September day by Dermot O Neill and many patients, staff and visitors joined the OT Department in celebrating the completion of the project. The garden has already proved to be a fantastic therapeutic resource and allows the implementation of real life activities that address a wide variety of goals in a naturalistic setting.

Cross Programmatic OT services

DISCHARGE LIAISON OCCUPATIONAL THERAPY

The importance of maintaining full staffing levels to the service is highlighted by the increase of referrals received and necessity for a second staff member on more complex home visits.

There was an increase of 5% in the number of referrals to the service on the previous year (129 referrals) 64 % of referrals fell between a weighting of High or Medium indicating a high level of involvement from DLOT service. 69% of the clients who had DLOT input in 2011 were discharged to home.

VOCATIONAL ASSESSMENT

244 people were seen for Vocational Assessment in 2011 – of which 46 were reviews. The waiting list continues to grow. At the end of 2011 this remained at 55. More referrals are being received and will be affected by resources, particularly staffing. We continue to prioritise by contacting people in advance of sending out appointment letters in an effort to reduce non-attendance.

Section 3

Clinical Services Provided Across All Programmes

OUTPATIENT OCCUPATIONAL THERAPY

2011 saw another increase in referral numbers to 181 in 2011 (26.4% increase on 2010). Referrals to the service have now doubled since the inception of the Outpatient OT service in 2004. Staffing levels have not changed over this period. One whole time equivalent therapist provides cover to the service. A number of patients reached their goals only, or predominantly, through the Meet & Teach programme. These patients would otherwise have required a programme of individual OT sessions. Their attendance in the Meet & Teach group freed up appointments slots for other patients.

2011 saw a new form designed by the OPD team to facilitate a more seamless transition from the Inpatient service to the Outpatient service, and a new outcome measure is now in use. Routine administrative tasks continue to be carried out by OPD therapists as there is no allocated therapy administrative support services in OPD which impacts on the therapy service.

OCCUPATIONAL THERAPY PRACTICE EDUCATION

The Occupational Therapy service continues to support practice education for professional students training at Trinity College Dublin (TCD), NUI Galway and University of Limerick (UL). During the academic year 2010/11, the department facilitated 6 students from UL, 6 students from NUIG and 12 students from TCD.

PHARMACY

SHEENA CHEYNE
CHIEF II PHARMACIST

Service Provision

The Pharmacy Department provide the following services at NRH:

- Procurement, storage and supply of medication are managed in a safe, effective, economic and timely manner.
- Negotiating with drug company representatives to obtain the best price for medications.
- The department provides medication review and reconciliation on all patients on admission and aims to reconcile all discharge prescriptions with kardex prior to discharge.
- A large part of the work load is dispensing medication for patients for weekend leave home, which is an important part of patients' rehabilitation.
- Liaison with community pharmacies regarding unusual, 'high tech' and unlicensed medication is vital for seamless care in the community
- The trolley system has been introduced on all but two wards. This helps to minimise medication errors.
- Drug information provided to all areas of the hospital.
- Liaison with other departments such as Nutrition and Dietetics, and Speech & Language Therapy.
- All patients on warfarin are counselled on their medication.
- Patients are counselled on their medications prior to discharge.
- Incidents are reported to Risk Management for inclusion in STARS national database.
- Drug and Therapeutics Committee

Activity Statistics

	2008	2009	2010	2011
Total issues	54,365	56,201	56,675	54,937
Weekend meds supply	23,250	23,515	22,600	22,792
Staff prescriptions	853	978	1,467	1,788
Interventions recorded	–	–	536	587
Incidents reported	–	–	–	274

Developments for 2011

- Admission prescription audit (KPI) – average 93% prescriptions received prior to patient being admitted to NRH.
- Attendance on Consultant ward rounds.
- Clinical Interventions recorded.
- 2nd line tray for resuscitation trolley implemented.
- 'Red Apron' initiated and piloted on St Brigids ward. This enables nurses to complete medication rounds without interruption (decreasing risk of medication error).
- Participation in the Diabetes Working Group in production of protocols.
- Production of clinical policies in collaboration with Drug and Therapeutics Committee.
- Rationalise number of lines of medication held in stock.
- Negotiated further discounts from all wholesalers.

Finally I wish to thank the staff of the Pharmacy Department for their enthusiasm and commitment to the service provided to all patients during 2011.

1971 1972 **1973** 1974 1975 1976



Donal Farrell
Site Foreman



Gerry Coyle
Technical Services Manager

As the original hospital building was not designed to cater for its new purpose (Specialist Rehabilitation), various additions to facilitate treatment, therapy and recreation have been made over the past fifty years. A highlight for the patients and staff of the hospital was the official opening of the Therapeutic Pool by Mr Erskine Childers, then Tánaiste and Minister for Health in February 1973.



The official opening of the Therapeutic pool took place in February 1973.

On the same day, the 'Limb Fitting Clinic' and the Children's Gym were formally opened. The facilities were also blessed by the most Reverend Dermot Ryan DD, Archbishop of Dublin. Following the opening ceremony, patients, their families, staff and invited guests enjoyed a memorable celebratory lunch.



*1961
2011*
CELEBRATING
FIFTY
YEARS

PHYSIOTHERAPY

VIVIENNE MOFFITT
PHYSIOTHERAPY MANAGER

The Physiotherapy department provides a wide range of clinical and educational services to both Inpatients and Outpatients. These include Respiratory care, Assessment and treatment of sensory/motor impairment, Hydrotherapy, Sports therapy, Fitness training and Health promotion. We deliver education packages to staff and patients and liaise with and provide advice and education to families, carers and community care agencies. The provision of a comprehensive assessment service for mobility equipment and appliances is also part of our remit.

The Department also co-ordinates and delivers the Safer Handling and Ergonomic Programme for the hospital. This includes individual task specific risk assessments for patients and staff. We work jointly with the Occupational Therapy Department to provide the hospital's Inpatient and Outpatient Splinting service. A limited Outpatient service for staff is offered in collaboration with the Occupational Health Department

Maintaining consistent staffing levels throughout the year was extremely challenging due to lack of adequate locum cover for annual leave and periods of prolonged sick leave and maternity leave for several of our senior staff.

Cross Programmatic Physiotherapy Services

HYDROTHERAPY

While the number of Outpatients treated in hydrotherapy this year increased significantly from 2010, 26 compared to 7, the numbers of Inpatients treated decreased from 348 to 273. This reduction was primarily as a result of the second therapist in the pool being regularly redeployed to cover areas of staff shortage in other areas of the Department to cover for unplanned leave. To help to counteract this, the 8.45am session was targeted for patients who were self managing and this increased the numbers attending at that time

SPORTS/FITNESS THERAPY AND HEALTH PROMOTION

The number of patients attending this service increased by 8% in 2011 despite regular redeployment of staff from this programme to cover other areas, particularly respiratory care. In general there has been a slight increase in the number of Outpatients treated and also the number of Non-TBI patients. The overall length of stay has decreased and bed turnover has remained high. This has an impact on work as assessments, programmes design, and onward referral to gyms need to be provided in a shorter time frame for an increased number of patients. There continues to be sports sessions run alongside group exercise classes and Pilates.

Pilates courses and Boot Camps continue to run on an ongoing basis at a variety of times to encourage the participation of as many staff as possible, over 130 staff participated in these classes in 2011.

RESPIRATORY CARE

As in 2010 the amount of Out of Hours work remained high. A priority for 2012 is to explore ways in which some of these hours can be reduced. This will be done in consultation with the respiratory therapists, nursing and medical colleagues and in line with practice in other SCI units.

The education of carers and other physiotherapists of patients being discharged into the community is essential in order to facilitate continuity of care on discharge. It will be a huge challenge to sustain this work in the same way into the future. The respiratory therapists are working on a project to develop an education package which will help to alleviate the situation.

SPLINTING

There was an increase of 19% in the numbers of Inpatient attendances in 2011. While the Outpatient waiting list remains long, restructuring of this service delivered a 15% increase in attendances.

SAFER HANDLING CO-ORDINATION

While the number of classes offered was the same as in 2010 (37) there was a significant increase in the number of Office Ergonomic assessments completed (30 in 2010 to 42 in 2011). Workplace assessments continued with the kitchen and catering areas being focused on. Individual training courses continue to be offered to Departments for whom scheduling large groups for training is difficult.

CLINICAL PRACTICE TUTOR

In 2011 48 students availed of full time placements in the department, 46 were from UCD and Trinity, 1 from Jefferson University in Philadelphia, and 1 from Finland. We also had several students from RCSI on short term observational placements.

Interdisciplinary learning is continuing apace and is proving to be very successful with students from Physiotherapy, Occupational Therapy and Speech and Language Therapy participating in joint teaching and practical sessions.

OUTPATIENTS SERVICE

200 patients were referred to the Outpatient Physiotherapy Service this year with the majority of these coming from the Brain Injury Programme, As in previous years we have treated a number of staff who are referred from Occupational Health, this year 4 staff were treated which is a lower than normal number.

In conclusion, 2011 was a year of change and development on many fronts and this will continue into 2012 which will be an extremely challenging year for everyone in the hospital. There are many uncertainties regarding funding and staffing, and difficult choices will have to be made regarding the most appropriate ways to move forward. However, I have every confidence that whatever the situation the staff in the Physiotherapy Department will rise to the challenges that are put before them in an innovative and professional manner. As always I thank everyone in the Department for their commitment, flexibility and expertise which on a daily basis is directed to providing the highest quality of care to the people we serve. Their consistent good humour and continued support for me is deeply appreciated.

RADIOLOGY

DR BRIAN McGLONE
CONSULTANT RADIOLOGIST

Diagnostic imaging services were provided to the hospital in 2011 by a small team comprising a part time Consultant Radiologist, 1 Clinical Specialist Radiographer, 1 Senior Radiographer and a part-time Health Care Assistant.

Mrs Patricia Ryan, Senior Radiographer at NRH for many years retired in March. Her valuable contribution to the Radiology service and to the hospital was recognised by a farewell gathering in April.

Rhian Humphreys took up her new post as Senior Radiographer in February 2011.

The following services are provided to all Inpatient and Outpatient groups at NRH including the Brain Injury, Spinal Cord System of Care, POLAR, Paediatric Programmes and CIIRP:

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

Section 3 Clinical Services Provided Across All Programmes

Activity Data

Substantial increases in activity in all areas were recorded in 2011.

Activity	2009	2010	2011
Ultrasound* (by Dr McGlone)	1,205 (33% increase on 2008)	1,624 (35% increase on 2009)	1,749
General x-ray	1,527 (4% increase on 2008)	1,594 (4% increase on 2009)	1,206*
Staff prescriptions	154 (150% increase on 2008)	243 (57% increase on 2009)	208**

* A slight reduction from 2010 owing to changing protocols and enhanced practice.

** DXA Scanning follow-up service of at-risk staff was completed in February.

New Services / Developments

DXA SCANNING

The follow-up DXA scanning service of the at-risk staff members with abnormal DXA results was completed in February 2011.

ULTRASOUND

The ultrasound service continues to develop with greater availability of Ultrasound to Inpatients and Outpatients throughout the working week. This has allowed enhancement to the service delivered to the urology Outpatient service in particular. Additional clinics are now being held two afternoons per week. Audit of the service delivery and DNA rates is ongoing.

RADIOLOGY PROTOCOLS/POLICIES

A number of protocols have been developed in 2011 for the Radiology Department. These include:

- Justification of Radiology Requests
- Urology Imaging Protocol
- Radiography Practice Protocol
- Out Of Hours Policy
- X- Ray, DXA and Medical Ultrasound Procedure.

Rosie Conlon now sits on the NRH Safety & Risk Committee.

Hard copy printing of images has ceased which has made a considerable cost saving as all images are viewed on the Impax system. Films are still occasionally required for patients being reviewed outside the hospital or for medico-legal reasons.

IT ISSUES

The NRH continues to participate and interact with the NIMIS (National Integrated Medical Imaging System) project - the primary object of the NIMIS project is to implement PACS/RIS/VR solutions into all publicly funded acute hospitals where radiological imaging is performed. This will enable these facilities to become filmless and paperless within Radiology. A local NRH Project team has been established and currently meetings are held monthly.

AUDIT

- As a result of previous audit findings a new urology protocol has been implemented which allows a reduction in radiation exposure to Outpatients who are also having detailed renal and bladder ultrasound performed.
- Chest x-ray dose audit completed in 2011. Outcome was a database for Chest X-Ray doses at the NRH.
- An audit of the incidence of gallstones in Spinal Cord Injury patients was completed in 2011. As a result, all routine renal tract ultrasound now incorporates examination of the gallbladder.
- Reject Analysis audit is ongoing.
- Healthcare Record Audit is ongoing. It is now necessary for all healthcare records to accompany the patients to radiology and a note is made of the examination performed, the date and the time in the healthcare record.
- Radiology stickers are now available for use in the case notes when patients attend radiology.

RADIATION SAFETY

The Radiation Safety Committee, chaired by the Radiologist, met twice in 2011 and advised the hospital on best practice in relation to radiation safety and on compliance with RPII requirements including quality assurance measurements. Rhian Humphreys has been appointed as the new Radiation Safety Officer to the hospital. Rhian has registered for the Professional Certificate in Radiation Safety through UCD on-line learning which is recommended training for radiation safety officers.

REHABILITATIVE TRAINING UNIT

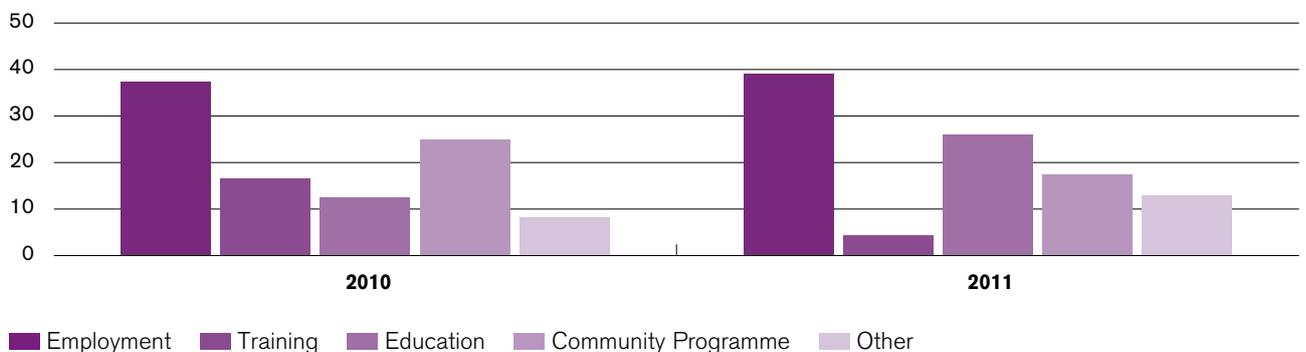
EDINA O'DRISCOLL
REHABILITATIVE TRAINING UNIT MANAGER

Service Provision

Demand for the Rehabilitative Training Unit has continued to rise with a total of 61 referred. 35 trainees requiring lodge accommodation and 26 for day places. The average length of stay for trainees on the training programme has increased this year to approx 10 months, with a range of 2-15 months. This has impacted on the waiting time for those referred to the service, with average waiting times of 7.1 months for day places and 8.6 months for those requiring lodge accommodation.

We believe that the success of the programme lies in the individual support available to each trainee, the holistic approach taken with each trainee, and the flexibility we can offer in terms of programme length. At present, discharge from the programme is generally a collaboration between the trainee and the training team, when the trainee is seen to have achieved their training goals to the best of their ability and they no longer require the support of the RTU. Our discharge outcomes are testament to the fact that this flexibility is what is meeting the needs of our training group.

RTU TRAINING OUTCOMES FOR 2010 AND 2011



Section 3

Clinical Services Provided Across All Programmes

In 2011, 87% of trainees were discharged to appropriate work, education, training and community programmes. This year saw a significant increase in the numbers of trainees progressing to 3rd level education; this cohort amounted to 26% of discharges in 2011. An increase was also seen in the numbers returning to employment. This success can be attributed in part to the rise in the number of work place visits, and the visits to 3rd level institutes (where required supports were negotiated), and it is a trend we hope to continue into the future.

The RTU continues to offer 25 training modules, all of which come under the following headings;

- Brain Injury Management
- Personal & Behavioural Management
- Life Skills Management
- Educational Support
- Information Technology
- Vocational Assessment, Planning & Exploration

New training modules have been consolidated and revised during 2011, and existing modules expanded to include areas such as emergency preparedness, stroke prevention, yoga and basic first aid kindly provided by the Red Cross. We have also been supported in developing a health & fitness module by a volunteer fitness instructor which was hugely successful.

Internally, we have revised some of our documentation including our individual training plans (ITP's) to keep more in line with the SMART goal system. While our discharge report template has remained the same, as a team, we have moved more towards team orientated documentation, with all discharge reports being developed and discussed by the training team, led by the case worker at weekly discharge report meetings.

New Services/Developments in 2011

'DRAWING ON OUR EXPERIENCES' ART EXHIBITION

This art exhibition was a collaboration between the RTU, ABI Ireland and local artists as part of the Dun Laoghaire Rathdown County Council Social Inclusion Week. As a training unit, we really valued this collaboration and felt that our involvement was hugely appropriate, considering that social inclusion and community integration are at the core of our mission and values. The Art Exhibition was kindly opened by An Tanaiste, Eamon Gilmore.

CREATE ARTIST IN THE COMMUNITY SCHEME

In August 2010, the RTU applied to the Arts Council & Create for consideration for the Artist in the Community Scheme. The project for which we applied was called 'Mapping the Brain' exploring the functions of the brain through unconventional methods of drawing. The RTU was successful in its application and the project ran in early 2011. The project culminated with a professional exhibition of trainees' work in the Mill Theatre in Dundrum.

LINK WITH ABI REHABILITATIVE TRAINING PROGRAMME MANAGERS

The RTU are currently pursuing the development of a national forum for services offering rehabilitative training for adults with an acquired brain injury. The purpose of this forum would be service development and alignment, sharing information and promoting the services offered.

MILESTONES FOR THE SERVICE

As part on the Brain Injury Programme, the RTU were surveyed by CARF in May. The 'Next Stage' Programme was surveyed as both a Home & Community Based programme and as a Vocational Programme as part of the Brain Injury Programme Scope of Service. We received no recommendations (for improvements) for either programme. However following informal consultation with our surveyor, we have made the decision to move forward with using the Participation Subscale of the Mayo Portland Adaptability Inventory as our post-discharge measure.



Pictured at the opening of the Therapeutic Garden in September; funds raised by an Garda Síochána through the St Valentine's ball contributed to the cost of developing the garden.

SOCIAL WORK

ANNE O'LOUGHLIN
PRINCIPAL SOCIAL WORKER

Social Workers in Rehabilitation work from a systems perspective to support the process of adjusting to an altered future with all the social, practical and emotional implications this entails. We use counselling and care planning skills to support effective management of a traumatic event. Working as part of the interdisciplinary team we have a particular role with families and carers and liaise closely with community and other services.

The services offered by the Social Work Department include:

- Pre-admission planning for complex cases
- Psychosocial assessment of the patient/family situation, resources and goals which feeds into interdisciplinary team assessments and goal setting
- Counselling services to patients and families, in particular grief and loss and solution focused therapy
- Provision of carer education and training programmes along with other members of the interdisciplinary team
- Extended family/sibling support as appropriate – the social workers also act as the “go-to” person between patients and families and the interdisciplinary teams
- Sourcing of and liaison with all possible entitlements and community services such as personal assistants, housing, case management and residential placements
- Child and vulnerable adult protection and welfare training and consultation to hospital staff/designated officer role within the interdisciplinary team
- Post-discharge follow up and intervention
- Social Work service to OPD clinics – assessment and intervention
- Outreach to schools, community teams and vocational services
- Debriefing for staff after critical incidents on request from Occupational Health

Anne O'Loughlin continues to be released on a temporary basis to lecture part-time on the Masters in Social Work Programme in University College Dublin.

Social Work is now the first professional group to be registered through CORU under the Health and Social Care Professionals Act, 2005. Social workers will have to show evidence of continued professional development and good practice if they are to remain as registered practitioners.

Valentine's Ball

The Department was involved once again in organising this year's Valentine's Ball along with our colleagues in the Speech & Language Therapy Department and An Garda Síochána. We would like to thank everyone who supported this event which has raised much needed monies towards particular needs for patients and families which otherwise could not be met.

Family Room Proposal

The Department submitted a proposal to the NRH Foundation in 2011 to create space for a dedicated family room for patients attending the hospital. When a parent comes into hospital it is a confusing and very emotional time for them and their children. In normal circumstances the absence and separation from one's children for long periods can be a source of great stress. When a parent is hospitalised with a serious injury however, the loss of contact can only exacerbate existing fears and concerns. The Family Room would also be an appropriate positive setting for staff to talk more readily with families about adjustment and family issues and to engage children in therapy as appropriate.

SPEECH & LANGUAGE THERAPY

AISLING HEFFERNAN

ACTING SPEECH & LANGUAGE THERAPY MANAGER

The NRH Speech & Language Therapy (SLT) Department offers individual, group based, team-based and family centered therapy for all NRH patients referred with acquired communication and/or swallowing disorders.

Activity

Attendances to the SLT Service continue to steadily increase due to the establishment of the Audiological Screening Service and the provision of new group activities.

Year	Total Inpatient and Outpatient attendances
2011	9557
2010	8176
2009	7891

SLT Dysphagia Service

This service is provided to Inpatients from all Programmes. Referrals for video-fluoroscopy and fiberoptic endoscopic evaluation of swallowing (FEES) are made to other hospitals where indicated.

2011 SERVICE INITIATIVES

- A total of 117 patients were referred to this specialist cross programmatic service.
- Three current SLT Staff received 40 hours of supervision each as part of their Basic Course in Adult Acquired Neurological Dysphagia.

Summary of other achievements for the SLT Department in 2011

- The SLT Department is currently involved in the provision of clinical education and supervision to second, third and fourth year undergraduate SLT students from Trinity College Dublin. Interdisciplinary education and learning opportunities for student SLTs have been established and fostered within the hospital via structured interdisciplinary tutorials and the establishment of the Living & Leisure group which is run jointly by student SLTs, PTs and OTs.
- Planning has commenced for an interdisciplinary careers and education evening to be run twice yearly by the clinical tutors from Speech & Language Therapy, Physiotherapy and Occupational Therapy. The target audience is students and individuals who have expressed an interest in pursuing a career in the allied health professions.
- Another major achievement for the SLT Department was the successful running of our fourth Valentine Ball charity event in conjunction with An Garda Síochána. Monies raised this year were shared between the SLT and Social Work Departments. A total of €15,000 was raised for both departments.
- Aisling Heffernan, SLT Manager, has been seconded on a part-time basis, for a two year period, to the HSE Clinical Strategy & Programmes Directorate to be the Audiology Clinical Care Programme Manager.

EDUCATION AND TRAINING DELIVERED BY NRH PROFESSIONALS

A vital component of the work we do at NRH involves Education, Training and Research. This includes:

- education and training delivered by NRH staff in their specialist areas of expertise to patients and their families and carers;
- the provision of education and training to healthcare professionals on work placements within the hospital
- the provision of education and training to healthcare professionals in the community and in the wider healthcare system.
- Education and training delivered to NRH staff as part of their mandatory training or Continuous Professional Development

Through this education we attempt to share and influence the way in which complex medical rehabilitation services are commissioned and delivered throughout Ireland.

In addition to the extensive Clinical and Non Clinical Placements facilitated by NRH, which are outlined in each Departmental Report, the following education was delivered by NRH staff in 2011.

Service / Department	Education Delivered by NRH Staff Members
Medical	Detailed in Medical Board Report.
Nursing	Detailed in Nursing Report.
Education delivered by Inter-disciplinary groups	<p>Stroke Awareness for Family & Friends (SAFF); and Brain Injury Awareness for Family & Friends (BIAFF) education sessions: facilitated by, and presentations delivered by:</p> <ul style="list-style-type: none"> • Joan Monahan – Speech & Language Therapy. • Catherine Cornall – Physiotherapy. • Dr Fiadhait O’Keeffe – Clinical Neuropsychology. • Dr Andrea Higgins – Clinical Neuropsychology. • All staff members from the Social Work Department.
Catering Department	<ul style="list-style-type: none"> • Basic Food Hygiene training delivered to all Health Care Assistants, Occupational Therapy and Speech and Language Therapy staff.
Infection Prevention and Control Department	<ul style="list-style-type: none"> • Hand Hygiene. • Standard and Transmission Based Precautions. • Hygiene Audit Education. • Education provided to all CNM2’s and HODs on the Environmental Audits in conjunction with Environmental Health & Safety Officer and CNMII’s. <p>Posters presented: ‘An outbreak of MRSA..!’ Poster presentation at the Irish Society of Clinical Microbiology Autumn meeting, Dublin, October 2011 – Dr Vivien Murphy.</p>
Nutrition & Dietetics	<ul style="list-style-type: none"> • Ongoing clinical training of undergraduate Dietitians. <p>Presentations delivered / Posters presented:</p> <ul style="list-style-type: none"> • ‘Nutrition in Stroke Care’: presented to doctors undertaking the RCPI Diploma in Stroke – Kim Sheil. • Non-Managerial Practice Supervision (NMPS): dietitians’ training course – Kim Sheil. • ‘Refeeding Syndrome in Multiple Sclerosis’: presented at the British Society for Rehabilitation Medicine Conference – Lorna Fitzsimons. • ‘Nutrition in Rehabilitation’: presented at the National Rehabilitation Conference, (Looking Forward – Specialist Rehabilitation Services in Ireland), October 2011 – Lorna Fitzsimons. • Diabetes Awareness Day: for NRH staff, promoting awareness of risk factors for developing diabetes – Kim Sheil / Lorna Fitzsimons.

Section 3
Clinical Services Provided Across All Programmes

Service / Department	Education Delivered by NRH Staff Members
Occupational Health	<ul style="list-style-type: none"> • Dignity at Work training. • Participation in staff induction programmes. • Smoking Cessation Facilitation. • Public information meeting during "Stroke Prevention Week".
Occupational Therapy	<p>Presentations delivered / Posters presented:</p> <ul style="list-style-type: none"> • Presentation at the International Neuroethics Workshop on the Vegetative State, Munich, March 2011 – Alison McCann. • "Facing the Future Together - A collaboration between Nurse and OT on Self-Intermittent Catheterisation in Spinal Cord Injury Patients": presented at the Guttmann Conference, UK, June 2011 – Eileen Mooney. • HSE Interdisciplinary Stroke Training Days: presentations delivered by Catherine Logan and Fiona Ryan. • "Maximising Opportunity – wearing prosthesis to enhance engagement in age appropriate occupations": presented at NRH Limb Absence Day – Susan Flynn. • Poster on 'Interpreting Research': presented at the Association of Occupational Therapy of Ireland Conference, 2011 – Eileen Mooney. • "Working Well with Interpreters" - OT's perceptions of using Interpreters following participation in a training course – research study undertaken and outcome presented at the European Transcultural Nursing Association Conference, June 2011 – Eileen Mooney. (An abstract of this research has been accepted for oral presentation at COTEC, Council of Occupational Therapists in European Countries to take place in Sweden, May 2012).
Occupational Therapy (continued)	<p>Publications:</p> <ul style="list-style-type: none"> • Articles focusing on Occupational Therapists' experiences of using Interpreters: published in the Irish Journal of Occupational Therapy, October 2011 – Eileen Mooney. • Article on Interpreting Research: published in Translation Ireland - The Journal of the Irish Interpreters Association, June 2011 – Eileen Mooney. • A comprehensive Departmental in-service training programme runs fortnightly in the Occupational Therapy service. <p>In addition, a number of abstracts have been accepted for poster presentations at the International Brain Injury Congress in Edinburgh in March 2012. The poster titles include:</p> <ul style="list-style-type: none"> • "Guidelines for Occupational Therapists working with Persons with a disorder of consciousness" – Alison Mc Cann, Aisling Weyham, Fiona Ryan, Fiona Haughey. • "A Case of Dressing Apraxia?" – Fiona Haughey, Dr Jacinta Morgan and Mr Tadhg Stapleton. • "Post Traumatic Brain Injury Fatigue- Finding a Focus" – Fiona Haughey
Physiotherapy	<ul style="list-style-type: none"> • Two papers on 'The Use of FES': presented at ISCOS, Washington – Washington – Amanda Carty. • Workshop at the European Seating Symposium: presented by Amanda Carty and Sinead Foody. • One day course in 'Physiotherapy in Prosthetics': presented as part of an MSc module being delivered by UCC – Emilie Fritte. • Training on Respiratory Care of SCI and Use of Cough Assist Machine: training delivered to 26 Physiotherapists – Mary Seaver and Mary Crowe. • Lecture on SCI presented at the Rehabilitation Engineering Students' Education Day – Sorcha Barry. • Lecture on Vestibular Rehabilitation delivered at NRH Neurobehavioural education session: Donncha Lane.

Service / Department	Education Delivered by NRH Staff Members
Psychology (Clinical Neuropsychology) Department	<p>As part of the continuing education and transfer of knowledge and expertise nationally, the Senior Psychologists are invited to provide lectures at UCD, TCD, UCG, UL and RCSI, to Psychologists, Clinical Engineers, Physiotherapists, Specialist Registrars in Stroke and other Health Care Professionals specialising in Rehabilitation.</p> <p>Presentations / Lectures delivered:</p> <ul style="list-style-type: none"> • Strategies for Crisis Intervention and Prevention (SCIP): Mandatory training for staff at NRH. SCIP includes strategies that support staff to respond to 'challenging behaviour' in the most effective way. • 'Managing Challenging Behaviour': Workshops for the Paediatric and Brain Injury Programmes in response to specific clinical needs: devised and delivered by – Dr Fiadhait O'Keeffe and Dr Sarah O'Doherty. • 'Psychology and Managing Challenging Behaviour at NRH': lecture presented at Beaumont Hospital study day, September, 2011 – Dr Sarah O'Doherty and Dr Fiadhait O'Keeffe • Series of lectures on 'The Psychological Sequelae following Stroke', as part of the nationwide Interdisciplinary Stroke Training days, undertaken under the auspices of the Association of Occupational Therapists in Ireland: presented by Dr Simone Carton. • Neuropsychological and Behavioural changes associated with Stroke in the Stroke Care Foundation Education Programme, organised by the HSE in collaboration with the Stroke Council – contribution by Dr Simone Carton. • Lecture on Non-epileptic Seizures: presented to the Department of Psychological Medicine at St. James's Hospital – Dr Simone Carton. • Lecture on the Role of the Neuropsychologist in Stroke Care: presented to the Stroke Team at James Connolly Hospital – Dr Simone Carton. • Lecture presented to the Nursing Study Day in St Michael's Hospital on Pain Management – Dr Maeve Nolan. • 'The Experience of Living with Spinal Cord Injury in the Early Months Following Discharge from Rehabilitation': Lecture delivered at the 4th European Spinal Psychologists Association conference, May, 2011 – Dr Maeve Nolan. • 'Teamwork, Terminology and the Ten Commandments': Keynote Speech delivered at the 13th Annual Multidisciplinary Association for Spinal Cord Professionals Conference (MASCP), UK, 2011 – presented by Dr Maeve Nolan. <p>The following papers were presented at the Annual Conference of the Psychological Society of Ireland in Galway, November 2011:</p> <ul style="list-style-type: none"> • 'Adjustment to Brain Injury Psychology Group Intervention!' – O'Keeffe, F., Higgins, A., O'Loughlin, E., Hayes, A., and Carton, S. (2011). • 'Friendships After Childhood Acquired Brain Injury - Pilot Study!' – O'Loughlin, E., O'Doherty, S., and O'Keeffe, F. (2011). • 'Brain Injury and Stroke Awareness for Family and Friends: An evaluation of a psychoeducation and support group for family and friends of people with Acquired Brain Injury. – Higgins, A., O'Keeffe, F., Hayes, A., O'Loughlin, E. and Carton, S. (2011). • 'Neuropsychological and Psychosocial outcome and quality of life following stroke in childhood' – O'Keeffe, F. (2011). <p>Other educational initiatives:</p> <ul style="list-style-type: none"> • Reviews of Information Days and Reunion Days for women with spinal cord injury: published in Spinal Injuries Ireland Newsletter – by Dr Maeve Nolan. • 'Wheels on Reels' - a monthly 'Movie Night for staff' portraying disability and illness on screen, providing a continuing education opportunity for staff. Each film is followed by a discussion on issues arising from the film – initiated by Dr Maeve Nolan.

Section 3
Clinical Services Provided Across All Programmes

Service / Department	Education Delivered by NRH Staff Members
Radiology	<ul style="list-style-type: none"> • Radiology tutorials were delivered to NCHDs as part of the clinical interdisciplinary teaching programme – Dr Brian McGlone. • Findings of the Audit on Prevalence of Gallstones in SCI patients: presented at the Annual Scientific Meeting of the British Medical Ultrasound Society, October 2011 – Rosie Conlon. • 'The Role of Medical Ultrasound in a Resource Limited Setting': Lectures delivered in Northern Italy and Philadelphia – Rosie Conlon. <p>A poster of the gallbladder audit was also presented at the MASCIP (Multidisciplinary Association of Spinal Cord Injury Professionals) meeting in Bradford, 2011.</p>
Risk Management	<ul style="list-style-type: none"> • Ongoing staff training is organised through Risk Management. This includes: <ul style="list-style-type: none"> – Fire Safety Training – Hand Hygiene / Standard Precautions in conjunction with HIPC – (Hygiene, Infection Prevention and Control) – Safer Handling (in conjunction with Physiotherapy) – Strategies in Crisis Intervention & Prevention (SCIP) – CPR / Heartsaver AED – Wheelchair Safety in Vehicles – Chemical Risk Assessment – Safe Pass – Occupational First Aid – Medical emergency scenario
Rehabilitative Training Unit	<p>During 2011, RTU staff members presented at the NRH National conference; and participated in information sharing sessions with representatives from Oliver Zangwill Centre, Quest, Headway and UHG.</p> <p>The RTU In-service Training schedule includes presentations delivered by Staff to the Team on projects, courses attended and other topics that provide opportunities for Continuous Professional Development. The RTU team has also explored formalising links with the OT Department, where staff members from both Services can attend each others' In-service Training, allowing both disciplines to avail of the breadth of knowledge within the NRH in terms of Acquired Brain Injury.</p>
Sexual Health Service	<p>Creating awareness of issues around Sexuality and Disability continues to be the driving force to providing education. Multidisciplinary Workshops on Sexuality and Disability were held within the hospital, and education was delivered to the HCA in-house course and NCHDs.</p> <p>Lectures and training provided to outside agencies include:</p> <ul style="list-style-type: none"> • Diabetic Nurse Specialist training, Cork • RUA Project, St John of Gods (two sessions) • Dublin City University, Masters in Counselling Course • Irish Cancer Society : Prostate Cancer and Sexuality; Bowel Cancer and Sexuality. • Sexuality and Disability, Athlone Health Promotion Unit. • Sexuality and Stroke, N.I. Stroke Nurse Specialists.

Service / Department	Education Delivered by NRH Staff Members
Social Work	<p>The Social Work Department facilitated six Masters in Social Work block placements of three months duration, and two Social Work internships in 2011.</p> <p>Professional training delivered by Social Work in 2011 also includes:</p> <ul style="list-style-type: none"> • Masters Programme in Social Work, UCD. • Medical Students (2nd year Disability Module), UCD. • ABII Carer's Conference, November 2011 • Specialist Stroke Team training on the Impact of Stroke on Families (HSE) • HSE Speech and Language Team, South Dublin, Seminar on Family Adjustment after Acquired Disability • Acquired Brain Injury Ireland Carer Training Project (national) • Acquired Brain Injury Ireland Induction Programme • BRÍ / Spinal Injuries Ireland Carer Events (national) • Children First / Vulnerable Adults Training • Crisis Prevention Intervention (CPI) • National Rehabilitation Hospital National Conference – Looking Forward: Specialist Rehabilitation Services in Ireland • Grief and Loss : HCA training, NRH • Induction Training, NRH • Volunteer Training Programme, NRH <p>Anne O'Loughlin continues to be released on a temporary basis to lecture part-time on the Masters in Social Work Programme in University College Dublin.</p>
Speech & Language Therapy	<p>External Presentations / Research / Publications by SLTs in 2011</p> <ul style="list-style-type: none"> • 'Cedars Information Processing and Comprehension Battery, A diagnostic test for common cognitive linguistic problems in ABI': Poster presentation at the Biennial IALST Conference, November 2011 – Joan Monahan. • 'Management of Dysphagia in the Rehabilitation Setting': presentation to 3rd year medical students at UCD – Aneesa Ally. • 'Dysphagia in the Rehabilitation': presented to medical doctors as part of Diploma in Cerebrovascular and Stroke Medicine – Aneesa Ally. • 'Communication & Stroke': presented to medical doctors as part of Diploma in Cerebrovascular and Stroke Medicine – Niamh O'Donovan. • 'The role of SLT in Disorders of Consciousness': presented at the inaugural ISA study day, held in SVUH – Niamh O'Donovan. (The SLT Team is implementing a new treatment protocol for this patient group). • The Role of the SLT in AAC: presented to Biomedical Engineering Masters students from UCD, UL & TCD – Niamh O'Donovan. • 'Facial Nerve Palsy': article submitted to the Dysphagia Special Interest Group – Ciara Jones. • 'Auditing the Intervention Targeting the Patient's Written Language Impairment and the Outcomes Achieved': Case study commenced in conjunction with SLTs from CUH – Ciara Jones. <p>Internal Presentations / Research</p> <ul style="list-style-type: none"> • 'Identification and Intervention of Psychosocial Issues for Individuals with Communication Impairments and their Families following Stroke': compilation of a case series with members of the Interdisciplinary Team – contribution by Ciara Jones. • 'SLT/PT Facial Palsy Group': exploring implementing an assessment and treatment protocol for this population – Deirdre Harrington, Ciara Jones and Niamh O'Donovan.



Section 4 Corporate and Support Services



Liam Whitty
Catering Manager

John Fitzgerald
Materials Manager

Éimear Flynn
CNMII Infection Prevention
and Control

Bernadette Lee
Risk Manager



Rosemarie Nolan
Communications Manager

Dr Jacinta Morgan
Chairperson, DDMBA

Sister Catherine O'Neill
Chaplaincy

Fr. Michael Kennedy
Chaplaincy



Colm Jackson
School Principal

Audrey Donnelly
Patient Services Manager

John Maher
Information Management
and Technology Manager

Gerry Coyle
Technical Services Manager
(Retired Sept. '11)



Maryrose Barrington
Volunteer Coordinator

Siobhán Bonham
Health Planning Team Leader

Edina O'Driscoll
Rehabilitative Training
Unit Manager

Olive Keenan
Human Resources Manager



Peter Byrne
A/Technical Services Manager

CATERING

LIAM WHITTY
CATERING MANAGER

The Catering Department provides catering services to the wards, patients' canteen, staff canteen, coffee shop and all meetings and events hosted by the hospital. In total, twenty five staff are employed in Catering.

Externally, the Catering Department provide Meals on Wheels for the Deansgrange, Monkstown, Kill O' the Grange, and Cabinteely areas. Other events catered for were the Annual Summer Barbeque and Christmas Parties for patients and staff. In 2011 the hospital celebrated its 50th year and the Department catered for 18 associated events throughout the year.

The Catering Department provided a total of 153,911 meals in 2011, including 12,500 Meals on Wheels.

The cost of providing catering services to the hospital was €368,374 (excluding wages) and the income was €406,000.

Catering staff continue to participate in ongoing training. We also provide training in Basic Food Hygiene to staff members of other Departments.

The latter half of 2011 has been a challenge for the catering department with the change in the staff canteen layout and the building interruptions. I would like to thank the catering staff for their patience and understanding and for continuing to provide an excellent service during the upheaval. The Catering Team would like to thank everybody for their support during the year and welcome all feedback which can be given verbally or by filling out the Comment cards provided throughout the hospital.

CENTRAL SUPPLIES

JOHN FITZGERALD
MATERIALS MANAGER

The Central Supplies Department purchases and maintains stock materials for the day to day running of the hospital and for Prosthetic manufacturing. Purchases for hospital equipment, special requirements, patients' aids and appliances, and placing of purchase orders for maintenance and service contracts are also managed by Central Supplies.

A computerised inventory management system has optimised hospital spend on materials and has improved services to wards and departments. Pre-printed requisitions are in place for wards and high weekly usage departments. Requisitions are 100% fulfilled in the same week as requested for wards and 100% fulfilled in the same month for hospital and therapy departments.

During 2011 additional cost-saving initiatives commenced, these include, but are not limited to:

- Working closely with Infection Prevention and Control on most effective hygienic supplies to combat MRSA and C.diff infections on the wards. Supplies have replaced many items with disposables to ensure no cross contamination.
- Planning for introduction of new cleaning supplies were organised and delivered through the Supplies Department. Competitive quotations achieved in 2011.
- Rationalised the number and use of printed forms and achieved cost savings during 2011.
- Substituted stationery lower cost contract items for many catalogue items requested by the Wards and Therapy departments.

The National Procurement Policy provides a framework for spend thresholds, control and open competitive quotations. Savings are achieved through use of the Hospital Procurement Services Group and also through negotiating with local suppliers.

Central Supplies work collaboratively with hospital departments to ensure compliance with accreditation standards.

End of year stock count was successfully completed with much improved stock value and quantity accuracy.

Increased use of the e-tenders site will be a feature of future purchasing in line with the Central Supplies objective to obtain value for money in all purchasing and stocking decisions.

CHAPLAINCY

FR. MICHAEL KENNEDY, CSSP

SR CATHERINE O'NEILL, SISTER OF MERCY

The Chaplaincy Department plays a vital role in the overall aim of the hospital.

Fr Michael Kennedy CSSp, and Sr Catherine O'Neill, Sister of Mercy, continued the tradition in 2011 of providing spiritual and pastoral care to patients, staff and visitors. A number of designated Chaplains from other faiths provide spiritual care for members of their faiths while they are in the hospital. Reverend Ferren Glenfield of the Church of Ireland ministers to patients of his Church on a voluntary basis as does Susan Dawson from the Presbyterian Church.

The Pastoral Team

The Chaplaincy team is ably assisted by a number of pastoral volunteers who work as Lectors, and Eucharistic Ministers during our Chapel services. Some also provide the music while others chat to the patients and offer wheelchair assistance to patients who may need it as they return to the wards after Mass.

Eileen Roberts works as part-time Sacristan and Sr Martina Nolan gives considerable assistance in visiting patients and helping in the Patients' Canteen during the evening meal twice a week.

Chapel Services

- Mass is celebrated from Monday to Friday at 6.00pm and on Sundays at 10.30am.
- On the second Wednesday of the month the Sacrament of the Sick is administered during 6.00pm Mass.
- Patients who are unable to come to the Chapel can tune in to services by CCTV transmission in most wards. Patients can also receive Holy Communion or the Sacrament of Reconciliation on request.
- Other services are arranged during the different seasons of the liturgical Church year.

Visiting Patients

The Chaplains visit patients in the wards on a regular basis. Visiting is timed so as not to interfere with therapies or cleaning schedules. Patients can also be seen in the Chaplain's Office located opposite the Chapel. The Chaplains are available to meet patients on request to assist in meeting any needs that may arise. Fifteen pastoral care volunteers help in organising religious ceremonies and distribution of Holy Communion on the wards.

Training and Education

Two ongoing formation courses for chaplains are held each year. These courses allow chaplains to explore and discuss current issues in the field of hospital chaplaincy. The chaplains also attend internal education and training courses arranged by NRH.

Pastoral Students

Kay Kennedy, a member of the pastoral team is currently pursuing an MA in Pastoral Care at the Mater Dei Institute of Education and is undertaking her pastoral placement at NRH. Three seminarian students from Maynooth College come to the hospital once a week for pastoral experience.

Chaplaincy Involvement

The Chaplain is involved in the following committees: Ethics, Heads of Department Meetings and Pastoral Team meetings, Induction for new staff and the Multicultural working group.

Challenges

The ongoing challenge for the Pastoral Team is to promote a healing approach which is holistic in the hospital care setting. The Chaplains offer pastoral counselling and spiritual care to all members of the hospital community, patients, staff and relatives. The main challenge is for greater integration and inclusion of this approach within the interdisciplinary teams at the NRH.

Occupational Therapist Bridín Carey was in the final three contestants of Masterchef Ireland in 2011. In October Bridín cooked a fantastic meal for all of the patients and staff in the hospital to thank them for their support during the competition.



COMMUNICATIONS

ROSEMARIE NOLAN
COMMUNICATIONS MANAGER

The overall aim of the NRH Communications Strategy is:

- To develop an environment within which we promote effective two-way communication in an integrated, meaningful and measurable way as a core part of our day to day activity.
- To contribute, through effective two-way communication, to the successful implementation of change and continuous improvement, for the benefit of patients and staff.
- To increase the public profile of the hospital and increase awareness of the work we do at NRH.

The Communications Committee continually strives towards developing effective communication as a natural part of the hospital's culture. The committee comprises members that widely represent the hospital's communication needs and bring their skill and expertise from clinical, operational and administrative areas.

In 2011 we completed a number of projects and commenced others. These included:

Work undertaken for the Patients Services Review Project

- Review of Standard Letters on PAS and modification of same was completed.
- 'Frequently Asked Questions' to be sent with Outpatient Appointment Letters were developed and approved for printing.
- Internal Postboxes were re-organised, re-labelled and allocated in line with the new locations of the Programme and Central Services Teams.

Audits and Reviews

Additional work completed in 2011 included:

- Reviewed Role and Meeting Structure of Communications Committee
- Reviewed CASCADE System
- Reviewed Terms of Reference for Communications Committee
- Reviewed Role of Communications Nominees
- Developed Draft Communications Strategy for 2012 - 2015

Organisation-wide communications

In addition, Communication Strategies (including CASCADES, "TALKTIME", Posters and ongoing Staff and Patient Updates), were implemented with regard to the following major projects:

- CARF Accreditation Survey
- Patients Services Review Project
- New NRH Foundation Grant Application Scheme
- Fire and Ward Upgrade Works
- Hygiene, Infection Prevention & Control
- Organisation-wide communications from the Board, Executive Committee and the Operations Management Committee, as well as individual Departments and Services.
- Filming Schedules for RTÉ Documentary
- NRH Three Year Strategic Intent
- Team NRH Swimming Challenge over the course of the summer months
- HR and Occupational Health related information



Section 4 Corporate and Support Services

Undoubtedly the highlight of 2011 was the hospital's 50th Anniversary celebrations. The events were planned and designed to ensure that all patients, staff, families and those people and agencies who have been associated with NRH, whether on a short or long-term basis, could participate in and enjoy the events during the year.

A special debt of gratitude is owed to the 50th Anniversary Committee – particularly the retired staff members who gave so generously of their time and effort throughout 2011 to plan, organise and assist with each of the events which are listed below:

National Rehabilitation Hospital – Celebrating 50 Years of Service

DELIVERING & DEVELOPING SPECIALIST REHABILITATION SERVICES SINCE 1961

Date: 2011	Details of Event
2nd February:	Launch of 50th Anniversary Celebrations, and exhibition of photographs spanning 50 years. Launched by the President of Ireland; Mrs Mary McAleese.
11th February:	Eucharistic Celebration of Thanksgiving. Chief Celebrant Most Reverend Diarmuid Martin, D.D., Archbishop of Dublin.
13th February:	NRH Annual St. Valentine's Ball Organised by the Speech & Language Therapy, and Social Work Departments, in conjunction with an Garda Síochána.
21st June:	Summer Barbeque for Patients, Staff and Families – Special Guests; Daniel O'Donnell, 'Hugh Tooley' (aka Board Member Paul McNeive), Nectar, Rose of Tralee Contestants.
13th August:	Reunion Lunch for Former Staff Members. Retired staff members and staff who worked at NRH for 10 or more years.
6th and 13th September:	Two-part TV Documentary 'Road to Rehab' was aired on RTÉ 1. Featuring Patients, families and Staff from NRH.
6th September:	RTÉ 2 – launch of Masterchef Ireland. Featuring Bridín Carey, Senior Occupational Therapist. Over the following weeks, patients and staff followed Bridín's progress as she went on to become one of the three finalists in the competition. Bridín was interviewed in the hospital about her work as an Occupational Therapist, which was shown as part of the programme.
15th September:	Patients' Photography Exhibition & Competition – launched by an Tánaiste Mr Eamon Gilmore TD Patients (past & present) displayed their photographs from courses completed throughout the year. 13 winning photographs were published in the NRH 2012 Calendar
27th September:	Formal opening of the Therapeutic Garden, by Dermot O'Neill, Celebrity Gardener.
19th October:	RTÉ Radio – the John Murray Show recorded at NRH. Masterchef finalist Bridín Carey cooked a meal for all the patients and staff on the day and John Murray interviewed Bridín and many of the patients for the Programme.
4th October:	NRH Swimming Team – an event was held in the Day Room to congratulate and thank Sorcha Barry and Kevin Thornton (both Physiotherapists at NRH) and the NRH Swimming Team for their amazing achievements over the summer months which included completing 4 major challenges: France Iron Man (Kevin), a 6 person two-way English Channel Relay and 2 solo English Channel crossings (one completed by Sorcha), all of which raised much needed funds towards direct patient care.
21st October:	National Conference – Looking Forward: Specialist Rehabilitation Services in Ireland, organised by NRH, held at in Royal Marine Hotel Dun, Laoghaire. Key speakers from NRH, Dept Of Health, HSE, Trinity College Dublin, Johns Hopkins University Hospital, USA and Mark Pollock, Adventure Athlete and Author (former patient of NRH).
27th October	Official opening of the newly refurbished Quadrangle Garden, plus the Children's Annual Halloween Party. Garden work carried out by the Technical Services Team.

Date: 2011	Details of Event
7th November:	Lecture – ‘The Research Process at NRH’. Chair: Mr Kieran Fleck SC Keys Speakers: Mary Fitzgerald, NUI Maynooth; Amanda Carthy, NRH; Michelle Verdonck, NRH; Dr Éimear Smith, NRH; Siobhán Gaynor, Molecular Medicine Ireland; Dr Jacinta Morgan, NRH, Bernadette Lee, NRH.
16th November:	Interfaith Service. The Hospital's Chaplaincy department in collaboration with the 50th Anniversary Committee organised an Interfaith Service for all staff and patients.
30th November:	NRH Calendar published – (winning photographs from photography competition held in September). Thank you to Canon Ireland and Begley Hutton Design for their valued support in the above project.
December:	Childrens', Patients' and Staff Christmas Parties.

DISABLED DRIVERS MEDICAL BOARD OF APPEAL

DR JACINTA MORGAN
CHAIRPERSON, DDMBA

The Disabled Drivers Medical Board of Appeal (DDMBA) is an 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 Principal and Senior (Area) Medical Officers. The legal basis for its operation is the Disabled Drivers and Passengers' Tax Concession Bill, most recently amended in 2004. 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.

Service Configuration and Staffing

Dr Jacinta Morgan, Consultant in Rehabilitation Medicine in the Acquired Brain Injury Service at the NRH, has chaired the Board since March 2007. There are four ordinary board members all of whom are experienced medical practitioners drawn from diverse clinical backgrounds. The adjudicating panel at all clinics consists of the Chair and two ordinary board members. Clinics are typically all-day and up to thirty appellants are scheduled for review.

Mrs Carol Leckie is the administrator to the Board. She manages all administrative and operational aspects of the Board, and issues the Board Medical Certificates to successful appellants.

Activity in 2011

The huge increase in appeal applications continued into 2011. 701 new appeals were lodged and 720 patient appointments were arranged at 24 clinics. 365 appellants attended for review, indicating a high rate of non-attenders despite implementation of letter and telephone reminder policies. 60 appellants (16% of those reviewed and 8% of appellants) were successful in obtaining a Board Medical Certificate at appeal. The current waiting time for review is in the order of ten weeks.

HUMAN RESOURCES

OLIVE KEENAN
A/HUMAN RESOURCES MANAGER

The HR Department provides a broad range of people management services to the Hospital and our objective is to provide a professional and effective service to managers and staff. Our role is also to support and partner managers in meeting their service objectives.

Throughout 2011 we saw a number of projects and consolidation of previous efforts in achieving and implementing changes in work practices, reconfiguration of services and rosters and other initiatives, which are required as part of the Public Sector Agreement and the necessary modernisation and flexibility of work practices to adapt to an ever changing and challenging healthcare environment.

Recruitment and Staffing

The moratorium and employment ceiling continues to pose a challenge for Hospital Management as we try to comply with our agreed ceiling. The HR Department appreciates that these restrictions have caused considerable difficulties and challenges for services, which are being delivered against a backdrop of other substantial pressures and difficulties presenting in the current healthcare environment. We continue to work with each Programme Manager and Department Head in relation to the specific needs of their services and consideration is given for posts which are deemed essential to services.

Training and Education

TRAINING GRANTS & REFUNDS

The Educational Assistance Steering Group supports, develops and implements the Hospital's Education Assistance Policy, in line with the Hospitals commitment to training, opportunities for all aspects of learning and overall continued professional development for all our employees.

The group approved 188 applications, which included 333 study leave days. Education and training funding was provided for each Programme. Further allocation of funds was used in support of journals and subscriptions, to assist in the continuing professional development of staff and the Hospital also supported a number of group training days as part of core competencies across a number of Departments and Programmes.

ICT TRAINER PROJECTS & COMPUTER TRAINING

Computer training continued throughout 2011 and has been very successful in up-skilling NRH staff in a range of Microsoft Office courses. Haemovigilance training was also delivered to staff via e-learning.

Other projects undertaken include developing HR related databases, such as the Programmatic Staffing Database and the centralised HR Training Database which can now centrally capture information on all in-house training delivered within the organisation. The ICT Trainer also helped develop other data collection systems in other areas to capture various types of information and activity in the Organisation.

ACCREDITATION / CARF SURVEY

Much of the work to ensure that we are compliant with CARF Standards from a HR perspective is undertaken through the HR Criteria Group who review changes in standards and make recommendations to ensure our compliance. The work of the group was invaluable in preparing the HR Department for survey in May and contributed towards the successful achievement of another 3 years accreditation for the Hospital. I would like to thank the group for their ongoing time, hard work and commitment during the year.

COMPETENCY ASSESSMENT

Annual Competency Assessments for all staff members is a requirement to meet our *CARF accreditation standards. The compliance rate for 2011 was 76%, slightly down on our rate of 78% for 2010. The HR department will be continuing in our endeavours to make improvements on compliance rates and the target compliance rate for the 2012 will be 85%.

* Commission for Accreditation of Rehabilitation Facilities

ATTENDANCE MANAGEMENT / ABSENTEEISM

The attendance management initiative is ongoing. Checks are carried out and any issues with the level of attendance that gave rise to concern in any Department continue to be addressed with the Line Managers. Absence imposes a significant cost on the hospital, not just in financial terms, but also in the increased burden on those who attend for duty, in that regard it is essential to ensure that we have a robust procedure in place for managing attendance.

The following table shows the effectiveness of the initiative in reducing the level of absenteeism in the Hospital in 2011 and is well within range of the target set in 2010:

2011 Q1	2011 Q2	2011 Q3	2011 Q4	TOTAL
3.27%	2.82%	2.73%	3.32%	3.04%

Target for 2012: is a target level of below 3.5% absenteeism

Employee Relations / Change Initiatives

HEALTHCARE ASSISTANT REVIEW

Following the final report of the Review of the Role of the Health Care Assistant (HCA) and the implementation of the recommendations of the review, the transfer of heavy duty cleaning from the role of the HCA took place with the award of the new Cleaning Contract. There was a subsequent revision of work practices and reconfiguration of HCA duties. Following a Conciliation Conference in the LRC in June in relation to the roster changes, an agreement was negotiated and accepted between the parties in relation to those HCAs affected by the changes. There is a unified job description and enhancement of the role for more direct patient care now applying to the grade.

37.5 HOUR WEEK / NURSING STAFF

I am pleased to report that the 37.5 hour week for nursing staff was finally introduced in May for our nursing staff, after many years of discussions, negotiation and third party interventions. Following a final recommendation from the Labour Court the preferred roster option, as developed by the Joint Working Group, was implemented.

PATIENT SERVICES REVIEW

The Patient Services Review project commenced in September 2010 and involved the reconfiguration of the Patient Services administration team. Preparatory work was undertaken in Quarter 1 and 2 of 2011 and the project implemented in Quarter 3 and 4, 2011. The project involved the establishment and relocation of four new programme teams and four new central service administration teams and the development of their related processes. The new teams are listed below:

Programme Teams	Central Service Teams
Brain Injury	Admissions/Referrals

Section 4 Corporate and Support Services

Programme Teams	Central Service Teams
SCSC	Healthcare Records
POLAR	Outpatients
Paediatrics	Nursing & Therapy Administration

The new teams are now in place and have been relocated to more appropriate locations. The Programme teams are led by the Programme Managers and a new role of (Interim) Central Services Manager has been created to manage the Central Services teams.

As part of the project a number of supplementary activities were undertaken to further support and develop the administration processes in the hospital. These included the:

- Development of the Patient Administration System (PAS) as a fit for purpose system
- Increased availability and usage of PAS and its reporting function
- Creation of a Stakeholder and Corporate Data Manager
- Redesign of patient letters and FAQs
- Redefining the role of the receptionist staff
- Restructuring of the hospital postboxes
- Registration of all hospital referrals
- Development of critical SOPs to provide enhanced processes

Extensive training, widespread consultation and engagement by stakeholders at all levels during the project has been critical to its successful implementation. Process challenges continue to be addressed. The project will be reviewed in March/April 2012 for effectiveness and is likely to be concluded in April 2012.

HR Information Management System

In 2011 the hospital completed the procurement process for a new HR Information Management System. A contract award was made in December to Core International for the Most Economically Advantageous Tender. The implementation project is expected to commence in Quarter 2, 2012 and the roll-out of the project is anticipated to take place over an 18 month period.

As can be seen from the above report, 2011 was another busy and challenging year for the Human Resources Department. The HR team is cognisant of progressing specific initiatives as part of our overall efforts on quality improvements in our services. In this regard I would like to thank the Department staff for their unwavering support, dedication and hard work as we continue to endeavour to make improvements to provide a better quality service to managers and staff.

INFORMATION MANAGEMENT AND TECHNOLOGY (IM&T)

JOHN MAHER
HEAD OF IM&T

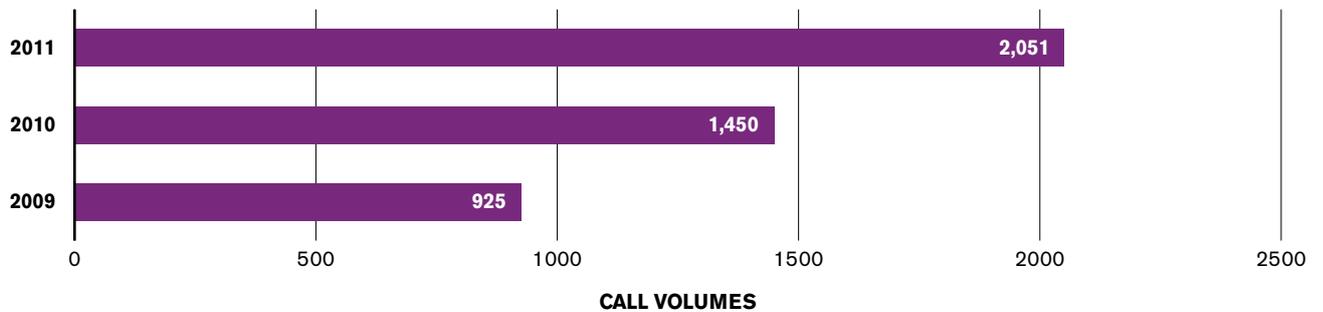
Services

The IM&T department supports and advances the use of Information Technology within the NRH by identifying current and future information needs and by supporting and maintaining the existing Information, Communications and Technology infrastructure.

Helpdesk Activity

The department operates a user help desk which manages the reporting of all technology related issues. During 2011 the help desk managed a total of 2051 user logged issues which is a substantial increase on 2010 and reflects the growing use of technology within the NRH. It should be noted that the department has managed the growth in call volumes without any additional resources and at a time when the department is taking on greater work loads and project work.

IM&T HELP DESK CALL VOLUMES 2009 TO 2011



Projects

Project work continues to be a major part of the work carried out by the IM&T department. During 2011 the department successfully completed a number of projects aimed at supporting the work of the hospital, reducing costs or improving security of data.

Multi-Functions Printer (MFP) devices were installed throughout the entire campus replacing a host of disparate printers, photocopies and scanners. The new MFP implementation, while reducing overall printing costs, affords the hospital extra security in relation to the management and reproduction of documents. Desktop printers are being removed as users have the ability to use any of the MFP's throughout the hospital.

Patient Services Review. As part of this project the IM&T department has worked, as part of the project team, to ensure offices had the necessary network and phone cabling in place prior to any staff moves. A major component of this project was a root and branch review of the use of the Patient Administration System (PAS) to ensure the hospital is deriving maximum benefit and effectiveness from its use.

SMS Texting. This facility has now been integrated with PAS and is primarily used to remind patients of future Outpatient appointments. A reduction in Did Not Attend (DNA) rates is a key performance indicator (KPI) for the hospital and is vital to ensure that a maximum throughput of patients through the Outpatient service.

Internet Content Filtering. A new internet content filtering device was installed during 2011 ensuring continued safety while using the internet and at the same time substantially reducing the costs associated with this process.

Projects in progress

NATIONAL INTEGRATED MEDICAL IMAGING SYSTEM (NIMIS)

In conjunction with the Radiology Department the hospital is on course to implement NIMIS in the 3rd quarter of 2012. This project is designed to provide the hospital with "filmless" radiology and enable secure and rapid movement of patient image data throughout the health service. The rapid access and availability of patient's records is a significant step for patient safety.

HOSPITAL WIDE WI-FI

Work started during the 3rd quarter of 2011 to implement a Wi-Fi network within the NRH campus. The network has two core functions, (1) allow staff mobile access to the hospital network and (2) provide patient with reliable fast internet access. This project is scheduled to be completed during the 1st quarter of 2012.

IM&T STRATEGY

IM&T have been working on a number of strategic initiatives during 2011, four of which have been sent to the HSE with a hope of securing funding. The four proposals are:

- **Management Information System (MIS).** The system, if funded, would provide the NRH is a centralised management information system giving access to both operational and historical data across a multiple of corporate and clinical databases.
- **Compliance Management Suite.** This system is designed to support the recording and management of policy and procedure compliance.
- **Replacement Phone System.** The existing hospital phone system is in need of an upgrade which will offer the hospital greater functionality and the ability to better control costs.
- **Virtualised Desktop.** The desktop deployment within the hospital is based on Microsoft Windows 2000. A proposal is now with the HSE to replace this installation with a Virtualised Desktop Infrastructure (VDI) to offer greater functionality and prevent the increasing incompatibility issues currently being experienced.

OCCUPATIONAL HEALTH

DR JACINTHA MORE O'FERRALL

DR PAUL GUÉRET

CONSULTANTS IN OCCUPATIONAL HEALTH

2011 was another very busy year for the provision of Occupational Health Services in the NRH; over 1200 contacts were made with the Department.

Staffing of the Department remains the same with Occupational Health Nurse Rose Curtis working 30 hours per week and Dr Jacintha More O' Ferrall carrying out monthly on-site visits. Referrals as previously, when required, take place in Medmark, Baggot St. Over 20 staff members attended Baggot St. as part of a medical assessment for fitness to work or for absence management.

Services Provided and Breakdown of Consultations in 2011

Service	Consultations
Advice on occupational health issues	45
Stress management, (education, debriefing and work related stress)	32
Work related injuries	59
Vaccinations	
• Hepatitis B	22
• Mantoux	15
• Seasonal Flu vaccine	187
• Bloods tests	15
• Pre employment screen	24
• Reviews and follow-up	216
• Back to work assessment	20
• Pregnancy risk assessment	19
• Health Surveillance	10
• Referrals to Medmark	24
• Offered Employee Assistance Programme (EAP)	26
• Attended EAP	8
• Blood Pressure	27
• Illness at work	45
• Weights	465
• On-site Occ Health Physician	58



An Occupational Therapy exercise to develop co-ordination skills.

Other services provided by Occupational Health

- Sharps injury follow-up
- Health Promotion
- Occupational First Aid
- Smoking cessation programmes
- Contact Support Person, "Dignity in the workplace" programme

Health Promotion Events in 2011

- Operation Transformation
- Pedometer Challenge
- Repeat DXA Scan for staff recalled from initial Programme
- NRH Netball Team
- Pilates Classes
- Boot Camps / Abs Classes
- Irish Heart Foundation – Drop-in Blood Pressure Day

Committee Participation by Occupational Health Staff

- Safety and Risk Committee.
- Behaviour Consultancy Forum.
- Hygiene/Infection Prevention and Control Committee.
- Accessibility

Key Milestones for Occupational Health in 2011

- Reduction on Inoculation Injuries
- Audits on use of Occupational Health Standard Operating Procedures
- Increase in Health Promotion Events

HEALTH PLANNING TEAM

Services across Programmes

The Health Planning Team assists with the planning, organising and securing of resources to achieve specific organisational goals, and to further facilitate and/or manage, partially or fully, these specific projects.

New Developments 2011

FIRE & WARD UPGRADE PROJECT:

The Hospital Board approved remedial building works to our existing building. The objective of the building project is to refurbish and enhance the outdated existing facilities to meet current fire requirements and to enhance and improve the patients' environment, ensuring that all refurbishment works are to best practice standards which meet both end user and HIQA requirements. User groups for the ward areas have been consulted at length in the development of the brief for each area.

Areas that will be included in this 52 week capital project are;

Medical Records: A small administration area is to be created adjacent to the medical records store.

Our Lady's Ward: A full refurbishment of the ward including the addition of a small extension that will provide space for additional bathrooms, an upgraded dirty utility and will also allow for provision of ensuite facilities for the single room and therefore an isolation facility for the 1st floor.

St. Patrick's Ward: A complete refurbishment and reconfiguration of the ward including the addition of an extension which will accommodate two single rooms with ensuite facilities.

Section 4 Corporate and Support Services

Level 3: Reconfiguration of space around the lift area to provide ancillary clinical spaces, upgraded sanitary facilities for St. Camillus Ward patients, including a small bathroom extension and upgraded dirty utility.

Fire & Ward Upgrade Project Milestones

1st December 2010	Tender Specification to identify suitable contractors
16th December 2010	Tenders returned Negotiations with Most Economically Advantageous Tenderer.
9th February 2011	NRH Hospital Board gives approval to proceed with the project to the award of contract stage.
27th June 2011	Tender Awarded to Dunwoody & Dobson Ltd.
14th July 2011	NRH carry out enabling works to Staff Canteen
27th July 2011	NRH carry out the decanting and relocation of Medical Records Department
15th August 2011	Contractor's commenced on site
17th November 2011	NRH Decanting/enabling & relocation of St. Patricks Ward to McAuley Ward

Patient Services Review

The planning and implementation of the logistics and environmental changes required for this project were met in partnership with our colleagues in the Technical Services Department.

Cleaning Contract

Following the procurement process, significant associated work, and good competition by many quality companies, an evaluation outcome was reached in June 2011 and a new contract began at the Hospital in October 2011 with the Contract Cleaning Company, Derrycourt.

Water Tank Cleaning and Disinfecting

This procurement exercise was carried out in early 2011. The tender was awarded to Healthy Buildings Ltd. The contract included the cleaning and disinfecting of cold water supply tanks to all areas of the Hospital. Our Technical Services Department in liaison with the Safety & Risk Department manage and monitor the implementation of this work.

Water Tank Replacement

This tender was carried out in summer of 2011, utilising the HSE Contractors Listings. It was awarded to Allen & Smyth Contractors. The work included the replacement of the three main hospital cold water storage tanks and any associated pipe works including insulation.

HR System Solution with Support Services

Following the procurement process this project was advertised nationally. The HR System includes key areas such as Personnel, Recruitment, Absence, Roster, Training and Skills and Competencies management. An award was made in December 2011 and we are pleased to welcome on board CORE International Ltd. The contract start date for this Project is expected to begin in mid March 2012.

National Integrated Medical Imaging System (NIMIS)

The NIMIS project will allow the Hospital to access diagnostic imaging from other acute and primary care facilities from anywhere in Ireland and it will also allow images taken in the NRH to be accessible to other participating health care facilities. By the end of 2012 the Hospital expects to be fully participating in the sharing of diagnostic images via NIMIS.

PATIENT SERVICES

AUDREY DONNELLY
PATIENT SERVICES MANAGER

Service Provision

The Patient Services Department evolved over a period of 12 years to provide administrative support to Medical, Nursing and Therapy staff within the hospital and also the management of all Healthcare Records, maintenance of the Patient Administrative System (PAS), and administration in respect of all referrals, Admissions Waiting List and Outpatient appointments. In addition the department provided HIPE coding of Inpatient records, and managed all patient related activity data for the hospital and the patient complaints procedure.

Restructuring

In 2007 the hospital embarked on the journey towards CARF (Commission on Accreditation for Rehabilitation Facilities) accreditation. This prescribed the programmatic model of management. Four programmes ABI (Acquired Brain Injury), SCSC (Spinal Cord System of Care), POLAR (Prosthetic, Orthotic and Limb Absence) and Paeds (Paediatric) were defined for care of patients in the hospital, and Consultants and Programme Manager were appointed to each programme. Since 2007, significant change was implemented in terms of developing the unified Healthcare record in line with CARF standards. However, the administrative support for the programmes continued to be provided by a central Patient Services Team. The challenges this presented included the geographic spread of the administration team across the campus resulting in the dislocation of staff in some cases from the rest of the programme team and activities they supported. Thus the hospital engaged a Management Consultant to conduct a review of patient services in order to develop the administrative support in line with the programmatic model and to maximise its efficiency and effectiveness. This process began in 2009 with an initial review, which produced a report which recommended a complete structural change. Subsequently a Project Manager was assigned to the review implementation and worked with each of five Project Teams and their Leaders to examine the key stages of the patient journey and to revise processes, procedures and policies in support of the patient journey throughout each of the programmes in the hospital. Staff training was provided at the onset in preparation for role reviews and the implementation of change, and also up-to-date training on the PAS system. In the second half of 2011, the newly formed Programme Administration teams began to emerge, and also a Central Services Team to support core functions such as Admissions, Outpatients, Nursing and Therapy, and Healthcare Records and H.I.P.E. coding (which span all programmes).

Programmatic Model

There followed a phased re-assignment of roles, responsibilities and designation of the 25 staff to the 4 rehabilitation programmes and the Central Services Team. The management of these new teams was assigned to each of the Programme Managers for their own programme and to a Central Services Manager for the general functions common to all programmes. These teams are now fully established and the physical re-location of staff and re-assignment of tasks and responsibilities has taken place. It is envisaged that this will facilitate cross cover and provide better support for the core hours of patient activity. A review of outcomes will take place within 2012 to assess the effectiveness of the new structure, and make further modifications as required.

New Development – Stakeholder And Corporate Data Manager

With the onset of these changes, and new and growing demands within the wider health service, the role of Patient Services Manager has now evolved into the Stakeholder and Corporate Data Manager role. This role has been introduced to develop the area of Service User involvement (based on inclusion, diversity and equity), providing a clear channel of communication for service users and reporting on Service User activity, as part of the National Strategy. Audrey Donnelly assumed this role in June 2011, and is the hospital lead for Service User involvement with responsibility for managing all patient related complaints and corporate data, and will focus strategically on feedback gained from service users and the analysis of patient activity data and statistics, drawing on this feedback to establish appropriate standards and Key Performance Indicators in support of Executive decision making. This area will develop further over the coming year.

Patient Complaints

There were 26 patient complaints handled during 2011. The hospital appreciates feedback from patients and strives to resolve any complaints in a timely fashion. Suggestion boxes and Patient Questionnaires are also used as a means of gaining feedback from patients.

Activity Data

Ongoing financial restrictions as a result of the economic downturn have led to increasing numbers and lengthening duration of delayed discharges which resulted in a decrease in admissions activity and Day Cases.

RISK MANAGEMENT

BERNADETTE LEE
CLINICAL RISK MANAGER

The process of Risk Management is an increasingly complex one, which addresses all areas that challenge the hospital in terms of safe, effective service delivery and management. This means being financially viable, having good governance, skilled staff and centrally delivering safe and effective care to people who use our services. The profile of risk management has been significantly raised within the NRH over the last number of years and 2011 was no different with the Adverse Incident, Near Miss Reporting, Policy & Procedures and various Operational Risk Management Policy & Procedures coming more into play. The NRH have undergone extensive revision to meet the demanding requirements of Legislation, Regulation and best practice guidance in a whole range of areas which encompass the Patient Safety Theme here at the hospital.

Hygiene/Infection Prevention and Control

Improving cleanliness and reducing healthcare associated infections are top priorities for the NRH, with the Hygiene, Infection Prevention and Control Committee (HIPCC) announcing a range of new initiatives during the year. The HIPCC is working closely with management and staff to deliver the Hygiene, Infection Prevention and Control Strategic Plan which was developed in 2011 after consultation with stakeholders. Our achievements include the introduction of new contract cleaning company to undertake all cleaning in the Hospital, the establishment of deep clean measures for all wards and increased compliance with Hygiene/Infection Prevention and Control self audits. Also there was a significant decline in the incidence of Acquired Methicillin Resistant Staphylococcus Aureus (MRSA) in the hospital for 2011. This was due to actions to provide clean environments for patient Care, continued MRSA screening for all planned admissions, a new bare below- the-elbow dress code for clinical areas, focus on Hand Hygiene and Hand Hygiene Champions. The Patient Safety / Hygiene, Infection Prevention and Control Walkabouts continued to occur on a monthly basis with the NRH using the assessment data to inform areas for investment and the use of resources.

Incident Reporting

The NRH, like all Healthcare organisations, has to manage the risks arising from incidents, and enable the 'learning the lessons' process to take place when serious incidents occur. To date there are approximately 8,800 incidents recorded on the "STARS" database. The NRH has encouraged an active reporting policy with all staff, ensuring that it is fully aware of the issues which it needs to address. The total number of incidents recorded in 2011 remained at 2010 levels. Staff have always been encouraged to report incidents and have reported 886 patient and staff incidents/near misses in 2011. We expect that with the development of more meaningful reports and by demonstrating that action is taken following incident reporting, the numbers of reported incidents will continue. This is seen as a positive trend demonstrating that the Hospital has an open and learning culture.

PATIENT FALLS

There were 4 patient falls per 1000 bed days recorded in 2011, a 15% reduction on 2010 figures. This quality improvement is related to a number of factors such as Falls Champions, use of Falls Risk Assessments and Care Plans, Falls Awareness Day which are monitored by the Patient Falls Steering Group.

MEDICATION SAFETY

The Pharmacy Department carried out Medication Reconciliation of patient prescriptions at admission. A Red Apron Project was initiated to improve patient safety around the administration of medications.

CHALLENGING BEHAVIOUR

A number of quality improvement measures are in place to manage challenging behaviour events and increase patient and staff safety such as interdisciplinary team review, localised training in addition to non-violent crisis intervention training, and recreational therapy.

PATIENT ABCONTION

Significant inroads have been made to manage patient abscontion events through quality improvement initiatives such as the patient wander system, increased awareness, staff assignment to named patients and updating policy and procedures.

Emergency Planning

Emergency Planning is one of the top priorities, during the last year significant progress has been made in developing emergency planning arrangements and work has continued to ensure that the lessons learned by other organisations are understood and acted upon. A mutual aid agreement was established with other local hospitals in 2011 and a Major Emergency Planning exercise with the co-operation of Local Gardaí and Fire Brigade was conducted in 2011. The aim of planning and staging exercises is to validate plans, systems, procedures and training, to enable practice to respond if such events occur in real life. Hence the lessons learned are invaluable and help ensure that the potholes along the road to a successful major emergency response are foreseen and addressed.

Risk Management Corporate Governance

The Risk Management Department has continued to develop its traffic light key performance indicator system to allow for effective and efficient corporate governance. The results of data compilation identified significant assurance as to the robustness of the NRH's Risk Management processes.

Health and Safety

The NRH undertakes an organisation-wide Health and Safety Self Audits on a quarterly basis during the year, with 53% of the inspections completed. Based on the findings of these, action plans are implemented locally by line management. Good progress has been made on achieving targets within these plans. The next corporate step is to have identified hazards risk assessed and if significant, entered onto the corporate operational risk register when initiated.

Training

To allow the Operational Departments to work safely, the NRH provides a range of training, which has risk management at its heart, this includes: Fire Safety, Manual Handling, Chemical Risk Assessment, Crisis Intervention Training, Hand Hygiene Training, Standards Precautions Training and CPR/Heartsaver AED. The Fire Advisers have continued to provide advice and training to all areas of the organisation. This has been supported by the introduction of new training initiatives in line with Best Practice. 2011 saw significant progress in Fire Safety Training Compliance with 100% of all Nursing Staff attending relevant training.

In Conclusion the NRH has had a busy year with many positive outcomes and is continuing to make advances in how we govern, manage our risks and deliver safe, effective and efficient services. There is always room for improvement and as we move into 2012 we will focus on these areas, supporting the delivery of excellent Rehabilitative services through our risk management systems and professional and committed workforce.

Freedom of Information Statistics (Risk Management Department)

The following is an overview of access to records received by the NRH in 2011

Type of Request	Amount of Requests
Freedom of Information	29
Freedom of Information Note for File	0
Freedom of Information Internal Review	0
Data Protection	4
Freedom of Information & Data Protection Access	0
Routine/Administrative Access	244
Total Requests for Access to Records	277

SCHOOL REPORT

COLM JACKSON
SCHOOL PRINCIPAL

Our Lady of Lourdes School is a service provided and funded by the Department of Education and Science (DES) to cater for the educational needs of students attending the National Rehabilitation Hospital. It is controlled and governed by the School Board of Management under the patronage of the Archbishop of Dublin. The School is held accountable and is evaluated regularly by the DES inspectorate and the Whole School Evaluation process.

School Board

Members of the School Board are: Sr Margaret Corkery (Chairperson), Colm Jackson (Principal), Aoife Mac Giolla Rí, John Payne, Paula Carroll, Pat Cribbin, Patricia Byrne and Donal Ryan.

Service Provision

- The school provides an educational service for students attending the NRH, ranging in age from four to eighteen years. On initial enrolment each student is assessed with a view to drawing up an education programme tailored to meet the student's abilities and needs.
- Contact is made with students' local schools so that where possible continuity of school programme is maintained.
- For primary school children we aim to deliver the current primary school curriculum, adapted in many cases to meet individual needs.
- At secondary level where the curriculum is subject based, we strive to provide a broad range of subjects at the level appropriate to the student.
- Junior Certificate and Leaving Certificate Examination centres are provided in NRH during the month of June to facilitate students resident in NRH at examination time.
- On students' discharge, we co-operate with the relevant programmes in the NRH in seeking an appropriate school placement for each student.
- We provide an Outreach Service which offers support to enable them provide an appropriate education to students who have Acquired Brain Injury.

Donations gratefully received from Soroptomists International (Bray Branch) assisted towards the purchase of physiotherapy equipment.



TECHNICAL SERVICES

GERRY COYLE (RETIRED SEPTEMBER 2011)

PETER BYRNE

A/TECHNICAL SERVICES MANAGER

Many major projects were completed in 2011 by the Technical Services Department (TSD) and many are still under way. In the main hospital, fire and ward upgrades are progressing on target and with the support and expertise provided by TSD in conjunction with the Health Planning Team, this major project is proceeding as smoothly as it possibly can.

Additional projects undertaken in 2011 include:

- TSD played a vital role in the Patient Services Review Project which was planned and executed with the least possible disruption to services and staff alike. This included major office relocations to areas which were more practical for staff, facilitating their provision of administrative support to the Programmes and Central Services functions of the hospital.
- TSD embarked on a project for the hospital's 50th anniversary celebrations to renovate the quadrangle garden. The entire area was upgraded, refurbished, restored and redecorated. The final touch was installation of new coloured LED lighting. The project was officially opened by former manager Gerry Coyle in conjunction with a Children's Halloween Party hosted by the TSD team, which proved to be a very successful evening.
- In conjunction with the Occupational Therapy Department, TSD and contractors Allen & Smyth helped complete the installation of a new Therapeutic Garden in the OT area. This is a wonderful new outdoor facility for patients and staff to enjoy.
- Landscaping continued and two additional outdoor areas of relaxation were developed in the hospital grounds. One of the areas, close to the TSD office, is a memorial tribute to our late colleague Larry Whelan; and the other is situated near the Physiotherapy Department exit.
- A major upgrade of McAuley Ward was completed.
- Several roofs throughout the hospital have been replaced, including installation of protective rails.
- The project of replacing all old cold water storage tanks throughout the hospital is now close to completion.
- Surgical basins have been fitted in almost every area of the hospital.
- Many more projects, too numerous to mention here, were undertaken in 2011, including continuous maintenance work and once-off projects.

On behalf of the TSD team, I wish to acknowledge and thank our former Technical Services Manager, Mr Gerry Coyle who retired in September 2011. His years of dedication and commitment to the hospital were immense and he has left a legacy that will be hard to follow but as we move into the future we endeavour to carry on this legacy. We wish him a long and happy retirement.

In conclusion, I wish to thank the Technical Services staff for their invaluable support, assistance and expertise which was vital in what was one of the busiest years we have experienced. I wish also to thank Donal Farrell for his continued contribution and unquestionable knowledge of the hospital, without which at times we would have struggled. A word of thanks also to Siobhan Bonham and the Health Planning Team who have worked tirelessly alongside the Technical Services team over the past year on some major projects.

VOLUNTEERING AT NRH

MARYROSE BARRINGTON
VOLUNTEER COORDINATOR

Maryrose Barrington has been the Volunteer Coordinator at NRH for over 11 years. She works part time in a voluntary capacity. There are over 100 volunteers attached to the hospital and her role is to liaise with them and recruit new volunteers, matching them with the various volunteer activities within the hospital. Coordinating induction and training, filing Garda Vetting certificates, references, and declarations of confidentiality, and providing supervision and support to the volunteers is also part of the role. The coordinator communicates with the volunteers on a regular basis, thanking them for their valuable time and acknowledging the work they do.

The Volunteer Coordinator chairs the meetings of the Volunteer Organising Committee during the year. This committee, which comprises various NRH staff members and representatives of several of the volunteer groups, steers the volunteer programme. Volunteers at the NRH work in the following areas:

Children In Hospitals Ireland (CHI) - visit the children in St. Agnes Ward to provide familiar play activities and games, or just chat to the kids, befriend their families and support the nursing staff.

Volunteers run the **Internet Café** four nights a week (Monday - Thursday from 7-9pm).

Peata is a small voluntary organisation which arranges for volunteers to bring their dogs to visit patients. The dogs act as a conduit for communication and can have a therapeutic effect of well-being especially for long term patients.

The **Pastoral Care Service** is co-ordinated by the hospital Chaplains Fr Michael and Sr Catherine, this is a multi-denominational team of volunteers.

Volunteers continue to operate the **mobile shop** every evening and Saturday mornings.

St. Vincent de Paul volunteers visit patients every Tuesday and Thursday evening. They offer many outlets of support be it financial advice or social assistance, bringing in regional newspapers for patients from counties outside Dublin.

Every day **Canteen Volunteers** help out in the Patients' canteen assisting patients to carry their trays and help cut up their food if necessary. They offer assistance to the busy kitchen staff and can chat and get to know the patients.

Other Volunteer Activities

Other activities organised during the year included Bridge lessons, Dominos, Karaoke and Reading to patients. The hairdressing service continues to be much sought after on Wednesday evenings. From time to time the Volunteer Office is requested to provide volunteers to offer their time and expertise in different departments within NRH. This year volunteers have helped with Assistive Technology and portering in OT, patient speech practice in Speech & Language Therapy, reading to and teaching English to foreign patients. The latest addition to the volunteer programme is the DVD/ CD trolley, taken around to the wards twice a week. Patients can borrow DVD's, CD's, books and magazines.

Volunteer Induction & Training

These are comprehensive orientation and training sessions which all new and existing volunteers must attend.



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