



NRH

**National
Rehabilitation
Hospital**

32nd ANNUAL REPORT

2012



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



National Rehabilitation Hospital

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 2012

Inpatient	Admissions
Brain Injury Non-Traumatic	93
Brain Injury Traumatic	98
Stroke Service	131
Other Neurological	29
Spinal Injury	151
Prosthetic Service	115
TOTAL	617

Outpatient	Attendances
Brain Injury Programme	770
SCSC Programme	733
POLAR Programme	2,853
Nurse Led Clinic	867
Orthoptics	94
Xray	1,436
TOTAL	6,753

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CHAIRMAN'S REPORT



In 2012, the Tánaiste, Mr Eamon Gilmore, and Minister for Health, Dr James Reilly confirmed that the New Hospital Development – Phase 1, will commence with the existing ward accommodation being replaced by a 120 bed facility including integrated therapy spaces. We are delighted that this vitally important national project is to be realised and we will continue to work towards its completion at the earliest possible date; indications are that the project is targeted for completion in early 2017. The first part of the project has commenced which is the appointment of the Technical Advisors and Design Team.

Many years of hard work and dedicated effort in planning for a new hospital was at long last rewarded with this welcome announcement.

Speaking at the NRH in May, the Tánaiste said 'The National Rehabilitation Hospital is a landmark institution. It is part of our history and, with this major redevelopment of the 120 bed facility, it marks a new phase in our future. A future where health services are built around the needs of patients, at every stage of their rehabilitation and recovery. The development of a world class rehabilitation hospital for Ireland has a key role in this objective, and it is a statement of our values, even in these very straitened times.'

So at last we will have a modern new facility that will be purpose built and designed to meet the needs of all our patients. It will be a major enhancement to rehabilitation services in the country and will have a direct and significant impact on patient recovery by providing an optimal ward and therapeutic environment for their treatment in the NRH. We are particularly delighted that even in the current economic climate, that this development has been prioritised and actioned by the Government.

The hospital, once again, despite the prevailing economic downturn, came in on financial budget – a deficit of €10,000 on an expenditure budget of €25.1m or 0.04%. This is a major achievement and a testament to astute financial management by the Finance Team. 2013 however, is set to be another challenging year with further reductions in funding and staffing.

The completion of the first phase of the Fire and Ward Upgrade Project (Our Lady's and St. Patrick's Wards) in December 2012 is a welcome development, and has resulted in greatly improved facilities for our patients. The improved environment will also facilitate our robust Hygiene, Infection Prevention and Control measures and aid our fight against hospital acquired infections.

Work continues towards the establishment of the new trust that 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. The other trust – the charitable trust, which collects and distributes funds for equipment and special projects that benefits patients of the hospital, has changed its name to the NRH Foundation.

2012 saw the retirement from the Board of two persons who gave dedicated service over many years both to the development of the hospital and on the Board of Management – Dr Thomas Gregg, who was appointed as the first Medical Director of NRH (then known as Our Lady of Lourdes Hospital) and who is seen as a pioneer in the treatment of patients with Spinal Cord Injury in Ireland; and Sr Aileen McCarthy who was a key member of the Spinal Injury service at NRH since the 1960s, and then went on to establish the Spinal Injury Liaison Service, visiting patients throughout Ireland to review their progress post-discharge from NRH. We are indebted to them both for their unstinting dedication to our patients over many decades. Many patients attending their annual review at NRH still ask to meet Sr. Aileen socially during their visit. Dr Gregg has written of the history of his tenure at NRH (page 6) which makes very interesting reading, particularly at this time when we are looking towards the next phase of Specialist Rehabilitation services for Ireland, with the development of the New Hospital – Phase 1, and the strategic development of services regionally.

The hospital could not survive without the support of many people, particularly the unwavering support of the Sisters of Mercy over the years, and in particular in 2012 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 from Mason Hayes + Curran. 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 Board – Dr Jacinta McElligot; Audit – Barry Dunlea; Nominations – Sr Maura Hanly; Ethics – Kieran Fleck SC). They each put in considerable time, voluntarily and without remuneration, in the interests of the hospital.

We Congratulate Dr. Áine Carroll on her latest appointment as National Clinical Lead of Strategy and Programmes.



L-R Mr Liam Harbison, CEO Paralympics Ireland; Mr Henry Murdoch, Chairman NRH; Mr Jimmy Gradwell, President Paralympics Ireland and Minister Michael Ring at the event hosted in NRH to honour the Irish Paralympic Team

And to end as the report began, on a high note, we were delighted to have yet another 'Rose of Tralee' contender on our staff in 2012 – Dervla Kenny, Occupational Therapist, was selected as the Mayo Rose and made it to the final in Tralee in August. Dervla was a great ambassador for the hospital last year, helping to raise awareness of the work we do at NRH, which is very much appreciated.

We also had the privilege of welcoming the Irish Paralympic Team to NRH in October. Minister of State with responsibility for Sport, Mr Michael Ring TD formally opened the event. We were delighted to welcome; James Gradwell, President of Paralympics Ireland, Mark Rohan (Double Gold Medallist), John McCarthy; James McCarthy, Éimear Breathnach (all former patients of NRH), and also athletes John Cronin and Nadine Lattimore. We were also delighted to welcome Liam Harbison, CEO of Paralympics Ireland, Nancy Chillingworth, Performance Director, and Catherine Gradwell. The event gave many patients an opportunity to discuss sport with members of the Team who were very generous with their time considering their busy schedules. We greatly appreciated the support of Liam Harbison in co-ordinating the visit and wish Paralympics Ireland the very best for the future.

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

CHIEF EXECUTIVE'S REPORT



Delivering & Developing Specialist Rehabilitation Services

Our Annual Report highlights the specialist work undertaken daily by our Staff at NRH in the provision of Complex Specialist Rehabilitation Services to our patients at the National Rehabilitation Hospital. I encourage you to read the report which reflects our highs and lows in 2012, and the remarkable resilience of our staff in such challenging times.

Our Finance Team achieved an almost break-even final outturn at year-end, 2012 which is an exceptional result given the hospital's funding allocation was reduced for the fourth year in a row.

New Hospital Development – Phase 1

The significant capital project to develop the National Rehabilitation Hospital on the existing site was finally publicly announced in May. The New Hospital Development – Phase 1, which is a partnership between the HSE and the NRH Foundation, will see the existing wards at the NRH replaced by a new 120 bed facility including integrated therapy services.

We are delighted that this vital project is now underway at last. The first phase of the development has commenced with the appointment of the Technical Team.

In addition, some supplementary work relating to the project is ongoing and includes; A joint NRH-Amgen application (re-zoning proposal) for a variation from the County Development Plan; discussions with Dún Laoghaire Rathdown County Council regarding the widening of Pottery Road and possible relocation of the Pottery Road entrance to the hospital.

CAPITAL PROJECT

In the interim period, remedial building works ((Fire and Ward Upgrade, Phase 1) were completed in 2012. The work has improved existing facilities to meet current fire certificate requirements, HIOA requirements and has greatly enhanced the patients' environment on Our Lady's and St. Patrick's wards. Work on the third floor accommodation will be completed as Phase 2 of the project in 2013.

The National Clinical Strategy and Programmes Directorate, HSE

In 2012 Dr Áine Carroll and Valerie Twomey (seconded part-time to lead the set-up and implementation of the National Rehabilitation Medicine Programme) continued working towards the Programme's objective of delivering patient centred integrated care across the rehabilitation continuum, enabling individuals to access the right services at the right time in the right place. 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.

Activity

Inpatient activity reduced in 2012 by approximately 2% due to temporary bed closures and the ongoing challenge of delayed discharges, leading to longer length of stay for an increasing number of patients. Our Outpatient activity remained similar to the previous year as we endeavour to ensure patients can access our services at the earliest possible time.

Regional Developments

Linkages between NRH and HSE South, and also HSE West were further developed and strengthened in 2012. Work continues regarding the development of a service model for HSE West based on the NRH Pilot scheme in Cork; and securing additional Consultant Posts to develop services nationally.

Highlights and Issues in 2012

DEVELOPMENT OF NRH ORGANISATIONAL STRATEGY

The outline hospital three-year Strategic Intent was further developed into a detailed action plan to underpin the stated strategic objectives. It is planned to launch the Strategy in 2013.

THE NIMIS (NATIONAL INTEGRATED MEDICAL IMAGING SYSTEM) PROJECT

2012 saw significant progress regarding the NRH-NIMIS (National Integrated Medical Imaging System) Project. NIMIS is a State of the Art electronic imaging service which will allow relevant health care professionals to electronically view, on their own desktop computers, patient images that are saved on the NIMIS system. Benefits to patients and staff include; a greater range of tools for processing of images by Radiology; electronic ordering, faster reporting, and distant

consulting by doctors; immediate availability of images and historical images for comparison by radiologists and doctors; and day to day, hourly updated imaging appointment lists for Nursing and Health Care Attendant information. The NRH is fortunate to be one of the first hospitals selected for installation of this system.

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 continues to view this as a vitally important area of responsibility as it affects patients' welfare and wellbeing. Work is ongoing regarding training, education and raising awareness of HIPC issues throughout the hospital

STAFF DEPARTURES AT NRH

At the end of February, 13 Senior staff members (11.38 WTE) left NRH under the terms of the Croke Park Agreement. All of these very experienced staff were from front line positions. This places considerable demands on remaining staff as management puts internal contingency arrangements in place within Departments and Services. Staff once again rose to the challenge of doing more with fewer resources in the interest of providing the best possible services to patients – this is acknowledged and appreciated greatly.

THERAPEUTIC RECREATION SERVICE

A wide variety of activities and projects are organised for patients from all Rehabilitation Programmes by the hospital's Therapeutic Recreation Service. One project that was particularly successful in 2012 was the Patient and Staff Photography Classes (an initiative by a former patient). The classes were followed by a nationwide competition for current and past patients and staff. The shortlisted photographs were featured in a Photography Exhibition, launched in October by Mr Jimmy Deehihan TD, Minister for Arts, Heritage and the Gaeltacht. The winning photographs were featured in the 2013 NRH Calendar, which was subsequently launched in December by Deputy Mary Mitchell O'Connor TD. The classes, competition and subsequent production of the Calendar was a challenging but very enjoyable and rewarding project for all involved.

We were fortunate to have engaged in a collaborative project with Final Year Students of the Faculty of Business Enterprise and Humanities IADT who assisted us with the Marketing and Distribution of the Calendar and we thank Mr Conor Heagney, Head of the Enterprise and Business Faculty, IADT, and the group of students involved who volunteered their time and worked extremely hard to raise funds for the hospital through the Calendar Project.

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. An excellent example is the study undertaken by the Rehabilitative Training Unit with a medical student on elective placement (details are on page 60). The findings of the 'before and after' cohort study to look at outcome predictive factors was presented at the BSRM Conference in Belfast in November. The report on page 81 outlines the comprehensive list of education provided by NRH staff in 2012. Our register of research carried out at NRH can be accessed on www.nrh.ie.

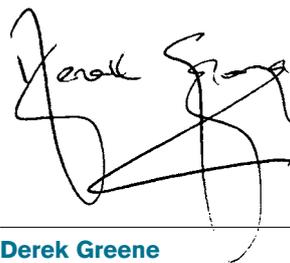
NRH Board

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. Once again, thank you sincerely for all your ongoing support and wise counsel.

In Conclusion

Once again, in 2012, 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.

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 dedication and commitment to our patients and their families in ever challenging times.



Derek Greene
Chief Executive Officer

IN THE WORDS OF DR. TOM GREGG, FIRST MEDICAL DIRECTOR OF NRH

The following was written by Dr Gregg in response to a request for a brief history of the hospital and of his own personal involvement in the development of the services we currently deliver to our patients.



History of NRH – how and why it started

The hospital is a work of The Sisters of Mercy. Their hospital was previously in use as a sanatorium for treatment of patients with tuberculosis of lungs. It had an excellent record in this field with appropriate buildings and pleasant grounds.

In the 1950s the demand for beds for this purpose diminished with several such hospitals available. The Sisters studied the needs in other medical areas where medical advances had opened up other fields. They had advisors. I believe one was Prof. Tom Murphy, President of U.C.D. who was a member of the State body – The National Organisation for Rehabilitation (N.O.R.)



Dr Claire Carney, Sr Aileen McCarthy and Chairman Henry Murdoch welcomed President Mary Robinson to NRH in 1996

How I became involved in the hospital

I had studied medicine in U.C.D. with clinical training in the Mater Hospital. After an appointment for 6 months as a medical officer in the Mater I obtained a medical officer post in Stoke Mandeville Hospital at Aylesbury in England. This hospital included the pioneer rehabilitation unit for spinal injuries in England – if not in all of Europe. The spinal injuries unit was under the direction of Sir Ludwig Guttman....

I was then appointed as the first clinical tutor in clinical medicine – a U.C.D. college lecturer appointment in the Mater Hospital. I was asked by the Sisters to advise on the possible change of Our Lady of Lourdes Hospital in Dún Laoghaire to a rehabilitation hospital. At the request of the Sisters I wrote a document describing the value and necessity of such a hospital and recommending the site as very desirable. This was sent to the Department of Health, and visited, and was accepted.

I obtained a fellowship to New York University for 6 months based at the Rusk Rehabilitation Hospital in New York. I later got a further travelling fellowship for 3 months to visit Scandinavian rehabilitation facilities and also visited hospitals in other European countries. I obtained appointment as Senior Medical Officer at N.O.R. later titled Medical Director. I was a Consultant at the Richmond and Beaumont Hospitals and briefly at the Mater Hospital.

A committee was formed with 3 members appointed by the Sisters and 3 members from the N.O.R. to decide the development at the Our Lady of Lourdes Hospital (later NRH) Some years later following agreement, the Sisters appointed a board to manage NRH.

I was appointed as Medical Director of the NRH. There was considerable adaptation and additions to the hospital buildings. It is intended to cope with a wide variety of injuries... the main being medical spinal injuries; amputee patients needing manufacture of prosthetics and rehabilitation; head injuries and a wide variety of problems such as stroke. There is also a unit for children.

Gymnasia for adults and another for children, swimming pool extension, OT (Occupational Therapy) Department and training centred classroom, Speech Therapy, Psychology, Social Work Departments and Outpatients Department, and some patients' dining rooms and sitting rooms were added.

The Sisters arranged for a team of Sisters and Nurses to go the Stoke Mandeville for training. These included Sr. Bernadette who came back to post as Matron in NRH, Sr Marie (Sr Aileen McCarthy) who came back to the spinal injury unit and has spent years in developing the service and follow-up on problems of many with severe disability. Two nurses also went to Stoke Mandeville: Brid Murphy and Anne Kilcoyne. They came back to this team which provides a new approach and excellent service for many... Moira Corcoran a senior Physiotherapist in the Mater came as Head Physiotherapist in the NRH and she went to Stoke Mandeville for training in this area.



Dr Gregg was instrumental in establishing the rapid transfer of patients to NRH by helicopter with the Army Air Corps. The service operated between the early 1960s and late 1990s.



Dr Gregg was presented with a Papal Knighthood

There was no training school at that time for Occupational Therapists. The Hospital Board proposed the setting up of a school in the grounds. This was approved by the Department of Health. We were fortunate to get Ms. Joy Rook an acting principal in England to come and start the first OT school at NRH....

Ms Clare Carney (later Dr), a senior social worker in the Mater, came to lead the Social Work Department in the NRH. – later to move to the UCD Department of Social Science, later as Dean.

Helicopter Service

There were problems in bringing patients with spinal fractures and spinal cord injuries long distances by ambulances to the NRH. A doctor and nurse would drive down in an ambulance – in some cases of fracture, skull tractions might be required to be inserted and a very long drive back in a very slow driving ambulance would be required.

The Departments of Health and Defence were approached and we got the very helpful benefit of their army helicopter corps. They provided a service that provided comfort, speed and increased safety in their transfer.

In recent years advances in radiological diagnosis and the benefit of early assessment from a special orthopaedic service has resulted in the initial admission to the special spinal injuries unit in the Mater Hospital with later transfer to the NRH.

History of some early staff appointments

Early consultant appointments in 1961 included Medical Consultants: Mr Paddy Carey, Neurosurgeon, Mr Dermot O'Flynn, Urologist, and Mr William DeWitt, Orthopaedic surgeon who had an interest in amputee and spinal injuries.

Two young doctors from the Mater Hospital were appointed as Medical officers and trainees. Dr. Conal Wilmot was sent to the spinal injuries unit at Stoke Mandeville and he came back to pioneer work in spinal injuries. Several years later he was appointed to a senior post in the USA.

Dr. Frank Keane was appointed to the limb fitting and manufacturing service. He had periods of training and visits in England, Germany and the USA. He led the development of the limb fitting rehabilitation service and prosthetic workshop. He also did original pioneering work making and patenting the rotating bed and the Urovac device....

Dr Patrick Murray who had trained in the USA as a consultant in rehabilitation came later as a Consultant to the N.R.H.

Dr Mark Delargy came as a Medical officer to the hospital – went to Scotland for further medical work obtaining higher degrees and returned to hospital as a Consultant with spinal responsibilities in the brain injury service.

Dr. Angela McNamara who worked for several years as Senior Medical Officer in NOR and was Chairman of a European committee dealing with rehabilitation transferred to NRH and later as a Consultant in Rehabilitation.

There have since been further rehabilitation consultant appointments.

The IWA (Irish Wheelchair Association) is closely related to the NRH. Fr Leo Close, the founder, was injured with resultant paraplegia in an accident when he was a clerical student shortly before the opening of NRH. There has been a friendly and close relationship between the NRH and the IWA.

Spinal injuries, head injuries, amputation, and other severe 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 NRH at all levels have contributed this to each person admitted.



Dr Thomas Gregg

NRH BOARD OF MANAGEMENT



Mr Henry Murdoch
Chairman



Mr Martin Walsh



Mr Barry Dunlea



Mr Kieran Fleck



Dr Tom Gregg
(to May 2012)



Sr Maura Hanly



Ms Eilish Macklin



Sr Aileen McCarthy
(to May 2012)



Mr Brian McNamara



Mr Paul McNeive



Ms Maeve Nolan



Mr Arthur O'Daly



Mr Dermot O'Flynn



Dr Jacinta McElligott

NRH COMMITTEES

Board of Management

Mr Henry Murdoch
(Chairman)

Dr Jacinta McElligott

Mr Barry Dunlea

Mr Kieran Fleck

Mr Derek Greene
(Secretary)

Dr Tom Gregg
(to May '12)

Sr Maura Hanly

Ms Eilish Macklin

Sr Aileen McCarthy
(to May '12)

Mr Brian McNamara

Mr Paul McNeive

Ms Maeve Nolan

Mr Arthur O'Daly

Mr Dermot O'Flynn

Mr Martin Walsh

Executive Committee

Mr Derek Greene
(Chairman)

Dr Simone Carton

Mr Sam Dunwoody

Ms Bernadette Lee

Ms Eilish Macklin

Dr Jacinta McElligott

Dr Jacinta Morgan

Mr Eugene Roe

Ms Rosemarie Nolan

Ms Olive Keenan

Ms Rosie Kelly

Ethics Committee

Mr Kieran Fleck
(Chairman)

Dr Jacinta McElligott

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 Jacinta Morgan
(Secretary)

Dr Brian McGlone

Dr Tom Owens

Dr Nicola Ryall

Dr Éimear Smith

Mr Keith Synnott

Dr Susan Finn

Dr Vivien Murphy

Dr Angela McNamara
(Locum 2012)

Dr Dipak Datta
(Locum 2012)

Mr Seamus Morris
(from December 2012)

Patients Forum

Mr Brian Kerr
(Chairman)

Patient Representatives

All current patients are invited to attend each meeting

Ms Joan Carthy

Mr Jim O'Reilly

Mr Seamus Ryan

Ms Olivia Doherty

Mr Eugene Roe

Ms Audrey Donnelly

Ms Angela Browne
(Minute Taker)

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

FINANCIAL STATEMENT



2012 began with a further cut in the HSE funding allocation for services. The opening allocation for the year was set at €23.525m – a reduction of €0.959m. This allocation reflected a further 3.9% cut on top of the 4.3% reduction in funding (€1.094m) made in 2011. This cumulative reduction of 15% (€4m) over three years has put major pressures on our Specialist Rehabilitation Services provided to our Patients and their families nationally. Following negotiations with the HSE throughout the year an additional €1.6m was allocated resulting in a final allocation of €25.125m with €1.354m allocated on a ‘once off’ basis covering increased costs of Pensions and Lump sums as well as service pressures.

In early June 2012 a very valued member of our staff passed away suddenly, we extend our sincere condolences to Sandra’s Husband and Children her family and friends, sadly missed by us all.

2012 Fiscal Outcome

Our cumulative overrun at the end of the previous year (2011) was contained at €0.005m and this overrun is treated as our first charge on expenditure in our 2012 accounts. The total net expenditure incurred in 2012 was €25.130m, which resulted in a cumulative overrun of €0.010m 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 2012. This will allow the Hospital commence its services in 2013 without any financial burden carried forward from the previous year.

A summary of the 2012 Revenue Income & Expenditure Account is as follows:

	Budget 2012 €000	Actual 2012 €000	Variance Current Year €000	Actual 2011 €000
Deficit brought forward		5		1
Pay Expenditure	23,650	23,570	-80	23,513
Non-Pay Expenditure	7,360	9,039	1,679	9,040
Gross Expenditure	31,010	32,614	1,599	32,554
Less Income Receipts	5,885	7,479	-1,594	8,065
Net Expenditure	25,125	25,135	5	24,489
Revenue Allocation		25,125		24,484
Accumulated Deficit		10		5

Income and Expenditure Account

Pay costs increased from €23.513m to €23.570m – an increase of only 0.02%. Salaries reduced by €0.552m but Pensions and Lump Sums increased by €0.609m. While the continued recruitment freeze imposed by the HSE assists in managing expenditure, the knock on effect to services is making it increasingly more difficult to maintain services as provided in previous years.

Non-Pay expenditure remained static this year but was again showing a negative variance over available budget. Again, 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 27.5% of the expenditure and increased by €370,000, and the second area was the increased cost of Building Maintenance and Repair which related to HIQA Compliance and Fire Upgrade works which accounted for 18.2% of the overall non-pay expenditure. 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.

2012 saw income receipts decrease by €0.585m (7.2%) from €8.065m in 2011 to €7.479m in 2012. Two main areas of increased income to note were: Sales of Artificial Limbs and Orthotics increased by €0.320m and Income from External Agencies rose by €0.144m assisted again by Grant Aid from the NRH Foundation for Equipment, Rehabilitation Therapy Services and grants towards Patient Recreational Facilities totalling €364,000, and fundraising donations all contributed to the increased level of income generated in this category in 2012.

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 or purchase of equipment which had to be curtailed in previous years, were possible due to higher than expected receipts in RTA income in 2012. However, overall RTA income did reduce from €2.249m in 2011 to only €1.240m in 2012 and this shows the unpredictability of income from this source.

Capital Grants

Capital Funding approved during 2012 was as follows:

	2012 €	2011 €
Capital Project – Hospital Redevelopment Project – HSE	200,000	–
Minor Capital – Fire Prevention Upgrade / HIQA Compliance Works	60,000	540,000
Minor Capital – Single Rooms with En-Suite	–	350,000
Minor Capital – ICT Projects Hardware & Software Replacement	81,702	–
Minor Capital – Replacement CHP Unit	22,656	–
	364,358	890,000

Developments

Throughout 2012, 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 issues, Employee Control Ceiling and Revenue Allocation Adjustments and Submissions.

In May we received confirmation from Government and the HSE to commence the first phase of the Hospital redevelopment and commenced the process of procuring the service of a new Design Team for the project. We received additional HSE Capital grants in 2012 which supported the final phase of Fire Upgrade/ HIQA Compliance Works and with some minor funding we were able to replace some very old PC's and upgrade software as part of our ongoing ICT strategy. The Hospital is also part of the NIMIS national project and it is hoped that the Hospital will commence the implementation of this upgrade in early 2013 and go live by late summer. Once this rollout is achieved access to this service will enhance and assist in the treatment of our patients.

The Hospital received Grant Aid from the NRH Foundation for the Recreational Therapy, Music Therapy, New Therapeutic Garden, Hospital wide WIFI and new and replacement ward and therapy equipment which was very much appreciated. All these additional services and equipment 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



Dr Mark Delargy



Dr Nicola Ryall



Dr Jacinta Morgan
Secretary to Medical Board



Dr Jacinta McElligott
Chairperson Medical Board



Dr Éimear Smith



Dr Andrew Hanrahan



Dr Susan Finn



Dr Angela McNamara
Locum Consultant

Cornerstones

The National Rehabilitation Hospital continues to evolve and change not only to meet the challenges of our rapidly changing health care environment but also to forge ahead, take the lead and set the cornerstones and foundations for the development and delivery of highest standards of rehabilitation services in Ireland.

The cornerstone (or foundation stone) concept is derived from the first stone set in the construction of a masonry foundation, important since all other stones will be set in reference to this stone, thus determining the position of the entire structure.

With the support of the Hospital Board and the Sisters of Mercy in 2012, NRH Hospital Board of Management has successfully negotiated for the delivery of Phase 1 of our new hospital. The new hospital will be a fit for purpose facility, built to create and facilitate an environment to support the highest standards of rehabilitation care. It will be a day to celebrate when we set the cornerstone and start digging to set the foundation of our new building

Clinical Care

NATIONAL CLINICAL PROGRAMMES: REHABILITATION

One could consider 2012 a landmark year for not only the agreement and funding for our new hospital but also the foundation and future direction of rehabilitation services in Ireland with further development of local regional and national rehabilitation clinical care programmes.

2012 was a landmark year for the National Clinical Programme in Rehabilitation under the leadership of Dr Áine Carroll, Clinical lead for the Rehabilitation Programme, with the support of the Clinical Advisory Committee for Clinical Programme – rehabilitation. The medical board wishes to acknowledge *Dr Áine Carroll's* stalwart hard work, commitment and dedication to the future development of the highest standards of rehabilitation services across Ireland. We wish to also acknowledge *Mr Derek Greene, Mr Gerry O'Dwyer and Dr Valerie Twomey* for their unwavering support and commitment to the cause of rehabilitation and the needs of patients requiring our services. We congratulate Dr Carroll on her new appointment as Clinical Lead for all Programmes and look forward to continuing to work with all of the clinical programmes towards provision of the highest standards of rehabilitation care across Ireland.



Dr Áine Carroll and Dr Jacinta McElligott accompany Minister for Health Dr. James Reilly on a tour of the hospital in May 2012.

Cornerstones and Standards

“Extraordinary people hold themselves to exceptionally high standards and realize that this is the cornerstone of brilliance”

Brain Colbert

At NRH we set our cornerstone and foundations for clinical care with the framework for delivery of internationally accepted best practice and CARF standards of medical rehabilitation. These CARF standards provide the framework for clinical rehabilitation services to deliver evidence based best practice standards of rehabilitation service delivery for all patients. In 2012 medical directors and consultants continued to support the implementation of best practice standards within the specialty programmes of Brain Injury and Stroke, the Spinal Cord System of Care Programme, Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) and Paediatric programmes.

National Clinical Programme – Rehabilitation

Dr Áine Carroll (Clinical Programme Lead for Rehabilitation)

CLINICAL ADVISORY COMMITTEE REHABILITATION

- Dr Jacinta Morgan (Chair of Clinical Advisory Committee for Rehabilitation)
- Dr Jacinta McElligott
- Dr Nicola Ryall
- Dr Éimear Smith
- Dr Andrew Hanrahan
- Dr Mark Delargy

Dr Nicola Ryall is the lead consultant on the National strategy for procurement of Prosthetics, Orthotics and Footwear. *Dr Ryall* was also the lead author of HSE National Quality Orthotic, Footwear and Prosthetic Practice Standards, as well as Clinical Lead on the HSE Prosthetics, Orthotics and Footwear Review Group throughout 2012.

Dr Andrew Hanrahan was appointed to the substantive Consultant post in Rehabilitation Medicine at the Mercy University Hospital in Cork in February 2012. *Dr Hanrahan* is the lead consultant for the development of the regional POLAR (Prosthetic Orthotic and Limb Absence Rehabilitation) Unit for Cork and Kerry based at the Mercy University Hospital and linked to the NRH clinical programmes. In addition to a three day week service, a dedicated Primary Assessment Clinic, an Orthotic Clinic and an Upper Limb service is held monthly. The Scope and Key Performance Indicators from this service will provide a template for the Rehabilitation Medicine Programme. An enhanced Rapid Access Neuro-rehabilitation Outpatient Clinic addresses need from the ED and AMU for mild TBI and selected discharged patients. In addition *Dr Hanrahan* is the lead consultant in the development of an Outpatient Clinic at Kerry General Hospital in Tralee which commenced in June 2012 with links to local Acquired Brain Injury Forum.

Medical Directors of NRH Rehabilitation Programmes

Medical Director	Programme
Dr Mark Delargy	Brain Injury Programme
Dr Éimear 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

In 2012 the Health Service Executive published Clinical Governance Standards and the Irish Health and Quality standards to improve the efficiency and effectiveness of all clinical programmes and services and to provide “safer better health care” for all patients.

These standards; CARF (Commission for Accreditation of Rehabilitation Facilities), HSE, and HIQA are the cornerstones and standards on which we continue to build our services and clinical governance framework to establish a foundation of best practice for rehabilitation services at NRH, and a rehabilitation network of delivery of best practice standards in rehabilitation across the health care services in Ireland.

Education

MULTIDISCIPLINARY AND INTERDISCIPLINARY EDUCATION

In 2012 *Dr Jacinta McElligott* was the lead consultant from the medical board in supporting the development of the Multidisciplinary Academic Steering Group at NRH. The overall aim of the Multidisciplinary Academic Steering Group is to further develop NRH as the Premier Site and National Leader in the development and implementation of Multidisciplinary and Interdisciplinary educational and research programmes in rehabilitation. We wish to especially thank *Ms Anne Rankin* for support of the work of this Group and for her commitment to the development of educational programmes at NRH.

In 2012 over 514 undergraduate and graduate students attended the NRH clinical education programmes. The breakdown of disciplines is outlined in the table below:-

NRH Clinical Education Programmes

Discipline	No. of Students facilitated
Medicine	246
Nursing	112
Physiotherapy	50
Occupational Therapy	30
Medical Social Work	48
Speech and Language Therapy	12
Psychology	4
Music Therapy	2
Dietetics	6
Pharmacy	4

UNDERGRADUATE MEDICAL EDUCATION

The NRH served as a clinical site for training in undergraduate medical education for Students from Trinity College Dublin, University College Dublin and the Royal College of Surgeons in Ireland. *Dr Jacinta McElligott* is a senior clinical lecturer Trinity College Dublin and lead consultant for the under-graduate medical education programme for Trinity students, *Dr Jacinta Morgan* is Associate Dean Medical Education in RCPI and along with *Dr Mark Delargy* is a Senior lecturer for the Royal College of Surgeons in Ireland (RCSI). *Dr Áine Carroll* and *Dr Nicola Ryall* are senior lecturers for University College Dublin.

The medical board wishes to thank *Dr Martina Hennessey*, and our clinical lecturers *Dr Aaisha Khan* and *Dr Faiza Shahbaz* for their hard work and contribution to our undergraduate medical education programmes at NRH. We would also like to thank all the staff and patients who were so obliging and supportive of our students throughout the year.

BASIC SPECIALTY TRAINING

Dr Jacinta Morgan (Secretary to Medical Board)

The NRH had 18 senior house officers from St Vincent's, The Mater and Beaumont Hospital. The medical board wishes to acknowledge *Dr Brian McGlone* and *Mr Robert Flynn*, *Ms Mary Crowe* (Physiotherapy), *Ms Sheena Cheyne* (Pharmacy) for their continued endeavours and support for our multidisciplinary education and training programmes focused on our BST trainees.

SPECIALIST REGISTRAR TRAINING

Dr Jacinta McElligott continued as the National Specialty Director Rehabilitation Medicine in 2012. The NRH is the primary training site for the specialist registrar training in Rehabilitation Medicine.

HST Rehabilitation Training Programmes

- Dr Cara McDonagh
- Dr Eugene Wallace
- Dr Jacqui Stow
- Dr Raymond Carson
- Dr Kinley Roberts

General Practitioner Training Programme

- Dr Fiona Hurley
- Dr Lucy Mantle
- Dr Valerie Hughes

Registrar Training Programme

- Dr Maria Moy

All patients at NRH are given every opportunity to meet their rehabilitation goals through personalised treatment plans.

Consultant Activities

INTERNATIONAL HIGHLIGHTS – 2012

Dr Nicola Ryall was the Irish representative at European Excellence Meet-In on Spasticity and Dystonia Management in October 2012.

Dr Éimear Smith in collaboration with the Road Safety Authority presented "Road collisions as a Cause of Traumatic Spinal Cord Injury in Ireland, 2001-2010" at the International Spinal Cord Injury and the Irish Association of Rehabilitation Medicine.

Dr Jacinta McElligott attended the CARF surveyor training programme in Tucson Arizona and the International Brain Injury Association Meeting in Birmingham where she also presented a poster.

Dr Hanrahan attended the BSRM Conferences in Southampton and Belfast and attended a meeting on Major Trauma Strategy in Leeds, UK in October.

Dr Mark Delargy was an invited member of the RCP London Guidelines review committee on Low Awareness States. He was also invited to join the International support network for Locked in Syndrome (ALIS). Dr Delargy was also appointed to the European UEMS PRM section; he will join Dr Jacinta Morgan as one of 2 Irish Rehabilitation Consultant representatives to the UEMS PRM.

NATIONAL AND REGIONAL HIGHLIGHTS

Dr Jacinta McElligott, Dr Áine Carroll, Dr Jacinta Morgan and Dr Mark Delargy presented at the Diploma in Cerebrovascular and Stroke Medicine in 2012.

Dr Delargy presented at a number of brain injury conferences in Beaumont Hospital and internal training days at NRH during 2012

Dr Nicola Ryall chaired a session on Adult Rehabilitation in Cerebral Palsy at the "Shaping the Future" International Conference. *Dr Ryall* also presented a specialty training day devoted to rehabilitation aspects of limb deficiency at a SpR training day.

Dr Éimear Smith is a lecturer on the Trinity MSC Sports & Exercise Medicine Masters Degree and UCD Undergraduate Programme.



Dr Andrew Hanrahan gave two invited lectures in Dublin at the Royal College of Physicians of Ireland on the Management of Spasticity and the Development of a Rehabilitation Prescription. He also ran the Amputee Rehabilitation module on the MSc in Older Persons Rehabilitation at University Hospital Cork and lectured on Medical Leadership and Teamwork in Medicine, also at UCC. A poster on the Psychological aspects of Amputees was also displayed at the Psychological Society of Ireland meeting in Cork in November.

Dr Jacinta McElligott invited lecturer for RCPI clinical update presenting on Intrathecal and Integration of acute trauma rehabilitation in the US trauma systems of care. *Dr McElligott* also participated in the Medical Assessors training programme with the RCPI.

Research

Dr Jacinta McElligott and Dr Andrew Hanrahan are medical board representatives to the Research Ethics Committee at NRH and *Dr Jacinta McElligott* is the consultant lead in the Research Subcommittee of the OMC. Consultants who participated and supported research activities at NRH in 2012 include *Dr Jacinta McElligott, Dr Nicola Ryall, Dr Mark Delargy, Dr Éimear Smith, Dr Jacinta Morgan, Dr Áine Carroll, Dr Brian McGlone, and Dr Andrew Hanrahan.*

Dr Mark Delargy is currently a co-researcher with the Irish Heart Foundation and Economic and Social Research Institute for Ireland (ESRI) study on Stroke Rehabilitation.

Dr Delargy and Dr Scaramuzzi presented a poster on General Practitioner exposure to training in Rehabilitation Medicine at the International Brain Injury Association (IBIA) conference in Edinburgh.

Dr Delargy with the NRH Disorders of Consciousness (DOC) committee carried out a benchmarking questionnaire survey on DOC rehabilitation practice in the United Kingdom.

The medical board would like to extend a special thank you and appreciation to Ms Anne Rankin for all her expertise, hard work and extra efforts on behalf of the medical board, NCHD's and educational programmes at NRH.



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 243 persons were served by the Inpatient programme in 2012. This compares with 267 in 2011. The small deficit from the previous year was in part due to the temporary closure of beds to facilitate a programme of capital works, which will enhance our patient accommodation and interdisciplinary treatment areas. Of 243 patients discharged from the Brain Injury Programme, 210 were admitted to the Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP), and 33 patients were admitted for various interventions such as a short period of assessment or review.

Patients waited an average of 73 days for admission in 2012, 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 expert interdisciplinary teams, with clinical responsibility led by Dr Mark Delargy (Clinical Director), and Consultant Colleagues **Dr Áine Carroll, Dr Jacinta McElligott** and **Dr Jacinta Morgan**.

The NRH has developed a full continuum of care for people with Acquired Brain Injury. 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 Service

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. 70% of brain injured patients were discharged to home in 2012.

2012 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 2012 and we strive to improve the access to, efficiency and effectiveness of our services.

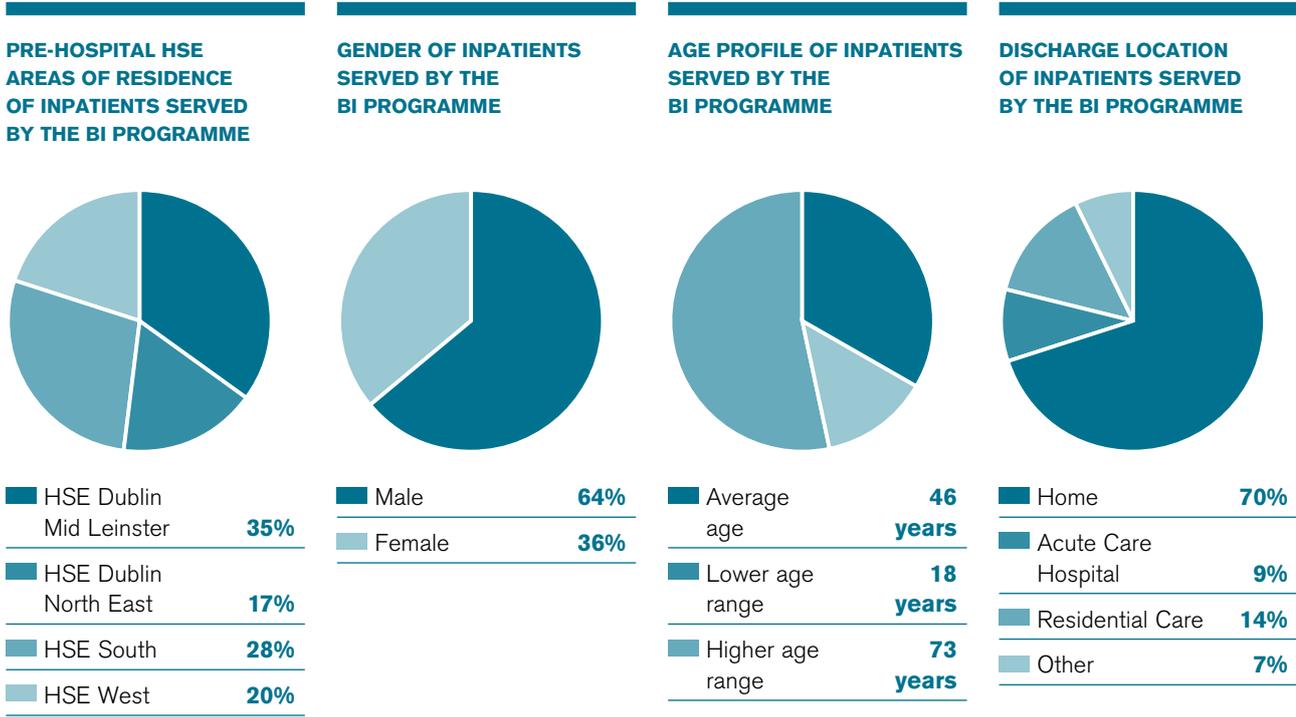
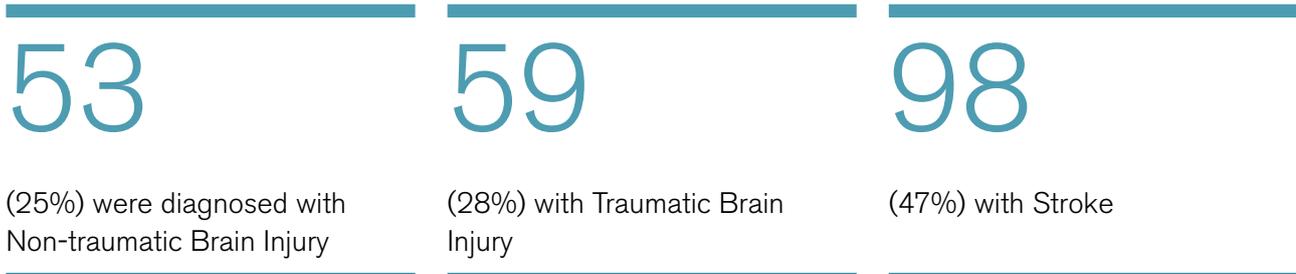
Section 2
NRH Rehabilitation Programmes

BRAIN INJURY PROGRAMME

Demographics, Activity and Outcomes for Inpatient Services – 2012

DEMOGRAPHICS & ACTIVITY

210 persons were discharged in 2012 from the Brain Injury Comprehensive Integrated Inpatient Programme:



Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE PROGRAMME

Indicator	Target Set – 2012	Outcome 2012	Note / Trend
Average Days Waiting for Admission	A target was set that the average days waiting for admission would be less than 70 days.	69 days	Most patients are admitted well within 70 days, but patients with more significant or complex care needs can wait longer for admission. Range of 5 to 291 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	69% and 47% completion rates respectively	There was a significant deterioration in our efficiency with regard to completion of outcome measures. A Quality Improvement Plan is now in place for 2013
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	67% (MB) and 70% (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	13 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	69 days	This average was consistent throughout the year
Discharge to Home Rate	75% of patients would be discharged to home	70%	9% of patients were discharged back to an Acute hospital and 14% patients were discharged to residential care

Programme Goals Achieved in 2012

It has been another productive year for the Brain Injury Programme with many of our expert staff getting involved in national issues as representatives on the National Rehabilitation Medicine Programme's National Working Group, Clinical Advisory Group, associated Workstreams and Service User Feedback groups. We have had a wonderful opportunity to bring the experiences of our staff, patients and families to national attention and look forward to the implementation of a new Model of Care for Specialist Rehabilitation Services in 2013. Brain Injury Programme staff have contributed to National Clinical Guidelines for Acquired Brain Injury and Stroke and are currently working on the development of Care Pathways and Care Bundles for a wide range of neurological conditions.

St. Patrick's (Neurobehavioural) Ward was chosen as one of the test sites for the soon to be implemented Productive Ward initiative and the Treating Team are busy setting up new processes and systems to support our patients and families in a more efficient and effective way.

The Programme's Recreational Therapy Service was expanded into the Rehabilitative Training Unit (RTU) in September 2012, where a variety of different activities have been provided for including Pilates, Fitness and Meditation.

The Enteral Feeding Group – an inter-disciplinary working group – completed an audit of positioning during enteral feeding and completed education on all wards, after a scheduled follow-up audit is completed, the group will look at positioning for people being fed and finally positioning for patients feeding themselves.

The Brain Injury Programme Family and Carer Education Programmes had continued success throughout 2012. Education and training provides information and support to families and carers, and feedback received from individuals attending the sessions has been consistently positive.

BRAIN INJURY PROGRAMME

In April 2012 the Brain Injury Physiotherapy Team explored a new practice initiative as a solution to the impact of retirements, patient weighting and decreased cover for leave. The emphasis of Sports Therapy focused their activity more on group practice sessions around mobility and to meet cardiovascular needs of the brain injury population as per best practice guidelines. The therapists increased the number of patients attending the service and provided a further opportunity for task practice and participation in a group setting. This project will continue into 2013 as it continues to be reviewed and developed in order to best meet the needs of the varied patient population within the Brain Injury Programme.

Specialised videonystagmography goggles and laptop were acquired through a minor grant application to the NRH Foundation in April 2012. Under the expert tuition and supervision of Donncha Lane, these have been used to expand and supplement previous vestibular assessment skills within the Brain Injury programme.

The Brain Injury Occupational Therapy (OT) team have been supported over the past number of months by Stephen O'Toole, Volunteer, and this has enabled the team to introduce a variety of new initiatives to enhance the service to our patients. Fiona Haughey was one of three OTs in the department who completed training to become accredited in the use of the Assessment of Motor and Processing Skills Assessment Battery.

OT and Pharmacy collaborated in 2012 and established a screening tool to identify patients suitable for training to self-medicate. This formed part of the Pharmacy Policy on Self-Medicating and use of Dosset Boxes.

The Programme was represented by Fiona Haughey, Senior Occupational Therapist at the International World Brain Injury Conference in Edinburgh in 2012. Fiona presented "A Case of Dressing Apraxia – a case report" was published in the International Journal of Therapy and Rehabilitation, December 2012. Authors of the paper were Fiona Haughey, Dr Jacinta Morgan and Tadhg Stapleton. She also presented "The Role of OTs working with persons with a disorder of consciousness (Not SMART trained)" and "Post Brain Injury Fatigue – finding a Focus".

In collaboration with our Brain Injury Outpatient Physiotherapy Team, Julie Flanagan and Fiona Haughey presented the SAEBO device to the brain injury inpatient occupational therapists and physiotherapists. A screen tool to select appropriate candidates for the tool has been rolled out to assist clinicians in establishing appropriate candidates for the device. This equipment was sourced following a successful application to the NRH Foundation.

Alison McCann attended and presented the following poster at the Irish Association of Rehabilitation Medicine, Annual Scientific Meeting 2012. May 2012: Delargy M., McCann A., Begley C., Haughey F., Cornell C., Culligan J., Corcoran L., Ally A., Regan M. Disorders of Consciousness (D.O.C.) Services in Ireland and the UK: Pilot Study results. The Driving Assessment and Training Services operate across all NRH Programmes.

In 2012, information was gathered to establish the number of patients who required cognitive assessments. Short term developments for 2013 include linking in with Trinity College Dublin to audit this information and to develop a basic cognitive screen that can be used in the department for driving. Other projects include, completing a research project in conjunction with the Association of Occupational Therapists in Ireland and Dr. Jacinta Morgan, which will investigate the current driving behaviours of past patients. The long term aim is to work towards developing a leading service nationally.

Alison McCann (Occupational Therapy Clinical Tutor) is currently working towards receiving an Advanced Accreditation in the use of SMART (Sensory Modality Assessment and Rehabilitation Technique) from the Royal Hospital for Neuro-rehabilitation in Putney. From March 2013, all patients admitted to the Disorders of Consciousness beds are now covered by an accredited SMART assessor for assessment using SMART. This is provided by three Senior Occupational Therapists, Aisling Weyham, Fiona Haughey and Alison McCann.



*Trainees and Staff
from the Rehabilitative
Training Unit (RTU)
working in the
Therapeutic Garden.*

Medical

The Medical Director of the programme in 2012 – **Dr Mark Delargy**, working in collaboration with Consultant Colleagues **Dr Áine Carroll**, **Dr Jacinta McElligott** and **Dr Jacinta Morgan**.

Programme Manager

The Programme Manager for the Brain Injury Programme in 2012 – **Valerie Twomey**

Clinical Services within the Brain Injury Programme Include:

- Medical
- Nursing (St. Brigid's Ward, St. Patrick's Ward, St. Camillus' Ward and St. Gabriel's Ward)
- Clinical Neuropsychology
- Nutrition and Dietetics
- Occupational Therapy
- Physiotherapy
- Social Work
- Speech & Language Therapy
- Therapeutic Recreation Service
- Music Therapy
- Liaison Service



SECTION 2

NRH Rehabilitation Programmes

SPINAL CORD SYSTEM OF CARE (SCSC) PROGRAMME



Eugene Roe
Programme Manager
SCSC Injury Programme



Dr Éimear Smith
Medical Director
SCSC Programme



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

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



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

The SCSC Programme provides a continuum of care encompassing the Inpatient rehabilitation phase (with a current bed capacity of 35 beds) and 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. The SCSC Programme manages an additional inpatient bed for the treatment of patients with pressure wounds.

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

Section 2
NRH Rehabilitation Programmes

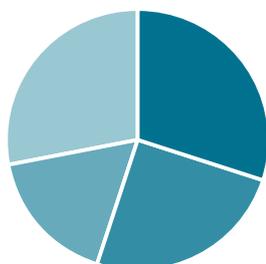
SPINAL CORD SYSTEM OF CARE PROGRAMME

Demographics, Activity and Outcomes for Inpatient Services – 2012

DEMOGRAPHICS & ACTIVITY

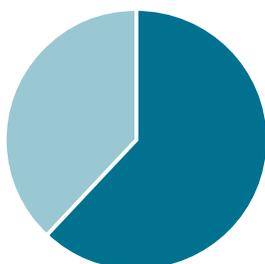
In total one hundred and fifty two persons were discharged in 2012 from the SCSC Programme. One hundred and nine patients were admitted for the first time to the SCSC Programme at NRH and fifty one (46%) of these had sustained a new traumatic spinal cord injury (SCI). Overall 36% of patients were under the age of 40 and 30% were over the age of 60.

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



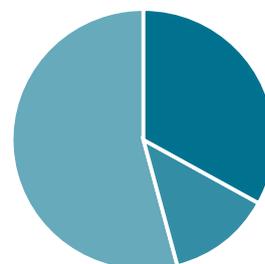
HSE Dublin Mid Leinster	30%
HSE Dublin North East	25%
HSE South	17%
HSE West	28%

GENDER OF PATIENTS DISCHARGED FROM THE SCSC PROGRAMME

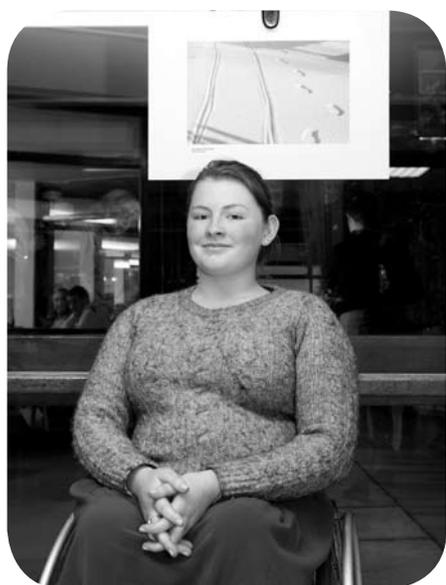


Male	62%
Female	38%

AGE PROFILE OF PATIENTS DISCHARGED FROM THE SCSC PROGRAMME



Average age	49 years
Lower age range	19 years
Higher age range	80 years



Kerrie Leonard's winning photograph 'Footsteps in the snow' was selected to be included in the NRH Calendar for 2013.

Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE PROGRAMME

Indicator	Target Set – 2012	Outcome 2012	Note / Trend
Average Days Waiting for Admission	Target: Admission of Patients within 50 days	The average days waiting for admission was 49 days	89% 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 when a number of patients must 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 met with 1096 (9.4%) of bed days lost to Delayed Discharges	'Delayed Discharges' is the term used when patients who have completed their rehabilitation programme and are medical fit for discharge but are awaiting access to onward care. 1096 bed days lost to the SCSC Programme in 2012 equates to 3 beds being unavailable for admissions in that year.
Discharge to Home Rate	Target: To discharge at least 75% of patients to home	83% of patients were discharged home	In 2012 the number of patients returning to their referring hospital (7%) fell significantly when compared with 2011 (17%). Planning the patients' ongoing journey to the community remains a challenge in the current economic environment with less funding available to support home discharges.

SCSC Programme Highlights in 2012

- 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.
- The Third Annual 'Research and New Developments in Spinal Cord Injury' Information Day was held in September 2012 and included inputs on tendon transfers, an Irish Paralympian account of participating in the London 2012 Olympics, using mainstream electronic assistive technology, accessing pubs, clubs and music gigs as a wheelchair user and outcomes from a recent NRH survey on long term living with spinal cord injury. The day is a joint venture between SII and the SCSC Programme.
- The interagency advisory group formed to address the 'attendant care needs and equipment needs of persons with spinal cord injury' completed its work but has yet to make the resource available to all stakeholders. This group included representatives from the SCSC Programme at NRH, the HSE and SII.
- In 2011 feedback from participants in the Reunion for Women with Spinal Cord Injury suggested that it become an annual event, and in May 2012 the second Reunion was held and was again very well received.
- Participation in sports is very often a key activity for persons with spinal cord injury and the NRH once again participated in the Annual Inter Unit Spinal Games in the UK and came a very creditable second place.
- Team development and education continued in 2012 with a monthly interdisciplinary education programme with different disciplines presenting to the whole team.
- Two staff nurses won the Poster Prize at the UK MASCIP meeting (Multidisciplinary Association of Spinal Cord Injury Professionals).

SPINAL CORD SYSTEM OF CARE PROGRAMME

- The Education Committee carried out a survey of those living long term (>20 years) with SCI in Ireland. Over 400 surveys were sent out and a 30% response rate provided a useful overview of the main concerns of this cohort of individuals. The majority of respondents reported either a good or very good quality of life. A more detailed overview of findings is available in a recent and forthcoming SII Newsletter.
- The Education Committee also carried out a survey of patients' experiences of the goal setting process. The majority of patients expressed a wish for more involvement in goal planning, and a re-design of the process and documentation is currently being developed to facilitate better patient engagement.
- The reopening of the refurbished Our Lady's Ward took place in August 2012 which provides a greatly enhanced environment for both patients and staff.
- On the international front, the SCSC Programme contributed to a report being undertaken by the European Spinal Cord Injury Federation.
- Again on the international front, the SCSC Programme had a very informative visit from Dr Greg Murphy, La Trobe University, Melbourne, Australia. The focus of the visit was on the importance of the treating team maintaining a strong focus on vocational issues for persons with spinal cord injury.
- The musician Tom Doughty who has a tetraplegic spinal cord injury visited the NRH and held a music workshop and concert.

Dr. Éimear Smith and Dr. Jacinta McElligott are the rehabilitation physicians responsible for the Spinal Cord System of Care (SCSC) at the National Rehabilitation Hospital. Both have sub-specialist training in spinal cord injury medicine and rehabilitation. The majority of referrals to this programme are received through the National Spinal Injuries Unit, Mater Hospital. The remainder of patients are referred from any of the acute hospitals nationwide, a significant number of these coming from the care of a neurologist or neurosurgeon.

Two specific and ongoing challenges for the SCSC Programme concern discharge planning and the management of an ever-growing population with secondary health conditions. Arranging the discharges of patients with high level tetraplegia, in particular, has always been complex even in better economic times. Typically, large care packages are sought from community services to enable home discharges. We are noticing more and more that due to smaller budgets, community services may not be in a position to fund the care-hours requested by the NRH team. As a result, discharges may be delayed and there is additional burden on family members following discharge. Secondly, the prevalence of spinal cord injury continues to increase and there are more and more tetraplegic and paraplegic people living in the community who are developing a range of secondary complications as they age. As they return for advice and assistance from the specialist service at NRH, this places an additional demand on our Outpatient services.

The Spinal Cord Injury Liaison Service, provided by Liz Maume, provides an invaluable service to the programme. Her scope of practice includes pre-admission assessment of patients, follow-up post-discharge, including a visit to the patient's home where necessary, training and education of healthcare staff in the community and a comprehensive annual review by telephone, where it is felt not to be necessary for a patient to return to the Outpatient clinic.

The biggest asset in the SCSC Programme is its staff, and feedback from patients throughout the year was again consistently positive about the person centred practice, professionalism and skill of the programme staff. 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. The physical environment of the NRH remains a challenge to greater development of interdisciplinary working in the SCSC Programme and future opportunities to develop interdisciplinary working need to be developed.

In 2012 the SCSC Programme had a significant challenge with firstly the temporary reduction of beds in Our Lady's Ward and then the closure of the ward and the move to Second Floor to facilitate the ward upgrade and refurbishment programme. During this period the SCSC Programme was creative in the delivery of its service by offering 'day patient' programmes for some patients living locally and using some other programme beds on the Third Floor. Despite there being 11% less bed days available in 2012 there was only a reduction of 5% (8) patients in the total throughput compared with 2011. Bed occupancy in the SCSC Programme remains consistently over 95%.

As in past years, significant fundraising was undertaken by individuals and groups in 2012 to support the spinal programme at NRH and all this effort is very much appreciated by the staff of the programme. Among items purchased with the significant funding spent on equipment in 2012 was the Bioness FES System.

The Vocational Project

The Vocational project continues to provide a service to all spinal cord injured patients who wish to explore vocational goals. The programme forms an integrated part of the Goal Setting Conference. Where goals are identified the Vocational team works with patients at inpatient level and through a follow-up outreach programme to enable patients to maximise their potential in lifelong learning, training and work. In 2012, 54 patients were seen as part of the Vocational Programme.

Outpatient Follow Up: This service has continued to expand over the past year. The main reasons are

- the current economic climate where fewer opportunities for new employment exist
- Reduction in FAS training schemes have been suspended
- Greater competition for places on courses

Work Site Visits: This service continues 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: Patients are kept up to date with changing trends and services at community level through our Vocational Workshops and where necessary, on a case by case basis. The primary goal is to link patients into mainstream services.

Medical

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

Programme Manager

Eugene Roe is the Programme Manager for the SCSC Programme.

Clinical Services within the SCSC Programme Include:

- Medical
- Nursing (St. Margaret's and St. Joseph's Wards, Our Lady's Ward and St. Camillus' Ward)
- Clinical Neuropsychology
- Nutrition and Dietetics
- Occupational Therapy
- Physiotherapy
- Social Work
- Speech & Language Therapy
- Therapeutic Recreation Service
- Liaison Service



SECTION 2

NRH Rehabilitation Programmes

PROSTHETIC, ORTHOTIC AND LIMB ABSENCE REHABILITATION (POLAR) PROGRAMME



Dr Nicola Ryall
Medical Director
POLAR Programme



Dorothy Gibney
Programme Manager
POLAR Programme



The POLAR programme has continued to provide prosthetic rehabilitation for people with both amputation and congenital limb absence throughout 2012. During the year we faced a number of challenges and we have experienced some exciting new developments.

Our Inpatient admissions (104) were slightly increased on the previous year. Dr Ryall undertook a comparison of the patient profile between 2002 and 2011. This showed a significant increase in patient complexity particularly in the areas of obesity, cognitive impairment and musculoskeletal impairments. Despite this the Programme has managed to reduce the average length of stay while maintaining our discharge to home rate.

Programme Developments:

In early 2012 three of the Programme's senior staff retired. This impacted most significantly on the Occupational Therapy provision to the programme as the senior therapists to both the Upper Limb and Lower Limb services retired. With close collaboration with the Occupational Therapy Manager a "Transfer of Skills" programme was put in place for the incoming senior therapist. This has also enabled us to reconfigure how the service links across the continuum of Outpatients and Inpatients, and to review our initial assessment of new referrals to the service.



In the previous year we had initiated Physiotherapy input into the initial assessment appointment for patients. In 2012 we were able to develop this further and we now offer an interdisciplinary assessment to all newly referred patients who attend the clinics on the NRH site. This involved medics, prosthetists, physiotherapist, and occupational therapist as routine, with social worker and psychologist involvement as required. This interdisciplinary assessment has improved the prescription process for prostheses.

The POLAR programme was requested to provide rehabilitation to two patients from Libya who had suffered limb loss during the civil conflict in that country. This was a new initiative for the service. Liaison with colleagues in Musgrave Park Hospital, Belfast, who had offered a similar programme, was invaluable in highlighting the need to provide some cultural and social links for these patients. Both achieved good levels of mobility and we understand that they have successfully reintegrated on returning home.

Another new initiative for the programme was operating a pilot Outpatient Therapy Clinic. The driver for this was our lengthening waiting list. The pilot programme consisted of therapy being offered to 6 patients who attended for 3 days per week for 3 weeks. Patients were appointed for either the morning or the afternoon and therapies were grouped. Additional therapy staff facilitated this pilot. Patients were offered this service on the basis of being able to travel to the NRH, they came from Dublin, Kildare and Wicklow. All patients were wheelchair dependant for mobility at the start of the programme and all achieved outdoor mobility with a 4 wheeled rollator at the end of the programme. Review of the programme some 3 months later suggested that a slightly longer programme would have enabled the gains made to become more sustainable for patients. Patients reported positively on the programme.

Section 2 NRH Rehabilitation Programmes

PROSTHETIC, ORTHOTIC AND LIMB ABSENCE REHABILITATION PROGRAMME

The HSE requested Dr Ryall to be seconded as Clinical Lead for Procurement for Prosthetics and Orthotics linking with the National Rehabilitation Clinical Programme. Dr Ryall was seconded for 6 weeks starting in June. The POLAR programme was fortunate to welcome Dr Dipak Datta as locum. Dr Datta has much experience in amputee rehabilitation and was very insightful regarding service delivery. Although Dr Ryall has now resumed her post as consultant and Medical Director she continues to be involved with the HSE Procurement Programme.

In August the programme held the annual POLAR Paediatrics Day for under 18 year olds with limb absence. This was attended by 10 service users together with 9 of their siblings and 14 parents. The emphasis of the day was on active participation and the representatives from FAI Amputee Football engaged with the children while their parents participated in an alternative programme. A fuller report on the day is available in the Paediatric Family-Centred Rehabilitation Programme Report.

Education

The POLAR Programme supports staff members to attend various training and educational programmes. The Occupational Therapist and Physiotherapist from the Programme attended courses in Amputee Rehabilitation in Roehampton Hospital. The Prosthetists have provided information on prosthesis to various disciplines as required.

During May the Programme held an Amputee Rehabilitation Seminar for Medical Staff on the Specialist Registrar Training programme.

The specialty accreditation standards for Amputee Rehabilitation require significant education for service users and opportunities for peer support. During the year Amputee Ireland undertook to provide the Peer Support programme on a pilot basis. We are especially grateful to Michael Mc William and Seamus Ryan who provided most of this support. The programme is now investigating other options for delivering this which would be less demanding of individuals' time such as the use of video diary.

Future Objectives

The programme has a wonderful opportunity for restructuring the service delivery in 2013. The objective is to reduce our Inpatient bed numbers and to increase provision of therapy services on an Outpatient basis. This will require flexibility as we transition to this model. As part of this plan we look forward to moving to a dedicated ward for POLAR patients. We anticipate a smooth transition between Inpatients and Outpatients with shorter Inpatient stays for service users and access to therapy for established patients as required.

We continue to review our service delivery through the satellite clinics. We now offer a weekly clinic in Galway and we have increased the frequency of the Carrick-on-Shannon clinic to every two weeks. We look forward to the development of additional consultant posts in both HSE West and Dublin North East as both posts will include dedicated sessions for prosthetic rehabilitation.

Demographics, Activity and Outcomes for Inpatient Services – 2012

DEMOGRAPHICS & ACTIVITY

Admissions to the POLAR Inpatient Service in 2012

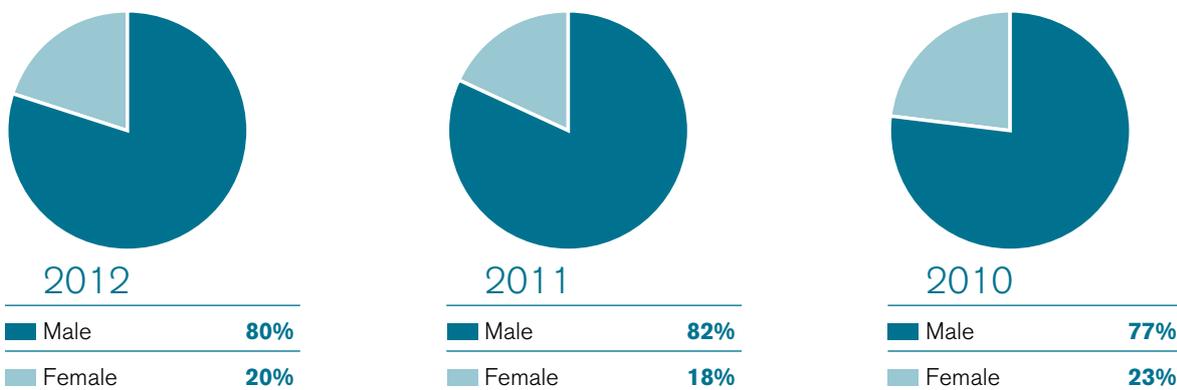
Types of Amputation	Numbers 2012	Percentage of Admissions 2012	Numbers 2011	Percentage of Admissions 2011	Numbers 2010
Above knee	51	49%	38	40%	44
Below knee	47	45%	37	38%	46
Bi-lateral Lower limb	5	5%	18	19%	8
Hemipelvectomy / through hip and above knee	1*	1%	0	0%	1
Upper limb amputation	0	0%	3	3%	3
TOTAL	104	100%	96	100%	102

* relates to a patient with both hip and knee disarticulation. The figure in 2010 relates to a patient with a Hemipelvectomy.

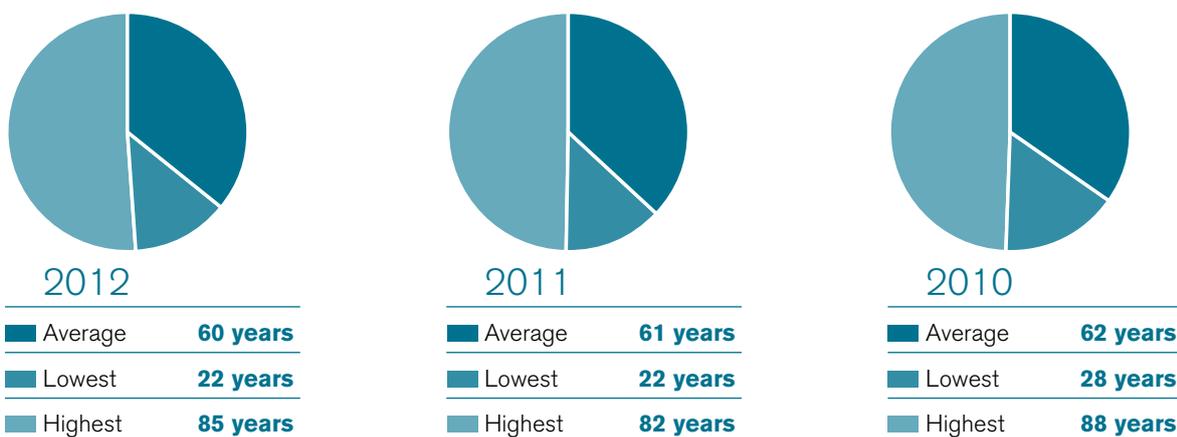
PRE-HOSPITAL HSE AREAS OF RESIDENCE OF PATIENTS SERVED BY THE POLAR PROGRAMME



GENDER OF PATIENTS SERVED BY THE POLAR PROGRAMME



AGE PROFILE OF PATIENTS SERVED BY THE POLAR PROGRAMME



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 2012 the following indicators and outcome targets shown in the table below demonstrate the effectiveness of the service.

Indicator	Target Set – 2012	Outcome 2012	Note / Trend
Discharge to Home Rate	75% of patients will be discharged home	91% of patients were discharged home	This is an increase of 2% on 2011
Average Days Waiting for Admission	Average days waiting for admission to the POLAR Programme will be ≤ 70 days	The average days waiting for admission was 22 days	This is a reduction of 10 days compared with 2011. However, patients experience a significant wait for sanction (approval for funding for their prosthesis) before they can go on the waiting list.
Average Rehabilitation Length of Stay (LOS)	Average length of stay should be ≤ 90 days	Average LOS was 48 days	
Delayed Discharges	Less than 1% of bed days lost to delayed discharges	0% of bed days were lost to Delayed Discharges in 2012	

Prosthetic Service

PRE-HOSPITAL HSE AREAS OF RESIDENCE OF INPATIENTS DISCHARGED BY THE POLAR PROGRAMME

	2012	2011	2010
HSE Dublin Mid Leinster	41%	48%	44%
HSE Dublin North East	18%	15%	17%
HSE South	14%	20%	18%
HSE West	27%	17%	21%

PRODUCTION BY LIMB TYPE

Type of Prosthesis: Lower Limb	2012	2011	2010
Hip disarticulation	3	1	2
Above knee	73	68	61
Knee disarticulation	5	2	4
Below Knee	149	145	116
New sockets	123	110	111
Appliances	7	9	6
TOTALS	360	335	300

Type of Prosthesis: Upper limb	2012	2011	2010
Above Elbow	7	6	4
Below Elbow	22	25	27
Socket	5	10	14
Other Appliance	14	17	7
TOTALS	48	58	52

Clinic Attendances	2012	2011	2010
NRH Consultant-led clinic	714	918	876
NRH Prosthetist only Clinics	1,302	1,236	900
Cork Consultant-led clinics*		157	409
Satellite clinics	974	1,060	615
Total Prosthetic Attendances	2,980	3,371	2,800
Orthotic clinics	709	812	918
Combined total of Outpatient attendances	4,183	4,183	3,718

* 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.

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.

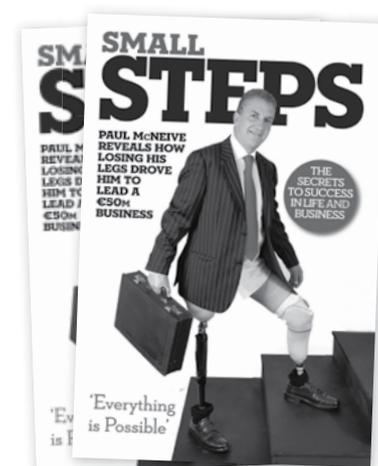
Programme Manager

Dorothy Gibney is the Programme Manager for the POLAR Programme.

Clinical Services within the POLAR Programme Include:

- Medical
- Nursing (St. Camillus' Ward and St. Gabriel's Ward)
- Clinical Neuropsychology
- Nutrition and Dietetics
- Occupational Therapy
- Physiotherapy
- Social Work
- Speech & Language Therapy
- Therapeutic Recreation Service
- Prosthetic and Orthotic Service

Paul McNeive, NRH Board Member, published 'Small Steps' in 2012. In his book, Paul talks about his personal and professional journey, including his time as a patient at NRH and the motivation that led him to achieve remarkable career success. 'Small Steps' is available in bookshops, Kindle and from paulmcneive.com





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 young persons requiring a complex specialist interdisciplinary rehabilitation service.

The children and young persons 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 GPs from across the Republic of Ireland.

The initial rehabilitation needs of the children and young persons referred are assessed by the PAEDS programme team on an Inpatient or Day-patient basis. Sometimes patients will be offered a 1 day multidisciplinary team 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 to Friday basis.



The PAEDS Programme team also provide a follow-up or review rehabilitation service to children and young persons as they grow and develop through childhood when further assessment/advice is needed from the specialist Interdisciplinary Team. Children and young persons may experience difficulties as a consequence of their illness or 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 or young person – physically, emotionally, socially and cognitively.
- To involve the children and young persons and their families and carers positively in the rehabilitation process.
- To support the successful reintegration of the child/young person into their home, school and the wider community.
- To help and support the child or young person and 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 and carers to enable them to advocate and care for their child and their needs.
- To provide rehabilitation training, education and information to Teachers and Special Needs Assistants, Personal Assistants and other service providers in order to assist the successful transition to home and community.

Developments in 2012

Interdisciplinary working for individual patients and groups of patients is an active and well established aspect of work in the Paediatric programme. The confirmation of the Music Therapist, Rebecca O'Connor, as a permanent part-time member of staff in 2012 further supports this approach.

The Paediatric team members have continued to develop links with other service providers such as The Children's Trust in Tadworth and in the North of Ireland. Staff from the Child Brain Injury Trust, Belfast and members of the Children's Acquired Brain Injury Consultation Service in Belfast visited NRH which enables us to share experiences and ways of working.

Discharge planning processes have further developed during 2012 so that, alongside the interdisciplinary discharge reports for all patients, clear decisions are made regarding the need for and appropriateness of NRH follow-up services. This process facilitates efficient service planning and is transparent for all including parents and community services.

In 2012 the Summer Project review week for teenagers with an acquired brain injury focused on enhancing social communication skills. Each attendee was supported in identifying social communication goals. The goals were targeted across all the team interventions. Parents received individualised written reports and verbal feedback relating to their child, with recommendations for continued development of their goals into the future.

The Open day for children and young people with limb absence was very successfully provided by the staff of both the Paediatric and the POLAR Programmes, complemented by the contribution of a past patient. In addition, an Open Day was hosted for young people with a spinal injury or dysfunction. Schedules for the Open Days were shared between information, education, discussions and group activities, covering topics such as friendships and relationships, lifestyle and skincare. NRH staff were generously supported in providing the very popular sporting activities for these open days by Spinal Injuries Ireland, the FAI, Irish Amputee Football and the Irish Wheelchair Association.

Milestones in 2012

There were significant staffing changes for the Paediatric programme during 2012. Three long serving staff retired and two senior staff left, one on a career break and one for career development. The commitment and experience of these valued team members has been greatly missed but the staff stepping in to their roles, whether permanently or on a temporary basis, have been exceptional.

Referral rates to the Programme increased significantly in the late 2012. Referral rates of younger children with Disorders of Consciousness was particularly noted, presenting challenges in terms of the clinical skills and resources required to care, assess and treat such young patients safely and effectively. All of these aspects will require reflection and exploration by the Programme team during 2013.

Newly introduced Programmatic Monthly Activity Reports keep all Staff and Management informed consistently of the level of referrals, waiting lists, admissions, and discharges.

Team members have been actively involved in reviewing Health Care Record documents from a Paediatric perspective and they have also developed information and education materials for patients and their families. Members of the Speech and Language Therapy Department have provided support to make the leaflets as accessible as possible for all.

Student Placements

During 2012 there were a number of Students on Professional Placements in the Paediatric programme including – Nursing, Physiotherapy, Occupational Therapy, Neuropsychology, Speech and Language Therapy and Music Therapy.

Demographics, Activity and Outcomes for Inpatient Services – 2012

DEMOGRAPHICS & ACTIVITY

Patient Activity

In 2012 the Paediatric Family-Centred Rehabilitation programme served 94 patients as day/Inpatients, 39 of the 94 were new patients to the programme and 55 had been previously admitted.

Type of Rehabilitation Admission/ Activity	Description	Number in 2012
PAED 1	Children and young persons discharged from Inpatient assessment and a period of intensive rehabilitation (covered by the CARF CIIRP standards)	26
PAED 2	Initial assessment only	13
PAED 3	Interdisciplinary review	31
PAED 4	Neuropsychological assessment/review only	11
PAED 5	Prosthetic limb introduction/training	2
PAED 6	Interdisciplinary review via groups as part of "Summer Review Project"	5
PAED 7	Brief re-admission for a burst of intense rehab	6

22 patients were also seen at the multidisciplinary Spinal clinics led 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 or spinal cord injury or dysfunction were seen at the PAEDS/POLAR, and PAEDS/SCSC Open Days held in 2012.

Pictured at the event hosted to honour the Irish Paralympic Team in October 2012.



Section 2 NRH Rehabilitation Programmes

PAEDIATRIC FAMILY CENTRED REHABILITATION PROGRAMME

In 2012, for all new patients to the service (the 26 'PAED 1' and 13 'PAED 2' Children) and young persons, the following tables show the breakdown of pre-hospital HSE areas of residence, gender, and average age profile.

PRE-HOSPITAL HSE AREAS OF RESIDENCE OF INPATIENTS SERVED BY THE PAEDS PROGRAMME			GENDER OF INPATIENTS SERVED BY THE PAEDS PROGRAMME			AGE PROFILE OF INPATIENTS SERVED BY THE PAEDS PROGRAMME		
	PAED 1's	PAED 2's		PAED 1's	PAED 2's		PAED 1's	PAED 2's
HSE Dublin Mid Leinster	50%	38%	Male	61%	84%	Average age	11 years	13 years
HSE Dublin North East	12%	16%	Female	39%	16%	Lower age range	3 years	5 years
HSE South	27%	31%				Higher age range	17 years	17 years
HSE West	11%	15%						

Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE PROGRAMME

For the PAEDS Programme in 2012 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	90% of CIIRP/PAED 1 patients would be discharged to home	96% were discharged home	
Waiting for Admission to Rehabilitation Rate	The average days waiting admission will be ≤50 days	The average days waiting for admission was 26 days.	This has increased gradually over the year as the waiting list has increased in number.
Average Rehabilitation Length of Stay	Average admission length of stay would be less than 90 days	Average length of stay was 41.4 days	
Delayed Discharge	Less than 1% of bed days available to the programme will be lost to delayed discharges	0.25%	
Completion of the Outcome Measure	95% completion of both the admission and discharge NRH Paediatric Barthell Measuring Sheet	92% completion rate for PAED 1s	
Incidence of Positive Function Score	90% of PAED 1 patients would show a positive change in the NRH Paediatric Barthell Measuring Sheet at discharge	55% showed a positive change	38% showed no change as on admission they had scored full points on this basic functional measure.
Incidence of Return to Mainstream Education	90% of patients will return to mainstream education at time of discharge	92.6%	
Durability of Outcomes	75% of patients, (reported by their parents), at time of 6 week post discharge telephone call will have maintained or improved their achieved rehab goals	77% (20 of the 23 patients contacted)	One other patient had deteriorated and required further acute surgery. 2 had mixed presentations and 2 patients could not be contacted.

Of the 39 new patients seen and discharged from the PAEDS programme in 2012, 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	Limb Absence	Total
PAED 1	4	2	5	2	7		1	3	1		25
PAED 2	12				1					1	14
Total	16	2	5	2	8		1	3	1	1	39

Medical

Dr. Susan Finn is the Consultant Paediatrician to the Paediatric Programme. Dr Finn's primary medical position is with Our Lady's Children's Hospital, Crumlin, with clinical responsibilities also at 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 injury, and with **Dr Mark Delargy** who assess and monitors Paediatric patients with referred to NRH by Beaumont Hospital.

Programme Manager

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

Clinical Services within the Paediatric Family-Centred Programme Include:

- Medical
- Nursing (St. Agnes's Ward)
- Clinical Neuropsychology
- Nutrition and Dietetics
- Occupational Therapy
- Physiotherapy
- Social Work
- Speech & Language Therapy
- Therapeutic Recreation Service
- Liaison Service
- Music Therapy
- Prosthetics and Orthotics



Patients are often a great support to each other on their rehabilitation journey at NRH.



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



Sheena Cheyne
Chief II Pharmacist



Rosie Kelly
Physiotherapy Manager



Lisa Held
Occupational Therapy Manager



Aisling Heffernan
Speech & Language Therapy Manager



Dr Vivien Murphy
Consultant Microbiologist



Dr Brian McGlone
Consultant Radiologist



Edina O'Driscoll
Rehabilitative Training Unit Manager



Dr Paul Gueret
Consultant in Occupational Health



Dr Jacintha More O'Ferrall
Consultant in Occupational Health



Rose Curtis
Occupational Health Nurse

DEPARTMENT OF NURSING

ELISH MACKLIN
DIRECTOR OF NURSING

The following long serving staff members of the Nursing Department retired in 2012:

- Pat Pickering – CNMII St. Gabriel's Ward.
- Claire Conway – Staff Nurse, St. Agnes Ward.
- Nora Keogh – Staff Nurse, St. Agnes Ward.
- Paddy Murray – Health Care Assistant, St. Margaret's/St. Joseph's Ward.
- John Byrne – Health Care Assistant, St. Camillus Ward.
- Kevin Farrell – Health Care Assistant, Our Lady's Ward.
- Marcella Whelan – Health Care Assistant, Out Patients Department.
- Noreen McGeehan – Receptionist.

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 2012. Staff participated in mandatory in-house training and attended various study days and conferences to update their skills. In-house training included Hand Hygiene, Standard Precautions, Catheterisations and Bowel Training, Basic Life Support (BLS) Manual Handling, Fire Training, 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 2012.

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 Hygiene and Infection Prevention & Control, Safety & Risk and the Ethics Committee. Thanks also to Michael Sheridan, Nursing Support Officer, for his assistance, and to Derek Greene for his availability, advice, and support during 2012.

Ward Reports

ST. BRIGID'S WARD

ANNIK DE DIOS – ACTING CNMII (UNTIL DECEMBER 2012)

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

In 2012 nursing staff participated in the introduction of the Rehabilitation Complexity scale, a tool used at preadmission and during admission to identify services required for each patient. Nursing staff also participated in FIM/FAM training, which is to be rolled out in 2013.

Section 3

Clinical Services Provided Across All Programmes

ST. PATRICK'S WARD

PATRICIAN O'NEILL – CNMII

TERESA WHYTE – CNMI

St. Patrick's Ward continues to be a closed unit for the care of patients with acquired brain injury with moderate to severe cognitive and behavioural difficulties. St. Patrick's Ward was totally refurbished during 2012 and reopened in December. The new ward design provides a much more spacious environment thus enabling staff to treat patients more effectively, especially those patients exhibiting challenging behaviour. Staff from St. Patrick's Ward continue to be involved in the following Committees/activities:

- Behaviour Consultancy Forum.
- Crisis Prevention Intervention Training.
- Operations Management Committee.
- Falls Prevention Group.
- Documentation Group.

ST. CAMILLUS' WARD

AGI JOSE ACTING CNMII

St. Camillus' Ward is a 19 bedded male unit caring for amputee patients and those with neurological conditions. The unit also cares for a small number of spinal cord injured patients. 2012 continued to be a busy year with 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.

During 2012, the refurbishment of St. Lawrence's Ward was completed with a new extension of toilet and shower facilities. This was greatly welcomed and appreciated by all patients and staff.

ST. GABRIEL'S WARD

SAJINI LAURANCE – ACTING CNMII

St. Gabriel's Ward is a 14 bedded ward providing Interdisciplinary Rehabilitation for amputee patients and those with acquired brain injury and neurological conditions. The unit also cares for a small number of spinal cord injured patients. A single room is allocated to patients requiring the SMART (Sensory Modality & Assessment Rehabilitation Technique) programme which is included within the wards complex case load. The ward staff continue to see an increase in the complexity of patients' issues on a clinical and non-clinical basis.

Education and Professional Development continues to be a focus for the staff on St. Gabriel's Ward. Staff also continue to be involved in the following committees:

- Hygiene and Infection Prevention Control Committee.
- Falls Prevention Committee.

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

FIONA MARSH – CNMII

RITA GIBBONS – ACTING CNMI

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

In 2012 staff continued to attend training and in-house education to ensure compliance with our Accreditation Standards and HIQA requirements.

OUR LADY'S WARD

SAJIMON CHERIAN – CNMII

Our Lady's Ward is a 19 bedded ward, caring for both male and female patients with spinal cord injury or neurological conditions. As with other wards in the Spinal Cord System of Care Programme, Staff provide education for patients and their families and carers, as well as Health Care Professionals in the Community with regard to caring for patients with spinal cord injury. 2012 saw an increase in the number of high dependency patients admitted to the ward.

The redevelopment and refurbishment of Our Lady's Ward was completed in August 2012. The addition of single ensuite rooms, extra toilet and shower facilities, wheelchair and store room, has provided much needed space and facilities to the pre-existing nightingale ward. These new facilities have given much needed privacy to patients on the ward.

NURSING EDUCATION DEPARTMENT

LIZ CROXON – CLINICAL FACILITATOR

Undergraduate and Post-graduate Student Placements.

DEGREE STUDENTS

The Hospital continues to accommodate students from UCD with 77 in total attending this year. Placements for Erasmus students from European countries were also provided.

THE FURTHER EDUCATION AND TRAINING AWARDS COUNCIL (FETAC) COURSE

Thirteen students from the Institutes of Further Education, undertaking Pre-nursing and Health Care Support FETAC courses were facilitated with clinical placements at the NRH.

Three NRH Health Care Assistants are at present studying for FETAC Level 5 Health Care Certificate. The Nursing Education Department is supporting them through their studies and assessing them for the clinical component of the course.

Rehabilitation Module in Rehabilitation Nursing

This four day course continued to run but due to reduced staffing levels only one course was facilitated in 2012. Great interest has been shown by not only the NRH Staff but also external agencies. Feedback has been very positive to date. In total 11 Nurses attended the course, 7 from external agencies. Certificates were awarded to candidates who completed the written assignment (Category 1 An Bord Altranais Approval – CEUs 24).

Management of the Neurogenic Bowel Training

Requests continued to increase throughout 2012 from Directors of Public Health Nursing, Planning, and Development Units, Continence Advisory services, nursing and Cheshire Homes. The Department supported this community need. Community Nurse and Health care Assistants (125 in total) were trained in management and neurogenic bowel. This included 8 Nurses/ Health Care Assistants from the NRH (Category 1 An Bord Altranais Approval –CEUs 6).

Male Catheterisation Training

This ongoing education and training programme was delivered by the Urology and Nursing Education Departments. A Urology Master Class was held in 2012 with 46 Nurses in attendance, 16 from the NRH. Revision study days continue throughout the year and ongoing practical assessment.

Administration of Intravenous Medication for Nurses

Intravenous (IV) training and assessment continued during 2012 and all staff nurses are now deemed competent. We have now started providing training and assessment for the new staff nurses who have commenced employment in the NRH in 2012 (Category 1 An Bord Altranais Approval – CEU's 7).

Foundation Course for Health Care Assistants (3-Day)

This course continued to run in 2012 with the support of the nurses on the wards assisting with the training. 5 Health Care Assistants were trained this year. Only one course was facilitated due to reduced staffing levels.

Commission on Accreditation of Rehabilitation Facilities (CARF)

The Department continues to be available to assist with competencies and assessments.

New Developments

- In 2012 a "Train the Trainers Course" in Management of the Neurogenic Bowel was introduced due to demand from the community. The department facilitated 21 Nurses from the community. The course was held over two days and with both a theory and practical assessment. Many of these Nurses who attended the course have already commenced training course in their own areas, therefore reducing costs on travelling and maintaining competence of the Nurses and Client's quality of life (Category 1 An Bord Altranais Approval – CEUs 12).
- A Preceptorship course was facilitated in 2012 as the universities request that all institutions providing placements have training in place for preceptors. To date 18 Nurses have attended this course.

INFECTION PREVENTION & CONTROL DEPARTMENT

EIMEAR FLYNN

CLINICAL SPECIALIST – INFECTION PREVENTION AND CONTROL

CATHERINE O'NEILL

ACTING CLINICAL NURSE SPECIALIST

Catherine O'Neill took up the post of Acting Infection Prevention and Control Nurse in September 2012 as locum to Éimear Flynn, CNS Infection Prevention and Control.

Dr. Vivien Murphy, Consultant Microbiologist is employed on a split-site, sessional 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 programme within the organisation. The infection prevention and control team (IPCT) advises on all aspects of infection prevention and control, performs surveillance of alert organisms and delivers education to all grades of staff.

Hygiene, Infection Prevention and Control Committee (HIPCC)

The NRH Hygiene, Infection Prevention and Control Committee (HIPCC) is chaired by the Director of Nursing, has a multidisciplinary membership and meets on monthly basis.

Surveillance of infection

Surveillance forms a major component of the control of infection programme within the NRH. The IPCT is responsible for undertaking daily surveillance, monitoring the incidence and prevalence of various alert organisms – principally MRSA, VRE and C. difficile – and infections within the hospital. Quarterly updates on surveillance figures are provided to the HIPCC 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 and reported to the relevant stakeholders.

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 2012. 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 2012 included:

- Standard Operating Procedure for the investigation into a case of Legionnaire's disease at the NRH.

Education

Hand hygiene education was facilitated by the Infection Prevention and Control Nurse throughout 2012 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.

Academic Activity

Dr Vivien Murphy attended the following conferences in 2012:

- European Congress of Clinical Microbiology and Infectious Diseases (ECCMID), London
- Federation of Infection Societies (FIS) / Healthcare Infection Society (HIS), Liverpool.

OUTPATIENT DEPARTMENT – UNIT 6

SUSAN HOLMES

– ACTING CLINICAL NURSE MANAGER II

– NRH OUTPATIENT DEPARTMENT UNIT 6

Outpatient Clinics held in Unit 6 at NRH Include:

- Neurobehavioural Clinics
- Brain Injury – New and Review
- Spinal Injury – New and Review
- Psychology
- Orthopaedics
- Orthoptics
- Plastics
- Paediatric Clinic
- Disabled Drivers Medical Board of Appeal



NRH Calendar Launch – Deputy Mary Mitchell O'Connor with Ciaran Doherty and staff members from NRH and IADT.

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 provided 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 into the service, especially in relation to the fertility programmes for our spinal cord injured patients. The CNS also serves as a member of the Ethics Committee and the CPR Committee.

The Sexual Health Service is available to all patients of the hospital and is not confined to a particular programme. The 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 increased service provision 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.

Activity

2012 saw a total of 154 patients attend the service for one or more appointments, 25 patients attended for psychosexual counselling programmes, 7 patients attended for fertility programmes, 122 patients attended for information and treatment for issues related to sexuality and disability and sexual function. Of these, 88 patients were from the Spinal Injury Programme, 21 from the Brain Injury Programme, and 21 from the POLAR Programme.

In order to progress and complete the service provided by the CNS, she has undertaken the Nurse Prescribing Course which has been supported by the hospital and Consultants. This course is due to be completed in 2013.

Training and Education

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, as well as providing education to the HCA in-house course and NCHD's.

Lectures and Training provided to outside agencies include:

- RUA Project – St. John of Gods – 2 Sessions
- DCU – Masters in Counselling Course
- 'Sexuality and Body Image' – Irish Cancer Society
- Diabetes and sexuality – Sharing Best Practice
- BRI Conference – Sexuality and Acquired Brain Injury

CPR Committee Report

The CPR Committee meet on a six weekly basis; the National Early Warning Score has recently been introduced to the NRH and is presently on a trial basis on St. Margaret's and St. Joseph's Wards for further roll out to the rest of the hospital in 2013. The aim of this is to help recognise a deteriorating patient earlier and try to prevent unplanned transfers to other hospital emergency departments.

CPR Scenario Training is carried out on a monthly basis in different locations around the hospital; these have demonstrated significant improvement in staff response to emergency situations. A Total of 108 staff have been trained in BLS (Basic Life Support) for healthcare providers and 38 staff have been trained in Heartsaver AED.

UROLOGY SERVICE

EVA WALLACE – CNMII

KAREN MURPHY – STAFF NURSE (UNTIL SEPTEMBER 2012)

OONAGH CREAM – CNMII (SINCE SEPTEMBER 2012)

Services Provided

The patient is at the centre of care in the urology service. Their journey through the service is important to us as we try to shape the service around their needs and preferences in an effort to improve the quality of our services. Patients receive planned review of urology care based on individual needs. This service encompasses some patients from each of the services in the NRH with our main focus on patients from the Spinal Cord System of Care.

Activity – 2012

A total of 758 patients attended the Nurse-Led Clinic. Of these, 479 clinic appointments were rearranged due to restructuring of appointments on the PAS system.

Clinics

Nurse-led clinic (NLC): This is a busy clinic which addresses mainly spinal cord injured patients with Neurogenic Bladder Dysfunction. Most attend on an annual/biannual basis for routine surveillance of the urinary tract. Our clinic times have been increased with individual appointments for patients. It is possible to have ultrasound clinics up to four days a week. There is an excellent communication between the urology department and the x-ray department for this service. Over the past few years our service has been increasing gradually in all clinic areas and thus the workload has also increased. It is imperative that we deliver a holistic service to our patients who attend the Nurse-led clinics and endeavour to refer patients to the appropriate service as required, for example, referrals to the Rehabilitation Consultants, Multidisciplinary Clinics, Liaison Service, Sexual Health Service, Public Health Nurse or GP.

Urodynamic Clinic: This service is available to both Inpatients and Outpatients. 148 procedures were performed in 2012.

Flexible Endoscopy: This service is progressing well with a further increase in numbers since last year. 54 procedures were performed in 2012. Access to this service at NRH in a timely manner is valuable to patients as there are long waiting lists for the service in most hospitals.

Suprapubic Catheter (SPC) Insertions: 7 procedures were performed in 2012.

Catheter Care: Education programmes are provided on an individual basis for patients, families or carers. In addition, a one day SPC course is facilitated in different venues throughout the country and this has category 1 approval from An Bord Altranais.

Referrals to Tallaght Hospital – many of our patients attend Tallaght for further urological care, including an ever increasing number requiring procedures for neurogenic bladder dysfunction – special thanks to staff of Tallaght Hospital GU Outpatient Clinic, Lane Ward and Day Ward for their excellent service.

Drop-in: We continue to facilitate a number of patients who drop-in on an ad-hoc basis for advice or assistance when attending other services in the NRH. There were 52 drop-in or unscheduled patients in 2012.

Telephone Triage continues as an essential link and means of communication for patients. This service assists patients with problem solving, offering advice, and education as appropriate. Many Health Care Professionals, including Consultants, General Practitioners, Registered Nurses, and Public Health Nurses also avail of this service. Our phone lines are increasingly busy and can take over 800 calls per month.

Education: Education is provided at each clinic and on an individual basis depending on patient or carer requests. It is essential to continue patient education regarding bladder and bowel concerns post-discharge. Education sessions are delivered as required for health care professionals from around the country on both neurogenic bladder and bowel issues.

Bowel Care: Increasing numbers of patients are requesting advice on bowel issues. In the absence of a dedicated bowel care clinic in the NRH, the urology service endeavours to fill this gap.

Following an audit of Trans Anal Irrigation, an article written by Dr. Clodagh Loftus has been published in the Irish Medical Journal. *Loftus C., Wallace E., Smith É.*, 'Transanal irrigation in the management of neurogenic bowel dysfunction: an observational study', IMJ.

CLINICAL NEUROPSYCHOLOGY

DR SIMONE CARTON
HEAD OF CLINICAL NEUROPSYCHOLOGY

The Department of Psychology at the National Rehabilitation Hospital (NRH) reached its 21st year in 2012. Over this time personnel at the Department have developed and delivered specialised psychological services attending to the many psychological issues experienced by the patients at NRH, as well as supporting staff and systems in order to ensure best practice. The accumulated clinical expertise of the personnel at the department amounts to nearly 50 years and this has been the bedrock upon which the projects in clinical, education, research and health policy have been based and developed.

The personnel at the Department include:

Dr. Simone Carton:	Principal Clinical Neuropsychologist – Brain Injury Programme & Head of Department
Dr. Maeve Nolan:	Senior Clinical Psychologist – Spinal Cord System of Care Programme
Dr. Sarah O' Doherty:	Senior Clinical Paediatric Neuropsychologist – Paediatric Programme
Dr. Andrea Higgins:	Senior Clinical Psychologist – Brain Injury Programme
Dr. Fiadhnaít O'Keefe:	Senior Clinical Psychologist – Brain Injury Programme and Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programme
Emma Kelly:	Assistant Psychologist – Across all programmes
Mairead Losty:	Assistant Psychologist – Across all programmes
Rebecca Schnitger:	Assistant Psychologist – Across all programmes

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 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 both 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 2012

1. The development of the brochure "Getting the most out of Rehabilitation" in conjunction with the Stroke Awareness for Family and Friends.
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 Brain Injury and POLAR programmes.
4. Devised and delivered three 'Managing Challenging Behaviour' workshops specially designed for needs of specific programmes.
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 BRI, the Road Safety Authority, Youthreach, Headway Ireland, the Department of Education and Science and An Garda Síochána.

Research

Research undertaken by members of the Psychology Department included the following:

Dr. Maeve Nolan: 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 an ongoing in collaboration with TCD.

Dr. Simone Carton: 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 Professor S Wegener from the John Hopkins Medical School, USA.

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

Dr. Fiadhnaid O'Keeffe: Clinical Supervisor for two Doctoral in Clinical Psychology theses: "The experience of being in a long term 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.

DENTAL SERVICE

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

During 2012 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 2012 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

The role of nutrition in rehabilitation is threefold:

- To maximise the patients' nutritional status so that they are able to derive the maximum benefit from their rehabilitation programme
- To prevent nutrition related complications which could interfere with their ability to engage in rehabilitation, for example, pressure sores or excess weight
- To prevent recurrence in at-risk groups

2012 was another busy year for the Nutrition & Dietetic service, with a 5% increase in consultations undertaken. As in the wider population, obesity and diabetes in our patients are increasingly common and place further pressure on the dietetics service. The dietitians work across all 4 programmes. With a staff complement of 2.0 WTE, prioritising cases becomes increasingly important.

Development of Nutrition and Dietetics at NRH

The dietitians are active members of the Irish Nutrition & Dietetics Institute which affords opportunities for Continuous Professional Development through participation in special interest groups including the Diabetes, Cardiac, Weight Management and Nutrition Support Interest Groups. Other CPD activities included:

- Participation in South Dublin Dietitian's Journal Club at St Vincent's Hospital. Presentations included: 'Diabetes UK Guidelines for the Nutritional Management of Diabetes' and 'Lighten Up – A review of effectiveness of Weight Management Programmes'.
- Attendance at Diabetes Ireland's Annual Study Day
- Attendance at The Baxter Nutritional Support Study Day in May 2012.
- Attendance at the inaugural Nutrition in Spinal Cord Injury Study Day held at Stoke Mandeville Hospital in May 2012.
- The Senior Dietitian completed the INDI Research Skills Course with a view to exploring nutrition research opportunities at NRH.
- The Senior Dietitian completed a course in facilitation skills.

Student Training

2 student dietitians undertook their clinical placements at NRH in 2012.

Training & Education delivered by the Department of Nutrition & Dietetics in 2012 is detailed in the Education and Training section on page 81.

OCCUPATIONAL THERAPY

LISA HELD

OCCUPATIONAL THERAPY MANAGER

The Occupational Therapy Team is structured to support 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

2012 was a challenging year for the Occupational Therapy (OT) Department with the reduction of 1.5 WTE Seniors due to the early retirement scheme in February. The OT service lost two valued long standing staff members; Susan Flynn and Mary O' Colmain. Consequently services were reduced across the programmes resulting in reduced patient interventions. However efficiencies were made to minimise the impact on service delivery.

Interdisciplinary Projects

The Occupational Therapy (OT) staff are committed to continued service developments with our interdisciplinary colleagues: Some joint projects include:

Electronic Assistive Technology: The OT and Speech & Language Therapy (SLT) Departments are developing a plan for a pilot project to enhance the electronic assistive technology assessment, trial, prescription and issue of equipment. We hope to achieve support to commence this project in 2013.

Wheelchair and Seating: The Physiotherapy and OT Departments are working on a project to provide an interdisciplinary wheelchair and seating service in 2013.

Academic Steering Group: Alison Mc Cann and Lisa Held are members of the Academic Steering Committee working with our colleagues across disciplines to enhance the academic links with universities and other educational facilities.

Accessibility: Lisa Held is Chair of the Accessibility Committee. The committee hosted a well attended event in 2012 to celebrate International Accessibility week "Accessing the World through Technology".

Patient Activity Data: The OT and SLT Departments were involved in a pilot project to assess the application of PAS to the collection of patient activity data.

The Occupational Therapy activity provided across the four programmes is presented in the programmatic sections of the annual report.

Section 3 Clinical Services Provided Across All Programmes

Cross Programmatic Occupational Therapy Services

DISCHARGE LIAISON OCCUPATIONAL THERAPY (DLOT)

2012 was a year of change for the DLOT service, with Mary Galvin (Senior OT) moving to the Health Planning Team in the temporary role of Therapy Planner in August. Sinead Duffy is Acting in the Senior DLOT post. The need to maintain two WTE DLOT staff members is highlighted by the need for two staff members to attend an increasing number of home visits owing to the complexity of referrals received.

DISTRIBUTION OF REFERRALS TO THE DLOT SERVICE PER PROGRAMME IN 2012

Programme	No. of referrals
Brain Injury Programme	54
Spinal Cord System of Care	44
Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programme	22
Paediatric Programme	2
TOTALS	122

DISTRIBUTION OF 2012 REFERRALS ACCORDING TO WEIGHTING

Weighting	Total referrals to DLOT in 2012
High (3)	46
Medium (2)	53
Low (1)	23

Ongoing issues affecting the DLOT service include the absence of a recycling/decontamination servicing facility for items of equipment; referrals for patients of “no fixed abode”; extended waiting and processing times for the Housing Adaptation Grant; and increased length of time taken for clients to receive a medical card (only clients who are in receipt of a medical card are entitled to the provision of equipment).

VOCATIONAL ASSESSMENT SERVICE

206 people received direct intervention in vocational assessments, vocational interviews and vocational reviews in 2012. Of the total number, 53 people were from the SCSC Vocational Programme. Of 201 new referrals received in 2012, 64 people were awaiting assessment at year end, an increase of 18% from 2011. We will work with referrers in 2013 to review the referral minimum data set and set priorities for assessment in order to manage waiting times.

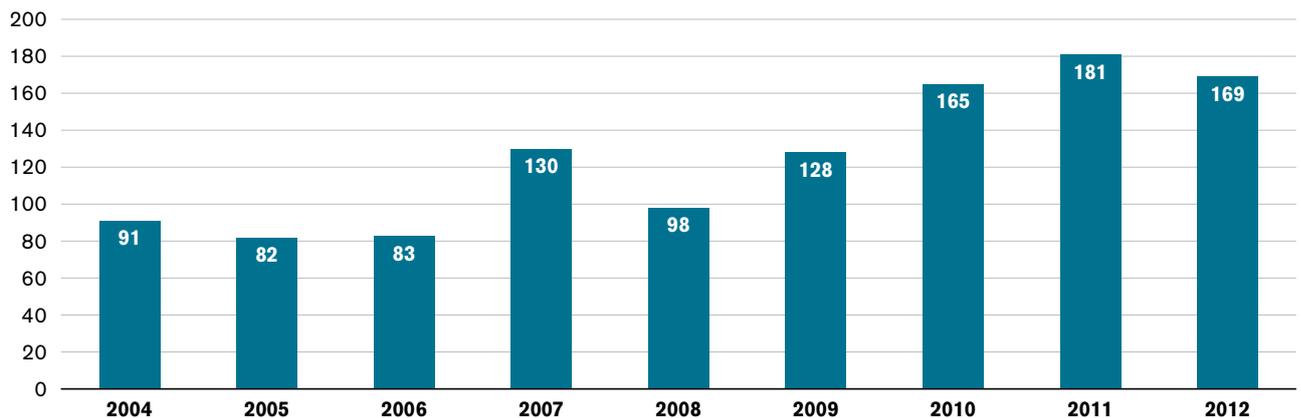


*2012 Mayo Rose,
Dervla Kenny,
Occupational Therapist
(currently within the
Brain Injury Programme)
at NRH.*

OUTPATIENT OCCUPATIONAL THERAPY

2012 saw referral numbers remaining relatively constant from the previous year. Referrals had increased year on year since 2008 with current numbers twice that of when the service was set up in 2004.

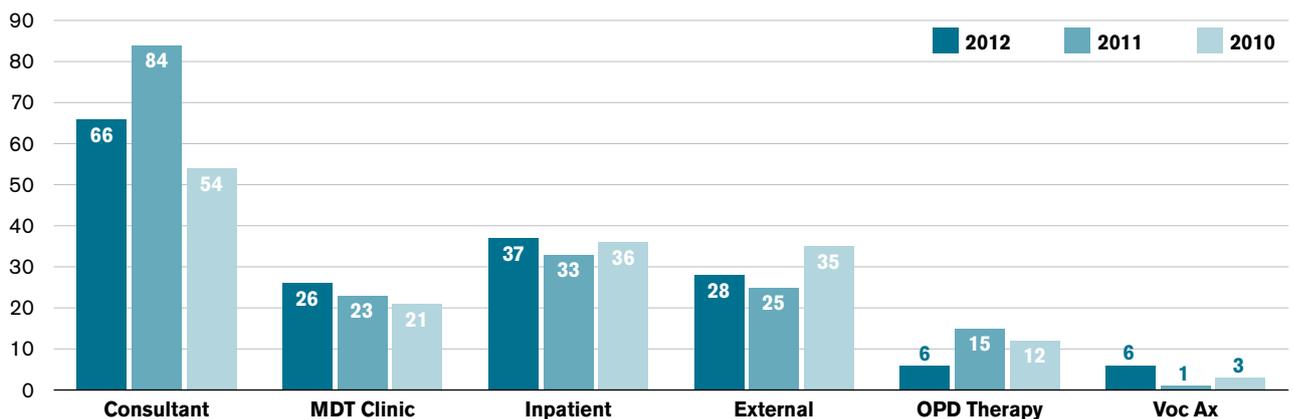
REFERRALS



The average waiting time for the service for 2012 is the lowest over the period for which this data has been recorded; 75 days in 2009, 68 days in 2010, 71 in 2011 and 64 days in 2012. This is against the backdrop of some reduction in staffing during the year.

OUTPATIENT REFERRAL SOURCES

REFERRAL SOURCES



The increase, albeit small, in numbers from Vocational Assessment is indicative of premature referral for vocational guidance despite residual deficits and need for further therapeutic intervention.

2012 also saw referrals coming from external sources for the Meet & Teach group (for patients under the care of an NRH consultant). Five Meet & Teach groups were offered in 2012 with 38 patients completing the programme. Orla McEvoy is carrying out a research project on the effectiveness and efficiency of the Meet and Teach group in 2013 as part of her Masters study.

Section 3 Clinical Services Provided Across All Programmes

Occupational Therapy Practice Education

The Practice Tutor post is split between Alison McCann and Julie Flanagan. Alison is linked with TCD (12 students per year) and Julie is linked with NUIG and UL (each 6 students per year).

Milestones in 2012

The biannual Interdisciplinary Careers Evening was held in February and September 2012. The Careers evening is an opportunity for prospective students to learn about Health Care Professions. This year the Careers evening was expanded to an Interdisciplinary format providing information regarding careers in Occupational Therapy, Physiotherapy, Speech and Language Therapy and Medical Social Work.

DRIVING SERVICE

The Driving Service operates across the adult Programmes. A total of 128 patients were seen by the service in 2012. A number of joint projects (with TCD and with AOTI and Dr. Morgan) are underway with a long term aim to work towards developing a leading Driving Service nationally.

SPLINTING SERVICE

There was a reduction in staffing levels in the Splinting Clinic in 2012. Staff are now assisted each week on a voluntary basis by former Physiotherapy Manager Vivienne Moffitt. Restrictions in locum cover for therapists on leave continues to impact the splinting service, thereby limiting the weekly capacity for the service.

STRESS MANAGEMENT SERVICE

The Occupational Therapy Department dedicates 0.25 specified post to a stress management service which is provided on an individual and group basis. The service received referrals from all 4 Programmes in 2012. The Occupational Therapist involved in the stress management service liaises closely with the Psychology team to ensure a unified and holistic approach in the provision of the service to the patients served.

THERAPEUTIC GARDEN

Anne Beckett Award: In 2012, the Therapy Garden was shortlisted for the Anne Beckett Award. The Association of Occupational Therapists of Ireland make this prestigious award on a yearly basis for projects that reflect the core values of occupational therapy and demonstrate creativity.

GIY: The local GIY (Grow it Yourself) group continue to be involved in supporting the Occupational Therapy Department to establish a productive vegetable and fruit garden. Their support, advice, education and skills have been invaluable. We have been very lucky to work closely with GIY Volunteer Peter over the past year, and also a number of trainees from the Rehabilitative Training Unit who have come to the garden on work experience, and other volunteers who have given generously of their time and skills.

Thrive: This year, the OT Department made links with the Social and Therapeutic Horticulture group "Thrive UK". In 2013 we will welcome Thrive UK to the NRH to provide training to therapists and staff in the use of Social and Therapeutic Horticulture so that we can make the best use of this valuable space in neuro-rehabilitation treatment.

Harvest Thanksgiving: To celebrate a bountiful year in the garden, the Garden Committee and Fr. Michael arranged an ecumenical Harvest Thanksgiving in early October. Staff and patients were involved in the prayer service, music and showing visitors around the garden afterwards.

I would like to take this opportunity to thank all the staff in the Occupational Therapy Department for their continued support particularly in this challenging year of staff reductions. They are a dedicated and highly professional team who are constantly working to improve standards for delivery of patient care.

PHARMACY

SHEENA CHEYNE
CHIEF II PHARMACIST

The Pharmacy Department at NRH provides services to the Brain Injury Programme, the Spinal Cord System of Care Programme, the POLAR Programme and Paediatric Programme. These services include:-

- Medication review of all prescriptions to optimise medication therapy.
- Reconciliation of 98% of admission and discharge prescriptions. More than 40% of medication errors are as a result of errors at transfer of care. This is an important patient safety initiative.
- Procurement, storage and supply of medication are managed in a safe, effective, economic and timely manner.
- Attendance at Consultant ward rounds to advise proactively on medications at point of prescribing.
- Negotiating with pharmaceutical company representatives to obtain the best price for medications. In 2012 the Pharmacy continued to reduce the expenditure on drugs.
- Dispensing medication for patients for weekend leave home – this 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 and 'red apron' system has been introduced on all wards. This helps to minimise medication errors.
- Medication information is provided to all areas of the hospital as required.
- Liaison with other Departments, for example, Nutrition and Dietetics, and Speech & Language Therapy.
- All patients on warfarin are counselled on their medications.
- Patients are counselled on their medications prior to discharge.
- Incidents are reported to the Risk Management Department for inclusion in the STARS national database.
- The Chief II Pharmacist is Chair of the Drug and Therapeutics Committee.

Activity Statistics	2011	2012
Total issues	54,937	49,042
Weekend meds supply	22,792	16,922
Staff prescriptions	1,788	935
Interventions recorded	587	695
Incidents reported	274	389
Patients counselled		153
Medications reconciled (admission)		602
Medications reconciled (discharge)		610

The Pharmacy staff are involved in delivering education within the hospital; for example:

- 'Safe prescribing' to NCHDs : Claire Meaney
- 'Drug administration' – IV Study Day for nurses : Mairead Murrhiy
- 'Red Apron' introduction and education sessions : Claire Meaney
- 'Drugs in bladder and bowel Continence' presented to external Continence Management Course : Sheena Cheyne
- 'Drugs used in neuropathic pain' to the multidisciplinary SCSC programme : Sheena Cheyne
- 'Drugs used in urinary continence' to external nurses' course : Sheena Cheyne
- 'Medications used in Acquired Brain Injury' to multidisciplinary Brain Injury Programme' : Breda Bourke

Additional Developments for 2012

- Participation in the Diabetes Working Group in production of protocols.
- Production of quarterly Drug and Therapeutics newsletter.
- Rationalisation of number of lines of medication held in stock.
- Involvement in Blood Transfusion Committee and Medical Gas Steering Group.
- Member of Falls Prevention Committee and Oral Hygiene Working Group.

Finally I wish to thank the staff of the Pharmacy Department for their enthusiasm, professionalism and commitment to the service provided to all patients during 2012.

PHYSIOTHERAPY

ROSIE KELLY
PHYSIOTHERAPY MANAGER

The Physiotherapy Department provides a wide range of clinical and educational services to both inpatients and outpatients. These include assessment and treatment of sensory/motor impairment across the 4 Rehabilitation Programmes as follows:-

- Brain Injury Programme
- Spinal Cord System of Care
- Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programme
- Paediatric Programme

The Physiotherapy Department also provides the following adjunct therapies:-

- Respiratory care
- Hydrotherapy
- Sports therapy, fitness training and health promotion.

Physiotherapy staff deliver education packages to patients and staff, and liaise with and provide advice and education to families and carers as well as community care agencies. The provision of a comprehensive assessment service for mobility equipment and appliances is also part of our remit.

The Physiotherapy Department also co-ordinates and delivers the following services:-

- Back Care 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 Splinting Service.
- A limited Outpatient service for staff is offered in collaboration with the Occupational Health Service.

2012 was a particularly challenging year for Physiotherapy department due to the retirement of Physiotherapy Manager, Vivienne Moffitt without the replacement of the post. This necessitated the reduction of Physiotherapy and Physiotherapy Assistant hours from the Department to partially fill the post (15 hours) while awaiting the allocation of the remaining hours. This part-time role was taken on by Rosie Kelly from March 2012. In addition, the hours also had to be found from Physiotherapy to make up the full post, having a knock on affect on many services across the Department.

As always the staff worked extremely flexibly and creatively to provide as much cross cover as possible. Bed closures on 2 services for refurbishment of the wards allowed for some flexibility within the service to facilitate cover as needed. Even with this availability, redeployment of staff from the adjunct therapies, hydrotherapy, sports and fitness, the Outpatients Department and respiratory service was still necessary.

Cross Programmatic Physiotherapy Services

RESPIRATORY CARE

Daily attendances decreased by 8% in 2012. Among the spinal patients there was an increase of 174% on last year in adults returning to the service; this was largely due to a small number of patients who had admissions to acute hospitals in the year.

There was a fall of 33% on overall attendances in 2012. The greatest change was in the night activity with a decrease of 92% in attendances to 144.

SPORTS THERAPY, FITNESS TRAINING AND HEALTH PROMOTION

A highlight of the year for this Department was the visit by members of the Irish Paralympic Team in October, many of the Team are past Inpatients of NRH and still have close connections with the hospital and the Sports and Fitness Service.

In April, a team of 5 patients and 4 staff set off to compete at the 25th Inter Spinal Unit Games at Stoke Mandeville, the home of the wheelchair sports movement. Despite the small size of the Team, they achieved a closely contested 2nd position this year.

Quad Rugby: IWA Quad rugby group led by John McCarthy and Ciara Staunton continued to visit regularly during the year.

IWA Development Officer: Mark Barry has visited several times during this year to promote a range of sports including basketball, table tennis and tennis to our amputee patients, spinal cord injured and paediatric patients.

Boccia Development Officer: Brenda Hayes ran a course on the rules of Boccia. In follow up Brenda has come in and marked the official court and run introductory sessions for our patients.

Along with the Brain Injury (BI) team, the Sports Department set up two new BI groups: a low level group who would not have been seen by the sports service in the past and a medium level BI group.

HEALTH PROMOTION

8 Inpatients were guided through the smoking cessation programme in 2012 – some of whom had a successful outcome; others were provided with all of the relevant information.

Several Pilates courses and Boot Camp exercise classes were provided again in 2012 by staff in the Physiotherapy Department.

HYDROTHERAPY

Attendances for the Hydrotherapy Department increased by 36% in 2012 reflecting an increase from 1966 patients in 2011 to 2675 in 2012.

Breakdown of the Patients' diagnostic categories are as follows:-

Diagnosis	2010 %	2011 %	2012 %
Spinal Injury	29	25	31
Stroke	24	24	19
Traumatic Brain Injury	17	14	9
Non-Traumatic Brain Injury	4	2	5
Other Neurological Conditions	16	25	16
Amputee Patients	10	10	20
Total	100	100	100

Although non-attendances remain an issue and remains unacceptably high, the reduced incidence of non-attendance is a testament to the hard work of the hydrotherapy attendants who have daily contact with the wards and observe timetables, aiming to ensure all appointments are kept.

The Hydrotherapy staff maintains a Safedoc database. The pool is now tested weekly for Calcium hardness, total alkalinity and total dissolved solids, and Pool alarms are tested on a quarterly basis.

Section 3 Clinical Services Provided Across All Programmes

OUTPATIENT SERVICE

Total monthly patient attendances varied enormously from 84 in January to 191 in June, the average figure being 131. Total SCSC attendances were 481 and total Brain Injury attendances were 773, with 303 Neurological and Non-neurological cases making an annual total of 1557 attendances. These figures include all patients seen by therapists.

A new initiative commenced in 2012 to review the systems and processes of the therapy services in Outpatients. This included looking at the way in which the statistics were being collected and collated. New and return patients were redefined. Capacities were determined – the number of patient attendances per therapist per week. Twenty two attendances per WTE therapist is considered to be the optimum figure, taking into account indirect activities such as scheduling, meetings associated activities such as Splinting, Hydrotherapy, Lokomat, and Sports.

Staff referrals from Occupational health have become a regular feature of the Outpatient physiotherapist's core business (primarily musculoskeletal in nature). This service is offered to staff in order to facilitate their return to work and retention. A discharge report document is being developed for return to the Occupational Health Department.

CLINICAL PRACTICE TUTOR

In 2012, the Clinical Practice Tutor placed 48 students from UCD and TCD, and 2 from Singapore, in the Physiotherapy Department, across all Programmes and services, for periods averaging 5 weeks. Due to the high demand from the national universities, the number of students taken on placement from other external agencies had to be dramatically reduced.

SAFER HANDLING CO-ORDINATION

As of March 2012, Rosie Kelly took over as acting Physiotherapy Manager following Vivienne Moffitt's retirement which resulted in the availability of hours for Manual Handling training being severely curtailed. Thankfully, Emilie Fritte, also an instructor, stepped in to cover the classes as an adjunct to her already busy schedule as a fulltime senior on the POLAR programme. Attendances however remained high with a total of 182 staff members receiving training in Manual Handling, Patient Handling and Office Ergonomics.

In conclusion, 2012 was a challenging year for the Physiotherapy Department, with an experienced Manager's retirement, the partial filling of the post, several reductions in staffing through the year and the ongoing budgetary restraints. However, the Physiotherapy staff once again rose to these challenges with resolve and determination. Their continued professionalism through the year is highly commendable resulting in the delivery of the highest quality of care to our patients. I would like to personally thank all the staff for their unwavering support and ongoing commitment throughout a difficult year and wish them all the best for 2013.



The NRH Tag Rugby Team 2012 supporting the NRH Foundation.

RADIOLOGY

DR BRIAN McGLONE
CONSULTANT RADIOLOGIST

Diagnostic imaging services were provided to the hospital in 2012 by a small team comprising a part time Consultant Radiologist, 1 Clinical Specialist Radiographer, 1 Senior Radiographer and a part-time Health Care Assistant.

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

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

Services / Developments

The NIMIS Project (National Integrated Medical Imaging System)

Significant progress was made in 2012 regarding the NIMIS (National Integrated Medical Imaging System) project at NRH. NIMIS is a State of the Art electronic imaging service which will allow health care professionals to electronically view, on their own desktop computers, patient images that are saved on the NIMIS system, such as x-rays, DXA Scans and Ultrasound images. NIMIS will also allow secure and rapid movement of patient images throughout other participating health services in Ireland so that images can be rapidly accessible to all relevant health care professionals, regardless of their location in Ireland. Key benefits of the system will be:-

- A much greater range of tools for processing of images by Radiology
- Electronic ordering, Faster reporting, distant consulting by Medical staff
- Immediate availability of images and historical images for comparison by Radiologists & Medical staff
- Day to day, hourly updated imaging appointment lists for Nursing and Health Care Attendant information.

The planned 'go-live' is July 2013. Updates are being communicated throughout the hospital at key milestones in the project.

ULTRASOUND

The ultrasound service continues to develop with greater availability of Ultrasound to Inpatients and Outpatients. This has allowed enhancement to service delivery to the urology Outpatient service in particular. Audit of the service delivery and non-attendance rates is ongoing.

RADIOLOGY AUDITS, PROTOCOLS AND POLICIES

Audits are an ongoing feature within Radiology. A number of protocols have been developed 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.

RADIATION SAFETY

The Radiation Safety Committee, chaired by the Radiologist, meets twice per year and advises the hospital on best practice in relation to radiation safety and on compliance with RPII requirements including quality assurance measurements. Rhian Humphreys is the Radiation Safety Officer to the hospital.

Rosie Conlon serves as a member of the NRH Safety and Risk Committee.

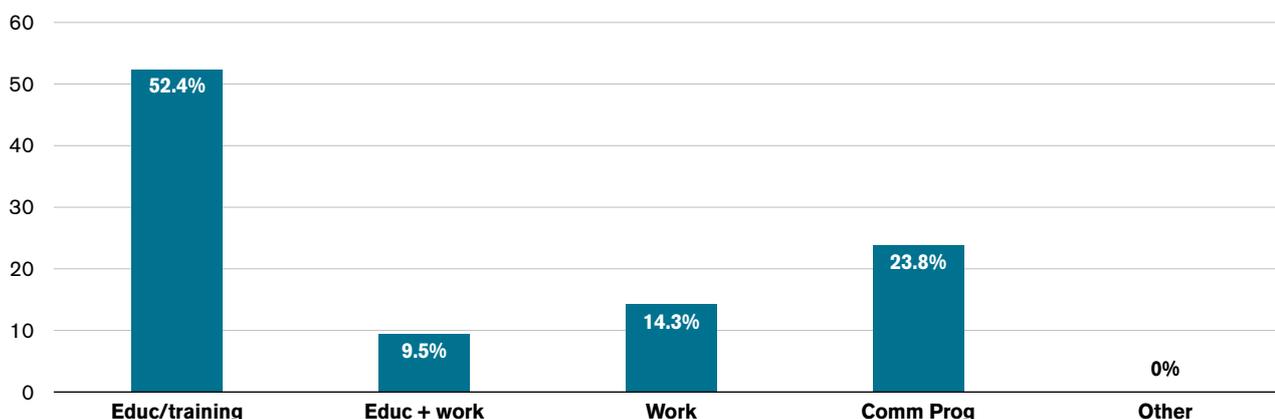
REHABILITATIVE TRAINING UNIT

EDINA O'DRISCOLL
 REHABILITATIVE TRAINING UNIT MANAGER

Service Provision

Demand for the Rehabilitative Training Unit remains high with 47 referrals received in 2012. Of these, 29 were for trainees requiring accommodation and 18 for day places. The average length of stay for trainees in the RTU has remained fairly static, the average being 9.75 months; however the range is 3-19 months. Average waiting times from time of referral to admission to the service remains high with trainees waiting on average 8.11 months for placement. Despite our considerable waiting times, the RTU continues to secure excellent outcomes for its service users.

RTU 2012 OUTCOMES



This year saw a continuation in the rise of trainees progressing to education and training options post RTU. We also had a small cohort of trainees who managed to return to both mainstream employment and education. While our figures for those returning to employment saw a reduction on previous years, we still supported 23.8% of trainees in discharging to open employment. A similar figure was seen for those progressing onto community programmes such as day services with ABII (Acquired Brain Injury Ireland) and Headway. In all, in 2012, 100% of trainees discharged from the RTU were discharged to appropriate services/supports.

This year we were afforded the opportunity to conduct a more in-depth analysis of our outcome data. With the assistance of a medical student on elective placement, we undertook a 'before and after Cohort Study' to look at possible outcome predictive factors.

In terms of gender, RTU data reflected international trends in that more men were returning to employment post Acquired Brain Injury (ABI). Age was found to be another predictive factor in terms of vocational success; in 2011, 100% of our trainees aged under 25 years returned to roles similar to their pre-ABI roles, whereas 40% of those aged 40 years and older were successful in returning to roles similar to their pre-ABI occupations. This is felt to be due to a number of factors. One such factor could be that our younger trainees are often in education, and a return to this role is often facilitated by supportive disability services in the educational facilities. The same levels of support are not always available in a workplace. Intensity of Rehabilitative Training was also found to be a predictive factor, with those who returned to work, training or education engaging in rehabilitative training for an average of 12.6 months, slightly longer than our average length of stay which is 9.75 months.

Regarding service provision, the outcomes indicate that the areas we should continue to focus on could include supporting our trainees with a full training programme for as long as each individual trainee continues to benefit, and exploring how we could assist employers in fostering a supportive workplace for our trainees with goals of returning to employment, similar to that which exists through disability services in educational facilities. With the support of Dr Áine Carroll, the findings of this study were submitted to the BSRM and accepted for an oral presentation at their conference in November in Belfast.

Services and New Developments

- 2012 has seen the initial planning stages of a new module which will be added to our training programme specification. The module will be an intensive 1 week review of some particularly relevant training modules including Independent Living Skills, Brain Injury Awareness, Executive Skills, Change & Loss and Applied Strategies. It is envisaged that this module will be run on occasions when we have a cohort of trainees recently discharged or preparing for discharge. The module is being developed and will be co-facilitated by past trainees. The objective of the module will be to support trainees in taking responsibility for independently managing the functional implications of their brain injury.
- The RTU has also established formal links with Sunbeam House Services (SHS). SHS has a well-established, supportive volunteer programme which now accepts RTU trainees on both work experience placements, and in a voluntary capacity. This initiative has been rewarding for both service providers. These placements have had a significant role in developing self-esteem and confidence in trainees involved.
- The RTU has continued to maintain strong working links with other community services such as MABS, HSE Dieticians, Brí, LES and An Garda Síochána among others. We continue to be most grateful to our partners in the community; they play a significant role in the breadth of services offered to RTU trainees.

Milestones for the RTU

The RTU has been using the MPAL-4 as an outcome measure for a number of years. To date it had been scored by trainees themselves, however from 2012 onwards this tool will be scored by professional consensus with a view to providing a clearer picture of how our trainees are functioning pre and post RTU. While having trainees independently rate themselves gives us an idea of how trainees perceive their own levels of functioning, the effect of insight development on trainees' scores, when scored by professional consensus, will give us more reliable data.

SOCIAL WORK

ANNE O'LOUGHLIN
PRINCIPAL SOCIAL WORKER

Social Workers in Rehabilitation support the process for patients and families of adjusting to an altered future with all the social, practical and emotional implications this entails. Social Work focuses on change management and problem solving from a "person within their environment" or systems approach. In the NRH, 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.
- Case Co-ordinator role – 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; consultation to hospital staff; designated officer role within the interdisciplinary team.
- Post discharge follow up and intervention.
- Social Work service to Outpatient clinics – assessment and intervention.
- Outreach to schools, community teams and vocational services.
- Debriefing for staff after critical incidents on request from Occupational Health.

Section 3

Clinical Services Provided Across All Programmes

Service Provision

The Social Work Department had almost 5,000 attendances by Inpatients and their families and carers in 2012. The Department had almost 600 Outpatient attendances and outreach attendances or visits.

Education and Training

The Social Work Department is very involved in teaching and training. Six Masters in Social Work three month block placements and two social work internships were facilitated by the Social Work Department in 2012. Further details of education and training delivered by the Social Workers in 2012 are outlined in the 'Education and Training Delivered by NRH Professionals' Section on pages 81-84.

The Social Work Profession in Ireland is the first of the Health Care Professions Group to be undergoing registration with CORU whereby Social workers must show evidence of ongoing continued professional development and good practice if they are to remain as registered practitioners.

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

St. Valentine's Fundraising Ball

The Department was involved once again in organising this year's St. Valentine's Ball along with our colleagues in the SLT 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.

SPEECH & LANGUAGE THERAPY

AISLING HEFFERNAN
SPEECH & LANGUAGE THERAPY MANAGER

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

Services and Developments

INPATIENT BRAIN INJURY SERVICE

During 2012, representatives from SLT attended training on the productive ward system which has commenced on St. Patrick's Ward. The 'Face2F.A.C.E.' ward pack was launched and was well received by ward staff.

Patients attended SLT Groups such as the News Group and the Aphasia Group. Additional groups were also formed on a needs basis such as the Apraxia Group and the Total Communication Group.

OUTPATIENT BRAIN INJURY SERVICE

There were 72 new referrals to the Outpatient Speech and Language Therapy service in 2012. The majority of patients seen presented with a traumatic brain injury. During 2012, the Living with Aphasia group ran three times, the Meet and Teach Group for patients ran five times and the Meet and Teach Group for Relatives ran three times.

A Wellness Day for Patients was introduced; thirteen patients attended with positive outcomes reported.

PAEDIATRIC FAMILY CENTRED PROGRAMME

Speech and Language Therapy staff were involved in coordinating the Social Communication Summer Camp for young persons post acquired brain injury. SLT staff also participated in Interdisciplinary working with infants presenting in a low responsive state. Fact sheets were developed on various SLT presentations in 2012.

SPINAL CORD SYSTEM OF CARE

The majority of referrals from the SCSC Programme are for the management of voice and swallowing following high level cervical spine injuries. 16 patients were seen for dysphagia input in 2012.

POLAR (PROSTHETIC, ORTHOTIC & LIMB ABSENCE REHABILITATION)

The SLT Department provides audiology and dysphagia consults to patients from the POLAR programme, as required.

SLT SWALLOWING (DYSPHAGIA) SERVICE / AUDIOLOGY SCREENING

In 2012 a total of 95 patients were referred to this specialist cross programmatic service. Two Interdisciplinary working groups were formed to (1) review the positioning of patients during oral and enteral feeding and (2) develop a policy and procedure for oral hygiene in the NRH.

Detailed work was prepared for a tender to purchase an advanced swallowing evaluation and therapy system. 26 patients attended SLT for audiology screening.

Summary of other achievements for the SLT Department in 2012

During 2012 SLT Staff along with Occupational Therapy Staff developed a joint SLT Electronic Assistive Technology (EAT) service to provide support for therapists and patients accessing Assistive Technology.

Other projects included establishing a Communication Access Group to devise strategies to make NRH information and signage more user friendly and accessible for all patients. An SLT Graduate Volunteer Programme was also established.

Clinical education and supervision to second, third and fourth year undergraduate SLT students from Trinity College Dublin was provided; and interdisciplinary education and learning opportunities were established for student SLTs within the hospital.

The clinical tutors from Speech and Language Therapy, Physiotherapy, Occupational Therapy, and Social Work ran two interdisciplinary careers evenings in 2012. The target audience is students and individuals who have expressed an interest in pursuing a career in the allied health professions.

Another great year was had by all at the Speech and Language Therapy / Social Work St. Valentine's Ball. Special thanks to members of An Garda Síochána for their continued support.

The Sports and Fitness Gym at NRH.





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



Anne Marie McDonnell
RTU – Brain Injury Programme



Fr. Michael Kennedy
Chaplaincy



Aoife Mac Giolla Rí
School Principal



Audrey Donnelly
Patient Services Manager



John Maher
Information Management
and Technology Manager



Edel Lambe
NRH Foundation Fundraising
Manager



Maryrose Barrington
Volunteer Coordinator



Siobhán Bonham
Health Planning Team Leader



Olive Keenan
Human Resources Manager



Brendan Martin
Payroll and Superannuation
Manager



Peter Byrne
A/Technical Services Manager

CATERING

LIAM WHITTY
CATERING MANAGER

The Catering Department provides catering services to the wards and also meets all catering requirements across the NRH campus.

In total, twenty five staff are employed in Catering. In 2012 we provided over 150,000 meals, including Meals on Wheels, which are provided for the Deansgrange, Monkstown, Kill O' the Grange, and Cabinteely areas; the meals are delivered by volunteers.

Events catered for in 2012 included the Annual Summer Barbeque and Christmas Parties for patients and staff, the Annual General Meeting, which is open to all staff to attend; and various other events held throughout the year.

The cost of providing catering services to the hospital was €31,000 (excluding wages) and the income was €84,000.

Catering staff continue to participate in ongoing training. Doreen Kane now holds a license from the Environmental Health Officer Association to provide staff training in the Primary Course in Food Hygiene.

One of our Chefs is undertaking a Business Management Degree Course (evenings), and a Catering Assistant is completing a Diploma in Hospitality Management.

The Coffee Shop now provides hot food in the evenings following the installation of a new hot food display unit; and the Coffee Shop now opens into the Patients' Canteen between 10am and 12pm each morning (a time the canteen is not required for patients' use).

During 2012 the Catering Team in conjunction with the Multicultural Committee held a number of themed lunches whereby members of the Indian and Filipino communities cooked their national dishes, under supervision of the chefs. These were a great success and we look forward to repeating similar events and competitions in 2013. Watch this space!

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.

An electronic 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 2012 additional cost-saving initiatives commenced, these include, but are not limited to:

- Central Supplies was involved in negotiating Waste Disposal Contracts in 2012, including items such as disposal of batteries and confidential documents.
- Continual evaluation of new products and services to reduce costs and improve efficiencies. Further cost savings were achieved in 2012 as a result.
- Central Supplies works collaboratively with hospital departments to ensure compliance with accreditation, HSE and HIQA standards.
- Cost savings achieved through negotiating with local suppliers, particularly on printing, computer and printer consumables, cleaning materials and medical dressings.
- 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.

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

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

Fr Michael Kennedy CSSp is the full time Chaplain. Sr Catherine O'Neill of the Sisters of Mercy retired in July and we wish her a long, happy and fruitful retirement. The Reverend Ferren Glenfield of the Church of Ireland has relocated to Belfast; we wish him the very best in his new appointment. Susan Dawson from the Presbyterian Church visits on a voluntary basis.

The Pastoral Team

The Chaplaincy team is ably assisted by a number of pastoral volunteers who work as Lectors or Eucharistic Ministers, some provide music during chapel services while others assist our patients. Eileen Roberts works as part-time Sacristan and Sr Martina Nolan plays a significant role on the Pastoral Team.

Chapel Services

Details of Mass times and all other chaplaincy services are available in the Chaplaincy office, in the Chapel, or by asking any member of staff. Patients who are unable to come to the Chapel can tune in to services by video-link in most wards. Patients can also receive Holy Communion or the Sacrament of Reconciliation on request.

Visiting Patients

The Chaplain visit patients on the wards at times that don't interfere with ward schedules. The Chaplain is available to meet with patients and relatives for private consultation as required.

Chaplaincy Involvement

The Chaplain also plays an important role in the pastoral care of staff and is available to meet with them on request.

The Chaplain attends seminars and courses both externally and within NRH throughout the year to enhance continuous professional development. In addition, the Chaplain is involved in various hospital Committees including: Ethics, Staff Induction and the Multicultural Working Group and attends many other relevant hospital meetings.

Three seminarian students from Maynooth College came to NRH once a week for pastoral experience in 2012.

Challenges – Chaplaincy work has a unique and distinct role which enables it to cross into the various strands of the hospital community; it can be a solitary role requiring strong support networks. The turnover of patients has increased and the challenge for the chaplain is to offer them the best possible pastoral care during their stay. Also, with the number of clergy decreasing at a rapid rate, it is becoming more difficult to find cover for chapel services when the chaplain is on leave.

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, accessible, 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 2012 we completed a number of projects and commenced others. These included:

NRH Major Project Update System

Recognising the importance of keeping staff, patients & families and visitors informed during any extended period of change at NRH, the Communications Committee developed the Major Project Update System to assist Project Leaders or Facilitators in keeping people well informed up to completion of any major project. For the benefit of new or existing staff and patients to learn about (or be reminded of) details of the project at a glance, the following information (regardless of whether it has or has not changed since the previous update) will be included as a brief summary with every Update:-

- the **Reason** for carrying out the project; the **Benefits** to be gained by patients and staff; the **Timeframe** for the project; and the **Contact Details** for Project Manager or Facilitators

Updates will include further information, depending on the stage of the project at time of the update, such as:

- **Key milestones** as they occur; **Change of Plans**, or personnel, if they happen during the project; **Notification of disruptions** such as equipment down time, closed areas or restrictions in services; **Emergencies**, other relevant information, and finally Project Completion.

OTHER AREAS OF FOCUS FOR COMMUNICATIONS COMMITTEE MEMBERS IN 2012 INCLUDED:

- Development of a second three year Communications Strategy 2013-2016.
- Development of NRH Corporate Identity Policy and Health Literacy Policy.
- Further Development of Communications Policies, Standard Operating Procedures, Survey and Audit Tools.
- Review of Patient and Staff information literature and Pre-admission information with a view to upgrading these in line with the NRH Corporate Identity Policy.
- Further Development of the Hospital's Event Checklist and approval system (to ensure all events being hosted at NRH are held in line with hospital policies and procedures, including safety and risk, financial, indemnity and most importantly, that they do not impact on services to patients).
- Further exploration of developing the NRH Website and introducing an Intranet facility to enhance communications methods for hospital staff.
- Facilitating organisation-wide communications from the Board, Executive and Operations Management Committees, HR and Occupational Health, as well as from individual Departments and Services.
- Involvement with the NRH Three Year Strategic Intent Working Group.
- Ongoing work relating to the NRH Signage and Wayfinding Project, in conjunction with the Accessibility Committee.

It is planned to bring many of the above projects to completion in 2013.

A special thank you to **Sarah Homan** and **Eimear Foley** for their hard work, dedication and commitment to ensuring that the Administration function for the Board and its sub committees, the CEO Office (including Senior Management Team support) runs smoothly, efficiently and effectively.

DISABLED DRIVERS MEDICAL BOARD OF APPEAL

DR JACINTA MORGAN
CHAIRPERSON, DDMBA

The Disabled Drivers Medical Board of Appeal (DDMBA) is a statutory independent body set up by the Department of Finance in 1990 to review individuals whose application for the Primary Medical Certificate¹ 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 the review clinics, and also issues the Board Medical Certificates to successful appellants.

Activity in 2012

The huge increase in appeal applications observed in 2010 and 2011 continued into 2012. **644** new appeals were lodged and **740** patient appointments were arranged at 24 clinics. **404** appellants attended for review, indicating a continuing high rate of non-attenders despite implementation of letter and telephone reminder policies. **45** appellants (**11%** of those reviewed and **7%** of appellants) were successful in obtaining a Board Medical Certificate at appeal. The current waiting time for review is in the order of eight weeks.

For the first time in 6 years the Board and secretariat travelled to Cork in August to carry out a clinic in the Mercy University Hospital where fifteen appellants were reviewed. At least one clinic will be carried out in Cork in 2013.

Future developments

From May 2013 the DDMBA will become a 'reviewable body' by the Ombudsman in accordance with the provisions of the Ombudsman (amendment) Act 2012.

¹ <http://www.revenue.ie/en/tax/vrt/leaflets/drivers-passengers-with-disabilities-tax-relief-scheme.html>

HUMAN RESOURCES

OLIVE KEENAN
A/HUMAN RESOURCES MANAGER

2012 was another busy, challenging and yet productive year for the Human Resources Department as we saw a number of projects commence and consolidation of previous efforts achieved. One of the significant highlights of the year was the commencement of the HR System Project implementation, which will see us moving from a paper based system to more efficient and effective streamlined HR administrative and business processes.

The HR Team continues to provide a broad range of people management services to the Hospital, such as recruitment and selection, personnel administration, employee relations, industrial relations and staff development. Our objective is to provide a professional and effective service to managers and staff, through provision of support and advice, and to partner managers in meeting their service objectives.

Recruitment and Staffing

2012 has been another particularly challenging year in the context of a reduced hospital budget and staffing ceiling, in addition to the recruitment moratorium and loss of experienced front line staff through retirements. Our employment ceiling continues to pose a challenge for Hospital Management as we try to comply with our agreed ceiling and adapt to the reductions in staff applied quarterly in line with Department of Health overall reductions in Health Service staffing. The strain on staffing resources presents a challenge on how best to deploy our staff in order to maintain existing services, against a backdrop of other substantial pressures and difficulties. I would like to take the opportunity to pay tribute to the hard work and commitment undertaken by all staff in ensuring that a high standard of work ethic and care continues to be provided to our patients and services during these difficult times. We endeavour to work with each Programme Manager and Department Head regarding the specific needs of their services and consideration is given for posts which are deemed essential to services.

There was some welcome news in Q4 when the Hospital secured approval for additional staffing resources to enable NRH to open an Early Access Rehabilitation Unit.

Training and Education

TRAINING GRANTS AND REFUNDS

The Hospital is committed to supporting where possible the development of its workforce through the provision of training, development and opportunities for all aspects of learning in the overall context of continued professional development (CPD).

Throughout 2012 the Educational Assistance Steering Group (representative of HR, Finance Director, Senior Management from some of the main disciplines) approved 217 applications, which included 318.5 study leave days through the central education/training budget. Priority access for education and training funding is given to applications that are clearly work related and bring apparent benefits to enhancing both patient care and the quality of service.

HR COMPUTER TRAINING PROJECTS

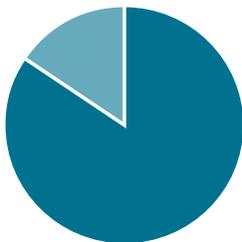
The main focus of attention for the ICT Trainer and HR team during 2012 was the data migration exercise, widespread consultation and engagement with staff and other stakeholders for the configuration and workflows for the new HR Information Management System as well as extensive training.

The ICT Trainer provided in a range of Microsoft Office courses to staff throughout the year, with Haemovigilance training being delivered via e-learning. Development of the Absence Management System and the centralised HR Training Database continued in 2012.

COMPETENCY ASSESSMENT

Annual Competency Assessments for all staff members is a requirement to meet our CARF accreditation standards. The target compliance rate for the 2012 was 85% and the actual compliance rate achieved was 84.54%. This is a marked increase on the 76% figure achieved in 2011. The HR department, in partnership with managers and staff, will endeavour to improve on this target for 2013.

COMPETENCY ASSESSMENT 2012



Completed Competencies	306
Not Completed	56

52 Staff were not eligible for competency assessments in 2012



Occupational Therapists Carol Davis and Myriam Hamel pictured at the launch of the Patients and Staff Photography Competition in October 2012

ATTENDANCE MANAGEMENT / ABSENTEEISM

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; therefore it is essential to have robust procedures in place for managing attendance. We are pleased to report that in 2012 the Hospital's target of below 3.5% of sickness absence was achieved.

The following table shows the effectiveness of the initiative in reducing the level of absenteeism in the Hospital in 2012

2012 Q1	2012 Q2	2012 Q3	2012 Q4	TOTAL
3.27%	3.77%	3.78%	3.06%	3.48%

Target for 2013 is a target level of below 3.5% absenteeism

Employee Relations / Change Initiatives

Some changes in work practices and rosters were implemented during 2012, as well as other initiatives to achieve savings, which are required as part of the Public Sector Agreement (PSA) 2010-2014 to attain modernisation and flexibility of work practices in order to adapt to the demands of an ever changing healthcare environment.

At national level there were changes for staff in terms of annual leave, privilege days and self certified sick leave arrangements, all agreed as part of the PSA.

PATIENT SERVICES REVIEW

Process challenges following implementation of the Patient Services Review project were addressed early in the year and a review for effectiveness of the project was undertaken. The review concluded in April 2012 and the main recommendations subsequently implemented. Overall it was agreed that the project has been a success.

HR Information Management System

Implementation of the Core HR Information Management System officially commenced in April 2012 with the inception of the HR Project Team and HR Project Steering Committee. We also welcomed Shelly Austin on board as the HR System Project Administrator.

The overall project plan comprises implementation phases, 'Tranches 1, 2, 3 and 4', each of which includes business areas or 'modules'.

2012 saw the successful implementation of Tranche 1, **Core Personnel**, a fundamental business area and foundation of the management system upon which all other business modules are built. Core Personnel has been a major module to implement involving a significant data migration, customisation and configuration exercise undertaken by the Team.

Configuration continues for Tranche 2 modules; **Core Time (Absence Management)** and **Core Health & Safety (Accident Reporting)**. Significant work also commenced on Tranche 3; **Core Recruitment**. Configuration of the remaining business areas including **Core Training**, **Core PMDS**, and **Core Roster** are due to commence in Q4 of 2013.

User training and system testing continues at each implementation phase, with widening participation from staff groups at each roll out.

Significant benefits realised to date include accessibility of staffing information to management, aiding effective reporting and decision making; availability of business intelligence reports; upgrading of existing IT systems and infrastructure; and more effective and efficient streamlined HR business processes.

This is a challenging and exciting time for both the HR Department and the Hospital with the opportunity to enhance and further develop and streamline business processes, adding further benefits across the service.

In 2012 we gladly welcomed Lesley Power from the Health Planning Team onto the HR Team. We bade a sad farewell to Marie Byrne who worked in the Department for 7 years. I would like to sincerely thank Marie for her hard work and commitment during her time at NRH and wish her every success for the future. I would also like to thank all of the HR staff for their continued support, dedication and hard work as we continue in our efforts to provide a high quality service to managers and staff, improve our business processes and adapt to the daily challenges of working in a busy and vibrant and ever changing environment.

INFORMATION MANAGEMENT AND TECHNOLOGY (IM&T)

JOHN MAHER
HEAD OF IM&T

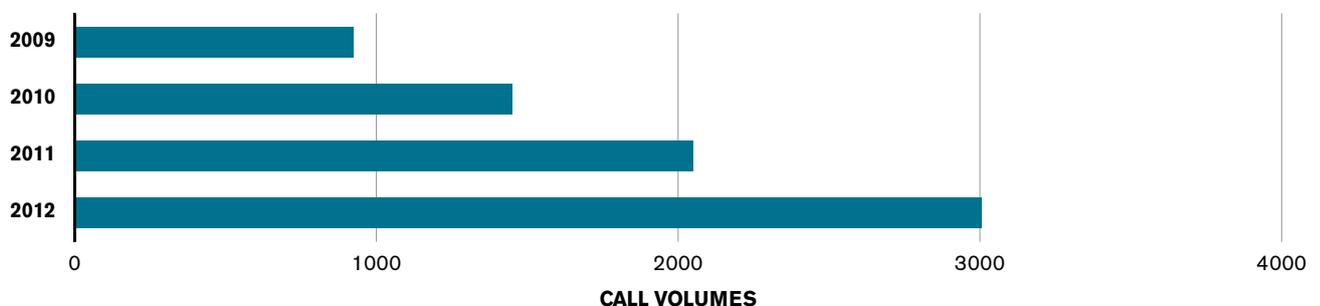
Services

The IM&T Department supports both the operational use and strategic direction of Information Technology use within the NRH.

Helpdesk Activity

Help Desk activity was again up on previous years with a total of 3006 calls resolved in 2012. The increase is reflective of a greater use of IT resources at NRH and increased use of the help desk to request support.

HELP DESK CALL VOLUMES 2009 TO 2012



Replacement Telephone System: HSE framework tenders were issued for the provision of a replacement phone system, and related tenders for *Fixed Voice services and Network switches* were issued following funding approval.

Compliance and Risk Management: The HSE has provided funding which will allow the development of a system to manage the life cycle of all hospital policies and procedures. The system is being developed using Microsoft SharePoint. It will allow development of policies within a collaborative environment while publishing finalised documents on an internal, easily searchable, Intranet. The system has been designed to allow users to electronically accept that they have read and understood each policy, giving the Risk Department instant access policy compliance rates.

Desk Top Replacement: Limited HSE funding has been received to allow a desktop replacement project to begin allowing replacement of 16% of our existing PCs with newer Windows 7 devices. This has allowed IM&T to press ahead with a number of initiatives which would not have been possible given the limitations of the older equipment.

National Integrated Medical Imaging System (NIMIS): The NIMIS project implementation timeframes have been moved by the National Project Team and it is now scheduled to start in late February 2013 with a go-live of the target July, 2013

National Health Network (NHN): The NHN was implemented within the Hospital during mid 2012 as a precursor to the NIMIS implementation. The NHN provides high speed bandwidth between HSE locations and will be configured to allow network access to Government Networks for Internet and Email, and telephone services that will be used to reroute interagency phone traffic once the new phone system has been commissioned.

Hospital Wi-Fi: The network is due to be fully commissioned in early 2013 when broadband connectivity is fully configured by way of the National Health Network.

Patient Administration System (PAS): Two PAS related projects were instigated during 2012 namely Inpatient Statistics and Outpatient Waiting Lists.

- **Inpatient Statistics**

This project aims to provide functionality for the collection of reliable inpatient activity statistics by all Therapy Departments.

- **Outpatient Waiting Lists**

Agreement was secured with the HSE to switch on the Outpatient Waiting List module of PAS. We are working to define outpatient journeys with a view to streamlining the management of the entire outpatient process.

Work in ongoing to ensure that there is a consistency of approach between both inpatient and outpatient activities, to derive maximum benefit from the IT application.

Future Developments

IM&T is now working on a strategy for 2013 and beyond. Central to this strategy are a number of major projects including, but not limited to: Business Continuity; Business Intelligence; Server Infrastructure; SharePoint; Windows 7 Desktops replacement; new Helpdesks system.

OCCUPATIONAL HEALTH

DR JACINTHA MORE O'FERRALL
DR PAUL GUÉRET
CONSULTANTS IN OCCUPATIONAL HEALTH

2012 was another very busy year for the provision of Occupational Health Services in the NRH; over 1300 contacts were made with the Department. It was a particularly difficult year for a number of staff and the Occupational Health Department offered a variety of supports to staff depending on their needs.

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, when required, take place in Medmark, Baggot St, and over 20 staff members attended as part of a medical assessment for fitness to work or for absence management in 2012.



Back L-R Tara Lyons Senior Physiotherapist NRH Sports Dept., Liam Harbison CEO Paralympics Ireland, Minister Michael Ring TD, Jane Lynch, Senior Physiotherapist NRH NRH Sports Dept., NRH Chairman Henry Murdoch, Nadine Lattimore Athlete, Nancy Chillingworth Performance Director Paralympics Ireland, Front, L-R London 2012 Athletes, John Cronin, Éimear Breathnach, John McCarthy, James McCarthy; President of Paralympics Ireland Jimmy Gradwell, and Mark Rohan, double gold medallist.

Services Provided and Breakdown of Consultations in 2012

Service	Consultations
Advice on occupational health issues	56
Employee Assistance Programme (EAP) – Offered	33
Employee Assistance Programme (EAP) – Attended	11
Blood Pressure	61
Bloods tests	16
Health Surveillance	10
Illness at work	43
On-site Occupational Health Physician	53
Pre-employment screen	21
Pregnancy risk assessment and review	23
Referrals to Medmark	22
Reviews and follow-up	218
Stress management, (education, debriefing and work related stress)	69
Vaccinations	
• Hepatitis B	22
• Mantoux	6
• Seasonal Flu vaccine	170
Weights	455
Work related injuries	28

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
- Back to work assessments
- Vaccinations for BCG, Varicella, Measles, Mumps and Rubella.

Health Promotion Events in 2012

- Operation Transformation – 55 staff members weighed in weekly for 8 weeks
- Pedometer Challenge – 57 staff participated and Team NRH came in at 3rd place nationally
- Repeat DXA Scanning for staff recalled from initial Programme
- 'Well at Work' programme – 58 staff members received health checks on-site
- NRH Netball Team
- Pilates Classes, Boot Camps and Abs Classes were held
- Irish Heart Foundation – Drop-in Blood Pressure Day – 40 staff availed of this opportunity

Committee Participation by Occupational Health Staff

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

Key Milestones for Occupational Health in 2012

Occupational Health Nurse, Rose Curtis co-ordinated a written work-related stress risk assessment through 'Work Positive Profile' from Ulster University Health and Safety Authority (174 staff participated), and also the 'Well at Work' health check initiative at NRH in 2012.

HEALTH PLANNING TEAM

SIOBHAN BONHAM
HEALTH PLANNING TEAM LEAD

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 manage, partially or fully, these specific projects to enable hospital Departments or Programmes to meet their unique goals and objectives.

New Developments 2012

FIRE & WARD UPGRADE PROJECT

The objective of this building project was to refurbish and enhance the outdated existing facilities to meet current fire requirements ensuring that all refurbishment works are to current best practice standards while meeting patient, staff and HIOA requirements. The room sizes were increased where possible to bring the patient accommodation in line with national best practice guidelines for the built healthcare environment.

The main deliverables for this project were as follows;

Our Ladys Ward: A full refurbishment and reconfiguration of this 19 bedded ward was carried out creating three additional bathrooms; creation of an isolation facility, an upgraded utility area and a wheelchair store.

St. Patricks Ward: A complete refurbishment and reconfiguration of this 9 bed ward was carried out including the addition of two single ensuite rooms, inter-disciplinary therapy spaces, enhanced clinical spaces, bed spaces and social/dining spaces for patients and families.

Level 3: Reconfiguration of space has provided ancillary clinical spaces for patients on St. Camillus' ward, upgraded bathroom facilities and an upgraded utility area.

Medical Records: provision of separation between administration and storage areas.

All phases of the project are now complete.

NATIONAL INTEGRATED MEDICAL IMAGING SYSTEM (NIMIS)

The Health Planning Team has been involved in the preparatory work for the implementation of the NIMIS project (details are outlined in the Radiology Report) over the past three years. This included infrastructure works, upgrading of IT cabling, the installation of new NHN high speed broadband, upgrade of PAS and sign off of IT hardware requirements including NIMIS specific workstations and peripherals. The 'go-live' date for this project is anticipated to be in the second quarter of 2013.

NEW HOSPITAL DEVELOPMENT PROJECT, PHASE 1

In May 2012, the Minister for Health, Dr James Reilly, formally announced government approval to build a new 120 bed rehabilitation facility with integrated therapy spaces to replace the existing ward accommodation.

It is envisaged that this new building on campus will form the basis of a fully redeveloped fit for purpose rehabilitation hospital; the remaining facilities to be developed at a later date when funding permits. This 120 bed facility will provide an environment specifically designed to meet the needs of patients requiring complex specialist rehabilitation services.

The preliminary stage of this project required the hospital to appoint a design team. The newly appointed design team will be scheduled to commence work on the new hospital design in the first quarter of 2013. The third quarter of 2013 is targeted to achieve planning permission with a contractor commencing works on site in the second quarter of 2014. The building works is anticipated to be 36 months duration with handover of the building expected by the third quarter of 2017.

Patients and Staff will be kept informed of progress as the project continues, particularly at key milestones of the development.

NEW HEALTH PLANNING TEAM MEMBERS

In 2012 the Health Planning Team were delighted to welcome **Mary Galvin** into the role of Therapy Planner and **Bernadette Reilly** into the role of Project Administrator.

STAKEHOLDER AND CORPORATE DATA MANAGEMENT

AUDREY DONNELLY

STAKEHOLDER AND CORPORATE DATA MANAGER

Input from stakeholders and service user feedback is at the core of setting standards and identifying key performance indicators as a quantifiable measurement of the service delivered by the hospital. There is a growing need for a more strategic focus on feedback gained through service users and for analysis of patient activity data and statistics. Drawing from this feedback, the hospital can establish appropriate standards and through setting Key Performance Indicators can measure its outcomes. In order to improve the quality of services provided and enhance patient safety, feedback is sought through inpatient and outpatient questionnaires, post rehabilitation surveys, comments and suggestions, complaints, and also through direct feedback from patients.

Input from Service Users and Stakeholders

Comments and Suggestions: In 2012 there were 120 comments and suggestions received through the hospital's suggestion boxes. These were referred to various hospital Departments or Committees as appropriate. Where feasible, suggestions were actioned or recommendations made in terms of enacting quality improvement to services, facilities, buildings or other relevant areas.

Patient Complaints: 28 patient complaints were received during 2012. The hospital appreciates all feedback from patients and strives to resolve any complaints received.

uSPEQ Questionnaires: In line with our CARF accreditation standards, the durability of outcomes achieved must be assessed on an ongoing basis. uSPEQ questionnaires are used by the hospital to collect longer term follow up and feedback from 'persons served' (patients) and to systematically gain input on Activity, Environment, Health Status and Participation. There were 543 questionnaires issued to patients 3 months post rehabilitation in 2012 with a 26.5% response rate overall.

Patient Forum: Direct feedback is gained from patients who attend the monthly Patient Forum meetings. The committee (comprising of representatives of patients from the different rehabilitation programmes and a hospital management representative) meet together with any current patients or their family members who wish to attend. Patients may raise any issues they may have with regard to, for example the environment or facilities, or treatment and service delivery, or provide general feedback on their experience in the hospital. All matters raised are fed back through hospital management and actioned as feasible by the relevant Department(s).

Corporate Data Management

Patient Activity Data: In our reporting relationship with the Health Service Executive, given the current economic climate, it is now more essential than ever to accurately reflect the activity of the hospital in order to gain appropriate funding of services. 2012 saw a more strategic focus on Patient Activity Data Capture. Developments in the IMT infrastructure will enhance the ability to capture data into the future. In the interim, the accurate capture of data remains a challenge. The Stakeholder and Corporate Data Manager continues to work closely with the Programmes, Clinical and IM&T Department to enhance systems of accurately capturing and analysing patient and activity data.

RISK MANAGEMENT

BERNADETTE LEE
CLINICAL RISK MANAGER

The duty of the NRH is to deliver healthcare both within the Law, and without causing harm or loss to the Hospital and all it represents. It does this by ensuring there is an effective Governance Framework, and operating a Governance System and Risk Management. This report sets out to confirm that there have been adequate and effective risk management arrangements in place throughout the year and highlights material areas of risk. Good Risk Management not only highlights areas of concern but has the potential to impact on performance improvement, leading to: Improvement in service delivery, more efficient and effective use of resources, improved safety of patients, staff and visitors. The overarching goal is to have a risk management framework which enables understanding of the risks to which the hospital is exposed and deals with them in an informed, proactive manner. The complete elimination of risk will not be a feasible goal for the hospital, however in certain circumstances; calculated and targeted risk management will be required to achieve creative or innovative solutions that will help to improve the services to patients. The Risk Management Department provides clinical quality, patient safety, and risk management advice, guidance and support to the NRH Board, its managers and staff. In seeking to deliver Risk Management, the Safety and Risk Committee will advise on, oversee and support the overall Risk Management Function.

Hygiene/Infection Prevention and Control (HIPC)

Improving cleanliness and reducing healthcare associated infections continued to be 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 HIPC Strategic Plan, developed in 2011. The new contract cleaning company undertakes cleaning in the hospital and has become a close ally in the fight against hospital acquired Infection. The incidence of Acquired MRSA in the hospital stabilised for 2012. This was due to the continued actions of providing clean environments for patient care, continued Methicillin Resistant Staphylococcus Aureus (MRSA) screening for planned admissions, continued reinforcing of the 'bare below the elbow' dress code for clinical areas and a strong focus on Hand Hygiene training. Water quality is essential to the effective functioning of any hospital, the hospital has implemented a series of measures including water testing and water system renovations to ensure the quality of our water is maintained. The Patient Safety HIPC Walkabouts continued in 2012 with assessment data being used to inform areas for investment and the use of resources.

Emergency Planning

Emergency Planning continued to be a top priority for the NRH. During the last year work began in developing emergency arrangements with Dublin City Fire Brigade around updating our Fire Plan. Work also continues to ensure that the lessons learned by other organisations are understood and acted upon.

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 and issues bi-monthly reports to committees and steering groups for discussion. The results of data compilation gave significant assurance as to the robustness of the NRH's Risk Management processes and the onset of enhanced IT systems will help to disseminate information around the hospital.

Incident Reporting

Risk Management is to a large degree guided by the information it receives, it is thus vital that all staff report risks to patients promptly so that lessons can be learned and action taken to protect others from harm. To date there are approximately 9,600 incidents recorded on the "STARS" database. Staff have always been encouraged to report incidents to ensure the hospital is fully aware of the issues that need to be addressed. In 2012, a total of 894 patient and staff incidents or near misses were reported, which is a 12% increase on those incidents reported in 2011. The Risk Profile remains in the low to medium category. Whilst incident recording continues to improve, it is a voluntary recording system dependent on the culture of the Organisation and may not represent all incidents that actually occur. This increased reporting is seen as a positive trend demonstrating that the Hospital has an open and learning culture. Further work has been undertaken by various committees and steering groups to enable better management of the most frequently reported incidents, as outlined below:

Patient Falls: 4.3 patient falls per 1000 bed days were recorded in 2012, similar to 2011 figures. The falls prevention strategies, monitored by the Patient Falls Steering Group, include: Falls Champions, use of Falls Risk Assessments and Care Plans, and 'April Falls Day'.

Medication Safety: The Pharmacy Department carries out Medication Reconciliation of patient prescriptions at admission and discharge; The Red Apron Project, now in place in all wards, is aimed at reducing medication incidents by eliminating interruptions during medication rounds.

Challenging Behaviour: A number of quality improvement measures are in place to manage challenging behaviour events and increase patient and staff safety, these include various training programmes, team reviews, recreational therapy and Behaviour Consultancy Forum.

Patient Abscontion: Significant inroads have been made to manage patient abscontion events through quality improvement initiatives, staff assignment to named patients and updating of policy and procedures. In 2013 patient abscontion incidents will be categorised to patient abscontion at risk of harm and patient absent without leave.

Health and Safety

The NRH undertakes organisational-wide quarterly Health and Safety Self Audits. With 77% of the inspections completed in 2012, this was a 24% increase on 2011. Based on the findings, action plans are implemented locally by line management and good progress has been made in achieving targets. Two workshops on developing and populating risk registers were completed in 2012, with the next step to source an appropriate infrastructure for the Risk Register and to begin population of a Corporate Risk Register and localised Risk Registers within the various divisions of the hospital.

The Risk Management Department continue to work closely with the Technical Services Department in all Health and Safety aspects of the facilities at NRH, maintaining the hospital's commitment to provide a safe and effective Healthcare environment for both Patients and Staff. The promotion of a safe and healthy work environment is achieved through strong links between the Risk Management Department, Occupational Health Department and Human Resources Department.

Training

In 2012 the NRH continued to provide a range of training, which has risk management at its heart, this includes: Fire Safety, Manual Handling, Chemical Agent Risk Assessment, Crisis Intervention Training, Hand Hygiene Training, Standards Precautions Training, CPR/Heartsaver AED and Healthcare Record audits. The Fire Advisers have continued to provide advice and training to all areas of the organisation, supported by the introduction of new training initiatives. A number of fire drills were also conducted both during the day and at night. In 2012 the Fire Alarm Impairment procedure was implemented to allow a back-up in the event the current out dated fire alarm failed. The upgrade to the fire alarm began in 2012 and will continue in 2013.

In Conclusion, 2012 has been another busy, challenging, and exciting year for Risk Management and the momentum continues. The processes and structures for effective Risk Management are firmly established within the organisation, the challenge will be to ensure that these processes and structures are fluid enough to allow for evolvement in response to national and local drivers such as the National Standard for "Safer Better Healthcare". The emphasis for the future continues to focus on developing a safety driven culture throughout all parts of the organisation with the built in capability of measuring the quality improvement this and planned interventions have on Patient safety in its broadest sense.

Freedom of Information Statistics (Risk Management Department)

The following is an overview of access to records received by the NRH in 2012:

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	2
Freedom of Information & Data Protection Access	0
Routine/Administrative Access	249
Total Requests for Access to Records	280



Betty Hillary, Sr. Aileen McCarthy and Eva Wallace, taking a short break from work and enjoying the facilities in the Therapeutic Garden.

SCHOOL REPORT

AOIFE MAC GIOLLA RÍ
SCHOOL PRINCIPAL

Our Lady of Lourdes School is a service provided and funded by the Department of Education and 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), Aoife Mac Giolla Rí (Principal), 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.

TECHNICAL SERVICES

PETER BYRNE
TECHNICAL SERVICES MANAGER

Many renovations and improvements were carried out throughout the NRH in 2012. The Technical Services Department (TSD) worked closely with the Health Planning team, contractors and technical advisers to ensure that these projects ran as smoothly as possible while keeping any impact on hospital services to a minimum.

Projects and Developments in 2012

- The fire and ward upgrades and total re-fit have been completed of Our Lady's and St. Patrick's Wards, with new shower and toilet extension built on to the existing structure and new mechanical, electrical and fire alarm installations also carried out. The new extension to St. Camillus' Ward, and the medical records area will be completed in January 2013.
- February 2012 saw the commissioning of the water tank replacement project. This centralised the hospital's water storage and eliminated numerous old water tanks.
- The final phase of the fire door replacement project was completed in 2012 and the replacement of all clinical wash hand basins with IPS panel basins was completed in December 2012.
- Many clinical areas have been fitted with new floor coverings eliminating carpet from these areas. This programme will continue into 2013.
- In 2012, NRH entered into the FÁS redundant apprentice programme. During the year TSD have trained 7 apprentices which include 3 plumbers, 3 electricians and 1 painter. Each of the apprentices were in phase 2 of their training and spent 3 months on site with their relevant trades. To date this programme has been very successful for the apprentices and the NRH alike. The retention of the 4th year painting apprentice on completion of his training enables the TSD painting section to take on larger projects thereby eliminating the need for contractors.

- St. Laurence's ward was upgraded in 2012. This project was carried out by TSD staff in conjunction with the Health Planning Team and was completed on schedule. Feedback from patients and staff has been very positive.
- TSD in conjunction with Health Planning Team began a total re-fit of McAuley ward in December 2012. This project will be completed in two phases.
- Substantial leaks were identified in the underground sections of the heating system, highlighting the antiquated nature of the building and its equipment. The problem areas have been replaced.
- Throughout the year many small projects and the day to day upkeep of the hospital and grounds have been provided by the TSD team.

In conclusion I would like to thank Donal Farrell and David Donoghue for all the help and support in my first full year at the helm of the Technical Services Department. I would also like to thank all the TSD staff for making 2012 one of our most productive years to date. A big thank you to Siobhan Bonham and the Health Planning Team for their close support all through the year and finally thank you to all patients and staff of the NRH for their cooperation throughout a very busy 2012.

VOLUNTEERING AT NRH

MARYROSE BARRINGTON
VOLUNTEER COORDINATOR

Maryrose Barrington has been a volunteer at NRH for over 12 years. She works part time as the Volunteer Coordinator.

There are approximately 100 volunteers attached to the hospital and the role of the Coordinator is to liaise with the volunteers, recruit and train new volunteers, matching them with the various volunteer activities within the hospital. The Coordinator also organises induction and orientation, files Garda Vetting certificates, character references and declarations of confidentiality, as well as supervising and supporting the volunteers and communicating with them on a regular basis, acknowledging the work they do and thanking them for their valuable time.

As well as individual volunteers, the following volunteering groups give generously of their time to NRH:

- Children In Hospitals Ireland
- Internet Café Volunteers
- Peata
- Pastoral Care Service
- The Mobile Shop Volunteers.
- St. Vincent de Paul volunteers.
- Canteen Volunteers
- DVDs, CDs, Books and Magazines Trolley

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 also.

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 2012.

Education Delivered by NRH Staff Members in 2012

MEDICAL – Detailed in Medical Board Report.

NURSING – Detailed in Nursing Report.

EDUCATION DELIVERED BY INTER-DISCIPLINARY GROUPS

Stroke Awareness for Family & Friends (SAFF); and **Brain Injury Awareness for Family & Friends (BIAFF)** education sessions facilitated by, and presentations delivered by Representatives from:

- **Speech & Language Therapy**
- **Physiotherapy**
- **Clinical Neuropsychology**
- **Nutrition and Dietetics**
- **Social Work Department.**

CATERING DEPARTMENT

- Basic Food Hygiene training delivered to all Health Care Assistants, Occupational Therapy and Speech and Language Therapy staff.

INFECTION PREVENTION AND CONTROL DEPARTMENT

- Hand Hygiene provided in collaboration with 'Hand Hygiene Champions' and Nurse Education.
- Standard Precautions.
- Transmission Based Precautions.
- Hygiene Audit Education.

NUTRITION AND DIETETICS

- Countrywide training provided by Kim Sheil to Dietitians; in Non-Managerial Clinical Supervision.
- Healthy Eating: Brain Injury Awareness for Family and Friends, and Stroke Awareness for Family and Friends.
- 'Nutritional Aspects of Stroke Management' to doctors attending the Diploma in Cerebrovascular and Stroke Medicine that has been developed by the Royal College of Physicians in Ireland.
- Education sessions for the POLAR Programme: 'Healthwise' – on healthy eating and risk factor modification.
- 'Nutrition in Amputees' to Specialist Registrars attending the Rehabilitation Medicine Study Day.

OCCUPATIONAL HEALTH

- Dignity at Work Training.
- Participation in staff induction programmes.
- Smoking Cessation Facilitation.
- Sharps Injury Awareness training.
- Critical Incident Stress Management.

Education Delivered by NRH Staff Members in 2012

OCCUPATIONAL THERAPY

Presentations and Education Delivered / Posters Presented

- Careers presentation delivered to Loretto College, Foxrock, Dublin by **Fiona Haughey**.
- Poster Presentations to the IBIA Conference Edinburgh, UK by **Fiona Haughey**.
- 'Fatigue – Finding a Focus Dressing Apraxia – A Case Study Role of OTs working with persons with Apraxia' presented by **Fiona Haughey** at the International World Brain Injury Conference.
- Presentations delivered to Multidisciplinary Careers Evening at NRH by **Julie Flanagan** and **Alison McCann**.
- Presentation to AOTI Conference, **Julie Flanagan**.
- 'Disorders of Consciousness (D.O.C.) Services in Ireland and the UK: Pilot Study results' : Delargy M., McCann A., Begley C., Haughey F., Cornell C., Culligan J., Corcoran L., Ally A., Regan M. Presented by **Alison McCann** at the Irish Association of Rehabilitation Medicine, Annual Scientific Meeting 2012.
- 'Environmental Control Systems – the User's Perspective.' Presented by **Michèle Verdonck** at Enable Ireland's National AT in December, 2012.
- 'How we are using Tablet Computers in Spinal Rehab.' Presented by **Michèle Verdonck** at the Aspire Assistive Technology Training Conference in October.
- 'Functional expectations following SCI', presented by **Michèle Verdonck**.
- 'A Lifestyle Redesign Approach to Fatigue Management' Presented by **Eileen Mooney**.
- 'OT in Spinal Cord Injury' presented by **Michèle Verdonck**.
- 'Technology in OT' presented by **Michèle Verdonck**.
- 'Use of technology Workshop presented by **Michèle Verdonck**.
- 'Everyday use of Apps' presented by **Michèle Verdonck** and **Fiona Maye**.
- 'Electronic Assistive Technology for SCI and BI' presented by **Michèle Verdonck** and **Marie Cox**.
- 'Prosthetic Technology – enabling participation' presented by **Josephine Herriott**.
- 'Interpreting Research' presented by **Eileen Mooney**.
- 'OTs Perceptions of Using Interpreters' presented by **Eileen Mooney**.
- 'Oral Presentation – Role of the OT in Continence Care' presented by **Eileen Mooney**.
- 'Interpreter Research presented by Research Supervisor' presented by **Eileen Mooney**.

Michèle Verdonck was guest lecturer to OT students at University of Limerick, and on the All-Ireland M.Sc. Biomedical Engineering (hosted by NRH and UCD) in November.

Michèle also presented several peer reviewed conference papers including:

- *Environmental Control Systems (ECS) in everyday clinical practice (workshop)*. (AOTI Mullingar, April 2012).
- *Doing a little and feeling enabled – environmental control systems are a natural fit for occupational therapy* (COTEC, Stockholm May).
- *The experience of living with an environmental control system* (COT, Glasgow June).
- *What it is like to use an Environmental Control System*. (RAate, Coventry, November).

Posters presented by Michèle Verdonck at several conferences in 2012 include:

- *Feel the Fear and Do it Anyway' – Thinking Positively and Powerfully when Pursuing of Postgraduate Research* (AOTI, April).
- *An environmental control system starter pack for occupational therapists*. (COTEC Stockholm, May).
- *Pursuing postgraduate research positively and powerfully: Occupational narratives of three doctoral candidates* (COTEC Stockholm, May).
- *An environmental control system simplified with video*. (Innovative technology poster) at (COT Glasgow, June).
- *The GrEAT Environmental Control System starter-pack*. (RAate Coventry, November).

Michèle Verdonck, Marie Cox (SLT) and **Helen Kane** (Biomedical engineering student) presented a paper: *Keeping it simple – a case study*. (RAate, Coventry, November).

Elizabeth Steggle, a co-author, presented *Electronic aids to daily living – a hidden truth* on Michèle's behalf at CAOT (Canadian Association of OT conference) in Quebec in June.

Publications

A Case of Dressing Apraxia – A Case Study; *International Journal of Therapy and Rehabilitation*, **Fiona Haughey, Dr Jacinta Morgan, Tadhg Stapleton**.

DIY – a simple Environmental control system starter-pack; *Spinal News, Winter 2012*, **Verdonck, M**.

PHARMACY

Education provided by the Pharmacy Department in 2012

- 'Medications used in Management of Neuropathic Pain' presented by **Sheena Cheyne**
- 'Medications for Incontinence' presented by **Sheena Cheyne**
- Drug Administration on Nurse IV Study Day delivered by **Mairead Murrhiy**
- 'Medications used in Acquired Brain Injury' presented by **Breda Bourke**
- 'Safe prescribing for NCHDs' presented by **Claire Meaney**

Education Delivered by NRH Staff Members in 2012

PHYSIOTHERAPY

Education continues to be a focus of the Physiotherapy Department and is provided to patients, carers, professional colleagues from other agencies and across the NRH team. A junior team member identified and established a cross-discipline working group (which will continue into 2013) on positioning for feeding.

Education provided by the Sports Therapy, Fitness Training and Health Promotion Service

- Halliwick Introductory Course : 3 days course in September, hosted at NRH, **Jane Lynch and Tara Lyons**
- Boccia Introduction : ½ day course in September at Headway Ireland, **Jane Lynch and Tara Lyons**
- Upledger Institute – Cranio Sacral Applications for Conception, Pregnancy and Birthing, 4 days, September, and Cranio Sacral Therapy: Somato Emotional Release, 4 days, December, **Jane Lynch**
- Occupational First Aid refresher course, **Tara Lyons**
- Smoking Cessation refresher course, **Tara Lyons**

PSYCHOLOGY (CLINICAL NEUROPSYCHOLOGY) DEPARTMENT

As part of the continuing education and transfer of knowledge and expertise nationally, Senior Psychologists at NRH were 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. In addition, Psychology personnel provided training and support for colleagues in the following areas:

Strategies for Crisis Intervention and Prevention (SCIP): SCIP (mandatory training for all NRH Staff) includes psychological, behavioural and practical strategies that support staff to respond to 'challenging behaviour' in the most effective way.

Drs Fiadhait O Keeffe and **Sarah O'Doherty** devised and delivered 'Managing Challenging Behaviour' Workshops for the Paediatric and Brain Injury Programmes in response to specific clinical needs.

Drs Fiadhait O Keeffe and **Andrea Higgins** contributed to the Stroke Awareness for Family and Friends (SAFF) and Brain Injury Awareness for Family and Friends (BIAFF).

Dr Maeve Nolan undertook reviews of Information Days and Reunion Days for women with spinal cord injury.

Dr Maeve Nolan initiated 'Movie Nights for staff – Wheels on Reels' showing films portraying disability and illness, which provides a continuing education opportunity for all staff. Each film is followed by a discussion of relevant issues arising from the film. To date 5 films have been shown and the initiative will continue in 2013.

RISK MANAGEMENT

Ongoing staff training is organised through Risk Management. This includes:

- Fire Safety Training
- Hand Hygiene / Standard Precautions in conjunction with Hygiene, Infection Prevention and Control
- Safer Handling (in conjunction with Physiotherapy)
- Strategies in Crisis Intervention and Prevention (SCIP)
- CPR / Heartsaver AED
- Chemical Risk Assessment
- Safe Pass
- Occupational First Aid
- Medical emergency scenario

REHABILITATIVE TRAINING UNIT

The RTU staff continue to support Occupational Therapy Students and Counselling Psychology Doctorate Students. Training and Education is also provided on Acquired Brain Injury to: Families, Carers, Employers, Educators and colleagues in the Health Care profession.

SEXUAL HEALTH SERVICE

Lectures and training provided to external agencies include:

- RUA Project, St John of Gods (two sessions)
- Dublin City University, Masters in Counselling Course
- Irish Cancer Society: 'Sexuality and Body Image'
- 'Diabetes and Sexuality – Sharing Best Practice'
- BRI Conference: 'Sexuality and Acquired Brain Injury'

Education Delivered by NRH Staff Members in 2012

SOCIAL WORK

The Social Work Department facilitated six Masters in Social Work block placements of three months duration, and two Social Work internships in 2012.

Professional training delivered by staff from Social Work in 2012 also includes:

- Masters Programme in Social Work, UCD – Anne O'Loughlin.
- Masters Programme – Health Module, UCC.
- Medical Students (2nd year Disability Module), UCD.
- Rehabilitation Nursing Course, NRH.
- TCD Medical Students (NRH Programme).
- 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).
- Grief and Loss : HCA training, NRH.
- Induction Training, NRH.
- Volunteer Training Programme, NRH.
- Facilitation of TY Prevention Programmes with the Paediatric Team and BRI.
- "The impact of parental/sibling ABI on children" presented at the ABI Ireland National Carers' Week Event, June 2012.
- Clinical Tutors Journal Club.
- Clinical Tutors IDT group.
- 'Social Work as a Career' NRH IDT Careers Evening.
- **Kathleen Kelly** presented a poster with **Fiona Ryan** (OT) on the Vocational Programme at the Guttman Conference, June 2012.
- **Emma Fitzgerald** took part in "wheelchair day", in conjunction with Spinal Injuries Ireland, and wrote an article on the experience for Spinal Injuries magazine.

SPEECH AND LANGUAGE THERAPY

External Presentations/Research Shared by SLTs in 2012

- *Cognitive Linguistic Communication Disorders* presented by **Emma McKelvey** to the Adult Acquired Communication SIG.
- *Management of Dysphagia in the Rehabilitation Setting* presented by **Aneesa Ally** to 3rd year medical students at UCD.
- Presentation on Dysphasia by **Julianna Little** delivered to 3rd year medical students at UCD.
- *Dysphagia in the Rehabilitation Session* presented by **Aneesa Ally** to medical doctors as part of Diploma in Cerebrovascular and Stroke Medicine.
- *Communication and Stroke* presented by **Emma McKelvey** to medical doctors as part of Diploma in Cerebrovascular and Stroke Medicine.
- *The Role of the SLT in AAC* presented by **Niamh O'Donovan** to Biomedical Engineering Masters Students from UCD, UL and TCD.
- *Everyday Apps* presented by **Ciara Jones** presented on at the 'Accessing World through Technology Day' at NRH in December.

Internal Presentations/Research Shared by SLTs in 2012

- **Marie Cox** provided in-service sessions to the SLT team on *apps for assistive technology, switch accessibility and dysphagia, and Disorder of consciousness.*
- **Emma McKelvey** provided in-service sessions to the SLT team on *tracheostomy management, COPD and Role of SLT, and cough reflex testing.*
- **Joan Monahan** presented and facilitated at *Stroke Awareness for Family & Friends (SAFF) & Brain Injury Awareness for Family & Friends (BIAFF).*
- **Joan Monahan** and **Julianna Little** ran five *Face2F.A.C.E.* sessions in 2012. This year continued to have attendees from both Headway and ABII.
- **Niamh O'Donovan** and **Julianna Little** provided in service training '*Learning the Lingo*' for the Paediatric Team on communication disorders.

UROLOGY

Summary of Training and Education provided by (or in conjunction with) Urology in 2012

- NRH in conjunction with the HSE Continence Promotion Unit, hosted a 4 day continence course attended by 10 Nurses from NRH and 40 nurses from around the country.
- NRH Lectures and practical sessions were provided in-hours on urological issues for SHOs and Nurses.
- Urology staff are part of the team delivering education on the prevention of hospital acquired infections.
- Presentation on the Insertion and Management of short/long-term urinary catheters in the RCSI.
- The education programme on Supra Pubic Catheterisation continued in conjunction with Dr. Stephens Hospital, Beaumont Hospital, and St. James's Hospital.
- Catheter study day hosted at NRH.
- Transanal Irrigation Workshop hosted at NRH.
- Bowel Study Day for Nurses and Carers hosted at NRH.
- The Urology Department along with the Education Department, devised and implemented a Train the Trainer Programme for Neurogenic Bowel Dysfunction.

Publications

Following an audit of Trans Anal Irrigation, an article written by Dr Clodagh Loftus has been published in the Irish Medical Journal.



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