



National Rehabilitation Hospital

UNDER THE CARE OF THE SISTERS OF MERCY



A YEAR OF TRANSITION AND CHANGE FOR THE BETTER

27th Annual General Meeting
Year Ended 31st December 2007



National Rehabilitation Hospital

UNDER THE CARE OF THE SISTERS OF MERCY

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 the 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.



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TOTAL ADMISSIONS FOR 2007

Admissions by Category	Admissions 2007
Brain Injury Non-Traumatic	117
Brain Injury Traumatic	168
Spinal Injury	180
Stroke Service	119
Prosthetic Service	109
Other Neurological	37
Other Non-Neurological	9
Total	739

2007 HIGHLIGHTS

1. Presentation of the Lokomat Equipment, donated by Jane Evans to the Physiotherapy Department at NRH.
2. Dr Angela McNamara and Ward Manager Ann Casey retired from the Spinal Injury Service in December 2007. They are pictured here at their retirement party which was attended by many NRH patients and staff, both past and present.
3. Proceeds from a Golf Classic, organised by ex-patient Leo Keogh, were donated to the hospital in 2007.
4. The Ronald McDonald Foundation presented the Pediatric Service at NRH with a play activity area for the hospital.

CHAIRMAN'S REPORT

On behalf of the Board I am pleased to report that considerable progress was made during 2007 in developing the plans for the new 235 bed medical rehabilitation hospital to replace our existing old and inadequate facilities.



HENRY MURDOCH CHAIRMAN



Our plans were given a welcome boost by the visit to the hospital on 18th January 2007 by Ms Mary Harney TD, Minister for Health and Children, during which she expressed her full support for the new facilities. Although there are uncertainties about the economy at present, not helped by the turmoil in the stock markets, we are confident that the new hospital will not be delayed. The new hospital is included in the National Development Plan and the Government is on record in stating that, despite the pressure on current spending, the capital programme will be implemented in full.

The Design Team for new hospital has taken on Board the most recent recommendations in relation to minimisation of MRSA and other hospital acquired infections. The new facility will be most modern medical rehabilitation facility in Europe and its design has been heavily and positively influenced by the views of our own staff.

We will apply for planning permission in 2008 and hope to have the builders on site by 2009 and, in a 3 year one stage build, be available for occupation by 2012 at the latest.

Meanwhile, 2007 was the first year of operation of the new Constitution of the hospital, updated to reflect best practice in corporate governance and to prepare ourselves better for CARF (Commission on Accreditation of Rehabilitation Facilities). This accreditation will have significant implications for the way in which we deliver our services. It will mean moving from Department-based provision to a system of care organised around Programmes and Teams. It will also mean that the high quality of services which we currently deliver will be continuously monitored and improved and our achievements will be recorded with greater accuracy and consistency.

And CARF has implications also at Board level. In addition to the existing Ethics Committee and the Finance and General Purposes Committee, we now have a separate Audit Committee and a Nominations Committee which keeps the Board and Committee membership under review. Also the Board now conducts a formal annual assessment of itself and of the Chief Executive. The Board has also adopted an Ethical Code of Conduct and each member signs an annual Conflict of Interest declaration.

Last year was a difficult year for the hospital financially. While we achieved a break-even result, it was at the expense of cutting services. We had to close the 5-day 11 bed pre-discharge ward and that situation has continued into 2008 and will continue unless we obtain additional funding. It seems to be a ludicrous situation that we have insufficient funding to keep our 123 beds fully operational, while, at the same time, we are planning a new hospital with almost double the number of beds.

Also, we continue to have the problem of delayed discharges ie beds which are occupied by patients who have finished their rehabilitation programme but are awaiting placement in another facility or require home supports or carers. The absence of funding for these essential requirements result in this hospital being unable to admit new patients for rehabilitation from acute hospitals and has the effect of making the hospital and the acute hospitals less efficient. It is a false economy and denies patients of their right to medical rehabilitation.

TRANSITION+CHANGE

The new facility will be the most modern medical rehabilitation facility in Europe and its design has been heavily and positively influenced by the views of our own staff.



Despite the under-funding of the hospital in 2007, progress was made in developing services. For example, our new out-patient facility was operational and a patient advocacy liaison service was introduced. Also significant emphasis was placed in 2007 in improving hygiene in the hospital and this will continue to be a high priority for the Board.

I would like to record the thanks of the Board for the continued support of the Sisters of Mercy. We have had many years of support from Sr. Helena O'Donoghue until her retirement as Provincial Leader in 2007, and we had pleasure in welcoming Sr. Peggy Collins as the new Provincial Leader. We wish both every success in their new roles.

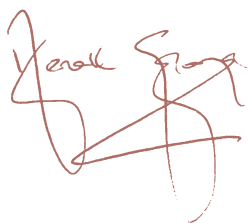
I would also like to thank all the staff of this great hospital for their dedicated service throughout the year. At year end Dr Angela McNamara (Consultant in Medical Rehabilitation) retired. At the beginning of 2008 Ms Nuala Tierney (Occupational Therapy Manager) and Ms Anne Casey (CNM II, Our Lady's Ward) retired also. We wish them well and thank them for their long years of service to the hospital.

I would like to acknowledge the great work, throughout the year, of our Chief Executive Derek Greene. He has steered the ship through often choppy seas and kept us afloat.

Finally, I would like to thank the members of the Board of the hospital, who give of their time and expertise on a voluntary basis. The Board was strengthened in 2007 with the addition of a new member, Mr. Paul McNeive. We are fortunate in having the service of such dedicated people. Ms Paula Bradley, Speech and Language Therapist Manager, and a staff representative member of the Board, has indicated her intention to retire in June 2008. We thank her for her significant contribution over many years and wish her well into the future.

CHIEF EXECUTIVE'S REPORT

Thank you for taking the time to read our Annual Report which chronicles the hospital's work over the past year. The report outlines many of the good news stories associated with our work and also outlines the many challenges we have faced in 2007.



DEREK GREENE CHIEF EXECUTIVE



We, the staff of the hospital are privileged to do the work we do and be allowed into the lives of our patients following, in many cases, what may have been life altering illnesses or injuries which have left them facing life in the future under very changed circumstances. In the hospital on a daily basis we are privileged to witness great acts of human courage as patients attempt to cope with serious disabilities and set forth on the journey through the recovery process as they attempt to rebuild their lives and participate again in life in the community. The rehabilitation process not only involves great physical as well as emotional strength but also the vital support of those closest to us.

Working with people with serious physical and cognitive disability is what we do best in our hospital and our staff are expertly trained to help each patient wherever possible to maximise their health recovery and independence. We want to provide the highest quality of services we can within our resource constraints and assist as many people as are clinically appropriate to our services. We help patients irrespective of means, private healthcare insurance and other such considerations and our admission criteria is based solely on clinical need as we are a public hospital, fully funded by the HSE.

All of us who work in health care work in a system which is flawed, where demand far outstrips the capacity to supply services and where resources are not always available to cover all health care needs. Nevertheless, even with these constraints we believe that we provide high quality care to those we serve and we would like to be able to provide a greater quantum of care to those in need and also in a more timely manner to meet those needs. We are driven forward by these twin objectives.

Given the challenges that faced health care in the past year, it is with regret that we report a significant reduction in our inpatient admissions in 2007. This is directly attributable to an inadequate funding base and problems associated with delayed discharges from our services to more appropriate care settings once the rehabilitation phase in our hospital has been completed. In the past year we have had between 15-20% of our beds unavailable to new admissions due to there being no timely suitable discharge destinations for patients who have completed their rehabilitation programme at NRH. We are working with the HSE on this matter but as the cost of appropriate care onwards packages rises, this probably will increase into the future.

To safeguard the quality and timeliness of our services, over the past year we have undertaken a major Accreditation Programme, CARF (Commission for Accreditation of Rehabilitation Facilities), which is a rehabilitation specific quality framework against which we will audit our services externally and benchmark against best practice. Our purpose in pursuing this quality programme is to maintain person-centeredness and focus, and ensure that the 'person served' is at the centre of all we do.

We have increased our involvement in evidence based best practice research as we attempt to push the boundaries of our services forward to meet increased case complexity and need. By developing and participating in research we hope to increase our ability and capacity to respond more appropriately to need by developing the body of knowledge that will underpin therapy and rehabilitation services into the future to maximally impact on patient need in a meaningful way.

Over the past year we have advanced the planning of a new 235 bed National Rehabilitation Hospital to be built on our land in Dun Laoghaire and we hope to be able to apply for planning permission by mid 2008 for this project. This project with the agreement of the Minister for Health and Children and the HSE will increase the inpatient capacity by 100% for medical rehabilitation services

TRANSITION+CHANGE

We are fortunate to be guided by a Board and Chairperson who place the patients at the centre of all their decisions and for the insistence that our hospital be person-centred and focused around the individual needs of patients.



Quadrangle garden at NRH.

for the country. We are also working closely with Beaumont Hospital and the HSE to develop our initiative of having a 25 bed acute rehabilitation unit for patients with acquired brain injury located on the Beaumont campus. We hope our new facility here will be opened no later than 2012 to be joined shortly after by the Beaumont unit.

Health care provision and hospital care is all about people, and we are extremely fortunate to have a top class team of staff to provide services to our patients. These staff over the past year have risen superbly to the many challenges placed before them and I would like to publicly thank each and every member of "Team NRH" for their work, commitment and the skills they bring to treat our patients while oftentimes working in suboptimal conditions and in a high pressure environment.

I would also like to acknowledge the role of the Sisters of Mercy, our founders, for the values they have instilled in the hospital and for the legacy of Catherine McAuley their foundress, in caring for the marginalised, less fortunate, and those in need irrespective of means and without question. We carry those values forward on your behalf.

We are also fortunate to be guided by a Board and Chairperson who place the patients at the centre of all their decisions and for their insistence that our hospital be person-centred and focused around the individual needs of patients and that the care we give is of the highest quality within the resources available to us.

In closing I hope you enjoy reading our report and learning about the complex work we do. I have learned greatly in my time in the hospital and have truly seen some very courageous patients triumph over great adversity as they work through their rehabilitation. People often say, health is wealth and we in the NRH can vouch for that saying. We learn to see that health is really only a temporary state of being gifted to us and that it can be taken away quickly, without reason or irrespective of circumstances. Many of us will meet with adversity at some point in life and we should never take health for granted or fail to see the great courage it takes to overcome adversity. The true heroes in life are those who try and never stop trying to overcome the challenges that life and living places in their way.

BOARD OF MANAGEMENT



**MR HENRY MURDOCH
(CHAIRMAN)**



SR AILEEN MCCARTHY



MR DERMOT O'FLYNN



MR BARRY DUNLEA



MS EILISH MACKLIN



SR MAURA HANLY



MR KIERAN FLECK SC



MR MARTIN WALSH



DR THOMAS GREGG



MR ARTHUR O'DALY



MR BRIAN MCNAMARA



DR NICOLA RYALL



MR JOHN DUKES



MS PAULA BRADLEY



MR PAUL MCNEIVE



**MR DEREK GREENE
(SECRETARY)**

NRH BOARD COMMITTEES – 2007

BOARD

Mr Henry Murdoch
(Chairman)

Sr Aileen McCarthy

Sr Maura Hanly

Mr Barry Dunlea

Ms Eilish Macklin

Mr Kieran Fleck

Dr Thomas Gregg

Mr Arthur O'Daly

Mr Brian McNamara

Ms Paula Bradley

Dr Nicola Ryall

Mr Dermot O'Flynn

Mr John Dukes

Mr Paul McNeive

Mr Derek Greene
(Secretary)

EXECUTIVE COMMITTEE

Mr Derek Greene
(Chairman)

Mr Patrick Cribbin

Dr Nicola Ryall

Dr Mark Delargy

Mr Sam Dunwoody

Ms Eilish Macklin

Ms Nuala Tierney

Mr John Payne

Ms Sharon Morris to August '07

Mr Gerry Coyle

Dr Simone Carton

Ms Olive Keenan from August '07

Mr Keith Wilton *

Dr Jacinta McElligott *

*In Attendance for purpose of CARF

ETHICS COMMITTEE

Mr Kieran Fleck (Chairman)

Mr Derek Greene

Mr Patrick Cribbin

Dr Nicola Ryall

Mr Arthur O'Daly

Ms Eilish Macklin

Fr Christy Burke

Dr Simone Carton

Ms Bernie Lee

Ms Pauline Sheils

Mr Dermot O'Flynn

Sr Maura Hanly

Dr Christine Murphy

MEDICAL BOARD

Dr Nicola Ryall
(Chairperson)

Dr Mark Delargy (Secretary)

Dr Angela McNamara

Dr Tom Owens

Mr Sean Carroll

Dr. Áine Carroll

Dr. Jacinta McElligott

Dr Hugh Monaghan

Dr. Brian McGlone

Mr Keith Synnott

Mr Ashley Poynton

Mr Robert Flynn

PATIENTS COMMITTEE

Mrs Helen Murray (Chair)

Ms Paula Carroll

Ms Stephani MacDarby

Mr Eugene Roe

Ms Ciara Blair

Mr Liam Whitty

Ms Joan Carty

Ms Mary Donagher

Patient Representatives x 2

FINANCE & GENERAL PURPOSE COMMITTEE

Mr Henry Murdoch
(Chairman)

Mr Derek Greene

Mr Barry Dunlea

Mr Arthur O'Daly

Ms Eilish Macklin

Mr Sam Dunwoody

PROJECT TEAM (NRH Staff Members)

Mr Derek Greene

Mr Patrick Cribbin

Mr. Brian McNamara
(NRH Board)

Mr Sam Dunwoody

Ms Eilish Macklin

Dr Mark Delargy

Mr Gerry Coyle

Ms Nuala Tierney

Ms Vivienne Moffitt

Ms Valerie O'Shea

Dr Áine Carroll

Mr Donal Farrell

Ms Siobhán Bonham

Ms Lisa Held

Ms Colette Myler

Ms Lesley Power
(Secretary)

AUDIT COMMITTEE (established October 2007)

Mr Barry Dunlea (Chairman)

Mr Arthur O'Daly

Mr Martin Walsh

NOMINATION COMMITTEE (established October 2007)

Mr Henry Murdoch

Sr Maura Hanly

Mr Derek Greene

FINANCE REPORT



SAM DUNWOODY
FINANCIAL CONTROLLER

At the beginning of 2007 the HSE advised that the opening allocation for the current year was set at €26.155m.

We received additional funding of €0.222m during the year of which €0.052m was once-off funding, and which resulted in a final allocation of €26.377m.

Our cumulative overrun at the end of the previous year (2006) was €0.016m and this overrun is treated as our first charge on expenditure in our 2007 accounts. The total net expenditure incurred in 2007 was €26.380 million, which resulted in a cumulative overrun of €0.003m for the year – this represents a deficit of only 0.01% on net expenditure and a reduction of €13,000 on the 2006 year end deficit.

ADDITIONAL FUNDING

The following are the main areas where additional funding was approved in 2007 over and above the final allocation in 2006:

Pay category: National Pay Awards, Increments, Clinical Education 2.5 WTE and Pay cost pressures amounted to €1.831m.

Non-pay category: Specialist nursing courses, Clinical Education – Therapy Services and non-pay cost increases on Contracted Security, Cleaning and Heat, Power and Light price increases amounted to €0.225m

INCOME AND EXPENDITURE ACCOUNT

Pay costs increased from €21.463m to €23.152m – an increase of 7.87% mainly due to the additional cost of the approved pay awards. There was a savings of €198,000 on projected budget expenditure, which was largely as a result of costs associated to the reduction of staffing and agency cover in the last quarter of the year following the recruitment freeze imposed by the HSE to bring agencies into a break even year end outturn.

Non-Pay expenditure was increased by 11.6% over 2006 but was again showing a negative variance over available budget. This increase in spending can be attributed to the costs associated to the manufacture and supply of Artificial Limbs and Orhtotics which accounted for all of the increase in non-pay expenditure. However, as a result of improved service we also increased our sales of Artificial Limbs and this offset the majority of non-pay overrun in this category.

2007 saw income receipts increased by €0.783m (19.4 %) from €4.035m in 2006 to €4.818m in 2007. Three main areas of increased income to note were: - €835,000 related to increased sales of Artificial Limbs, research grants income from the HRB of €80,750, POBAL EDS funding of €83,000 and grant aid from the National Medical Rehabilitation Trust Ltd for Bone Densitometry research of €123,000 and increased income from superannuation deductions all contributed to the higher level of income generated in 2007. This additional income allowed for some additional spending in hospital maintenance and for the associated cost of our Prosthetic & Orthetic service in addition to bridging the shortfall in RTA income of €334,000 due to a reduction in the income received from settlement of RTA cases. The inflow of income receipts from Road Traffic Accidents is extremely unpredictable. Due to this years RTA receipts, projects such as Hospital maintenance and the replacement/ purchase of equipment were postponed until money becomes available.

A summary of the 2007 Revenue Income & Expenditure Account is as follows:

	Budeet 2007 €000	Actual 2007 €000	Variance €000	Actual 2006 €000
Pay Expenditure	23,350	23,152	-198	21,463
Non-Pay Expenditure	8,024	8,046	22	7,207
Gross Expenditure	31,374	31,198	-176	28,670
Less Income Receipts	4,997	4,818	179	4,035
Net Expenditure	26,377	26,380	3	24,635
Revenue Allocation		26,377		24,619
Accumulated Deficit		3		16

HSE CAPITAL GRANTS

Capital Funding approved during 2007 was as follows:

	2007 €000	2006 €000
Minor Capital Project – New Hospital Project	1,437,589	333,840
Minor Capital – Equipment	–	116,000
Minor Capital – Physical & Sensory Disabilities	400,000	106,000
Minor Capital – Prototype Single Rooms with on-suite	350,000	150,000
Information & Communications Technology (ICT) – New Financials/Agresso upgrade	19,553	–
	2,207,112	705,840

DEVELOPMENTS

Throughout 2007, the Hospital met on several occasions with representatives from the Health Service Executive (HSE) as part of the Project Team for the New Hospital Development to discuss a number of issues including the Hospital Development Plan and Capital Grants. We also met with the hospital's designated Senior Commissioner (PCCC – LHO) as part of a continuous review process to discuss Service Pressures, New Service Developments/Waiting List Initiatives, National Strategy Group, Employee Control Ceiling and Revenue Allocation Adjustments and Submissions. The result of these discussions saw the approval to continue the pilot Stroke Initiative which resulted in additional patients receiving rehabilitation following their stroke. These discussions will continue in 2008 in a hope to secure the Stroke Initiative as a permanent addition to our Rehabilitation service.

We received a number of Minor Capital grants in 2007 which included the completion of the conversion of the old theatre into two single rooms with on-suite bathroom facilities in support of MRSA management and also as a prototype design for our new Hospital project. We also received a capital grant in support of the replacement of medical and therapy treatment equipment and had received approval of a capital grant for Fire prevention upgrading works which will continue into 2008. Capital funding for the upgrading of a Hospital lift, replacement Disabled Patient transport vehicle and the replacement of our Ultrasound equipment was also notified in late 2007.

We received a research Grant Aid from the National Medical Rehabilitation Trust Ltd for the Bone Densitometry research. We also received funding from the HRB for "Rehabilitation of awareness of deficits in Patients with Traumatic Brain Injury" and "A generic Electronic Assistive Technology package for persons with Quadriplegia" projects. In addition, the Hospital was successful in receiving POBAL EDS (Enhancing Disabilities Services) funding from the Department of Justice, Equality and Law Reform for "A Web-based Loan Bank of Electronic Assistive Technology", all will go towards the enhancement of our services for people with disabilities.

We received approval in late 2006 from the Department of Health & Children and the HSE to progress to stage 3 of our New Hospital Development and this work continued in earnest throughout 2007. It is hoped to go for planning approval for a New 235 Bed Rehabilitation Hospital in early summer 2008.

MEDICAL BOARD REPORT



DR. NICOLA RYALL, M.B. FRCPI
CHAIRPERSON, NRH MEDICAL COUNCIL

The medical rehabilitation service has undergone major changes during 2007 and continues to do so with the restructuring of the delivery of the service towards patient-centred, interdisciplinary team-delivered rehabilitation programmes of care, focussing on achievement of individually tailored goals. The process has been long and difficult at times and the Medical Board acknowledges and thanks the NRH clinical staff for their patience, flexibility, endurance and continued hard work during this period of change towards CARF Accreditation.

The process of change has included considerable progress in waiting list reduction and streamlining services into distinct teams. 2007 saw a significant reduction in the in-patient waiting list number and time from referral to admission, with more patients now accessing specialist rehabilitation at an earlier stage after their injury, although there is considerable room for further improvement. In addition to limited beds and staffing, a significant factor preventing more effective throughput is the delay in community discharge related to inconsistent funding arrangements within the different HSE regions.

Increasing pressure is also coming on the Outpatient Service at the NRH. Currently the outpatient therapy services are overloaded and an increase in the number of therapists is very much needed. Enhancing the responsiveness of the outpatient services will help control the demand for inpatient treatment.

The unmet need for medical rehabilitation services nationally remains greater than the NRH's current and proposed future capacity. As a result, regional rehabilitation service development will also be needed in parallel to the exciting NRH service developments, including the NRH new build project and the NRH at Beaumont Acute Neurorehabilitation beds.

An issue of increasing concern is the lack of funding made available for interpretation services for treatment of non-English speakers who now form an annually growing percentage of the patient group we serve.

As always, the rehabilitation service continues to be well supported by sessional input from visiting consultants in the specialties of Urology, Orthopaedics, Plastic Surgery, Psychiatry, Anaesthetics, Dentistry and Radiology.

SPINAL CORD INJURY REHABILITATION

During 2007 there were 3 Consultants admitting to the spinal cord injury service. Dr Jacinta McElligott is subspecialty certified in Spinal Cord Injury Medicine and leads the spinal injury service. Dr Manus McCaughey has provided locum Consultant cover to the service during Dr Angela McNamara's absence, due to illness, and on her retirement in December 2007. We wish Dr. McNamara well in her retirement.

The service admitted 188 inpatients and provided a Consultant-led multidisciplinary outpatient spinal review to 220 patients, with a further 327 outpatients seen at other spinal clinics.

The Spinal Liaison Nurse Service has recently doubled in capacity, to one whole time equivalent, allowing expansion of service across the nation and we hope that this essential service will continue to expand and develop.

ACQUIRED BRAIN INJURY REHABILITATION

2007 brought an increase in the Consultant workforce at NRH for Acquired Brain Injury (ABI). Dr. Jacinta Morgan, an experienced Rehabilitation and Stroke Physician, joined the NRH from Cornwall, UK.

Recent years have seen important improvements in ABI Services in NRH. Services for ABI in NRH have consolidated in 2007 with 46 inpatient beds allocated to ABI, although the UK recommendation is for 60 beds per million population. This equates to 240 ABI rehabilitation beds nationally, based on international guidelines and comparators. Referrals are directed to one of four NRH Consultants (Drs Delargy, Carroll, McElligott and Morgan) who respond to referrals and develop close links with referring specialists and local community services. Responsiveness to highly specialised referrals has been improved by the streamlining of processes within the team, with identified sub-lists for those with challenging and low awareness states.

A large burden of responsibility falls on the Brain Injury Liaison Nurse, who visits referred patients in their referring hospitals. To improve response to brain injury referrals there is an urgent need to appoint additional Brain Injury Liaison Nurses, especially as the volume of referrals to NRH is expected to increase.

YOUNG STROKE REHABILITATION

The NRH Young Stroke Service continued to see an increased number of patients despite no increased funding or response to the service development proposal. 119 adults with Stroke were admitted in 2007, with ages ranging from early 20s to 70s. Approximately 200 Stroke patients attended the outpatient department. There were some unusual case clusters with several cases of cerebral venous thrombosis. Particular emphasis was required in vocational rehabilitation and highlights the specific and specialised rehabilitation available at the NRH which is sadly lacking elsewhere.

The National Audit of Stroke Care (NASC), Irish Heart Foundation in Association with the Department of Health and Children 2006, and the pending Irish Heart Foundation National Stroke Strategy recognise the need for Rehabilitation post Stroke. The National Audit recognised that there was underprovision of stroke units with a ratio of 0.03 beds for Stroke compared with 0.82 in the UK. Thrombolysis is not available as a rule and only 16% of hospitals have a TIA service. There is little staff specialisation and although access to generic rehabilitation is generally good for those aged under 65 years, services are limited. As most rehabilitation units nationally have developed from Elderly Medicine services, these patients frequently 'fall through the gaps' in

service provision. The HSE is now establishing an Expert Advisory Group to advise on cardiovascular health.

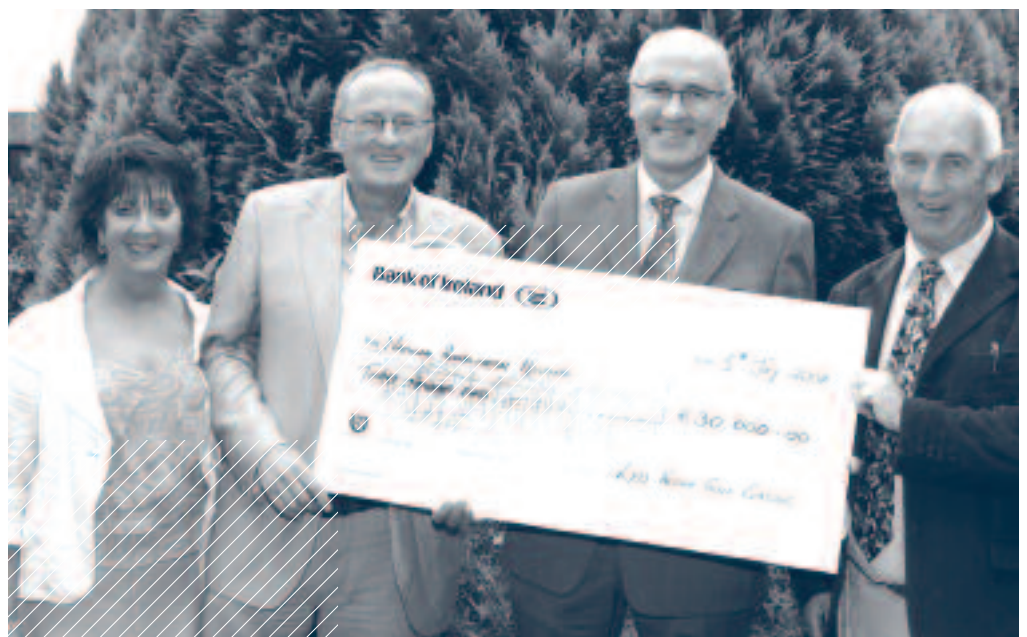
The NRH has a vital role to play in the immediate and long term needs of individuals who have suffered a Stroke, in particular in identifying and championing the unique requirements of those of vocational age and in assisting provision of a seamless rehabilitation service from acute, post-acute through to vocational services. There needs to be greater recognition of the specific needs of families of younger stroke patients who may be still economically active, or caring for children, or elderly parents.

PROSTHETIC ORTHOTIC & LIMB ABSENCE REHABILITATION

In 2007, 109 patients were admitted for inpatient treatment. 1781 patients were examined as outpatients in the NRH Dublin clinic and 1208 in the satellite clinics in Cork, Galway, Castlebar, Sligo, Carrick-on-Shannon or Donegal, by either the consultant, Dr. Ryall, or by the prosthetists.

The NRH-Opcare Strategic Partnership agreement was reviewed and it was agreed that Opcare should continue to provide ongoing technical, clinical prosthetic, administrative and IT support to the prosthetic and orthotic programme; in particular this relates to upper limb prosthetics and modular and conventional prosthetics and orthotics, as well as a specialist high definition silicone cosmetic service.

Donation of proceeds from Golf Classic organised by Leo Keogh, ex-patient of NRH.



Delay in HSE approval for payment of manufacture of new prostheses, orthoses, or adjustments and repairs to existing appliances, continues to be a source of delay in providing a timely rehabilitation service to patients. Unfortunately there is no consistent method of approval for payment by the various local HSE Health Boards. This, and the absence of the Department of Health formally regulating the private prosthetic and orthotic industry in Ireland has resulted in inequity of service provision for amputees around the country and indirectly, though significantly, affects the publically-funded service available through the NRH. The requirement that all NRH amputee rehabilitation is provided on an inpatient basis is resulting in an excessively expensive provision of service when in a proportion of patients this could be delivered on an outpatient basis. Furthermore the lack of specialist amputee rehabilitation community, outpatient therapy and interdisciplinary rehabilitation services in other regions also contributes to the hugely inequitable services for patients throughout the country. The lack of rehabilitation services for those patients who receive their prostheses from private prosthetic providers is also a significant and ongoing concern. These matters have been highlighted in a report to the HSE and hopefully progress regarding rectifying these matters will be made in 2008.

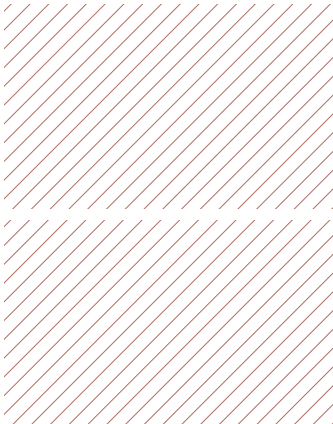
MEMBERSHIP OF ADVISORY BODIES IN 2007

UEMS (European Union of Medical Specialities)	Dr. Mark Delargy Dr. Jacinta McElligott
EFNS (European Federation of Neurological Societies, Neuro Traumatology Scientific Group	Dr. Mark Delargy
American Academy of Physical Medicine and Rehabilitation International Special Interest Group	Dr. Jacinta McElligott
Irish Heart Foundation	Dr. Mark Delargy Dr. Áine Carroll
North East ABI Planning Group	Dr. Jacinta Morgan Dr. Mark Delargy
HSE Cardiovascular Health Strategy	Dr. Mark Delargy

AUDIT & RESEARCH

The Medical Rehabilitation Consultants continued to be active in leading and supporting ongoing audit and research in rehabilitation across all rehabilitation programs and with all clinical disciplines. There were many and varied abstract publications reflecting the activities of the various medical rehabilitation programmes. Many members of the medical staff also gave written poster and oral paper presentations at various local, regional, national and international conferences.

One of the Specialist Registrars, Dr. Kit Mun Tan, won a distinction award for her presentation on “Peripartum and Puerperial Stroke” at the XVI European Stroke Conference in Glasgow. The abstract was published as follows: Cerebrovascular disease 2007; 23(suppl 2):1-147. Our congratulations to her for her excellent work.



INVITED LECTURES

1. Peter Bradley Foundation Lecture Series – 2007 Dr. Morgan, Dr Carroll, Dr. Delargy
2. “Telemedicine and access to specialty Rehabilitation Services for rural populations in Ireland” – IARM 2007, Dr. McElligott
3. “Perspectives on Guillain Barré” – IARM, Dr.McNamara
4. Neuro-rehabilitation in Ireland “Innovations and Challenges” Multiple Sclerosis Society Neurorehabilitation Programmes, Sep 2007, Dr. McElligott
5. “Whiplash injuries – A mild brain injury or just a pain in the neck.” Minor Brain Injury – The Complex Presentation, Derby, March 2007, Dr. Carroll
6. “The effect of peripartum and puerperal stroke on attachment in mothers”. Irish Heart Foundation Stroke Study Day, May 2007, Dr. Carroll, Patricia Byrne
7. “Rehabilitation in the 21st Century.” RCPI, November 2007, Dr. Áine Carroll

PUBLICATIONS

1. Book Chapter: “Complementary and Alternative Medicine in Brain Injury” in “Brain Injury Medicine: Principles and Practice.” Editors –Zasle.N, Katz.D and Zafonte.R. Demos 2007. Dr. Jacinta McElligott
2. “How Gender Impacts Career Development and Leadership in Rehabilitation Medicine.” Report from the American Academy of Physical Medicine and Rehabilitation Research Committee. Archives of Physical Medicine and Rehabilitation, May 2007.
3. Dr. McCaughey participated in a road safety DVD aimed at influencing driving behaviours of school leavers.

TRANSITION+CHANGE

The process of change has included considerable progress in waiting list reduction and streamlining services. 2007 saw a significant reduction in the in-patient waiting list number, and time from referral to admission.

DEPARTMENT OF NURSING



EILISH MACKLIN
DIRECTOR OF NURSING

STAFFING

Retirements in 2007:

Kay Doyle - Clinical Nurse Manager 1, Our Ladys Ward

Catherine Ball - Staff Nurse, McAuley Ward

Dr Angela McNamara, Consultant in Rehabilitation Medicine

I thank each of the abovementioned staff for their years of dedicated service to the National Rehabilitation Hospital and wish them a happy and healthy retirement. I welcome Dr Jacinta Morgan, Consultant in Rehabilitation Medicine, and Pauline Sheehan, Patient Advocate and Liaison Officer who joined the staff in 2007. I also welcome Marie Kelly, Clinical Nurse Manager 11, Job Sharing Night Duty, who joined the Nursing Staff in November 2007.

Continuous Professional Development

Nursing and non-nursing staff in the Department undertook continuous professional development and training programmes during 2007. Staff participated in mandatory in-house training and attended various study days and conferences to update their skills. In-house training included: CPR, Catheterisation and Bowel Training, Moving and Handling, Dignity at Work, Fire Training, FETAC courses, SCIP (Strategies in Crisis Intervention and Prevention).

I take this opportunity to thank Stephani MacDarby and Valerie O'Shea, Assistant Directors of Nursing for their help, support and hard work during 2007.

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 served on various hospital Committees, especially CARF committees during 2007. Thanks also to Michael Sheridan and John Mooney, Nursing Support Officers, for their assistance. Many thanks to Derek Greene for his availability, advice and support during 2007.

EDUCATION DEPARTMENT

FANCHEA MCCOURT,
EDUCATION CO-ORDINATOR

Staffing

The Education Department is staffed by:

- Fanchea McCourt MSc – Education Co-Coordinator and Department Head (also Acting up Director of Nursing duties while in charge of Hospital one evening per week and one weekend per Month).
- Liz Croxon - Clinical Facilitator (Job Sharing 19.5 hours, with 6.08 hours monthly as S/N on St Margaret's Ward).
- Catherine O'Neill – Staff Nurse (Job Sharing 19.5 hours).

Undergraduate and Post-Graduate Student Placements

Degree Students

The undergraduate numbers were reduced in 2007 with 80 students accommodated for one week specialist rehabilitation placement at the NRH. The students came from University College Dublin and Dublin City University. One DCU undergraduate student was also facilitated for a three week specialist rehabilitation placement during 2007. The reduction in student members was due to strategic planning by DCU allocation office, to facilitate clinical placements for their undergraduates geographically nearer DCU in July 2007. As a result of the withdrawal of DCU students, extra placements have now been allocated to UCD who are continually seeking extra placements.

Postgraduate Higher Diploma Students

Specialist postgraduate clinical placements at the NRH continue to be in demand. Six HDip post-graduates in Care of the Elderly, North Eastern area were accommodated for a one week placement.

Other Postgraduate students included nurses undertaking:

- HDip Orthopaedic Nursing Tallaght/UCD
- HDip in Public Health Nursing

The Further Education and Training Awards Council (FETAC) Courses

The 5 day Rehabilitation Support Module continues to run at the National Rehabilitation Hospital.

The vision of the Education Department is to develop 3 other FETAC modules, Care Skills, Care Support and Work experience for our Health Care Staff.

Presentation of FETAC Certificates took place in St Vincent's Hospital in May 2007. Congratulations to the successful NRH Care Assistants.

The NRH is now Quality assured to run FETAC courses. Seven Health Care Assistants have successfully completed the Rehabilitation Support module at NRH during 2007. All candidates received a distinction. Congratulations and well done.

Six students from Bray Institute of Further Education, undertaking Pre-nursing and Health Care support certificate FETAC courses undertook Clinical placements at NRH over a 4-6 month period.

Higher Diploma Nursing Studies University College Dublin

Rehabilitation Nursing SCI Strand

The 2 year Postgraduate Diploma in Nursing Studies (Clinical Practice) in **Rehabilitation Nursing SCI**, continues in partnership with the Mater Misericordiae Hospital and University College Dublin.

Rehabilitation Nursing ABI Strand

Due to the poor uptake of most of the post-graduate diplomas at all universities the Department of Health has undertaken a review of funding for all Post Graduate Diplomas.

As both SCI and ABI strands of the Post-graduate Diploma in Nursing Studies Clinical Practice (**Rehabilitation Nursing**) did not run in 2007, the Educational Department had the opportunity to concentrate more on in-house education.

A four day course in **General Rehabilitation** was developed. The interest and demand for this course is overwhelming. A total of 4 courses were co-ordinated and facilitated over 2007, and 31 nurses have completed the course and compulsory research assignment.

Management of the Neurogenic Bowel Training

Throughout 2007 requests continue to come to the Education Department for education and training in the management of the Neurogenic Bowel. Requests are coming from Directors of Public Health Nursing, Planning and Development Units, Continence Advisory services, and Nursing and Cheshire homes. Consequently, the Education Department has opened all Study Days on the Neurogenic Bowel held at the NRH to the Community services.

The course on the Neurogenic Bowel was delivered to the following external agencies in 2007.

- Mater Hospital SCI Introductory Course
- St. Canice's Hospital Kilkenny
- Irish Nurses Organisation
- Continence Advisory Services, Sligo
- Cheshire Ireland, Tullow, Carlow for health care staff
- Mater Hospital ICU course
- Public Health Nurses, Galway
- Cheshire Ireland Blackrock, Co Dublin
- Public Health Nurses Area 8, Swords
- National Rehabilitation Hospital for Staff Nurses
- Mater Hospital ICU course
- National Rehabilitation Hospital for Staff Nurses and Staff Nurses from Peamount Hospital also attended.

NRH Nursing and Care Support Staff completed the theoretical component to undertake and pass a written and practical examination to achieve competency. In addition to the above, Care Support Staff are required to be supervised three times by a Registered General Nurse before they are deemed competent to carry out this procedure.



Male Catheterisation Training

This ongoing education and training programme was developed and delivered by Liz Croxon in conjunction with Pauline Sheils CNS. It consists of pre-requisite reading and theoretical and practical training on male catheterisation, both urethral and supra-pubic. An oral examination and supervision of 3 catheterisations in the clinical area is required before staff are deemed competent to carry out this procedure.

IV Study Day for Trainers on the Administration of Intravenous Medication for Nurses

A two day course to develop nursing competence in this area was co-ordinated by the Education Department and delivered by Staff Nurse Lisa O'Brien, St Michaels Hospital Dun Laoghaire. Nine Registered General Nurses including Clinical Nurse Managers have undertaken the course and will become trainers at the NRH. Liz Croxon and Catherine O'Neill from the education department completed the course.

A steering group of these Nurses in conjunction with the Education Department will be established 2008 to write **NRH Guidelines on "Administration of Intravenous Medications by Nurses"**. This needs to be accomplished as a matter of urgency prior to the roll out of the IV study day for all nurses at the NRH.

Commission on Accreditation of Rehabilitation Facilities (CARF)

This year saw the NRH prepare for CARF accreditation. Much time was devoted to the meetings necessary to achieve this. Core competencies were jointly written for all personnel in the hospital. The Education Department developed and wrote the competencies for the Clinical Nurse Managers, Staff Nurses and the Health Care Staff. As a result of developing these competencies the Education department have committed to a series of lectures to help staff achieve competency.

Other Lectures Delivered

Compulsory SCIP Training continues at the NRH. Liz Croxon who is an instructor delivered 21 hours of the Training. She also attended a 3 day course with SCIP on **"Enhancing Verbal Skills"**.

Continuing Education update Lectures

Ongoing educational talks continue throughout the year on the following topics:

- Wound Management, (Smith and Nephew)
- Medication Management
- Pressure Ulcer Management, (Smith and Nephew)
- Full Day Fisher Paykal Humidification
- Drug treatment in Renal Disease
- Drug treatment in Rheumatoid Arthritis
- Meningitis and meningococcal Disease, Lisa Slattery meningitis Trust.
- Enteral Feeding Pump Glucometer Training
- NIPPY Ventilator
- Oral Hygiene and Dental Care
- VAC Pump.

Continuing Professional development

Liz Croxon completed her **Post-graduate Diploma in Health Care Services (Clinical Teaching)** NUI Galway in September 2007, achieved with Distinction. Congratulations and well done.

- Tracheotomy Study day St Vincent's Hospital
- Yearly CPR upgrading.
- Fire Marshall Training.
- Manual Handling Update.
- Guttman Meeting
- Wound Care Study Day.
- Neurogenic Bowel Management with "Peristeen" Coloplast.
- Enhancing Learning in Education. An Bord Altranais.
- Team Based Performance Management HSE.

TRANSITION+CHANGE

The NRH Education Department developed and wrote the competencies for the Clinical Nurse Managers, Staff Nurses and Health Care Staff. As a result, the Education Department have committed to providing a series of lectures to help staff achieve competency.

Meetings

Curriculum development meetings with TCD continued throughout the year as did meetings with the National Continence Advisory group re National Clinical Guidelines on Bowel Continence.

Staff were involved in the New Hospital Development Meetings and CARF Meetings.

During the year Fanchea McCourt took on the job of secretary of the **Rehabilitation Section** in the Irish Nurses Organisation. Meetings are held 3 – 4 times a year. She also represented the Rehabilitation Section at the Annual Delegate Conference held in September in Killarney.

Fanchea McCourt has also committed two years to represent the NRH as one of the consultative spinal injury centres. In an advisory capacity to Coloplast in the use of “Peristeen” for the Management of the Neurogenic Bowel. These meetings take place twice a year in Birmingham.

Hospital Visits

- One day's Hospital visit and exchange of information with a Canadian Nurse Manager.
- All students who have a placement at the NRH are given a tour of the Hospital.
- All new staff are also given a Hospital tour.
- A visit took place from the CEO of a Spinal Cord Injury Hospital in Nepal, in conjunction with Stephen Muldoon (John Grooms Organisation). This visit also incorporated a visit to the hospital project planning department as a New Spinal Injury Hospital has been built in Nepal. Fanchea McCourt has since been requested to undertake a site visit to Nepal, with a view to developing a rehabilitation programme for nurses there. It is hoped that the visit can be co-ordinated with the Director of Nursing to take place in 2008.
- Visits for new Clinical Placement Co-ordinators continue from Dublin Hospitals.

Key Points

The work of the education department continues to increase, however there is a limit to the developments that can be undertaken with the present staffing levels.

The appointment of a librarian would help co-ordinate library facilities, such as on line data bases, journal management and the day to day running of the library.

ST. MARGARET'S AND ST. JOSEPH'S WARD

FIONA MARSH, CNM II
RITA GIBBONS, ACTING CNM I

St Margaret's and St Joseph's comprises a 16-bedded unit providing rehabilitation for spinal cord injured patients. Patient dependency remained high in 2007, with an increase in complexity of problems both medically and socially. The discharge of patients continues to be extremely difficult due to lack of suitable placement and funding.

2007 saw an increase in non-national patients, many with limited English, leading to an increased demand on staff, as these patients require more time and individual attention.

Education

- Education of staff, patients, families, Public Health Nurses and Personal Assistants continues to be the focus in St Margaret's/ St Joseph's.
- Fiona Marsh, acting CNM II is currently undertaking a Degree in nursing studies.
- Rita Gibbons completed her Diploma in First Line Management Supervision.
- Staff nurse Caroline Ahern completed her first year Masters in Rehabilitation Nursing.
- Staff Nurses Komathi Narasimham, Daily Pingul and Christian Pagharion completed the Rehabilitation module in 2007.

OUR LADY'S WARD

ANNE CASEY CNM II
KAY DOYLE CNMI – JOB SHARING
MARY BRENNAN CNMI – JOB SHARING

Our Lady's ward is a 19 bedded ward for both male and female patients with spinal cord injuries and other neurological conditions.

In 2007 there were 68 new admissions both quadriplegic and paraplegic. Ten patients were readmitted – some from general hospital, having developed complications.

Some patients had complex medical and social issues, thus delaying their discharge. Education and training of patients, their immediate families, Public Health Nurses and Personal Assistants continues to be a major activity on a day to day basis.

The Spinal Injury Team continues to meet on a regular basis now that CARF is being introduced. This process is very time consuming.

Following generous donations to the ward from ex patients, 10 electric high/low beds and a hoist have been purchased.

Education

Staff Nurses Raymond Echivarre, Anita Priyadarshini and Elsa Pijo completed the In-house Rehabilitation Module.

Staff Nurses Sajimon Cherian and Oonagh Crean attended the International Continence Conference in Rotherdam.

Staff Nurse Janeth Lampedario attended the Precetoship course in St Vincent's Hospital.

MCAULEY WARD

EVA WALLACE, CNM II JOB SHARING
MARGIE ORIDO, ACTING CNM I

Staff on McAuley ward continue in their endeavour to provide a quality patient centred service. McAuley ward operates as an 11 bedded, five day, pre-discharge unit mainly for spinal cord injured patients and outpatients services for the Urology Department. The team encountered a very challenging year with many difficulties, from substance abuse to delayed discharges.

Telephone Triage

Staff are available to advise patients, Public Health Nurses, Community Nurses and GP's as required.

Service Developments

The Urology service moved to a new dedicated area on the first floor beside the X-Ray department. This area comprises a Urology and Procedure Room, a Consultants office and a shared waiting area with the X-Ray Department.

New documentation procedures have been put in place. In December Trish Quinn was appointed as Urology Secretary with responsibility for the administration of the service.

Consultant Clinics

Mr Rob Flynn Consultant Urologist reviews approximately 10 – 15 patients per week. 151 outpatients attended the clinic between January and October.

Patients attend Tallaght Hospital for minor surgical procedures which are carried out in the Day Ward there.

Urodynamics

A total of 115 procedures were carried out in 2007. There are over 80 patients on the waiting list for this service. It is hoped to commence a flexible endoscopic service in 2008. The automatic washer disinfectant and water quality issues are being addressed at present. This would be a much welcome service for spinal cord injury patients who attend Tallaght Hospital at present for this service.

Phlebotomy Service

McAuley Staff provide this service to GU Clinic in the absence of a phlebotomist. Staff also facilitate and co-ordinate sending samples to the Laboratory in St Vincent's University Hospital.

Lectures Attended

Staff attended Manual Handling, CPR, Dignity at work, SCIP, Fire Safety, Catheterisation and Bowel Training, Hand Hygiene and the IAUN (Irish Association of Urology Nurses) Conference in Tullamore January 2007.

Lectures Given

Eva Wallace co-ordinated a **Suprapubic Catheterisation** course in conjunction with staff nurses from Beaumont Hospital, St James Hospital, Tallaght & Continence Promotion Unit, Dr Stephens Hospital. This course has AN Bord Altranais category 1 approval.

- In House lectures, on **Bladder Management** for Higher Diploma, FETAC Students, and House Doctors.
- **Neurogenic Bowel**, Continence Promotion Unit, Blanchardstown Hospital
- **Neurogenic Bowel**, Continence Promotion Unit, Portrane
- **Autonomic Dysreflexia** for Urodynamics Nurses in NRH
- **Continence and Catheter Issues**, Salthill, Galway, B Braun
- **Suprapubic Catheterisation**, ICIG, Portlaoise
- Patient/Public Health Nurse Education sessions Bladder, Bowel Issues
- Intermittent Catheterisation, Dublin

LIAISON SERVICE FOR SPINAL CORD INJURY

BETTY HILLARY,
CLINICAL NURSE SPECIALIST IN LIAISON,
SPINAL CORD INJURY

The Liaison Service endeavours to bridge the gap between the Hospital, Home and Health Care Professionals. The Liaison Nurse acts as an advocate for the patients. A database of over 1300 Spinal Cord Injury Patients is maintained.

Betty Hillary travelled with the NRH team to the Inter Spinal Unit Games held in Stoke Mandeville in April. She participated in various study days to update skills.

In 2007 Oonagh Crean was appointed to the service as Job Sharing Clinical Nurse Specialist and will take up her position in 2008. Post discharge visits to Spinal Injury Patients will commence when Oonagh takes up her position. By visiting patients at home the liaison nurse can help to prevent complications such as pressure sores, bladder and bowel problems. Home visits help to reinforce good practice

in the patients home, thus helping to minimise the aforementioned complications.

SEXUAL HEALTH SERVICE

PAULINE SHEILS,
CLINICAL NURSE SPECIALIST IN SEXUAL
HEALTH AND ILLNESS/DISABILITY

The Sexual Health Service continues to be run by one Clinical Nurse Specialist providing twenty four hours cover a week with a valued input from the visiting Urologist Mr Flynn.

The patient, with or without their partner, remains the focus of the service. Support and counselling is provided in relation to the impact of the illness/disability on their sexuality, relationship, sexual function and fertility. Service provision has remained consistent, in 2007 there was a total of 109 patients to the service (103 in 2006) many of whom were seen on a regular basis. Ten individual couples took part in the psychosexual therapy.

In relation to fertility programs in 2007, two of our male patients with spinal cord injury of 30 years plus look forward to becoming fathers in early 2008. This will hopefully provide great hope and encouragement to future patients and their partners.

Service Development

A multidisciplinary workshop on Sexuality and Disability has been developed and has been run on several occasions throughout the year. The service aims to continue to provide this training on a regular basis through 2008 and will hopefully continue to be met with great approval from the staff.

Training and Education

Pauline Sheils continues working towards the accreditation in Psychosexual Therapy and attended in-house training for SCIP, CPR and Fire training.

Pauline gave lectures on Sexuality and Disability for in-house Rehabilitation and FETAC Courses. In liaison with Liz Croxon from the Education Department, Pauline provides education and training on male suprapubic catheterisation.

Lectures Provided To Outside Agencies

- Sex Education to learning disability group, Step Enterprise
- Sexuality and Intimate Care, INO
- Sexuality and Learning Disability, 2 day workshop Athlone
- Sex Education Lecture for RUA Project

Committees

Pauline Sheils is a member of the following committees:

- Ethics Committee
- CPR Committee
- IT Committee
- Rights of the Person Served committee for CARF

ST. BRIGID'S WARD

LISA GUIDERA
CNM II

MARY MULLIGAN
ACTING CNMII

EMER KENNEDY,
CNM II (APPOINTED SEPTEMBER 2007)
REMEDIOS ARQUERO, ACTING CNM I

St Brigids ward is a 23 bedded ward caring for patients with Acquired Brain Injury. The ward also includes 2 beds for the High Dependency service that provides the SMART (Sensory Modality & Assessment Rehabilitation Technique) programme. All of these patients have an increasing complexity of problems from a nursing and medical perspective; some also have complex social problems.

Staff rotation between St Brigids and St Patricks ward has started and is proving successful - giving staff experience in all aspects of Acquired Brain Injury.

CARF

Staff are currently implementing CARF standards and models of practice in preparation for CARF accreditation. Staff are working on this as part of the Brain Injury Programme. Emer Kennedy and Esther Fitzgerald are members of the CARF committee for the Brain Injury Programme.

Education and Development

Education is an ongoing focus for the staff on St Brigids Ward. Staff Nurses Merlinda Chavez and Remy Aquero completed the in house Rehabilitation course. Emer Kennedy is currently studying for her Diploma in First line Management.

Volunteers

In the past number of months hospital volunteers have played an important role on the ward, providing company and activities for the patients in the evening.

Patient Advocacy Service

The patient advocate Pauline Sheehan has been providing an important service for some of the patients on the ward by being able to highlight some of their problems and concerns. Pauline is also providing an important service for patient's families.

ST. PATRICK'S WARD

PATRICIA O' NEILL,
CNM II

TERESA WHYTE,
CNM I

St Patricks ward is an 11 bedded closed unit for the care of patients with Acquired Brain Injury who have moderate to severe cognitive and behavioural difficulties. Due to issues arising from challenging behaviour in patients with Acquired Brain Injury, it was recommended by the Occupational Health Department in liaison with staff to rotate staff between St Patricks and St Brigids ward. This system is working well and gives staff a chance to enhance their Brain Injury experience and avail of educational and interdisciplinary team working on both wards.

Education and Development

Staff Nurses Agnes Abubakar and Sunimol George completed an In-house Rehabilitation Course.

Staff from St Patricks ward continue to be involved in the following committees:

- Behaviour consultancy forum
- Cleaning monitoring committee
- CPI training (two staff members)
- CARF Single Case Notes committee
- CARF Brain Injury Programme committee
- New Hospital Project committee



Retirement of Dr. Angela McNamara and Nurse Manager Ann Casey both with 40 years' service in the Spinal Cord Injury Service.



LIAISON SERVICE – ACQUIRED BRAIN INJURY

OONAGH RYAN,
CNMI - LIAISON NURSE,
BRAIN INJURY SERVICE

The Brain Injury Liaison nursing service consists of 1 full time nurse who continues to work closely with the Rehabilitation Consultants and the Interdisciplinary team to facilitate planning and delivery of rehabilitation services to clients with an Acquired Brain Injury and their family members. The service continues to build on the current professional relationship between the NRH, referring agencies, and community services. Ongoing networking and developing relationships with referring agencies and healthcare professionals in the area of rehabilitation is a pivotal part of the service.

The main functions of the service are:

- To perform pre-admission assessments on individuals with complex rehabilitation needs.
- To offer advice and recommendations to local teams, from the referring agencies in relation to earlier intervention, to help minimise secondary complications.
- To provide information in relation to service provision for consumers and other interested parties.

Trends in Service Provision

In 2007, 153 patients had pre-admission assessments. The very large geographical area covered unfortunately does not allow for any discharge follow up. Of these assessments 17 were done in individuals homes, and 35 were referred on to our OPD services and/or to appropriate local services.

New Developments

- New pre-admission assessment forms and outcome measures in line with CARF to be commenced.
- Information on programme specific outcomes to be provided to all patients pre-admission in line with CARF guidelines.

Education and Training 2007

- Attendance at all mandatory in-service training
- In September 2007, Oonagh commenced an Msc in Rehabilitation Studies. This is a two year course based in UCD.

ST. CAMILLUS WARD

MARY TRAVERS,
CNM II

St Camillus ward is a 20 bedded male unit comprising of amputee patients and those with neurological conditions. Due to the closure of McAuley ward in October a number of Spinal Injury Patients are being admitted to the ward. Out of a total 107 patients admitted, 46 had neurological conditions such as Acquired Brain Injury and Stroke.

Staff Education

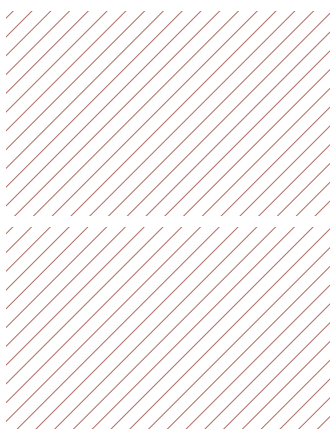
All Staff attended mandatory in-house training, in-house lectures and study days throughout the year.

Assistant Nurse Cathalina Pohodnicaru completed the FETAC course.

Committees

Staff are involved in various in-house committees including

- Cleaning and Monitoring Committee
- Drugs and Therapeutic Committee



ST. GABRIEL'S WARD

PAT PICKERING,
CNM II

St Gabriels ward is a 13 bed unit comprising of amputee patients and those with neurological conditions. 2007 continued to be very busy on St Gabriel's ward with an increasing number of patients with neurological conditions such as stroke and multiple sclerosis. There was also an increase in the complexity of issues from a medical and social perspective which saw a further increase in the demands on the nursing staff.

New Developments

The redevelopment of the theatre and CSSD has provided St Gabriels ward with three single rooms. One room is already in use and it is hoped to open the other two in early 2008. These rooms will be used to care for high dependency patients and for patients with MRSA and other infections.

Education

- Sinead Kavanagh has completed a degree in Nursing Studies, and also attended the Sexuality Workshop.
- Assistant Nurse Teresa Mason successfully completed her FETAC Rehabilitation Module.
- Staff Nurse Mary Moroney attended the Sexuality Workshop and the Wound Care Study Day.
- Staff Nurses Mags Jenson, Joy Baluyot and CNM 11 Pat Pickering all completed the In house Rehabilitation Course.
- CNM 11 Pat Pickering undertook a Paediatric Advanced Life Support Course.

Committees

- Drugs and Therapeutics Committee
- Cleaning and Monitoring Committee

CENTRAL STERILE SUPPLIES DEPARTMENT (CSSD)

FIDELMA MACMAHON,
ASSISTANT NURSE

Fidelma continues to supply sterile packs, sharps injury trays, feeding tubes and accessories to the wards and Departments. Plans are well advanced to relocate the CSSD Department. This will be a welcome development in 2008.

Phlebotomy Service

There is one part-time phlebotomist working in the hospital who delivers a service to both in-patients and out-patients. This service is currently inadequate in order to cope with the everyday phlebotomy demands. A five-day week phlebotomy service is being explored and hopefully will be set up in 2008.

INFECTION CONTROL DEPARTMENT

ROSALEEN CLARKE,
CNM II - INFECTION CONTROL

Staffing

The Infection Control Department is staffed by 1 full time Infection Control Nurse.

Services

In order to protect patients from infection, all healthcare staff should use good infection control practices at all times, for all patients, in all clinical settings. Using good infection control practices can make all the difference in reducing the rate of transmission of infection along the patient pathway.

In an effort to identify and reduce the spread of infection as early as possible, each patient who is admitted to the NRH is screened, on admission, for MRSA. Where patients are found to be already colonised with MRSA, this remains problematic for us as the availability of single rooms for isolation purposes is still very limited. Isolation, however, while beneficial as a means of controlling the spread of infection, frequently hampers the rehabilitation goals set out for a patient. Placing a patient in a single room for isolation purposes often proves very difficult to balance within and alongside a patient's integral rehabilitation programme.

In the past year we have had to deal, not only with the regular MRSA strains, but also with increased numbers of *resistant* strains (Mupirocin resistant) and also some other rare strains of the bacterium. Not only must we strive to protect all patients from the general run of HCAI (healthcare associated infections), but each of us must now be ever more vigilant in using good infection control practices in order to prevent the spread of *resistant* strains of bacteria.

Apart from MRSA, other hospital acquired infections such as VRE (Vancomycin Resistant Enterococci) and C.diff (Clostridium difficile) are on the increase. Both of these infections are associated with antibiotic usage, and reflect our dependence on antimicrobial therapy to treat infections. Prudent and judicious prescription of antibiotics for patients must be emphasised and implemented to help reduce the emergence of further *resistant* strains of bacteria.

Using proper hand hygiene remains one of the most important practices in helping to control the transmission of infection. In 2007, 212 members of staff attended hand hygiene classes given by the Infection Control Nurse. All staff who work in clinical areas are encouraged to carry a tube of alcohol gel in their pockets so that they can easily and readily decontaminate their hands between each patient contact.

Achieving a good standard of hygiene in the hospital is essential. The National Rehabilitation Hospital will undergo a hygiene audit in 2008 as part of the PCCC group. An internal audit will be carried out early in the year in preparation for the real event. This will be undertaken by the hospital's Environmental Officer and the Infection Control Nurse.

Other work undertaken in 2007 includes:

- Double linen skips were purchased for each ward in early 2007 to help with better segregation of infected and non-infected laundry.
- The Policy on the use of "small hand-held nebulisers" was reviewed, and changes were made to facilitate the use of disposable nebulisers. This change was undertaken in order to minimise the risk of the occurrence of Legionella disease through washing and subsequent reuse of the small nebulisers.

- Induction talks were given to all new groups of nurses and Health Care Assistants (HCAs) who joined the hospital staff in 2007.
- 6 Modules on cleaning and hygiene were run by the ICN and the Environmental Officer. Any staff member who attended all 6 modules were given a certificate.
- Educational talks on good infection prevention and control practices were given to the staff of the Hydrotherapy Department and the XRay Department.
- Water samples were sent out from the Hydrotherapy pool, twice weekly, to Cherry Orchard Hospital, Water Lab, for microscopy.
- Water samples sent out weekly to Cherry Orchard Water Lab from the Reverse Osmosis filtration unit in Urology Department.
- Continued assistance was given in the Phlebotomy Room with the recording and dispatching of blood and microbiological specimens to SVUH Labs

The Infection Control Nurse is a member of the following committees:

- Cleaning Monitoring Committee
- Waste Management Committee
- Health and Safety Committee
- Risk Management Committee
- Drugs and Therapeutics Committee
- CARF Health and Safety Committee

Conferences and Seminars attended by the Infection Control Nurse in 2006 include:

- Infection Control Conference in RCSI in Feb 2007.
- Visited Meiko in Germany, to look at equipment that could be incorporated into the new hospital building.
- Attended "Legal Aspects of Infection Control" study day

OUTPATIENTS DEPARTMENT

CLAIRE LOUGHNANE,
CNMII

SUSAN HOLMES,
STAFF NURSE

MARCELLA WHELAN,
ASSISTANT NURSE

The new Outpatient Department (OPD) provides modern facilities for patients and staff in an attractive environment. In 2007 an Orthotics Clinic commenced under the care of Irene Reid.

Services provided by the Outpatient Department include:

- Multidisciplinary and Review Clinics in Brain Injury - Dr. Delargy
- Prosthetic Clinics - Dr. Ryall
- Multidisciplinary Clinic - Dr. McCaughey in Spinal Cord Injury
- Neurological Clinic - Dr McElligott
- Paediatric Clinic - Dr Monaghan
- Psychiatry - Dr Denihan
- Orthopaedics - Mr Synnott
- Plastic Surgery - Mr S Carroll
- Neurology / Disabled Drivers Appeal Board - Dr. Morgan
- Orthoptic Clinic - Irene Reid
- Peter Bradley Foundation use the facilities for drop-in enquiries

Education

- Assistance Nurse Marcella Whelan completed the First Aid Course and is now in charge of the First Aid box in OPD.
- Staff Nurse Susan Holmes undertook the Team Based Management Performance Training.
- CNM 11 Claire Loughnane undertook the Advanced Life Support Paediatric Course.

INTERIM CARF PROGRAMME MANAGERS



KEITH WILTON
BRAIN INJURY (BI) & COMPREHENSIVE
INTEGRATED IN-PATIENT REHABILITATION
PROGRAMME (CIIRP)



EUGENE ROE
SPINAL CORD SYSTEM OF CARE (SCSC)



CLAIRE O'CONNOR
PROSTHETIC, ORTHOTIC AND LIMB
ABSENCE REHABILITATION (POLAR)



MARY CUMMINS
PAEDIATRIC FAMILY- CENTRED
REHABILITATION (PAEDS)



BERNADETTE LEE
BUSINESS PRACTICE LEAD

THE STATE OF CARF ACCREDITATION

INTRODUCTION

In his report of 2006 our Chairman, Henry Murdoch, referred to the new Constitution for the hospital and how this would be a rulebook which should serve the hospital well into the future. That future, he said, is very much dependent on the quality of the service which we give to our patients and in that context our objective to achieve CARF accreditation by 2008 is very important.

Accreditation demonstrates the commitment of an organisation to enhancing performance, managing risk, and improving quality. In seeking accreditation, the NRH is striving to ensure that our patients receive the highest possible standards of care while keeping our focus on the needs of the patients, their families and carers. Accreditation provides evidence to consumers that our organisation is committed to encouraging feedback, continuously improving services, and serving the community.

What is CARF Accreditation?

CARF stands for Commission on Accreditation of Rehabilitation Facilities. CARF is an independent not for profit organisation that accredits rehabilitation organisations worldwide. Its mission is to promote the quality, value, and optimal outcomes of services through a consultative accreditation process that centres on enhancing the lives of persons served.

CARF sets standards of quality by which an organisation is assessed on all clinical and business work practices in its delivery and development of rehabilitation services. Leadership aspects, good management processes and interdisciplinary delivery of services are emphasised. Accreditation is the 'seal of quality' awarded to an organisation when these assessments have delivered positive results.

CARF 'Standards' are written measures of performance, developed and updated in a consultative process, used to assess how well the hospital is serving its patients and how it can improve outcomes. The Standards define the expected input, processes, and outcomes for persons served (patients).

When a service or programme is CARF-accredited, it means that the organisation has passed an in-depth review and meets rigorous CARF guidelines for service and quality – a qualified endorsement that it conforms to internationally recognised service standards and is focused on delivering the most favourable results for the persons it serves.

What will accreditation mean for the hospital and the people it serves?

Seeking CARF accreditation will have significant implications for the way in which we deliver our services. It will mean moving from Department based service provision to a system of care organised around **Programmes and Teams**. It will mean that the high quality of services that we currently deliver will be continuously monitored and improved and we will be recording our achievements with greater accuracy and consistency.

CARF accredited programmes benefit patients because we have to show that we can meet the internationally recognised standards of performance. These standards can only be met with the involvement and input of the patients. Patients will be assured that the hospital is focused on assisting each person in achieving his/her goals and outcomes with individualised Rehabilitation Programmes designed to meet the patients' unique needs.

CARF accreditation will benefit staff in that they can be confident that work practices, induction and training are planned, delivered and documented to the highest professional level, leading to improved communication and teamwork across all programmes and services.

Achievements in 2007

In May 2007 Chris MacDonell, Managing Director of CARF Medical Rehabilitation, visited the NRH to offer consultation around the process of implementing the rehabilitation standards. Senior Management subsequently formulated a plan of actions and presented these directly to staff groups across the hospital. The process was set up to implement the Programmatic Standards and Business Practices Standards. Following much discussion it was agreed to appoint Interim Programme Managers and a Business Practice Lead to facilitate the implementation process.

The specialist programmes were identified and Rehabilitation Consultants were assigned to each programme as follows:

COMPREHENSIVE INTEGRATED IN-PATIENT REHABILITATION (CIIRP), PROSTHETIC, ORTHOTIC AND LIMB ABSENCE REHABILITATION (POLAR) -
DR. NICOLA RYALL

BRAIN INJURY (BI) -
DR. MARK DELARGY
DR. AINE CARROLL
DR. JACINTA MCELLIGOTT,
DR JACINTA MORGAN

SPINAL CORD SYSTEM OF CARE (SCSC) -
DR. A. MCNAMARA
DR. J. MCELLIGOTT
DR. MANUS MCCAGHEY

PAEDIATRIC FAMILY CENTERED SYSTEM OF CARE (PAEDS) -
DR. HUGH MONAGHAN
DR. NICOLA RYALL

TRANSITION+CHANGE

Accreditation demonstrates the commitment of an organisation to enhancing performance, managing risk, and improving quality. In seeking accreditation, the NRH is striving to ensure that our patients receive the highest possible standards of care.

In August 2007, four Interim Programme Managers and a Business Practice Lead were appointed:

BRAIN INJURY (BI) & COMPREHENSIVE INTEGRATED IN-PATIENT REHABILITATION PROGRAMME (CIIRP):

KEITH WILTON

SPINAL CORD SYSTEM OF CARE (SCSC):

EUGENE ROE

PROSTHETIC, ORTHOTIC AND LIMB ABSENCE REHABILITATION (POLAR):

CLAIRE O'CONNOR

PAEDIATRIC FAMILY- CENTRED REHABILITATION (PAEDS):

MARY CUMMINS

BUSINESS PRACTICE LEAD:

BERNADETTE LEE

Programme Standards

Key to the rehabilitation process is clear communication between team members regarding the goals and progress of the patients in their Rehabilitation Programmes. To assist with this, a single healthcare record was implemented, allowing all team members to communicate on a regular basis in the one set of notes.

Much credit and thanks has to go lead clinicians and others in the various programmes who met regularly to assist with the dissemination of information within the programmes and to participate with the Programme Managers in the process of implementing the standards.

Programmatic management meetings were commenced for each programme with the focus initially on standardising the interdisciplinary team processes across the hospital.

Goals achieved in 2007 include:

- Changes in interdisciplinary team processes to become more patient and outcome focussed
- Implementation of policies and procedures designed to increase the safety of patients, staff and other stakeholders
- The introduction of a single healthcare record which has improved communication within the teams
- Implementation of a hospital wide communication strategy
- The implementation of surveys to obtain satisfaction data from patients, staff and other stakeholders
- Review of the existing patient information booklets
- Revision of discharge documentation to include interdisciplinary information
- Re-formation of the Patient's Committee, a valuable forum for input from patients
- Development and implementation of a patient satisfaction survey
- Development and implementation of a staff satisfaction survey

Business Practice Standards

In the latter quarter of 2007, nine business practice teams were established to implement the business practice standards. The Business Practice Teams established were Input from Stakeholders, Accessibility, Rights of the Persons Served, Human Resources, Health and Safety, Information Management, Leadership, Governance, Legal Requirements.

In October 2007 Stephanie Smith, Business Practice Consultant, was contracted by the hospital to assist with the effective implementation of the Business Practice Standards, her input was invaluable.

Input from Stakeholder:

The hospital uses a variety of mechanisms to obtain input and these include: patients, families/carers, staff and other stakeholders such as patient, staff and inter-agency surveys, bi-monthly patient committee meeting, family/carer meetings, and Health Service Executive meetings.



Accessibility

An Accessibility Committee, chaired by the Deputy Chief Executive has been established. The role of the committee is to complete an annual accessibility plan which identifies the barriers and the action plan for the removal of identified barriers in relation to architecture, environment, attitudes, finance, employment, communication, and transportation. In completing the Accessibility Plan, information was obtained from a number of sources such as Spinal Injuries Ireland who carried out a survey to identify architectural barriers, the Communications Committee, and other hospital groups who provided information on attitudinal, transportation and employment barriers.

A quality improvement plan to remove the identified barriers shall be submitted to the Quality Improvement Committee (QuIC) in March 2008. The Accessibility Plan shall be submitted to the Hospital Board in May 2008.

Information Management and Performance Improvement

The NRH is committed to an on-going process of self analysis and improvement.

In November 2007, the Quality Improvement Committee (QuIC) was established and an "Outcome Management" process implemented. The Outcome Management Process involves the establishment of appropriate performance indicators, setting targets, measuring the indicators, analysing the results, identifying the areas of improvement and setting action plans to change future practice. A series of measures have been developed to monitor performance across the following areas: Efficiency, Effectiveness, Business, Patient Satisfaction and Service Delivery. Quality improvement information is presented to the QuIC Committee using the FOCUS, Plan, Do, Study, Act, (PDSA) Cycle and includes information on the reliability, validity, completeness and accuracy of all the data measured.

Rights of the Person Served

The Patient Information Booklet has been updated to include the Patient's Charter, and information for patients about their rights and responsibilities. A number of policies and procedures have also been implemented promoting the rights of the patient including confidentiality, privacy, freedom from abuse, consent, access to advocacy services, complaints procedure including investigation and resolution process, access to their healthcare record, and resuscitation policy.

Health and Safety

All policies and procedures regarding health and safety have been updated and emergency procedures implemented. A plan to carry out emergency procedure drills on all shifts twice yearly will be implemented in 2008. The health and safety component of induction has been revised and now includes employee duties and responsibilities, emergency procedures and reporting of critical incidents.

TRANSITION+CHANGE

Key to the rehabilitation process is clear communication between team members regarding goals and progress of patients in their Rehabilitation Programmes. To assist with this, a Single Health Care Record system was implemented in 2007.

Human Resources

Job descriptions have been updated for all staff. Competency based assessments in the areas of communication, teamwork, health and safety, knowledge and skills have been developed for all staff. Policies and procedures relating to human resources have been updated.

Legal Requirements

The Hospital is committed to complying with all legal and regulatory requirements in relation to patient rights, confidentiality, reporting requirements, contractual agreements, licensing and employment practices and others as applicable.

Financial Planning and Management

Budgets for daily operational costs have been divided into Programme cost centres.

Leadership/Governance

The organisational structure was reviewed to take account of the reporting relationship of existing and new committees. Policies and procedures in relation to Board Governance have been updated and new policies implemented including self assessment of the Board, annual written signed Conflict of Interest Declaration and an Ethical Code of Conduct Declaration.

Survey Application

With the work and commitment of all staff, great strides were made by the end of 2007 towards putting in place the changes necessary to meet the CARF Standards relevant to the identified specialty programmes and Business Practices. In reviewing the very significant progress and achievements made, a decision was reached in December 2007, based both on advice given to the hospital and following the process taken by other major rehabilitation centres, to seek accreditation on a phased basis.

The first phase is to seek accreditation for the inpatient services as a Comprehensive Integrated Inpatient Rehabilitation Programme in June 2008 and to establish the solid foundations of an improved Rehabilitation Process for the Person Served across the whole hospital.

The second phase then will be to move towards accreditation of the Speciality Programmes, including outpatient services. This second phase and how it will be implemented will be informed by the recommendations and consultation gained through the CIIRP accreditation process.

The Letter of Intent from NRH to CARF requesting a survey of our Comprehensive Integrated Inpatient Rehabilitation Programme was sent and registered with the Commission in December 2007.

In order to ensure the NRH is as prepared as possible before the June 2008 survey, we have organised for a mock survey to be carried out over 4 days in April 2008. This mock survey will be conducted by a qualified and experienced CARF surveyor who will examine all aspects of the hospital's operations and provide feedback and guidance as to how staff can best prepare for the accreditation process in June.

Goals for 2008

Our commitment to providing high quality care and treatment to our patients will benefit from the continuous quality improvement processes embedded in the CARF standards.

For the coming year we have plans to:

- Formulate clear rehabilitation education processes and resources for patients and their carers.
- Begin to process and analyse the outcomes data collected since December 2007.
- Establish a case co-ordinator role for all new patients admitted. This role within the rehabilitation team will coordinate the provision of care for each person served.
- Develop and implement a stakeholder satisfaction survey.
- Introduce effective induction procedures for patients, their carers and new hospital staff.
- Implement annual health and safety competency based training including practical simulations of emergency procedures for all staff on all shifts twice yearly.
- Conduct departmental health and safety self inspections twice per year on each shift with recommendations and action plan for improvement.
- Implement driver safety awareness training for staff involved in the transportation of patients.
- Conduct annual competency based assessments and implement goal based individualised personal development plan for each staff member.

PAEDIATRIC SERVICE



DR. HUGH MONAGHAN
CONSULTANT NEUROPAEDIATRICIAN

SERVICES PROVIDED

The Paediatric Family-Centred Rehabilitation Programme is the national medical service for children and adolescents requiring intensive rehabilitation as a result of traumatic and non-traumatic brain injury, stroke, traumatic and non-traumatic spinal cord injury, neurological disorders, limb absence, other musculoskeletal and neuromuscular disorders.

Referrals are received on a National basis and sometimes from other countries when Irish citizens have suffered a serious injury abroad. The inpatient programme is available from Monday to Friday, with weekends typically spent at home for essential rest and to continue with a home programme of activities. Sometimes children are unable to go home at the weekend because of the level of care required in the early stages of rehabilitation.

Where children and adolescents require inpatient services over an extended period to meet their needs, they will mostly attend Monday – Friday for 3 weeks and then be at home for the fourth week to again rest and practice individually identified therapeutic activities of daily living. This regular time at home helps them begin to reintegrate into the family and wider community.

Children and adolescents can also be offered 2 or 3 days per week inpatient attendance if they and their family/carer are:

- Preparing for discharge and transition home
- Are unable to commit for a full 5 day week because of fatigue, age or for other family reasons.

This arrangement of split weeks allows for better utilisation of the Paediatric services.

Dr. Monaghan holds an Outpatient Clinic twice per month and Dr. Ryall sees children with limb absence as outpatients on Friday mornings.

STAFFING

The interdisciplinary Paediatric Team members include the following:

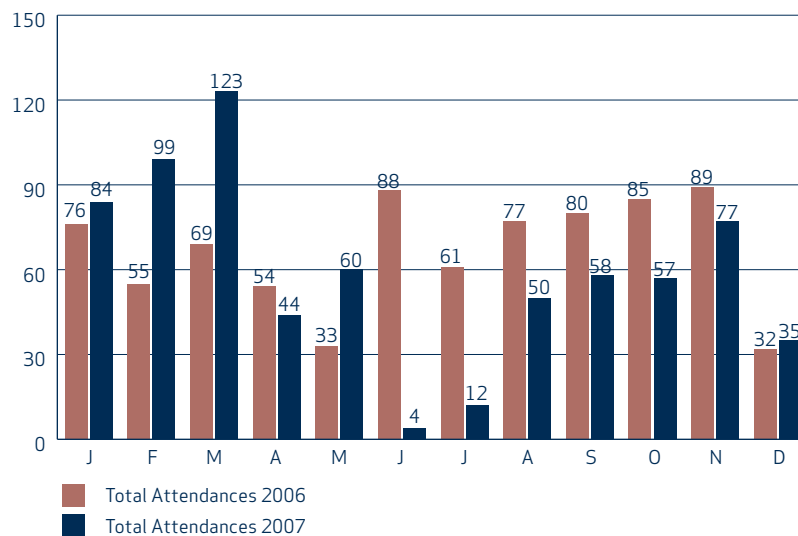
- Consultant Neuropaediatrician – Dr. Hugh Monaghan
- Consultant in Rehabilitation Medicine and Limb Absence – Dr. Nicola Ryall
- Registrar & Senior House Officers
- Programme Manager (Interim) – Mary Cummins
- Nursing Staff and Healthcare Assistants
- Therapy Staff: Speech & Language, Physiotherapy, Occupational Therapy, Psychology
- Medical Social Work
- Prosthetics/Orthotics (Limb Fitting)
- Dietician
- Play Volunteers
- Twilight
- Secretary to the Team

The NRH school staff provide education to all children aged 4 years – 18 years attending the hospital as inpatients and contribute with the rest of the interdisciplinary team to assessments, care planning and discharge planning.

During 2007 the Paediatric Team was sad to lose two highly skilled and valued Speech & Language Therapy colleagues - Giselle Caligari and Lesley Garrett. There was difficulty in recruiting to these vacant posts and therefore the level of service possible was limited. The SLT Manager provided as much support as possible. A new graduate basic grade 0.5 therapist, Shona Murray was appointed in July and Stephanie Forde joined the service as the Senior in September.

The impact of this delay in recruiting therapists can clearly be seen when we compare the total number of attendances in therapy in each month of 2006 and 2007. Table 1 shows us that at the start of 2007 (January-March) attendances were up on the previous year by 65%, however with staff shortages we see a general downward trend until August where attendances start to steadily increase with the recruitment of new staff.

Table 1. Total Number of SLT Attendances (1 attendance = 30 mins of direct therapeutic time with patient) in 2006 and 2007



PATIENT ACTIVITY DATA

	ABI (Incl. meningitis, encephalitis – ADEM)	TBI	Stroke	Tumours	Bleeds/ Haemorrhages	Spinal (+T.M.)	Limb Fitting
New	5	16	2	3	3	2	6
Reviews	11	36	4	1	4	10	7

Total New Patients admitted by the Paediatric Programme in 2007 – 37 (as compared to 30 in 2006).

Total Number of individual Patients admitted for periods of Review – 73. Some of these patients had more than one actual period of review – giving us a total of 95 separate admissions for review (95 in 2006 also).

WAITING LIST

On average we had between 10 and 16 patients on the waiting list throughout the year. At the end of 2007 the total on the waiting list for admission was 9.

OUTREACH

The team is now well practised at planning for the child/adolescent's transition to their home, community and local school. Along with preparing the family/carers for the return home, training is offered to school staff to help prepare them for the needs of the young person. This is an important aspect of the process but can be a pressure for staff and local school personnel particularly if they are a small school with few staff. The recruitment of an outreach team available to leave the hospital to do more of this work in the community, plus take on some of the regular reviews in the community, would, as noted in previous annual reports relieve pressure on the inpatient workload.

The availability of community therapeutic services for children in some parts of the country remains a difficulty and is causing great concern for the parents/carers of these children and the team.

NEW SERVICES/ DEVELOPMENTS/ FUTURE PLANS

In line with all other areas of the hospital the Paediatric programme has been fully involved in preparing to seek accreditation with CARF. The Team has been working to introduce the new single case notes, interdisciplinary initial assessments and goal setting procedures in order to make our assessments and reviews more effective and consistent. We have been compiling written documents, including a new Parent/Carer's Handbook, to explain our structure and service delivery to improve transparency for all involved.

A part-time Interim Programme Manager's position has been created to facilitate this process for the team and in the future it is expected that the Programme Manager will gradually take on the day to day operational management role for the programme.

PLAYGROUND

With funding from the Ronald McDonald Children's Charity of Ireland the Paediatric programme now has a really great outdoor playground especially designed for our young patients with special needs. Unfortunately there has been a problem with the surfacing of the playground but this is to be relayed in early spring to make it safer for our physically vulnerable young people. The Programme is indebted to Anne O'Loughlin for all of her creative organisational skills in bringing this to fruition.

LOKOMAT

Some children have been admitted for Lokomat training with Amanda Carty, Senior Physiotherapist, with mixed success. Seven children have received assessment/treatment.

SUMMER REVIEW PROGRAMME

Three separate groups were organised for young people with an ABI and each was very well attended – with more young people interested in attending than could be offered places – one group for the younger children, one for middle age teenagers and then an older teen group. For the middle age teenagers a group activity was put in place by the Occupational Therapists and Psychologists for the group to plan, organise and execute a plant sale for their own chosen charity – the Guide Dogs for the Blind. The sale was very successful and raised €600! The Dun Laoghaire Lions Club President received the money from the children and later in the year the branch chairperson for the Guide Dogs and a dog owner visited the unit to present us with a framed picture of the group. All members of the group, some who have major cognitive difficulties and behavioural problems, engaged in the project and gained a very good group experience, a rare sense of achievement and also had their rehabilitation needs reviewed in the supportive (and sometimes positively challenging) company of their peers.

In a new development this year we linked our spinal cord injury and limb absence people review for young people, with the Irish Wheelchair Association sports and activities camp, held at the UCD Belfield site (this camp was for children with and without a disability).

The older limb absence children mostly chose not to participate, expressing a preference to continue with the dedicated limb absence camp at the NRH in future years if possible as a means of follow-up reviews. Some staff felt it was more difficult to complete the full annual review necessary for this group on such an outreach basis.

This year we focused on setting up a more systematic feedback process for families regarding their children's review.

The annual Limb Absence special day for infants and parents and siblings took place in July and was very successful. The team were available to serve the children within the informal setting of a teddy bears picnic with entertainment, while the work went on and Dr Ryall conducted her clinic in the adjacent room. The parents were enabled to liaise effectively and the feedback was positive.

NEW HOSPITAL PROJECT

Team members continue to be involved both from a Paediatric Programme perspective as well as in their own discipline's departments.

MUSIC THERAPIST

Professor Jane Edwards from the University of Limerick and Rebecca O'Connor, Music Therapist, presented on the role of music therapy in rehabilitation.

TRANSITION+CHANGE

Recruitment of an Outreach Team available to leave the hospital to do more work in the community would relieve pressure on inpatient workload.

DISABILITY ACT

The new Needs Assessments for children under five years of age have come into force. These assessments are requiring an additional level of input by the team and it is hoped that training will be provided by the HSE in 2008.

TRAINING AND EDUCATION

The Paediatric Programme is enriched by the quality of staff grade therapists rotating through the physiotherapy and occupational therapy services and we benefit greatly from the contribution of undergraduate and post graduate clinical placements facilitated by the team.

Mandatory staff training continues throughout the year for all disciplines including CPR, SCIP, Fire Safety, Induction, Manual Handling, Hand Hygiene and Mattress Evacuation.

All Team members are attending Team Based Performance Management Training organised by the HSE on a phased basis.

On-site at the National Rehabilitation Hospital, Team members attended presentations, training and conferences including the following:

- Music Therapy in Rehabilitation – Prof. Jane Edwards and Rebecca O'Connor
- The CARF accreditation process

- IARM Conference
- Advanced Paediatric Life Support Courses for Nurses, Nurse Managers, NCHDs and Consultants.
- Staff Nurses completed the Nursing Rehabilitation course on site.

External Training and Education attended by the team included:

- Stroke Conference at Croke Park
- Developments in Management of Hemiplegia: Hemi-Help
- Posture/Mobility and Pressure
- Education and treatment of Visual Perceptual Dysfunction in adult Brain Injury (Part 1)

Ursulla Kilgallon (Healthcare Assistant) completed the FETAC Level 5 early Childhood Education Course and also completed the Play and Child Development Course with the College of Progressive Education.

Dr Sarah O'Doherty is currently undertaking an M.Sc in Clinical Paediatric Neuropsychology run jointly between University College London and Great Ormond Street Hospital.

Members on the Team also contribute to:

- Training and supervision of new and basic grade staff, students and assistants.
- The Hospital Induction for New Staff and Volunteers.
- BRI/Peter Bradley Foundation information days on ABI and PBF Induction.
- Carer Training.
- Input to Masters in Social Work Programme at UCD.
- Social Aspect of Disability.
- Child Protection Training



PHYSIOTHERAPY



VIVIENNE MOFFITT M.C.S.P., M.I.S.C.P.
PHYSIOTHERAPY MANAGER

The Physiotherapy Department provides a wide range of clinical and educational services to both inpatients and outpatients. These include respiratory care, assessment and treatment of sensory/motor impairment, hydrotherapy, sports therapy, fitness training and health promotion. We deliver education packages to staff and patients and liaise with and provide advice/education to families/carers and community care agencies. The provision of a comprehensive assessment service for mobility equipment and appliances is also part of our remit.

The Department also co-ordinates and delivers the 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 Department.

STAFFING

Our staffing complement increased by 2 in 2007 and currently stands at 24 whole-time equivalent (WTE) physiotherapists, 2 physiotherapy assistants and 1 WTE sports/fitness and health promotion officer.

The increase in the physiotherapist complement was due to the implementation of our Clinical Practice Tutor post, Geraldine Masterson took up this post in February. During 2007 the number of student physiotherapy placements has increased by 40% and support to staff supervising students has been significant, and is welcomed by all. Having the Occupational Therapy Clinical Practice Tutor also in place since mid 2007 has increased joint teaching sessions between the disciplines which is a very positive development. We look forward to further development of the role in 2008.

2007 has again seen a number of staff on extended leave/reduced duties due to illness/injury which continues to impact on our service delivery as cover for such absence is not always available despite support from the Human Resource Department. In an attempt to address the issue of staff injury/stress, the department launched two initiatives during the year:

1. Increased links with the Occupational Health Department. This took the form of staff completing a work/life balance survey. Following analysis of this, which showed high levels of stress amongst senior staff, Rose Curtis, Occupational Health, gave a presentation to the department. This stimulated much discussion around the issues particularly regarding the responsibilities of the organisation and each individual staff member in maintaining work/life balance. It also established the accessibility of the Occupational Health Department for staff which has proved to be very beneficial.
2. Pilates Classes offered to staff (2 x 8 week courses) were run between 8.00am – 8.45am in the morning prior to staff beginning work. The first course was at an introductory level and the second progressed to intermediate level.

ANALYSIS OF PILATES CLASSES

27 staff members signed up for the classes and 8 had to discontinue for reasons beyond their control leaving 19 to attend all of the sessions and to complete the exit survey. Results of the survey showed:

- All believed they benefited from attending.
- All would attend further classes.
- All felt they had improved their core stability.
- 60% felt better prepared for work.
- 20% felt their level of work related stress was reduced.
- 45% felt that back/neck pain was reduced.

This has proved to be a most beneficial initiative in terms of staff wellness and it will be continued in 2008.

2007 also saw the departure of several senior members of staff. Oonagh Dillon, Clinical Specialist in the S.C.I. service and Fionnuala O'Kelly, Safer Handling Co-ordinator, both left for family reasons and Nicola Cinnamond, Senior Therapist in the Outpatient Department has left to follow a new career path. They have all contributed hugely to the department over the years. We are extremely grateful for their contribution to patient care in the National Rehabilitation Hospital and wish them well in their future endeavours.

KEY ISSUES FOR THE DEPARTMENT

As can be seen from the statistics there is a significant decrease in both attendances and treatment across the services.

Reasons for this include:

- Ward closures for significant periods of time on both the Spinal Cord Injury service and the Amputee/Mixed Neurology service.
- High incidence of physiotherapy staff on sick leave and uneven levels of cover for this and for annual leave.
- Lack of support staff cover particularly for the Hydrotherapy service.
- Continuing high levels of patient non-attendance at treatment sessions particularly in the following services:
 - Paediatrics 82
 - Hydrotherapy 707
 - Outpatients 104
- An increase in the number of meetings required for staff to fully participate in organisational developments such as CARF and the New Hospital project.

A notable exception to this was the marked increase in Out of Hours therapy delivered by physiotherapists, i.e. in excess of 300% on weekdays, and 17.7% at weekends and bank holidays.

This has been particularly challenging for the department as it is work over and above the contracted 35 hour week. Historically staff have been able to choose to be paid for these sessions or to take time in lieu. Due to the increase in work more have opted to take the time in lieu. While this has been necessary for staff health and well-being it has also had a significant impact on patient contact during the regular working week as there is no cover available for time in lieu. As a Department we are currently reviewing the delivery of our Out of Hours service to identify new work practices by which both patient contact hours and staff health and well being can be maximised.

TABLE 1

Inpatient Figures	2007	2006
Total Attendances	33,659	36,371
Total Units	124,873	157,665*

*Each unit = 15 minutes

Breakdown of Service	Attendances		Units	
	2007	2006	2007	2006
Respiratory/Wards	5,497	5,811	7,858	7,435
Spinal Cord Injury	7,082	7,413	45,079	52,675
Acquired Brain Injury	5,032	4,917	21,739	25,104
Amputee/General Neurology	4,769	5,607	18,054	25,131
Paediatrics	1,042	1,275	5,497	6,169
Hydrotherapy	1,769	2,040	5,269	10,163
Sports & Fitness	8,102	8,885	22,389	29,472
Splinting	361	432	988	1,516

TABLE 2

Service	Attendances		Units	
	2007	2006	2007	2006
Out of Hours; Mon - Fri	1,402	324	1,412	625
Weekend/Bank Holiday	4,854	4,123	4,641	4,390

OUTPATIENT SERVICE

TABLE 3

Outpatient Figures	2007	2006
Total Attendances	3,107	3,859
Breakdown of Service	HSE Mid Leinster/N. East 2007	HSE West/South 2007
Multidisciplinary Clinic/Gym Adult	1,699	354
Multidisciplinary Clinic/Gym Paediatric	6	2
Sports & Fitness	641	0
Hydrotherapy	259	0
Wheelchair Assessment	13	0
Splinting	39	9
Staff	55	0
Outpatients treated by Inpatient staff: Adults	3	10
Outpatients treated by Inpatient staff: Paediatrics	5	10

January 2007 saw the relocation of the outpatient physiotherapy services to a new purpose built unit housing all outpatient services. This new working environment has enabled closer working relationships between the various outpatient services and has fostered a real sense of “the Outpatient Team”.

Outpatient attendances have also been reduced due to a reduction in the number of weekly classes being held by 50% (from 4 to 2). This is due to the lack of availability of appropriate treatment space due to a reallocation of rooms during the year. Also, some changes in consultant management of their clinics has resulted in fewer multidisciplinary team clinics and therefore less physiotherapy involvement.

CARF

The movement towards accreditation for the hospital accelerated in 2007 with the change to programmatic systems of care. This has been a very welcome and extremely challenging development and one in which the Physiotherapy Department on all levels is actively engaged in. We look forward to continuing to participate in any process which improves patient care.

TABLE 4

Outreach Figures	2007	2006
Total Attendances	14	17
	Clarification reqd	Clarification reqd
Adults	HSE Mid Leinster/N.East	HSE West/South
Adults	7	2
Paediatrics	2	3



Ms Mary Harney TD, Minister for Health and Children, at the Lokomat Launch.



Chairman, Henry Murdoch, also at the launch

NEW HOSPITAL DEVELOPMENT

Senior physiotherapists from all programmes have been involved in working with the Health Planning Team and the architects on plans to create a world class rehabilitation hospital. Maeve Turner also attended the Reha Care exhibition in Düsseldorf as part of an information gathering exercise regarding equipment for the hospital.

DONATIONS TO THE DEPARTMENT

2007 was a year in which the department was privileged to receive major donations of equipment for which we are extremely grateful.

1. **Lokomat and Erigo.** In April we received these state of the art pieces of rehabilitation equipment due to the fundraising efforts of Jane Evans of H Evans and Company and Kathy Shubotham. Over €250,000 was raised in just under a year which is an amazing achievement. The hospital was pleased to invite the Minister of Health and Children, Mary Harney, to launch this equipment in April. The National Rehabilitation Hospital currently is the only organisation in Ireland to have this specialised equipment. Training was provided to 6 physiotherapists by the Hocoma Company which produces the equipment and since then these therapists have trained 3 additional therapists.

The **Lokomat** is a robotic gait training system with which the patient is suspended in a harness over a treadmill and robotic 'legs,' which are attached to the patients legs, move the legs in a natural walking pattern. A computer controls the pace of walking and measures the body's response to the movement. The amount of weight that the patient takes can be controlled by the therapist.

The **Erigo** is a tilt table with an integrated robotic stepping system which had proved to be extremely useful in increasing sensory awareness and proprioception in clients from the brain injury and spinal cord injury programmes. Since April we have developed protocols regarding the use of both products. Amanda Carty did a poster presentation on our experience with the Lokomat at the Irish Association of Rehabilitation Medicine Conference in October.

2. **Soroptimists Ireland.** Mary Doyle, an ex-patient, who is also a member of the Irish Soroptimists, lobbied to have the National Rehabilitation Hospital Physiotherapy Department designated as the organisation's main charity for 2007/2008. Against stiff competition, we were successful and have to date gratefully received €50,000 worth of equipment for the Physiotherapy Department.

We were delighted to welcome members of the Soroptimists who visited the Department in December, prior to their A.G.M., to give their members an opportunity to see the results of the first year's fundraising and to see its impact on our patients.

3. In the Sports & Fitness Department an **I-Tonic Whole Body Vibration Machine** was donated by Karen Farrer and has been a valuable addition to our treatment modalities.

Jane Lynch was also successful in her application to Dun Laoghaire V.E.C. for funding for 2 basketball chairs which are currently being made for delivery early in 2008.

EDUCATION

The Department continues to fully participate in the hospital's mandatory training programme. Programme specific and general physiotherapy in-services are held on a regular basis and physiotherapy staff contribute to interdisciplinary and carer education on an ongoing basis.

The department ran a Myofascial Release Course that was attended by both external and National Rehabilitation Hospital therapists. External courses attended include:

- Balance Training
- Irish Heart Foundation Stroke Day
- Introduction to the Bobath Concept
- T.C.D. Clinical Tutors' Course
- Virtual Reality Course
- International Seating Symposium

We also hosted an evening lecture by New Zealand physiotherapist, Dr Barbara Singer, an expert in the area of spasticity and its management.

Aoife Langton, Senior Hydrotherapist, completed her MSc in Standards of Practice in U.K. and Irish Hydrotherapy Pools.

In conclusion, 2007 presented many challenges to the department but also a very satisfying and encouraging one for staff, as our contribution to the rehabilitation process has been so recognised and rewarded by the people we serve, in terms of the unprecedented donations we received.

I thank all of our staff for their commitment, their skills, their hard work and their unfailing good humour and look forward to working with them in 2008, to continue to deliver excellent care to our patients.

OCCUPATIONAL THERAPY DEPARTMENT



NUALA TIERNEY
OCCUPATIONAL THERAPY MANAGER

The year 2007 saw several very welcome developments for the Occupational Therapy Department. Two major developments were the extension of the Vocational Assessment Service and the appointment of a Practice Tutor.

NEW SERVICE DEVELOPMENTS

Vocational Assessment

A joint proposal from Brian Millar of the Health Service Executive, Spinal Injuries Ireland and the National Rehabilitation Hospital led to the development of a two year project for a "Case Managed and Co-ordinated Approach to Vocational Assessment for people with a Spinal Cord Injury". This included the addition of an extra 0.5 Whole Time Equivalent (WTE) Occupational Therapist to our vocational assessment team, bringing the staffing up to 1.5 WTEs. The increase in staffing means that not only can we offer assessments to more patients but also, when appropriate we can now carry out site visits to places of work to advise on access and the most appropriate equipment for the person with a disability. Since the start of the project in June, 20 people have availed of the service.

Practice Education

In August we recruited a Senior Occupational Therapist to the Practice Tutor post. As a result we are able to increase the number of clinical placements offered each year to Occupational Therapy students from 10 to 30. We now have six students at a time for 30 weeks of the year. To date we have had students from all four of the Universities which offer courses in Occupational Therapy. Students who spend time on clinical placement here frequently apply for positions as therapists when they qualify. In view of the increased need we will have for Occupational Therapists when the new Hospital opens, it is very important that we can offer placements to as many students as possible. Students further benefit from the close co-operation between the Occupational Therapy and Physiotherapy Practice Tutors in providing an interdisciplinary approach to training for them.

ONGOING PROJECTS

Out-patients Department

Occupational Therapists working in this department are delighted that all staff treating out-patients are now working together in the same area. This has greatly improved interdisciplinary provision of service to this group of patients. As noted last year, the facilities in the Out-patient Department are excellent. The number of referrals for this service continues to grow.

Use of Computer Technology

This has continued to develop over the past year. We have been greatly helped in this by some very generous donations of equipment. In May the staff of Cape Technologies ran a quiz evening which enabled us to purchase several computer games and a large screen TV. Aspire Karten, a British based charity for people with a spinal cord injury donated €10,000 worth of computers and software to the Department in November. We have been greatly helped in maximising use of this equipment by the help of volunteers including Paul O'Raw and students from Dun Laoghaire Institute of Art and Design. Michele Verdonck, Senior Occupational Therapist on the Spinal Cord Injury Service, won a Health Research Board award to do research, leading to a Ph.D., into Electronic Assistive Technology for people with a high level quadriplegia. We are greatly looking forward to the results of the project.

Driving

We continue to work closely with the Irish Wheelchair Association in providing a driving assessment and rehabilitation service to patients. The patients really appreciate and benefit from the service and now that one and a half days tuition is being provided we can also offer a service to our out-patients.

New Equipment

The major piece of new equipment during the past year was the "Dynavision" which is used for the rehabilitation of visual and motor deficits following a brain injury. Since it arrived in the early summer it has been in almost constant use and is proving of great benefit to patients.

We are currently well on the way to organising the purchase of a second vehicle for the department which will be used both for home visits and for community skills training for patients. Unlike the first vehicle which is wheelchair accessible, this will be an estate car which will suit those who can transfer into a car or those who are ambulant. It will also have a patient hoist and swivel seat for assessment and demonstration purposes.

CONTINUING EDUCATION

We were delighted that the Continuous Professional Development (CPD) funding for therapists in departments that take students on clinical practice finally came through this year. The Senior Occupational Therapists continue to run our lunch-time internal CPD programme for new staff and students in the department on all aspects of the service we provide. During the year our CPD committee organised a number of courses at NRH from outside lecturers. These included:

- *Part 1 of a course on vision and visual perception dysfunction post brain injury.*
We were delighted to welcome Mary Warren, an Occupational Therapist from the USA to provide this course. A number of staff also went to London for part 2 of this course.
- *A three hour in-service lecture in Ophthalmology.*
Our thanks to Ms. Patricia Logan, Ophthalmologist from Beaumont Hospital for providing this lecture.
- *Ergonomics Lecture*, particularly in relation to vocational assessment.
- *Use of "Smart-box" computer technology.*
- Training in the use of wheelchair restraints and tie-downs for our wheelchair accessible vehicle.

Staff also attended outside courses on different aspects of brain injury and stroke including:

- A five day course on the use of the "Smart" assessment and rehabilitation technique for the minimally responsive.
- Courses on upper limb treatment for those with neurological dysfunction.
- Hand Therapy

NEW HOSPITAL DEVELOPMENT

Work continued apace on this project during the year. Room Data Sheets, including equipment, were developed for all rooms in the new hospital. The Occupational Therapy Department were involved in user groups, not only for the rooms in the new Occupational Therapy Department but also for many shared services. Huge commitment was shown by the entire Department in this and my sincere thanks go to them for their hard work.

CARF

Work on this project gathered pace as the year progressed. The Occupational Therapists are very enthusiastic about the benefits of CARF and have been very active in working on the different groups involved.

Finally, as I retire after 40 years in the National Rehabilitation Hospital, I wish to take this opportunity to say a very heartfelt thank you to all the patients and staff I have worked with over the years. The NRH has offered me wonderful opportunities for friendship and for personal and professional development over this period. In particular a very special thank you to the staff of the Occupational Therapy Department who have always shown great commitment and dedication to our patients and to the continued development of the services we offer to them. My very best wishes for the continued growth and development of the hospital.

TRANSITION+CHANGE

Students further benefit from the close co-operation between the Occupational Therapy and Physiotherapy Practice Tutors in the provision of an interdisciplinary approach to training for them.

CLINICAL NEUROPSYCHOLOGY



DR. SIMONE CARTON
HEAD OF DEPARTMENT OF CLINICAL
NEUROPSYCHOLOGY

BRIEF OUTLINE OF SERVICES

Psychological well-being involves being able to exert control and direction in our lives, to participate and contribute in activities, to engage in meaningful friendships and relationships and to have choices. For many patients referred to the NRH, the ability to achieve and maintain well-being is disrupted, either temporarily or permanently, by the physical and or psychological (cognitive and behavioural) changes they experience, as well as by the subsequent social stigma and limitations which contribute to the psychological distress that follows. The Psychology Department attempts to respond and attend to this disruption by providing a comprehensive range of psychological services within the limits of the resources available to a relatively small department.

Services are provided within the framework of the profession of psychology which rests on the four key pillars of assessment, intervention, research and teaching. Psychological input also includes the support of personnel within the NRH and other agencies who work with our patients. The overall aim is to facilitate the patients and those who work with them to enable them to live their lives as fully as possible.

Taking the four pillars as a framework the following is a summary of the activities undertaken by the Psychology Department in 2007. Services are provided to each of the programmes within the NRH including the Brain Injury (in-patient and out-patient), Spinal, Polar (Prosthetic, Orthotic and Limb Absence Rehabilitation) and Paediatric Programmes.

ASSESSMENT

Formal neuropsychological assessment of patients who have sustained brain injury through trauma or illness plays a key role in determining the extent and potential effects of injury thereby facilitating subsequent targeted interventions. Assessment includes the measurement of cognitive strengths and weaknesses, mood, coping styles, self-awareness and insight. The incidence of concomitant brain injury following spinal cord injury is increasingly recognised and cognitive assessment is essential to determine the presence and extent of deficits. Paediatric neuropsychological evaluation provides valuable information on cognitive, behavioural, and educational strengths and

weaknesses, and plays an important role in the planning of services within the hospital and following discharge. A unique feature of the Paediatric Neuropsychology service is that neuropsychological review evaluations are carried out at regular intervals throughout childhood to monitor potential changes in the child's presentation as they grow and develop. Assessment at our out-patient brain injury clinic enables us to assess patients who may be admitted to the NRH as well as monitor changes in function over time for those who have been discharged.

INTERVENTION

Intervention includes a range of activities from behavioural management and staff support to group work and a variety of psychotherapeutic and educational interventions. A weekly behavioural clinic is held on St. Patrick's Ward in order to address the needs of patients who are presenting with behaviour that may be interfering with their ability to participate in rehabilitation. Brainworks is a fortnightly educational group which provides patients and families with an opportunity to learn about the brain and the nature of their brain injury. Cognitive remediation is an important aspect of treatment following brain injury and an example of this is a memory group takes place twice weekly over five weeks and provides education and training to patients on practical ways of managing memory difficulties.

The NRH Neurobehavioural clinic is now in its 9th year and is the only clinic of its kind in Ireland. This clinic caters for patients who are experiencing some of the most complex behavioural and neuropsychiatric problems as a result of brain injury. On average approximately 55 patients (in-patients and out-patients) attend the clinic per year. Increasingly we are using teleconferencing for patients who require review. This is particularly helpful for patients who become very agitated when travelling long distances. It also provides an opportunity to include other family members and health professionals who may not be able to attend. The clinic has also served as a very valuable forum to discuss clinical, academic and service issues, which then become part of the very popular Neurobehavioural Lunchtime Talk. An audit of the clinic since its inception commenced in 2007 and this will be completed in 2008.

Considerable intervention is also targeted at families who play such a crucial supportive and caring role for many of our patients. The Psychology Department provides considerable family focused intervention on all programmes, and perhaps in particular on the paediatric service. Carer training is provided in many ways including participation in the NRH *Stroke Awareness for Carers* (SAC) programme.

Out-patient psychology intervention in the brain injury service is vital, as research and clinical experience indicates that for some patients it is months and even years following a critical life event that the psychological sequelae become evident and interfere significantly with everyday life. Some contact with out-patients is carried out indirectly eg by telephone and email. While this can be a quick and efficient way to clarify matters and impart information it also generates more activity and hence more demands on an already stretched service. We also provide contact with family, carers and other agencies and professionals who request our specialist services.

RESEARCH

The Psychology Department has a strong history of involvement in research and continues to engage in a large proportion of the research conducted at NRH. In collaboration with colleagues from Oxford University, NRH is involved in a Multicentre European Longitudinal study of "Cognitive Appraisals, Coping and Psychosocial Outcomes following Spinal Cord Injury". Over 30 patients have participated to date and we look forward to having some preliminary results in 2008. Also within the Spinal service, Suzanne Meenan, Trinity College, in collaboration with Dr. Angela McNamara and Maevé Nolan completed her doctoral thesis on 'Living Well with Spinal Cord Injury' a study which

evaluated the effectiveness of a group *Coping Effectiveness Training* for those with SCI. This intervention was considered to be very beneficial by those who took part and resulted in significant subjective changes in the appraisal of injury.

The development of a user-friendly computerised technology programme to raise awareness in patients with ABI and fronto-temporal dementia commenced in March 2007 and will be completed in 2009. This project has been funded by the HRB, NRH Trust and UCD and is being undertaken by Mary FitzGerald and Simone Carton.

In collaboration with the Department of Clinical Psychology, Trinity College, a study entitled "An Exploration of Peri- and Post- Partum Stroke in the Context of the Relationships of the Individuals Affected" is being carried out by Patricia Byrne and Aine Finan.

Heather Cronin and Sarah O'Doherty are carrying out Doctoral level research at Trinity College on the impact of ABI on siblings as part of the Paediatric Team's ongoing commitment to expanding the support services to families and siblings of children with ABI. Melanie Clune has undertaken her research for a MSc. into prospective memory and was awarded the Deirdre Mc Mackin Medal for excellence in research by the Psychological Society of Ireland.

TRANSITION+CHANGE

Services are provided within the framework of the profession of psychology which rests on the four key pillars of assessment, intervention, research and teaching.

TEACHING

Staff of the Psychology Department provided clinical placements for seven Clinical Psychology Trainees from UCD, TCD and NUI Galway in 2007. They also gave a variety of educational and training inputs within the NRH and to external agencies as follows:

Internal Education and Training	External Education and Training
	Academic input to Psychology Departments at: SCIP programme for challenging behaviour
Memory Rehabilitation	University College Dublin
Staff Induction training	Trinity College Dublin
NRH & H.Dip. Rehabilitation Nursing.	University of Limerick
FETAC Training for Care Assistants	University of Galway
Neurobehavioural Lecture: A life worth Living: A new revolution in frontal lobe behavioural control?	Department of Disability Studies and Rehabilitation, UCD
Input to IADT training of Volunteers	RCSI School of Physiotherapy
Cognition, Emotion and Memory	Psychological Society of Ireland (Diploma in Clinical Psychology)
Psychological Issues in education	Hospice Diploma in Bereavement Studies
Stroke awareness for Carers	Psychological Society of Ireland Annual Conference

In 2007, Patricia Byrne presented a paper on Post Partum Stroke in conjunction with Dr Aine Carroll at the Irish Heart Foundation Annual Stroke Day. She also completed an advanced training with the Crisis Prevention Institute (CPI).

STAFFING LEVELS

In-patient Brain Injury Service: 1.5 WTE Senior Clinical Neuropsychologist, 1.8 WTE Psychology assistant.

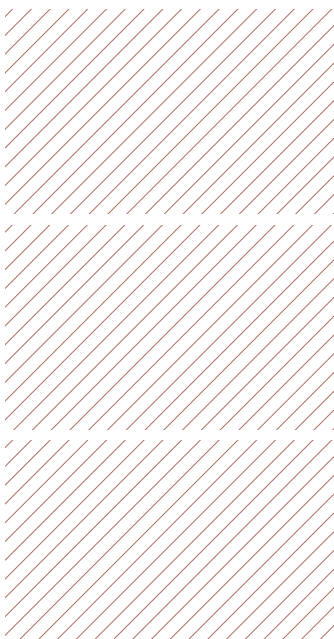
Programme: 1 session Senior psychologist and 2 sessions Assistant Psychologist per week

Spinal Service: 1 Part-time Senior Post & 1 Full-time Psychology Assistant

Paediatric Service: .7 WTE Senior Clinical Psychologist

772 out-patients were seen by the Psychology Department in 2007, compared with 498 in 2006.

Approximately 33% were new patients and 67% attended for more than one session. Over 80% of the out-patient activity is provided by the Head of the Department and because of competing demands, the waiting list for out-patient Brain Injury Services now extends to 18-24 months.



NEW SERVICES / DEVELOPMENTS LAUNCHED

Further development of the highly specialised but growing field of paediatric Neuropsychology has been greatly supported by the NRH who are facilitating Dr Sarah O'Doherty in undertaking a 2-year MSc in Clinical Paediatric Neuropsychology at University College London.

SUMMARY OF KEY ISSUES / MILESTONES

Like all other departments in NRH, 2007 was dominated by planning for CARF accreditation which will bring welcome new structures and procedures to the hospital. It will also bring particular challenges to the Psychology Department as current staffing levels do not allow for an adequate representation of psychologists on each team within the newly defined programmes eg a dedicated psychologist would be required for the Polar programme in order to provide a comprehensive system of care to those who have suffered limb loss or limb absence.

Dr. Simone Carton was invited to represent Clinical Neuropsychology on the HSE Neurology Needs Assessment Forum, which was published in December 2007.

Maeve Nolan is a member of the Challenging Behaviour Sub-committee of the Dublin Hospitals Group Risk Management Forum and in September 2007 a draft policy document on the management of challenging behaviour was distributed for review and discussion to all participating hospitals prior to the distribution of a final document in 2008.

In November Maeve took part in a debate at the 9th Annual MASCIIP conference on 'Managing Behavioural Challenges in Rehabilitation'. She spoke against the motion 'Abusive patients should be discharged: zero tolerance policy' and for the first time in the history of the debate the speaker against the motion won the debate.

Members of the department continue to undertake continuing professional development and to be active members of a range of relevant internal and external organisations and professional bodies including the following:

- Psychological Society of Ireland
- Heads of Psychological Services in Ireland
- Special Interest Group in Neuropsychology (PSI)
- British Psychological Society
- Family Therapy Network of Ireland
- Irish Council of Psychotherapy
- Association of Psychoanalytic Psychotherapy of Ireland
- Dialectical Behaviour Therapy Regional Group
- MASCIIP & SIPAG
- Irish Chronic Pain Association
- Society for Cognitive Rehabilitation
- Neuropsychology Special Interest Group (SIGN)
- Stroke Council (Irish Heart Foundation)
- Steering Committee for Doctorate of Clinical Psychology TCD
- NRH Executive
- NRH Ethics Committee
- NRH Clinical Services Committee
- NRH Space Utilisation Committee
- NRH School Board Of Management
- NRH Behaviour Consultancy Forum
- NRH Critical Incident Debriefing Panel
- NRH ICT Advisory Committee
- Intimate Care Policy Group in collaboration with Sexual Health and Clinical Risk.

Donation of equipment to the Physiotherapy Department by Soroptimists Ireland.

Left to Right: Denise Holland, Vivienne Moffitt, Annette McHugh, Mary Doyle and Rosie Kelly.



SPEECH & LANGUAGE THERAPY



PAULA BRADLEY
SPEECH AND LANGUAGE
THERAPIST MANAGER

KEY INITIATIVES IN 2007

The Speech & Language Therapy (SLT) team completed team based performance management training. Led by Niamh O Donovan, Senior SLT, all objectives set were successfully completed in 2007.

The SLT team dedicated time & energy to support CARF accreditation with process changes in moving to a programmatic approach in preparation for survey in 2008.

Senior staff Aneesa Ally trained in the SMART accredited technique, as one of the small highly skilled NRH team providing SMART for patients typically emerging from minimal consciousness, Clinical Tutor senior Claire O'Connor took up interim CARF programme manager post.

Joan Monahan Clinical specialist SLT with Paula Bradley co-wrote & presented a unit for the FETAC accredited course in VECs being set up for assistant staff.

Paula Bradley completed NRH sponsored People Management Course with a project on PDP interviews framework.

In line with best practice standards for the management of dysphagia (swallowing disorders), meal plans were standardised with clinical dietetics & catering departments (Amy Luck/Aneesa Ally).

Undergraduate training commitments were fulfilled with Trinity College SLT student placements.

Paula Bradley led an innovative web based pilot project www.try-it.ie with project staff recruited to set up a web based electronic aids library as part of a POBAL awarded grant, in partnership with National Council for the Blind Ireland, Assistive Communication Technology Officer Network, National AT Training service Enable Ireland & Motor Neurone Disease Association.

OUTLINE OF SPECIALIST SPEECH & LANGUAGE THERAPY SERVICES

The Speech and Language Therapy (SLT) service provides comprehensive programmes & functional intervention for adults, children and adolescents referred with acquired communication and/or swallowing disorders. The type and severity of communication difficulties vary widely and inform the type and intensity of intervention offered in a multidisciplinary approach. Communication disorders from

acquired brain injury (ABI) can impair language, voice and speech, cognitive and pragmatic aspects of conversation.

Clinical team work includes comprehensive screening, assessment, diagnosis, therapy and education. It also includes participation at multidisciplinary and family meetings, and community conferences.

The SLT service provides support & education to patients, family, carers, colleagues, outside agencies & local teams, with group support programmes, information in acquired communication disorders & training modules for NRH staff.

A screening audiometric hearing service is provided by Senior SLT /Audiologists on staff. Service planning and service development for quality patient care initiatives continue on an ongoing basis.

PILOT PROGRAMMES (INITIATIVES AWAITING DEDICATED FUNDING)

Clinical specialists & senior therapists ran educational & support programmes for families, carers, & colleagues for specific SLT disorders

- Group Work for Brain Injury Education; Meet and Teach Groups for clients and families
- Stroke Awareness for Carer's Group (SACG); a multidisciplinary team education programme
- SPPARC programmes to educate families/carers of aphasic patients in the management of complex language disorders (arranged over 2 weekends/8 evening sessions to suit families)
- Brain Injury Modules for families and patients attending the out-patient service.
- Information resources; Stroke Notice Board, family information package

- Assessment and advisory service on technology solutions & training alternate communication systems (for children & adults) with profound acquired communication disorders.
- Links with interpreters for increasing numbers of non English speaking patients in our multi ethnic multilingual society.

SLT SERVICE

2007 Speech & Language Therapy Attendances compared with 2006

Year	Activity (In-Patient)	Activity (Out-Patient)	Total attendances	Additional % Indirect activity
2007	5795	1058	6853 – impacted by staff shortages (see below)	> 55% indirect patient related activity
2006	6597	938	7535	

Inpatients referred for SLT were screened & prioritised within 3 days of receipt of referral. With staff shortages, intensive intervention was allocated to all priority patients within capacity available.

STAFFING ALLOCATION SLT

Total	Manager	Clinical specialist	Senior	Staff grade	Clinical Tutor	SLT Assistant	SLT Admin
12	1	2	5	2.5	0.5	1	1/2

2007 7 posts were impacted by between 6 weeks - 8 months cover

The speech & language therapy team complement in 2007 shown above.

Many thanks to staff for cooperating unstintingly in supporting staff shortages and service restructuring in 2007. The high level of activity maintained during the year reflects the therapy staff's hard work & commitment to patient care with the manager and clinical specialists also responding to patient needs, over other roles, to provide cover.

Irish, UK, Australian, Maltese & South African made up our international staff profile.

The smooth running of the department was assisted greatly by our SLT assistant, Nuala Murphy who supported patients' programmes under supervision, and our part time SLT secretary Joan Harrington, but increases in administrative duties continued to outweigh the capacity throughout 2007.

SLT SERVICE ACQUIRED BRAIN INJURY (ABI) PROGRAMME

The ABI service addresses speech, language and cognitive communication deficits of varying severities arising from CVAs, head injury and brain tumours.

2nd floor ABI service for 31 beds (2 units with up to 4 high dependency beds) has a staffing quota of 2 senior posts and 1.5 staff therapy posts. There was an increase in the number of non English speaking patients in SLT, an increase in patients with right CVA needing SLT, and an increase in patients with global dysphasia needing a total communication approach involving low tech systems.

3rd floor service for 20 neurology beds (mainly stroke, TBI & progressive neurological conditions) has a staffing quota of 1 senior supported by a basic therapy post. In 2007 there was an increase of 138% of patients referred with traumatic brain injury from 2006, presenting with more complex language, cognitive linguistic, speech and/or voice disorders.

1st floor service SLT supplied cover for 16 neurology patients in 2007 – with no staff quota.

ABI Service initiatives / ABI - Stroke / Neurology Service Initiatives:

- The Brainworks programme ran fortnightly to educate patients on aspects of acquired brain injury.
- A new comprehensive probation guide for therapist's knowledge & skills was devised by the SLT manager & senior staff and trialled, requiring structured mentoring & support meetings.
- Organising interpreters, translating assessments and treatment tools with first languages including Romanian, Arabic & Russian.

SLT SERVICE OUT-PATIENT SERVICE

The out-patient service provides assessment, consultation and treatment programmes; offering a flexible service of direct individual work, group work, follow up contact with families and educational intervention with patients, carers & colleagues at later stages of the rehabilitation process. This service has more than doubled since 2001 but can be impacted greatly by calls to cover in patient services gaps. In 2007 the SLT Out-Patient staff moved to the fine new outpatient facility.

STAFFING LEVELS

Staffing remains under resourced at 1WTE senior post. The Clinical Specialist Post is still without sanctioned backfill. Joan Monaghan and Clinical Specialist Julianna Little shared the position in 2007 covering in-patient needs and providing cover for the manager.

Service initiatives

- Clinic restructuring in 2007 of Consultant led clinics which impacted Brain Injury (MDT) new patient & review clinics
- The CARF process afforded an opportunity for the MDT to review packages of care to patients referred to OPD.
- Joint consults and intensive liaison with families, carers, allowed for greater efficiency at initial screen, and greater flexibility for client shared treatments.
- 2007 saw an increase in training/working with carers and indirect work with colleagues in external agencies e.g. Peter Bradley Foundation
- An aphasia friendly appointment letter for clients was introduced.
- Work completed on the Community Outing Performance Appraisal Manual.

SLT SERVICE PAEDIATRIC BRAIN INJURY PROGRAMME

A total of 57 children received SLT over 2007, including review visits for summer block programmes, showing an increase in 67% over 10 years with no change in staffing levels.

STAFFING LEVELS

Staffing in paediatric SLT is 1 WTE (0.5 senior/ basic) post with demands continuing to increase for one off consultations, outreach liaison and parent/ carer education sessions.

Service initiatives

- Flexible scheduling promotes a family centred approach to therapy and the changing needs of the child/adolescent & their families, (split weeks, blocks of 2/3 weeks with a home programme week).
- The interdisciplinary team introduced home programmes at weekends, as part of CARF process

SLT DYSPHAGIA SERVICE (SWALLOWING DISORDERS)

- One senior staff to provide assessment & specialist management of swallowing disorders to all patients referred with dysphagia in all six services at the National Rehabilitation Hospital.
- Senior staff also managed onward linking and referrals for videofluoroscopy. Fibroendoscopic evaluation of swallowing (FEES) are made to other hospital services links where indicated.

Table 1: Total patients referred 2006-2007

Patients referred with dysphagia	2006	2007
TOTAL	92	109

1 senior staff employed with original capacity of 50 patients p.a. Referral rate remains higher than capacity

STAFFING

This service was significantly impacted by intolerable delays in replacing staff and was covered by reallocating senior staff. Niamh O Donovan, Claire O Connor and Cheryl Govender covered the dysphagia needs of the hospital in addition to their normal services for more than half of the year and then were supported by Amy Luck. We welcomed Aneesa Ally to the Department as permanent senior in November 2007.

Service initiatives

- Meal plans were standardised with the dietetics & catering departments, in line with best practice.
- Aneesa Ally received training in Videofluoroscopy analysis

TRAINING / EDUCATIONAL INITIATIVES IN 2007

We would like to thank the hospital for supporting staff in their professional development in maintaining high levels of clinical expertise both through further training and relevant courses in 2007.

Courses/ Training attended

- Brain Tree Cognitive Rehabilitation Therapy training (2 staff)
- Brief Solution Focused Therapy (3 staff)
- Neurogenic disorders in communication (2 staff)
- Lee Silverman Voice Training course(3 staff)
- Assistive technology accredited course (1 staff)
- The Grid technology solution (2 staff)
- Peter Bradley Foundation ABI Roadshow (2 staff)
- Landmark leadership training course (1 staff)
- Mandatory training – SCIP, Hand Hygiene, Fire Training, CPR & Manual Handling.
- NRH internal presentations included Personal Development Planning.
- Clinical in-service presentations were provided by SLT team members on such topics as AAC, Speechviewer, Cognitive Linguistic Therapy, and new dysphagia terminology and diets.

STAFF PRESENTATIONS

- Series of lectures to students of BSc, MSc Eng., MSc Rehab, Paula Bradley & Joan Monahan
- Peter Bradley Foundation – carer education in communication disorders; (PB, JM)
- Lecture in acquired disorders - UCD Medical Students; Julianna Little
- FETAC Course for allied health professional assistants; (PB/JM)
- Lectures in Rehab Nursing Course; (3) (JM)
- Training in modified diets with swallowing disorders (eg current findings); (Amy Luck)
- Volunteers induction programmes –communication issues; (PB)
- In-house talks to medics on SLT intervention at NRH; (JM)

Staff served on various Committees in NRH and external committees such as Heart Foundation, Adult SLT Special Interest Group, Peter Bradley Foundation, Volunteer Stroke Scheme,

STUDENT TRAINING

In fulfilling our commitment to student education, TCD SLT clinical training was facilitated; to promote Speech Language Therapy as a career, voluntary work placements and information programmes were offered to transition students & students applying for MSc Programmes

KEY ISSUES / MILESTONES

SLT Staffing

1. Increase SLT complement - currently insufficient to cover the range of clinical services needed:
 - Growing ABI patient quota in the NRH and the demand from pilot programmes set up,
 - Growing dysphagia demand to support single dysphagia post with training of more SLT staff
 - Deputy SLT Manager - to cover leave and manage staff induction & training in the department
 - Replacement Clinical Specialist posts; to continue to seek backfill for these senior posts to facilitate clinical research & development projects in the department
 - An extra SLT assistant and a fulltime admin post is now critical to the efficient & effective running of the department.
2. 2nd year for Team Based Performance following the successful first year outcome in 2007, with agreed objectives on clinical audit and development.
3. Increasing need for specific training for interpreters to support non English speakers during all phases of rehabilitation to minimise false positive responses or invalidating objectivity.
4. NRH clinical induction programme for new NRH staff; eg Face 2 Face workshops, dysphagia
5. Increased complexity of SLT patients presenting (comorbidities and in the PTA phase of recovery).
6. Roll out ABI education modules for NRH & external sites eg 2 x SPPARC programmes.
7. To support programmatic functional approach to patient care as part of CARF accreditation.
8. Audit family & patients' needs with a trial questionnaire, to explore OP models of care (home visits, groups, reading & writing programmes, day programme in 'stroke awareness' to include supportive conversation groups, practical workshops for experiential focus for Brain Injury & Stroke families.
9. Paediatric staff training in Hanen, a parent based teaching programme on early language, and to liaise with agencies such as The Peter Bradley Foundation in particular with pilot programme for adolescents with ABI.
10. A dedicated SLT technology post for electronic assistive technology (EAT) solutions to ensure that patients presenting with severe communication disorders are offered best options low tech and high electronic assistive technology solutions.

Patients and visitors alike have shown a keen interest in the plans for the new hospital development.



VOLUNTEERING AT NRH



MARYROSE BARRINGTON
VOLUNTEER COORDINATOR

What one person can do is *infinitesimal*...
but it is *infinitely* important that we do it!

STAFFING

Maryrose Barrington is the NRH Volunteer Coordinator. This is a voluntary, part-time position. There are approximately 100 volunteers to whom she provides information about the hospital and supports and acknowledges the work they do.

SERVICE PROVISION AND ACTIVITY

2007 was another busy year for volunteering at the NRH. The Organising Committee is made up of representatives of the hospital staff and representatives of several of the volunteer groups. Feedback from volunteers was given at meetings held throughout the year and new ideas and plans were discussed. Volunteers at the NRH worked in the following areas:

ST AGNES' WARD

PlayWell is the name given by *Children In Hospitals Ireland (CHI)* to the group of volunteers who provide play activities for the children in St Agnes' Ward. They can help make a hospital stay less traumatic, bring fun into the ward, provide familiar play activities such as card games, colouring and picture making, board games, story telling and reading, or just chatting to the kids, befriending their families and supporting the nursing staff. Special training for volunteers in this group is provided by CHI.

THE INTERNET CAFÉ

Volunteers give friendly assistance and instruction where required to patients who want to send e-mails, learn to use a PC, play video games or watch DVDs. A recent addition is a colour printer for the patients' use.

WRITING THERAPY

Our volunteer Writer-in-Residence works with patients every Wednesday evening. Following a specific programme of writing as set out in the acclaimed book "The Artists Way". It is a creative writing workshop with a difference where participants do not require any writing skills, or experience, but they can embark on a journey of self-realisation, motivation and self-therapy.

PEATA

Peata is a small voluntary organisation which arranges for volunteers to bring their dogs to visit patients in hospitals, nursing homes and other centres. A group of dedicated volunteers have been visiting the NRH for many years with their pet dogs. They provide patients with a feeling of homeliness and normality and petting and cuddling the dogs can help reduce stress and provides a sense of companionship and affection. The dogs act as a conduit for communication and can have an effect of well-being especially, for long term patients.

PASTORAL CARE

Coordinated by the hospital Chaplains Fr Christy and Sr Catherine, this is a multi-denominational team of volunteers who are interested in the spiritual well-being of the patients. Volunteers help out at Mass, memorial services, carol singing, Eucharistic service, visiting with patients and other pastoral activities. The Volunteer Coordinator invites these members of the NRH volunteer force to induction training programmes, obtains their identity badges and Garda vetting and mails them invitations, news and information about the volunteering activities within the hospital.

MOBILE SHOP

Helen Murray and her team of volunteers continue to operate the mobile shop, taking a trolley around the wards every evening and Saturday morning. This is organised on a rota basis by two volunteers at a time. It is another opportunity to show a friendly face and socialise with the patients.

CANTEEN VOLUNTEERS

Every day volunteers help out in the Patients' Canteen assisting people in wheelchairs or on crutches to carry their trays and help cut up their food if necessary. Under the guidance of the Day Nurse, Mary Donagher, the volunteers offer assistance to the busy kitchen staff. When the rush is over they can get to know patients and sit and socialise with them as they finish their meal and while the kitchen is being cleared.

ST VINCENT DE PAUL VOLUNTEERS

St Vincent de Paul volunteers visit patients every Tuesday and Thursday evenings and offer a friendly and confidential atmosphere to discuss their problems of a social or spiritual nature. They offer many outlets of support be it financial advice or social assistance. They bring in regional newspapers for patients from counties outside Dublin, they coordinate visiting by Transition Year students from St Joseph of Cluny Convent in Killiney and they bring toys and Christmas presents to the Patients' Christmas party.

OTHER VOLUNTEER ACTIVITIES

There were many other activities and services which volunteers organised during the year such as **Bingo, Bridge lessons, Art Therapy,** and a **Hairdressing service,** and **Citizens Information Service.**

In December, a **Christmas Concert** for patients, their families and friends was given by "Beating Time", a Ladies Barbershop Group renowned for its unaccompanied close harmony sound and fun entertainment.

VOLUNTEER INDUCTION & TRAINING

A total of 15 new and existing volunteers attended the Volunteer Induction and Training course. Participants learn about the history of the National Rehabilitation Hospital and are taken on a tour of the wards and other facilities. Topics covered during the course include relationship building, communication skills, infection control, managing a wheelchair, the patient profile at NRH, health & safety, risk management, and an introduction to the nursing and social work activities. The role of the volunteer is also discussed in detail.

VOLUNTEER RECEPTION

In May, the Chief Executive hosted a reception for all the volunteers to thank them for their valuable time and efforts in the hospital during the past year. He gave a welcome address and updated everyone on plans and developments at NRH. Representatives of each of the volunteer groups gave presentations on their work during the year and, after a questions and answers session, refreshments were enjoyed by all in the canteen.

VOLUNTEERING IRELAND TRAINING PROGRAMME

The Volunteer Coordinator is a member of Volunteering Ireland, an organisation which provides a national volunteer management training programme targeting the needs of those working with volunteers. She attended a one-day training course in November called *Volunteer Management In Ireland: Building a Toolkit*. Topics included Strategic Planning For Your Volunteer Programme, Vetting and Screening Procedures and Professional Development of Volunteer Management in Ireland.

Kit Coonahan & Mary Cunningham
operating the mobile shop



MEDICAL SOCIAL WORK DEPARTMENT



ANNE O'LOUGHLIN
PRINCIPAL SOCIAL WORKER.

In line with all other Departments in the Hospital, a major focus in 2007 has been the preparation for CARF system accreditation. This has particular implications for Social Work in that we are moving towards taking on the case management role as outlined in the CARF standards. This will be done in close collaboration with our colleagues in the Nursing Department.

Social Workers have always had care management as part of their role but this aspect of our work will become more formalised within the interdisciplinary team as CARF evolves. The Social Workers will also need to keep their focus on family and carer interventions which are a crucial part of the rehabilitation programme, as well as on our direct work with clients.

This is proving immensely challenging at a time when the Department is already overstretched in terms of extra referrals, more complex cases and the ending of the Health Service Executive's Delayed Discharge Initiative.

DELAYED DISCHARGES

The Delayed Discharge Initiative which was used to facilitate complex discharges over the past number of years is now no longer in existence: indeed many of the care packages allocated to NRH patients did not in fact become part of the Local Health Officer's budget and this has led to difficulties with current discharge negotiations. The new Nursing Home legislation means that all patients under 65 years must now undergo a means test in common with clients in the over 65 year age range. Patients also have to contribute up to €120 per week to their Nursing Home Care. The Social Work staff are spending an increasing amount of time trying to source funding for home and residential care packages with mixed results. There is a shortage of suitable placements for patients with complex medical difficulties and/or behavioural problems. The HSE funding cutbacks towards the end of 2007 hit the service hard but local representatives worked with the Social Work Department to access funding to facilitate a further 23 discharges between October and December 2007. The situation remains uncertain as we move into 2008. All delayed discharges are recorded and reported to the HSE and these records show that we are now approaching the point where 26% of NRH beds are

occupied by patients who are awaiting discharge packages and/or suitable housing. Many of our patients require substantial packages of care in order to facilitate a safe discharge and therefore are forced to remain in the hospital long after the end of their rehabilitation programme. Housing remains a major block particularly for clients with Spinal Cord Injury and the need for step down and transitional placements remain an urgent issue.

The recently published Disability Federation of Ireland and Citizens Information Board report on Housing and Accommodation Needs for people with Disabilities, *The Right Living Space*, states:

"there is a shortage of ...community based accommodation for people with different types of disability, particularly in relation to accessible housing and the availability of appropriate supports to allow people to live independently in their own homes". The report further states that "there is a considerable hidden housing need in that many people with disabilities of one type or another are living in accommodation not of their choosing". This is particularly true for many of our young clients with sudden acquired injuries who are faced with having to live in Nursing Homes for the elderly.

STAFFING / ACCOMMODATION

The Department's staffing quota remained unchanged with a total of 8.5 W.T.E. Social Work posts and one PA for the Department.

Mary Cummins and Eugene Roe, Senior Social Workers took leave from the Department in October 2007 to become Interim Programme Managers on the CARF project. Marie Louise McGovern and Gráinne Muldoon joined the Department as locum Social Work staff. Gail O'Sullivan who had been locum Social Worker on St. Patrick's ward some years ago rejoined the Department and is working as part of the St. Pat's team once again.

SERVICE PROVISION

Activity:

	In-patient Activity		Out-Patient Department (OPD) / Out Reach (O/R) Activity	
	2006	2007	2006	2007
Attendances	5,945	6,175	620 OPD 47 O/R	842 OPD 38 O/R
Direct patient Contact Units	13,454	16,224	2,862	2,447
Social Work units – indirect patient related	22,901	23,184	3,161	2,500

1 unit = 15 minutes

The Activity figures once again show an increase in the amount of time required for in-patient work. There was an increase of 230 attendances leading to an additional 700 hours of Social Work time spent with these cases and this reflects the increased complexity of cases being admitted.

SPINAL INJURY SERVICE (FIRST FLOOR)

Staffing – 2.25 WTE

The Social Work service is offered to all patients and their families on first floor. Social Work involvement continues throughout the rehabilitation programme and in the immediate post discharge stage as required. There is also a Social Work service at the multi-disciplinary out-patients' clinic.

Service Trends / Initiatives

- An important new development within the service has been the setting up of the Vocational Project which commenced in July 2007. This began as an initiative by Spinal Injuries Ireland (SII) due to concern at the low numbers of people in this country with Spinal Cord Injury who return to work following their injuries. This is in contrast to other European countries where the numbers are considerably higher. The two year pilot Vocational project is a joint venture between SII, the Health Service Executive and the National Rehabilitation Hospital with support from Fás. In-patients of the Hospital can be referred for this case-managed, multi-agency approach to meeting their vocational and educational needs. Kathleen McCarthy, Senior Social Worker, is funded for one day a week by the HSE for this project which has already generated a lot of interest from clients.

- The recent pattern of high level injuries with complex social needs including homelessness, language difficulties and lack of extended family available to offer support has now become an ongoing trend in the service.
- In 2007, the Social Work Department worked with SII in looking at the urgent need for funding towards a transitional living unit for people with Spinal Cord Injury. It takes an average of 18 months to have a house adapted or for patients to be allocated new housing and this leaves a significant gap between the end of the rehabilitation programme and a return to a suitable community placement.

BRAIN INJURY SERVICE (SECOND FLOOR)

Staffing – 2.5 WTE

The second floor Social Workers provide a service to St. Bridget's and St. Patrick's wards and the High Dependency Service (HDS). Out-patient work includes service to the multi-disciplinary out-patient clinics and to general out-patient and Neurobehavioural clinics on request.

Service Trends / Initiatives

- The number of patients seen on the ABI service continues to increase and this has resulted in considerable strain on the Social Work service on this floor. The difficulty in accessing funds for discharge packages is effecting the amount of Social Work time available for therapeutic work with families and carers.
- Many of the patients admitted to St. Pat's Ward are presenting with extremely complex care and social needs: many require residential care and the lack of suitable placements apart from the difficulty with funding issues is an ongoing challenge. This has led to an over reliance on private Nursing Home placements for young people with ABI. Some Nursing Homes are finding it difficult to manage the challenging behaviour which some of these clients present and there are almost no community structures to support and monitor these placements. All Social Work staff are now carrying

approximately five extra cases each of patients who have been discharged. These cases typically involve placement breakdown where there is no person in the community to manage the situation.

- The NRH Social Work Department initiated contact with Social Workers in ABI and the Social Workers in Neuro-disability Group was set up at a meeting in the National Rehabilitation Hospital in March 2007.

LIMB ABSENCE/ STROKE/ NEUROLOGICAL (THIRD FLOOR)

STAFFING – 2 WTE

The Social Work service is offered to both wards as well as the out-patient clinics. Groupwork is offered to amputee patients and to carers of patients with stroke through the Stroke Awareness for Carers Training Programme.

Service Trends / Initiatives

- There were 189 admissions to the third floor of which 91 were ABI or other neurological conditions: 95 amputees were admitted during 2007 many of whom are in the older age range with general health complications. There continues to be an increase in the number of patients with neurological conditions and in older amputees with complex co-morbidities.

- The rate of direct discharge remains high but is dependant on access to appropriate community supports and the necessary funding to acquire these services. 149 patients were discharged home, 15 went into or returned to nursing home care and the remainder went back to the referring hospital.
- Earlier admissions for patients with neurological conditions highlight the need for ongoing rehabilitation services at the community stage. There is a lack of sufficient funding for dedicated ABI services at local level.

PAEDIATRICS

Staffing – 1WTE

The Paediatric Social Workers provide a service to in-patients aged 0-18 years, the out-patient clinic and an outreach service to many of the families attending the service. Many parents and children visit the unit prior to admission and their induction can begin at this stage. Ghyslaine Brophy, Senior Social Worker moved onto the Paediatric service in October 2007 to cover for Mary Cummins

Service Trends / Initiatives

- The numbers admitted to the unit continued to increase in 2007: 37 new patients were admitted for treatment and 73 children were seen for review and reassessment.

- The Needs Assessment aspect of the Disability Act is now being implemented for children under 5 years and this has meant an extra demand on the team
- The summer programmes for children with Acquired Brain injury were run this year and the Social Workers were involved in both adolescent and parent's groups throughout this period. A special one day event was held in the Hospital for children under 8 years.
- There has been an increase in the number of very young children attending the service and many of these children are now surviving viral meningitis as well as encephalitis. These children need to be with their parents throughout their entire rehabilitation programme due to their young age. While the Hospital accommodates as many parents on site as possible using Villa Maria and the Corofin Lodge, the off site accommodation bill for families attending the Paediatric service was over €6,000 in 2007.
- The Ronald McDonald Children's Charity of Ireland was approached in 2007 by the Social Work Department with regard to funding for a children's playground. The charity kindly granted this funding and the installation of this facility is currently underway.

TRANSITION+CHANGE

Social Workers have always had care management as part of their role, and this aspect of our work will become more formalised within the interdisciplinary team as CARF evolves.

Other projects undertaken by the Medical Social Work Department in 2007 include:

CARER TRAINING

Anne O'Loughlin and Dorothy Gibney continued their work with Stroke Awareness for Carer's Group (SACG) which is now run four times a year. Anne O'Loughlin presented on the project at the Irish Heart Foundation conference in Croke Park in May 2007 and wrote an article on this topic for Cardiology Today. The Carer Training team are planning to pilot a course for carers of patients with Acquired Brain Injury in May 2008.

ADVOCACY

Advocacy is a key part of the Social Work role and we have supported BRI and Spinal Injuries Ireland with projects such as information for clients and carers. Anne O'Loughlin presented at two further BRI/Peter Bradley Foundation Information on ABI events in Trim and Sligo on coping strategies for families affected by ABI.

VOLUNTEER COMMITTEE / INTER AGENCY FORUM

The Social Work Department has 2 representatives on VOCE (Volunteers Organising Committee) and regularly inputs into the Volunteer Training Programme. Anne O'Loughlin chairs the Inter Agency Forum for all the voluntary agencies on site. This group has been working on implementing CARF standards in terms of how the hospital works and communicates with the various agencies as well as inputting into the new Hospital project.

NEW HOSPITAL DEVELOPMENT

There has been ongoing work into planning for the new Hospital both in terms of physical structures and the working practices which will impact on the design of the building. Room Data Sheets and user group meetings have been a focus in the past year.

Training

In 2005, training was delivered by members of the Social Work Department to the following courses/agencies:

Masters in Social Work Programme, University College Dublin

Masters in Disabilities Programme, University College Dublin

The Rehabilitation Nursing Course

FETAC Rehabilitation module

Peter Bradley Foundation ABI training

Crisis Prevention Intervention

Children First, Child Protection and Welfare Training

BRI/Peter Bradley Foundation Information days on Acquired Brain Injury

NRH Induction Course/NCHD Induction training

SCIP Programme

Presentation at the Irish Heart Foundation Stroke Conference in Croke Park on the Carer Training Programme

The Department provided 7 four month block practice placements for Masters in Social Work students from UCD and TCD as well as a six month adaptation placement for a non E.U. Social Worker. The Educational Forum within the Department considers topics of interest, literature articles or models of practice which are researched and presented to other members of the team.

CONTINUING PROFESSIONAL EDUCATION – 2007

- Postgraduate Professional 3 year Family Therapy Training course, Clanwilliam Institute
- Masters in Bereavement Studies, Year 1, RSCI and Irish Hospice Foundation
- Team Based Performance Management (HSE)
- Creative Facilitation – Training for Transformation
- Social Work Practice Teaching course – University College Dublin
- Irish Heart Foundation Stroke Conference
- Workshop on Social Work Research – Jan Fook, TCD
- BRI/Peter Bradley Foundation Information events on ABI
- Irish Association of Rehabilitation Medicine Conference, October 2007
- Occupational First Aid Training

- Advanced Training for Crisis Prevention Intervention
- Grief and Loss as it relates to Gender – Irish Hospice Foundation
- Grief and Loss as it relates to Critical Incidents – Irish Hospice Foundation
- Neurobehavioural lectures
- Children First Child Protection Training – Health Service Executive
- CPR, Hygiene training and other mandated training (ongoing)

Membership of Committees/Boards

- Peter Bradley Foundation Board
- BRI Board
- Spinal Injuries Ireland
- Irish Association of Social Workers Special Interest Groups
- Head Medical Social Workers Group
- Advisory Board, Department of Social Policy and Social Work, UCD
- Patient Services Committee, NRH
- Volunteer's Organising Committee, NRH
- Behavioural Consultancy Forum, NRH
- Clinical Services Committee, NRH
- Interagency Forum, NRH
- I.C.T. Committee, NRH
- Space Utilisation Committee, NRH

RADIOLOGY DEPARTMENT



DR. BRIAN S. MCGLONE
CONSULTANT RADIOLOGIST

STAFFING

- 1 Consultant Radiologist (part-time to NRH, 9 hours per week), Dr. Brian McGlone
- 2 Senior Radiographers (job-sharing), Ms. Maeve Harkness and Ms. Patricia Ryan
- 1 Attendant, Mr. Des Jennings

OUTLINE OF DIAGNOSTIC SERVICES PROVIDED

- Ultrasound (2 consultant sessions per week): general, GU, vascular, musculoskeletal
- General Radiography including chest, KUB, orthopaedic
- Specialised Procedures e.g. IVU, sinography, ultrasound guided cyst aspiration and intramuscular and intra-salivary botulinum toxin injection
- Mobile plain Radiography
- Dual-Energy X-ray Absorptiometry (DXA) scanning – measurement of bone density
- Other Imaging Services
- CT scanning service at St. Columcille's Hospital, Loughlinstown.
- On-call radiography service

- In 2007, ultrasound activity reached an all-time high of 911 examinations on 705 patients, which is an increase of 12% over the preceding year.
- 1667 general x-ray examinations were carried out, a 7.5% increase on 2006 figures.
- In 2007, 128 DXA scans were performed, most of which were part of the DXA Study.

NEW SERVICES/DEVELOPMENTS

Urology

During 2007, there was increasing liaison between the Urology Outpatients Clinic and Radiology with the relocation of the Nurse led Urology Clinic to the rooms adjacent to Radiology. Under the care of Mr. Flynn, Ms Eva Wallace and other staff members, this has led to improved combined care for our outpatients.

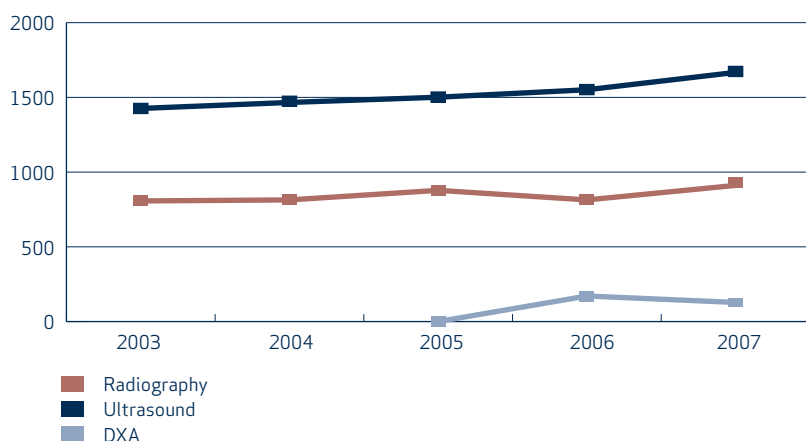
DXA

Dr. Eimear Smith, Research Registrar completed her study on the prevalence of osteoporosis in the disabled population at the NRH in June 2007. This has led to recommendations for the uses of DXA in specific patient groups who are at risk of osteoporosis.

CT Protocols

Improved protocols for requesting CT examinations at St. Columcille's Hospital were further developed in 2007 with Ms. Bernie Lee and the Clinical Risk Management Department. This culminated in the drafting of a new 2 page CT referral form.

ACTIVITY DATA



Ultrasounds

Funding was allocated at the end of 2007 for the provision of a new state-of-the-art ultrasound scanner for the Radiology Department. A tender process will commence in early 2008 to replace the existing 8 year old machine. This will provide improved services to inpatient and outpatient groups for renal, general abdominal, venous, musculoskeletal and interventional applications. It will link into the picture archiving and communications system (PACS).

IT Issues

Delivery of a dual monitor AGFA PACS workstation was accepted in December 2007 for installation in 2008. This will be combined with roll-out of a mini-PACS throughout the clinical areas of the NRH. A new server has been installed in IT to distribute x-ray images throughout the hospital. This work is being coordinated by Mr. Patrick Davy and Mr. Lorcan Shiels in ICT together with AGFA professional services and engineering teams. It is envisaged that the second phase of the project, i.e. a digital link to the Radiology Department at St. Columcille's Hospital, Loughlinstown will soon follow.

KEY ISSUES FOR THE DEPARTMENT

New Hospital

Multiple meetings were held during the year regarding the design of the new Radiology Department with valuable input from Ms. Colette Myler, Equipping Officer and Ms. Siobhan Bonham, Nurse Planner and others. Plans were finalised for MRI, CT, Ultrasound, DXA, OPG, General X-ray, and Fluoroscopy rooms and equipment. Input was also gratefully received regarding radiation safety from Dr. Michael Casey, Chief Physicist at St. Vincent's Hospital and Radiation Protection Advisor to the NRH.

Radiologist Staffing

The radiologist's administrative workload from developments such as the new hospital and CARF has increased considerably over the past year. Addressing how best to manage these administrative roles on a part-time contract without impacting on clinical service provision will continue to be a key issue in the months and years ahead.

DXA

Since the departure of Dr. Eimear Smith, Ms. Patricia Ryan continues to provide DXA services to patients as requested. The need for additional staffing will be reviewed on an ongoing basis depending on demand. Preparatory work was carried

out with Rose Curtis in Occupational Health in advance of provision of DXA scanning to staff members at risk of Osteoporosis. This will be rolled out in 2008 as part of staff wellness initiatives.

Radiation Safety

The NRH Radiation Safety Committee continue to meet. The hospital's radiation licence was renewed by the RPII in April. Risk assessments and weekly and annual Quality Assurance measurements were carried out as per requirements on all equipment. The Radiation Safety Procedures were revised during 2007 also.

TRAINING AND EDUCATION

- Dr. McGlone attended the Faculty of Radiologists refresher courses, meetings and conferences in Ireland during 2007, including the spring meeting of the Faculty of Radiologists. He has completed a 5 year cycle of CPD which has been submitted online with paper records of supporting documentation as required by the Medical Council of Ireland and RCSI.
- Radiology tutorials were given by Dr. McGlone to NCHD's in 2007 on a variety of radiology topics.



The Healthy Planning Team
for the new hospital.



L-R: Lesley Power, Lisa Held,
Colette Myler, Siobhán Bonham.

PROSTHETIC DEPARTMENT



JOHN MCCABE
PROSTHETIC MANAGER

STAFFING

- Manager Prosthetic Department
- Senior Prosthetists
- Secretary Grade 4 x 2
- Finance Officer Grade 5
- Prosthetic Technician x 2
- Senior Leatherworker
- Medical Attendant

SERVICE PROVISION

The Prosthetic Service assesses, treats and reviews patients with Upper and Lower Extremity prosthesis. This includes ordering and prescribing necessary equipment and prosthetic components as required.

In addition to the Prosthetic service provided to patients at the National Rehabilitation Hospital, a service is also provided as required at various locations regionally. These include:

- Merlin Park Hospital, Galway
- St. Finbarr's Hospital, Cork
- St. Patrick's Hospital, Carrick-on-Shannon
- Mayo General Hospital, Castlebar
- St. Conal's Hospital, Letterkenny
- Sligo General Hospital
- Donegal District Hospital

Service provided in all satellite clinics are monitored and reviewed on an on-going basis.

The Department works in close partnership with Opcare in developing and providing services to patients.

ACTIVITY

The focus of 2007 has been the nurturing of our relationship between the NRH and Opcare to enhance team performance and work together

effectively to ensure that the patient receives the best possible service available at all times.

In working together to achieve this objective of continuously improving the service, I would like to thank Mr. Ian Keenan, Manager of Opcare Prosthetics and all his staff for all their hard work throughout the year.

TRAINING AND EDUCATION

Our affiliation with Strathclyde and Salford Universities continued during 2007. We appreciate all the feedback from our students during their placement, which helps us to re-evaluate our services on a regular basis. We wish all our students every success in their future careers.

Continued Professional Development took place during the year in the form of Seminar/Workshops provided by various companies e.g. OttoBock UK and Ossur UK.

Also all in-service training was attended, Team Based Performance Management, CPR Training, Fire Training, Induction and Chemical Safety Training.

Continued Professional Development is recognised as an important aspect of the Prosthetic Service.

HEALTH AND SAFETY

During 2007 we once again are pleased to report that we had no serious accidents or occurrences in the department. Taking into account the potential very dangerous machinery in daily use, huge credit is due to the staff for their continual vigilance and diligence in relation to Health and Safety.

We continue on an on-going basis to monitor conditions of work and safety reviews and checks are regularly carried out. I express my thanks to the Clinical Risk Manager, Ms. Bernadette lee for her continued assistance in regard to the Health and Safety of our staff.

I wish to thank all the staff of the Prosthetic Department for their continuous hard work and co-operation throughout the year and we look forward to a successful 2008.

Finally the Prosthetic Service changed it's name in 2007 to POLAR (Prosthetic Orthotic and Limb Absence Rehabilitation). This programme under CARF is headed by Claire O' Connor and we wish her every success in 2008.

December 2007 Production By Limb Type

Output Type of Prosthesis	Dec-07 NRH	Dec-07 Opcare	Year To Date	NRH 2006	Opcare 2006	Both 2006
Through Hip			6		2	2
Above Knee		2	96	51	29	80
Thru Knee			3	1	3	4
B/Knee	8	13	204	99	67	166
NSKT	4	5	104	25	12	37
Appliances		1	18	2	4	6
Total	12	21	431	178	117	295
Repairs/Cons	48	12	610	299	24	323
YTD	352	258	610			

PHARMACY



MS. PAT KEANE
SENIOR PHARMACIST

STAFFING

2005	2006	2007
2.5wte	2.5wte	2.5wte
<ul style="list-style-type: none"> Ms. Pat Keane, Senior Pharmacist (5 days/week) Ms. Sheena Cheyne, Senior Pharmacist (1.5 days/week) Ms. Nuala Cosgrove, Senior Pharmacist (1 day/week) Ms. Claire Meaney, Senior Pharmaceutical Technician (5 days/week) 		

SERVICES PROVIDED

- Procurement and supply of medicines for use by patients in wards.
- Dispensing of medicines for patients on weekend leave or discharged.
- Dispensing of staff prescriptions.
- Review and provision of information regarding patients' medications.

ACTIVITY REPORT

1. Dispensing:	2005	2006	2007
Items to Wards	26,976	28,520	32,717
Weekend/ Discharge Prescriptions	23,829	23,923	22,483
Staff Prescriptions	841	783	738
Total number of items dispensed:	51,646	53,226	55,938
2. Review of Patients' Medications:			
	31,588	32,168	39,959

PRESENTATIONS & WORKSHOPS

- Individual Patient Dispensing
- Drug use in renal failure, student presentation
- Advances in drug treatment of rheumatoid arthritis, student presentation
- Insomnia
- Warfarin drug interactions, a case study

CONTINUING EDUCATION AND TRAINING COURSES ATTENDED

- CPR Training (1)
- SCIP (2)
- MSc Clinical Pharmacy (1)
- HPAI Clinical Skills (1)
- Pharmacist Tutor Training (1)
- Fire Training (2)
- Hand Hygiene (3)
- Manual Handling (1)
- Pharmacy Student Training (3)
- Glucose Testing (2)

ATTENDANCE AT FOLLOWING MEETINGS

- Drug and Therapeutics Committee.
- Risk Management Committee.
- Clinical Services Committee.
- Heads of Departments
- CARF
- CPR
- Pharmacy software user group
- New Hospital Project meetings

NEW INITIATIVES 2007

Individual patient dispensing and self-medication programme for McAuley Ward established.

FUTURE DEVELOPMENTS

CARF Accreditation

Individual patient dispensing for all wards: 5 completed, 4 remain to be done.

Technician top-ups on ward.

Continue to expand the Clinical Pharmacy Service.

A safety audit will be carried out on admission prescriptions

DEPUTY CHIEF EXECUTIVE'S REPORT



PATRICK J CRIBBIN
DEPUTY CHIEF EXECUTIVE

The Health Planning Team is now in place and work of designing the New Hospital is well advanced. All User Groups have been consulted and their input has been taken on board by the Design Team and we are now almost ready to go to planning. Well done to all concerned and again emphasise that the day-to-day running of the Hospital continues without interruption.

FUNDRAISING

The Leo Keogh Golf Classic in Luttrellstown Golf Club in May raised €35,000. Leo is an ex-patient of St. Patrick's Ward and the monies raised will be used to assist patients with ABI. The following is a list of some of the fundraisers who contributed:

Students of the Physics Department
in the University of Limerick

Friends of Edwin Dagge RIP

Ballymore Eustace coffee morning

Leinster Classic Motorcycle Club

Soroptimists Ireland

Friends of Anne Casey

Wedding present in lieu

Mini Marathon

Round Ireland drive

Patient's family for individual
TV/DVD's in wards

Christmas cake sale

Dalkey Credit Union

This is just an example of the good will towards the Hospital and staff from all around Ireland. Many thanks to all those who were involved with the fundraising.

Freedom of Information Requests in 2007

Total requests	9	
• Personal	4	2 granted 2 outside FOI
• Non Personal	3	1 withdrawn 2 refused
• Mixed	2	2 part granted (MRSA)

Routine/Admin Access 2007 204

• Personal	204	204 granted
• Non Personal	0	
• Mixed	0	

CAPITAL FUNDED PROJECTS 2007

- Theatre and CSSD on the third floor converted to three single rooms and two bathrooms.
- The Lokomat system.
- New PVC windows for the first, second and third floor bay areas.
- Funding for upgrading of second lift, for replacement of ultrasound machine, and disabled patient transport vehicle.

COMMITTEES

Thanks to the following committees with which I am associated:

Risk Management, Health and Safety, Space Utilisation, Ethics, Executive, New Hospital Project, Fire Safety, Waste Management, Radiation Safety, Capital Works, Accessibility, RTU, Vigilance.

DEPARTMENT OF CLINICAL RISK MANAGEMENT



BERNIE LEE
CLINICAL RISK MANAGER

CARF ACCREDITATION

In the latter quarter of 2007, nine business practice teams were established to implement the business practice standards as the hospital prepares for CARF Accreditation survey in May/June 2008. The Business Practice Teams established were Input from Stakeholders, Accessibility, Rights of the Persons Served, Human Resources, Health and Safety, Information Management, Leadership, Governance, Legal Requirements. Ms. Bernadette Lee is acting a co-ordinator for the Business Practice Teams.

RISK MANAGEMENT DEPARTMENT

Staffing

The team includes:

BERNADETTE LEE:
CLINICAL RISK MANAGER

PAULA CARROLL:
RISK MANAGEMENT OFFICER

EVELIN PEENAR:
PERSONAL ASSISTANT

The underlying ethos of the hospital is concerned with providing good/ safe practice. This ethos applies to all who choose to work in the hospital. Risk Management is not the business of a particular department but is at the core of all healthcare professionals' practice.

All incidents and near miss reporting are recorded onto the national incident reporting system "STARSWEB", where they are also risk rated into high, medium or low as appropriate. Clinical incidents are reported to the State Claims Agency, and non-clinical incidents are reported to the Hospital Insurance Broker - Aon. The Risk Management Committee met 6 times during the year. The Risk Management Committee reviews incidents reported, makes recommendations and receives feedback from other Committees and Departments such as the Drug and Therapeutic Committee, Infection Control and Occupational Health. The Health and Safety Committee also met 6 times during the year. Fran Moran and Mick Hammond were appointed as staff health and safety representatives in 2007.

STAFF INDUCTION

The risk management induction programme for staff was expanded in 2007 and now provides information on employee duties, risk management process, reporting of critical incidents or other sentinel events, immediate action post critical incident or sentinel event and the investigation process.

PATIENT SAFETY

Medication Safety

Medication incidents are reviewed by the Drugs and Therapeutic Committee, which meets bi-monthly. There was an increase in the number of medication incidents reported in November and December 2007, as we changed our reporting system to capture near miss occurrences which were being actioned by Pharmacy staff following review of patient prescriptions. Errors occur most commonly on transfer between care settings and in particular at the time of admission. A number of quality improvement initiatives were implemented in 2007 to improve medication safety:

- Provision of individual patient administration drug trolleys in the Brain Injury and Prosthetic Wards.
- Risk Management and Pharmacy provided education sessions for medical and nursing staff on medication incident reporting, the management of medication policy and prescription writing.
- Education on intravenous therapy for nursing staff.
- Warfarin safety programme.

These quality improvement initiatives will be continuing in 2008 in addition to the implementation of a medication reconciliation programme for patients on admission to the NRH.

PATIENT FALLS

A falls risk assessment form was implemented in the Brain Injury and Wards for completion on each patient's admission in order to identify patients at high risk of falling.

PATIENT WANDERING SECURITY SYSTEM

In November 2007 an electronic patient wandering system was installed on the 2nd and 3rd Floor of the hospital. 'At risk' patients wear an electronic tag which will activate an alarm to alert staff should the patient be found leaving the ward without supervision.

INFECTION CONTROL

Risk Management continues to work with Infection Control and Environmental Services in the implementation of the hygiene and waste management standards. Education and training for staff is on-going.

2 audits were carried out on the procedures and processes involved in the segregation, storage, handling and transport of dangerous substances at the hospital and one audit of the processes involved in the segregation, storage, management and movement of dangerous substances in the Limb Manufacturing Department was carried out. Quality improvement initiatives have been put in place to monitor implementation of the recommendations from the audits.

CHALLENGING BEHAVIOUR

The Behaviour Consultancy Forum (BCF) continues to meet monthly and reviews staff training requirements, policies and procedures and case studies. The training programme on "Strategies in Crisis Intervention and Prevention (incorporating non-violent crisis intervention-CPI) SCIP" continued in 2007. 23 staff attended the SCIP revision programme, 35 staff attended the 8 hour SCIP training programme and 21 staff attended the 11 hour SCIP training programme.

To further enhance the skills of the CPI trained in-house instructors, a three day programme on advanced de-escalation skills was provided on-site by CPI.

CHEMICAL SAFETY

26 staff from the Prosthetic Department and Hydrotherapy attended chemical safety awareness training. Sign Language Interpreting Services were in attendance to assist staff with hearing impairment.

Air and noise monitoring was carried out in January 2007 in the Prosthetic Department and recommendations were implemented in consultation with users and Occupational Health.

FIRE SAFETY

Michael Slattery and Associates provide the fire safety design and fire safety management programme for the hospital. Funding was secured in late 2007 to implement the recommendations of the fire safety design report dated March 2005. Phase one of this work has commenced.

Three types of training programmes are provided, practical session on evacuation equipment, Fire Marshall Programme and on-site Fire Drills. 61 staff attended fire drills, 162 staff attended fire evacuation equipment workshops, 3 staff attended event co-ordinator training. Many thanks to John LeStrange and Brendan Kavanagh, Michael Slattery and Associates and Leslie Percey, B&M Fire Safety for their assistance with the hospital fire safety programme.

Fire safety audits were carried out on the 2nd and 3rd floor. The Fire Safety Committee met 6 times during the year.

SECURITY

Security cover continues to be provided on an out of hours basis. This service is contracted to Carlisle Security Plus. Security staff are involved in monitoring the site, and all security related issues, reporting security incidents and near misses, monitoring and checking the fire alarm, fire fighting and security equipment.

COURSES AND SEMINARS ATTENDED IN 2006

- Bernadette Lee successfully completed a MSc in Healthcare Risk Management

Other courses and seminars attended by staff in the department include:

- Crisis Prevention Institute advanced
- Risk Assessment training
- Complaints handling
- Irish Healthcare Risk Management Association Conference
- Risk Managers Forum Conference
- Information Sessions on the Safety Health and Welfare at Work (General Applications) Regulations 2007
- Freedom of Information Network Meetings
- Freedom of Information Training Days
- Freedom of Information Conference

The Risk Management Department would like to thank all the staff for their enthusiasm and co-operation throughout the year.

DEPARTMENT OF NUTRITION & DIETETICS



KIM SHEIL
DIETITIAN MANAGER

STAFFING

The Department of Nutrition & Dietetics is staffed by one Dietitian Manager and one Senior Dietitian. Fortunately the full staff complement of 2 WTE was maintained throughout 2007 and this enabled some new developments to take place.

SERVICE PROVISION

This Department provides Nutrition & Dietetic services to all in-patients of the NRH. Patients are referred to the dietitian by medical and nursing staff and by other healthcare professionals, or indeed patients themselves may request a consultation. The dietitian assesses nutritional status, estimates nutritional requirements, devises a nutrition care plan, prescribes nutritional support where necessary, provides nutritional education and counselling and reviews the patient as indicated. Patient education mainly takes place on a one-to-one basis, although group education sessions are held where appropriate. In addition the dietitian provides education on nutrition for all hospital staff. The department liaises closely with the Catering Department to plan menus and therapeutic diets.

CLINICAL ACTIVITY

The total number of consultations undertaken in 2007 increased by 2% compared with 2006 (Table 1). Total time units spent on consultations increased by 12.5%, reflecting the increased complexity of cases referred. Although no figures are available,

anecdotal information suggests that much of this time was spent on patients on enteral feeds who presented with more complications, requiring more frequent dietetic intervention. In addition, foreign national patients require a higher degree of dietetic input as the dietitian needs to liaise with interpreters in assessing dietary needs and habits, educate the patient via the interpreter, and source foods and dishes familiar to the patient which may be only available through specialist suppliers.

In terms of clinical time, the first half of 2007 saw a 10% increase in the number of consultations undertaken, however this figure declined in the latter half of the year, partly due to the closure of McAuley ward but also as a result of increased demands for non-clinical activities including attendance at new hospital development meetings, CARF meetings and preparation of CARF materials. Whilst the Department is committed to the CARF process, both dietitians expressed dissatisfaction at the level of clinical service provided, reporting that the frequency of reviewing cases is less than ideal.

Table 1: Clinical Activity levels 2007

	2007	2006	% increase
Total Consultations	3143	3081	2
Direct Time Units*	4209	3826	10
Indirect Time Units*	3987	3459	15
Total Time Units*	8196	7285	12.5

*One time unit equals 15 minutes

TRANSITION+CHANGE

The total number of consultations undertaken in 2007 increased by 2% compared with 2006.

TRAINING AND EDUCATION

Staff Education

The dietitians continued to participate in educating staff on nutrition related topics.

The following training was given in 2007:

- Introduction to Nutrition in Rehabilitation to new nursing and medical staff
- The role of Nutrition In Rehabilitation to the Postgraduate Rehab Nursing in Acquired Brain Injury course
- Good Nutrition in Rehabilitation to the FETAC course for Nursing Assistants
- Quarterly updates in the use of enteral feeding pumps to nursing staff
- Enteral Feeding in Rehabilitation for medical staff

A new initiative in staff education in 2007 was the introduction of 'Crash Course in Nutrition' a series of brief talks on therapeutic diets. Topics addressed included:

- Introduction to Nutrients
- Healthy Eating
- Weight Management
- Cardiac Diets
- Diet in Diabetes
- Diet in Renal Disease
- High Protein Diets

- Sip and Tube Feeding
- Modified Consistency Diets

All staff, both clinical and non-clinical were invited to attend the talks. Attendance at the talks was excellent and feedback very positive with all attendees reporting that they found the talks useful and relevant in both their personal and professional lives.

STAFF WELLNESS

The Dietetic Department is represented on the staff wellness committee. In 2006 nutrition articles were written for the Staff Wellness Newsletter and the dietitians participated in the Smoking Cessation Day held on Ash Wednesday. Fear of weight gain is frequently cited as a barrier to giving up smoking. The dietitians conducted weight checks and offered information on avoiding excessive weight gain.

PATIENT/CARER EDUCATION

In addition to one-to-one education, the following group education sessions were carried out regularly throughout 2007:

- Healthy Eating following amputation
- Looking after your diet – Stroke Carers Information Day

STUDENT TRAINING

One student dietitian undertook 2 weeks clinical placement at the NRH.

COURSES/TRAINING UNDERTAKEN BY STAFF

In addition to mandatory in-house training, the dietitians also participated in the following:

- Diabetes Interest Group of the Irish Nutrition & Dietetics Institute Annual Study Day
- Risk Assessment Training
- Spinal Cord Injury Dietitians subgroup of MASCIP Annual Study Day
- Irish Heart Foundation Stroke Study Day
- Nutricia sponsored Annual Paediatric Nutrition Symposium
- St Vincent's Hospital Traacheostomy Study Day
- Dympna Pearson Behaviour Change Skills course – an invaluable course in upskilling the dietitian in nutrition counselling techniques
- Abbott sponsored Managing Obesity symposium
- Team Based Performance Management
- Fresenius sponsored Enteral Feeding Symposium

The Dietitians continue to attend meetings and study days of the special interest groups if the INDI including the Nutrition Support Interest Group, the Diabetes Interest Group, the Paediatric Interest Group, the Weight Management Interest Group and the Nutrition and Disability Group.



NEW INITIATIVES

Joint Catering/Nursing/SLT/Dietetics Meetings

In 2007, a multidisciplinary group representing those involved in the provision of therapeutic/modified diets was set up. Meetings were held on a monthly basis. The purpose of the group was to identify and address issues relating to the provision of special diets, and to ensure that the appropriate diet is offered to each patient. The aim is to put in place a streamlined system for ordering special diets, improve safety and aid patient compliance to their prescribed diet.

One issue identified by all members was excessive weight gain amongst many patient groups. In order to tackle this issue a number of steps were taken – the hospital menu was revised to ensure the availability of healthy options at all mealtimes, desserts were taken off the menu and replaced with yoghurts and fresh fruit, cooked breakfasts were no longer offered to patients and fresh fruit was made available on all wards for snacks.

A new colour coded labelling system was put in place to address safety concerns with respect to the provision of modified consistency diets for dysphagic patients.

The group will continue to meet in 2008 to further improve the system for provision of special diets.

MODIFIED CONSISTENCY DIETS

The dietitians worked with the Speech & Language Dysphagia Therapist to define the various classifications of modified consistency diets. Resource materials were devised to accompany the new definitions and training sessions for catering and ward staff were carried out jointly by the dietitians and SLT.

STAFF WEIGHT MANAGEMENT GROUP

An eight week weight management programme was offered to all staff in conjunction with the physiotherapy department. Sessions were held after hours to facilitate staff attendance. Attendees were offered a weekly 'weigh-in' and advice on diet from the dietitian and exercise class with the physiotherapist. Turnout for the diet sessions was initially high but fell off as the weeks progressed with most preferring to concentrate solely on the exercise aspect. Those who did attend reported an improvement in their nutritional knowledge and increased awareness of their own dietary habits.

WEIGHT AUDIT

In 2007 an audit of weight changes amongst a sample of in-patients was carried out. The results of this audit are currently being analysed with a view to introducing a Weight Management Policy in 2008.

Lunchtime Talks for Patients
'Exploding the Myths – The Truth about Healthy Eating'

Patients were invited to attend a series of lunchtime talks. The main topic addressed was healthy eating with particular emphasis on weight management.

ENTERAL FEEDING POLICY

The dietitians resumed work on the long-awaited enteral feeding policy. Completion of this policy is a priority for the Department in 2008.

KEY ISSUES

With a staff complement of 2 WTE Dietitians, it is an impossible challenge to provide the level of service needed. Lack of community dietetic services continues to present problems, particularly for those patients discharged on enteral feeding. As we are presently not in a position to offer out-patient dietetic services, lack of follow-up of these patients is of concern. Ways to secure funding to offer such a service will be explored in 2008.

TRANSITION+CHANGE

Patients were invited to attend a series of lunchtime talks. The main topic addressed was healthy eating, with particular emphasis on weight management.

PATIENT SERVICES DEPARTMENT



AUDREY DONNELLY
PATIENT SERVICES MANAGER

STAFFING

- 1 WTE Grade VII
- 1 WTE Grade V
- 17 WTE Grade IV
- 3 WTE Grade 111

Audrey Donnelly joined the National Rehabilitation Hospital as Patient Services Manager in September 2007.

SERVICE PROVISION

The Patient Services Department provides administrative support to Medical, Nursing and Therapy staff within the hospital. This includes maintenance of all Healthcare Records, the Patient Administrative System (PAS), the Admissions Waiting List and Outpatient appointments. The department also computes HIPE coding of inpatient records, and manages all patient related activity data for the hospital.

Since the opening of the new Outpatients Department, facilities and surroundings for patients attending the National Rehabilitation Hospital have improved. This department will lead, in due course, to a greater number of patients attending the NRH on an Outpatient basis.

NEW DEVELOPMENTS

An Orthoptic service was introduced in December 2007. Fortnightly clinics are held in the Outpatients Department. This clinic provides assessment, diagnosis, and management of eye muscle disorders for patients within the hospital, where formerly they had to attend Beaumont Hospital to avail of this service.

In December 2007 administrative support was provided to the Urology Service. It is envisaged that this will enable the team to develop a more comprehensive service for patients attending Urology.

The Health Information Group focused on the development of Single Case notes for the latter part of 2007 in line with national standards. All Healthcare Professionals now document notes in the single healthcare record. The National Hospital's Office within the Health Service Executive (HSE) has developed a national chart in order to standardise and streamline Healthcare Records Management throughout the health service. This chart will be launched in the National Rehabilitation Hospital in January 2008 in line with other hospitals throughout the country. The chart will be introduced for all new patients initially, and will then be rolled-out to replace existing patients' charts. An on-line training module has been provided on the HSE's website to facilitate the training of staff who handle charts.

TRANSITION+CHANGE

An Orthoptic service was introduced in 2007. Fortnightly clinics are held in the Outpatients Department to provide assessment, diagnosis and management of eye muscle disorders for patients within the hospital, where formerly they had to attend Beaumont Hospital to avail of this service.

A complaints procedure has been developed for patients in conjunction with Risk Management & Patient Advocacy in order to address any concerns patients may have with regard to their hospital stay.

During the year a new patient questionnaire was devised which is being distributed to patients prior to discharge, allowing them to rate their experience and provide any suggestions or feedback to staff involved in their rehabilitation.

Further review of the Patient Services Department will take place in the near future, with a view to development and towards adopting national standards, e.g. Terminal Digit Filing of Healthcare Records.

ACTIVITY DATA

Patient Services staff assigned to Therapy Departments continue to provide monthly activity statistics for each Department in an initiative to free up Therapists time, thus facilitating patient care. This aspect of the PAS system will be reviewed in 2008 with a view to enhancing the reporting mechanism.

Admissions activity showed a decrease of 17% on previous year. Due to financial restrictions within the HSE in the final quarter of the year, this resulted in an increase in delayed discharges (20%) and also the closure of beds, all of which impacted on hospital admissions. OPD/Daycase activity showed an increase of 2.55% on previous year.

SERVICES AND COMMITTEES FOR PATIENTS

The Volunteer Orientation Programme continues to operate, and my thanks to the Heads of Therapy who continue to give their time and expertise to help deliver this programme.

COURSES ATTENDED BY STAFF MEMBERS OF THE PATIENT SERVICES DEPARTMENT

- Certificate Course in Medical Records and Patient Services Management.
- Intermediate HIPE Coding Courses
- Workshops provided by the National Hospitals Office in Healthcare Records Management.

In closing, I would like to thank all Patient Services Staff for their ongoing hard work and dedication which brought the department through a difficult time since the previous Patient Services Manager ceased in post, until a new Manager was appointed. Also, a special thank-you to Pauline Treacy and Louise Drew, who under the guidance of Sharon Morris, ex-Human Resource Manager, managed the department and activity statistics during this time.



Mary Dockery, Environmental Services Officer, preparing NRH for the National Hygiene Audit in 2008.



HUMAN RESOURCE DEPARTMENT



OLIVE KEENAN
ACTING HUMAN RESOURCE MANAGER

The Human Resource Department is currently staffed at 1 Grade VII and 2 Grade V whole time equivalent (WTE) posts.

There was 372 WTE staff employed in the Hospital at year end, with a total headcount of 430 staff in employment having regard to flexible working arrangements that are in place.

OVERVIEW

2007 was a very challenging year for the Human Resource Department and the Organisation in general. In April there was a National Nurses Work to Rule Action. The Hospital got through the dispute with the combined help, support and co-operation of all staff in the hospital who joined together to ensure minimal disruption to our patients. I would particularly like to thank the Hospital Administration and Management Team who assisted with the screening of telephone calls, the NRH Volunteers who gave so freely of their time to assist with delivery of messages, and the nursing staff and local INO Committee for their co-operation during that difficult time.

The last quarter of 2007 saw the introduction of the HSE embargo on recruitment which effectively prohibited the employment of new or replacement posts. This posed a major challenge to the Hospital in its endeavours to provide a high quality service and develop and improve existing services to our patients, with a reduced staffing level in order to remain compliant with our employment ceiling. The changing patient profile and complexity of care in some areas continues to have significant implications for staffing. The HR Department continue to be involved in working with the service areas concerned in relation to reviewing the needs of the relevant services and assist with preparing proposals as appropriate to submit proposals to the HSE.

The Human Resource Department continued to support and advise Heads of Departments and their teams throughout 2007 with regard to all aspects of people management and to bring about change required by both the needs of our service locally, and furthermore, changes as provided for by National agreements and to comply with best practise and recognised standards.

RECRUITMENT & SELECTION

The HR Department provides a centralised recruitment service and we had a busy period for the first two quarters of 2007 with 84 new posts filled. This figure represents a decrease in our normal activity and from our previous 2006 figures, which was as a direct result of the Recruitment Embargo. There was also a significant amount of recruitment associated with internal vacancies which arose including promotional opportunities, upgrades, acting-up and permanent vacancies.

We were generally successful in recruiting staff for the majority of vacancies which arose across the Hospital. However there continues to be some difficulty in recruiting staff for some posts within the specialised area of healthcare namely Nursing Management, Senior Nursing personnel, Senior Speech & Language Therapists and Senior Occupational Therapists. As part of our recruitment strategy we continue to use specialised recruitment agencies where necessary and appropriate to attract staff in these disciplines. We also participated in the Science and Technology Fair in the NUI, Galway, with the OT Manager, to target new graduates of Occupational Therapy and Speech and Language Therapy. This proved very beneficial to us particularly in recruiting summer locum staff.

We have also sought the services of a recruitment website with a comprehensive listing of jobs across a wide variety of sectors. We have had some success with this initiative to address our recruitment difficulties and the website is used in conjunction with and in support of our other methods of advertising.

EMPLOYEE RELATIONS/ INDUSTRIAL RELATIONS

The Department engaged in discussions with a number of trade unions representing staff in various areas with regard to continuing to embed the national agreements locally thus enabling change, flexibility and modernisation provided for by the said agreements. The discussions centred on issues such as revised working hours arrangements, re-deployment and re-location of staff, and changes and amalgamation of existing duties and responsibilities necessary to improve service to our patients.

There has been increased flexibility brought about following consultation and agreement in some areas which have enabled changes to take place. It is hoped that we can jointly continue to build on these improvements over the coming year in the interest of our patients and in order to satisfy the requirements of the Performance Verification Group Process.

TRAINING & DEVELOPMENT

Hospital wide Induction continues to be well received by new staff. As part of a Quality Initiative to further improve our service to staff as well as being responsive to the needs of the Organisation, the HR Department has further developed the Induction Programme, to include contributions from the wider Hospital such as Clinical Services and Programme Managers. Induction is now extended to a one day programme to facilitate this input. I would like to thank the various personnel from across the Hospital for their ongoing support and contribution associated with presenting and developing the monthly Induction Programme.

Team Based Performance Management training continues to be rolled out to a number of teams across the organisation, in total 6 Team Leaders and 32 Team Members were trained during 2007. Staff who have undergone this training have used the process to set a number of objectives for their area and teams to work on over the coming year. The Human Resources Department will continue to mainstream the process across the Hospital during 2008 and further training dates are planned.

CARF ACCREDITATION

At year end our preparation and work from a HR standpoint is well underway as we journey towards CARF Accreditation. The Department has been very busy in this regard over the last few months and many additional policies and procedures have been developed to ensure our compliance with CARF standards. As part of this process we have completed individual Job Descriptions for all staff. We are also required to have measures in place to evaluate our staff and how they meet their individual goals and objectives, in view of this, a Competency Assessment and Professional Development Plan Framework was developed across all grades of staff in the Hospital for this purpose. The Department held briefing sessions for Line Managers and Senior Staff in relation to the Competency Assessments with the assistance of Stephanie Smith, Consultant for the Business Practice Standards side of CARF. Further workshops on the Professional Development Plan will take place in January 2008.

SKILL PROGRAMME

A number of our support staff are currently going through the SKILL Programme which is a unique funding initiative to enable support staff and supervisors to either return to learning or an opportunity for upskilling to fulfil higher level duties with a FETAC accredited qualification.

In August Matt Merrigan, SIPTU and Caroline O'Regan, SKILL Project Office facilitated some briefing sessions for staff on the SKILL Programme and the opportunity it presents for learning and development. Further briefing sessions were arranged in October with our SKILLVEC Regional Co-Ordinator and a SKILL Programme Tutor on classroom content and the supports available to participants. Both these sessions were well attended by staff and an article on both the latter session and on our Catering Department's participation featured in the December edition of the SKILL Newsletter.

The Hospital have been proposed a Critical Mass Site for the SKILL Programme going forward.

Each Department manages specific training and up-skilling for their area, including continuing professional development for individual staff members. The Hospital supported a number of staff with further education applications in 2007 and a number of staff are currently pursuing certificate, diploma, higher diploma and masters courses.

The HR Department continues to attend relevant training courses as part of our continuous professional development. Marie Byrne also completed her Certificate in Personnel Practice (CIPD) with a Merit, from the National College of Ireland.

FUTURE DEVELOPMENTS

The department has continued to develop more human resource policies and procedures and a draft of a new detailed staff handbook, all of which are currently being progressed through the Partnership Forum and Executive for sign off. We aim to have the new edition of the Staff Handbook in print by summer 2008. The department intends to do briefing sessions to educate line managers and staff on these new policies.

The Department will be endeavouring to secure funding and resources to implement a computerised HR system in order to streamline our information processes and enhance the reporting capabilities to comply with requirements from both an internal and external agency point of view.

Finally, in August 2007 the Hospital bade a sad farewell to Sharon Morris who has been Human Resources Manager since December 2003. Sharon had been instrumental in further developing the HR Function in line with best practice since her appointment and had made a huge contribution in bringing about change management initiatives and flexibility of work practices within the Hospital, in line with the benchmarking and parallel benchmarking agreements and for the overall aim of an improved quality patient focused service. I would like to take this opportunity to thank Sharon for all her hard work, commitment and dedicated efforts over the past few years and wish her well in her new role and for the future.

PATIENT ADVOCACY & LIAISON SERVICE (PALS)



PAULINE SHEEHAN
PATIENT ADVOCACY & LIAISON OFFICER

INTRODUCTION

The Patient Advocacy & Liaison Service (PALS) was introduced in the National Rehabilitation Hospital in June 2007. It is based on the guidelines of the Citizens Information Board (CIB), formerly Comhairle.

The CIB is a statutory body, which have drafted guidelines for the development of an Advocacy service. It sees the role of the advocate as assisting, supporting and representing the person with a disability to apply for and obtain a social service or to pursue a review or appeal.

Social services are defined as: *'any service provided by a statutory or voluntary body which is available.....to the public....and includes but is not limited to, services in relation to health.'* (The Comhairle amendment Bill, 2004, P.3)

During their stay in the National Rehabilitation Hospital, patients and their family/carers are encouraged to avail of the service in order to help resolve any issues or concerns they may have as quickly as possible, in order that the patient may work with their rehabilitation team in a positive way.

STAFFING LEVELS

The Patient Advocacy & Liaison Officer is a part-time position at NRH, covering 20 hours per week from Monday to Sunday.

Staff are encouraged to avail of the service should they encounter difficulties with a patient. The Patient advocate will spend time talking with patients and allow staff to continue with their daily routine. PALS will continue to change and develop to suit the needs of our patients.

SERVICE PROVISION

PALS provides a friendly, confidential, impartial service for patients, their families/carers and staff of the National Rehabilitation Hospital.

The hospital advocate will:

- listen to comments or concerns patients and/or families may have and address these where possible
- resolve issues/verbal complaints at local level and in a timely non-confrontational manner.
- advise patients of our formal complaints system and offer the support/assistance through this process
- be a voice for the patient i.e. represent the patients' interests on committees
- liaise/mediate between staff and patient should any difficulties arise

THE PRINCIPLES OF PALS

- Empowerment of the patient where possible
- Respect for the patient's wishes
- Acting in the patient's best interest
- Maintaining confidentiality
- Acting with diligence and competence

COMMITTEES PARTICIPATED IN BY THE PATIENT ADVOCATE & LIAISON OFFICER

Patients' Committee

The new committee was formed on 6th February 2008. It is chaired by a past-patient with administrative support from Patient Services. Support to get the minutes of meetings to patients will be provided by the Communications Committee. My role on the Patients' committee will be to promote greater attendance by patients, and gain their input and feedback.

Rights of Person Served Committee

This Committee is co-chaired by Pauline Sheehan and Bernadette Lee. The Patients' Charter of Rights is now located in public areas in the hospital and will be included in the patient handbook.

Policies and Procedures written by the committee included; 'Confidentiality of Information', 'Privacy', 'Access to Information', and 'Complaints'. A presentation was given to all new staff at induction on the Rights of Person Served.

A complaints leaflet has been produced and will be included, along with other leaflets and policies, in the new patient handbook. *Complaints policies and procedures are essential to an advocacy service as they give recourse to dissatisfied patients, act as a safeguard for them against abuse or unfair treatment and allow the hospital to improve procedures.*

Verbal complaint numbers are included in the quarterly reports to the HSE.

Communications Committee

My role on the Communications Committee is to ensure with the other committee members that information for patients is easy to understand and written in plain English. The Patient Satisfaction Survey, Comment Cards and Suggestion Boxes for use by patients, staff and visitors were initiated by this committee.

INPUT FROM STAKEHOLDERS

The Patient Satisfaction Survey was brought to this committee where the final draft was agreed and the Survey has been up and running since December 2007. All patients now receive a survey early in their week of discharge and the information is currently being analysed by the CARF Programme Managers.

Membership on other Committees include:

- Heads of Department Committee
- Business Practice Committee
- Quality Improvement Committee.

SUMMARY

Since June 2007, in setting up the new service for the hospital, I feel it has been necessary to be involved in the committees mentioned above as they in themselves help set guidelines for the service. It is very important for the patient to have a voice and I feel they have been heard on these committees.

Liaising between patient and staff may be seen to be a very difficult task, however in the past six months, I have been met only with co-operation from staff to resolve any issue as quickly as possible.

In the future, I aim to meet with at least 80% of patients within two weeks of admission, to introduce the service to them and discuss or clarify information in the new patient handbook.

I also hope to make staff more aware of how the service can be of benefit to them.

Members of the NRH Waste Management Committee who were presented with the EnviroCom 2007 Resource Efficiency Award given by Dun Laoghaire Rathdown County Council.



REHABILITATIVE TRAINING UNIT



EDINA O'DRISCOLL
RTU MANAGER

STAFFING

The RTU is staffed by 6.5 permanent WTE. 2007 has seen many changes in the staffing of the RTU. Our Manager, Keith Wilton has taken up the Interim Programme Manager Post for the Brain Injury Service and the Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP). In Keith's place is Edina O'Driscoll, who was previously filling the Training Coordinator post. The Training Coordinator post is now being shared between Ronan Markey (IT Instructor) and Anne-Marie McDonnell (Education/Training Facilitator).

SERVICE PROVISION

The 'Next Stage' Rehabilitative Training Unit continues to grow and develop, however our aim, which is to assist people with an acquired brain injury to maximise their functional abilities and achieve their individual desired training goals, remains the same. We continue to deliver training under the categories of:

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

The demand for the RTU service has continued to rise; there were 34 referrals in 2007 which compares to 30 in 2006. Like last year, there is huge demand for accommodation in the Corofin Millennium Lodge, with many of our referrals coming for trainees living outside commutable distances. There were 25 discharges this year, compared with 20 discharges in 2006. The outcomes of these discharges are detailed below. The average length of stay in the programme has increased slightly in the past year from 7.6 months to 8.3 months. 80% of our trainees discharged in 2007 were discharged to employment, education or further training options.

Outcome	2004	2005	2006	2007
Employment	10	8	9	6
Education	5	5	1	2
Training	3	5	7	12
Other	2	2	3	5
Total Discharges	20	20	20	25

NEW SERVICES/ DEVELOPMENTS LAUNCHED

Expansion of Training Modules

2007 has seen further expansion in the training modules offered by the RTU such as a video module, current affairs, and information processing. Current affairs and information processing will be added to our Training Programme Specification as permanent fixtures. Although the video module has been extended and is now running into 2008, it is being viewed more as a group project than a stand alone module, it is hoped that by attending this module trainees will learn team-working skills & project management skills.

On-going joint training partnership with IADT and FAS

This initiative was introduced in 2006 as a trial and has continued on into 2007, with trainees of our unit attending a creative writing module. The benefits of these training programmes are multiple, not only do our trainees get to participate in & learn about creative writing, this training takes place in external settings, which allows our trainees experience training in a mainstream setting.

VEC literacy programme

2007 saw the introduction of a VEC literacy programme for our trainees, provided in the RTU. Trainees with literacy difficulties can benefit from the expertise of literacy trainers on an individual basis for 2 hours a week.

Key-worker system

In 2007 we introduced a key-worker system. Trainees are assigned to staff depending on their individual goals and needs; for example, a trainee with goals of managing their anger/behaviour might be assigned to the counselling psychologist etc. As a team, we feel that this system is working well as it promotes good working relationships between staff & trainees and provides consistency of care.

Work experience placements

Over the years, Trainees of the RTU have participated in work experience placements as part of the Vocational Planning & Exploration module. However, these placements were primarily within the hospital, for example, the canteen, maintenance department etc. While these placements have been very successful, and we appreciate the support of the NRH in this area, over the past year we have succeeded in placing our trainees in external work experience, giving trainees real experience in open employment settings. Local businesses such as Woodies DIY, Monkstown Gym have been very supportive of this initiative.

ACCREDITATION

As well as preparing for CARF accreditation within NRH, we are scheduled to reapply for our NAC Standard QA00/01 accreditation early in 2008. Preparations for this are already underway, and we would hope to pass the process with commendation status as we did in December 2005.

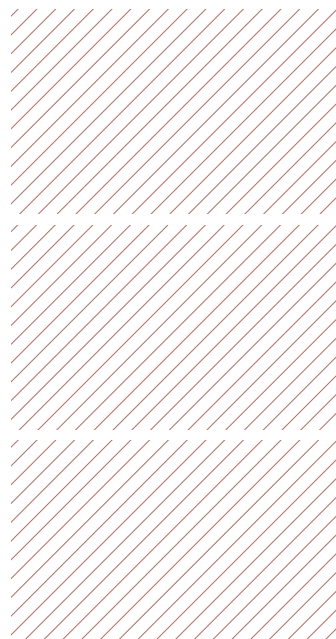
RESEARCH

Trainees of the RTU have been participating in two research projects during 2007. The first study is 'Prospective Memory Deficit Following Traumatic Brain Injury', and the second study is 'Rehabilitation of Awareness Deficits in Patients with Traumatic Brain Injury'. The RTU, continue to objectively document quality of life outcomes for our trainees by means of the Mayo Portland Adaptability Inventory. To date, results are showing positive increases in quality of life under the headings of ability, adjustment & participation.

TRAINING & EDUCATION

All staff attended their mandatory training including Fire Safety, CPR, SCIP etc. In addition to this, members of staff have attended various external education & information programmes e.g. 'Understanding & Dealing with Behavioural Problems following Brain Injury' & 'High Tech Assistive Technology Training Course'. Anne-Marie McDonnell, our training coordinator also presented at the BRI/Peter Bradley 'Eist Linn: Listen to us' Brain Injury Conference in November.

As a team we have also initiated a peer education group, where a staff member would research chosen articles/resources and report back to group. Feedback on this has been very positive to date. We also continue to take in Garda Students on community placements, with a view to increasing the understanding of difficulties facing adults with acquired brain injury in the community.



OCCUPATIONAL HEALTH DEPARTMENT



DR. JACINTHA MORE O' FERRALL
CONSULTANTS IN OCCUPATIONAL
HEALTH MEDICINE



DR. PAUL GUERET
CONSULTANTS IN OCCUPATIONAL
HEALTH MEDICINE

STAFFING

2007 was another very busy year for the provision of Occupational Health services in the hospital, with over 1100 contacts made with the Department. This represents a 10% increase on 2006. Staffing of the department remains as of 2004 with occupational health nurse Rose Curtis working 25 hours per week and Dr Jacintha More O' Ferrall carrying out monthly on-site visits. Referrals take place in Medmark, Baggot Street as required.

More than 40 staff members attended Baggot Street as part of a medical assessment for fitness to return to work or for absence management.

SERVICES PROVIDED

- Confidential advice on Occupational Health related issues
- Pre-employment screening of all new staff.
- Back to work assessments.
- Sharps injury follow up.
- Health surveillance.
- Health promotion.
- Vaccination programmes for Hepatitis B, Mantoux, BCG, Flu, varicella.
- Occupational First-Aid.
- Relaxation sessions.
- Smoking cessation programmes.
- Pregnancy risk assessments.
- Contact Support Person, "Dignity in workplace" programme.

COMMITTEES PARTICIPATED IN BY OCCUPATIONAL HEALTH STAFF

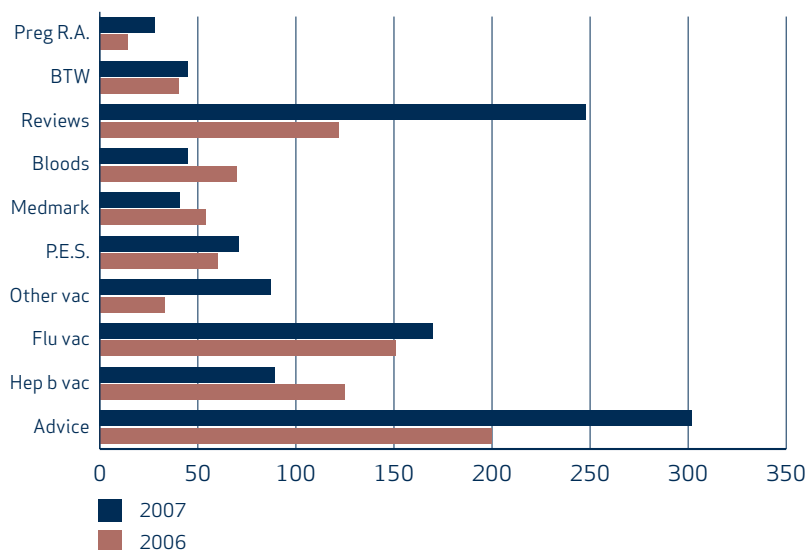
- Health and Safety Committee.
- Risk Management Committee.
- Behaviour Consultancy Forum.
- Staff Wellness Committee
- CARF Health and Safety Business Practice Group

BREAKDOWN OF CONSULTATIONS IN 2007

- Advice on occupational health issues - 302
- Work injuries - 54
- Vaccinations:
 - Hepatitis B - 89
 - Mantoux - 80
 - Flu vaccine - 170
 - Varicella vaccine - 7
- Bloods tests - 45
- Pre employment screen - 71
- Reviews and follow up - 248
- Back to work assessment - 45
- Pregnancy risk assessment - 28
- Health Surveillance - 17
- Referrals to Medmark - 41

TRANSITION+CHANGE

Key Milestones for Occupational Health were the co-ordination of training for in-house occupational first-aiders; co-ordinating a back-care programme for occupationally injured staff, supported by the Physiotherapy Department, and continued focus on the reduction of sickness absence.



Abbreviations explained.

Preg RA	Pregnancy Risk Assessment
BTW	Back to Work Assessment
Medmark	Off site assessment by Occupational Health Physician
PES	Pre Employment Screen
Other Vac	Varicella, MMR, Mantoux

KEY MILESTONES FOR DEPARTMENT

- Co-ordination of training for in-house occupational first-aiders.
- Continued focus on reduction of sickness absence.
- Continuation with co-ordinating a back-care programme for occupationally injured staff supported by the physiotherapy dept.
- Continued increase in number of staff seen in Occupational health.

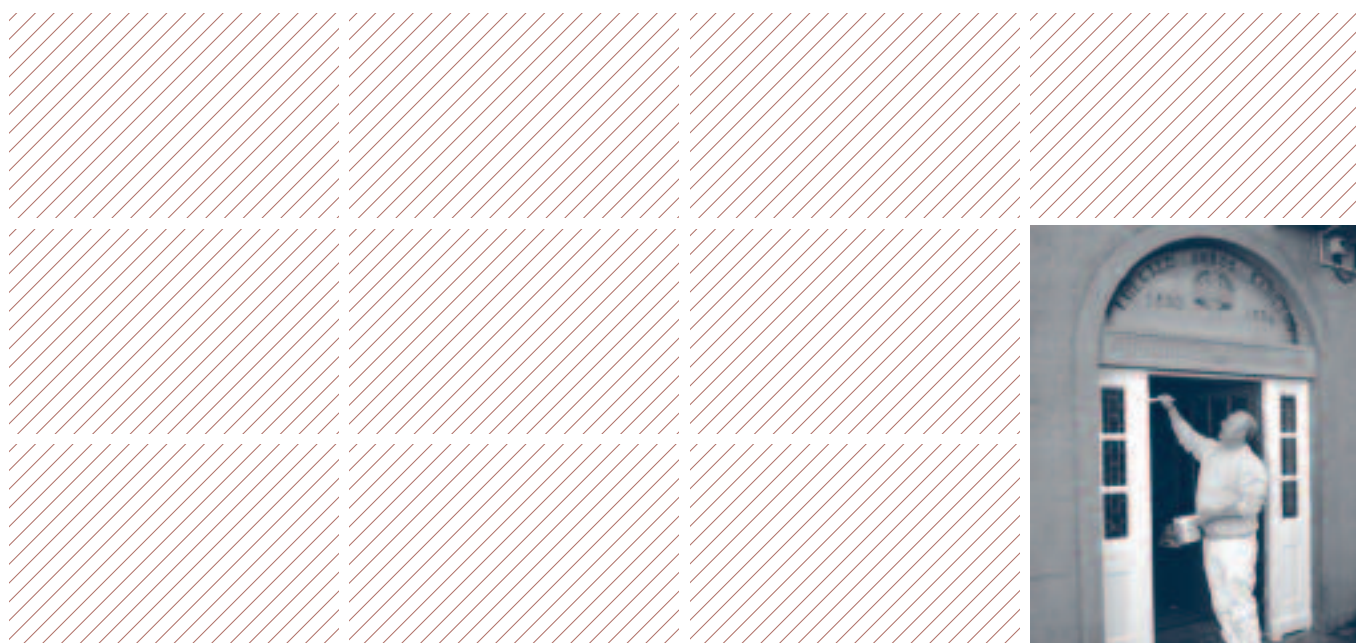
SUMMARY OF TRAINING COMPLETED AND PROVIDED

Completed

1. Rose Curtis successfully completed a Certificate in Counselling Skills, NUI Maynooth.

Provided

1. SCIP training sessions.
2. Relaxation classes.
3. Participation in staff induction programmes.
4. Smoking Cessation Facilitation.
5. Sharps awareness training.



SCHOOL REPORT



MARY O'CONNOR
SCHOOL PRINCIPAL

STAFFING

Two teachers, one temporary part-time teacher (appointed to facilitate the School's outreach programme), two Special Needs Assistants and one part-time Secretary staff the school at NRH.

SERVICES PROVIDED

- The school provides an educational service for students attending the National Rehabilitation Hospital. The students range 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 school 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 multi-disciplinary teams in the National Rehabilitation Hospital in seeking an appropriate school placement for each student.
- We provide an Outreach Service which offers support to schools to enable them provide an appropriate education to students who have Acquired Brain Injury.

OUTREACH SERVICE

With the sanction and support of the Department of Education & Science the school in NRH initiated an Outreach Programme for the purpose of offering support to schools where students who have Acquired Brain Injury return following their period of rehabilitation in the National Rehabilitation Hospital. On discharge from rehabilitation the prospect of returning to school can be a daunting one not only for the young person who has sustained a Brain Injury but also for the school to which the student is returning.

Intervention by the Outreach Service takes many forms, for example:

- School visits
- Community/multidisciplinary meetings
- Video-link with school and the community
- Telephone link
- Written response/reports
- Meetings with Special Education Needs Organisers (SENO)
- Training for class teachers and resource teachers
- Training for Special Needs Assistants (SNA) both in school and in the National Rehabilitation Hospital with multi-disciplinary input.
- Video, DVD and printed information on ABI is supplied to schools.

MEETING WITH SCHOOLS DURING THE YEAR

In-School meetings were held which were attended by Principal teachers, Class teachers, Resource and Learning Support teachers, SNA's, Community medical and para-medical staff, Psychologists, SENO's and multi-disciplinary personnel from NRH. Issues such as physical environment in school, length of school day on initial return, teaching strategies, behavioural aspects, one to one work, group work and class inclusion aspects, buddy system etc. were addressed, and strategies to foster independence aimed at helping student compensate for skills lost or compromised by Acquired Brain Injury were suggested. Individual Education Programmes were discussed and teaching strategies were offered. Where relevant, transition to Second Level was addressed, Second Level School was visited and appropriate recommendations made. Some schools required many interventions and in all cases, ongoing support was offered.

The Outreach Programme participated in meetings with parents and students to prepare for return to school. Many of the meetings also had input from members of the NRH multi-disciplinary teams, the National Educational Psychology Service, Special Education Needs Organisers, Social Workers and Disability Officers from local communities. Meetings were held with personnel from National Council for Special Education around the

difficulties students with ABI experience in trying to access resources on return to school. This issue is ongoing.

The School also had consultation with visiting teacher services for Visually Impaired and Hearing Impaired, as well as CRC Clontarf, Scoil Mochua Dublin and Marino School, Bray, Co. Wicklow.

BENEFITS OF THE OUTREACH PROGRAMME

All parents, students and school personnel welcomed the initiative and were open to the information, advice and support offered. Recent feedback from schools point to increased participation in education appropriate to the needs of the students and a willingness on the part of all schools who availed of the service to engage in the challenge of including the student who has acquired a brain injury in the school community in a more comprehensive and fruitful way.

Parents report greater satisfaction with the schools to which their children return and it is apparent that parents have greater understanding of their children's educational needs and are more involved in school life in partnership with the teachers. Schools now promptly report any difficulties experienced and look for advice and support and this can be quickly provided by the NRH multi-disciplinary teams.

In its first two years this initiative has afforded vital support to students, parents, school staff and related multi-disciplinary personnel in the wider school community.

ACTIVITY DATA

In 2007, 30 boys and 19 girls attended the school and 56 schools availed of the Outreach Service, which was further developed during the year

Weekly workshops for our students, in Art, Pottery and Music were funded during the School year by Dun Laoghaire VEC.

Through Léargas we completed our Comenius project which linked us with other schools within the European Union. This was a Cultural/Educational project with schools in Romania, Spain, France, Germany, Greece, Italy and Tenerife. The project involved the use of new technologies and the sharing of art, music, games, drama and the diverse cultural aspects of each nation. In 2007, Germany was the host country for the principal annual project meeting.

Through a European organisation called "Hope" we have established links with hospital schools from other EU countries.

We are co-operating with the Le Cheile Project initiative from Trinity College which aims to enable students in hospital maintain links with their home-based school, through the use of information technology.



Working in collaboration with the seven Hospital Schools in Ireland the project facilitates communication with peers via email, chat rooms and video conferencing along with educational and entertaining activities and events. Students from NRH take part in poetry, story writing, art competitions and quizzes.

NEW CLASSROOM

We have developed the new prefabricated classroom as a multi-purpose room/library. This has become a great space for drama, art & craft, music and reading activities.

TRAINING & EDUCATION

All staff are attending ongoing In-service training organised by Department of Education & Science as part of the introduction to the new curriculum. The subjects addressed in 2007 were History, Geography and Drama.

DURING 2007

- In-house training on planning and implementing the new revised music curriculum was given by Anne Kittering from Primary Curriculum Development Unit and Blackrock Education Centre
- Josephine Bleach from DES School Development Planning organised a joint hospital schools planning day which addressed some of the common concerns of hospital schools.

- Mary Glynn from Revised Curriculum Support Services delivered in-service on Individual Education profiling to the teaching staff.

The School Principal and staff attended numerous training and educational programmes in 2007 including:

- The Irish Primary Principals Network Conference
- Briefing on Mercy School ethos.
- The Irish Association of Teachers in Special Education Conference.
- Trust-Ed Conference on Education following ABI
- In-house training on IT Software for students with Special Educational Needs.
- Course on Drama for Children.
- Mary O'Connor attended a course on digital photography and on Gaeilge. She also attended INTO Appointments Procedures Seminar.
- School Staff also attended training in School Leadership provided by the Department of Education and Science.

Undergraduate and postgraduate teachers continue to be facilitated for work experience.

FUTURE PLANS

New School

Members of the School Board of Management met representatives of the Department of Education and Science (DES) and Department of Health in June 2007 and it was agreed the DES would fund design and construction of the new school. The school Operational Policy, inclusive of the school schedule of accommodation and the Operational Policy for School Therapy based rooms was forwarded to DES in November 2007. We plan to further develop the brief for the new school in 2008.

TRANSITION+CHANGE

Through a European organisation called 'HOPE' we have established links with hospital schools from other EU countries.

CATERING DEPARTMENT



LIAM WHITTY
CATERING MANAGER

The Catering Department provides catering services for the wards, patients' canteen, staff canteen, Cedars Coffee Shop as well as all events and meetings held in the hospital. The Catering Department also manage the hospital laundry. In addition, the Catering Department provide Meals on Wheels for the Deansgrange, Monkstown, Kill of the Grange, and Cabinteely areas.

The Department has thirty staff, which is made up of:

- One catering manager
- Two assistant Catering Managers
- One dining room Supervisor
- Five Chefs
- One Trainee Chef
- Twenty Catering Assistants.

SERVICE PROVISION

The Catering Department provided a total of 178,135 meals this year in 2007. This includes meals served at various events throughout the year. This figure includes:

67,080 - Patients Meals

50,000 - Staff Meals

16,055 - Meals on Wheels

45,000 - Coffee shop

The cost of providing services to the hospital from the Catering Department this year was €690,000 (excluding wages) and the income was €438,000.

ACTIVITY

The following are some of the events catered for in 2007:

- The Hospital Annual General Meeting
- The Patients & Staff Barbeque
- The Patients & Staff and Board of Management Christmas Functions
- Retirement Functions
- IARM conference in October
- Retirement reunion in June
- Visit of Soroptimists Ireland

TRAINING

Samantha Doran qualified in Supervisory Management in October.

Daniel Pasek is continuing a Degree in Healthcare Management

The SKILLS programme continued, with Robert Dziegieliski joining in 2007.

The Catering Department would like to thank everyone for their support during 2007. We welcome all comments and suggestions regarding any aspect of the Catering service and would encourage people to complete the Comment/Suggestions cards provided around the hospital if they would like to make any recommendations for our Department.

CHAPLAINCY



FR. CHRISTY BURKE, C.S.SP

STAFF

Fr Christy Burke C.S.Sp and Sr Catherine O'Neill, Sister of Mercy are full-time Chaplains at NRH. Reverend Ferren Glenfield visits patients on a voluntary basis on request, and Eileen Roberts works part-time as Sacristan. 10 Volunteers help in organising religious ceremonies, in singing and reading, and by helping patients to attend services and bringing Holy Communion to patients in the wards.

CHURCH SERVICES

Mass is celebrated daily in the chapel on weekdays at 6.00 p.m. and at 10.30 a.m. on Sundays.

After the Sunday Mass and on weekdays, Holy Communion is taken to the patients in the wards on request.

Once a month at the evening Mass, Anointing of the Sick is celebrated in the Chapel. Patients who cannot come to the Chapel can be anointed in the wards. Chapel services are transmitted by CCTV to wards on the first floor.

VISITING

The Chaplains visit patients in the wards on a regular basis. They are available to see patients in the offices also. Visitation does not interfere with therapies - patients can be visited in the wards and day rooms. Visits are made up to 9.30 p.m. most days and on week-ends. The crowded condition of the wards makes it difficult for confidential communication.

EDUCATION

Some students attending courses in other institutions come to NRH for experience. The Chaplaincy has helped to facilitate some who are preparing for Pastoral Care. A student of NUI, Maynooth availed of this opportunity in 2007.

CHAPLAINCY INVOLVEMENT

The Chaplain is involved in the Ethics Committee, Partnership, Patient Advocacy and Staff Wellness. This gives an opportunity to engage in some important issues concerning NRH and is also a valuable learning exercise.

CHALLENGES

The on-going task is to promote the mission of the hospital in holistic care. The ethos of the hospital, under the care of the Sisters of Mercy is of particular concern for the Chaplaincy. The CARF project holds out prospects for greater interdisciplinary cooperation in providing holistic therapy in NRH.

COOPERATION

The Chaplains wish to record their gratitude for the cooperation that they have got from the administration, the departments, services and patients of NRH. This has helped to make the work of the Chaplaincy a fulfilling experience.

NRH COMMUNICATIONS STRATEGY LAUNCHED NOVEMBER 2007

“Everybody has a Right to receive relevant and timely information in a format suitable to their needs...”

Everybody has a Responsibility to ask for clarification if they don't understand the information or the message they receive”

Our Communications Strategy which was launched in 2007 is built upon the abovementioned principles. In order to get the right message to the right people at the right time, the overall aim of the Communications Strategy is to develop an environment within which we can communicate effectively in a meaningful and measurable way as a core part of the day to day activity of the hospital.

This is particularly important during these times of major change.

To achieve open, two-way communication, there are two major responsibilities; they are:

- 1) For the hospital to make relevant, accurate and timely information available;
- 2) For each individual person to be receptive to the message and familiarise themselves with that information

In order to deliver our Strategy, a Communications Team has been established. The primary role of the team is:

- to quickly identify and address any barriers to effective communication
- to put in place more comprehensive methods of communication

OUR INFORMATION CASCADE SYSTEM

This is a system which aims to ensure that the information we circulate within the hospital is:

Current:	– up to date information
Accurate:	– facts reported are correct and reliable
Short and to the point:	– information is kept brief
Clear and uncomplicated:	– plain English is used rather than jargon
Accessible:	– information is available in a format to suit the needs of the audience
Designed to inform or educate:	– information is of relevance or interest to staff and patients
Ensures the message is clear:	– the message should be consistent and easy to communicate onwards

- to manage the systems of communication we have put in place
- to implement and manage an Information Cascade System
- to report on comments and suggestions received, and on changes implemented and improvements made as a result of feedback received
- to measure its effectiveness and strive to continually improve communications in the hospital

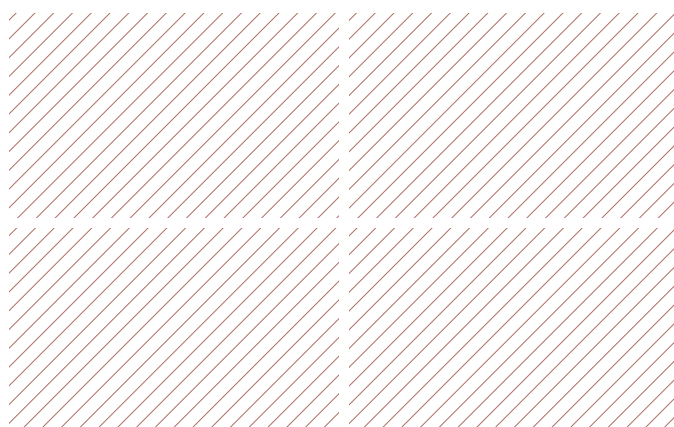
Our Communications Strategy is designed to be implemented in two phases:

- Phase 1, commencing November 2007, will involve putting systems and structures in place to improve overall Internal Communications within the hospital.
- Phase 2, External Communications will commence in early 2008, this will involve raising the profile of the hospital externally, increasing awareness of the services we provide and accurately reflecting the hospital's position within the healthcare system nationally.

The main objectives of Phase 1, the Internal Communications phase of the Strategy are:

- to implement a uniform system of communication, based on **written/print, person to person, and electronic** media, through which everyone in the hospital can receive all hospital information circulated, by a method suitable to their needs.
- to enable effective two-way communication by ensuring methods are in place to allow everyone in the hospital provide feedback, seek clarification or raise questions when necessary.
- Our primary focus is to raise awareness of the major changes currently happening in the hospital, which are for the benefit of our patients, and to support staff through these changes, particularly where the changes may affect their role, by ensuring they have the current and accurate information available.

We look forward to working on continuous communication improvements at NRH in 2008.



TECHNICAL SERVICES DEPARTMENT



GERRY COYLE
TECHNICAL SERVICES MANAGER

HIGHLIGHTS OF 2007

During 2007, the following major projects were completed at NRH:

- The provision of a new administration block (Admin 4) which in turn will release premium space for direct patient care in the main Hospital block.
 - The completion of a new school unit, fully fitted and in operation.
 - New administration / observation building in the Paediatric Unit.
 - Link corridor complete between Admin Blocks 3 and 4.
 - Additional storage facilities added to Sports Hall.
 - Full take-up of accommodation in the new Outpatient Department, and operating successfully.
 - Prototype rooms for the New Hospital have been completed. We will now be in a position to accurately evaluate the use of same and results will be of enormous help in designing the rooms for the New Hospital.
 - Installation of the Lokomat equipment (large treadmill with overhead patient support) in the Sports Hall, including all associated work.
1. Urology Department and waiting area complete and service has commenced.
 2. Automatic doors fitted in Physio Gym and Chapel.
 3. Installation of garden furniture located throughout the Hospital complex.
 4. Replacement of all glass panels in the Bay areas of three floors of the hospital, including Our Lady's, St. Patrick's and St. Gabriel's Wards.
5. Major painting projects undertaken included the Sports Hall, McAuley corridor area, Chapel corridor area, some areas of the Corofin Lodge, Convent and quadrangle area including link corridors, staff and patients changing areas in the swimming pool, third floor bathroom and sluice rooms, exterior of Limb Fitting workshops, waste compound, oil and storage tanks and other metal surfaces, railings etc, as well as some off-site properties.
 6. As part of the Third Floor Project, an additional bathroom and sluice area were added and enhanced storage facilities and a single bedroom were also included.
 7. Personal overhead TVs were fitted in St Margaret's Ward and plans are in place to extend this system to a further two wards next year.
 8. Ongoing works included the patient security system, extension and upgrade of the fire system and panic alert system, perimeter lighting and electrical evaluations.

Generous sponsorship allowed the building of the children's playground. While this project is well advanced, it will not be complete until later in the year and special thanks is due to Anne O'Loughlin for her tremendous help and generosity of time with this project.

Capital funding again this year has provided for a wide variety of projects and substantial progress has been made in many areas both new and old. The age of the main building and the extent of the site demands huge maintenance. My thanks as usual to both the Technical Services and Finance staff for their willingness and flexibility, without their commitment the Hospital complex could not function to its full potential.

ICT DEPARTMENT



LORCAN SHEILS
ICT MANAGER

STAFFING

There are two whole time equivalent (WTE) staff in the ICT Department.

PROGRESS DURING 2007

Computer Related Work

- During 2007 all 5 and 6 year old network computers were replaced. Some non networked computers required replacement also.
 - There was an increase in the number of network users due to the introduction of new services within the NRH and new positions within Departments.
 - We are continuing to replace obsolete printers.
 - Estimated calls for assistance from computer users to the ICT Department was in excess of 1,000.
 - Network has increased to 220+ users in 2007.
 - The volume of spam mail continues to rise with the number of internet / mail users. In 2007 we received 200,409 mails into the administrator's mail box. A little over 1% of these emails are false positives which are passed on to the intended recipient.
 - Total time spent sorting spam emails amounted to 5 working days in 2007.
 - Wireless internet is still being well utilised around the Day Room and Coffee Shop areas. Spinal Injuries Ireland are also using this service in the Cyber Café.
- ICT Advisory Committee met a number of times during the year.
 - 400+ ink cartridges and toner cartridges were supplied by the ICT Department in 2007. Empty ink and toner cartridges are now passed on to Hewlett Packard. The money made from their recycling is divided between, Our Lady's Hospital's Diabetes Unit, The Samaritans and Focus Ireland.
 - Work has commenced to give network computer users individual user names. This practice will continue in a limited fashion because of space restrictions on the current network. When the new servers are installed and commissioned we will be in a position to move more speedily, however this will largely be dependent on finance and additional staffing resources being in place. Industry staffing levels for an ICT Department is one staff member to every 70-100 users as confirmed by the CSRM Report. This only relates to computer users. It does not factor in that this Department also has responsibility for:
 - Telephone system, (including installations, moves, changes, and day to day management)
 - Project planning,
 - Fax machines
 - Photocopiers
 - Mobile services
 - General departmental office/admin

TRANSITION+CHANGE

Throughout 2006, the Hospital met on several occasions with representatives from the Health Service Executive (HSE) and the Hospital Planning Office (Department of Health and Children) as part of the Project Team for the New Hospital Development to discuss a number of issues including the Hospital Development Plan and Capital Grants.

TELEPHONE RELATED WORK

- Additional handsets were installed / replaced as required. The PABX system now has in excess of 400 extensions. Growth is approx 5%+ per annum.
- We are awaiting quotations for upgrade of some software systems within the telephone equipment as the present Ringmaster (call number logging equipment) can only cope with a maximum of 400 extensions.
- Each Department head receives a monthly report on the telephone usage in their area. Currently the information has to be taken from the Ringmaster computer and manually emailed to each Department. It is hoped that as part of the new Ringmaster system, this information can be e-mailed automatically by the system.
- We are exploring the possibility of installing a system which will allow appointment reminders to be sent by the Patient Administration System to clients. These messages would be sent out as SMS text messages to the client or client carer's mobile.

REVIEW

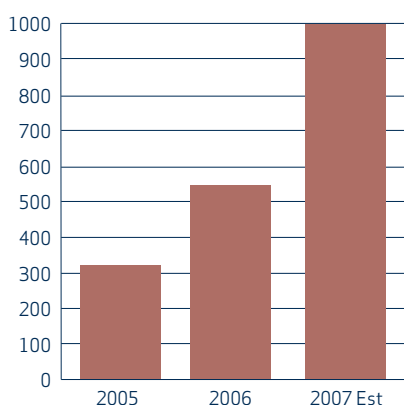
A review of all ICT related services within the NRH was commissioned. This report will be studied by the Executive Council and the ICT Advisory committees early in 2008. The report includes many suggestions in relation to the future development of ICT services in the NRH.

The review was carried out by Computer Security Risk Management (CSRM). It was carried out over a number of weeks and included interviews with individual users and groups of staff.

John and Lorcan would like to express sincere thanks for the good work, assistance and advice of Patrick Davy, who has been invaluable during the last 18 months.

We would also like to thank Derek and Sam for their continued support, without which we would have difficulty coping with the volume of work undertaken during 2007.

ASSISTANCE CALLS RESOLVED



CENTRAL SUPPLIES DEPARTMENT



JOHN FITZGERALD
MATERIALS MANAGER

SERVICE PROVISION

The role of the Central Supplies Department is to economically purchase and maintain stock materials for the day to day running of the hospital and the Limb Fitting Department. Central Supplies manage purchases for hospital equipment, special requirements, patients aids and appliances and places purchase orders for maintenance and service contracts.

STAFFING

The Supplies Department consists of a Materials Manager, Supplies Officer and a temporary Stores Assistant.

ACTIVITY

A computerised inventory management system has been maintained which has resulted in optimising hospital spend on materials and better service 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 over 95 % fulfilled in the same month for departments.

Hospital wards spend on stock materials is recorded each week and a cost report provided to wards at the end of each week. This is also made available to hospital therapy departments when requested.

Savings are achieved through use of the Hospital Procurement Services Group contracts and communication with this group is ongoing. Savings are also achieved through negotiating with local suppliers, particularly on printing, computer and printer consumables, cleaning materials, office equipment and medical dressings.

NEW DEVELOPMENTS

- Increased storage capacity was created this year through installation of new upstairs flooring and safety staircase with safety rails and swing back access for pallets.
- Planning our requirements over several months and calling off weekly deliveries has increased material throughput and avoided stock piling of bulky materials such as incontinent pads and incontinent sheets.
- The National Procurement Policy provides a framework for spend thresholds control and open competitive quotations.
- Also, increased use of the e-tenders site will be a feature of future purchasing especially for our planned new hospital development. The Supplies Department is determined to obtain value for money in all our purchasing and stocking decisions.
- CARF meetings were attended in co-operation with hospital departments to ensure compliance to standards and to streamline procedures and ensure adherence to hospital policies.
- Spreadsheets were compiled for all hospital equipment requiring preventative maintenance contracts and were placed on the hospital computer network.

KEY ISSUES / MILESTONES FOR CENTRAL SUPPLIES

1. Improvements have been made to the computerised system whereby Wards and Departments can access on line, view stock items and quantities, input a requisition on line, email requisition to Stores. Automatic stock depletion and re-ordering prompts on the system will also be implemented. Currently, due to system limitations, each stock issue is individually keyed in and taken off stock figures which is very time consuming.

Work is ongoing with Mentec, the systems provider, to enter re-order levels on the system. This is one of our objectives set in line with Team Management programme.

2. Supplies Involvement in Tendering processes for all Service contracts is working well.
3. HPSG (Hospital Procurement Services Group) are increasing the number and category of contractd for Catering (non-food) Supplies such as laundry services, linen supplies, hospital gowns and uniforms. HPSG have requested hospital usage figures for these items which are extracted from Agresso system and forwarded every quarter.
5. Supplies Involvement in Utilities, gas and oil contracts (as far as is possible, where competitive , value for money opportunities may exist).

Central Supplies continue to be involved in, and are eager to increase their involvement in:

- Waste Disposal contracts, and negotiating rates for other types of waste such as battery disposal and confidential papers. (Central Supplies had key involvement in winning the Envirocom Award as a member of the Waste management committee).
- Supplies involvement in building and building maintenance contracts (at discretion of Maintenance Department) would be welcomed.
- Central Supplies has been involved in the re-organisation of the Limb Fitting Department and requirements for the future.

We are working productively with Opcare providing any prosthetic materials requested from our stock, and still maintaining stocks and special orders service for the NRH Prosthetists. We also inform the Accounts Department of costs through control of stock issues to Opcare.

- Attendance was maintained at Waste Management meetings and Hospital Vigilance Meetings throughout the year. Material Safety Data sheets are on file for all potentially hazardous materials.
- Wards and departments can request reports on their usage of any stock item and see resultant spend. Lower stocks on wards and savings are being achieved as a result. In addition, obsolete or expired materials on wards and in departments is decreasing.
- All Purchases for the year for any department or ward can be generated in a report on request.
- Wards and departments have increased communication by email to the Supplies Department and this is set to continue. Some wards have generated their own weekly requisitions in the form of a spreadsheet which is sent via email to Supplies stores.
- Quotations for major items of equipment are kept on file and this open competition ensures best value for money purchasing.

- Central Supplies Department is committed to continued involvement with new Hospital Development, and look forward to an integrated supplies solution and will be working with both the therapy and nurse planners. Have attended all meetings requested in connection with New Hospital Project.

TRAINING & EDUCATION

Attendance at Irish Healthcare Materials Management Association (IHMMMA) seminars throughout year. Also, attendance at Agresso Computer System Users Group meetings.

Participated in Personal Development programmes and team management programmes.

Completed the HSE on line personal development course.

TRANSITION+CHANGE

Central Supplies has been involved in the re-organisation of the Prosthetic Department's materials requirements for the future.

DISABLED DRIVERS MEDICAL BOARD OF APPEAL



DR. JACINTA MORGAN
CHAIRPERSON, DDMBA

SERVICE CONFIGURATION AND STAFFING

The Disabled Drivers Medical Board of Appeal (DDMBA) is an independent body set up by the Department of Finance in 1990 to review persons whose applications for the Primary Medical Certificate are unsuccessful at local level. 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, on the recommendation of the Minister of Health.

Currently there are 12 board members drawn from a variety of medical backgrounds, including Consultants in Rehabilitation Medicine, General Practitioners and one retired Consultant Orthopaedic Surgeon. They all share a long-standing professional knowledge of and keen interest in issues relating to physical disability and are committed to delivering a rigorous and fair assessment of appellants in their roles as board members.

The DDMBA was initially serviced by the National Rehabilitation Board (NRB). Following dissolution of the NRB, the National Rehabilitation Hospital provided accommodation for this service on their campus and the Board operated from the NRH between July 2000 and October 2004. It was re-constituted in April 2005 and chaired by Dr Patrick Murray until his retirement in February 2007.

The Medical Board of Appeal is now chaired by Dr Jacinta Morgan (a joint appointment with the Acquired Brain Injury Service at the NRH in 2006) and there is one administrator/secretary, Mrs Carol Leckie, appointed in May 2007. The new DDMBA database is fully operational and has greatly enhanced the efforts of the core Board members and administrator in clearing the historical backlog.

ACTIVITY

Rigorous enforcement of the 28-day appeal deadline has not stemmed the flow of appeals, which is currently in the order of 35 per month. Activity has stepped up with a recent increase in clinic frequency and numbers of appellants seen in each clinic. 420 new appeals were lodged in 2007; appointments were offered to 460 individuals, 313 of whom attended. Fewer than 20% were successful at appeal. By the end of 2007, the waiting time for appeal was in the order of two months, down from eight months at the beginning of the year.

FUTURE DEVELOPMENTS

We are in the process of refining and streamlining our procedures and literature, and are investigating the possibility of carrying out a couple of regional clinics in large centres outside Dublin.

THE NRH STAFF / MANAGEMENT PARTNERSHIP REPORT



MICHAEL KELLY
PARTNERSHIP FACILITATOR

The Health Service National Partnership forum was established out of the National agreements. The forum consists of equal numbers of union (12) and management (12) members. The Joint chairs of the forum are Martin Mc Donald A/National Director of HR at the HSE and Matt Merrigan of SIPTU. The HSNPF has responsibility to introduce the partnership process in the Health Service.

The NRH partnership was established in September 2002. The partnership committee has an equal number of management and staff representatives, they are:

- Vivieen Moffit, Physiotherapy Manager - IMPACT.
- Derek Greene, CEO
- Bernie Lee, Clinical Risk Manager
- Liam Whitty, Catering
- Fr Christy Burke
- Olive Keenan, A/HR Manager
- Mick Hammond, SIPTU
- Fran Moran, SIPTU
- Evelin Peenar, Risk Management
- Esther Fitzgerald, Nursing
- Carol White, Catering
- Stephanie Mac Darby, Nursing Management
- INO rep to be confirmed.
- Lesley Power (Secretary)

The partnership is currently working on the following projects:

- Staff Wellness (which is partly funded by the HSNPF and is a very successful project)
- Review of the hospital Staff Handbook
- Review of hospital Policies and Procedures.

The Partnership Committee is also involved in CARF accreditation. Dates for meetings in 2008 have been agreed and a review of the future role of Partnership will be reviewed in early 2008.

I would like to take this opportunity to thank all those involved in the Partnership process in the NRH and look forward to working with existing members and any new members who join our working groups.



National Rehabilitation Hospital

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