28th Annual Report

2008

National Rehabilitation Hospital

Under the care of the Sisters of Mercy

Working in Partnership with Patients and Families

NRH has been accredited by CARF for the Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP)

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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.

Patient Activity for 2008

	Admissions	Day Cases	Consultant Led Outpatient Activity
Brain Injury Non-Traumatic	106	281	232
Brain Injury Traumatic	147	160	308
Spinal Injury	188	24	525
Stroke Service	128	1	67
Prosthetic Service	117	87	2,567
Other Neurological	24	7	99
Other Non-Neurological	1	4	2
Radiology (X-Ray)			1,269
	711	**564**	**5,069**

In addition, Non-Consultant Led Outpatient Attendances = 6654

Working in Partnership with Patients and Families

When we started on our journey to reach CARF accreditation we never fully realised the hard work and effort that would be needed. Now that we have been accredited a special note of thanks must be paid to all involved in reaching this tremendous goal.

This report explains our activites and achievements in 2008 and sets out our vision for the future of our hospital.

Section 1

Chairman's Report

What a year 2008 has been for the National Rehabilitation Hospital, positive and negative – obtaining tenders to build a new hospital, having financial constraints which adversely affected services to patients, receiving CARF accreditation after a huge effort, not being represented in the arrangements for a national strategy on rehabilitation services, and to top it all – having our own Rose of Tralee.

Planning for the new 235 bed hospital to replace our existing antediluvian facilities continued apace during 2008. A very professional job was done on a public consultation phase in May prior to submitting for planning permission. Planning permission was granted in August and tenders were received in December 2008.

At a meeting on 12th December 2008 with Ms Mary Harney TD, Minister for Health and Children, a delegation from the Board made a strong case for proceeding with the building of the new hospital despite the worsening public finances. It was agreed to proceed with the examination of the tenders with a view to identifying the Most Economically Advantageous Tender. This process was completed on 20th March 2009 when, on behalf of the Board, I wrote to the Minister seeking support for accepting that tender and pressing ahead with the project. I pointed out to the Minister that there would be an average of 300 workers during the 3 year construction phase which could start as early as July 2009. And the cost to the State would be reduced as a result of VAT in the tender price and the PAYE / PRSI of these workers and the savings in Social Welfare.

I also pointed out (a) that there was no certainty that the tender price would be achieved in the future; (b) that there are significant costs involved in delaying the project; (c) that the capital cost in 2009 would be relatively small – less than €7m; and (d) that new facilities and additional beds would have a significant positive impact on patient care, and on our waiting lists, and would free up beds in the acute hospitals. At the time of writing, we are awaiting a response from the Minister.

In 2008, as in previous years, we were required by the HSE to operate the hospital within our financial allocation. This unfortunately required the continued closure of the 11 bed 5-day pre-discharge ward. However, with good management we have come in almost on budget, in fact an over-expenditure of €282K at year end which is less than one per cent on our gross expenditure of €33m. This is a marvellous achievement, particularly when superannuation outgoings for the year far exceeded superannuation income, and more than accounts for the overspend. As we act as an agent for the HSE / Department of Health in relation to superannuation, the HSE is supposed to fund any shortfall between income and expenditure under this heading, but did not do so.

After years of recommendations from the NRH, the Department and the HSE eventually established a Working Group in late 2008 to assist in the development of a *National Policy / Strategy for the Provision of Rehabilitation Services*. The advertisement, which appeared in the national press on 1st December 2008, seeking submissions, stated that the Working Group "includes key stakeholders and experts" to assist in the process. It is regrettable and inexplicable that the National Rehabilitation Hospital, which is a key stakeholder, was not invited to nominate a person to be a member of the Working Group. However, Dr Aine Carroll, Chair of the Medical Board of the hospital, was invited to be a member in a personal capacity, and the Group will have the benefit of her considerable expertise. In addition, the hospital made a substantial submission to the Working Group in January 2009.

But enough of this gloom and doom. There were many positive results in 2008. Our patients benefitted from the expertise of our dedicated staff at all levels. And the hospital achieved CARF accreditation during the year. CARF (Commission on Accreditation of Rehabilitation Facilities) accreditation has significant implications for the way in which we deliver our services. It requires moving from department-based provision to a system of care organised around programmes and teams. It also means 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. I know that CARF would not have been achieved without a tremendous amount of work by many people in the hospital. The CARF assessors were loud in their praise of many of the practices in the hospital, including the strong ethos which comes from the Sisters of Mercy and also the innovative Patient Advocacy service.

And in August 2008 we got our own Rose of Tralee. Aoife Kelly of our Occupational Therapy Department was crowned the 2008 Rose, and she returned to the hospital in triumph from Tralee to an enthusiastic welcome by patients and staff. Thank you Aoife for bringing a shining light of hope, while all around us the financial world was in chaos.

On behalf of the Board, I would like to thank all the staff for their dedicated service throughout the year. It is you who make a difference and bring hope to our patients. I would like to thank Chief Executive Derek Greene for his clear leadership throughout the year and indeed for the last 10 years since he joined the hospital as Chief Executive in January 1999.

And, as ever I would like to thank the Sisters of Mercy, and particularly Sister Peggy Collins, Provincial Leader, for their and her generous support throughout the year.

Finally I would like to thank the Board for their voluntary service throughout the year. There have been some changes – Dr Aine Carroll replaced Dr Nicola Ryall as Chair of the Medical Board, and consequently joined the Board in April 2008. Paula Bradley, who was the staff representative on the Board, retired in 2008 and will be replaced in 2009 by Maeve Nolan, Senior Clinical Psychologist. And John Dukes resigned in July 2008 to return to his native Kerry and was replaced in January 2009 by Dr Christine Murphy. I would like to thank Nicola, Paula and John for their significant service and contribution, and to welcome Aine, Christine and Maeve.

The Board was included in the CARF accreditation in 2008. This was not an essential requirement for accreditation of the hospital, but the Board rightly felt that it should be subjected to the same level of assessment as the rest of the hospital. And that is as it should be.

Henry Murdoch
Chairman

Section 1

Chief Executive's Report

Once again it gives me great pleasure to introduce the hospital's annual report for 2008. I am conscious in writing this introduction that last year marked huge achievements for the hospital as a number of major projects reached key milestones, yet at the time of writing this report in early 2009, so much has changed for the health service due to the rapidly deteriorating public finances which has had widespread implications for employment, the ability to provide public services at expected levels and the growing need for patients to access healthcare.

Our hospital has a tremendous track record in rising to meet challenges, and this skill and determination will be tested fully as we move further into 2009. Looking to the future, the hospital will need all its innovative and creative skills to combat the very serious problems which lie ahead. We will need to review all of the services we provide and develop new and innovative ways of delivering them, underpinned by new working arrangements, which will deliver more cost effective and efficient services to our patients.

As I stated earlier, 2008 was a momentous year for the hospital, as after much hard work by all we achieved a full three year accreditation (the highest possible standard) for our Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP). We also successfully concluded the tendering stage of the New Hospital Project which we expect to have fully evaluated early in 2009 with a view to obtaining the approval of the HSE and Minister to appoint the Most Economically Advantageous Tenderer to build our new hospital. We hope that building work can commence on site in the latter part of 2009.

In 2008 the hospital developed a very comprehensive internal and external communications structure, systems and processes which has helped to revolumise the ways in which we communicate with our staff, patients and families, and external agencies and services. All of these projects necessitated significant investment in time and energy for staff at all levels throughout the hospital and for their input and expertise we are most grateful. These significant initiatives come at a time when we said farewell to many long serving staff whose expertise will be missed; their baton has been taken up by a new generation of our staff who will carry their good work forward.

In the National Rehabilitation Hospital, we are extremely fortunate to have a highly motivated and skilled staff working with us who are resilient, creative and flexible and who work tirelessly to improve the quality of care and quality of life for our patients, so thank you for your work and the contribution you make to the hospital and to our patients.

With the down-turn in the economy, the level of funding the hospital received in 2008 necessitated that we close a number of inpatient beds. The decision to close beds was only taken after much consideration and investigation. To minimise the impact of the reduction in funding, we put in place a comprehensive cost containment programme to minimise overspend. However, despite our good work, the hospital had a €282,000 deficit at year end, primarily as a consequence of unfunded superannuation benefits and lump sum payments that the hospital made to retiring staff which heretofore were fully funded by the HSE. Last year this arrangement changed due to economic conditions and this led to the hospital's end of year deficit. Nevertheless, given the budgeting position and our allocation, the hospital performed admirably, thanks to astute management by our Finance team we minimised our overspend to less than 1% over budget.

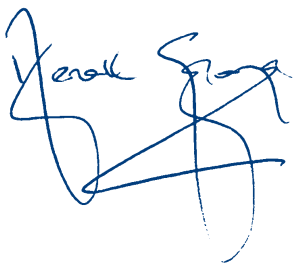
The hospital can and should be proud of its achievements in 2008 when all circumstances are taken into account. We have kept true to the Sisters of Mercy Ethos of caring for the marginalised by providing high quality person centred services to our patients. We should never forget their ethos and the legacy that the Sisters of Mercy have left to healthcare in Ireland and we should be proud to carry their reputation, ethos and standards forward as a Catholic Healthcare Institution.

We believe that CARF will support this process by providing the organisational operational framework to facilitate the delivery of high quality services and that our New Hospital will provide the enhanced built environment from which services can be delivered. Our new communications system will provide the vehicle by which learning and information can be spread and garnered. So hopefully all will augur well for the future.

Last year saw an increased demand for our services and it is unfortunate to have to report that the problem of delayed discharges from our services to appropriate services onwards became a very significant problem for us. This greatly hinders our ability to admit patients on a timely basis. Hopefully the calls for submission to the New National Rehabilitation Strategy, which are due to be received in early 2009 will lead to innovative solutions be put in place to solve this complex and serious problem, and that a comprehensive integrated medical rehabilitation plan for Ireland will be developed, as the hospital has sought and advocated for over the last seven or eight years.

It is clear when you read our report that a number of serious and critical decisions had to be taken throughout 2008 and we are extremely fortunate to have a Chairman and a Board who fully support all that the hospital does and work tirelessly in pursuance of developing the hospital as a centre of excellence in Medical Rehabilitation. So thank you for all your support.

In closing, I would ask you to reflect upon our patients, many who have arrived in the hospital having suffered catastrophic life altering illness or accidents. We see them display real, human courage every day as they embark on the road to recovery. Whether at a point in time there are reduced levels of funding available to the health service as a consequence of the economic situation, individual patient courage must spur us on to ensuring that we do all in our power to protect the highly valuable services we provide to them. We must never forget that healthcare provision is all about people and our patients must be at the centre of any decision we take.



Derek Greene
Chief Executive Officer

National Rehabilitation Hospital

Board of Management

Mr Henry Murdoch
Chairman

Dr Áine Carroll

Mr John Dukes
to July '08

Mr Barry Dunlea

Mr Kieran Fleck

Dr Tom Gregg

Sr Maura Hanly

Ms. Eilish Macklin

Sr Aileen McCarthy

Mr Brian McNamara

Mr Paul McNeive

Ms. Paula Bradley
to June '08

Mr Arthur O'Daly

Mr Dermot O'Flynn

Mr Martin Walsh

National Rehabilitation Hospital

Committees – 2008

Board of Management

Mr Henry Murdoch
Chairman

Dr Áine Carroll

Mr John Dukes
to July '08

Mr Barry Dunlea

Mr Kieran Fleck

Dr Tom Gregg

Sr Maura Hanly

Ms. Eilish Macklin

Sr Aileen McCarthy

Mr Brian McNamara

Mr Paul McNeive

Ms. Paula Bradley
to June '08

Mr Arthur O'Daly

Mr Dermot O'Flynn

Mr Martin Walsh

Executive Committee

Mr Derek Greene, Chairman

Dr Áine Carroll

Dr Simone Carton

Mr Gerry Coyle

Mr Patrick Cribbin
to June '08

Dr Mark Delargy

Mr Sam Dunwoody

Ms Olive Keenan

Ms Bernadette Lee
from Nov.'08

Ms Eilish Macklin

Dr Jacinta McElligott

Mr John Payne
to August '08

Mr Keith Wilton

Ethics Committee

Mr Kieran Fleck, Chairman

Fr Christy Burke

Dr Áine Carroll

Dr Simone Carton

Mr Patrick Cribbin
to June '08

Mr Derek Greene

Sr Maura Hanly

Ms Bernadette Lee

Ms Eilish Macklin

Dr Christine Murphy

Mr Arthur O'Daly

Mr Dermot O'Flynn

Ms Pauline Sheils

Mr Keith Wilton
from October '08

Medical Board

Dr Áine Carroll
Chairperson

Dr Mark Delargy
Secretary

Mr Robert Flynn

Dr Andrew Hanrahan
Locum

Dr Hugh Monaghan

Dr Jacinta Morgan
from February '08

Dr Manus McCaughey

Dr Jacinta McElligott

Dr Brian McGlone

Dr Tom Owens

Mr Ashley Poynton

Mr Keith Synnott

Patients Forum

Mr Brian Kerr
Chairman

Patients

Ms Maryrose Barrington

Ms Angela Brown
Minute Taker

Ms Joan Carthy

Ms Mary Donagher
to March '08

Ms Catherine Gibson
from March '08
to Sepember '08

Mr Eugene Roe

Ms Pauline Sheehan

Finance & General Purpose Committee

Mr Henry Murdoch
Chairman

Mr Barry Dunlea

Mr Sam Dunwoody

Mr Derek Greene

Ms Eilish Macklin

Mr Arthur O'Daly

Project Team (NRH Staff Members)

Mr Derek Greene

Ms Siobhán Bonham

Dr Áine Carroll

Mr Gerry Coyle

Mr Patrick Cribbin
to June '08

Dr Mark Delargy

Mr Sam Dunwoody

Mr Donal Farrell

Ms Lisa Held

Ms Eilish Macklin

Mr Brian McNamara
NRH Board

Ms Vivienne Moffitt

Ms Colette Myler

Ms Valerie O'Shea

Ms Lesley Power
Secretary

Audit Committee

Mr Barry Dunlea
Chairman

Mr Arthur O'Daly

Mr Martin Walsh

Nomination Committee

Sr Maura Hanly
Chairperson

Mr Derek Greene

Mr Henry Murdoch

Section 1

A year in pictures

2008

What a year 2008 has been for the National Rehabilitation Hospital, positive and negative – obtaining tenders to build a new hospital, having financial constraints which adversely affected services to patients, receiving CARF accreditation after a huge effort and to top it all – having our own Rose of Tralee.

The New Hospital Project made significant progress in 2008. The Project is currently on target, with some elements of the programme having been successfully completed throughout the year. Full planning permission for the New Hospital was granted in August 2008.

A number of parents and families of the children and adolescents attending the NRH continue, in the midst of caring for the changed needs of their child and wider family, to organise and raise funds for the NRH. This year we have been additonally fortunate to have had significant funds donated by Nicky Harris and her family and friends. Nicky is commited to the NRH and to raising funds for young people with special needs as a result of an ABI.

Barry Thornton, Marketing & Advertising Manager at Fastfit, Naas Road and Mr Colm Conyngham, Marketing Manager at Bridgestone Ireland Ltd, raised €3,266.50, through conducting Road Safety Checks.

Fanchea McCourt, Education Co-ordinator (Nursing) visited the Spinal Cord Injury Hospital in Nepal to lecture on Spinal cord injury to Nurses in August 2008. Fanchea returned in November for the opening of the new purpose built Hospital in Benepa, Nepal to assist nursing staff to settle into the New Hospital. Both visits were supported by John Grooms Organisation. NRH staff donated a very generous €1,365 to buy some beds for the new hospital. This which was increased by Fanchea's family to €2,000.

A big thank you to all who donated money to the collection.

Maria Tyrell raised €2,312, from this year's Dublin City Marathon

Left to Right: Annette Hynes, President Bray Soroptimists Club, Kay Brophy, Soroptimists' National President, Vivienne Moffitt, Physiotherapy Manager NRH, Denise Holland, Bray Soroptimists Club, Derek Greene, CEO NRH, Mary Doyle Bray Soroptimists Club

Patients at the National Rehabilitation Hospital in Dun Laoghaire are benefiting enormously from much needed therapy equipment purchased with the proceeds from fundraising events organised on a national basis by the Soroptimists Society of Ireland.

Pictured Above: CEO, Derek Greene, Physiotherapy Manager, Vivienne Moffitt and Senior Physiotherapist Rosie Kelly welcomed members of the Soroptimists Society of Ireland to view the donated equipment in the Physiotherapy Department at NRH.

Janek Labno from the Catering Department Graduating from the SKILL Programme in 2008, pictured with Liam Whitty, Catering Manager.

Well done to the 37 Catering and Healthcare Assistant Staff who graduated from the one-day Introduction to Computers Course, which was generously funded by SIPTU and facilitated by the NRH. The course delivered by an in-house trainer, Ray Messitt, Healthcare Assistant who has a Teachers Diploma in ICT (JEB Certified).

The Graduation Ceremony for the course took place on the 18th September '08. Congratulations to all who participated on the course.

"In August 2008, Aoife Kelly of our Occupational Therapy Department was crowned Rose of Tralee. She returned to the hospital from Tralee to an enthusiastic welcome by patients and staff. Thank you Aoife for bringing a shining light of hope, while all around us the financial world was in chaos".
Henry Murdoch, Chairman

Valerie Twomey was appointed Brain Injury Programme Manager in 2008.

The Ronald McDonald House Charity (RMHC) of Ireland donated over T70,000 to the Children-s Playground Project which was officially opened in July 2008 by Miriam O-Callaghan of RTE. Barry Andrews, Minister of State for Children and Mary Hanafin, Minister for Social and Family Affairs were also present. Our thanks once again to the RMHC for providing this wonderful facility for the children attending the Paediatric service at NRH.

Past patient, Ciarán Cronan, completed the Dublin City Marathon in October 2008. He managed to raise €4,270 for the NRH in sponsorship.

Pictured: Ciáran Cronin (left) & Keith Wilton, Deputy CEO (right)

Members of an Garda Siochana and Speech & Language Therapy Staff organised a St Valentine's Fundraising Ball for the SLT Department. The event raised E25,000 and the funds were used to host Talk Tools courses. Many thanks to Niamh O'Donovan for her dedication in organising the event.

In December, Staff from all Services across the hospital joined forces to compete in "NRH's Got Talent". The main organisers were were: Claire Meaney, Anne O'Loughlin and Mary Dockery. Claire and Eugene Roe were Hosts on the night and the Judges were Donal Louis-Walsh Farrell, Pauline Sharon-O Treacy, and John Simon-Cowell Weiss. The worthy winner was Fiona Maye, Acting DON. An excellent night of entertainment was enjoyed by all – ending the year on a high note, fitting for the extraordinary year that it was. The proceeds of the DVD produced of the night were donated towards recreational equipment for the patients at NRH.

Section 1

Finance Report

At the beginning of 2008, the HSE advised that the opening allocation for the current year was set at €27.729m. We received additional funding of €0.072m during the year in support of the National SKILLs training project, which resulted in a final allocation of €27.801m.

Our cumulative overrun at the end of the previous year (2007) of €0.003m is treated as our first charge on expenditure in our 2008 accounts. In summary, the total net expenditure incurred in 2008 was €28.083 million, which resulted in a cumulative overrun of €0.282m for the year – this represents a deficit of 1% on net expenditure and a major increase of €279,000 on the 2007 year end deficit.

A summary of the 2008 Revenue Income & Expenditure Account is as follows:

	Budget 2008 €000	Actual 2008 €000	Variance €000	Actual 2007 €000
Pay Expenditure	24,837	25,188	351	23,152
Non-Pay Expenditure	7,739	8,294	555	8,046
Gross Expenditure	32,576	33,482	906	31,198
Less Income Receipts	4,775	5,399	-624	4,818
Net Expenditure	27,801	28,083	282	26,380
HSE Revenue Allocation	27,801	27,801		26,377
Accumulated Deficit		282		3

Income and Expenditure Account

Pay costs increased from €23.152m to €25.188m – an increase of 8.8% mainly due to the additional cost associated with staff retirements and approved pay awards. There was an overrun of €351,000 on projected budget expenditure, again largely as a result of costs associated with staff retirements during 2008. Following the recruitment embargo by the HSE, the cost of agency cover in 2008 also contributed to the higher expenditure reported and the related overrun in pay expenditure.

Non-Pay expenditure increased by 3.1% over 2007, showing a negative variance on Budget. This can be attributed to the increased cost of Drugs and Medicines, Heat, Power and Light as well as Contract Cleaning and Security. We also had an overrun of circa €100,000 relating to Artificial Limbs and Orthotics services which was offset by higher income receipts from sales.

2008 saw income receipts increased by €0.581m (12.1 %) on the previous year. The main areas of increased income to note were related to the 87% increase in RTA income and funding associated to research grants income from the HRB of €88,950, POBAL EDS funding of €253,265, grant aid from the National Medical Rehabilitation Trust Ltd of €80,390 and increased income from superannuation deductions all contributed to the higher level of income generated in 2008. Due to this year's level of HSE revenue funding, projects such as hospital maintenance and the replacement/purchase of equipment were postponed/ delayed until funding becomes available.

HSE Capital Grants

Capital Funding approved during 2008 was as follows:

	2008 €	2007 €
Minor Capital Project – New Hospital Project	4,957,934	1,437,589
Minor Capital – Equipment	400,000	–
Minor Capital – Physical & Sensory Disabilities	–	400,000
Minor Capital – Prototype Single Rooms with on-suite	–	350,000
Information & Communications Technology (ICT) – New Financials/Agresso upgrade	–	19,553
Fire Prevention Upgrade	252,992	–
	5,410,926	2,207,112

Developments

We continued to receive Capital funding for the New Hospital Project, and this project has now progressed past planning and tender stages an is now awaiting approval to appoint a contractor for the Building programme from the HSE. We also received capital grants in support of the replacement of medical and therapy treatment equipment and for Fire prevention upgrading works which will continue into 2009.

As part of improving business practice, the Finance department undertook a review of financial policies, practice and procedures and implemented changes to improve the operating standard in line with CARF approved standards.

Sam Dunwoody
Financial Controller

Section 1

Medical Board Report

I was privileged to take over as Chair of the Medical Board in 2008 and would like to take this opportunity on behalf of my colleagues to thank Dr Ryall for her hard work and dedication during her tenure as Chair.

2008 was another busy year for the Medical Board and Executive. Despite the current bed closures, there were 711 admissions (128 of which were stroke patients) and a significant increase in the number of outpatients assessed, which reflects the dedication and resolve of all the staff here at the NRH, despite difficult financial times, and on behalf of my colleagues, I would like to thank all staff for their continued hard work in 2008.

New Appointments

Dr McElligott provided medical direction leadership for the Comprehensive Integrated Inpatient Rehabilitation Programme) CIRRP programme which achieved 3 year CARF accreditation in 2008. The details of the accreditation process are expanded elsewhere in this Annual Report.

We secured another Specialist Registrar position which is a welcome addition to the NCHD complement which now numbers nine; three Specialist Registrars, one Registrar and five Senior House Officers (SHOs).

The Medical Board welcomed Dr Andrew Hanrahan to the NRH in early July 2008 as locum for Dr Nicola Ryall. Dr Hanrahan completed his Rehabilitation Medicine training in the Oxford Deanery, UK in March 2008 and has been very actively involved in Hospital activities since he joined us.

We continue to enjoy the ongoing support of our colleagues in the specialties of Urology, Orthopaedics, Plastic Surgery, Psychiatry, Anaesthetics, Dentistry, Radiology and Orthoptics.

Clinical Governance

The Medical Board was very active in Clinical Governance during 2008. The Medical Board hold quarterly Peer Review meetings and Dr Jacinta Morgan carried out a Root Cause Analysis for *Clostridium Difficile* associated diarrhoea (CDAD), which provided recommendations for reducing the incidence of CAD in the NRH.

The Warfarin audit was repeated to close the audit loop and this tool will be repeated at intervals.

Strategic Developments

Members of the Medical Board have been very involved in Strategic developments in 2008.

Dr Mark Delargy is a Member of the Cardiovascular Strategy implementation group for the Department of Health and Children and is Vice Chair of the Irish Heart Foundation Council on Stroke. Dr Delargy is also a member of a committee on 'Future Service Delivery for People with Acquired Brain Injury in HSE Dublin North East' 2008/9, and is on the Irish Heart Foundation Stroke Review Group for publication of the National Audit of Stroke Care, April 2008.

The Admitting Consultants at NRH

Dr Áine Carroll
Chair, NRH Medical Board

Dr Mark Delargy

Dr Nicola Ryall

Dr Hugh Monaghan

Dr Jacinta McElligott

Dr Jacinta Morgan

Dr Manus McCaughey

Dr Andrew Hanrahan

Dr Jacinta Morgan is also a member of a committee on 'Future Service Delivery for People with Acquired Brain Injury in HSE Dublin North East' 2008/9, and is also actively involved in the Irish Heart Foundation Council on Stroke. Dr Morgan is lead on the Rehabilitation subgroup of the Stroke National Guidelines and Standards meeting which will be held in April 2009. Dr Morgan was one of three invited experts appointed to independently review services for Traumatic Brain Injury patients in Northern Ireland in 2008. This Report and 3-year strategy for service improvement has just been published online:
http://www.dhsspsni.gov.uk/showconsultations?txtid=34865

Dr Áine Carroll is currently on a Working Group for the development of a National Strategy for Rehabilitation, the results of which should be published later this year.

Dr Carroll is also one of three Irish Association of Rehabilitation Medicine (IARM) representatives on the Irish Heart Foundation Council on Stroke.

Dr Manus McCaughey, Dr Andrew Hanrahan, Dr Cara Mc Donagh and Dr Hugh Monaghan were involved in the subgroups looking at Spinal Cord Injury, Prosthetics, and Cerebral Palsy respectively.

Closer to home, Dr Delargy and Dr Morgan are both on the NRH at Beaumont development committee and Dr Delargy and Dr Carroll represent the NRH Medical Board on the New Hospital Project Team. The New Hospital Project continued to progress and in December, a representative group from the Hospital Board, including Dr Carroll, met with the Minister for Health and Children to advise the Minister on the importance of the Project for the welfare of the people we serve.

Dr Hanrahan has been the Consultant lead on a Falls Prevention and Management Strategy for the NRH in the light of the recently published Draft Guidelines to the HSE by the Dublin Hospitals Group Risk Management Forum.

Dr McCaughey has been active in the CPR committee and has been organising in-house scenario training.

International Matters

Dr Jacinta McElligott and Dr Morgan have been appointed to the Union of European Medical Specialists (UEMS) which represents the National Associations of Medical Specialists in the European Union and its associated countries.

The UEMS are involved in developing standards and policies in the key areas of postgraduate training; continuing medical education and professional development, and quality assurance in specialist practice.

Section 1

Medical Board Report

Undergraduate and Postgraduate Education

All Medical Board members have been busy with teaching the UCD 3rd year medical students and we welcomed Damian Townsend, a final year medical student from Australia in the summer.

Dr Ryall and Dr Carroll are now Senior Clinical Lecturers for UCD and participate in the final Medical Examinations in St. Vincent's University Hospital.

Dr McElligott has a Clinical Associate Professor attachment to the Department of Physical and Rehabilitation Medicine at East Carolina University in North Carolina and developed a clinical rotation for residents in PM&R (Physical Medicine and Rehabilitation) in 2008. Mayisha Dunham, from East Carolina University spent a month at NRH and Peamount studying the care and management of profound brain injury in Ireland.

All Consultants continue to be actively involved in Specialist Registrar supervision, NCHD teaching programmes and medical student teaching and assessments.

Dr Morgan is an examiner for both the Irish and UK Royal Colleges' Postgraduate Diplomas, MRCPI and MRCP (UK) respectively, and is also in the process of completing a Masters in Healthcare Ethics and Law at the RCSI.

Service Developments

It was a disappointment that none of the service developments previously submitted to the HSE were funded once again in 2008. However, the Medical Board will continue to be involved in making the case for service development across the programmes despite the financial downturn.

Academic Activity

PRESENTATIONS

Dr Mark Delargy presented on Rehabilitation for the Neurological Alliance of Ireland - 'The Rehabilitation and Long Term Management of Neurological Conditions in Ireland', in December 2008. He also presented for BRI - 'Headfirst - Mind your Brain' in November. Dr Delargy was Chair for the research presentation session at IARM Belfast in October 2008, at which the "Neurobehavioural Clinic at NRH Audit" (Carton S., Clune M., O Donnell AM., O Driscoll K., Delargy M.,) was presented.

Dr Jacinta Morgan presented on "Predicting and Optimising Functional Outcome after Stroke" at The Dublin Stroke Symposium in February 2008 at the Royal College of Surgeons in Ireland (RCSI).

Dr Hanrahan has presented two Medical Grand rounds at St. Vincent's University Hospital on the Permanent Vegetative States and Complex Neuro-rehabilitation in Wilson's disease.

Dr Jacinta McElligott did several presentations in 2008 included Capitalising and Leveraging Diversity in PM&R at the AAPMR (American Association of Physical Medicine and Rehabilitation) Annual General Meeting in San Diego in November and Dr McElligott provided Registrar supervision for abstracts presented by Dr Mei Min Soong and Pat Keane (Pharmacist), on "Warfarin Audit at the National Rehabilitation Hospital". Drs Claire Smith and Eugene Wallace also presented "Rehabilitation Management of Severe Multiple Contractures" at the Irish Association of Rehabilitation Medicine Annual general meeting in Belfast, October 2008.

Dr Áine Carroll presented on "The Multidisciplinary Management of Spasticity" at the Care of the Elderly Study Day in St. Vincent's University Hospital, Dublin in February and on "Rehabilitation and Parkinson's Disease" at the Parkinson's Patient Information Update in April.

Dr Carroll also worked with Dr Eimear Smith and Dr Mei Min Soong respectively on "Prevalence of Low Bone Mineral Density in Patients at a National Rehabilitation Centre" presented in May 2008 to the Society for Research in Rehabilitation, Oxford, and a Poster Presentation on "Cerebral Venous Thrombosis" was made to the Spring meeting of the Association of British Neurologists, Dublin.

Dr Smith presented "A Study of Bone Mineral Density in Disabled Adults at a National Rehabilitation Hospital" at the European Congress of Physical Medicine & Rehabilitation, Brugge.

Dr Mei Min Soong presented a poster on "Cerebral Venous Thrombosis" at the Irish Association of Rehabilitation Medicine in Belfast in October.

Congratulations to Dr Éimear Smith whose platform presentation "A Study of Bone Mineral Density in Disabled Adults at a National Rehabilitation Hospital" won 1st Prize at the Irish Association of Rehabilitation Medicine, Belfast.

PUBLICATIONS

Dr Mark Delargy:

Factors influencing discharge placement in Locked in Syndrome survivors, Smith E., Regan M, Delargy M: IMJ 2008;101(4):112-6.

Editorial: **Persons with acquired brain injury: a disabled diaspora**, O Neill C, Delargy M, Mc Inerney C: Ir J Psych Med 2008;25(2) 38-39.

Dr Áine Carroll:

Carroll Á. Book Chapter: The use of Botulinum Toxin in Neck and Back Pain. In: The Clinical Use of Botulinum Toxins. Editors: Michael P Barnes MD FRCP & Anthony B Ward BSc MB ChB FRCP (Lon) FRCP (Ed): Publishers: Cambridge University Press, 2008.

Smith, E., Carroll Á., **Bone Mineral Density in Patients with Disabilities due to Acquired Non-traumatic Brain Injury**. Abstract Published *Clinical Rehabilitation*. 2008; 22:86-94

Mei Min Soong, Carroll Á., **Cerebral Venous Thrombosis presenting as a Complication of Inflammatory Bowel Disease**. Ir J Med Sci. 2008 Jul 16.

Smith, E., Carroll Á., **Prevalence of Low Bone Mineral Density in Patients at a National Rehabilitation Hospital**, Clin Rehabil 2008 22;9:859.

Carroll Á., Barnes M., Comiskey C., **A Prospective Randomized Controlled Study of the role of Botulinum Toxin in Whiplash-associated Disorder**. Clin Rehabil 2008 Jun;22(6):513-9.

I would like to thank the members of the Medical Board and the Medical Administrator, Anne Rankin for their support and assistance to me during my first year as Chair of the Medical Board.

Dr Áine Carroll
MB, BCh MD MRCP(Ed), FRCP
Chairperson, NRH Medical Board

"Every day you may make progress.
Every step may be fruitful
Yet there will stretch out
before you an ever-lengthening,
ever-ascending, ever-improving path
You know you will never get
to the end of the journey
But this, so far from discouraging,
only adds to the joy and glory of
the climb"

Winston Churchill

Section 1

The New Hospital Project

We are pleased to report that the New Hospital Project made significant progress during 2008. This resulted in it being a very busy year for the Health Planning Team and the New Hospital Project Team. The project is currently on programme, with some elements of the critical path having been successfully accelerated throughout the year.

The Health Planning Team and the End Users have been involved in many aspects of developing the design and background documentation to progress the project. The following is a list of some of the significant outcomes achieved over the past year:

- Review, update and sign-off of operational policies by 47 End User Groups.
- Development of an Activity Data Base (ADB System) to reflect current equipment requirements for each and every room.
- Development of approximately 130 "exemplar" room layouts detailing the most critical room types.
- Set up of an equipment catalogue library in the Project Office, Unit 5. The Library is available to all hospital staff by prior arrangement with the Health Planning Team.
- Trialling and evaluation of equipment through out the hospital. Fiona Marsh, CNM11, St. Margarets / St. Joseph's ward carried out a nursing equipment trials co-ordinator post one day a week over a six month period from June to December 2008. This position was very successful in trialling equipment and recording feedback from both staff and patients. Specifications for many Group One (fixed) items of equipment were written and included in the tender package. It is planned that a therapy equipment trials co-ordinator will be in post in early 2009 to begin this process for therapy equipment.

Milestones

The team, led by Senior Hospital Management and the Project Manager, achieved numerous major milestones in 2008. This success places the hospital in a key position towards realising the objective of a new world class rehabilitation facility. The milestones achieved within the last year include:

- Completion of the Stage 3 design – April 2008
- Submission of planning application – May 2008
- Granting of planning permission – August 2008
- Pre-qualification to shortlist contractors for tendering – July-August 2008
- Tender documentation released to shortlisted contractors – September 2008
- Receipt of Tenders – December 2008
- Tender Evaluation – ongoing.

Project Structure

The Health Planning Team

The Health Planning Team is responsible for liaising directly with the End Users and developing the design and equipment requirements for the New Hospital in conjunction with the Design Team. The Health Planning Team members are:-

- Lisa Held, Therapy Planner & Health Planning Team Leader
- Siobhán Bonham, Nurse Planner
- Colette Myler, Equipping Officer
- Lesley Power, Project Administrator (Monika Hofmann providing maternity leave cover).

The Health Planning Team works closely on a daily basis with the Project Manager, Christopher Mullins of Cyril Sweett.

The Core Group
The Core Group is chaired by the Project Manager and includes the members of the Health Planning Team, representatives from Nursing, Therapy, Medical, Technical Services, Finance and Management. The aim of the Core Group is to ensure that the hospital's operational needs and requirements are represented in the planning and design of the new hospital. The Core Group must take decisions in relation to major aspects which will impact on the operation and function of the finished new hospital.

The Project Team
The Project Team, chaired by the Project Manager, comprises of NRH team members and executive management, as well as HSE representatives. The Project Team is primarily an executive group with responsibility for all policy decisions relating to the project development. Ultimately, this group reports to the NRH Board.

The Health Planning Team has continued to forge a strong working relationship with the Design Team in 2008.

The Design Team consists of staff from the following companies:

- Murray O Laoire / Brian O Connell – Architects
- Michael Punch and Partners – Civil and Structural Engineers
- Davis Langdon PKS – Quantity Surveyors.
- Varming Consulting Engineers – Mechanical and Electrical Engineers

Additional Expert Advisors

During the design process, we have availed of significant specialist input to ensure that the hospital design reflects international best practice and our specific user requirements. Some of the most influential and difficult decisions in relation to the hospital design have been made after receiving key advice from the following representatives and departments:

Biomedical Engineering – Advice on the Biomedical Engineering Department of the New Hospital and on other technical issues was kindly provided by staff from St. Vincent's University Hospital and UCD.

Infection control – Our Infection Control Nurse, Rosaleen Clarke provided ongoing advice and input on infection control issues including floor finishes, equipment, sanitary ware and room layouts. The Hospital has also sought external infection control consultancy advice to ensure the design proposals reflect the latest infection control standards and best practice.

Catering Consultants – Our catering team, led by Liam Whitty and Paul Enright, were involved extensively with the design of the new catering area. They further enlisted the assistance of an external catering consultant, whose advice centred on the area layout, equipment specifications and legislative requirements for the Catering Service in the New Hospital.

Accessibility Consultant – An independent appraisal of the plans was carried out to review the accessibility of the design proposals and validate same. The consultant made some useful recommendations in relation to improvements in accessibility which were incorporated into the design. This approach proved a very useful learning and validating exercise.

Radiology – The complex development of the Radiology Department design was progressed through the extensive input of Dr Brian McGlone and Maeve Harkness with additional input from Colette Myler. Dr Michael Casey of St. Vincent's University Hospital provided advice on Radiological protection issues for the New Hospital.

Dental – Our dental team, led by Mr David Clarke and Mr Alastair Boles where involved with planning and designing the new HSE Dental Department that will be part of the New Hospital. Dr Geraldine O Reilly and Ms Aoife Gallagher of St. James's Hospital provided advice on the Radiological protection issues relating to the new dental suites.

Technical Services – The NRH Technical Services Department, led by Gerry Coyle and Donal Farrell, have been heavily involved in the mechanical and electrical elements of the design and have worked closely with our mechanical and electrical engineers in identifying appropriate solutions to meet our practical requirements in many different and critical areas.

Thank you!

The Health Planning Team would like to extend their thanks to all involved in the project for their valuable input to date. The New Hospital will represent the best in rehabilitative services drawing upon the expertise of staff and influenced by lessons learned at other leading rehabilitation hospitals across the world. The project presents an opportunity for staff and patients to make an important contribution to how services are planned and provided in the new hospital.

The Team will continue to update staff and patients on the progress of the project.

Lisa Held
Health Planning Team Leader

Section 2

NRH Rehabilitation Programmes

Accreditation of the Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP) including Business Practices

2008 was beyond doubt a very significant year for the National Rehabilitation Hospital with the achievement of accreditation for the Inpatient Programme for a period of three years.

The accreditation was awarded by CARF (the Commission for Accreditation of Rehabilitation Facilities), for the Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP). This was an important first step on the path to speciality accreditation for the four programmes at NRH delivered under the CIIRP umbrella, namely:

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

The accreditation awarded by CARF is an organisation-wide accreditation and was achieved with the dedication and commitment of all the current staff. and on the foundation of the National Rehabilitation Hospital's history of delivering a Complex Specialised Rehabilitation Service (CSRS) to the national population for over 45 years.

Seeking accreditation was a way forward for the NRH to join an international group of facilities in delivering excellence in rehabilitation services. It was a way of meeting the challenge of achieving an objective assessment of our services against internationally agreed standards. The commendations from the surveyors and congratulations received from some facilities in the USA recognised the fact that there was no urgency or external demand for the NRH to seek accreditation, other than the desire to continue to develop excellence in the services offered to the persons served. Achieving CARF accreditation is regarded by the NRH as a continuous process rather than as a single event achievement.

The Survey Report noted:

'The mission and values of the organisation are clearly the foundation for all services and programmes. Systems are in place to ensure that the mission and values drive the planning and decision making of the organisation. Leadership is active and strategic in establishing systems and practices that integrate the core values into all aspects of operations and ensure the healthcare ministry of the Sisters of Mercy continues into the future'

Section 2

NRH Rehabilitation Programmes

Services offered within the Programmes at NRH to meet the rehabilitation needs of patients may include:

- Activities of Daily Living training
- Assistive technology
- Audiology screening
- Cognitive rehabilitation
- Communication assessment and intervention
- Coping and adjustment to disability
- Dental services
- Driving and community transport assessments and training
- Dysphagia assessment and management
- Schooling for paediatric patients
- Family and caregiver training and education
- Fitness and Sports
- Hydrotherapy
- Independent living assessment
- Information regarding entitlements & services
- Medical management
- Mobility training
- Neuropsychological assessment
- Nutritional counselling and management
- Orthopaedic assessment
- Orthotics and splinting
- Pastoral and spiritual services
- Patient Advocacy Service
- Patient and family support system counselling
- Pharmaceutical care
- Plastic surgery
- Podiatry/Chiropody
- Prosthetic assessment and rehabilitation
- Psychiatric assessment
- Psychological assessment and psychotherapy
- Psychosocial assessment and intervention
- Radiology Services
- Rehabilitation nursing
- Relaxation and Stress management
- Respiratory therapy
- Safety awareness and training
- Sexuality & fertility counselling
- Skincare training
- Smoking cessation counselling
- Urology service
- Vocational assessment and counselling

If additional services are required and are not available on site at NRH, the Programmes facilitates referral to the appropriate ancillary services.

Examples of these ancillary services include:

- Fibreoptic Endoscopic Examination of Swallow (FEES)
- Neurology
- Optician
- Substance abuse counselling
- Videofluoroscopic swallowing evaluation

The Interdisciplinary Treating Team

Across all Programmes, the Treating Team is made up of rehabilitation specialists from a range of healthcare disciplines. The composition of the Interdisciplinary Team for each person served is determined by the assessment of the persons' individual medical and rehabilitation needs. The team work in partnership with Patients and their families to help them achieve their individual rehabilitation your goals.

The work of the Inpatient (CIIRP) Programme is supported by the NRH CARF Committee which consists of Programme Managers and representatives from Heads of Therapy, Nursing, Risk Management, Consultants, Patient Services, Finance, HR, Rehabilitative Training Unit, Communications, and both the CEO and Deputy CEO offices.

Particular thanks goes to the CARF Committee and also to the members of working groups formed pre and post-accreditation survey to address ongoing quality service developments.

Education, Training and Development

INTERNAL EDUCATION & TRAINING

Each Department / Service within NRH manages training and up-skilling for staff in their area, including Continuing Professional Development. Senior staff and management from across all Departments participated in the delivery of mandatory training on an ongoing basis during 2008, for example, Staff Induction; Strategies in Crisis Intervention and Prevention (SCIP) incorporating non-violent Crisis Prevention Intervention (CPI); Fire Safety, and in addition, CPR; Moving and Handling; Dignity at Work, and Department specific in-service training programmes.

EXTERNAL EDUCATION & TRAINING

The NRH also has an extensive education and research mandate and is actively engaged in the provision of education programmes for local and regional providers of healthcare services. Undergraduate and Postgraduate clinical placements continue to be facilitated, and the NRH serves as a resource to other healthcare professionals who require access to specialist knowledge regarding the conditions and needs of patients requiring Complex Specialised Rehabilitation Services (CSRS).

Education Delivered by NRH Staff members in 2008 includes, but is not limited to, the following:

Service / Department	Education Delivered
Clinical Risk Management	• Provision of all Fire Safety, Health & Safety and Risk Management training programmes throughout the hospital.
Infection Control	• Hand Hygiene workshops • Education sessions on 'Breaking the Chain of Infection'
Nursing	• Detailed in the 'Nursing Education' Report in Section 3
Medical Social Work	Presentations delivered to the following: • Masters in Social Work Programme, University College Dublin • Medical Students, UCD • Rehabilitation Nursing Course • FETAC Rehabilitation module • The Peter Bradley Foundation ABI training programme • Stroke Awareness for Carers Training • Volunteer Training Programme • Children First, Child Protection and Welfare Training
Speech & Language Therapy	• Presentation delivered to the Rehabilitation Nursing Course • Presentation on Videofluoroscoscopy and Fibroendoscopic Evaluation of Swallowing (FEES) to the NCHDs. • Presentation on Acquired Communication Disorders to the NCHDs, and also to 3rd year medical students at UCD. • Presentation on Dysphagia to 3rd year medical students at UCD. • Presentation on Dysphagia in Acquired Neurological Conditions to the Physiotherapy Clinical Interest Group in Neurology and Gerontology. • FETAC Course for Allied Health Professional Assistants
Psychology	• Symposium of papers on Challenging Behaviour delivered to the Psychological Society of Ireland • Papers also delivered to the British Psychological Society, and the Irish Society of Rehabilitation Medicine. • Teaching modules delivered in University College Dublin, Trinity College Dublin, University College Galway, University of Limerick, the Hospice Foundation and the Royal College of Surgeons

Section 2

NRH Rehabilitation Programmes

Service / Department	Education Delivered
Nutrition & Dietetics	• 'Role of Fibre in Bowel Management' to the National Continence Interest Group
Occupational Health	• Stress Management talks and Relaxation classes. • Smoking Cessation Facilitation.
Occupational Therapy	• 25 Professional student placements under the direction of our Practice Tutor. • Bimonthly information session about 'Occupational Therapy as a Career' initiated to meet demand from students and other interested parties.
Pharmacy	• Presentation on Medication Errors to medical staff
Physiotherapy	• Bobath Introductory Modules attended by both NRH and external staff. • Chartered Physiotherapists in Neurology and Gerontology • Theoretical and Practical sessions on Acquired Brain Injury and Spinal Cord Injury for undergraduates in Trinity and UCD • Guttman lectures • Respiratory Workshop for Community Physiotherapists • Lecture on Traumatic Brain Injury to ISCP Student Conference • Presentation on Positioning and Spasticity to Post Graduate Nursing Rehabilitation Course • Lokomat / Erigo presentation to UCD Engineering students
Radiology	• Radiology tutorials to NCHDs

Quality Improvement Programme

The Quality Improvement Committee (QuIC), chaired by Bernadette Lee, Clinical Risk Manager and lead for the CARF Business Practices Standards, monitors the quality improvement programme for the National Rehabilitation Hospital. The hospital currently tracks 36 key performance indicators in two broad areas: Business Practices and Service Delivery. Each performance indicator selected had been designed to assist in the ongoing assessment of the effectiveness, efficiency, appropriateness, and safety of clinical and non-clinical programmes in the hospital.

Data analysis is conducted quarterly and where data analysis indicates, recommendations for quality improvements and service developments are made, and a Performance Improvement Plan is presented to the Quality Improvement Committee using the following model:

- FOCUS : Plan, Do, Study, Act (PDSA) cycle;
- Timeframes agreed for implementation and review;
- Resource implications considered.

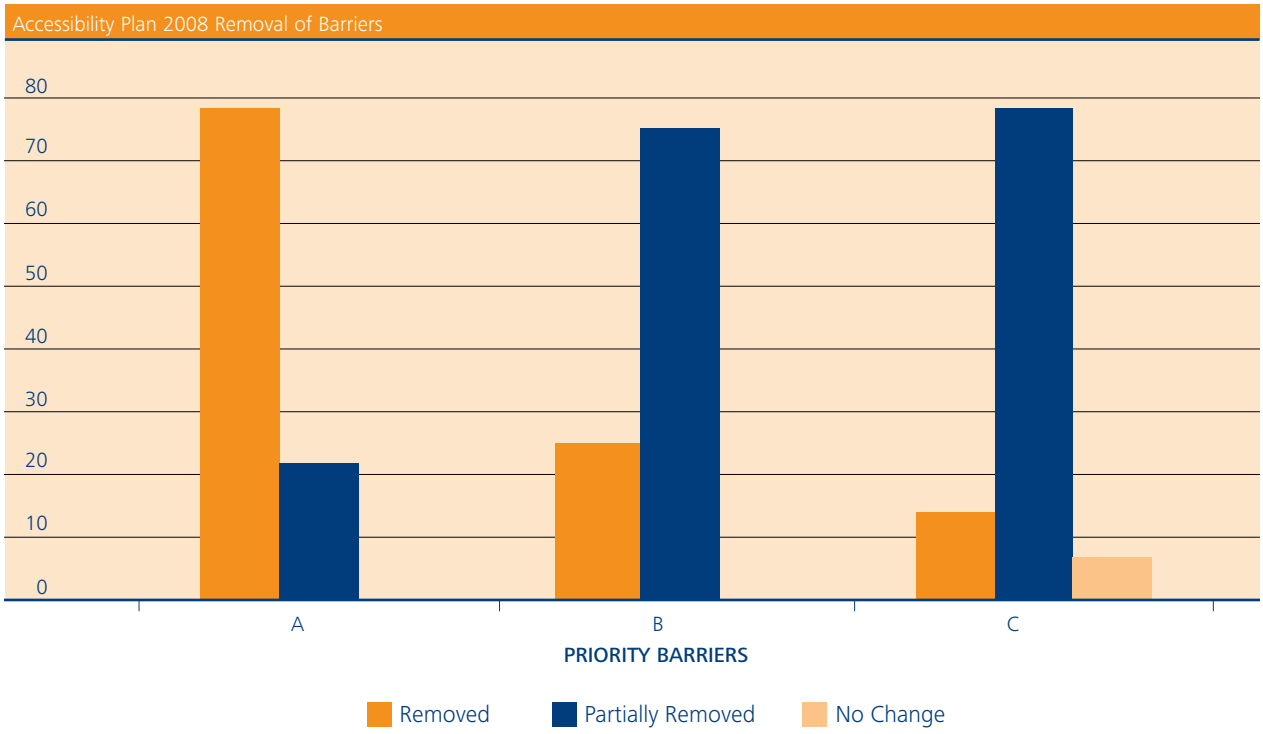
In 2008, performance improvement plans were submitted in the following areas:

Clinical Nurse Manager / Clinical Nurse Specialist vacancy rates; hygiene standards; warfarin therapy; medication reconciliation rate at the admission interface of care, and work related stress.

The Committee also monitored quality improvement plans submitted from quarterly risk analysis data, internal and external inspections, and quarterly medical peer reviews of unplanned discharges and mortalities. The QuIC Committee provided quarterly and annual reports to the Hospital Executive and to the Hospital Board.

Accessibility Plan

In January 2008, the Accessibility Plan for the National Rehabilitation Hospital was formalised. The plan identified the architectural, attitudinal, financial, communication, employment, environmental and transportation barriers in the hospital. An Accessibility Committee was established to implement and monitor the programme to remove barriers; barriers were categorized into priority A, B & C in order of importance. At the end of 2008, 78% of priority A barriers were removed and 22% were partially removed. A further 25% of priority B barriers were removed and 75% partially removed, 14% priority C barriers were removed, 78% partially removed and 7% showed no change. Barriers that were partially removed or unchanged will be carried over to 2009 Accessibility Plan.



Eugene Roe
CIIRP Programme Manager

Jacinta McElligott
CIIRP Medical Director

Section 2

NRH Rehabilitation Programmes

Brain Injury Programme

The Brain Injury (BI) Rehabilitation Programme at the National Rehabilitation Hospital provides specialised, interdisciplinary, coordinated and outcomes focussed rehabilitation of people with acquired brain injury (ABI).

The NRH is the national and only post-Acute inpatient rehabilitation service provider for people with ABI in the Republic of Ireland, and demonstrates the commitment, capabilities and resources needed to maintain itself as a complex and regional specialised rehabilitation programme. Referrals are received nationwide from all the Acute hospitals and HSE service areas.

Patient care and treatment is delivered by an interdisciplinary team, with overall clinical responsibility led by Dr Mark Delargy, Dr Aine Carroll, Dr Jacinta McElligott, Dr Jacinta Morgan and Dr Andrew Hanrahan (covering for Dr Nicola Ryall). Collectively, these Medical Rehabilitation Consultants and their teams manage 46 beds at the inpatient rehabilitation phase and facilitate an increasing number of patients annually at the outpatient phase of rehabilitation. The NRH has developed full continuum services of care for people with ABI. The teams provide vital links to home and community services with the help of transition services such as the Next Stage Rehabilitative Training Unit and Brain Injury Liaison Nursing Support.

An ABI may be caused by trauma, tumour, vascular accident (e.g. stroke or haemorrhage), cerebral anoxia, toxic or metabolic insult (e.g. hypoglycaemia), infection (e.g. meningitis, encephalitis) or other inflammation process (e.g. vasculitis). These impairments can cause a wide range and level of needs in people with ABI and may also impact the functional abilities of people with ABI to live independently, drive, use public transport, return to work or education, participate in leisure and social activities, fulfil family roles and maintain personal and family relationships.

All Brain Injury rehabilitation services at the NRH, in conjunction with the persons served and their families/carers, provide individualised and goal-directed rehabilitation services designed to assist people with ABI to achieve greater levels of functional independence, social participation and community reintegration.

Families and carers are partners in the rehabilitation process and are encouraged to participate in all phases of the programme. Information, counselling, emotional and psychological support can reduce the emotional sequelae experienced by the family/carer. This support may help them to adapt and come to terms with life changes, and so result in better long-term outcomes for both the patient and the family.

Brain Injury Programme

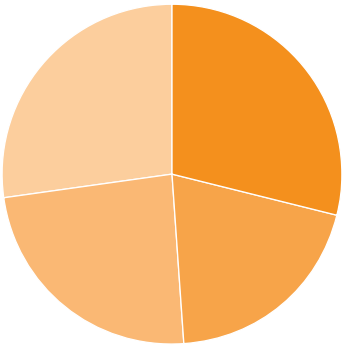
Brain Injury Programme – Demographics, Activity and Outcomes for Inpatient Services – 2008

243 persons were discharged in 2008 from the BI Programme;

- 65 (27%) were diagnosed with Non-traumatic Brain Injury
- 64 (27%) with Traumatic Brain Injury
- 104 (42%) with Stroke
- 10 (4%) with various neurological diagnoses.

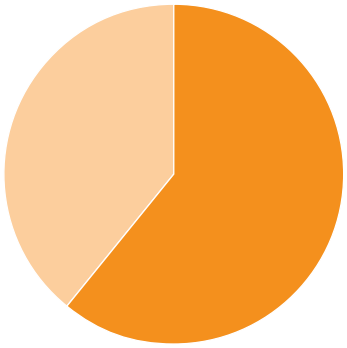
Demographics & Activity

Pre-hospital HSE areas of residence of patients admitted to the BI Programme



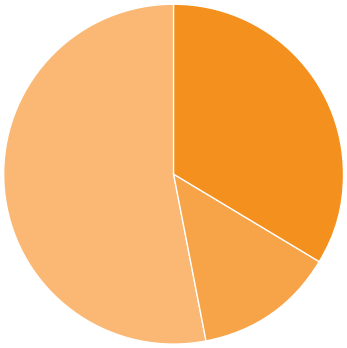
HSE Dublin Mid Leinster	**29%**
HSE Dublin North East	**20%**
HSE South	**24%**
HSE West	**27%**

Gender of patients admitted to the BI Programme



Male	**61%**
Female	**39%**

Age Profile of patients admitted to the BI Programme



Average age	**45.2 years**
Lower age range	**18 years**
Higher age range	**71 years**

Indicator	Target Set for 2008	Outcome for 2008	Note / Trend
Average Days Waiting for Admission	A target was set that the average days waiting for admission would be less than 90 days.	76.2 days	Most patients are admitted well within 90 days, but patients with more significant or complex care needs can wait longer for admission.
Completion rate of Outcome Measures (Modified Barthel and Disability Rating Scale {DRS})	95% completion of both the admission and discharge Modified Barthel and DRS	56% and 22% completion rates respectively	Considerable progress was made during the year with a rise in completion rates of 87% and 45% respectively by the last quarter. Problem area continues to be teams forgetting to complete measure at discharge
Incidence of Positive Change in Outcome measure at Discharge	90% of patients would show a positive change in the Modified Barthel and DRS at discharge	85% and 82% showed positive change respectively	Only approximately 3% on both measures showed negative change with remainder percentage showing no change
Average Score Change in Outcome Measures at Discharge	Patients would improve on average by at least 10 points as measured on the Modified Barthel	16.8 points	The Modified Barthel has a range of 0 to 100/110
Average Rehabilitation Length of Stay	Length of stay would be ess than 90 days	57.2 days	This average was consistent throughout the year
Discharge to Home Rate	75% of patients would be discharged to home	70.8 %	15.2% of patients were discharged back to an Acute hospital and 13.2% patients were discharged to residential care

Team Within The Programme

People with ABI frequently have complex needs which require specialist intervention by professionals with knowledge and experience in the management of brain injury. The composition of the interdisciplinary team for each person served is determined by the assessment of the person's individual medical and rehabilitation needs.

Medical

The NRH has five Rehabilitation Consultants specialising in the provision of services for people with Acquired Brain Injury. Each Rehabilitation Consultant has the majority of their sessions at NRH with other sessional commitments to the Acute hospitals at Beaumont, Adelaide, Meath & National Children's Hospital, Tallaght, St. Vincent's University Hospital and the Mater Hospital. Each ABI Rehabilitation Consultant receives referrals from and coordinates services for patients from a specific HSE area and utilises designated brain injury beds and outpatient resources for these service areas under their jurisdiction. 90% of referrals come from the Acute hospitals.

Programme Manager

Keith Wilton was the Brain Injury Programme Manager in 2008, and was replaced in late 2008 by Neuropsychologist Valerie Twomey

CLINICAL SERVICES WITHIN THE BRAIN INJURY PROGRAMME

Nursing

St. Brigid's Ward is a 22 bedded ward caring for patients with Acquired Brain Injury. The ward also includes 2 beds dedicated to the needs of highly dependent patients that provides the SMART (Sensory Modality & Assessment Rehabilitation Technique) assessment. In 2008, an increasing number of patients with challenging behaviour and high dependency needs requiring respiratory management were admitted to St. Brigid's Ward. The ward is managed by **Remedios Arquero, Acting CNM11**.

St. Patrick's Ward is a 9 bedded closed unit for the care of patients with Acquired Brain Injury and with moderate to severe cognitive and behavioural difficulties. Due to the admission of extremely challenging behaviour patients requiring close supervision during 2008, the ward reduced its patient occupancy at times to facilitate the safe management of these patients. St. Patrick's Ward is managed by **Patricia O'Neill, CNM 11** and **Teresa Whyte, CNM1**.

Staff rotation between St. Brigid's and St. Patrick's wards has commenced and is proving successful, giving staff experience in all aspects of Acquired Brain Injury (ABI).

St. Camillus' Ward provided care to 54 patients within the Brain Injury Programme in 2008. There was an increase in the number of patients with high dependency needs requiring the expertise of a SMART assessment. **St. Camillus'** is a 20 bedded male ward and is managed by **Mary Travers, CNM11**.

St. Gabriel's Ward is a 13 bed ward caring for patients from a number of Programmes, including those from within the Brain Injury Programme. 2008 saw an increase in the number of patients admitted to St. Gabriel's ward with acquired brain injury which brought about an increase in the complexity of problems from both a medical and social perspective which further increased the demands on the nursing staff. St. Gabriel's Ward is managed by **Pat Pickering, CNM11**.

Brain Injury Programme

Clinical Neuropsychology

Clinical Neuropsychology intervenes and offers support to patients and families, to the interdisciplinary team members and to the wider organisation by virtue of its core activities of assessment, intervention, teaching and research. The Clinical Neuropsychology service to the Brain Injury Programme provides:

- Comprehensive neuropsychological assessment, diagnosis and recommendations of brain injured patients.
- Design and implementation of cognitive rehabilitation programmes.
- Brief focussed psycho-therapeutic interventions.
- Behaviour management and environmental modification for patients presenting with moderate to severe challenging behaviour.
- Behavioural support meetings for staff dealing with challenging behaviour.
- Provision of support and education to patients and relatives to maximise coping and adjustment strategies.
- Provision of psychological support to staff within the interdisciplinary team.
- In-service staff teaching and training.
- Supervision of psychology assistants and doctoral level students from approved Doctorate in Clinical Psychology programmes.

Clinical Neuropsychology is also involved in a range of interdisciplinary initiatives at NRH including the Brain Injury Programme Development Committee, the Stroke Awareness for Carers programme, the Neurobehavioural Clinic, and the Behaviour Consultancy Forum (BCF). In addition, there are a number of Brain Injury related Research Projects being undertaken by Psychology Staff.

Medical Social Work

Social Workers provide a service to patients from the Brain Injury Programme on all wards, including the High Dependency Service (HDS). Mary Keaveney and Gail O'Sullivan are the Social Work representatives on the Behavioural Consultancy Forum and Mary also teaches on the SCIP Crisis Prevention Intervention Programme.

Service Trends/Initiatives

The HSE funding cutbacks in 2008 have had a serious effect on discharge planning particularly in the latter quarter of the year. There has been an increase in the numbers of patients returning to Acute hospitals and those who have to return home with less than ideal community support services. The economic downturn will continue to have a serious impact throughout the coming year. Families have had to take on more of the practical caring tasks in order to facilitate home discharges. The lack of suitable residential placements for young people with ABI also remains a critical issue. The new Nursing Home legislation will also have an impact on the under 65 age group, many of whom have no alternative accommodation.

Additional Social Work hours have been allocated to the Brain Injury Programme on a temporary basis as a result of pressures as a result of patients with increased complexity being admitted.

In November 2008 the Social Work Department hosted a workshop "Sexuality after Acquired Brain Injury" presented by Dr Grahame Simpson, Research Fellow, University of Sydney, Australia which was attended by thirty Social Workers from around the country.

Carer Training – The Stroke Awareness for Carers Training continues four times per year and is much appreciated by the families who attend. Three Social Workers from the Brain Injury Programme are involved in the organisational aspects and/or the training days.

Anne O'Loughlin, Principal Social Worker, attended the Seventh World Congress on Brain Injury in April 2008. This provided the basis for several feedback presentations to colleagues back at the Hospital as well as international contacts and shared projects.

The demand for Social Work support to the Brain Injury outpatient service continues to increase with a particular demand for adjustment counselling. The Department operates a waiting list but tries to keep waiting times to a minimum.

Occupational Therapy

The Brain Injury Team delivers therapy predominantly in individual sessions as required by the needs of the patient group, however, where appropriate group therapy interventions are also provided. We continue to develop uni-professional and interdisciplinary group interventions in conjunction with the Psychology Department and new group initiatives are planned for 2009 in conjunction with the Speech and Language Therapy Department.

During 2008 a key concern has been the increasing numbers of patients with highly complex needs that are being admitted to the brain injury service at any one time. This has required that intervention be provided more frequently on the wards, with more individual sessions of a multi-disciplinary nature. This has placed increased pressure on the service. While each individual discipline has a defined clinical capacity to manage patients with differing levels of need, admission of multiple patients with high level needs at a single time will continue to affect the therapists' ability to provide the quantity and quality of service required. Understanding the case mix that can be managed within current staffing levels in the Brain Injury Service as a whole, needs to be a priority during 2009.

Physiotherapy

2008 has been a particularly challenging year for physiotherapy staff. Key issues contributing to this have been increased complexity of patients and an increased number of admissions due to shorter length of stay: A dramatic increase in the demand for the Respiratory Care service within the Brain Injury Programme reflects the increased complexity of their caseload. The number of patients attending Sports/Fitness therapy from the BI Programme reduced but their complexity increased.

Higher patient turnover increases the amount of indirect care that is required for each one. The preparation of positioning/seating plans and home treatment programmes, family/carer education and wheelchair provision, along with liaising with local health care professionals is extremely time consuming but is crucial to ensuring the ongoing rehabilitative care of patients.

Physiotherapy staff within the BI Programme continue to work creatively and collaboratively to provide the highest quality of care to their patients within current restraints.

Speech & Language Therapy

81% of inpatient attendances to the Speech & Language Department are from the Brain Injury Programme. The referral rate of patients to the 15-18 neurology beds on the 3rd Floor has increased by 20% from 2007 to 2008. The majority of patients referred present with Cerebral Vascular Disorders. There continues to be an increase in referrals of patients with traumatic brain injury. This has increased by 61% since 2006.

The 22 beds on St. Brigid's Ward saw a marked increase in the number of patients referred with very complex communication and swallowing needs. The 9 beds on St. Patrick's Ward Referrals from St. Patrick's Ward, which has 9 beds, account for 8% of inpatient SLT attendances. Unfortunately, the SLT post for this service was vacant for 2008. Cover was provided by SLT staff members

Initiatives

During 2008, Occupational Therapy, Physiotherapy and Speech & Language Therapy staff provided a one day outreach visit to Tralee General Hospital to advise/support the staff there regarding the management of TBI patients awaiting admission to the NRH.

An Initial joint interdisciplinary meeting and interview of patients and families on their admission to the NRH was trialled in November 2008.

To manage attendances, SLT recruited the services of a Volunteer on work placement from the Rehabilitative Training Unit to porter patients to sessions on 2 afternoons per week. In addition, a weekly Social Communication Group was provided.

Brain Injury Programme

Rehabilitative Training Unit

The Rehabilitative Training Unit Manager's continues to be filled by Edina O'Driscoll.

Service Provision

The 'Next Stage' Rehabilitative Training Unit (RTU) continues to grow and develop. Our aim is to assist people with an acquired brain injury to maximise their functional abilities and achieve their individual desired training goals. We 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 39 referrals in 2008 which compares to 34 in 2007. Of these 39 referrals, 24 were for people living outside commutable distances of the unit and requiring accommodation. Our on-site accommodation, Corofin Millenium Lodge, is an 11 bedded unit, and as such could not meet this huge demand this year, we therefore had to source other accommodation locally for our trainees.

The average length of stay in the programme has increased slightly in 2008 from 8.3 months to 8.6 months. This increase can in-part be attributed to delayed discharge dates, that is where people who had essentially completed their training could not be discharged due to a delay in securing funding for placement in community programmes.

Another issue which has affected both length of stay in the RTU and discharge destination has been the demographic of trainees attending our training programme. Our figures show that trainees most likely to return to employment or training options began attending the RTU on average 22.2 months post acquired brain injury. In 2008, 37% of our trainees were more than 22.2 months post injury when starting on the training programme.

Current economic climate has also impacted on the number of our trainees discharged to employment options in 2008. A number of our trainees discharged to community programmes had the ability to successfully pursue employment options such as community employment schemes; unfortunately such schemes have not always been available. 89% of trainees discharged from the RTU in 2008 were successfully placed in appropriate employment, education, training or assisted services options.

Trainees discharged from Next Stage Programme to:	2008
Employment	5
Education & Training	3
Assisted Services*	9**
Other	2
Total discharges	**19**

* Assisted Services includes voluntary work / occupational guidance / sheltered occupational services & day activity.

** 2 of these trainees went on to secure employment in weeks immediately post discharge from RTU as a direct result of services initiated by RTU team.

New Services / Developments in 2008

EXPANSION OF TRAINING MODULES OFFERED IN THE RTU

These include : Applied Strategies, Personal and Interpersonal Skills, Healthy Eating (facilitated by the HSE Health Promotion Unit), 'Getwise' (facilitated by An Garda Siochana).

VEC LITERACY PROGRAMME

Trainees of the RTU are offered literacy classes by VEC literacy tutors on-site in the RTU. This has been a huge success with 11 trainees availing of the service in 2008.

KEY-WORKER SYSTEM

This system was reviewed, adapted and formalised in 2008. Trainees and staff alike report that this has system has made the 'Next Stage' Rehabilitative Training Programme more client-centred and has facilitated greater levels of individualisation of training.

WORK EXPERIENCE PLACEMENTS

Work experience placements are a valuable component of our Vocational Planning & Exploration module and help our trainees identify potential vocational options. In 2008, trainees successfully participated in placements in the SLT Department, OT Department, CEO Administration Department, Catering Department including Cedars Coffee Shop. We are extremely gratefully to all who have accommodated our trainees in 2008. External work experience placements have been more difficult to facilitate this year, however we have successfully placed trainees with Festina Lente Garden Centre, Bri, Clonkeen College & KWCD partnership.

Milestones for Service

ACCREDITATION

In April 2008 the RTU reapplied for Standard QA00/01 with the NAC. AHSE review of current Day Service Programmes may signal new quality standards for Rehabilitative Training Programmes nationally.

RESEARCH

We continue to objectively document quality of life outcomes for our trainees by means of the Mayo Portland Adaptability Inventory. To date, results showing positive increases in quality of life under the headings of ability, adjustment & participation. An MSc Counselling Psychology student currently on placement in the RTU is proposing to carry out a study involving trainees, to look at 'Significant Events in Counselling involving clients with Acquired Brain Injury'.

FAMILY INFORMATION DAY

In November 2008 the RTU held a Family Information Day. The aim of the day was to provide give information on the training programme to families of current trainees and trainees referred to the service. Information included: The nature of Rehabilitative Training; likely outcomes; Corofin Lodge; and linkages with external agencies. The Information Day was deemed to be a big success by all in attendance and will be repeated bi-annually.

Fund-raising Projects

Following 12 months of fund-raising and the support of the NRH Trust, we have ordered a mini-bus for the RTU. We expect to take delivery of the bus in early 2009. Having our own transport will massively enhance the scope of training in the RTU, particularly in relation to our community integration programme.

Section 2

NRH Rehabilitation Programmes

Spinal Cord System of Care (SCSC) Programme

The Spinal Cord System of Care (SCSC) at the National Rehabilitation Hospital provides specialised, interdisciplinary, coordinated and outcomes focussed rehabilitation to persons with spinal cord dysfunction.

Patient care and treatment is delivered by an interdisciplinary team, with overall clinical responsibility led by both Dr Jacinta McElligott and Dr Manus McCaughey. Eugene Roe is the Programme Manager for the SCSC Programme

Spinal cord dysfunction may result from traumatic injury including incidents such as road traffic accidents or falls or from non-traumatic injury including, for example, stroke involving the spinal cord, tumours or demyelinating disorders. Depending on the nature of the spinal cord injury, people can present with a range of impairments and resulting disability. As a result, persons with spinal cord dysfunction may have many needs and face wide-ranging long-term restrictions in their ability to live independently, drive or use public transport, return to work or education, participate in leisure and social activities, fulfil family roles and maintain personal and family relationships.

The Spinal Cord System of Care at the NRH is designed to assist people with spinal cord dysfunction and their family/carers to lessen these deficits and to promote greater levels of functional independence, social participation and community reintegration. In conjunction with patients and their families, the SCSC Programme aims to provide individualised, goal directed treatment plans considering the physical, psychological, social or vocational consequences of their condition.

The NRH provides a continuum of care for people with spinal cord dysfunction, encompassing the inpatient rehabilitation phase (with a current bed capacity of 38 beds), an outpatient phase (seeing approximately 400 persons in 2008) and linkages to community services including a nursing liaison service and a pilot vocational programme.

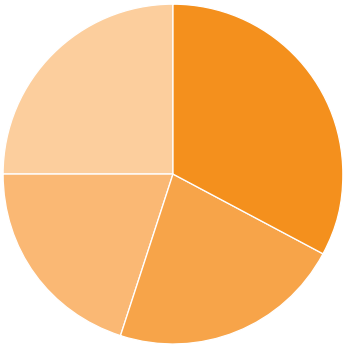
Spinal Cord System of Care (SCSC) Programme

Demographics, Activity and Outcomes for Inpatient Services – 2008

Demographics and Activity

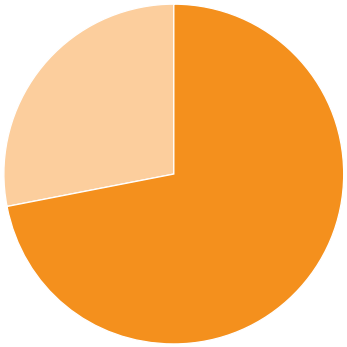
123 persons were discharged in 2008 from the SCSC Programme

Pre-hospital HSE areas of residence of patients discharged from the SCSC Programme



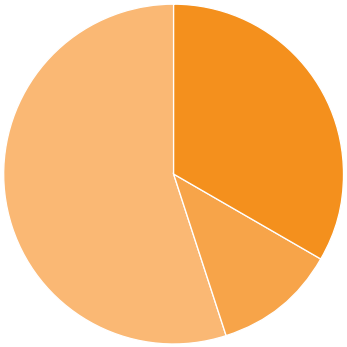
HSE Dublin Mid Leinster	**33%**
HSE Dublin North East	**22%**
HSE South	**20%**
HSE West	**25%**

Gender of patients discharged from the SCSC Programme



Male	**72%**
Female	**28%**

Age Profile of patients discharged from the SCSC Programme



Average age	**45 years**
Lower age range	**16 years**
Higher age range	**74 years**

SCSC Programme – Access, Effectiveness and Efficiency

Currently the Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP) is the only accredited programme at NRH and the SCSC Programme operates as a sub-programme of the Inpatient programme – CIIRP. The indicators and outcome targets for the SCSC programme are the same as those for the Inpatient (CIIRP) programme and the outcome results follow a similar pattern.

Outcomes

Indicator	Target Set for 2008	Outcome for 2008	Note / Trend
Average Days Waiting for Admission	A target was set that 80% of patients would be admitted within 90 days	77%	The average number of days waiting to access the programme was 70 days
Completion of the Outcome Measure	95% completion of both the admission and discharge Modified Barthel	42% completion rate	Considerable progress was made during the year with a significant rise in the completion rate in the years last quarter
Incidence of Positive Function Score	90% of patients would show a positive change in the Modified Barthel at discharge	90% of patients showed a positive change	
Average Total Function Score Change	Patients would be equal to or greater than a 10 points improvement on the Modified Barthel	Average improvement was 29 points	
Average Rehabilitation Length of Stay	Average length of stay would be less than 90 days	Average length of stay was 125 days	The length of stay in 2008 was negatively impacted by the fact that a small number of patients waited for over 12 months to access onward care
Discharge to Home Rate	75% of patients would be discharged to home	81% of patients were discharged home with less than 9% going back to Acute hospitals	It should be noted that 63% of all Delayed Discharges from the NRH in 2008 were from the SCSC Programme

Programme Goals Achieved in 2008

- In 2008 the SCSC Programme Development Committee was established with responsibility to oversee issues of development within the programme and to plan and implement change. Members of this committee include senior members of each discipline within the Programme. The important role of voluntary groups was acknowledged with a member of Spinal Injuries Ireland in attendance for meetings
- A comprehensive patient and family education programme was created in conjunction with the SCSC Patient Information Workbook
- Compliance with the particular Spinal Cord Injured Standards for Inpatient (CIIRP) accreditation
- 22 SCSC team members completed case coordinator training

Particular thanks must go those who attend the fortnightly SCSC Programme Development Committee. The professional 'enthusiasm' of this group is a key factor in the continuing development of quality services for the person served in the SCSC programme.

Spinal Cord System of Care (SCSC) Programme

CLINICAL SERVICES PROVIDED WITHIN THE SCSC PROGRAMME

Medical

Each person referred to the SCSC Programme receives a pre-admission assessment of medical and rehabilitation needs including diagnosis, prognosis, social supports and ability to tolerate the intensity of the therapeutic programme. If a person meets the Programme admission criteria, they can be offered the service. Persons admitted and their families are offered appropriate information and opportunity for feedback during the process, and are actively involved in decisions regarding their care. An important aspect of this programme is education of both patient and family in relation to primary prevention to avert reoccurrence of the impairment process and secondary prevention related to potential risks and complications due to impairment.

Following admission to the Programme, the interdisciplinary team members, led by the Consultants in Rehabilitation Medicine, in collaboration with the patient and family, will develop a comprehensive treatment plan that addresses the identified needs of the person, their family and support network.

Nursing

St. Margaret's Ward is a four bedded high dependency unit and **St. Joseph's Ward** is a 12 bedded male ward for patients with spinal cord injury. The combined wards are managed by **Fiona Marsh, Acting CNM 11** and **Rita Gibbons, Acting CNM 1**.

Our Lady's Ward is a 19 bedded ward for both male and female patients with Spinal Injuries and Neurological conditions. Our Lady's is managed by **Sajimon Cherian, Acting CNM 11**.

St. Camillus' Ward also admitted patients with Spinal Cord Injury to the ward in 2008 due to the closure of McAuley ward in October 2007. Of 128 patients admitted to St. Camillus', 13 were patients from the SCSC Programme. St. Camillus' ward is managed by **Mary Travers, CNM11**.

Ward staff caring for patients in the SCSC Programme reported an increase in high dependency patients with a complexity of problems from a medical and a nursing perspective. Some patients admitted had complex social problems and in addition, there was an increase in non-national patients, many with English not as their first language, leading to an increased demand on staff. There was also a high incidence of delayed discharges.

Nursing Staff on the SCSC team provide training for the immediate family, Public Health Nurses and carers in the community, in caring for patients with spinal cord injury.

The provision of new rotation mattresses, humidifiers and ventilation equipment eased the management of patient care from a staff and patient perspective.

Liasion Service for Spinal Cord Injured Patients

The Liaison service for patients in the SCSC Programme is delivered by **Betty Hillary, Clinical Nurse Specialist (CNS)** and **Oonagh Crean, CNS**. The Liaison service endeavours to bridge the gap between the hospital, home and the Health Care Professionals. The Liaison Nurse acts as an advocate for the patients. A database of nearly 1500 Spinal Cord Injury patients is maintained.

149 past patients have been seen in their homes nationwide during 2008. This follow up service is essential for patients. It can help prevent complications such as pressure sores and provide specialised knowledge in the management of bowel and bladder issues that may not be available locally. It can also lead to re-referral back to the National Rehabilitation Hospital or to other services if required.

Pre-admission assessments have been carried out on patients nationwide to evaluate suitability for admission to the SCSC Programme. New information packs on the National Rehabilitation Hospital are provided to each patient. Additional hours are required to develop the Liaison Service and allow these visits to past patients to occur in a more timely manner.

Betty Hillary travelled with the National Rehabilitation Hospital team to the Inter Spinal Games held in Stoke Mandeville in April 2008.

Clinical Neuropsychology

The Psychology service to the SCSC Programme provides counselling, family support, pain management, behavioural management, cognitive assessment, staff support and lectures to staff, patients and families.

The Spinal team at NRH has built up a strong knowledge base and sensitivity to psychological aspects of spinal care over the years, which makes it a very rewarding team to work with. Good team communication consistently facilitates consideration of a wide range of issues impacting on the psychological well-being and quality of life of patients who are grappling with the challenges of devastating and life-altering injuries. Brief, weekly meetings established as a result of the accreditation process have contributed to improved communication and prevention of potential difficulties regarding patient care.

Medical Social Work

The Social Work service is offered to all patients and their families in the SCSC Programme. Social Work involvement continues throughout the rehabilitation programme and in the immediate post discharge stage as required. Senior Social Workers attend Programme planning meetings and work within the interdisciplinary team structure.

63% of all delayed discharges in 2008 were from the SCSC Programme. Housing remains a critical need for those with acquired physical disabilities. The lack of suitable accommodation for people with high level physical needs in combination with the cut-backs in home support, funding continues to be a barrier to discharge for many of our patients from this Programme. The Health Service Executive worked closely with the Social Work service in 2008 to facilitate a number of discharges from the SCSC Programme for patients who were, on average, one year past their discharge date.

From a social work perspective, the rehabilitation needs of patients in the SCSC Programme can, in terms of adjustment and home supports, vary substantially from patients with spinal cord dysfunction resulting from tumours or demyelinating disorders.

Spinal Cord System of Care (SCSC) Programme

Occupational Therapy

During 2008 the team continued to work on interagency projects:

- Goal directed community outings and public transport practice in conjunction with Spinal Injuries Ireland (SII)
- Information Technology and Assistive Technology Training for patients in conjunction with student volunteers from Dun Laoghaire Institute of Art, Design and Technology.
- The Spinal Injury Vocational Programme in conjunction with SII, FAS and the HSE.

During 2008, several patients treated within the SCSC Programme presented with dual diagnosis of spinal cord injury and cognitive impairment secondary to brain injury, learning disability and other conditions. As the Occupational Therapy Service in SCSC is delivered in multi-therapy sessions (i.e. treating two or more patients concurrently), limited time and space has meant that treating patients individually when required has been difficult to achieve within current staffing levels.

Physiotherapy

The service received a Functional Electrical Stimulation Cycling Unit and a Pressure Mapping Unit this year and both are in high demand. The Pressure Mapping Unit has allowed staff to make new informed decisions regarding wheelchair cushion prescription, and in identifying patients at risk from pressure sores. These new technologies add a new dimension to the physiotherapy service offered to spinal cord injured patients and staff are committed to developing and auditing their use to optimise patient outcomes.

A key goal for the Physiotherapy service is to contribute, with other team members, to the process of agreeing approximate length of stay and discharge planning. The provision of the correct wheelchair is essential in terms of functional and participation outcomes, and early discharge can negatively impact on patients having their own wheelchair at the time of discharge.

Other new initiatives within the service have been the introduction of group classes. These include Pilates, Bed Mobility and Transfer Training.

The use of physiotherapy assistants to facilitate joint treatment sessions is also proving to be extremely beneficial to the Programme.

Speech & Language Therapy

Speech & Language Therapy cover is provided to this Programme by the Senior Clinician in Dysphagia. The majority of referrals are for the management of swallowing difficulties following high level cervical spine injuries. Where indicated, referrals for videofluoroscopy and fibroendoscopic evaluation of swallowing (FEES) are made to other hospitals.

The Vocational Project

The Vocational Programme has been fully in operation since January 2008. It includes members from NRH, HSE, Spinal Injuries Ireland (SII) and FÁS. It is a co-ordinated interagency project, developed to enhance the vocational rehabilitation pathways and services for spinal cord injury patients discharged from the NRH.

Evidence and reports from past patients and reports from organisations such as Spinal Injuries Ireland and the Irish Wheelchair Association supported the view that it was difficult for spinal cord injured persons to access employment and training services post discharge. Local evidence was supported at a national level by reports by the National Disability Authority, which showed the low level of employment amongst people with disabilities.

Setting up of the Project

It is hoped that the processes, services and support pathways that help or hinder the Vocational Rehabilitation outcomes for spinal cord injured patients will become evident from this project. A working group made up of NRH, HSE, SII and FÁS developed the proposal.

Based on findings that come from this project, it is intended that service improvement recommendations will be made to the NRH Management and the HSE in regard to ongoing vocational rehabilitation processes and practices of spinal cord injured patients in the NRH.

The key elements of the project involve a co-ordinated and interagency team approach with a group of patients identified by the Medical Conference as having a 'Vocational Goal' as part of their overall rehabilitation programme. A 'Vocational Goal' is interpreted in the widest possible sense and ranges from HSE funded Day Services, Day Care, Rehabilitative Training, Vocational Training, Voluntary Work in the community and Supported, Sheltered and Open Employment.

Interim Audit Findings

- Greater numbers than anticipated signed up and availed of the service. Over 60 clients have been referred, of which 44 were male and 16 were female.
- Continuous reviews and outreach post discharge, while essential and integral to the programme increase the workload.
- Families also benefit from the ongoing support.
- A vocational goal is now embedded in the SCSC Programme.

Proposed Development of the programme

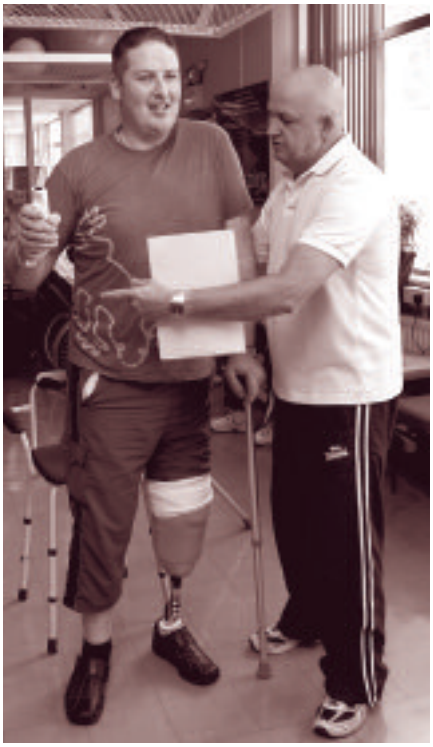
Based on the learning from the project it is intended to make recommendations for improvements in the service delivery system. Secondary developments include fostering improved and more streamlined links with mainstream agencies such as FÁS employment services and the development of a model of vocational rehabilitation that may be applied to other care programmes in the hospital.

The Vocational Project is funded by Brian Miller, HSE Training and Guidance Manager, for a two year period.

Section 2

NRH Rehabilitation Programmes

Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programme



The POLAR Programme at the National Rehabilitation Hospital (NRH) provides specialised, interdisciplinary, coordinated and outcomes focussed limb absence rehabilitation for patients and their families who have experienced amputation or congenital limb absence. Rather than merely engaging in a limb fitting exercise, this is a 'Wholistic' approach that emphasises re-engagement with social participation in desired personal roles.

Patient care and treatment is delivered by an interdisciplinary team, with overall clinical responsibility led by Dr Nicola Ryall. In 2008, Dr Ryall took extended leave and we welcomed Dr Angela McNamara who provided locum cover while awaiting the arrival of Dr Andrew Hanrahan in July. Claire O'Connor was the Programme Manager until July, and Dorothy Gibney took over this role in August.

The POLAR Programme is a sub-programme of the Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP), which was accredited by CARF in 2008. Throughout 2008, the team worked consistently to improve the service with Opcare, our Strategic Partners. Although accreditation was received for the Inpatient Programme, the services seeks to provide a consistent standard across the continuum of care to all persons seen within the service, both on the NRH site and in 8 satellite clinics throughout the country.

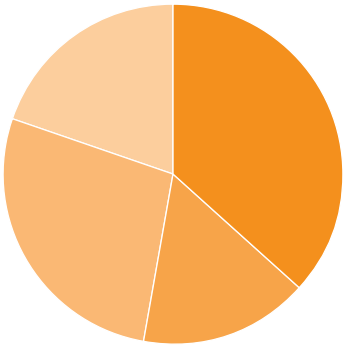
Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programme

Demographics, Activity and Outcomes for Inpatient Services – 2008

Demographics and Activity

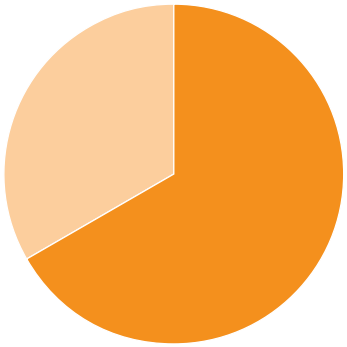
87 Patients were discharged from the POLAR Programme in 2008

Pre-hospital HSE areas of residence of patients discharged from the POLAR Programme



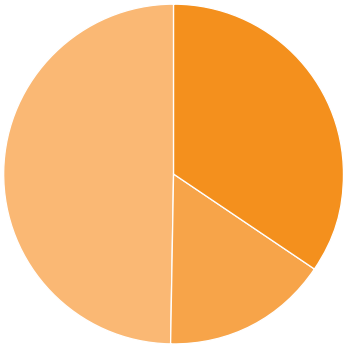
HSE Dublin Mid Leinster	**36.8%**
HSE Dublin North East	**16.1%**
HSE South	**27.6%**
HSE West	**19.5%**

Gender of patients discharged from the POLAR Programme



Male	**66.7%**
Female	**33.3%**

Age Profile of patients discharged from the POLAR Programme



Average age	**61.5 years**
Lower age range	**28 years (in the Adult service)**
Higher age range	**88 years**

Types of amputations of persons discharged from the POLAR Programme in 2008

Types of Amputations	Number of Patients
Above-knee amputations	36
Below-knee amputations	35
Bi-lateral lower limb amputations	10
Upper limb amputation	4
Persons with loss of four limbs	2
Total persons discharged from POLAR Programme in 2008	**87**

POLAR Programme – Access, Effectiveness and Efficiency

For the POLAR Programme in 2008, the following indicators and outcome targets shown in the table below demonstrate the effectiveness of the service.

Outcomes

Indicator	Target Set for 2008	Outcome for 2008	Note / Trend
Average Days Waiting for Admission	A target was set that 80% of patients would be admitted within 90 days.	38%	Sanctioning of limbs by the HSE, which is outside the control of the Programme, impacted negatively on this Outcome
Completion of the Outcome Measure	95% completion of both the admission and discharge Modified Barthel	66.7% completion rate	Considerable progress made during the year with a rise from a completion rate of 58.3% in the first quarter of the year to 72% in the last quarter.
Incidence of Positive Function Score	90% of patients would show a positive change in the Modified Barthel at discharge	79.3% of patients showed a positive change	20.7% remained unchanged *These two outcomes should be interpreted in the light of limited validity of these indices in amputees - limited construct validity and ceiling effects. (Treweek SP, Condie ME. Three measures of functional outcomes for lower limb amputees: a retrospective review. Prosthet Orthot INT 1998;22:178-185)*
Average Total Function Score Change	Patients would be equal to or greater that a 10 points improvement on the Modified Barthel	Average improvement was 8.1 points	
Average Rehabilitation Length of Stay	Length of stay would be less than 90 days	52 days	
Discharge to Home Rate	75% of patients would be discharged to home	86.2% of patients were discharged home	77 patients were discharged home, 8 were refereed to an Acute hospital and two patients were discharged to residential care

Survey of Patient Satisfaction showed that the vast majority of patients who returned the survey expressed satisfaction with the service received.

Programme Goals Achieved in 2008

- Programme meetings continued to address further development of the service and to implement changes. These meetings are open to all members of the POLAR team. Representatives from each discipline, including prosthetists employed by Ability Matters (formerly Opcare) attend the meetings. Terms of reference for this Committee were developed in line with prevalent Hospital and CARF Standards.
- The Strategic Partnership with Ability Matters was further developed.
- A POLAR specific patient education handbook was developed, together with a comprehensive inpatient education programme
- Amputee specific outcome measures commenced

Our particular thanks goes to all on the team who have been innovative and diligent in seeking to improve the service, recognising that in a smaller programme the challenge of these developments falls on fewer people.

Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programme

CLINICAL SERVICES PROVIDED WITHIN THE POLAR PROGRAMME

Medical

Each patient referred to the POLAR Programme receives a preadmission assessment of medical and rehabilitation needs to identify their unique medical, physical, cognitive, psychological, social, behavioural, vocational, educational, cultural, family, spiritual and leisure/recreational needs. Admission to the Programme is dependent on meeting the admission criteria. The person served and their families are offered appropriate information and opportunity for feedback during the preadmission process, and are actively involved in decisions regarding their care. The patient and their family are offered education regarding prevention of complications and management of risk factors such as diabetes and vascular disease.

Following admission to the Programme, the interdisciplinary team members, led by the Consultant in Rehabilitation Medicine, in collaboration with the patient and their family, develop a 'Wholistic' treatment plan incorporating the services that address the identified needs of the person, their family and support network. Therapeutic weekend leave may be incorporated into the rehabilitation programme to facilitate translation of functional gains into the home environment and the gradual reintegration of the person into their home and community.

Prosthetic Service

The Prosthetic Service which is managed by **John McCabe** continues to be provided nationally by Prosthetists from the National Rehabilitation Hospital and Ability Matters (formerly Opcare) working in partnership.

In total, 2780 patients received services in 2008. Satellite Clinics, which are reviewed on an ongoing basis, continued to be provided in the following areas on a fortnightly and monthly basis.

- 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
- Waterford Clinic (a new Ability Matters facility opened in October 2008)

Our affiliation with Strathclyde and Salford Universities continued in 2008.

Manufacturing of Prostheses

Taking into account the potentially dangerous machinery in daily use there were no serious accidents or occurrence during 2008.

Production by Limb Type

Type of Prosthesis	2008
Thru Hip	4
Above Knee	94
Thru Knee	1
Below Knee	159
NSKT	105
Appliances	10
Total	373

Type of Prosthesis	2008
A/Elbow	9
B/Elbow	39
Socket	9
Other/Appl	6
Total	63

Nursing

St. Camillus' Ward provided care to 61 patients within the POLAR Programme during 2008. St. Camillus' is a 20 bedded male ward and is managed by **Mary Travers, CNM11**. **St. Gabriel's Ward** is a 13 bedded female ward. During 2008, staff on St. Gabriel's Ward cared for 26 patients from the POLAR Programme. St. Gabriel's Ward is managed by **Pat Pickering, CNM11**.

Both wards experienced an increase in the complexity in medical and social issues which further increased the demands on the nursing staff, as did the increase in the number of patients from other cultures and those who required an interpreter service.

Clinical Neuropsychology

The Psychology service offers the POLAR Programme one session per week. Patients with traumatic amputations are prioritised for this session.

Medical Social Work

The Social Work service is offered to all amputee or limb absence patients admitted to the POLAR Programme, as well as to the outpatient clinics on request. The demand on the Social Work service to the POLAR Programme was directly impacted by the increase in the complexity of patients being admitted. During 2008, six patients who had bi-lateral lower limb loss and two patients who had loss of all four limbs secondary to infection were admitted at the one time. These cases require complex discharge planning and family work.

Adjustment counselling is an integral part of the Social Work service offered to patients within the POLAR Programme and there has been an increasing demand for this aspect of the service. There are plans to develop therapeutic group work for the Programme. The focus of the group will be to provide psychosocial support, facilitate peer support and to enhance coping skills and quality of life.

Nutririon and Dietetics

The Nutrition and Dietetics service provides two sessions per week to the POLAR Programme. As Diabetes is the most common cause of limb loss in adults, good diet control is crucial in the prevention of further complications. Control of cholesterol is vital in modifying cardiovascular risk factors in this group of patients. Weight management is also critical to the fit of the new limb.

Occupational Therapy

The inpatient caseload in the POLAR service, while not increased in numbers, is demanding more therapy time and more individual sessions as patients are presenting with multiple co-morbidities, for example, respiratory, cardiovascular and rheumatology conditions. The team continue to provide a range of individual and multi-therapy sessions to meet patient need and the Occupational Therapy Educational Programme for POLAR patients which was suspended for a short period during 2008, is being re-established by demand in January 2009.

Physiotherapy

A significant challenge has been the maintenance of the Physiotherapy Service to the POLAR Programme owing to the fluctuating numbers of patients admitted to the various Programmes on St. Camillus' and St. Gabriel's wards. For example, when POLAR admissions dip beneath the designated level, due to admission of patients from other Programmes, staff grade therapy time is re-allocated to cover the increased needs within the Brain Injury and SCSC Programmes.

The induction and education of staff grade therapists is critical to ensure that there is appropriate cover for the service during any absence of the Senior Therapist. This is being managed by staff grades working two consecutive rotations.

The Physiotherapy service to the POLAR Programme now operates from 8.00am – 4.30pm with the Senior Therapist working these hours. This allows greater flexibility for communication and/or joint sessions with Prosthetists. The increasing links between Physiotherapists and Ability Matters (formerly Opcare) Prosthetists is welcomed, as is Physiotherapy staff attending clinics when resources allow.

Section 2

NRH Rehabilitation Programmes

Paediatric Family-Centred Rehabilitation Programme

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

The service provides inter-disciplinary assessments and intensive rehabilitation interventions by a small experienced paediatric team. Mary Cummins is the Programme Manager for the Paediatric Programme.

The inpatient programme is available to the children and their parents/carers over 5 days – Monday to Friday. Therapeutic services are available for eight patients (six beds and two therapeutic day places). Weekends are typically spent at home for the young persons' essential rest, with individualised home programmes of activities.

Children and adolescents need to be emotionally supported by a parent/carer or close family member during their rehabilitation (depending on their age and stage of rehabilitation) and accommodation is therefore provided for one adult per patient, either on the hospital campus or locally.

As school and education is the "work" of young people, their ongoing needs and anticipated changed educational requirements are assessed and planned for by the Paediatric Team in partnership with the NRH School, the child/adolescent and their family.

The Paediatric Family-Centred team also provide for the continuing rehabilitation needs of the children and adolescents they serve by:

- Planning for the child/adolescent's discharge and transition from inpatient care to their home, community and local school.
- Undertaking outreach liaison/consultation with the home and local community services wherever possible, taking into account that the NRH School is the only part of the service that has actual outreach hours identified (Department of Education and Science provision).
- Providing timely inter-disciplinary reviews of need (inpatient or day patient, individually or in similar peer groups) for the children and adolescents. A long-term perspective is required due to the changing needs of children and adolescents.
- Outpatient appointments with Dr Monaghan are possible twice per month.

Paediatric Family-Centred Rehabilitation Programme

Services particularly for children and adolescents with limb absence are currently led by Dr Andrew Hanrahan, locum consultant in rehabilitation medicine acting for Dr Nicola Ryall.

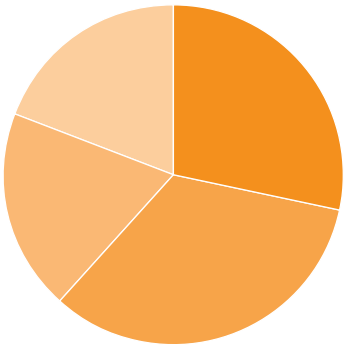
Children and adolescents with limb absence are seen regularly in outpatients by Dr Hanrahan and the prosthetist service provided by both the NRH staff and members of the Ability Matters service. The paediatric Occupational Therapy service and the Social Work department link with these outpatient clinics as necessary and admissions for training and education around the use of new prosthetic limbs is planned between the limb fitting professionals and the paediatric team.

Demographics, Activity and Outcomes for 2008

Type of Rehabilitation Admission	Description	Number in 2008
PAED 1	Children and adolescents discharged from inpatient assessment and a period of intensive rehabilitation (covered by the CARF inpatient (CIIRP) standards)	21
PAED 2	Initial assessment only	9
PAED 3	Interdisciplinary review	23
PAED 4	Neuropsychological assessment / review only	14
PAED 5	prosthetic limb introduction / training	9
PAED 6	Interdisciplinary review via groups as part of "Summer Review Project"	33
PAED 7	Brief re-admission for a burst of intense rehabilitation	3

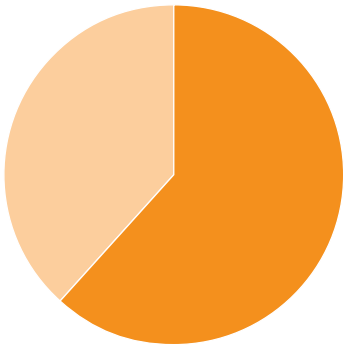
In 2008, of the 21 'PAED 1' Children and Adolescents, the following table shows the breakdown of pre-hospital HSE areas of residence:

Pre-hospital HSE areas of residence of patients discharged from the PAEDS Programme



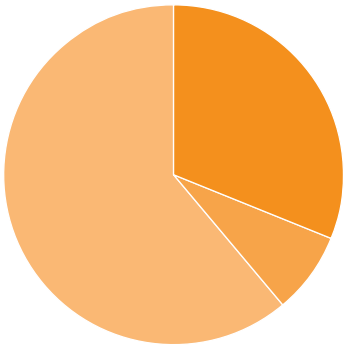
HSE Dublin Mid Leinster	**28.5%**
HSE Dublin North East	**33.3%**
HSE South	**19.1%**
HSE West	**19.1%**

Gender of patients discharged from the PAEDS Programme



Male	**61.8%**
Female	**38.2%**

Age Profile of patients discharged from the PAEDS Programme



Average age	**8.2 years**
Lower age range	**2 years**
Higher age range	**16 years**

Paediatric Family-Centred Rehabilitation Programme – Access, Effectiveness and Efficiency

Currently all children admitted for assessment and intensive rehabilitation (PAED 1's), are monitored in relation to the Inpatient (CIIRP) outcomes and are assessed against an NRH Paediatric Team "Modified Barthell Measuring sheet". We have assessed the highest possible scores for 4 different age groups, taking into account normal growth and development. The children and adolescents are then measured against their own age specific targets.

Outcomes

For the PAEDS Programme in 2008 the indicators and outcome targets shown in the table below were chosen to demonstrate the effectiveness of the service.

Indicator	Target Set for 2008	Outcome for 2008	Note / Trend
Average days waiting for Admission	80% of PAED 1 patients would be admitted within 90 days	76.2% were admitted under 90 days	
Completion of the Outcome Measure	95% completion of both the admission and discharge Modified Barthel*	52.4% completion rate for PAED 1s	* The NRH Paediatric Modified Barthel Considerable progress was made during the year with completion of this Outcome Measure.
Incidence of Positive Function Score	90% of PAED 1 patients would show a positive change in the Modified Barthel at discharge	66.7% showed a positive change	33.3% showed no change
Average Rehabilitation Length of Stay	Average admission length of stay would be less than 90 days	Average length of stay was 93.9 days	
Discharge to Home Rate	75% of PAED 1 patients would be discharged to home	100% were discharged home	

Programme Goals Achieved in 2008

- The Paediatric Programme Planning meeting was established with the responsibility to oversee issues of development within the programme and to plan for and implement change. Because of the small size of the team it is agreed that wherever possible, all members of the team will attend – at least one from each discipline.
- Introduction of Case-coordinators for all PAED 1 patients.
- Establishment of Goals focused care planning for all PAED 1 patients.
- Introduction of an individual Patient Workbook which incorporates the Parent/Carer's Handbook, pre-admission information and space for individual printed home activity programmes.
- Compliance with the paediatric specific standards for Inpatient (CIIRP) accreditation.

Other Achievements and Developments in 2008

- Successful completion of 4 separate summer review project weeks, for younger, mid-teens and older teens – one for the limb absence children and adolescents and three separate weeks for children and adolescents with brain injury. These project weeks bring groups of children and adolescents together for review of their changing rehabilitation needs and give them the opportunity to share common challenges and gain support and insight from each other. The middle teenage group, again all boys this year, planned and managed an afternoon tea for staff members to raise money for the Simon Community.
- Successful introduction of the Music Therapy service. Music Therapy is an evidence-based profession allied to medicine. Music Therapy explores alternative ways of communicating with children and adolescents with the aim of facilitating their expression of feelings and a greater understanding of the world around them. The Music Therapist works closely with the inter-disciplinary team, is involved in the development of the whole child and works towards helping each individual achieve his or her full potential and therapeutic gaols with music based methods. We are privileged to have Rebecca O'Connor in post as Music Therapist to provide the service.

Paediatric Family-Centred Rehabilitation Programme

The achievements and developments within the PAEDS Programme during 2008 have come about because of the commitment and professionalism of the staff. Inevitably there have been challenges while the team facilitated the changes and also strived to continue to provide the highest standard of care to their patients and their families.

The Paediatric Team, patients and families benefit from the continuing introduction of students throughout the year including Occupational Therapy (OT), Physiotherapy (PT) and Social Work students, and also the exceptionally high standard of rotational staff grade therapists in OT and PT who bring so much to the service.

CLINICAL SERVICES PROVIDED WITHIN THE PAEDIATRIC FAMILY-CENTRED REHABILITATION PROGRAMME

Medical

Referrals for the inpatient service are received from across the Republic of Ireland and sometimes from other countries when Irish citizens have suffered a serious injury abroad. The referrals are for children and adolescents deemed to require a multi-disciplinary assessment and intensive rehabilitation intervention.

A pre-admission assessment is carried out to determine that the child or adolescent meets the admission criteria and if so, to schedule their admission taking into account their individual needs, the waiting list for the service and the availability of resources.

On admission, the Paediatric Team carries out Assessments, Goal Planning, Treatment, Education, and Discharge Planning for the rehabilitation needs of each child/adolescent taking into account their individual levels of impairment, their current and potential levels of activity and their ability and willingness to participate in the programme available.

Nursing

The Nursing staff have raised the matter of increasing numbers of patients needing to take rest periods during the day and this has put pressure on their resources because it is not possible currently to have children and adolescents resting down in the day room. The nurses therefore split their numbers during the day with at least one nurse upstairs with a patient needing to rest on the ward. Requests for a suitable area and resources for patients to rest downstairs have been submitted to the Committee responsible for space allocation within the hospital.

Clinical Neuropsychology

The Senior Clinical Psychologist, Dr Sarah O'Doherty, is providing the neuropsychological service for new children and adolescents admitted to the Paediatric Programme requiring interdisciplinary assessment and rehabilitation. She is also providing the essential neuropsychological reviews and updates for children and adolescents with brain injury in preparation for their important periods of transition, for example, moving from primary to secondary school. Sarah is working closely with a newly appointed Music Therapist in a unique project exploring their joint contribution to the cognitive assessment of children with brain injury.

Medical Social Work

The Social Workers provide a service to inpatients aged 0-18 years admitted to the Paediatric Family Centred Rehabilitation Programme (PAEDS), as well as the outpatient clinic and an outreach service to many of the families. Many parents and children visit the Paediatric Unit prior to admission and their induction can begin at this stage.

Initiated by the Social Work Service, The Ronald McDonald House Charity (RMHC) of Ireland donated over €70,000 to the children's playground project. The playground was officially opened on 7th July by Miriam O'Callaghan, member of the Ronald McDonald Trust and Ministers Mary Hanafin and Barry Andrews.

The Social Workers were involved the Summer Project Reviews in both adolescent and parents' groups. The programmes are particularly popular with both the young people themselves and their parents in terms of the peer support they provide.

The Social Workers continue to spend a considerable amount of time dealing with queries and concerns from parents of children who are not currently inpatients due to the lack of Social Work services in the community. The need for an inter-disciplinary out-reach team for the children in the Programme remains critical.

Nutrition & Dietetics

The Nutrition and Dietetic Service provides up to one session a week to the Paediatric Programme. The majority of referrals are for weight loss or weight gain issues. The ability of infants, children and adolescents to achieve their potential for growth and development depends upon them meeting their nutritional requirements. Inadequate oral intake, as a result of poor appetite and increased nutritional requirements can impair growth and development if untreated. Equally, children may also be more prone to weight gain as a result of reduced physical active.

Occupational Therapy

Occupational Therapy services are provided in individual sessions to all patients under the care of the Paediatric Programme, with the exception of the annual summer projects for children of similar age and diagnostic categories. Summer projects are usually the busiest time of year as the weeks include group work, individual reviews and outings, while maintaining a 'holiday camp' atmosphere.

The Occupational Therapy Service to the Paediatric Programme also continues to provide support and advice to patients and families after hospital discharge. This places additional demand on the service and indicates the need for a dedicated outreach support service in the absence of specialist community teams.

Physiotherapy

Reports and figures from Physiotherapy refer to the number of Paediatric patients seen by them as being lower than 2007, however they indicate that the periods of admission were longer and the children and adolescents in their service had more complex needs.

A very significant loss to the Paediatric Physiotherapy Service in 2008 was the departure of Amanda Carty as Senior Physiotherapist. Amanda took up the post of Clinical Specialist in Spinal Cord Injury in June. Sinead Foody was appointed to replace Amanda, who will continue to offer support to the service in her capacity as Clinical Specialist.

Speech & Language Therapy

2008 saw a shift in how Speech & Language Therapy (SLT) services are provided to the Paediatric Programme. Where previously SLT services were provided from 9am to 1pm by a Basic Grade and a Senior Grade SLT, services are now provided by a full time Senior Grade with cover to be provided by Basic Grades on a rotational basis. This new arrangement is being trialled for a 6 month period in order to determine its effectiveness in delivering SLT services to the Paediatric Programme. It is hoped that this will provide greater continuity, consistency and flexibility to SLT provision and will allow basic grade SLTs to develop their understanding and experience with paediatric brain injury population.

SLT saw a significant increase in the number of Paediatric patients with multiple diagnosis from 4 to 8.

Section 3

Clinical Services Provided Across All Programmes

Heads of Departments

Eilish Macklin
Director of Nursing

Dr Simone Carton
Head of Clinical Neuropsychology

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

Anne O'Loughlin
Principal Social Worker

Kim Sheil
Dietitian Manager

Dr Jacintha More O'Ferrall
Consultant in Occupational
Health

Dr Paul Gueret
Consultant in Occupational
Health

Anne Marie Langan
Occupational Therapy Manager

Ms Pat Keane
Senior Pharmacist

Vivienne Moffitt
Physiotherapy Manager

Dr Brian McGlone
Consultant Radiologist

Aisling Heffernan
Acting Speech & Language
Therapy Manager

Department of Nursing

Eilish Macklin
Director of Nursing

Retirements in 2008

- Anne Casey, Clinical Nurse Manager II, Our Ladys Ward
- Maria McBride, Staff Nurse Job Sharing, St. Margaret's and St. Joseph's Ward
- Mary Donagher, Health Care Assistant / Day Room Supervisor
- Shay Kenny, Health Care Assistant, St. Patrick's Ward

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

Continuous Professional Development

Nursing and Non-nursing staff in the Department undertook continuous professional development and training programmes during 2008. 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).

In 2008 there was an increase in the number of patients not having English as their first language admitted across all wards, many of whom required an interpreter service. This led to a greater demand on all members of ward staff as individual attention and time was required to meet patient and family needs..

I take this opportunity to thank Stephani MacDarby and Valerie O'Shea, Assistant Directors of Nursing for their help, support and hard work during 2008.

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 them for their time and hard work, all those who serve on various hospital Committees, especially CARF committees during 2008. Thanks also to Michael Sheridan and John Mooney, Nursing Support Officers, for their assistance, and many thanks to Derek Greene for his availability, advice and support during 2008.

Nursing Education Department

Fanchea McCourt
Education Co-ordinator

Accreditation by CARF (Commission on Accreditation of Rehabilitation Facilities)

2008 year saw the NRH prepare for and achieve CARF accreditation. Many hours were devoted by the Education Department 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, Registered General Nurses and the Health Care Assistant Staff. The Education Department participated in a series of questions and answer sessions for staff to enable them to better understand competencies in preparation for survey by the CARF assessors. The survey took place on June 26th & 27th.

A total of 31 one hour lectures and workshops for Health Care Assistants were delivered by the Education Department in 2008 to educate staff and enable them to achieve their clinical competencies. These workshops included lectures on rehabilitation, intimate care, bladder and catheter care, bowel care management. types and levels of SCI, types of ABI, swallowing and dysphagia, diabetes and amputation, and suctioning and care of tracheotomies for Registered General Nurses. Though there was a very big demand on the Education Department the willing attendance and interest of the Health Care Assistants made it worthwhile.

The Clinical Facilitators Liz Croxon and Catherine O'Neill also spent many hours assisting and helping acting Clinical Nurse Managers to examine the staff competencies.

Section 3

Clinical Services Provided Across All Programmes

Undergraduate and Post-graduate Student Placements

DEGREE STUDENTS

There was a 37% increase in undergraduate numbers from University College Dublin in 2008 with 110 undergraduates accommodated for a one week clinical placement at the National Rehabilitation Hospital. Fifteen of the University College Dublin undergraduate students are undertaking the combined general and children's programme

POSTGRADUATE HIGHER DIPLOMA STUDENTS

Specialist postgraduate clinical placements continue at the National Rehabilitation Hospital.

Four Postgraduate students undertaking the Disability and Enablement Higher Diploma at Trinity College Dublin were accommodated for a two week clinical placement in 2008.

The Further Education and Training Awards Council (FETAC) Courses

The National Rehabilitation Hospital is now Quality Assured to run FETAC courses.

Neurological Rehabilitation Support Module continues at the National Rehabilitation Hospital. Seven students from NRH who completed this 5 day module were presented with their certificates in April 2008 by a FETAC representative. All 7 students achieved a distinction, congratulations and well done to all.

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

Higher Diploma "Promoting Enablement in Persons with a Physical Disability". Trinity College Dublin

The NRH Education Department developed and delivered a 3 day module on rehabilitation for this course. The students were also accommodated for a 2 week mentored clinical placement at NRH.

The four day course in **General Rehabilitation** continued to run for National Rehabilitation Hospital registered nurses. The interest and demand for this course is overwhelming. A total of 3 courses were co-ordinated and facilitated over 2008, with 21 registered nurses accommodated on the courses. Successful completion of the course includes 100% attendance at lectures and a compulsory research assignment..

A two day **Introduction to Rehabilitation Course** for new Registered General Nursing staff was delivered by the Education Department in March 2008.

Management of the Neurogenic Bowel Training

Throughout 2008 requests continued to come to the Education Department for education and training in the management of the Neurogenic Bowel. As a consequence of this the Education Department has opened all study days on the Neurogenic Bowel held at the NRH to the Community services.

Ten one day courses on the Neurogenic Bowel were delivered to NRH Staff and to external agencies in 2008.

National Rehabilitation Hospital Nursing and Care Support Staff having completed the theoretical component must undertake and pass a written and practical examination to achieve competency. In addition to the above, care support staff are required to undertake be supervised 3 times by a Registered General Nurse

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 a one-day theoretical and practical training on male catheterisation, both urethral and supra-pubic. Again for competency, an oral examination and supervision of three catheterisations in the clinical area is required.

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

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

A steering group of has been established with the Education Department to write **NRH Guidelines on "Administration of Intravenous Medications by Nurses"**. This needs to be accomplished as a priority prior to roll out of the IV study day for all nurses at NRH.

A study day on **Venepuncture** was co-ordinated by the Education Department; seven staff undertook the course.

Other Lectures Delivered by the Education Department included mandatory SCIP Training to NRH Staff; SCI 'From Acute to Rehabilitation' to St. Vincent's

A&E Certificate Course; Principles of Rehabilitation and Chronic Illness to the Undergraduate Degree Programme, UCD; Continuum of Rehabilitation to Postgraduate Diploma Nurses on in Cappagh Hospital

Continuing Education update Lectures

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

- Insulin and insulin devices
- Wound Management
- Update on Epilepsy
- New Incontinence devices
- Coagulation/Anticoagulation
- Reading MRI/CT Scans

Fanchea McCourt continues to represent the National Rehabilitation Hospital 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 took place twice in 2008 in Birmingham.

The Education Department continue to advocate for the development of Library Facilities at the National Rehabilitation Hospital.

Section 3

Clinical Services Provided Across All Programmes

Infection Control Department

Rosaleen Clarke
Clinical Nurse Specialist – Infection Control

"The hands are home to millions of microbes". This is the message that the Infection Control nurse aimed to get across in 2008 to everyone in the National Rehabilitation Hospital. 45 Hand Hygiene workshops were held throughout 2008 to train all hospital staff in the use of proper hand hygiene techniques. Additional posters promoting the importance of good hand hygiene were displayed throughout the hospital during the year. This helped heighten public awareness, and all visitors to the hospital, especially to ward areas, used the alcohol rubs to clean their hands on entering and when leaving the premises. This initiative was noticed by the CARF Accreditation surveyors and Rosaleen Clarke was highly commended for her work in this area.

In conjunction with Hand Hygiene training, a video on the use of Standard Precautions was also shown on many occasions throughout the year. In particular, the importance of breaking the "Chain of Infection" in preventing the spread of bacteria was demonstrated. A significant number of patients admitted to the National Rehabilitation Hospital are immuo-compromised and therefore need to be protected against infection.

In the second quarter of 2008, there was an occurrence of a cluster of Clostridium Difficile cases. Further analysis showed that there was a significant drop in infection rates on the smaller wards/units compared to the incidents of infections on larger wards.

An increase in the rate of healthcare associated infections (HCAIs) was noted in our facility during 2008. This may be due, in part, to the fact that more and more patients are being admitted here with a previously known history of infections, such as MRSA, VRE, HepB, and Clostridium Difficile.

In the National Rehabilitation Hospital, effective solutions to help reduce the rate of transmission of infection are being explored and support is needed on many different levels and by many different services within the hospital, i.e. clinical, management, structural/technical and educational. Realistically, to achieve service improvement in infection control, the fact must be continually highlighted that ongoing prevention and control of infection is everyone's business. Active involvement in this regard must include patients, visitors and all hospital staff.

Educating clinical staff about the use of Standard Precautions is paramount in combating the transmission of healthcare associated infections (HCAIs). Single rooms provide a means of helping to control the spread of infection; however the NRH has a limited number of single rooms which are constantly in use.

C.S.S.D (Clinical Sterile Supplies)

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

Other Milestones in 2008

During 2008, talks concerning Infection Control practices were given to all new staff members at Induction. Lectures were also given to Volunteers who visit the hospital. Other presentations related to infection control were given throughout the year.

New hand basins (HTM64) as recommended by SARI were fitted in all clinical areas throughout the hospital.

A new Reverse Osmosis (RO) machine was fitted in the Urology department to filter the water used in the Automated Endoscopy Reprocessor (AER). The AER decontaminates and disinfects used bronchoscopes and cystoscopes.

Spill Kits were issued to each ward and department to enable safe and immediate cleaning of any blood or body fluid spills.

A policy for the Management of Intravenous Catheters was signed off by Dr Lynda Fenelon, (SVUH) and distributed to all wards and relevant areas.

The "Surveillance, Diagnosis and Management of Clostridium difficile-associated Disease in Ireland" booklet, published by The Health Protection Surveillance Centre (HPSC) in conjunction with the Minister for Health & Children, containing the national guidelines on Clostridium difficile was circulated to each ward. As there was an increase in the number of cases of Clostridium difficile in the National Rehabilitation Hospital this year, a review/audit was undertaken during the year to determine the cause of this increase, and procedures were put in place to reduce future outbreaks.

Outpatients Department

Claire Loughnane
CNM11

Susan Holmes
Staff Nurse

Marcella Whelan
Health Care Assistant

The Outpatients' Department (OPD) in Unit 6 has now been up and running successfully for 2 years. A new Neurology Clinic led by Dr Andrew Hanrahan commenced in October 2008. This clinic caters mainly for patients suffering with spasticity who require Botox injections. Presently this clinic is running once a month, but it is hoped that this may increase to twice monthly in 2009.

The Outpatients Clinics being held in the OPD are:

- Disabled Drivers Medical Board of Appeal – Dr Jacinta McElligott
- Multidisciplinary and Review Clinics for Brain Injury Patients – Dr Mark Delargy
- Multidisciplinary Spinal Cord Injury Clinic – Dr Manus McCaughey
- Neurobehavioural Clinic – Dr Mark Delargy, Dr Kieran O'Driscoll and Dr Simone Carton
- Neurology Clinic – Dr Jacinta McElligott
- Neurology Clinic – Dr Jacinta Morgan
- Neurology Clinics – Dr Andrew Hanrahan
- Orthopaedic Clinic – Mr Keith Synnott
- Orthoptics Clinic – Irene Reid
- Paediatric Clinic – Dr Hugh Monaghan
- Psychiatry Clinic – Dr Cian Denihan

PCs have been provided in the Assessment Rooms and Audio Visual equipment has been installed in Room 7 in OPD for use at lectures and meetings. These new facilities have allowed for easier communication and co-operation with other Outpatient disciplines.

New signposting throughout the grounds of the National Rehabilitation Hospital has proved invaluable in aiding patients to find their way to their appointments. The OPD staff in conjunction with the Programme Managers also designed a detailed map of the grounds of the hospital and surrounding local area. These maps are extremely helpful to patients, when included in their appointment letters.

Section 3

Clinical Services Provided Across All Programmes

Sexual Health Service

Pauline Sheils
Clinical Nurse Specialist in Sexual Health and Illness/Disability

The Sexual Health Service continues at NRH and Mr Flynn, Consultant Urologist, continues to provide a valued input to the service especially in relation to the fertility programs for our Spinal Cord Injured patients.

The service has seen an increase of patients attending the service from 109 patients in 2007 to 143 patients in 2008.

The service is available to all patients of the hospital and is not confined to a particular Rehabilitation Programme. However the highest population of patients are from the Spinal Cord System of Care Programme. The service is available to both inpatients and outpatients.

Patients 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 issues.

A great incentive for our spinal injured patients in relation to fertility has been highlighted this year by the birth of babies to fathers with spinal cord injuries sustained 30 and 36 years ago. This is a great achievement and thanks must be given to the HARI unit in the Rotunda Hospital for their input in these successes.

Service Development

There were five multidisciplinary workshops held throughout 2008 which led to 63 multidisciplinary staff been trained. The increase in staff awareness and education in the area of sexuality and disability has led to an increased referral of patients to the service.

Urology Service

Eva Wallace
CNM 11

The Urology service, led by Mr Robert Flynn, Consultant Urologist, provides a service for all patients in the National Rehabilitation Hospital covering all Rehabilitation Programmes. This service endeavours to provide a quality patient centered service for Spinal Cord Injury patients for both inpatient and outpatient GU services in the National Rehabilitation Hospital, despite being underresourced. Many patients are attending this service since their initial accident, some as long as 35 years post injury.

Over 350 inpatients are seen by the Consultant annually.

Nurse Led Clinics

Two clinics are held per week addressing mainly spinal cord injured patients with neurogenic bladder dysfunction. These patients attend on an annual/biannual basis for routine surveillance of the urinary tract. The Urology and Radiology Departments work closely for some of this service.

Urodynamics Clinic

A total of 121 Urodynamics procedures were preformed in 2008, including 55 outpatients. A long waiting list continues with some patients discharged before UDS are preformed.

Flexible Endoscopy
Approximately 10 procedures were carried out this year on a trial basis, but due to staffing levels the numbers are restricted.

Drop-in Clinic
Small numbers of patients who either are passing by the hospital or who are attending other services in the National Rehabilitation Hospital call in for advice. It is becoming more challenging to provide this service on an ad hoc basis with current staffing levels.

Catheter Clinic
Many patients with neurogenic bladders may need to have a suprapubic catheter inserted. The first change is generally done at the clinic, following on from this the local Public Health Nurse, family or carer may be educated on this procedure.

Referral
Patients attending the Nurse Led clinics can be referred as appropriate to, for example, the Rehabilitation Consultant, Multidisciplinary Clinic, Nurse Liaison, Sexual Health, Public Health Nurse, GP, Acute Hospital.

Urology staff provide education depending on Patient / Carer's individual requests. It is vital that patients' education regarding bladder and bowel issues is continued post discharge.

A phlebotomist service to the GU clinic was provided by Urology staff in 2008. In December, we welcomed Khalid Chaudhary as a full time Phlebotomist to the National Rehabilitation Hospital.

In addition, the Urology Committee with representatives from medical, nursing, allied health, patient administration, risk management and the SCSC Programme Manager, met during the course of 2008 to formulate a Urology Service Development Plan.

Section 3

Clinical Services Provided Across All Programmes

Clinical Neuropsychology

Dr Simone Carton
Head of Clinical Neuropsychology

"Man is a goal seeking animal. His life only has meaning if he is reaching out and striving for his goal".

Aristotle

The fundamental outcome of the rehabilitation enterprise is optimal adjustment of persons with physical disability. Good adjustment is characterised by subjective well-being, meaningful activities, satisfying relationships and good health. It is easy for rehabilitation programmes to become preoccupied with secondary complications, ill- health and psychopathology at the expense of adaptive behaviours, positive assets and indicators of well being. Except in the case of severe brain injury, psychological factors predict long term adjustment and therefore psychological expertise is essential at all levels of service development, delivery and evaluation. Emotional issues and cognitive problems frequently, if not invariably, complicate initial reactions to acquired disability as well as the transition to rehabilitation and long term adjustment. The identification of motivational, emotional and psychological factors associated with rehabilitation and disability is crucial in assisting people to come to terms with and learn strategies to minimise the often devastating bodily disruption and/or significant cognitive changes that accompany acquired disability.

Service delivery priorities for the department include:

- Assessment of psychological, cognitive and emotional status of newly admitted patients.
- Comprehensive neuropsychological assessment of brain injured patients.
- Design and implementation of cognitive rehabilitation programmes.
- Brief focussed therapeutic interventions for those individuals identified to be most at risk psychologically.
- Ongoing psychological intervention, depending on the level of need, for inpatients.
- Behavioural support meetings for staff dealing with challenging behaviour.
- Provision of support and education to patients and relatives to maximise coping and adjustment strategies.
- The provision of support to patients, families, schools, carers and relevant community personnel to enhance community reintegration.
- Post discharge outpatient psychological assessment and support.
- Provision of psychological support to staff within the multidisciplinary team.
- In-service staff teaching and training.
- Supervision of psychology assistants and doctoral level students from approved Doctorate in Clinical Psychology programmes.

The psychology department is involved in a range of multidisciplinary initiatives at NRH including:

- The Stroke Awareness for Carers programme
- The Neurobehavioural Clinic
- The Behaviour Consultancy Forum
- SCIP (Strategies for Crisis Intervention and Prevention)
- CPI (Crisis Prevention and Intervention)

In 2008, two additional group programmes were designed and delivered in conjunction with the occupational therapy department:

- A cognitive behavioural psycho-educational Insight and Awareness group.
- A cognitive behavioural, skills based Stress Management programme

Research

Engaging in a range of research activities is a core aspect of psychology in any setting. Participation in research projects which seek to improve the understanding, planning and delivery of rehabilitation and patient care across the spectrum of our diverse patient population is essential. Research undertaken included:

- **'Marital Satisfaction, Coping and Social Supports following Brain Injury' (Masters in Applied Psychology TCD)**
  Anne Marie Casey – under supervision of Patricia Byrne, Senior Neuropsychologist
- **'Psychological Consequences of Post Partum Stroke: An Idiographic Approach' (TCD Doctoral Thesis).**
  Patricia Byrne – Clinical Advisor
- **A user-friendly computerised training programme to increase awareness in patients with acquired brain injury and fronto-temporal dementia**
  Developed and evaluated by Mary Fitzgerald, Psychologist
- **'Investigating cognitive and electrophysiological mechanisms of task switching deficits in traumatic brain injury.' (Joint project with TCD)**
  Becky Camilleri, Psychologist

Valerie Twomey was appointed interim Programme Manager for the Brain Injury Programme in December and we wish her well in her new post. Despite small numbers, the Psychology department will endeavour to continue to provide a responsible, flexible and relevant service across all Programmes.

Dental Service

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

During 2008 the dental unit at the hospital continued to provide a dental service for inpatients of the hospital, and also for outpatients of the Dún Laoghaire dental area. The dental unit offers mainly a primary care dental service.

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

Dental treatment for inpatients is mostly limited to treatment that can be provided within the time available while patients are at the National Rehabilitation Hospital.

2008 Data	
Total Number of Patients having attended for an appointment at the unit in year 2008	205
Total Number of Completed dental appointments at the unit in year 2008	566
Total Number of Inpatient referrals to the department received during year 2008	145
Total Number of Outpatient referrals to the department received during year 2008	60

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

In summary, the dental unit continues to provide a necessary service for both inpatients and outpatients with disabilities.

Section 3

Clinical Services Provided Across All Programmes

Medical Social Work

Anne O'Loughlin
Principal Social Worker

The Social Work Department experienced a number of changes in staff in 2008 due to the appointment of three Senior Social Work staff as CARF Programme Managers. Mary Cummins, Eugene Roe and Dorothy Gibney moved to the Paediatric, Spinal Cord System of Care and POLAR Programmes respectively, although Dorothy remains in her Senior Social Work role on a part-time basis. Thomas Mathew, Sheila Mac Gowan, Áine Delaney and Clare Lynch joined the Department in 2008 to provide locum cover.

In line with all other Departments in the Hospital, a major focus in 2008 was the preparation for accreditation and the bedding in of the new policies and procedures following the successful outcome. The Social Workers contribute to programmatic planning meetings on all programmes as well as to the interdisciplinary team assessments, goal setting, treatment agreements and other procedures. Single case recording has now become established as required by both HSE and CARF standards. Social Workers and nursing colleagues complete the treatment proposal document with the patient and/or family members and take on a case co-ordination role along with all team members.

The implementation of Standards to achieve accreditation has had a considerable impact this year with regard to amount of time spent in programmatic meetings and learning the new systems as well as the high number of staff changes within the Department.

In addition to the Inpatient Programmes, a Social Work service is also provided at the multi-disciplinary Outpatients Clinics.

Inter Agency Forum (IAF)

Anne O'Loughlin chairs the Inter Agency Forum. The IAF is a group of all the Voluntary Agencies who work closely with the hospital, some based on-site, who provide support services to many of our patients and past patients. The IAF has been working on developing and implementing the standards by which the hospital interacts and communicates with the various agencies. Other joint projects are ongoing such as information events and services, training opportunities and advocacy. The IAF was included as part of the hospital CARF survey and we would like to thank the agencies for giving their time and input to this process.

Children First Training

The Social Work staff is involved in providing information on the hospital's child protection and welfare guidelines to all staff, NCHD and Volunteer induction programmes.

Carer Training

The Social Work staff continued their work with the carer training team on the Stroke Awareness for Carers Group (SACG). The team has been offering a presentation to carers of patients across all Programmes entitled "Getting the Most Out of Rehabilitation" on a pilot basis and is currently being reviewed.

Initiated by the Social Work Department, The Ronald McDonald House Charity (RMHC) of Ireland donated over €70,000 to the Children's Playground Project. On July 7th, 2008, the playground was officially opened by Miriam O'Callaghan of RTE, Barry Andrews, Minister of State for Children and Mary Hanafin, Minister for Social and Family Affairs were also present. Our thanks once again to the RMHC for providing this wonderful facility for the children attending the Paediatric Programme.

Nutrition & Dietitics

Kim Sheil
Dietitian Manager

Nutrition & Dietetic services are provided to inpatients from across all Programmes at 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 service liaises closely with the Catering Department and Speech & Language Therapy Dysphagia service to plan menus and therapeutic diets.

Clinical allocation to the programmes is as follows

Programme	WTE allocation
Brain Injury Programme	0.7
Spinal Cord System of Care	0.5
POLAR	0.2
Paediatric Family Centred Programme	0.1

In 2008, there was a 3% increase in total consultations compared with 2007; there was also an increase of 8% in the number of time units (15 minute units) provided in 2008.

Joint Catering / SLT / Dietetics Meetings

In 2008, this multidisciplinary group devised a new 5 week menu cycle with daily choices for therapeutic diets highlighted. The aim was to provide patients requiring therapeutic diets with maximum choice, to aid compliance to their diet.

New Enteral and Sip Feed Contract

In 2008 the department in conjunction with the HPSG and the Pharmacy negotiated a new contract for enteral and sip feeds. The new contract should result in cost savings for 2009. Nursing staff were trained in the use of the new feeding system. User feedback to date has been overwhelmingly positive.

Enteral Feeding Policy

The dietitians re-commenced work on this policy in 2008.

Weights Audit

In 2008 an audit was undertaken to document the degree of weight change for patients post injury. Information from the audit will be used as the starting point for developing a Weight Management Programme for the hospital.

Dysphagia Survey

In conjunction with the Speech & Language Therapy Department a survey of staff understanding of dysphagia was conducted. Results of the survey were used to develop education sessions on this topic.

Section 3

Clinical Services Provided Across All Programmes

Occupational Health

Dr Jacintha More O'Ferrall
Dr Paul Guéret
Consultants in Occupational Health

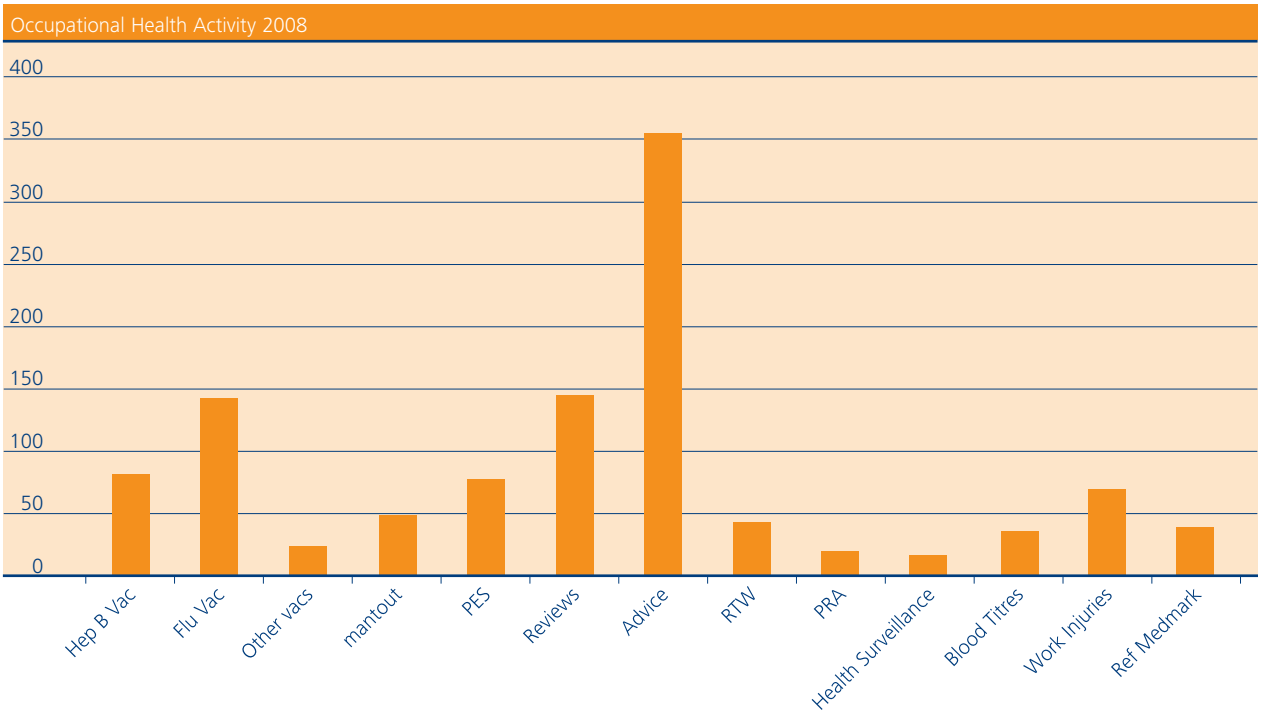
In 2008, over 1100 contacts were made with the Occupational Health Department.

Occupational Health Nurse Rose Curtis is based at NRH, with Dr Jacintha More O'Ferrall carrying out monthly on-site visits. Referrals as required, take place in Medmark, Baggot Street. Over 40 staff members attended Baggot Street as part of a medical assessment for fitness to work or for absence management.

Services Provided

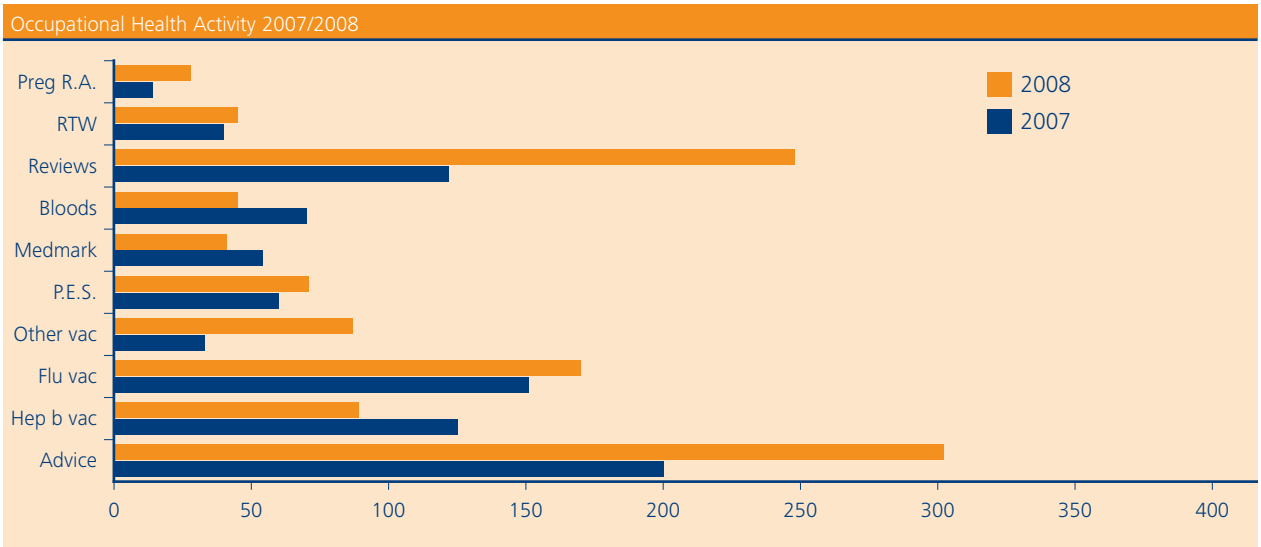
- Confidential advice on Occupational Health related issues
- Pre-employment screening of all new staff.
- Back to work assessments.
- Sharps injury follow-up.
- Health surveillance.
- Health promotion.
- Occupational First Aid.
- Relaxation sessions.
- Smoking cessation programmes.
- Pregnancy risk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

Breakdown of Occupational Health Consultations in 2008	
Advice on occupational health issues	355
Work related injuries	70
Vaccinations	
– Hepatitis B	82
– Mantoux	50
– Flu Vaccine	143
– Other Vaccinations	25
Blood Tests	38
Pre-employment screen	79
Reviews and follow-up	146
Back to work assessment	43
Pregnancy risk assessment	20
Health Surveillance	17
Referrals to Medmark	40



Abbreviations

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



Key Milestones in 2008

- Provision of the Employee Assistance Programme.
- Continued focus on the reduction of sickness absence.
- Continuation with co-ordinating a back-care programme for occupationally injured staff, supported by the Physiotherapy Department.

Section 3

Clinical Services Provided Across All Programmes

Occupational Therapy

Anne Marie Langan
Occupational Therapy Manager

Occupational Therapy in rehabilitation focuses on enabling maximum independence for patients within the limitations imposed by their injury and illness. Therapists facilitate the acquisition of the knowledge, skills and compensatory strategies that will enable each individual patient to perform the tasks and activities that are meaningful for them. This can mean doing things in a different way, for example, using assistive devices and technologies, but it is also about exploring 'new things to do', interests and opportunities, which patients can draw upon after rehabilitation.

2008 has been a time of great change within the Occupational Therapy Department. While significant service change was implemented through the process of Accreditation, a change of leadership within the department also initiated a period of review and reflection on service provision. At the beginning of 2008, Nuala Tierney, Occupational Therapy Manager, retired from her position after 40 years of dedicated service to the hospital. We wish Nuala well in her retirement and acknowledge her commitment to building the service throughout the years.

2008 was also marked by other key events which were celebrated by staff and patients during the year. These include but were not limited to, successful Accreditation awarded by CARF, the purchase of a new vehicle by the Occupational Therapy Department and victory at the Rose of Tralee by Aoife Kelly, Occupational Therapist.

The Occupational Therapy service is structured into inpatient programmatic teams and clinical speciality services. In addition to core therapy provision across all inpatient Programmes at NRH, we also provide the following services:

- Discharge Liaison Occupational Therapy
- Vocational Assessment
- Splinting (in conjunction with Physiotherapy)
- Outpatient Services
- Woodwork and Art Sessions
- Co-ordination of the Disabled Parking Badge Scheme for patients of the NRH in conjunction with the Irish Wheelchair Association (IWA)
- Co-ordination of Driving Assessment for patients of the NRH in conjunction with the IWA
- Co-ordination of Primary Medical Certificate Assessment by the Local Area Medical Officer

New Service Developments launched in 2008 include:

- Approval for a pilot project to establish and develop Recreational Therapy Services at the NRH.
- An increase in professional student placements under the direction of our Practice Tutor. During 2008, 25 professional placements were accommodated in comparison with 12 the previous year.
- Bimonthly information session about 'Occupational Therapy as a Career' initiated to meet demand from students and other interested parties.
- New technologies were trialled in conjunction with 'The Try-it Project'.

Staffing levels remain below international recommended standards for units of similar description and service delivery. This situation has required innovative approaches to service delivery to meet the needs of the patient groups served, and would not be possible without the dedication and commitment of the Occupational Therapy team who regularly work beyond core hours to support service provision. Additional staff resources are required to maintain the current service levels while meeting the needs of an increased complexity of patients.

During 2008 recycling options have been explored within the context of guidance issued by the Irish Medicines Board on the management of equipment. Recycling equipment also has the capacity to create cost efficiencies while meeting patient need. Accessing this service will be a priority in 2009.

The Discharge Liaison Occupational Therapy staffing complement remains at two, with the result that the service cannot be expanded beyond the Dublin, Wicklow and Kildare areas for which it was originally funded. Additional staffing is required as priority to enable expansion of the service to all patients nationally.

Congratulations are extended to Alison McCann and Aisling Weyham who achieved Accreditation on the 'Sensory Modality Assessment and Rehabilitation Technique'(SMART), a specialist programme for patients with disorders of consciousness and to Marian Ward who completed the FETAC Course during the year.

Finally, at the end of 2008, I wish to thank all the staff of the Occupational Therapy Team for their support and commitment to the patients and the service during the year.

Pharmacy

Ms Pat Keane
Senior Pharmacist

The Pharmacy at NRH provides medication reviews for all patients on admission. Procurement, storage and supply of medications are managed in a safe, effective, economic and timely manner. The pharmacy also provides medication information and dispenses staff prescriptions.

The majority of the work of the Pharmacy is dispensing for patients going home on weekend leave, which is an important part of their rehabilitation.

A new system consisting of individualised units containing all medication for each individual patient has been introduced. Medication errors are minimised and nurses and patients facilitated in better management of day to day medication. Currently, there are only 29 beds using the traditional system.

Statistics	2005	2006	2007	2008
Total medications issued	51,646	53,226	55,938	54,365
Weekend medications	23,829	23,923	22,483	23,250
Staff Prescriptions	841	783	738	853

During 2008 the following projects were undertaken by the Pharmacy:

- Warfarin Audit
- Individual Patient Dispensing
- Generic Prescribing
- Antibiotic Policy (in conjunction with SVUH)
- Intervention Reporting (ongoing)
- Admission Prescription Audit (ongoing)

The Pharmacy department underwent an external review in 2008 and the pharmacy staff look forward to the implementation of the recommendations of the review.

Section 3

Clinical Services Provided Across All Programmes

Physiotherapy

Vivienne Moffitt
Physiotherapy Manager

The Physiotherapy service provides a wide range of clinical and educational services to both Inpatient Programmes and Outpatient Services. 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 the Physiotherapy remit.

The inclusion of our assistant staff within the management remit of the Physiotherapy Manager has led to greater flexibility and has increased the opportunities for education and self development for this grade.

The Physiotherapy department also has several services which operate across all programmes. These include the following:

Respiratory Care

2008 has seen an increase for this service, reflecting an increased complexity of patients requiring the service. Out of Hours attendances increased by 22%, and Treatment Units increased by 23% in 2008. Monday-Friday attendances increased by 8% and Treatment Units increased by 16%.

Senior Physiotherapists continue to lead the respiratory care education for physiotherapy staff within the hospital, and also contribute to respiratory education for nursing colleagues. It is planned to roll out training to physiotherapy colleagues nationally in 2009. A senior physiotherapist participated in the transfer of a highly respiratory compromised patient to Slovakia in December and trained local personnel in the use of specialist respiratory treatment and equipment.

Hydrotherapy

An increased number of patients required 1:1 hydrotherapy treatment during 2008. In order to maximise patient treatment and reduce the waiting list, a new timetabling system was introduced in July. This increased the average monthly attendances between August and December by 33.

Sports/Fitness

The department continues to liaise with gyms and other facilities nationally to facilitate ongoing programmes for patients in their local areas on discharge. In 2008, 100 such referrals were made.

Splinting

The Splinting service is jointly run with Occupational Therapy. The major focus of the service is on accommodating the splinting needs of inpatients but we also offer a limited service to patients who have been discharged from the hospital. A pilot system is planned to address the limited number of Outpatient slots leading to extended waiting times for the Splinting Service.

Safer Handling/Ergonomic Service

In 2008, a pilot scheme increased the hours allocated to this service. This was in recognition of the growing demands and increased requirements for ergonomic assessments and training. Wards/departments have been facilitated with regard to specific patient requirements, which has been beneficial in terms of patient/staff comfort and safety. This has proved to be a valuable initiative which is hoped will continue in 2009.

Outpatient Department

2008 recorded an increase in the number of referrals to the Outpatient Service for patients who have never been inpatients in the National Rehabilitation Hospital. There has also been an increase in the number of patients referred with progressive conditions who tend to remain longer in our service and have an ongoing need for communication with their community teams, families/carers.

In collaboration with their Speech & Language, and Occupational Therapy colleagues our outpatient Physiotherapists reviewed various outcome measures to be used by all disciplines. The AUSTOMS (Australian Therapy Outcome Measures) was chosen and this will be implemented, and its effectiveness will be audited over a 6 month period.

Lokomat

53 adult inpatients benefited from assessment/training on the Lokomat in 2008 - 26 from the Brain Injury Programme and 27 from the SCSC Programme. Five children, all with acquired brain injury received training also.

Donations

In 2008, the Soroptimists Ireland, in their second year of fundraising support, have provided the following physiotherapy equipment to NRH:

- FES Cycle
- Pressure Monitoring Unit
- Smart Step
- Hill Rom Vest

We are extremely grateful for this support.

Accreditation

The awarding of the maximum 3 year accreditation is a reflection of the degree of effort and commitment put in by staff. We look forward to continuing to work toward improved patient outcomes in the coming year.

As always my thanks to all of the staff within the Physiotherapy department for their commitment, flexibility and expertise which on a daily basis is directed to providing the highest quality of care to the people we serve and for their continuing support for me.

Radiology

Dr Brian McGlone
Consultant Radiologist

Outline of Diagnostic Services Provided

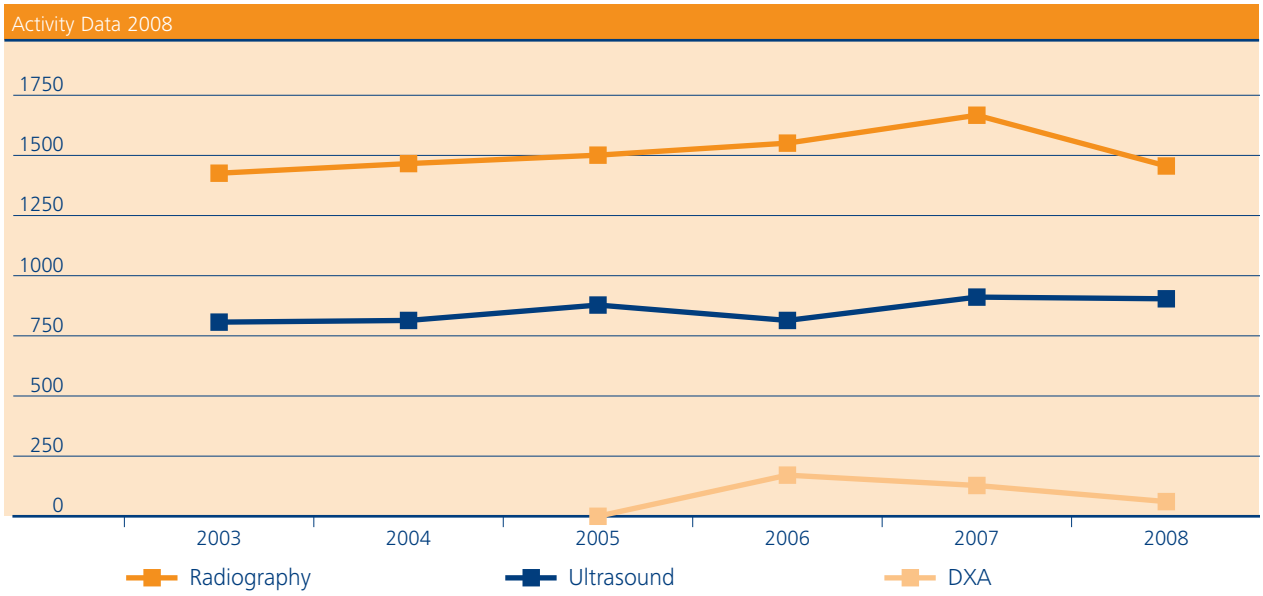
The Radiology service provides diagnostic imaging services to all inpatient Programmes, and also to outpatients. These services include:

- On site general radiography, ultrasound, mobile radiography, special procedures and Dual-Energy X-ray Absorptiometry (DXA) scanning
- CT scanning service at St. Columcille's Hospital, Loughlinstown.
- On-call Radiography service

Activity Data 2008	
Ultrasound (Dr McGlone)	904
General x-ray	1456
DXA scans	61

Section 3

Clinical Services Provided Across All Programmes



New services / developments

DXA SCANNING

A DXA scanning service for staff at risk of Osteoporosis was established in conjunction with Rose Curtis, Occupational Health. To date, 60 staff members have been recruited for scanning early in 2009.

ULTRASOUND

Tenders for a replacement ultrasound machine were finalised by Brian McGlone, Colette Myler and Sam Dunwoody. An improved Doppler service and enhanced image quality will be among the direct benefits to patients.

ICT

A dual monitor AGFA PACS workstation was installed in early 2008, dispensing with hard-copy reporting of computed radiography images. The printing of films for review in ward areas will be replaced by soft-copy image distribution to clinical areas on PCs.

Following application to the NIMIS (National Integrated Medical Imaging System) implementation group, the NRH has been accepted as one of a number of hospitals for national PACS roll-out. NIMIS will provide an immense resource for the comparison and review of MRI, CT and radiography images performed at other hospitals via a central repository, thus improving the management of individual patients at the NRH.

During 2008, Dr McGlone viewed equipment and engaged with the main vendors of CT, MRI, Ultrasound, Fluoroscopy and digital radiography in preparation for equipping the Radiology Department of the New Hospital.

RADIATION SAFETY

The Radiation Safety Committee of the NRH continued to meet during 2008 under the chairmanship of Dr McGlone. Ongoing Quality Assurance measurements and acceptance testing were carried out by Michael Casey, PhD and colleagues of the Department of Medical Physics, St. Vincent's University Hospital.

Speech & Language Therapy

Aisling Heffernan
Acting Speech & Language Therapy Manager

The Speech and Language Therapy (SLT) service delivery model offers individual, group based, team-based and family-centered therapy for all NRH patients referred with acquired communication and swallowing disorders. The department regularly accesses Assistive Technology devices from the loan library of www.try-it.ie to trial with patients. A large component of our service is to provide education, training and support to the family members of patients. The following are some of the interdisciplinary/SLT focused workshops that we run for patients/families:

- Supporting Partners of People with Aphasia in Relationships and Conversation (SPPARC)
- Community Outings
- Meet and Teach Groups.
- Stroke Awareness for Carers Group (S.A.C.G.).
- Getting the most out of Rehab!

There was an 8% increase in attendances to the SLT Department from 2007 to 2008.

Dysphagia Service

The referral rate to this service continues to increase with a 10% increase in referrals from 2007 to 2008. Swallowing assessment and therapy is provided to patients from across all Programmes at NRH. Referrals for videofluoroscopy and fibroendoscopic evaluation of swallowing (FEES) are made to other hospitals where indicated.

During 2008, SLT was involved in completion of a quality improvement project to improve the modified consistency diets and to educate catering staff, health care assistants and staff nurses regarding these diets.

Roll out of regular training to catering staff, health care assistants and staff nurses regarding dysphagia issues is planned for 2009. Supervision of students enrolled in MSc in Dysphagia at Trinity College will also be facilitated.

Outpatient Service

The Outpatient SLT Service provides consultation, assessment & treatment programmes for those patients referred to the service via NRH and non-NRH referral sources. The service liaises with colleagues in external agencies, for example, Acquired Brain Injury Ireland. Staffing levels in 2008 were affected by parental leave and provision of cover to inpatient services. There was a 15% increase in the referral rate from 2007 to 2008.

In 2008 there was close liaison with OPD colleagues to establish regular service development meetings, to plan the use of outcome measures, to design a system for logging OPD clients and to better manage clients' schedules.

Key milestones for the SLT Department in 2008:

- Retirement of Ms Paula Bradley, Speech & Language Therapy Manager in July 2008. Paula worked enthusiastically and committedly to the SLT Department & the NRH for 27 years. We wish her a happy & bright future!
- Members of An Garda Síochána generously approached the SLT Department with an offer of organising a fundraising Charity Ball for the department. The Ball was held in February 2008 and raised €25,000. The department used the funds raised to host the Talk Tools courses in the NRH. The Ball is being organised with the help of members of An Garda Síochána again in 2009. Monies raised will go towards the Occupational Therapy and Speech and Language Therapy Departments. We wish to thank Niamh O'Donovan, Senior SLT, for her dedication to her fundraising role!
- SLT role on the NRH Interpreter's Committee. The committee is working towards establishing standards regarding the access and use of interpreters for patients in the NRH.
- Ongoing SLT role in advocating the need for Fibreoptic Endoscopic Examination of Swallowing (FEES) onsite at the NRH.
- Successful recruitment of a Clinical Tutor. This will help us to continue to fulfil our role in educating students and will create stronger links between the Speech & Language service and the Universities.
- Volunteers carried out SLT programmes with patients in the evenings and at weekends.

Section 4

Corporate, Support and Link Services

Heads of Departments

Liam Whitty
Catering Manager

John Fitzgerald
Materials Manager

Fr. Christy Burke, CSSp
Chaplain

Bernadette Lee
Clinical Risk Manager

Rosemarie Nolan
Communications Manager

Dr Jacinta Morgan
Chairperson, DDMBA

Olive Keenan
Acting HR Manager

Lorcan Sheils
ICT Manager

Pauline Sheehan
Patient Advocacy & Liaison Officer

Audrey Donnelly
Patient Services Manager

Mary O'Connor
School Principal

Gerry Coyle
Technical Services Manager

Maryrose Barrington
Volunteer Coordinator

Brian McGann
Human Resources Manager
(Appointed December '08)

Keith Wilton
Deputy CEO
(Appointed '08)

Lisa Held
Health Planning Team Leader

Catering

Liam Whitty
Catering Manager

The Catering Department provides catering services to the wards, patients' canteen, staff canteen, coffee shop and all meetings and events hosted by the hospital. The Catering team are also responsible for the hospital laundry. In total, there are thirty staff employed in Catering.

Externally, the Catering Department provide Meals on Wheels for the Deansgrange, Monkstown, Kill O'the Grange, and Cabinteely areas. Paul Enright is undertaking a study in conjunction with Meals on Wheels volunteers and the clients to explore how we can improve this the meals on wheels service. The findings will be published in the near future.

The Catering Department provided a total of 221,378 meals in 2008. The cost of providing catering services to the hospital this year was €736,000 (excluding wages) and the income was €465,830.

We were delighted to receive a two-year Happy Heart Award in 2008.

All support received during the year is very much appreciated and the Catering Department welcome all feedback which can be given verbally or by filling out the Suggestions and Comments cards provided throughout the hospital.

Central Supplies

John Fitzgerald
Materials Manager

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

A computerised inventory management system has optimised hospital spend on materials and has improved services to wards and departments. Pre-printed requisitions are in place for wards and high weekly usage departments. Requisitions are 100% fulfilled in the same week as requested for wards and over 95 % fulfilled in the same month for hospital departments.

Wards and departments can request reports on their usage of any stock item and see resultant spend. This has resulted on lower stocks on wards and savings achieved. Also obsolete or expired materials on wards and in departments are identified.

The National Procurement Policy provides a framework for spend thresholds control and open competitive quotations. Savings are achieved through use of the Hospital Procurement Services Group. Savings are also achieved through negotiating with local suppliers, particularly on printing, computer and printer consumables, cleaning materials, office equipment and medical dressings.

Planning our requirements over several months and calling off weekly deliveries has increased material throughput and avoided stock piling of bulky materials. Work is ongoing with our systems provider to enter re-order levels on our current system.

Central Supplies Involvement in tendering processes for some Service Contracts is working well.

Increased use of the e-tenders site will be a feature of future purchasing. There was involvement with the Waste Disposal contracts during 2008, and Central Supplies will become more involved in negotiating rates for other types of waste such as battery disposal and confidential papers.

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

The Supplies Department is committed to continued involvement with new Hospital Development and look forward working with the Health Planning Team to develop an integrated supplies solution for this project.

Section 4

Corporate, Support and Link Services

Chaplaincy

Fr. Christy Burke, CSSp
Chaplain

Fr Christy Burke CSSp and Sr Catherine O'Neill, Sister of Mercy are full-time chaplains at NRH.

Reverend Ferren Glenfield, Church of Ireland, attends for church members on a voluntary basis. Eileen Roberts works part-time as Sacristan. Sr Martina Nolan and Sr Marion Ryan, Sisters of Mercy, gave considerable assistance visiting patients and twelve Volunteers helped in organising religious ceremonies, in singing and reading, in distribution of Holy Communion, and helping patients to attend services.

Church Services

- Mass is celebrated on weekdays in the chapel at 6.00pm and 10.30 am on Sundays.
- After the Sunday Mass and on Tuesdays and Thursdays at 5.30pm, Holy Communion is taken to the patients in the wards who request it.
- Once a month at the evening Mass, Anointing of the Sick is celebrated in the Chapel.
- Patients who cannot come to the Chapel are anointed in the wards on request
- Chapel services are transmitted by CCTV in most wards.

Visiting

The Chaplains visit patients in the wards on a regular basis. Newly admitted patients are normally visited within 48 hours of admission. Visitation is timed so as not interfere with therapies or cleaning. Visits can be made up to 9.30pm including week-ends.

The crowded condition of the wards makes it difficult for confidential communication.

Education

Some students in other institutions come to the NRH for experience in pastoral care. Two students of NUI, Maynooth and one from Milltown Institute were facilitated in 2008.

Chaplaincy Involvement

The Chaplain is involved in the Ethics Committee, Partnership, Patient Advocacy, Staff Wellness and the Patients' Forum. This gives an opportunity to engage in some important issues concerning NRH staff and patients.

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 major challenge in the immediate future is to find how best to be integrated into the structures established through the Accreditation process. This emphasised the role of spirituality and religion in holistic therapy. It is hoped to have greater integration within the multi-disciplinary teams in future.

The Chaplaincy wishes to record gratitude for the cooperation received from all in NRH.

Clinical Risk Management

Bernadette Lee
Clinical Risk Manager

The hospital Risk Management programme continues to promote and support a proactive risk management culture within the hospital. The process is managed by the Risk Management Committee who receives incident reports and information from the Risk Management Department, Infection Control, Occupational Health, and other committees in the hospital such as the Drugs & Therapeutic Committee.

Incident Reporting

The hospital has a positive culture of incident reporting; all incident and near miss incidents reported are recorded onto the national incident reporting system "STARSWEB". Incidents and near misses reported are trended and analysed and reports are provided to each department monthly and to the Quality Improvement Committee on a quarterly basis and annually to the Hospital Board.

Staff induction

The risk management induction programme for staff provides information on employee duties, risk management process, reporting of critical incidents/sentinel events, immediate action post critical incident/sentinel event and the investigation process. Annual updates were provided during the annual Health and Safety Awareness week held in October. The theme for 2008 was risk assessment.

Safety Programmes

MEDICATION SAFETY

Medication incidents are reviewed by the Drugs and Therapeutic Committee, which meets bi-monthly. The roll out of dispensing for individual patients is continuing and the hospital allergy and alert policy was also developed. The Risk Manager and Pharmacy Technician provide joint education sessions for medical and nursing staff.

PATIENT FALLS

A falls group was established to monitor patient falls in the hospital. The falls risk assessment tool is used for all patients on admission to NRH.

PATIENT WANDERING

The electronic patient wandering system has proved effective on the 3rd floor and will be upgraded for one Brain Injury ward in early 2009.

INFECTION CONTROL

Risk Management continues to work with Infection Control and Environmental Services in the implementation of the hospital hygiene standards.

CHALLENGING BEHAVIOUR

The "Strategies in Crisis Intervention and Prevention" (incorporating non-violent crisis intervention-CPI) training in 2008 was very well attended in 2008:-

58 staff attended the SCIP revision programme, 37 staff attended the 8 hour SCIP training programme and 25 staff attended the 11 hour SCIP training programme.

SURVEILLANCE

Air and noise monitoring was carried out in the Prosthetic Department and a quality improvement plan will be implemented to monitor the implementation of the recommendations. Training was provided for staff in the prosthetic department on chemical safety and personal protective equipment.

FIRE SAFETY

The fire design programme continues to be implemented throughout the hospital on a phased basis with priority given to patient areas. 507 staff attended fire safety training in 2008.

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EXTERNAL INSPECTIONS
External inspections were carried out by a Dangerous Goods Safety Advisor, Insurance Engineer, and Environmental Health Officer. Quality improvement plans were established to monitor the implementation of the inspection recommendations.

INTERNAL HEALTH & SAFETY INSPECTIONS
Heads of Departments participated in a programme of health and safety self-inspection. Implementation of recommendations is monitored by each Head of Department. The Risk Manager conducted safety rounds on both day and night shifts. Audit findings were communicated to the relevant departments to implement recommendations to reduce risks.

EMERGENCY PREPAREDNESS
Medical emergency simulations and fire drills were conducted on each shift. Two exercises were held with Senior Management as part of the emergency preparedness plan.

SECURITY
At the end of 2008, the security contract was extended to provide 24 hour cover. Security monitor the CCTV system, Intruder Alarms, Personal Alarms and Access Control. Electronic and IT security based systems continue to be developed in the hospital.

ENVIRONMENTAL HEALTH & SAFETY
In 2008, environmental services in the hospital were managed by Mary Dockery. Mary has left this position and we wish her every success in her new post. An Environmental Health & Safety Officer, recruited in late 2008 will have responsibility for environmental services and health & safety in the hospital.

The NRH recognises the importance of this area to ensure implementation and monitoring of the National Hygiene Standards across the hospital.

Hospital Hygiene
Hospital hygiene services were provided by in-house and contract staff under the direction of Environmental Services. Monthly audits are carried out with the cleaning contractor. An internal self inspection was carried out using the hygiene standards audit tool. An external inspection will be carried out in early 2009.

Waste Management
In conjunction with the waste contractors, the hospital is continuing to maximise segregation and recycling of waste where possible, and diverting as much as possible from disposal in landfill. 33% of non-risk waste was recycled in 2008.

The hospital also works closely with waste contractors for the disposal of healthcare risk waste and other chemical waste products. Two external audits of the healthcare risk waste process were carried out in 2008.

Laundry Services
Laundry services in the hospital are provided by both in-house and contract laundry services.

In-house laundry is managed by the Catering Department. A daily bed linen and weekly floor mat service is provided by an external laundry service provider.

Communications

Rosemarie Nolan
Communications Manager

The Strategic Plan for the National Rehabilitation Hospital identified a number of strategic objectives for the hospital which were summarised into four key areas:

- Development of the **New National Rehabilitation Hospital**
- **Accreditation** – Initially for the Comprehensive Integrated Inpatient Rehabilitation Programme, leading to accreditation of the hospital's four Specialty Programmes
- Development of the hospital's **Clinical Portfolio** while continuing to advocate for a National Strategy for Rehabilitation
- Development of a **Communications Strategy** including implementation of structures and systems to ensure effective communication, both within the hospital and externally, at a time of major change for the hospital.

The main aim of the Communications Strategy is to ensure that patients, staff, carers, families and all key stakeholders of the hospital can access accurate and timely information, provide feedback and feel involved in the day to day decision-making processes, strategic direction of the hospital, and development of the New Hospital.

The Communications Committee, Chaired by Rosemarie Nolan, was formalised in 2008 with the approval of its Terms of Reference by the Executive Committee. The Committee, which is comprised of representatives from: Clinical Services; Patient Advocacy; Human Resources; the Health Planning Team (New Hospital Project); Risk Management; Technical Services; Support Services and Administration, reports quarterly to the Executive Committee and annually to the Board of Management.

The Communications Process employed involves:

- Deciding on the message
- Selecting the methods of communication (usually a combination of media)
- Choice of language (must be appropriate to the specific target audience)
- Transmission of the message, timing it to best advantage
- Reception and interpretation of the message (checking for feedback and understanding)
- Receiving and responding to feedback

The Methods of Communication which have been implemented, and will be continually developed are as follows:

The CASCADE System

- A Communications Nominee and Alternate has been designated for each Ward, Department, Service and External Support Agency associated with the NRH.
- The information to be circulated is sent to each Nominee and Alternate by internal post and e-mail
- Each CASCADE notice is numbered
- Nominees (or Alternate) will circulate the information within their designated area within two working days, by methods of communication that best suits their Department. At least two of the three methods of communication below will be used to circulate the information:
  - Person to Person
  - Electronic
  - Print
- A copy of each CASCADE notice is filed in numerical order in the Communications Folder kept in each Department, Ward or Service. This allows staff who work on shifts or have been absent or on leave to access all information that has been circulated throughout the hospital.
- Feedback or requests for clarification by staff can be made through the Communications Nominee for their area or by contacting any member of the Communications Committee

Other Methods of Communication implemented at NRH during 2008 include:

"TALKTIME" – A monthly, informal (no audio visual presentations), awareness-raising Talk or Information / Q & A session, on the 1st Thursday of each Month, 30 minutes duration, timed around morning coffee break, is held in the Day Room. It is an opportunity for staff, patients or visitors to attend a brief overview and discussion on many and varied topics, and find out how to access further information on the topic.

New Hospital Newsletter – reporting on key milestones and developments of the New Hospital Project.

Monthly Events Calendar – information on all events being held in the hospital each month.

Staff Briefings – a number of briefings, held at different times to facilitate all staff including those on shifts, were organised in 2008 to provide updates on both the New Hospital Project and the Accreditation process.

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Information Literature – The Communications Committee was involved in the proof-reading and editing process for a wide variety of information literature created by various Programmes and Departments during 2008. Accessibility is a key consideration during this process.

External Communications

During 2008, with a view to raising public awareness of the NRH, a number of projects were initiated, these include: developing and enhancing the hospital's Identity, including development of a new logo; development of media relations (the hospital received an extensive amount of positive media coverage during 2008); and upgrading the hospital website. Each of these projects are ongoing.

In addition, the Communications Committee was involved, in conjunction with the Health Planning Team and the Design Team, in the Public Consultation Process held in May, prior to submission of the planning application for the New Hospital.

We look forward to continuing, in partnership with staff from throughout the hospital, in facilitating effective open two-way communication throughout the NRH.

Disabled Drivers Medical Board of Appeal

Dr Jacinta Morgan
Chairperson, DDMBA

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

Service Configuration and Staffing

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 adjudicating panel at all clinics held at the NRH consists of the Chair (or her deputy), and 2 ordinary board members.

The Medical Board of Appeal is chaired by Dr Jacinta Morgan, Consultant in Rehabilitation Medicine (a joint appointment with the Acquired Brain Injury Service at the NRH) and there is one administrator/secretary, Mrs Carol Leckie. The DDMBA database is fully operational and has greatly enhanced the continuing efforts of the administrator and core board members to manage the large appeal list efficiently.

Activity

Enforcement of the 28-day appeal deadline has not stemmed the flow of applications, which is currently in the order of 30 per month. Clinic activity has increased considerably compared with 2007 figures, with clinics held every two weeks, where up to 30 appellants were called for assessment. 354 new appeals were lodged in 2008; appointments were offered to 565 individuals (thereby clearing the backlog), 379 of whom attended. Fewer than 15% were successful in obtaining a Board Medical Certificate at appeal. By the end of 2008, the waiting time for appeal was in the order of one month.

Future Developments

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

Human Resources

Olive Keenan
Acting HR Manager

The Human Resource (HR) Department provides a broad range of people management services to the Hospital in line with its corporate values, mission and vision. The role of the HR Department is to provide a professional and efficient service to managers and staff of the hospital to facilitate the delivery of an expert, effective and client focused service to our patients and their families and carers. The Department continued to support and advise Heads of Departments and their teams throughout 2008 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 as required in order to comply with best practice and recognised standards.

Recruitment & Selection

The HR Department provides a centralised recruitment service and overall there were 65 posts recruited throughout 2008, which represents new posts filled and also internal positions which arose as a result of promotional opportunities, upgrades, acting-up and permanent vacancies. This figure represents a decrease in our normal recruitment activity over the past few years, due in no small part to the current changing economic climate and recruitment landscape.

We were 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 and Senior Nursing personnel, which reflects both the national and a global trend. We have had good success with other Senior Allied Healthcare Professional vacancies which heretofore had presented a recruitment challenge to the Department.

The employment ceiling continues to pose a major challenge for Hospital Management with regard to maintaining satisfactory and agreed service levels for our patients, endeavouring to improve existing services and be compliant with our agreed employment ceiling. The changing patient profile and complexity of care in some areas continues to have significant implications for staffing.

Employee Relations / Industrial Relations

As part of our normal industrial relations activity the department engaged in discussions with a number of trade unions representing staff in various areas with regard to issues such as re-deployment and re-location of staff, changes and amalgamation of existing duties and responsibilities, revised roster and working hour arrangements and other flexibilities and changes necessary to improve the service to our patients.

The Hospital was, to some extent, affected following a decision by IMPACT trade union to initiate industrial action on a national level in the HSE and HSE-funded agencies in May 2008. The industrial action was in response to the HSE recruitment freeze and subsequent effect on services and staff. We worked co-operatively with IMPACT at both local and union level to ensure there was minimal disruption to the Hospital at this time.

Hospital Management continued to work with the Irish Nurses Organisation (INO) throughout the year endeavouring to achieve phase one of the Reduction in Nursing Hours, in order to attain a 37.5 hour working week within the parameters of the National Implementation Body (NIB) guidelines.

Training & Development

Each department manages department 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 2008 and a number of staff are currently pursuing certificate, diploma, higher diploma and masters courses. Mandatory training activities and other learning and development programmes were implemented throughout 2008 to cover essential work related skills, techniques and knowledge, and investing in staff development.

INDUCTION

The Hospital wide Induction Programme has continued to be reviewed and developed as part of our quality initiative and overall goal of improving staff retention and orientation of new staff into the NRH.

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TEAM BASED PERFORMANCE MANAGEMENT TRAINING (TBPM)
TBPM training is ongoing. The training is used as a process for staff to establish a number of objectives for their area and team to work on over the coming year.

COMPLAINTS HANDLING TRAINING
A training need in the area of Complaints Handling was identified for all staff in the Organisation. Complaints Handling Training has been designed to equip managers and staff in front-line positions with the necessary skills and essential knowledge for dealing with concerns and complaints effectively and professionally. The training commenced in late 2008 and will continue in 2009.

SKILL PROGRAMME
The SKILL Programme is a unique initiative designed to enable support staff and supervisors to either return to learning or to enhance their role and/or fulfil higher level duties with a FETAC accredited qualification. This training is ongoing.

COMPUTER TRAINING
37 Catering and Healthcare Assistant Staff graduated from the 1-day Introduction to Computers Course, delivered by Ray Messitt (Joint Examinations Board (JEB) Certified trainer), which was generously funded by SIPTU and facilitated by the NRH. The Graduation Ceremony for the course took place in September and Certificates of Attendance were presented by Matt Merrigan, National Industrial Secretary, on behalf of SIPTU and Derek Greene, CEO on behalf of the NRH. Training in higher levels followed in 2008. Based on the success of these courses the Hospital has secured funding on a one year pilot basis for a Computer Trainer from the SKILL Project to train and upskill support staff in both the NRH and across other agencies. This is a welcome opportunity for our staff to participate in further learning and development.

Accreditation

The Human Resource Department, in conjunction with the Organisation in general undertook a major change management initiative with the CARF Accreditation Programme. It is to the credit of all the staff in the Hospital that we achieved the maximum award of three years accreditation through the efforts, hard work and support of all involved.

As part of our compliance with CARF HR Criteria standards, we completed individual Job Descriptions for all grades of staff in the hospital. It was necessary also 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.

I would like to take this opportunity to extend my sincere thanks to all on the HR Criteria Group for their tremendous hard work, input and support in assisting the department with developing both the Competency Assessment Framework and some of the requisite policies and procedures needed to ensure compliance with CARF Standards from a HR standpoint.

I am happy to report the results of the survey found that we were compliant with all CARF Standards from a HR perspective.

Developments

The department has continued to revise existing human resource policies and procedures and develop new ones. We are also collaboratively progressing the new detailed Staff Handbook through the Partnership Forum. The Department has sought to secure funding and resources to implement a computerised HR system in order to streamline our information processes and enhance the reporting capabilities. A key goal identified for the HR Department over the coming year will be in relation to the management of sick leave absence, which will be a priority for 2009.

Finally I would like to take this opportunity to thank the Human Resources Team for their professionalism, hard work and contribution to the HR Department over the past year. I would also like to welcome Brian McGann who was appointed as Human Resource Manager in December 2008.

Information & Communication Technology (ICT)

Lorcan Sheils
ICT Manager

Introduction

The ICT Services Department is responsible for the provision and maintenance of information and communication technology services in the NRH, including computers, telephones, and server and network infrastructure. The Department also deals with all end user support issues.

July 2008 saw the retirement of John Payne, the ICT Administrator. Patrick Davy was appointed to the post of ICT Systems Administrator in August. The previously identified staffing deficiency in the areas of helpdesk / desktop support and user training has yet to be remedied. Additional staffing is a priority for the Department to ensure continuity of, and progression within the ICT service.

New Server Infrastructure

In 2008, a new virtualised server infrastructure was installed to replace our old system. The organisation had grown far beyond the scale for which the original system had been designed and, through over utilisation and a critical lack of storage, there was a heavy maintenance burden on ICT staff which impacted the work of the organisation through regular downtime of the system and lack of resources.

The new infrastructure consists of two main host machines, each capable of running several guest servers. These servers can be deployed in a matter of minutes without the need to purchase and install additional server hardware. This allows ICT to evaluate and test new software solutions without any impact on the existing systems. The setup is supported by a further two physical servers, one for system management tools and another dedicated to data backup. The virtual servers and all user data are stored on a SAN (Storage Area Network) providing 5 Terabytes (5,000 Gigabytes) of disk space. This is capable of being scaled up to 24 Terabytes in the future. The immediate benefits for end users are as follows:

- Increase in individual data storage from 250 Mb to 2.5 Gigabytes (2,500 Megabytes).
- Increase in mailbox space from 500 Megabytes to 2 Gb (2,000 Megabytes).
- Additionally, My Documents and Common Folder quotas have been separated allowing each user to have 5 Gigabytes of data in Common Folders.

PC (Personal Computer) Upgrades

All networked PCs were upgraded to a minimum of 1 Gigabyte of memory. Prior to this the majority of PCs had less than 512 Megabytes, many of which only had 256 Megabytes. The upgrade project began late in 2008 and will be completed by early 2009. The result will be a much faster response time from PCs and the ability for users to work with more applications concurrently.

Meeting Room PCs

Networked PCs were installed in the Boardroom and the Lecture Room. This gives users the capacity to access their own user accounts and documents, including e-mail, from these locations, negating the need to copy material onto CDs or removable storage for presentations, thereby increasing security of information.

Future Developments

These will include **Individual User Accounts** for all staff who have a requirement to use a computer to perform their duties. This will enable greater control of access to information and enhance the security of the NRH network.

Removable Storage – Alternatives for the use of such devices will be implemented were possible. Where their use cannot be avoided, these devices will be encrypted, as will all new notebooks. Existing notebooks will be recalled to have encryption applied.

Corporate, Support and Link Services

Policies and Procedures will be drafted to clearly define roles and responsibilities in the use of all ICT systems and resources within the NRH. Request forms will be created for common ICT infrastructure requests such as new user accounts, ICT equipment additions and moves or change of location.

Helpdesk Portal and Knowledge Base – A web-based helpdesk portal will be implemented, allowing users to submit support requests and also see the status of issues. This will enable ICT to prioritise work and track issues from one central location. The implementation of a knowledge base, again web based, where users can find 'How-to' guides and solutions for commonly experienced ICT issues is also planned.

In addition to the above, it is also hoped that the department can become more involved in other hospital activities and initiatives were Information Technology is being, or could be, used.

Patient Advocacy & Liaison Service

Pauline Sheehan
Patient Advocacy & Liaison Officer

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

The CIB is a statutory body, which has 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 in the Bill 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, p3)

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:

- aim to meet with at least 80% of patients within two weeks of admission
- 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 in through this process
- be a voice for the patient i.e. represent the patient's interests on committees
- liaise/mediate between staff and patient should any difficulties arise
- gather verbal complaint statistics for the HSE quarterly reports

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 through their rehabilitation programme with their rehabilitation team in a positive way.

Staff are encouraged to avail of the service if necessary. The Patient Advocate will spend time talking with the patient and allow staff to continue with their daily routine. PALS will continue to change and develop to suit the needs of our patients.

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

Patients' Forum
The new Patients' Forum was formed on 6th February 2008. It is chaired by a past-patient. Minutes of meetings are distributed to all patients within the hospital by the Patient Advocate. It is our aim to promote greater attendance by patients, and gain their input.

Rights of Persons Served
Pauline Sheehan co-chaired the Rights of the Person Served working group with Bernadette Lee in 2008. The Patients' Charter of Rights is now located in public areas in the hospital and is to be included in the patient handbook. Some of the policies written by the group include; 'Confidentiality of Information', 'Privacy', 'Access to Information', and the 'Complaints Policy'.

A complaints leaflet has been produced and will be included, along with other leaflets on 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 and allow the hospital to improve procedures.

The Patient Advocate & Liaison Officer gives a presentation on the Rights of Persons Served to all new staff members at induction.

The Patient Advocacy & Liaison Officer role on the communication Committee is to ensure with the other committee members that information for patients is easy to understand and written in plain language. Comment cards and suggestion boxes for use by patients, staff and visitors to provide feedback are available through the hospital.

Since May 2008, I have met with over 90% of all patients during their stay and 80% of patients within two weeks of admission. A monthly events calendar is now available for patients. As Patient Advocate, I liaise with outside support agencies and include their events being held in various counties in Ireland, which may be of benefit to patients and their families/carers. I have been met with the utmost courtesy and co-operation from staff, to resolve any issues that arise as quickly as possible.

Patient Services

Audrey Donnelly
Patient Services Manager

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

Developments
Renovations to vacated offices in the main hospital will enable all aspects of the Urology Outpatients Department to be brought together at the opening of business in 2009. This move will facilitate Patient registration and enable the Urology team work closely together to enhance the quality of the service for patients.

Single Case Notes
The National Hospital's Office (NHO) Chart was implemented in January 2008 for all new patients attending the hospital. Charts for return patients will be replaced with the new chart over time as they return to the service. This chart was developed by the NHO in order to standardise and streamline the management of healthcare records throughout hospitals. Implementation of the unified record has been a huge challenge due to the nature of activity in the NRH. A wide range of hospital specific documents were developed, in line with the NHO Code of Practice for Healthcare Records Management, and have been incorporated into the new chart. All Healthcare Professionals now document notes in the single healthcare record. Healthcare Record audits have been introduced in line with the code of practice, to look at; (a) the structure of maintaining the chart, and (b) the contents to assess compliance with the national standards. Structural audits were carried out in June and December 2008. The results show an overall compliance rate of 61%. This indicates the need for greater awareness of and education in the use of the chart per the national standards. These audits will be ongoing.

Section 4

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Medical Records

In October 2008, the filing system in the Medical Records department was converted from Sequential filing to Terminal Digit. This conversion was a huge task and I would like to thank Natasha Smith and Louise Drew for their cooperation and hard work in helping to convert the system. This system of filing has meant that time can be saved for staff both pulling and filing charts, and also reduces the incidence of misfiles.

Other Key Milestones

A complaints policy was developed with Risk Management & Patient Advocacy in order to address any concerns patients may have with regard to their hospital stay.

The patient questionnaire continues to be issued to patients prior to discharge, allowing them to rate their experience and provide any suggestions or positive feedback to staff who are involved in their rehabilitation.

A full review of the Patient Services Department will take place early in 2009, with a view to managing services in the most efficient and effective way.

Activity Data

An external company were engaged to conduct a review of the Patient Administration System (PAS) in November and make recommendations on maximising the use of PAS in order to streamline the operational processes within the NRH and provide easier management of activity data. A report will be provided in early 2009 on their findings.

Training and Education

Members of the Patient Services staff attended workshops in Healthcare Records (HCR) Management, and HIPE Coding courses during the year, and all completed the on-line training modules in HCR management.

In closing, I would like to thank all Patient Services Staff for their ongoing support, hard work and dedication which brought the department through a challenging and busy year.

School Report

Mary O'Connor
School Principal

Our Lady of Lourdes School is a service provided and funded by the Department of Education and Science (DES) to cater for the educational needs of students attending the National Rehabilitation Hospital. It is controlled and governed by the School Board of Management under the patronage of the Archbishop of Dublin. The School is held accountable and is evaluated regularly by the DES inspectorate and the Whole School Evaluation Process (last report issued May 2005)

Vision and Aims

The School is in the trusteeship of the Sisters of Mercy and is committed to holistic education in an atmosphere of joy, care and respect, wherein each student can achieve his/her full potential in partnership with Board of Management, Nursing, Multi-disciplinary Staff and the wider hospital community.

School Board

Members of the School Board are:- Sr Carmel Byrne (Chairperson), John Payne, Paula Carroll, Pat Cribbin, Patricia Byrne, Sr Margaret Corkery, Aoife Mac Giolla Rí, Mary O'Connor.

Sr Carmel Byrne retired from the Board of Management on December 31st 2008. We sincerely thank Sr Carmel for her many years of inspired guidance as Chairperson.

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. In January, our Special Duties teacher Colette Murphy retired after nine years of dedicated service to our students.

Services Provided

- The school provides an educational service for students attending the National Rehabilitation Hospital, ranging in age from four to eighteen years. On initial enrolment each student is assessed with a view to drawing up an education programme tailored to meet the student's abilities and needs.
- Contact is made with students' local 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 programmes 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 schools and 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.

The Outreach Programme also participated in meetings with parents and students to prepare for return to school. Many of the meetings also had input from team members of the NRH rehabilitation programmes.

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 multidisciplinary teams from the NRH programmes. In its first three years the Outreach initiative has afforded vital support to students, parents, school staff and related multi-disciplinary personnel in the wider school community.

Section 4

Corporate, Support and Link Services

Activity Data

During 2008, 13 boys and 15 girls attended the school and 77 schools availed of the Outreach Service.

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

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.

New Classroom

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

New School

Members of the School Board of Management met with representatives of the Department of Education and Science (DES) and Department of Health and it was agreed the DES would fund the 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 has been forwarded to the DES.

Thank you to the school staff who work so hard and creatively to make school in NRH a rewarding experience for our students and to the School Board of Management, NRH management and staff and the the Paediatric Programme who continue to give us their full support in our endeavours.

Technical Services

Gerry Coyle
Technical Services Manager

During 2008, the following projects were facilitated or completed by the Technical Services team:-

Full take-up of accommodation in Administration Unit 4. In addition, a link corridor between Units 3 and 4, the provision of car parking facilities for both blocks, and external perimeter lighting was completed.

The play area for the children was officially opened following the surface being upgraded to a soft compound finish. Some additional play facilities were added and a concrete path also.

Phase 2 of the Fire Protection project is now in contract and will commence immediately, the emphasis on this project is the replacement of the fire doors in most patient areas in the main hospital block.

Many projects were undertaken, minor in detail but many in number throughout 2008 to comply with CARF accreditation standards. The huge effort involved resulted in a three year accreditation.

Painting projects were undertaken on a continuous basis throughout the hospital during 2008, a number of replacement windows and doors were fitted, and floor repairs or recovering was carried out in some areas of the hospital also. In addition, some off-site properties and the manufacturing area of the Prosthetics Department was also painted.

Other projects completed in 2008 include:

- A Catering Department Office
- Personal TVs installed for patients over each bed in St. Gabriel's and Brigid's Wards.
- Extension of perimeter lighting and upgrade of roof fire escape.
- The avenue leading to Pottery Road has been resurfaced.
- A new R.O. filtration machine was fitted in the urology Department, as well as additional oxygen outlets.
- Additional storage and new workshops in Pharmacy
- Upgrading of Physiotherapy areas including painting and some floor repairs.
- A new filter pump and air handling unit were installed in pool plant room.
- 22 ward surgical basins complete with thermostatic mixing values were installed
- An area of the hospital was renovated and fitted with shelves and returned to medical records for archival file storage.
- New door security arrangements are in place in St. Patrick's ward.
- A variety of purpose designed safety rails were fitted primarily outside the main hospital.

The appointment of an additional full time electrician to the Department was most welcome and helps to ease the demands on the Electrical Service.

My thanks to Finance for funding the various projects in 2008, to the Technical Services staff for their willingness to undertake a wide variety of projects from planning to finishing stages, and to all Departments for their co-operation while these projects were undertaken.

Volunteering at NRH

Maryrose Barrington
Volunteer Coordinator

Maryrose Barrington is the NRH Volunteer Coordinator and works part time on a voluntary basis. There are over 100 NRH volunteers. The Volunteer Coordinator's role is to liaise with existing volunteers and recruit new volunteers, matching them with various volunteer activities within the hospital. Coordinating induction and training, and providing supervision and support is also part of the role. The Co-ordinator communicates with the volunteers on a regular basis thanking them for their valuable time and acknowledging the work they do.

The *Volunteer Organising Committee* is made up of various NRH staff members and representatives of several of the volunteer groups. They met on four occasions in 2008. Feedback was received from volunteers and new ideas and future plans discussed.

Volunteers at the NRH work in the following areas:

St. Agnes' Ward

Volunteers from *Children In Hospitals Ireland* (CHI) continued to visit the children in St. Agnes' Ward. They can help to make a hospital stay less traumatic, bring fun into the ward, provide familiar play activities and games, or just chat to the kids, befriend their families and support the nursing staff. Special training for volunteers in this group is provided by CHI.

The Internet Café

Volunteers ran the internet café four evenings a week during the year. They give friendly assistance and instruction to patients who want to send emails, learn to use a PC, play video games or watch DVDs.

Writing Therapy

Our volunteer Writer-in-Residence worked with patients every Wednesday evening. It is a creative writing workshop with a difference where participants do not require any writing skills, talent or experience, but they can embark on a journey of self-realization, motivation and self-therapy.

Section 4

Corporate, Support and Link Services

Peata
Peata is a small voluntary organisation which arranges for volunteers to bring their dogs to visit patients and residents in long-stay hospitals, nursing homes and other centres. There is a group of dedicated volunteers who have been visiting the NRH for many years with their pet dogs. The dogs act as a conduit for communication and can have a therapeutic 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.

Mobile Shop
Volunteers continue to operate the mobile shop every evening and Saturday mornings. It is a vehicle for showing a friendly face and socialising with the patients.

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

St. Vincent de Paul Volunteers
St. Vincent de Paul volunteers visit patients every Tuesday and Thursday evening and offer a friendly and confidential atmosphere to discuss their problems of a social or spiritual nature. They bring in regional newspapers for patients and they coordinate visiting by Transition Year students from St. Joseph of Cluny Convent in Killiney. They bring toys and Christmas presents on Christmas day and to the Patients' party.

Other Volunteer Activities
Other activities organised during the year included **Bridge lessons**, **Dominos**, **a Karaoke night**, **a Make-Up class**, **Art Therapy** and **Jewellery making**. The Hairdressing service for patients continues to be much sought after on Thursday evenings.

New Volunteer Activities
This year volunteers have helped with **Assistive Technology** in Occupational Therapy, patient **speech practice** in Speech & Language Therapy, **surveying patients** for the Social Work Department, **clerical work** in the Physiotherapy Department, **teaching English** to foreign patients, and even acting as patients for **fire drill and mattress evacuation**!

Volunteer Induction & Training
Two Volunteer Induction courses were offered in May and November. These are orientation and training sessions which all new and existing volunteers must attend.

Volunteer Reception
In April, 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 new 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
The Volunteer Coordinator is a member of Volunteering Ireland, an organisation which provides national volunteer management training programmes.

National Rehabilitation Hospital

Under the care of the Sisters of Mercy

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