

29th Annual Report
2009



NRH has been accredited by CARF
for the Comprehensive Integrated
Inpatient Rehabilitation Programme.

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“Rehabilitation should focus on the most important aspects of an individual's life and have the involvement of service users... to enable this to be achieved, rehabilitation needs to involve a group of professionals all working with the same purpose of meeting the individual's goals. The process must involve the individual and their family.”

(Sally Davis and Sue Madden, Rehabilitation, 2006)

Taken from 2009 Medical Social Work Report

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 2009

	Admissions	Day Cases	Consultant Led Outpatient Activity
Brain Injury Non-Traumatic	161	120	315
Brain Injury Traumatic	146	111	348
Spinal Injury	252	8	559
Stroke Service	133	22	40
Prosthetic Service	129	151	2,214
Other Neurological	50	7	34
Other Non-Neurological	2		1
Radiology (X-Ray)			1,658
	873	419	5,169

Chairman's Report



In 2009 we experienced two major disappointments – the failure to progress the development of the new hospital and the decision of the Sisters of Mercy to disengage from involvement with the hospital.

After years of planning a new hospital, we finally reached an important milestone in March 2009 when we selected the successful tender for a design build of a new 235 bed world class facility. We recommended this tender for approval to the HSE and the Minister for Health and Children.

As you all know, the country has been hit by the worst economic crisis since the foundation of the State and the public finances are in distress. Consequently, it is not surprising, though disappointing, that in April 2010 we are still awaiting this approval.

We continue to make the case for the new hospital and will continue to do so. As the existing facilities have officially been deemed unsuitable for even step-down facilities, we have argued that the new hospital will have to be built at some time in the future, so why not build it now, when we will get great value for money and 300 construction jobs will be created during the three year construction phase.

It is disappointing that the Department officials have recently queried the increase in bed capacity to 235 beds when it was the Department itself, back in 2003, which recommended the 235 bed capacity and it and the HSE never queried the bed capacity during the whole seven year planning phase. It is also disappointing to note that the commitment to the new hospital contained in the original Programme for Government was dropped in the 2009 renegotiated Programme.

However, we continue with our campaign for a new hospital and have submitted a business case to the Department, containing a number of financial scenarios, which would facilitate the new hospital to be built, sooner rather than later, and we are awaiting a response.

The second disappointment during the year was the decision in December 2009 of the Sisters of Mercy to relinquish control and ownership of the hospital and their decision to offer the lands at the NRH to the HSE. The Sisters have been central to the evolution of the hospital over the years – from its early years as a TB hospital and then in the 1960's, its transformation to a medical rehabilitation facility. The Sisters have provided an ethos which makes this hospital unique in the State in practising universal health care – a single tier medical service with admission based on need – and without the involvement of or need for health insurance.

€34m

With a very successful cost containment programme within the hospital, we were able to come in on budget by year end – in fact a deficit of €3,568 on a gross expenditure of €34 million.

While the Sisters are disengaging from the hospital because of their declining numbers, we are very happy that they intend to transfer the operation and management of the hospital to a charitable trust. In this way they will be making legal provision for the hospital to continue into the future as an independent voluntary hospital. Additionally, their offer to transfer the lands to the HSE is subject to conditions which will protect the existing hospital site and the site required for the new hospital. We are involved in the legal discussions to establish the hospital trust and I can assure you that the Sisters and ourselves are ad idem in ensuring an independent future for the hospital.

So 2009 was not all doom and gloom. Our spirits were uplifted by the visit to the hospital by the President of Ireland, Mary McAleese, in November 2009 in connection with the Road Safety Authority / Garda campaign against drink-driving. We were delighted to welcome Garda Commissioner Fachtna Murphy and TV / radio personality Gay Byrne to the hospital. And we were inspired by the story of former patient Paddy Lynch and by the President's address.

The perilous state of the public finances, resulted in pressure on overall health expenditure in 2009 and consequently on our financial allocation from the HSE. However, with a very successful cost containment programme within the hospital, we were able to come in on budget by year end – in fact a deficit of €3,568 on a gross expenditure of €34 million. We can expect the pressure on health expenditure to continue for many years to come.

You will see from the various reports in this Annual Report that the hospital did not stand still during the year. Progress was made in implementing the new NRH logo, developing new rehabilitation facilities in Cork, submitting a national strategy for the development of rehabilitation services, reviewing the management structures in the hospital, and having the inaugural Ernest Goulding Memorial Lecture to honour our first chairman.

The board, apart from dealing with normal board business, attempts to keep up-to-date with the day-to-day work of the hospital by having heads of functions make presentations at the board from time to time. Also in 2009 the board commenced having a regular "walk about" to meet staff and patients.

I would like to thank Derek Greene, our CEO, for the great leadership which he provided during the year. I would also like to thank my fellow board members for their contribution and solidarity during the year, and those who chaired the sub-committees – Dr Aine Carroll, chair of the Medical Board; Kieran Fleck SC, chair of the Ethics Committee; Sr Maura Hanly, chair of the Nominations Committee; and Mr Barry Dunlea, chair of the Audit Committee. I welcome new board members who joined the Board during 2009 – Ms Maeve Nolan and Dr Christine Murphy.

I would like to thank the Sisters of Mercy for their continued interest and support, particularly Sr Peggy Collins, Provincial Leader, and also Sr Helena O'Donoghue, who is handling the new hospital trust arrangements. The decision by the Sisters to relinquish control and ownership of the hospital, after so many years, has not been an easy one. But their decision to ensure that this hospital continues as an independent voluntary hospital, subject to a charitable trust, is far-seeing, is in the best interest of patients and staff, and is the right decision.

Finally, on behalf of the board. I would like to thank all the staff of this great hospital, whose dedication to service is unique.



Henry Murdoch
Chairman

Chief Executive's Report



Budgeting Position

To minimise the impact of the further serious reduction in our funding allocation in 2009, we continued with our comprehensive cost containment programme to minimise overspend, to preserve the level of services we provide to our patients and maintain current employment levels.

Our staff rose admirably to the challenge and at the beginning of the year many ideas and suggestions for cost savings throughout the hospital were submitted by staff to the hospital's Cost Containment Group. Each and every suggestion was considered and many of the suggestions were implemented. A number of staff suggestions involved energy saving ideas and as a result, the NRH Energy Saving and Awareness Campaign, in association with Sustainable Energy Ireland (SEI), was launched in September 2009. Already it is showing promising results in terms of energy cost savings.

Thanks to astute management by our Finance team, the hospital's final outturn at year-end in 2009 was just at break-even.

2009 Activity

In 2009, demand for our services continued to increase. Yet, due to major efforts by staff to reduce the incidence of delayed discharges, and by improvements made in meeting our targets for access, effectiveness and efficiency, through our programmatic model of rehabilitation, underpinned by new working arrangements, we managed to increase our inpatient admissions by over 20% on the previous year.

New Hospital Project

In March 2009, having successfully concluded the tendering stage and evaluation of the New Hospital Project, the recommendation of the Decision Making Panel was submitted to the HSE and Minister for Health and Children with a view to obtaining the approval to appoint the Most Economically Advantageous Tenderer to commence building the new hospital.

Subsequently, as requested by the HSE, a comprehensive business case was submitted to the HSE and copied to the Minister.

The hospital is still awaiting a decision from the HSE to enable the contract to be entered into with the MEAT Tenderer to commence building works on this vitally important national project. Notwithstanding the major changes that have occurred for the health service due to the rapidly deteriorating public finances, the Board are continuing their momentum to ensure that everything possible is being done to ensure the hospital project comes to fruition.

Regional Developments

The hospital continued to work on establishing links between HSE South and the National Rehabilitation Hospital. Dr. Andrew Hanrahan, Consultant in Rehabilitation Medicine, is currently based in Cork to develop rehabilitation services for the South and is working with the Reconfiguration of Services group for the HSE South, led by Professor John Higgins.

National Strategy for Rehabilitation

Following a call for submissions from the Department of Health & Children and HSE working group for the development of a National Policy / Strategy for the provision of rehabilitation services, a group from the hospital worked collaboratively on producing the NRH submission, which was completed and submitted in January 2009. This document represents the formal position of the hospital in respect of developing rehabilitation services nationally for the medium and long term future and demonstrates that we fully support the development of a comprehensive integrated medical rehabilitation plan for Ireland, as the hospital has sought and advocated for over the last eight years. At the time of writing, we are still awaiting the outcome of the National Working Group which is now over a year overdue.

Review of Organisational Management Structures at NRH

In early 2009 the hospital commissioned an independent review to ensure the appropriate management structures and systems are in place to meet the changing times we are experiencing and to ensure that we comply with the CARF Accreditation organisational framework and best international practice. The completed report was approved by the Board and the recommendations it contained will be implemented in 2010.

Education at NRH

It is evident from reading our Annual Report that a vital component of our work involves Education, Research and Professional Development in respect of benchmarking the work we do in line with best international standards. This involves education delivered by NRH staff in their specialist areas of expertise to patients and their families/carers; it also involves education, training and continuous professional development of our staff; and the provision of education and training for healthcare professionals in the community and the wider healthcare system. Through this education we attempt to share and influence the way in which specialised rehabilitation services are commissioned and delivered throughout our country. The report shows the comprehensive level of education undertaken by and provided to NRH staff in 2009.

And the hospital once again played its part in national health promotion and health & safety related matters for staff, patients, families and carers, by hosting a variety of educational activities, events, seminars and workshops in the hospital during 2009.

In October, in collaboration with the Inter-agency Forum, we were delighted to formally open the Information Kiosk located in the quadrangle area on the ground floor. Each of the external support agencies associated with the hospital are now available at the Kiosk at scheduled times each week to meet patients and provide information on the particular support services they offer.

Annual Ernest Goulding Memorial Lecture

To mark the significant contribution made to the hospital by the late Ernest Goulding, our first Chairman of the National Rehabilitation Hospital (1980 – 1994), and subsequently as a Board Member and Chairman of the hospital's Ethics Committee until 2001, the inaugural "Annual Ernest Goulding Memorial Lecture" was held in November. The lecture, on the topic of Advance Care Directives, was delivered by Dr. Ciaran Craven, BL. The evening was a great success and we were delighted to welcome once again Mrs Dorothy Goulding and her family to the hospital for the event.

Visit of the President of Ireland / Road Safety Authority Pre-Christmas Launch

Undoubtedly the highlight of the year for patients and staff was the visit of the President of Ireland, Mary McAleese and Mr Gay Byrne, Chairman of the RSA for the Launch of the Road Safety Authority's pre-Christmas Road Safety Campaign, hosted by the hospital in November. The key message of the campaign was to remind the public that in addition to the tragic fatalities caused by road traffic accidents, serious injury and lifelong disability is often a forgotten consequence of careless driving on our roads. Patients and staff of the hospital participated in the speeches and provided media interviews. The event was widely covered by the print and broadcast media and we were pleased to contribute to this vitally important public awareness campaign.

The Sisters of Mercy

In late 2009, the Sisters of Mercy advised the Board of their intention to withdraw from the trusteeship and management of the hospital at a future date, yet to be agreed, and of their intention to transfer the hospital into a new Trust arrangement to preserve the Voluntary ethos of the hospital into the future. The hospital is proud of its ethos and the legacy that the Sisters of Mercy have left to healthcare in Ireland. We are proud to carry their reputation, ethos and standards forward into the future.

Once again, in 2009, we said farewell to many long serving colleagues whose expertise will be missed; we wish them a well earned long and happy retirement and thank them for passing on their knowledge and skills to our new generations of staff who will carry their good work forward.

Sadly in 2009, we also lost prematurely two staff members, Larry Whelan and Herbert Absalom who died in service. Our sincerest condolences go to their families.

We are extremely fortunate to have a Chairman and a Board who fully support all that the hospital does and who work tirelessly in pursuance of developing the hospital as a centre of excellence in Medical Rehabilitation. So thank you sincerely for all your ongoing support and wise counsel.

All of our achievements in 2009 necessitated significant investment in time and energy from staff at all levels throughout the hospital and for their input and expertise we are most grateful and we thank you for the huge contribution you make to the hospital and most importantly, to our patients.

In closing I would ask you to consider our patients who have arrived in the hospital having suffered life altering illness or accidents. In 2009, families of our patients have come under increasing financial pressure due to the recession. These additional stresses on top of an already traumatic event which has befallen them are often compounded by the lack of in-home supports available to them due to widespread budgetary cutbacks. This in turn increased pressure on the hospital to ensure that discharge planning is as effective as possible for our patients, now more than ever before. It is the courage of our patients that motivates us every day; it is their courage that reminds us why we should strive and work together to continually improve our services. Our patients must at all times be at the centre of every decision we take.



Derek Greene
Chief Executive Officer

NRH Board of Management



Mr Henry Murdoch
Chairman



Dr Áine Carroll



Dr Christine Murphy



Mr Barry Dunlea



Mr Kieran Fleck



Dr Tom Gregg



Sr Maura Hanly



Ms Eilish Macklin



Sr Aileen McCarthy



Mr Brian McNamara



Mr Paul McNeive



Ms Maeve Nolan



Mr Arthur O'Daly



Mr Dermot O'Flynn



Mr Martin Walsh

NRH Committees

Board of Management

Mr. Henry Murdoch
(Chairman)

Dr. Áine Carroll

Mr. Barry Dunlea

Mr. Kieran Fleck

Mr. Derek Greene
(Secretary)

Dr. Tom Gregg

Sr. Maura Hanly

Ms. Eilish Macklin

Sr. Aileen McCarthy

Mr. Brian McNamara

Mr. Paul McNeive

Dr. Christine Murphy

Ms. Maeve Nolan
from April '09

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

Dr. Mark Delargy

Mr. Sam Dunwoody

Ms. Bernadette Lee

Ms. Eilish Macklin

Ms. Vivienne Moffitt

Dr. Jacinta McElligott

Mr. Brian McGann

Mr. Eugene Roe

Mr. Keith Wilton

Ethics Committee

Mr. Kieran Fleck
(Chairman)

Fr. Christy Burke
to September '09

Dr. Áine Carroll

Dr. Simone Carton

Mr. Derek Greene

Sr. Maura Hanly

Dr. Andrew Hanrahan
from July '09

Ms. Bernadette Lee

Ms. Eilish Macklin

Mr. Arthur O'Daly

Mr. Dermot O'Flynn

Ms. Pauline Sheils

Mr. Keith Wilton

Medical Board

Dr. Áine Carroll,
(Chairperson)

Dr. Mark Delargy
(Secretary)

Mr. Robert Flynn

Dr. Andrew Hanrahan

Dr. Hugh Monaghan

Dr. Jacinta Morgan

Dr. Manus McCaughey
to November '09

Dr. Jacinta McElligott

Dr. Brian McGlone

Dr. Tom Owens

Mr. Ashley Poynton

Dr. Nicola Ryall

Dr. Eimear Smith
from August '09

Mr. Keith Synnott

Patients Forum

Mr Brian Kerr
(Chairman)

Patient Representatives

All current patients are invited
to attend each meeting

Ms. Maryrose Barrington

Ms. Angela Brown
(Minute Taker)

Ms. Sarah Campbell
December '09

Ms. Joan Carthy

Ms. Gwen Moran

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. Siobhan Bonham

Dr. Áine Carroll

Mr. Gerry Coyle

Dr. Mark Delargy

Mr. Sam Dunwoody

Mr. Donal Farrell

Ms. Lisa Held

Ms. Monika Hoffman
(Secretary) to November '09

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

A Year in Pictures

2009

One of the highlights of the year for our patients and staff was the visit by the President of Ireland, Mary McAleese for the launch of the RSA pre-Christmas Road Safety Campaign, hosted by the NRH in November. We were pleased to be given the opportunity to participate in this vitally important public awareness campaign.



^ President Mary McAleese; Gay Byrne, Chairman of the RSA; Henry Murdoch, Chairman of NRH speaking with Derek Dooley, spinal injury patient.



^ Derek Greene, CEO; Dr Simone Carton, Head of Clinical Neuropsychology; Valerie Twomey, Programme Manager; Professor Ian Robertson, TCD; Dr. Mark Delargy, Medical Director of Brain Injury Programme at the Interactive Workshops hosted by NRH for Brain Awareness Week.



< Bridin Carey gives a demonstration at the Brain Awareness Week Interactive Workshop at NRH.

> President Mary McAleese; Paddy Lynch and Miriam O'Callaghan on stage at the Road Safety Authority pre Christmas campaign launch.





< Mr Enda Connolly, CEO of the Health Research Board presenting Rebecca Beck, Ph.D., B.E., Project Manager of the Electronic Assistive Technology Library, www.try-it.ie with the inaugural 'Neurological Alliance of Ireland Innovation Award'.



^ Education and Training is a key component.
< of our day to day activities at NRH.



> Music Therapy has proven to be an extremely successful addition to the range of therapy services offered at NRH. The Music Therapist works with the interdisciplinary team within the Paediatric Programme. It is hoped that Music Therapy can be extended to the adult programmes in the near future.



A Year in Pictures – 2009

continued

▼ Mary McAleese, Eilish Macklin, Vivienne Moffitt



> Mary McAleese, Gay Byrne, Vivienne Moffitt, Shane Mullins



△ Claire Prendergast and Imogen enjoying the CREATE / IADT / NRH Art Exhibition



△ Mary McAleese, Henry Murdoch, Noel Dempsey

> Physiotherapy demonstration at the Brain Awareness Week Interactive Workshop.





< Niamh O'Donovan, Speech & Language Therapist and Sheila MacGowan, Medical Social Worker at the St. Valentine's Ball.

v Combines 4 Charity break world record for four Irish Charities including NRH.

A group of cereal growers from across Ireland smashed the world record for the greatest number of combine harvesters working in one field, in August 2009. The previous world record was set in Australia in 2003 and consisted of 56 combines - the Irish farmers achieved in excess of 175 combines working in one field at one time. www.combines4charity.ie also raised over €300,000 for four charities, including the National Rehabilitation Hospital. Barnardos, Gary Kelly Cancer Foundation, Self Help Africa. Well done and a huge thank you from the Patients and Staff at NRH to all concerned.



^ Members of local Garda Síochána with Garda Commissioner Fachtina Murphy at the St. Valentine's Ball organised by Members of the Gardai in collaboration with the NRH Speech & Language Therapy and Social Work Departments.



^ NRH Board Members at the AGM, April 2009.

A Year in Pictures – 2009

continued

✓ Flannan O'Sullivan and Michael Brislane meet Minister Mary Hanafin.



> Minister Mary Hanafin addressing the audience at the CREATE / IADT / NRH Art Exhibition.



> Nursing staff enjoying the NRH Patients and Staff Summer Barbeque.



✓ At the opening of the NRH / Inter-agency Information Kiosk in October were (L to R).

Keith Wilton (NRH), Louise Donnellan (IWA), Claire Connaughton (CHI), Colm Whooley (SII), Anne O'Loughlin (NRH), Joe McCarthy (CIS), Toni Burton (BRI), Richard Stables (Headway), Bernadette Lee (NRH), Donnchadh Whelan (ABII), Maryrose Barrington (NRH Volunteers), Pauline Sheehan (PALS).



✓ Anne Marie Langan, Occupational Therapy Manager and Vivienne Moffitt, Physiotherapy Manager at the opening of the Information Kiosk.



^ Sr. Peggy Collins addressing the audience at the AGM in April 2009.

< Aoife Fahey presenting a donation to Stephanie Forde, Ursula Kilgallon and Sorcha Barry from the Paediatric Team. Aoife's parents kindly raised funds for the Paediatric Programme from the sale of the Dublin Fire Fighters Calendar.

Financial Statement



At the beginning of 2009 the HSE advised that the hospital's opening allocation for the year was set at €27.391m.

2.74%

Pay costs in 2009 increased from €25.188m to €25.879m – an increase of 2.74%.

Our cumulative overrun at the end of the previous year (2008) was €0.282m and this overrun is treated as our first charge on expenditure in our 2009 accounts. The total net expenditure incurred in 2009 was €27.395 million, which resulted in a cumulative overrun of €0.004m for the year – this represents a deficit of only 0.01% on net expenditure and a reduction of €278,000 on the 2008 year end deficit.

A summary of the 2009 Revenue Income & Expenditure Account is as follows:

	Budget 2009 €000	Actual 2009 €000	Variance Current Year €000	Actual 2008 €000
Deficit brought forward		282		3
Pay Expenditure	25,400	25,879	479	25,188
Non-Pay Expenditure	7,601	7,926	325	8,291
Gross Expenditure	33,001	34,087	804	33,482
Less Income Receipts	5,610	6,692	-1,082	5,399
Net Expenditure	27,391	27,395	-278	28,083
Revenue Allocation		27,391		27,801
Accumulated Deficit		4		282

Income and Expenditure Account

Pay costs increased from €25.188m to €25.879m – an increase of 2.74%, mainly due to the additional roll-up cost of the approved 2008 pay awards and the Medical Consultant pay increase less savings achieved under cost containment from the reduction of staffing and agency cover following the HSE recruitment freeze.

Non-Pay expenditure decreased by 4.4% over 2008 but was again showing a negative variance over available budget. This increase in spending over budget can be attributed to the costs associated to the manufacture and supply of artificial limbs and orthotics which accounted for the majority of the increase in non-pay expenditure. However, some of these costs were offset by increased sales of artificial limbs. A higher return of Road Traffic Accident (RTA) receipts also contributed to the year end result of near break-even outturn.

In 2009, income receipts increased by €1.293m (23.95 %) – an increase from €5.399m in 2008 to €6,692m in 2009. Three main areas of increased income to note were: - €337,000 increase in RTA receipts over 2008. Pension Levy deductions generated income of €1.087m, research grants income from the HRB of €68,000, POBAL EDS funding of €154,000, grant aid from the National Medical Rehabilitation Trust Ltd for Equipment, Rehabilitation Therapy Services and Research of €233,000, and fundraising donations all contributed to the higher level of income generated in 2009.

This additional income allowed for some further spending in hospital maintenance and for the associated cost of our Prosthetic & Orthotic service. The inflow of income receipts from Road Traffic Accidents is extremely unpredictable. Due to this years RTA receipts, projects such as hospital maintenance and the replacement / purchase of equipment, which had been curtailed in the previous two years, were made possible.

Capital Grants

Capital Funding approved during 2009 was as follows:

	2009 €000	2008 €000
Minor Capital Project – New Hospital Project – HSE	695,293	4,810,926
Minor Capital Project – New School Project – DoES	274,698	–
Minor Capital – Equipment	–	400,000
Minor Capital – Fire Prevention Upgrade	500,000	200,000
	1,469,991	5,410,926

Developments

Throughout 2009, the Hospital met on several occasions with representatives from the Health Service Executive (HSE) as part of the Project Team for the New Hospital Development to discuss a number of issues including the Hospital Development Plan and Capital Grants. We also met with the hospital's designated Senior Commissioner (PCCC – LHO) as part of a continuous review process to discuss Service Pressures, New Service Developments/Waiting List Initiatives, National Strategy Group, Employee Control Ceiling and Revenue Allocation Adjustments and Submissions.

We received additional Capital grants in 2009 which concluded the tendering process of the New Hospital Project to the Most Economical Advantageous Tender (M.E.A.T) and the continuation of the Fire Prevention upgrading works, Phase II and Phase III, which will continue into 2010.

The hospital received Grant Aid from the National Medical Rehabilitation Trust Ltd for the Recreational Therapy, Music Therapy, and Transport Service. Continued funding from the HRB for research on "A generic Electronic Assistive Technology package for persons with Quadriplegia" was received and very much appreciated. In addition, the Hospital received POBAL EDS (Enhancing Disabilities Services) funding from the Department of Justice, Equality and Law Reform for "A Web-based Loan Bank of Electronic Assistive Technology" to June of 2009, which was then extended with funding from the National Medical Rehabilitation Trust Ltd for the balance of 2009. All these additional services will all go towards the enhancement of our services for people with disabilities.



Sam Dunwoody
Financial Controller

Medical Board Report



Dr Áine Carroll
Chair, NRH Medical Board



Dr Mark Delargy



Dr Nicola Ryall



Dr Hugh Monaghan



Dr Jacinta McElligott



Dr Jacinta Morgan



Dr Eimear Smith



Dr Andrew Hanrahan



Dr Manus McCaughey



Dr Angela McNamara
(Locum in 2009)

It has been a privilege to serve as Chair of the Medical Board during 2009 and I wish to commend all my Medical Board colleagues for all they have accomplished in concert with our hospital staff on behalf of the patients we serve. Truly, we have made an impact.

Despite the current bed closures and the staff moratorium, there were 873 admissions (133 of which were strokes) and 5,069 outpatients assessed which is a 10% increase on last year's figures. This highlights the continued efforts of all the staff at the NRH to provide a high quality service despite the difficult times in which we find ourselves. On behalf of my colleagues, I would like to thank all staff for their continued hard work in 2009.

Advances in technology

The Telemedicine link with Waterford was used successfully and was much appreciated by the patients surveyed. The Telemedicine link has also been used to great effect for community care conferences and interviews. The Medical Board will continue to work with the hospital's Information Systems staff to implement further enhancements.

New surgical techniques and procedures

Hardly a month passes without the advent of some new medical advance and the Medical Board endeavour to implement some of these techniques in the NRH. 2009 saw the implementation of on-site flexible cystoscopies which has been a great development for our patients. 2009 also saw the delivery of a new ultrasound scanner which will enhance diagnostics here. The intrathecal baclofen service continues to develop in conjunction with Dr. Josh Keaveney and Dr. Declan O'Keeffe, with significant benefit to patients.

Highly trained Medical Staff members

The Medical Board continues to enjoy the ongoing support of our colleagues in the specialties of Urology, Radiology, Orthopaedics, Psychiatry, Dentistry, Anesthetics, Orthoptics and Plastic Surgery, and we thank them for their contributions.

Recognition for quality care

Providing exceptional care is its own reward. But it's still gratifying when the hospital receives external recognition for its efforts in patient care. Such was the case this past year, with ongoing improvements being implemented under the CARF accreditation framework. I salute all physicians and hospital staff who made these achievements possible.

New Appointments

2009 was a year of flux in the Medical Board. Dr. Angela McNamara once again returned to the NRH to act as locum for Dr Jacinta Morgan. The Medical Board would like to thank Dr. McNamara for her help and we appreciate greatly her continued dedication to the Hospital. We were delighted to welcome back Dr. Morgan in October.

We also welcomed back Dr. Nicola Ryall in October and Dr. Andrew Hanrahan took up a new position to develop services in Cork and the HSE South region. August saw the commencement of Dr. Eimear Smith to her new position of Spinal Injuries Consultant. We then had to say farewell to Dr. Manus McCaughey who left to take up a new position in Derry. We wish Andrew and Eimear and Manus well in their new positions.

Medical Directors were appointed to each of the programmes this year.

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

The Medical Board would like to thank Dr. Jacinta McElligott for her Herculean work as Medical Director of CIIRP.

Clinical Governance

The Medical Board continued to be very active in various areas of clinical governance. A quarterly peer review analysis is performed to analyse patient transfers out of the hospital and in 2010 we plan to expand this review to also assess in-house patient transfers in an effort to continue to improve patient care.

We have also been very involved in the field of clinical audit and have carried out a number of audits with regard to Warfarin prescription, secondary prevention in stroke and have also developed a status epilepticus protocol.

The Medical Board has monthly x-ray meetings to discuss cases and have quarterly peer review meetings as above. In 2010, we are planning the introduction of quarterly complex case discussions.

There is now a weekly Journal Club and Consultants are involved in the organisation of local, national and international meetings. We had the pleasure of welcoming the President of Ireland to the 1st joint meeting of the IARM and the BSRM in May 2009.

All these developments are in keeping with international best practice.

All consultants are required to actively participate in Continuing Professional Development and regularly attend national and international meetings.

Medical Board Report

continued

Strategic Developments

Members of the Medical Board have been very involved in Strategic developments in 2009.

- **Irish Heart Foundation**

Dr. Carroll, Dr. Delargy and Dr. Morgan are members of the Irish Heart Foundation Council on Stroke.

Dr. Delargy and Dr. Morgan are members of a committee on 'Future service delivery for people with Acquired Brain Injury in HSE Dublin North East'.

Dr. Delargy is a member of the Cardiovascular Strategy implementation group for the Department of Health and Children and Vice-chair of the Irish Heart Foundation Council on Stroke.

- **National Stroke Guidelines**

Dr. Morgan was Chair of the multidisciplinary workshop in 2009 for the development of the Stroke National Guidelines and Standards.

- **Northern Ireland TBI report**

Dr. Morgan was one of three invited experts appointed to independently review services for TBI patients in Northern Ireland. The final publication of the Northern Ireland TBI report was in May 2009 after consultation. This report, and 3-year strategy for service improvement has been published online: <http://www.dhsspsni.gov.uk/showconsultations?txtid=34865>

- **National Rehabilitation Strategy**

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 early in 2010.

The recommendations due from both the Cardiovascular Strategy for Stroke and the National Strategy for Rehabilitation Medicine in general should help guide development of rehabilitation services with NRH as a key service provider.

- **Beaumont Development Committee**

Dr. Delargy and Dr. Morgan are both on the 'NRH at Beaumont' development committee.

- **New Hospital Project**

Dr. Delargy and Dr. Carroll represent the Medical Board on the NRH New Hospital Project Development committee.

- **Falls Prevention and Management Strategy**

Dr. Hanrahan was the Consultant lead on a Falls Prevention and Management Strategy for the NRH in light of the recently published Draft Guidelines to the HSE by the Dublin Hospitals Group Risk Management Forum in March 2009.

International Matters

Dr. 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.

Undergraduate and Postgraduate Education

All Medical Board Members have been busy with teaching the UCD 3rd year medical students and 2009 saw the welcome arrival of TCD students.

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 MRCP PACES and MRCPI part II.

Dr Morgan is in the process of completing a Masters in Healthcare Ethics and Law at the RCSI.

Diploma in Stroke Medicine

Dr. Carroll is on the Exam Steering Committee for the Diploma in Cerebrovascular & Stroke Medicine. Dr. Delargy and Dr. Morgan will be lecturing in the Diploma in 2010.

Service Developments

It was a disappointment that none of the service developments previously submitted to the HSE were funded once again in 2009. 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

The NRH hosted the joint Irish Association of Rehabilitation Medicine (IARM) / British Society of Rehabilitation Medicine/ (BSRM) Conference in May 2010. Some sessions were chaired by Consultants at the NRH. Dr. Smith presented on Osteoporosis and Disability at this meeting.

Dr. Hanrahan presented a lecture on 'Rehabilitation of my Stroke in 2034' at the BSRM Silver Jubilee Conference in Oxford, UK in September 2009.

Dr. Hanrahan also helped develop a detailed Goal Setting document, and training to use it was developed through 2009 and now meets CARF standards and conforms to International best practice.

In June, Dr. Áine Carroll presented a lecture on Spasticity, an overview of the management, for the Diploma in Neurological Physiotherapy, RCSI and in October, Murray O'Laoire/Brian O'Connell Associates with Dr Aine Carroll presented on the NRH New Hospital Project at the Institute of Healthcare Engineering and Estate management.

Dr. Jacinta McElligott was Course Director and Presenter: 'Diversity in Career Development and Leadership in Physical and Rehabilitation Medicine' presented at the AAPM&R annual general meeting in San Antonio Texas in 2009.

Dr. Jacinta McElligott also presented 'Building Atlantic Bridges' to the Department of Physical Medicine and Rehabilitation East Carolina University, North Carolina, October 2009.

Poster Abstract : Mei Min Soong, Jacinta McElligott - Management of Complex Regional Pain Syndrome and Shoulder Pain Post Stroke. A case report and review. 6th Congress of the European Federation of IASP Chapters (EFIC) - Pain in Europe VI, Lisbon, Portugal, September 2009.

PUBLICATIONS

A Carroll, N Ryall, Ngo D., 'An audit of Inpatient Consultations to a Rehabilitation Medicine Service in a Tertiary Referral Centre', IMJ 2009;102(5):159-160

É Smith, C Comiskey, Á Carroll, 'A Study of Bone Mineral Density in Adults with Disability', Archives of Physical Medicine & Rehabilitation 2009; 90 (7): 1127 – 35.

É Smith, N Ryall, 'Residual limb Osteomyelitis: a case series from a national prosthetic centre', Disability and Rehabilitation 2009; 31 (21): 1785 – 9.

The Medical Staff is comprised of 25 women and men from diverse backgrounds and locations, united in our commitment to our patients. On their behalf, I wish to thank all those who support us every day - volunteers, employees, administration and the Hospital Executive and Board but especially Anne Rankin, Medical Administrator. Together, we make a great impact on the quality of life of the patients we serve.

NRH Rehabilitation Programmes

Brain Injury Programme





Valerie Twomey
Programme Manager,
Brain Injury Programme



Dr Mark Delargy
Medical Director of the
Brain Injury Programme

The Brain Injury Programme (BI) at the National Rehabilitation Hospital, in conjunction with the patients (persons served), their families and carers, provides brain injury rehabilitation designed to lessen the impact of impairment and to assist people with Acquired Brain Injury (ABI) to achieve functional independence, social participation and community reintegration.

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

A total of 292 persons were served by the inpatient programme in 2009. This compares with 262 in 2008, representing an increase of 11.5% in 2009. Patients waited an average of 70 days for admission, highlighting the efficiency of the programme. The average inpatient rehabilitation length of stay for 2009 was 56 days.

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

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

- Brain Injury Comprehensive Integrated Inpatient Rehabilitation Programme (BI/IP)
- Brain Injury Outpatient Rehabilitation Programme (BI/OP)
- Brain Injury Home and Community Based Rehabilitation Programme (BI/HCB)
- Brain Injury Vocational Services (BI/V)

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

The programme aims to discharge all persons served after they have achieved their desired rehabilitation goals and have received maximum benefit from the programme. 72% of BI patients were discharged to home in 2009. Only 3% of the programme's available bed days were lost to 'delayed discharge' in 2009, far exceeding our target set of 10%. Compared with 12.6% in 2008, this represents a very significant improvement, which is in part due to improvements in our admission processes, documentation, communication and discharge protocols.

2009 represented a significant year for the Brain Injury Programme, where it was seen to consolidate a number of targets achieved in the previous year. The programme has demonstrated a steady and continuous improvement throughout 2009 and we continue to improve the access to, efficiency and effectiveness of our programme.

NRH Rehabilitation Programmes

Brain Injury Programme

Demographics, Activity and Outcomes for Inpatient Services – 2009

DEMOGRAPHICS & ACTIVITY

292 persons were discharged in 2009 from the BI inpatient Programme:

77 – (27%) were diagnosed with Non-traumatic Brain Injury

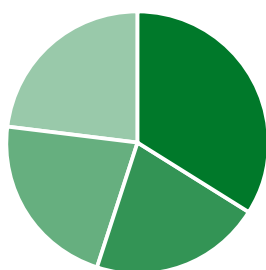
85 – (29%) with Traumatic Brain Injury

109 – (37%) with Stroke

18 – (6%) with various Neurological Disorders

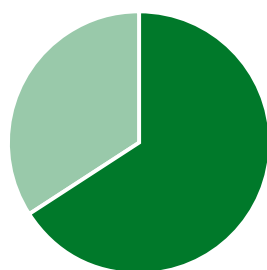
3 – (1%) with other Central Nervous System Disorders

PRE-HOSPITAL HSE AREAS OF RESIDENCE OF INPATIENTS SERVED BY THE BI PROGRAMME



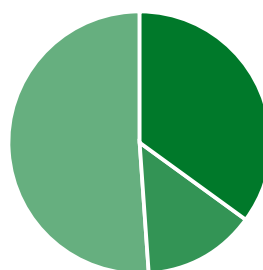
HSE Dublin Mid Leinster	34%
HSE Dublin North East	21%
HSE South	22%
HSE West	23%

GENDER OF INPATIENTS SERVED BY THE BI PROGRAMME



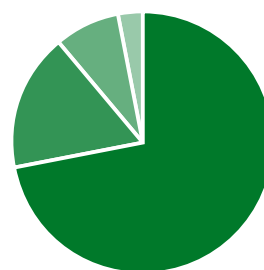
Male	66%
Female	34%

AGE PROFILE OF INPATIENTS SERVED BY THE BI PROGRAMME



Average age	45.5 years
Lower age range	18 years
Higher age range	66 years

DISCHARGE LOCATION OF INPATIENTS SERVED BY THE BI PROGRAMME



Home	72%
Acute Care Hospital	17%
Residential Care	8%
Other	3%

OUTCOMES

Effectiveness, Efficiency of, and Access to the Programme

Indicator	Target Set – 2009	Outcome 2009	Note / Trend
Average Days Waiting for Admission	A target was set that the average days waiting for admission would be less than 90 days.	70 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	77% and 53% completion rates respectively	Considerable progress was made during the year with a rise in completion rates to 84% and 64% respectively in some quarters.
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	73% 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	15.3 points	The Modified Barthel has a range of 0 to 100/110
Average Rehabilitation Length of Stay	Length of stay would be less than 90 days	56 days	This average was consistent throughout the year
Discharge to Home Rate	75% of patients would be discharged to home	72%	15.2% of patients were discharged back to an Acute hospital and 13.2% patients were discharged to residential care

Programme Goals Achieved in 2008

The Brain Injury Programme hosted a number of exciting events during Brain Awareness Week in March 2009. These included a Specialist Guest Lecture where Professor Jack Phillips delivered the findings of "The Phillips Report, 2008". We also produced an exhibition of "The Brain and Brain Function" and a Lokomat Live Demonstration. One of the highlights of Brain Awareness Week was the Brain Gym run by trainees from the Rehabilitative Training Unit where patients, families and staff got to 'work out' and improve on their levels of brain fitness.

The Brain Injury Programme presented its Quality Framework at the International Symposium on Neurorehabilitation, Valencia, Spain in October 2009. This was closely followed by a presentation on Outcomes achieved by the programme to the Psychological Society of Ireland Annual Conference in November and finally, an address to the Dementia Services Information and Development Centre Annual Conference, St. James' Hospital, November 2009 on Recovery Enhancement for the Older Adult.

Programme Manager

Valerie Twomey was appointed as Brain Injury Programme Manager in 2009 and Dr. Mark Delargy was announced as Medical Director to the programme later in the year.

NRH Rehabilitation Programmes

Brain Injury Programme

Medical

The Brain Injury programme continues to provide joint acute sector Rehabilitation Medicine sessions with Beaumont Hospital, St. Vincent's University Hospital (SVUH), Tallaght and Mater hospitals. Additional sessions are delivered at Royal Hospital Donnybrook and Peamount Hospitals for continuing rehabilitation for those whose brain injury results in a 'slow to recover' process.

As yet there are no sanctioned Rehabilitation sessions available for Community Rehabilitation.

Dr Angela Mc Namara returned to NRH to provide locum cover until October 2009.

REFERRALS

Consult referrals from the Neurosciences in Beaumont, as managed by Drs Morgan and Delargy have increased. ABI referrals are also managed by Drs Carroll and Mc Elligott at SVUH and Tallaght. Dr Eimear Smith from our Spinal programme reviews most ABI patients referred from the Mater Hospital. Each consultant also receives written referrals from regional hospitals. The Cork University Hospital (CUH) referral process should improve when a new Rehabilitation Consultant is available to support referrals made from CUH which is one of the two has a major neurosciences centres, along with Beaumont Hospital.

BRAIN INJURY LIAISON SERVICE

Our Brain Injury Liaison programme recommenced in 2009 with the appointment on a part time basis of Jane Culligan, Senior Physiotherapist. This post has significantly improved the ability of NRH to respond to the referral of complex severe brain injury patients who would be too fatigued by a long ambulance journey to engage effectively in their cognitive rehabilitation review at NRH. It is hoped that this efficient and effective way of reviewing patients at their referral hospital can be further developed into a multidisciplinary review team who can engage with each referring hospital as soon as patients are entered onto our waiting list for inpatient rehabilitation. Exploring the capacity of referring hospital to reduce core ABI disability complications pre-NRH should help improve throughput at NRH and thereby improve our responsiveness to admission requests.

STRATEGIC MATTERS

The recommendations due from both the Cardiovascular Strategy for Stroke and the National Strategy for Rehabilitation Medicine in general should help guide development of rehabilitation services with NRH as a key service provider.

The efficiency with which NRH can respond to increasing requests for acute ABI rehabilitation admission depends substantially our discharge capacity which is directly proportional to the quick availability of appropriate care and therapy in the local communities for patients who need such services on discharge from NRH. The patients and their family's confidence in the quality of services available on discharge is key to developing a successful early supported discharge service for people with persisting complex ABI disability.

Clinical Services within the Brain Injury Programme

NURSING

ST BRIGID'S WARD

St Brigid's Ward is a 23 bedded ward providing post acute interdisciplinary rehabilitation for patients with Acquired Brain Injury. The patient profile is inclusive of Traumatic Brain Injury (TBI) Hypoxic Brain Injury, Cerebral Vascular Accident (Stroke), Sub-Arachnoid Haemorrhage, Arterio-Venous Malformation, Neurological disorders and other brain injuries.

A dedicated single room for the SMART (Sensory Modality & Assessment Rehabilitation Technique) programme is included within the ward. This allows for the detailed cognitive assessment and treatment programme required for severely brain injured and minimally conscious patients.

St Brigid's Ward is managed by **Susan Meagher, CNM II**, and **Annik De Dios, CNM I**.

ST PATRICK'S WARD

St Patrick's Ward is an 11 bedded closed unit for the care of patients with Acquired Brain Injury, with moderate to severe cognitive and behavioural difficulties. In 2009, particularly the first half of the year, we had a higher number of patients who had varied and very challenging new problems. This highlights the need for continuous team development improving team supports, communication and education to meet these challenges.

All staff have attended Crisis Prevention & Intervention (CPI) Training. The effective application at ward level requires regular practice and planning for individual cases.

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

ST CAMILLUS' WARD

St Camillus' Ward is a 20 bedded male ward. The ward predominantly comprises amputee patients and acquired brain injury patients. However, the profile has changed since the closure of McAuley Ward in October 2007, with spinal cord injured patients now also being admitted to this ward.

St Camillus' Ward is managed by **Mary Travers, CNM II**.

ST GABRIEL'S WARD

St Gabriel's Ward is a 14 bed unit caring for amputee patients and those with neurological conditions. The unit also cares for a small number of spinal cord injured patients. In 2009 there was an increase in the number of patients with neurological conditions being admitted to this ward. There was also an increase in the complexity of issues from both a medical and social perspective which saw a further increase in the demands on the nursing staff.

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

NRH Rehabilitation Programmes

Brain Injury Programme

CLINICAL NEUROPSYCHOLOGY

The Psychology Service to the Brain Injury Programme is comprised of the equivalent of approximately 2 whole time equivalent (WTE) Clinical Neuropsychologists, including Head of Department and 1.5 WTE Assistant Psychologists who provide the following clinical services to inpatients and outpatients:

- Clinical Neuropsychology Assessments
- Psychotherapeutic and Psychological Interventions to ameliorate cognitive, emotional and personality changes associated with acquired brain injury
- Consultation and education with families, carers and other professionals involved in the care of patients
- Neurobehaviour Clinic
- Research and Audit.

MEDICAL SOCIAL WORK

Social Workers provide a service to inpatients and outpatients admitted to the Brain Injury Programme. Mary Keaveney participates in the Behavioural Consultancy Forum and on the SCIP Crisis Prevention Intervention Programme. All Social Workers in the programme are involved in the Stroke Awareness for Family and Friends programme which is run four times per year. Plans have begun to extend the programme for families affected by Traumatic Brain Injury.

The demands on the Social Work Department to complete the initial assessments, the Rivermead Life Goals Questionnaire and the treatment agreements within timescales have proved extremely challenging on the Brain Injury Programme. It takes additional time to complete these processes as often the patients themselves are unable to fully participate and family information and input is vital.

The Fair Deal Legislation was enacted towards the end of 2009. To date it is proving very problematic for families of young people who need nursing home care to access the scheme. Our patients have highly complex needs and many nursing homes will not provide care for the level of funding stipulated by the National Treatment Purchase Fund. This is an issue which will need to be addressed as a priority.

There has been an increase in the number of patients admitted with Acquired Brain Injury following incidents of attempted suicide, drug and alcohol addiction and/or assault. These are particularly difficult circumstances for any family to cope with and require additional supports and counselling.

The demand for Social Work support to the Brain Injury outpatient service continues to increase with a particular demand for adjustment counselling.

NUTRITION AND DIETETICS

Dietitians provide a service to all inpatients of the Brain Injury Programme.

Consultations are mainly on a one-to-one basis as dietary advice must take individual, often complex, communication difficulties into account. Educational materials are tailored accordingly and this places heavy demands on dietetic time. Artificial nutritional support is often required in the initial stages of rehabilitation and requires intensive follow-up.

The dietitians participated in the following educational sessions:

- **‘Eat Well, Keep Well’** – nutrition education session for the Stroke Awareness for Carers training.
- **‘Did You Know?...Facts about Nutrition & the Brain’** for Brain Awareness Week

The Dietitian Manager was invited by the Irish Heart Foundation Council to contribute to the Nutrition in Rehabilitation section of the revised National Stroke Guidelines and the Dietitians completed the Face to Face Aphasia training course to improve their communication skills with this patient group.

OCCUPATIONAL THERAPY

The Occupational Therapists working in the Brain Injury Programme deliver therapy predominantly in individual sessions as required by the needs of the patient group, however, group therapy interventions are also provided where appropriate. We continue to develop uni-professional and interdisciplinary group interventions to address patient need, in conjunction with colleagues in the interdisciplinary teams.

Increased admission and decreased length of stay of ABI patients has increased pressure on the OT service, particularly with regards to discharge planning.

Patients with Disorders of Consciousness - During 2009, the structure and clarity provided in relation to the bed capacity and waiting list for this patient group has ensured that the specialist staffing resource of SMART trained therapists has been used more effectively, efficiently and consistently in practice.

Absence of a designated portering service continues to be an issue and has a substantial impact on patients' therapy time. As the caseload increases due to a shorter average length of patient stay and the demand for therapy time increases, this situation becomes more problematic.

PHYSIOTHERAPY

Consistent physiotherapy staffing within the BI programme has been a major issue during the year due to extended leave, other leave arrangements and recruitment issues. While some cover was provided, it was by more junior staff. Overall, there was a huge impact on service delivery and ongoing staff development.

The complexity of the caseload on 3rd floor increased with the establishing of a dedicated High Dependency bed in August, with no increase in staffing.

The High Dependency Service was prioritised in the Programme this year, with 3 beds being consistently filled. A significant amount of both clinical and administrative time is required to meet the complex needs of this patient group. Training is also provided to a number of staff in their discharge destination to ensure continuity of care.

Throughout the service the number of patients requiring more than one therapist to treat them for all or part of their session has increased. This is logistically challenging and reduces the number of sessions available to these patients.

On St. Patrick's ward there was an increase in the number of patients admitted purely for physiotherapy and also in the number of one-day team assessments.

NRH Rehabilitation Programmes

Brain Injury Programme

SPEECH & LANGUAGE THERAPY

87% of attendances to the Speech & Language Therapy (SLT) Service in 2009 were from the Brain Injury Programme.

Inpatient Service – Initiatives in 2009 included:

- Close liaison with www.try-it.ie to trial and purchase appropriate communication devices for NRH patients.
- Development of SLT expertise in Assistive Technology (AT). Niamh O'Donovan, Senior SLT, attended a certified AT training course.
- Provision of **Face 2 F.A.C.E.** (Facilitating Aphasics in Communicating Effectively) training to brain injury programme staff.

In addition, sharing of two senior SLT positions in the BI Programme facilitates cover arrangements for leave and it also encourages collaborative SLT working with patients.

The SLT services provided regular cover to the Disorders of Consciousness Service.

In 2009 the SLT service facilitated regular placements for trainees from the Rehabilitative Training Unit. These placements focus on the portering of patients from the wards to their therapy appointments.

There was ongoing development of the Social Communication Group which helps patients learn how to use their strategies to improve their communication skills within an enjoyable social context.

The Supporting Partners of People with Aphasia in Relationships and Conversation (SPPARC) educational programme for families was run in April and October in 2009.

Outpatient Service – 2009 initiatives included:

- The Living with Aphasia Group was initiated in April 2009. It runs as a 6/8 week programme. It is designed by the clients and facilitated by SLT. Its focus is on relevant life participation needs and discovering the competencies of patients.
- An aphasia friendly therapy information board was introduced to help orientate patients attending the service.
- The draft manual of the COPA (Community Outing Performance Appraisal) has been completed and final editing and formatting is underway.

REHABILITATIVE TRAINING UNIT

SERVICE PROVISION

The 'Next Stage' Rehabilitative Training Unit (RTU) continues to develop and diversify. 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 increased to 51 in 2009. Of these 51 referrals, 35 were people living outside commutable distances of the unit and requiring accommodation. Similarly to last year, we were required to source alternative accommodation locally to meet the demand as our on-site accommodation, Corofin Lodge, is an 11-bedded unit.

Though economic conditions continue to impact on employment opportunities, the number of trainees returning to employment (40%) has increased since 2008 (27%). Of note since 2008, there is a 50% increase in the number of trainees successfully accessing further education and training opportunities.

Trainee's discharged from Next Stage Programme to:	2009
Employment	8
Education & Training	6
Assisted Services*	1
Other	5
Total Discharges	20

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

New Services/Developments in 2009

EXPANSION OF TRAINING MODULES OFFERED IN THE RTU

These included: Self Defence Classes (facilitated by Spinal Injuries Ireland), Soccer Training (facilitated by the FAI) & Forum Theatre. In 2009, a trainee was selected by the FAI to be part of the Irish CP soccer International squad that participated in the Confederation Cup in Holland in October.

VEC LITERACY PROGRAMME

This service has continued through 2009 offering one-to-one literacy and numeracy support on-site in the RTU. Feedback from the trainees who availed of this service has been very positive.

WORK EXPERIENCE PLACEMENTS

Work experience placements continue to be a core component of our Vocational Planning & Exploration module and help our trainees identify potential vocational options. In 2009, trainees successfully participated in placements in the Speech & Language Therapy and Occupational Therapy Departments, CEO Administration Department and Catering, including Cedars Coffee Shop. In the current economic climate, it is proving difficult to source external placements so we are extremely grateful for the continued support and guidance provided to the trainees on all placements.

Milestones for Service

ACCREDITATION

Throughout 2009, the RTU has been actively preparing for participation in the CARF Speciality Accreditation process in 2010. In addition, the HSE are reviewing and are due to implement new quality standards for Rehabilitative Training Programmes in 2010.

TRAINEE REUNION DAY

In November 2009, the RTU held a Trainee Reunion Day. The aim of the day was to encourage peer and social support among current and past trainees and also create a forum for discussions on outcomes and progress following on from the RTU training programme, as well as providing an opportunity to meet with peers and friends. The Reunion Day was deemed to be a big success by all and will be repeated bi-annually.

In addition to the Trainee Reunion, current and past trainees have actively engaged in numerous media interviews to heighten public awareness of acquired brain injury and the service provided throughout the Brain Injury programme, these included a TV3 documentary, RSA road safety campaign launch, 'Impact' book launch and newspaper interviews.

Fundraising and Donations

Throughout 2009 the current and past trainees have actively engaged in fundraising activities and, in addition, we have received generous donations from ESCCU Credit Union, Mullingar Motorbike Rally, and Chiara Murphy who ran the Chicago Marathon in aid of the RTU. We are extremely grateful to all our fundraisers and donors.

NRH Rehabilitation Programmes

Spinal Cord System of Care (SCSC) Programme





Eugene Roe
Programme Manager,
Spinal Cord System of Care Programme



Dr Jacinta McElligott
Medical Director of the Spinal Cord System
of Care Programme

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

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

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

The SCSC Programme provides a continuum of care encompassing the inpatient rehabilitation phase (with a current bed capacity of 38 beds), an outpatient phase (seeing approximately 400 persons in 2009) and linkages to community services including a nursing liaison service and a pilot vocational programme.

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

NRH Rehabilitation Programmes

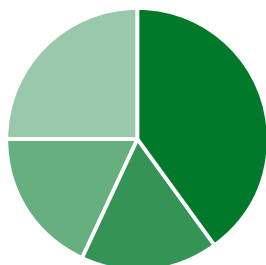
Spinal Cord System of Care (SCSC) Programme

Demographics, Activity and Outcomes for Inpatient Services – 2009

DEMOGRAPHICS & ACTIVITY

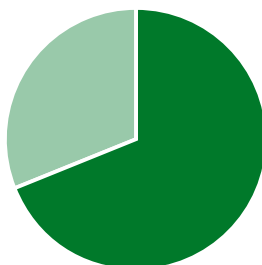
In total 175 persons were discharged in 2009 from the SCSC Programme. 56 of these patients had sustained a traumatic spinal cord injury. 145 of these patients were included in the CARF accredited Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP) and an additional 30 patients were admitted for other varying treatments.

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



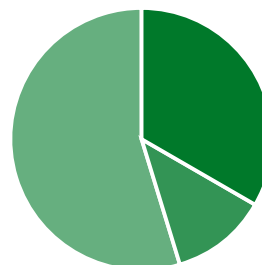
HSE Dublin Mid Leinster	40%
HSE Dublin North East	17%
HSE South	18%
HSE West	25%

**GENDER OF PATIENTS
DISCHARGED FROM
THE SCSC PROGRAMME**



Male	69%
Female	31%

**AGE PROFILE OF
PATIENTS DISCHARGED
FROM THE SCSC PROGRAMME**



Average age	50 years
Lower age range	18 years
Higher age range	82 years

OUTCOMES

Effectiveness, Efficiency of, and Access to the Programme

Indicator	Target Set – 2009	Outcome 2009	Note / Trend
Average Days Waiting for Admission	The target was set that patients would be admitted within 90 days.	The average days waiting for admission was 50 days	83% of patients were admitted within the target of 90 days
Completion of the Outcome Measure	95% completion of both the admission and discharge Modified Barthel	84% completion rate	The SCSC Programme has decided that in 2010 it will use the Spinal Cord Independence Measure (SCIM) as the functional outcome measure for the Programme
Average Rehabilitation Length of Stay (LOS)	Average admission length of stay would be less than 90 days	Average LOS was 87 days	The LOS in 2008 was negatively impacted by a small number of patients who waited for over 12 months to access onward care. Without this cohort of patients the LOS in 2008 was 99 days as compared to 87 in 2009
Delayed Discharges	Less than 10% of bed days will be lost to Delayed Discharge in 2009	This target was met with 10% of bed days lost to Delayed Discharge in 2009	Delayed Discharges are patients who have completed their rehabilitation programme and are medically fit for discharge. 70% of the total bed days lost in the NRH in 2009 were from the SCSC Programme.
Discharge to Home Rate	75% of patients would be discharged to home	80% of patients were discharged home with less than 8% going back to Acute hospitals.	

Programme Goals Achieved in 2009

- In 2009 the SCSC Programme Development Committee met twice monthly to address service issues regarding patient and family care. The programme continued to benefit from its collaboration with Spinal Injuries Ireland (SII) through the Venture Sports and Social Programme, Vocational Programme, Peer Support Programme and the presence of SII at the weekly NRH Spinal Outpatient Multidisciplinary Clinic.
- The SCSC Education Group continued to work on the development of patient and family education resources.
- A strategy planning meeting was held in October 2009 attended by representatives of all staffing groups from the programme. Outcomes from the day will be incorporated into the SCSC programme strategy due to be developed in 2010.
- A number of team building events were held throughout the year.

NRH Rehabilitation Programmes

Spinal Cord System of Care (SCSC) Programme

Programme Manager

Eugene Roe is the SCSC Programme Manager. In 2009 the team continued to meet the challenge of adapting to a programmatic delivery of patient care. The Programme considered distinct areas of quality improvement required in light of the decision to pursue Specialty Programme status. As part of this process, a systematic annual review of patients must be in place in 2010, as well as ensuring that patients have considered emergency plans for their home environment.

Interdisciplinary working is at the core of a patient centred delivery of care. This is supported by the goal setting process, family and discharge conferences, programme development meetings and timetabling. Opportunities for joint treatment sessions are utilised in the programme, however, currently the physical environment of the NRH limits interdisciplinary working in the SCSC Programme. Future opportunities to enable interdisciplinary working need to be developed.

In 2009 staff members from the Programme attended Case Coordinator training and Goal Setting training. Staff members also attended the ISCOS and MASCIP meetings.

Significant fund raising was taken on by individuals and groups to support the spinal programme at NRH and all this effort is very much appreciated by the staff of the programme.

Medical

Dr Jacinta McElligott and Dr Eimear Smith are the Rehabilitation Consultants responsible for the spinal cord injury programme. Dr McElligott is subspecialty board certified in spinal cord injury medicine and was appointed Medical Director to the NRH Spinal Cord System of Care programme in 2009. Dr Eimear Smith graduated from Specialist Registrar training at NRH and completed her training with a specialist focus on spinal cord injury at the London Spinal Cord Injury Centre, Royal National Orthopaedic Hospital, Stanmore, UK.

Dr Manus McCaughey left the SCSC Programme in 2009 to take up another appointment. We wish to thank Dr McCaughey for all his expertise support and care of patients and his input to the development of the programme during his tenure at NRH.

Clinical Services within the SCSC Programme

NURSING

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

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

2009 was a demanding year in St Margaret's and St Joseph's wards, discharging 20 tetraplegic, 7 paraplegic, 2 central cord syndrome and 13 non-trauma spinal injury patients. We would like to take this opportunity to commend all the staff who worked extremely hard during the year.

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

OUR LADY'S WARD

Our Lady's ward is a 19 bedded ward for both male and female patients with spinal cord injuries and neurological conditions. Staff provide training and education for the patients, families, the public health nurse and the community carers in caring for patients with spinal cord injury.

2009 saw an increase in the number of High Dependency patients admitted to the ward. These patients have an increasing complexity of problems from a medical and a nursing perspective; some also have complex social problems.

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

ST CAMILLUS' WARD

St Camillus' ward is a 20 bedded male ward. The ward predominantly cares for amputee patients and acquired brain injury patients. Since the closure of McAuley ward in October 2007, an average of 3 beds have been allocated to the SCSC programme.

St Camillus' ward is managed by **Mary Travers, CNM II**.

LIAISON 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 Healthcare Professionals. The Liaison Nurse acts as an advocate for the patients and sees patients in their homes nationwide. The Liaison Service is essential in helping prevent complications such as pressure sores and in providing 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. Additional hours are required to develop the Liaison Service and allow these visits to past patients to occur in a more timely manner

CLINICAL PSYCHOLOGY

The Psychology Service to the Spinal Injury Programme is comprised of 1 Senior Clinical Psychologist who provides the following clinical services to the inpatient service:

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

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. A Social Work service is provided to the outpatients clinic within the interdisciplinary team structure.

Kathleen McCarthy, Senior Social Worker is funded for one day a week by the Health Service Executive to provide a Social Work service to the Vocational Project for Spinal Cord Injured Patients.

Cutbacks in health services have had enormous effects on the amount of funding available for services such as personal assistants, essential equipment, adaptation grants, discretionary payments and long term care, resulting in choices open to young people with a spinal injury in terms of living independently are extremely limited. This leads to increased stress on relationships and psychological well being within the family system.

NRH Rehabilitation Programmes

Spinal Cord System of Care (SCSC) Programme

OCCUPATIONAL THERAPY

During 2009, the number of patients with non-traumatic spinal cord injuries who received rehabilitation through the inpatient service has increased. This has included a number of patients requiring palliative rehabilitation. While it is acknowledged that the service must react to demand, the current format of service delivery and staffing within the SCSC Occupational Therapy team is designed to meet the needs of patients with traumatic spinal cord injuries. The variety of conditions, presentations and patient needs during 2009, has presented a challenge, as different approaches are required to assess and treat patients with progressive and life limiting conditions, and patients with dual diagnosis of spinal cord injury and cognitive impairment secondary to brain injury, learning disability and other conditions. In 2010, the Occupational Therapy Team will be exploring new patterns of working to address the needs of a varied caseload more effectively.

The Occupational Therapy Team in conjunction with ASPIRE (UK Spinal Injuries Charity) have engaged volunteers who are former patients of the service to provide Assistive Technology Training for inpatients. This collaboration has proved very successful both with staff and patients.

In conjunction with the Vocational Project team, the Occupational Therapists participated in a Vocational Workshop in September for current and former patients of the service. Feedback has been very positive.

NUTRITION & DIETETICS

The main nutrition-related issues facing patients post Spinal Cord Injury include excessive weight gain, malnutrition, risk of pressure sores, bowel management, hyperlipidaemia and increased risk of diabetes. Patients may require nutrition intervention for one or more of these issues as they arise. In addition, patients should be educated about the long-term risks and preventative measures that can be taken. Therefore the nutrition service takes a two-pronged approach addressing both immediate and future nutritional needs.

In 2009 referrals from the SCSC programme increased twofold. As resources have not increased in line with this increased workload, the service has focused on acute interventions.

In late 2009 a group education session for SCSC patients, 'Eat Well, Keep Well after Spinal Cord Injury' was trialled with very positive feedback.

A member of the department regularly attends the MASCIP dietitians (UK & Ireland) subgroup meetings which focus on development of nutrition standards and resources for SCI. The dietitians presented 'Overview of Nutrition in Spinal Cord Injury' and 'Use of a low calorie meal replacement in weight management in SCI' to the South Dublin Dietitians Journal Club at St Vincent's University Hospital.

PHYSIOTHERAPY

In 2009, the number of patients treated in the physiotherapy service increased while the average length of stay was shorter. These factors resulted in increased demands on the physiotherapy service. There has also been a dramatic increase in the number of patients with far more complex injuries and often require longer lengths of stay to reach maximal potential. This complexity combined with shorter lengths of stay for other patients places increased clinical, administrative and educational demands on the treating therapists.

The number of patients admitted with other neurological conditions has also increased. This case mix brings additional complexities as many of these patients have secondary conditions, suffer from progressive diseases, or are palliative patients. Meeting the rehabilitation needs of this group of patients can present a significant challenge to the service.

The spinal team saw a reduction in hours as the sessional cover for splinting and wheelchair assessment was withdrawn in September. This, combined with short length of stay puts particular pressure on timely wheelchair provision and in some cases patients have not had their own wheelchairs on discharge.

Staff continue to develop services such as Pilates Classes, Lokomat Training and Pressure Mapping.

SPEECH & LANGUAGE THERAPY

Cover is provided to this Programme by the Senior Clinician in Dysphagia. The majority of referrals are for the management of voice and swallowing difficulties following high level cervical spine injuries.

In 2009, the Speech & Language Therapy service broadened its scope of service to provide dysphagia cover to outpatients with spinal cord injury.

THE VOCATIONAL PROJECT

The Vocational Project is an interagency pilot programme between the NRH, the HSE and Spinal Injuries Ireland. It has continued to expand and develop and has become an integrated part of the Spinal Cord System of Care Programme. During 2009, 61 patients were seen; this was a 54% increase on 2008.

Over the past year various improvements have been made to the Vocational Project to enhance its service delivery to patients. Services offered to patients include:

- **Vocational Goals:** The Vocational Project offers all patients who wish to engage in the programme the opportunity to explore a vocational goal as part of their rehabilitation prior to discharge.
- **Vocational Workshop:** A one day vocational workshop was held in 2009 where past patients who had returned to work or were undergoing training came back to share their experiences with current patients. Feedback was very positive.
- **Work Site Visits:** A number of work site visits were carried out with employers and patients to survey the working environment. The team provide advice and support and/or explore alternative work roles within the organisation. There was a 50% increase on the work site visits carried out in 2008. *All patients availing of this service in 2009 returned to work.*
- **Ongoing support:** Ongoing support is provided to the employee and the employer.
- **Discharge Exit Meetings:** A specific plan is agreed with patients and a follow up timeframe is set.
- **FÁS Visits:** The Vocational Project has continued to organise patient visits to the FÁS Training Centre in Loughlinstown to explore the various training options available.
- **Community Links:** The vocational team continue to link with mainstream agencies such as FÁS Employment and Training services and Adult Education services.
- **International Standards:** The Vocational Team continue to be informed of standards of best practice both in respect of requirements for CARF Accreditation and International standards regarding vocational programmes.

The Vocational Project team is currently compiling an audit of the service.

Challenges for Patients Returning to Work

Over the past year, challenges in facilitating patients' return to work have included:

- The increased number of people with higher level spinal cord injuries and consequent implications for return to work or training, such as the need for a personal assistant.
- The current economic climate has posed significant challenges for return to work.
- The current staffing allocation is posing a challenge as demand for the service has increased.

Future Challenges for the Vocational Project:

The current pilot phase of this project will run until June 2010. Based on the success of the project to date, both in terms of outcomes for the patient group and the consistent focus on vocational goals for the patient group, it is imperative that the project continues into the future and is integrated within the core services offered by the Spinal Cord System of Care.

NRH Rehabilitation Programmes

Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programme





Dorothy Gibney

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



Dr Nicola Ryall

Medical Director of POLAR Programme

The programme was delighted to welcome Dr Nicola Ryall, Consultant, on her return from extended leave in October. Special thanks are extended to Dr Andrew Hanrahan who provided locum cover to end of August. Dr Hanrahan continues to provide consultant input for the prosthetic service for the South, based in Cork, and to the upper limb clinic in NRH.

In 2009, while the throughput of inpatients for the Programme was marginally increased compared with 2008, our length of stay for patients decreased. This presented a challenge for therapy managers. Other challenges related to the overall budgetary situation and the marked delay within some HSE areas to sanction limbs for patients. These developments framed the focus of work within the programme.

The POLAR team considered its readiness to achieve Amputation Specialty Programme accreditation. However, as the Outpatient programme does not yet have dedicated therapy staff it does not meet the programme description. Therefore the hospital Board accepted the team's recommendation that we seek specialty accreditation in relation to the Inpatient service only. Despite this, where possible the programme has sought to implement the specialty standards throughout the continuum of care. The significant work for POLAR to achieve specialty accreditation is in the extended education standards, the provision of peer support, outcomes information and prosthetic specific information in the patients' portable profile. The education programme has now been reviewed and extended and several former patients now provide peer support, facilitated through the volunteer programme. Peer support is also available through recently re-established links with Amputee Ireland.

The strategic partnership with Ability Matters continues to assist the programme in responding quickly to changing service needs. In an effort to clarify the nature of the service available through the NRH / Ability Matters strategic partnership, the programme produced information brochures aimed at referrers to, and funders of, the service. In addition, several meetings took place to promote the service, and other meetings were held with the HSE to advocate for a more efficient sanctioning process. An information leaflet for service users was also produced as a supporting document. The plan to use the Ability Matters IT system to enable us to gather outcome data will be invaluable in streamlining data collection. The foundation work for this commenced in 2009 and will continue into 2010.

Preliminary work was undertaken in 2009 to enable the filing system in the Prosthetic Department to be reorganised to conform to National Hospitals Office standards. This work should be completed early in 2010.

In summary, 2009 saw much work commenced in unifying the processes between the inpatient and outpatient service. The foundations were laid for the programme to seek specialty accreditation and the strategic partnership was seen to be a positive factor in the delivery of service.

NRH Rehabilitation Programmes

Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programme

Demographics, Activity and Outcomes for Inpatient Services – 2009

DEMOGRAPHICS & ACTIVITY

Types of Amputations

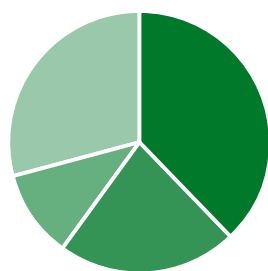
Types of Amputation	Numbers 2009	Percentage of admissions 2009	Numbers 2008
Above-knee amputations	46	50%	36
Below-knee amputations	31	34%	35
Bi-lateral lower limb amputations	12	13%	10
Hemipelvectomy	1	1%	0
Upper limb amputation	2	2%	4
Loss of four limbs	0	0	2
TOTAL	92	100%	87

92 persons were discharged in 2009 from the POLAR Programme compared with 87 persons discharged in 2008

POLAR Programme Outcomes for 2009

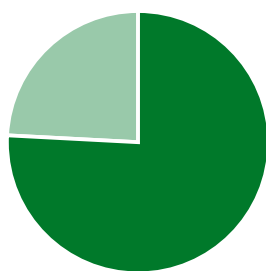
Although the programme seeks to serve people across the continuum the outcomes below relate only to inpatient services for 2009.

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



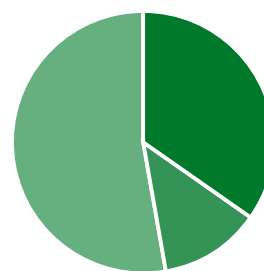
HSE Dublin Mid Leinster	38%
HSE Dublin North East	22%
HSE South	11%
HSE West	29%

GENDER OF PATIENTS DISCHARGED FROM THE POLAR PROGRAMME



Male	76%
Female	24%

AGE PROFILE OF PATIENTS DISCHARGED FROM THE POLAR PROGRAMME



	2008 (YEARS)	2009 (YEARS)
Average age	61.5	58
Lower age range (in the Adult Service)	28	21
Higher age range	88	88

OUTCOMES

Effectiveness, Efficiency of, and Access to the Programme

For the POLAR Programme in 2009 the following indicators and outcome targets shown in the table below demonstrate the effectiveness of the service.

Indicator	Target Set	Outcome	Note / Trend
Average Days Waiting for Admission	A target was set that 80% of patients would be admitted within 90 days.	88%	This figure is a considerable improvement on that of last year when only 38% were admitted within 90 days of referral. However some of this can be attributed to us calculating wait time from referral for admission for inpatient rehabilitation whereas in 2008 awaiting sanction was included
Completion of the Outcome Measure	95% completion of both the admission and discharge Modified Barthel	85.9% completion rate	Considerable progress made this year with a rise from a completion rate of 67.7% in 2008
Incidence of Positive Function Score	90% of patients would show a positive change in the Modified Barthel at discharge	70.8% of patients showed a positive change	25% remained unchanged
Average Total Function Score Change	Patients would be equal to or greater than a 10 points improvement on the Modified Barthel	Average improvement was 8 points	<i>These two outcomes should be interpreted in the light of limited validity of these indices in amputees - limited construct validity and ceiling effects. (Trewick SP, Condie ME. Three measures of functional outcomes for lower limb amputees: a retrospective review. Prosthet Orthot INT 1998;22:178-185)</i>
Average Rehabilitation Length of Stay	Length of stay would be less than 90 days	43 days	This is compared with 52 days average length of stay for 08
Discharge to Home Rate	75% of patients would be discharged to home	90% of patients were discharged home	83 patients were discharged home in 2009, 5 were referred to acute hospitals while 2 went to residential care. (Figures for 2008: 77 patients discharged home, 8 to an Acute hospital, 2 patients to residential care)

Survey of Patient Satisfaction showed that the vast majority of patients who returned the survey expressed satisfaction with the service received. However the return rate for completed Patient Satisfaction forms remains very low.

NRH Rehabilitation Programmes

Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programme

Programme Goals Achieved In 2009

The programme sought to improve the service in several areas and this work will be ongoing in 2010. The principal goals achieved were:

- Agreement to seek Amputation Specialty Accreditation for the Inpatient service
- Full review and development of the patient education programme
- Establishment of regular peer support groups
- Development of literature to publicise the service as "Consultant led" and the strategic partnership with Ability Matters
- Three amputation-specific education days were held in conjunction with healthcare professionals in acute hospitals, the community and a special interest group. Input was given by several members of the team including prosthetists, physiotherapists, occupational therapists and doctors.
- Amputee Ireland joined the NRH Interagency Forum to facilitate closer working with the programme and increase the amount of information available on amputation and limb loss at the new Information Kiosk

Programme Manager

The POLAR programme manager post is held by Dorothy Gibney. This post was increased from half time to 0.8 WTE in November. The programme manager's role involves facilitating the team in reviewing service delivery, considering improvements and assisting with the implementation of these improvements, encompassing both the inpatient and outpatient programmes. A key element of this is supporting the smooth working of the strategic partnership between NRH and Ability Matters in the delivery of the prosthetic service.

Medical

The amputee patients being referred to the NRH are of increasing complexity. Yet a comparison study between the NRH, centres in the UK and in The Netherlands showed that the NRH patients achieved the best outcomes in terms of 97% of our patients achieving mobility. (In press)

Patients referred to the service were seen as Outpatients at various clinics in Dublin and at the Satellite clinics, and those needing admission for further assessment, gait training and related issues were admitted to the NRH. SERVQUAL data from patients also credited the NRH and its POLAR (Prosthetic, Orthotic and Limb Absence Rehabilitation) Programme with a quality service.

Monthly Consultant led clinics in Cork and Galway continued. The Tele-medicine link with Waterford was used successfully and was much appreciated by the patients surveyed.

Two Amputee Study days and Workshops were run by Team NRH in 2009; at the Mercy University Hospital, Cork in April and St Vincent's University Hospital, Dublin in August. These were aimed at Therapists involved in Amputee Rehabilitation but were well attended by other disciplines also.

The Irish Association of Hand Therapists held their bi-annual meeting at the NRH. The Prosthetic service ran the educational programme and provided a talk on the evolution of the Human Hand.

The Specialist Upper Limb Multi-disciplinary Clinic was restructured in July 2009 to address a pressing need for more dedicated clinic time.

The NRH hosted the British Society of Rehabilitation Medicine (BSRM) Conference in May 2010.

- Some sessions were chaired by Consultants at the NRH.
- Dr Nicola Ryall presented "Amputee Rehabilitation from Cradle to Grave".

Contributions were made to the Department of Health and Children on the draft National Policy/Strategy on an Integrated Rehabilitation service for Ireland.

Clinical Services within the Polar Programme

PROSTHETIC SERVICE

Production by Limb Type

Type of Prosthesis	2009
Thru Hip	2
Above Knee	72
Thru Knee	1
Below Knee	134
NSKT (New Socket)	114
Appliances	4
Total	327

Type of Prosthesis	2009
Above Elbow	9
Below Elbow	39
Socket	9
Other appliances	6
Total	63

Meeting patient need in locations closer to the patient's home has been a significant provision within the POLAR service. We continued to provide satellite clinics in 7 locations as well as the weekly outpatient clinic held in the NRH. During the year there were 1280 patient attendances in the satellite clinics in Waterford, Cork, Sligo, Donegal, Galway, Mayo and Leitrim. There was a further 1342 attendances at the NRH outpatient clinics, giving a total of 2622 for the year.

NURSING

ST CAMILLUS' WARD

St Camillus' ward is a 20 bedded male ward. The ward predominantly cares for amputee patients and acquired brain injury patients and an average of 3 beds have been allocated to the SCSC programme.

Undergraduate and postgraduate clinical placements continue to be facilitated on the ward.

Many transition year students attended placement throughout the year.

Volunteers played a fundamental role on the ward providing activities and company for patients in the evening

St Camillus' ward is managed by **Mary Travers, CNM II.**

ST GABRIEL'S WARD

St Gabriel's ward is a 14 bed unit caring for amputee patients and those with neurological conditions. The unit also cares for a small number of spinal patients. 2009 saw an increase in the number of patients with neurological conditions admitted to St. Gabriel's ward. There was also an increase in the complexity of issues from both a medical and social perspective which saw a further increase in the demands on the nursing staff.

After a very long wait, St Gabriel's Ward was painted at Christmas and the roof in the bay area of the ward was repaired. The patients and staff were all delighted with the improvements on their return in the New Year.

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

NRH Rehabilitation Programmes

Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programme

CLINICAL PSYCHOLOGY

The Psychology Service to the POLAR Programme is comprised of 1 Senior Clinical Psychologist and an Assistant Psychologist for two sessions per week. They provide the following services:

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

MEDICAL SOCIAL WORK

The Social Work service is offered to inpatients as well as to the outpatient clinics on request. Social Work staff contribute to patient and family education for the POLAR Programme.

Specialist Accreditation standards will demand more of the Social Work service in terms of patient and carer education and support services.

There has been an increase in the number of patients experiencing funding difficulties in the purchase of limbs due to HSE budget cuts. This issue has also affected children with congenital and traumatic limb loss.

The Social Work service took the lead in re-establishing regular peer support groups for the service. Thanks must go primarily to former patients who were willing to engage in this programme.

NUTRITION AND DIETETICS

The dietitians provide two sessions per week to patients of the POLAR programme. Nutritional interventions focus mainly on weight management, diabetes control, hyperlipidaemia and renal nutrition. Management of these issues is crucial in the prevention of and recurrence of complications.

PHYSIOTHERAPY

Despite delays in funding prostheses throughout the year, admissions to POLAR programme show a slight increase on 2009. A decision was taken in December to admit patients for pre-prosthetic rehabilitation as a trial. This coincided with the programme achieving a reduced length of stay for patients. In response to this the staffing allocated to the programme was reduced by 0.5 of a staff grade therapist.

As a member of BACPAR (British Association of Chartered Physiotherapists in Amputee Rehabilitation) Emilie Fritte attended the AGM/Annual Conference in November.

OCCUPATIONAL THERAPY

Although the inpatient caseload in the POLAR service showed a small increase in numbers in 2009, it demanded more therapy time and more individual sessions as patients presented with multiple co-morbidities e.g. respiratory, cardiovascular and rheumatology conditions.

Occupational Therapists attended training on the use of the Myoboy (a tool for preprosthetic training for upper limb amputees) in conjunction with staff from Ability Matters. This tool is now in use for pre-prosthetic training.

SPEECH & LANGUAGE THERAPY

The Speech & Language Therapy service provides audiology and dysphagia consults to patients from the POLAR programme. In 2009, 2 patients attended SLT with speech & voice impairments.

NRH Rehabilitation Programmes

Paediatric Family-Centred Rehabilitation Programme





Mary Cummins
Programme Manager,
Paediatric Family-Centred Rehabilitation



Dr Hugh Monaghan
Consultant Neuropaediatrician

The Paediatric Family-Centred Rehabilitation Programme is the national medical rehabilitation service for children and adolescents (0 – 18 years) requiring a complex specialised rehabilitation service.

Referrals for the service are received from across the Republic of Ireland.

The rehabilitation needs of each person referred can be assessed on an inpatient/day patient or outpatient basis.

Therapeutic interventions can be offered on an inpatient/day patient or on a limited outpatient and outreach basis.

The Paediatric Programme is a small part of the NRH with 8 beds out of the total number of 110 (6 inpatient beds and 2 day places) – but the challenges for the small Programme staff are broad and exacting. In effect the Paediatric Programme is a microcosm of the three adult services at the NRH providing services to children and adolescents who have significant impairments and limitations as a result of conditions such as a brain injury, stroke, spinal cord injury, neurological disorders or limb absence.

The Objectives of the Paediatric Programme are:

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

NRH Rehabilitation Programmes

Paediatric Family Centred Rehabilitation Programme

Demographics, Activity and Outcomes for Inpatient Services – 2009

DEMOGRAPHICS & ACTIVITY

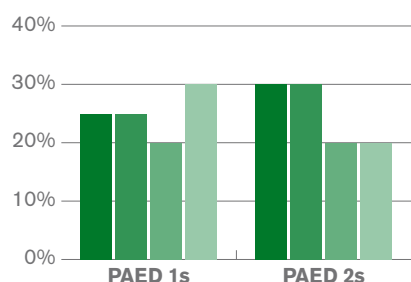
Patient Activity

Type of Rehabilitation Admission	Description	Number in 2009
PAED 1	Children and adolescents discharged from in-patient assessment and a period of intensive rehabilitation	20
PAED 2*	Initial assessment only	10
PAED 3	Interdisciplinary review	32
PAED 4	Neuropsychological assessment/review only	8
PAED 5	Prosthetic limb introduction/training	
PAED 6	Interdisciplinary review via groups as part of "Summer Review Project"	11
PAED 7	Brief re-admission for a burst of intense rehabilitation	3
PAED 8	Outpatients - New and known previous patients requiring consultation with Paediatric Consultants, or requiring specific outpatient appointment / sessions with any of the individual interdisciplinary team or therapist at Prosthetic Clinic	0
PAED 9	Music Therapy Outpatient	4

In 2009 the Paediatric Family-Centred Rehabilitation programme discharged 88 patients from the service. Of these, 30 were new patients to the programme and 58 had been previously admitted.

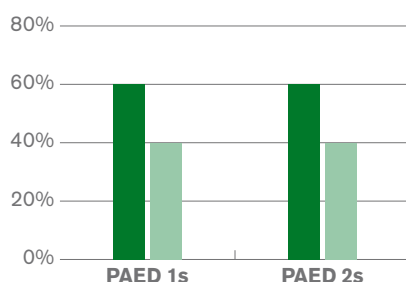
The following tables show the breakdown of pre-hospital HSE areas of residence, gender and age profile of children and adolescents discharged from the Programme in 2009:

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



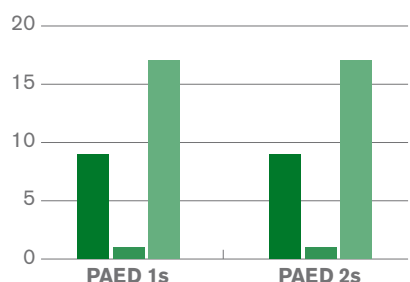
	PAED 1s	PAED 2s
HSE Dublin	25%	30%
Mid Leinster	25%	30%
HSE Dublin North East	25%	30%
HSE South	20%	20%
HSE West	30%	20%

GENDER OF PATIENTS DISCHARGED FROM THE PAEDS PROGRAMME



	PAED 1s	PAED 2s
Male	60%	60%
Female	40%	40%

AGE PROFILE OF PATIENTS DISCHARGED FROM THE PAEDS PROGRAMME



	PAED 1s (YEARS)	PAED 2s (YEARS)
Average age	9	9
Lower age range	1	1
Higher age range	17	17

Of the 30 new patients seen and discharged from the PAEDS programme in 2009, the spread of diagnoses is as follows:

	Traumatic Brain Injury	Brain Infection	Stroke	Tumour	Other Brain Injury	Traumatic Spinal Injury	Trans-verse Myelitis	Other Spinal Injury	Limb Absence	Total
PAED 1	7	3	2	3	2	1	1	1	0	20
PAED 2	4	2			1				3	10
Total	11	5	2	3	3	1	1	1	3	30

It is worth highlighting the causes of the **Traumatic Brain Injury** in the 11 new patients

RTA* Passenger	RTA Pedestrian	RTA Driving	RTA Cyclist	Fall	Sporting	NAI**
2	2	2	1	2	1	1

* Road Traffic Accident – RTA ** Non Accidental Injury

Of the 58 previously admitted patients who received a review / follow-up type service from the PAEDS Programme during 2009 the spread of diagnosis is as follows:

	Traumatic Brain Injury	Brain Infection	Stroke	Tumour	Other Brain Injury	Traumatic Spinal Injury	Trans-verse Myelitis	Other Spinal Injury	Limb Absence	Total
PAED 3	10	3	5	3	1	3	1	1	5	32
PAED 4	8	0	0	0	0	0	0	0	0	8
PAED 6	3	0	2	0	0	0	0	0	6	11
PAED 7	0	0	0	0	0	2	0	0	1	3
PAED 9	0	3	0	1	0	0	0	0	0	4
Total	21	6	7	4	1	5	1	1	12	58

NRH Rehabilitation Programmes

Paediatric Family Centred Rehabilitation Programme

OUTCOMES

Effectiveness, Efficiency of, and Access to the Programme

For the PAEDS Programme in 2009 the indicators and outcome targets shown in the table below were chosen to demonstrate the effectiveness of the service provided to PAED 1 inpatients.

Indicator	Target Set	Outcome	Note / Trend
Completion of the Outcome Measure	95% completion of both the admission and discharge Modified Barthel	45% (9 patients – PAED 1s)	Completion of NRH paediatric Modified Barthel is good on admission but numbers are down for discharge.
Incidence of Positive Function Score	90% of PAED 1 patients would show a positive change in the Modified Barthel at discharge	30% (6 patients) showed a positive change	15% (3 patients) showed no change
Discharge to Home Rate	75% of PAED 1 patients would be discharged to home	85% were discharged home	Three patients were discharged to acute hospital settings to await either the provision of improved services in their family home or placement in a special needs residential setting.*
Waiting for Admission to Rehabilitation Rate	80% of PAED 1 patients would be admitted within 90 days	100% were admitted under 90 days	
Average Rehabilitation Length of Stay	Average admission length of stay would be less than 90 days	Average length of stay was 83 days	

*156 days were lost to the service as a result of two patients being in a delayed discharge situation due to an inadequate level of facilities and services available to the families in the community to enable the patients return home.

Overall Paediatric Patient Activity Figures for 2009 are slightly lower than those for 2008. This is due in part to the complex needs of inpatients this year, and staffing cover arrangements in the summer that impacted negatively on the number of young people who could be offered a service via the Summer Review Project.

Programme Manager

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

A primary focus of the Programme Manager's role is to facilitate, with and on behalf of the team, the development, implementation and evaluation of programme policies, procedures and quality controls in order to ensure effective and efficient interdisciplinary paediatric rehabilitation services and standards.

Medical

Dr. Hugh Monaghan is the Consultant Neuropaediatrician responsible for the overall delivery of paediatric medical care to children and adolescents receiving rehabilitation services at the NRH. Dr. Monaghan's primary medical position is with Our Lady's Hospital for Sick Children, Crumlin.

Additional medical rehabilitation care and consultation to children and adolescents in the Paediatric Programme is provided by **Dr. Nicola Ryall** and/or **Dr. Andrew Hanrahan** for patients with needs in relation to limb absence, and **Dr. Éimear Smith** for patients with spinal cord injuries.

Also **Dr. Mark Delargy** assesses and monitors paediatric patients referred to the NRH by Beaumont Hospital while they receive acute care and progress to admission to the paediatric programme.

An evaluation of the one year pilot project for the introduction of a Music Therapy service for the paediatric programme was completed and submitted to the NRH Executive Committee. The feedback from service users, their families and the paediatric interdisciplinary team members indicated that there had been very significant benefits for patients from the new service in the interdisciplinary setting to encourage and motivate desired movements, to communicate more effectively with non-verbal children and to build therapeutic relationships.

The findings of the project were accepted by the NRH Executive Committee and agreement was reached that the service should continue and expand dependent on donations to, and fundraising for, the Paediatric Programme. A steering group to oversee the continued development of the service is planned.

Members of the NRH paediatric programme together with BRÍ, the Acquired Brain Injury Advocacy Association, devised and delivered a half day education event for transition year students. The objective of the event was to inform and educate young people about ABI in childhood and adolescence and to promote prevention. Approximately 80 young people from nine local second level schools attended with their teachers. There were contributions from staff, an Garda Síochána and a parent representative. Interactive sessions to help the students to experience the effects of the sudden loss associated with brain injury, e.g. balance, full sight, dexterity and co-ordination, were very successful. We aim to repeat the event at least on an annual basis.

Along with the other NRH programmes the Paediatric programme contributed to the NRH submission to the National Policy/ Strategy for the Provision of Rehabilitation Services in January 2009. Recommendations for the improvement of the service included:

- An increase in bed capacity thereby allowing for better separate/adjacent child and adolescent focused facilities. Also the Paediatric programme to be increased from a 5 day per week service to 7 days
- A dedicated interdisciplinary paediatric outreach service to enhance rehabilitation services in local communities.

The retirement of **Mary O'Connor**, School Principal, in June after 35 years at the helm of the NRH school was recognised as a very significant event. Mary contributed greatly to the experience of children and young people attending the NRH. She contributed enormously towards the constructive transition of young people returning to their local schools with changed educational abilities. Mary's commitment and experience will be hard to replace into the future, however, the school has been fortunate to recruit a new Principal, **Colm Jackson**, with years of valuable special education experience.

Following a detailed gap analysis of the CARF specialty accreditation standards, the NRH Executive Committee decided that as additional resources are required to ensure the programme can meet the specialty standards (e.g. rehabilitation nursing and medical services on a 24/7 basis) it would not be in a position to submit for survey at the same time as the adult programmes.

NRH Rehabilitation Programmes

Paediatric Family Centred Rehabilitation Programme

The Programme staff continue to strive towards compliance with as many of the specialty standards as possible particularly in relation to improving documentation and education. The Programme will also be developing a strategy for the paediatric service in the coming months based on the NRH submission to the National Policy/Strategy for the provision of Rehabilitation Services and the specialty accreditation gap analysis findings.

The visit of President Mary McAleese to launch the Christmas and New Year Road Safety Campaign in November caused great excitement for the young people, their parents and the staff - her visit to meet everyone in the NRH school was greatly enjoyed.

The Paediatric Programme continues to be very fortunate to receive donations and fundraising monies from a variety of sources.

The children and adolescents have benefited very significantly in 2009 from the equipment purchased for the Paediatric physiotherapy service by the **Soroptimists of Ireland**.

Donations were also received from:

- **The Dublin Fire Fighting Service**, from the sale of their calendar.
- The **International Women's Group**, Dublin.
- Transition Year Students at the **Mercy Heights Secondary School**, Skibbereen.
- **St. Patrick's Church and School**, for the Paediatric Music Therapy Service.
- **Trainees from the RTU**, from their sponsored walk in Dun Laoghaire.
- and a very generous donation from a local resident who wished to remain anonymous.

The Harris family, whose daughter was a patient at NRH, remain committed to fundraising for the paediatric service and the provision of music therapy in particular. They are now exploring how to broaden their efforts to possibly contribute to making the music therapy service available to adults at the NRH as well as children.

Clinical Services within the Paediatric Family Centred Programme

NURSING

The long awaited appointment of the paediatric trained CNM2 has been greatly welcomed. The fact that the person appointed, Yvonne Owen, was previously in the post some 4 years ago added to the team's delight. Yvonne's return will provide the whole team and the nursing group in particular with a very positive, consistent and experienced contribution. We are fortunate that her intervening professional role as a brain injury Clinical Nurse Specialist at Beaumont Hospital will bring additional knowledge and skill to the patient group we serve. The commitment, dedication and goodwill exercised by Claire Conway and Lisa Winston in acting up to cover the vacant CNM 2 post over such a long period is worthy of note as is the continuing high quality of care offered by the whole of the day and night nursing staff.

CLINICAL NEUROPSYCHOLOGY

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

MEDICAL SOCIAL WORK

The Paediatric Social Workers (Whole Time Equivalent) provide a service to in-patients aged 0-18 years, the out-patient clinic and an outreach service to many of the families attending the service. Many parents and children visit the unit prior to admission and are introduced to the service by the social workers and nursing staff.

In 2009 the Social Work service was heavily involved with the children discharged back to referring hospitals due to a lack of suitable home care packages and/or unsuitable housing due to the financial cutbacks. This is very distressing for parents and children and affects the longer term rehabilitation process.

Social Workers were involved in the summer programme week for young people with Acquired Brain injury and the "baby day" for families of children with Limb Absence. The programmes are particularly popular both with the young people themselves and the parents in terms of the peer support they provide.

The wish and need for specific adolescent friendly services and facilities has been raised by many of the teenagers on the Paediatric service in 2009.

NUTRITION & DIETETICS

The dietitians provide one session per week to the paediatric programme. The main reasons for referral include overweight, malnutrition, enteral tube feeding and fussy eaters. The dietitian covering this programme attended the annual Nutricia Paediatric Nutrition Symposium.

NRH Rehabilitation Programmes

Paediatric Family Centred Rehabilitation Programme

OCCUPATION THERAPY

Susan Flynn together with Carl Cato (Ability Matters) and Dr. Hanrahan visited Withington Hospital in Manchester on a one day fact finding trip to help plan for the NRH myoelectric arm service.

The Occupational Therapists collaborated with the Music Therapist in providing individual and group sessions.

PHYSIOTHERAPY

Although the number of paediatric patients decreased in 2009 compared with 2008 this did not impact on the attendances for physiotherapy which remained stable as shown in table below:

Physiotherapy attendances for the Paediatric Programme

2007	2008	2009
1,060	1,079	1,048

There were two extremely complex admissions and very few patients with low level physical deficits this year, with most patients requiring significant physiotherapy input. An objective patient "weighting" system would be helpful to all disciplines in recognising the level of response necessary for the different and individual needs of each child/adolescent.

In 2009 some specialised external courses to maintain competence and reputation as a centre of excellence in neuro-rehabilitation were undertaken by physiotherapy staff. Senior PT, Sinead Foody will take up a place on the Paediatric Bobarth Course in 2010, this is a great development for the service as a whole.

The continued placement of senior staff grade physiotherapists in the paediatric service is a vital element to the management of a consistent standard of care in this highly demanding service.

SPEECH & LANGUAGE THERAPY

The allocated staffing for the paediatric SLT service is 1 whole time equivalent which historically was made up of 0.5 senior grade post and 0.5 staff grade post. In September 2008 it was decided to trial SLT provision to the paediatric team by a whole time senior post with supporting cover from another senior SLT. On review, a decision was made to return to two 0.5 posts to allow for both greater flexibility in the delivery of service and greater paediatric-specific support and collaboration between the therapists.

There was a 28% reduction in the number of referrals for SLT within the programme in 2009. In 2008, the children and adolescents accounted for 17% of SLT department attendances compared to 11% in 2009. In explanation the reduced numbers attending for the Summer Review Projects was significantly down from previous years.

MUSIC THERAPY

With the acceptance of the findings of the evaluation of the pilot project by the Executive Committee, the music therapy service was expanded from 0.3 wte to 0.4 wte thus allowing some young people to have much needed twice per week sessions either on an individual or group basis. Also the interdisciplinary work with other team members continues to develop and expand.

PROSTHETICS AND ORTHOTICS

The prosthetists and orthotists from Ability Matters (strategic partners with the NRH) are working closely with members of the paediatric team to provide an efficient and as child and family friendly service as is possible. Carl Cato and Susan Flynn have worked closely during 2009 to develop a new assessment and training initiative for children where the introduction of myoelectric prostheses may be prescribed.

ADMINISTRATION

Dr. Monaghan, Mary Cummins and all members of the interdisciplinary team are supported by Angela Browne in the administration and maintenance of the single health care record.

Children in Hospital Ireland – Volunteers

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

Clinical Services Provided Across All Programmes



Eilish Macklin
Director of Nursing



Dr Simone Carton
Head of Clinical
Neuropsychology



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



Anne O'Loughlin
Principal Social Worker



Kim Sheil
Dietitian Manager



**Dr Jacintha
More O'Ferrall**
Consultant in
Occupational Health



Dr Paul Gueret
Consultant in Occupational
Health



Anne Marie Langan
Occupational Therapy Manager



Niamh Colleran
Chief II 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 2009

- Fanchea McCourt, Education Co-Ordinator
- Kathleen Hughes, Health Care Assistant, St Gabriel's Ward

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

In August 2009, Staff Nurse Herbert Absalom died suddenly. I extend our condolences to his partner Rowena, his parents and his extended family.

Continuous Professional Development

Nursing and Non-nursing staff in the department undertook continuous professional development and training programmes during 2009. Staff participated in mandatory in-house training and attended various study days and conferences to update their skills. In-house training included: Cardio-Pulmonary Resuscitation (CPR), Catheterisation and Bowel Training, Moving and Handling, Fire Training, Complaints Training, Computer Courses and SCIP (Strategies in Crisis Intervention and Prevention).

I take this opportunity to thank Stephani MacDarby and Valerie O'Shea, Assistant Directors of Nursing for their help, support and hard work during 2009.

I thank all the members of the nursing and non-nursing staff for their continued help and support, especially the Clinical Nurse Managers for their dedication to patient care and the development and maintenance of standards of care. I also thank for their time and hard work, all those who serve on various hospital Committees, especially Accreditation Committees, during 2009. Thanks also to Michael Sheridan, Nursing Support Officer, for his assistance, and to our CEO, Derek Greene for his availability, advice and support during 2009.

NURSING EDUCATION DEPARTMENT

FANCHEA MCCOURT
EDUCATION CO-ORDINATOR

Liz Croxon, Clinical Facilitator, and Catherine O'Neill (Job Sharing) provide education services to the Nursing Department.

Undergraduate and Post-graduate Student Placements.

DEGREE STUDENTS

The Hospital continues to accommodate students from University College Dublin; 68 students were facilitated in 2009 including students visiting from the UK, Sweden and Finland.

The Further Education and Training Awards Council (FETAC) Course

Students from the Institutes of Further Education undertaking Pre-nursing and Health Care Support FETAC courses were facilitated with clinical placements. Requests from students for these clinical placements increased in 2009.

Clinical Services Provided Across All Programmes

continued

Post Graduate Student Placements

Postgraduate students undertaking the Accident and Emergency Course at Tallaght, Dublin were accommodated for clinical placement in 2009.

Course in General Rehabilitation Nursing (4-day)

This course continued to run for National Rehabilitation Hospital Registered General Nurses. The interest and demand for this course was overwhelming. To date 60 nurses have received this education.

Management of the Neurogenic Bowel Training

National Rehabilitation Hospital staff including Registered General Nurses and Health Care Assistants continue to receive training in management of the neurogenic bowel. This course is also offered to community based services where there is a large demand for education in this area of specialty. Fanchea McCourt was acknowledged as a co-contributor on the MASCIP (Multidisciplinary Association Spinal Cord Injury Professionals) publication "Guidelines for Management of Neurogenic Bowel Dysfunction after Spinal Cord Injury".

Male Catheterisation Training

This ongoing education and training programme continued for NRH nursing staff and the course was also extended to community services due to demand.

New Developments

IV STUDY DAY – ADMINISTRATION OF INTRAVENOUS MEDICATION FOR NURSES

The Education Department in collaboration with the drugs and therapeutic committee undertook the writing of the National Rehabilitation Hospital Policy on "Administration of Intravenous Medication for Nurses". Considerable time has been spent drafting the policy and work continues on same.

A study day to develop nursing competence in this area was co-ordinated by the Education Department and is delivered by Staff in the Education, Infection Control and Pharmacy Departments. To date, 45 Registered General Nurses have undertaken the course and 10 have been deemed competent.

FOUNDATION COURSE FOR HEALTH CARE ASSISTANTS (3 DAY)

To meet the educational needs of Health Care Assistants, a formal foundation course was facilitated and delivered by the Education and Nursing Departments. Nurses were supported in formulating content, teaching techniques and presentation. Participants reported the course was a huge success. To date, 6 Health Care Assistants have attended.

ACCREDITATION

The Department continues to be available to assist with competencies and assessments to ensure compliance with Standards set by the Commission on Accreditation of Rehabilitation Facilities (CARF). An E-Learning Medication competency was added to the Registered General Nurses competencies.

RETIREMENT

Fanchea McCourt, MSc Education Co-ordinator, retired in October following 33 years service to the hospital. Fanchea has tremendous experience especially in the area of Spinal Cord Injury. She will be greatly missed in the hospital both as a colleague and as an educator. We wish her health and happiness in her retirement.

Educational 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

INFECTION CONTROL DEPARTMENT

ROSALEEN CLARKE

CLINICAL NURSE SPECIALIST – INFECTION CONTROL

The prevention and control of infection in any hospital setting is an enormous challenge and the National Rehabilitation Hospital is no exception in this regard. A sustained and focused effort is required by each and every health care worker in our hospital to consciously and actively promote best practices at all times in order to achieve and maintain a reduction in infection rates.

In May 2009 The Health Information and Quality Authority (HIQA) developed new “National Standards for the Prevention and Control of Healthcare Acquired Infections”. There are 12 National Standards in total, the purpose of which is to promote an environment that “maximises safety quality and accountability in health and social care services”. These standards along with HIQA’s “National Hygiene Services Standards and Criteria” form the principles on which all staff must base their everyday infection control practices.

Activity in 2009

With the advent of H1N1 (Swine Flu) a Flu Preparedness Committee was established in the National Rehabilitation Hospital. Additional lectures on Standard Precautions were facilitated by the Infection Prevention and Control Nurse (IPCN) and training in test fitting of FFP2 masks was undertaken by some staff members. Only one patient was diagnosed with H1N1 in the NRH and the patient has fully recovered.

Also in 2009 additional staff members were trained to deliver Hand Hygiene to all employees of the hospital. This was part of a Quality Improvement Plan (QIP) to improve attendance and compliance with Hand Hygiene Training. 89% of NRH staff attended for training between January and December. Hand Hygiene training was also extended to and received by 32 external contractors involved in hospital business.

There was a slight increase in the number of healthcare acquired infections in 2009 when compared with the figures from the previous year. A Root Cause Analysis study was carried out to investigate the reason for the increase and an action plan has been put in place to help reduce a recurrence of the incident.

Healthcare Acquired Infections – NRH	2008	2009
Total Including MRSA, C. Difficile, E.Coli	26	27
Average per month	2	2
Total HCAI MRSA Incidence	19	22
Average HCAI / MRSA Rate per month	1.5	2

An independent hygiene audit was carried out in the hospital in 2009 and areas which need to be focussed on were identified. In an endeavour to improve our hygiene ratings, a visit to Cappagh Hospital was undertaken by the IPCN and other staff members in 2009. Cappagh Hospital received one of the best ratings in the National Hygiene audits so this visit was very helpful to the NRH team.

A visit to the “Euro Clean” site in Blanchardstown was also undertaken to look at a system for cleaning large pieces of hospital equipment on a rotational basis; for example, beds. Another such visit is planned for early 2010 to “Hygiene Solutions Plus” in Tullamore.

During 2009, Infection Control facilitated trials of bins which open via a sensor system and which are ideally suited to patient use.

A new system was introduced in Pharmacy where medication requiring reconstitution with tap water is now reconstituted with a higher grade sterile water.

CSSD

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

Clinical Services Provided Across All Programmes

continued

OUTPATIENTS DEPARTMENT

CLAIRE LOUGHNANE CNM11

SUSAN HOLMES, STAFF NURSE

MARCELLA WHELAN, HEALTH CARE ASSISTANT

The Outpatients' Department (Unit 6) facilitates the following clinics:

- The Disabled Drivers Medical Board of Appeal : Dr. Jacinta Morgan
- Interdisciplinary and review clinics (Mondays and Thursdays) : Dr. Mark Delargy
- Neurological clinic (Mondays) : Dr Jacinta McElligott
- Spasticity clinic (every 3rd Monday) : Dr Jacinta McElligott
- Spinal Interdisciplinary clinic (Wednesdays) : Dr Eimear Smith
- Neurological clinic (2nd & 4th Tuesdays) : Dr Áine Carroll
- Interdisciplinary clinics (every 2nd Monday) : Dr Áine Carroll
- Neurological clinics new and review (every Tuesday) : Dr. Jacinta Morgan
- Psychiatry clinic (every Thursday) : Dr Cian Denihan
- Orthopaedic clinic (1st Wednesday of each month) : Mr Keith Synnott
- Orthoptic clinic (every 2nd Thursday) : Ms Irene Reid
- Neurobehavioural clinic (1st Monday of each month) : Dr Mark Delargy, Dr Ciaran O'Driscoll and Dr Simone Carton
- Meet and Teach Group (every Tuesday) : Occupational Therapy and Speech & Language Therapy

SEXUAL HEALTH SERVICE

PAULINE SHEILS

CLINICAL NURSE SPECIALIST IN SEXUAL HEALTH AND ILLNESS/DISABILITY

The Sexual Health Service is provided by one Clinical Nurse Specialist for part of her time each week. Mr Flynn, Consultant Urologist continues to provide a valued input to the service especially in relation to the fertility programmes for spinal cord injured patients.

The patient, with or without their partner, continues to be the focus of the service with support and counselling provided in relation to the impact of the illness/disability on their sexuality, relationship, sexual function and fertility issues. Fertility programmes were postponed for a period during 2009 as guidelines had to be established between the HARI unit and the Medical Council for the transportation of specimens between two different facilities. These programmes were re-established in August 2009 much to the relief of our patients. Thanks is extended to the HARI units for their invaluable input to the fertility services which they help to provide for our patients.

A further two multidisciplinary workshops were held in 2009 bringing the total number of staff having attended the workshop to ninety. These workshops will continue to run to help maintain staff awareness of the importance of this service for patients.

Service to patients has been maintained at a similar level to that of 2008. A hundred and forty one patients attended the service for one or more sessions. Twenty one of these patients attended for psychosexual counselling.

UROLOGY SERVICE

EVA WALLACE, CNM 11

Services Provided

The Urology Service, led by Mr Robert Flynn, Consultant Urologist, provides a service for patients attending all rehabilitation Programmes at the NRH. We continue our endeavours to provide a quality patient-centred service for our patients, many of whom have attended this service for up to 35+ years post injury.

Administration

A procedure is now in place to capture all follow-up appointments on the Patient Administration System. Patients are given an annual appointment following the review clinic. This is now followed up with a text reminder one month and one week pre- appointment, optimising the number of patients attending follow up appointments

Clinics

NURSE LED GU REVIEW CLINICS

Clinics are held twice weekly. The Urology Department works closely with the X-ray Department for some of this service. This clinic addresses mainly spinal cord injured patients with neurogenic bladder dysfunction. These patients attend on an annual/biannual basis for routine surveillance of the urinary tract. Attendance increased by 139 patients in 2009.

Nurse Led GU Outpatient Attendances 2008 / 2009

Year	Total
2008	555
2009	694

Nurse Led GU Outpatient DNAs 2008 / 2009

Year	Total
2008	108
2009	216

The Consultant led clinics seen an increase in DNA's from 22 in 2008 to 29 in 2009. An increase of 40 patients attended this year. The number of inpatients seen by the Consultant was approximately 400.

Consultant Led Outpatient Attendances 2008 / 2009

Year	Total
2008	151
2009	191

Clinical Services Provided Across All Programmes

continued

Urodynamics Clinic

A total of 140 Urodynamics procedures were performed during the past year, including both inpatients (75) and outpatients (65). The waiting list has been reduced with most inpatients having UDS performed pre-discharge.

Flexible Endoscopy

This service is progressing very well and an increased number of procedures were carried out in 2009

Drop-In Clinic

Small numbers of patients who are either passing by the hospital or who are attending other services in the National Rehabilitation Hospital call in for advice on an ad hoc basis. The patients are facilitated as appropriate. Approximately 4-6 attend per month.

Catheter Clinic

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

Referral

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

Telephone Triage

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

Education

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

Bowel Care

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

A new method of bowel management is on the market, but not yet available to medical card holders.

Summary of Key Issues

Following a submission to the hospital Executive, the redeployment of a 1 WTE nurse for six months to support the service and to audit the charts was approved. The results of the Audit were reported and recommendations made to the Executive Committee.

CLINICAL NEUROPSYCHOLOGY

DR SIMONE CARTON

HEAD OF CLINICAL NEUROPSYCHOLOGY

Service Provision

Service delivery priorities for the Clinical Neuropsychology 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 in-patients.
- 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.

Over the last 18 years Senior Members of the Department have been involved in the post-graduate professional training of Clinical Psychologists providing lectures and specialist clinical placements. Dr. Simone Carton is the Neuropsychology Tutor for the Doctorate in Clinical Psychology programme at Trinity College Dublin and in 2009, together with colleagues Dr. Sarah O'Doherty and Patricia Byrne, we contributed to the Neuropsychology Block incorporating adult and paediatric Clinical Neuropsychology in collaboration with colleagues from other healthcare agencies.

New services/developments launched in 2009

- The Psychology section to the mandatory Strategies in Crisis Intervention and Prevention (SCIP) programme was reviewed and re-designed.
- An evaluation and patient satisfaction form for outpatient Psychology Services was developed and will be trialled in 2010.
- An orientation programme for St. Patrick's Ward has been devised and implemented.
- Contributed to the development of a brochure "Getting the most out of Rehabilitation" in conjunction with the Stroke Awareness for Carers group.
- In conjunction with colleagues in Occupational Therapy, a fortnightly 'Spinal Education Group' was established. Following an audit of the first six months this programme has now been incorporated into the range of services offered by the Spinal Cord Injury Team.
- Co-ordination of Multidisciplinary gap analysis of CARF educational standards and services provided by the Spinal Cord System of Care Programme in order to provide a basis for an SCSC Education Policy, which will be developed in 2010.
- An education module for patients with limb loss on Managing your Mood after Limb Loss was developed for the Prosthetic, Orthotic and Limb Absence Programme (POLAR) Programme.
- Collaboration with other agencies that provide information and services in relation to Acquired Brain Injury in Childhood including BRÍ, the Road Safety Authority, Youthreach, Headway Ireland, the Department of Education and Science and An Garda Síochána;

Clinical Services Provided Across All Programmes

continued

Research

Research undertaken by members of the Department and in collaboration with colleagues at TCD, UCD and DCU included the following:

Patricia Byrne was co-investigator for:

- **Walking on Eggshells: The impact of Traumatic Brain Injury on Marital and Relationship Satisfaction, Coping and Support**

Thesis submitted by Anne-Marie Casey (Former Assistant Psychologist at the Department) for the Applied Masters in Psychology at TCD.

- **Self Regulation of Goals and Psychosocial Adjustment to Amputation**

Doctoral thesis in preparation by Laura Coffey at Dublin City University.

Dr. Simone Carton was co-investigator for:

- **Rehabilitation of Awareness of Deficits in Patients with Traumatic Brain Injury Adopting a User-friendly Computerised Intervention.**

This study was completed in 2009 with funding from the Health Research Board, the NRH Trust and UCD. The primary researcher Ms. Mary FitzGerald continues to write up the findings for a PhD at TCD under the supervision of Dr. Simone Carton and Dr. Paul Dockree at TCD.

- **An evaluation of a group intervention programme for family caregivers of people with acquired brain injury.**

This thesis is in partial fulfilment for the Doctorate in Clinical Psychology at TCD by Olivia Murphy (former Assistant Psychologist) to be completed in 2010.

- **Cognitive impairments in traumatic brain injury: Novel biomarkers for new treatments.**

This study is ongoing in collaboration with TCD.

Maeve Nolan was co-investigator for:

- **Living with Significant Disability: Patients' experience of adjusting to life at home in the early months following discharge from spinal cord injury rehabilitation.**

This thesis is in partial fulfilment for the Doctorate in Clinical Psychology at the University of Essex to be completed in 2010.

- **Longitudinal Investigation of Cognitive Appraisals, Coping and Psychological Outcomes:**

A Multicentre European Study.

A key issue for the Psychology Service is the discordance between the number of Clinical Psychologists at NRH and the ever increasing requirement for Psychological services. Our current compliment of personnel is 30% of that recommended by the British Society of Rehabilitation Medicine. Efforts have been made in 2009 and will continue in 2010 to address this issue by managing the outpatient waiting list and liaising with Clinical Psychologists from similar agencies (who unfortunately have similarly long waiting lists). The status of the nation's current finances is acknowledged but arguably it must be appreciated that the patients' psychological needs following acquired and traumatic injury and diagnosis are often the issues that are most disabling into the longer-term.

DENTAL SERVICE

ALASTAIR BOLES

SENIOR DENTAL SURGEON (SPECIAL NEEDS)

HEALTH SERVICES EXECUTIVE, DÚN LAOGHAIRE

During 2009 the dental unit at the hospital continued to provide a dental service for inpatients of the hospital, and also for outpatients with special needs from the Dún Laoghaire area. The dental unit offers mainly a primary care dental service.

Dental assessments are offered to all new inpatients, and treatment is provided to inpatients as required 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.

In 2009, the total number of Inpatient referrals to the service was 124. Outpatient referrals remained consistent with 2008 (60 referrals).

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 2009, we were pleased to facilitate Professor June Nunn, Dublin Dental Hospital by providing facilities to enable Caoimhín MacGiolla-Phadraig complete his Post Graduate training in the Dental Unit at NRH. Each year, students from the Dental Hospital are facilitated also through observation of the Dental Service provided at NRH as part of their training.

MEDICAL SOCIAL WORK

ANNE O'LOUGHLIN

PRINCIPAL SOCIAL WORKER

Illness, especially chronic care conditions is a phenomenon found in every aspect of Social Work Practice.

"Living well with the stresses and uncertainties of illness and disability can be a monumental challenge".

John S. Rolland, *Families, Illness and Disability*, 1994.

The Social Work Service works as part of the interdisciplinary team to support the process of adjustment to an altered future with all the social, emotional and practical implications involved. We have a particular role with families and carers and a focus on a systems approach.

Social Workers contribute to the interdisciplinary team assessments, goal setting, and treatment agreements in the initial phase of the patient's admission. In 2009 we introduced adapted Rivermead Life Goals Questionnaires for patients and for families/carers. This forms the basis for goal setting in that the process starts with the patient and family outlining their key objectives for the rehabilitation programme.

"Rehabilitation should focus on the most important aspects of an individual's life and have the involvement of service users.... to enable this to be achieved, rehabilitation needs to involve a group of professionals all working with the same purpose of meeting the individual's goals. This process must involve the individual and their family." (Sally Davis and Sue Madden, *Rehabilitation*, 2006).

Clinical Services Provided Across All Programmes

continued

Following on from the assessment process, the following services are offered:

- Counselling services to patients and families, in particular grief and loss and solution focused therapy
- Provision of carer education and training programmes along with other members of the interdisciplinary team
- Extended family/sibling support as appropriate
- Sourcing of and liaison with all possible entitlements and community services such as personal assistants, housing, case management and residential placements
- Child protection and welfare training and consultation to hospital staff/ designated officer role within the interdisciplinary team
- Pre-admission planning for complex cases
- Post discharge follow-up and intervention
- Social Work service to Outpatient clinics i.e. assessment and intervention
- Outreach service to schools, community teams and vocational services
- Debriefing for staff after critical incidents on request from Occupational Health

Involvement with Other Projects

- **Inter Agency Forum (IAF):** Anne O'Loughlin acts as secretary to this group which aims to facilitate interagency working between the NRH and key voluntary agencies providing services to our patients. The IAF recently opened an information kiosk in the hospital to provide information for patients and families on a wide range of services and entitlements.
- **Rehabilitation Strategy:** work continued throughout the year on this project and a draft strategy document is now with the Department of Health and Children
- **Council on Stroke** membership

NUTRITION & DIETETICS

KIM SHEIL

DIETITIAN MANAGER

The Department of Nutrition & Dietetics staffing complement remains at 2 whole time equivalents. The total number of consultations undertaken by the department in 2009 increased by 8% compared to 2008.

Nutrition & Dietetic services are provided to inpatients across all programmes. The majority of consultations took place on a one-to-one basis. Some group education sessions were undertaken on a pilot basis and will be further developed in 2010.

The service includes:

- Assessment of nutritional status
- Estimation of nutritional requirements
- Dietary prescription appropriate to each patient's needs
- Dietary advice, counselling and monitoring as required
- Liaison with relevant departments e.g. Speech & Language Therapy, Catering
- Education of family/carers where necessary
- Provision of appropriate patient-specific literature

The limited staff numbers coupled with the high referral rates has proven challenging for the department in 2009. At any one time up to 85% of the total inpatient population is under the care of the 2 dietitians. Due to budgetary constraints, locum cover was reduced in 2009, putting additional pressure on the service. An audit conducted at the end of 2009 illustrated that target waiting times for dietetic consultation are not being met. Measures to address this issue will be explored in 2010.

OCCUPATIONAL THERAPY

ANNE MARIE LANGAN

OCCUPATIONAL THERAPY MANAGER

"Occupation is a basic human need as essential as food, drink and the air we breathe"
(Dunton, 1919).

'Occupation' as used in the context of Occupational Therapy refers not only to employment but also to all those daily activities that "occupy" our time and give meaning and structure to life. Within our service, the Occupational Therapists work with each individual person to enable them to engage in the daily occupations they want and need to do, despite the presence of injury or illness. The focus is on enabling each person to live their life to the fullest and to reach their potential.

In addition to core inpatient therapy provision, the Occupational Therapy team provides the following services:

- Discharge Liaison Occupational Therapy
- Vocational Assessment
- Splinting (in conjunction with Physiotherapy colleagues)
- Outpatient Occupational Therapy
- 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 and practice for patients of the NRH in conjunction with the IWA
- Co-ordination of Primary Medical Certificate Assessment by the Local Area Medical Officer

During 2009 the absence of funding for locum cover placed additional pressures on the service, requiring more rigorous planning of leave arrangements, prioritisation of patients based on clinical need and innovative practices to meet increasing demand. While every effort has been made to accommodate patients in group interventions where possible, this is not always appropriate given patient dependency and the goals of therapeutic intervention. As a result there has been an impact on the amount of therapy time available for patient sessions.

Discharge Liaison Occupational Therapy (DLOT)

2009 saw a continued increase in the number of referrals received by the Discharge Liaison Occupational Therapy Service. There were 131 new referrals in 2009 compared with 115 in 2008. This is a reflection of the increase in the overall number of admissions during the period. An increase was also noted in the number of patients returning to acute hospitals at the point of discharge from rehabilitation, in comparison with previous years. This was particularly evident in the Brain Injury Programme and may be a reflection of wider economic issues facing health services in the community. It is a major cause for concern given that acute hospital environments are not conducive to maintaining the patient outcomes achieved in rehabilitation.

New Services/Developments Launched in 2009

- Volunteer Project for former patients of the spinal injury service initiated in conjunction with ASPIRE (UK Spinal Injuries Charity). Through this project former patients are engaged to teach computer skills and provide assistive technology training to current patients.
- A pilot project for Therapeutic Recreation Services was initiated in February 2009.
- Occupational Therapists attended training on the use of the Myoboy (a tool for pre-prosthetic training for upper limb amputees) in conjunction with staff from Ability Matters. This tool is now in use for pre-prosthetic assessment and training.
- The OT service purchased a web-based drawing tool called 'IDAPT' to assist with housing adaptation plans and is useful for patients and their families planning adaptations.
- A range of equipment/devices appropriate for use in neurological rehabilitation has been trialled during the year including but not limited to a Driving Simulator and Upper Limb Exercisers
- Quarterly information sessions about 'Occupational Therapy as a Career' continue to be offered to students and other interested parties.

Clinical Services Provided Across All Programmes

continued

- 28 Professional Student Placements from Trinity College, University College Galway and University of Limerick and a student from the University of Wisconsin were facilitated in 2009.
- The team hosted a visit from a Hungarian Delegation investigating systems and processes of assessment for driving for the disabled under a European Leonardo Project.
- The Occupational Therapy and Speech and Language Therapy Departments, in conjunction with the local Gardaí Síochána organised a Valentines Ball fundraiser in February 2009. Funds will be used to develop the Therapy Garden in the coming year.

Occupational Therapists contributed to:

- The Rehabilitation Strategy through the hospital submission and Association of Occupational Therapists of Ireland (AOTI)
- The Review of the Housing Adaptations Scheme for people with disabilities
- The Review of Nursing Services in the Community
- AOTI Housing Specialist Interest Group
- Stroke Strategy Development Day
- The Access and Mobility Roadshow
- The National Conference of the Association of Occupational Therapists of Ireland
- The conference of the Association for Child and Adolescent Mental Health
- Arts Week for People with Disabilities organised by the Southside Partnership
- The Accreditation Committee of AOTI

As another year draws to a close, I wish to extend my thanks to all members of the team for their hard work, innovation and commitment throughout the year.

Ref: Dunton, W.R. Jr. (1919). Reconstruction therapy. Philadelphia: W.B. Saunders.

PHARMACY

NIAMH COLLERAN

CHIEF II PHARMACIST

SERVICE PROVISION

The Pharmacy Department provide the following services at NRH:

- Procurement, storage and supply of medication, managed in a safe, effective, economic and timely manner.
- Medication reviews on all patients at admission, and aiming also to see all discharge prescriptions.
- A large part of the workload is dispensing medication for patients' weekend leave home. This is an important part of their rehabilitation.
- Liaison with community pharmacies regarding unusual and unlicensed medication is vital for seamless care in the community.
- The trolley system has been introduced on most wards. This helps to minimise medication errors and facilitates patients.
- Drug information is provided to all areas of the hospital.
- Liaison with other hospital departments is vital, for example Nutrition and Dietetics.
- Staff prescriptions are dispensed also.

Activity Statistics

	2006	2007	2008	2009
Total issues	53,226	55,938	54,365	56,201
Weekend meds supply	23,923	22,483	23,250	23,515
Staff prescriptions	783	738	853	978

Training and Education

Mandatory training was completed by all staff.

We now have two pharmacists who are registered as pharmacy pre-registration tutors.

Pharmacy are also involved with education within the hospital - a presentation on medication errors was delivered to medical staff in conjunction with Risk Management, and Drug Administration was presented as part of the IV Study Day for nurses.

Projects undertaken in 2009 which are ongoing:

- Self Medication policy
- Intervention reporting
- Generic substitution of medications
- Admission prescription audit
- Individual patient dispensing introduced to all wards
- Recording of interventions, in conjunction with Risk Management

The Pharmacy Department plan to become more interdisciplinary, with both ward visits and attendance on ward rounds planned. We look forward to continuing to work towards a more patient focussed pharmacy service across all programmes.

Finally, I wish to thank the staff of the Pharmacy Department for their support, patience and commitment to the service and to patients during 2009.

PHYSIOTHERAPY

VIVIENNE MOFFITT

PHYSIOTHERAPY MANAGER

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

2009 was a particularly challenging year for the PT staff due to the lack of any locum cover. Staff worked extremely flexibly and creatively to provide as much cross cover as possible and although there was an impact on inpatient services, patient attendances remained in line with 2008 in the programmes.

Cross Programmatic Physiotherapy Services

RESPIRATORY PROGRAMME

Of note in this service in 2009 has been the increase in the number of re-admissions of high level long-time quadriplegics, for reviews of their respiratory protocols. As the Spinal Injury population ages, this is likely to increase. Protocols are being put in place to enable more routine reviews of this patient group.

Out of hours work remained at the same high level as 2008.

HYDROTHERAPY

As in other areas there was an increase in patients attending Hydrotherapy this year: 308 compared with 254 in 2008.

An ongoing issue for this service is the high number of patients who did not attend their scheduled appointment (DNAs). Following meetings between ward and hydrotherapy staff we expect this will decrease in 2010.

A new timetabling programme was trialled in 2009 by which 5 sessions were delivered each morning. This increases the number of patients who can be facilitated.

Clinical Services Provided Across All Programmes

continued

Due to staffing issues, the service was reduced throughout the year and suspended from September to December. It is hoped that there can be some reconfiguration of Outpatient staff to address this in 2010.

FITNESS/SPORTS

2009 saw an increase of 18% in the number of patients seen. Absence of locum cover resulted in a reduction in the number of sports sessions offered. We aim to work with the Recreational Therapist to address this in 2010.

The implementation of two extra fitness classes for the Paediatric Programme has been very successful.

HEALTH PROMOTION

Health Promotion for Patients:

- Tara Lyons guided 15 inpatients through Smoking Cessation Programmes. All new admissions who smoke are now offered the opportunity to avail of a smoking cessation programme.
- Staff continue to liaise with external gyms to provide patients with exercise programmes which can be continued in their local area.
- Pilates classes for all the adult programmes were developed and again patients as much as possible are linked in with local services to continue these on discharge.

Health Promotion for Staff:

- The Physiotherapy Department continues to run Pilates Classes for staff.
- 'Boot Camp' exercise classes for staff were successfully introduced this year.

SPLINTING

There was an increase in both inpatient (by 5%) and outpatient (by 18%) attendances in 2009. The increase in outpatient attendances reflects the success of the pilot scheme implemented from March whereby 9 slots were allocated to outpatients every 6 weeks. Although our waiting list remains longer than we would like, we are exploring further options to reduce the waiting period to more acceptable levels.

SAFER HANDLING / ERGONOMIC SERVICE

In total, 171 members of staff attended Patient and Inanimate Manual Handling courses in 2009.

- Work space assessments including office ergonomic assessment totalled 15.
- Therapeutic handling assessments totalled 6.
- Individual patient handling sessions totalled 8.

'April Falls Day' was held on 1st April to highlight management and prevention of falls in NRH.

Rosie Kelly, Safer Handling Co-ordinator, also sits on the NRH Risk Management Committee and Health and Safety Committee.

Outpatients

The number of referrals for patients seen in Consultants' external clinics continued to rise and accounted for 23% of patients treated. DNAs were a significant issue which will need to be addressed as a priority in 2010.

Also of note is a three-fold increase in the number of staff attendances from 20 to 61.

We liaise with Occupational Health to review these cases.

Donations

2009 was the final year of our funding from the Soroptimists of Ireland and was primarily focussed on the Paediatric service. A wide range of valuable equipment was provided. The adult service is to receive an Armeo in early 2010. This, along with the Lokomat and Erigo will give the hospital a complete range of robotic equipment which is unique in the country.

We are grateful beyond words for the support and generosity we have received from Soroptimists International Ireland and are particularly grateful for the extension of fundraising to a third consecutive year which is unprecedented in the organisation. A very special thanks for the extraordinary commitment of Denise Holland and Mary Doyle of Bray

Soroptimists who led the project. Over the past three years over €260,000 has been raised for our patients. We wish them continued success in their work for Cystic Fibrosis which is their dedicated charity for the next 2 years.

Further donations amounting to €5,100 were received from individual patients/carers. It is particularly gratifying to receive donations from such sources.

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 to me.

RADIOLOGY

DR BRIAN MCGLONE CONSULTANT RADIOLOGIST

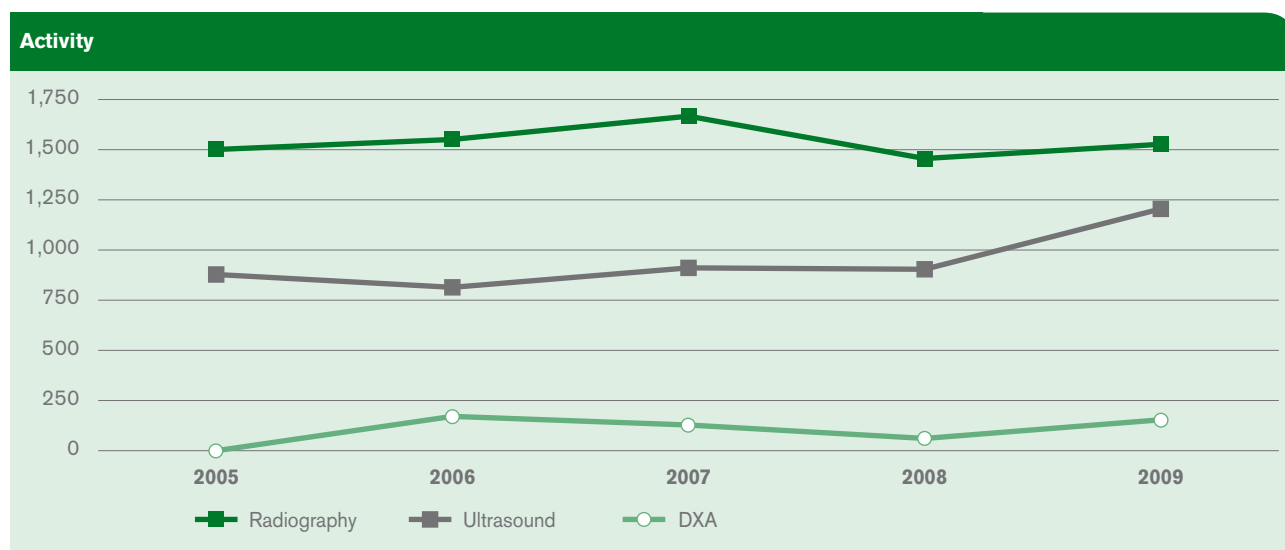
The Radiology service provides diagnostic imaging services to all inpatient programmes, and also to outpatients at NRH. These services include:

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

Activity Data

Activity	2008	2009
Ultrasound* (by Dr. McGlone)	904	1,205 (33% increase on 2008)
General x-ray	1,465	1,527
DXA scans	61	154 (150% increase on 2008)

* For statistical purposes, each Urology ultrasound is counted as 2 exams (kidneys and bladder), as bladder ultrasound has been recently added to the routine surveillance. The clinical impact of this, including the possibility to reduce radiation exposure to patients is currently being audited.



Clinical Services Provided Across All Programmes

continued

New Services / Developments

DXA SCANNING

A DXA scanning service for staff at risk of Osteoporosis was implemented in conjunction with Occupational Health. 74 members of staff underwent bone density measurement. 58% of these will need management and monitoring to reduce fracture risk into the future.

The value of DXA scanning in NRH patients who cannot walk outdoors at 3 months post-onset of disability has been increasingly recognised. It is therefore appropriate that the number of patients referred for DXA has increased dramatically.

ULTRASOUND

A new state-of-the-art Philips iu22 ultrasound machine was selected after tender and installed in December 2009, which will bring higher quality imaging to all patients, improving diagnosis and patient management.

ICT

The new ultrasound unit is now linked into the dual monitor AGFA PACS workstation in the radiologist office for convenient review of images in conjunction with plain x-rays. Plans are in place to complete the process by facilitating viewing of x-ray and ultrasound images by medical staff at PCs in the wards and outpatient areas of the hospital. As well as the convenience of bringing imaging closer to the bedside, this will yield a savings to the hospital as there will no longer be a requirement to print films for every examination.

The NRH continued to participate and interact with the NIMIS (National Integrated Medical Imaging System) implementation group. 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.

CLINICAL RADIOLOGICAL MONTHLY MEETINGS

New collaborative monthly clinical radiological review meetings chaired by the Radiologist, and attended by the Rehabilitation Consultants and NCHDs commenced in 2009. Dr. Jacqui Stow has been very helpful in coordinating these meetings and ensuring that imaging from external hospitals is available on CDs for review.

AUDIT

Dr. Cara McDonagh is carrying out an audit of x-rays and ultrasounds in conjunction with the Urology and Radiology Departments to assess the value of routine annual renal tract imaging. It is hoped this will provide evidence to allow a reduction in radiation exposure to outpatients who are also having detailed renal and bladder ultrasound performed.

KEY ISSUES

The Radiologist's workload arising from ongoing and new developments such as the new hospital project, accreditation, teaching, Hygiene audit, equipment tender preparation, clinical research and audit, health and safety, Radiation Safety Committee work and the NIMIS project continued to increase in 2009. Increased staff will be required to deal with these and with the increasing clinical workload in DXA and Ultrasound examinations. An overall staffing proposal is in preparation for submission to the HR department.

RADIATION SAFETY

The Radiation Safety Committee chaired by the Radiologist met twice in 2009 and quality assurance measurements were ongoing throughout the year. Many new initiatives were introduced. The NRH successfully underwent a formal inspection by the Radiological Protection Institute of Ireland (RPII) in August.

SPEECH & LANGUAGE THERAPY

AISLING HEFFERNAN

ACTING SPEECH & LANGUAGE THERAPY MANAGER

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

2009 has been a very exciting year for the SLT Department. One of the major achievements for the year was receiving funding from the NRH Trust in order to establish a Fibreoptic Endoscopic Examination of Swallowing (FEES) service. This service will provide objective assessment and therapy tools for all NRH patients with swallowing difficulties. Another major achievement for the department was the successful running of our second Valentine Ball charity event. Monies raised at this event facilitated the establishment of our new Audiological Screening Service.

Activity

Attendances to the SLT Department have increased by 6% in 2009 particularly due to the increase in our group activities.

Year	Total Inpatient and Outpatient Attendances
2009	7,891
2008	7,394

SLT Dysphagia Service

This service is provided to inpatients from all Programmes. Referrals for videofluoroscopy and fibreoptic endoscopic evaluation of swallowing (FEES) are made to other hospitals where indicated. There was a 16% increase in referrals to the dysphagia service in 2009.

Summary of other achievements for the SLT Department in 2009

- The successful running of our second Valentine Ball Charity event. This event was shared with the NRH Occupational Therapy Department. A remarkable sum of €20,000 was raised.
- SLT role on the NRH Interpreter's Committee. This committee has arranged a service level agreement with an interpreting agency, 'Context', to develop interpreting and translation services for patients at NRH who require this service during their assessment and treatment.
- Clinical Tutor. 12 undergraduate TCD students and 1 postgraduate TCD student received placements at the NRH Speech & Language Therapy Department in 2009.
- Aisling Heffernan, Acting SLT Manager is the NRH site coordinator for the NRH Durable Outcomes initiative. Surveys are sent out to patients, 3 months post their discharge, to evaluate whether they have maintained the rehabilitation goals they achieved at NRH. This initiative commenced in November 2009.

Corporate and Support Services



Liam Whitty
Catering Manager



John Fitzgerald
Materials Manager



Fr. Christy Burke, CSSp
Chaplain



Bernadette Lee
Risk Manager



Rosemarie Nolan
Communications Manager



Dr Jacinta Morgan
Chairperson, DDMBA



Fr. Michael Kennedy
Sr. Catherine O'Neill
Chaplaincy



Patrick Davy
A/ICT Manager



Pauline Sheehan
Patient Advocacy
& Liaison Officer



Audrey Donnelly
Patient Services Manager



Colm Jackson
School Principal



Gerry Coyle
Technical Services Manager



Maryrose Barrington
Volunteer Coordinator



Brian McGann
Human Resources Manager



Keith Wilton
Deputy CEO



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, thirty staff are employed in Catering.

Externally, the Catering Department provide Meals on Wheels for the Deansgrange, Monkstown, Kill O'the Grange, and Cabinteely areas. Other events catered for were the Annual Summer Barbeque and Christmas Parties for patients and staff; the AGM, the NRH Art Exhibition held in the Town Hall, Dun Laoghaire and the launch of the Road Safety Authority pre-Christmas Road Safety Authority campaign which was held in the hospital.

The Catering Department provided a total of 207,221 meals in 2009, including 15,600 Meals on Wheels. The cost of providing catering services to the hospital was €625,040 (excluding wages) and the income was €444,943. There was a 10% decrease in sales in both the coffee shop and the staff canteen in 2009.

We bid a fond farewell to two staff who retired in 2009 – Chef, Michael Moody, and Margaret Weafer who retired after 44 years of service.

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.

Usage of stock items and resultant spend is provided to wards and departments and also to therapy departments on request. Lower stocks, fewer obsolete or expired materials, and cost savings have been achieved as a result.

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

Central Supplies work collaboratively with hospital departments to ensure compliance with accreditation standards, to streamline procedures and ensure adherence to hospital policies. In 2009 all hospital equipment requiring preventative maintenance contracts were recorded on a database which is now available on the hospital network.

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

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

Central Supplies objectives set and agreed with hospital management for 2009 were achieved and will be updated for 2010.

Corporate and Support Services

continued

CHAPLAINCY

FR. CHRISTY BURKE, CSSP

SR. CATHERINE O'NEILL, SISTER OF MERCY

The Chaplaincy Department, though one of the smallest departments in the hospital, plays a vital role in the overall aim of the hospital. The Mission Statement reminds us that:

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.

In this context, the Chaplaincy Department supports the view that holistic care is a vital component of the care offered at the hospital. The pastoral and spiritual dimension of healing is therefore, an important aspect of the work of the Chaplains.

Fr Christy Burke CSSP, and Sr Catherine O'Neill, Sister of Mercy, continued the tradition in 2009 of providing spiritual and pastoral care to patients, staff and visitors. A Number of designated Chaplains from other faiths provided spiritual care for members of their faiths while in the hospital.

The Pastoral Team.

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

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

Church Services

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

Visiting

The Chaplains visit patients in the wards on a regular basis. Newly admitted patients are normally visited within forty-eight hours after admission.

Training and Education

Two ongoing formation courses for Chaplains are held annually, at which important topics and issues are explored. Two of the Pastoral Team members are attending a two year Theology course. Other shorter courses are available to members in local parishes.

Pastoral Students

An opportunity for pastoral training and experience is offered to students from various religious institutions. This year a clerical student from St Patrick's College Maynooth, supervised by a member of the Chaplaincy Team, spent time with patients in the NRH on a weekly basis.

Chaplaincy Involvement

The Chaplain is involved in the following committees: Ethics, Partnership, Patient Advocacy, Staff Wellness, Patient Forum, Heads of Department Meetings and Pastoral Team meetings. This provides an opportunity to engage in important issues concerning NRH staff and patients.

Challenges

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

An appreciation

The Chaplaincy Report would not be complete without acknowledging the magnificent contribution made by Fr Christy Burke who retired at the end of September. His quiet but strong leadership made a lasting impression on all who worked alongside him. His departure left a void in the lives of both patients and staff who appreciated his great qualities, especially his sense of humour, his ability to share a joke and above all to reach out to those who needed a listening ear.

Welcome

Christy's absence was further emphasised by the fact that a couple of months went by with no Chaplain in residence. Then when people began to fear that there would be no successor to Fr Christy, the good news reached us that Fr Michael Kennedy had been appointed. Fr Michael began his ministry just before Christmas and since then he has been busy discovering the many aspects of the Chaplaincy ministry and in getting to know the staff and patients.

We welcome you Fr Michael and hope that you will be happy in your new ministry. You bring with you your unique experience and many talents which I am sure you will use in promoting the well being of patients and staff at the NRH.

Finally the members of the Chaplaincy Department wish to thank all at NRH for the co-operation and support received during the past year.

COMMUNICATIONS

ROSEMARIE NOLAN COMMUNICATIONS MANAGER

The NRH Communications Strategy is based on the following principles:

"Everyone has a *Right* to receive relevant and timely information in a format suitable to their needs; Everyone has a *Responsibility* to ask for clarification if they don't understand the information or the message they receive"

The overall aim of the NRH Communications Strategy is:

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

The Communications Committee met on a monthly basis in 2009. The committee continually work and strive towards creating an environment within the hospital in which effective two-way communication becomes a natural part of the hospital's culture. The committee comprises members that widely represent the hospital's communication needs and bring their skill and expertise from clinical, operational and administrative areas as well as patient advocacy and staff representation.

Working-groups have been established by the committee and are currently progressing the following initiatives:

- **NRH Energy Saving and Awareness Campaign** – in conjunction with Sustainable Energy Ireland (SEI); led by Siobhan Bonham
- **'Smarter Travel Workplace Scheme'** – in conjunction with the National Roads Authority; led by Lisa Held
- **NRH Signage and Way-finding Project** – led by Siobhan Bonham

We look forward to facilitating implementation of the recommendations from the working groups in 2010.

Corporate and Support Services

continued

Systems implemented to facilitate two-way communication in the hospital include:

- **The CASCADE System.**

It is widely accepted that the most trusted source of communication is peer-to-peer. Our CASCADE system, designed for disseminating information internally throughout the hospital, is based on each Ward, Department or Service nominating a Communications person in their area. Each nominee undertakes the responsibility to receive key messages or information requiring hospital-wide circulation, and in turn distributes the information to all colleagues in their own work area in the most appropriate or suitable format.

- **Hospital Notice Board System** - including new electronic notice boards which are currently being installed. This managed system seeks to ensure that notices are relevant, appropriate and current.

- **"TALKTIME"** - this was the name chosen for our 30 minute, informal information sessions held on the first Thursday of each month. Topics are often based on staff requests. These are 'low-tech' information sessions whereby information literature or handouts are provided rather than electronic audio visual presentations, and the sessions are based on a format of a short verbal overview of the topic followed by discussion and questions & answers.

- **Comments & Suggestions System** - for use by all Patients, Staff and Visitors.

A summary report of the suggestions received, and details of any changes implemented within the hospital as a result, is published and circulated to patients and staff each year. Comments/Suggestions Boxes are located in 8 key areas of the hospital. All feedback is welcomed and it enables us to continually improve our service.



Media

During 2009, enquires from the media increased to an unprecedented level. These enquiries are carefully managed to protect patient privacy, dignity and confidentiality and to ensure information and statistics provided about the hospital are accurate and factually correct.

In 2009, with the support of the hospital, patients and their families, trainees from the RTU and many staff in the hospital participated in media interviews for Print, Broadcast and On-line media. Topics reported on included patients' personal experiences of living with an Acquired Disability. Patients and families from all four Programmes were involved. In addition, input and expertise from a professional perspective was provided by NRH medical, nursing and therapy professionals. Other news items covered road safety issues; lowered blood-alcohol level legislation, waiting list issues; and the New Hospital Project. Details of media coverage about the hospital are catalogued as part of our day to day communications activity.

Future Developments

NRH Identity - During 2009 the NRH Identity Working Group concluded the Branding / Identity project which culminated in the production of the hospital's new logo. In early 2010, we look forward to formally launching the new NRH brand and logo which will support one of the key objectives of the Communications Strategy, that is, to raise the hospital's profile and public awareness of the work we do at NRH.

Currently we are reviewing the structure of the committee; undertaking a hospital-wide Communications Audit and also an audit of the CASCADE System. Recommendations and action plans from the aforementioned will be submitted to the Executive Committee for approval in 2010.

Also during 2009, major progress was made on developing the hospital's new website which is planned to go live in mid-2010.

In addition, we continue to work with all areas of the hospital to facilitate the production of information literature for patients and staff which comply with best practice in terms of accessibility and 'plain language' guidelines.

I wish to thank Sarah Homan, Breege Egan and Eimear Foley for their unstinting hard work and ongoing support to the offices of the CEO, Deputy CEO, Senior Management Team and Communications.

DISABLED DRIVERS MEDICAL BOARD OF APPEAL

DR. JACINTA MORGAN
CHAIRPERSON, DDMBA

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

The DDMBA was initially serviced by senior medical staff members in the National Rehabilitation Board (NRB). Following dissolution of the NRB, the DDMBA operated from the campus of NRH between July 2000 and October 2004, chaired by Dr Angela McNamara. It was re-constituted in April 2005 and chaired by Dr Patrick Murray until his retirement in February 2007.

Service Configuration and Staffing

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 in 2006). Currently there are 5 Board members, all experienced medical practitioners drawn from a variety of clinical backgrounds. The adjudicating panel at all clinics held at the NRH consists of the Chair (or her deputy), and 2 ordinary Board members.

Mrs Carol Leckie is the administrator to the Board. She manages the DDMBA database, which has greatly enhanced the efficient management of the large appeal list.

Activity in 2009

In 2009, 396 new appeals were lodged; appointments were offered to 455 individuals, 250 of whom attended for review. 35 appellants (14% of those reviewed) were successful in obtaining a Board Medical Certificate at appeal. The current waiting time for appeal review at the end of 2009, is in the order of six weeks.

Future developments

We are in the process of refining and streamlining our procedures and literature, and will carry out regional clinics in Cork and Galway in 2010.

HUMAN RESOURCES

BRIAN MCGANN
HUMAN RESOURCES MANAGER

Following completion of my first year as Human Resources Manager, I am pleased to present my first annual report.

The HR Department provides a broad range of people management services to the Hospital and our objective is to provide a professional and effective service to managers and staff. The Human Resources Department drive change and a key aspect of our role is to assist managers and staff in their efforts to implement change within their areas of responsibility.

Since taking up the position of HR Manager I have spent a considerable portion of my first year assessing the strengths and weaknesses of the Department. In this regard I have developed a plan to restructure the Department to ensure that we can align our resources and expertise more closely with the needs of hospital managers. A key focus of this restructuring will be to develop HR systems and infrastructure within the Hospital and to develop greater levels of expertise within the Department.

2009 was a busy year for the HR Department and we continued to deliver HR services on many fronts.

Corporate and Support Services

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Recruitment

Despite the moratorium on recruitment, the HR Department undertook a total of 37 recruitment competitions in 2009, inclusive of medical recruitment and recruitment to grades exempted under the terms of the moratorium. In all, 45 whole time equivalent posts were filled.

In 2010, we plan to strengthen our systems and records, develop a more structured approach to recruitment, and streamline the recruitment process to achieve efficiencies.

Training

In 2009 we developed a new training records database designed to provide the hospital with more accurate and timely records in relation to the provision of training undertaken in the hospital. In 2009, a total of 8,838 hours training were undertaken across 98 different course subjects.

We continue to work on developing a training matrix to ensure that all training activity is captured and measured; we plan to improve the coordination of all training undertaken in the hospital and we are actively developing the training records database.

Employee Relations

2009 proved to be an eventful and, at times, difficult year in the industrial relations area.

We continued to work on progressing the issue of the reduction in nursing hours and, in May 2009, we undertook an initiative to move forward on the task of devising new rosters. However, despite initial progress, our early optimism was not borne out. At the time of writing, the issue has been referred to the Labour Court and we are awaiting a date for a hearing.

In November 2009, the Hospital faced a one day strike by all staff as part of the trade union movement campaign against cuts in public service pay. A considerable amount of planning went into the contingency arrangements put in place. The efforts of management, staff and trade union representatives ensured that the impact on patients was kept to a minimum and, in this regard, I would like to express my appreciation to all concerned for their hard work and goodwill on the day itself.

Pandemic Planning

With the outbreak of the swine flu pandemic, the Human Resources Department initiated the establishment of a task force made up from many Departments within the Hospital. The pandemic planning group developed a robust and comprehensive contingency plan to ensure that the impact of the pandemic was mitigated to the maximum extent possible.

Training Grants & Refunds

A new system for recording and monitoring applications for training grants and refunds of fees was implemented in Q4 2009. All applications for training grants and refunds are now considered by the Cost Containment Group and all applications are now logged in a database which can, over the course of time, provide the hospital with a rich source of information in relation to the type, volume and cost of the support currently being offered to hospital staff.

Induction

In late 2009 we initiated a review of induction training. The focus of the review has been on assessing the appropriateness and effectiveness of our induction programme and examining how corporate induction links in with the Departmental and Programmatic induction programmes.

Following the review, we plan in early 2010, to commence redesigning our induction programme to make it more relevant and effective for inductees.

Skill Programme

The SKILL programme continued throughout 2009 and has been very successful in upskilling NRH staff in the area of computer skills.

We have applied for further funding (and are currently awaiting a decision) to allow us to continue with the excellent work being undertaken by our SKILL trainer, Mr Ray Messitt.

Policies

In 2009 we continued to review our existing HR policies and develop new policies as required. Much of the work is undertaken through the HR Criteria Group led by Olive Keenan. I would like to thank Olive and her colleagues for their time and hard work during the year.

Absenteeism

One of the priorities in 2009 was to address the issue of absenteeism in the hospital. Our recording of absences was neither timely nor accurate and this meant that the level of absence in the hospital could not easily be monitored.

In early 2009 we developed a new system of recording absence and this was rolled out at the end of Q1 2009. In tandem with this development, an attendance management initiative was launched which included a full audit of all absence over the previous four years. All staff records were audited and in cases where the level of attendance gave rise to concern, the issues were addressed with employees directly.

As part of the initiative, staff were reminded that absence imposes a significant cost on the hospital, not just in financial terms, but also in the increased burden on those who attend for duty. In addition, payment of sick pay is at the discretion of the hospital management and that there is no automatic entitlement to sick pay.

The following table shows the effectiveness of the initiative in reducing the level of absenteeism in the Hospital in 2009:

2009 Q1	Q2	Q3	Q4	Overall
7.8%	3.77%	4.74%	3.82%	4.11%

Target for 2009: Reduction of 2% in level of absenteeism

This initiative will be sustained and further enhancements to the application and operation of the hospital's absence scheme will be brought forward in early 2010.

Competency Assessment

Annual staff competency assessments were introduced in January 2008 and a 45% compliance rate was recorded at the end of 2008. Compliance rates increased to 63% at the end of 2009. This represents an 18% improvement on the previous year. The target compliance rate for 2010 will be 85%.

Additionally, the system of competency assessment will be reviewed to develop an enhanced model which will increase the focus on performance against agreed objectives.

Partnership Committee

The Partnership Committee continued to meet in 2009, providing a non adversarial forum within which management and staff can discuss issues of common interest. Work continued on a number of projects in 2009, including a revised staff handbook which we plan to issue in early 2010.

Strategic Planning

Work commenced in late 2009 to revise the hospital's strategic plan. The Executive Committee participated in a workshop to assist in developing the strategy in line with current developments and anticipated trends for the hospital; work on the strategic plan is currently ongoing.

Change Initiatives

PATIENT SERVICES REVIEW

In 2009, the Executive Committee authorised a review of the Patient Services Department. This review was undertaken by an external consultant, Mr Sean McHugh. The report arising from the review and its findings were accepted by the Executive Committee which authorised the implementation of the report's recommendations.

Work on implementing the recommendations of the report commenced in late 2009 and will continue in 2010.

Corporate and Support Services

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REVIEW OF THE ROLE OF HEALTHCARE ASSISTANTS

A review of the role of the Healthcare Assistant (HCA) grade was undertaken following a ballot of HCAs in which they voted overwhelmingly to have heavy duty cleaning removed from their list of duties. The review was undertaken by an external consultant, Ms Pauline Doyle.

Following the review, the hospital Executive Committee accepted the findings of the subsequent report and authorised the implementation of the reports' recommendations.

Work on implementing the recommendations of the report has commenced and will continue in 2010.

Change initiatives have been particularly challenging in 2009 due to the public sector unions' campaign of industrial action, however, we continue to look to the future as the planned changes will ultimately benefit our patients and our staff at NRH.

As can be seen from the above report, 2009 was a busy and challenging year for the Human Resources Department. In this regard I would like to thank the Department staff for their hard work and unfailing commitment throughout the year. I would also like to thank my staff for their helpful cooperation and support to me during my first year in the NRH.

Much work remains to be done in the HR Department. We will continue to restructure and develop our service in line with the needs of Hospital managers and staff and we will seek to increase the level of expertise within the Department, with particular emphasis on helping individuals to develop specialist skills in key areas.

Finally, I would like to thank all managers and staff for their courtesy and help during the year and in particular I would like to thank Sam Dunwoody and Rosemarie Nolan for their time and support in helping me settle into my role in the National Rehabilitation Hospital.

INFORMATION & COMMUNICATION TECHNOLOGY (ICT)

PATRICK DAVY

ACTING ICT MANAGER

Services Provided

The ICT Department is responsible for the provision and maintenance of information and communication technology services in the NRH, including PCs, telephones, server and network infrastructure. The department also deals with all end-user ICT support issues and takes part in projects where ICT is used.

Staffing

Staffing was a major issue for the department in 2009, with all department duties being undertaken by one WTE for the first half of the year. The situation improved somewhat in the middle of the year with the temporary appointment of Michael Reina as Helpdesk Support Technician. As a result, it was necessary to push out some initiatives planned for 2009 in favour of other security and maintenance tasks. Despite the difficulties, a large amount of work was done to develop ICT in the hospital and some of these are outlined below.

New Services / Developments

PORTAL ICT

A Web based portal was set up in March 2009 which gives users the ability to create and track the status of support requests through a Web portal and by email. These requests can now be processed on one central system, from which we can communicate with end-users, track the types of issues received and the time spent resolving them.

By year end, 934 support requests had been submitted through the portal. The system also provides inventory and status reports for all computers on the NRH network, and the ability for ICT to customise it with sections for user guides, policies and procedures, 'how to' articles and infrastructure outage notifications. In 2010 we will continue to develop these features and drive usage of the portal (it currently accounts for approximately 70% of all requests) by making it the place to go for all the latest ICT updates, information and assistance.

INDIVIDUAL USER ACCOUNTS

Due to the lack of resources, the individual user account project did not progress as quickly as planned. However, all technical work was completed, resulting in the creation of 150 new accounts for existing users and the renaming of 40 more. These accounts have been rolled out in most clinical and administrative areas, along with the removal of the shared accounts they replaced. This work will continue in 2010. The work to implement these accounts for our existing user base, along with the adoption of a process whereby all new users (permanent, temporary, student, work experience, etc.) must have their own logon, has resulted in over 400 user accounts on the system. This marks a 200% increase over 2008 figures.

PC ROLLOUT

The rollout of new PCs continued throughout 2009. We now have in excess of 250 client PCs in use (a doubling of the numbers from 2007), and networked PCs have been installed in 6 of the hospital's meeting and conference rooms.

REHABILITATIVE TRAINING UNIT (RTU) TRAINING NETWORK

The RTU computer training room equipment was upgraded with the addition of a dedicated server for centralised management of trainee user accounts, email, and security updates. This server was implemented on our new virtual server infrastructure, eliminating the need to purchase and maintain additional hardware.

ENCRYPTION

2009 saw device encryption used in the NRH for the first time. We began the process of encrypting disks on all notebook computers owned by the hospital. Full disk encryption is a time consuming process, but the majority of notebooks have been completed. The encryption helps to ensure that we are protected from data security breaches resulting from lost or stolen notebooks. We still have some work to do around encryption of USB devices. Having trialled a number of products, we have yet to settle on one that suits our needs. However, with the addition of networked PCs in meeting areas and the use of Outlook Web Access, the need for USB storage devices has been reduced and we will continue to investigate alternatives.

Future Developments

CLIENT SOFTWARE UPGRADES

Microsoft will discontinue support for Windows 2000 in July 2010 and Office XP in July 2011.

This leaves us in a position where we must migrate to newer versions, Windows 7 and Office 2010.

The options for migration need to be examined and a plan developed during 2010. The project will create significant user training requirements which the hospital will need to cater for.

PACS INTEGRATION

Work is underway to fully integrate our Radiology PACS (Picture Archiving and Communication System) system and this should be completed in early 2010. This system will allow viewing of diagnostic images from anywhere in the hospital, doing away with the need for expensive film. ICT is also engaged with the HSE's NIMIS (National Integrated Medical Imaging System) project.

MESSAGING AND COLLABORATION

Work has been commenced and will continue in 2010 to improve the efficiency of electronic communications and sharing of electronic data. The individual user account project is an important first step in this. Other work will involve rationalising our existing common folder structures and the creation of security and distribution groups, making it easier to assign permissions and communicate with specific organisational units within the hospital.

I would like to thank Michael Reina for his dedication throughout the year. Without his efforts, much of the work carried out in 2009 would not have been achievable. Thanks also to Michael Sheridan, who assisted with many day to day telephony issues. Last but not least, thanks to all computer users for their understanding, patience and cooperation throughout the year.

Corporate and Support Services

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OCCUPATIONAL HEALTH

DR. JACINTHA MORE O'FERRALL

DR. PAUL GUÉRET

CONSULTANTS IN OCCUPATIONAL HEALTH

2009 was another very busy year for the provision of Occupational Health Services in the National Rehabilitation Hospital; over 1200 contacts were made with the Department.

The swine flu pandemic was an unexpected occurrence this year - over 450 vaccines were administered to staff.

Staffing of the Department remains with Occupational Health Nurse Rose Curtis working 25 hours per week and Dr. Jacintha More O' Ferrall carrying out monthly on-site visits. Referrals as previously, when required, take place in Medmark, Baggot St. Over 40 staff members attended Baggot St. as part of a medical assessment for fitness to work or for absence management.

Services Provided and Breakdown of Consultations in 2009

Advice on occupational health issues	200
Stress management, (education, debriefing and work related stress)	90
Work related injuries	55
Vaccinations	
Hepatitis B	40
Mantoux	22
Flu vaccine	176
Swine flu vaccine (209 staff received 2 vaccines and 54 received 1 vaccine)	472
Bloods tests	37
Pre employment screen	44
Reviews and follow-up	130
Back to work assessment	43
Pregnancy risk assessment	20
Health Surveillance	7
Referrals to Medmark	44

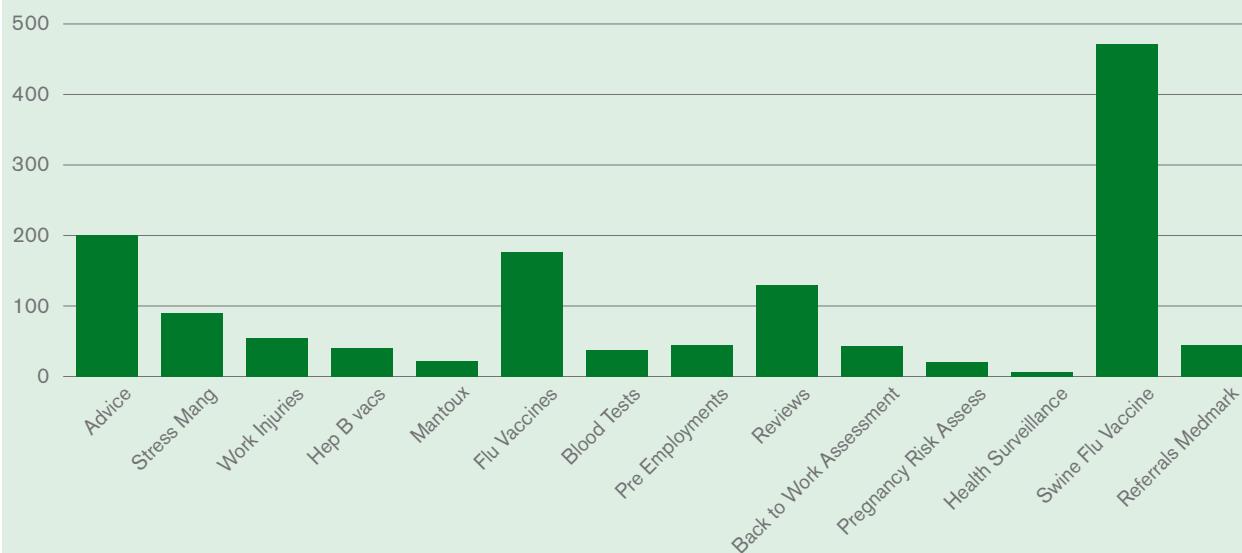
Other Services Provided by Occupational Health

Sharps injury follow-up
Health Promotion
Occupational First Aid
Smoking cessation programmes.
Contact Support Person, "Dignity in the workplace" programme.
Other vaccinations including:-
BCG
Varicella
Measles, Mumps and Rubella

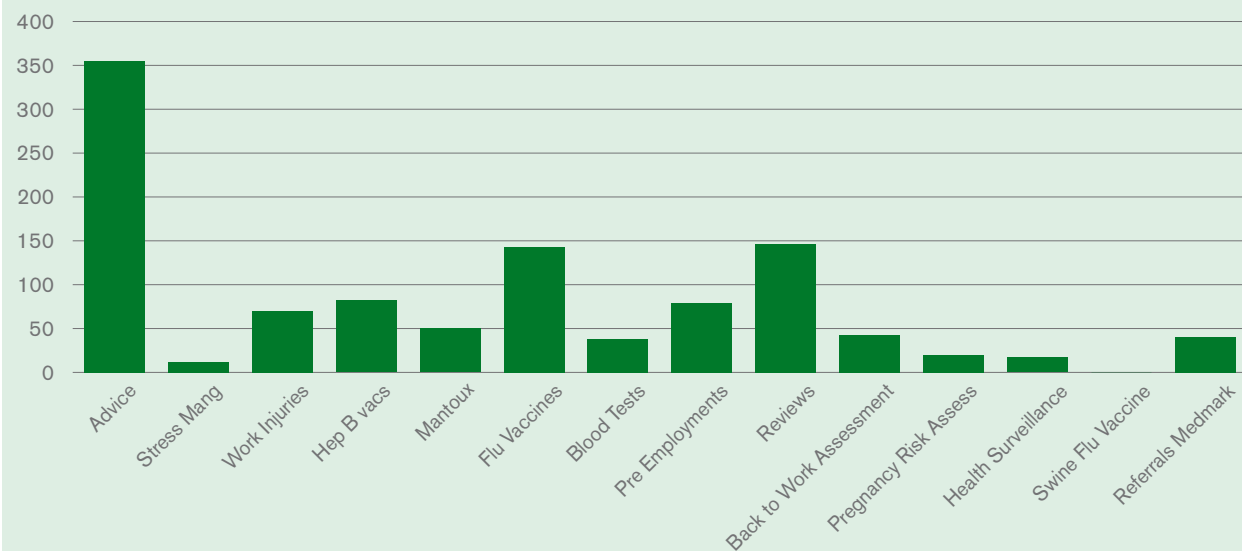
Committee Participation by Occupational Health Staff

- Health and Safety Committee.
- Risk Management Committee.
- Behaviour Consultancy Forum.
- Pandemic Planning team.
- Hygiene Committee.

Activity 2009



Activity 2008



Key Milestones for Occupational Health in 2009

- Co-ordination of DXA scan programme for NRH staff.
- Continued focus on reduction of sickness absence.
- Co-ordination and implementation of the swine flu vaccine programme.

Future Developments

- Support staff through changes planned for 2010.
- Increase ergonomic assessments through liaison with the back care co-ordinator.
- Introduction of bi-monthly health promotion topic for staff.

Corporate and Support Services

continued

PATIENT ADVOCACY & LIAISON SERVICE

PAULINE SHEEHAN

PATIENT ADVOCACY & LIAISON OFFICER

The Patient Advocacy & Liaison Service (PALS) was introduced in the National Rehabilitation Hospital, in June 2007. It is based on the guidelines of the Citizens Information Board (CIB), 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 them support / assistance through this process
- Be a voice for the patient i.e. represent the patients' interests on committees
- Liaise/mediate between staff and patient should any difficulties arise
- Gather verbal complaint statistics for the HSE quarterly reports
- Issue quarterly reports to the NRH Executive Committee

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

Staff are encouraged to avail of the service should they encounter difficulties with a patient. 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

Patient Forum

The aim of the Patient Forum is to act as an interface between hospital management and patients, to voice the concerns of patients and follow up on issues raised.

The Patient Forum invites patients and former patients to attend monthly meetings to discuss issues and/or give feedback which they feel may be important in helping the hospital develop and improve its services. The chairperson of the Forum is a past patient and the Patient Advocate is in attendance at the Forum meetings and will act as liaison person between the hospital and patients. All involved in the Forum are eager to make this initiative successful and are grateful for the support of management in this respect.

In 2009, meetings were held every six weeks, however, attendance at the meetings has been low - between 3 and 5 patients per meeting. In 2010, it is hoped that by holding meetings in the evening and on a monthly basis, attendance will increase. In addition, members of the Forum will speak with patients on a regular basis and bring any concerns/feedback to meetings for discussion. Minutes of meetings are issued to all patients one week prior to the meeting.

Rights of Persons Served Committee

The Patient Advocate & Liaison Officer is the lead person for Rights of Person Served and gives a presentation on this topic to all new staff at Induction. The Patients Charter of Rights is now located in public areas in the hospital and is included in the patient handbook.

Some of the policies and procedures written and reviewed by the Rights of the Person Served committee include; Confidentiality, Right to Privacy, Access to Information, Advance Directives, and Complaints Procedure.

Complaints policies and procedures are essential to an advocacy service as they give recourse to dissatisfied patients and allow the hospital to improve procedures.

Communications Committee

The role of Patient Advocate on the Communications Committee is to ensure with other committee members that information for patients is accessible and easy to understand. The patient satisfaction survey, comment cards and suggestion boxes for use by patients, staff and visitors were initiated by this committee. All patients receive a survey in their week of discharge and the information is currently being analysed by the Programme Managers.

During 2009, I have met with over 90% of all patients during their stay and 83% of patients within two weeks of admission.

Liaising between patients and staff has not been a difficult task as, from my experience, all staff working in the NRH have the patients' interest at heart and I have only been met with courtesy and co-operation from everyone, to resolve issues as quickly as possible.

I would like to thank all staff with whom I have come into contact in the past year. It has been a pleasure.

Corporate and Support Services

continued

PATIENT SERVICES

AUDREY DONNELLY

PATIENT SERVICES MANAGER

Mary McGlynn retired from the NRH in October 2009 after 11 years service, and Pauline Treacy retired in November 2009 after 37 years service with the hospital.

Service Provision

Patient Services provides administrative support to Medical, Nursing and Therapy Departments within the hospital. This includes management of all Healthcare Records, maintenance of the Patient Administration 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, and also Patient complaints.

New Developments

A Management Consultant was engaged during the year to review the Patient Services function which had evolved over a number of years and was identified as an area which required definition within a formal structure. The review was completed within the first half of the year, and a report on findings was produced. This was approved at Executive level and an implementation plan was devised between Patient Services and HR management for roll-out in 2010. A programmatic model of managing many of the services is the envisaged outcome.

SMS text messaging to send appointment reminders to patients was introduced as a pilot within the Urology Department. This replaces the previous practice of written and or telephone reminders and reduces the time taken to set reminders in place. Within a short time following implementation, non-attendance rates for appointments were seen to reduce which paves the way for rolling this initiative out to other Outpatient areas during 2010.

A working group was formed during 2009 to review outpatient activity and plans are under way to provide Healthcare Records within the Outpatient Department for use by all Allied Health Professionals in order to move towards single case notes.

There were some developments made to the PAS database which will result in an enhanced reporting function.

Activity Data

The Patient Administration System (PAS) records activity carried out in the hospital including Inpatient Waiting List, Admissions, Discharges, Consultant Led Outpatient Appointments, Day Case activity and Chart locations. Statistics are extracted for submission to the Executive Committee, the HSE and the Department of Health and Children.

Services and Committees for Patients

In line with best practice and guidelines as set out in 'Quality and Fairness, a Health System for You', the Patient Forum sought to renew its method of operating in order to engage with patients and maintain a working group.

The Volunteer Orientation Programme continues to operate, and my thanks to the Heads of Therapy who continue to give their time and expertise to help deliver this programme. During 2009, this programme extended into the administration area which made a significant contribution to record archiving, an important process in managing patient records.

Training And Education

Staff within Patient Services availed of computer training during the year. This will contribute significantly to the process of gathering data activity and compiling reports within the patient support area. In addition, PAS Super User training was provided to a core group of Patient Services staff in order to develop in-house knowledge of managing the system. Training of other staff on the system will be conducted by the Super Users on an ongoing basis. Updated HIPE Coding training was completed by Medical Records staff and all staff availed of Complaints Management Training. A Patient Services Managers group was established during the year in line with other hospitals, and one of its goals moving forward is to seek shared training programmes for staff across hospitals in order to adhere to best practice and meet national standards in a cost effective manner.

RISK MANAGEMENT

BERNADETTE LEE
CLINICAL RISK MANAGER

"If you are walking down the right path and you're willing to keep walking, eventually you'll make progress".

Barack Obama

Risk is inherent in everything that the organisation does, treating patients, determining service priorities, managing a project, purchasing new equipment, taking decisions on future strategies or even deciding not to take any action at all.

The effective management of risks at all levels will therefore be a critical factor in the success of the NRH. The advent of clinical governance and healthcare standards has been a powerful influence for the introduction of systematic processes and systems to monitor care and provide assurance as to the quality of care in patients we see. Risk Management is one of those key processes.

Incident Reporting

The incident reporting culture for 2009 continued to be positive. 1434 incidents/near misses were reported to the Risk Management Department and recorded onto the "STARSWEB" incident reporting system. Of these;

924 were clinical incidents/near misses

349 were non-clinical incidents/near misses

161 were employee incidents/near misses

Patient Safety

MEDICATION SAFETY

In 2009 the average number of medication incidents decreased compared with 2008.

This patient safety improvement can be attributed to a number of factors:

- Implementation of the recommendations of the NRH commissioned external review of Pharmacy services in the hospital
- Individual patient medication trolleys
- Medication safety education for medical and nursing staff
- Surveillance by the Pharmacy Department

PATIENT FALLS

In 2009, there was a gradual decline in the number of patient falls reported in comparison with 2008. This reduction can be attributed to:

- Establishment of the multidisciplinary Falls Group
- Implementation of Falls Risk Assessment for all patients on admission
- Increased awareness through initiatives such as "April Falls Day"

PATIENT WANDERING

In the second half of 2009, there was a marked reduction in patient absconction events reported. This can be attributed to:

- Upgrading the patient wandering system
- Increased awareness through education
- Named patient/staff assignments for at-risk patients.

Corporate and Support Services

continued

Environmental Health & Safety

INFECTION CONTROL/HYGIENE SERVICES

Hygiene Services Committee and Team are the driving forces behind improvements in hygiene services in 2009. Together both groups devise action plans, and make, implement and evaluate recommendations for improvement. Hygiene/infection prevention & control continues to be one of the most important performance indicators for the hospital and is closely monitored by the Board of Management and Hospital Executive.

Huge efforts were made tackling the instances of healthcare associated infection in the hospital over the past year. Initiatives included the hospital hand hygiene programme, availability of hand washing gels at patient bedside, and at entrances to the hospital wards and departments. The hospital building poses many infection control challenges.

HAEMOVIGILANCE

In 2009, 72% of nursing staff completed the level 1 of the LearnProNHS e-learning programme on Blood Transfusions. This will continue to be implemented in 2010.

WASTE MANAGEMENT

32% of non-risk healthcare waste was recycled in 2009 which resulted in cost saving money and increased environmental compliance

Challenging Behaviour

Overall 2009 showed a marked decline in the number of both patient and staff challenging behaviour incidents reported. This can be attributed to a number of factors:

- Change in patient profile
- Filling of CNM posts in key wards
- Admissions Management
- Multidisciplinary team approach
- Staff training
- Appointment of a Recreational Therapist

The Behaviour Consultancy Forum (BCF) develops policies and procedures in relation to challenging behaviour and training needs / learning opportunities. In 2009, fourteen SCIP courses ('Strategies in Crisis Intervention and Prevention', incorporating non-violent crisis intervention-CPI) were delivered by trained hospital staff, 81 staff attended the full SCIP training programme, 88 staff attended the SCIP revision programme and 11 medical consultants attended a 3 hour overview of SCIP training programme.

Fire Safety

In 2009, considerable work was carried out on fire upgrading works in the hospital. The drive for increased attendance at mandatory fire safety training continues and a quality improvement plan was developed to help improve attendance.

Access to Records

The following is an overview of access to records requests received by the NRH in 2009

Total requests for access to records		289
<i>Type of Request</i>		
Freedom of Information		27
Freedom of Information Note for File		2
Data Protection Access		1
Freedom of Information & Data Protection Access		1
Routine/Administrative Access		258

Future Developments

- Implement the Department of Health & Children (2008) Report of the Commission on Patient Safety and Quality Assurance "Building a Culture of Patient Safety".
- Implement the Health Service Executive "Towards Excellence in Clinical Governance – A Framework for Integrated Quality, Safety and Risk Management across HSE Service Providers".
- Implement the Health & Safety Authority 5 year plan.

Quality

The Quality Improvement Committee continues to monitor outcomes data and quality improvement initiatives in line with the programmatic and business practices structure of the hospital. Details of performance outcomes and quality improvement plans are noted throughout this report.

Quality improvement plans were implemented in the following areas in 2009:

- Hand Hygiene training
- Fire Safety training
- Urology Service / Urology clinic DNA rates

Corporate and Support Services

continued

SCHOOL REPORT

COLM JACKSON
SCHOOL PRINCIPAL

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

School Board

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

Mary O'Connor retired as Principal on September 1st. We sincerely thank Mary for her many years of dedicated service as Teacher and Principal. Our new Principal is Colm Jackson who worked as Special Needs Co-ordinator and teacher for many years in Ballyroan BNS, Rathfarnham.

Service Provision

- 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 schools so that where possible continuity of school programme is maintained.
- For primary school children we aim to deliver the current primary school curriculum, adapted in many cases to meet individual needs.
- At secondary level where the curriculum is subject based, we strive to provide a broad range of subjects at the level appropriate to the student.
- Junior Certificate and Leaving Certificate Examination centres are provided in NRH during the month of June to facilitate students resident in NRH at examination time.
- On students' discharge, we co-operate with the relevant programmes in the National Rehabilitation Hospital in seeking an appropriate school placement for each student.
- We provide an Outreach Service which offers support to enable them provide an appropriate education to students who have Acquired Brain Injury.

Outreach Service

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. With the support of the Department of Education and Science, the school in NRH provides an Outreach Programme which offers support to schools where students who have Acquired Brain Injury return following their period of rehabilitation.

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 multidisciplinary input
- Video, DVD and printed information on ABI is supplied to schools

Meetings with Other Schools

In-school meetings were held which were attended by Principal teachers, Class teachers, Resource and Learning Support teachers, SNA's, Community medical and Paramedical staff, Psychologists, SENOs and multidisciplinary 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 NRH.

Activity Data

During 2009, 24 boys and 19 girls attended the school and many schools availed of the Outreach Service.

Dun Laoghaire VEC supply an Art teacher and a Computer skills teacher for one session weekly for our students.

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 Paediatric Programme who continue to give us their full support in our endeavours.

Corporate and Support Services

continued

TECHNICAL SERVICES

GERRY COYLE

TECHNICAL SERVICES MANAGER

A major programme of fire upgrade and protection work was undertaken during 2009 and is ongoing. Priority was given to the main hospital building and patient accommodation in the first phase, moving to the Outpatient Department and the Convent in the latter phases. Included in this project is an upgrade of the main fire panel and also the emergency lighting and smoke detectors. More visible signs are the replacement of in excess of 230 fire doors and fire proofing of walls. The programme was protracted because the business of the hospital continued throughout the process and the related difficulty of undertaking structural work in a fully operational hospital. New fire separation walls were also constructed as additional protection, and a concrete reinforced bund to contain any oil leak or spillage was erected in the lower yard.

Other projects undertaken in 2009 include:

- Door and Window replacements within the hospital
- Removal and replacement of soft floor coverings in compliance with hygiene standards
- Removal of trip hazards
- Provision of administration room for the Urology Department
- Repainting of St Gabriel's, St Lawrence's and St. Margaret's wards during 2009
- A substantial area of roadway and car parking facilities have been resurfaced to an enhanced quality finish, the areas have been relined and pedestrian crossings have been provided. In addition, a suitable route for wheelchair users attending Outpatient clinics has been clearly marked
- Provision of additional accommodation on the Medical Corridor for the Brain Injury Programme
- An upgrade of the Speech & Language Therapy area in St Patricks ward
- The extension of the CCTV system throughout the hospital complex
- The children's playground was fenced and secured and a fire route was provided
- The piped oxygen system was extended to include every bed on the third floor
- A variety of works have been undertaken based on recommendations from the Health Inspector. The work is wide and varied from the main catering areas to various ward pantries. This work is ongoing
- Our Lady's ward was provided with a refit of the Nurses Station, the treatment room and the Clinical Nurse Manager's office
- An Interagency Kiosk has been provided in the Quadrangle area, necessitating additional storage facilities for the ICT room and the storage of the emergency trolley
- The office in the children's gym has been refurbished and has had safety glass installed and new floor safety covering
- The patient wandering system has been extended to St Brigid's ward and the main door has been powered for easy access
- The Energy Saving Project is well under way. Low Energy bulbs and light motion sensors are being installed and timers have been fitted on many electric appliances. The Technical Services team are involved in the promotion of the Energy Awareness Campaign to all staff

Planning for major capital projects for patient and staff benefit are underway and will be addressed in accordance to priority and funding.

In 2009 our colleague and good friend Larry Whelan sadly and unexpectedly passed away. Larry is sadly missed by all staff in the Technical Services Department, and indeed throughout the hospital.

In a very difficult time for resources and the ever increasing age of the hospital, funding was required on a consistent basis to complete the above projects and to bring the complex to compliance with hygiene and health and safety standards. As ever, my gratitude to the Finance Department for the provision of funding and to the staff in my own department for their assistance with the day to day maintenance of the hospital complex.

VOLUNTEERING AT NRH

MARYROSE BARRINGTON VOLUNTEER COORDINATOR

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

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

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 nights a week (Monday - Thursday from 7-9pm) 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 browse the internet. On Monday nights they play Texas Hold'em and other card games. Tuesday nights are for chess lessons and other board games.

Writing Therapy

A volunteer teaches creative writing and helps patients to explore the healing power of their own words. It is a writing workshop with a difference where participants do not require any writing skills, talent or experience. They can embark on a journey of self-realisation, motivation and self-therapy.

Peata

Peata is a small voluntary organisation which arranges for volunteers to bring their dogs to visit patients and residents in long-stay hospitals, nursing homes and other centres. A group of dedicated volunteers have been visiting the NRH for many years with their pet dogs. Petting and cuddling the dogs can reduce stress and provide a sense of companionship and affection. 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 Michael and Sr Catherine, this is a multi-denominational team of volunteers who are interested in the spiritual well-being of the patients. Volunteers help out at Mass, memorial services, carol singing, Eucharistic service, visiting with patients and other pastoral activities. The Coordinator mails the pastoral care volunteers invitations, news and information about the volunteering activities within the hospital.

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.

Corporate and Support Services

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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 offer many outlets of support be it financial advice or social assistance, bringing in regional newspapers for patients from counties outside Dublin and they coordinate visiting by Transition Year students from St Joseph of Cluny Convent in Killiney. They also 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, Karaoke, Reading to patients, manicures and hand massages. A free barber service for male patients commenced and the hairdressing continues to be much sought after on Thursday evenings. From time to time the Volunteer Office is requested to provide volunteers to offer their time and expertise in different departments within NRH. This year volunteers have helped with Assistive Technology and portering in OT, patient speech practice in Speech & Language Therapy, reading to and teaching English to foreign patients.

Volunteer Induction & Training

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

Volunteer Reception

In October, 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. Representatives of various volunteer groups gave presentations on their work during the year and, after a small prize giving, 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 targeting the needs of Volunteer Managers.

A small indication of the education delivered by NRH Staff members in 2009 includes the following:

Service / Department	Education Delivered
Dental Service	<ul style="list-style-type: none"> Provision of facilities at NRH Dental Service to enable a dental student complete his Post Graduate training. Undergraduate dental students facilitated through observation of the Dental Service at NRH as part of their training.
Infection Control	<ul style="list-style-type: none"> Standard Precautions. Hand Hygiene. Intra-venous Study days.
Nursing	Detailed in Nursing Report
Medical	Detailed in Medical Board Report
Medical Social Work	<p>Professional training placements/lectures delivered by Medical Social Work:</p> <ul style="list-style-type: none"> Masters Programme, UCD. Medical Students (2nd year Disability Module), UCD FETAC Rehabilitation Module. Social Work Programme, TCD Carer training. Children First Training Neurobehavioural Lecture on Grief and Loss, February 2009 (Gail O'Sullivan) Presentations to NAI conference, March 2009; Social Work in Disability Conference, November 2009; IARM Conference on ABI in Adolescence, May 2009
Speech & Language Therapy	<p>External presentations delivered:</p> <ul style="list-style-type: none"> <i>A day in the life at the National Rehabilitation Hospital</i> – co presented by Joan Monahan and Niamh O'Donovan <i>Management of Dysphasia and Dysphagia in the Rehabilitation Setting</i> – co-presented by Julianna Little & Aneesa Ally <i>The Protocol for the Development of a FEES Service in a Rehabilitation Setting</i> – co presented by Aneesa Ally & Aisling Heffernan <i>A Social Communication Group in a Rehabilitation Setting</i> – co-presented by Anne Lee & Marie Cox <i>Clinical Education</i> – poster presented by Aoife Henn
Psychology	<ul style="list-style-type: none"> Behaviour Clinics on a weekly basis for staff in Brain Injury Programme for patients whose behaviour is interfering with their ability to participate in their rehabilitation programme. This service is arranged for all Programmes as required. Strategies for Crisis Intervention and Prevention (SCIP). Stroke Awareness for Carers programme. Case Coordinator training. <p>Presentation of papers at National and International Conferences in 2009 included:</p> <ul style="list-style-type: none"> <i>Coping with Disability. Causes and outcomes of childhood ABI in Ireland.</i> <i>The teenage brain; a work in progress. – The Patient Experience of Rehabilitation.</i> <i>Evaluating and Improving Awareness of Deficits following ABI.</i>
Nutrition & Dietetics	<ul style="list-style-type: none"> Talktime 'New Year, New You' SVUH Journal Club 'Modified Consistency Diets', 'Nutrition in Spinal Cord Injury', 'Use of a low calorie meal replacement in Weight Management in SCI', 'Practical Solutions in the Management of Obesity' 'Eat Well, Keep Well' – to Stroke Awareness for Carers groups and also Spinal Cord Injury Patients 'Nutritional Assessment & Estimation of Requirements in Adults with Acquired Disability' INDI Disability Interest Group Inaugural Study Day Main Lecture. NCHD Teaching Programme 'Nutritional Assessment and Management in the NRH patient population'
Occupational Health	<ul style="list-style-type: none"> Stress Management Course. Smoking Cessation Facilitation.
Occupational Therapy	<ul style="list-style-type: none"> Fiona Ryan, Senior Occupational Therapist facilitated a training day on the 'Management of the Neurological Upper Limb'. Weekly in-service training programme incorporating teaching from internal and external speakers.
Physiotherapy	<ul style="list-style-type: none"> Bobath Introductory Modules. Undergraduate lectures to students in UCD and TCD 48 Irish and International student placements under direction of Darren Benton. Prosthetic Rehabilitation, Cork and Dublin Presentation of Pilot Study on Exercise Classes for adults post stroke to IARM/BSRM by Vicky Walker. Lokomat/Erigo presentation to professional delegation from Coventry and centres in Ireland. Workshop on Rehabilitation of Complex Acquired Brain Injury to chartered physiotherapists in neurology and gerontology given by Lesley Corcoran. Catherine Cornall co-authored a chapter in the Bobath Concept, Theory, and Practice in Neurological Rehabilitation. Robotics in Rehabilitation
Radiology	Radiology tutorials were given by Dr. McGlone to NCHDs as part of the clinical interdisciplinary teaching programme.
Risk Management	Ongoing training is provided to NRH Staff on clinical and non-clinical Health & Safety, and Environmental Health & Safety



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