

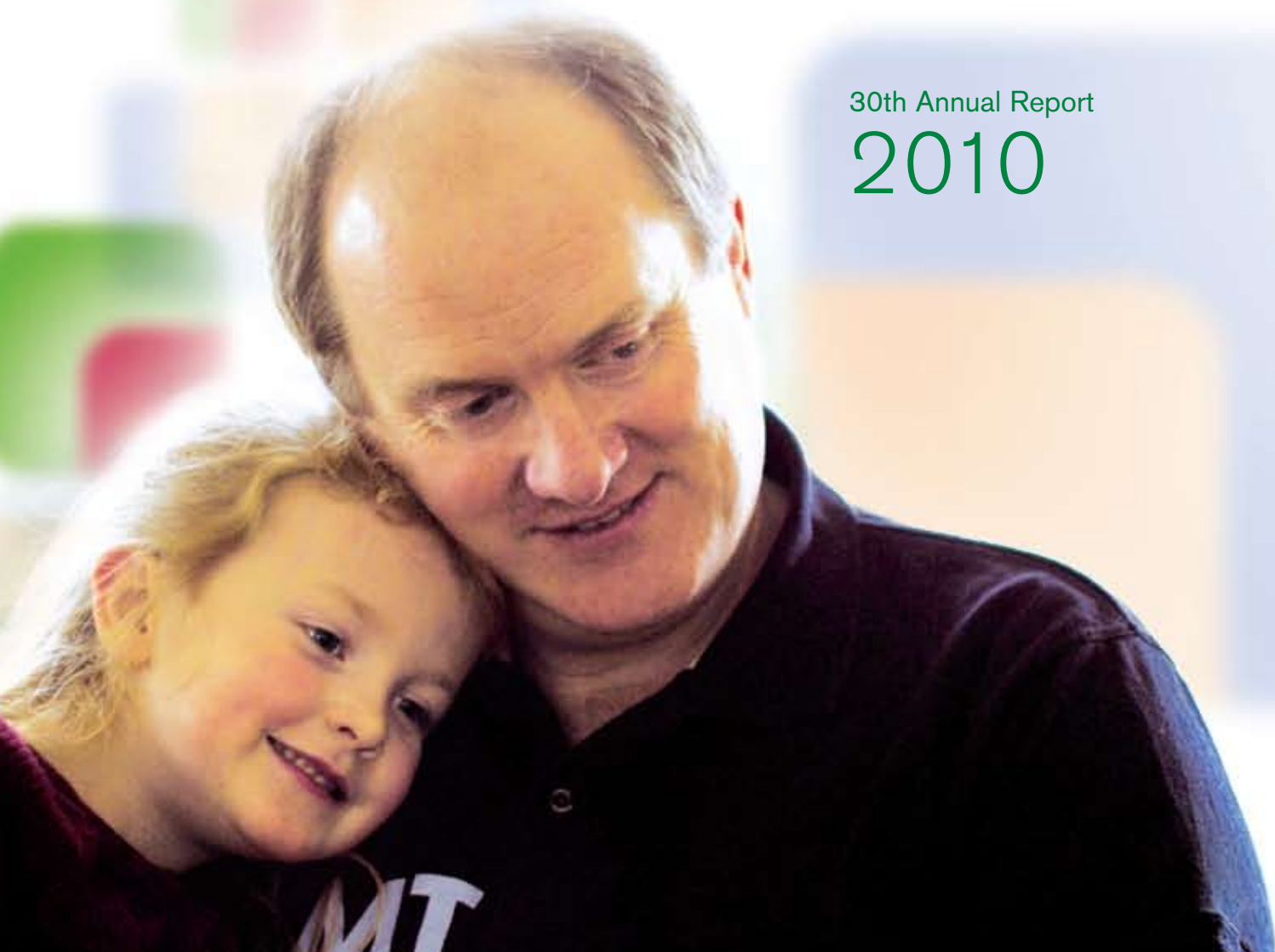


NRH

**National
Rehabilitation
Hospital**

30th Annual Report

2010



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



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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 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 2010

	Admissions	Day Cases	Consultant Delivered Outpatient Activity
Brain Injury Non-Traumatic	161	204	286
Brain Injury Traumatic	130	188	292
Spinal Injury	204	136	600
Stroke Service	132	41	94
Prosthetic Service	162	236	2,104
Other Neurological	49	11	19
Other Non-Neurological	1		13
Radiology (X-Ray)			1,739
	839	816	5,147



Section 1 Year in Review



CHAIRMAN'S REPORT

The recent "Nyberg Report" on the Banking Crisis in Ireland says, in effect, that we had all lost the run of ourselves. He spreads the blame far and wide. Well, we at the National Rehabilitation Hospital did not lose the run of ourselves.

For the last 25 years – and this includes the recessionary period of the 1980's when we had to close the swimming pool – we have come in on budget in every single year. As we have done so again in 2010 after a budget cut of nearly €2m.

There is no doubt but that as a nation we face an uncertain future. To bring the Government deficit back to 3% of GDP by the target date of 2015 is going to be an herculean task. There will have to be further cuts in public expenditure and the health services will not be immune from that pain.

Unfortunately, there is no mention of medical rehabilitation in the recently published "Programme for Government 2011-2016" but there are exciting health reforms coming down the line. For the first time in the history of the State, we have a Government which is committed to developing a single-tier health service, which guarantees access to medical care based on need, not income.

For the past 50 years, since medical rehabilitation was first established here at Rochestown Avenue, that is exactly what the Sisters of Mercy and the staff of this hospital has been providing – a national single-tier medical rehabilitation service based on need, not income. There is no private medicine at the NRH and no need for private health insurance. The Sisters of Mercy were ahead of their time.

Apart from abolishing the two-tier system, other reforms which are planned include: access for all to primary care without fees; Universal Health Insurance for all by 2016; HSE to be abolished over time; and importantly – the Minister for Health to be responsible for health policy and for the programme of reform.

One key to this policy must be a national policy on medical rehabilitation, with the development of regional rehabilitation facilities, linked to an expanded national facility here at the NRH. That expanded facility is the new hospital project, which had got to tender selection stage in March 2009 and was put on "hold" due to the national financial crisis. But there is hope. The new Government is committed to introducing a Jobs Fund, within its first 100 days, which will accelerate capital works that are "shovel ready" and labour intensive – criteria which our new hospital project meets.

However, there are even more compelling reasons for building the new hospital. Our existing facilities, without isolation beds, is not fit for purpose and makes the handling of hospital acquired infections very difficult. The new hospital will have 50% of beds with isolation facilities and will comply with international best practice. Also the expanded number of beds will enable us to cut down on our totally unacceptable waiting lists, and free up beds in the acute hospitals.

You will see details of how we performed as a hospital in 2010 in the other Reports in this publication. I urge you to read them because they are full of interesting information and statistics. They show that, despite reduced funding, we are not standing still e.g. new research papers, continuing CARF accreditation, new NRH website, risk management developments, the contribution of volunteers, RTE documentary to be shown in 2011, and the visit of the President of Ireland to the hospital in December, as we prepared for our 50th Anniversary celebrations in 2011.

50%

The new hospital will have 50% of beds with isolation facilities and will comply with international best practice.

€2m

For the last 25 years we have come in on budget in every single year. As we have done so again in 2010 after a budget cut of nearly €2m.

50

We are preparing to celebrate our 50th Anniversary in 2011.

I would like to thank all the staff for their dedicated work during the year. I also thank the Sisters of Mercy who are always most supportive. Sr. Peggy Collins and Sr. Helena O'Donoghue have been making slow but steady progress in advancing the legal instruments for the establishment of a new trust, which will in turn appoint the directors of the hospital board. The objective is to ensure that, even in the absence of Sisters of Mercy, the hospital will continue into the future with its present ethos, and as an independent voluntary hospital.

I would also like to thank my fellow board members for their contribution and dedication during the year, and those who chaired our sub-committees – Dr. Áine 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. The Board members give of their time and skill, voluntarily and without remuneration, to advance the interests of this fine hospital.

I know that I can speak for all in extending sympathy to the family of Dr. Christine Murphy who died in April 2011. She had been a patient in the hospital and subsequently joined the Board in 1999. She will be sadly missed.

Finally, I would like to thank our CEO, Derek Greene, for his dedicated, skilled and efficient work during the year.

The preamble to the "Programme for Government 2011-2016" states "It is no exaggeration to say that we now face one of the darkest hours in the history of our independent State". There are some who would say that

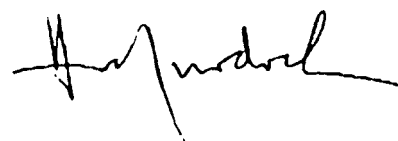
with the "bail-out" by the IMF / EU, we have already lost our independence. But when I think of the poverty of the country in the 1930's and 1950's; the mass emigration right up to a decade ago; the insular inward looking mentality; and compare it with now - a transformed multi-cultural European society with a bright intelligent compassionate and entrepreneurial young population, I am convinced that we will survive the present crisis.

Just look at some of our business statistics:

- 10 of the world's top-selling prescription drugs are made in Ireland;
- we are the 2nd largest exporter of medical devices in Europe;
- we are the largest exporter of beef in Europe and the 4th largest in the world;
- half of the world's fleet of leased aircraft is managed from Ireland.

Impressive? There is hope.

With our sovereign and bank debts, we may be poor again – but our spirit is not broken and it will not be broken.



Henry Murdoch
Chairman



CHIEF EXECUTIVE'S REPORT

"People who accomplish the most do so not because they never run into problems, but because they believe there is a solution for every one..."

Despite unrelenting challenges in 2010, the staff at NRH are to be commended for their exceptional accomplishments during one of the most difficult and demanding years experienced in our history to date. Not alone did staff manage, despite significant reductions in our funding allocation and staffing numbers, to achieve sustained activity levels, but in many cases our targets set in terms of improved 'access to, effectiveness, and efficiency' of our rehabilitation services were met, and at times were exceeded. This could not have been achieved without genuine dedication and commitment to our patients, and real teamwork by staff throughout all areas of the hospital. Thank you one and all.

I encourage you to read the Annual Report which serves to highlight the calibre of our staff and the critical mass of expertise and talent that is unique to the National Rehabilitation Hospital.

Owing to astute fiscal management by our Finance team, the hospital's final outturn at year-end, 2010 was almost at break-even – an outstanding result in such a difficult economic year.

New Hospital Project

Notwithstanding the major changes that have occurred for the health service due to the rapid deterioration of the public finances, the Board are continuing to make certain that everything possible is being done to ensure this vitally important national project eventually comes to fruition.

In the interim period, planning has commenced for remedial building works to be carried out in the hospital to address ongoing challenges faced by patients and staff due to the age and infrastructure of the existing building. The objective of the remedial work is to improve outdated existing facilities to meet current fire certificate requirements and to enhance the patients' environment. Work is due to commence in early 2011 and consultation between the Health Planning Team and user groups will be ongoing throughout the process.

Regional Developments

Developing and strengthening links between HSE South and the National Rehabilitation Hospital continued in 2010. Dr. Andrew Hanrahan, Consultant in Rehabilitation Medicine continues to develop rehabilitation services in the south while also working on the Reconfiguration of Services group for the HSE South, led by Professor John Higgins. The minor capital project to convert the old Accident and Emergency Department in the Mercy University Hospital, Cork into the new Prosthetics and Orthotics Clinic is due for completion in early 2011. It will be a modern well designed facility capable of supporting a consultant led prosthetic and orthotic rehabilitation service for the HSE South region.

2nd

NRH achieved 2nd place in the category of Energy Awareness at the Envirocom Awards 2010, and was one of only two public organisations that were shortlisted in any category.

2010

the staff at NRH are to be commended for their exceptional accomplishments during one of the most difficult and demanding years experienced in our history to date.

21%

The energy savings made in the year up to June 2010 were €93,100 (21% of our energy costs).

National Strategy for Rehabilitation

At the time of writing, the Report of the National Strategy for Rehabilitation Working Group remains unpublished. However, positive discussions have begun under the HSE Directorate of Quality and Clinical Care arrangement with a view to exploring how the HSE might work more effectively with NRH / rehabilitation medicine to develop a model which could be used to further develop services on a national, regional and local basis.

Review of Organisational Management Structures at NRH

Work commenced on streamlining all of the committee structures in the hospital, refining them and ensuring they have a direct reporting relationship to a formal group under the hospital's new Governance Structure. Terms of Reference for Board sub-committees were reviewed, and a new programme of induction, briefing and mentoring for newly appointed Board Members was approved. The new organisational structures aim to ensure the appropriate management systems and structures are in place for the changing times we are experiencing and to ensure we are compliant with the CARF Accreditation organisational framework and best international practice.

Education at NRH

A vital component of the work we do at NRH involves Education, Training and Research. Through this education we attempt to share and influence the way in which complex medical rehabilitation services are commissioned and delivered throughout Ireland. The report on page 68 outlines the comprehensive list of education provided by NRH staff in 2010. Our register of research carried out at NRH can be accessed on www.nrh.ie.

Health Promotion

The hospital once again played its part in national health promotion and health related matters for staff, patients, families and carers, by hosting a variety of educational activities, events, seminars and workshops in the hospital during 2010. This included the launch of the Smarter Travel Workplaces Programme in conjunction with the National Transport Authority.

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

We were privileged to be asked again in December 2010 to host the Launch of the Road Safety Authority's pre-Christmas Road Safety Campaign. The President of Ireland, Mary McAleese formally launched the campaign and Dr. Áine Carroll is featured in one of the new road safety awareness TV advertisements launched on the day.

Planning for the 50th Anniversary of NRH in 2011

At the end of 2010, we commenced work on planning a programme to celebrate 50 Years of Rehabilitation at NRH (1961-2011). We look forward to making it a memorable year in which activities will be planned to involve current and past patients and staff in as many events as possible.

Special Accomplishments in 2010

The staff at NRH should be proud that despite all the challenges we faced in 2010, there were also many accomplishments which gave us cause for celebration, some of which are outlined below:

SUCCESSFUL ACCREDITATION SURVEY

We were delighted to learn that we successfully achieved Specialty Accreditation status following a Supplemental Survey carried out in June. In total, our accredited Programmes, all of which extend to 2011, now include:

- Specialty Accreditation for Inpatient and Outpatient, Home and Community Based and Vocational services in Brain Injury
- Specialty Accreditation in the Spinal Cord System of Care Programme
- Specialty Accreditation in Inpatient Services in the POLAR Programme
- Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP) including the Paediatric Family-Centred Rehabilitation Programme

This is a marvellous accomplishment and could not have happened without the dedication and cooperation from all at NRH. Preparations have now begun for a full survey of all clinical programmes and business practices at NRH in 2011.

NRH TEACHING AGREEMENTS WITH TRINITY COLLEGE DUBLIN (TCD) AND UNIVERSITY COLLEGE DUBLIN (UCD)

All NRH Medical Board Members continue to be very involved with teaching TCD and UCD medical students so it was with great pleasure that we saw the formal affiliation of the hospital with TCD and UCD, lead by Dr. McElligott and Dr. Carroll respectively, in 2010.

NRH WINS ENERGY AWARENESS AWARD

NRH achieved 2nd place in the category of Energy Awareness at the Envirocom Awards 2010, and was one of only two public organisations that were shortlisted in any category.

Working in conjunction with the Sustainable Energy Authority of Ireland (SEAI) in exploring the possibilities for energy saving throughout the hospital, it was estimated that if a large number of suggested changes were made to reduce energy bills, savings in the region of €57,400 (13% of our energy costs) could be made in the year up to June 2010, when compared with the previous year. The actual savings made were €93,100 (21% of our energy costs). This is a great acknowledgement of the work and leadership of the Energy Management Committee and the enthusiasm and participation of all NRH Staff. Your help in making such significant savings (and reducing the NRH carbon footprint) are greatly appreciated.

NRH AND BRÍ WIN RSA LEADING LIGHTS IN ROAD SAFETY AWARD

In October, NRH and BRÍ won the 'RSA Community Education Leading Light Award' for educational events hosted by the hospital, targeting transition year students as a preventative measure to sustaining acquired brain injury (ABI). This is a great example of how NRH works collaboratively with external support agencies in providing educational events for patients, families and members of the community. Congratulations and well done to all involved.

IRELAND INVOLVED AWARDS

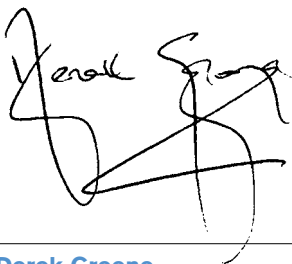
In November our Volunteer Coordinator, Maryrose Barrington was nominated together with over 200 volunteers from around Ireland for their work in communities and causes for the 'Ireland Involved Awards 2010'. Maryrose won in her category of Health and Disability. This reflects the invaluable contribution Maryrose makes to the patients and staff at NRH through her work in co-ordinating the activities of over 100 volunteers. This work is hugely valued and appreciated. Congratulations and thank you.

Once again, in 2010, 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 2010, we learned of the death of Mr. Liam O'Byrne, our former Hospital Secretary/Manager. Our sincerest condolences go to his family.

We are extremely fortunate to have a Chairman and a Board who fully support all that the hospital does. The Board members continually work towards positioning NRH as a centre of excellence in Medical Rehabilitation. Their commitment is further evidenced by the fact that the Board have again opted to be surveyed under the optional CARF Accreditation Corporate Governance Standards, when the hospital is being surveyed in May 2011. Once again, thank you sincerely for all your ongoing support and wise counsel.

In closing I would ask you to consider our patients whose lives have been altered by an acquired and traumatic injury and diagnosis, and whose courage is evident to us every day as, together with the hospital staff, they work through their rehabilitation journey. I would ask you to consider also that by striving to reach your potential, both as an individual and as part of the NRH Team, you are contributing towards our endeavours to ensure that our patients also reach their maximum potential.



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

Mr. Arthur O'Daly

Mr. Dermot O'Flynn

Mr. Martin Walsh

Executive Committee

Mr. Derek Greene
(Chairman)

Dr. Áine Carroll

Dr. Simone Carton

Mr. Gerry Coyle

Mr. Sam Dunwoody

Ms. Bernadette Lee

Ms. Eilish Macklin

Ms. Vivienne Moffitt

Dr. Jacinta McElligott

Mr. Brian McGann

Mr. Eugene Roe

Mr. Keith Wilton

Ms. Rosemarie Nolan

Ethics Committee

Mr. Kieran Fleck
(Chairman)

Dr. Áine Carroll

Dr. Simone Carton

Mr. Derek Greene

Sr. Maura Hanly

Dr. Andrew Hanrahan

Ms. Bernadette Lee

Ms. Eilish Macklin

Mr. Arthur O'Daly

Ms. Pauline Sheils

Mr. Keith Wilton

Fr. Michael Kennedy

Medical Board

Dr. Áine Carroll,
(Chairperson)

Dr. Mark Delargy

Mr. Robert Flynn

Dr. Andrew Hanrahan

Dr. Hugh Monaghan

Dr. Jacinta Morgan

Dr. Jacinta McElligott
(Secretary)

Dr. Brian McGlone

Dr. Tom Owens

Mr. Ashley Poynton

Dr. Nicola Ryall

Dr. Éimear Smith

Mr. Keith Synnott

Patients Forum

Mr. Brian Kerr
(Chairman)

Patient Representatives

All current patients are invited
to attend each meeting

Ms. Maryrose Barrington

Ms. Angela Brown
(Minute Taker)

Ms. Sarah Campbell

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. 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



FINANCIAL STATEMENT

At the beginning of 2010 the HSE advised that the opening allocation for the current year was set at €25.578m. This allocation reflected a 6.6% reduction in funding (€1.813m) against our 2009 service funding of €27.391m.

Our cumulative overrun at the end of the previous year (2009) was €0.004m and this overrun is treated as our first charge on expenditure in our 2010 accounts. The total net expenditure incurred in 2010 was €25.579 million, which resulted in a cumulative overrun of €0.001m for the year - this represents effectively a break-even year which required very tight fiscal policies and monitoring of expenditure and a very strong working relationship with budget holders and line managers across the entire organisation.

A summary of the 2010 Revenue Income & Expenditure Account is as follows:

	Budget 2010 €000	Actual 2010 €000	Variance Current Year €000	Actual 2009 €000
Deficit brought forward		4		4
Pay Expenditure	24,453	24,413	-40	25,879
Non-Pay Expenditure	6,835	7,758	927	7,926
Gross Expenditure	31,288	32,175	887	34,087
Less Income Receipts	5,710	6,596	-886	6,692
Net Expenditure	25,578	25,579	1	27,395
Revenue Allocation		25,578		27,391
Accumulated Deficit		1		4

Income and Expenditure Account

Pay costs reduced from €25.879m to €24.413m - an reduction of 5.66%, mainly due to the 2010 pay reductions announced in the 2010 budget, in addition to some savings achieved under cost containment from the reduction of staffing and agency cover following the HSE recruitment freeze aiming to bring agencies into a break even year-end outturn.

Non-Pay expenditure decreased for a second year by 2.07% over 2009 but was again showing a negative variance over available budget. This increase in spending over budget can be attributed to a number cost categories including the manufacture and supply of artificial limbs and orthotics. In 2010 building maintenance and repair accounted for the majority of the increase in non-pay expenditure due to the age of the main hospital buildings and earlier postponement of repairs following the initial approval of the New Hospital in 2005. However, some of these costs were offset by a higher return of Road Traffic Accident (RTA) receipts which contributed to the year end result of near break-even outturn.

In 2010, income receipts decreased by €0.096m (1.43 %) - a decrease from €6.692m in 2009 to €6,596m in 2010. Three main areas of increased income to note were:-

€0.170m increase in RTA receipts over 2009; Pension Levy deductions generated increased income of €0.193m, research grants income from the HRB of €30,000 and TRY-IT funding of €89,000. In addition, grant aid of €207,000 was received from the National Medical Rehabilitation Trust Ltd for equipment, Rehabilitation Therapy Services and Research. Fundraising donations also contributed to the higher level of income generated in 2010.

This continued income allowed for some additional 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 year's 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 2010 was as follows:

	2009 €000	2010 €000
Minor Capital Project		
– New Hospital Project – HSE	695,293	244,726
Minor Capital Project		
– New School Project – DoES	274,698	–
Minor Capital – Equipment	–	–
Minor Capital		
– Fire Prevention Upgrade	500,000	360,000
	1,469,991	604,726

Developments

Throughout 2010, the hospital met on several occasions with representatives from the Health Service Executive (HSE) to discuss a number of issues including the Hospital Development Plan, Capital Grants and the National Rehabilitation Strategy. 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, Employee Control Ceiling and Revenue Allocation Adjustments and Submissions.

We received additional Capital grants in 2010 which continued to inform the operational policies and development process of the New Hospital Project. The HSE also funded the continuation of the Fire Prevention upgrading works, Phase III and Phase IV, which will continue into 2011.

The hospital received once off funding (Enhancing Disabilities Services) from the HSE in support of for 'TRY-IT : a Web-based Loan Bank of Electronic Assistive Technology', this was in addition to funding support from Enable Ireland, NCBI, and the NRH to continue this service for a further 12 months in 2010. Funding was also received from the HRB for research on 'A generic Electronic Assistive Technology package for persons with Quadriplegia' which was very much appreciated. This additional funding goes towards the enhancement of our services for people with disabilities.



Sam Dunwoody
Financial Controller



Dr. Áine Carroll
Chair, NRH Medical Board

Dr. Mark Delargy



Dr. Nicola Ryall

Dr. Hugh Monaghan
(Retired in April 2010)



Dr. Jacinta McElligott

Dr. Jacinta Morgan



Dr. Éimear Smith

Dr. Andrew Hanrahan



Dr. Susan Finn

Dr. Vivien Murphy

MEDICAL BOARD REPORT

As in past years, it continues to be a great privilege to represent my colleagues as Chair of the Medical Board. I wish to thank my colleagues for their continued dedication to the provision of high quality specialist rehabilitation. It is a privilege to work with them and for the NRH.

The year 2010 created unprecedented challenges for nearly every sector of the economy – and health care was no exception. The National Rehabilitation Hospital's entire team have approached these challenges with courage, grace and ingenuity, suggesting ways to help reduce costs and increase revenue, without sacrificing the quality of patient care. On behalf of my colleagues, I would like to thank all staff for their continued hard work in 2010.

Highly Trained Medical Staff Members

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

Recognition for Quality Care

The NRH constantly strives to improve the care and services we provide to the patients we serve. It is gratifying when the hospital receives external recognition for these efforts and it was with great pleasure that we received the news that we had been successful in achieving CARF Specialty Accreditation in 2010. I salute all Medical Directors, Physicians, Programme Managers and hospital staff who made these achievements possible.

New Appointments

We had the pleasure of welcoming Dr. Vivien Murphy as Consultant Microbiologist in 2010. Dr. Murphy has already contributed greatly to the development of our Infection Control Policies and Procedures and the Medical Board have really appreciated her advice about Microbiology issues during 2010.

The Medical Board would like to thank the Medical Directors of each of the Programmes for their hard work and dedication over the past year.

Medical Directors of NRH Rehabilitation Programmes

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)

Clinical Governance

In 2010, the Medical Board continued to be very active in various areas of clinical governance. All these developments are in keeping with international best practice.

A quarterly peer review analysis is performed to analyse patient transfers out of the hospital and also to assess in-house patient transfers in an effort to continue to improve patient care.

The Medical Board continues to have monthly x-ray meetings to discuss cases and we thank Dr. Brian McGlone for facilitating this most valuable event. The Medical Board also has quarterly complex case discussions, which assist in the development of analytical and problem solving skills, these also serve to explore solutions and various interpretations for complex reality based issues.

The weekly Journal club continues to discuss new developments and reviews in the field of Rehabilitation Medicine.

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

*"The pessimist sees difficulty in every opportunity.
The optimist sees the opportunity in every difficulty."*

Winston Churchill

Dr. Jacinta Morgan and Dr. Éimear Smith organised the Annual Meeting of the Irish Association of Rehabilitation Medicine which was held at the National Rehabilitation Hospital. It was an excellent meeting with superb presentations from top class International speakers. It was also an opportunity for the NRH to present and highlight the excellent research that had been completed in 2010.

Strategic Developments

Members of the Medical Board have been very involved in strategic developments in 2010. The Medical Directors of the Programmes and the Programme Managers continue to strive for improvements in patient care and participate in many committees at NRH.

Dr. Morgan is the IARM representative on the RCPI / RSA fitness to drive committee since December 2010.

Dr. Ryall was lead author on the document "Clinical Governance in Prosthetics & Orthotics: a Proposed Framework by the National Rehabilitation Hospital", June 2010; consultation paper for the HSE.

Irish Heart Foundation

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

Dr. Delargy is a currently Vice Chair of the Irish Heart Foundation Council on Stroke and was Acting Chair from January to April 2010.

Directorate of Quality and Clinical Care (DQCC) – Stroke Programme

Dr. Áine Carroll is currently on a Working Group for the development of the DQCC Stroke Programme which will form part of the HSE strategic plan for 2011.

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

International Matters

Dr. McElligott and Dr. Morgan continue to represent Irish Rehabilitation Medicine Specialists at 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 continue to be very involved with teaching the UCD and TCD medical students.

Dr. Smith is on the UCD final medical year lecture programme, Musculoskeletal Rehabilitation. This year saw the formal affiliation of the NRH with TCD and UCD led by Dr. McElligott and Dr. Carroll respectively.

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 was also appointed Associate Dean of Examinations, Royal College of Physicians, Ireland in October 2010. She was also awarded first class Honours in the Masters in Healthcare Ethics and Law, Royal College of Surgeons in Ireland in November 2010 which is a wonderful achievement and on behalf of my colleagues, we congratulate her for her significant accomplishment.

Dr. Smith gives an annual lecture on the Masters Degree in Sports Medicine, Trinity College Dublin on 'Spinal Cord Injury in Sport'.

This year saw Dr. McElligott appointed the National Specialty Director for the rehabilitation medicine specialty training programme. Dr. McElligott's career in rehabilitation medicine was highlighted in a personal interview and videoconference at the American Academy of Physical Medicine in San Francisco in November.

Diploma in Stroke Medicine

Dr. Carroll is on the Exam Steering Committee for the Diploma in Cerebrovascular & Stroke Medicine. It was with great pleasure that Dr. Carroll witnessed the conferral of the Diploma to the successful candidates at the St. Luke's celebration in the RCPI.

Dr. Delargy, Dr. Morgan and Dr. Carroll will be lecturing in the Diploma in 2011.

Service Developments

It was a disappointment that none of the service developments previously submitted to the HSE were funded once again in 2010. 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 (ALPHABETICALLY)

Dr. Áine Carroll. *The Medical Consequences of Speed.* International Conference on Speeding, Dublin, May 2010.

Dr. Áine Carroll. *The Medical Management of Sialorrhoea.* Irish Society for Disability and Rural Health, Dublin, June 2010.

Dr. Áine Carroll. *MS and Rehab in Ireland; where are we now and where would we like to be?* Neurological Information Day, Dublin, September 2010.

Dr. Áine Carroll, Dr. Brian McGlone. *Botulinum Toxin in the Management of Sialorrhoea in Acquired Brain Injury, a Case Series.* Irish Association of Rehabilitation Medicine Annual meeting, Dublin, September 2010.

Drs. Áine Carroll, Jacqueline Stowe, Jacinta McElligott, Mark Delargy, Jacinta Morgan, and Alison McCann, Aisling Weyham and Aneesa Ally. *Disorders of Consciousness and misdiagnosis, a Retrospective review in a National Rehabilitation Hospital.* **Poster Presentation,** Irish Association of Rehabilitation Medicine Annual meeting, Dublin, September 2010.

Ibid; **Platform presentation,** Irish Association of Rehabilitation Medicine Annual meeting, Dublin, September 2010.

Dr. Áine Carroll, Dr. Brian McGlone. *Botulinum Toxin in the Management of Sialorrhoea in Acquired Brain Injury, a Case Series.* **Poster presentation**, 8th Mediterranean Congress of Physical and Rehabilitation Medicine, Cyprus, 29/09 to 02/10/2010.

Drs. Áine Carroll, Jacqueline Stowe, Jacinta McElligott, Mark Delargy, Jacinta Morgan, and Alison McCann, Aisling Weyham and Aneesa Ally. *Disorders of Consciousness and misdiagnosis, a Retrospective review in a National Rehabilitation Hospital.* **Poster presentation**, 8th Mediterranean Congress of Physical and Rehabilitation Medicine, Cyprus, 29/09 to 02/10/2010.

Dr. Mark Delargy. *Vocational Rehabilitation after ABI*, Irish Society of Occupational Medicine (ISOM), Spring Meeting, Mayo, May 2010

Dr. Jacinta McElligott, Research Forum in conjunction with Trinity College and Research Day in Spinal Cord Injury at NRH.

Dr. Jacinta McElligott, European Society of Physical Medicine and Rehabilitation in Venice which highlighted activities with the European Union of Medical Specialist PRM committee and specialty accreditation at the NRH.

Haughey F, Byrne **P, Morgan JM.** *A case of refractory dressing apraxia following non-dominant hemisphere embolic infarction.* **Poster presentation and winner of the poster competition**, Irish Association of Rehabilitation Medicine (IARM) annual scientific meeting, September 2010

Crinion D, **McDonagh C, Morgan JM.** *Observations on a series of patients surviving acute bacterial endocarditis.* **Poster presentation** at the IARM annual scientific meeting, September 2010

Dr. Nicola Ryall, *Clinical Governance in Amputee Rehabilitation*, Key Note Address - Irish Association of Vascular Surgeons, November 2010

Dr. Nicola Ryall, *Technology & Disability*, Daughters of Charity DOCTRID Conference, October 2010

K Samsam, V Neumann, **N Ryall**, RJ O'Connor, BB Bhakta, GM Rommers *Comparison of rehabilitation delivery and mobility outcomes following lower limb amputation in centres in three European countries: a step towards developing standardised health outcomes.* IARM Annual Scientific Meeting, Dublin, September 2010

Ibid; 17th European Congress ESPRM, Venice, May, 2010

Dr. Éimear Smith, *Osteoporosis in the disabled*, the Belgian Society of Physical Medicine & Rehabilitation annual scientific meeting, Brussels, December 2010

PUBLICATIONS

Dr. Jacinta McElligott, contributing author in an Encyclopedia of Clinical Neuropsychology and a review for Hospital Consultant Magazine on "Pain after Spinal Cord Injury"

Carroll Á. The need to develop a network of specialist neurorehabilitation services in Ireland: The Future for Neurological Conditions in Ireland: A Challenge for Healthcare; an Opportunity for Change. 2010. Neurological Alliance of Ireland.

McDonagh C., Carroll Á. Needs assessment for cerebral palsy service provision in Ireland as part of the National Rehabilitation Strategy. Clinical Rehabilitation, 2010, 24(7); 659

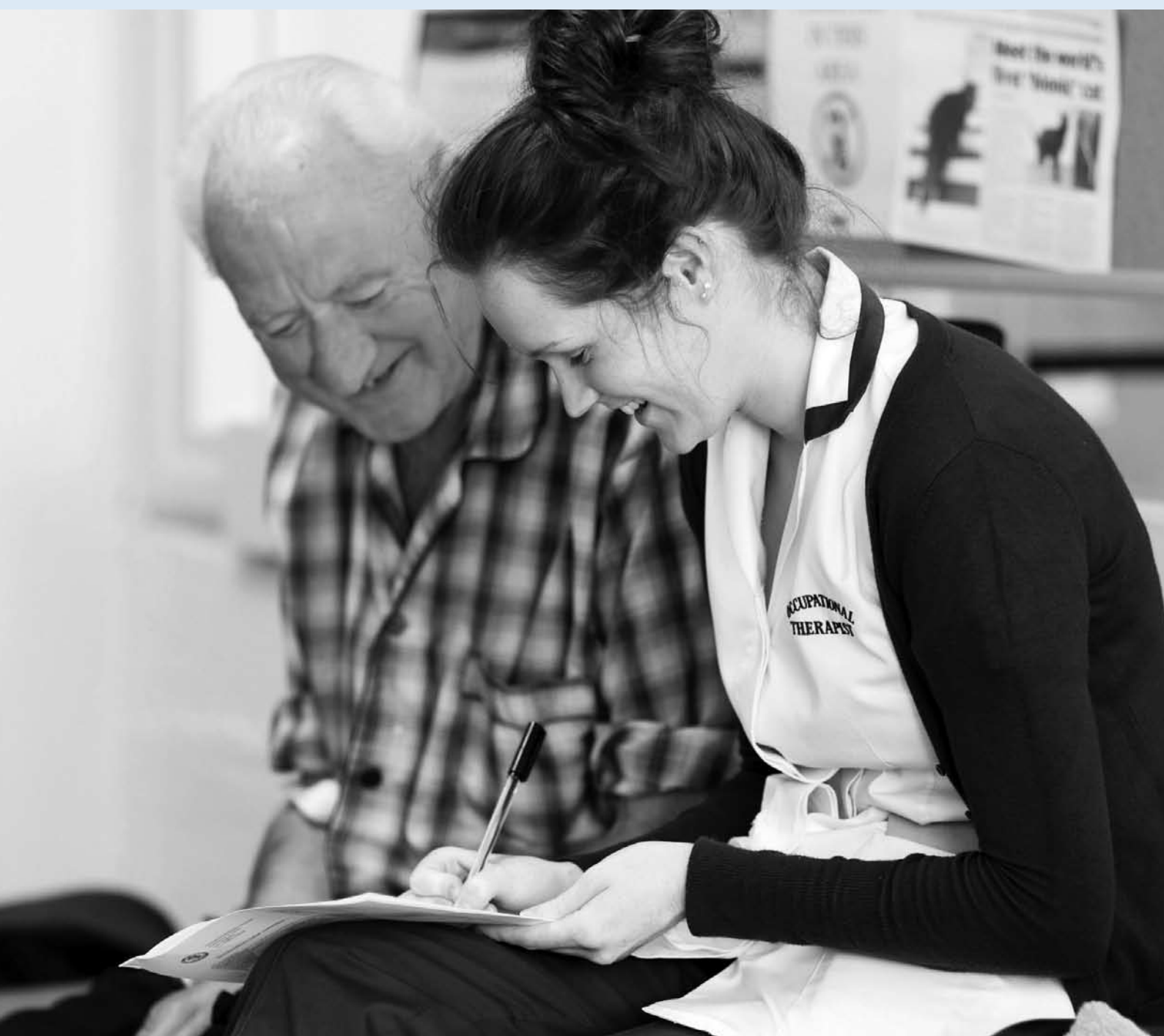
Dr. Mark Delargy. Interviewed by Jenny McCudden, Author of "IMPACT" for the Chapter "Changed Lives" – Published 2010, documenting the human stories behind Ireland's road tragedies

On behalf of the Medical Staff of the NRH, I wish to thank all those who support us in our endeavours to provide high quality care for the patients we serve: all Hospital employees, Administration staff, the Hospital Executive and Board and the volunteers. I would particularly like to extend my thanks to Anne Rankin, Medical Administrator and also Dr. Jacinta McElligott in her role as secretary to the Medical Board.



Section 2 NRH Rehabilitation Programmes

BRAIN INJURY PROGRAMME





Dr. Mark Delargy
Medical Director of the
Brain Injury Programme



Valerie Twomey
Programme Manager,
Brain Injury Programme

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

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

A total of 290 persons were served by the inpatient programme in 2010. This compares with 292 in 2009. Patients waited an average of 61 days for admission, highlighting the efficiency of the programme. The average inpatient rehabilitation length of stay for 2010 was 62 days. Of 290 patients discharged from the Brain Injury Programme, 245 were admitted to the Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP), and 45 patients were admitted for various interventions such as a short period of assessment or review.

Patient care and treatment is delivered by interdisciplinary teams, with clinical responsibility led by Dr. Mark Delargy (Clinical Director), with Dr. Áine Carroll, Dr. Jacinta McElligott, 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
- Brain Injury Outpatient Rehabilitation Programme
- Brain Injury Home and Community Based Rehabilitation Programme
- Brain Injury Vocational Services

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

The programme aims to discharge all persons served after they have achieved their desired rehabilitation goals and have received maximum benefit from the programme. 74% of brain injured patients were discharged to home in 2010. Of persons surveyed in 2010, a total of 99.8% reported that they were completely satisfied with their rehabilitation programme at NRH and 100% felt safe and secure during their admission.

2010 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 2010 and we continue to improve the access to, efficiency and effectiveness of our programme.

Demographics, Activity and Outcomes for Inpatient Services – 2010

DEMOGRAPHICS & ACTIVITY

290 persons were discharged in 2010 from the Brain Injury inpatient Programme:

84

(29%) were diagnosed with Non-traumatic Brain Injury

81

(28%) with Traumatic Brain Injury

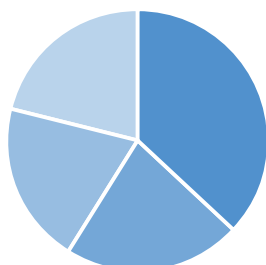
111

(38%) with Stroke

14

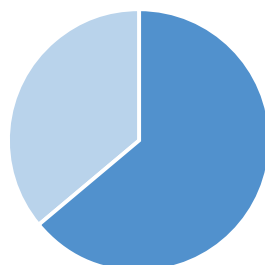
(5%) with various Neurological Disorders

PRE-HOSPITAL HSE AREAS OF RESIDENCE OF INPATIENTS DISCHARGED FROM THE BRAIN INJURY PROGRAMME



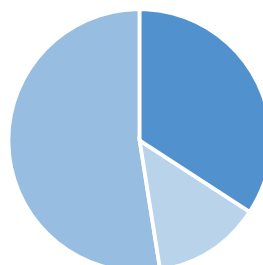
HSE Dublin Mid Leinster	37%
HSE Dublin North East	22%
HSE South	20%
HSE West	21%

GENDER OF INPATIENTS DISCHARGED FROM THE BRAIN INJURY PROGRAMME



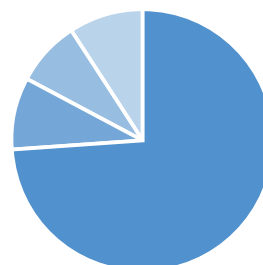
Male	64%
Female	36%

AGE PROFILE OF INPATIENTS DISCHARGED FROM THE BRAIN INJURY PROGRAMME



Average age	46 years
Lower age range	18 years
Higher age range	70 years

DISCHARGE LOCATION OF INPATIENTS FROM THE BRAIN INJURY PROGRAMME



Home	74%
Acute Care Hospital	9%
Residential Care	8%
Other	9%

Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE PROGRAMME

Indicator	Target Set – 2010	Outcome 2010	Note / Trend
Average Days Waiting for Admission	A target was set that the average days waiting for admission would be less than 90 days	61 days	Most patients are admitted well within 90 days, but patients with more significant or complex care needs may 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	85% and 60% completion rates respectively	Considerable progress was made during the year with a rise in completion rates
Incidence of Positive Change in Outcome Measures at Discharge	90% of patients would show a positive change in the Modified Barthel and DRS at discharge	83% and 87% showed positive change respectively	
Average Score Change in Outcome Measures at Discharge	Patients would improve on average by at least 10 points as measured on the Modified Barthel	16 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	62 days	This average was consistent throughout the year
Discharge to Home Rate	75% of patients would be discharged to home	74%	9% of patients were discharged back to an Acute hospital, 8% to residential care and 9% to other destinations

Programme Goals Achieved in 2010

The most significant achievement for the programme in 2010 was its ratification in August as a Specialty Brain Injury Programme by the Commission on Accreditation for Rehabilitation Facilities (CARF) International. This led also to the formalisation of the Brain Injury Outpatient and Home & Community Based services as part of the programme.

The programme reviewed its current standardised outcomes measures in October 2010 based on information obtained from an international conference on Outcomes in Brain Injury Rehabilitation. A new goal for 2011 will see the introduction of the internationally regarded Functional Independence Measure.

In 2010 the programme further developed its Stroke and Brain Injury Awareness for Family and Friends support programmes and these have been delivered with great success throughout 2010.

The Brain Injury Programme hosted a number of exciting events during Brain Awareness Week in March 2010. Our theme this year was 'Get Connected' and the week culminated in the Brain Injury team hosting a one-day conference event for medical and allied health professionals from throughout Ireland. We were delighted to welcome Professor Ian Robertson, Trinity College Institute for Neuroscience as our guest speaker.

Late in 2010 and with great delight the programme welcomed the introduction of a Music Therapy service for adult brain injured patients in the inpatient service.

The programme achieved international recognition for its Disorders of Consciousness service in early 2010 with representation at the World Congress in Brain Injury in March. It has now embarked on a significant benchmarking project with the British Society of Rehabilitation Medicine (BSRM) for the Disorders of Consciousness service.

BRAIN INJURY PROGRAMME

Programme Manager

Valerie Twomey is the Brain Injury Programme Manager at NRH.

Medical

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

REFERRALS

Consult referrals from the Neurosciences in Beaumont are managed by Drs. Delargy and Morgan. ABI referrals are also managed by Drs. Carroll and McElligott at St. Vincent's University Hospital and AMNCH, Tallaght. Dr. Éimear Smith from the Spinal Cord System of Care Programme at NRH reviews most ABI patients referred from the Mater Hospital. Each consultant also receives written referrals from regional hospitals. Referrals are also received from Cork University Hospital which is one of the two major neurosciences centres in Ireland, along with Beaumont Hospital.

BRAIN INJURY LIAISON SERVICE

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

Clinical Services within the Brain Injury Programme

NURSING

ST. BRIGID'S WARD

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

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 2010, the Nursing and Therapy team formulated and commenced a schedule to improve interdisciplinary teamwork with consistent and effective carryover of therapy strategies by Nursing staff. This process has also highlighted the vital input of the Health Care Assistant (HCA) staff in the attainment of patient goals.

All staff have attended Crisis Prevention and 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, and spinal cord injured patients are now also being admitted to this ward. Volunteers play a fundamental role on the ward providing activities and company for patients in the evenings.

St. Camillus' ward is managed by **Mary Bolger, 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 sometimes cares for a small number of spinal cord injured patients. In 2010 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.**

CLINICAL NEUROPSYCHOLOGY

The Psychology Service to the Brain Injury Programme provides 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

NUTRITION AND DIETETICS

The majority of referrals to the Nutrition and Dietetics service come from the Brain Injury Programme. In 2010 referrals undertaken increased by 6%. The Dietitians are involved in patient and family education including the Brain Injury Awareness for Families and Friends (BIAFF) and Stroke Awareness for Families and Friends (SAFF) sessions. The Dietitians also participated in the 'Meet the Experts Day' during Brain Injury Awareness Week, with a joint Dietitian and Speech & Language Therapist workshop on Nutrition & Swallowing.

OCCUPATIONAL THERAPY

During 2010 the Occupational Therapists working in the Brain Injury Programme reviewed the content and format of a number of therapeutic interventions offered with a view to more effectively addressing the needs of this patient group.

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 2010 guidelines were developed for Occupational Therapists working with this patient group, who are not trained in the SMART assessment tool.

EDUCATIONAL DEVELOPMENTS

Occupational Therapists working in the Brain Injury Programme designed and delivered a course entitled 'Paths to Recovery: Occupational Therapy for Acquired Brain Injury' in June 2010. 50 delegates from around the country attended the course, which aimed to provide Occupational Therapists with evidence based education regarding the assessment and treatment of patients with ABI.

The team were also delighted to host Braintree Training delivering a two day 'Cognitive Rehabilitation' course and it is planned to repeat this event in 2011.

PHYSIOTHERAPY

As in 2009, consistent physiotherapy staffing at an appropriate level within the BI programme has been a major issue in 2010. While some cover was provided for leave, it was by more junior staff. Overall, there was a huge impact on service delivery and in some instances a reduction of treatment slots for patients.

A number of visits were made to units throughout the country during the year to aid the training of staff to assist with transition of care. This serves to help educate a greater number of staff on the treatment of patients with complex brain injury in a contextual setting. In this regard, it is envisaged that the current collaboration with the Brain Injury liaison co-ordinator will increase.

The complexity of the patient population has been increasing in line with dependency. Throughout 2010, 40% of Brain Injury patients referred for physiotherapy required the input of two or more therapists to deliver appropriate / effective treatment.

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.

The policy of Day Assessments on St. Patrick's ward continued in 2010. This has been beneficial in introducing prospective patients to the ward and staff as well as assessing the suitability of the service for their clinical need.

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 Strategies for Crisis Intervention and Prevention (SCIP) Programme. All Social Workers in the programme are involved in the Stroke Awareness for Family and Friends (SAFF) programme which is run four times per year. In 2010 a new programme for Carers of Traumatic Brain Injured patients was introduced. The Programme will be reviewed by the Carer Training Team in 2011.

The Fair Deal Legislation - To date it is proving very problematic for families of young people who need nursing home care to access this 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. As a result an increasing number of our patients are having to return to Acute Hospitals due to no provision of an onward care pathway. This is an issue which we addressed in 2010 and will continue to do so as a priority.

There continues to be a number of patients admitted with ABI following incidents of attempted suicide particularly into the high dependency service. Cases of patients with severe brain injury are extremely complex and require a high level of social work input.

Due to the demand for Social Work support to the Brain Injury outpatient service, with a particular demand for adjustment counselling, the social work service has re-organised its staffing and has allocated a social worker to the Outpatient service on a half time basis.

SPEECH & LANGUAGE THERAPY

Inpatient Brain Injury Service – Initiatives in 2010 included:

Close liaison between the Rehabilitative Training Unit (RTU) and the Speech & Language Therapy (SLT) Service. In 2010 the SLT service facilitated regular work experience placements for trainees from the Rehabilitative Training Unit. These placements focussed on the portering of patients from the wards to their therapy appointments.

Continued specialist development in Augmentative and Alternative Communication (AAC) and Assistive Technology (AT). An exciting area of progress is the availability of communication software for the iPad & iPhone.

Establishment of two regular SLT Groups: News Group and Aphasia Group:

- The News Group provides patients with high level language and / or speech difficulties with an opportunity to practice their communication goals in a group setting while discussing current and personally relevant topics.
- The Aphasia group provides patients with moderate to severe aphasia with an opportunity to practice their communication strategies within a group setting.

The SLT services provided regular cover to the Disorders of Consciousness Service in 2010.

The Supporting Partners of People with Aphasia in Relationships and Conversation (SPPARC) educational programme for families was held twice in 2010.

The SLT Manager was involved in the working group for the development of Policies, Procedures, Guidelines and Service Level Agreements for the engagement of Interpreting Service for patients, and also for Sign Language Interpreting Services for staff and patients at NRH.

Outpatient Brain Injury Service – Initiatives included:

Continuation of the 'Living with Aphasia' Group. The goals of this group include learning from others about life with aphasia and increasing conversational skills. In 2010 the use of an outcome measure was introduced and used at initial and final sessions.

Community Outing Performance Appraisal (COPA) was published in manual and assessment format. This is a joint initiative between SLT and Occupational Therapy (OT).

In 2010 the Meet & Teach Group continued and feedback from participants remained very positive.



Section 2

NRH Rehabilitation Programmes

SPINAL CORD SYSTEM OF CARE (SCSC) PROGRAMME





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



Eugene Roe
Programme Manager,
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 Barre Syndrome as similar principles of rehabilitation apply to these conditions.

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

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

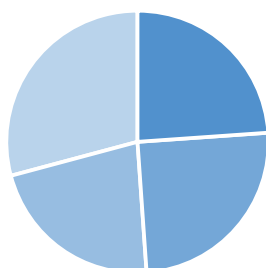
Patient care and treatment is delivered by an interdisciplinary team with overall clinical responsibility led by the Medical Director of the programme, Dr. Jacinta McElligott in collaboration with Consultant Dr. Éimear Smith.

Demographics, Activity and Outcomes for Inpatient Services – 2010

DEMOGRAPHICS & ACTIVITY

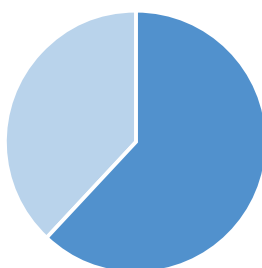
In total 167 persons were discharged in 2010 from the SCSC Programme. Of these, 154 patients were admitted for the first time to the SCSC Programme.

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



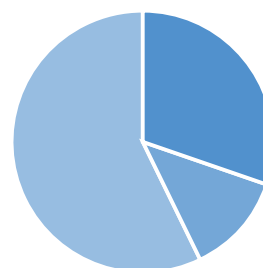
HSE Dublin Mid Leinster	24%
HSE Dublin North East	25%
HSE South	22%
HSE West	29%

GENDER OF PATIENTS DISCHARGED FROM THE SCSC PROGRAMME



Male	62%
Female	38%

AGE PROFILE OF PATIENTS DISCHARGED FROM THE SCSC PROGRAMME



Average age	46 years
Lower age range	19 years
Higher age range	86 years

Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE PROGRAMME

Indicator	Target Set – 2010	Outcome 2010	Note / Trend
Average Days Waiting for Admission	The target was set that patients would be admitted within 50 days	The average days waiting for admission was 38 days	81% of patients were admitted within the target of 50 days
Average Rehabilitation Length of Stay (LOS)	The target was set for average admission length of stay would be less than 90 days	Average LOS was 77 days	The LOS in the SCSC Programme is negatively impacted by a small number of patients who waited for long periods to access onward care
Delayed Discharges	The target was set that less than 10% of bed days will be lost to Delayed Discharge in 2010	This target was met with 10% of bed days lost to Delayed Discharge in 2010	Delayed Discharges are patients who have completed their rehabilitation programme and are medically fit for discharge
Discharge to Home Rate	The target was set that 75% of patients would be discharged to home	84% of patients were discharged home	Less than 3% of patients were discharged back to Acute hospitals

Programme Goals Achieved in 2010

- In 2010 the SCSC Programme underwent survey and successfully achieved CARF Accredited Specialty Programme Status.
- In 2010 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 Outpatient multidisciplinary clinic for spinal injured patients.
- The SCSC Education Group continued to work on the development of patient and family education resources and intend to produce a revised version of the Education Programme in early 2011.
- A very well attended Information Day was held in May focussing on 'Research and New Developments in Spinal Cord Injury'. This joint venture with SII will now become an annual event on the SCSC Programme.
- Dr. John Steeves, University of British Columbia, Vancouver, Founding Director of ICORD (International Collaboration on Repair Discoveries) visited the programme for two days and spent time with both staff and patients.
- In March, Dr. Brett Smith from The Peter Harrison Centre for Disability Sport at Loughborough University gave a talk to staff entitled 'Spinal cord injury, well being and the possibilities of narrative medicine'.

SPINAL CORD SYSTEM OF CARE PROGRAMME

Programme Manager

Eugene Roe is the SCSC Programme Manager.

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. Planning began in 2010 to upgrade ward facilities and it is hoped that work will begin in 2011.

Feedback from patients throughout the year was consistently positive.

Due to the Ash Cloud in April 2010, the National Rehabilitation team were unable to travel to the Inter Spinal Games in Stoke Mandeville, UK. However, weather permitting, the NRH team will attend the games in 2011.

Significant fund raising was undertaken 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. Éimear Smith are the Rehabilitation Consultants responsible for the spinal cord injury programme. Dr. McElligott is subspecialty board certified in spinal cord injury medicine and is the Medical Director to the NRH Spinal Cord System of Care programme. Dr. Éimear 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.

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 of 16 beds caring for spinal injured patients. Staff provide training and education for patients, families, public health nurses and community carers in how to care for those with spinal cord injuries.

2010 saw on-going training and in-house education of staff to ensure compliance with our Accreditation standards and HIQA requirements.

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

OUR LADY'S WARD

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

2010 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, an average of 3 beds have been allocated to the SCSC programme.

St. Camillus' ward is managed by **Mary Bolger, 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 co-ordinators act 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. A database of 1700 SCI patients is maintained.

CLINICAL PSYCHOLOGY

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

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

OCCUPATIONAL THERAPY

Due to the high dependency levels of the quadriplegic patient group, one-to-one Occupational Therapy sessions are required to facilitate progress towards rehabilitation goals. As the staff : patient ratio in the service remains at 1:11, it was difficult at times to balance the need for individual one-to-one therapy sessions while ensuring that patients received the frequency of intervention required.

Our links with the therapy services in other spinal units in the UK, particularly through the Heads of Therapies' quarterly meetings, has been a very valuable forum for gaining access to a range of educational opportunities specific to this area of practice. Links with 'Aspire' a UK based spinal injuries charity, also facilitated new learning for both volunteers and therapists. ASPIRE continue to support the Occupational Therapy team through the provision of new assistive technologies.

NUTRITION & DIETETICS

The dietitians provide Nutrition & Dietetic services to patients after Spinal Cord Injury. The majority of referrals are for weight management. Other reasons for referral include pressure sore management, bowel management, undernutrition, modified consistency diets, hyperlipidaemia and enteral tube feeding. Referrals from the SCSC programme increased by 12% in 2010.

PHYSIOTHERAPY

The total number of SCSC patients treated by Physiotherapy this year decreased by approximately 7%. This is as a result of a reduction of SCI beds to 35 (3 beds were re-allocated to the Brain Injury Programme). It also reflects delayed discharges of highly dependent SCI patients due to a reduction in the care packages in the community.

2010 saw an increase in complete injuries in both quadriplegic and paraplegic patients (32% increase compared with 2009). 61% of quadriplegic and 64% of paraplegic patients had incomplete spinal cord injury. Patients with other neurological conditions resulted in further complexities with many of the patients having secondary conditions or issues, for example progressive conditions and psychological conditions.

There was also an increase in the number of patients over 65 years being admitted to the service and requiring a more intense treatment approach with progress tending to be slower and discharge issues being more complicated.

Physiotherapists continue to contribute to the SCSC patient education pack and in 2010 completed a section on Upper and Lower Limb Stretching; this is to be followed in 2011 with sections on Seating and Health Promotion. The SCSC team are working together to develop definitive interdisciplinary approaches to treatment and aim to improve carryover at ward level to ensure continuation of treatment by adopting a 24/7 approach

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. Social Workers attend programme planning meetings and work 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 even further effects on the amount of funding available for services such as personal assistants, essential equipment, adaptation grants, discretionary payments and long term care. This results in limiting the options open to young people with a spinal injury in terms of living independently. This leads to increased stress on relationships and psychological well being within the family system.

SPEECH & LANGUAGE THERAPY

Cover is provided to the Inpatient SCSC Programme by the Senior Clinician in Dysphagia. The majority of referrals are for the management of voice and swallowing difficulties following high level cervical spine injuries and tracheotomy. In 2010, two additional patients were referred with co-occurring language impairments.

THE VOCATIONAL PROJECT

The Vocational Project is an interagency pilot programme between the NRH, the HSE and Spinal Injuries Ireland. In 2010 the project continued to offer a range of services to inpatients and an expanded role in outpatient reviews and outreach follow-up.

The Vocational Programme is now an integrated part of Goal Setting Conference for patients in the SCSC Programme. During 2010, 60 patients were seen.

- **Vocational Workshop:** A one day vocational workshop was held in 2010 where in patients and past patients were invited to attend. A number of presentations were delivered on the day. These included presentations by Fiona Ryan, Occupational Therapist, John O'Connor, Employment Officer FÁS Dun Laoghaire and six former patients who had returned to work or study and who spoke about their experiences.
- **Work Site Visits:** This service is offered under the Vocational Programme. Where it has been availed of it has formed a crucial link in facilitating a transition back to work or training / education. Two work site visits were carried out with employers in 2010.
- **Outreach Follow-up:** In 2010 there was a substantial increase in the number of patients who were not yet ready or willing to engage in the vocational programme while in the Inpatient service. The programme, in line with CARF Accreditation standards offered a follow-up service to this group.
- **FÁS Visits:** Inpatient visits to the local FÁS Training Centre in Loughlinstown continued in 2010 and provided patients with an overview of FÁS training courses and services available to people with disabilities.

FUTURE PLANS AND CHALLENGES FOR THE VOCATIONAL PROJECT:

The vocational team continues to adapt a problem-solving approach in working to improve the employment and training opportunities for patients in the SCSC Programme. We aim to respond to suggestions and recommendations from patients and service providers in order to improve the service and maximise the potential.

In keeping with the commitment to persons with SCI, those discharged from the hospital remain under the care of the Vocational Programme leading to a growing number of people requiring support and follow-up.



Section 2 NRH Rehabilitation Programmes

PROSTHETIC, ORTHOTIC AND LIMB ABSENCE REHABILITATION (POLAR) PROGRAMME





Dr. Nicola Ryall
Medical Director of POLAR Programme



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

In 2010, the throughput of inpatients for the Programme again marginally increased compared with the previous two years. Challenges continued in relation to the overall budgetary situation and the marked delay within some HSE areas to sanction limbs for patients.

In 2010 the POLAR team prepared for, and successfully achieved, Amputation Specialty Programme accreditation in the Inpatient service. During the process, the programme also sought to implement, where possible, specialty standards throughout the continuum of care. The significant work for POLAR to achieve specialty accreditation was in the extended education standards, the provision of peer support, outcomes information and prosthetic specific information in the patients' portable profile. Peer support is now available through re-established links with Amputee Ireland, and several former patients also provide peer support, facilitated through the volunteer programme.

The strategic partnership with Ability Matters continues to assist the programme in responding quickly to changing service needs. The service is delivered through a strategic service level agreement and is being developed to ensure a smooth and uninterrupted level of service to patients when Ability Matters move the manufacturing element of the service off-site. All Prosthetists will continue to be based at NRH to continue the provision of Prosthetic and Orthotic Clinics on the NRH Campus and also at the regional satellite clinics.

Significant changes took place in the Prosthetic Department in 2010 with the retirement of five senior staff members including the Prosthetic Manager, Senior Prosthetist, two Leatherworkers and a Prosthetic Technician.

In December, we were delighted to welcome Dino Christodoulou, Ability Matters Prosthetic Manager to the POLAR Programme.

In summary, work continued in unifying the processes between the inpatient and outpatient service. The programme continued to develop in preparation for a further Specialty Accreditation survey in 2011.

Section 2

NRH Rehabilitation Programmes

PROSTHETIC, ORTHOTIC AND LIMB ABSENCE REHABILITATION PROGRAMME

DEMOGRAPHICS, ACTIVITY AND OUTCOMES FOR INPATIENT SERVICES - 2010

DEMOGRAPHICS & ACTIVITY

Types of Amputations

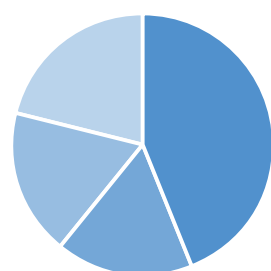
Types of Amputation	Numbers 2009	Percentage of Admissions 2010	Numbers 2010
Above-knee amputations	46	43%	44
Below-knee amputations	31	45%	46
Bi-lateral lower limb amputations	12	8%	8
Hemipelvectomy	1	1%	1
Upper limb amputations	2	3%	3
Loss of four limbs	0	0	0
TOTAL	92	100%	102

102 persons were discharged in 2010 from the POLAR Programme compared with 92 persons discharged in 2009.

POLAR Programme Outcomes for 2010

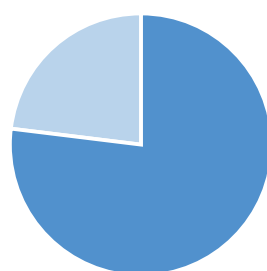
Although the programme seeks to serve people across the continuum of care, the outcomes below relate only to inpatient services for 2010.

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



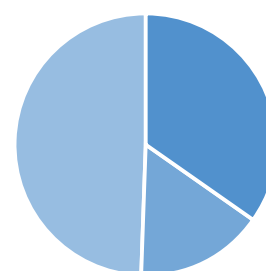
HSE Dublin Mid Leinster	44%
HSE Dublin North East	17%
HSE South	18%
HSE West	21%

GENDER OF PATIENTS DISCHARGED FROM THE POLAR PROGRAMME



Male	77%
Female	23%

AGE PROFILE OF PATIENTS DISCHARGED FROM THE POLAR PROGRAMME



	2009 (YEARS)	2010 (YEARS)
Average age	58	62
Lower age range (in the Adult Service)	21	28
Higher age range	88	88

Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE PROGRAMME

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

Indicator	Target Set – 2010	Outcome 2010	Note / Trend
Average Days Waiting for Admission	A target was set that 80% of patients would be admitted within 90 days	97%	This figure is a considerable improvement on that of last year when 88% were admitted within 90 days of referral
Completion of the Outcome Measure	95% completion of both the admission and discharge Modified Barthel	83% completion rate	Progress has been made compared with a completion rate of 67.7% in 2008; this will be a key area of focus in 2011
Incidence of Positive Function Score	90% of patients would show a positive change in the Modified Barthel at discharge	82% of patients showed a positive change	17% remained unchanged and 1% showed negative change <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 70 days	56 days	This is compared with 43 days average length of stay for 2009
Discharge to Home Rate	75% of patients would be discharged to home	91% of patients were discharged home	94 patients were discharged home in 2010, 5 were referred to acute hospitals while 3 went to residential care/other

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 low.

PROSTHETIC, ORTHOTIC AND LIMB ABSENCE REHABILITATION PROGRAMME

Programme Goals Achieved in 2010

The Programme achieved CARF accreditation Speciality status for the Inpatient service in 2010. In addition, the following goals were achieved:

- Further development of the patient education programme.
- Planning for provision of an Outpatient Therapy service to enable the POLAR Programme to seek speciality Accreditation for the Outpatient service.
- Submission to the Capital Works committee to advance the provision of Interdisciplinary treatment areas.
- Continued provision of Satellite Clinics despite a number of staff being absent on long term sick leave.
- Development of the NRH prosthetic Clinic in Cork as part of the reconfiguration of services in HSE South.
- Major project undertaken regarding the archiving of Healthcare Records and planning for the reorganisation of storage of Prosthetic Healthcare Records to conform to the National Hospital's Office Standards.

Programme Manager

The POLAR programme manager post is held by Dorothy Gibney. 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 either as outpatients at various clinics in Dublin and at the Satellite clinics; or those needing admission for further assessment, gait training and related issues were admitted as inpatients 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.

LINKAGES BETWEEN NRH AND HSE SOUTH

As part of the reconfiguration of services in the HSE South, the completed application form in respect of the permanent appointment of an NRH Consultant in Rehabilitation Medicine to be based in Cork, was submitted to the HSE South.

Work continued in 2010 on the major capital project to convert the old Accident and Emergency Department in the Mercy University Hospital in Cork into the new Consultant Led Prosthetic and Orthotics Clinic. This clinic will be a modern, well designed facility capable of supporting regional prosthetic and orthotic clinical needs and will be the HSE South hub to the Strategic Partnership arrangements between NRH and Ability Matters.

Clinical Services Within The POLAR Programme

PROSTHETIC SERVICE

Production by Limb Type

Type of Prosthesis – Lower Limb	2010	Type of Prosthesis – Upper Limb	2010	Clinic Attendances	2010
Hip disarticulation	2	Above Elbow	4	NRH Consultant led clinics	876
Above Knee	61	Below Elbow	27	NRH Prosthetist led Clinics	900
Knee disarticulation	4	Socket	14	Cork Consultant led clinics	409
Below Knee	116	Other appliances	7	Satellite clinics	615
NSKT (new socket)	111	Total	52	Total Prosthetic Clinic Attendances	2,800
Appliances	6			Total Orthotic Clinic Attendances	918
Total	300			TOTAL Outpatient attendances	3,718

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 Bolger, 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 injured patients. 2010 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.

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

CLINICAL PSYCHOLOGY

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

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

NUTRITION AND DIETETICS

In 2010, referrals to the dietitian from the POLAR programme increased by 8%. Weight management, diabetes and renal disease continue to be the main reasons for referral. As well as individual patient education, the dietitian also delivers group education sessions to patients from the POLAR Programme. These 'Healthwise' talks focus on healthy lifestyles for long-term health gain.

PHYSIOTHERAPY

2010 saw more consistent numbers of patients being admitted to the programme. To accommodate this, the physiotherapy staffing allocated to the POLAR Programme was increased to 1.5 WTE (1 senior and .5 staff grade). This level of staffing has allowed greater flexibility in the service particularly in times of planned or unplanned leave

Towards the end of the year the physiotherapy caseload from the POLAR Programme was weighted towards younger and more active patients. The hydrotherapy department began a twice weekly amputee class in October which is proving both popular and very beneficial.

Another very welcome development has been a physiotherapy input into Friday outpatient clinics. Our senior therapist attends the clinic and her caseload is picked up by outpatient staff.

Since October physiotherapy has had the availability of a prosthetist for 2 mornings a week for joint sessions in the gym which is working extremely well, in terms of reviewing patients' progress and being more responsive if changes need to be made to prostheses. It also gives greater opportunity for interdisciplinary learning.

There continues to be a high volume of patients treated daily and also a high turnover of patients on a monthly basis.

OCCUPATIONAL THERAPY

The Occupational Therapy service to the inpatient POLAR Programme is provided through multi-therapy sessions whereby a number of patients are treated together facilitating shared learning and peer support. Occupational Therapists also continue to participate in interdisciplinary sessions with colleagues in the POLAR programme, on both an ad-hoc and formal basis.

During the year, Mary O'Colmain, Senior Occupational Therapist attended the 'Conference of the International Society of Prosthetic and Orthotics' in Germany.

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 and training for the POLAR Programme and this continues to be a key project area for further development.

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

SPEECH & LANGUAGE THERAPY

The Speech & Language Therapy service provides audiology and dysphagia consults to patients from the POLAR programme. In 2010, 2 patients attended SLT for the management of speech, language and/or voice issues.



Section 2 NRH Rehabilitation Programmes

PAEDIATRIC FAMILY-CENTRED REHABILITATION (PAEDS) PROGRAMME





Dr. Hugh Monaghan
Consultant Neuropaediatrician
(Retired in April 2010)



Mary Cummins
Programme Manager,
Paediatric Family-Centred Rehabilitation



Dr. Susan Finn
Consultant Paediatrician

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

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

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

The rehabilitation needs of the children and adolescents referred can be assessed by the Paediatric Family-Centred Rehabilitation (PAEDS) programme team on an inpatient/day patient or on a limited outpatient basis.

The primary/initial interdisciplinary assessments are usually carried out through a 2 week admission which may be followed by a period of individual, goal focused rehabilitation.

The intensive interdisciplinary rehabilitation interventions can be offered on an inpatient/day patient basis.

The PAEDS Programme team also provide an interdisciplinary follow-up/review rehabilitation service to children and adolescents as they grow and develop through childhood. At later developmental milestones they may experience difficulties as a consequence of their illness/injury and further assessment/advice may be needed. Again, these services can be provided on an inpatient/day patient or limited outpatient and outreach basis.

The Objectives of the Paediatric Programme are:

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

Demographics, Activity and Outcomes for Paediatric Services – 2010

DEMOGRAPHICS & ACTIVITY

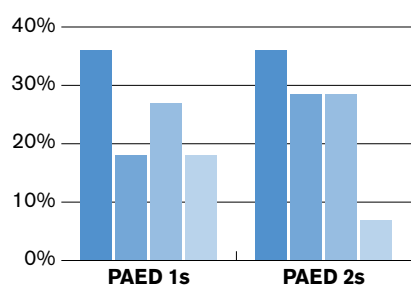
Patient Activity

In 2010 the Paediatric Family-Centred Rehabilitation programme discharged 92 patients from the service. 36 of the 92 were new patients to the programme and 56 had been previously admitted.

Type of Rehabilitation Admission	Description	Number in 2010
PAED 1	Children and adolescents discharged from in-patient assessment and a period of intensive rehabilitation (covered by the CARF Accreditation CIIRP standards)	22
PAED 2	Initial assessment only	14
PAED 3	Interdisciplinary review	21
PAED 4	Neuropsychological assessment / review only	4
PAED 5	Prosthetic limb introduction/training	5
PAED 6	Interdisciplinary review via groups as part of "Summer Review Project"	18
PAED 7	Brief re-admission for a burst of intense rehabilitation	3
PAED 9	Music Therapy Daypatient	5
	Total	92

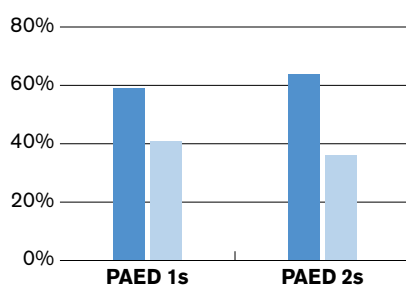
For the 22 'PAED 1' and 14 'PAED 2' children and adolescents, the following table shows the breakdown of pre-hospital HSE areas of residence, gender and age profile of patients discharged from the Programme in 2010:

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



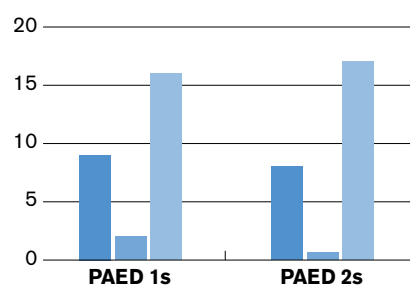
	PAED 1s	PAED 2s
HSE Dublin Mid Leinster	36%	36%
HSE Dublin North East	18%	28.5%
HSE South	27%	28.5%
HSE West	18%	7%

GENDER OF PATIENTS DISCHARGED FROM THE PROGRAMME



	PAED 1s	PAED 2s
Male	59%	64%
Female	41%	36%

AGE PROFILE OF PATIENTS DISCHARGED FROM THE PROGRAMME



	PAED 1s	PAED 2s
Average age	9 years	8 years
Lower age range	2 years	8 months
Higher age range	16 years	17 years

Of the 36 new patients seen and discharged from the PAEDS programme in 2010, the spread of diagnoses is as follows:

	Traumatic Brain Injury	Brain Infection	Stroke	Brain Tumour	Other Brain Injury	Traumatic Spinal Injury	Transverse Myelitis	Other Spinal Injury	Limb Absence	Neuropathies	Total
PAED 1	9	2	1	4	2*	1	0	2	0	1	22
PAED 2	7		2	2				1	1	1	14
Total	16	2	3	6	2	1	0	3	1	2	36

* Aneurysms

It is worth highlighting the causes of the **Traumatic Brain Injury** in the 16 new patients

RTA* Passenger	RTA Pedestrian	RTA Cyclist	Fall	Assault	TOTAL
PAED 1	9	2	1	4	2*
PAED 2	7		2	2	
Total	16	2	3	6	2

* Road Traffic Accident – RTA

Of the 56 previously admitted patients who received a review / follow-up type service from the PAEDS Programme during 2010 the spread of diagnosis is as follows:

	Traumatic Brain Injury	Brain Infection	Stroke	Tumour	Other Brain Injury	Traumatic Spinal Injury	Transverse Myelitis	Other Spinal Injury	Limb Absence	Total
PAED 3	5	5	1	1	1		3	2	3	21
PAED 4	1			1	1	1				4
PAED 5									5	5
PAED 6	7		3			3	1		4	18
PAED 7	1	1				1				3
PAED 9		1			1	1			2	5
Total	14	7	4	2	3	6	4	2	14	56

PAEDIATRIC FAMILY CENTRED REHABILITATION PROGRAMME

Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE PROGRAMME

For the PAEDS Programme in 2010 the indicators and outcome targets shown in the table below were chosen to demonstrate the effectiveness of the service provided to PAED 1 patients admitted to the Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP).

Indicator	Target Set – 2010	Outcome 2010	Note / Trend
Discharge to Home Rate	75% of PAED 1 patients would be discharged to home	97% were discharged home	
Waiting for Admission to Rehabilitation	80% of PAED 1 patients would be admitted within 90 days	100 % were admitted under 90 days	The average waiting time for admission was 14 days
Average Rehabilitation Length of Stay	Average length of stay from admission date would be less than 90 days	Average length of stay was 38 days	
Delayed Discharge rate	Target set that less than 1% of bed days available to the Programme would be lost due to delayed discharges	1.4% (92 days)	92 days were lost to the service as a result of one patient being in a delayed discharge situation as they were unable to return home when ready for discharge because of an inadequate level of services available in the community
Completion of the Outcome Measure	95% completion of both the admission and discharge NRH Paediatric Barthel Measuring Sheet	82% completion rate for PAED 1s	
Incidence of Positive Function Score	90% of PAED 1 patients would show a positive change in the NRH Paediatric Barthel Measuring Sheet at discharge	68% of patients showed a positive change	9% (2 patients) scored the same relatively high score at both admission and discharge
Patient Satisfaction	40% of Inpatient Satisfaction Surveys will be completed	12% completion rate	A Quality Improvement Plan is being designed to improve the possibility of an increased rate of return

In addition to the patients admitted to the hospital as detailed above, 24 patients were also seen by the Paediatric programme staff as outpatients during 2010. Of these outpatients, 8 were seen at the newly established Interdisciplinary Spinal Clinic, led jointly by Dr. Susan Finn, Consultant Paediatrician and Dr. Éimear Smith, Consultant in Rehabilitation and Spinal Cord Injury.

Overall Paediatric Patient Activity Figures for 2010 are higher than those for 2009. This is significant taking into account the additional work also undertaken to develop and provide the new comprehensive interdisciplinary spinal outpatient clinics.

Programme Manager

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

The Programme Manager is responsible for the day-to-day operational management of the Paediatric service. A primary focus of the 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, Consultant Neuropaediatrician responsible for the clinical delivery of paediatric medical rehabilitation services for many years retired in April 2010. Dr. Monaghan's wide medical experience and knowledge will be greatly missed by patients, their families and staff. Dr. Monaghan was a respected advocate for paediatric services and took great pride in the commitment of the Paediatric Team and encouraged all to fulfil and develop individual potential. Everyone at NRH wishes Dr. Monaghan a very happy retirement.

The Paediatric Family-Centred Programme has been very fortunate in that **Dr. Susan Finn**, Consultant Paediatrician has now been appointed to take over the Clinical Lead responsible for Programme. Dr. Finn's primary medical position is with the National Children's Hospital at Crumlin, and also has clinical responsibilities with Enable Ireland.

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.

The Programme has also been well served by Non Consultant Hospital Doctors allocated to the Programme in 2010.

An Operational Forum for the Paediatric Programme and the NRH School has been established to support the effective delivery of rehabilitation services to children and adolescents. The membership of the operational group will be the Chief Executive Officer (or Deputy), the Programme Manager, the Chair of the School Board and the Principal of the School.

Summary of key issues/milestones in 2010

- Dr. Monaghan's retirement and the appointment of Dr. Susan Finn have been very important milestones for the PAEDS Programme.
- A **"Jamming for Music Therapy"** a fundraising concert/social evening to raise funds for the Music Therapy service at NRH was held at the Royal Marine Hotel in Dun Laoghaire in May. Numerous performers, staff and volunteers donated their time in support of the Music Therapy service for children and adolescents at NRH. Barry Andrews, then Minister of State for Children attended and over 200 staff, patients and friends enjoyed a wonderful evening of entertainment. Music Therapist Rebecca O'Connor choreographed the musical entertainment and gave a short presentation on the role of Music Therapy in rehabilitation at the event.
- In September the PAEDS Programme staff, including Dr. Finn, held a **"PAEDS DAY"** to plan service developments and identify training needs. A number of initiatives were put in place with staff volunteering to help in the formulation of projects such as:
 - written pathways for Brain Injury and Spinal Injury patients (Limb absence to follow)
 - improving information sharing with patients and their families
 - developing a protocol for appropriate/timely transition of patients to adult services
 - identifying, or designing, an interdisciplinary paediatric rehabilitation outcome measure
 - developing staff training in the area of managing and responding to challenging behaviour

PAEDIATRIC FAMILY CENTRED REHABILITATION PROGRAMME

- **Summer Review projects** continued during 2010. These included the following:

- Review week for Teenage boys with ABI (5 days)
- Review for Teenage girls with ABI (3 days)
- Review with both boys and girls with a spinal cord injury (5 days)
- 'Baby Day' for children with limb absence (1 day)

The emphasis for the Summer Review Project is placed on reviewing the rehabilitation needs of the young people via group based activities. Therapeutic group interventions are designed to enhance social and relationship skills. Parents too are offered support and peer group sessions.

The numbers attending were not as high as in some previous years. Managing the summer project weeks and balancing the deployment of team resources into the future will be a challenge as patients in the process of being referred for admission in 2011 indicate a need for ongoing intensive rehabilitation input throughout the summer.

The benefit of group based activity weeks for children and adolescents as they grow and develop are established in terms of the young people adjusting and adapting to their changed abilities. The team is exploring with community/voluntary agencies the possibility of similar paediatric services being developed jointly outside of the intensive rehabilitation hospital setting.

- **Patients Services Review** – The PAEDS team, particularly the Programme Manager and Angela Browne, secretary, have been contributing to the process to improve the patient services administration systems and processes across the hospital.

- **Fundraising**

In 2010, the Paediatric Programme continued to be very fortunate to receive donations and fundraising monies from a variety of sources in support of the Music Therapy service, including funds raised by:

- St. Patrick's National School in Dalkey
- The Jamming for Music Therapy Concert in May
- Aidan Trant, social work student, and his Probation Service colleagues, who held a fundraising social evening
- Tony O'Connor, a patient from one of the NRH Adult Rehabilitation Programmes
- Family and friends of Grace McCann, patient of the Paediatric Programme
- St. Cronan's Boys School in Bray
- Lizanne and Gordon Barry (parents of Sorcha Barry, Physiotherapist at NRH) who held a friends and family variety show at Christmas and donated all monies raised to the Music Therapy Service for children at NRH.

Clinical Services within the Paediatric Family-Centred Programme

NURSING

Yvonne Owen CNMII proudly describes the paediatric nursing staff as "a hard working, dedicated, compassionate nursing group that give great support to the patients and their families". She also acknowledges the support and care of the nursing staff who offer cross cover to the Paediatric Programme from St. Gabriel's ward.

The nursing group is fortunate to have had the opportunity to attend paediatric specific nursing education forums and it is hoped to continue to avail of these excellent educational opportunities to maintain high quality, research based nursing care.

CLINICAL NEUROPSYCHOLOGY

The Clinical Neuropsychologist provides this integral part of the rehabilitation service for children and adolescents. She provides in-depth neuropsychological reports vital to the young persons' successful return to, and continuation in, individually appropriate education frameworks. The Clinical Neuropsychologist works as part of the Interdisciplinary Team, including the NRH School, and has been joined by a Clinical Psychologist in training for 12 months.

MUSIC THERAPY

The Music Therapy service has increased for an extra half day per week. The Music Therapist, Rebecca O'Connor, has for the first time been joined by a student music therapist on placement from the Limerick professional music therapy course.

Music Therapy has continued to thrive and sufficient fundraising money has been raised to specifically extend the music therapy service on a 0.5 wte basis until the end of September 2011. A weekly group session for all children is provided by the Music Therapist and the Occupational Therapists to enhance communication and social skills. This is in addition to the individual/interdisciplinary therapy sessions provided to children and adolescents.

NUTRITION & DIETETICS

The dietitians provide one session per week to the paediatric programme. A number of the patients seen during 2010 have had significant feeding issues as a result of their acquired disabilities.

OCCUPATIONAL THERAPY

Occupational Therapy (OT) Treatment sessions take place in the paediatric gym, the multi-sensory room and the playground or group room with Music Therapist. Also the OTs join with the School, Speech and Language Therapist, Physiotherapist or Psychologist as needed. The Occupational Therapy kitchen and woodwork shop are allocated to the Paediatric Programme at certain times, as is the OT garden.

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

PHARMACY

The Pharmacy service liaises closely with the Consultant Paediatrician, NCHDs, nursing staff and families regarding all medication dispensing and related educational issues.

PHYSIOTHERAPY

The Paediatric Physiotherapy service operates from 9am to 1pm, Monday to Friday. The service continues to be delivered by a Senior Physiotherapist and a rotating Basic Grade Physiotherapist with experience in the core areas of Spinal Cord Injury and Brain Injury Rehabilitation.

In 2010 the service was staffed by Sinead Foody, SORCHA Barry and Mairead Navin. SORCHA left the service in September but continues to develop the Paediatric Physiotherapy service in her capacity as Senior Physiotherapist in Sports and Fitness Therapy.

As in previous years, extended rotations and the placement of a senior basic grade therapist in paediatrics minimised disruptions to the service while the Senior Physiotherapist attended an 8 week educational course.

Physiotherapy staff have been integral in the setting up of the new multi-disciplinary outpatient paediatric spinal cord injury clinics and also in the provision of the Lokomat service to complex paediatric patients in 2010.

The Physiotherapy outpatient service at NRH reserves four hours a month for paediatric patients already known to the service, and with acute needs. These hours are currently being used to support the Multidisciplinary Paediatric Spinal Cord Injury Clinic.

PROSTHETICS AND ORTHOTICS

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

SOCIAL WORK

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

Some parents and children visit the PAEDS service prior to admission and are introduced to the service by the social workers and nursing staff.

The social workers in the PAEDS programme provide child protection information and training across the NRH.

Social Work students have also made a very important contribution to the work of the PAEDS programme in 2010.

Principal Social Worker, Anne O'Loughlin has reduced the amount clinical input to the PAEDS Programme while she takes up a teaching role at UCD. Sheila MacGowan, Acting Senior Social Worker has joined Ghyslaine Brophy to provide a full social work service to the Programme.

SPEECH & LANGUAGE THERAPY

The Paediatric Programme receives a Speech and Language Therapy (SLT) service from two senior therapists, Stephanie Forde and Niamh O'Donovan.

Communication difficulties that children and adolescents have presented with include disorders in speech, voice, receptive and expressive language, reading and writing, pragmatics, cognitive linguistics, and fluency.

Therapy is provided in collaboration with the family, the child/adolescent where appropriate and the interdisciplinary Paediatric Programme and involves individual and small group therapy sessions.

EDUCATION PROVIDED BY SPEECH AND LANGUAGE THERAPISTS TO THE PAEDS SERVICE INCLUDES:

- education of child/adolescents and families about brain injury and their specific communication difficulties.
- provision of advice, guidelines and strategies to minimise the impact of communication difficulties.
- education and the provision of advice, guidelines and strategies to the child's/adolescent's community SLT and school about brain injury and their specific communication difficulties.
- home programmes for weekends and holidays.

TECHNOLOGY

Software programmes were employed by the SLT's and the SLT assistants to supplement formal treatment sessions and to encourage independent patient practice.

CLINICAL EDUCATION

In 2010 both SLT's on the Paediatric Programme were involved in the clinical education and supervision of 4 student SLT's from Trinity College, Dublin.

CHILDREN IN HOSPITAL IRELAND VOLUNTEERS

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



Section 3

Clinical Services Provided Across All Programmes



Eilish Macklin
Director of Nursing



Dr. Simone Carton
Head of Clinical Neuropsychology



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



Anne O'Loughlin
Principal Social Worker



Kim Sheil
Dietitian Manager



Dr. Jacintha More O'Ferrall
Consultant in Occupational Health



Dr. Paul Gueret
Consultant in Occupational Health



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 2010

- Rosealeen Clarke, CMNII, Infection Control
- Gerry O'Reilly, Health Care Assistant, POLAR Programme
- Mona McLnerney, Receptionist

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

Continuous Professional Development

Nursing and non-nursing staff in the Department undertook continuous professional development and training programmes during 2010. Staff participated in mandatory in-house training and attended various study days and conferences to update their skills. In-house training included: Hand Hygiene, Catheterisation and Bowel Training, Basic Life Support (BLS), Moving and Handling, Fire Training, Complaints Training, Computer Courses, HACCP Food Hygiene training, and SCIP (Strategies in Crisis Intervention and Prevention).

I take this opportunity to thank Stephani MacDarby and Valerie O'Shea, Assistant Directors of Nursing for their help, support and hard work during 2010.

I thank all the members of the nursing and non-nursing staff for their continued help and support, especially the Clinical Nurse Managers for their dedication to patient care and the development and maintenance of standards of care. I also thank for their time and hard work, all those who serve on various hospital Committees, especially Accreditation and Hygiene, Infection Prevention and Control committees during 2010. Thanks also to Michael Sheridan Nursing Support Officer, for his assistance, and to Derek Greene for his availability, advice and support during 2010.

NURSING EDUCATION DEPARTMENT

LIZ CROXON AND CATHERINE O'NEILL
CLINICAL FACILITATORS

Undergraduate and Post-graduate Student Placements.

DEGREE STUDENTS

The Hospital continues to accommodate students from University College Dublin; 68 students, including 8 Erasmus were facilitated in 2010. One medical student came from Germany to undertake a nursing placement and two social studies students attended for three months.

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 2010.

Post Graduate Student Placements

Specialist Postgraduate clinical placements:- five post graduate students undertaking the Accident and Emergency Course at Tallaght Hospital were accommodated for clinical placement in 2010. In addition, four students undertaking the Orthopaedic Care and two undertaking the Gerontology Course at TCD were facilitated.

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

NRH staff including Registered General Nurses and Health Care Assistants continue to receive training in management of the neurogenic bowel. Throughout 2010 requests continued to increase from Directors of Public Health Nursing, Planning and Development units, Continence Advisory Services, and Nursing and Cheshire Homes. The Department supported this need and facilitated training for a total of 97 community staff both RGN and HCAs. This study day achieved Category 1 approval by an Bord Altranais.

Male Catheterisation Training

This education and training programme continued for NRH nursing staff and community nurses. The policy and training will be updated in 2011 when the new SARI Guidelines are launched.

Ongoing Developments

IV STUDY DAY – ADMINISTRATION OF INTRAVENOUS MEDICATION FOR NURSES

IV Training and practical assessments for Registered Nurses in the NRH continued in 2010 and was expanded to include deltoid injections. To date 69 RGNs have undertaken the course and 54 have been certified competent. This study day achieved Category 1 approval by an Bord Altranais.

FOUNDATION COURSE FOR HEALTH CARE ASSISTANTS (3 DAY)

To meet the educational needs of Health Care Assistants, a formal foundation course is facilitated and delivered by the Education and Nursing Departments. Feedback from HCAs attending the course continues to be very positive.

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).

Educational Lectures

Ongoing educational talks continued throughout the year. These include, but are not limited to:

- Insulin and insulin devices
- Update on Diabetes
- Training for Falls Prevention policy
- Assisting with Hand Hygiene Training and Audits

Hospital Library

In 2010, two hospital volunteers began auditing the contents of the library; we are fortunate that one of the volunteers is a qualified and experienced Librarian. Journal requisitions are handled by the Nursing Education Department.

INFECTION CONTROL DEPARTMENT

EMER SHEPHERD

ROSALEEN CLARKE (RETIRED IN OCTOBER 2010)

CLINICAL NURSE SPECIALIST – INFECTION CONTROL

In October 2010 the Infection Prevention and Control Nurse, Rosaleen Clarke, retired and was replaced by Emer Shepherd, Clinical Nurse Manager II – Infection Prevention and Control.

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

Infection Prevention and Control Committee

In 2010, the Hygiene Committee and Infection Control Committee were merged to form the Hygiene / Infection Prevention and Control Committee.

Surveillance of Infections

Surveillance forms a major component of the Infection Prevention Programme within the NRH. The Infection Prevention and Control team is responsible for undertaking daily surveillance, monitoring various alert organisms and infections within the hospital.

The following organisms/infections come under the Terms of Reference for this Surveillance: **MRSA and Clostridium Difficile**

Clinically significant bloodstream infections

The data from surveillance is maintained by the Infection Prevention and Control Nurse.

Quarterly Updates on surveillance figures are provided to the Hygiene / Infection Prevention and Control Committee and to the Safety and Risk Committee. Infections caused by alert organisms and acquired in the NRH are notified to the Risk Management Department.

Outbreaks / Incidents

Protocols are in place whereby any outbreak of infection within the NRH is managed in accordance with the NRH Management of Communicable Diseases Outbreak Plan 2010 and laboratory notification of notifiable diseases reported to the Department of Public Health.

Policies and Guidelines

A number of policies were developed and amended in 2010. A process of consultation is undertaken involving a wide range of key stakeholders and guidelines are then ratified through the Hygiene / Infection Prevention and Control Committee.

The following policies / protocols were implemented and/or amended in 2010:

- NRH Policy and Procedure for the Management and Treatment of Patients Colonised or Infected with MRSA.
- Communication of new MRSA results from SVUH to Infection Prevention and Control Nurse.
- Hand Hygiene policy reviewed in 2010.
- Policy for decontamination of Reusable Invasive Medical Devices (RIMD)
- Standard Operating Procedure (SOP) for the pre-cleaning of endoscopes

Education

Hand Hygiene Education was facilitated by Hand Hygiene Champions, Nurse Education and the Infection Prevention and Control Nurse throughout 2010. In addition, the IPC Nurse provided the following education to Medical, Nursing, Therapy, HCA and administration staff in 2010, this included:

- Hand Hygiene
- IV Study Day
- Standard Transmission Based Precautions – commenced October 2010
- Hygiene Audit Education – commenced October 2010

CSSD

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

OUTPATIENTS DEPARTMENT

CLAIRE LOUGHNANE CNM11

SUSAN HOLMES, STAFF NURSE

MARCELLA WHELAN, HEALTH CARE ASSISTANT

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

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

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

SEXUAL HEALTH SERVICE

PAULINE SHEILS

CLINICAL NURSE SPECIALIST IN SEXUAL HEALTH AND ILLNESS/DISABILITY

The Sexual Health Service 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 fertility programmes are also run through the HARI unit of the Rotunda Hospital. Without the work of both Mr. Flynn and the HARI unit it would be impossible to provide these programmes. The reward of this work was seen once again in June 2010 when one of our patients who sustained a spinal cord injury nineteen years ago became father to a beautiful baby girl.

The CARF accreditation survey report recognised this service as demonstrating exemplary conformance to the CARF Standards and a valuable resource that is not usually seen in other rehabilitation outpatient programmes. The NRH was commended for employing a nurse dedicated to addressing the sexual health issues of our patients with disability.

The patient, with or without their partner, continues to be the focus of the service which provides support and counselling in relation to the impact of the illness/disability on their sexuality, relationships, sexual function and fertility issues.

Again there was an increase in service provision (from 140 patients in 2009 to 169 in 2010). A number of patients attended for psychosexual counselling which is a specialist service provided.

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 with the majority of referrals coming from the Spinal Cord System of Care Programme. Staff continued the provision of a quality patient-centered service for our patients, some of whom have attended this service for up to 40+ years post injury.

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

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

URODYNAMICS CLINIC

A total of 151 Urodynamics procedures were performed during the past year, including both inpatients and outpatients.

FLEXIBLE ENDOSCOPY

This service is progressing very well and a total of 29 procedures were carried out in 2010.

SUPRAPUBLIC CATHETER (SPC) INSERTION

This service has commenced for selected patients who have the SPC inserted under local anaesthetic.

CATHETER CLINIC

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

DROP-IN CLINIC

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

Referral

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

Telephone Triage

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.

CLINICAL NEUROPSYCHOLOGY

DR. SIMONE CARTON
HEAD OF CLINICAL NEUROPSYCHOLOGY

The Department of Psychology at the National Rehabilitation Hospital provides psychological services across all four Rehabilitation Programmes: Brain Injury Programme, Spinal Cord System of Care, POLAR Programme and the Paediatric Family-Centred Programme.

Services provided

The Clinical Psychology services at NRH include assessment, clinical intervention, evaluation, consultation and collaboration with relevant agencies, both clinical and academic.

A comprehensive range of clinical evaluations and psychotherapeutic interventions are provided with a focus on the following:-

- Neuropsychological status, assessment of premorbid abilities, capacity and decision-making ability and ability to return to education or work.
- Assessment of mood and behaviour.
- Psychotherapeutic and psychological interventions to ameliorate cognitive, emotional and personality changes that may be experienced by patients.
- Consultation and education and psychotherapeutic support to patients and as appropriate to families, carers, other health care professionals and relevant external agencies, for example schools and support services in the community.

Psychology personnel provides clinical expertise to the following services at NRH:

- Neurobehaviour Clinic
- Behaviour Consultancy Forum
- Behaviour Meetings
- Ethics Committee
- Executive Committee
- SCSC Education sub-committee
- Goal Planning Group
- Research and Audit

Services/developments completed in 2010

- Psychology contribution to the development of the brochure 'Getting the most out of Rehabilitation' in conjunction with the Stroke Awareness for Family and Friends
- An education module 'Managing your Mood after Limb Loss' was developed for patients from the POLAR Programme.
- Psychology contributed to providing information and services regarding Acquired Brain Injury in Childhood to various agencies including BRÍ, the Road Safety Authority, Youthreach, Headway Ireland, the Department of Education and Science and An Garda Síochána.

Key issues/milestones in 2010

A key issue for the Psychology Service is the discordance between the number of Clinical Psychologists employed at NRH and what is recommended by for example, the British Society of Rehabilitation Medicine (BSRM) and the ever increasing requests for Psychological services from the seven Consultants in Rehabilitation Medicine at NRH. Our current compliment of personnel is 30% of what is recommended by BSRM. Efforts have been made in 2010 and will continue in 2011 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). Such 'management processes' invariably lead to feelings of frustration at the difference between what the patient and their carers require and what can realistically be delivered. Obviously the status of the nation's current finances is acknowledged but arguably it must be appreciated that patients' psychological needs following acquired and traumatic injury and diagnosis are often the issues that are most disabling into the longer-term.

Research

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

Patricia Byrne was co-investigator for:

- *Self Regulation of Goals and Psychosocial Adjustment to Amputation.*
Doctoral thesis in preparation by Laura Coffey at Dublin City University.

Dr. Simone Carton was co-investigator for:

- *Rehabilitation of Awareness of Deficits in Patients with Traumatic Brain Injury Adopting a User-friendly Computerised Intervention.*
This PhD was completed by Mary FitzGerald in 2010 under the supervision of Dr. Simone Carton and Dr. Paul Dockree at TCD.
- *Cognitive impairments in traumatic brain injury:*
Novel biomarkers for new treatments. This study is ongoing in collaboration with TCD.

Maeve Nolan completed her doctoral thesis in fulfilment for the Doctorate in Clinical Psychology at Essex University entitled *The experience of living with spinal cord injury in the early months following discharge from rehabilitation: A qualitative study on a male sample.*

Publications

Kennedy, P. Smithson, E. **Nolan, M.** 'Psychological Adjustment to Spinal Cord Injury in Ireland: Quality of life, appraisals and coping' submitted to *The Irish Psychologist* (Sept, 2010).

DENTAL SERVICE

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

During 2010 the Dental Unit at NRH continued to provide a dental service for inpatients of the hospital, and also for outpatients with special needs from the Dún Laoghaire area. The dental unit offers mainly a primary care dental service.

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

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

In 2010 Inpatient and Outpatient referrals remained consistent with previous years.

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

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

NUTRITION & DIETETICS

KIM SHEIL
DIETITIAN MANAGER

The Department of Nutrition & Dietetics staffing complement remains at 2 whole time equivalents. The total number of referrals undertaken by the department in 2010 increased by 10% compared to 2009.

Nutrition & Dietetic services are provided to inpatients across all programmes. The majority of consultations took place on a one-to-one basis.

The service includes:

- Assessment of nutritional status
- Estimation of nutritional requirements
- Individualised dietary prescription
- Nutritional advice and counselling, and monitoring of progress
- Liaison with relevant departments, for example Speech & Language Therapy, Catering, Occupational Therapy
- Education of family/carers where necessary
- Provision of appropriate patient-specific literature

Reasons for referral to the Dietitian in 2010 were widely varied. These include but are not limited to:

- Weight management
- Enteral tube feeding
- Modified consistency diets
- Renal diets
- Low protein diet for the management of phenylketonuria

OCCUPATIONAL THERAPY

ANNE MARIE LANGAN

OCCUPATIONAL THERAPY MANAGER

The Occupational Therapy team provide a diverse range of services to inpatients and outpatients under the care of Consultants at the National Rehabilitation Hospital. Our interventions are focused on enabling patients to achieve maximum independence in all aspects of their daily lives including their personal self-care, productive activity or work and leisure pursuits.

The team is structured in a manner that supports the following clinical programmes and specialisms:

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

Members of the Occupational Therapy team also co-ordinate the 'Driving Assessment and Training Service' and the 'Disabled Parking Badge' applications process in conjunction with the Irish Wheelchair Association.

Highlights during 2010 included:

Interdisciplinary Vocational Workshops for patients held in conjunction with the Vocational Programme team for Spinal Cord Injury.

Alison McCann presented a paper at the 8th World Brain Injury Congress in Washington D.C., entitled 'A comparison between informal bedside assessment and the Sensory Modality Assessment and Rehabilitation Technique (SMART) in diagnosing disorders of consciousness'.

The Brain Injury Occupational Therapy team co-ordinated and facilitated an educational day entitled 'Paths to Recovery: Occupational Therapy for Acquired Brain Injury'.

The service hosted a 'Cognitive Rehabilitation Workshop' in October, delivered by Braintree training.

Staffing in the Occupational Therapy service remained relatively consistent throughout the year and although locum cover was not available, management of leave and prioritisation of the caseload ensured the most efficient and effective service provision for patients within available resources.

Discharge Liaison Occupational Therapy

A total of 123 new patients were referred to the service during 2010 in comparison with 131 in 2009. Distribution of referrals by clinical programme remained relatively consistent with the highest number received from the Spinal Injury and Brain Injury Programmes.

Vocational Assessment

The number of referrals to this service continues to increase year on year. At year end, 51 patients are awaiting appointments with the service with an average wait time of 4 months. In an effort to manage this waiting list, the team are prioritising patients who have an identified employment to which they may return.

Outpatient Services

2010 saw an increase of 28% in the number of referrals for outpatient Occupational Therapy compared with 2009. This predominantly reflects an increase in referrals from Consultant led clinics at both NRH and other sites. Referrals for outpatient splinting also increased during the year and at year-end the waiting time for this service is 4 to 6 months.

Occupational Therapy Practice Education

The Occupational Therapy service continues to support practice education for professional students training at Trinity College, NUI Galway and University of Limerick. This commitment of 30 placements per year is co-ordinated by 1 WTE Practice Tutor, Alison McCann, in conjunction with the Practice Education Teams at the Higher Education Institutes (Heist) and the service manager.

During the year, Practice Tutors from Occupational Therapy, Physiotherapy and Speech and Language Therapy worked together to develop interdisciplinary tutorials for students, reflecting the ethos of the service.

PHARMACY

NIAMH COLLERAN
SHEENA CHEYNE
CHIEF II PHARMACIST

In 2010, Niamh Colleran left NRH to relocate to the West of Ireland and we wish her well. Niamh was replaced by Sheena Cheyne, Chief II Pharmacist in August.

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 reconcile all discharge prescriptions with Kardex.
- 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.
- Patients on warfarin are provided with counselling on their medication

Activity Statistics

	2006	2007	2008	2009	2010
Total issues	53,226	55,938	54,365	56,201	56,675
Weekend meds supply	23,923	22,483	23,250	23,515	22,600
Staff prescriptions	783	738	853	978	1,467
Interventions recorded	–	–	–	–	536

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 2010 which are ongoing:

- Attendance at Consultant ward rounds
- Intervention reporting
- Generic substitution of medications
- Prescription audit on patients' admission
- Individual patient dispensing introduced to all wards
- Recording of interventions, in conjunction with Risk Management

The Pharmacy Department continue to work towards being more integrated with the interdisciplinary teams. We look forward to continuing to work towards a more patient focussed pharmacy service across all programmes.

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.

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

2010 was a particularly challenging year for Physiotherapy staff due to the lack of any locum cover for annual leave and prolonged sick leave for several senior staff members.

In addition to the Physiotherapy Service provision to each of the Programmes, the following services were provided:

RESPIRATORY CARE

This service recorded a 35% increase in Monday – Friday attendances compared with 2009 and an 124% increase in the Out of Hours attendances.

Of note also in the service this year was the increase in the number of disorders of consciousness patients treated. These patients present with complex respiratory needs which require intensive input. The respiratory staff also spent a high proportion of their time training carers of patients being discharged into the community. While it is very time consuming, this education is absolutely essential to facilitate continuity of care on discharge.

Section 3

Clinical Services Provided Across All Programmes

FITNESS/SPORTS

The number of patients attending Sports & Fitness remains similar to last year with patient attendances increasing from 8,472 to 8,958.

In conjunction with the Recreational therapist, Sports & Fitness physiotherapists now run monthly trips for patients to a local gym. This gives patients the opportunity to experience working in a gym which is not as accessible as ours. The IWA and FAI continue to run regular basketball, quad rugby and football sessions with our patients and clients from the RTU. We value their support in this.

HYDROTHERAPY

In 2010, the number of inpatients attending Hydrotherapy increased by 13% continuing a year on year growth from 2008. This is largely due to the addition of a 5th treatment slot beginning at 8.45am which was piloted in 2009 and continued through 2010.

Further developments have been the introduction of a twice weekly amputee class which made up 10% of total attendances, also, an initiative from the Brain Injury Clinical Specialist attending joint treatment / training sessions with the Senior Hydrotherapist. These have proven very beneficial and popular.

HEALTH PROMOTION

Health Promotion for Patients:

Tara Lyons continues to deliver a Health Promotion service to patients including:

- Smoking Cessation – all patients who are smokers are offered a smoking cessation course and this year 12 patients partook successfully.
- Relaxation and Pilates sessions are offered on both a group and individual basis and operate throughout the year.

Health Promotion for Staff:

In conjunction with Occupational Health and the Staff Wellness Committee, Physiotherapy staff deliver both Pilates Classes, Ab Attack Classes and a variety of 'Boot Camps' to staff throughout the year. Classes are offered at a wide range of times to facilitate staff from all services in the hospital. This year over 100 staff participated.

SPLINTING

In 2010, there was an increase in the number of complex patients referred to this service which required greater staff involvement in the fabrication of individual splints and / or multiple splints. Due to the aforementioned, and a lack of locum cover for leave and also an increase in managerial / treatment commitments, there was a 12% reduction in the number of inpatient attendances in 2010 and there continues to be a lengthy waiting time for Outpatient splinting appointments.

SAFER HANDLING/ERGONOMIC SERVICE

In total, 37 Safer Handling courses were delivered compared with 26 in 2009.

- Work space assessments including office ergonomic assessments totalled 30.
- Therapeutic handling assessments and Individual patient handling sessions were delivered also.

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

Clinical Practice Tutor

In 2010 a total of 52 students were placed in the Physiotherapy Service for periods averaging five weeks. 48 of these students were from UCD and TCD and 4 were from Thomas Jefferson University, Philadelphia; Manchester University and Newcastle University, UK.

Outpatients

Changes in some of the multidisciplinary team and Consultant led clinics were instigated in 2010 and senior physiotherapists restructured their working hours to accommodate this.

As always, I wish to thank 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. Their consistent good humour and continuing support to me is deeply appreciated.

RADIOLOGY

DR. BRIAN MCGLONE
CONSULTANT RADIOLOGIST

Diagnostic imaging services were provided to the hospital in 2010 by a small team comprising a part time Consultant Radiologist, 1 Radiographer post and a part time Health Care Assistant.

Maeve Harkness, Senior Radiographer at NRH for many years retired in December. Her valuable contribution to the Radiology service and the hospital was acknowledged by a great number of staff who attended a farewell event organised by colleagues.

Radiology services are provided to all inpatient and outpatient Programmes at NRH including the Brain Injury, Spinal Cord System of Care, POLAR and Paediatric Programmes. These 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 NRH

Activity Data

Substantial increases in activity in all areas were recorded in 2010.

Activity	2008	2009	2010
Ultrasound* (by Dr. McGlone)	904	1,205 (33% increase on 2008)	1,624 (35% increase on 2009)
General x-ray	1,465	1,527 (4% increase on 2008)	1,594 (4% increase on 2009)
Staff prescriptions	61	154 (150% increase on 2008)	243 (57% increase on 2009)

The very significant increase in DXA scanning compared to last year is largely thanks to the efforts of Patricia Ryan and Jan Healy.

New Services / Developments

DXA SCANNING

The follow-up DXA scanning service for staff members with abnormal DXA results (at risk of Osteoporosis) commenced in December and will continue in 2011.

The numbers of NRH patients undergoing DXA scanning has increased appropriately given the increased incidence of abnormal results in immobilised patients.

ULTRASOUND

A Clinical Specialist Ultrasonographer, Rosie Conlon, was appointed in December to deal with the increasing workload and to develop the service provided to patients. Increased availability of Ultrasound to patients will further enhance the service delivered and will particularly benefit the urology outpatient service.

ICT

The process of facilitating viewing of x-ray and ultrasound images by medical staff at PCs in the wards and outpatient areas of the hospital was completed in mid 2010 with assistance of the ICT Service. Agfa IMPAX software was installed on 22 PCs in clinical areas around the hospital and relevant instruction / training in its use was provided.

The NRH continues to participate and interact with the NIMIS (National Integrated Medical Imaging System) implementation group. Roll out to the first hospital group is expected in 2011. Dr. McGlone and Dr. Niall Sheehy, Lead Radiologist NIMIS presented a lecture 'NIMIS: what it means for the NRH' at the IARM Annual Scientific Meeting in September – the lecture was very well received.

AUDIT

Dr. Cara McDonagh, SpR at NRH received an award at the IARM for presentation of preliminary findings of the audit of x-rays and ultrasounds in conjunction with the Urology and Radiology Departments. Evidence is emerging that will hopefully allow a reduction in radiation exposure to outpatients who are also having detailed renal and bladder ultrasound performed. Also in 2010 an audit was undertaken of chest X-ray dosage.

RADIATION SAFETY

The Radiation Safety Committee chaired by the Radiologist met twice in 2010 and advised NRH on best practice in relation to radiation safety and compliance with Radiological Protection Institute of Ireland (RPII) requirements and quality assurance measurements. Maeve Harkness was recognised in August for her hard work as outgoing Radiation Safety Office to the hospital at the November meeting.

REHABILITATIVE TRAINING UNIT

EDINA O'DRISCOLL
REHABILITATIVE TRAINING UNIT MANAGER

Service Provision

In 2010 demand increased on the service and scope of the Rehabilitative Training Unit (RTU) programme. We continue to deliver training under the categories of:

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

Additional modules have been developed and objectives of some existing modules have been expanded, with the net result that trainees of the 'Next Stage' Rehabilitative Training Programme are benefiting from a wider range of supports.

The most significant of these developments has been the creation of the Return to Education Programme. A gap in service was identified in relation to a particular cohort of trainees, all with goals of returning to 3rd level education. The purpose of the programme is to help trainees to lessen the functional implications of their acquired brain injury on their ability to resume their education. These issues include difficulties with attention, information processing, executive skills and fatigue, and exploration of specific strategies. Also addressed are education/study skills such as lecture note-taking, assignment preparation, dissertation presentations, exam preparation, assignment designation and discussion, and Learning Log completion. At the end of the programme, each trainee will be given feedback individually and recommendations depending on their on specific education goals.

The demand for the RTU service remains significant with 55 new referrals in 2010. Of these, 25 referrals were for people living outside commutable distances of the unit and therefore requiring accommodation. Our current waiting times for service for trainees requiring lodge accommodation is 7.1 months, while those who can commute or source alternative accommodation are waiting approximately 4 months. The average length of stay on the programme is averaging at 8.8 months, with a range of 1 month-19months.

In 2010, 91.7% of trainees discharged from the RTU were successfully placed in appropriate employment, education, training or assisted services options.

New Services / Developments Launched

- **CREATE Artist in the Community Scheme**

This project, supported by the Arts Council and CREATE, is called 'Mapping the Brain'. It explores the functions of the brain through unconventional methods of drawing. Artist Marie Claire Cassidy, a former trainee of the RTU, is leading the project and feedback from staff and trainees alike has been very positive to date. The project will culminate in a professional exhibition in early 2011.

- **RTU Sports Module**

In 2010 Leinster Rugby became involved in running a tag-rugby programme with the trainees. The programme was very well received by trainees who participated in the tag rugby games. Leinster Rugby, with the RTU staff and trainees wrote an article on the programme which was published in both local and national newspapers.

Milestones for the RTU Service

As part of the Brain Injury Programme, the 'Next Stage' Programme was surveyed as both a Home & Community Based programme and as a Vocational Programme in pursuit of CARF Accreditation in 2010. The RTU was identified as one of the strengths of the Brain Injury Programme, affording trainees the opportunity to achieve 'optimum functioning and possibility to return to a productive life'.

We also continue to facilitate in Garda Students on community placements, Counselling Psychology (PHD) students and Occupational Therapy students and have given presentations/information sessions on the RTU to the Board of Management and representatives from Headway Ireland.

SOCIAL WORK

ANNE O'LOUGHLIN
PRINCIPAL SOCIAL WORKER

Professional Social Work is focussed on problem solving and change management. At the NRH we work 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.

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

- Pre-admission planning for complex cases
- Psychosocial assessment of the patient / family situation, resources and goals
- 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 Child Protection Officer role within the interdisciplinary team
- 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

Since September 2010 Principal Social Worker, Anne O'Loughlin has been released on a temporary basis to lecture part time on the Masters in Social Work Programme in University College Dublin. Closers links between the training college, practitioners, and research continue to be a key aim of the Social Work Profession

SPEECH & LANGUAGE THERAPY

AISLING HEFFERNAN

ACTING SPEECH & LANGUAGE THERAPY MANAGER

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

Activity

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

Year	Total Inpatient and Outpatient Attendances
2010	8176
2009	7891
2008	7394

SLT Dysphagia Service

This service is provided to inpatients from all Programmes. Referrals for video-fluoroscopy and fiberoptic endoscopic evaluation of swallowing (FEES) are made to other hospitals where indicated. Increasing demand for supervision of peers / students engaging in dysphagia training led in 2010 to the provision of supervision for one student enrolled in the MSc in Dysphagia in TCD and for two staff members enrolled in the Basic Course in Adult Acquired Neurological Dysphagia.

Summary of other achievements for the SLT Department in 2010

- January 2010 saw the formal launch of the NRH Audiology Screening Service which is available both to inpatients and outpatients and also to children above the age of 9 years. This service determines the need for ENT (Ear, Nose Throat) referral for further comprehensive diagnostic audiometry. A total of 42 patients had their hearing screened in 2010.
- Another major achievement for the department was the successful running of our third Valentine Ball charity event in conjunction with An Garda Síochána. Monies raised this year were shared between the SLT and Social Work (MSW) Departments. Funds raised go towards direct patient benefits.
- The SLT Service is committed to supporting clinical education for undergraduate students. Currently, this arrangement is primarily with Trinity College Dublin. In 2010 the NRH offered placements to 14 SLT students. An additional 4 students attended as part of a cross pillar initiative with the Mater Hospital. This initiative demonstrates the patient's journey from acute care to rehabilitation.

EDUCATION AND TRAINING DELIVERED BY NRH HEALTHCARE PROFESSIONALS

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

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

In addition to the extensive Clinical Placements facilitated by NRH, which are outlined in each departmental report, the following education was delivered in 2010:

Service / Department	Education Delivered by NRH Staff Members
Medical	Detailed in Medical Board Report
Nursing	Detailed in Nursing Report
Catering Department	<ul style="list-style-type: none"> • Basic Food Hygiene training delivered to all Health Care Assistants, Occupational Therapy and Speech and Language Therapy staff.
Infection Prevention and Control Department	<ul style="list-style-type: none"> • Hand Hygiene. • Intravenous Study Day. • Standard and Transmission Based Precautions. • Hygiene Audit Education. • Education provided to all CNM2's and HODs on the Environmental Audits in conjunction with Environmental Health & Safety Officer and CNMIIs.
Nutrition & Dietetics	<ul style="list-style-type: none"> • Clinical training of undergraduate dietitians.
Occupational Health	<ul style="list-style-type: none"> • Strategies for Crisis Intervention and Prevention (SCIP) Training. • Participation in staff induction programmes. • Smoking Cessation Facilitation.
Occupational Therapy	<p>Conference Presentations:</p> <ul style="list-style-type: none"> • <i>The role of Occupational Therapists working with clients with challenging behaviour and acquired brain injury</i> – Maura Kelleher. • <i>Vocational Assessment at the National Rehabilitation Hospital</i> – Catherine Logan. • <i>The challenges of interdisciplinary goal setting in practice</i> – Anne Marie Langan. • <i>Post Traumatic Brain Injury Fatigue: Finding a Focus</i> – Fiona Haughey. • <i>A comparison between informal bedside assessment and the Sensory Modality Assessment and Rehabilitation Technique (SMART) in diagnosing disorders of consciousness</i> – Alison McCann. • <i>A case of refractory dressing apraxia following non-dominant hemisphere embolic infarction</i> – poster authored by Fiona Haughey in conjunction with Dr. Jacinta Morgan and Dr. Paul Byrne (Won best poster at the conference of the Irish Association of Rehabilitation Medicine). • <i>Challenges for the person with Brain Injury on return to work</i> – Catherine Logan. • Catherine Logan and Fiona Ryan were invited to present at the HSE funded 'Interdisciplinary Stroke' Training Days. • A comprehensive Departmental in-service training programme runs fortnightly in the Occupational Therapy service.

Service / Department	Education Delivered by NRH Staff Members
Physiotherapy	<ul style="list-style-type: none"> • Bobath Introductory Modules. • Continued involvement by Lesley Corcoran with Stroke Awareness for Family and Friends (SAFF) and Brain Injury Awareness for Family and Friends (BIAFF) training. • Catherine Cornall and Jane Culligan delivered a practical study day to Physiotherapists in Mayo General Hospital on Disorders of Consciousness. • Several team members presented at the Chartered Physiotherapists in neurology and gerontology (CPNG) AGM/Study day. • John Lynch presented at the Inaugural NRH/TCD Research Forum meeting. • Amanda Carty presented at the Irish Association of Rehabilitation Medicine (IARM) study day on Spasticity and also at the Research and New Developments in Spinal Cord Injury day run by NRH.
Psychology (Clinical Neuropsychology) Department	<ul style="list-style-type: none"> • Strategies for Crisis Intervention and Prevention (SCIP). • Stroke Awareness for Carers Programme.
Radiology	<ul style="list-style-type: none"> • Radiology tutorials were delivered by Dr. Brian McGlone to NCHDs as part of the clinical interdisciplinary teaching programme.
Risk Management	<ul style="list-style-type: none"> • Ongoing staff training is organised through Risk Management. In 2010 these included: <ul style="list-style-type: none"> – Fire Safety Training. – Hand Hygiene / Standard Precautions in conjunction with Hygiene/Infection Prevention and Control. – Safer Handling (in conjunction with Physiotherapy). – Strategies in Crisis Intervention & Prevention (SCIP). – Learn Pro E-learning Programme for Blood Transfusion Practices. – Decision Driving. – Wheelchair Safety in Vehicles. – Chemical Safety Awareness. – Safe Pass. – Occupational First Aid. – Medical emergency scenario.

Section 3

Clinical Services Provided Across All Programmes

Service / Department	Education Delivered by NRH Staff Members
Rehabilitative Training Unit	<p>Community placements were provided by the RTU for Garda Students, Counselling Psychology (PHD) students and Occupational Therapy students.</p> <p>Presentations and information sessions on the RTU were delivered to the NRH Board of Management and also to representatives from Headway. In addition, Staff of the RTU have provided training to:</p> <ul style="list-style-type: none"> • Family members, Community Rehabilitation Assistants and the VEC – including 'train the trainer programme' for the VEC adult literacy services. • 3rd level education institutes (including access officers). • Provision of brain injury specific guidelines/supports for community disability services including National Learning Network and PCCC teams.
Social Work	<p>Professional training placements/lectures delivered by Medical Social Work in 2010 include:</p> <ul style="list-style-type: none"> • Masters Programme in Social Work, UCD. • Medical Students (2nd year Disability Module), UCD. • FETAC Rehabilitation Module. • Social Work Programme, TCD. • Specialist Stroke Team training on the Impact of Stroke on Families (HSE). • Acquired Brain Injury Ireland Carer Training Project (national). • Acquired Brain Injury Ireland Induction programme. • BRÍ/Spinal Injuries Ireland Carer Events (national). • Children First Training. • Crisis Prevention Intervention (CPI). • Grief and Loss, HCA training, NRH. • NCHD Training, NRH. • Volunteer Training Programme, NRH. <p>Since September 2010, Anne O'Loughlin has been released on a temporary basis to lecture part-time on the Masters in Social Work Programme in University College Dublin.</p>
Sexual Health Service	<p>Education and training was requested from outside agencies and provided to:</p> <ul style="list-style-type: none"> • Enable Ireland (four workshops). • RUA Project, St. John of Gods. • Dublin City University, Masters in counselling course. • Irish Cancer Society : Prostate Cancer and sexuality. • St. Michaels House.

Service / Department	Education Delivered by NRH Staff Members
Speech & Language Therapy	<p>External Presentations Delivered:</p> <ul style="list-style-type: none"> • <i>Management of Dysphagia in the Rehabilitation Setting</i> – Aneesa Ally. • <i>Management of Communication Disorders in the Rehabilitation Setting</i> – Joan Monahan. • <i>Dysphagia in the Rehabilitation Setting to dentists doing the Special Care Dentistry module</i> – Aneesa Ally. • <i>Dysphagia in the Rehabilitation Setting</i> – Aneesa Ally. • <i>Working as a Speech & Language Therapist in Australia</i> – Aisling Heffernan. <p>Internal Presentations Delivered:</p> <ul style="list-style-type: none"> • Face 2 F.A.C.E. (Facilitating Aphasics in Communicating Effectively) training. • Niamh O'Donovan & Stephanie Forde helped to organise the Transition Year Education and Information Day. • Stephanie Forde co-presented a Neurobehavioural Talk on Interdisciplinary Working with Music Therapy.



Section 4 Corporate and Support Services



Liam Whitty
Catering Manager



John Fitzgerald
Materials Manager



Emer Shepherd
CNMII Infection Prevention
and Control



Bernadette Lee
Risk Manager



Rosemarie Nolan
Communications Manager



Dr. Jacinta Morgan
Chairperson, DDMBA



Sister Catherine O'Neill
Chaplaincy



Fr. Michael Kennedy
Chaplaincy



Colm Jackson
School Principal



Audrey Donnelly
Patient Services Manager



John Maher
Information Management
and Technology Manager



Gerry Coyle
Technical Services Manager



Maryrose Barrington
Volunteer Coordinator



Lisa Held
Health Planning Team Leader



Edina O'Driscoll
Rehabilitative Training
Unit Manager



Olive Keenan
Human Resources Manager

CATERING

LIAM WHITTY
CATERING MANAGER

The Catering Department provides catering services to the wards, patients' canteen, staff canteen, coffee shop and all meetings and events hosted by the hospital. In total, twenty seven 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 and the launch of the Road Safety Authority pre-Christmas road safety campaign which was held in the hospital.

The Catering Department provided a total of 198,437 meals in 2010, including 13,600 Meals on Wheels. The cost of providing catering services to the hospital was €621,528 (excluding wages) and the income was €414,839.

Congratulations to Rory White who qualified with a BA in Culinary Arts.

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 100% 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 2010 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 2010 were achieved and will be updated for 2011.

CHAPLAINCY

FR. MICHAEL KENNEDY, CSSP

SR. CATHERINE O'NEILL, SISTER OF MERCY

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

Fr Michael Kennedy CSSp, and Sr. Catherine O'Neill, Sister of Mercy, continued the tradition in 2010 of providing spiritual and pastoral care to patients, staff and visitors. A number of designated Chaplains from other faiths provide spiritual care for members of their faiths while they are in the hospital. Reverend Ferren Glenfield of the Church of Ireland ministers to patients of his Church on a voluntary basis as does Susan Dawson from the Presbyterian Church.

The Pastoral Team

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

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

Chapel Services

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

Visiting Patients

The Chaplains visit patients in the wards on a regular basis. Patients can also be seen in the Chaplain's Office located opposite the Chapel. The Chaplains are available to meet patients on request to assist in meeting any needs that may arise.

Training and Education

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

Pastoral Students

Pastoral training and experience is offered to students from various religious institutions. This year a clerical student from St. Patrick's College Maynooth came to the hospital each week to carry out work on the wards, supervised by a member of the Chaplaincy Team,

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, Induction for new staff and the Multicultural working group.

Challenges

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

COMMUNICATIONS

ROSEMARIE NOLAN
COMMUNICATIONS MANAGER

The overall aim of the NRH Communications Strategy is:

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

The Communications Committee met on a monthly basis in 2010. The committee continually work and strive towards creating an environment within the hospital in which effective 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.

In 2010 we carried out the following Communication Surveys and Audits:

Audit of the NRH CASCADE System

Our CASCADE system was designed for disseminating information internally throughout the hospital by Print, Electronic and Person to Person formats. An audit on this system was carried out in 2010. An action plan will be devised from the recommendations from the analysis report and will be included in the hospital's Communications Strategy 2011 – 2013.



General Communications Audit – how effectively are we communicating at NRH?

This audit was designed by Paul Enright, member of the Communications Committee, as part of a Degree in Business Administration. We were delighted to utilise this audit tool and as above, an action plan based on the recommendations from the analysis report will be included in our Communications Strategy 2011-2013.

Ad Hoc Patient and Staff Surveys

During the year a number of Ad Hoc Surveys were carried out; these were undertaken to elicit views of patients, staff and visitors on the following topics:

- Information contained in the Patient Information Booklet
- Design and formatting of the Patient Information Booklet
- Views on options for the new logo
- Preference in terms of certain terminology to be contained in hospital information literature

Other systems developed to facilitate two-way communication in the hospital include:

Hospital Notice Board Systems

Dave Donoghue, a member of the Communications Committee employs his technical and artistic expertise in keeping the electronic notice boards consistently relevant, appropriate and current according to the hospital's policies and guidelines.

“TALKTIME”

These short informal 'low tech' (no electronic presentations) information sessions held on the first Thursday of each month remained popular in 2010 and most were very well attended.

Comments & Suggestions System

A summary report of comments and suggestions received, and details of any changes implemented as a result, was published and circulated to patients and staff. In 2010, the numbers of Comments & Suggestions remained consistent, the total was 145 in 2010 compared with 147 in 2009.

New Developments in 2010

In 2010 we were delighted to formally present the hospital's new logo and Website (www.nrh.ie). This 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.

Media

Enquiries from the media 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 December 2010, the Road Safety Authority launched their pre-Christmas Road Safety Campaign at NRH. The President of Ireland, Mrs. Mary McAleese attended, as did the RSA Chairman, Mr. Gay Byrne. Three new road safety awareness advertisements were launched at the event; Dr. Áine Carroll was featured in one of these, in which she highlighted the incidence of serious life-changing injuries caused as a result of road traffic accidents.

RTE Documentary

In 2010, with the support of the Board, filming for a planned RTE Documentary commenced. The programme aims to follow some patients and their families through their rehabilitation journey and their personal experiences of living with an Acquired Disability. Patients and families from all four Programmes, a number of trainees from the Rehabilitative Training Unit, and NRH medical, nursing, and therapy staff from all areas of the hospital were involved. On the last day of filming we held a 'farewell' coffee morning for the RTE Documentary crew at which we had an opportunity to thank them for their interest in the hospital and also to thank the patients, their families and all staff for their participation in the filming. The documentary is due to be aired in Autumn 2011.

I wish to thank Sarah Homan, Breege Egan and Éimear 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 of Health.

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). 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.

Activity in 2010

2010 has seen a huge increase in appeal applications compared with earlier years. 698 new appeals were lodged; appointments were offered to 610 individuals at 18 clinics. 352 attended for review. 46 appellants (13% of those reviewed) were successful in obtaining a Board Medical Certificate at appeal. The current waiting time for appeal review at the end of 2010, is in the order of ten weeks.

Future developments

We will hold 24 review clinics at the NRH in 2011 and are continuing to refine and streamline our procedures with a review to reducing the DNA (Did Not Attend clinic) rate. Requests from appellants outside of Dublin have waned, however, we are willing to hold regional clinics in the future if there is sufficient demand.

HUMAN RESOURCES

OLIVE KEENAN

A/HUMAN RESOURCES MANAGER

The HR Department provides a broad range of people management services to the Hospital and our objective is to provide a professional and effective service to managers and staff.

Recruitment and Staffing

The moratorium and employment ceiling continues to pose a challenge for Hospital Management as they try to comply with our agreed ceiling, which has been reduced during 2010, while at the same time maintaining safe patient care, and satisfactory and agreed service levels for our stakeholders.

The HR Department appreciates that the imposition of these restrictions on employment caused considerable difficulties and challenges for services. We continue to work with each Department Head in relation to the specific needs of their services and consideration is given for posts which are deemed essential to services.

Training and Education

TRAINING GRANTS

The Cost Containment Group approved 134 applications for training grants and refunds in 2010. It also approved study leave to a total of 207.5 days for the year. In addition to this funding, further allocation of funds was used in support of journals and subscriptions, to assist in the continuing professional development of staff. The Hospital also supported a number of group training days as part of core competencies across a number of Departments and Programmes.

INDUCTION

The Corporate Induction content was redesigned in 2010 and the process reviewed in terms of how Corporate Induction links in with and complements the Departmental and Programmatic Induction programmes.

ICT TRAINER PROJECTS & COMPUTER TRAINING

Computer training continued throughout 2010 and has been very successful in up-skilling NRH support staff. A number of NRH support staff built on the skills learned during the introductory courses completed in 2009 and completed and passed ECDL modules in Word processing, Excel, PowerPoint applications. We congratulate the staff on all their efforts and feel it will prove beneficial to both themselves and the hospital in the future.

In 2010 it was decided to expand the computer training hospital-wide to include all interested Staff members. A total of 856 hours training was undertaken by 256 participants in a range of Microsoft Office courses.

Employee Relations

2010 proved to be an eventful and, at times, difficult year in the industrial relations area.

PUBLIC SECTOR INDUSTRIAL ACTION

In January there was a campaign of Industrial Action by Trade Unions against Government imposed pay cuts on Public Servants introduced in Budget 2010. As part of a national campaign of non co-operation, the Hospital was mainly affected with a periodic ban on answering telephones and the provision of certain information relating to activity and some key financial data being withheld during the work to rule. The formal ratification of the Public Service Agreement 2010-2014 by the Public Service Committee of the ICTU ended the campaign of Industrial Action in June.

I would like to take this opportunity to thank our local union representatives, department heads and staff for their help and co-operation with contingency planning to ensure that there was minimal impact and disruption to our patients at that time.

Accreditation

COMPETENCY ASSESSMENT

Annual Competency Assessments for all staff members is a requirement to meet our CARF* accreditation standards. The compliance rate for 2010 was 78%, representing a 15% improvement on the previous year. The target compliance rate for 2011 will be 85%.

* Commission for Accreditation of Rehabilitation Facilities

HR CRITERIA STANDARDS / SPECIALITY SURVEY

Much of the work to ensure that we are compliant with CARF Standards from a HR perspective is undertaken through the HR Criteria Group who review changes in standards and make recommendations to ensure our compliance. The work of the group has been invaluable in preparing the HR Department for speciality survey in June and I would like to thank the group for their time, hard work and commitment during the year.

PARTNERSHIP COMMITTEE

The Partnership Committee continued to meet in 2010, providing a non adversarial forum within which management and staff can discuss issues of common interest. The Group signed off on the revised staff handbook which we plan to issue in early 2011.

ABSENTEEISM

The attendance management initiative is ongoing with spot checks being carried out on each department quarterly and a full audit yearly. In cases where the level of attendance gave rise to concern, the issues were addressed with the Line Managers and directly with employees where necessary. The level of absenteeism in the Hospital in 2010 was 4.11%; the target for 2011 is set at 3.5%.

Change Initiatives

PATIENT SERVICES REVIEW

The Patient Services Review project commenced in September to give practical effect to the implementation of the recommendations of the Patient Services Review.

The central theme of the project is the reconfiguration of the Patient Services administration area into Programme and Central Service functions.

In September all staff involved in the project received two days training to facilitate their active engagement in the project. This phase of the process is due for completion in early 2011 with implementation shortly thereafter. Implementation will include the development of programmatic and centralised administration processes as well as the relocation and reassignment of staff.

VOLUNTARY EARLY RETIREMENT (VER) & VOLUNTARY REDUNDANCY SCHEMES (VRS)

The VER and VRS schemes were announced by the Minister for Health and Children on the 1st November for a targeted reduction in employment numbers in the Public Health Sector aimed at Management, Administration and General Support Service Grades. Nine members of eligible staff in the hospital availed of these schemes including our colleague Brian McGann, HR Manager. I would like to take this opportunity to thank Brian for his valued contribution to the Department during his time here and wish him well and for the next chapter of his career and in the future.

HR INFORMATION MANAGEMENT SYSTEM

In 2010 the hospital went to tender for the provision of a new HR Information Management System which will be an invaluable management tool facilitating HR to play a strategic role in the business operations of the Hospital. The tender closed in December and in early 2011 the Tender Evaluation Committee will complete a detailed analysis of each tender proposal as part of the selection process. It is anticipated that the system will be rolled out in Q3 2011.

As can be seen from the above report, 2010 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, support and commitment throughout the year.

INFORMATION MANAGEMENT AND TECHNOLOGY (IM&T)

PATRICK DAVY (ACTING MANAGER TO OCTOBER 2011)

JOHN MAHER (APPOINTED HEAD OF IM&T IN OCTOBER 2011)

Service Provision

The IM&T department supports the hospital in the use of information technology and communications, and operates a help desk for technical support and the resolution of end user issues.

Staffing

The department operated with two whole time equivalent staff until October 2010 when an Information Management and Technology (IM&T) Manager was appointed. Previously the department manager was referred to as the Information Communication and Technology (ICT) Manager. This title has now been changed to reflect a refocusing of function where the department will now start to focus on Health Informatics along with all other functions previously prescribed.

Help Desk Activity

The Help Desk, through the help desk portal, received a total of 1496 desk requests during 2010, an increase of 50% on the 2009 figures. This figure does not represent the total of support requests as there are still a substantial number of requests being received by phone or in person to the IM&T office. The department will during 2011 continue to drive as many support requests as possible through the portal.

Training

A member of the IM&T staff has undertaken a graduate certificate in Radiology Information Systems and Picture Archiving and Communications Systems (RIS PACS) management. The existing AGFA PACS was installed in early 2008 therefore this training will enable better management of our existing implementation while ensure that the hospital has the necessary capability for the forthcoming National Integrated Medical Imaging System implementation (NIMIS).

New Projects

During the last quarter of 2010 a desktop refresh project was initiated as the current infrastructure is old and out of date and as such is preventing the hospital from moving forward in many IT related areas. The aims of this project are to replace the hospital's existing Microsoft Windows 2000 desktop and Microsoft Office infrastructure with up-to-date versions, a virtualised desktop environment, remote access, simplified desktop management and importantly, future proofing the investment while reducing operating costs. During the 1st and 2nd quarter of 2011 the new desktop infrastructure will be rolled out to the user community. The IM&T Department will be running training classes during this period.

Proposed Future Developments

The IM&T Department are working on producing a strategy document, the aim of which is to point the way forward for IT within the hospital. 2011 will also see the department change focus to how we can deliver both clinical and operational requirements for clinicians, hospital management, programme managers, departments and services.

OCCUPATIONAL HEALTH

DR. JACINTHA MORE O'FERRALL

DR. PAUL GUÉRET

CONSULTANTS IN OCCUPATIONAL HEALTH

2010 was another very busy year for the provision of Occupational Health Services in the National Rehabilitation Hospital; over 1100 contacts were made with the Department.

Staffing of the Department increased marginally with Occupational Health Nurse Rose Curtis working 30 hours per week and Dr. Jacintha More O' Ferrall carrying out monthly on-site visits. Referrals as previously, when required, take place in Medmark, Baggot St. Over 30 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 2010

Service	Consultations
Advice on occupational health issues	100
Stress management, (education, debriefing and work related stress)	42
Work related injuries	52
Vaccinations	
• Hepatitis B	41
• Mantoux	23
• Flu vaccine	160
Bloods tests	24
Pre employment screen	27
Reviews and follow-up	273
Back to work assessment	20
Pregnancy risk assessment	38
Health Surveillance	5
Referrals to Medmark	30
Offered Employee Assistance Programme (EAP)	26
Attended EAP	7
Blood Pressure	102
Illness at work	48

Other services provided by Occupational Health

Services
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
Reviews and follow-up
Back to work assessment
Pregnancy risk assessment
Health Surveillance
Referrals to Medmark
Offered Employee Assistance Programme (EAP)
Attended EAP
Blood Pressure
Illness at work

Committee Participation by Occupational Health Staff

- Health and Safety Committee.
- Behaviour Consultancy Forum.
- Hygiene/Infection Prevention and Control Committee.
- Outbreak Control Committee

Key Milestones for Occupational Health (OH) in 2010

- Introduction of ongoing OH satisfaction surveys
- Continued focus on reduction of sickness absence.
- Increase in Health Promotion Events

Future Developments

The Occupational Health service plans to continue in supporting staff through changes in the workplace and also to expand the Health Promotion Programme for staff.

PATIENT ADVOCACY & LIAISON SERVICE

PAULINE SHEEHAN

PATIENT ADVOCACY & LIAISON OFFICER

The Patient Advocacy & Liaison Officer at NRH retired in December 2010.

Staff at the National Rehabilitation Hospital are committed to providing support and advice to patients and their families/carers. Staff will advocate for patients in terms of rehabilitation services and entitlements however, at times patients and their families may also benefit from the services of an independent advocacy service.

A new National Advocacy Service for people with disabilities has been set up under the Citizens Information Board. This Service will provide independent, representative advocacy services for people with disabilities.

The Citizens Information Board is an agency of the Department of Social Protection, and is responsible for supporting the provision of information, advice and advocacy on a wide range of social and civil services (www.citizensinformation.ie)

Information about other Advocacy Services and External Support Agencies is available at the Information Kiosk located in the Quadrangle Area (near the Patients' Canteen) at NRH. Patients and families may also ask a member of the Social Work team or any member of the Interdisciplinary team for further advice in accessing any of these services.

Patient Forum

The aim of the Patient Forum is to act as an interface between patients and hospital management to enable patients to voice any concerns 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 an NRH staff representative attends the Forum meetings to 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.

PATIENT SERVICES

AUDREY DONNELLY
PATIENT SERVICES MANAGER

Service Provision

Patient Services provides administrative support to the Medical, Nursing and Therapy staff and centrally across the Brain Injury, Spinal Cord System of Care, PAEDS and POLAR Programmes 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

HEALTHCARE RECORDS

During 2010 a unified Healthcare Record was adapted for Outpatient activity. The Prosthetics Record Library was converted to Terminal Digit filing in line with the main Medical Records library and the recommendations of the National Hospital's Office. Refurbishment of the Prosthetics secondary storage area took place with a plan to merge all Prosthetics records within this area in early 2011. The on-line Healthcare Records Management training modules provided by the National Hospital's Office was included as part of mandatory training for all relevant hospital staff, with the option of facilitated training sessions being provided by Patient Services. An independent Healthcare Record Audit was conducted during the last quarter of the year with a report of recommendations provided which will provide guidance for ongoing internal audits to be carried out in line with the National Hospital's Office Code of Practice for Healthcare Records Management. The ESRI also conducted an audit of Healthcare Records which had been HIPE coded, providing a report and follow-on training for coding staff.

Review

Following the review of the Patient Services Department which commenced in 2009, a project to work on the recommendations commenced in September 2010, with 5 project teams reviewing processes and procedures in the 4 hospital programmes and central patient administration function. It is envisaged that the outcome of this project will be available in early 2011, with an implementation plan to be phased over the first half of the year. This will see a re-structured Patient Services function bringing administrative support services in line with the programmatic model recommended in the general Management Review which was conducted in tandem with the Patient Services review and also defined by the CARF accreditation standards.

Patient Complaints

Patient complaints are handled by the Patient Services Manager. The hospital encourages and appreciates feedback from patients and strives to resolve any concerns or complaints in a timely fashion. Suggestion boxes and Patient Questionnaires are also used as a means of gaining feedback from patients.

Activity Data

Admissions activity for 2010 showed a decrease of 4% on previous year. Day Case numbers also decreased by 10%. This may be attributed in part to increasing numbers of delayed discharges as a result of the financial restrictions of the HSE and difficulties in securing funding for onward care packages.

Training And Education

Patient Services staff availed of Microsoft Word, Excel, PowerPoint and Access training at various levels throughout the year; all staff completed on-line HCR training in line with the National Hospital's Office code of practice for Healthcare Records Management; specific training was provided for all staff at the lead into the Patient Services Review Implementation project; HIPE coding training was attended by coding staff; the Patient Services Manager was conferred with an MSc (Hons) in Quality and Safety in Healthcare Management (RCSI/NUJ).

Retirements

An optional Early Retirement and Redundancy scheme introduced at the latter part of 2010 by the HSE resulted in one member of Patient Services leaving the hospital in December after 9 years of service.

In conclusion, I would like to thank all Patient Services Staff for their ongoing support, hard work and dedication which brought the department through a challenging and busy year, and for their huge commitment to and participation in the review project, the implementation of which will commence in the early part of 2011.

RISK MANAGEMENT

BERNADETTE LEE
CLINICAL RISK MANAGER

Governance Arrangements – Managing Risk

The Safety and Risk Committee oversees all aspects of safety and risk at NRH. A number of Sub-committees and Steering Groups report into the Safety and Risk committee, for example, the Drug & Therapeutic Committee, Resuscitation Committee, Falls Prevention Steering Group and Behaviour Consultancy Forum.

The Hospital has an effective system in place to enable staff to report any type of concern or incident. All staff are informed of the procedures for reporting incidents at Induction and staff also have access to training on an on-going basis. All incidents reported are entered onto the national database "STARS" and feedback is provided to departments and clinical programmes through quarterly reports and bi-monthly Head of Department meetings.

In 2010 we saw a 13% decrease in clinical incidents & near misses reported to the Clinical Indemnity Scheme (CIS) and a 32% decrease in employee incidents & near misses reported in comparison with 2009. However, it is important to note that the hospital has a positive incident reporting culture.

Patient Safety

Patient Safety is a priority at Department and organisational level. This is evidenced through the following:

MEDICATION SAFETY

Pharmacy surveillance on the wards has increased, leading to an increased number of medication near misses being captured and reported. Medication incidents are also prevented by the pharmacy programme via the reconciliation of patients' prescriptions on admission from hospital, nursing home or home.

PATIENT FALLS

In 2010, there was a reduction of 22% in number of patient falls reported in comparison with 2009. This reduction can be attributed to a motivated multidisciplinary Falls Prevention Group which reports to the Safety and Risk Committee. Initiatives implemented in 2010 include:

- Falls Risk Assessment for all patients on admission and post fall
- Increased awareness through initiatives such as
 - 'April Falls Day'
 - Falls prevention information leaflets for patients and carers
 - Falls prevention added to Departmental Safety Checklist
 - 'Falls Champions' in wards, departments and services across programmes

Challenging Behaviour Incidents

In 2010 there was a 41% decrease in patient related challenging behaviour incidents reported compared with 2009. This can be attributed to a number of factors:

- Continuous work of the Behaviour Consultancy Forum
- Interdisciplinary team approach to patient care
- Staff training
- Recreational Therapy for patients.
- Patient admission planning

Patient absconction

- There was a 6% decrease in patient absconction incidents reported in 2010 compared with 2009. A patient wanderguard system is also in place in particular wards.

Inspections / Audits

A number of external assessments / audits were conducted in 2010, including a Healthcare Record Audit, Water Management System assessment, Medical Gas System assessment, Air & Noise Monitoring assessment, Dangerous Goods Safety Advisor Audit of Healthcare Risk Waste, and a Medical Devices Audit. These audits were aided by the help of external experts.

Corrective action reports have been developed to monitor implementation of the recommendations. We also have a system of internal health & safety inspections to be completed by Department Heads on a quarterly basis.

Fire Safety

In 2010, considerable work was carried out on fire upgrading works in the hospital, namely completion of fire doors replacement and ancillary works. Updating of the Hospital fire certification is continuing. Mandatory fire safety training continued in NRH in 2010 aided by Michael Slattery & Associates.

Hygiene / Infection Prevention and Control

2010 began with the welcome appointment of a Consultant Microbiologist and an Infection Prevention and Control Nurse was recruited later in the year. Risk Management work closely with the Infection Prevention and Control (IPC) Team and both assisted the Chairperson of the Hygiene / IPC Committee in agenda setting for the meetings.

2010 was marked by improvements in a number of areas:

- Laundry Services – external laundry service provider was contracted and refurbishment commenced on the hospital's in-house laundry.
- Healthcare Waste – there was a small improvement in the percentage waste recycling rate in 2010 when compared with previous year.
- Environmental Cleaning – a cleaning tender was issued in October and the contract will be awarded in 2011. This will see a considerable extension to the scope of the existing contract.
- Internal Hygiene Audit Programme – the initial roll-out of a trial Hygiene / IPC audit tool in wards and Departments took in place in 2010.

Access to Records / Freedom of Information

The following is an overview of access to records requests received by the NRH in 2010

Total requests for access to records	306
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Type of Request	Amount of Requests
Freedom of Information	25
Freedom of Information Note for File	1
Freedom of Information Internal Review	1
Data Protection Access	0
Freedom of Information & Data Protection Access	0
Routine/Administrative Access	279

Quality Report

The Quality Improvement Committee (QuIC) monitors outcomes data collated in the hospital. Summary reports on key performance indicators (KPIs) are submitted to the Hospital Executive and Hospital Board on a quarterly basis.

The hospital has a number of KPIs across the domains of service access, efficiency, effectiveness and stakeholder satisfaction. The Hospital is operating within target across the following areas:

1. Average Rehabilitation Length of Stay
2. Delayed Discharge Rate
3. Unplanned Discharge Rate
4. MRSA Acquisitions
5. Average Days Waiting for Admission
6. Bed Occupancy Rate
7. Patient Falls Rate
8. Stakeholder Satisfaction
9. Total Margin
10. Bed Day Costs

Absenteeism, Compliance with Hospital Hygiene Standards, and DNA (Did Not Attend clinic) Rates at Consultant Led Out-patient Clinics are areas which will require focused interventions in the year ahead.

Future Developments

- Implement the National Patient Safety Standard
- Build an existing Risk Management Governance Framework in line with 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

SCHOOL REPORT

COLM JACKSON
SCHOOL PRINCIPAL

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

School Board

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

Service Provision

- The school provides an educational service for students attending the 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.

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, SENO's and multidisciplinary personnel from NRH.

The Outreach Programme also participated in meetings with parents and students to prepare for return to school.

TECHNICAL SERVICES

GERRY COYLE
TECHNICAL SERVICES MANAGER

Substantial progress was made in 2010 with the programme of fire upgrade and protection work, which was extended into a variety of Clinical Departments and the Catering Department. The largest project undertaken was a total fire upgrade for the Convent. The premises were vacated for several months while these works were undertaken. The building is now fully fire compliant and provides a higher standard of accommodation.

Other projects undertaken in 2010 include:

- Construction of the Inter-agency Information Kiosk in the quadrangle area
- Automation of a significant number of doors throughout the hospital
- Paediatric Gym was upgraded and refurbished
- Renovation of Chaplain's lodge
- Electronic notice boards were installed at reception and in the quadrangle area.
- Alternations to the coffee shop and the patients' canteen were completed
- Security coded locks fitted in some clinical areas
- Actions outlined in the Legionella survey report have commenced and will be ongoing in 2011
- A new roof was installed to the Occupational Therapy Department
- Very substantial savings have resulted from the Energy Saving Programme and my thanks in particular to Peter Byrne and Dave Donoghue for their efforts on this project which will always be ongoing
- Upgrading and refurbishment of the Prosthetic Department has been completed
- The floor replacement programme commenced in a number of areas throughout the hospital and many areas have been completed in 2010
- Tree and hedge cutting undertaken throughout the hospital grounds
- A complete renovation and refurbishment programme to the old in-house laundry were undertaken and completed in 2010
- Re-arrangement of the laundry equipment to comply with new hygiene standards
- During 2010 painting and refurbishments were completed in many of the ward and clinical areas

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

I wish to acknowledge the invaluable support given by Technical Services staff for their assistance and expertise which was vital for the successful completion of each of these projects. Their commitment shown (throughout the worst winter that I have ever known) in keeping all areas of the hospital open and operational, directly contributed towards direct patient welfare.

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.

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.

ST. VINCENT DE PAUL VOLUNTEERS

St. Vincent de Paul volunteers visit patients every Tuesday and Thursday evening. They offer many outlets of support be it financial advice or social assistance, bringing in regional newspapers for patients from counties outside Dublin 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. The hairdressing service continues to be much sought after on Wednesday evenings. From time to time the Volunteer Office is requested to provide volunteers to offer their time and expertise in different departments within NRH. This year volunteers have helped with Assistive Technology and portering in OT, patient speech practice in Speech & Language Therapy, reading to and teaching English to foreign patients. The latest addition to the volunteer programme is the DVD/ CD trolley, taken around to the wards twice a week. Patients can borrow DVD's, CD's, books and magazines.

Volunteer Induction & Training

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 Table Quiz

A table Quiz was held for volunteers in June to recognise and reward the fantastic work of the volunteers and to have some fun,

Volunteering Ireland Awards

The Volunteer Coordinator is a member of Volunteering Ireland, an organisation which provides national volunteer management training programmes targeting the needs of volunteer managers. In November, Maryrose Barrington won the category of "Health and Disability" at the Ireland Involved Awards 2010.

Congratulations are extended to Maryrose on behalf of all of the parents and staff at NRH.





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