National Rehabilitation Hospital

33rd Annual Report 2013

A year of milestones and progress

Commission for Accreditation of Rehabilitation Facilities

Details of NRH Accreditation on www.nrh.ie

National Rehabilitation Hospital

Our Mission

The National Rehabilitation Hospital espouses the values established by the Sisters of Mercy to provide high quality care and treatment to patients irrespective of background or status, but on the basis of need. The hospital, in partnership with the patients and families, endeavours to achieve health and social gain through effective treatment and education of patients who, following illness or injury, require dedicated interdisciplinary rehabilitation services. The hospital aims to achieve this in a manner that is equitable and transparent in its service delivery, sensitive and responsive to those availing of its services and supportive of the staff entrusted with its delivery.

Patient Activity for 2013

Inpatient	Admissions
Spinal Injury	176
Traumatic Brain Injury	99
Non-Traumatic Brain Injury	68
Stroke	124
Prosthetic Service	90
Other Neurological Conditions	18
Non Neuro	3
Paediatric Programme	71
TOTAL	**649**

Outpatient	Attendances
Spinal Injury Programme	667
Brain Injury Programme	641
POLAR Programme	3,086
Paediatric Programme	141
Nurse Led Clinics	766
Orthoptics	104
X-Ray	822
TOTAL	**6,227**

Mr Stuart McKeever, Therapeutic Recreation Specialist, Mr Jimmy Deenihan TD, Minister for Arts, Heritage and the Gaeltacht, Mr Gareth Byrne, former President at Irish Professional Photographers Association, Mr Henry Murdoch, Chairman NRH.

Garda Gavin Fleet and Sergeant Vinny Totterdell are members of the organising committee for the Annual St. Valentine's Fundraising Ball, the proceeds of which go towards specialist projects, equipment and research what directly benefits patients of NRH.

Director of Nursing, Ms Eilish Macklin and Mr Henry Murdoch, Chairman welcome Mr Jimmy Deenihan TD, Minister for Arts, Heritage and the Gaeltacht to the NRH.

Contents

Chairman's Report

Following the joint announcement made by an Tánaiste, Eamon Gilmore TD, and Dr James Reilly, Minister for Health (in May 2012), which formally committed to the provision of joint funding by the HSE and NRH Foundation to build a 120 single bed accommodation unit with integrated therapy facilities on the NRH Campus, as Phase 1 of the New National Rehabilitation Hospital, a five-stage programme of works has been devised by the Project Team for the New Hospital.

This first phase of the Project would form the basis of a fully redeveloped fit for purpose Rehabilitation Hospital, the remaining hospital facilities to be developed at a later date when funding becomes available.

As part of the national investment in health capital, this 120 bed ward accommodation will provide an environment specifically designed to meet the requirements of the patients and their families, and staff of the National Rehabilitation Hospital. The design will be patient-centred and based on the principles of empowerment, dignity, privacy, confidentiality and choice.

During 2013, the Design Team were appointed and the project moved into stage 1, the preliminary stage of a 5 stage project. The deliverable for stage 1 is to develop a Master Site Strategy and a Building Sketch Design, which is scheduled to be completed in early 2014. The master programme of works has a target of late 2014 to achieve planning permission with a contractor commencing works on site in the second quarter of 2015. The building works, commissioning and handover of the building target is mid-2017. The Board, as well as being involved in all decision making processes, receive continuous updates of the ongoing work of the Project Team.

During 2013, Mr Kieran Fleck deputised for me for the greater part of the year due to my serious illness in March. I would like to thank him and the Board for carrying on the work of the Board, in an exemplary way, during my absence. During that time I became an outpatient in the NRH and had an opportunity to experience at first hand the brilliant work of the NRH staff. I have no doubt but that my return to full health and to the Board in November was due to the positive nature of that brilliant work. My absence did however emphasise that after 17 years as Chairman, it was time to hand over the baton, just as Ernest Goulding did with me in 1996, after 16 years as our first Chairman. And so, I am delighted that the Sisters of Mercy have agreed to appoint Kieran Fleck as Chairman from 1st January 2014 and that he, with the unanimous support of the Board, has accepted the appointment.

Dr Tom Gregg

In 2013 we were sad to learn of the passing of Dr Tom Gregg who gave a truly dedicated and committed service over many years, both to the development of the NRH since the 1960s and later as a member of the Board of Management. Dr Gregg, who was appointed as the first Medical Director of NRH (then known as Our Lady of Lourdes Hospital) is seen as a pioneer in the treatment of patients with Spinal Cord Injury in Ireland.

The original Our Lady of Lourdes Hospital was established by the Sisters of Mercy as a sanatorium for treatment of patients with tuberculosis (TB). In the late 1950s Dr Gregg was asked by the Sisters of Mercy to advise on the possible change of purpose of the hospital from providing treatment for patients with TB, to establishing services for patients requiring medical rehabilitation.

Dr Gregg had studied medicine in UCD, obtained a medical officer post in Stoke Mandeville Hospital in England under the direction of Sir Ludwig Guttman, and further developed his rehabilitation expertise in the US, Scandinavia and Europe, before returning to Ireland as Medical Director of the National Organisation for Rehabilitation (NOR), with Consultant sessions at the Richmond, Beaumont Hospital and Mater Hospital.

A committee to decide on the development of rehabilitation services was formed in the late 1950s, with 3 members appointed by the Sisters of Mercy and 3 members from the NOR, including Dr Gregg.

Dr Gregg was appointed as the first Medical Director of the NRH at a time when considerable adaptation and additions to the hospital buildings were needed to deliver rehabilitation services to patients, with the main service requirement being for patients with spinal injuries; in addition to services for patients requiring prosthetic limbs and rehabilitation; patients with brain injury including stroke, and paediatric patients. Today, the largest number of patients awaiting admission to NRH are for the Brain Injury Programme.

In 1980, the Sisters appointed a Board of Management.

We are indebted to Dr Gregg for his vision and unstinting dedication to our patients over many decades, and particularly as we build on his work with the Sisters of Mercy and look towards the next phase of Specialist Rehabilitation Services for Ireland, with the development of the New Hospital – phase 1, and the strategic development of services regionally. May he Rest in Peace.

Focus On Hygiene, Infection Prevention and Control (HIPC)

There have been significant developments in the area of Infection Control at NRH driven by the Hygiene, Infection Prevention and Control (HIPC) Committee. The Board continues to view this as a vitally important area of responsibility as it affects patients' welfare and wellbeing. The Board supports the ongoing work in training, education and raising awareness of HIPC issues throughout the hospital

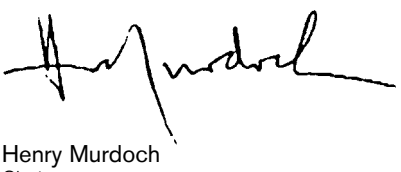
L-R: Ms Bríd Murphy, Dr Tom Gregg and Sr Aileen McCarthy, three of the founding members of the National Rehabilitation Hospital (then Our Lady of Lourdes Hospital).

The hospital could not survive without the support of many people, particularly the unwavering support of the Sisters of Mercy over the years, and in particular in 2013 by Sister Peggy Collins, Provincial Leader. We also thank the HSE for its support, particularly Mr Gerry O'Dwyer, Regional Director of Operations (Dublin Mid-Leinster) who has now moved to a new post in Cork. We are grateful for the support over the years from Mason Hayes & Curran. And also the contribution of our auditors Robert J. Kidney & Company.

The members of the Board of Management and of its sub-committees in 2013 also deserve our thanks (Medical Board – Dr Jacinta McElligott; Audit – Barry Dunlea; Nominations – Sr Maura Hanly; Ethics – Kieran Fleck SC). They each put in considerable time, voluntarily and without remuneration, in the interests of the hospital.

We are very proud that Dr Áine Carroll, Consultant in Rehabilitation Medicine, is the current post holder of National Clinical Lead of Strategy and Programmes, and that a number of NRH employees have been seconded to the HSE in this critical stage of strategic development within the Health Services.

And our final thanks must go to you, the staff of the hospital, ably led by Derek Greene as CEO. You all deserve great praise for your dedicated service during the year which has made this hospital the centre of excellence it is and continues to be, despite the aging buildings and facilities.



Henry Murdoch
Chairman

Chief Executive's Report

Delivering & Developing Specialist Rehabilitation Services Nationally

Our Annual Report highlights the work undertaken by our Staff at NRH in providing Complex Specialist Rehabilitation Services to our patients from throughout Ireland, who require specialist rehabilitation following an accident, illness or injury. The report reflects our highs and lows in 2013, and the remarkable resilience of our staff as they faced challenging times in an ever changing healthcare system.

The New Hospital Development – Phase 1

During 2013, work has been ongoing in relation to the New Hospital Development – Phase 1. Following an international tender process, the new Design Team has been appointed, headed by O'Connell Mahon, to design Phase 1 of the New Hospital Development which we hope will be submitted for planning by summer of 2014. Due to the size of the project (a Healthcare facility over 100 beds) the Development falls within the Strategic Infrastructural Development (SID) process and therefore planning approval will be submitted directly to An Bord Pleanála at the appropriate time.

Budget Allocation

Our Finance Team achieved an almost break-even final outturn at year-end, 2013 which is an exceptional result. Credit is also due to staff throughout the hospital who have continued in their endeavour to save costs by reorganising work patterns, reducing consumables and usage of comparable generic drugs. All of these efforts have helped to ensure that the Hospital could achieve the excellent financial result it did given the year in question.

Highlights and Developments in 2013

OPENING OF THE NEW EARLY ACCESS REHABILITATION UNIT (EARU) – 10 BEDS

During 2013, there was a major reconfiguration of services at NRH. The allocation of Brain Injury Programme beds was extended to cover wards on 2nd and 3rd floors in order to facilitate the introduction of the 'One Consultant - One Team' plan. The move also facilitated the opening of the new 10 bed Early Access Rehabilitation Unit (EARU) Service to facilitate faster patient throughput for less seriously ill patients, and therefore reduced waiting times for admission for patients who have moderate to mild Brain Injury.

In addition, a detailed analysis of the Prolonged Disorder of Consciousness (PDOC) Service was carried out and this also resulted in reduced waiting times for patients awaiting access to this service.

POOLED SHARED WAITING LIST

During 2013 the operation of the combined pooled shared waiting list initiative began for the Brain Injury Programme. This has ensured more timely access for patients awaiting admission to NRH. Due to the success of the first phase of the initiative, we intend rolling out this initiative to other Programmes in the near future.

RECONFIGURATION OF THE PROSTHETIC, ORTHOTIC AND LIMB ABSENCE REHABILITATION (POLAR) PROGRAMME

There was a reconfiguration of Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programme which now comprises an Inpatient bed capacity of 10 beds, and the addition of a new Day Patient Service which is staffed by a newly appointed team. We expect that the combination of both Services will greatly enhance our responsiveness to issues around accessing appropriate services for patients on the waiting list for the POLAR Programme.

NEW CONSULTANT POSTS

In 2013 we were delighted to obtain approval through the Consultant Appointment Unit (CAU) for five joint appointment Consultant in Rehabilitation Posts, and one joint appointment Consultant Microbiologist Post, the details of which are outlined in the Medical Board Report.

COMPLETION OF THE NATIONAL INTEGRATED MEDICAL IMAGING SYSTEM (NIMIS) PROJECT

The implementation of the NIMIS project at NRH was completed in July 2013. Sincere thanks is due to Dr Brian McGlone and the NIMIS Project Team for successfully delivering the project on the target Go-Live date. The NRH is very fortunate to be included in this project which is a State of the Art service that will benefit patients and staff by enabling remote consulting by doctors, immediate availability of images and historical images for comparison by radiologists and treating teams.

L-R: Lisa Held, Occupational Therapy Manager, Dermot O'Neill, Celebrity Gardner, Deputy Mary Mitchell O'Connor TD, Derek Greene CEO, pictured in the NRH Therapeutic Garden.

Development of NRH Organisational Strategy

Following detailed Staff consultation, the outline hospital three-year Strategic Intent was further developed into a detailed action plan to underpin the stated strategic objectives approved by the Board. It is planned to launch the Strategy in 2014.

In addition, the NRH Accessibility Strategy and the Communications Strategy have been developed to augment the hospital's strategic direction.

The Communications Strategy aims to foster accessible communications that are responsive to patient and staff needs, contributing to maintaining best practice and quality standards leading to continuous improvement and best outcomes for patients.

The Accessibility Strategy (including environment, architecture and information) aims to facilitate the hospital to take a strategic approach to accessibility through involvement of service users in service delivery; providing information on accessibility to service users and other stakeholders; ensuring commitment to compliance to accessibility related standards, regulations and best practice; and building strong collaborative relationships with key stakeholders.

Delayed Discharges

Delayed discharges from our Services continued to be a challenge for the NRH in 2013. As part of our work completed with the Special Delivery Unit (SDU), the NRH delayed discharge report and status is now being included as part of the Acute Services delayed discharge summary and action report. NRH continues to advocate with the HSE and Special Delivery Unit (SDU) regarding this matter. In 2013, 1856 bed days were lost as a consequence of delayed discharges from our Services.

The Haddington Road Agreement

An integral part of Public Sector reform rests on the effective operation of the Haddington Road Agreement. An essential part of the agreement means that staff have increased their working hours and we have used these to great effect towards the reduction in staffing numbers and overtime working. The principle benefits to patients are: increased treatment time, extended times of service and more flexibility around work practices.

HIQA Safer Better Healthcare Standards Self-Assessment Tool

In 2013 the Minister for Health approved the implementation of Safer Better Healthcare Standards. As a requirement, Hospitals were asked to carry out a detailed self-assessment exercise to be completed by December 2013. The NRH carried out the comprehensive self-assessment and is working towards completing the outcomes and improvement actions report for the HSE. This project, under the leadership of Bernadette Lee and Amanda Carty was a huge undertaking and staff from throughout the hospital deserve to be acknowledged for the level of commitment and enthusiasm with which they engaged in the process. The outcomes from the self-assessment will also be used to inform our decision making process in the coming months and years.

CARF – Commission for Accreditation of Rehabilitation Facilities

Throughout the hospital, we continue on an ongoing basis to improve the quality of our services to patients, our governance, accessibility, information and collaboration with other agencies by using the core CARF standards. Currently staff at NRH are preparing to be resurveyed by the external CARF Surveyors in June 2014.

Issues of Risk

During 2013, serious consideration was given by the Management and the Board to both the 'Report of The Mid-Staffordshire NHS Foundation Trust Public Inquiry' and the HIQA Reports on Patient Safety at University College Hospital Galway and Tallaght Hospital. The Risk Management Department is taking the lead in ensuring the findings and learning from these reports are promulgated on a hospital-wide basis and that best and safe practices are in place to reduce to an absolute minimum the possibility of a similar event occurring in our hospital. It is vital that all Staff throughout the hospital engage fully with this process and by so doing minimise any potential risks to our patients.

Positive Work Environment Group

Following a staff survey conducted to assess our perceptions and views on how positive our working environment is for staff and how responsive staff feel the organisation is towards them, the findings showed that while in many categories the hospital did very well, there were some areas identified with scope for improvement. As a result, a Positive Work Environment Group was established to develop quality improvement plans around the areas of concern. A huge amount of work, training and positive initiatives have taken place in this area and the Executive Committee approved a second survey in 2013 to ascertain if our interventions have made any significant impact on our findings, compared with the first survey. The results of the second survey will be known in early 2014 and will be reported to the Executive, the Board and staff throughout the hospital.

NRH staff members at a fundraising event supporting the NRH Foundation.

Education and Research at NRH

The NRH Academic Steering Group, chaired by Dr Jacinta McElligott, has been established to promote the culture of Education, Training and Research within the hospital. The Group has membership from Medical, Nursing, Therapy Departments, Practice Education, Rehabilitation Programmes,, Finance and Governance. The Group meets on a monthly basis to facilitate a transparent academic planning process. The aims of the Academic Steering Group are: to develop formal links with Universities; provide a high quality educational experience for students on placement in the NRH; to promote interdisciplinary learning and development and to promote the NRH as providing an educational facility that will support the function of clinical governance. Our Register of Research in Progress, and Research Completed, at NRH can be accessed on the hospital's website (www.nrh.ie).

New NRH Foundation Grant Application Scheme

In 2013 Ms Edel Lambe, NRH Foundation Fundraising Manager launched the new Foundation Grant Application Scheme. This new streamlined process, which is fully coordinated by the Fundraising Manager has been welcomed by staff members who wish to apply, now or in the future, to the NRH Foundation for funding to support various initiatives including special projects, equipment and research that will directly benefit patients at NRH.

NRH Board

We are very privileged to have a Chairman and a Board who support the hospital as they do. The Board members continually work towards positioning the NRH as a centre of excellence in Complex Specialist Rehabilitation Services. Once again, thank you sincerely for all your ongoing support and wise counsel.

It is of great regret that Mr Henry Murdoch our Chairman has stepped down from his role as Chairperson for the last 17 years. Henry has been replaced by Mr Kieran Fleck, who has been a Board Member for a number of years. I would like to formally acknowledge, on behalf of the Staff, all the work that Henry has done through the years in establishing our governance structure, leading and guiding the Hospital through difficult financial times, advocating on behalf of the New Hospital and our Services and at all times supporting Staff and Patient needs. I am delighted that Henry will remain as a continuing member of the Board to ensure conservation of corporate memory and I wish Kieran all the best in his new appointment.

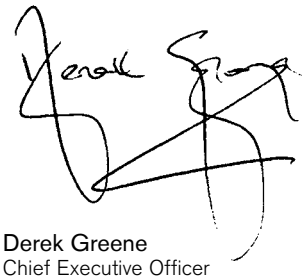
The Positive Work Environment programme, which aims to enhance the experience of all staff at NRH, incorporated a range of staff development and staff recognition initiatives throughout the year – this has been one of the highlights of 2013 and will continue in 2014.

In Conclusion

We at NRH are very privileged to work with our patients and enter into their lives at a time of great uncertainty for them. It is clear that patients hugely value the interactions they have with staff as our doctors, nurses, therapists and healthcare assistants are so frequently acknowledged and praised by our patients for the work they do and for going above and beyond the call of duty.

I would like to especially mention our Filipino colleagues who suffered a terrible catastrophe in their country in 2013. Many staff lost their homes, possessions and tragically some lost family members as a consequence of the natural disaster which occurred in their country. It was inspiring to see the dignity with which our colleagues continued to work and interact with Patients, and the visible and practical support provided to them by the rest of our staff.

Thank you to each and every staff member for your ongoing dedication and commitment in these challenging times.



Derek Greene
Chief Executive Officer

My Rehabilitation Journey…

Alex Dainty

I'm Alex and I'm a bilateral (both limbs) through knee amputee. I am a mechanical engineering student; an avid motorsport fan and I also enjoy a little bit of fishing here and there. If someone had asked me a year and a half ago what my life was like, I probably would have told them it was fairly average. In December 2012, however, I was hit by a car while walking home resulting in the amputation of both my legs through the knee. This was obviously a fairly major change to my life and involved lots of rehabilitation, hospitals and hard work to get back to my 'normal' life.

I was admitted to University College Hospital Galway on the 23rd of December 2012, and stayed there for the next fifty-three days while having eight operations. I was discharged on February 14th 2013, but due to having an open wound on my right leg from a failed skin graft, I had to spend the next two months at home waiting for the wound to heal before I could move on to the next step - rehabilitation. Those two months were spent eating a lot and doing Pilates in order to recover some of the weight and strength I had lost while in hospital.

Prior to my accident I had never heard of the National Rehabilitation Hospital (NRH for short), so I had no idea what to expect. It became clear that the NRH had an excellent reputation; with all the medical professionals I talked to having nothing but praise for it. I also didn't know very much about prosthetics, but being an engineering student who's interested in the way things work I soon started to learn the basics of how prosthetics work and what different sorts there are.

I was due to arrive at the NRH in the last week of April 2013, and I will admit that I was a bit nervous beforehand. It was a bit like your first day at a new school where you are introduced to the teachers and other students. It soon became clear however that my nervousness was unnecessary; all of my nurses, doctors, physios, OTs (Occupational Therapists) and everyone else I met made me feel very at ease right away. This was to set the tone for the rest of my stay in the NRH, the staff were never any less than brilliant, and while there was a serious attitude when there needed to be, most of the time I was treated like more of a friend than a patient. This was particularly appreciated in my case as, during my admission, I was the youngest amputee by some 25 years (at least).

Driving instruction is provided as part of Occupational Therapy when appropriate.

If I had any advice for a new patient coming into the NRH, I would say to trust the staff and the people taking care of you. Not once did I think that the people I was working with were lacking in skill or knowledge, in fact it was very apparent that all the staff at the NRH are very good at what they do.

I use prosthetic limbs of the same type as above knee amputees do, the only difference being that I can weight bear through the end of my residual limb and trans-femoral amputees cannot. This results in a slightly different socket design but aside from that the prosthetic is fairly standard. All other patients on the programme that I met were unilateral (one limb amputated) and often below the knee, so I was in a class of one in many ways.

It can be difficult to leave somewhere where you are looked after so much, and when the time came for me to leave the NRH and go back to the real world, understandably I was a bit nervous. However, the OTs I worked with did an excellent job in preparing me to pick up my life where I left off, and because of that, going back home was not as scary a prospect as it could have been. Since then I have continued to adapt to my new life with my disability quite well, I don't feel there is anything stopping me from doing everything I wanted to do before the accident.

If I had any advice for a new patient coming into the NRH, I would say to trust the staff and the people taking care of you. Not once did I think that the people I was working with were lacking in skill or knowledge, in fact it was very apparent that all the staff at the NRH are very good at what they do. The only other thing I would say is how important communication is, while the staff are excellent, they are not mind readers and can only help you with a problem if you tell them it exists!

I would like to say a personal thank you to Mark, Kate, Joey, Fiadhnait, Ian, Cathrina, Agi and all the other staff that helped me get back on my feet, quite literally.

Alex Dainty

Physiotherapy is delivered through various different methods of therapy and exercise.

NRH Board of Management

Mr Henry Murdoch
Chairman

Mr Kieran Fleck

Mr Derek Greene
Secretary

Mr Barry Dunlea

Dr Jacinta McElligott

Sr Maura Hanly

Ms Eilish Macklin

Mr Brian McNamara

Mr Paul McNeive

Ms Maeve Nolan

Mr Arthur O'Daly

Mr Dermot O'Flynn
(to February 2013)

Mr Martin Walsh

NRH Committees

Board of Management

Mr Henry Murdoch *(Chairman)*
Mr Kieran Fleck *(Deputy Chairman)*
Mr Derek Greene *(Secretary)*
Mr Barry Dunlea
Dr Jacinta McElligott
Sr Maura Hanly
Ms Eilish Macklin
Mr Brian McNamara
Mr Paul McNeive
Ms Maeve Nolan
Mr Arthur O'Daly
Mr Dermot O'Flynn *(to Feb '13)*
Mr Martin Walsh

Executive Committee

Mr Derek Greene *(Chairman)*
Dr Simone Carton
Mr Sam Dunwoody
Ms Bernadette Lee
Ms Eilish Macklin
Dr Jacinta McElligott
Dr Jacinta Morgan *(to May '13)*
Mr Eugene Roe
Ms Rosemarie Nolan
Ms Olive Keenan
Ms Rosie Kelly
Dr Amanda Carty *(from March '13)*

Ethics Committee

Mr Kieran Fleck *(Chairman)*
Dr Jacinta McElligott
Dr Simone Carton
Mr Derek Greene
Sr Maura Hanly
Dr Andrew Hanrahan
Ms Bernadette Lee
Ms Eilish Macklin
Mr Arthur O'Daly
Ms Pauline Sheils
Fr Michael Kennedy
Ms Elizabeth Maguire *(from June '13)*

Medical Board

Dr Jacinta McElligott *(Chairperson)*
Dr Áine Carroll
Dr Mark Delargy *(Interim Secretary from October '13)*
Mr Robert Flynn
Dr Andrew Hanrahan
Dr Jacinta Morgan
Dr Brian McGlone
Dr Tom Owens
Dr Nicola Ryall
Dr Éimear Smith
Mr Keith Synnott
Dr Susan Finn /
Dr Jayasree S. Kutti *(Locum)*
Dr Vivien Murphy
Dr Angela McNamara *(Locum)*
Mr Seamus Morris

Patients Forum

Mr Brian Kerr *(Chairman)*
Ms Audrey Donnelly *(Secretary)*
Ms Angela Browne *(Minute Taker)*
Ms Joan Carthy
Mr Jim O'Reilly
Mr Seamus Ryan
Ms Olivia Doherty
Mr Stuart McKeever

All Patients Invited to attend

In attendance at Patients Forum

Member of NRH Executive Committee
Mr Tom Chambers *(External Accessibility Officer)*
RTU Member to represent Brain Injury Programme

Finance & General Purpose Committee

Mr Henry Murdoch *(Chairman)*
Mr Barry Dunlea
Mr Sam Dunwoody
Mr Derek Greene
Ms Eilish Macklin
Mr Arthur O'Daly

Audit Committee

Mr Barry Dunlea *(Chairman)*
Mr Arthur O'Daly
Mr Martin Walsh

Nomination Committee

Sr Maura Hanly *(Chairperson)*
Mr Derek Greene
Mr Henry Murdoch

Financial Statement

2013 began like previous years with a further cut in the HSE funding allocation for service provision. The opening allocation for the year was set at €23.437m – a reduction of €1.688m on the 2012 funding. This allocation reflected an initial 6.7% cut on top of reductions in previous years. This cumulative reduction of over 20% (€5.5m) over four years has put major pressures on Specialist Rehabilitation Services provided to our Patients and their families nationally.

The Hospital did however secure approval to open a new 10 bed early access unit and also received approval for the appointment of 5 Rehabilitation Consultants with commitments to the NRH as part of their joint appointment. Four of these consultant posts will be based in Dublin hospitals, and one in HSE West. Following negotiations with the HSE, an additional €1.504m was allocated for the above service developments and an additional €0.768m was allocated covering increased costs of Pensions and Lump sums, as well as service pressures, resulting in a final allocation of €25.709m with €1.499m allocated on a 'once off' basis.

2013 Fiscal Outcome

Our cumulative overrun at the end of the previous year (2012) was contained at €0.010m and this overrun is treated as our first charge on expenditure in our 2013 accounts. The total net expenditure incurred in 2013 was €25.755m, which resulted in a cumulative overrun of €0.046m for the year – this represents 0.2% above breakeven which required very tight fiscal policy, monitoring of expenditure across all areas and a very strong working relationship with budget holders and line managers across the entire organisation. Credit is due to all staff for their support and commitment in managing costs to achieve this result in 2013. This will allow the Hospital commence its services in 2014 with a relatively small financial burden carried forward from the previous year.

A summary of the 2013 Revenue Income & Expenditure Account is as follows:

	Budget 2013 €000	Actual 2013 €000	Variance Current Year €000	Actual 2012 €000
Deficit brought forward		10		
Pay Expenditure	23,919	23,982	63	23,570
Non-Pay Expenditure	7,655	9,551	1,896	9,039
Gross Expenditure	31,574	33,543	1,959	32,614
Less Income Receipts	5,865	7,788	-1,923	7,479
Net Expenditure	**25,709**	**25,755**	**36**	**25,135**
Revenue Allocation	**25,709**	**25,709**		
Accumulated Deficit	**46**			**10**

Income and Expenditure Account

Pay costs increased from €23.570m to €23.982m – an increase of less than 0.02%. Salaries increased by €0.924m (new services) and Pensions and Lump Sums reduced by €0.542m. While the continued recruitment freeze imposed by the HSE assists in managing expenditure, the knock-on effect is making it increasingly more difficult to maintain services as provided in previous years.

Non-Pay expenditure increased by 5.6% this year including a number of once off exceptional items but was again showing a negative variance over available budget. Again, this increase can be attributed to two main areas of expenditure:-

The first relates to the cost associated to the manufacture and supply of Artificial Limbs and Orthotics which made up nearly 28.3% of the expenditure and increased by €212,000; the second area was the increased cost of Patient related equipment and New Therapy FEES Machine which accounted for €245,000 of the increased costs over 2012. However, a significant part of the increased costs was offset by increased return of RTA receipts, increased sales from the supply of Artificial Limbs and Orthotics and a grant from the NRH Foundation for the cost of the new FEES machine which contributed to the year end result.

2013 saw income receipts increase by €0.308m (4.1%) from €7.450m in 2012 to €7.788m in 2013. Two main areas of increased income to note were: Sales of Artificial Limbs and Orthotics increased to €2.731m and Income from External Agencies rose by €0.059m assisted again by Grant Aid from the NRH Foundation for Equipment, Rehabilitation Therapy Services and grants towards Patient Recreational Facilities totalling €525,000, and fundraising donations all contributed to the increased level of income generated in this category in 2013.

The inflow of income receipts from Road Traffic Accidents is extremely unpredictable. In 2013, projects such as Hospital maintenance and the replacement or purchase of equipment which had to be curtailed in previous years, was possible due to higher than expected receipts in RTA income for the year. However, overall RTA income did decrease slightly from €1,240m in 2012 to €1.183m in 2013 and this shows the unpredictability of income from this source.

Capital Grants

Capital Funding approved during 2013 was as follows:

	2013 €	2012 €
Capital Project – Hospital Redevelopment Project – HSE	723,421	200,000
Minor Capital – Fire Prevention Upgrade / HIQA Compliance Works	–	60,000
NIMIS X-Ray Project	17,141	–
Minor Capital – ICT Projects Hardware & Software Replacement	–	81,702
Minor Capital – Replacement CHP Unit	228,447	22,656
Emergency Electrical Repairs	52,243	–
	1,021,252	**364,358**

Developments

Throughout 2013, 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 Report. We also met with the hospital's designated Senior Commissioner as part of a continuous review process to discuss Service Pressures, New Service Developments/Waiting List Initiatives, National Strategy issues, Employee Control Ceiling and Revenue Allocation Adjustments and Submissions.

The process of procuring the services of a Technical Team for the new hospital development project was completed in 2013. We received additional HSE Capital grants in 2013 which supported the replacement of the Combined Heat & Power unit (CHP) and with some minor funding we were able to complete some Emergency Electrical repairs to the old building. The NIMIS national project was installed and the new system went live in 2013. Access to this service will enhance and assist in the treatment of our patients.

The Hospital received Grant Aid from the NRH Foundation in support of the Recreational Therapy Service, Music Therapy Service, New FEES Machine, final rollout of the Hospital wide WIFI and new and replacement ward and therapy equipment which was very much appreciated. All these additional services and equipment will all go towards improving services for our patients.

Sam Dunwoody
Director of Finance

Medical Board Report

Admitting Consultants

Dr Áine Carroll

Dr Mark Delargy

Dr Nicola Ryall

Dr Jacinta Morgan
Secretary to Medical Board

Dr Jacinta McElligott
Chairperson Medical Board

Dr Éimear Smith

Dr Andrew Hanrahan

Dr Susan Finn

Dr Angela McNamara
Locum Consultant

Strategy: "a high level plan to achieve one or more goals under conditions of uncertainty"

Strategy: "is important because the resources available to achieve these goals are usually limited"

Strategy: "is about shaping the future and is the human attempt to get desirable ends with available means"

MAX MCKEOWN

NRH Strategy

- **Focused Collaboration with Stakeholders**
- **Expert Staff**
- **Effective Processes**
- **Fit for Purpose Facility**

Highlights Medical Board Activities 2013

NATIONAL

2013 was a year of growth, change and activity for members of the Medical Board. **Dr Aine Carroll**, has been appointed National Director and **Dr Jacinta Morgan** was appointed as Clinical Lead for Rehabilitation Medicine in the Clinical Strategy and Programmes division of the HSE.

Nationally we had a successful recruitment and appointment process to fill 4 new Rehabilitation Consultant posts in 2013. **Dr Paul Carroll** was appointed to a joint appointment within the NRH Brain Injury programme, SVUH and the Royal Hospital Donnybrook. **Dr Cara McDonagh** was appointed to the NRH Spinal Cord Injury Programme, Disabled Drivers Medical Board of Appeal and Enable Ireland. Regional Consultants appointed in 2013 were **Dr John MacFarlane** to the Mater Hospital, St Mary's Phoenix Park and NRH, and **Dr Eugene Wallace** to a joint appointment at AMNCH Tallaght, Peamount Healthcare, St James's Hospital and NRH. We are delighted to welcome our new consultant colleagues to the NRH Medical Board.

L-R Dr Áine Carroll, National Director of Clinical Strategy and Programmes and Dr Jacinta McElligott, Chair NRH Medical Board.

At NRH **Dr Morgan** was the clinical lead for the new Early Access Rehabilitation Unit which opened in July 2013 and in Cork **Dr Andrew Hanrahan** participated in the development and planning for inpatient rehabilitation beds at the Mercy Hospital, with site visits from the HSE and NRH and the development of a feasibility study. **Drs Ryall and Hanrahan** also participated with the HSE in the development of "Amputee Rehabilitation – Pathways", with advice on HSE Procurement Policy. **Dr Ryall** streamlined an administrative system for prescription and manufacture of prosthetics and she also participated in a Joint Service pilot initiative with St. Vincent's University Hospital Emergency Department to streamline rapid access for those with acquired mild traumatic brain injury through SVUH Emergency Department to the NRH Outpatient Service. **Dr Ryall** was also the Consultant Lead in the development of Multidisciplinary Clinical Guidelines for those with complex feeding and swallowing disorders at the Central Remedial Clinic. In addition, **Dr Ryall** participated in an on-line peer support education programme for amputee patients.

In 2013 **Dr McElligott** was appointed as a Medical Assessor for the Medical Council of Ireland and **Dr Morgan** completed an almost 6 year term as Chair of the Disabled Drivers' Medical Board of Appeal.

INTERNATIONAL

Highlights of Medical Board International activities include: **Dr McElligott** was appointed as CARF (Commission for Accreditation of Rehabilitation Facilities) surveyor and participated in the international CARF survey process. Both **Dr Morgan** and **Dr Delargy** continued to be active as the Irish representatives on the UEMS Society of Rehabilitation Medicine.

In January 2013 **Dr Delargy** met with the Association of Locked in Syndrome (ALIS) patient support service in Paris. **Dr Delargy** also participated in the Prolonged Disorders of Consciousness (PDOC) planning group and presented a poster on PDOC services at the BSRM in London. As a member of the expert review group on Vegetative and Minimally Conscious states **Dr Delargy** participated in UK meetings and the launch of the Royal College of Physicians London National Clinical Guidelines on Disorder of Consciousness.

Dr Nicola Ryall was invited to give clinical advice at a specialist clinic on complex congenital limb deficiency at Medanta Hospital, Delhi, India. She was also the keynote speaker and presented on 'Advances in Prosthetic Rehabilitation'. **Dr Ryall** also presented on "Changing Co-morbidity and Complexities in a Lower Limb Amputee Population" and the "Goal Strategies and Psychosocial Outcomes in People with a Lower Limb Amputation" at the 13th ISPO World Congress in Hyderabad, India.

Dr Angela McNamara chaired a special session at the BNCPRM Rehabilitation Medicine conference on "Shared Decision Making" and presented a paper on "The Patient and Doctor in Shared Decision Making" at the 3rd Baltic & North Sea Conference on Physical and Rehabilitation Medicine, the Congress of the German Society for Physical Medicine and Rehabilitation, and the Annual Congress of the Austrian Society for Physical Medicine and Rehabilitation.

Dr Eimear Smith participated in an international group of spinal cord injury specialists and the publication in "Spinal Cord" of 2 studies in spinal cord injury namely an "International Comparison of the Organisation of Rehabilitation Services and Systems of Care for Patients with Spinal Cord Injury" and an International survey of perceived barriers to admission and discharge from spinal cord injury rehabilitation units. Dr Smith also presented at the MASCIP annual meeting, Loughborough, UK on fracture risk in patients with spinal cord injury.

National Educational Activities

Dr McElligott, **Dr Á Carroll** and **Dr Delargy** presented and participated in the RCSI Stroke diploma. **Dr McElligott**, **Dr Morgan** and **Dr Ryall** presented in RCPI Clinical Update Trauma and Complex Spasticity Management presented at the Tallaght Hospital Grand Rounds on Acute Demyelinising Encephalopathy. Dr Delargy chaired a session on Locked in Syndrome (LIS) at the Irish Heart Foundation annual conference and he also presented at the Beaumont Neurosciences conference. **Dr Delargy** participated in a joint medical and legal personal injury conference and he had a poster presentation on NRH Neurobehavioral Clinic at the Irish Neurological Association meeting in April 2013. **Dr Ryall** presented "Olympic Legs: The Road from Injury to Inspiration" in the Master class in Rehabilitation Medicine, RCPI, January 2013.

Dr Smith chaired and hosted the Respiratory Information in Spinal Cord Injury, UK & Ireland scientific meeting in the Mater Hospital and presented at the RCPI clinical update in rehabilitation medicine as well as the Irish Hand Society and the Association of Occupational Therapists of Ireland, (Neurology Advisory Group). **Dr Morgan** presented 2 audits from the NRH on Stroke Secondary Prevention at the IHF Stroke day in Croke Park. **Dr Morgan** also presented a poster on the MRCPI pilot exam at the INMED Conference in UCD.

Drs McElligott and **Delargy** presented at the Geriatric SPR training day and Dr Smith at the Orthopaedic HST training day. **Dr Hanrahan** developed a new mild Traumatic Brain Injury (mTBI) pathway between ED CUH and Rehabilitation Medicine Outpatient Clinic, and launched with training of Emergency Department (ED) staff in mTBI, Proformas and the Westmead PTA. **Dr Hanrahan** also completed the RCPI Trainers' Certificate and presented Grand Round talks on Locked in Syndrome, Specialist Rehabilitation and Rehabilitation in Critical Illness settings. **Dr Harahan** also presented the Successful Amputee Rehabilitation Module on the MSc in Older Persons Rehabilitation at UCC.

Higher Specialist Training in Rehabilitation Medicine

Dr McElligott completed a 3 year term as National Specialty Director in Rehabilitation Medicine and **Dr Morgan** was appointed as National Specialty Director in Rehabilitation Medicine in the Spring of 2013.

The Rehabilitation Higher specialist training programme at NRH was successfully re-accredited by the RCPI HST Specialist division for 4 Specialist Registrar trainees in Rehabilitation Medicine.

Our congratulations to **Dr Eugene Wallace** and **Dr Cara McDonagh** who completed their training and graduated to RCPI Specialist division of Rehabilitation Medicine in 2013.

Dr Raymond Carson was appointed as clinical tutor registrar TCD/NRH and he presented at the BSRM Autumn meeting, Belfast and also presented at the 4th UK Dutch Rehabilitation Meeting, Harrogate, UK. **Dr Carson** also presented "Rehabilitation of Long-term Neurological Conditions" at Beaumont Hospital Neuromedica conference.

L-R: Kim Sheils, Dietitian Manager, Professor Donal O'Shea, Dr Mark Delargy, Consultant in Rehabilitation Medicine.

NCHD and Undergraduate Medical Education

Dr Morgan was appointed as Chair, MRCPI Clinical Examination Board and was the lead consultant to support the establishment of the new MRCPI clinical exam in general medicine. **Drs Morgan**, **McElligott**, **Delargy** and **Áine Carroll** were examiners in the MRCPI (GM) part II clinical examinations.

We appreciate the hard work of the medical clinical tutors **Dr Aaisha Khan** and **Dr Raymond Carson** in 2013. Among the major achievements this year has been the establishment of the interdisciplinary grand round programme and further development of NRH interdisciplinary educational programmes for undergraduate medical students and NCHDs at the NRH.

Dr McElligott is consultant lead and co-chaired the Academic Steering Group at NRH. **Dr McElligott** is also a senior lecturer in TCD and is the lead consultant for the undergraduate medical education TCD students at NRH. **Drs Morgan and Delargy** are senior lecturers in RCSI and the lead consultants for the RCSI undergraduate education; **Drs Carroll** and **Ryall** are senior lecturers in UCD and the lead consultants in UCD undergraduate medical education programme.

Drs McElligott, **Smith**, **Delargy** and **Morgan** participated in the NRH Nursing rehabilitation course in March 2013 and **Dr Smith** participated in the clinical professional programme for spinal column/cord injury nursing. **Dr Smith** also participated in the UCD undergraduate medical curriculum musculoskeletal rehabilitation.

Thank you – We wish our colleague **Dr Hanrahan** all the best for the future and thank him for his wonderful and pioneering work in Cork and Kerry over the years. We congratulate Andrew on his new appointment in Putney, UK and we look forward to future collaborative work in 2014 and beyond.

Thank you to my colleagues **Dr Jacinta Morgan** and **Dr Mark Delargy** for all their hard work and support as secretaries to the medical board in 2013.

On behalf of the Medical Board I would like to extend a special thank you to **Ms Anne Rankin**, Medical Administrator for all her expert support, guidance, work and perseverance on behalf of the Medical Board Consultants, Non Consultant Hospital Doctors and Medical Students.

Dr Andrew Hanrahan conducting a teleconference for the POLAR Programme.

Section 2

NRH Rehabilitation Programmes

Brain Injury Programme

Dr Jacinta McElligott
Medical Director
Brain Injury Programme

Edina O'Driscoll
Programme Manager
Brain Injury Programme

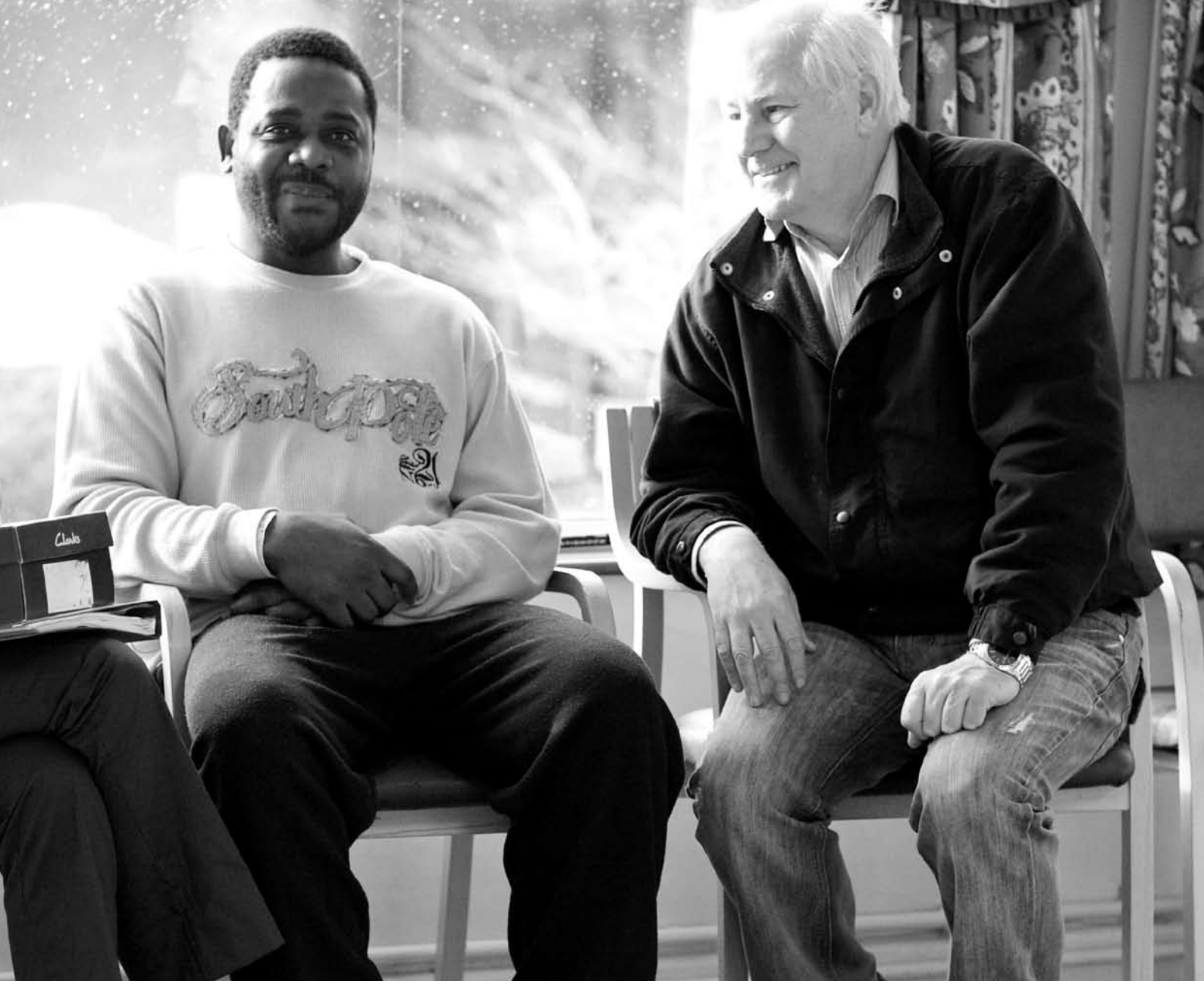
The Brain Injury Programme at the National Rehabilitation Hospital, in collaboration with the patients, their families and carers, provides specialist brain injury rehabilitation designed to lessen the impact of impairment and to assist people with Acquired Brain Injury (ABI) to achieve functional independence,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

The NRH provides the national, and only, post-acute hospital Inpatient Complex Specialist 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 269 persons were served by the Inpatient programme in 2013. This number compares with 243 in 2012. Of 269 patients discharged from the Brain Injury Programme, 250 were admitted to the Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP), and 19 patients were admitted for various interventions such as a short period of assessment or review.

Patients waited an average of 63 days for admission in 2013 (compared with 73 days in 2012), highlighting the efficiency of the programme. The average inpatient rehabilitation length of stay for 2013 was 60 days.

Patient care and treatment is delivered by expert interdisciplinary teams, with clinical responsibility led by **Dr Jacinta McElligott (Medical Director)**, with Consultant Colleagues **Dr Áine Carroll**, **Dr Mark Delargy** and **Dr Jacinta Morgan**. We are also indebted to Dr Angela McNamara who provided locum cover for Dr Áine Carroll as she took up her position in the HSE as National Director of the Clinical Strategy & Programmes. We look forward to welcoming Dr Paul Carroll to the



Brain Injury Medical Team in early 2014 and are hugely proud of Dr Carroll's achievements. Our medical team have been ably supported by a rotating team of NCHD's.

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

- Brain Injury Comprehensive Integrated Inpatient Rehabilitation Programme
- Brain Injury Outpatient Rehabilitation Programme
- Brain Injury Home and Community Based Rehabilitation Programme
- Brain Injury Vocational Service
- Stroke Specialty Service

All services within the Brain Injury (BI) Programme are accredited by CARF (Commission for Accreditation of Rehabilitation Facilities) - an achievement we are very proud of. The hospital is due to be surveyed again by CARF in 2014. Our aim is to demonstrate that the quality of our services are in line with international standards and show continuous improvement through positive key performance indicator outcomes.

The BI Programme aims to discharge all patients after they have achieved their desired rehabilitation goals and are deemed to have received maximum benefit from the programme. 76% of ABI patients were discharged to home in 2013.

During 2013, the BI Programme saw a reconfiguration of its Inpatient services. The success of this project was achieved due to the support it received from the staff within the Programme. The result has seen a positive impact on patient experience, with all patients now being admitted to wards which have designated Consultants and designated treating teams. This has allowed greater consistency in managing the admissions to each ward.

This reconfiguration was prompted by service development within the BI Programme. Funding was approved to develop an Early Access Rehabilitation Unit (EARU) in 2013. This is a 10 bedded unit which offers patients of low to moderate dependency a highly responsive, targeted, goal orientated rehabilitation programme. The average length of stay for this service is 42 days. The increased throughput is what supports shorter waiting times for admission. 77% of patients in the EARU programme were admitted from acute hospitals and 99% were discharged home.

Another new service development within the BI Programme in 2013 was the introduction of a 'Pooled Shared Waiting List'. The aim of this project was to improve patient flow by appropriate scheduling and capacity planning, to reduce the number of days that patients remain on the waiting list for admission. The purpose is to ensure that all patients have equitable access to Inpatient Specialist Rehabilitation Services provided at the National Rehabilitation Hospital. The success of this project was highlighted in poster format, which has been accepted and displayed at number patient safety conferences both in Ireland and Europe.

Demographics, Activity and Outcomes for Inpatient Services – 2013

DEMOGRAPHICS & ACTIVITY

Of 269 patients discharged from the BI Programme in 2013, 250 were admitted to the Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP):

74

(30%) had a diagnosis of Non-traumatic Brain Injury

81

(32%) had a diagnosis of Traumatic Brain Injury

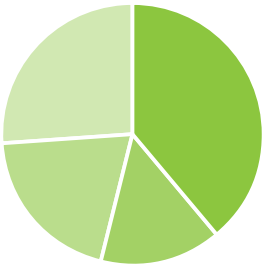
90

(36%) had a diagnosis of Stroke

5

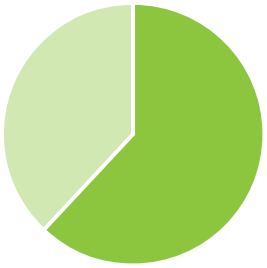
(2%) had a diagnosis of other Neurological Conditions

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



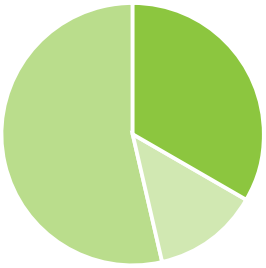
HSE Dublin Mid Leinster	39%
HSE Dublin North East	15%
HSE South	20%
HSE West	26%

GENDER OF INPATIENTS SERVED BY THE BI PROGRAMME



Male	62%
Female	38%

AGE PROFILE OF INPATIENTS SERVED BY THE BI PROGRAMME



Average age	46.5 years
Lower age range	18 years
Higher age range	74 years

DISCHARGE LOCATION OF INPATIENTS SERVED BY THE BI PROGRAMME

Home	70%
Acute Care Hospital	9%
Residential Care	14%
Other	7%

Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE PROGRAMME

Indicator	Target Set – 2013	Outcome 2013	Note / Trend
Average Days Waiting for Admission	A target was set that the average days waiting for admission would be less than 70 days.	63 days	Most patients are admitted well within 70 days, but patients with more significant or complex care needs, in particular patients with Disorders of Consciousness or challenging behaviour, can wait longer for admission due to fewer number of beds resourced for highly complex care needs
Completion rate of Outcome Measures (Modified Barthel and Disability Rating Scale {DRS})	95% completion of both the admission and discharge Modified Barthel and DRS	69% and 47% completion rates respectively	Completion figures for both measures remain low; the importance of same to remain on BIPSC & induction agendas
Incidence of Positive Change in Outcome measure at Discharge	90% of patients would show a positive change in the Modified Barthel and DRS at discharge	70% (MB) – 16% of patients at ceiling on admission -and 74% (DRS) showed positive change	
Average Score Change in Outcome Measures at Discharge	Patients would improve on average by at least 10 points as measured on the Modified Barthel	11 points (this includes data on patients who were at ceiling on admission)	The Modified Barthel has a range of 0 to 100/110. If those who were at ceiling are excluded, the average improvement on Barthel was 17
Average Rehabilitation Length of Stay	Length of stay would be less than 90 days	60 days	The range was 10-390 days; patients with longest LOS were delayed discharges due to delay in funding for long term care
Discharge to Home Rate	75% of patients would be discharged to home	76 %	In addition to those discharged home, 7.2% were successfully placed in long term care facilities

In 2013, we also formally introduced the FIM + FAM as an outcome measure. To date, of patients who have been assessed using FIM + FAM, data collected has demonstrated improvement in overall score in 90% of patients.

Programme Goals Achieved in 2013

2013 has seen ongoing engagement of many of our expert staff with the National Rehabilitation Medicine Programme through the National Working Group, Clinical Advisory Group and associated work streams. Work also continues on the development of Care Pathways and Care Bundles and the Model of Care for Specialist Rehabilitation Services in Ireland. We were proud to announce that Dr Jacinta Morgan was appointed Clinical Lead of the Rehabilitation Medicine Programme in 2013.

St. Patrick's (Neurobehavioural) Ward was chosen as one of the test sites for the 'Productive Ward' initiative. Progress to date has been significant with a review showing that St Patrick's Ward is ahead of schedule with respect to completion of modules. Initiatives such as 'safety crosses' are proving to be effective, with rates of non compliance with NRH bare below elbow policy improving significantly on the ward. The Productive Ward initiative is now being extended to St Brigid's ward, with implementation in the remaining Brain Injury wards in the planning stages.

2013 has also seen significant achievements in education and research with a number of initiatives and projects successfully achieved. A suite of information leaflets have been developed to support patients, families and carers. These leaflets were a multidisciplinary effort with input from all stakeholders including focus groups of service users. The leaflets now supplement educational information in our patient education folders and are available around the organisation and on the NRH website.

The Posture Management for Enteral and Oral Feeding Working Group developed a comprehensive education programme for staff within the programme based on results of a number of audits carried out across the hospital. Training was provided in positioning of patients for enteral feeding. Following on from education, some recommendations have been made for the purchase of equipment to further improve the feeding process – including colour-coded trays to identify at-risk patients, and high perching stools for staff members carrying out feeding.

Another project supported through the Brain Injury Programme Education Committee in conjunction with the Behavioural Consultancy Forum was a highly successful education day on Managing Challenging Behaviour. The education day was aimed at supporting our colleagues in the community and was the result of a survey sent out to all PCCC teams, and a number of community service providers. Managing patients with challenging behaviour was identified as an area of difficulty for these services and assistance of the NRH expert staff was requested.

In additional to practical information on managing patients in the community with challenging behaviour, attendees were given the opportunity to participate in a number of associated workshops including pain management, feeding and communication difficulties. Poster presentations on medication management, return to education or work and restraint were also provided. Feedback on the day was overwhelmingly positive and we are already receiving requests to repeat the day in 2014.

The Brain Injury Programme has also been active in the area of research. One significant research project we are involved in currently is the introduction of a Music Therapy Assessment Tool for Awareness in Disorders of Consciousness (MATADOC). The purpose of this research project it to identify the potential benefits of this tool in assessing patients' levels of response, contributing to diagnosis and treatment planning as well as monitoring change in patients presenting with a Prolonged Disorder of Consciousness (PDOC).

There has been a great deal of interest within the music therapy profession about this project. Three papers have been accepted to date to be published in relevant journals and will be presented at international conferences in 2014. Our music therapists have been invited to join a round table discussion panel with experts from London, Philadelphia and Argentina on the use of the MATADOC with PDOC patients.

Within the PDOC service, significant time has been invested in developing a specific scope of service and care pathway for this patient group. PDOC specific documentation is also under development which will support this care pathway and be more sensitive to the needs of this cohort of patients and their families. A significant step in this process was the visit to NRH of Beatrice Huber, a Psychotherapist from Berlin, to meet PDOC committee and treating teams. Beatrice has developed a carer training programme for families of patients (adults and children) with PDOC, and we hope to continue this engagement to develop our own such programme.

In addition to this, the work of the PDOC committee has been acknowledged in the Royal College of Physicians (UK) published guidelines for working with this cohort of patients.

Under other service development initiatives within the programme, 2013 has seen the expansion of the Brain Injury Liaison Service to a full time service, which has been critical to the success of the pooled shared waiting list programme.

Senior Physiotherapist and team member of the Brain Injury Programme, Donncha Lane, has established a DIVERT clinic, which is a structured system for the assessment and treatment of patients with vestibular difficulties, adding to the breadth of service delivery within the BI Programme.

Other service development initiatives include the establishment of formal links between NRH and St Vincent's University Hospital Emergency Department. This pilot project has been supported by both organisations, and has been led by the Occupational Therapy Departments in both hospitals, in collaboration with Dr Nicola Ryall (NRH) and Professor John Ryan (SVUH).

In terms of future service development initiatives within the Brain Injury Programme, work is in progress to expand the NRH Neurobehavioural Clinic to double capacity. A comprehensive review of this service has demonstrated that additional resources are required to meet current demand for the clinic.

In addition to the above developments, work is ongoing on developing a Medical Ophthalmology assessment clinic to enhance the current Orthoptic Clinic. This would support a more seamless delivery of service to our patients with visual disturbances as it would eliminate the need for external referral for Ophthalmology assessment.

Programme Manager

The Programme Manager for the Brain Injury Programme in 2013 – Edina O'Driscoll.

Clinical Services within the Brain Injury Programme Include:

- **Medical**
  The Medical Director of the programme in 2013 – Dr Jacinta McElligott, working in collaboration with Consultant Colleagues Dr Áine Carroll, Dr Mark Delargy and Dr Jacinta Morgan.
- **Nursing (St. Brigid's Ward, St. Patrick's Ward, St. Camillus' Ward and St. Gabriel's Ward)**
- **Clinical Neuropsychology**
- **Nutrition and Dietetics**
  The Brain Injury Programme has benefitted from increased dietetic hours allocated to the Programme in 2013. Nutritional issues in Brain Injury are varied and complex, ranging from managing artificial tube feeding to prevention of over-nutrition and risk factor modification. Education and interventions are delivered on a one-to-one basis. Close liaison with families and carers is often necessary.
- **Occupational Therapy**
  The Early Access Rehabilitation Unit (EARU) took effect from July 2013. 10 extra beds were assigned for rapid access in the early stages post brain injury, with the projected maximum admission to these beds of 4-6 weeks. As a result, there has been increased throughput in admissions and discharges for Occupational Therapists assigned to the EARU beds. OTs assigned to this Inpatient service now address many areas which would traditionally have been addressed in the Outpatient Service post discharge, for example, vocational assessment and driving.
- **Pharmacy**
  The pharmacy presented a talk on medications at the BI Programme Study Day in 2013. Pharmacists counsel patients and carers from the BI Programme on their medications when requested. Also in 2013, education sessions were provided to nursing staff from the BI Programme on the 'New Oral Anticoagulants'.
- **Physiotherapy**
  Physiotherapy developments in the BI Programme for 2013 include: establishing a new DIVERT service (Dizziness and Vestibular Rehabilitation Triage); FIM/FAM training; Healthcare Record Audits; Enteral Feeding Group; BI Programme Physiotherapy Team meetings, and Mentoring and Supervision programme. Issues for the Physiotherapy service in the BI Programme include the absence of a Wheelchair Service; the need for appropriate treatment spaces in the main gym; reduced granting of medical cards impacting on funding of patients' equipment, and the need for increased Community Services for patients' follow on care.
- **Social Work**
  The opening of the Early Access Rehabilitation Unit (EARU) beds in the BI Programme has increased the workload for the Social Work service in terms of discharge planning, family meetings and liaison with community services due to the higher throughput of patients for these beds. Mary Regan has continued to work on the Prolonged Disorders of Consciousness (PDOC) subgroup while all Brain Injury Social Workers are involved in the Carer Training Committee. There has also been a reorganisation of the Social Work service due to overall increase in BI Programme beds.
- **Speech & Language Therapy**
  The Speech and Language Therapy (SLT) service within the BI Inpatient Programme manages the communication and swallowing needs of patients, continually monitoring and reviewing treatment plans to recognise and respond to the changing needs of patients, families and carers. Treatment goals and patients' choices may change at different stages of treatment. SLT staff participate in weekly chart rounds and contribute to goal setting, family and discharge conferences, often supporting patients with communication difficulties to participate in these meetings. The SLT Outpatient Brain Injury Service offers both single and interdisciplinary assessment and treatment programmes; Group Patient Work and Family Education Groups.
- **Therapeutic Recreation Service**
- **Music Therapy**
- **Liaison Service**

Section 2

NRH Rehabilitation Programmes

Spinal Cord System of Care (SCSC) Programme

Dr Éimear Smith
Medical Director
SCSC Programme

Eugene Roe
Programme Manager
SCSC Injury Programme

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

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

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

The SCSC Programme provides a continuum of care encompassing the Inpatient rehabilitation phase (with a current bed capacity of 36 beds) and an Outpatient phase with the capacity to see patients in interdisciplinary clinics, consultant led clinics and single therapy treatments. Linkages to community services, including a liaison service, a pilot vocational programme and links to a range of external support and advocacy services, for example Spinal Injuries Ireland (SII), the Irish Wheelchair Association (IWA) and Citizen's Information Board. The SCSC Programme manages an additional inpatient bed for the treatment of patients with pressure wounds.

Patient care and treatment is delivered by an interdisciplinary team with overall clinical responsibility led by the Medical Director of the programme, Dr Éimear Smith, in Collaboration with Dr Jacinta Mc Elligott, Consultant in Rehabilitation Medicine during 2013.

Demographics, Activity and Outcomes for Inpatient Services – 2013

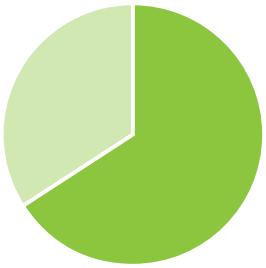
DEMOGRAPHICS & ACTIVITY

In total 158 persons were discharged in 2013 from the SCSC Programme. Of these patients, 115 were admitted for the first time to the SCSC Programme at NRH and 54 patients (47%) had sustained a new traumatic spinal cord injury (SCI). Overall 37% of patients were under the age of 40 and 32% were aged 60 or over:

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

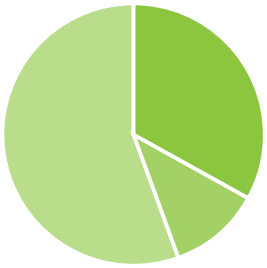
HSE Dublin Mid Leinster	40%
HSE Dublin North East	21%
HSE South	21%
HSE West	18%

GENDER OF PATIENTS DISCHARGED FROM THE SCSC PROGRAMME



Male	66%
Female	34%

AGE PROFILE OF PATIENTS DISCHARGED FROM THE SCSC PROGRAMME



Average age	49 years
Lower age range	17 years
Higher age range	82 years

We greatly appreciate the fundraising initiatives that are undertaken in the community on behalf of the patients at NRH – the proceeds of which go towards specialist projects and equipment that make a real difference in our patients' lives.

Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE PROGRAMME

Indicator	Target Set – 2013	Outcome 2013	Note / Trend
Average Days Waiting for Admission	Target: Admission of Patients within 50 days	The average days waiting for admission was 48 days	68% of patients were admitted within the target of 50 days
Average Rehabilitation Length of Stay (LOS)	Target: Average admission length of stay less than 90 days	Average LOS was 92 days	The LOS in the SCSC Programme is negatively impacted when a number of patients must wait for long periods to access onward care
Delayed Discharges	Target: To lose less than 10% of bed days to delayed discharges	This target was met with 938 (7.6%) of bed days lost to Delayed Discharges in 2013	'Delayed Discharges' is the term used when patients who have completed their rehabilitation programme and are medically fit for discharge but are awaiting access to onward care. 158 fewer bed days were lost to the SCSC Programme in 2013, this equates to a 14% improvement on the 2012 figure
Discharge to Home Rate	Target: To discharge at least 75% of patients to home	78% of patients were discharged home	In 2013 the number of patients returning to their referring hospital (7%) remained the same as the previous year. Planning the patients' ongoing journey to the community continues to be a challenge in the current economic environment with less funding available to support home discharges

SCSC Programme Highlights in 2013

- The SCSC Programme Development Committee continued to meet on a monthly basis to address service issues regarding patient and family care. The programme continued to benefit from its collaboration with Spinal Injuries Ireland (SII) through the Venture Sports and Social Programme, Vocational Programme, Peer Support Programme and the presence of SII at the weekly NRH spinal outpatient interdisciplinary clinic.
- The Fourth Annual 'Research and New Developments in Spinal Cord Injury' Information Day was held in September 2013 and included inputs on bladder management; personal perspectives on returning to work following a spinal injury; reflection on issues for walkers with a spinal cord injury and a patient versus staff exhibition wheelchair basketball match (Won by the patients team) The day is a joint venture between SII and the SCSC Programme.
- The Third Annual Reunion for Women with Spinal Cord Injury was held and was again very well received.
- Participation in sports is recognised as a key activity for persons with spinal cord injury and the NRH once again participated in the Annual Inter Unit Spinal Games in the UK
- The inaugural NRH Sports Day took place in August and was considered a great success by the patients and former patients who took part. This event was held in collaboration with the Irish Wheelchair Association, Dun Laoghaire Rathdown Sports Partnership and Spinal Injuries Ireland
- A visit from the UK based Back Up Trust was well received with lots of enthusiasm from the NRH as to how to progress working collaboratively with the Back Up Trust
- Team development and education continued in 2013 with a variety of formats including a formal interdisciplinary education programme on a range of topics presented by different team members on a monthly basis.

- Four posters, one of which won the Poster Prize, were presented at the UK MASCIP meeting (Multidisciplinary Association of Spinal Cord Injury Professionals)
- RISCI GB&I (Respiratory Information for Spinal Cord Injury) held their annual meeting for the first time in Ireland. Two team presentations were made from NRH with one of these papers winning the overall RISCI prize
- The Education Committee continued in 2013 to re-design the goal planning process and documentation with patients now being invited to attend the goal planning meeting with the interdisciplinary team.

Report of the Medical Director

Dr Éimear Smith and Dr Jacinta McElligott are the Rehabilitation Physicians responsible for the Spinal Cord System of Care (SCSC) at the National Rehabilitation Hospital. Both have sub-specialist training in Spinal Cord Injury Medicine and Rehabilitation. Dr McElligott will move from the SCSC programme to work solely in the Brain Injury Programme and is being replaced by Dr Cara McDonagh in 2014.

The SCSC programme faced a number of challenges during 2013, on which future efforts will be focussed in order to improve service delivery. Prevalence of spinal cord injury is on the increase as the number of newly injured patients exceeds mortality in those with long-standing SCI. This has resulted in increasing waiting times for Outpatient clinic appointments, as we strive to deliver a life-long service to all our patients. The development of an annual review, conducted over the telephone by the liaison nurse, has been helpful in reducing this problem, but further measures will be necessary. In recent times of economic constraint, the programme has faced staffing shortages, sometimes resulting in fewer therapy sessions for patients. It has been necessary to develop some creative ways of ensuring that patients are optimally rehabilitated such as more group sessions with a dedicated focus on activity and participation. Finally, during 2013, the programme remained unable to offer a service to patients who were ventilator dependent, due to inadequate anaesthetic input. There will be dedicated attempts to rectify this issue during 2014.

Report of the Programme Manager

Feedback from patients throughout the year indicates that the biggest asset in the SCSC Programme is its staff. The feedback from patients consistently refers to the person centred practice, professionalism and skill of the programme staff. Interdisciplinary working is at the core of a patient centred delivery of care and in the SCSC Programme this is supported by the goal setting process, family and discharge conferences, programme development meetings and timetabling. In 2013 the programme staff contributed to the work of the NRH Health Planning Team regarding the physical environment of the Integrated Team Treatment Areas planned for Phase 1 of the new hospital.

In 2013 the average bed occupancy rate in the SCSC Programme increased to over 97% compared with 95% bed occupancy in 2012.

As in past years, significant fund raising was undertaken by individuals and groups in 2013 to support the spinal programme at NRH and all this effort is very much appreciated by the staff of the programme. Among the significant SCSC funding invested in 2013 on equipment was a major contribution to support the development of the EAT (Electronic Assisted Technology) clinic at NRH which will be of great benefit to patients in the SCSC Programme.

The Vocational Project

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

Programme Manager

Eugene Roe is the Programme Manager for the SCSC Programme.

Clinical Services within the SCSC Programme Include:

- **Medical**
  The Medical Director of the programme is Dr Éimear Smith who worked in collaboration with Consultant Dr Jacinta McElligott in 2013. Dr Cara McDonagh, Consultant in Rehabilitation Medicine, will join the SCSC Programme in 2014.
- **Nursing (St. Margaret's and St. Joseph's Wards, Our Lady's Ward and St. Camillus' Ward)**
- **Clinical Neuropsychology**
- **Nutrition and Dietetics**
  Increased dietetic hours were allocated to the SCSC programme in 2013. Nutrition education is provided on a one-to-one basis and focuses on supporting patients in adjusting to changes in nutritional status and requirements post spinal cord injury, as well as encouraging lifestyle choices that promote good health in the long-term. Preliminary work on the introduction of a spinal injury-specific nutritional screening tool was carried out in the latter half of 2013. This tool will be introduced to the programme in 2014.
- **Occupational Therapy**
  In 2013, a team from Back Up (a UK charity that helps people of all ages and backgrounds rebuild their confidence and independence following spinal cord injury) visited NRH and provided a wheelchair skills training demonstration. Two members of the current OT team participated in the use of the Assessment of Motor and Process Skills (AMPS) project and a protocol and process for use of this assessment is being developed. A dedicated room for the Electronic Assistive Technology (EAT) Clinic was completed and stocked with equipment for assessment, trial and loan.
- **Pharmacy**
  The pharmacy participates in the multidisciplinary education provided to the SCSC patients.
- **Physiotherapy**
  Physiotherapy Developments in the SCSC Programme for 2013 include: Launch of Inaugural NRH Sports Championships in which 45 athletes from 16 counties participated in 8 events; Formulisation of patient education sessions; review of the Sports and Fitness programme; Standardisation of Home Exercise Programmes into educational information packs; improved collaboration with Mater hospital including staff visits to participate in treatment delivery for a patient confined to bed; and close liaison with Nurse Education to provide sessions for visiting nurses on the Spinal Injury course from the Mater Hospital.
- **Social Work**
  The Social Work service is offered to all patients and their families from the SCSC Programme, continuing throughout the patients' rehabilitation programme and in the immediate post-discharge stage as required. A social work service is also provided at Multidisciplinary Outpatient clinics and the Vocational Project. Pre-admission and outreach visits are completed in consultation with the Interdisciplinary Team and Discharge Liaison Occupational Therapy service. Social Workers continue to be involved in a range of educational programmes, workshops and information days for Spinal Injury patients, and their families and carers.
- **Speech & Language Therapy**
  The SCSC Programme refers patients to the Speech & Language Therapy (SLT) service for swallowing disorders, voice, and speech and language difficulties. SLT have been involved in a multidisciplinary Posture Management for Enteral and Oral Feeding Working Group; Audits of feeding practices on the ward and Interdisciplinary education sessions provided to ward staff with the provision of best practice guidelines when feeding patients with spinal cord injury.
- **Therapeutic Recreation Service**
- **Liaison Service**

Section 2

NRH Rehabilitation Programmes

Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programme

Dr Nicola Ryall
Medical Director
POLAR Programme

Dorothy Gibney
Programme Manager
POLAR Programme

The Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) programme has continued to provide prosthetic rehabilitation for people with both amputation and congenital limb absence throughout 2013. During the year we faced a number of challenges and experienced some exciting new developments.

In February, following a complete refurbishment of McAuley ward to accommodate the reconfiguration of the POLAR Programme, there was a transfer of patients from St. Gabriel's and St. Camillus' wards to the newly opened McAuley Ward. A major schedule of work was undertaken in the preceding months by the POLAR Team to reshape its service delivery in line with the NRH objective of continuous improvement and effectiveness in patient outcomes. In September 2013 the Day Patient POLAR Programme was initiated. This allows the programme to facilitate Day Patients. With the reconfiguration of the service in 2013, we welcomed 6 new Nursing Staff to the POLAR Programme at NRH.

Our Inpatient admissions (90) were slightly increased on the previous year. A comparison of the patient profile over a nine year period, undertaken by Dr Ryall, showed a significant increase in patient complexity particularly in the areas of obesity, cognitive impairment and musculoskeletal impairments. Despite this the programme has managed to maintain our average length of stay and discharge to home rate.

Programme Developments

With the retirement of three of the Programme's senior staff, there was a significant impact on the Therapy provision to the programme as the senior therapists to both the Upper Limb and Lower Limb services retired. Working in close collaboration with the Occupational Therapy Manager, a 'Transfer of Skills' programme was put in place. This has enabled the Programme to reconfigure the service links across the continuum of Outpatients, Inpatients, and Day Patients to review the initial assessment of new referrals to the service.

Physiotherapy input into the initial assessment appointment for patients was initiated, which enabled the Programme to offer an interdisciplinary assessment to all newly referred patients who attend the clinics on the NRH site. This involves medics, prosthetists, physiotherapist, and occupational therapist as routine, with social worker and psychologist involvement as required. This interdisciplinary assessment has improved the prescription process for prostheses.

The POLAR Programme, in collaboration with UCD, embarked on a project to establish an e-learning educational tool for patients, to be introduced as part of their rehabilitation programme, for those patients who may wish to avail of educational material in this format. It is planned to pilot e-learning as soon as is feasible. In the meantime, the 'POLAR Patient Stories' peer support project was established with participation from staff and patients from the Programme. Cathrina Lett, in conjunction with the Communications Manager, coordinated the filming for these videos in 2013. The videos are now being actively used as part of POLAR Peer Support sessions. Five videos were completed, with plans for further videos to be completed in 2014 to expand the diversity of the patients' experiences. The feedback from the usage of current videos with POLAR patients has been very positive as they encapsulate the ups and downs of patients' experiences as they progressed through their rehabilitation journey. What patients particularly like about these videos, is hearing the rehabilitation perspective directly from former patients.

Another filming project in the planning stage is the creation of a 'POLAR Programme Introductory Video' aimed at prospective patients. It is planned that this video will be delivered by both the patients and also interdisciplinary staff members, which can then be made available either in DVD format, or by access through the NRH website. Although currently in its very early stages, it is hoped that this pilot project might lead to the development of introductory DVDs for all NRH Rehabilitation Programmes.

In February, Cathrina Lett from the Social Work service was involved in a POLAR Patient Focus Group, conducted to establish patients' views on the introduction of the Personal Health Profile. Cathrina was also invited to participate in the opening address for the launch of the newly established 'Mid-West Amputee Association' in Ennis, Co Clare.

Dr Ryall was previously seconded as Clinical Lead for Procurement for Prosthetics and Orthotics linking with the National Rehabilitation Clinical Programme, and although having resumed her post as consultant and Medical Director, continues to be involved with the HSE Procurement Programme.

The POLAR Programme aims to maximise the benefit for patients of the opportunity to restructure service delivery in 2013. The objective is to reduce our Inpatient bed numbers and to increase provision of therapy services on an Outpatient basis. This requires flexibility within the Team as this model is developed.

Service delivery through the satellite clinics is continually reviewed. We now offer a weekly clinic in Galway and we have increased the frequency of the Carrick-on-Shannon clinic to every two weeks. We look forward to the development of additional Consultant posts in both HSE West and Dublin North East as both posts will include dedicated sessions for Prosthetic Rehabilitation

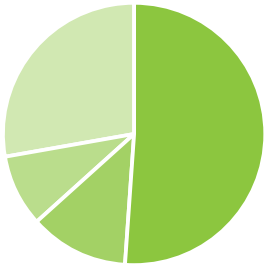
Demographics, Activity and Outcomes for Inpatient Services – 2013

DEMOGRAPHICS & ACTIVITY

ADMISSIONS TO THE POLAR INPATIENT SERVICE IN 2013

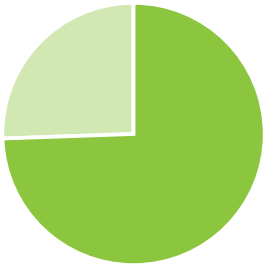
Types of Amputation	Numbers 2013	Percentage of Admissions 2013
Above knee	43	48%
Below knee	40	44%
Bi-lateral Lower limb	5	6%
Upper limb amputation	0	0%
Hemipelvectomy / through hip and above knee	2	2%
TOTAL	**90**	**100%**

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



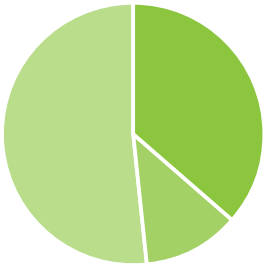
HSE Dublin Mid Leinster	51%
HSE Dublin North East	12%
HSE South	9%
HSE West	28%

GENDER OF PATIENTS SERVED BY THE POLAR PROGRAMME



Male	74%
Female	26%

AGE PROFILE OF PATIENTS SERVED BY THE POLAR PROGRAMME



Average	63 years
Lower	21 years
Highest	89 years

Outcomes

EFFECTIVENESS, EFFICIENCY AND ACCESS TO THE PROGRAMME

Indicator	Target Set – 2013	Outcome 2013	Note / Trend
Discharge to Home Rate	75% of patients will be discharged home	83% of patients were discharged home	
Average Days Waiting for Admission	Average days waiting for admission to the POLAR Programme will be less than 90 days	The average days waiting for admission was 32 days	Some Patients experience a significant wait for sanction (approval for funding for their prosthesis) before they can go on the waiting list
Average Rehabilitation Length of Stay (LOS)	Average length of stay should be less than 90 days	Average LOS was 51 days	This compares with 54 days for 2011 and 48 days in 2012
Delayed Discharges	Less than 1% of bed days lost to delayed discharges	0% of bed days were lost to Delayed Discharges in 2013	

Prosthetic Service

PRODUCTION BY LIMB TYPE

Type of Prosthesis: Lower Limb	2013
Hip disarticulation	2
Above knee	67
Knee disarticulation	4
Below Knee	160
New sockets	150
Appliances	7
TOTALS	**390**

Type of Prosthesis: Upper limb	2013
Above Elbow	4
Below Elbow	24
Socket	5
Other Appliance	8
TOTALS	**41**

Clinic Attendances	2013
NRH Consultant-led clinic	468
NRH Prosthetist only Clinics	1,340
Satellite clinics	852
Total Prosthetic Attendances	**2,660**
Orthotic clinics	545
Combined total of Outpatient attendances	**3,205**

Programme Manager

Dorothy Gibney the Programme Manager for the POLAR Programme retired in December 2013 and is wished a long and happy retirement from all her NRH colleagues.

Clinical Services within the POLAR Programme Include:

- **Medical**
  The Medical Director of the programme is Dr Nicola Ryall who worked in collaboration with Consultant Dr Andrew Hanrahan who was based in Cork, leading rehabilitation services for the HSE South during 2013.
- **Nursing (St. Camillus' Ward and St. Gabriel's Ward)**
- **Clinical Neuropsychology**
- **Nutrition and Dietetics**
  Increased dietetic hours were allocated to the POLAR programme in 2013. This allowed a more comprehensive service to be provided to patients, including more frequent reviews. Education is carried out on a one-to-one basis, taking into account individual risk factors, nutritional requirements and co-morbidities. Group education is also delivered as part of the POLAR 'Healthwise' education programme. This aims to promote lifestyle choices that support good health.
- **Occupational Therapy**
  The full staffing level of Occupational Therapists assigned for the POLAR Programme allows the provision of service to 10 inpatients weekly and with full staffing level, up to 7 day-patients can receive occupational therapy treatment. The Senior Occupational Therapist attends the Multidisciplinary Lower Limb Clinic three times monthly and a Senior OT also covers the Upper Limb Absence Clinic once a month. In addition, approximately two treatment sessions per week can be provided to the patients with upper limb absence at the Outpatient clinic.
- **Pharmacy**
  A pharmacist participated in the POLAR Outpatients service, providing a clinical pharmaceutical input, and also advised on pharmaceutical aspects prior to the re-opening of McAuley ward.
- **Physiotherapy**
  Physiotherapy Developments in the POLAR Programme for 2013 include: Development of new physiotherapy assessment documentation; Implementation of new outcome measures; Initiation of a dedicated sports group for POLAR patients; Mentoring and Supervision programme. Issues for the Physiotherapy service in the POLAR Programme include: the need for appropriate treatment spaces in the gym areas affording patients' privacy to don and doff their limbs; timely sanctioning of funding for prostheses, leading to uncertainly on admission dates, impacting on effective timetabling.
- **Social Work**
  The Social Work (SW) service is offered to Inpatients and Day-patients of the POLAR Programme, as well as to the Outpatient clinics on request. Social Work staff participate with all members of the POLAR Programme in facilitating patient and family sessions on 'Getting the Most out of Rehabilitation' and 'Peer Support'. Cathrina Lett from The SW Department has been closely involved with the POLAR programme review and reconfiguration along with team colleagues and this has led to a considerable amount of work on service development.
- **Speech & Language Therapy**
  The Speech & Language Therapy (SLT) Department provides a service to the POLAR programme as required. The patients in this category typically present with dysphagia, audiology needs, voice disorders or cognitive linguistic difficulties.
- **Therapeutic Recreation Service**
- **Prosthetic and Orthotic Service**

Section 2

NRH Rehabilitation Programmes

Paediatric Family-Centred Programme

Mary Cummins
Programme Manager
Paediatric Family-Centred Rehabilitation

Dr Susan Finn
Consultant Paediatrician

Ghyslaine Brophy
Acting Programme Manager
Paediatric Family-Centred Rehabilitation

The Paediatric Family-Centred Rehabilitation (PAEDS) Programme at the National Rehabilitation Hospital is the national service for children and young people requiring complex specialist interdisciplinary rehabilitation services.

The PAEDS Programme has 8 beds (6 Inpatient beds and 2 day places). In effect the PAEDS Programme is a microcosm of the three adult programmes at NRH, providing specialist rehabilitation services to children and young people who require these services as a result of conditions such as a brain injury, stroke, spinal cord injury, neurological disorders or limb absence.

Referrals to the service are received from across the Republic of Ireland, primarily from the major paediatric tertiary acute care hospitals and from general hospital consultants and general practitioners (GP).

The rehabilitation needs of each child and young person referred are assessed by the PAEDS team either through the Inpatient or Day-patient service, or as a one-day interdisciplinary team screening assessment to establish whether their needs can be met by the services available at NRH.

Comprehensive assessments are usually carried out through a two-week admission and may be followed by a period of intensive individual goal-focused rehabilitation treatment as appropriate.

The PAEDS Programme team also provide a follow-up or review rehabilitation service to children and young people as they grow and develop through childhood, as further assessment and advice is needed. Excellent communication with community health, educational and social care services is an essential element of the continuum of care for our patients.

The Objectives of the Paediatric Programme are:

- To achieve the maximum rehabilitation potential of each child or young person – physically, emotionally, socially and cognitively.
- To involve the children and young people, along with their families and carers, positively in the rehabilitation process.
- To support the successful reintegration of the each child into their home, school and the wider community.
- To help and support the child or young person and family to adjust to loss, changed self-image and abilities as a consequence of their illness or injury.
- To liaise and advocate with Health, Therapeutic and Education Authorities in the child's or young person's local communities regarding their ongoing rehabilitation needs.
- To offer rehabilitation training and education to family, carers, teachers, special needs assistants, personal assistants and other service providers.

Programme Developments and Initiatives in 2013

2013 was a challenging year for the PAEDS Programme. There were significant changes in staffing, leaving gaps in the provision of backfill cover. The on-going dedication and commitment of the team to the children and young people have helped offset to some extent the consequent reduction in service. The team also showed a willingness to shoulder the increase of responsibilities in the workload.

Programme Activity and Outcomes: the information detailed below highlights an increase in the number of children and young people presenting to the service with high complexity through to moderately complex needs in recent years. The demands on the service have increased during the year as a result. In response to this change in the paediatric patient population served at the NRH, a capacity review is currently being undertaken.

Paediatric Spinal Cord Injury Multidisciplinary Clinic: these clinics continue to prove an effective and efficient forum to manage patients comprehensively. This year, 21 children and young people with Spinal Cord Injury received specialist reviews at these Outpatient clinics.

The success of the spinal cord injury clinics are such that the PAEDS team is exploring the possibility of a specialist review service for patients with Acquired Brain Injury who have previously been served by the PAEDS Programme.

Summer Group Review: In place of the Summer Group Review in 2013, two children with spinal cord injury were accommodated with a three-day therapy, nursing input and introduction to sports activities.

Interdisciplinary Team: The strong collaboration among the Interdisciplinary team members played a significant role in the approach used for the very complex patients in 2013. There is increasing evidence that neuro-rehabilitation is most effective when delivered in a co-ordinated interdisciplinary way and the team was very creative in its ability to do joint working sessions to facilitate assessment and clinical intervention, particularly with young children in a low responsive state.

Children-centred and family-focused: The PAEDS programme strives to be children and young people-centred and family-focused in our service delivery. With this in mind, talks are offered to parents on **"About the Brain"** and **"About Rehabilitation"**. This year, the therapists reported an increase in the demand for more regular direct contact with parents and families in order to provide information and receive feedback pertinent to their child.

With the introduction of the increased working hours following the Haddington Road Agreement, the additional treatment slots facilitated more interdisciplinary work, particularly in relation to closer collaboration between therapists and nursing staff in the area of self-care tasks, and to continuation throughout the day of children's and young people's rehabilitation.

Collaborative Working: In response to requests from the Children's University Hospital (CUH), Temple Street, for support in managing children and young people with spinal cord injury in the acute setting, while they are waiting for admission to the NRH, the PAEDS team have improved links with colleagues. There were visits from therapists working in CUH during which training and education was provided, and meetings were held regarding collaborative working. Requests from acute hospitals and local community teams throughout the country have continued to increase in 2013. The team recognises that communication with other service providers and the development of ways to work in partnership with them are essential.

The Music Therapy research project to evaluate the new Music Therapy Assessment Tool for Awareness in Disorders of Consciousness (**MATADOC**) commenced in September 2013, thanks to the support of the NRH Foundation. Dee Gray, Co-investigator, is now working on a part time basis with Rebecca O'Connor, Music Therapist and Lead Investigator on the project. There has been a great deal of interest within the music therapy profession about this project. Three papers have been accepted to date to be published in relevant journals and will be presented by Rebecca and Dee in 2014 at international conferences.

Dr Sarah O'Doherty, Senior Neuro-psychologist, and Rebecca O'Connor, Senior Music Therapist, were invited to give a presentation in London to a group of senior neuro-psychologists in paediatric rehabilitation. The presentation was titled: 'Neuropsychology and Music Therapy; Clinical Harmony' and focused on the benefits of conjoint working with children who have had an acquired brain injury, detailing therapy techniques that have been developed by Rebecca and Sarah at the NRH. The presentation was well received and Rebecca and Sarah have been asked to write a chapter in a book to be published by Macmillan publishers outlining their work and therapeutic approach.

The PAEDS team gave its first presentation at the Neuro-behavioural Lecture in November, titled **'Thinking outside the box, a case study: Interdisciplinary working with a child who has a complex neurological condition'**.

Julianna Little, Clinical Specialist Speech & Language Therapist (SLT) co-presented **'Complex Communication Disorders following Adult and Paediatric Brain Injury'** and **'IDT Educational Approach for Patient, Family and Staff'** at the NRH SLT Department Study Day in November. Julianna also provided in-service training to the PAEDS team on Communication & Visual Impairment.

Training and Education

The PAEDS Spinal Cord Injury Multidisciplinary Outpatient Clinic in collaboration with Dr Éimear Smith, Consultant in Rehabilitation Medicine participated in a **poster presentation** of the clinic at the National Disability Authority Annual Conference 2013 in Croke Park in November.

The PAEDS programme continued to provide education and support to students who undertook placements in paediatrics.

Demographics, Activity and Outcomes for Inpatient Services – 2013

DEMOGRAPHICS & ACTIVITY

Patient Activity

In 2013 the Paediatric Family-Centred Rehabilitation programme served 78 patients as Inpatients or Day-patients; 45 were new patients to the programme and 33 had been previously admitted.

Type of Rehabilitation Admission/ Activity	Description	Number in 2013
PAED 1	Children and young persons discharged from Inpatient assessment and a period of intensive rehabilitation (covered by the CARF CIIRP standards)	22
PAED 2	Initial assessment only	23
PAED 3	Interdisciplinary review	11
PAED 4	Neuropsychological assessment/review only	15
PAED 5	Prosthetic limb introduction/training	3
PAED 6	Interdisciplinary review via groups as part of "Summer Review Project"	0
PAED 7	Brief re-admission for a burst of intense rehab	4
PAED 8	Outpatients	* See below
PAED 9	Music Therapy Outpatient	** See below

**Outpatients (PAED 8s)*
21 patients were seen at the Paediatric Spinal Cord Injury Multidisciplinary Clinic in 2013

*** Music Therapy Outpatients*
3 PAEDS POLAR patients benefited from Music Therapy Intervention in 2013

The following graphs show, for all new patients to the service in 2013 (22 'PAED 1' and 23 'PAED 2'), the breakdown of pre-hospital HSE areas of residence, gender, and average age profile.

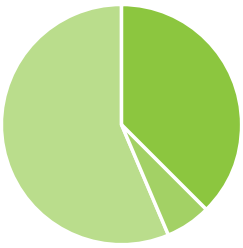
PRE-HOSPITAL HSE AREAS OF RESIDENCE OF INPATIENTS SERVED BY THE PAEDS PROGRAMME

HSE Dublin Mid Leinster	42%
HSE Dublin North East	5%
HSE South	33%
HSE West	20%

GENDER OF INPATIENTS SERVED BY THE PAEDS PROGRAMME

Male	51%
Female	49%

AGE PROFILE OF INPATIENTS SERVED BY THE PAEDS PROGRAMME



Average Age	12 Years
Lower age range	2 Years
Higher age range	18 Years

Although the decision by the Department of Education and Science to cut the outreach teaching to 12.5 hours per week, the NRH School continues to have a significant impact on the transitioning of school age children and young people back into local education, the majority (94.7%) of the school age children and young people attending our service during 2013 were able to return to mainstream schooling after their rehabilitation intervention at the NRH.

In 2013, Dr Sarah O'Doherty, Senior Neuro-psychologist was appointed as the parents/carers representative on the Board of Management of Our Lady of Lourdes School.

Participation in sporting or physical activities, for patients from all Programmes at NRH, ensures they maintain fitness and a healthy lifestyle, helping to avoid development of secondary complications.

Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE PROGRAMME

For the PAEDS Programme in 2013, the indicators and outcome targets shown were chosen to demonstrate the effectiveness of the service provided to the PAED 1 / CIIRP (Comprehensive Integrated Inpatient Rehabilitation Programme) Patients.

Indicator	Target Set	Outcome	Note / Trend
Discharge to Home Rate	75% of PAED 1 / CIIRP patients would be discharged to home	100%	All the CIIRP patients were discharged home
Average Days Waiting for Admission	80% of PAED 1 / CIIRP Patients would be admitted within 90 days.	100% were admitted within 90 days, the average being 73 days	The average days waiting for admission increased from the previous year due to the complex needs of some patients
Average Rehabilitation Length of Stay	Length of stay would be less than 90 days	Average length of stay was 69 days	The increasingly complex needs of the children and young people served are reflected in the average increase in length of stay from 53 to 69 days
Completion rate of Outcome Measure	95% completion of both the admission and discharge Paediatric Barthel Measure	100% completion of the admission PAEDS 1 Barthel	86% completion of the discharge PAEDS 1 Barthel
Delayed Discharge	Less than 1% of bed days available to the Programme would be lost to delayed discharges	2.27% 41 days	This number of days was lost due to a young person awaiting suitable wheelchair accessible accommodation

Of the 45 new patients seen and discharged from the PAEDS programme in 2013, the spread of diagnoses is as follows:

	Traumatic Brain Injury	Brain Infection	Stroke	Brain Tumour	Other Brain Injury	Traumatic Spinal Injury	Transverse Myelitis	Other Spinal Injury	Neurological Disorders	Limb Absence	Total
PAED 1	6	2	1	5	4	2		2			**22**
PAED 2	11	3	1	3	1			1	2	1	**23**
Total	**17**	**5**	**2**	**8**	**5**	**2**		**3**	**2**	**1**	**45**

Programme Manager

At the end of June, **Ghyslaine Brophy** was appointed Acting Programme Manager for the provision of backfill cover while the Programme Manager for the Paediatric Family-Centred Programme **Mary Cummins** is on leave.

Clinical Services within the Paediatric Family-Centred Programme Include:

- **Medical**
  In November, the PAEDS Programme welcomed Dr Jayasree Kutty as the locum Consultant Paediatrician for Dr Susan Finn. Like Dr Finn, Dr Kutty's primary medical position is with Our Lady's Children's Hospital, Crumlin, with clinical responsibilities also at Enable Ireland. Dr Kutty works collaboratively with her Consultants Colleagues in Rehabilitation Medicine for patients with needs in relation to limb absence, spinal cord injury, and Paediatric patients referred to NRH by Beaumont Hospital.
- **Nursing – St. Agnes's Ward (Angela O'Riordan, CNMII joined the team in June)**
- **Clinical Neuropsychology**
- **Nutrition and Dietetics**
  Nutritional interventions in children are diverse and complex, as can be seen in the ketogenic diet used in the management of epilepsy. This treatment is used increasingly more frequently. Successful implementation requires intensive dietetic input as well as close co-operation between dietetic, catering, nursing and medical staff and the patient and family.
- **Occupational Therapy** (Michael Brogan, Senior OT joined the team in August)
  Currently the Occupational Therapy staff assigned to the PAEDS Programme provides for the following services: Inpatient rehabilitation for children with spinal cord injury, brain injury, limb absence and other acquired neurology; and specialised reviews and consultations for day patients; Support and Liaison with therapists working in Acute Hospitals, as well as training and site visits as required in response to identified need; Multidisciplinary Clinics; Pre-admission work and Post-admission follow up for patients (this follow up can be ongoing for many years, until the patient reaches the age of 18)
- **Pharmacy**
  The pharmacy advised on the safe transportation and storage of medications and also updated the 'Emergency Medications'.
- **Physiotherapy**
  The Physiotherapy Paediatric Service is part of the national service providing specialised inpatient rehabilitation and follow-up services to children who acquire a neurological disorder in childhood. Currently the Physiotherapy Staff provide for specialist inpatient rehabilitation for children with Spinal Cord Injury, Brain Injury, Limb absence and other neurological conditions. In addition, specialised reviews and consultations for day patients are provided, as well as support and liaison with therapists working in the local and country wide services, including the Children's University Hospital, Temple Street and Cork University hospital.
- **Social Work**
  The Social Work Department provides a service for Inpatients, Day-patients and Outpatients from the PAEDS Programme, as well as pre-admission visits, and involvement in all aspects of Programmatic service delivery and development as part of the Interdisciplinary Team. The Social Workers continue to offer the 'Protection of Children and Vulnerable Adults' training to all clinical and non-clinical staff, students and volunteers in the NRH, and plan to review the NRH Child Protection policy in line with the opening of the Child and Family agency in January 2014.

- **Speech & Language Therapy**
  The Paediatric Speech and Language Therapy (SLT) Service provides comprehensive screening, assessment, diagnosis, treatment and education for children and adolescents presenting with communication difficulties and their families. The type and severity of communication difficulties vary widely and inform the type and intensity of intervention offered. The specific acquired communication difficulties that children and adolescents seen by SLT in 2013 presented with include disorders of consciousness, cognitive-communication, speech, voice, receptive and expressive language, reading and writing, pragmatics, and fluency.
- **Therapeutic Recreation Service**
- **Liaison Service**
- **Music Therapy**
- **Prosthetics and Orthotics**

Paediatric Programme Manager, Ghyslaine Brophy, Director of Nursing, Eilish Macklin, and Lead Music Therapist on the MATADOC Research Programme, Rebecca O'Connor, welcomed Music Therapy Professionals from Japan to the NRH. A presentation titled 'An Overview of Music Therapy in Ireland' was delivered to the group.

Section 3
Clinical Services Provided Across All Programmes

Eilish Macklin
Director of Nursing

Dr Simone Carton
Head of Clinical Neuropsychology

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

Anne O'Loughlin
Principal Social Worker

Kim Sheil
Dietitian Manager

Sheena Cheyne
Chief II Pharmacist

Rosie Kelly
Physiotherapy Manager

Lisa Held
Occupational Therapy Manager

Niamh O'Donovan
A/Speech & Language Therapy Manager, 2013

Dr Vivien Murphy
Consultant Microbiologist

Dr Brian McGlone
Consultant Radiologist

Anne Marie McDonnell
Rehabilitative Training Unit Manager

Mr Robert Flynn
Consultant Urologist

Dr Jacintha More O'Ferrall
Consultant in Occupational Health

Sturart McKeever
Therapeutic Recreational Specialist

Department of Nursing

EILISH MACKLIN
DIRECTOR OF NURSING

A long serving staff member from the Nursing Department, **Margaret Ridgeway**, retired in 2013.

I thank Margaret for her years of dedicated service to the National Rehabilitation Hospital and wish her a happy and healthy retirement.

Continuous Professional Development

Nursing and non-nursing staff in the Nursing Department undertook continuous professional development and training programmes during 2013. Staff participated in mandatory in-house training and attended various study days and conferences to update their skills. In-house training included Hand Hygiene, Standard Precautions, Catheterisations and Bowel Training, Basic Life Support (BLS) Manual Handling, Fire Training, HACCP Food Hygiene Training and SCIP (Strategies in Crisis Intervention and Prevention).

I take this opportunity to thank Valerie O'Shea and Susan Meagher, Assistant Directors of Nursing for their help, support, and hard work during 2013.

I thank all the members of the nursing and non-nursing staff for their continued help and support, especially the Clinical Nurse Managers for their dedication to patient care and the development and maintenance of standards of care. I also thank for their time and hard work, all those who serve on various hospital Committees, especially Hygiene and Infection Prevention & Control, Safety & Risk and the Ethics Committee. Thanks also to Michael Sheridan, Nursing Support Officer, for his assistance, and to Derek Greene for his availability, advice, and support during 2013.

Ward Reports

MCAULEY WARD

AGI JOSE – CNMII

McAuley Ward is a 10 bedded unit caring for Inpatients from the Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programme. The POLAR Programme has reshaped its service delivery in line with the NRH objective of continuous improvement and effectiveness in patient outcomes.

Following a complete refurbishment to accommodate the reconfiguration of the existing POLAR Programme and provide 10 Inpatient beds, McAuley ward was re-opened on the 25th February. This involved a lot of work in the preceding months by the POLAR Team to establish the best possible service. In September 2013 the Day Patient Service for the POLAR Programme was initiated. With the reconfiguration of the service in 2013, we welcomed 6 new Nursing Staff who provide a broad range of expertise.

Educational and professional development continues to be a focus for the staff on McAuley Ward. Staff Nurse, **Maggs Jenson** completed a course in Assessment and Management of pressure ulceration and achieved a certificate from Nursing Department Royal College of Surgeons.

ST. AGNES' WARD

ANGELA RIORDAN – CNMII

St. Agnes's Ward is an 8 bedded ward accommodating 6 Inpatient beds and 2 Day Places.

The Paediatric Family-Centred Programme provides rehabilitation services to children and young people who require specialist rehabilitation as a result of conditions such as a brain injury, stroke, spinal cord injury, neurological disorders or limb absence.

Supporting family members is a major part of the role of the Staff on St. Agnes's Ward as patients and their families come to terms with life-changing circumstances during their admission to the NRH.

ST. BRIGID'S WARD

PAULA BYRNE O'CONNELL – ACTING CNMII
CHRISTINA DE LEON CNMI

St. Brigid's Ward is a 19 bedded ward providing post-acute hospital interdisciplinary rehabilitation for patients with Acquired Brain Injury. It is a very exciting time for St. Brigid's Ward as the team commence the Productive Ward Modules first piloted in St. Patrick's Ward. The Productive Ward is a national project monitored by the HSE. It is an initiative to make the ward more organised, allowing Nurses and Healthcare Staff more time with patients.

2013 has seen further changes as St. Brigid's became a single Consultant Unit. Dr Morgan is now Clinical Leader for the 19 patients on the ward. In addition, 10 beds on the ward are now designated as Early Access Rehabilitation Unit (EARU) admissions. The specialist EARU service at NRH provides multidisciplinary rehabilitation for patients presenting in the mild to moderate category of dependency as a result of an acute stroke or other acquired brain injury. Anticipated length of stay for patients of the EARU is 4 to 6 weeks after which the patient will be discharged home or transferred to a continuing care rehabilitation facility.

An initiative by ward staff whereby patients continue their rehabilitation at ward level, with ward based tasks complementing their interdisciplinary therapies is proving very beneficial for patients and will continue in 2014.

Job David will complete the Masters in Clinical Leadership studies in 2014.

ST. PATRICK'S WARD

PATRICIA O'NEILL – CNMII
TERESA WHYTE – CNMI

St. Patrick's Ward Continues to be a closed unit for the care of patients with Acquired Brain Injury, with moderate to severe cognitive and behavioural difficulties. St. Patrick's Ward was the first in the NRH to introduce 'The Productive Ward - Releasing Time to Care' initiative on a pilot basis. The Productive Ward is a national project monitored by the HSE. It focuses on improving ward processes and environments to help Nurses and Therapists spend more time delivering patient care, thereby improving safety and efficiency.

Commencing in January 2013 and continuing to the end of the year, the team worked on the Interdisciplinary Ward Vision, followed by implementing the three foundation modules (listed below) to the end of the year.

1. Knowing How We Are Doing Module
2. The Well Organised Ward Module
3. The Patient Status at a Glance Module

The 'Productive Ward' has proven to be very successful on St. Patrick's Ward and it is planned to roll out this initiative across the hospital.

ST. GABRIEL'S WARD

EILEEN LA GRUE – ACTING CNMII

St. Gabriel's Ward is a 13 bedded unit. In addition to providing care for patients with acquired brain injury, traumatic brain injury, brain haemorrhages, stroke and other medical conditions, one single room is allocated to the SMART (Sensory Modality & Assessment Rehabilitation Technique) programme. This facilitates a quiet environment for comprehensive assessment of minimally conscious or severely brain injured patients.

In 2013, St. Gabriel's Ward welcomed Dr Jacinta McElligott and all Interdisciplinary Team members involved in the Brain Injury Programme, following the transfer of St. Gabriel's POLAR Programme patients to a newly opened McAuley Ward. While this transition was initially challenging, Nursing and Healthcare Staff embraced the challenge and continue to assist patients with more complex needs to achieve functional independence.

Ongoing education is essential, not only for staff but also for patients and their families as they come to terms with life-changing circumstances while in the NRH.

ST. CAMILLUS' WARD

PAT CONROY – ACTING CNMII

St. Camillus' Ward is a 16 bedded ward caring for brain Injury patients, with one bed allocated to Spinal Cord Injury (wound care). 2013 has seen significant changes for St. Camillus Ward. In March there was a reconfiguration of the ward – which was originally a ward caring for male patients from the POLAR Programme. St. Camillus Ward now accommodates both male and female patients with a complexity of needs, from both medical and social perspectives, this can place high demands on the nursing staff. Education and Professional Development continues to be a focus for all staff on the ward.

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

FIONA MARSH – CNMII
RITA GIBBONS – CNMI

St. Margaret's and St. Joseph's Wards collectively comprises 16 beds caring for spinal injured patients and also patients with neurological conditions. Staff provide training and education for patients, their families, public health nurses, and community carers in the management of care for persons with spinal cord injuries.

In 2013 staff continued to attend training and in-house education to ensure compliance with our Accreditation Standards and HIQA requirements.

OUR LADY'S WARD

SAJIMON CHERIAN – CNMII

Our Lady's Ward is a 19 bedded ward, caring for both male and female patients with spinal cord injury or neurological conditions. As with other wards in the Spinal Cord System of Care Programme, Staff provide education for patients and their families and carers, as well as Health Care Professionals in the Community in caring for patients with spinal cord injury. 2013 saw an increase in the number of high dependency patients admitted to the ward.

The redevelopment and refurbishment of Our Lady's Ward was completed in August 2013. The addition of single ensuite rooms, extra toilet and shower facilities, wheelchair and store room, has provided much needed space and facilities to the pre-existing nightingale ward. These new facilities have given much needed privacy to patients on the ward.

NURSING EDUCATION DEPARTMENT

LIZ CROXON
CLINICAL FACILITATOR

Undergraduate and Post-graduate Student Placements.

Congratulations to:

- **Tincy Abraham** who completed her Masters in Nursing (Clinical Health Sciences Education).
- **Zuzanna Herdzina** HCA, **Minimole Poulouse** HCA and **Sheila Escolin** HCA – all of whom obtained distinction in all modules of the FETAC Level 5 Health Care Certificate course. The Education Department supported these staff members through their studies and assessment for the clinical component of the courses.

DEGREE STUDENTS

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

THE FURTHER EDUCATION AND TRAINING AWARDS COUNCIL (FETAC) COURSE

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

Rehabilitation Module in Rehabilitation Nursing

This four day course continued to run but due to reduced staffing levels only one course was facilitated in 2013. In total 11 Nurses attended the course. Certificates were awarded to candidates who completed the written assignment (Category 1 An Bord Altranais Approval – CEUs 24).

Management of the Neurogenic Bowel Training

Throughout 2013, requests for this training continued from Directors of Public Health Nursing, Planning and Development Units, Continence Advisory services, nursing and External Agencies. The Nursing Education Department supported this community need and there is currently a waiting list for this course. Community Nurse and Health Care Assistants (112 in total) were trained in management of neurogenic bowel. This included 12 Health Care Assistants in the Community (Category 1 An Bord Altranais Approval -CEUs 6).

Train the Trainer Course in Neurogenic Bowel Management

This 2 day course was attended by 12 Nurses from the Community to assist establishing courses and training in their own area of practice.

Male Catheterisation Training

This ongoing education and training programme was delivered by the Urology and Nursing Education Departments. A Urology Master Class was held in 2013 with 37 Nurses in attendance including 12 from the NRH. Revision study days continued throughout the year as well as ongoing practical assessment.

Administration of Intravenous Medication for Nurses

Intravenous (IV) training and assessment for new Staff Nurses continued in 2013. Two courses were facilitated during the year (Category 1 An Bord Altranais Approval - CEU's 7).

New Developments

In 2013 a Post Graduate Professional Development Course in Spinal Column/Spinal Cord Injury Nursing was introduced between The Mater Hospital, The National Rehabilitation Hospital and University College Dublin. This is a six month course leading to a certificate on completion at Level 8. UCD awarded 10 Credits for this course which is envisaged will run on an annual basis.

INFECTION PREVENTION & CONTROL DEPARTMENT

DR VIVIEN MURPHY
LOCUM CONSULTANT MICROBIOLOGIST

EIMEAR FLYNN
CNMII – INFECTION PREVENTION AND CONTROL

CATHERINE O'NEILL
ACTING CLINICAL NURSE SPECIALIST

Eimear Flynn returned to the Infection Prevention and Control Nurse Post in July 2013. Catherine O'Neill provided cover for Eimear's leave period from September 2012.

Dr Vivien Murphy was employed as Locum Consultant Microbiologist on a split-site, sessional commitment basis at the NRH and St. Vincent's University Hospital. Dr Sinéad McNicholas was appointed to the permanent Post in December 2013.

The implementation of appropriate infection prevention and control practices has an integral role in the delivery of safe patient care. The National Rehabilitation Hospital is committed to the provision and maintenance of an effective and efficient infection prevention and control programme throughout the organisation. The infection prevention and control team (IPCT) advises on all aspects of infection prevention and control, performs surveillance of alert organisms and delivers education to all grades of staff.

Hygiene, Infection Prevention and Control Committee (HIPCC)

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

Surveillance of infection

Surveillance forms a major component of the control of infection programme within the NRH. The IPCT is responsible for undertaking daily surveillance, monitoring the incidence and prevalence of various alert organisms – principally MRSA, VRE and C. difficile – and other infections within the hospital. Quarterly updates on surveillance figures are provided to the HIPCC and to the Safety and Risk Committee. Infections caused by alert organisms and acquired in the NRH are notified to the Risk Management Department. In addition, data from surveillance of clinically significant bloodstream infections are maintained by the Consultant Microbiologist and reported to the relevant stakeholders.

Outbreaks and Incidents

Protocols are in place whereby any outbreak of infection within the NRH is managed in accordance with the NRH Policy on the Management of Communicable Diseases in conjunction with laboratory reporting of notifiable diseases to the Department of Public Health.

Policies and Guidelines

The development of policies continued in 2013. This involved the undertaking of a process of consultation involving a wide range of key stakeholders with guidelines then being ratified through the Hygiene/Infection Prevention and Control Committee. The policies and protocols that were implemented in 2013 included: 'Standard Operating Procedure for the investigation into a case of Legionnaire's disease at the NRH.'

Education

Hand hygiene education was facilitated by the Infection Prevention and Control Nurse throughout 2013 with the collaboration of the Hand Hygiene Champions, the Nurse Education Department and Human Resources Department. In addition, the IPC Nurse provided education and feedback to clinical and non-clinical staff on Standard Precautions, Transmission-based Precautions and Hygiene Audit education.

OUTPATIENT DEPARTMENT – UNIT 6

SUSAN HOLMES
ACTING CNM II; NRH OUTPATIENT DEPARTMENT UNIT 6

Outpatient Clinics held in the Outpatient Department (OPD Unit 6) at NRH Include:

- Neurobehavioural Clinics
- Brain Injury – New and Review
- Spinal Injury – New and Review
- Psychology
- Orthopaedics
- Orthoptics (with plans to expand this service in 2014)
- Plastics
- Paediatric Clinic
- Disabled Drivers Medical Board of Appeal

OPD Therapy Services – A number of changes to the referral process for OPD Therapy Services have been made to improve the access and waiting times for outpatients.

- A new system has been set up on PAS to capture all the OPD therapy appointments.
- Outpatient Services Management Steering Group (OPSMSG) was set up in May 2013 and meets on the third Thursday of each month.

Meet and Teach and **Aphasia Educational Classes** continue to be held very successfully every Tuesday and Wednesday – these are run collaboratively by Speech & Language Therapists and Occupational Therapists.

During 2013 work on implementing a new **DIVERT (Dizziness and Vestibular Rehabilitation Triage)** service was completed. This two year pilot service, led by Donncha Lane, Physiotherapist, under the auspices of the Brain Injury Programme will run for four afternoons and one morning per week.

The Team for the **NIMIS (National Integrated Medical Imaging System) Project** occupied Room 9 in the Outpatient Department (OPD Unit 6) during 2013, until NIMIS very successfully 'went live' on Tuesday 23rd July. Room 9 is now occupied by the **HR Transformation Project** Team under the leadership of Mr. John Ryan.

SEXUAL HEALTH SERVICE

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

The Sexual Health Service has twenty six hours cover a week provided by one Clinical Nurse Specialist. (Part of this time has been given over to providing the CPR Training in-house).

Mr Robert Flynn, Consultant Urologist, continues to provide a valued input into the service, especially in relation to the fertility programmes for our spinal cord injured patients. The CNS also serves as a member of the Ethics Committee and the CPR Committee.

The Sexual Health Service is available to all patients of the hospital and is not confined to a particular programme. The Spinal Cord System of Care Programme continues to refer the majority of users of the service, however work is ongoing with the Brain Injury Programme, and the POLAR Programme for increased service provision to these Programmes. The service is available to both Inpatients and Outpatients.

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

Activity

2013 saw a total of 165 patients attend the service for one or more appointments, 15 patients attended for psychosexual counselling programmes, 4 patients attended for fertility programmes, 146 patients attended for information and treatment for issues related to sexuality and disability and sexual function. Of these, 99 patients were from the Spinal Injury Programme, 28 from the Brain Injury Programme, 4 from the POLAR Programme and 1 from the Paediatric Programme; the remainder of patients were referred from other agencies.

Training and Education

Creating awareness of issues around Sexuality and Disability continues to be the driving force to providing education. Multidisciplinary Workshops on Sexuality and Disability were held within the hospital, as well as providing education to the HCA in-house course and NCHDs, and lecture to the Rehabilitation course held between the Mater Hospital and NRH.

Pauline Sheils completed the Nurse prescribing course in 2013 and is now the first Registered Nurse Prescriber at NRH and this is proving to be advantageous to patients of the Sexual Health Service.

UROLOGY SERVICE

MR ROBERT FLYNN CONSULTANT UROLOGIST	EVA WALLACE CNMII
KELLY LENNON STAFF NURSE	OONAGH CREAN CNMII

Services Provided

The patient is at the centre of care in the urology service. Their rehabilitation journey is important to us as we strive to shape the Urology Service around patients' individual needs, and in line with NRH policy of continuously improving our services. Patients may receive lifelong urology care at NRH according to their clinical needs. This service encompasses patients from each of the Rehabilitation Programmes at NRH, with the majority coming from the Spinal Cord System of Care.

Activity – 2013

A total of 766 patients attended the Nurse-Led Clinic in 2013.

L-R: Eva Wallace CNMII, Dr Éimear Smith, Consultant in Rehabilitation Medicine, Siobhán Carrig CNMI and Liz Croxon, Clinical Facilitator Nurse Education, whose clinical poster 'Autonomic Dysreflexia' won the Penny Mullen Poster Award at the MASCIP Conference in 2013.

Urology Clinics

Nurse-led clinic (NLC): This is a busy clinic which addresses mainly spinal cord injured patients with Neurogenic Bladder Dysfunction. Most attend on an annual or biannual basis for routine review of the urinary tract. There is an excellent communication between the urology department and the x-ray department for this service. Over the past few years our service has been increasing gradually in all clinic areas and the workload has also increased. It is vital to deliver a holistic service to our patients who attend the Nurse-led clinics and, as necessary, we refer patients to the other services, such as referrals to Rehabilitation Consultants, Multidisciplinary Clinics, Liaison Service, Sexual Health Service, Public Health Nurse or GP.

Urodynamic Clinic: This service is available to both Inpatients and Outpatients.

Flexible Endoscopy: This service is progressing well with a slight decrease in numbers since last year. Access to this service at NRH in a timely manner is valuable to patients as there are long waiting lists for the service in most hospitals.

Suprapubic Catheter (SPC) Insertions: 14 procedures were performed in 2013 and patient feedback has been very positive.

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

Referrals to Tallaght Hospital: Many of our patients attend Tallaght for further urological care, this includes procedures for neurogenic bladder dysfunction – special thanks to staff of Tallaght Hospital GU Outpatient Clinic, Lane Ward and Day Ward for their excellent service.

Drop-in: We continue to facilitate a number of patients who drop-in on an ad-hoc basis for advice or assistance with urology issues when attending other services in the NRH.

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

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

Bowel Care: Increasing numbers of patients are requesting advice on bowel issues.

Education is provided at the Urology Clinic on an individual basis depending on patient or carer requirements.

Clinical Neuropsychology

DR SIMONE CARTON
HEAD OF CLINICAL NEUROPSYCHOLOGY

In 2013, the range of activities undertaken by personnel at the Department of Clinical Psychology ranged from providing specialist psychological assessment and treatment to providing education and research, to contributing to proposed changes in the legislation such as The Assisted Decision Making and Capacity Bill. We continue to develop our services in response to best clinical research, in collaboration with colleagues across rehabilitation services in Ireland, Europe and USA and in response to the clinical expectations and directions within the healthcare system. In order to achieve this we also keep abreast of the latest developments in neuro and psychological science. We also have ongoing research collaborations with Trinity College Dublin, Dublin City University, National Universities of Maynooth and Galway and John Hopkins Medical School, USA. The accumulated clinical expertise of the personnel at this Department has been the bedrock upon which the projects in clinical, education, research and health policy have been based and developed.

The personnel at the Department include:

Dr Simone Carton:	Principal Clinical Neuropsychologist – Brain Injury Programme & Head of Department
Dr Heather Cronin	Senior Clinical Psychologist – Brain Injury Programme
Dr Suvi Dockree:	Senior Clinical Psychologist – Brain Injury Programme
Dr Fiadhnait O'Keeffe:	Senior Clinical Psychologist – Brain Injury Programme and Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programme
Dr Maeve Nolan:	Senior Clinical Psychologist – Spinal Cord System of Care Programme.
Dr Sarah O' Doherty:	Senior Clinical Paediatric Neuropsychologist – Paediatric Programme
Emma Kelly:	Assistant Psychologist – Across all Programmes
Mairead Losty:	Assistant Psychologist – Across all Programmes
Rebecca Schnittger:	Assistant Psychologist – Across all Programmes

Services provided

Psychology personnel provide a suite of clinical services under the rubric of assessment, intervention and research within NRH and in consultation and collaboration with clinical and academic colleagues and agencies.

Clinical Psychology Services:

- Paediatric and adult psychological assessment and psychotherapy.
- Psychotherapeutic interventions including individual, family and group work in order to ameliorate cognitive, emotional and personality changes.
- Specialist neuropsychological assessments specific to changes in cognition, behaviour, personality and mental capacity.
- Management of neurobehavioural and personality changes.
- Brain Injury Awareness for Family and Friends (BIAFF) as well as Consultation and education to patients, families, carers, other health care professionals and relevant external agencies for example, schools and community based services.

Psychology personnel provide clinical expertise to a wide range of specialist clinics and committees both at NRH and within professional and allied bodies:

- Neurobehaviour Clinic – NRH
- Behaviour Consultancy Forum - NRH
- Behaviour Support Meetings
- Board of Management (NRH), and Board of Our Lady of Lourdes School
- NRH - Ethics Committee, Executive Committee, Academic Steering Group, Positive Work Environment Group, Leads in Clinical Therapy and Services
- Education sub-committees (Brain Injury Programme and SCSC Programme)
- Irish Stroke Council of the Irish Heart Foundation
- Standing Committee of Psychometric Training & Education of Psychological Society of Ireland (PSI)
- Division of Neuropsychology of Psychological Society of Ireland.
- Irish Council for Psychotherapy
- Medico-legal Society of Ireland
- Heads of Psychology Services in Ireland
- HSE Rehabilitation Programme
- Cheshire Ireland
- AON Voluntary Hospitals Risk Management Forum Committee on Challenging Behaviour.

Additional Services & Developments undertaken by Psychologists in 2013

- Created clinical scenarios and videos in collaboration with Adaptas Productions to use in training for behaviour that challenges.
- An education module was developed for the POLAR Programme for patients with limb loss on *Managing your Mood after Limb Loss*.
- Development of two new services: "Adjustment to Brain Injury" Psychology Mood group for the Brain Injury Programme and "Adjustment to Limb Loss" Psychology mood group for the POLAR programme.
- Provided information and services in relation to Acquired Brain Injury in Childhood including BRI, the Road Safety Authority, Youthreach, Headway Ireland, the Department of Education and Science and An Garda Siochána.
- SCSC Programme: Pilot Survey on staff workplace relationships
- SCSC Programme: Goal Planning review Group Service user perspective in goal setting survey
- Living Long-term (>20yrs) with Spinal Cord Injury: Survey of 400+ people living long-term with SCI in Ireland.

Research

Dr Maeve Nolan Clinical Supervisor: Doctorate in Clinical Psychology thesis entitled 'The Parental Experience of Mothers with Spinal Cord Injury' By Anne Marie Casey, Trinity College Dublin. This research received a joint first Research Award 2013.

Dr Simone Carton Co-Investigator: Cognitive impairments in traumatic brain injury: Novel biomarkers for new treatments. This study is an ongoing in collaboration with Dr Paul Dockree, Dept. Psychology TCD.

Dr Simone Carton Co-investigator: 'Self-management training: A Controlled Investigation of its Effectiveness in Improving Coping Skills, Mood and Quality of Life with Patients with Acquired Physical Disability' being undertaken by Mary FitzGerald from NUIM in conjunction with Professor S Wegener from the John Hopkins Medical School, USA.

Dr Simone Carton: Co-investigator 'Factors influencing the Quality of Life of caregivers (spouses and partners) of individuals who have experienced an acquired brain injury' with Louise Peoples, Dept. Psychology TCD.

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

Dr Fiadhnait O'Keeffe: Clinical Supervisor for Doctoral in Clinical Psychology theses: "The experience of being in a long term relationship following an acquired brain injury" by Johann Dunne, Trinity College Dublin.

Dr Fiadhnait O'Keeffe: Clinical Supervisor for Doctoral in Clinical Psychology theses: "The impact of body image and psychological adjustment on sexual functioning and satisfaction after amputation" by Lorraine Woods, Trinity College Dublin.

Publications:

O'Keeffe, F. Liégeois, F., Eve, M., Ganesan, V., King J, & Murphy T. (*In Press 2013*) Neuropsychological and neurobehavioral outcome following childhood arterial ischemic stroke: Attention deficits, emotional dysregulation, and executive dysfunction. Child Neuropsychology.

ARTICLES IN PEER REVIEWED JOURNALS

Jones, C., **O'Keeffe**, **F.**, Kingston, C., Carroll, A. (2013). Alleviating psychosocial issues for individuals with communication impairments and their families following stroke: A case series of interdisciplinary assessment and intervention. NeuroRehabilitation, 32 (2), 351-358

Nolan, M. (2013) Masculinity lost: a systematic review of qualitative research on men with spinal cord injury. Spinal Cord 51, 8, 588-595.

Verdonck, M. Steggles, **E. Nolan**, M Chard, G. (2013) Experiences of using an Environmental Control System (ECS) for persons with high cervical spinal cord injury: the interplay between hassle and engagement. Disability and Rehabilitation: Assistive Technology e Published August 12.

Report on the 4th Annual Information Day and 3rd Annual Reunion for Women with SCI – by Maeve Nolan for SII Newsletter.

Chapter on 'Childhood ABI' to Acquired Brain Injury Ireland's carer and staff training manual. **Dr Sarah O'Doherty**.

Dental Service

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

During 2013 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 to other regions of the country's public dental service as required.

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 2013 Inpatient and Outpatient referrals remained consistent with previous years. Outpatients were treated from some community residential units and local nursing homes.

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

At the NRH we greatly appreciate the dedicated efforts made by groups in the community to raise funds for the NRH Foundation. All proceeds go towards specialist projects, equipment and research that directly benefits patients of the NRH.

Nutrition & Dietetics

KIM SHEIL
DIETITIAN MANAGER

In 2013 the Department of Nutrition & Dietetics secured an additional 0.5 WTE Dietitian Post. In July the total complement of Dietitians at NRH increased to 2.5 WTEs with the appointment of Carole Wrixon. This has enabled an increase in the allocated hours to all NRH Programmes and a more streamlined service to be delivered.

The Nutrition & Dietetics Activity specific to the four NRH Rehabilitation Programmes (Brain Injury, Spinal Cord system of Care, POLAR and Paediatric Programmes) is outlined in the relevant Programmatic reports in Section 2 of this report.

In November 2013 the Nutrition & Dietetics Department organised a very successful study day **'Nutrition in Rehabilitation: From underweight to overweight – managing the spectrum'**. The multidisciplinary study day was attended by nursing, medical and allied health professional staff from both within the NRH, and from a range of external agencies including other hospitals, nursing homes and community. The day focused on 3 main themes: dysphagia, enteral feeding and weight management. **Professor Donal O'Shea** was guest speaker and he provided a very interesting insight into the issue of obesity in Ireland and new research in the field.

The dietitians are active members of the Irish Nutrition & Dietetics Institute which affords opportunities for Continuous Professional Development through participation in special interest groups including the Diabetes, Cardiac, Weight Management and Nutrition Support Interest Groups. At a national level Lorna Fitzsimons, Senior Dietitian co-authored and launched the guideline document **'Optimal Approaches to Adult Weight Management by Dietitians in Ireland'** for use by Irish health professionals. Other CPD activities included:

- Participation in South Dublin Dietitian's Journal Club at St Vincent's Hospital. Presentations by NRH dietitians included:
  - 'Consumption of sweet beverages and Type 2 Diabetes risk: Results from EPIC Interact'
  - 'Consumers estimation of calorie content at fast food restaurants' and
  - 'What really makes a difference? A model for dietetic outcomes.'
- NRH Dietitians completed a range of courses and attended various study days including: INDI course in Paediatric dietetics; Diabetes Ireland's Annual Study Day; Irish Heart Foundation workshop: Outcome measures in stroke rehabilitation; INDI workshop: Styles of eating and approaches to weight loss; Fresenius modified consistency diets practical demonstration; NDC Symposium Body Weight and Composition through the Life Cycle; IrSPEN/EU Symposium: Effective Healthcare Requires Good Nutritional Care; Healthy Ireland Roundtable Meeting, SVUH Clinical Audit Masterclass, Irish Food Allergy Network: Diagnosing and Managing Food Allergy.

The Nutrition & Dietetics Department, in conjunction with the Catering Department secured an NRH Foundation grant to carry out a joint project titled 'Standardisation, Nutritional Analysis and Nutritional Labelling of Hospital Menus'. Work on the project commenced in December 2013 and will be completed early in 2014. Further to this initiative, a multidisciplinary committee, chaired by the Dietitian Manager, was set up to review the provision of meals and therapeutic diets at NRH. This work is ongoing.

Student & Graduate Training

4 student Dietitians undertook their clinical placements at NRH in 2013. Qualified Dietitians new to working in other rehabilitation settings visited the Nutrition & Dietetics Department to receive training in rehabilitation specific nutrition.

Occupational Therapy

LISA HELD
OCCUPATIONAL THERAPY MANAGER

The Occupational Therapy Team is structured to support the following clinical Programmes and specialisms:

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

2013 was a productive year for the Occupational Therapy (OT) Department with a number of projects and service developments taking place. However staff changes presented significant challenges, such as covering of maternity leave and career breaks as well as a long standing and valued staff member, Michele Verdonck, leaving to take up a Senior Lecturing post in Australia. Service continuity was maintained during the year through ongoing recruitment and the support of both the OT team and the Human Resources Department.

Interdisciplinary Projects and Services

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

Electronic Assistive Technology: The OT and Speech & Language Therapy (SLT) Departments were delighted to receive support from the NRH Foundation, the Executive Committee and the Operations Management Committee (OMC) to commence the Electronic Assistive Technology clinic (see page 62).

Wheelchair and Seating: The Physiotherapy and OT Departments were delighted to receive a grant from the NRH foundation to support the development of a wheelchair and seating clinic. The planning for this clinic is now underway with the objective of enhancing services provided to patients.

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

Accessibility: Lisa Held is Chair of the Accessibility Committee and Mary Galvin (DLOT) joined the committee this year.

Splinting: The Splinting Service is an interdisciplinary service delivered by the OT and Physiotherapy Departments.

Activity for 2013

The Occupational Therapy Activity specific to the four NRH Rehabilitation Programmes (Brain Inury, Spinal Cord system of Care, POLAR and Paediatric Programmes) is outlined in the relevant Programmatic reports in Section 2 of this report.

Cross Programmatic Occupational Therapy Services

DISCHARGE LIAISON OCCUPATIONAL THERAPY (DLOT)

2013 was a year of much change for the service in terms of the staffing. The increasing need for two staff members to attend home visits, owing to the complexity of referrals received, highlights the need to maintain two WTE DLOT staff members. 240 home visits were completed for the year.

DISTRIBUTION OF 2013 REFERRALS TO THE DLOT SERVICE PER PROGRAMME

Programme	No. of referrals
Brain Injury Programme	44
Spinal Cord System of Care (SCSC)	64
Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programme	17
Paediatric Family-Centred Programme	3
TOTALS	**128**

DISTRIBUTION OF NEW REFERRALS TO DLOT IN 2013 ACCORDING TO WEIGHTING

Weighting	Total referrals to DLOT in 2013
(3) High	42
(2) Medium	50
(1) Low	26

IDAPT PROJECT

The ongoing use of the IDAPT tool, which is a web based innovative tool in guiding housing adaptations for patients admitted to the NRH, received continued support from OT Manager. The DLOT Service and other members of the OT Team are in the completion stage of developing IDAPT clinical guidelines for patients and professionals in respect of the home environment.

Ongoing issues affecting patients of the DLOT service include:

- The lack of an equipment recycling / decontamination / servicing facility
- Patients returning to new accommodation post-discharge, or clients with no fixed abode.
- Equipment-sharing SOP for the DLOT Service and Community OT in Dublin Mid Leinster.
- Delays in the Housing Adaptation Grant process, and absence of funding in community care packages.
- Delays in clients receiving a medical card which is needed for the provision of essential equipment.

VOCATIONAL ASSESSMENT SERVICE

210 people received direct intervention in Vocational Assessment in 2013. Interventions included; vocational assessments, vocational interviews, vocational reviews and advice on specific recommendations in relation to return to work or education. Two work site visits were carried out.

170 new referrals were received in 2013 - in addition to the 64 people awaiting assessment at the end of 2012. A review process is in place to contact those on the waiting list to ascertain interest and readiness for an assessment – see table below:

2013 – BREAKDOWN OF VOCATIONAL ASSESSMENT WAITING LIST AT END OF YEAR

Waiting	On Hold-Requiring assessment at a later point	On Hold-Patient to contact service if assessment required	Open	Scheduled	Did Not Attend Appointment
37	36	33	7	8	10

Work is ongoing in relation to referral criteria and prioritising; a new referral form was developed delineating the criteria for prioritisation. The new Outpatient POLAR service and the Early Access Rehabilitation Unit at NRH have increased referrals which are often high priority.

As in other years, the Vocational Assessment continues to receive enquiries from outside sources about the assessment process and was involved in the training of OTs in Work4You project with ABII.

OUTPATIENT OCCUPATIONAL THERAPY

SERVICE DEVELOPMENTS IN 2013

2013 brought significant changes for the Outpatient Therapy Team including the welcome addition of dedicated administration support along with changes to the referral process including the introduction of a minimum data set, triage meetings, waiting time targets, meet and greeting patients and the reconciliation of therapy appointments on PAS. Implementing these changes did require a time commitment but it is hoped as the new systems become embedded we will realise greater efficiencies in the service.

In 2013 a research project on the efficiency and effectiveness of the **Meet & Teach Group** was examined and it was shown to achieve the desired group outcomes; a significant change was found in therapists' ratings of patients' levels of awareness and patients use of strategies. The study also revealed psychosocial benefits beyond the stated objectives with a majority of patients referencing the opportunity to meet other people in a similar situation as themselves as the best part of the group. The intervention was found to be considerably more efficient than delivering the service on an individual basis to each patient.

A project was undertaken in conjunction with the Emergency Department of St. Vincent's Hospital. This involved looking at the pathway for patients who have presented to the services a number of years following diagnosis of mild TBI Patients. Following a review of international best practice, a clearly defined pathway of care incorporating referral onward to Outpatient OT at the NRH and newly developed patient education resources have been introduced.

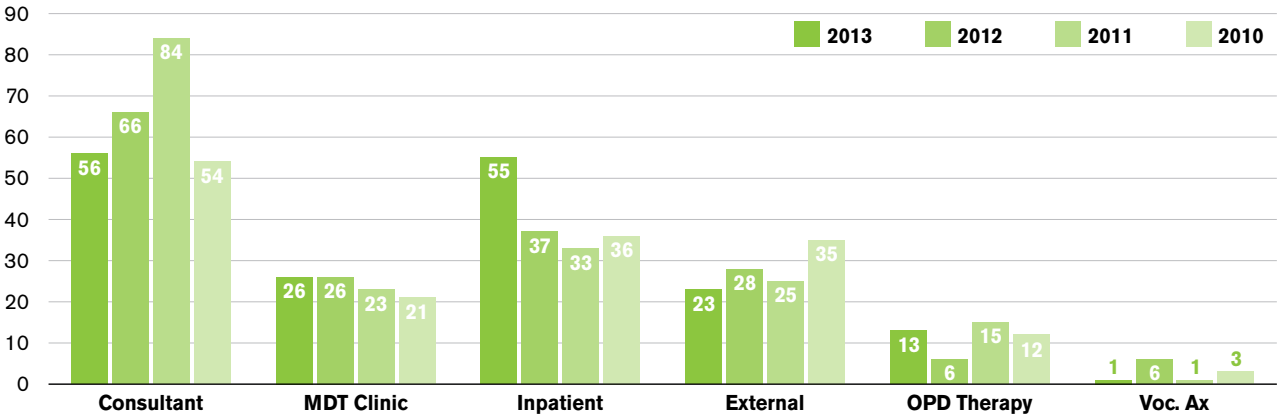
REFERRAL NUMBERS

There was no significant change in the total number of referrals to the Outpatient OT service in 2013 with a total of 174 received, and a further reduction in the number of days waiting was achieved with the average waiting time for the service being the lowest for the period over which this data has been recorded:

- 2009 – 75 days waiting for an OT Outpatient Appointment
- 2010 – 68 days
- 2011 – 71 days
- 2012 – 64 days
- 2013 – 45.5 days

In terms of referral sources, 2013 saw an increase in the numbers referred from NRH Inpatient Programmes. Looking at the source of this increase indicates that the majority are from the new Early Access Rehabilitation Unit (EARU) beds, highlighting the ongoing rehabilitation needs for patients with lower dependence levels.

REFERRAL SOURCES



ACTIVITY DATA

Figures for 2013 show that of 973 attendances to Outpatient OT, 78% of these were from the Brain Injury Programme (761 attendances). The majority of patients from the Spinal Cord System of Care Programme are seen through multidisciplinary (MDT) Spinal Clinics.

The DNA rate (Did Not Attend for Appointment) for Outpatient OT therapy sessions for 2013 was 8%. This is lower than the HSE's outpatients DNA figure (15.4% year to date in October 2013 for acute hospitals including clinical programmes).

Cover is not available for annual leave in Outpatient OT and this is reflected in the monthly attendance figures which show that attendances are down during June, October and December. Figures also highlight the interruption to service provision from August to October to cover staff leave in the Vocational Assessment Service.

Occupational Therapy Practice Education

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

Milestones for the Occupational Therapy Department in 2013

NEW ELECTRONIC ASSISTIVE TECHNOLOGY (EAT) CLINIC

2013 saw the commencement of the pilot Electronic Assistive Technology (EAT) Clinic as a joint initiative between Speech and Language Therapy (SLT) and Occupational Therapy (OT). 3-4 hours per week were allocated by a Senior SLT and a Senior OT to establish a pilot clinic whereby an EAT assessment, trial and recommendations are carried out. Funding was obtained to create a stock of basic materials (such as mounting systems, and tablet computers) that can be trialled with patients during their admission.

A total of 15 patients from the Adult Programmes attended the EAT Clinic in 2013 and a total of 21 patients received equipment on loan from the EAT Clinic stock since September.

SAEBO INPATIENT PROGRAMME

The SAEBO Arm Training Programme is a treatment approach for individuals who have sustained a neurological injury resulting in upper limb dysfunction. Following a training course previously organised and facilitated by the Physiotherapy Department, a SAEBO assessment kit was funded by the NRH foundation in 2012. This has facilitated patients who meet the criteria for a SAEBO product in the Inpatient and Outpatient Programme to trial a product from the kit as part of their upper limb programmes. Recommendations were made for two inpatients to explore further trials of a SAEBO on discharge and both received funding from their local community care teams with assistance from the NRH Physiotherapy Outpatient service.

DRIVING SERVICE

The Driving Service operates across all Adult Programmes at NRH. Referral numbers increased from 128 in 2012 to 139 referrals in 2013. Aisling Weyham developed the NRH driving screen tool to be used on a trial basis at NRH.

SPLINTING SERVICE

There was a reduction in staffing levels in the Splinting Service in 2013. Staff are now assisted each week on a voluntary basis by Vivienne Moffitt. Restrictions in locum cover for therapists on leave continue to impact the splinting service, thereby limiting the weekly capacity for splinting, particularly during summer months. Despite this, there has been a reduction in the waiting time for Outpatient Splinting appointments from 3-4 months in 2012, to 1-2 months in 2013.

STRESS MANAGEMENT SERVICE

The Occupational Therapy Department dedicates 0.25 specified post to a stress management service. There is no cover available for the service during annual leave. 2013 saw 48 patients accessing the service from all four Programmes at NRH. The Occupational Therapist involved in the stress management service continues to liaise closely with the Psychology team to ensure a unified and holistic approach in the provision of this service to patients.

THERAPEUTIC GARDEN

GIY: The Dundrum Branch of the GIY (Grow it Yourself) group continue to be involved in supporting the Occupational Therapy Department to establish the working vegetable and fruit garden. Their support, advice, education and skills have been invaluable in helping patients and staff to develop a productive garden. In 2013, the NRH were encouraged by GIY to enter a number of awards and subsequently received an award of Merit in the category of Allotment Provider in the RDS Allotment Award. The Garden Committee with support from GIY also received an award of €1000 from the 'AIB Get Ireland Growing Community Project Fund'. This award will be used to provide wheelchair accessible raised beds for vegetable growing. (www.giy.ie).

Gardening Volunteers: The work of the garden volunteers is greatly appreciated, including the GIY volunteers, a number of Trainees at the Rehabilitation Training Unit who came on work experience during year, and Mags Totterdell who has also given generously of her time and expertise during 2013.

Thrive: In 2013 we welcomed Thrive UK to the NRH to provide training to therapists and staff in the use of Social and Therapeutic Horticulture so that we can make the best use of this valuable space in neuro-rehabilitation. Twenty Occupational Therapists from NRH, and 20 external delegates attended this very useful one day training course. (www.thrive.co.uk)

I would again like to take this opportunity to sincerely thank the Occupational Therapy Team who provide committed and meaningful input to all patients.

Pharmacy

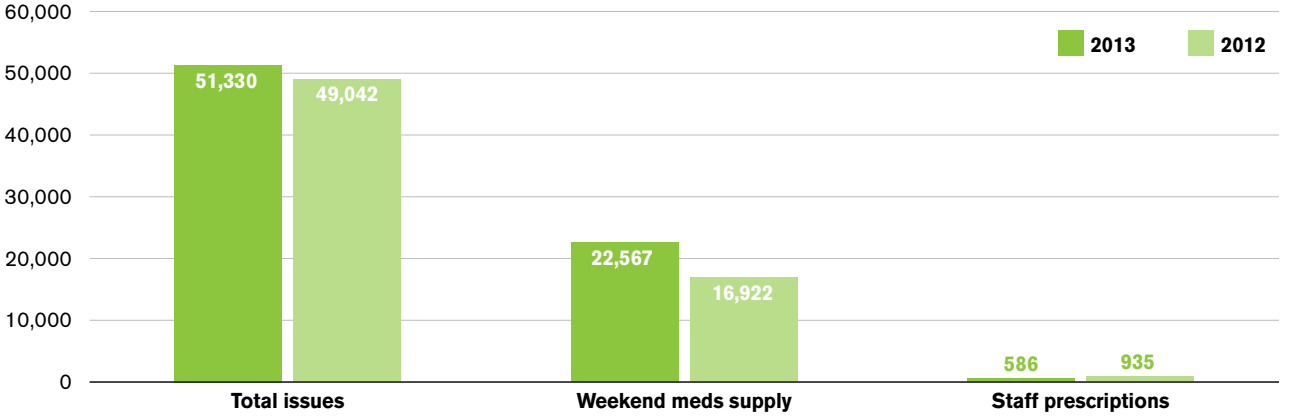
SHEENA CHEYNE
CHIEF II PHARMACIST

The Pharmacy provides a comprehensive service to all patients, carers and staff of the four rehabilitation Programmes at NRH (Brain Injury Programme, the Spinal Cord System of Care Programme, the POLAR Programme and the Paediatric Programme). The Pharmacy activity specific to each of these four Programmes is outlined in the relevant Programmatic Reports in Section 2 of this report.

The Pharmacy Department:

- Provides medication reconciliation of all admission and discharge prescriptions. The Inpatient prescriptions are checked against a list of medications obtained prior to admission, and discharge prescriptions are checked against the kardex system. More than 40% of medication errors are as a result of errors at transfer of care. This is an important patient safety initiative. Approximately 20 near miss incidents are avoided per month through this vigilance by pharmacy staff.
- Procures, stores and supplies all medication. This is managed in a safe, effective, economic and timely manner.
- Provides medication review of all prescriptions to optimise medication therapy.
- Attends Consultant ward rounds to advise proactively on medications at point of prescribing. This also enables the pharmacy staff to engage with patients.
- Negotiates with drug company representatives to obtain the best price for medications. This is achieved by skillful negotiation by the senior technician.
- Continues to reduce the expenditure on drugs.
- Continues to reduce stockholding of drugs which, over the past 3 years, has reduced by 32% due to diligent purchasing and dispensing processes.
- Dispenses medication for patients going home for weekend leave, which is a vital element of their rehabilitation programme. This is a very labour intensive part of our work, illustrated by a 33% increase in activity since 2012.
- Liaises with community pharmacies and other hospitals regarding unusual ,'high tech' and unlicensed medication issues that may arise.
- Medication safety is a priority and new medical staff are taught how to prescribe clearly.
- Provision of medical information to all areas of the hospital and close liaison with many hospital Departments such as Nutrition and Dietetics and Speech & Language Therapy.
- Patients on warfarin and New Oral Anticoagulants (NOAC) are counselled on their medications. All patients are counselled on their medications prior to discharge.
- Incidents are reported monthly to the Risk Management Department for inclusion in STARS national database.
- Dispenses staff prescriptions - activity has decreased as we now dispense a 6 month supply when appropriate. Numbers of staff availing of the service have not decreased since last year.

PHARMACY ACTIVITY TRENDS



Activity Statistics	2012	2013	% Change
Total issues	49042	51330	5% increase
Weekend meds supply	16922	22567	33% increase
Staff prescriptions	935	586	37% decrease

Interventions recorded	695	835
Incidents reported	389	380
Patients counselled	153	139
Medications reconciled (admission)	602	98%
Medications reconciled (discharge)	610	95%

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

- 'Safe prescribing' to NCHDs : Claire Meaney
- 'Drug administration' – IV Study Day for nurses : Mairead Murrihy
- Medication Talk for Patients from SCSC Education Programme : Sheena Cheyne
- New Oral Anticoagulants presented to Nursing Staff : Mairead Murrihy
- Multidisciplinary Study Day – 'Medications used in Acquired Brain Injury' – for Brain Injury Programme team members' : Mairead Murrihy

Additional Developments for 2013

- High Risk Medication - e learning programme for pharmacists, doctors and nurses
- Multidisciplinary Kardex Audit
- Involved in updating antibiotic policy 2013.
- Advising the Paediatric Programme on a range of medication safety initiatives
- Provision of pharmaceutical care to Outpatients.
- Medication rationalisation, for example stocking one low molecular weight heparin.
- Involved in Gentamicin Audit for National Gentamicin Collaborative Working Group.

Finally I wish to thank the staff of the Pharmacy Department for their enthusiasm, professionalism and commitment to the service provided to all patients during 2013.

Physiotherapy

ROSIE KELLY
PHYSIOTHERAPY MANAGER

The Physiotherapy Department provides a full range of clinical and educational services to inpatients, outpatients and day patients. These include assessment and treatment of sensory and motor impairment across the four Rehabilitation Programmes at NRH as follows:

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

The Physiotherapy Department also provides specialist treatment in several cross-Programmatic services, these include:

- Outpatient Therapies across all four Programmes, as well as a limited service provided to staff in conjunction with the Occupational Health Department.
- Respiratory care
- Sports therapy, fitness training and health promotion.
- Hydrotherapy

The Physiotherapy Department also co-ordinates the following services:

- Back Care and Ergonomic Programme for the hospital.
- The Physiotherapy and Occupational Therapy Departments work jointly to provide the hospital's Splinting Service, and have also been liaising in relation to the development of a new Wheelchair and Seating Clinic.
- The Therapeutic Recreational Service is being run by Stuart McKeever and is developing into an integral part of the patients' rehabilitation journey at NRH.
- Our Clinical Tutor role continues to co-ordinate a dynamic student placement programme.

2013, once again, was a challenging year for the Physiotherapy Department. There were several senior staff reallocations to cover maternity leaves (5 in total) and secondments, as well as the loss of a half time senior position as a result of the Incentivised Career Breaks. This resulted in several periods of upheaval for many services. The consequences of all this movement were felt across the entire Physiotherapy Department, (in particular Brain Injury and POLAR Programmes, and Sports & Fitness and Clinical Tutor Posts) but as always, the staff worked extremely flexibly and creatively to provide as much cross cover as possible to minimise the disturbance to patient services.

As always, the education of our Patients, families and carers, as well as services in the community and healthcare colleagues, remains a very important aspect of the package of care delivered by the Physiotherapy Department. The rising demand from community services for outreach, education & training, and telephone liaison has resulted in further increased demands on the already limited staffing resources. However, recognising its role as a National Service, we strive to meet the demand to be the information resource for the community services. We continue to provide assessment for mobility equipment and appliances but with restrictions in medical card provision, the purchasing of this equipment has been limited.

The Physiotherapy Activity specific to the four NRH Rehabilitation Programmes (Brain Inury, Spinal Cord system of Care, POLAR and Paediatric Programmes) is outlined in the relevant Programmatic reports in Section 2 of this report.

Cross Programmatic Physiotherapy Services

PHYSIOTHERAPY OUTPATIENT SERVICE

REFERRAL SOURCES 2013

Doctor Only Clinic	24.5%
MDT Clinic	20.5%
External Clinic	15%
Inpatient	19%
Therapist Cross Referral	5%
Staff	2.5%
Review	13%

A comprehensive analysis of the Outpatient Service in 2013 resulted in a revision of the scope of service to give clearer guidelines for both patients and therapists alike. Following two very successful Wellness Days, the team discussed the feedback received from attendees and proposed possible changes for 2014 so that the content of the day can be more beneficial for the participants.

Staff referrals remain a regular feature of the Outpatient Physiotherapist workload. This service is offered in close liaison with Occupational Health.

A dedicated therapist is being assigned to cover the Outpatient clients who require hydrotherapy. One hour per week will be provided and a pool assistant is to be supplied by the Inpatient Physiotherapy Service.

RESPIRATORY CARE

A 100% increase in tracheostomy patients admitted to the Brain Injury Programme (3 patients in 2012 compared with 6 in 2013) reflects the changing dynamic of the patient demographic being admitted to the programme.

There was a definite change in the Respiratory emergency on-call service and weekend cover required in 2013, with a reduction in call outs (5 in total) and no weekend cover required on 36 occasions. This allowed a working group to be formed to look at 'Postural Management for Enteral and Oral Feeding'. The group submitted a poster to the International RISCI Conference in April 2013 and were awarded Best Platform Presentation Award for the Profile of Oral Feeding in the Spinal Cord Injury Population.

SPORTS THERAPY, FITNESS TRAINING AND HEALTH PROMOTION

The Sports and Fitness section of the Physiotherapy Department provides a dynamic service for both adult and paediatric Inpatients. This service also strives to bridge the gap between Inpatient rehabilitation and re-integration into the community through exposure to and participation in sports activities. On-going participation in sporting or physical activities for patients post-discharge forms a major cornerstone of our service, to ensure patients maintain their increased level of fitness to help them maintain a healthy lifestyle, and to avoid development of secondary complications.

Inaugural Spinal Sports Championships 2013

A most important and successful development has been the Inaugural Spinal Sports Championships which was held in August of 2013. This venture came about as a result of discussions between the NRH Physiotherapy Department and IWA Sport which then sought and received equal collaboration from the SCSC programme at NRH, Spinal Injuries Ireland and Dun Laoghaire Rathdown Sports Partnership. 45 athletes travelled from16 counties throughout Ireland to compete in the games, including former Paralympic athletes, new athletes and current Inpatients. The feedback provided from all involved in the Championships – from participants, staff, volunteers, family members and spectators – was overwhelming. The NRH are exploring the possibility of developing the Sports Championships into an annual event.

HEALTH PROMOTION

The Sports and Fitness service continued to play a role in the smoking cessation programme in 2013 and will have an increasing input over the coming years to facilitate a Smoke Free Campus by 2015.

HYDROTHERAPY

Attendances for the Hydrotherapy Department decreased by 25% in 2013, reflecting an increased number of pool closures (14 days) due to staffing issues or pool temperature irregularities.

Breakdown of the Patients' diagnostic categories are as follows:

Diagnosis	2011 %	2012 %	2013 %
Spinal Injury	25	31	43
Stroke	24	19	14
Traumatic Brain Injury	14	9	11
Non-Traumatic Brain Injury	2	5	10
Other Neurological Conditions	25	16	10
Amputee Patients	10	20	12
Total	100	100	100

SAFER HANDLING CO-ORDINATION

The Physiotherapy Department continued to co-ordinate this service throughout 2013 despite having to contract in services to complete the training due to extended staff leave. This service includes all patient and non-patient training and individual task specific risk assessments for patients and staff. We look forward to the resumption of complete in-house services in 2014.

THERAPEUTIC RECREATION SERVICE (TRS)

TRS consists of 2 elements:

1. Individualised assessments and interventions
2. Group based recreational activities

A total of 145 referrals were received by the Therapeutic Recreational Service in 2013.

Diagnosis	2012	2013
Individual attendances	634	744
Events / group activities	262	296

Several new initiatives for patient recreation were developed by Stuart McKeever for the TRS programme in 2013. These include:

- Celebrate Life with Music Week
- Christmas Music Week
- Art Therapy
- Relaxation group
- Felt Design and Arts and Crafts
- Patient Monthly Meetings
- Brook Choir and St John's Gospel Choir
- Monthly Talks
- Monthly New Release Cinema Night
- Hairdressing and Beautician service

CLINICAL PRACTICE TUTOR

In 2013, the Clinical Practice Tutor placed 43 students in the Physiotherapy Department for periods averaging 5 weeks. The students were from UCD and TCD and 2 of the students were from Singapore.

Ongoing duties of the Clinical Practice tutor:

- Close liaison with the Clinical Tutors from Occupational Therapy and Speech and Language Therapy has resulted in interdisciplinary teaching sessions.
- Regular lectures in the universities remains a major feature for the tutors
- Member of the Physiotherapy Education Committee
- Member of the Academic Steering Group

As part of our Therapeutic Recreation Service, photography lessons are organised on a number of occasions throughout the year. All current and former patients have the opportunity to enter the NRH Annual Photography competition.

Radiology

DR BRIAN MCGLONE
CONSULTANT RADIOLOGIST

Diagnostic imaging services were provided to the hospital in 2013 by a small team comprising a part time Consultant Radiologist, 1 Clinical Specialist Radiographer, 1 Senior Radiographer and a part-time Health Care Assistant. In addition a 3 day locum basic Radiographer Post was created May 2013 to allow for the implementation of the **National Integrated Medical Imaging System** (NIMIS).

The following services are provided to all inpatient and outpatient groups, including the Brain Injury Programme, Spinal Cord System of Care, Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR), and Paediatric Programmes:

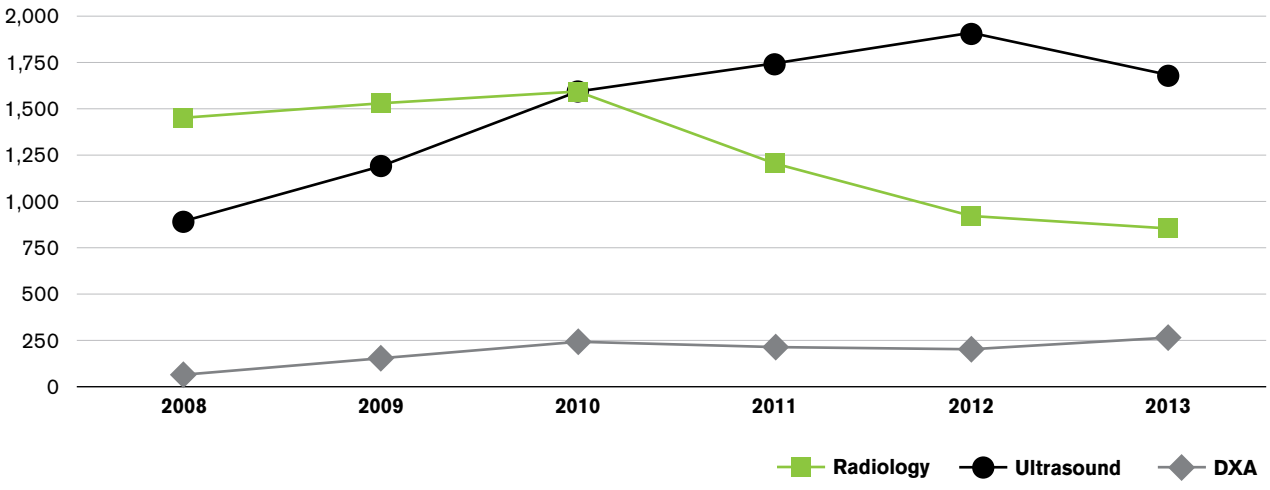
- General Radiography, Ultrasound, Mobile Radiography, special procedures and Dual-Energy X-ray Absorptiometry (DXA) scanning
- CT scanning service at St. Columcille's Hospital, Loughlinstown
- 24/7 On-call radiography service at NRH

Activity Data

Changes in radiology activity were recorded in 2013.

- In 2013, the number of ultrasound examinations fell slightly to 1700, owing to the staffing reduction and disruption of service required during NIMIS implementation.
- 856 general x-ray examinations were performed; this is on a par with last year and shows a continuation of service despite the downtime and preparation required for NIMIS implementation.
- In 2013, 262 DXA scans were performed, which is an increase from the previous year in line with the increasing referrals.

NUMBER OF EXAMINATIONS



Services / Developments

NATIONAL INTEGRATED MEDICAL IMAGING SYSTEM (NIMIS)

NIMIS went live on July 23rd 2013 as planned. NIMIS is now fully operational

In the first half of 2013, the NRH continued to prepare for the roll-out of NIMIS (National Integrated Medical Imaging System) – The primary object of the NIMIS project was to implement PACS/RIS/VR solutions into all publicly funded acute hospitals where radiological imaging is performed. This enables filmless and paperless Radiology services allowing for secure and rapid movement of patient image data throughout the health service. The rapid access and availability of patient's records to health professionals is a significant step for patient safety and a welcome development in Radiology provision at the NRH.

NIMIS is now fully operational and Rhian Humphreys is active in the role of the provision of RIS/PACS support.

ULTRASOUND

The Ultrasound service continues to develop with greater availability of Ultrasound to inpatients and outpatients. Audit of Urology service delivery and the number of DNA's (Did Not Attend Appointment) is ongoing, feedback from the Urology Outpatient service has been particularly positive.

RADIOLOGY AUDITS, PROTOCOLS AND POLICIES

The appropriate policies and protocols have been updated and implemented in 2013 for the radiology department.

A number of audits have been carried out in 2013 which include:

- Reject Analysis Audit
- Patient Pathway at a Nurse Led Urology Clinic
- National Clinical Audit of Medical Radiological and Radiotherapy Practices
- Environmental and Hygiene Audits
- HIQA Audits - ongoing
- Clinical Audit – Imaging of Bladder Calculi
- DXA Referring Criteria Audit
- ID Audit
- DXA DNA (Did not Attend for Appointment) and Cancellation Audit
- NIMIS Cancellation Audit

RADIATION SAFETY

The Radiation Safety Committee advised the hospital on best practice in relation to radiation safety. Linda Byrne Senior Physicist joined the members to extend the pool of expertise. The committee ensures compliance with RPII requirements which include quality assurance measurements, best practice and training issues, among many others. Rhian Humphreys is the Radiation Safety Officer to NRH with Geraldine O'Reilly recently taking over as Radiation Protection Adviser.

A "**Talk time**" session was presented within the hospital on the subject of radiation Safety for Non Radiology staff, this offered a chance to provide information to the hospital as a whole and answer any question that staff may have about radiation.

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

Rehabilitative Training Unit (RTU)

MAUREEN GALLAGHER
INTERIM RTU MANAGER

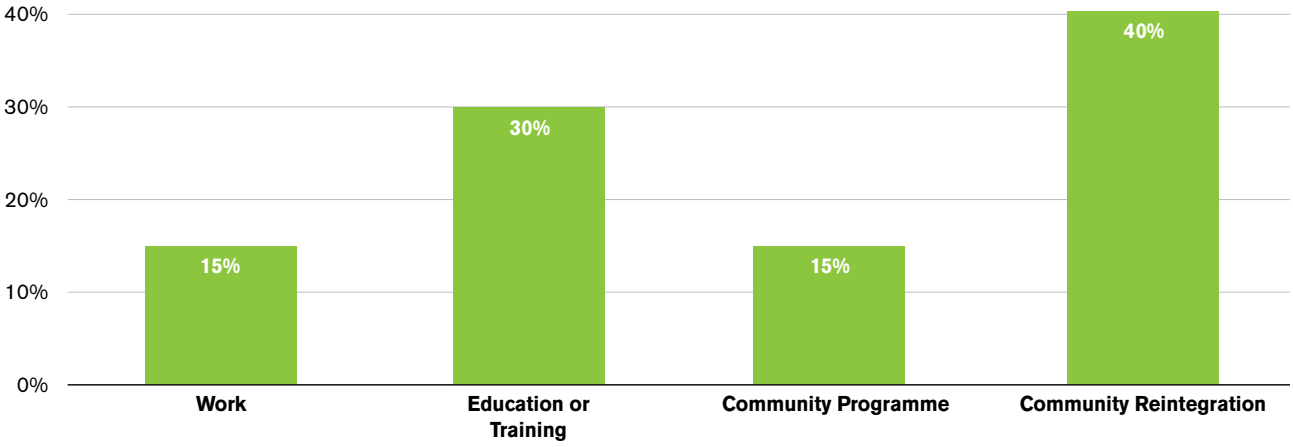
Service Provision

The Rehabilitative Training Unit (RTU) provides group and individual training for adults with acquired brain injury. Some trainees attend the RTU daily and others attending the programme, who are not living within travelling distance, may require accommodation in the Corofin Lodge which is a supervised, purpose built unit attached to the RTU. The training is delivered via a collaborative Interdisciplinary Team process that involves all members of the team in each stage of the programme for all trainees.

The continued success of the RTU service rests in the client-centred, holistic approach to delivering the programme, the flexibility of providing an individualised training programme for each client, including programme duration, and a comprehensive discharge planning process. The programme encompasses both vocational and community reintegration programmes, which is reflected in our outcomes. It is important to recognise that an increase in independent living and reintegration back into community and family life is regarded as successful an outcome for some trainees as a return to work or education is for others, and this success is measured by the achievement of individualised rehabilitation goals as identified by the trainee and their family.

During 2013 the RTU received 31 referrals. Of these, 18 were for trainees requiring accommodation and 13 for day places. The programme duration for trainees has remained fairly static in recent years, with average length of stay being 10.1 months, ranging from 4 to 17 months. Demand for the service remains high with average waiting times, from time of referral to admission to the service, now standing at 11 months. Despite our considerable waiting times the RTU continues to secure excellent outcomes for its service users.

RTU 2013 OUTCOMES



RTU Trainee Outcomes In 2013 are as follows: Trainees discharged to:

- Appropriate work – 15%
- Education and training programmes – 30%
- Community programmes, including day services – 15%
- Discharged to home life having reached their community reintegration goals on discharge – 40%

The RTU focus is to support trainees through a comprehensive, individualised training programme. RTU staff liaise with family, professional colleagues and employers throughout the individual's programme to educate and assist with the transition from the RTU to the discharge occupation and destination.

New Services and Developments

- The RTU is continually seeking ways in which the trainees can demonstrate and apply skills developed during the course of their training programme. In 2013 a number of RTU trainees were involved in presenting on their experience of living with ABI to groups of Occupational Therapy students and Nursing students at NRH. This provided the students with the opportunity to enhance their communication skills and build their confidence and self-esteem while also affording them the chance to 'tell their story'. The individuals involved reported these experiences as very beneficial and it is planned to continue with these opportunities in 2014. Trainees were also involved in television documentaries, volunteer opportunities, and as representatives on the NRH Patient Forum.
- RTU Partners: The RTU has continued to maintain strong working links with community services such as MABS, HSE Dieticians (Healthy Food Made Easy Programme) Brí, LES (Occupational Guidance), An Garda Siochána (Get Wise Programme) and the FAI, among many others. These working links are vital to providing a broad range of experience to the trainees but also to highlight and inform those agencies of the impact of living with ABI.
- The RTU is finalising a pilot programme that will offer past trainees the opportunity to return and participate in an intensive training week on core modules including Independent Living Skills, Brain Injury Awareness, Executive Skills, Change & Loss and Applied Strategies. The module will be co-facilitated by past trainees. The objective of the module is to refresh participants in strategy application and self-management of the functional implications of their ABI.

Milestones for the RTU

In line with the NRH policy to continuously improve our services, the RTU has begun to implement post-discharge follow up by means of the MPAI-4 participation survey which will 'complete the picture' of how our past trainees are were getting on post discharge. This survey will provide useful feedback that can be incorporated into programme development.

Training and Education

During 2013 the RTU experienced a number of staffing changes which brought its own challenges to a small team. This highlighted the importance of ongoing staff development and training. Apart from attending NRH mandatory training staff also delivered in-service training sessions and attended various external education & information programmes. The RTU continue to provide clinical placements for Occupational Therapy Students and Counselling Psychology Doctorate Students.

Social Work

ANNE O'LOUGHLIN
PRINCIPAL SOCIAL WORKER

Social Workers offer the patient and their families support and information throughout their rehabilitation journey at the NRH. Social Work focuses on change management and problem solving from a "person within their environment" or systems approach. In the NRH, we use counselling and care planning skills to support effective management of a traumatic event. Working as part of the interdisciplinary team, we have a particular role with families and carers and liaise closely with community and other services.

In 2013, the Department completed an information leaflet on the service for patients and families.

The services offered by the Social Work Department include:

- Pre-admission planning for complex cases
- Psychosocial assessment of the patient/family situation, resources and goals
- Counselling services to patients and families and groupwork
- Provision of carer education and training programmes along with other members of the interdisciplinary team
- Extended family/sibling support as appropriate
- Case Co-ordinator role – the social workers also act as the "go-to" person between patients and families and the interdisciplinary teams
- Care planning: sourcing of and liaison with all possible entitlements and community services such as personal assistants, housing, case management and residential placements
- Child and vulnerable adult protection and welfare training; consultation to hospital staff; designated officer role within the interdisciplinary team
- Post discharge follow up and intervention for patients and families
- Social Work service to Outpatient clinics - assessment and intervention
- Outreach to schools, community teams and vocational services
- Advocacy and input into policy making and national strategies

Service Provision

The Social Work Department had 5693 attendances by Inpatients and their families and carers in 2013 and almost over 900 Outpatient attendances and outreach attendances or visits.

The Social Work Activity specific to the four NRH Rehabilitation Programmes (Brain Inury, Spinal Cord system of Care, POLAR and Paediatric Programmes) is outlined in the relevant Programmatic reports in Section 2 of this report.

Service Trends

Overall, the continued impact of the economic crisis has continued to affect people with disabilities in terms of reduction in benefits, withdrawing of some discretionary medical cards and the lack of adequate resources for homecare packages, assisted living and the Housing Adaptations Grant. Families are increasingly under pressure to manage ongoing care needs post discharge without adequate supports or make stark choices such as nursing home placement. The continued delays in relation to the Capacity Bill have left a vacuum in terms of dealing with patients who are unable to make decisions about their future or finances.

Members of the Social Work Department participate in our professional body, the Council on Stroke, the Rehabilitation Medicine Programme and other committees to try to highlight these concerns and advocate for our patient group.

Registration/Continuous Professional Development (CPD)

The Social Work Department continues to be very involved in teaching and training and takes an average of four Masters in Social Work students on four month block placements per year

Social Workers are the first Health Care Professions Group to be registered with CORU although some applications are still pending due to a backlog of applications. Social workers must show evidence of ongoing continued professional development and good practice if they are to remain as registered practitioners. As part of this process, the Department reviewed and updated maintenance of CPD logs and our group supervision process.

St. Valentine's Fundraising Ball

The Social Work Department was involved once again in organising this year's St. Valentine's Ball along with our colleagues in the SLT Department and An Garda Siochána. We would like to thank everyone who supported this event which has raised much needed funds towards particular needs for patients and families which otherwise could not be met.

In 2013, we were delighted to be able to use some of the funds to re-decorate the family meeting room. The family room is a place where patients and relatives often have to hear difficult news and we now have a more pleasant, less clinical space for this purpose.

Speech and Language Therapy (SLT)

NIAMH O'DONOVAN
A/SPEECH & LANGUAGE THERAPY MANAGER

The NRH Speech and Language Therapy (SLT) Department offers comprehensive assessment, diagnosis and treatment for a range of disorders; these include language, voice, speech and swallowing. These services are delivered through individual, group based, team-based and family centred therapy.

The SLT Department Activity specific to the four NRH Rehabilitation Programmes (Brain Inury, Spinal Cord system of Care, POLAR and Paediatric Programmes) is outlined in the relevant Programmatic reports in Section 2 of this report.

Service Provision and Developments

2013 was a busy year for the Speech and Language Therapy (SLT) Department, with a number of new initiatives and service developments being implemented – these include:

- The first NRH National SLT Conference in Neurorehabilitation, held in November 2013. 64 SLTs from throughout Ireland attended. Plans are currently underway to organise a second conference, targeting Cognitive Communication.
- The Digital Swallow Workstation and FEES machine which was funded by the NRH Foundation and other charitable donations (including the Valentine's Ball, the White Collar Boxing event), was delivered. Training of two SLT Endoscopists commenced in conjunction with the Mater Hospital. The FEES service will provide instrumental swallow assessments on-site to the patients of the NRH for the first time – previously patients had to travel to an Acute Hospital for this procedure
- The pilot EAT (Electronic Assistive Technology) Clinic commenced as a joint initiative between SLT and Occupational Therapy (OT), whereby an EAT assessment, trial and recommendations are carried out. A stock of basic materials (such as mounting systems, and tablet computers) is now in place and the equipment can be trialled with patients during their admission to NRH. A total of 15 patients attended the EAT Clinic since July 2013 and a total of 21 patients received equipment on loan from EAT Clinic stock since September 2013.

- The Dysphagia Service was reconfigured so that an expert specialty service in tracheostomy, spinal cord injury, complex dysphagia, paediatric dysphagia, disorders of consciousness and general acquired brain injury can be delivered by SLTs across all NRH Rehabilitation Programmes.
- Two Dysphagia Audits were carried out in conjunction with Catering and Dietetics on the consistencies of the modified diets and the safe feeding of patients with dysphagia. Training will be provided to staff following the results of these audits.
- The Facial Palsy working group aims to develop a reliable and valid method of evaluation of facial function post ABI. Currently, an assessment protocol and management plan has been devised and is widely used across the SLT and Physiotherapy Departments, and we continue collaboratively to establish and develop this service.
- The Communication Access Group has continued to develop accessible education leaflets, as well as information fact sheets on various SLT presentations (dysarthria, social communication, word finding difficulties, cognitive communication, and FEES).
- The Aphasia and Return to Driving project was run in conjunction with IWA Driving Instructor, Colm Cairns, Occupational Therapist, Aisling Weyham, and RTU Facilitator, Claire Gavaghan. Off-Road driving assessments were adapted to accommodate people with aphasia, with additional assessments were included.
- The weekly Aphasia, News and Total Communication Groups continue to provide group intervention to patients.
- The Connect Communication Access Training was provided as a pilot in August 2013 by two Speech and Language Therapists and one Occupational Therapist. The training endeavours to maintain the communication skills of Brain Injury Programme staff as well as provide specific communication strategies for individual patients with acquired communication difficulties.
- The SLT Graduate Volunteer Programme was consolidated and developed on in 2013.

  Seven graduate Speech and Language Therapy volunteers have supported patient activity within the department in 2013. Initiatives have included:

  – supporting patients with computer-based exercise programmes
  – supporting patients with exercise programmes
  – supporting computer and technology access for patients
  – assistance of therapists in completing organisational and administration tasks

  A Graduate Volunteer Policy is being developed to establish greater Interdisciplinary coordination and streamlining within the context of all graduate volunteer programmes currently operating within Therapy Departments in the NRH.
- Undergraduate SLT students from Trinity College Dublin continue to receive clinical education and placements in the SLT department. Interdisciplinary education and learning opportunities for student SLTs have been established and fostered within the hospital via structured interdisciplinary tutorials run jointly by SLT, Occupational Therapy, Social Work, Physiotherapy, and Medical staff.
- An Interdisciplinary Careers evening was held twice in 2013 by the Clinical Tutors from SLT, OT, Physiotherapy, Social Work and Music therapy. The target audience is students and individuals who have expressed an interest in pursuing a career in the Allied Health Professions.
- The SLT Department was awarded funding from the NRH Foundation through the Grant Application Process to support the purchase of seven ipads and a suite of speech and language therapy Apps for use with adult and paediatric patients.
- A Peer Supervision programme has commenced for newer staff members

St. Valentine's Fundraising Ball

The annual St. Valentine's Ball was another huge success in 2013. The SLT Department put the funds raised towards buying a Fibreoptic Scope for the FEES service.

Section 4
Corporate and Support Services

Liam Whitty
Catering Manager

John Fitzgerald
Materials Manager

Éimear Flynn
CNMII Infection Prevention and Control

Bernadette Lee
Risk Manager

Rosemarie Nolan
Communications Manager

Dr Jacinta Morgan
Chairperson, DDMBA (to May 2013)

Maureen Gallagher
RTU Brain Injury Programme

Fr. Michael Kennedy
Chaplaincy

Aoife Mac Giolla Rí
School Principal

Audrey Donnelly
Stakeholder and Corporate Data Manager

John Maher
Information Management and Technology Manager

Edel Lambe
NRH Foundation Fundraising Manager

Maryrose Barrington
Volunteer Coordinator

Siobhán Bonham
Health Planning Team Leader

Olive Keenan
Human Resources Manager

Brendan Martin
Payroll and Superannuation Manager

Peter Byrne
A/Technical Services Manager

Dr Amanda Carty
Safter Better Healthcare Self-Assessment Lead

Rose Curtis
Occupational Health Nurse

Catering

LIAM WHITTY
CATERING MANAGER

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

In total, twenty five staff are employed in Catering. In 2013 we provided over 150,000 meals, including Meals on Wheels, which are provided for the Deansgrange, Monkstown, Kill O' the Grange, and Cabinteely areas; the meals are delivered by volunteers to people in the Community who are unable to cook their own meals for various reasons, for example, illness or disability.

Events catered for in 2013 included the Annual Summer Barbeque and Christmas Parties for patients and staff, the Ernest Goulding Memorial Lecture, Multicultural event, the Annual General Meeting, and various other events held throughout the year. Also in 2013, due to the prolonged spell of good weather, a Staff Summer Picnic was organised by the Catering Team and was greatly appreciated by all.

The cost of providing catering services to the hospital was €572,500 (excluding wages) and the income was €382,952.

Catering staff continue to participate in ongoing training. Congratulations to Samantha Doran who completed a Diploma in Hospitality Management and Paul Enright who completed a Degree in Business Studies.

New Developments

The Catering Department, in conjunction with the Nutrition and Dietetics Department, have completed a standardised patients menu (159 recipes) and a nutritional analysis and nutritional labelling of all patients meals. The labels will also list allergens present in line with the new FSAI Regulations.

The Catering Department has set up the Productive Mealtime Committee, comprising staff from Catering, Dietetics, Nursing and Speech and Language Therapy.

A new breakfast bar has been opened in the Staff Canteen serving smoothies and healthy breakfast choices in the morning.

Food Safety Continuous Professional Development

The Catering Department has in place a food safety system based on the principles of HACCP. We are committed to taking all necessary steps to ensure that the food and beverages produced and served are safe, sound and wholesome and in which everyone has total confidence. Catering is audited four times a year, twice by the Environmental Health Officers Association and twice by our Food Safety Consultant.

Central Supplies

JOHN FITZGERALD
MATERIALS MANAGER

The Central supplies Department purchases and maintains stock materials for the day to day running of the hospital. Purchases for hospital equipment, patients' aids and appliances, and patients' special requirements are managed by Central Supplies, in addition to placing purchase orders for service and maintenance contracts for Technical Services and Medical Equipment.

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

During 2013 additional cost-saving initiatives continued, these include, but are not limited to:

- Central Supplies was involved in negotiating waste disposal contracts, including items such as batteries and confidential documents.
- Continual evaluation of new products and services to reduce costs and improve efficiencies. Further cost savings were achieved in 2013 as a result.
- Central Supplies works collaboratively with hospital departments to ensure compliance with HSE, HIQA and CARF accreditation standards.
- The National Procurement Policy provides a framework for spend thresholds, control and open Competitive quotations. Savings are achieved through use of the Hospital Procurement services Group and also through negotiating with local suppliers.
- End of year stock count was successfully completed with much improved stock value and quantity accuracy.
- In 2013, the Supplies Manager assisted in Tenders preparation and loading onto the e-tenders web site for open competitive Tenders. Increased use of the e-tenders site will be a feature of future purchasing in line with the Central supplies objective to obtain value for money in all purchasing decisions.
- Planning improved information flows with the IM&T and Finance Departments for all stock and non-stock purchases.
- Stock of special medical dressings, shiley tubes, respiratory filters and masks are managed for expiry dates and future usage in the wards storage areas.

Steve Butler – Winner of the NRH 2013 Calendar Photo Competition.

Chaplaincy

FR. MICHAEL KENNEDY, CSSp

The Chaplaincy Department plays a vital role in the overall aim of the hospital to serve our patients' individual needs during their Rehabilitation Programme at NRH, and also the well-being of its Staff.

Fr Michael Kennedy CSSp is the full time Chaplain. Sr Catherine O'Neill of the Sisters of Mercy retired as chaplain in 2012, but sadly she passed away in June of 2013, may she rest in peace. The Reverand Arthur Young of the Church of Ireland visits NRH on a voluntary basis. We wish Arthur all the best in his new ministry at the Kill O'the Grange parish. Susan Dawson from the Presbyterian Church continues to visit on a voluntary basis.

The Pastoral Team

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

The chaplaincy is a support service which responds to the needs of all members of the hospital community, offering pastoral, spiritual and religious support, helping individuals and groups to express and deal with the issues that affect their lives. The Chaplain can also arrange to contact representatives of other faiths for patients as required.

Chapel Services

In 2013:

- Mass/Communion services were celebrated Monday to Thursday at 6pm, Fridays at 10am and on Sundays at 10:30am; Chapel services were also transmitted by video link TV on most wards for patients unable to go to the Chapel.
- Holy Communion continues to be distributed to patients on the wards three times a week and the Sacrament of the Sick is administered on the 2nd Wednesday of each during 6pm Mass.
- Confessional and other services are arranged by request

Visiting Patients

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

Chaplaincy Involvement

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

The Chaplain attends courses and seminars outside the hospital which are designed to enhance Continuous Professional Development (CPD) and education. In addition, the Chaplain also attends educational and training courses arranged internally by the NRH; and is involved also in the following Committees: Ethics Committee, Heads of Departments, Liturgy Team, St. Vincent DePaul Conference, NRH Staff Induction Programme, and the Multicultural Group.

Challenges - Chaplaincy work has a unique and distinct role which enables it to cross into the various strands of the hospital community; it can be a solitary role requiring strong support networks. The turnover of patients has increased and the challenge for the chaplain is to offer them the best possible pastoral care during their stay.

The Chaplain offers support to staff and there has been a notable increase in the number of staff who avail of this confidential service.

With the number of clergy in the Dublin Archdiocese decreasing each year, it is becoming more difficult to find cover for liturgical services when the chaplain is on leave, and will become more so in future years. Communion services have been introduced on a weekly basis which allows the chaplain to take leave and for the lay faithful to exercise their ministry.

Communications

ROSEMARIE NOLAN
COMMUNICATIONS MANAGER

'Workplaces which have good communications, respectful relations and healthy systems of work… tend to get the best results in achieving a healthy and productive workforce.'

Work Positive Profile – Health and Safety Authority

The work of the NRH Communications Committee is based on the premise that by fostering accessible communications that are responsive to patient and staff needs, the hospital will provide higher quality patient care and contribute towards maintaining best practice and quality standards set by legislation, HSE, HIQA and CARF (Commission for Accreditation of Rehabilitation Facilities), leading to continuous improvement in services and best outcomes for our patients.

Since the Communications Committee was initiated, we have established, developed and strived towards continually improving a range of communications channels with a view to:

- informing individual audiences in a clear, timely, and accessible way of accurate, consistent and relevant information.
- capturing the views of patents, staff and all internal and external stakeholders, using the feedback to inform and influence how services are planned, organised and delivered, and how the process of change is managed.

In addition, we have;

- Developed, implemented, reviewed and modified as required, a hospital-wide communications CASCADE system.
- Developed both Internal and External Communications Policies, along with Standard Operating Procedures under the Strategy.
- Developed audit and survey tools to monitor and evaluate the effectiveness of communications systems at NRH, to enable us to address any issues that may arise and to continually evaluate, develop and improve our procedures and practices.

In 2013, the Board of Management approved a three-year Communications Strategy and Implementation Plan (December 2013 – 2016). The vision underpinning the Communications Strategy is based on the work undertaken by the Communications Committee to date, and is in line with the hospital's organisational strategic direction. The NRH Communications Strategy 2013 - 2016 will focus on five key objectives as outlined below:

1. **To further develop and promote an open, two-way communications environment and culture within the hospital.**
   Facilitating open communication at all levels; encouraging improved communications links within and between Programmes, Departments and Services at NRH; and increasing opportunities for patients, staff and all stakeholders to provide feedback that can be used to influence decision-making within the hospital.
2. **Support the positioning of NRH as the acknowledged leader and educator in the field of Complex Specialist Rehabilitation Services (CSRS) in Ireland, through focused collaboration with Stakeholders.**
   The Communications Strategy can support this objective by delivering a sustained Communications campaign which aims to increase clarity and public awareness around the services currently delivered at NRH as well as informing people of ongoing or new developments in rehabilitation services nationally. In addition, we aim to promote the expertise of NRH staff by capitalising on opportunities to highlight the education they deliver through collaboration with academic institutions, universities and other health providers and agencies that have close working relationships with the hospital, as well as relevant sections of the media.

3. **Develop our policy of patient and family focused communications.**
   Patient, family and carer-focused communications are accessible, respectful of cultural diversity, responsive to patient needs, and aware of their preferences. By fostering such communications at NRH, including service-user input, the Hospital will provide higher quality patient care.
4. **Develop a strong NRH brand identity.**
   A strong identity should reflect the hospital's person-centred values, its commitment to quality, and dedication to achieving best possible outcomes for patients. This can be achieved by developing the hospital's corporate identity to clearly distinguish NRH from other providers of rehabilitation services; to present our information professionally and in a consistent style that should be instantly recognisable as that of the NRH.
5. **Foster excellence in communication with all stakeholders.**
   This aim can be achieved by ensuring effective processes are in place to continually formulate, develop and implement communications policies and standard operating procedures (SOPs), and produce guidelines and templates that will enable easy access to relevant information and feedback mechanisms.

The Communications Committee reports on a quarterly basis to the Operations Management Committee and on an annual basis to the Board of Management.

Sincere thanks to the members of the Communications Committee who actively contribute to this working group for the benefit of our Patients, their families, and NRH Staff. The members of the Committee give generously of their time and expertise to this Committee in addition to a full workload in their respective areas of employment. A special thank you to Sarah Homan, Secretary to the Communications Committee for her dedication and contribution to the Committee.

And thanks also to Sarah, Eimear Foley, and Geraldine O'Donnell for their hard work and commitment in executing the smooth running of the Office of the Chief Executive, and provision of administrative support to the Board and its Sub-committees during 2013.

We aim to make our information accessible for all by tailoring the content and format to meet the requirements of relevant target audiences.

Disabled Drivers Medical Board of Appeal

DR JACINTA MORGAN
CHAIRPERSON, DDMBA (TO MAY 2013)

DR JOHN O'KEEFFE
INTERIM CHAIRPERSON, DDMBA

The Disabled Drivers Medical Board of Appeal (DDMBA) is a statutory independent body set up by the Department of Finance in 1990 to review individuals whose application for the Primary Medical Certificate[1] 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, and a succession of Finance Bills. Board members are appointed by the Minister of Finance from a body of interested registered medical practitioners, on the recommendation of the Minister of Health.

Service Configuration and Staffing

Dr Jacinta Morgan[2] chaired the Board between February 2007 and May 2013 when she stood down to become consultant lead on the new NRH Early Access Rehabilitation Unit. Dr John O'Keeffe, General Practitioner, was appointed as Interim Chairperson and will be replaced in 2014 by Dr Cara McDonagh, a new Consultant in Rehabilitation Medicine (Spinal Injuries). The Chair is assisted by four ordinary Board members.

The adjudicating panel at all clinics comprises the Chair and two ordinary board members. Clinics are typically a full day and up to thirty appellants are scheduled for review. Mrs Carol Leckie is the administrator to the Board. She manages all administrative and operational aspects of the Board and its clinics, and also issues Board Medical Certificates to successful appellants.

Activity and Developments in 2013

The huge increase in appeal applications observed in 2010, 2011 and 2012 has diminished to some degree. **529** new appeals were lodged and **600** patient appointments were arranged at 24 clinics. **336** appellants attended for review, indicating a continuing high rate of non-attenders despite implementation of letter and telephone reminder policies. **52** appellants (**15%** of those reviewed and **10%** of appellants) were successful in obtaining a Board Medical Certificate at appeal. The current waiting time for review is in the order of six weeks.

The Board and secretariat again travelled to Cork in August 2013 to carry out a clinic in the Mercy University Hospital where fifteen appellants were reviewed. The Board will continue to hold occasional clinics outside Dublin in line with demand.

Since May 2013 the DDMBA is a 'reviewable body' in accordance with the provisions of the Ombudsman (amendment) Act 2012.

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

[2] Consultant in Rehabilitation Medicine, Acquired Brain Injury Service, NRH and Beaumont Hospital

Health Planning Team

SIOBHÁN BONHAM
PROJECT MANAGER – NEW HOSPITAL PROJECT

Services Provided Across Programmes

The Health Planning Team assists with the planning, organising and securing of resources to achieve specific organisational goals. The team will further facilitate and/or project manage specific projects or parts thereof to enable hospital departments or programmes to meet their unique goals & objectives.

New Developments in 2013

MCAULEY WARD UPGRADE

In order to facilitate the provision of a 10 bedded 'Early Access Rehabilitation Unit', funding was put in place to reinstate McAuley ward for clinical use, having been closed for the past 7 years. The area was mostly utilised by clinical and administration staff for office and treatment accommodation. Therefore, decanting and creation of office and treatment space elsewhere in the building was the first deliverable of the project. The entire project, which incorporated a major programme of work, was successfully delivered in 12 weeks.

NATIONAL INTEGRATED MEDICAL IMAGING SYSTEM (NIMIS) PROJECT

This project was project managed by the Health Planning Team in partnership with McKesson. The NIMIS project went live in summer 2013. It allows the NRH to access diagnostic imaging reports and images from other acute and primary care facilities from anywhere in Ireland and it also allows images taken and reports created in the NRH to be accessible to other participating health care facilities.

NEW HOSPITAL DEVELOPMENT PROJECT (PHASE 1)

In May 2012, the Minister for Health, Mr James Reilly, formally committed to the provision of joint funding by the HSE and NRH Foundation to build a new 120 bed ward accommodation with integrated therapy facilities on the NRH Campus, in order to replace the existing ward accommodation at NRH. It is envisaged that this new building will form the basis of a fully redeveloped, fit for purpose rehabilitation hospital - the remaining hospital facilities to be developed at a later date incorporating the desired bed expansion factor when funding permits.

The new hospital project consists of five stages. The project is currently in stage 1, the preliminary stage. The deliverable for the appointed design team for this stage of the project programme is to develop a Master Site Strategy and a Building Sketch Design. The design team Stage One report is scheduled to be issued in February 2014. The master programme of works has a target of the fourth quarter of 2014 to achieve planning permission, with a contractor commencing works on site in the second quarter of 2015. The building works is anticipated to be of 144 week duration with commissioning and handover of the building expected by the second quarter of 2017.

OTHER PROJECTS IN 2013

During 2013, The Health Planning Team:

- assisted the Roscommon Regional Hospital team to develop their project brief, and supporting documentation for the provision of a regional rehabilitation unit on their campus.
- carried out a site options review for the Cork Regional Unit.
- developed a Project Brief for the NRH Education, Research and Training project.
- continued to develop the Asset Management of the Hospital; this includes the complete monitoring and controlling of all assets, with full historical records on an asset's life. A new room and space numbering exercise for the whole hospital has been completed so that assets can be given specific locations.
- Organised and facilitated Project Management Training for 33 NRH staff to assist staff to better plan, monitor and control their working projects and to prioritise workloads more effectively

PROCUREMENT PROJECTS

ASETS – Advanced Swallowing Evaluation Therapy System: The EU procurement of ASETS for the Speech and Language Department has been completed; a new therapy service is currently being set up.

CHP – Combined Heat and Power Plant: A National Procurement has been completed for a new CHP and the plant has been installed by the Technical Services Department and has been commissioned and is now fully operational.

Human Resources

OLIVE KEENAN
HUMAN RESOURCES MANAGER

2013 was a busy and challenging year for the Human Resources Department as we continued with the next phase of the HR System Project implementation, which involves moving from a paper based system to the essential electronic storage of staffing information on an integrated HR management information system. The new system will provide availability of essential information for management and improved reporting and decision making which in turns makes for more efficient and effective streamlined HR administrative and business processes.

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

Recruitment and Staffing

2013 continued to be difficult year in the context of a reduced hospital budget and challenges with the staffing ceiling. The recruitment moratorium is ongoing resulting in immense challenges against the backdrop of reductions in staff being applied quarterly throughout the year, in line with Department of Health overall reductions in Health Service staffing and staff exiting on the Incentivised Career Break Scheme.

The strain on staffing resources is challenging for the Hospital as we strive to maintain existing services - the fact that we have done so against substantial service pressures is testament to the hard work and commitment undertaken by all staff in ensuring that a high standard of work ethic and care continues to be provided to our patients and services during these difficult times. We continue to work with each Programme Manager and Department Head regarding the specific needs of their services and consideration is given for posts which are deemed essential to services.

The Hospital did secure approval and funding for some additional staffing resources under the Frail Elderly Initiative which enabled NRH to open an Early Access Rehabilitation Unit in 2013.

HR Information Management System

Implementation of the Core HR Information Management System continued in 2013 with the successful live running of **Core Health & Safety (Accident Reporting)** in May. The system introduced more efficient reporting and recording of staff accidents as well as vital management information reports.

Following a comprehensive mid-year review, and the appointment of a Project Manager, changes were made to the sequence of the modules to be implemented. It was agreed that implementation of the **Core Training** Administration system would be greatly beneficial in contributing to CARF re-accreditation in June 2014.

Successful implementation of the system throughout the Hospital was achieved in December and Training is now centrally managed with all staff training course requests and manager approvals completed via an Employee Self Service (ESS) Portal. Benefits realised to date include, improved management of the training administration process; increased validity, accuracy, reliability and timeliness of the NRH's training related Key Performance Indicators (KPIs); and ownership of training administration by managers for their respective teams.

A review of the previously implemented **Core Personnel** system was also undertaken at this time as the initial system configuration was found to be complex, resulting in an increased administrative workload. The outcome of the review included the implementation of a number of modifications and successful live running was achieved in November.

Work has commenced on the implementation of **Core Time (Time & Attendance and Absence Management)** with live running planned for late 2014. This will be followed by the implementation of Core Rostering. Benefits of both systems include improved management of time & attendance, rostering and absence management processes. Benefits for the hospital also include extensive reporting capabilities, providing management with up-to-date information for analysis, reporting, and planning at department, programme and overall organisational level.

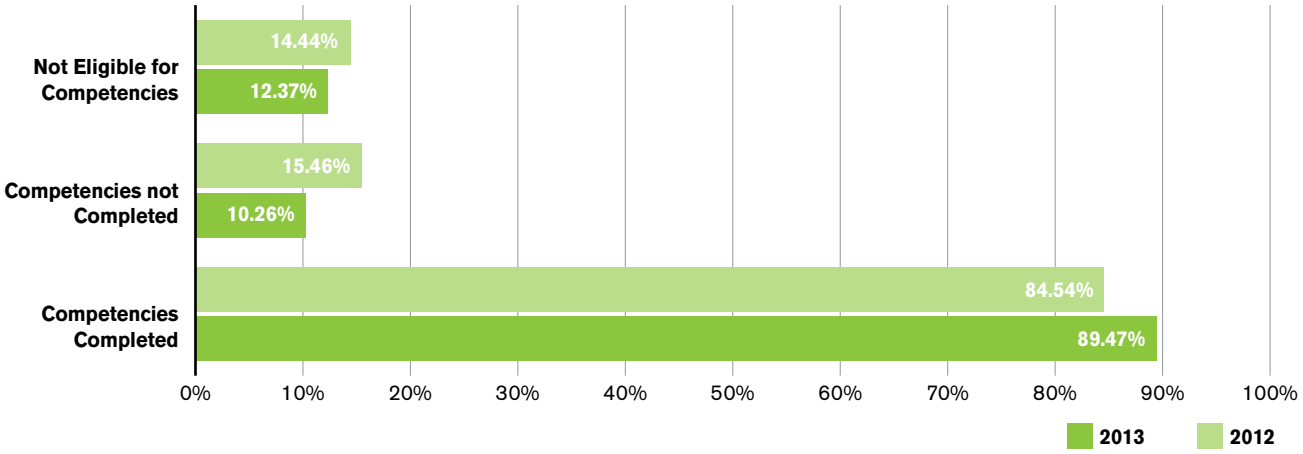
Training Grants and Refunds

The Hospital continues to support the development of its workforce through the provision of training, development and opportunities for all aspects of learning in the overall context of continued professional development (CPD). The Educational Assistance Steering Group approved 284 applications in 2013 for financial and study leave support through the central education/training budget. The Steering Group give priority access for education and training funding to applications that benefit patient care and the quality of service provision. The overall funding support included medical professional development.

Competency assessment

Annual Competency Assessments for all staff members is a requirement to meet our CARF accreditation standards. The target compliance rate that we set for 2013 was 90% and the actual compliance rate achieved was 89.47%. This is a marked increase on the 84.5% figure reported in 2012. The HR department, in partnership with managers and staff, will continue in our endeavours to keep improving on this compliance rate for 2014.

COMPETENCIES



Year	No Staff	2013	No Staff	2012
Competencies Completed	341	89.47%	306	84.54%
Competencies not completed	39	10.26%	56	15.46%
Not Eligible for Competencies	47	12.37%	52	14.44%

Attendance Management

The attendance management initiative is ongoing with robust procedures in place for managing any issues with attendance along with line managers in each department. Staff were reminded that absence imposes a significant cost on the hospital, not just in financial terms, but also in the increased burden on those who attend for duty.

In 2012 new arrangements came into place for all Public Sector employees meaning a reduction in the number of self-certified sick leave days that employees may be granted and also a change of process which requires attending a return to work interview with their manager. Self-certified sick leave is so classed whereby the employee is absent from work due to illness but does not attend a registered medical practitioner.

The following table shows the effectiveness of the initiative in reducing the level of absenteeism in the Hospital in 2013 and we are again pleased to report that the Hospital's target of below 3.5% of sickness absence was achieved.

2013 Q1	2013 Q2	2013 Q3	2013 Q4	TOTAL
3.72%	2.93%	3.99%	3.31%	3.49%

Target for 2014: is a target level of 3.5% absenteeism

Employee Relations / Change Initiatives

Negotiations around the new Public Service Agreement ended with Haddington Road Agreement, which runs for three years form 1st July 2013 to 30th June 2016. In line with the agreement, the working of additional hours in the NRH at a general level has been used to compensate in some part for the reduction in our staffing numbers and replace staff and overtime working, however the main benefit has been in more intensity of patient care and treatment sessions, extended times of service and change and flexibility around work practices which have been a necessary initiative in order to adapt to the demands of an ever changing healthcare environment.

The NRH is actively working on achieving fully compliant European Working Time Directive (EWTD) rosters and this issue has been prioritised by the hospital.

In 2013 we had some staffing changes in the Department and welcomed Shelly Ryan and Eimear Foley to the HR Department. Shelly continues to work with the HR Transformation Project team.

The HR Transformation Project also welcomed the appointed of a dedicated and experienced Project Manager, John G Ryan who has been crucial in providing leadership, drive and focus to the project since he has come on board. Catherine O'Neill and Paul Griffin were also seconded in Q3/Q4 to assist with the implementation of the HR training administration module which benefitted greatly from their skills.

I would like to thank all of the team in the HR Department and HR Transformation Project staff immensely for their hard work, commitment and dedication in rising to all the challenges of working in a busy, vibrant and ever changing environment and coping with a number of competing demands and projects throughout the year. These dedicated efforts are much appreciated as we continue to implement an integrated HR Management Information System and continue in our quality improvement endeavours as we transform, streamline and improve our HR business processes. This journey cannot be made without the input and assistance of the managers and staff of the Hospital and I take this opportunity to extend my gratitude for all their help, input and support to the HR Department and HR Project Team to date

Information Management and Technology (IM&T)

JOHN MAHER
IM&T MANAGER

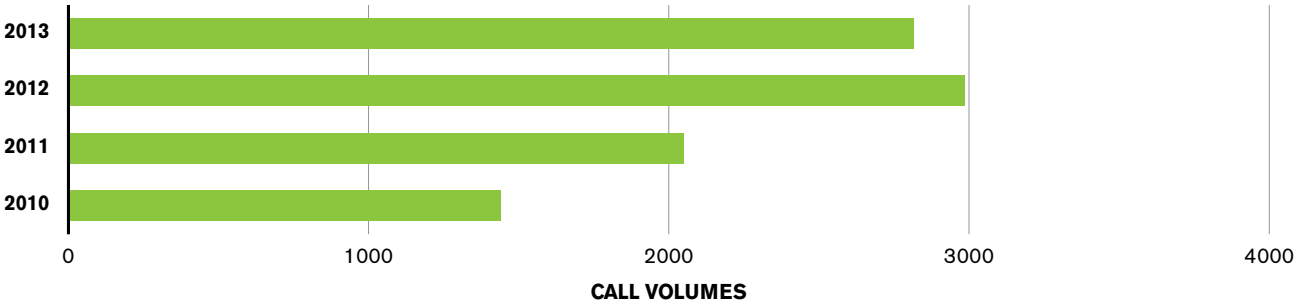
Services

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

Helpdesk Activity

The IM&T Helpdesk is the main port of call for a user who has IT related issues, therefore Helpdesk call volumes are an important measure of the health of our systems, training needs and indeed future functional requirements. This year saw the first drop in call volume growth since measures were put in place to record all user support requests. The reduction, while modest at 177 calls, hopefully highlights a trend as a result of the provision of new up-to-date hardware and a greater maturity with the implementation and use of Information Technology within the NRH.

HELP DESK CALL VOLUMES 2010 – 2013



Projects

National Integrated Medical Imaging System (NIMIS): The NIMIS project commenced during March with a go-live on the 23rd of July, 2013. For a hospital the size of the NRH, with limited resources, this project was a major undertaking. Credit must be given to both the NIMIS Project Team and staff within the IM&T department for ensuring that the project met its goals and that the operational aspects of the IM&T Department were not unduly compromised.

Telephony: Following the issuing of HSE Framework Tenders for the provision of a new Telephone System, the evaluation process is now near completion. The NRH has worked closely with the HSE on this project to ensure that HSE expertise in the areas of telephony and tendering could be leveraged. The project will be ongoing in 2014.

Fixed Line Tender: Related to the Telephony project, a fixed line (phone line) HSE Framework tender was awarded during 2013. The awarding of the tender will result in savings on both phone call and phone line charges, and will enable the new Telephony system utilise the National Health Network (NHN) for inter-agency calls at no additional cost.

Desktop Replacement: For the second year running the IM&T Department has secured HSE funding for the provision of replacement desktop PCs. In total the hospital will be in a position to replace 146 old devices with new PCs. While significant, nearly 40% of the PC stock within the hospital will still need to be replaced in the coming year.

Core HR: While not specifically an IM&T project, this Department is heavily involved with this implementation both from an informatics perspective and with the provision of hardware (PCs).

Patient Activity and Statistics: IM&T undertook a number of projects related to patient activity data and statistics during the year. Projects such as these can involve a large element of change management within Departments and for systems users. There has been very positive input by all associated with each of these projects. The projects were;

- Bed Occupancy
- Inpatient Statistics
- Outpatient Therapy Statistics
- Key Performance Indicator (KPI) Reporting
- Neurobehavioral Clinic Waiting List

Future Developments

IM&T is now updating strategies which will provide a roadmap for the future direction of Information Technology within the NRH. There are a number of issues which will need to be addressed within this updated strategy. These include;

- Server Infrastructure
- New Hospital Project (Systems and Infrastructure)
- Business Continuity and Disaster Recovery
- Electronic Records
- Business Intelligence
- Mobile Device support / BOYD
- Server and Communications Room extension

Occupational Health

DR JACINTA MORE O'FERRALL
CONSULTANT IN OCCUPATIONAL HEALTH

2013 was another very busy year for the provision of Occupational Health Services in the NRH; almost 1400 contacts were made with the Department. It was a particularly difficult year for a number of staff and the Occupational Health Department offered a variety of supports to staff depending on their needs.

Staffing of the Department remains the same with Occupational Health Nurse Rose Curtis working 32 hours per week and Dr Jacintha More O'Ferrall carrying out monthly on-site visits. Referrals, when required, take place in Medmark, Baggot St, and over 30 staff members attended there as part of a medical assessment for fitness to work or for absence management in 2013.

Services Provided and Breakdown of Consultations in 2013

Service Provision (alphabetical order)	Consultations
Advice on Occupational Health issues	6
Employee Assistance Programme (EAP) - Offered	25
Employee Assistance Programme (EAP) - Attended	12
Blood Pressure	21
Bloods Tests	20
Health Surveillance	3
Illness at work	71
On-site Occupational Health Physician	60
Pre-employment screen	60
Pregnancy risk assessment and review	51
Referrals to Medmark	37
Reviews and follow-up	219
Stress management, (education, debriefing and work related stress)	54
Vaccinations • Hepatitis B • Mantoux • Seasonal Flu vaccine	 19 16 166
Weights	420
Work related injuries	60

Other services provided by Occupational Health

- Sharps Injury follow-up
- Health Promotion
- Occupational First Aid
- Smoking Cessation programmes
- Contact Support Person, "Dignity in the workplace" programme
- Back to Work assessments
- Vaccinations for BCG, Varicella, Measles, Mumps and Rubella

Health Promotion Events in 2013

- Operation Transformation – 47 staff members weighed in weekly for 8 weeks
- Pedometer Challenge
- Staff Christmas party, NRH Staff Picnic, and Annual Patients and Staff Barbeque
- Pilates Classes
- Irish Heart Foundation – Drop-in Blood Pressure Day

Committee Participation by Occupational Health Staff

- Safety and Risk Committee
- Behaviour Consultancy Forum
- Hygiene/Infection Prevention and Control Committee
- Accessibility Committee
- Positive Working Environment Group

Key Milestones for Occupational Health in 2013

Occupational Health Nurse, Rose Curtis was delighted to be part of the Positive Working Environment Group which came into being following the findings of the 2012 work-related stress risk assessment, 'Work Positive Profile' from Ulster University and the Health and Safety Authority. A number of positive working initiatives were launched in 2013 such as an organisation wide training in "Dignity at Work" during which all staff that attended had the opportunity to contribute to the NRH's new 'Appropriate Workplace Behaviour Protocol' due to be launched 2014; A Staff Recognition Showcase day; and a repeat 'Work Positive Profile' survey.

While Occupational Health continues to offer supports to everyone in the NRH, it receives on-going vital support from HR, Risk Management, Executive Committee, Department Heads and staff throughout the organisation for which the Occupational Health Department is very grateful.

Risk Management

BERNADETTE LEE
CLINICAL RISK MANAGER

Introduction

The National Rehabilitation Hospital (NRH) is committed to taking a proactive approach to providing a safe and healthy environment for all Patients, employees, and non-employees including, visitors, contractors, members of the public and volunteers. We protect against risks to the health and safety of all people at work in accordance with relevant Occupational Health and Safety Legislation. As always, new initiatives were introduced during the year to augment existing safety systems and further heighten awareness of risk management, with the aim of fully establishing a culture of safety within NRH. Where issues have arisen, the focus has been on the lessons learned and communication of these across the NRH. Key achievements to note during 2013 are demonstrated by the following:

Hygiene/Infection Prevention and Control/Decontamination

At the heart of our work at the NRH are the Patients and Staff, therefore, improving cleanliness and reducing healthcare associated infections are top priorities for the hospital. The Hygiene Infection Prevention and Control Committee (HIPCC) continued to oversee this important area of responsibility during 2013. The HIPC Committee continued to work closely with management and staff to deliver the Hygiene-Infection Prevention and Control Strategic Plan, developed after consultation with stakeholders. Considerable progress has been made in the control of MRSA, and training and vigilance has been increased in the vital area of Hand Hygiene. The NRH was a finalist in the Healthcare Category 2013 Golden Services Awards.

Incident Management and Reporting

The NRH has a strong culture of incident reporting. 2013 showed a marginal increase in incidents on the previous year. There were 873 clinical incidents reported in 2013. Most of the incidents reported were of a low to medium ranking. The NRH, like all Healthcare organisations, must manage the risks arising from incidents, and enable the 'learning the lessons' process to take place when serious incidents occur. To date there are approximately 9,700 incidents recorded on the 'STARS' database. Where gaps are identified, the NRH always sets out to implement policies, develop management systems, monitor performance and incorporate stakeholder feedback, aiming for continuous improvement across all of its activities. Trend-wise, the Risk Management Department aims to see a decrease in the reporting of incidents and an increase in the reporting of hazards, as it demonstrates that employees are being proactive and noticing hazards before they can cause an incident.

Patient Safety

During 2013, efforts continued to develop an infrastructure to effectively support the hospital's practices in Patient Safety and Quality. The interdisciplinary Safety and Risk Committee, which comprises representatives from nursing, physicians and ancillary services, continued to operate. The Risk Management report continues to be the central point for Patient Safety issues, reporting on incidents and hazards. This report is available to all staff. Risk Management is discussed in a number of different fora throughout the hospital and then escalated as required for further management. Examples of Nurse-driven quality/patient safety initiatives implemented during the year included: The Productive Ward, Early Warning Score, Interdisciplinary Signature Bank and Nurse Prescribing. Risk Management also led a quality improvement initiative with the Urology Department on the Patient Pathway at a Nurse-led Urology Clinic. Improvements were achieved across all processes measured. Along with the amendments to existing Policies and Procedure, six further Quality/Patient Safety related policies and procedures were developed in 2013.

Patient Falls: There were 4.06 patient falls per 1000 bed days recorded in 2013, a slight reduction on 2012 figures. The prevention of Patient Falls is aided by a number of factors such as Falls Champions, use of Falls Risk Assessments, and Falls Awareness Day (April 2013). The Patient Falls Multidisciplinary Steering Group monitors Patient Falls and is committed to delivering a Patient Falls Prevention Care Bundle in 2014/2015.

Medication Safety: The Pharmacy Department carries out Medication Reconciliation of patient prescriptions at admission and discharge; Where Medication incidents and near misses did occur, all were of a low risk with no injury to the patient reported. Corrective actions were taken in relation to all near misses reported. The Red Apron Project and High Risk Medication E-Learning programme continued to have a positive effect on patient safety around the administration of medications.

Challenging Behaviour: Overall we have seen a reduction in the patient and staff challenging behaviour incidents recorded over the last number of years. This can be attributed to the work of the Behaviour Consultancy Forum which focuses on staff learning needs, a focused training programme, support services for patients and staff, development and review of relevant policies, procedures, guidelines and shared learning from incidents.

Patient Absconsion: Significant advances have been made in managing patient absconsion events through quality improvement initiatives such as the patient wander system, increased awareness, staff assignment to named patients and updating of our policy and procedure in the event of patient absconsion.

Audits and Inspections

The NRH undertakes a number of organisational-wide Risk Management related Inspections and Audits. Examples include Environmental Health and Safety Inspections, Hygiene Infection Prevention and Control Audits, Patient ID Audits, Healthcare Records Audits, Night Sister Safety Round Audits and Blood Transfusion Audits. Based on the findings of these, action plans are implemented locally by line management. Good progress has been made on achieving targets within these plans. The next corporate step is to have identified hazards risk assessed and if significant, entered onto the corporate operational risk register when initiated. The Risk Management Department has continued to work closely with the Technical Services Department in all aspects of the facilities of the NRH, maintaining its commitment to providing a safe and effective Healthcare environment for both Patients and Staff.

Training

Risk Management specific training courses such as Fire Safety, Manual Handling, Chemical Agent Risk Assessment, Crisis Intervention Training, Hand Hygiene Training, Standard Precautions Training and CPR/Heartsaver AED continued to run during the year. Our Fire Advisers have continued to provide advice and training to all areas of the hospital. A number of fire drills were also conducted both during the day and at night. Work still continues by the Technical Services Department on the installation of the new fire alarm system and work will continue on all aspects of Fire Safety in 2014.

In Conclusion, the regulatory environment in which the NRH operates continues to evolve in the area of compliance and ethics, with a significant step-up in enforcement activity over the last number of years. Our Patients demand transparency in terms of organisational ethics, particularly as we develop our healthcare footprint. The National Rehabilitation Hospital policies and procedures and guidelines are designed to reinforce our high standards of Patient centred care and continuous improvement, ensuring that our employees act in a manner consistent with NRH's core values of ensuring Patient Safety.

Freedom of Information Statistics

The following is an overview of access to records requests received by the NRH in 2013

Type of Request	Amount of Requests
Freedom of Information	43
Freedom of Information Note for File	0
Freedom of Information Internal Review	0
Data Protection	7
Freedom of Information & Data Protection Access	0
Routine/Administrative Access	236
Total Requests for Access to Records	**286**

School Report

AOIFE MAC GIOLLA RÍ
SCHOOL PRINCIPAL

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

Two Teachers, two Special Needs Assistants and one part-time Secretary, staff the school at NRH.

Vision and Aims

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

School Board

Members of the School Board are:

Mrs Mary O'Connor (Chairperson), Aoife Mac Giolla Rí (Principal), Deirdre NíGhabhann, John Payne, Pat Cribbin, Donal Ryan, Sr Thomasina Finn and Dr Sarah O'Doherty.

Services Provided

- The school provides an educational service for students attending the NRH, ranging in age from four to eighteen years. On initial enrolment each student is assessed with a view to drawing up an education programme tailored to meet the students' abilities and needs.
- Contact is made with students' local school so that where possible continuity of school programme is maintained.
- For primary school children we aim to deliver the current primary school curriculum, adapted in many cases to meet individual needs.
- At secondary level where the curriculum is subject based, we strive to provide a broad range of subjects at the level appropriate to the student.
- Junior Certificate and Leaving Certificate Examination centres are provided in NRH during the month of June to facilitate students admitted to 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.
- Training for class teachers, resource teachers and Special Needs Assistants (SNA) in the NRH with multi-disciplinary input
- Video, DVD and printed information on ABI is supplied to schools

Activity in 2013

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 multi-disciplinary personnel from NRH. School Improvement plans are in place for 2013-2017.

Dun Laoghaire VEC supplies an Art teacher and a Computer skills teacher for one session weekly for our students; and Orla Kaminska completed a mosaic and ceramics project with the NRH students.

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

Stakeholder and Corporate Data Management

AUDREY DONNELLY
STAKEHOLDER AND CORPORATE DATA MANAGER

It is recognised that service user involvement must be central to the design and delivery of our health service. The hospital seeks to provide clear channels of communication for all stakeholders and service users (patients, families, carers, staff, contractors and suppliers of services). Gaining input from service users enables the hospital to improve the quality of services provided and to enhance patient safety. There are a variety of mechanisms in place for gaining feedback:

Inpatient and Outpatient questionnaires; post rehabilitation surveys; comments and suggestions (patient, family, carers, staff); complaints management procedure; In addition there is a forum for direct engagement with patients and families.

Input from Service Users and Stakeholders

COMMENTS AND SUGGESTIONS

In 2013 there were 121 comments and suggestions received through the hospital's suggestion boxes. These were referred to relevant Hospital Managers or Committees for review and actions where feasible. Recommendations were also made where appropriate to enact quality improvement plans. Where possible direct feedback is provided to those who submit suggestions.

PATIENT COMPLAINTS

The hospital appreciates all feedback from patients or family members, and seeks to engage with those raising concerns in order to resolve any issues at an early stage. This also provides an opportunity to review our services, and put preventative measures in place or take corrective action to avoid recurrence where issues are identified. The hospital's complaints procedure facilitates service users in making complaints both verbally and formally (in writing). Complaint statistics are reported to the HSE on a quarterly basis.

uSPEQ QUESTIONNAIRES

As a provider of rehabilitation services, the NRH is accredited by CARF (Committee for Accreditation of Rehabilitation Facilities), and as such, the durability of outcomes achieved is assessed on an ongoing basis. uSPEQ questionnaires are used by the hospital to collect longer term follow up and feedback from patients after their discharge from NRH, and to systematically gain input on Activity, Environment, Health Status and Participation. 570 questionnaires were issued to patients (3 months post discharge) in 2013, with a 34.04% response rate. In addition to responses provided to structured questions, a wide range of comments and suggestions are gained through these questionnaires which are reviewed and used to guide the planning and operational aspects of our service.

PATIENT FORUM

Monthly meetings are held at the hospital in order to gain direct input from service users. The Forum (comprising of patients who have made the journey through rehabilitation previously, as well as representatives from the hospital and other agencies) meet with current patients and family members who wish to attend. This provides an opportunity for patients to provide direct feedback which is an invaluable tool for hospital management in terms of informing quality improvement for care and service delivery and for forward planning in regard to new hospital developments. A representative of the NRH Executive Committee also attends each meeting. Other managers are invited to attend meetings from time to time in order to provide information on their service developments. With the design phase of the new hospital under way, a member of the Health Planning Team is invited to attend on an ongoing basis, in order to engage with patients in terms of planning the new hospital building and facilities around the patients needs.

INTER-AGENCY FORUM

A number of agencies dedicated to the achievement of social, economic and educational integration of people with disability as equal, independent and participative members of the community, work with the NRH in support of patients. The Inter Agency Forum (IAF) provides an opportunity for inter-agency co-operation, collaboration and communication, both between agencies and the NRH, and for the agencies themselves. In November 2013, the patients Information Kiosk was re-launched as a hub for the agencies to engage directly with patients on site. This is recognised by the hospital as an important service in order to provide support and information to patients while on the campus and in terms of their onward integration back into the community.

Corporate Data Management

PATIENT ACTIVITY DATA

While the overarching goal of achieving a Total Hospital Information System remains, a collaborative approach has been taken in the interim between clinical and corporate management in terms of developing an organisational framework for data capture and analysis. The Stakeholder and Corporate Data Manager continues to work closely with Programme Managers, other Heads of Departments and Services and IM&T in developing this area. This facilitates the hospitals defined reporting structure both internally in terms of measuring outcomes and also meets requirements for external reporting to the HSE. An ongoing challenge to our service remains the issue of delayed discharges which impact on waiting lists and availability of beds. These are reported to the HSE's National Delayed Discharge Database on a weekly basis.

Technical Services

PETER BYRNE
TECHNICAL SERVICES MANAGER

2013 brought many changes to the Technical Services Department (TSD) at NRH. TSD combined with the Health Planning Team to restructure work programmes. This resulted in an efficient planning and working system which will be developed further into the future. The TSD Team also worked closely with the Health Planning team, as well as contractors and technical advisers to ensure that all projects carried out in 2013 ran as smoothly as possible, while keeping any impact on hospital services to a minimum.

Projects and Developments in 2013

- **Emergency Electrical Rewiring:** During the project to upgrade McAuley ward, faults were identified on the electrical systems in certain areas. In order to make these areas safe for patients and staff, an emergency plan was put in place and the areas affected were totally rewired and new energy efficient lighting and emergency lighting fitted throughout, this project was completed in February 2013.
- **Support Agencies Information Desk:** The information desk on the quadrangle has been moved to a new location beside the coffee shop, and will be the new hub for the Support Agencies to meet with patients and provide information to them on scheduled dates and times. This involved building a new desk with some storage place, new power sockets, TV points, wi-fi, erecting notice boards, signage and painting.
- **PAT Testing (Portable Appliance Testing):** To comply with a legal requirement, all appliances and equipment in NRH buildings that have a plug and lead attached were PAT tested. This project was completed in July 2013 and TSD in conjunction with the Health Planning Team took this opportunity to update the NRH asset register.
- **Roof Covering and Painting:** There have been numerous repairs carried out on roofs throughout the hospital with two areas (Social Work and Occupational Therapy Departments) being totally recovered. Over 80% of the roofs in the hospital have now been painted with solar paint. The remaining 20% need to be totally recovered; the plan is to address this project in 2014.

- **Fire Alarm Systems:** The installation of the new fire alarm system to all patient accommodation areas was completed and commissioned on the 23rd of August 2013. This project was finished four weeks ahead of schedule, mainly due to the ease of access to areas affected and cooperation from staff and patients to the contractors carrying out this work. Due to this early completion the Catering department and surrounding areas were added to the programme and were completed in December 2013. The next phase of the new fire alarm system involves fit out of all therapy areas; this project is being planned at present and will start in the first quarter of 2014.
- **Painting the Front Façade of the Hospital:** The painting of the front of the hospital is on schedule and all work requiring the mobile hoist was completed in 2013. The remaining steel work and chimney stacks are scheduled to be completed in the first quarter of 2014, weather permitting. This project has given a much needed lift to the front of the hospital and was carried out by Dave and Garry of the Technical Services staff.
- **Green Fire Escape Stairs Replacement:** The green fire escape stairs was totally refitted in August 2013. The new stairs was fabricated off site and fitted in one week minimising disruption to hospital services.
- **Combined Heat and Power Unit:** The newly installed Combined Heat and Power Unit (CHP) was commissioned on Friday the 6th of September. The testing of this new piece of equipment went as planned and the unit was put into service on the heating and hot water systems from the above date. The reintroduction of this essential piece of plant will see a reduction in the hospital spend on fuel.
- **Social Work Family Room:** The Family Room in the MSW has been completely refurbished and the floor covering in the remaining carpeted rooms of the Social Work Department have been replaced in compliance with Hygiene Standards.

In conclusion I would like to thank Donal Farrell and David Donoghue for all the help and support in the past year. I would also like to thank all of the TSD staff for their good work and cooperation throughout a very productive 2013. A big thank you to Siobhán Bonham and Colette Myler of the Health Planning Team for their close support, and finally thank you to all patients and staff of the NRH for their cooperation throughout a very busy 2013.

Volunteering at NRH

MARYROSE BARRINGTON
VOLUNTEER COORDINATOR

Maryrose Barrington has been a volunteer at NRH for over 13 years. She works part time as the Volunteer Coordinator. There are approximately 100 volunteers attached to the hospital and the role of the Co-ordinator is to liaise with volunteers, recruit and train new volunteers, matching them with the various volunteer activities within the hospital. For new Volunteers, the Volunteer Coordinator facilitates induction and orientation, files Garda Vetting certificates, character references, declarations of confidentiality and other relevant documentation. In addition, the Coordinator supervises and supports the volunteers and communicates with them on a regular basis, acknowledging the work they do and thanking them for their valuable time.

National
Rehabilitation
Hospital

Rochestown Avenue
Dún Laoghaire
Co. Dublin
Ireland

Tel: +353 1 235 5000
Fax: +353 1 285 1053
Email: info@nrh.ie
www.nrh.ie

DESIGNED AND PRODUCED BY BEGLEY HUTTON WWW.BEGLEYHUTTON.COM