

34TH ANNUAL REPORT 2014

Achieving progress through dedication, commitment and teamwork





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.

VISIT US AT: www.nrh.ie

PATIENT ACTIVITY

Inpatient (including day cases)	Admissions
Spinal Injury	149
Traumatic Brain Injury	85
Non-Traumatic Brain Injury	85
Stroke	120
Prosthetic Service	107
Other Neurological Conditions	12
Paediatric Programme	94
TOTAL	652

Outpatient (including paediatric patients)	Attendances
Spinal Injury Programme	686
Brain Injury Programme	743
POLAR Programme	3,215
Nurse Led Clinics	839
Orthoptics	105
X-Ray	1,139
TOTAL	6,727

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CHAIRMAN'S REPORT



In October 2014, the NRH submitted its planning application for Phase 1 of the **New Hospital Development to An Bord** Pleanála. This is significant progress since the announcement made by the government 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 hospital campus, as Phase 1 of the New National **Rehabilitation Hospital.**

This first phase of the Project will 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.

The master programme of works was completed in 2014, the aim of which is to achieve planning permission; complete the EU Tendering Process and commence building works on-site in mid-late 2015. The target for commissioning and handover of the building 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.

NRH Board of Management

2014 saw a number of changes to the Board of Management. Sr Maura Hanly and Mr Martin Walsh, very valued Board Members, retired after many dedicated years of hard work and voluntary service on the NRH Board, for which the Board members, management, and staff of the hospital, on behalf of the patients we serve, are extremely grateful. We wish them both a long and happy retirement.

We regretted the sad passing of Mr Dermot O'Flynn who had been instrumental in developing rehabilitation services in the National Rehabilitation Hospital and in Ireland; his contribution to the Board has been invaluable and will live on in the standards of service he has assisted in developing over many decades of association with the NRH.

We are extremely fortunate that Mr Henry Murdoch who stepped down from his role as Chairperson in late 2013, having contributed so much in terms of time, dedication and commitment to the hospital over many years, continues as a Board Member as this will ensure conservation of corporate

We warmly welcomed new Board Members Sr Helena O'Donoghue and Ms Elizabeth Maguire (who has heretofore been a member of the NRH Ethics Committee). We also welcomed Mr Dermot Quinn to the Audit Committee. As a Board, we look forward to working with Sr Helena, Ms Maguire and Mr Quinn into the future. The expertise and experience they bring will undoubtedly contribute towards achieving the hospital's strategic objectives including continued excellence in governance and patient care at the NRH.

It is a testament to the hard work, dedication and commitment of all our staff that in 2014, the NRH achieved another 3 year accreditation, which is the maximum that can be awarded. ••

CARF Accreditation

It is a testament to the hard work, dedication and commitment of all our staff that in 2014, the hospital achieved another 3 year accreditation, which is the maximum that can be awarded. Congratulations and well done to all staff for this outstanding achievement. Details of the survey are outlined in many of the individual Departmental Reports.

Focus On Hygiene, Infection Prevention and Control (HIPC)

Significant developments have been made in the area of Infection Control at the NRH driven by the Hygiene, Infection Prevention and Control (HIPC) Committee, chaired by the Director of Nursing. 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

The NRH Foundation

The NRH Foundation is a registered charity, established over thirty years ago to raise vital funds towards specialist projects, equipment and research that directly benefits patients at the NRH and helps to make a real difference in their lives. All donations and fundraising proceeds are used for projects, services and equipment that further enhance our provision of treatment and care to people who have very specific clinical needs. During 2014, the total funding granted to the hospital by the NRH Foundation to support these projects was €732,139. They include, but are not limited to: installation of 50 new electric beds; the Recreational Therapy Service; the Music Therapy Service; upgrading of bathroom facilities on some of the wards, and a range of new and replacement ward and therapy equipment.

A Note of Appreciation

The hospital could not survive without the ongoing support of many people, particularly the Sisters of Mercy, and Sister Peggy Collins, Provincial Leader. We also thank the HSE for its support. 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 2014 also deserve our thanks, namely: the Finance Committee, Audit Committee, Nominations Committee, and Ethics Committee. The Chairpersons and members of each committee put in considerable time, voluntarily and without remuneration, in the interests of the hospital.

And our final thanks must go to the staff of the hospital and the Chief Executive, Derek Greene. Despite the major funding cuts, and the challenges posed by suboptimal buildings which were not built for the purpose of providing specialist rehabilitation, the Team at the NRH continue to provide, and also continue to improve and develop the essential services we deliver to our patients and their families on a daily basis.

Kieran Fleck

Moran Elect

CHIEF EXECUTIVE'S REPORT



another demanding and difficult year in 2014, the staff maintained an excellent standard of service provision to our patients, and reached the targets set. ••

Delivering & Developing Specialist Rehabilitation Services Nationally

The Annual Report highlights the outstanding work undertaken by our staff at the NRH – the only hospital of its type in the country – in providing Complex Specialist Rehabilitation Services to patients who require specialist rehabilitation following an accident, illness or injury. These services are delivered to adult and paediatric patients from throughout Ireland. The report reflects our highlights, milestones and key issues in 2014, it reflects the remarkable dedication of our staff as they continue to face daily challenges in an ever changing healthcare system.

The New Hospital Development - Phase 1

During 2014, work escalated significantly in relation to the New Hospital Development (Phase 1). The Design Team, headed by O'Connell Mahon, worked with the Health Planning Team to complete Design Phase 1 of the Development which was ultimately submitted for planning, under the Strategic Infrastructural Development (SID) process, in October 2014. Under the SID process, planning applications are submitted directly to An Bord Pleanála. The timeframe for the outcome is in the region of 6-8 months. In parallel with the planning application under the SID process, the Health Planning Team continued their extensive engagement with patients, staff and other key internal and external stakeholders of the hospital.

Budget Allocation

Our Finance Team achieved an almost break-even final outturn at year-end which is an exceptional result. Great credit is due to staff throughout the hospital who have continued in their endeavours and have worked creatively to save costs for the NRH in these straitened times. The success of all the good work staff have put into our cost containment measures is illustrated by this excellent year-end result.

Highlights and Developments in 2014 SPECIALITY CARF ACCREDITATION SURVEY CLINICAL PROGRAMMES AND BUSINESS PRACTICES

Despite major challenges during another demanding and difficult year in 2014, the staff maintained an excellent standard of service provision to our patients, and reached the targets set. This is clearly evidenced by the outcome of our Accreditation Survey, carried out by external CARF surveyors, in June.

We at the NRH are extremely proud to have been awarded a maximum three year accreditation in 2014, for a third time consecutively. This is an outstanding accomplishment which could not have been achieved without real teamwork by staff throughout all areas of the hospital and most importantly, genuine commitment and dedication to our patients and their families.

In addition, the NRH Stroke Programme which, for the first time, was surveyed for Specialty Accreditation successfully achieved a 3 year maximum award. The educational initiatives for patients and families aimed at secondary stroke prevention, driven by the nursing and therapy staff, were highlighted by the CARF Surveyors as being a significant factor in achieving specialty accreditation. The CARF Survey Report cited the Pharmacy Department and the Sexual Health and Disability Service at the NRH as two key services which demonstrate exemplary conformance to the standards.

11 The staff, in its entirety, lives patient-centred care. The management team, therapy staff, physicians, nursing and psychology at the NRH create a patient-centred atmosphere in all areas. ""

Taken from the final 2014 CARF Survey Report

NRH TRAM INITIATIVE WITH CORE TIME AND CORE ROSTER

TRAM is an umbrella term which represents a number of hospital-wide strategic projects and initiatives which are either currently in progress, or are due to be implemented in the near future, including the New Hospital. TRAM is an acronym for:

- **Time** (valuing everyone's time)
- **Resources** (using all resources wisely)
- Access (providing a safe and secure environment)
- Moving forward (planning for the future)

NRH TRAM was launched in October to represent the NRH journey towards the New Hospital; our continuous endeavours towards service improvements, and the provision of an enhanced environment for all, including patients, families, staff and visitors.

The HR Transformation Project (CoreTraining, CoreTime and CoreRostering) which has been a major organisation-wide undertaking for the NRH throughout 2014 fits in with the overall TRAM concept as outlined below.

Time: Time saved by automating manual systems can be released to enhance patient care and support staff in the provision of high quality services. Implementing CoreTraining and CoreTime as part of the overall integrated HR System has replaced manual systems for managing time and leave (including mandatory training) with an IT based swipe card

Resources: Fair, transparent and efficient use of resources throughout NRH (including staffing, financial and products & services) contributes towards providing safer better healthcare for patients and an enhanced working environment for staff. Replacing manual rostering with an IT based system reduces administration time - again, releasing time for patient care and staff support.

Access: Access control using swipe cards (TRAM Cards) will be a standard design feature of the New Hospital. The benefit of this system includes safety and security for NRH Patients and Staff from a range of different perspectives, for example, identifying all staff members who are on-site in the event of a major incident or an emergency situation; restricted access to confidential information or areas such as Medical Records, Staff Records and Pharmacy among many others. This system will ensure we meet best practice and quality standards as set by legislation, HSE, HIQA and CARF.

Moving Forward: As we move into an exciting new phase with the New Hospital Development, the potential benefits from the new swipe card system include: energy monitoring and efficiency; reducing the significant cost of key replacement; cashless vending when buying goods in the canteen or coffee shop; access controls at lifts, among many other possibilities which are being explored with the Health Planning Team and Technical Services Department.

The importance of promoting a positive work environment to support employee wellbeing, reduce work-related stress and manage conflict at work is seen as being a vital part of our role within the NRH.

Positive Work Environment Group

The importance of promoting a positive work environment to support employee wellbeing, reduce work-related stress and manage conflict at work is seen as being a vital part of our role within the NRH. By creating an environment where staff feel supported in a positive and healthy work environment where they enjoy their work and are proud of the services they provide, our patients will gain the benefits as a result.

Significant work was undertaken by the Positive Work Environment Group in recent years, including Work Positive Profile Staff Surveys, Dignity At Work; Diversity; and Conflict Awareness training programmes, as well as the introduction of an annual NRH Staff Recognition Day.

In addition to the benefits to be gained by patients and staff within the NRH through implementation of the Positive Work Environment quality improvement plan, this work has been recognised externally also, for example:

- The NRH poster 'The Interdisciplinary Team: Staff Well-Being: Advancing in a Common Direction' won the Scientific Prize at the 16th Annual MASCIP conference. Contributors to the poster include:
 - Mark Dockery (Physiotherapy)
 - John Lynch (Physiotherapy)
 - Sheila Mac Gowan (Social Work)
 - Leana Colgan (Occupational Therapy)
 - Shangdar Ronglo (Occupational Therapy)
 - Stuart McKeever (Therapeutic Recreation Specialist)
 - Lorna Fitzsimons (Dietitian)
 - Niamh O'Donovan (Speech & Language Therapy)
 - Fiona Marsh (Nursing)
 - Anju Thomas (Nursing)
 - Tincy Abraham (Nursing)
 - Maeve Nolan (Clinical Psychology)
 - Dr Éimear Smith (Consultant in Rehabilitation Medicine)

Well done to all!

- Based on the work of the Positive Work Environment Group, the NRH put forward a submission for the national HR Leadership and Management Awards and was selected as finalists in the following two categories:
 - 'Most Effective Use Of Internal Communications'
 - 'Most Effective Employee Engagement Strategy'.

The results of the most recent staff survey will be known in early 2015 and will be reported to the Executive, the Board and staff throughout the hospital.

NRH Organisational Strategy

During 2014, the hospital three-year Strategic Intent was developed into a detailed action plan to underpin the stated strategic objectives approved by the Board. In addition, the NRH Accessibility; Communications; Academic Steering Group; Information Management, and Safety and Risk Strategies have been developed to augment the hospital's overall strategic direction.

Delayed Discharges

Delayed Discharges from our Services continued to be a challenge for the NRH in 2014. The hospital's delayed discharge report and status is included as part of the Acute Services delayed discharge summary and action report. NRH continues to advocate with the HSE in this matter. In 2014, 1406 bed days were lost as a consequence of delayed discharges from our services.

HIQA Safer Better Healthcare Standards Self-Assessment Tool

In 2014, the Hospital carried out the comprehensive selfassessment in line with the national implementation of Safer Better Healthcare Standards. This project, under the leadership of Bernadette Lee and Amanda Carty, was a huge undertaking and staff from throughout the hospital are acknowledged for the level of commitment and enthusiasm with which they engaged in the process. The outcomes from the self-assessment will be used to inform our decision making process in the coming years. The assessment outcomes and improvement plan was presented to the Board and will be submitted to the HSE.

Education and Research at the NRH

The NRH Academic Steering Committee is chaired by Dr Simone Carton; it has been established to promote the culture of Education, Training and Research within the hospital. The Committee has membership from Medical, Nursing, Therapy Departments, Practice Education, Rehabilitation Programmes, Finance and Governance. The aims of the Academic Steering Committee are to: develop formal links with Universities; to 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.

I encourage you to read the comprehensive report of Education and Training Delivered by NRH Staff on pages 100 - 108 of this report; it highlights the impressive commitment made by our staff members in delivering quality education and training to patients and families, and to colleagues both within the hospital, and within the wider healthcare system, in line with the hospital's organisational strategy. A 'Register of Research in Progress, and Completed at the NRH' can be accessed on the hospital's website (www.nrh.ie).

NRH Board

We are very privileged to have a Chairman - Mr Kieran Fleck, 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. I would like to formally acknowledge, on behalf of the staff, all the work that the Board undertakes to maintain our governance structure to the highest possible standard, leading us through difficult financial times, advocating with regard to the New Hospital and at all times supporting patient and staff needs.

In Conclusion

We at the NRH are also very privileged to work with our patients and enter into their lives at a time when they have experienced a life-changing event or trauma. It is evident that patients hugely value the interactions they have with staff as our medical, nursing, therapy, HCA, catering, and other staff members are so frequently acknowledged and praised by our patients for the work they do and for going above and beyond the call of duty.

My sincere thanks to each and every staff member for your unstinting hard work and commitment to our patients and their families - it is greatly appreciated, particularly in these times of continuous change.

Derek Greene Chief Executive

NRH BOARD OF MANAGEMENT



Mr Kieran Fleck Chairman



Mr Henry Murdoch



Mr Derek Greene Secretary



Mr Barry Dunlea



Dr Jacinta McElligott



Sr Maura Hanly (to March '14)



Ms Eilish Macklin



Mr Brian McNamara



Mr Paul McNeive



Ms Maeve Nolan



Mr Arthur O'Daly



Ms Elizabeth Maguire (from April '14)



Sr Helena O'Donoghue (from June '14)

NRH COMMITTEES

Board of Management

Mr Kieran Fleck (Chairman)

Mr Henry Murdoch

Mr Derek Greene (Secretary)

Mr Barry Dunlea

Dr Jacinta McElligott

Sr Maura Hanly (to March '14)

Ms Eilish Macklin

Mr Brian McNamara

Mr Paul McNeive

Ms Maeve Nolan

Mr Arthur O'Daly

Mr Martin Walsh

(to January '14)

Ms Elizabeth Maguire (from April '14)

Sr Helena O'Donoghue (from June '14)

Executive Committee

Mr Derek Greene (Chairman)

Dr Simone Carton

Mr Sam Dunwoody

Ms Bernadette Lee

Ms Eilish Macklin

Dr Jacinta McElligott

Dr Mark Delargy

Mr Eugene Roe

Ms Rosemarie Nolan

Ms Olive Keenan

Mr Paul Griffin

(deputising for Ms Rosie Kelly on leave)

Ms Rosie Kelly

Dr Amanda Carty

Ethics Committee

Mr Kieran Fleck (Chairman)

Dr Jacinta McElligott

Dr Simone Carton

Mr Derek Greene

Sr Maura Hanly

(to March '14)

Ms Bernadette Lee

Ms Eilish Macklin

Mr Arthur O'Daly

Ms Pauline Sheils

Fr Michael Kennedy

Ms Elizabeth Maguire Sr Helena O'Donoghue

Dr Andrew Hanrahan

(to March '14)

Medical Board

Dr Jacinta McElligott (Chairperson)

Dr Áine Carroll

Dr Mark Delargy

Mr Robert Flynn

Dr Andrew Hanrahan

(to March '14)

Dr Jacinta Morgan

Dr Brian McGlone

Dr Tom Owens

Dr Nicola Ryall

Dr Éimear Smith

Mr Keith Synnott

Dr Susan Finn

Dr Angela McNamara

(Locum)

Mr Seamus Morris

Dr Sinéad McNicholas

Dr Cara McDonagh

Dr Paul Carroll

Dr John MacFarlane

Dr Eugene Wallace

Dr Jacqui Stow

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

RTU Member to represent **Brain Injury Programme**

Finance & General Purpose Committee

Mr Kieran Fleck (Chairman)

Mr Barry Dunlea Mr Sam Dunwoody

Mr Derek Greene

Ms Eilish Macklin Mr Arthur O'Daly

Audit Committee

Mr Barry Dunlea (Chairman)

Mr Dermot Quinn (from October '14)

Mr Arthur O'Daly

Mr Henry Murdoch

Nomination Committee

Sr Helena O'Donoghue (Chairperson)

Mr Derek Greene Mr Kieran Fleck

FINANCIAL STATEMENT



2014 began like previous years with a further cut in the HSE funding allocation for service delivery. The opening allocation for the year was set at €23.934m - a reduction of €1.775m on the 2013 funding. This allocation reflected an initial 6.9% cut on funding from the previous year with the expectation that the Hospital was to maintain services at its current level. This reduction has put major pressures on Specialist Rehabilitation Services provided to our Patients and their families nationally.

Following a year-long process of negotiations with the HSE, some additional funding was allocated for increased costs of Pensions and Lump sums as well as service pressures resulting in a final allocation of €25.977m with €2.043m allocated on a 'once off' basis.

2014 Fiscal Outcome

Our cumulative overrun at the end of the previous year (2013) was contained at €0.046m and this overrun is treated as a first charge on expenditure in our 2014 accounts. The total net expenditure incurred in 2014 was €25.982m, which resulted in a cumulative overrun of €0.052m 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 excellent result in 2014. This will allow the Hospital commence its services in 2015 with a relatively small financial burden carried forward from the previous year.

A summary of the 2014 Revenue Income & Expenditure Account is as follows:

	Budget 2014 €000	Actual 2014 €000	Variance Current Year €000	Actual 2013 €000
Deficit brought forward		46		
Pay Expenditure	24,730	24,759	29	23,982
Non-Pay Expenditure	8,406	9,337	931	9,551
Gross Expenditure	33,136	34,142	960	33,543
Less Income Receipts	7,159	8,113	-954	7,788
Net Expenditure	25,977	26,029	6	25,755
Revenue Allocation	25,977	25,977		
Accumulated Deficit		52		46

Income and Expenditure Account

Pay costs increased from €23.982m to €24.759m an increase of 0.03%. Salaries increased by €0.865m (services pressures and increased maternity cover) and Pensions and Lump Sums reduced by €0.088m. While the continued recruitment freeze imposed by the HSE assists in managing expenditure, the knockon effect is making it increasingly more difficult to maintain services as provided in previous years.

Non-Pay expenditure decreased by 2.25% this year, however, this included a number of once-off exceptional items which resulted in a negative variance over available budget. This increase can be attributed to a number of areas of expenditure:-

The first relates to the cost associated to the manufacture and supply of Artificial Limbs and Orthotics which made up nearly 29.5% (€2.760m) of the expenditure and increased by €60,000; the second area was the increased cost of Patient related ward and therapy equipment, and a further area related to the continued costs of training and education of our staff across the whole organisation. However, a significant part of the costs were offset by increased returns of RTA receipts, increased sales from the supply of Artificial Limbs and Orthotics and grants from the NRH Foundation which contributed to the year end result.

2014 saw income receipts increase by €0.325m (4.1%) from €7.788m in 2013 to €8.113m in 2014. Two main areas of increased income to note were: Sales of Artificial Limbs and Orthotics increased to €2.782m and Income from External Agencies which rose by €0.098m, assisted again by Grant Aid from the NRH Foundation for Equipment, Rehabilitation Therapy Services and grants towards Patient Recreational Facilities totalling €732,139 an increase of over €200,000 on the previous year. These all contributed to the increased level of income generated in 2014.

The inflow of income receipts from Road Traffic Accidents is extremely unpredictable. Again, due to this year's RTA receipts, projects such as Hospital maintenance and the replacement or purchase of equipment which had to be curtailed in previous years, were possible due to higher than expected receipts in RTA income in 2014.

Capital Grants

Capital Funding approved during 2014 was as follows:

	2014 €	2013 €
Capital Project – Hospital Redevelopment Project – HSE	1,016,465	723,421
Minor Capital – Water Management System and Replacement Calorfiers	121,703	-
NIMIS X-Ray Project	-	17,141
Minor Capital – ICT Projects Hardware & Software Replacement New Telephone System	154,339 207,369	- -
Minor Capital - Replacement CHP Unit	_	228,447
Emergency Electrical Repairs	8,837	52,243
	1,508,713	1,021,252

Developments

Throughout 2014, 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 and Capital Grants and the National Rehabilitation Strategy Report. We also met with the hospital's designated Senior Commissioner (Disability Services - Social Care Division) as part of a continuous review process to discuss Service Pressures, New Service Developments, Waiting List Initiatives, and National Strategy issues, Employee Control Ceiling and Revenue Allocation Adjustments and Submissions.

The NRH submitted its planning application for phase 1 of the 120 Hospital Bed redevelopment in October 2014 and we are very hopeful of a positive outcome by the start of Q2, 2015. Work is also underway on the tendering stage and the Hospital hopes to have a contractor on site in early 2016. The Hospital also received additional HSE Capital grants in 2014 which supported replacement Desktop Computer Hardware and a New Telephone System as well as grants for the upgrading of our Water Management System and replacement Calorfiers. With some minor funding we were able to replace our alarm system on some old buildings.

The Hospital received Grant Aid from the NRH Foundation in support of the Recreational Therapy Service, Music Therapy Service, 50 Hospital Beds, upgrading of bathroom facilities on some of our wards and new and replacement ward and therapy equipment which was very much appreciated. All these additional services and equipment will all go towards the enhancement of our services for patients at the NRH.

Sam Dunwoody Director of Finance

MEDICAL BOARD REPORT

Admitting Consultants



Dr Áine Carroll



Dr Mark Delargy Secretary to Medical Board



Dr Nicola Ryall



Dr Jacinta Morgan



Dr Jacinta McElligott Chairperson Medical Board



Dr Éimear Smith



Dr Andrew Hanrahan (to March '14)



Dr Susan Finn



Dr Angela McNamara Locum Consultant



Dr Paul Carroll



Dr Jacqui Stow



Dr Cara McDonagh

Clinical Governance – we are ALL responsible... and together we are creating a safer health care system. ""

Health Service Executive

16 Thinking of the System. **11**

National Quality Improvement Programme, 2014.

Highlights - Medical Board Activities 2014

According to the Irish National Quality Improvement Programme - Quality care is, first and foremost, safe care. Quality care is also efficient, effective, equitable, timely and patient centered. These are strong words - but they are just that - strong words on paper - unless we as people and we as an organisation embrace, adopt, take ownership and responsibility of these words and concepts.

As I reflect on the last year, there is evidence throughout our organisation that we have embraced these concepts and that we have continued to hone in our focus, our responsibility, and our priorities for the safety, quality, and effectiveness of our Rehabilitation Programmes and services. As the only Rehabilitation Hospital which can deliver Complex Specialist Rehabilitation Services in Ireland, our task is complex, our responsibilities are challenging, however as an organisation we are learning - we are doing - we are making progress.

Consultants with joint appointments or clinical attachment at the NRH



Dr Eugene Wallace Consultant in Rehabilitation Medicine



Dr John MacFarlane Consultant in Rehabilitation Medicine



Dr Maria Frampton Consultant Psychiatrist



Dr Sinéad McNicholas Consultant Microbiologist

My colleagues and I on the Medical Board continue to focus our attention to further support, develop and implement Clinical Governance strategies in line with the Hospital Board and leadership, health and safety strategies, HSE, HIQA, CARF, national and international best practice guidelines.

A highlight for the year is the NRH successful 3 year CARF re-accreditation and we thank all our Consultants, Programme Managers, NCHDs, Interdisciplinary Teams and especially our Medical Directors, Drs Éimear Smith, Nicola Ryall, Susan Finn and McElligott, for their hard work and support in successful CARF accreditation across all Programmes at the NRH.

Noteworthy in 2014 was the achievement and HSE support for the appointment of a Clinical Director in line with the development of HSE Clinical Governance infrastructure at the NRH.

The Model of Care for the provision of Specialist Rehabilitation Services in Ireland (2012-2015) continues to develop under the expert guidance of Dr Jacinta Morgan as Clinical Lead for Rehabilitation Medicine and Dr Áine Carroll as the National Director, Clinical Strategy and Programmes division of the HSE. Regionally appointed Rehabilitation Consultants Dr John MacFarlane and Dr Eugene Wallace led the further development of Neurorehabilitation services in their respective appointments to the Dublin North East and Dublin Mid Leinster Regions.

We are delighted this year to welcome **Dr Sinéad** McNicholas, Consultant Microbiologist to our Medical Board and our NRH Infection Control Team and we also welcome Dr Maria Frampton as Consultant Liaison Psychiatrist.

Highlights in Educational activities of the **Medical Board**

In 2014, Dr Mark Delargy and Dr Jacinta Morgan were appointed as Honorary Clinical Associate Professors by RCSI.

INTERNATIONAL

Dr Éimear Smith presented at the ISCoS (International Spinal Cord Society) annual scientific meeting in the Netherlands and Stoke Mandeville UK on timing for Surgical Decompression in Spinal Cord Injury. Both Dr Jacinta Morgan and Dr Mark Delargy continued to be active as the Irish diplomats to the European Society of Rehabilitation Medicine (UEMS) and Dr Delargy presented on Rights and Competency issues in Rehabilitation to the UEMS Clinical Affairs Committee in Slovenia and Poland and the European Society of Physical Medicine and Rehabilitation (ESPRM) in Marseille. Dr Angela McNamara was elected Secretary-General of the European Academy of Rehabilitation Medicine in Coimbra, Portugal and also participated in the international spinal cord injury meeting in Nottwil, Switzerland, **Drs McNamara** and **Delargy** participated at the 19th Congress of the European Society of Physical & Rehabilitation Medicine (ESPRM) in Marseille. At the ESPRM Dr Delargy presented on Early Supported Discharge and Outcomes in Stroke in Ireland in and supported our IDT teams led by Ms Sinéad Duffy and Dr Simone Carton in presentations on Disorders of Consciousness and Distressed Behaviours in Brain injury. Dr McElligott continued her work as a CARF Surveyor and participated with CARF Surveyor colleagues in surveys in Norway, Sweden and the USA. Dr McElligott also had an opportunity to participate in the NRH Leadership Team visit to Sunaas in Norway.

SECTION 1 YEAR IN REVIEW

NATIONAL

Dr Delargy served as regional co-chair for the Research Section of the National Stroke Annual meeting and participated in the production of a comprehensive report published by the Irish Heart foundation (IHF). **Dr Delargy** also served on the steering group for this 2 year research project funded by IHF/HSE (Economic and Social Research Institute Research project on Stroke Rehabilitation).

Dr Morgan continued to serve as National Specialty Director and Drs **McElligott** and **Morgan** continued to participate in MRCPI BST examinations. **Dr Smith** and **Dr McElligott** presented at the Clinical Professional Programme in Spinal Cord/Spinal Column Injury Nursing at the Mater Misericordae Hospital and at the NRH. Presentations included Neuropathic Pain Management in Spinal Cord Injury, Neurological and Functional Outcomes in addition to Spasticity Management following Spinal Cord Injury. **Drs McElligott**, **Carroll**, and **Morgan** also participated in the RCPI Stroke Diploma.

HIGHER SPECIALIST TRAINING IN REHABILITATION MEDICINE

Dr Morgan continued to serve as National Specialty Director with 2014 notable for the development of a Musculoskeletal/ Rheumatology rotation at Beaumont for SPR in Rehabilitation. The Medical Board wishes to congratulate **Dr Jacqui Stow** for completing her Higher Specialist Training in Rehabilitation Medicine. **Dr Raymond Carson** has continued to take the SPR Lead in the development of Interdisciplinary Grand Rounds and we welcome back **Dr Kinley Roberts** and **Dr Aaisha Khan** to our Higher Specialist Training Programme at the NRH.

BASIC SPECIALTY TRAINING AND EDUCATION

The NRH continues to be the primary clinical site for education on the principles and practices of rehabilitation medicine to Non Consultant Hospital Doctors (NCHDs) on the Royal College of Physicians in Ireland (RCPI) Basic Specialty Training (BST) and Higher Specialty Training (HST) and the Royal College of Surgeons in Ireland General Professional Training Programmes. The Medical Board appreciate the very able assistance of Ms Aisling Cushen (Medical Administrator/ Human Resources) in supporting the development of new NCHD rosters which allowed the NRH to be fully compliant with European Working Time Directive and Haddington Road Agreements in 2014. The formal teaching calendar for NCHD has also been reorganized to reflect and support the requirements for continued high quality education in Rehabilitation which is expected to be delivered to all NCHDs on the National Training Schemes.

UNDERGRADUATE MEDICAL EDUCATION

The NRH undergraduate education programmes continued to grow in the 2013-2014 academic year and 441 medical students from TCD, RCSI and UCD had an opportunity to participate in the NRH undergraduate medical education programmes. The Medical Board wishes to thank **Dr Raymond Carson** and **Dr Chantal Cotter**, clinical Tutors for their outstanding work in the support, development and implementation of the undergraduate educational Programmes at the NRH. We would also like to extend our warmest thanks and appreciation to all the patients who generously give of their time and patience to our students. I hope they can appreciate how much our students value this learning and that it will influence their experience for generations to come.

The interdisciplinary undergraduate education programme continues to flourish under the guidance of the NRH interdisciplinary clinical tutors working group. The NRH is developing IDT undergraduate educational programmes – an example of such a module is the interdisciplinary workshop on sensory impairment or "touch" module. This module allows students to explore the physiology of touch and what it is to lose the sensation of touch and how that impacts a patient's life.

44 As the only Rehabilitation Hospital which can deliver Complex Specialist Rehabilitation Services in Ireland, our task is complex, our responsibilities are challenging, however as an organisation - we are learning - we are doing - we are making progress. ""

INTERDISCIPLINARY EDUCATION

Feedback in relation to the Interdisciplinary Grand Rounds and the Interdisciplinary Radiology Grand Rounds has been very positive across all Programmes and services at the NRH. The Medical Board wishes to thank and congratulate all Consultants, Medical, and IDT teams who have participated in the high quality, expertise and professionalism of these presentations which has ensured a valuable learning experience and engagement of all staff and personnel.

The Medical Board and the Academic Steering Committee at the NRH continued in 2014 to be at the forefront of development of Interdisciplinary Educational Programmes, Teaching and Research affiliations with all of Irelands Health Science University Institutions.

PUBLICATION HIGHLIGHTS FOR 2014

Éimear Smith, Michael Brosnan, Catherine Comiskey, Keith Synnott.

Road Collisions as a cause of traumatic spinal cord injury in Ireland, 2001 - 2010.

Top Spinal Cord Inj Rehabil 2014; 20(2): 158-165

Stanley E, Broderick J, Synnott K, McCarthy J, Smith É, Reid V, Colreavy F, Carton E. Successful weaning from mechanical ventilation using phrenic nerve stimulation. Ir J Med Sci.

2014;183(1):149-50

Dr Jacinta McElligott Chairperson Dr Mark Delargy Secretary



Dr Jacinta Morgan and Dr Mark Delargy, Honorary Clinical Associate Professors with Royal College of Surgeons in Ireland (RCSI). Both professorships were awarded by the RCSI in June 2014.



SECTION 2 NRH REHABILITATION PROGRAMMES

BRAIN INJURY PROGRAMME REPORT



Dr Jacinta McElligott Medical Director Brain Injury Programme



Dr Amanda Carty A/Programme Manager Brain Injury Programme



The Brain Injury and Stroke Programmes 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), including stroke, to achieve maximal functional independence, social participation and community integrations.

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 278 persons were served by the Inpatient programme in 2014, which is a small increase on 2013 figures (269). Of 278 patients discharged from the Brain Injury Programme, 256 were admitted to the Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP), and 22 patients were admitted for short review or assessment.

The average number of days waiting for admission to the Inpatient brain injury programme increased to 82 as a result of a waiting list initiative to admit those waiting longest as a priority and while this initiative decreased the numbers of patients waiting longer times, an overall increase in days waiting was anticipated from early in the year as waiting list analysis demonstrated a growing number of patients with the highest needs waiting for admission. 67% of patients were admitted under the target 90 days. The average inpatient rehabilitation length of stay was 58 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 Mark Delargy, Dr Jacinta Morgan and Dr Paul Carroll.



Dr Áine Carroll currently holds the position as National Director of Clinical Strategy and Programmes at the HSE. A rotating team of NCHDs continue to provide medical support at the NRH.

The NRH has developed a full continuum of care for people with Acquired Brain Injury including Stroke. 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

The NRH Brain Injury and Stroke Programmes are accredited by CARF (Commission for Accreditation of Rehabilitation Facilities). The NRH underwent resurvey in 2014 and received three year specialty accreditation for the NRH Brain Injury Programme.

Another successful accreditation process included the awarding of three year specialty accreditation to the Stroke Programme at the NRH for the first time. This accreditation reflects the continuing commitment of the staff within the programme to continue developing the services provided to patients to the highest possible standards and the programme thanks all of the staff for their dedication and commitment to their important work despite increasing pressures.

The Brain Injury and Stroke Programmes aim to discharge 75% or more of patients to home as soon as possible after they have achieved their rehabilitation goals and are deemed to have received maximal benefit from the programme. In 2014, 79% of ABI patients were discharged to home which is a further consecutive increase on previous years' figures.

Demographics, Activity and Outcomes for Inpatient Services – 2014 DEMOGRAPHICS & ACTIVITY

Of 278 patients discharged from the BI Programme in 2014, 256 were admitted to the Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP);

96

(37%) had a diagnosis of Non-traumatic Brain Injury 58

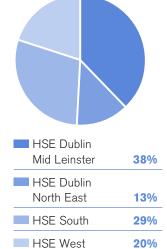
(23%) had a diagnosis of Traumatic Brain Injury 91

(36%) had a diagnosis of Stroke

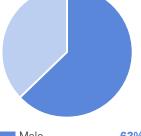
11

(4%) had a diagnosis of other Neurological Conditions

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

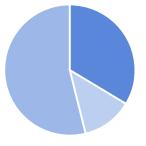


GENDER OF INPATIENTS SERVED BY THE BI PROGRAMME



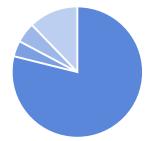


AGE PROFILE OF INPATIENTS SERVED BY THE BI PROGRAMME





DISCHARGE LOCATION
OF INPATIENTS SERVED
BY THE BI PROGRAMME



Home	79 %
Acute Care Hospital	4%
Residential Care	5%
Other	12%

Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE PROGRAMME

Indicator	Target Set - 2014	Outcome 2014	Note / Trend
Average Days Waiting for Admission	Target : average days waiting for admission would be less than 70 days	82 days	Significantly less patients waiting longest times (> 6 months). Rising numbers of patients with higher complexity of needs
Completion rate of Outcome Measures (Modified Barthel{(MB} and Disability Rating Scale {DRS})	95% completion of both the admission and discharge Modified Barthel and DRS	67% and 73% completion rates respectively	Significant improvement in DRS Completion rates in 2014
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	67% (MB) and 75% (DRS) showed positive change	Figures similar to 2013; Programme moving to FIM/FAM measurement as singular measure
Average Score Change in Outcome Measures at Discharge	Patients would improve on average by at least 10 points as measured on the Modified Barthel	Average of 15 points in Modified Barthel score	Above target. FIM/FAM to be reported for benchmarking in future
Average Rehabilitation Length of Stay	Length of stay would be less than or equal to 90 days	58 days	Long length of stay for higher dependency group being balanced by the Early Access Rehabilitation Unit (EARU) group's 6 week stay
Discharge to Home Rate	75% of patients would be discharged to home	79%	Increase on previous years, and EARU rate further increases to 99%

Programme Goals and Achievements in 2014

ACCREDITATION

The primary goals for the Brain Injury Programme for 2014 were to:

- 1) prepare for CARF resurvey and achieve maximum specialty accreditation of 3 years across all programmes previously surveyed, and;
- 2) for the first time, prepare for and achieve maximum speciality accreditation for the NRH Stroke Programme.

The accreditation survey was very successful and the Brain Injury Programme was very proud to achieve reaccreditation across the relevant areas and to achieve the maximum specialty accreditation for the Stroke Programme.

In 2014 the Stroke Programme continued to deliver a high quality programme and further developed an excellent evidencebased education programme aimed at secondary stroke prevention. The educational initiatives driven by the nursing and therapy staff were a significant factor in achieving the three year accreditation.

Across all aspects of the Brain Injury Programme, the nursing and therapy staff have contributed to the development of excellent educational resources; this was noted by the CARF surveyor during the 2014 survey. Sincere thanks to all staff of the Brain Injury Programme for going the extra mile to support all patients and who continue to provide such high quality care while the demands on the service continue to increase.

REVIEW OF QUALITY INITIATIVES

Another goal of the Programme was to complete a review of the Early Access Rehabilitation Unit (EARU) following a year of its implementation. A review was completed with the Interdisciplinary Team (IDT) and Dr Jacinta Morgan. This aimed to review operational issues associated with the EARU programme and implement the learning of a full operational year, including revision of criteria for EARU patients. This was successfully completed with the IDT team from St. Brigid's Ward and conveyed to the Brain Injury Programme Team and to all Consultants. The outcomes of this programme for the year 2014 are outlined below and continue to demonstrate the value of this programme.

	Expected	Actual
Beds allocated within the NRH Brain Injury Programme's 56 beds	10	10
Throughput of Patients	75-80	79
Wait Time (days)	Undefined	34
Length of Stay	42	38

	NRH Brain Injury Programme (BIP)	NRH Early Access Rehabilitation Unit (EARU)
Average Waiting Time	82	33 days
Average Length of Stay	58	38
Discharge to Home Rate	79%	95%

WAITING LIST INITIATIVE

Another waiting list initiative undertaken aimed to reduce the number of patients who were waiting extended times and focused on those waiting over a year and then those waiting over 6 months. The figure above indicates the success of this initiative by showing reduced numbers of those waiting for extended times while the total number of patients on the waiting list showed a trend for overall increase in numbers. This can be measured as success of this initiative and the programme continues to attempt to maintain this improvement but acknowledges that increasing acuity levels will make this task increasingly difficult within current programme resources.

Programme Manager

Dr Amanda Carty is the Programme Manager for the Brain Injury Programme.

Clinical Services within the Brain Injury Programme Include:

Medical

The Medical Director of the programme is Dr Jacinta McElligott (2014), working in collaboration with Consultant Colleagues Dr Mark Delargy, Dr Jacinta Morgan, Dr Paul Carroll and Dr Áine Carroll.

• Nursing (St. Brigid's Ward, St. Patrick's Ward, St. Camillus' Ward and St. Gabriel's Ward)

Nursing staff on the above wards provide care, support and encouragement to patients from the Brain Injury Programme, and provide an important communication link with the other members of the team. Nursing staff help patients to practice what they are learning in therapies and teach patients how to manage their personal care, along with their families and carers.

Clinical Neuropsychology

If a Clinical Psychologist is involved in a patient's care, this may involve: assessing how the injury or condition may have affected the person's attention, memory, thinking skills, insight, mood and behaviour; providing psychotherapy in order to support emotional well-being during admission; undertaking assessments and interventions to assist patients to benefit from their rehabilitation programme; and liaising with patients and families regarding the psychological support that may be required following discharge, which may require attending the Outpatient Service.

· Liaison Service

The Liaison Specialists provide a link between the hospital, home, and patients' healthcare professionals, acting as an advocate and liaising with referring hospitals to assess the person's clinical needs and evaluate their readiness for admission to a Rehabilitation Programme. Following discharge from the NRH, the Liaison Specialist may continue to be available for advice and support for patients and their families, and community healthcare professionals.

Music Therapy

The Music Therapy service continues to work with patients within the Brain Injury Programme. The majority of the music therapy intervention involves all members of the Interdisciplinary Team attending conjoint sessions with the music therapists. There is a great deal of interest internationally in the NRH music therapy research project to identify the benefits of music

therapy within Interdisciplinary assessment for Prolonged Disorders of Consciousness (PDOC) patients. NRH music therapists have published 3 papers and given 6 presentations at national and international conferences and feedback has been positive, specifically in relation to the interdisciplinary working aspect of the project which appears to be unique to the NRH.

Nutrition and Dietetics

The Nutrition & Dietetic service plays a key role in managing undernutrition, overnutrition and in secondary prevention after an acquired brain injury. The Malnutrition Universal Screening Tool (MUST) was piloted on St Brigid's ward in 2014 to determine the suitability of this tool for use with patients with acquired brain injury. Nutritional input into the Secondary Stroke Prevention Education Programme is provided by the dietitian. Increasing complexity of referrals and routine referral for secondary prevention education has increased the demand for the service. Delays in delivering the service can occur due to the limited staff allocation.

Occupational Therapy

The Occupational Therapy (OT) element of the Brain Injury Programme is delivered to all 56 patients in the Programme. A review of the service in 2014 highlighted that patients receive an average of three OT sessions per week based on a staff patient ratio of 1 therapist to 9 patients. This accounts for incorporation of all leave types. This is below international standards and we are working with the Brain Injury Programme Manager and Medical Director to address these issues. Four OT team members alternate to provide the SMART assessment of awareness to patients in the Prolonged Disorders of Consciousness Service. OT Staff are working with Dr Paul Carroll in completing an audit of the care pathway for patients with visual changes following ABI.

Pharmacy

A pharmacist counsels patients and carers in the Brain Injury Programme on their medications. A group talk on Stroke medications is available monthly to patients. A pharmacist attends Consultant ward rounds advising on medications.

The BI Programme Physiotherapy Team provides services across all four Brain Injury wards and consults as required with Outpatient services, Discharge Liaison Occupational Therapy for visits and other NRH services. Individual sessions are provided with the number dependent on complexity of presentation and number of therapists required. Group exercise therapy is also provided in conjunction with the Sports Department.

Social Work

Social Workers on the Brain Injury programme have been involved in the following projects throughout 2014:

- Carer Training Committee education programmes now run every 6 weeks
- Attendance at programmatic meetings
- Participation in BI Programme education delivery and committees
- Behavioural Consultancy Forum and SCIP training
- Disorders of Consciousness Working group
- ABI Workstream Rehabilitation Medicine Programme, HSE
- Outpatient Department Therapy project

Speech & Language Therapy

Speech and Language therapists have continued to be fully engaged in all Inpatient and Outpatient service developments as well as quality improvement initiatives across the Brain Injury Service. Some examples include; participating in review and monitoring of the EARU service; planning for the New Hospital; collaborating with MDT colleagues on ongoing education for students and other groups; family education; audits, and follow-up by appropriate actions in relation to safe mealtime processes.

Therapeutic Recreation Service

The Therapeutic Recreation Service at the NRH, as part of patients' personalised rehabilitation programmes, encourages and facilitates participation in leisure and recreation activities. Therapeutic Recreation provides an opportunity for patients to explore how they can return to hobbies or interests they enjoyed before their injury, or to explore new leisure pursuits with the ultimate aim of reintegration into their community or place of residence post-discharge, though involvement in their hobbies or interests.



SECTION 2 NRH REHABILITATION PROGRAMMES

SPINAL CORD SYSTEM OF CARE (SCSC) PROGRAMME REPORT



Dr Éimear Smith Medical Director SCSC Programme



Eugene Roe Programme Manager SCSC 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.

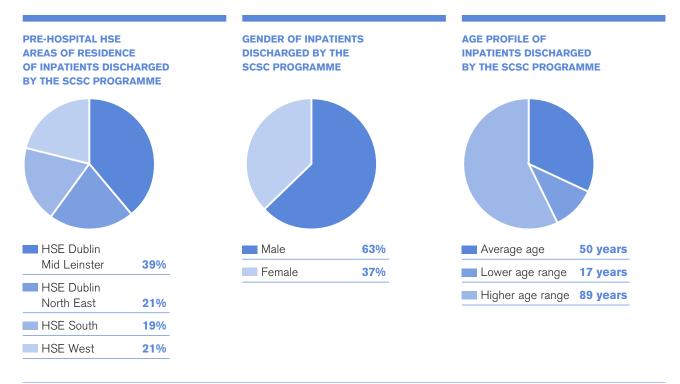


The SCSC Programme provides a continuum of care encompassing the Inpatient rehabilitation phase (with a current bed capacity of 36 beds) and an Outpatient phase with the capacity to see patients in interdisciplinary clinics, consultant led clinics and single therapy treatments. Linkages to community 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 Cara McDonagh, Consultant in Rehabilitation Medicine. Dr McDonagh began working in the SCSC Programme in early 2014 and Dr Angela McNamara acted as Locum Consultant for extended leave cover.

Demographics, Activity and Outcomes for Inpatient Services - 2014 DEMOGRAPHICS & ACTIVITY

In total 149 persons were discharged in 2014 from the SCSC Programme. Of these patients, 115 were admitted for the first time to the SCSC Programme at the 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.



Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE PROGRAMME

Indicator	Target Set - 2014	Outcome 2014	Note / Trend
Average Days Waiting for Admission (from referral)	Target: Admission of Patients within 50 days	The average days waiting for admission was 45 days	94% of patients were admitted within 90 days
Average Rehabilitation Length of Stay (LOS)	Target: Average admission length of stay less than 90 days	Average LOS was 90 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 838 (6.6%) of bed days lost to Delayed Discharges in 2014	'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. 100 fewer bed days were lost to the SCSC Programme in 2014, this equates to an 11% improvement on the 2013 figure.
Discharge to Home Rate	Target: To discharge at least 75% of patients to home	83% of patients were discharged home	In 2014 the number of patients returning to their referring hospital rose from 7% in 2013 to 11% in 2014. 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 2014

- 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)
- In 2014 the SCSC Programme successfully undertook resurvey to maintain CARF accredited specialty programme status.
- We welcomed two consultants in 2014 with the arrival of Dr Cara McDonagh as the second consultant for the programme and a big welcome back to Dr Angela McNamara who provided cover to the spinal service for maternity leave.
- The fifth Annual 'Research and New Developments in Spinal Cord Injury' Information Day was held in September 2014 with a focus on robotics and new technologies in SCI rehabilitation.
- The fourth Annual Reunion for Women with Spinal Cord Injury took place in May and was 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 second NRH Sports Day took place in September 2014 and was hailed as a great success by both 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.
- Team development and education continued in 2014 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.
- Fifty staff attended a screening of the film 'Untouchable', a wry comedy about tetraplegia, and engaged in animated discussion while also enjoying a night out.
- A Multidisciplinary Team poster on staff well-being initiatives won the Scientific Prize at the Multidisciplinary Association of Spinal Cord Injury Professional (MASCIP) Annual Conference in the UK.
- Some of the SCSC Programme team led by Lorna Fitzsimons continue to be part of the working group for the MASCIP guidelines on weight management.
- Dr Éimear Smith was nominated and accepted the nomination to be a member of the MASCIP Committee

Report of the Medical Director

Although the number of patients discharged from the SCSC programme has been consistent for the past few years, there was an apparent increase in the number of new incident cases of spinal cord injury (SCI) during 2014. This was evident from the number of patients referred from the National Spinal Injuries Unit, Mater Misericordiae University Hospital. Not all of these patients were admitted to the NRH. It is not possible to ascertain if this represents an unexplained, isolated surge in injuries or if this is likely to continue. Even if the absolute number of newly injured SCI patients continues to increase, without appropriate epidemiological analysis, no firm conclusions can be drawn from this, due to changing demographics within the general population. Without analysing these trends but through general observation, it could be suggested that contributing factors are improved life expectancy in the wider population and increased incidence of survivable metastatic cancer due to developments in oncological care. Since the commencement of SCI rehabilitation services in Ireland, all patients with SCI have been able to access specialist services. However, if the trend of 2014 continues, then we may be facing a situation, as occurs in the UK and other countries of Western Europe, where all patients with SCI are not necessarily admitted to specialist SCI rehabilitation. It is hoped that 4 additional beds for the SCSC programme in the new hospital and continued attempts to improve efficiency through addressing delayed discharges, may assist in tackling this potential problem and ensuring that all patients can access services appropriate to their needs.

As in 2014, the programme remained unable to offer a service to patients who were ventilator dependent. Dedicated efforts will continue in 2015 to attempt to rectify this and to ensure that all patients with spinal cord injury in this country can have their rehabilitation needs met.

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. Planned and coordinated interdisciplinary working is at the core of patient centred care and in the SCSC Programme this is supported by the goal setting process, family and discharge conferences, programme development meetings and timetabling. In 2014 the programme staff continued to contribute to the work of the NRH Health Planning Team regarding the physical environment of the new hospital.

The commitment of all involved in planning admissions contributed to a consistently high bed occupancy rate in the SCSC Programme with an average occupancy of 96% in 2014.

As in past years, significant fundraising was undertaken by individuals and groups in 2014 to support the spinal programme at the NRH. These individual and group efforts are very much appreciated by both patients and staff of the programme. One of the significant projects supported by fundraising proceeds in 2014 was the upgrading of patient bathrooms for St Joseph's ward. This work was undertaken and prioritised based on patient feedback.

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 works in collaboration with Consultant Drs Cara McDonagh and Angela McNamara.

Nursing (St. Margaret's and St. Joseph's Wards, Our Lady's Ward and St. Camillus' Ward)

Nursing staff on the above wards provide care, support and encouragement to patients from the SCSC Programme, and provide an important communication link with the other members of the team. Nursing staff help patients to practice what they are learning in therapies and teach patients how to manage their personal care, along with their families and carers.

Clinical Neuropsychology

If a Clinical Psychologist is involved in a patient's care, this may involve: assessing how the injury or condition may have affected the person's mood and behaviour and providing psychotherapy in order to support emotional well-being during admission; undertaking assessments and interventions to assist patients to benefit from their rehabilitation programme; and liaising with patients and families regarding the psychological support that may be required following discharge, which may require attending the Outpatient Service.

Liaison Service

The Spinal Liaison Service is a nurse led, patient focused service offered to all patients who come through the Spinal Cord System of Care and covers the 26 counties of Ireland. The service offers: education and advice both for patients and family members, and attendance at family and community conferences during the inpatient stay at the NRH; active involvement through the delivery of specialised knowledge helping to prevent complications; pre-admission assessments; post-discharge review and annual review.

Nutrition and Dietetics

This year saw the roll-out and validation of the Spinal Nutritional Screening Tool across the SCSC Programme. Preliminary data was presented at the Guttmann Conference, Irish Nutrition and Dietetic Institute AGM and the Nutrition Society Postgraduate Conference. Post-discharge may be the optimum time to address weight management, which is the major nutritional issue arising after a spinal cord injury, however, due to limited dietetic resources, no Outpatient service can currently be provided. Lorna Fitzsimons chairs the MASCIP Weight Management Guidelines Working Group.

Occupational Therapy

Idapt Bathroom Design Guidelines for patients with spinal cord injuries was completed in June 2014. These are now available for all patients who require bathroom adaptations and include considerations specific to SCI. Senior OTs present a complex case during monthly meetings, providing an opportunity to identify challenging situations, reflect on same and discuss how the case could be managed differently. Survey of Equipment used in Spinal Units across UK and Ireland has been completed for discussion at next SCITL meeting in March 2015.

Pharmacy

A pharmacist participates in the multidisciplinary education sessions provided to all SCSC patients. A pharmacist attends Consultant ward rounds advising patients and staff on the prescribed medications.

Physiotherapy

The SCSC Physiotherapy Team provides a service across the 3 wards along with engagement with referring units and the development of a new outreach service which will commence in 2015. Services offered include individual therapy sessions and group classes as appropriate.

Social Work

Difficulties in achieving adequate home care packages and services continue due to year on year budget cuts in community services. The time spent on lengthy negotiations and liaison has a direct effect on social work, and families are increasingly expected to manage complex care situations. Social Workers on the spinal programme have been involved in the following projects: Women's Spinal Cord Injury Day; Vocational Programme Workshop; Participation in SCSC education and Programmatic meetings, and attendance at MASCIP conference.

Speech & Language Therapy

The Speech and Language Therapy service offers both communication and swallowing intervention to patients from the SCSC programme. In 2014, 12 patients were seen for swallowing rehabilitation while 9 were seen for Communication intervention. Extremely positive results have been achieved where 91% of patients unable to take food/drink orally due to swallowing difficulties progressed to either a full normal diet and regular fluids; or a soft diet and regular fluids. 2014 has been the first year that SCSC has had one Speech and Language Therapist (SLT) dedicated to the service, with input from other SLTs as required.

Therapeutic Recreation Service

The Therapeutic Recreation Service at the NRH, as part of patients' personalised rehabilitation programmes, encourages and facilitates participation in leisure and recreation activities. Therapeutic Recreation provides an opportunity for patients to explore how they can return to hobbies or interests they enjoyed before their injury, or to explore new leisure pursuits with the ultimate aim of reintegration into their community or place of residence post-discharge, though involvement in their hobbies or interests.

• One of the significant projects supported by fundraising proceeds in 2014 was the upgrading of patient bathrooms for St Joseph's ward. This work was undertaken and prioritised based on patient feedback. ""



SECTION 2 NRH REHABILITATION PROGRAMMES

PROSTHETIC, ORTHOTIC AND LIMB **ABSENCE REHABILITATION (POLAR)** PROGRAMME REPORT



Dr Nicola Ryall Medical Director **POLAR Programme**



Dr Jacqui Stow Rehabilitation Medicine



Emilie Fritte 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 2014.

Dr Jacqui Stow joined the POLAR Programme in July as a locum consultant for the Inpatient programme while Dr Ryall now provides specialist Outpatient services for the Upper Limb and Complex Cases Clinic.

The Inpatient service had 70 discharges in 2014 for a 10 bedded ward. Despite the increased complexity of patients (16 patients had bilateral lower limbs amputations), the Programme achieved a shorter length of stay and improved 'discharge to home' rate which increased from 83% in 2013 to 90% in 2014.



Programme Developments in 2014

Communication strategy: developing a new series of information leaflets specific and relevant to POLAR patients has begun and further booklets will be developed in 2015.

POLAR Express: In December, the programme launched the first edition of this bulletin. This bulletin aims to inform and educate patients and features lots of practical tips in relation to coping with limb loss. The next edition is due to be published in early 2015.

The POLAR and Paediatric Programmes are linking closely in planning the annual POLAR/PAEDS Family Day due to take place in the spring.

Service delivery through the satellite clinics is constantly reviewed and local links with physiotherapy are now well established in Galway and Carrick-on-Shannon. The programme has started to develop links with Physiotherapists and Occupational Therapists in Letterkenny and is planning to provide educational sessions by mid-2015

The number of patients seen has increased steadily for the 2 main satellite prosthetic clinics - Galway and Carrick-on-Shannon, and Letterkenny has now returned as a regular clinic thanks to the collaborative work undertaken by the NRH and the HSE/PCCC in Letterkenny.

There has been a slight increase in the number of primary assessments seen at satellite clinics and the majority of these have resulted in further assessment at the NRH with the Multi-Disciplinary Team.



PROSTHETIC, ORTHOTIC AND LIMB ABSENCE REHABILITATION PROGRAMME REPORT

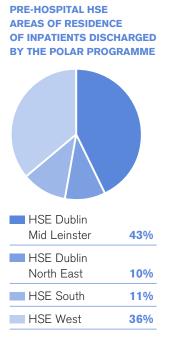
The structure of the clinics has changed slightly in that upper limb patients are referred to the NRH for any major work, due to limited time and capacity available at satellite clinics. This has generally been well received by the patients. On the whole, 2014 was a busy year for the satellite clinics with growth generally in all except Castlebar. The highlight has been the re-establishment of a more regular clinic in Letterkenny in appropriate facilities. The current spread of clinics appears to cover the west and North West regions well.

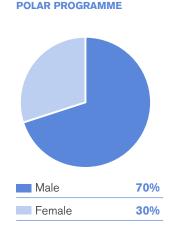
We look forward to developing the service further in 2015 with the addition of 2 new staff members recruited by Ability Matters, our strategic partner, for the provision of orthoses and prostheses. We welcome the two new staff members to the Programme.

Demographics, Activity and Outcomes for Inpatient Services - 2014 DEMOGRAPHICS & ACTIVITY

PATIENTS DISCHARGED FROM THE POLAR INPATIENT SERVICE IN 2014

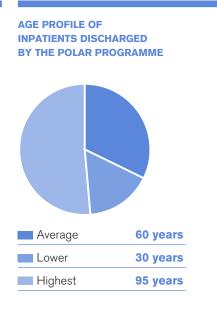
Types of Amputation	Numbers 2014	Percentage of Admissions 2014
Above knee	26	37%
Below knee	24	34%
Bi-lateral Lower limb	14	20%
Upper limb amputation	0	0%
Hemipelvectomy / through hip and above knee	2	3%
Bi-lateral through hip and through knee	2	3%
Partial foot / below knee	2	3%
TOTAL	70	100%





GENDER OF INPATIENTS

DISCHARGED BY THE



Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE INPATIENT PROGRAMME

Indicator	Target Set - 2014	Outcome 2014	Note / Trend
Discharge to Home Rate	75% of patients will be discharged home	90% 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 57 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 50 days	This compares with 51 days for 2013
Delayed Discharges	Less than 1% of bed days lost to delayed discharges	0% of bed days were lost to Delayed Discharges in 2014	

POLAR Day Patient Programme - 2014

During 2014, the POLAR Day Programme has been operating for its first year at full capacity to serve patients who are residing within commuting distance from the hospital and are able to provide own transport. The Day Programme is a very efficient cost effective way of providing rehabilitation to patients with an amputation as illustrated by the Day Programme achieving the same length of stay as the Inpatient Programme, with a shorter waiting time to access the service. Transport remains the main barrier for patients to access the service; in order to maintain occupancy the Programme secured transport for patients from acute hospitals to the NRH on many occasions so they could begin their rehabilitation as early as possible.

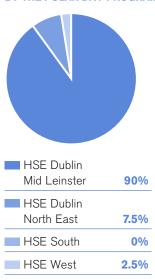
Demographics, Activity and Outcomes for the Day Programme - 2014 DEMOGRAPHICS & ACTIVITY

PATIENTS DISCHARGED FROM THE POLAR DAY PROGRAMME 2014

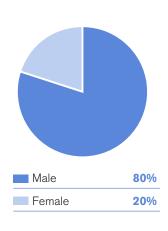
Types of Amputation	Numbers 2014	Percentage of Admissions 2014
Above knee	13	32%
Below knee	17	43%
Bi-lateral Lower limb	8	20%
Upper limb amputation	0	0%
Hemipelvectomy / through hip and above knee	1	2.5%
Bi-lateral through hip and through knee	0	0%
Partial foot / below knee	0	0%
Multiple loss – upper and lower limbs	1	2.5%
TOTAL	40	100%

PROSTHETIC, ORTHOTIC AND LIMB ABSENCE REHABILITATION PROGRAMME REPORT

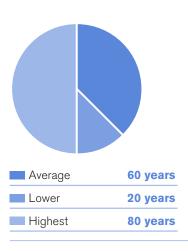




GENDER OF PATIENTS DISCHARGED BY THE POLAR DAY PROGRAMME



AGE PROFILE OF PATIENTS DISCHARGED BY THE POLAR DAY PROGRAMME



Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE DAY PROGRAMME

Indicator	Target Set - 2014	Outcome 2014	Note / Trend
Discharge to Home Rate	75% of patients will be discharged home	70% 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 34 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 50 days	50 days or 25 attendances

Programme Manager

Emilie Fritte was welcomed by the Team as the new POLAR Programme Manager in 2014.

Clinical Services within the POLAR Programme Include:

Medical

The Medical Director of the programme is Dr Nicola Ryall who works in collaboration with Consultant colleague Dr Jacqui Stow.

Nursing (McAuley Ward)

Nursing staff on McAuley Ward provide care, support and encouragement to patients from the POLAR Programme, and provide an important communication link with the other members of the team. Nursing staff help patients to practice what they are learning in therapies and teach patients how to manage their personal care, along with their families and carers.

Clinical Neuropsychology

If a Clinical Psychologist is involved in a patient's care, this may involve: assessing how the injury or condition may have affected the person's mood and behaviour, and providing psychotherapy in order to support emotional well-being during admission; undertaking assessments and interventions to assist patients to benefit from their rehabilitation programme; and liaising with patients and families regarding the psychological support that may be required following discharge, which may require attending the Outpatient Service.

Nutrition and Dietetics

The goal of nutritional therapy within the POLAR Programme is to support patients on a one to one basis in making behavioural and lifestyle changes to improve their health. General nutrition information is also provided as part of the POLAR Education Programme. 2014 saw the development of a limited Outpatient service to the programme which allows patients to receive support and advice to deal with nutritional issues identified on screening. A screening tool to identify patients who would benefit from dietetic intervention was piloted in the Interdisciplinary Team clinic.

Occupational Therapy

The Occupational Therapy service to the POLAR programme covers the following elements of the programme: Inpatient service, the Day Patient service, Outpatient lower limb amputation assessment clinic and the specialist upper limb absence service. There was an increased demand for the Day Patient service in 2014, which operated at full capacity for the majority of the year. Occupational Therapy staff have continued to work in a flexible manner with this service to trial therapy provision alternatives such as therapy within a patient's own home where clinically indicated and geographically viable.

A pharmacist participates in the POLAR Outpatient service, providing a clinical pharmaceutical input to patients and doctors. Group and individual medicine education sessions are provided to all Inpatients.

Physiotherapy

Physiotherapy services provided to the POLAR Programme include: Inpatient therapy up to 4 times a week, Day Patient therapy up to 3 times a week and Outpatient therapy 1-2 times a week. The POLAR team also provide a Sports Balance class in conjunction with the Sports Department

Social Work

The Social Work service is offered to Inpatients and Day patients as well as to the Outpatient clinics on request. Patient and family education sessions, including Peer Support, are offered by the POLAR team including the Social Work staff. The 'POLAR Patient Stories' project, which Cathrina Lett has been closely involved with, continues to thrive. Patients benefit greatly from learning through the perspective of former patients and from sharing in their rehabilitation journey.

Speech & Language Therapy

The SLT Department provides audiology, dysphagia and voice consults to patients from the POLAR programme, as required.

Therapeutic Recreation Service

The Therapeutic Recreation Service at the NRH, as part of patients' personalised rehabilitation programmes, encourages and facilitates participation in leisure and recreation activities. Therapeutic Recreation provides an opportunity for patients to explore how they can return to hobbies or interests they enjoyed before their injury, or to explore new leisure pursuits with the ultimate aim of reintegration into their community or place of residence post-discharge, though involvement in their hobbies or interests.

Prosthetic and Orthotic Service

Prosthetic and Orthotic Services for the POLAR Programme are delivered by our strategic partner, Ability Matters.



SECTION 2 NRH REHABILITATION PROGRAMMES

PAEDIATRIC FAMILY-CENTRED **REHABILITATION PROGRAMME REPORT**



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 the NRH, providing specialist rehabilitation services to children and young people up to the age of 18 who require these services as a result of conditions such as a brain injury, stroke, spinal cord injury, neurological disorders or limb absence. Although it is a small part of the NRH, the challenges for the experienced Paediatric Team are broad and exacting.

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 the 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 2014

2014 represented a significant year for the PAEDS Programme. The team fully participated in the accreditation resurvey by the Commission on Accreditation for Rehabilitation Facilities (CARF) and were delighted to be awarded renewal of its 3-year Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP) accreditation.

A review of the PAEDS Programme was also undertaken, resulting in the development and implementation of interim and long term strategic goals to optimise the service delivery. The review highlights that the service operates increasingly beyond its capacity, given the level of demand.

The timing of this review also coincided with the formal engagement of the NRH with the National Clinical Programme for Rehabilitation Medicine and Paediatrics to work on developing patient pathways through the continuum of care.

In June, in consultation with the National Regional Hospital, National Rehabilitation Medicine Clinical Programme, National Paediatric & Neonatology Clinical Programme and the Development Board for the Paediatric Hospital, a consensus decision was reached that the NRH would remain the tertiary centre for complex specialist paediatric rehabilitation.

The Outcomes information as detailed below highlights a significant increase in the referral rates to the Programme in 2014. Referrals of children with spinal cord injury were unprecedented, presenting challenges in terms of resources required to care, assess and treat such patients safely and effectively. An increase in the number of young people presenting with concussion in sport activities was also noticed.

25 children and young people with spinal cord injury received annual specialised reviews through the Paediatric Spinal Cord Injury Multidisciplinary Clinic this year. These clinics continue to prove an effective and efficient forum to manage these patients comprehensively.

The success of the clinics is such that the PAEDS team is looking at the possibilities of increasing the number of spinal cord injury clinics to meet demand and to develop a similar service for the provision of specialist reviews of the needs of patients with an acquired brain injury previously served by the PAEDS Programme.

The complexity of patients presenting as inpatients, coupled with reduced coverage due to extended sick leave, resulted in decreased provision of follow-up and review rehabilitation services. This flags an urgent need to have a dedicated interdisciplinary paediatric outpatient and outreach service.

The strong collaboration among the PAEDS team members underpins the continued success of the Integrated Interdisciplinary Approach and its associated joint-working sessions that facilitate assessment and clinical intervention, particularly with complex-needs patients.

The PAEDS programme strives to be children and young people-centred, as well as family-focused in our service delivery. In this respect, we offer talks to parents on "About the brain" and "About Rehab".

The PAEDS Programme welcomed the creation of a new Clinical Nurse Specialist Liaison Service in September 2014. Angela O' Riordan moved into the CNS role. The post was developed to assist paediatric patients and their families transitioning from acute settings to the NRH and their community. Establishment of effective liaison with Our Lady's Children Hospital Crumlin, Children's University Temple Street, Beaumont Hospital and other referring hospitals is an integral part of the role. The Liaison Nurse also acts as an advocate for the child or young person and his or her parents, carers and families.

The collaborative work of the Interdisciplinary Team in response to requests from the referring hospitals for support in managing children and young people while they are waiting for admission to the NRH, has continued to increase in 2014. The team recognises that close communication with other service providers and the development of a care pathway are essential.

The Programme introduced the Primary Nurse Initiative in 2014. Parents, carers, children and young people have expressed appreciation of this initiative.

11 The collaborative work of the Interdisciplinary Team in response to requests from the referring hospitals for support in managing children and young people while they are waiting for admission to the NRH, has continued to increase in 2014. ••

Dr Sarah O'Doherty, Senior Neuro-psychologist, and Rebecca O'Connor, Senior Music Therapist, were invited to write a chapter outlining their work and therapeutic approach in a book on paediatric rehabilitation to be published by Macmillan in April 2015. The chapter is titled: Neuropsychology and Music Therapy: Clinical Harmony and focuses on the benefits of interdisciplinary work with children who have had an acquired brain injury, detailing therapy techniques that have been developed by Rebecca and Sarah at the NRH.

Members of the team gave a presentation at the NRH Interdisciplinary Grand Round in December, titled Inter-disciplinary rehabilitation with a complex child...the service without walls.

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, it continues to attract a great deal of interest within the music therapy profession. Rebecca O'Connor, Lead Investigator presented at 6 international conferences and 1 national conference and has had 3 papers published in the past year on the music therapy research project.

Demographics, Activity and Outcomes for Inpatient Services - 2014 DEMOGRAPHICS & ACTIVITY

In 2014 the Paediatric Family-Centred Rehabilitation programme served 91 patients as Inpatients or Day-patients; 62 were new patients to the programme and 29 had been previously admitted.

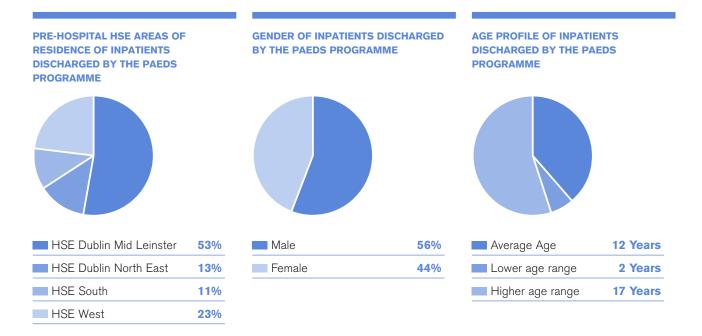
Type of Rehabilitation Admission/ Activity	Description	Number in 2014
PAED 1	Children and adolescents discharged from Inpatient assessment and a period of intensive rehabilitation (covered by the CARF CIIRP standards)	18
PAED 2	Initial assessment only	44
PAED 3	Interdisciplinary review	14
PAED 4	Neuropsychological assessment / review only	11
PAED 5	Prosthetic limb introduction / training	02
PAED 6	Interdisciplinary review via groups as part of "Summer Review Project"	0
PAED 7	Brief re-admission for a burst of intense rehab	02
PAED 8	Outpatients	* See below

25 patients were seen at the Paediatric Spinal Cord Injury Multidisciplinary Clinic in 2014



PAEDIATRIC FAMILY-CENTRED REHABILITATION PROGRAMME REPORT

The following graphs show, for all new patients to the service in 2014 (18 'PAED 1' and 44 'PAED 2'), the breakdown of pre-hospital HSE areas of residence, gender, and average age profile.



The collaborative work between the NRH School and the Interdisciplinary team continues to have a significant impact on the transitioning of school-age children and young people back into local education; all school-age children and young people attending our service during 2014 were able to return to mainstream schooling after their rehabilitation intervention at the NRH.

Training for class teachers, resource teachers and for Special Needs Assistants (SNA) is also provided through partnership between the NRH School and the PAEDS team.

Dun Laoghaire-Rathdown County Council commissioned two artists who painted a mural on the outside of the school with an emphasis on recycling. The school-age patients assisted with the painting.

The PAEDS Outdoor Play Area benefited from a fresh new look, thanks to the staff from Facebook Ireland who generously donated their time and help.

Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE DAY PROGRAMME

For the PAEDS Programme in 2014, 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 - 2014	Outcome 2014	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.	47% were admitted within 90 days, the average time being 76 days	Admissions were affected by two delayed discharges, resulting in 53% of PAED 1 patients waiting over 90 days
Average Rehabilitation Length of Stay	Length of stay would be less than 90 days	Average length of stay was 57 days	The average lower range was 28 days and the average high range was 114 days
Completion rate the Outcome Measure	95% completion of both the admission and discharge Paediatric Barthel Measure	100% completion of the admission PAED 1s Barthel	89% completion of the discharge PAED 1s Barthel
Delayed Discharge	Less than 1% of bed days available to the Programme would be lost to delayed discharges	6.6% (41 days) lost	This number of days was lost due to a 2 young persons awaiting suitable wheelchair accessible accommodation

Of the 62 new patients seen and discharged from the PAEDS programme in 2014, the spread of diagnoses is as follows:

	Trau- matic Brain Injury	Brain Infec- tion	Stroke	Brain Tumour	Other Brain Injury	Trau- matic Spinal Injury	Trans- verse Myelitis	Other Spinal Injury	Neuro- logical Disorders	Neuro- pathies	Total
PAED 1	2	1	1	5	3	3	1	1	0	1	18
PAED 2	17	2	2	8	9	0	0	4	2	0	44
Total	19	3	3	13	12	3	1	5	2	1	62

Programme Manager

Ghyslaine Brophy is the Acting Programme Manager for the Paediatric Family-Centred Programme.

Clinical Services within the Paediatric Family-Centred Programme Include:

Medical

Consultant Paediatrician Dr Susan Finn is medical lead for the Paediatric-Family Centred Programme, working collaboratively with her Consultant Colleagues in Rehabilitation Medicine for patients with needs in relation to limb absence, spinal cord injury, and Paediatric patients referred to the NRH by Beaumont Hospital. Dr Finn's primary position is with Our Lady's Children's Hospital, Crumlin, with clinical responsibilities also at Enable Ireland.

Nursing - St. Agnes's Ward

Nursing staff from St. Agnes's Ward provide care, support, encouragement and education as part of the PAEDS Interdisciplinary Team to the children and young persons and their families and carers.

Clinical Neuropsychology

Dr Sarah O'Doherty, Senior Clinical Neuropsychologist works as part of the Interdisciplinary Team within the PAEDS Programme.

Liaison Service

The Clinical Nurse Specialist Liaison Service for the PAEDS Programme assists paediatric patients and their families transitioning from acute settings to the NRH and on to their community. The Liaison Nurse also acts as an advocate for the child or young person and his or her parents, carers and families.

Music Therapy

The Music Therapy service continues to work with patients within the Paediatric Programme. The majority of the music therapy intervention involves all members of the Interdisciplinary Team attending conjoint sessions with the music therapists.

Nutrition and Dietetics

The Dietitian deals with a broad range of nutritional issues including, amongst others, enteral feeding, weight management, high fibre diets, failure to thrive and food allergies. A multidisciplinary group comprising nursing, dietetic and catering staff was set up in 2014 to review the paediatric menu to improve its appeal to children whilst ensuring it remains nutritionally well-balanced. This is an ongoing initiative

Occupational Therapy

In 2014 the Paediatric Occupational Therapy Service has continued the systematic review of the capacity of the service and implemented a number of initiatives to optimise service delivery to Inpatients while considering the need of Outpatients and our role in educating Acute and Community services. The review has continued to highlight that the service has been operating beyond capacity. The high level of involvement of Occupational Therapy with all patients across all areas of the Programme is something which has been identified as being a unique factor within the Programme.

The Pharmacy Department have provided advice for the improvements in the safe storage and transport of medications, updating the emergency medications. The Pharmacy also provides information and advice on dosing and sourcing medications.

Physiotherapy

The Physiotherapists working within the Paediatric Programme are involved in the entire continuum of care including pre-admission engagement, outreach and review components as well as the delivery of Inpatient services.

Social Work

The Paediatric programme has undergone a substantial review of its service and the need for an outreach and liaison team has been highlighted as an urgent need. The Social Work Department has been actively involved in the Paediatric Programme and in the service review throughout 2014 and in writing the chapter on rehabilitation for the Paediatric Programme's model of care. The Paediatric Programme Social Workers now offer a monthly session to new parents on the unit entitled "Your Child's Journey Through Rehabilitation" to orientate families into the journey and philosophy of rehabilitation.

Speech & Language Therapy

Speech and Language Therapy staff on the Paediatric Programme have continued to provide a wide range of services to the children attending the NRH requiring treatment for communication and swallowing needs as part of their rehabilitation programme. These have included outreach visits for young people presenting with particularly complex needs; individual and group therapy sessions as well as education sessions for families, carers and other relevant parties such as school staff.

Prosthetics and Orthotics

Prosthetic and Orthotic Services for the POLAR Programme are delivered by our strategic partner, Ability Matters.

66 A multidisciplinary group comprising nursing, dietetic and catering staff was set up in 2014 to review the paediatric menu to improve its appeal to children whilst ensuring it remains nutritionally well-balanced. ""



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



Paul Griffin A/Physiotherapy Manager (deputising for Rosie Kelly, on leave)



Aoife Henn A/Speech & Language Therapy Manager



Lisa Held Occupational Therapy Manager



Dr Sinéad McNicholas 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



Stuart McKeever Therapeutic Recreational Specialist

DEPARTMENT OF NURSING

EILISH MACKLIN DIRECTOR OF NURSING

The following staff members retired from the Nursing Department in 2014:

- Cora Scullane, Supervisor of Corofin Lodge in the Rehabilitative Training Unit
- Paula Good Health Care Assistant
- Cora Ortega Staff Nurse
- Agnes Abubakar-Canaria Staff Nurse

I thank the above-named staff members for their years of dedicated service to the National Rehabilitation Hospital and wish each one of them 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 2014. 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 Eimear Flynn, Assistant Directors of Nursing for their help, support, and hard work during 2014.

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 2014.

Ward Reports

MCAULEY WARD

AGLIOSE - CNMII

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

This involves a lot of work by the POLAR Team to deliver the best possible care and service to our patients. There was an increase in the complexity of issues from both medical and social perspectives which in turn increased demands on the nursing

Education and professional development continues to be a focus for the staff on McAuley Ward.

- CNMII Agi Jose completed a course in first line management and leadership from the National College of Ireland.
- Staff Nurse Zarah Carillo attended a course run by the HSE national training programme on smoking cessation.

All staff continue to participate in all ongoing hospital mandatory training and online education, and staff members from McAuley Ward continue to be involved in the following Committees:- Drug and Therapeutic Committee; Falls Prevention Group; Smoking Cessation; Tissue Viability.

SECTION 3 CLINICAL SERVICES PROVIDED ACROSS ALL PROGRAMMES



ST. AGNES' WARD

BERNIE KELLY - 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 – ACTING CNMII CHRISTINA DE LEON CNMI

St. Brigid's Ward is a 19 bedded ward caring for patients with both traumatic and acquired brain injuries. Nursing staff provide education and training in personal management and care to patients, along with their families and carers, to enable the person achieve the safest possible level of independence at home and in the community. The team provides individualised and holistic care for all, by treating each patient with dignity and respect in their journey of recovery and rehabilitation.

The Productive Ward Project is continuing with the current focus on improving storage facilities which will facilitate the saving of time and resources, and provide a safe and efficient environment for all.

2014 was a busy and challenging year for the staff in implementing projects including the Stroke Prevention programme and the 'Malnutrition Universal Screening Tool' (MUST) among others. MUST was developed by the Malnutrition Advisory Group. All patients who are admitted to St. Brigid's ward are screened using the tool and as necessary, patients are referred and monitored by the dietician and the nursing team.

St. Brigid's Ward is the first ward to introduce a Stroke Prevention programme consisting of education on secondary prevention of stroke to current stroke patients and their families, and on prevention of stroke to all other patients by maintaining a balanced diet, minimising alcohol intake, smoking cessation, exercise and maintaining body weight. All patients are also educated on monitoring their blood pressure (BP) at home using a self-operated BP machine.

St. Brigid's Ward is the first ward to introduce a Stroke Prevention programme consisting of education on secondary prevention of stroke to current stroke patients and their families, and on prevention of stroke to all other patients.

ST. PATRICK'S WARD

PATRICIA O'NEILL - CNMII TERESA WHYTE - CNMI

St. Patrick's Ward is a closed unit for the care of patients with Acquired Brain Injury, with moderate to severe cognitive and behavioural difficulties. St. Patrick's was the first ward 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.

In January 2014, the team consoled and maintained standards for the three foundation modules which were completed in 2013. The shift handover module commenced in early 2014 and considerable progress has been made in improving efficiency, quality and in saving time. We continue to participate with the 'Productive Mealtime' committee meetings.

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.

Education and professional development is also a key focus for the staff on St. Patrick's Ward:

- Patricia O'Neill and Teresa Whyte completed the Management of Actual and Potential Aggression (MAPA) training for instructors.
- Anu George commenced an MSc Advanced Pain Management with Prescriptive Authority.
- Staff members from St. Patrick's Ward also attended the following courses: Neuro-oncology Conference; Assessment and Treatment of Visual Perceptual Dysfunction in adults with ABI; Leadership for Service Improvement and Bobath training.

ST. GABRIEL'S WARD

SAJINI LAWRENCE - CNMII EILEEN LA GRUE - CNMI

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 2014 there was a marked increase in patients presenting with complex cognitive, communication, and social issues. This added to the overall demands on staff at ward level, but also posed challenges for post discharge placement.

A welcome development in 2014 was the installation of 7 new electric beds, a second clinical hand wash sink was installed and one of the patient bathrooms was completely refurbished.

St. Gabriel's ward staff continue to show their dedication, not only to patient care, but also to ongoing professional development and education as well as being members of various committees.

- Currently CNMII Sajini Lawrance is studying MSc Nursing in Advanced Leadership in RCSI.
- Staff Nurse Julie Varghese is studying BSc Nursing Management in RCSI.
- Health Care Assistant Lulu Sinnott is studying BSc Psychology in UCD.

Staff members from St. Gabriel's Ward continue to be involved in the following Committees:-

Safety and Risk; DOC Committee and Documentation Group; Falls Prevention; HACCP; and Restraint Committee.

SECTION 3 CLINICAL SERVICES PROVIDED ACROSS ALL PROGRAMMES



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). 2014 has seen significant changes for the ward, adding to and promoting the high standard of interdisciplinary rehabilitation care very much at the core of our work on St. Camillus' Ward. We now have 8 new electric beds for our patients, bringing the ward up to a full complement of 16 electric beds.

Focus on education and continuous professional development:

- Health Care Assistant Zuzanna Herdzina completed a FETAC course and is also accredited as a trained trainer for Management of Actual or Potential Aggression (MAPA).
- Health Care Assistant Ray Jimenez commenced a FETAC course which will finish in June 2015.
- CNMII Pat Conroy completed a BSc in Nurse Management and Leadership from the Royal College of Surgeons.
- The whole team have involved themselves in educational updates, self-development and taking part on relevant committees such as the Early Warning Score (EWS), Restraint, Falls Prevention, Infection Control, Communication, Documentation and Hand Hygiene. The outcomes from these committees are important in the implementation of high standards of care, protocols and policy development.

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

FIONA MARSH - CNMII RITA GIBBONS - CNMI

St. Margaret's and St. Joseph's Ward collectively comprise of 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 2014 staff continued to attend training and in-house education to ensure compliance with our Accreditation Standards and HIQA requirements.

- Staff Nurse, **Florence Anderson** completed the Spinal Rehabilitation course.
- Health Care Assistant, Minimoule Poulouse completed the FETAC Level 5 course.
- In 2014 Staff Nurses Aileen McHugh and Gillian Ivers commenced the Spinal Rehabilitation Course.
- Health Care Assistant **Teresa Mason** commenced FETAC Level 5 course.

In 2014 we also welcomed the full refurbishing of the two patient bathrooms and purchasing of new profiling beds and shower chairs for patients.

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. Staff provide education and training for patients and their families and carers, as well as Health Care Professionals in the Community, in caring for patients with spinal cord injury. 2014 saw an increase in the number of high dependency patients admitted to the ward.

In February, Our Lady's Ward, in conjunction with the Nutrition and Dietetics Department, commenced piloting a Nutritional Screening tool with spinal injury patients.

- Staff Nurse Sinthya Lewis completed the professional development course in spinal cord injury in conjunction with UCD and the Mater University Hospital.
- Staff Nurse Tincy Abraham presented a poster in the European Association of Urology Nurses in Stockholm, Sweden on the topic 'Women's experience of learning to use self-intermittent catheterisation following spinal cord injury: Implications for nursing practice? Tincy also conducted a study day along with Coloplast on ISC & Confidence, and was part of the NRH Spinal Interdisciplinary team that won an award in the MASCIP conference for their poster.

NURSING EDUCATION DEPARTMENT

LIZ CROXON CLINICAL FACILITATOR

Undergraduate and Post-graduate Student Placements

DEGREE STUDENTS

The NRH continues to accommodate students from UCD including placements for European students.

CERTIFICATE IN HEALTH SERVICE SKILLS QQI LEVEL 5 (PREVIOUSLY FETAC) I YEAR COURSE

Students from the Institutes of Further Education, undertaking Pre-nursing and Health Care Support FETAC courses were facilitated with clinical placements at the NRH. Health Care Assistants are also undertaking this course, the aim of which is to enable HCAs, as part of the Multidisciplinary Teams, to contribute to the provision of safe, quality, person-centred care.

Post Graduate Course

The Post Graduate Professional Development Course in Spinal Column/Spinal Cord Injury Nursing continued in 2014 for its second year, between the NRH, the Mater University Hospital, and University College Dublin. This course leads to a certificate on completion at level 8 with UCD awarding 10 credits. Congratulations to Sinthya Lewis, Georgina Rich and Florence Anderson who all successfully completed the course in 2014. Their increased knowledge in spinal cord injury will provide our patients with evidence based care enhancing their rehabilitation programme.

Management of the Neurogenic Bowel Training

Throughout 2014, increasing requests for this training continued from Directors of Public Health Nursing, Continence Advisory services, Community Nursing and External Agencies. The Nursing Education Department facilitated training for 65 Nurses in the Community and 18 NRH Staff (Category 1 An Bord Altranais Approval - CEUs 6).

Male Catheterisation Training

This ongoing education and training programme was delivered by the Urology and Nursing Education Departments. A Urology Study Day was held in 2014 with 8 Nurses from the NRH and 14 Community Nurses in attendance.

Administration of Intravenous Medication for Nurses

Intravenous (IV) training and assessment for new Staff Nurses continued in 2014. Two courses were facilitated during the year (Category 1 An Bord Altranais Approval - CEU's 7).

External Lectures facilitated by the Nursing Education Department

- Higher Diploma in Orthopaedic Nursing (Cappagh Hospital) 'Rehabilitation in Spinal Cord Injury'
- Pre ISCOS Nursing Conference (Maastricht, Netherlands) 'Spinal Cord Injury Nursing in Tanzania'

The Nursing Education Department continues to be involved in the following Committees:

Drugs and Therapeutic; Productive Ward; Tracheostomy Working Group; Management of Actual or Potential Aggression (MAPA); SCSC Education; Academic Steering Group; Implementation of Care Bundle Group.



INFECTION PREVENTION & CONTROL DEPARTMENT

DR SINÉAD MCNICHOLAS CONSULTANT MICROBIOLOGIST

CATHERINE O'NEILL
A/CNS INFECTION PREVENTION AND CONTROL

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 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 2014. This involves 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.

Education

Hand hygiene education was facilitated by the Infection Prevention and Control Nurse throughout 2014 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 the NRH Include:

Brain Injury Programme: New and Review Clinics; Multidisciplinary Clinic; Neurobehavioural Clinic; Spasticity Clinic.

Spinal Cord System of Care Programme: New and Review Clinics; Multidisciplinary Clinic; Paediatric Clinic.

Other Clinics:

- 'DIVERT' (Dizziness and Vestibular Rehabilitation Triage) Clinic
- 'Meet and Teach' and Aphasia Education (Speech & Language and Occupational Therapy)
- Orthopaedics
- Orthoptics
- **Plastics**
- Disabled Drivers Medical Board of Appeal

Outpatient Therapy Services: OPD Therapy Services include: Occupational Therapy, Physiotherapy, Psychology and Speech and Language Therapy. A number of changes to the referral process for OPD Therapy Services have been made to improve the access and waiting times for outpatients. The Outpatient Services Management Steering Group (OPSMSG) continues to meet monthly.

SEXUAL HEALTH SERVICE

PAULINE SHEILS

CLINICAL NURSE SPECIALIST IN SEXUAL HEALTH AND ILLNESS/DISABILITY

The Sexual Health Service is led by Clinical Nurse Specialist (CNS) Pauline Sheils. The CNS is also involved in teaching Basic Life Support and provides in-charge cover for the Director of Nursing as required, as well as being a member of several NRH Committees. Although this impacts on the time available to the Sexual Health Service, it has maintained the number of patients attending annually. The NRH has invested time and resources to provide excellent clinical care in the area of sexuality, including enhanced programming.

Resources for patients related to sexuality are addressed by key Interdisciplinary Team members, Rehabilitation Consultants, a visiting Urologist and an identified Clinical Nurse Specialist with experience and professional credentials in this area.

The Sexual Health Service is available to all Inpatients and Outpatients of the hospital. 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 patient, with or without their partner, is 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.

Pauline Sheils is now a registered Nurse Prescriber (the first to become a Nurse Prescriber in the NRH); this enables the provision of an enhanced Sexual Health Service to patients.

Mr Robert Flynn, Consultant Urologist continues to provide a valued input to the service, especially in relation to the fertility programmes for spinal cord injured patients.



Activity - 2014

154 patients attended the service for one or more appointments, 8 patients attended for psychosexual counselling programmes, 8 patients attended for fertility programmes, 138 patients attended for information and treatment for issues related to sexuality and disability and sexual function. 2014 saw the birth of twins to one of our couples attending for fertility treatment and a baby is due to another couple in early 2015.

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 NCHDs, and lectures to the Rehabilitation Course held between the Mater Hospital and the NRH.

Cardiopulmonary Resuscitation (CPR) Committee

The CPR Committee meet on a six weekly basis. The National Early Warning Score has been successfully rolled out to all wards in the hospital with the exception of the Paediatric Ward - there is a need for separate form for this speciality which is currently being researched. Regular audits are undertaken and some further work on the protocol is underway.

CPR scenario training is carried out on a monthly basis in different locations around the hospital; these have demonstrated significant improvement in staff response to emergency situations. A total of 41 staff have been trained in Basic Life Support (BLS) for healthcare providers by the traditional method, 54 with online BLS learning (total 95), and 6 staff have been trained in Heartsaver Automatic External Defibrillator (AED), plus 3 have completed the online Heartsaver AED (total 9).

SPINAL LIAISON SERVICE

LIZ MAUME - CNMII

The Spinal Liaison Service is a nurse led, patient focused service offered to all patients who come through the Spinal Cord System of Care and covers the 26 counties of Ireland. The service offers:

- Education and Advice The Liaison Service endeavours to aid a smooth transition from an inpatient stay in the NRH to the designated place of discharge. The service offers support for both patients and family members during the inpatient stay and attends family and community conferences. The Liaison Service, through the active delivery of specialised knowledge, helps patients prevent complications such as pressure sores and bladder and bowel issues from occurring. It can also lead to referral back to the NRH or to other services required.
- Pre Admission Assessments Patients are visited throughout the country in hospital or in their own homes to assess whether inpatient rehabilitation is appropriate for the person based on their clinical needs. Advice and education is given to the referring agencies in order to promote optimal outcomes post-spinal cord injury. 18 assessments were completed in 2014.
- Post Discharge Review Each patient discharged from the Spinal Programme is contacted within 50 days of discharge and a home visit is arranged if needed. 103 home visits were made in 2014 (an increase of 43 on 2013 figures).
- Annual Review The Spinal Cord System of care provides lifelong follow-up for patients through a yearly comprehensive telephone review.

UROLOGY SERVICE

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

Services Provided

The NRH urology service is available to both Inpatients and Outpatients. We strive to shape the Urology Service around patients' individual needs, and in line with NRH policy of continuously improving our services. Patients are referred to this service from each of the Rehabilitation Programmes at the NRH, with the majority coming from the Spinal Cord System of Care.

Activity - 2014

A total of 807 patients attended the Nurse-Led Clinic in 2014. Flexible Endoscopy numbers have continued to increase in the past year.

Urology Clinics

NURSE-LED CLINIC (NLC)

This clinic mainly addresses the needs of patients with spinal cord injury who have Neurogenic Bladder Dysfunction. Most attend on an annual or biannual basis for routine review of the urinary tract. We work closely with the Radiology Department to provide this service. Patients present with various needs to the nurse-led Urology Clinic and often require referral to the Rehabilitation Consultants, Multidisciplinary Clinics, Liaison Service, Sexual Health Service, Public Health Nurse or GP.

URODYNAMIC CLINIC

The urodynamic equipment failed during the summer months, however, the purchase of a new urodynamic machine was made possible by a fantastic group of people who cycled from Rome to Nice to raise funds for the NRH. Additional urodynamics sessions were scheduled for patients to catch up with any cancellations that had occurred.

FLEXIBLE ENDOSCOPY

This is a very valuable service to patients who have had to wait for long periods in general hospitals. Their needs can be facilitated seamlessly in the NRH Urology Department.

SUPRAPUBIC CATHETER (SPC) INSERTIONS

We continue to perform these procedures and provide education and training to family members, carers and healthcare professionals.

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 post-discharge. Education sessions are delivered as required to patients, families and health care professionals around the country on both neurogenic bladder and bowel issues.

TELEPHONE TRIAGE

Telephone communication is vital for providing support and advice to our patients, their families and health care professionals. Advice on bladder issues is the most common query with increasing numbers requiring bowel advice

NEW DEVELOPMENTS

Oonagh Crean and Kelley Lennon successfully completed the six months Certificate in Nurse Prescribing of Ionising Radiation. This is an exciting development and enables them to order X-rays for patients and provide a more cohesive clinic.



CLINICAL NEUROPSYCHOLOGY

DR SIMONE CARTON
HEAD OF CLINICAL NEUROPSYCHOLOGY

Clinical Neuropsychology Services provided

Psychology personnel provide a suite of clinical services under the rubric of assessment, intervention and research within the NRH and in consultation and collaboration with clinical and academic colleagues and agencies. Services provided to patients and families include:

- · 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 behavioural and personality changes.
- Neurobehaviour Clinic
- Brain Injury Awareness for Family and Friends (BIAFF)
- Consultation and education to patients, families, carers, other health care professionals and relevant external agencies for example, schools and community based services.

The personnel at the Department of Clinical Neuropsychology include:

Dr Simone Carton Principal Clinical Neuropsychologist & Head of Department

Dr Heather Cronin Senior Clinical Psychologist

Dr Kylie L'Estrange Locum Clinical Psychologist (from October 2014)

Dr Maeve Nolan Senior Clinical Psychologist

Dr Sarah O'Doherty Senior Clinical Paediatric Neuropsychologist

Ms Katie Creighton Assistant Psychologist
Ms Gillian Murphy Assistant Psychologist

Dr Suvi Dockree Senior Clinical Psychologist (On leave 2014)
Dr Fiadhnait O'Keeffe Senior Clinical Psychologist (On leave 2014)

2014 was a year of considerable change at the Department of Psychology. There were changes in personnel, projects completed from initiation in previous years and the commencement of new initiatives for the years ahead. Our Psychology Assistants went on to pursue training in Clinical Psychology at TCD and UCG and one secured promotion to Manager of specialist autistic services in the midlands. On a more challenging note, receiving funding for one locum post to provide cover for two senior clinicians placed considerable demands on the psychology service to the Brain Injury and POLAR Programmes in 2014. The demands to be in 'two places at once' increased and the strain this placed on delivering clinical and operational services were enormous. The adaptability and ingenuity of the Psychology Team and our colleagues in the Brain Injury and POLAR Programmes to respond to this during the year was outstanding and greatly appreciated.

Initiatives in 2014

Dr Maeve Nolan was a lead member of the AON Voluntary Hospital Risk Management Forum (VHRMF) committee which completed the Framework for the Prevention and Management of Behaviour that Challenges. This framework document has now been distributed for use in 26 member hospitals throughout Ireland and has been acknowledged as the leading document in this important area nationally.

In October 2014, Dr Simone Carton commenced the RCPI Diploma in Leadership and Quality Improvement at RCPI with colleagues from the NRH Executive. This is an initiative by the HSE in collaboration with RCPI to provide education to senior clinicians and management in developing efficiencies in clinical and organisational practice with the ultimate aim to provide effective services to patients and families that are responsive and meaningful to their needs. It is a forum where critical thinking is encouraged around established practices and possibilities for change. These systems and ideas are being applied in the group project which is dedicated to developing the Outpatient Brain Injury Programme Psychology Service at the NRH.

In May 2014, Dr Fiadhnait O'Keeffe completed the Postgraduate Diploma in Clinical Neuropsychology in the University of Glasgow.

Education/Training

2014 saw the development and delivery of initiatives in education and training including the use of video material developed by the Department to illustrate typical clinical and interpersonal scenarios of behaviour that challenges in the life of a busy rehabilitation hospital. These have been successfully integrated into our training programmes supporting staff to manage behaviour in the most constructive and respectful way towards patients and each other. This material and developments of the course content has led to positive feedback by NRH staff and other agencies. In the year ahead we will continue to develop and adapt this training in response to feedback from staff and by incorporating the best practice and research internationally.

Psychology personnel provide clinical expertise to the following specialist clinics and committees at the NRH and within professional and allied bodies:

CLINICAL EXPERTISE PROVIDED TO CLINICS AND COMMITTEES WITHIN THE NRH:-

- Neurobehaviour Clinic
- Behaviour Consultancy Forum
- Behaviour Support Meetings
- Board of the NRH
- **Ethics Committee**
- Strategic Executive Committee
- Academic Steering Committee
- Leads in Clinical Therapy and Allied Health Professional Committee
- Our Lady of Lourdes School Board of Management
- Spinal Cord System of Care (SCSC) Education sub-committee
- Brain Injury Programme (BIP) Education sub-committee
- Goal Planning Group
- Positive Working Environment Group

CLINICAL EXPERTISE PROVIDED TO PROFESSIONAL AND ALLIED BODIES:

- Irish Stroke Council of the Irish Heart Foundation
- 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 VHRMF Committee on Challenging Behaviour.





The Clinical Neuropsychology Team (2014) attending the NRH Staff Recognition Day.

Research

We endeavour to develop our services with reference to best clinical research and practice. We pursue our collaborations with colleagues in rehabilitation services in Ireland, Europe and USA and in response to conceptual and organisational changes within the health service.

In order to achieve this we also keep abreast of the latest developments in neuro and psychological science. We 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 the department has been the bedrock upon which the projects in clinical, education, research and health policy have been based and developed.

- **Drs Simone Carton & Paul Dockree:** 'Cognitive impairments in traumatic brain injury: Novel biomarkers for new treatments'. This study is an ongoing in collaboration with Department of Psychology, TCD.
- Drs Simone Carton & Louise Peoples (Department of Psychology TCD): 'Factors influencing the Quality of Life of Caregivers (spouses and partners) of individuals who have experienced an acquired brain injury'. Doctoral thesis completed in October 2014.
- **Dr Fiadhnait O'Keeffe:** Co-investigator for: 'Neuropsychological functioning and prosthetic rehabilitation outcomes'. Doctoral thesis by Richard Lombard-Vance at Dublin City University.

Publications:

O'Keeffe, Fiadhnait, Liegeois, Eve, Ganesan, King, Murphy. (2014). Neuropsychological and neurobehavioural outcome following childhood arterial ischaemic stroke: Attention deficits, emotional dysregulation and executive dysfunction. *Child Neuropsychology*, 20.

Psychology Personnel provide significant education, training and support in 2014 – this is outlined in the **Education Section** on pages 100 – 108.

DENTAL SERVICE

ALASTAIR BOLES

SENIOR DENTAL SURGEON (SPECIAL NEEDS), HSE DÚN LAOGHAIRE

During 2014 the Dental Unit at the 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 mainly offers a primary care dental service.

Dental assessments are offered to all new Inpatients at the NRH, and treatment is provided 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 2014 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 the NRH as part of their training.



NUTRITION & DIETETICS

DIETITIAN MANAGER

Brief outline of services provided

The role of the NRH Nutrition & Dietetics service is to identify and manage patients with nutritional issues which may impact on their ability to participate in their rehabilitation programme, and also on their long-term health and well-being. The service is available to all Inpatients at the NRH and in 2014 a limited Outpatient service to the POLAR programme was rolled out.

New Service Developments in 2014

A number of exciting new initiatives took place in the past year. Joint Dietetic and Catering initiatives in 2014 included the launch of new patient menus which are more user friendly and offer wider choice for those on therapeutic diets. In addition, nutrition labelling on menus was introduced in patient and staff canteens. This enables patients and staff alike to make informed decisions about their food choices.

The department hosted 'Ask a Dietitian' day in conjunction with Nourish Ireland week in June 2014. Staff, patients and visitors were invited to ask the dietitians any nutrition question they wished. The day was very well attended and feedback was excellent.

Interdisciplinary training in 'Safe Eating, Drinking and Swallowing' was rolled out in collaboration with the Catering and Speech & Language Therapy Departments. This involved training all nursing, healthcare assistants and catering staff in the preparation and safe feeding of texture modified diets and thickened drinks. This important patient safety training initiative will be rolled out on a continuous basis.

Nutrition screening was introduced to the hospital for the first time in 2014. This allows patients who require dietetic intervention to be identified in a systematic way and also highlights those in whom nutritional status is deteriorating.

Work on developing a communication friendly nutrition education pack for dietitians working with patients with communication difficulties commenced at the end of 2014. The Dietitian Manager contributed a chapter titled 'Nutritional Support in Neurorehabilitation 'to the INDI National Nutrition Support Guidelines.

11 Joint Dietetic and Catering initiatives in 2014 included the launch of new patient menus which are more user friendly and offer wider choice for those on therapeutic diets. In addition, nutrition labelling on menus was introduced in patient and staff canteens. This enables patients and staff alike to make informed decisions about their food choices. ""

The Productive Mealtime Committee

The purpose of the Productive Mealtime committee is to review current processes around meal provision (including therapeutic diets) at the NRH and to develop a Food and Nutrition Policy for the hospital. This interdisciplinary group has representation from a range of Departments across the hospital including: Dietetics, Nursing & Healthcare Assistants, Speech & Language Therapy, Catering, with input as required from Pharmacy, Physiotherapy and Occupational Therapy. The work of the committee in 2014 included:

- All staff involved in food provision were invited to contribute to the 'current' and 'ideal' process maps which informs the work of the committee and contents of the 'Food & Nutrition Policy'. The first draft of the policy is complete.
- New menus launched with a 3 week summer menu and a 3 week winter menu.
- New daily diet sheets devised for ordering meals on wards. These are more user friendly and have improved clarity thus minimising errors.
- Introduction of nutritional labelling in staff and patient canteens allows patients and staff to make informed decisions about
- A new food record chart was trialled on the wards for recording dietary intake. This yields more meaningful information for dietary analysis.
- A dietetic referral form was introduced to the patients' canteen. This allows catering staff to directly refer patients who are of nutritional concern to the dietitian.
- Interdisciplinary Dysphagia Training was provided to healthcare assistants, nursing and catering staff. A series of 9 x 1hour 'Safe Eating & Drinking' workshops was facilitated by Speech & Language Therapists, Dietitians and Catering Staff. Pre and post-training questionnaires indicated improvements in practical knowledge. This patient safety initiative will be offered on an ongoing basis.

Key Issues and Milestones in 2014

As the importance of adequate nutrition in rehabilitation is becoming increasingly recognised, demand for the service grows. Introduction of nutritional screening is important in ensuring that limited resources are used in a targeted way. Due to limited resources (2.5 WTE) it is not possible to offer an Outpatient service to patients post-discharge which is a time that many would most benefit from the service.

Activity for 2014

The Nutrition & Dietetics Department services provided to the four Rehabilitation Programmes (Brain Injury, Spinal Cord Injury, POLAR, and Paediatric Programmes) is detailed in the Programmatic Reports in Section 2 of the Annual Report.

Training and Development

The Nutrition & Dietetics Department continues to play a role in undergraduate training and in 2014 two student dietitians undertook part of their clinical placements at the NRH. Continuous professional development is recognised by the Nutrition and Dietetics department as key to keeping abreast of developments in this constantly evolving discipline.

Education delivered by the Nutrition & Dietetics Department in 2014 is detailed in the Education and Training section on pages 100 - 108.



OCCUPATIONAL THERAPY

LISA HELD

OCCUPATIONAL THERAPY MANAGER

Occupational Therapy (OT) is concerned with promoting clients' health and well-being, through occupation. We view occupation as anything that people do during the course of their everyday lives.

Occupational Therapy is guided by a patient-centred approach and works to enable people to do the activities that are meaningful in their lives. Occupational Therapists achieve this by enabling people to do things that will enhance their ability to participate in activities or by modifying the environment to better support participation.

Occupational Therapists understand the importance of everyday activities to a person. Through analysing the physical, mental and social components of an activity, and then adapting either the activity or the environment to suit the person's needs, or helping the person learn new skills, we facilitate the person to engage in activities that are meaningful to them.

Professional Development, Education and Research is an embedded element of OT Practice in the NRH. The Register for Occupational Therapists through CORU will open on the 31st of March 2015. The OT Department adopts and practices AOTI's professional supervision guidelines and CPD recording. There is an extensive CPD led in-service training programme delivered by the OT Department and further specific professional competency based education is delivered within the NRH programmatic and cross programmatic OT teams.

The Occupational Therapy (OT) Team is structured to support the following clinical Programmes:

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

Cross-Programmatic Services are provided by the OT Department through the following services:

- Discharge Liaison Occupational Therapy (DLOT)
- · Vocational Assessment
- Splinting Clinic (interdisplinary)
- · Outpatients Department
- Driving Assessment Service
- Electronic Assistive Technology Clinic (interdisplinary)
- · Wheelchair and Seating Clinic (interdisplinary)
- Woodwork

Delivery of the required intensity of direct interventions to patients continued to be a challenge in 2014 with the current staffing compliment, particularly during times of annual leave which is not covered. Work continues in conjunction with the Programme Managers and Medical Directors to review these issues and make recommendations for a quality improvement plan relating to optimum service delivery. Service continuity was maintained throughout staff changes during the year through ongoing recruitment and the support of both the OT team and the Human Resources Department. A new system for recording direct and indirect therapy delivered was developed for all Allied Health Professional services in 2014 in conjunction with the IT Department. Reports are easily generated from this system and these reports are extremely useful in assisting in the analysis and quality improvement planning for service delivery.

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: Managed by the OT and Speech & Language Therapy (SLT) Departments.

Wheelchair and Seating Clinic: Managed by the Physiotherapy and OT Departments, The planning work for this clinic was completed in 2014, followed by an intensive period of service restructuring, service development and staff training in order to ensure the clinic's opening in January 2015.

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

Accessibility: Lisa Held (Chair) and Mary Galvin (DLOT) are members of the Accessibility Committee. Lisa Held is Access Officer for the NRH.

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

Activity for 2014

The Occupational Therapy activity provided across the four Rehabilitation Programmes Brain Injury, Spinal Cord System of Care, POLAR and Paediatric Programmes) is presented in the Programmatic reports in Section 2 of the Annual Report.

Education and Training

Education delivered by the OT Department in 2014 is detailed in the Education and Training section on pages 100 - 108.

Research and Post Graduate Studies

Fiona Haughey is undertaking an MSc in Advanced Professional Practice in Neurological Rehabilitation in the University of Plymouth and Alison McCann is due to begin her Research Masters with Trinity College Dublin.

Cross Programmatic Occupational Therapy Services

DISCHARGE LIAISON OCCUPATIONAL THERAPY (DLOT)

The increasing requirement 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. 247 home visits were completed for the year.

DISTRIBUTION OF 2014 REFERRALS TO THE DLOT SERVICE PER PROGRAMME

Programme	2013 Referrals To DLOT	2014 Referrals To DLOT
Brain Injury Programme	44	51
Spinal Cord System of Care (SCSC)	64	44
Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programme	17	26
Paediatric Family-Centred Programme	3	2
TOTAL	128	123



DISTRIBUTION OF NEW REFERRALS IN 2014 ACCORDING TO WEIGHTING

Weighting		2013 Referrals To DLOT	2014 Referrals To DLOT
High (3)	High level of intervention – more than 2 home visits; intervention relating to housing adaptions, for example, provision of housing reports; order, installation and training with regard to equipment	42	48
Medium (2)	Up to 2 home visits related to equipment or housing adaptions	50	54
Low (1)	Maximum 1 home visit; general advice and liaison, supply of small equipment items	26	21

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 the 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 Standard Operating Procedure (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

109 people received direct intervention in Vocational Assessment in 2014. Interventions included; vocational assessments, interviews, reviews and advice on specific recommendations in relation to return to work or education - these can include ergonomic input, site visits and ongoing support on return to work. In addition, 52 people were seen for medico-legal assessments and reports, of which 9 were NRH patients.

181 new referrals were received in 2014 (an increase of 6% on previous year) - in addition to the 75 people awaiting assessment at the end of 2013. A review process is in place to contact those on the waiting list to ascertain interest and readiness for an assessment - see table below:

2014 - BREAKDOWN OF VOCATIONAL ASSESSMENT WAITING LIST AT END OF YEAR

Total at end 201		Patients Waiting	On Hold- Requiring assessment at a later point	On Hold- Patient to contact service if assessment required	Open	Scheduled	Did Not Attend Appointment
276	110	66	46	11	28	6	9

Work is ongoing in relation to referral criteria and prioritisation; a new referral form drawn up to delineate the criteria for prioritising is proving beneficial. The Outpatient POLAR service and the Early Access Rehabilitation Unit at the NRH have generated high priority referrals - some have been seen prior to discharge and a number have returned to work.

Fiona Ryan is assisting as a collaborator for research conducted by Dr Frances Horgan, RCSI titled: 'Exploring the factors related to return to work after Stroke'.

OUTPATIENT OCCUPATIONAL THERAPY DATA

Figures for 2014 show that 166 patients were referred to the Occupational Therapy Outpatient service. The average waiting time for the service was 52 days.

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).

Interdisciplinary tutorials continued with Practice Tutor colleagues from Speech and Language Therapy, Physiotherapy, Nursing, Medicine and Medical Social Work, Site visits were facilitated with Singapore students undertaking the BSc (Hons) degree programme with TCD. 2014 saw the development of the professional standards document that each student is required to sign in advance of placement.

The Interdisciplinary Careers Evening was held in February and September 2014 - this gives prospective students an opportunity to learn about Health Care Professions. The Friends and Family Scheme is an opportunity for Transition Year students to gain exposure to the role of Occupational Therapy - it accommodated 6 students over the year.

Alison McCann and Fiona Haughey continue to rotate clinical tutor representation on the Academic Steering Committee with the other interdisciplinary clinical tutors.

Milestones in 2014

NEW ELECTRONIC ASSISTIVE TECHNOLOGY (EAT) CLINIC

The Electronic Assistive Technology (EAT) Clinic assists Inpatients at the NRH to explore access to computers and mobile devices such as tablets, laptops and phones; environmental control systems and Augmentative and Alternative Communication (AAC). This is a joint initiative between Speech and Language Therapy (SLT) and Occupational Therapy (OT). 3-4 hours per week are allocated by a Senior SLT and a Senior OT to establish a 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 have attended the EAT Clinic and a total of 21 patients received equipment on loan from the EAT Clinic stock.

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 organised and facilitated by the Physiotherapy Department, a SAEBO assessment kit was funded by the NRH foundation. 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 one inpatient to explore further trials of a SAEBO on discharge. The main outcome measure for the device is photography and video recording.

DRIVING ASSESSMENT SERVICE

This service delivers Driving Assessment (off road and in-car) and training, in collaboration with the IWA, and is available to patients from all Adult Programmes at the NRH. Referral numbers increased from 139 in 2013 to 144 in 2014. Aisling Weyham continues with work on her research project - investigating the current driving behaviour of past patients - in conjunction with AOTI and Dr Jacinta Morgan.

SPLINTING SERVICE

Splinting is a Cross Programmatic Service which operates one day a week and incorporates both inpatient and outpatient services. Urgent splinting issues are facilitated outside of clinic hours on an ad-hoc basis. The service would be unable to meet the clinical demand for splinting at the NRH without the services of a consistent and reliable volunteer who has considerable expertise in neurological-splinting in their previous role as Charted Physiotherapist.

An audit of record keeping for splinting was completed in 2014. This audit looked for evidence of referral; goals for splinting; clinical reasoning for the type of splint requested or need for splint; outcome measures; monitoring of splint and education about application and care of splint for patients, carers, and ward staff. Results of the audit will be presented in 2015.

STRESS MANAGEMENT SERVICE

The Occupational Therapy Department dedicates 0.25 specified post to a stress management service. 2014 saw 88 patients (compared with 48 in 2013) accessing the service from all four Programmes at the 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 local Grow it Yourself Group (Dundrum Branch) continue to support the OT Department to establish the working vegetable and fruit garden. The garden committee assisted GIY in launching this year's GIY/AIB Get Ireland Growing Community Project Fund whereby we welcomed Michael Kelly (GIY National Body) and Dearval O'Rourke, Irish former Sprint Hurdle Athlete to launch the project and hear first-hand from patients how the garden is enhancing their recovery programme.

Gardening Volunteers: We have been very lucky to work closely with a number of GIY volunteers the past year, and also a number of trainees at the Rehabilitative Training Unit (RTU) who have worked in the garden on work experience. Mags Totterdell has continued to volunteer in the therapy garden and was joined in the spring by Mick McGuinness both of whom gave generously of their time and expertise each week during the year.

NRH Foundation: The Therapy Garden Committee was generously supported by the Foundation to install a wheelchair accessible shed, which has been a valuable addition to the garden facilities. The project was assisted greatly by the Technical Services Department.

Multi-cultural Harvest Thanksgiving: A Harvest Thanksgiving ceremony was held with the Multi-cultural group in the Therapy Garden in October. This very successful event was attended by patients, staff, RTU trainees and volunteers of the NRH.

Woodwork Service

The Woodwork instructor **Peter Emmerson** retired in 2014 and a new instructor was appointed on a part time basis. On behalf of the patients and staff of the NRH, we extend our best wishes and sincere appreciation and gratitude to Peter for his invaluable work with patients over the years.

The woodwork service delivers direct therapy in individual and group sessions to patients across all NRH programmes and trainees from the RTU. 75 patients attended woodwork in the second 6 months of the year for a total 413 attendances

I would like to take this opportunity to thank all the staff in the Occupational Therapy Department for their continued support. They are a dedicated and highly professional team who are constantly working to improve standards for delivery of patient care.



Minister for Health, Mr Leo Varadkar T.D., visited the hospital in December 2014.

PHARMACY

SHEENA CHEYNE CHIEF II PHARMACIST

The Pharmacy continues to provide a comprehensive service to all patients, carers and staff of the four rehabilitation Programmes at the NRH (Brain Injury, Spinal Cord System of Care, Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR), and Paediatric Programmes). The work is carried out by a small team of 3.2 WTE Pharmacists and 1 WTE Senior Pharmacy Technician. The Pharmacy activity specific to each of the four Programmes is outlined in the relevant Programmatic Reports in Section 2 of this report.

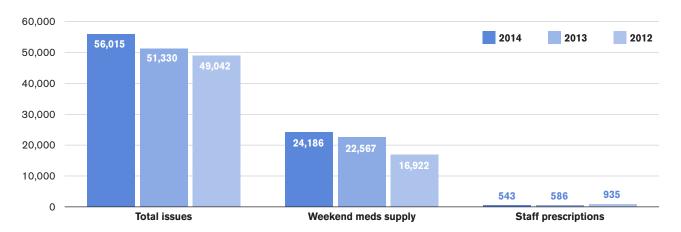
The Pharmacy Staff were delighted to be commended by the CARF Accrediting Body for demonstrating exemplary conformance to the standards. As taken from the CARF Accreditation Survey Report 2014 "The work carried out by the Pharmacy has resulted in significant savings to the hospital". The Pharmacy's safety initiatives were also commended in the 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 through skillful negotiation by the senior technician.
- Continues to reduce the expenditure on drugs through all aspects of our work.
- 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 43% increase in activity in the past two years. This shows that the complexity of our patients is increasing.
- Dispenses medication for Inpatients this activity has increased by 14% in two years, again showing that the complexity and throughput of our patients is increasing.
- 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 the national database.
- Dispenses staff prescriptions we now dispense a 6 month supply when appropriate.



PHARMACY ACTIVITY TRENDS							
Dispensing Statistics	2012	2013	2014				
Total Items Dispensed	49042	51330	56015				
Weekend Medications Supply	16922	22567	24186				
Staff Prescriptions	935	586	543				



Activity Data	2012	2013	2014
Interventions Recorded	695	835	793
Incidents Reported (National Database)	389	380	458
Patients Counselled	153	139	303
Medications Reconciled (admission)	602	98%	98%
Medications Reconciled (discharge)	610	95%	97%

The work carried out by the Pharmacy has resulted in significant savings to the hospital. ""

Taken from the CARF Accreditation Survey Report 2014.

The Pharmacy's safety initiatives were also commended in the report.

Highlights for 2014

- Obtaining exemplary conformance to the CARF Standards was a highlight for the Pharmacy Department in 2014.
- The Pharmacy Department produced 5 poster presentations for the Positive Work Environment Staff Recognition Day held in November 2014. These included:
 - 'Medication Safety its our priority'. This showed the decrease in usage of a Non Steroidal Anti Inflammatory, diclofenac, (associated with cardiovascular risks) after interventions by a pharmacist.
 - 'Improving Prescribing Doctor's prescribing workshop' the pharmacy staff have produced an interactive session for all junior doctors informing them of prescribing issues and the importance of clear and accurate prescribing.
 - 'The Pharmacy Healthcare Assistant role maximising resources'. This is an efficient and economical way of increasing medication safety and allowing ward staff more contact time with patients.
 - 'Medication Reconciliation' This is a safety initiative ensuring patients have the correct medications at points of transfer, on admission to the NRH and on discharge to home or hospital.
 - Medication Counselling group and individual counselling is provided for Spinal, Prosthetic, and Stroke patients.

Developments and Initiatives in 2014

- Pharmacy Intern provision of training in a hospital pharmacy to enable the student gain the competencies necessary to be a registered pharmacist.
- High Risk Medication e-learning programme introduced for pharmacists, doctors and nurses.
- Regular Audits undertaken such as; labelling of insulin syringes; warfarin-indications and target INR; gases used for nebulisation and antibiotic usage.
- Medication kardex updating to decrease frequency of rewriting by medical staff and reduction in transcription errors.
- Rationalising the medications in the emergency blue box and 2nd line trays.
- Being part of the National Gentamicin Collaborative Working Group and producing guidelines.
- The Pharmacy Staff took part in the 'ice bucket challenge' to raise money for charity.
- The Department was delighted to have 3 of our photographs shortlisted and displayed for the 'NRH Staff and Patient Photography Competition'.

Finally I wish to thank the staff of the Pharmacy Department for their professionalism, commitment and dedication throughout the year. Medication safety continues to be our priority for all staff and patients.



PHYSIOTHERAPY

PAUL GRIFFIN

A/PHYSIOTHERAPY MANAGER

The Physiotherapy Department at the NRH continues to deliver high quality patient centred care to all patients at the NRH. The Physiotherapy Department, in the service delivery of neurological rehabilitation in Ireland, aligns with international guidelines and best practice. The 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 the NRH as follows:

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

Activity relating to the above programmes is detailed in the Programmatic Reports in Section 2 of the Annual Report.

Cross-Programmatic Physiotherapy Services

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

RESPIRATORY CARE

The ward based respiratory team consists of 1WTE senior therapist and 0.5 WTE staff grade therapist. The team offer respiratory assessment, treatment and advice on a needs basis across all programmes in the hospital. Engagement with both the Brain Injury Programme and Paediatric Programme continues to increase in line with a changing service and patient profile.

SPORT THERAPY, FITNESS TRAINING AND HYDROTHERAPY

The Sports Department and Hydrotherapy Department continue to offer services to both adults and children across all programmes at the NRH. Therapy is often a combination of individual and group sessions with ongoing participation at discharge to the forefront. Both areas continue to link with outside agencies for the provision of specialised supports and to allow service users to experience different sporting activities during admission and post-discharge.

HEALTH PROMOTION

The Sports Department also continues to lead out on the Smoking Cessation programme at the NRH

OUTPATIENTS DEPARTMENT (OPD)

The OPD Physiotherapy team is involved in Interdisciplinary and Multidisciplinary clinics, individual assessment and intervention, exercise classes, hydrotherapy and also provision of staff treatments in liaison with occupational health.

CLINICAL PRACTICE TUTOR

The Clinical Practice Tutor plans, co-ordinates and supports clinical placements for students from UCD and TCD. In 2014, 39 students attended for clinical placements at the NRH. The tutor also co-ordinates the volunteer physiotherapy programme and is chairperson of the Physiotherapy Education Committee.

THERAPEUTIC RECREATION SERVICE

The Therapeutic Recreation Service (TRS) is funded by the NRH Foundation. The TRS, as part of a personalised rehabilitation programme, encourages patients to engage in leisure and recreation activities. Therapeutic Recreation provides an opportunity for people to explore how they can return to hobbies or interests they enjoyed before their injury, or to explore new leisure pursuits with the ultimate aim of continuing to participate in those interests following completion of their Rehabilitation Programme.

SPLINTING

This weekly service continues as an Interdisciplinary service with Occupational Therapy and addresses the splinting needs of all service users. The team from Physiotherapy consists of 1WTE therapist and also the ongoing input of Vivienne Moffitt (previous Physiotherapy Manager) as a volunteer.

PHYSIOTHERAPY ASSISTANTS

Physiotherapy Assistants work across all areas and clinical programmes. The team assists in group and individual sessions as appropriate and plays a key role in maintaining the Physiotherapy Department facilities.

New services and initiatives in 2014

DIZZINESS AND VESTIBULAR REHABILITATION TRIAGE (DIVERT) SERVICE

This pilot programme commenced in January 2014 as a Physiotherapy led Outpatient service. This is funded through the NRH foundation and led by Donncha Lane. The service is available to any patient under the care of the NRH with subjective complaints of dizziness.

WHEELCHAIR AND SEATING CLINIC

Funding was provided by the NRH foundation for the creation of a multi-disciplinary wheelchair and seating clinic at the NRH. A joint OT and Physiotherapy Wheelchair and Seating service is currently being piloted. Optimal seating and wheelchair provision often forms a key part of the rehabilitation process for a number of our patients and this new purpose built clinic and staffing allocation offers an opportunity to provide a more efficient, patient-centred and quality service.

BENCHMARKING AND BEST PRACTICE AUDITS

The Physiotherapy Department is very conscious of the need to provide services in line with best practice and recommended guidelines and it has undertaken a series of audits throughout the year to benchmark our performance and to lead service developments and changes. The audits included:

- Upper limb management in the Brain Injury programme
- Intensity of physiotherapy provision to stroke patients
- Healthcare record audits
- BACPAR audit of physiotherapy practice in amputee rehabilitation
- Spirometry audit

FEMURETT

A new piece of equipment was funded through the NRH Foundation for the POLAR programme. This allows earlier rehabilitation and assessment for suitable candidates and has been a valued addition to the service.

RUNNING GROUP

A new running group is in the process of being established which will be accessible to all programmes. Links have been created with colleagues in Australia in how to structure and run such an initiative.

HOSPITAL PROJECT INVOLVEMENTS

Across all the programmes, staff engaged throughout the year with the Health Planning Team in order to assist in the design of the planned new unit at the NRH. This has involved numerous and detailed discussions on current and future service provision, environmental and building considerations and integration of care.

Staff are also involved in Hospital Policy development including:

- Management of tracheostomy patients in the NRH
- Supervision policy for Allied Health Professionals in the NRH

SECTION 3 CLINICAL SERVICES PROVIDED ACROSS ALL PROGRAMMES



ANNUAL WOMEN'S DAY - SCI AND SPINAL RESEARCH INFORMATION DAY:

Staff from the team played a significant role in co-ordinating and supporting this very successful annual event.

INTER SPINAL UNIT GAMES - STOKE MANDEVILLE

Once again the NRH sent a well prepared and skilled team over to Stoke Mandeville for this annual competition - the team achieved overall 3rd place. One member of the team was also awarded the best individual achievement award for the week.

2ND ANNUAL NRH SPORTS CHAMPIONSHIP

The second year of this event took place in September 2014 with over 40 athletes taking part in a combination of competitive and exhibition events. Thanks must be given to the SCSC programme, Spinal Injuries Ireland, Irish Wheelchair Association, Dun Laoghaire Rathdown Sports Partnership and all the volunteers who made the day possible.

3RD ANNUAL WELLNESS DAY

Facilitated by the OPD Team this event was run over 2 half days with a range of events and activities provided for people to experience.

COMMUNITY ACTIVITIES AND EVENTS

The Therapeutic Recreation Service has again broadened the opportunities available for patients and has established a wide network of external organisations to support the NRH. The photography exhibition and 'Celebration of Life Through Music' Week have been just two of the standout events for 2014.

Highlights for 2014

PHYSIOTHERAPY GYM REDEVELOPMENT

In 2014 the Physiotherapy service temporarily decanted to the Sports Hall to allow renovation works to be carried out. There have been long standing environmental challenges posed by the old physiotherapy gym which will be addressed by this work and lead to a more suitable environment for both patients and staff. The Technical Services Team must be widely commended for undertaking this work and for their fantastic assistance in relocating to the Sports Hall. The Physiotherapy team and patients must also be commended for their flexibility and understanding and willingness to adapt practices during the period of renovation.

CHANGING PATIENT PROFILE

Across all programmes and services the increase in complexity and changing patient profiles has had an impact on delivery of care within existing resources. The ability to fully understand what these changes are and how service provision needs to alter to accommodate this changing profile, is a significant body of work which is being undertaken across all the programmes. The physiotherapy department endeavours at all times to be flexible in its approach but further understanding of the changes and implications is required in order to plan successfully and sustainably for the future of service delivery. Support is needed at all levels in the organisation to plan for the service of the future and to ensure that the NRH is positioned as a leader in the provision of specialist rehabilitation services in the country.

EXTERNAL STAKEHOLDER ENGAGEMENT AND EDUCATION

The reputation of the NRH Physiotherapy Department as an area of expertise in neurological rehabilitation is widely known which has lead to increasing demands for education, training and outreach support from other facilities. The Department and staff are keen to support this and value the dissemination of information as widely as possible. At present however this added time commitment, which is significant in most if not all cases, can only be provided out of available resources or as is often the case, in people's own time. This has a direct impact on resource availability for the delivery of care and development of our own services. The formalisation and resourcing of this external engagement requires support from all areas involved in delivery of same and must be incorporated into future resourcing plans.

11 The Therapeutic Recreation Service has again broadened the opportunities available for patients and has established a wide network of external organisations to support the NRH. The photography exhibition and 'Celebration of Life Through Music' Week have been just two of the standout events for 2014. ""

SUCCESSION PLANNING

Over the past number of years there has been a significant change in staffing in the Department with a number of senior members moving into new roles or taking periods of leave. The retention of appropriate skill and expertise in the Department is an ongoing issue given the specialised nature of our service users. Ongoing investment in appropriate training and education along with specialised staffing recruitment is required to ensure this smooth transition and that the high standard of care delivered is maintained at all times.

EQUIPMENT PROVISION, MANAGEMENT AND STORAGE

The provision, management and storage of the required equipment for all service users remains a challenge for the department. Funding for items is often delayed due to the prolonged medical card application process which impacts on when items can be ordered and delivered while still in the hospital. The size and variety of equipment required impacts on storage space available. Work has commenced with the Health Planning Team to address some of these issues.

CLINICAL AND ADMINISTRATIVE BALANCE

The introduction of on-line systems has assisted to a degree in record keeping and activity tracking, however, the impact on available clinical time remains considerable. The Department as always strives to maintain this balance to the best of its ability.

CLINICAL EDUCATION

There is a continued increase in demand for clinical placements both from 3rd level institutions and also of note from 2nd level and potential physiotherapy students. The ability to cater for this demand continues to be an issue that the tutors from each of the disciplines are endeavouring to address. A number of careers evenings have been run with an excellent attendance level noted.

The Physiotherapy Department looks forward to 2015, and the opportunities that lie ahead to develop the wider understanding of the role of physiotherapy in neurological rehabilitation and to continue to offer the highest standards of care to all service users.

Education and Training

Education delivered by the Physiotherapy Department in 2014 is detailed in the Education and Training section on pages 100 - 108.



RADIOLOGY

DR BRIAN MCGLONE CONSULTANT RADIOLOGIST

Diagnostic imaging services were provided to the hospital in 2014 by a small team comprising a part-time Consultant Radiologist, 1 Clinical Specialist Radiographer, 1 Senior Radiographer, one part-time locum Radiographer and a Health Care Assistant.

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 the NRH

Activity Data

Changes in radiology activity were recorded in 2014 - see graph A.

In 2014, the number of ultrasound examinations increased to over 2000 (from 1700 in 2013), owing to the increased demand for service and revised urology protocols. Since the National Integrated Medical Imaging System (NIMIS) implementation, the urology ultrasound is now statistically collated as one episode with a single modality as opposed to two ultrasound examinations, therefore the number of ultrasound episodes, through collating the data from NIMIS, appear as a decrease to previous years although in reality the number increased in 2014 – see graph B which is a new style of representation of statistical data.

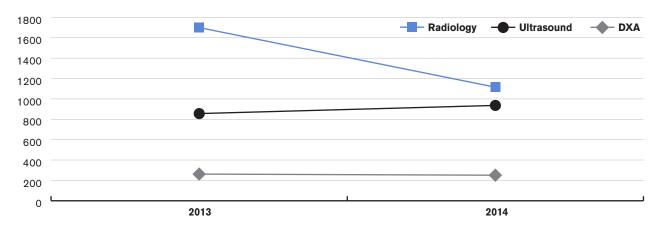
936 general x-ray examinations were performed - a slight increase from last year, showing an increased provision of service supported by the additional staffing resource provided as a result of NIMIS implementation.

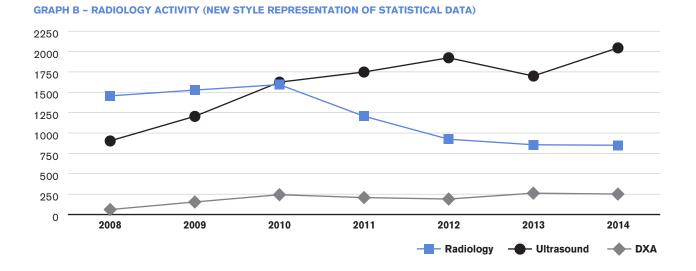
In 2014, 251 DXA scans were performed, which is on par with the previous year despite downtime of the scanner due to equipment failure. Update software has been installed which should rectify the issue, allowing service provision for the ever increasing referrals.

OLD SYSTEM – US KUB = Kidneys 1 patient activity statistically and Bladder 1 patient activity also; Kidneys and Bladder previously counted as 2 examinations.

NEW SYSTEM – US KUB = Kidneys and Bladder now corresponds to 1 examination statistically.

GRAPH A - RADIOLOGY ACTIVITY 2013 V 2014 (ORIGINAL SYSTEM OF PRESENTING ACTIVITY DATA)





Services and New Developments

Ultrasound - the ultrasound service continues to develop with an increase of approximately 300 examinations performed in 2014.

DXA – new software installed will hopefully reduce the amount of downtime owing to equipment failure experienced in 2014. The Staff DXA programme was launched in 2014 in partnership with the Occupational Health Department and is available to all staff. There was a 10% uptake and findings for more than half showed risk of developing osteoporosis.

X-ray - A proposal for replacement x-ray equipment at the NRH was initiated at the end of 2014 and is ongoing.

Nurse prescribing - 2 of the urology nurses successfully completed the nurse prescribing of ionising radiation at the NRH in order to further develop the nurse led urology service.

NIMIS continues to be fully operational at the NRH.

Highlights and Key Issues

RADIOLOGY PROTOCOLS AND POLICIES

The appropriate policies and protocols have been updated and implemented in 2014 for the Radiology Department.

A number of audits were carried out in 2014. These include:

- Staff DXA Service Audit
- DXA Clinical Indication Audit
- Ultrasound Clinical Audit Is bladder ultrasound alone effective for detecting calculi?
- Patient ID Audit undertaken pre and post NIMIS
- Dose Reference Results Audit initiated
- Environmental and Hygiene Audits
- HIQA Audits ongoing
- NIMIS Cancellation Audit



RADIATION SAFETY

The Radiation Safety Committee met twice during the year and advised the hospital on best practice in relation to radiation safety. Linda Gray 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. Rhian Humphreys was the Radiation Safety Officer to the hospital with a new RPA (Radiation Protection Adviser) Julie Lucey being appointed. Rosie Conlon replaced Rhian as the RSO at the NRH as an interim measure following Rhian's resignation in November.

A National Patient Radiation Protection Manual was issued in 2014 with the ultimate aim of improving governance with regard to radiation safety; KPIs were incorporated aligned to the NRH practice along with audit, incident reporting and radiation safety. Radiation safety audits continued in 2014, with DRL audit ongoing. The Radiology Department and RPA engaged with the new hospital planning team with regard to plans and developments, including radiation safety.

Staff members of the Radiology Department undertook study and training programmes as part of their Continuous Professional Development during 2014. Staff also participated in mandatory in-house training and attended various study days and conferences to update their skills.

Rosie Conlon attended the 3 day ISCOS (International Spinal Cord Society) Annual Scientific meeting in Maastricht in 2014. A joint poster by Dr Mc Glone, Rosie Conlon, Joao Cardoso and Eva Wallace titled 'Is bladder ultrasound alone effective for detecting calculi?' was presented and achieved second prize at the Nursing/AHP conference.



Doireann Ní Muircheartaigh pictured at the NRH Staff Recognition Day.

REHABILITATIVE TRAINING UNIT (RTU)

ANNE-MARIE MCDONNELL INTERIM RTU MANAGER

Service Provision

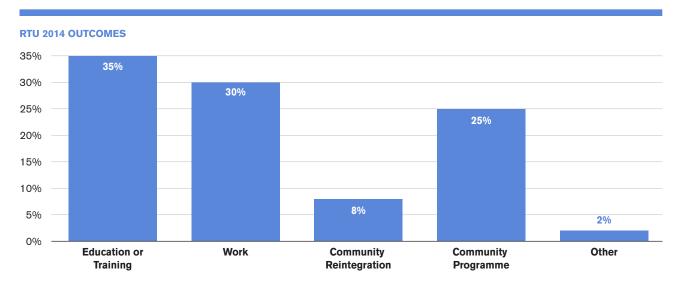
As part of the Brain Injury Programme (BIP) continuum of care, the Rehabilitative Training Unit (RTU) provides group and individual training for adults with acquired brain injury. Some trainees attend daily and others require accommodation in the Corofin Lodge which is a supervised, purpose built unit 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 programme 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 2014 the RTU received 43 referrals (average throughput of the unit is 24 persons annually). Of these referrals, 24 were for trainees requiring accommodation and 19 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.

THE RTU OUTCOMES IN 2014 ARE AS FOLLOWS:

65% of trainees were discharged to appropriate work, education and training programmes and 25% were discharged to community programmes such as day services and community rehabilitation assistants. Of the remaining 10%, 8% were discharged to home life having reached their community reintegration goals on discharge, and 2% were discharged due to a breach of protocol.



The RTU continues to focus on providing support to trainees through comprehensive individualised training programmes. RTU staff consistently liaise with family, professionals and employers throughout the individual's programme to educate and assist with the transition from Rehabilitation Training 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 2014, GAISCE (the President's Awards) was introduced as a new initiative to trainees in the Rehabilitative Training Unit Programme between the ages of 18-25. The award is a non-competitive personal challenge over a period of time while being supported and mentored by a President's Award Leader (PAL). The RTU PAL is **Dervla Kenny**, OT.
- In 2014, a number of RTU trainees were involved in presenting on their experience of living with ABI as part of the NRH Careers Evening. This provided an opportunity to enhance their communication skills and build their confidence and self esteem while also affording them the chance to 'tell their story'. Those trainees involved reported these experiences as very beneficial. There will also be an opportunity for trainees to present at the 2015 event.
- Trainees have again been afforded numerous opportunities to undertake supervised work placements throughout the NRH and externally. The RTU Team would like to thank a number of Departments for their continued and highly valued support, in particular, the CEO Office, Catering, OT, SLT & HR Departments.
- The trainee Art group, facilitated by Allen Simpson, also launched a mural titled "Sunrise at the Harbour" (depicting a scene of Dun Laoghaire harbour) at the 2014, Social Inclusion Week. The mural is now displayed in the Cedar's Coffee Shop at the NRH.
- 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 Siochana (Getwise programme) and the FAI, among others. These working links are vital to providing a broad range of experience to the trainees but also to highlight and inform those agencies involved of the impact of living with ABI.

Milestones and Issues for the Service

The RTU has continued to implement post-discharge follow up by means of the MPAI-4 participation survey. Although there were no formal improvements indicated in the CARF survey, informally it was suggested that a follow up survey would 'complete the picture' of how our past trainees were getting on. This survey is providing useful feedback that can be incorporated into programme development. In addition, the RTU will begin to introduce a more formalised system for recording Family and Stakeholder feedback in line with the overall Brain Injury Programme recommendations from CARF survey.

Some of the key challenges to service that were noted in 2014 were the number of individuals presenting with significant social issues such as housing and social welfare. Not having access to Social Work services for the RTU has been highlighted as a barrier to service provision and is currently under review. In addition, due to the retirement of Nuala Coonerty, Career Guidance Officer, the RTU is set to lose the highly valued guidance service from the Local Employment Services (LES). This service, and Nuala's input, has been paramount to the successful outcomes trainees have attained in the areas of return to employment and further education and training.

Education and Training

During 2014, 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. These included training on AMPS (Assessment of Motor & Process Skills), Certified Brain Injury Specialist (CBIS), Perception and Visual Training workshop, Self-Management workshops, Cognitive Rehabilitation, Counselling Neuropsychology, Rehabilitation Training Best Practise, among others. The RTU continues to provide clinical placements for Occupational Therapy Students and Counselling Psychology Doctorate Students. The core part of our work is providing training and education, both on the RTU Training Programme and also more general education on ABI to families, carers, employers and educators. In line with this, we also delivered a Family Information Day to individuals with ABI (awaiting service) and their families and carers.

SOCIAL WORK

ANNE O'LOUGHLIN PRINCIPAL SOCIAL WORKER

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 people through 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.

The services offered by the Social Work Department include: psychosocial assessment of the patient and family situation including resources and goals; counselling and support to patients and families; Carer Training programmes; care planning; complex discharge planning; and safeguarding of children and vulnerable adults.

Service Provision

In 2014, the Social Work Department had a total of 7896 attendances by Inpatients and their families or carers (compared with 5693 in 2013), and 623 Outpatient attendances and outreach attendances or visits. The Department's Inpatient workload has continued to expand in line with the increased throughput and complexity of NRH patients. The Inpatient related attendances is resulting in less time spent per family which is a growing concern for the Department.

SOCIAL WORK ACTIVITY 2014

	Attendance	Attendance	Sum of Direct Units	Sum of Indirect Units
Inpatient	1541 Group	6355 Individual	11,952	15,171
Outpatient	N/A	623	1,322	1,141

Service Trends

Discharge planning is a daily challenge due to the cutbacks in support services and homecare packages around the country, and the amount of time spent in negotiating and appealing refusal of services is considerable. Patients require more frequent and intensive follow-up services as they rarely have access to a social work service in the community. Many families continue to struggle with the effects of the economic crisis and the costs associated with disability.

The Social Work Department was involved once again in organising this year's Annual NRH 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. We have become increasingly dependent on the fund for assistance with basic needs such as cost of travel for relatives to the NRH as the cutbacks in income and entitlements and services continue to take their toll on families.





Organising committee for Annual St. Valentines Ball in aid of the Social Work and Speech and Language Therapy Departments at the NRH.

Safeguarding

The Social Work Department manages the role of Designated Officer for the hospital and provides training for all staff and volunteers on both Children First and the Protection of Vulnerable Adults. A major development in late 2014 has been the publication of the HSE policy "Safeguarding Vulnerable Persons at Risk of Abuse". New Safeguarding teams are currently being formed in each CHO area and Elder Abuse Case Workers will be expanding their role to include people with disabilities. The NRH has a Vulnerable Adults Policy but will also be working to the new guidelines as and when these are implemented. The HSE is currently working with stakeholders including Social Workers in the field of disability on mapping out training needs such as investigative interviewing for the new teams. The new policy has once again highlighted the urgent need to introduce the long promised Capacity Legislation.

Activity for 2014

The Social Work services provided to the four Rehabilitation Programmes (Brain Injury, Spinal Cord Injury, POLAR, and Paediatric Programmes) is detailed in the Programmatic Reports in Section 2 of the Annual Report.

Education and Training

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

Education delivered by the Social Work Department in 2014 is detailed in the Education and Training section on pages 100 - 108.

CONTINUOUS PROFESSIONAL DEVELOPMENT

The Social Workers completed all mandatory in-house training and undertook a range of study and training programmes as part of their Continuous Professional Development during 2014.

SPEECH AND LANGUAGE THERAPY (SLT)

AOIFF HENN

A/SPEECH AND LANGUAGE THERAPY MANAGER

The Speech and Language Therapy (SLT) Department offers a wide range of clinical and educational services to both Inpatients and Outpatients. Speech and Language Therapy is delivered in individual, group-based, team-based and familycentred therapy for patients referred with acquired communication and/or swallowing disorders. The Speech and Language Therapy team works across the four Rehabilitation Programmes at the NRH:-

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

The SLT Services provided to the above Programmes are detailed in the Programmatic Reports in Section 2 of the Annual Report.

Additionally the Speech and Language Therapy Department offers the following services:

- Audiology screening
- Fibreoptic Endoscopic Evaluation of Swallow Service (FEES)
- Electronic Assistive Technology

Service Provision

During 2014, the Speech and Language Therapy team continued to provide a high quality intervention to patients with communication and swallowing difficulties. Speech and Language Therapists have been involved in a significant review of the Department's capacity and prioritisation. This information is being used to inform admissions on a weekly basis. It is also being used in conjunction with the Programme Managers and Medical Director towards workforce planning and to inform a guality improvement plan relating to optimum service delivery. The development of a new system for capturing activity data has proven invaluable in collating information. As well as being involved in outcome measures within the wider team, the SLT department continues to measure outcomes specifically relating to communication and swallowing using Therapy Outcome Measures: AusTOMs.

OUTPATIENT BRAIN INJURY SERVICE

2014 brought many changes for therapists working on the Outpatient team such as the addition of dedicated administration support; and changes to the referral process and care pathways.

The introduction of the OPSMEG (Outpatient Service Management Group) in 2013 brought with it systems for monitoring performance management and to ensure that OPD is meeting the CARF accreditation standards. These new systems have been reviewed and amended over the year, and this will be an ongoing project for 2015 to ensure delivery of an efficient and equitable service.

OUTPATIENT PAEDIATRIC FAMILY-CENTRED PROGRAMME

Speech and Language Therapy staff on the Paediatric Programme have continued to provide a wide range of services to the children attending the NRH requiring treatment for communication and swallowing needs as part of their rehabilitation programme. These have included outreach visits for young people presenting with particularly complex needs; individual and group therapy sessions as well as education sessions for families, carers and other relevant parties such as school staff.

SECTION 3 CLINICAL SERVICES PROVIDED ACROSS ALL PROGRAMMES



Service Developments in 2014

- Establishment and commencement of a FEES service at the NRH has been a huge undertaking and has required a significant amount of changes to work practice for both the SLT and Urology Departments. Two NRH Speech and Language therapists, as trained endoscopists, join a select few nationally and two more SLTs are currently undergoing training. The service has been hugely beneficial for patients who have required an objective swallowing assessment and has contributed significantly to patient management and outcomes.
- There is ongoing development and international recognition of the Electronic Assistive Technology clinic. Marie Cox, the Senior Speech and Language Therapist involved has presented at various conferences nationally and internationally and the clinic received a commendation from CARF (Commission for Accreditation of Rehabilitation Facilities) assessors in 2014.
- The SLT Graduate Volunteer Programme was consolidated and further developed. 6 Graduate Speech and Language Therapy volunteers have supported patient activity within the Department in 2014.

Key milestones for the SLT Department in 2014

Catering and Speech and Language Therapy carried out further audits in relation to patient safety around mealtimes. Based on this, a Quality Improvement Plan was devised and agreed upon by the SLT and Catering Departments in collaboration with the Productive Mealtime Committee

The Speech and Language Therapy Department hosted its second successful conference with delegates attending from all over Ireland.

Speech and Language Therapy ensured the NRH joined the International Communication Project (ICP) 2014. The ICP aimed to highlight the importance of human communication; and how communication disabilities severely impact every aspect of life. NRH staff and patients took part in a number of activities such as 'Silent Order' which involved ordering food and drink in the canteens and coffee shop without using words to raise awareness of communication disability.

The SLT Team joined forces with the Accessibility Committee and co-hosted an event focusing on Communication access for the 'World Persons with Disability Day'.

Another great year was had by all at the Speech and Language Therapy / Social Work St. Valentine's Ball. Funds raised have again contributed to valuable service initiatives for patients. Special thanks to members of An Garda Siochána for their continued support.

11 There is ongoing development and international recognition of the Electronic Assistive Technology clinic. Marie Cox, the Senior Speech and Language Therapist involved has presented at various conferences nationally and internationally and the clinic received a commendation from CARF (Commission for Accreditation of Rehabilitation Facilities) assessors in 2014. "

Education and Training

The Speech and Language Therapy service continues to be actively involved in the provision of clinical education and supervision to undergraduate SLT students from Trinity College Dublin and NUI Galway. A total of 18 SLT students from TCD and 2 SLT students from NUI Galway have had placements at the NRH in 2014.

Education delivered by the SLT in 2014 is detailed in the Education and Training section on pages 100 - 108.

Challenges

Changes in patient profiles being admitted to the NRH has presented as a challenge in the planning and delivery of services. New services initiatives such as FEES have been undertaken without additional staff resources which places pressure on existing services.



Marie Cox, Krishna Kumar and Fiona Maye demonstrating Electronic Assistive Technology equipment at the NRH Staff Recognition Day, 2014.



SECTION 4 CORPORATE AND SUPPORT SERVICES



Liam Whitty Catering Manager



John Fitzgerald Materials Manager



Olive Keenan Human Resources Manager



Bernadette Lee Risk Manager



Rosemarie Nolan Communications Manager



Dr Jacinta Morgan Chairperson, DDMBA (to May 2013)



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



Siobhán Bonham Health Planning Team Leader and Senior Project Manager



Rose Curtis Occupational Health Nurse



Brendan Martin Payroll and Superannuation Manager



Peter Byrne A/Technical Services Manager



Catherine O'Neill CNMII Infection Prevention and Control

CATERING

LIAM WHITTY CATERING MANAGER

The Catering Department provides catering services to the wards and also meets all catering requirements, including management of vending machines, across the NRH campus.

In addition, the Catering Department provide Meals on Wheels 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.

All NRH menus list allergens information in compliance with the new Food Safety Authority of Ireland (FSAI) regulations which were introduced in 2014.

Events catered for in 2014 included the Annual Summer Barbeque and Christmas Parties for patients and staff; the Ernest Goulding Memorial Lecture; The Multicultural event; the Annual General Meeting, the NRH Staff Recognition Day; Accessibility Day; Photography Competition & Exhibition Launch, the NRH Sports Championships and various other Educational Events and Visits held throughout the year. Also in 2014, 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 €614,499 (excluding wages) and the income was €364,389.

Education and Training

Catering staff participate in ongoing training to update their skills, as well as continuous professional development and in-house mandatory training.

Staff from the Catering Department were facilitated to avail of educational and experiential opportunities during 2014 which included the following:

- Doreen Kane has been seconded to the Human Resources Department
- Samantha McCrann is in the post of Acting Assistant Catering Manager
- Louise Tate is working in the Occupational Therapy Department
- Margaret Dunne was seconded to the Finance Department to provide extended leave cover

The Catering Department has been working closely with the Rehabilitative Training Unit in providing work placement opportunities for the trainees, to assist them in achieving their goal of returning to the workplace on completion of their Rehabilitative Training programme. 5 RTU trainees were facilitated throughout 2014 with work placements in Cedar's Coffee Shop, and Stock Management duties within the Dry Goods Store.

New Developments

The Catering Department, in conjunction with the Nutrition and Dietetics Department, have launched new patients' menus which are more user friendly and offer wider choice for those on therapeutic diets. In addition, nutrition labelling on menus in both canteens enables patients and staff alike to make informed decisions about their food choices.

A new breakfast bar has been opened in the Staff Canteen serving smoothies and healthy breakfast choices in the morning, and for lunchtime, the Chefs introduced a new 'A la Carte' menu from 1.30 - 2.30pm

The Catering Department have developed the patient's meal ordering book for the wards. It takes into account all meal types, for example, pureed, soft, low fat and other diets. The order book is in triplicate to enable staff to easily check what each patient has had to eat. It also provides the Dieticians with a snapshot of patients' meal patterns.

Carole Wrixon, Dietitian, along with Chefs Paul Enright and Radu Pohodnicaru will present the joint NRH Catering & Dietetics Project to staff from the Central Remedial Clinic and St. Vincent's University Hospital Group.



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.

In 2014, 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.

During 2014 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 2014 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 were 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.
- 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.

In addition, during 2014, the Central Supplies Department:

- Rationalised the number and use of printed forms and achieved cost savings during 2014.
- Substituted stationery lower cost contract items for many catalogue items requested by the Wards and Therapy Departments by which cost savings were achieved.
- A review of all service purchase orders, and filing and recording of all medical equipment service agreements was carried out in 2014.
- A record of all rented pressure relief mattresses, low beds and wound therapy pumps was maintained and updated during 2014 enabling rental invoices to be correctly costed and paid.

The Central Supplies Department keeps a comprehensive library of information both on soft copy and on file for government Etenders internet site and EU Tenders Guidelines.

Visits took place in 2014 to various suppliers' facilities and works for quality audits and business discussions.

Training & Education

The Central Supplies Manager participated in Personal Development Programmes and Team Management programmes. In addition, Central Supplies staff attended all In-house mandatory training.

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 the NRH, and also the well-being of its Staff.

Fr Michael Kennedy CSSp is the full time Chaplain. The Reverand Arthur Young of the Church of Ireland, Kill O'the Grange parish, and Susan Dawson from the Presbyterian Church continue to visit the NRH on a voluntary basis. Ministers of other faiths can be contacted as requested.

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 Pastoral Team

The Chaplaincy Department is assisted by a number of pastoral volunteers, known as the liturgy team, who work as Lectors or Eucharistic Ministers, and in the organising and provision of music. Eileen Roberts works as part-time Sacristan and Sr Martina Nolan visits patients on a voluntary basis on two afternoons per week.

Chapel Services

- Mass/Communion services are celebrated Monday to Thursday at 6pm, Fridays at 10am and on Sundays at 10:30am
- Chapel services are 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
- The Sacrament of the Sick is administered on the 2nd Wednesday of each month 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 plays an important role in the pastoral care of staff and is available to meet with them on request; he 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. The Chaplain fosters good relationships with local parishes and clergy and assists where needed in administering the Sacraments and attending various meetings.

Training and Education

The Chaplain attends courses, seminars and reflection days outside the hospital which are designed to enhance Continuous Professional Development (CPD) and education, and also to support Chaplains in their work. In addition, the Chaplain also attends educational and training courses arranged internally by the NRH.

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

16 The single biggest problem in communication is the illusion that it has taken place. **17**

George Bernard Shaw

The work of the NRH Communications Committee is based on the premise that by fostering a culture of effective two-way communication, which is accessible and responsive to patient and staff needs, the hospital will provide higher quality patient care. This will 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 with accurate, consistent and relevant information.
- capturing the views of patients, staff and all internal and external stakeholders, and using the feedback to inform and influence how services are planned, organised and delivered, and also to inform change management processes.

In addition, we have;

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

The vision underpinning the Communications Strategy is based on the research and work undertaken by the Communications Committee to date, and is in line with the hospital's organisational strategic direction. The NRH Communications Strategy is focused on five key objectives as outlined below:

 To further develop and promote an open, two-way communications environment and culture within the hospital.

A main aim of the Communications Committee is to facilitate open communication at all levels; encouraging improved communications links within and between Programmes, Departments and Services at the NRH; and increasing opportunities for patients, staff and all stakeholders to provide feedback.

2. Support the positioning of the 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 the 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.

Work is ongoing in the development of patient, family and carer-focused communications methods that are accessible, respectful of cultural diversity, responsive to patient needs, and aware of their preferences.

4. Develop a strong NRH brand identity.

We are engaged in building a strong identity that reflects the hospital's person-centred values, its commitment to quality, and dedication to achieving best possible outcomes for patients. Work is ongoing in 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.

Milestones 2014

The NRH was shortlisted for the National HR Leadership and Management Awards in two categories. The submission to the awards was based on the work completed as part of the Positive Work Environment quality improvement plan. NRH was shortlisted in the following categories:

- **Most Effective Use Of Internal Communications**
- Most Effective Employee Engagement Strategy

The Communications Committee reports on a guarterly basis to the Operations Management Committee and on an annual basis to the Board of Management. Sincere thanks to the members of the 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 thanks to Sarah Kearney, Secretary to the Communications Committee in 2014, for her ongoing dedication, commitment and contribution to the Committee.



Luke Carey being interviewed for an RTE Radio News Programme.

DISABLED DRIVERS MEDICAL BOARD OF APPEAL

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 Certificate¹ 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 John O'Keeffe, General Practitioner is Interim Chairperson and will be replaced in 2015 by Dr Cara McDonagh, 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 2014

In 2014, 585 new appeals were lodged and 569 patient appointments were arranged at 24 clinics. 348 appellants attended for review, indicating a continuing high rate of non-attenders despite implementation of letter and telephone reminder policies. 43 appellants (13% of those reviewed and 9% 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 October 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.

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

HEALTH PLANNING TEAM

SIOBHÁN BONHAM SENIOR 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 and objectives.

New Hospital Development Project (Phase 1)

Following the commitment to the provision of joint funding by the HSE and NRH Foundation to build a new 120 bed unit comprising ward accommodation with integrated therapy spaces, hydrotherapy and sports facility on the NRH Campus; work on the new hospital project has been ongoing apace in 2014. The new unit will replace the existing ward accommodation at the 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 project work completed in 2014 included:

- The appointed design team for this Stage 1 of the project developed the Master Site Strategy and a Building Sketch Design.
- The Design Team Stage One report was completed and issued in early 2014.
- The Master Programme of works with the ultimate aim of achieving planning permission was completed and the hospital's planning application was submitted to An Bord Pleananla under the Strategic Infrastructural Development scheme in October 2014.

Pending planning approval, the next stage of the project will be to complete the EU Tendering process in order to appoint a building contractor. It is envisaged that the contractor would commence work 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.



HUMAN RESOURCES

OLIVE KEENAN HUMAN RESOURCES MANAGER

2014 was another busy and productive year for the Human Resources Department and brought with it many challenges and opportunities as we continued with the next phase of the HR System Project implementation. The HR system project 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 NRH, such as recruitment and selection, personnel administration, employee relations, industrial relations, staff development and ensuring compliance with legal and Public Service Agreement requirements. The HR 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 through effective people management strategies.

Recruitment and Staffing

2014 continued to be difficult year in the context of working within the confines of year on year reduction in hospital allocation and ongoing challenges with the staffing ceiling. The national recruitment moratorium in place since 2009 continues to provide immense challenges and the strain on staffing resources has been a challenge for the hospital in maintaining existing key services. The fact that we have done so against substantial service pressures is commendable and due to 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.

HR Information Management System

Implementation of the Core HR Information Management system continued throughout 2014 with the successful integration of Core Time (Time & Attendance and Absence Management module).

The system was successfully piloted with 80 staff in the NRH Physiotherapy and Occupational Departments in Q4 and will be extended to all departments in 2015. It allows hospital staff to electronically swipe in and out each day; and to request leave via an Employee Self-Service portal (ESS). A Manager portal (MSS) allows Managers and Heads of Department to view and approve leave requests, and facilitates effective attendance and absence management.

In addition, preparations for the introduction of Core Roster (Electronic Rostering) were advanced. This initiative will simplify and automate a substantial element of the complex manual rostering process currently undertaken by the Nursing Department.

Benefits of both systems include improved management of time and attendance, rostering and absence management processes. They offer extensive reporting capabilities, access to up to date information for analysis, reporting, and planning at department, programme and organisational level; and also key information for health and safety and regulatory purposes.

These initiatives further build on the work already successfully undertaken to renew and transform HR Information Management capabilities and processes. Implementation of the new automated time and attendance, absence management and rostering processes is expected to be completed in Q2 2015.

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). 283 applications were approved for financial and study leave support in 2014. This included 308 paid study leave days. The Educational Assistance Steering Group give priority access to funding applications that will benefit patient care and the quality of service provision.

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 2014 was 90% and the actual compliance rate achieved was 85%. The HR department, in partnership with managers and staff, will continue in our endeavours to keep improving on this compliance rate for 2014.

Absenteeism

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.

A new Public Service Sick Leave Scheme which was introduced on 31st March 2014. The new scheme provides that employees who are absent on sick leave may receive up to a maximum of 3 months on full pay followed by 3 months on half pay in a rolling 4 year period. These new provisions apply to all health service employees (both officer and support staff grades) and supersede all existing arrangements.

The following table shows the effectiveness of the absence management initiative in reducing the level of absenteeism in the hospital in 2014. We are again pleased to report that the hospital's target of below 3.5% of sickness absence was achieved and there has been a 0.86% decrease in sick leave absence based on 2013 reported levels.

The following table shows the effectiveness of the initiative in reducing the level of absenteeism in the Hospital in 2014:

2014 Q1	2014 Q2	2014 Q3	2014 Q4	TOTAL
3.31%	2.51%	2.29%	2.39%	2.63%
2013 Q1	2013 Q2	2013 Q3	2013 Q4	TOTAL
3.72%	2.93%	3.99%	3.31%	3.49%

Target for 2015: is a target level of 3.5% absenteeism

Staffing resources has been a challenge for the hospital in maintaining existing key services. The fact that we have done so against substantial service pressures is commendable and due to 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. ""



Employee Relations and Change Initiatives

The HR Department has supported the many changes across the Hospital in recent years through the Public Service Agreements. These agreements have assisted the hospital to meet its challenges around budgetary targets and provides for increased productivity and flexibility. The most recent of which, the Haddington Road Agreement, runs for three years to 30th June 2016 and provides for most staff working additional hours, this is to compensate in some part for the reduction in our staffing numbers and replace staff and overtime working, however the main benefit for the hospital has been an increase in intensity of patient care and treatment sessions, extended times of service and change and flexibility around work practices. I would like to acknowledge the work and commitment of all our staff in light of the impact of the increase in working hours and reductions in remuneration. Despite these challenges staff continue to provide a professional and effective care to our patients and a quality service to the hospital.

During 2014 the NRH actively worked on achieving fully compliant European Working Time Directive (EWTD) rosters for our Junior Doctors and successfully achieved this through a revision of rosters and the recruitment of additional NCHD's.

Milestones in 2014

In June 2014 the NRH prepared for another CARF Accreditation Survey. It is a testament to the hard work, dedication and commitment of all our staff that in 2014, the Hospital achieved another 3 year accreditation, which is the maximum that can be awarded.

Positive Working Environment Initiative

As an Organisation, the hospital is aware of the importance of promoting a positive working environment, promoting and managing employee wellbeing and managing conflict at work in order to provide an environment whereby employees can enjoy and be passionate about their work and take personal and professional pride in the services they provide to patients. Much work has been done in recent years between the Work Positive Profile Staff Survey and the Positive Working Environment Initiative. Dignity At Work training, Diversity, and Conflict Awareness training programmes were put in place in 2014. The NRH put forward a submission incorporating these dimensions for the inaugural HR Leadership and Management Awards. This is a national awards programme and NRH were confirmed as finalists in two of the categories; namely Most Effective Use Of Internal Communications and Most Effective Employee Engagement Strategy.

Retirements

8 staff retired in 2014 from various departments with a combined 138 years of service between them. We take this opportunity to thank each and every one of them for their professional and dedicated services to the Hospital and extend our best wishes to them for the future.

HR Department & Project Staffing

In 2014 we had some further staffing changes in the Department as a result of leave arrangements and we welcomed Aisling Cushen and Doreen Kane to the HR Department.

The HR Transformation Project also saw some staffing changes. Orla Friel and Susan Meagher were seconded to the Project to assist with the implementation of the CoreTime & Core Rostering module. The project has benefitted hugely from their knowledge and skill. In December we bade farewell to Project Manager, John G Ryan who had been crucial in providing leadership and guidance to the project. We warmly welcome our new Project Manager Alan Roberts and look forward to working with him for the remainder of the project.

I would like to thank all of the team in the HR Department, Rose Curtis in the Occupational Health Department and HR Transformation Project staff enormously for their hard work, commitment and dedication in rising to all the challenges of working in a busy, diverse and ever changing environment with the many demands on the service and managing competing projects throughout the year. We are on a journey to 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 wider HR Department and HR Project Team to date and co-operation with the many changes and initiatives over the past year.

INFORMATION MANAGEMENT & TECHNOLOGY (IM&T)

JOHN MAHER **IM&T MANAGER**

The IM&T Department is responsible for the delivery of all Information Management and Technology services across the hospital and it also supports consultants, medical staff and the hospital business services in implementing major strategic initiatives for the benefit of patients and staff.

Service Delivery

2014 was a productive year for IT service delivery at the NRH. All main services achieved at least 99% availability of the critically important IT systems during normal business hours.

The Service Desk had an active year, receiving some 3,000 calls during the year on IT matters. Over 90% of these calls were dealt with by the Service Desk and less than 10% had to be escalated to the Systems Administrator for resolution. Similarly, over 98% of the calls were dealt with on the same day and only 2% required more time to resolve.

Delivery of this level of service quality is a testament to the dedication and customer focus of IM&T staff. We have a strong ethos of meeting and, where possible, exceeding the needs of staff.

Service Implementation

During 2014 we conducted a review of our IT services. The report recommended further investment in our IT infrastructure as much of it is at capacity and starting to adversely impact service delivery, and would soon inhibit major change initiatives at the NRH. These recommendations were acted upon by:

- Upgrading the desktop PC estate (some 280 units);
- Migrating to Windows 7 and to Microsoft Office 2013;
- Enhancing the electrical supply, uninterruptible power supply (UPS) and air-conditioning systems in the Server Room and PBX Room;
- Upgrading the Local Area Network (LAN) with high capacity network switches that support Power over Ethernet (POE). POE allows for devices to be directly powered from the network such as phones, time recording devices and wi-fi access
- Executing a project to migrate from an old Siemens HiPath phone system to a new IP telephony system which will be completed by end March 2015. 260 new IP handsets will be rolled out as part of this project. This system is designed to cater for the need of the new hospital and is compatible with newer technologies.

A disaster recovery (DR) solution is planned in parallel with a server, storage and tape back-up refresh. I want to acknowledge the efforts and dedication of the IM&T team in implementing this level of significant change in 2014. I would also like to acknowledge significant financial support from the HSE without which many of these initiatives would not have been possible.



Change Management

In 2014 we were active in managing our patient administration system (PAS) which is used extensively by clinicians, programme managers and administration at the NRH. Throughout the year we continuously administered the user base in PAS by accommodating moves, adds and changes within the system, provided user training, managed all system functional configuration, enhanced PAS to produce better utilisation metrics to support senior management, and we maintained a current supported version of PAS as it is a critical system for NRH.

Ongoing IT support is provided to the CORE HR project by deploying time recording devices throughout the hospital and linking them to the CORE servers and Oracle databases over the local area network.

An in-house information system which records the activities of all therapy disciplines in the hospital and the outpatients department (OPD) has been developed. This information system has been well accepted by all therapists and the management information it produces is very helpful for senior management as it provides accurate measures of therapy activity across the hospital.

Work has been completed on an initial business case setting out the need for an enhanced patient record system, CRMS (clinical rehabilitation management system). While this project is not yet approved we will use the business case to garner support of key stakeholders at the NRH and HSE.

The IM&T Department supported the New Hospital project by delivering a report entitled "Information Technology Requirements for New Hospital" which sets out the main IT and network requirements for this major capital project. This high level design document will inform the brief for the Mechanical and Electrical Engineering contractors and for the cable installation contractors for the new hospital.



Susan Meaghar and Olive Keenan at the launch of the NRH TRAM and CoreTime Swipe Card System.

OCCUPATIONAL HEALTH

DR JACINTHA MORE O'FERRALL CONSULTANT IN OCCUPATIONAL HEALTH

2014 was another very busy year for the provision of Occupational Health Services in the NRH; over 1450 contacts were made with the Department. It was a challenging year for a number of staff personally and professionally 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 2014.

Services Provided and Breakdown of Consultations in 2014

Service (alphabetical order)	Consultations
Advice on occupational health issues	39
Employee Assistance Programme (EAP) - Offered	18
Employee Assistance Programme (EAP) - Attended	11
Blood Pressure	16
Bloods tests	27
Health Surveillance	7
Illness at work	47
On-site Occupational Health Physician	49
Pre-employment screen	70
Pregnancy risk assessment and review	40
Referrals to Medmark	38
Reviews and follow-up	237
Stress management, (education, debriefing and work related stress)	49
Vaccinations • Hepatitis B • Seasonal Flu vaccine	20 233
Weight-in facility for Staff Members	492
Smoking cessation Support	10
Work related injuries	37



Other services available through Occupational Health

- · Sharps injury follow-up
- · Health Promotion Events
- · Occupational First Aid
- · Smoking Cessation Support
- · Contact Support Person, "Dignity in the workplace" programme
- · Back to Work Assessments
- Vaccinations for BCG, Varicella, Measles, Mumps and Rubella.
- · Staff Training in Dignity at work

NRH Health Promotion Events in 2014

- Operation Transformation 47 staff members weighed in weekly for 8 weeks
- · Pedometer Challenge
- Pilates Classes
- · Boot Camps
- · Staff Recognition Showcase Day
- Irish Heart Foundation Drop-in Blood Pressure Day
- Annual Work Positive Profile Survey
- Repeat Staff DXA Programme

Committee Participation by Occupational Health Staff

- · Safety and Risk Committee
- Behaviour Consultancy Forum
- Hygiene/Infection Prevention and Control Committee
- · Tobacco Free Campus Working Group
- Positive Working Environment Group

Key Milestones for Occupational Health in 2014

Occupational Health continues to offer core support to all NRH staff through a wide variety of proactive and responsive strategies. Rose Curtis continues to be part of the Positive Working Environment Group which continues to build on its solid foundations to promote positive behaviour and support for all stakeholders of the NRH throughout all levels of the organisation. Diversity training was a new and highly successful training offered to all staff 2014. Effective Conflict Management was made available to managers in March and was highly informative and effective training. The 'Work Positive Profile' survey from Ulster University was deployed to all staff again this year and its findings will form a basis for continuing improvement in our positive working environment. While Occupational Health continues to offer supports to everyone in the NRH, it receives on-going vital support from HR, Risk Management, Executive Committee, Departmental Heads and staff throughout the organisation for which it is very grateful.

RISK MANAGEMENT

BERNADETTE LEE CLINICAL RISK MANAGER

Introduction

Following the events of recent years, risk and its mitigation have become even more of a priority in the Healthcare Sector. It has become increasingly important to understand and manage risks to create sustainable healthcare structure within the NRH. In this light, we continue to uphold and strengthen our commitment to manage risks. Consequently, proactive risk management and patient safety are key pillars of our strategy. Linked to this are our approved risks policies. The NRH risk management structure is designed to meet the challenges of the changing risk environment and to ensure that healthcare plans are properly supported by effective risk management. Responsibility for risk management resides at all levels in the National Rehabilitation Hospital, from the board and executive level committees to each Head of Department and Clinical Nurse Manager. This contributes to instilling a strong risk culture in the organisation; managing risk is everyone's business.

In 2014 the interdisciplinary Safety and Risk Committee continued to operate; it includes nursing, physicians and ancillary services. The Risk Management report continues to be the central point for Patient Safety issues, reporting on incidents and hazards. This report is available for viewing by all staff. Risk Management is discussed in a number of different fora throughout the hospital and then escalated as required for further management. Key achievements to note during 2014 are demonstrated by the following:

HYGIENE/INFECTION PREVENTION AND CONTROL/ DECONTAMINATION

At the heart of the NRH are the Patients and Staff and thus improving cleanliness and reducing healthcare associated infections are top priorities for the NRH, with the Hygiene Infection Prevention and Control Committee (HIPCC) continuing to oversee this important area during the year. The HIPC Committee continued to work closely with management and staff to deliver the Hygiene-Infection Prevention and Control Strategic Plan which was developed in 2011 after consultation with stakeholders. Considerable inroads have been made in the control of MRSA and increased training and vigilance in the important area of Hand Hygiene. The organisation in conjunction with its cleaning contractors won the Irish Contract Cleaning Association (ICCA) – best healthcare facility Non Acute Hospital and the Irish Accommodation Services Institute (IASI) Gold Award for standards. Well done to all.

INCIDENT MANAGEMENT AND REPORTING

The NRH has a strong culture of incident reporting with a marginal increase in incidents from last year. There were 889 clinical incidents and near misses reported in the 12 month period, with an average of 74 reported each month. The majority of the incidents and near misses reported were of a low risk ranking. The NRH, like all Healthcare organisations, has to 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 found the NRH always sets out to implement policies, develops management systems, monitors performance and incorporates 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

At the NRH, we believe that patient safety and quality go hand in hand. This past year has seen the continuation of quality improvement plans and the development of new ones. Examples of Nurse-driven quality & patient safety initiatives implemented or continued during the year included the Productive Ward, Early Warning Score, Interdisciplinary Signature Bank and Nurse Prescribing. Risk Management also continued to participate in quality improvement initiatives such as catheter care bundle and advancing the patient pathway at a Nurse-led Urology Clinic.

Patient Falls: There were 2.99 patient falls per 1000 bed days recorded in 2014, a slight reduction on 2013 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 2014). The Patient Falls Multidisciplinary Steering Group monitors Patient Falls and is committed to delivering a Patient Falls Prevention Care Bundle in 2015/2016.

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 large reduction in the patient and staff challenging behaviour incidents recorded over the last year. The Behaviour Consultancy Forum focuses on staff learning needs, training programme, support services for patients and staff, development and review of policies, procedures and guidelines and shared learning from incidents. Crisis Prevention Intervention (CPI) training has been revised and is now called Management of Actual or Potential Aggression (MAPA). This will be provided in 2015 for staff in the Brain Injury Programme. The Psychology Department have developed for all staff, a 90 minute training programme on approaches to behaviour that challenges.

Patient Absconsion: Significant inroads have been made to manage patient abscontion events through the continuation of 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 abscontion. There has also been a re-categorisation of patient abscontion types to allow for more accurate meaningful reporting. Overall there was a decline in patient abscontion at-risk incidents in 2014

Audits and Inspections

The NRH continued to undertake 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 Identification 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 department has piloted a new auditing software which will improve the efficiency and effectiveness of auditing in the NRH. Work is well advanced on developing and updating the process of risk management within the NRH to allow for a more robust, streamlined approach. 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

The training module of the Human Resources Management System was rolled out at the beginning of 2014, and provides a more robust system for capturing and reporting of hospital wide training and continuous professional development. Risk Management specific training courses such as Fire Safety, Manual Handling, Chemical Agent Risk Assessment, Crisis Prevention Intervention Training, and Transfusion Safety continued to run during the year. An e-learning training facility relating to safety with medical gases has been developed and will be rolled out in 2015. Our Fire Advisers have continued to provide advice and training to all areas of the organisation. A number of fire drills were also conducted both during daytime and at night. Work still continues by the Technical Services Department on the installation of the new fire alarm. It is envisaged further progress will be made in all Fire Safety issues in 2015.

In Conclusion, Balancing risk and reward is an everyday thing for all organisations and the NRH is no different. We seek to achieve an appropriate balance between risk and reward in our area of healthcare, and continue to build and enhance the risk management capabilities that assist in delivering our services in a controlled environment.

Management of Risk requires a "Team Effort", the Risk Management Department are grateful to all the staff and Patients for their support throughout the last year.

Freedom of Information Statistics

The following is an overview of access to records received by the NRH in 2014

Type of Request	Number of Requests
Freedom of Information	32
Freedom of Information Note for File	0
Freedom of Information Internal Review	0
Data Protection	3
Freedom of Information & Data Protection Access	2
Routine/Administrative Access	270
Total Requests for Access to Records	307

STAKEHOLDER AND CORPORATE DATA MANAGEMENT

AUDREY DONNELLY

STAKEHOLDER AND CORPORATE DATA MANAGER

In line with the National Strategy for Service User Involvement, the NRH aspires to provide clear channels of communication for all stakeholders and service users (patients, families, carers, staff, external support agencies, volunteers, contractors and suppliers of services). In addition, the standards set by HIQA for Safer Better Healthcare, the Service User is at the hub of the Quality and Safety Theme, which advocates Person-Centred Care and Support. The hospital uses input gained from service users in order to improve the quality of services provided and to enhance patient safety. There are a variety of mechanisms in place for gaining feedback including: Inpatient and Outpatient questionnaires; post rehabilitation surveys; comments and suggestions (patient, family, carers, staff); and a complaints management procedure. In addition there is a forum for direct engagement with patients and families, and also external agencies who provide information and support for patients and their families and carers.

Input from Service Users and Stakeholders

COMMENTS AND SUGGESTIONS

81 comments and suggestions were received in 2014 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 in terms of enacting quality improvement to services, facilities and buildings. Some of these comments may also be considered in shaping the NRH of the future.

PATIENT COMPLAINTS

18 patient related complaints were received during 2014. 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 enables the hospital to review services, and implement preventative measures 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 centre for rehabilitation, the hospital is accredited by CARF (Committee for Accreditation of Rehabilitation Facilities). In order to meet CARF standards, the durability of outcomes achieved is assessed on an ongoing basis. uSPEQ questionnaires are utilised to collect longer term follow up and feedback from 'persons served' (patients) post discharge. 541 questionnaires were issued to patients (3 months post discharge) in 2014 with a 35.5% 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

The hospital engages with service users directly at the Monthly Patient Forum meetings in order to gain direct input from patients and family members. The committee (comprising of representatives of patients who have made the journey through rehabilitation previously and also hospital management and other stakeholders) meet together with any current patients or their family members who wish to attend. This provides an opportunity for patients to voice their thoughts and ideas or raise any issues for follow up. An Executive representative 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 well under way, a member of the Health Planning Team attends meetings on a regular basis, in order to engage with patients in terms of planning the new hospital building and facilities around the patients needs.



INTER-AGENCY FORUM (IAF)

A number of agencies dedicated to the achievement of integration of people with disability as equal, independent and participative members of the community, work with the NRH in support of patients. The IAF provides an opportunity for interagency co-operation, collaboration and communication, both between agencies and the NRH, and for the agencies themselves. Agencies either attend the Information Kiosk at designated times or host talktime presentations and "clinic" style one:one sessions with patients and family members in order to provide information and guidance about support services. This is recognised by the hospital as an important service for patients while they are on the campus.

VOLUNTEER PROGRAMME

The NRH recognises the importance of Volunteers which are a most valuable resource in terms of facilitating patient events or providing social outlets for patients. The need to invest time resources and expertise in this programme is recognised, and the Volunteer Advisory Group seek to support and guide existing Volunteer administration and to ensure this programme will continue to be coordinated effectively moving forward.

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 and other Heads of Departments and Services with 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.

HEALTHCARE RECORDS (HCR) MANAGEMENT

The Stakeholder and Corporate Data Manager has overall responsibility for HCR management within the NRH. In conjunction with the HCR Steering Group, a plan for HCR Archive and Storage is being developed in order to ensure compliance with national standards.



Students and Lecturers from the Faculty of Entrepreneurship and Business at IADT, Dun Laoghaire with Brendan Lyon, President of the Irish Professional Photographer's Association (IPPA). As part of the students' final year project, they were involved in marketing the NRH 2015 Calendar.

TECHNICAL SERVICES

PETER BYRNE

TECHNICAL SERVICES MANAGER

Technical Services Department (TSD) developed a prioritised plan for essential upgrades and projects proposed for 2014. The proposal was presented to hospital management for funding approval. The TSD team worked closely with the Health Planning team, contractors and technical advisers to ensure that all projects carried out in 2014 ran as smoothly as possible, while keeping any impact on hospital services to a minimum.

Projects and Developments in 2014

- Electrical Distribution Board upgrades: During 2014, 5 electrical distribution boards were replaced in various locations throughout the hospital. The upgrades involved the Catering, Pharmacy, OT splinting and IM&T Departments, and the distribution board in Boiler House 1. Safety issues in these areas have now been resolved and the plan for the replacement of old electrical distribution board will continue into 2015.
- Lighting Upgrades: The lighting on the Blue and Red fire escape stairwells was replaced with LED type energy saving fittings in 2014. All room upgrades and renovations carried out in 2014 have had LED energy saving fittings fitted. The project for upgrading lighting to LED type energy saving fittings throughout the hospital is ongoing.
- Shower Room Upgrades: 3 shower rooms were upgraded in the hospital in 2014. The patients shower room for St Margaret's, St. Joseph's and St Bridget's female ward were upgraded bringing a much needed improvement to the shower room facilities for the patients on these three wards.
- Boiler House 1 Upgrade: Upgrading of Boiler House 1 in 2014 involved the replacement of the main heating circulating pumps with energy efficient variable speed pumping set, the replacement of the electrical distribution boards with a modern distribution board that is BMS (Building Management System) enabled. Boiler house 1 was totally rewired during this
- Calorifier 4 Upgrade: The replacement of calorifier No. 4 located in the plant room between the Medical Social Work offices was completed in September 2014. This project involved the replacement of the 1000 Lt. calorifier with 2 calorifiers (800 Lt). The upgrade allows for the calorifiers to be cleaned annually without disruption to hot water services supplied to the wards from this source. The immersions in the new calorifiers are also significantly smaller which ensures huge future savings in water heating bills.
- New Piped Water Services: The re-piping of the hot water service to the shower rooms on St Camillus ward was completed in 2014. This project succeeded in eliminating the air locks causing hot water circulation problems plus increasing water pressure in the area. The re-piping of the water services to St Agnes ward was completed in April; this project greatly improved the flow pressure to this area and has eliminated airlocks so hot water flow temperatures can be maintained. The re-piping of the Hydro area was completed in August and this project saw the elimination of a substantial amount of old pipe work serving this area. The project for pipe work upgrades will continue into 2015.
- Wheelchair and Splinting Clinic: The new wheelchair seating and splinting clinic located in the OT Department was completed in 2014. This project involved moving the woodwork room to the sewing room at the back of the OT Department, completely striping out the old woodwork room and completing the fit-out of new electrical rewiring, IT, heating and plumbing, bulkheads, windows, false ceiling, floor covering, wall protection and storage. The Clinic was painted once the fit-out was completed.
- Painting Projects: Substantial amount of paint works were completed in 2014 including the front façade of the hospital, complete painting of the RTU internally, second floor medical corridor and many rooms and offices throughout the organisation. These painting works create a clean and pleasant environment for Patients, visitors and staff using the NRH facilities.

In conclusion I would like to thank Derek Greene, Sam Dunwoody, Siobhan Bonham, the Health Planning Team, Donal Farrell and David Donoghue for their continued help and support over the past year. I would also like to thank all the TSD staff for their good work and cooperation throughout a very productive 2014. Finally thank you to all patients and staff of the NRH for their co-operation throughout a very busy 2014.

EDUCATION AND TRAINING DELIVERED BY NRH STAFF MEMBERS IN 2014

The NRH Academic Steering Committee

A vital component of the clinical activity undertaken at the NRH involves Education, Training and Research. This activity is multidimensional and is delivered across disciplines and services, internal and external to the organisation, amongst Health Care Professionals, second and third level students and to patients and families. Academic developments within the NRH are a central pillar in the NRH strategy as we plan for the years ahead. This priority has been increased by a number of factors, for example:

- State registration of Health Professionals and the associated requirements for Continuous Professional Development
- Requirements of mandatory training at all levels of health care delivery
- Recognition of the value of collaboration between academic and clinical services in delivering theoretical and translational research

The Academic Steering Committee was comprised of staff members from the following disciplines in 2014: Medical, Nursing, Physiotherapy, Occupational Therapy, Speech and Language Therapy, Psychology, Clinical Tutors, Finance and CEO Representative. Other relevant expertise is sought as required. The aims of the Committee include the following:

- To develop a Strategic Academic Plan by which to promote the NRH as an educational facility that supports the highest standards of education and training provision, and research, in the area of Specialist Rehabilitation Services
- Promote the culture of learning, clinical research and service effectiveness by facilitating a high quality educational experience for second and third level students on placement in the NRH
- Confirm Teaching Agreements with our Third Level institution partners, and develop formal links between academic institutions and the NRH in theoretical and translational research
- Develop a dedicated education, training and research facility at the NRH to provide a modern learning environment

The Development of an NRH Education, Training and Research Facility

The proposed co-location of the education, training and research facilities at the NRH will provide many benefits and opportunities including; enhanced interdisciplinary working, sharing of spaces and services, and vacating indirect patient services from the main hospital building. In addition, co-ordination of all Education, Training and Research by an academic administrator will enable the NRH to position itself at the centre of education and research in Rehabilitation Services nationally.

The committee has been working closely with the Health Planning Team to develop a project brief, schedule of accommodation and room data sheets for this project and is now awaiting approval to proceed to the design stage of the project.

Education and training delivered by NRH Staff Members in 2014

Education and Training delivered by NRH Staff Members in 2014 includes:

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

In addition to the extensive Clinical and Non Clinical Placements facilitated by the NRH, the following education was delivered by NRH staff in 2014.

MEDICAL

Presenters and Facilitators	Details	Event or Group	Location
Dr Mark Delargy, R Collins	Co Chair for Research Section of the National Stroke annual meeting.	IHF 17th Annual Stroke Conference	Croke Park April 2014
	Role as coordinator of presentations and analysis of the series of Platform Presentations and decision of award to the best research presentation		Αριίί 201 4
Dr Mark Delargy	Nominated delegate for Ireland Rehabilitation Medicine at the council meetings of European Union of Medical Specialists. (UEMS).	European Union of Medical Specialties (UEMS) Physical Medicine and Rehabilitation Group	Slovenia an Poland
	Presented position paper on rights and competency issues in rehabilitation to the UEMS Clinical Affairs Committee as part of a joint approach to patient rights and responsibilities with Dr Hermina Damjan Rehabilitation medicine specialist from Slovenia.		March and September 2014
Dr Simone Carton	Neurobehaviour Clinic: Reflecting on 13 years of	19th European Congress	Marseille
	distressed behaviour following Brain Injury. S. Carton, M. Delargy, K O'Driscoll. Platform presentation by Dr Carton	of Physical medicine and Rehabilitation Medicine. (ESPRM)	May 2014
Sinéad Duffy	Stroke Rehabilitation and Early Supported Discharge	19th European Congress of Physical medicine and Rehabilitation Medicine	Marseille
	(ESD) in Ireland.		May 2014
	Round table discussion in the main auditorium followed a series of presentations from around Europe by:		
	K. Stibrant-Sunnerhagen, A YelnikA,		
	P. Langhorne P, M. Delargy, J. Lains,		
	M. Zampolini.		
	Platform presentation by Dr Mark Delargy and round table discussion member.		
Dr Mark Delargy	Patient's rights and competency issues.	19th European Congress	Marseille
	Platform Presentation by Dr Mark Delargy to the main auditorium	of Physical medicine and Rehabilitation Medicine	May 2014
Dr Mark Delargy, A. Cantagallo,	Co Chairperson for conference session:	19th European Congress	Marseille
J. Luaute, O. Felician.	Mental functions: Consciousness and Neglect	of Physical medicine and Rehabilitation Medicine	May 2014
	Sessional Co Chair for the conference session on consciousness and neglect.	Renabilitation Medicine	
Maev-Ann Wren, Paddy Gillespie Samantha Smith Karen Kearns. Dr Mark Delargy served as a member of project steering group	Towards earlier discharge, Better Outcomes, Lower Cost:	Economic and Social Research	ESRI Dubli
	Stroke Rehabilitation in Ireland. Comprehensive report published by the Irish Heart foundation (IHF). The project had a substantial focus on Early Supported Discharge after Stroke.	Institute Research project on Stroke rehabilitation.	2013-201
	Served as a nominated member of the steering group for this 2 year research project funded by IHF/HSE.		

Note: Further comprehensive details of education delivered by the NRH Medical Team in 2014 are detailed in the Medical Board Report (pages 12 - 15).



CATERING DEPARTMENT

Presenters and Facilitators	Details	Event or Group Location
Catering Management	Primary Course in Food Safety	Delivered to all NRH Catering NRH Assistants, Health Care Assistants, Occupational Therapy and Speech & Language Therapy Staff

CLINICAL NEUROPSYCHOLOGY

Presenters and Facilitators	Details	Event or Group	Location
Dr Maeve Nolan, Chair Education Committee - SCSC Programme	Presented Poster on 'Staff Well-Being: Pulled in Different Directions' • AWARDED THE SCIENTIFIC PRIZE	MASCIP (Multidisciplinary Association of Spinal Cord Injury Professionals) 16th Annual Conference	Maastricht
Drs Fiadhnait O'Keeffe and Sarah O Doherty	'Managing Behaviour that Challenges'	Brain Injury Programme Team and Paediatric Programme Team	NRH
Drs Heather Cronin, Siobhan Carley, Fiadhnait O Keeffe, Suvi Dockree and Kylie L'Estragne	Input to the 'Brain Injury Awareness for Family and Friends (BIAFF) Education Programme	Families, Friends and Carers of Patients at the NRH	NRH
Dr Maeve Nolan	Input to the 5th Annual Information Day for persons with Spinal Cord Injury and 4th Annual Reunion for Women with SCI	Persons with Spinal Cord Injury, both current and post- discharge patients attended both events	NRH
Dr Anne Marie Casey	Presented on thesis 'Being a Sit-Down Mummy'; the experience of parenting for mothers with Spinal Cord Injury'	NRH Staff Members and NRH Ethics Committee	NRH
Dr Maeve Nolan	'Psychological Management of Pain'	NRH Rehabilitation Course in collaboration with Nursing Education Department	NRH
Dr Maeve Nolan	Lecture on 'Suicide Prevention'	Spinal Cord System Programme Team	NRH
Psychology Assistants	Lectures on Psychology in the context of Rehabilitation	NRH Medical Students	NRH
Or Maeve Nolan	Co-ordinated two screenings of 'Untouchable' – a film about tetraplegia	NRH Staff (over 50 attended)	Dublin
Senior Clinical Psychology Personnel	Lectures to Psychologists, Clinicians and Clinical Engineers	UCD, TDC, University of Limerick, National University of Ireland -Maynooth and Galway, and Royal College of Surgeons Ireland	Nationally
Dr Simone Carton	Workshop on Adult Neuropsychology	Clinical Psychology Trainees	NRH
Dr Maeve Nolan and SCSC Team	Presented on 'An Interdisciplinary Approach to a Patient with a Phrenic Nerve Stimulator.	Respiratory Information for Spinal Cord Injury (RISCI) Annual Conference; and Respiratory Nursing Annual Conference	Dublin

Presenters and Facilitators	Details	Event or Group	Location
Dr Maeve Nolan	Workshop on 'Adjustment to Acquired Disability'	MSc Disability and Rehabilitation students	UCD, Dublin

INFECTION PREVENTION AND CONTROL

Presenters and Facilitators	Details	Event or Group	Location
IPC Department, in collaboration with Hand Hygiene Champions and Nurse Education	Hand Hygiene classes	Mandatory Training for All NRH Staff	NRH

NURSING

Note: Comprehensive details of education delivered by the Nursing Education Department and the Nursing Team in 2014 are detailed in the Department of Nursing Report (pages 43 – 51).

NUTRITION AND DIETETICS

Presenters and Facilitators	Details	Event or Group	Location
Carole Wrixon	Lectured on 'Nutritional Aspects of Stroke Management.'	Doctors attending the Diploma in Cerebro-vascular and Stroke Medicine	RCPI Dublin
Lorna Fitzsimons	Nutritional Issues following a Spinal Cord Injury	Spinal Nursing Course Attended by nursing staff on the Spinal Course.	NRH
Lorna Fitzsimons	Oral presentation of "Validation of Spinal Nutrition Screening Tool"	Guttmann Conference Attended by Interdisciplinary Team from the NRH	Stoke Mandeville UK
Lorna Fitzsimons	Spinal Nutritional Screening Tool Training	Staff education: Nursing staff	NRH SCSC Programme
Lorna Fitzsimons	Phrenic Nerve Stimulation: Case study	Grand Rounds	NRH
Lorna Fitzsimons	Patient Education on Nutrition - Prosthetic Svc	POLAR Education Programme	NRH
Lorna Fitzsimons	Validation of Spinal Nutrition Screening Tool	South Dublin Dietitians Journal Club	SVUH
Lorna Fitzsimons	Poster: Validation of Spinal Nutrition Screening Tool	INDI AGM	Dublin
Carole Wrixon Kim Sheil	'Safe eating, drinking and swallowing' Interdisciplinary Team training: this was a joint initiative between Catering, Dietetics and Speech & Language Therapy to train Health Care Assistants, Nursing and Catering staff on the safe preparation and feeding of textured modified diets and thickened drinks. This ensures safety for those with dysphagia.	Nursing staff, Health Care Assistants and Catering Staff	NRH
Carole Wrixon	Nutritional Labelling on Hospital Menus Poster presentation	INDI AGM	Dublin



Presenters and Facilitators	Details	Event or Group	Location
Carole Wrixon	Nutritional Labelling on Hospital Menus Poster presentation	South Dublin Dietitians Journal Club	SVUH
Kim Sheil	Contributed a chapter 'Nutritional Support in Neurorehabilitation' to the INDI National Enteral Feeding Guidelines	Irish Nutrition & Dietetics Institute members	Publication
Kim Sheil Carole Wrixon Lorna Fitzsimons	Clinical training of Student Dietitians	Student Dietitians of the TCD/ DIT B.Sc. in Human Nutrition & Dietetics	NRH

OCCUPATIONAL THERAPY

Presenters and Facilitators	Details	Event or Group	Location
Occupational Therapy Staff – Brain Injury Programme	Approaches to Recovery: The Occupational Therapy Approach to rehabilitation for Acquired Brain Injury'	Occupational Therapists from the Community, Hospitals and Rehabilitation Services – 50 Delegates	NRH
Organised by OT Department - Conference by Mary Warren - USA	'The Evaluation and treatment of Visual Perceptual Dysfunction in Adults.'	79 national and international delegates and 30 NRH staff from multiple disciplines attended	Dún Laoghaire
Alison McCann and Fiona Haughey along with IDT Clinical Tutors	Inter-Disciplinary careers evening on 'Pursuing a career in Healthcare'. This is a Bi-annual event	2nd level students and people interested in pursuing a career in allied health care.	NRH
Alison McCann	Lecture on 'Prolonged Disorders of Consciousness'	Neurology Advisory Occupational Therapy Group	Beaumont Hospital, Dublin
Alison McCann	Lecture on 'The sensation of Touch' with colleagues from Music therapy and medicine	1st year Medical Students, Medical Humanities Module	TCD
Sinéad Duffy on behalf of the NRH DOC working group	Presentation on Disorders of Consciousness (DOC) benchmarking survey carried out by the DOC working group	European Society for Physical and Rehabilitation Medicine (ESPRM) conference.	Marseille, France
Josephine Herriott	Co-facilitated a lecture 'Occupational Therapy for Lower limb Amputees.'	Occupational Therapy students	Trinity College Dublin
Fiona Maye Michele Verdonck	Delivered presentation on 'Making Smart Devices AccessibleMore than Apps'.	16th International Congress of the World Federation of Occupational Therapists.	Yokohama, Japan
Fiona Maye Michele Verdonck	Presented Poster entitled 'Smartphone Environmental Control System'.	16th International Congress of the World Federation of Occupational Therapists.	Yokohama, Japan
Fiona Maye	Delivered presentation on 'Lessons Learned and Future Plans for an Electronic Assistive Technology Clinic in an Irish SCI Rehabilitation Setting'.	ASPIRE UK Spinal Injuries Charity Assistive Technology Conference	Nottingham, UK
Fiona Maye Marie Cox	Delivered presentation on 'Digital Revolution: Implementation of an Electronic Assistive Technology Clinic in a Neuro-Rehabilitation Setting in Ireland'.	RAatE (Recent Advances in Assistive Technology and Engineering) Conference.	Birmingham, UK

Presenters and Facilitators	Details	Event or Group	Location
Fiona Maye	Presented poster entitled 'Mick's Environmental Control System (ECS) Journey'.	RAatE (Recent Advances in Assistive Technology and Engineering) Conference.	Birmingham, UK
Fiona Maye	Delivered presentation entitled 'Smart Devices: Providing people with severe physical disabilities the opportunity to access their environment'	RAatE (Recent Advances in Assistive Technology and Engineering) Conference.	Birmingham, UK
Fiona Maye	Provided Lectures entitled 'Occupational Therapy in SCI Rehabilitation' and 'Occupational Therapy – Electronic Assistive Technology'.	MSc Occupational Therapy, University of Limerick	University of Limerick
Fiona Maye	Delivered presentation on 'The Place of Robotics and New Technologies in SCI Rehabilitation – The Way Forward?'.	Spinal Injuries Ireland Information Day	NRH
Fiona Maye	Presented Lecture entitled 'The role of Splinting and Electronic Assistive Technology in SCI Rehabilitation'.	UCD SCI Nursing Course	NRH
Fiona Maye Marie Cox	Provided In-service training entitled 'Electronic Assistive Technology (EAT) at the NRH'.	OT and SLT Departments	NRH

PHYSIOTHERAPY

Presenters and Facilitators	Details	Event or Group	Location
Mark Dockery and John Lynch (as part of the IDT Team)	Award winning poster presentation entitled: 'The Interdisciplinary Team: Staff Well-Being Advancing in a Common Direction'	MASCIP Conference	Loughborough UK
Ronan Langan	Exercise in Disability Presentation	MSc Physiotherapy Programme	UCD
John Lynch	Spinal Cord Injury Physiotherapy Presentation	BSc Physiotherapy Programme	UCD
John Lynch	Physiotherapy Practices in Spinal Cord Injury	BSc Physiotherapy Programme	TCD
John Lynch	Seating and Positioning for Spinal Cord Injury	NRH and Mater University Hospital Nursing staff	NRH
Niamh Leonard	Introduction to Physiotherapy in Rehabilitation	BSc Physiotherapy Programme	RCSI
Niamh Leonard and Donncha Lane	Fostering an effective and reflective learning environment	Physiotherapy Practice Educators	TCD
Rachel McGlade	Practical Neurology Module	BSc Physiotherapy	UCD
Niamh Leonard	Therapeutic handling module	BSc Physiotherapy	TCD
Niamh Leonard and Rachel McGlade	Careers Evening	Prospective Allied Health Professionals	UCD
Lesley Corcoran	Positioning for Function	OT Acquired Brain Injury course	NRH
Catherine Cornall	Spasticity Lecture	BSc Physiotherapy	University of Limerick
Catherine Cornall	Spasticity after Stroke	Cork Stroke Conference	Cork
Lesley Corcoran	Physiotherapy after Stroke	Diploma in Stroke Medicine	NRH
Catherine Cornall	Management of Spasticity after Stroke	SVUD Stroke Study Day	SVUH
Donncha Lane	Medically unexplained systems	Neurobehavioural Talk	NRH



Presenters and Facilitators	Details	Event or Group	Location
Catherine Cornall	Panel Member	Irish Heart Foundation Day for People with Stoke	Dublin
Catherine Cornall	Patient assessment and clinical reasoning	St Vincent's University Hospital staff	Dublin
Catherine Cornall	An exploration of dressing: postural and movement requirements	OT Staff	NRH
Lesley Corcoran	Effective management of the Acquired Brain Injury patient in the Acute phase	Physiotherapy Team	Connolly Hospital, Dublin
Rachel McGlade	Goal Setting Process	BSc Physiotherapy	UCD
Catherine Cornall and Lesley Corcoran	Introduction to Rehabilitation	St. Finbar's Hospital	Cork
Catherine Cornall	Introductory Bobath Modules	Physiotherapists and Occupational Therapists	Dublin, UK
Catherine Cornall and Mary Lynch-Ellerington	Head Control Course	Physiotherapy Staff	NRH
Mary Crowe and Mary Seaver	Manual Assisted Cough Training	NRH Staff	NRH

REHABILITATIVE TRAINING UNIT

Presenters and Facilitators	Details	Event or Group	Location
RTU Team	Family Information Day – an educational day for families of individuals with Acquired Brain Injury (ABI) that are awaiting service.	Individuals with ABI on the waiting list for admission to the RTU and their Family Members and Carers	RTU Conference Room
Anne-Marie McDonnell, Interim RTU Manager	Presentation on Role and Function of the RTU as part of the Grand Rounds series of lectures and presentations	Doctors in training in the NRH and NRH staff members	RTU Conference Room

SEXUALITY AND DISABILITY SERVICE

Presenters and Facilitators	Details	Event or Group	Location
Pauline Sheils	Multidisciplinary Workshops on 'Sexuality and Disability'	NRH Clinical Staff	NRH
Pauline Sheils	Lectures on 'Sexuality and Disability'	NCHDs and to students on the NRH/Mater Hospital Rehabilitation Course	NRH
Pauline Sheils	Lectured on 'Sexuality and Multiple Sclerosis.'	Multiple Sclerosis Nurse Specialists	Dublin
Pauline Sheils	Presented on 'Prostate Cancer and Sexuality.'	National Cancer Society Conference	Aviva Stadium, Dublin
Pauline Sheils	Lectured on Psychosexual Therapy and Illness/Disability	Psychosexual Therapists of Ireland	Dublin
Pauline Sheils	Lectured on 'Sexuality and Disability'	Psychosexual Module of Masters in Counselling, Dublin City University	DCU, Dublin

SOCIAL WORK

Presenters and Facilitators	Details	Event or Group	Location
Anne O'Loughlin	Lectured on Masters Programme in Social Work	UCD Students	Dublin
Anne O'Loughlin	Lectured on Masters Programme - Health Module	UCC Students	Cork
Anne O'Loughlin	Lectures to UCD Medical Students	Medical Students (2nd Year Disability Module)	Dublin
Kathleen Kelly	Lectured on Diploma in Spinal Rehabilitation Nursing Course	Rehabilitation Nursing Students	NRH
Anne O'Loughlin	Presentation titled 'Caring and Coping: Bridging the Gap'	IASW Social Work in Primary Care Conference	Dublin
Anne O'Loughlin	Workshop on Social Work and Risk Management	IASW annual Conference	Dublin
Social Work Department	Lectures to TCD Medical Students	TCD Medical Students - NRH Programme	NRH
SCI Social Workers	Presentations to Families and Carers of persons with SCI	Spinal Injuries Ireland Carer Events	Dublin
Anne O'Loughlin	Children First / Vulnerable Adults Training	NRH Staff across all disciplines	NRH
Sheila MacGowan			
Cathrina Lett			
Mary Keaveney	Presentation to delegates at Annual Stroke Survivor Day	Persons who have survived Stroke	Dublin
Anne O'Loughlin	Presentation to Volunteer Training Programme	NRH Volunteer Induction	NRH
Sheila MacGowan	Contributor to Clinical Tutors Journal Club and Clinical Tutors IDT Group	NRH Clinical Tutors (Interdisciplinary Group)	NRH
Sheila MacGowan Emma Fitzgerald	Presentation titled 'Social Work as a Career'	Prospective Social Work student at the NRH IDT Careers Evening	NRH
Bernadette McPhillips	Facilitation of Staff Wellbeing Sessions and education as part of the Positive Work Environment Group Initiative	NRH Staff Members	NRH

SPEECH AND LANGUAGE THERAPY

Presenters and Facilitators	Details	Event or Group	Location
Marie Cox (SLT) & Fiona Maye (OT)	Introduction to Assistive Technology Workshops – OT Brain Injury Study Day – Pathways to Brain Injury	Delivered to external OTs	NRH
Marie Cox as part of NRH Clinical Tutor Team	IDT Careers evening – twice yearly (February & September)	Delivered to 2nd and 3rd level students interested in pursuing a career in allied health professions.	NRH
Marie Cox as part of NRH Clinical Tutor Team	IDT Clinical Education workshop – 2:1 model of student placement	Delivered to the NRH SLTs, OTs & PTs	NRH
Marie Cox (SLT), Fiona Maye (OT) & Kumar Krishna (Multi- Task Intern)	Talktime Presentation and demonstration – Assistive Technology Clinic	Delivered to the NRH staff	NRH



Presenters and Facilitators	Details	Event or Group	Location
Marie Cox	Poster presentation entitled 'Development of a suite of mobile applications to support communication and leisure pursuits for patients with acquired brain injury' – Cox, M. & Doherty, K.	Communication Matters Annual Conference	University of Leeds
Marie Cox	Goal Setting and Record keeping in Speech & Language Therapy workshop	Delivered to Trinity College Dublin Speech & Language Therapy students	TCD
Marie Cox	Poster presentation entitled 'Development of a suite of mobile applications to support communication and leisure pursuits for patients with acquired brain injury' – Cox, M. & Doherty, K	RAATE Conference	NEC Birmingham
Marie Cox (SLT) and Fiona Maye (OT)	Presentation entitled 'Digital Revolution – Implementation of an Electronic Assistive Pilot Project in a Rehabilitation Setting in Ireland' – Maye, F. & Cox, M.	RAATE Conference	NEC Birmingham
NRH SLT Dept	NRH Speech & Language Therapy Study Day – Turning the Cogs: Setting the wheels in motion – A study day for speech and language therapists focusing on Cognitive Communication Disorders	Delivered to external SLTs	NRH
SLT: Deirdre Harrington, Emma Harte, Aoife Henn	Interdisciplinary Team Dysphagia training for staff; From the Kitchen to the Bedside"	Delivered to Nursing, Healthcare and Catering staff from all programmes in the	NRH
Dietetics: Carole Wrixon and Kim Shiel		NRH.	
Catering: Paul Enrigh			
Julianna Little	Face2F.A.C.E: Facilitating Aphasics in Communicating	Delivered to the NRH Staff	NRH
Joan Monahan	Effectively		
Aoife O Reilly	Communication Access	Delivered to the NRH staff and	NRH
Derek Cummins		patients	
(collaboration with the Accessibility Committee)			
Robyn Good	Presentation entitled: 'Compassionate Communication in Schizophrenia: Communication Partners' – Good, R & Walsh, I	Association of Medical Humanities Annual Conference	University of Southhamptor
Robyn Good	'Communication with someone with a communication disorder post-stroke'	Diploma in Cerebrovascular & Stroke Medicine (RCI)	NRH
Emma Harte Julianna Little	Lectures to Medical students including communication and swallowing	Delivered to medical students	UCD





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