

35th
ANNUAL REPORT
2015



PROGRESSING
TOWARDS THE
FUTURE IN SPECIALIST
REHABILITATION
SERVICE PROVISION



OUR MISSION

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

PATIENT ACTIVITY

Inpatient (including day cases)	Discharges
Spinal Injury	157
Traumatic Brain Injury	52
Non-Traumatic Brain Injury	68
Stroke	110
Other Brain Injury	19
Prosthetic Service	103
Other Neurological Conditions	11
Paediatric Programme	126
TOTAL	646

Outpatient (including paediatric patients)	Attendances
Spinal Injury Programme	761
Brain Injury (including Stroke) Programme	784
POLAR Programme	2,562
Paediatrics Programme	52
Nurse Led Clinics	884
Orthoptics	102
X-Ray	1,351
TOTAL	6,496

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CHAIRMAN'S REPORT



The Board of the National Rehabilitation Hospital (NRH) are delighted to report that 2015 has been a year of major milestones for the NRH, marking welcome progress since the formal commitment to proceed with a significant capital development on the NRH campus was announced by the government in 2012.

Phase one of the new National Rehabilitation Hospital development, to be built on the existing campus, is a partnership between the HSE and the NRH Foundation. It will see the existing ward accommodation at the NRH replaced by a new 120 bed facility including integrated therapy services. This first phase will form the basis of a fully redeveloped fit for purpose rehabilitation hospital. The remaining hospital facilities will be developed at a later date when funding becomes available.

As part of the national investment in health capital, this 120 bed ensuite ward accommodation will provide an environment specifically designed to meet the requirements of the patients, 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.

This facility will be purpose built, specifically to accommodate the needs of those requiring complex specialist rehabilitation services and will comply with best international practice and SARI guidelines. Key milestones reached in 2015 are listed below:-

- In March 2015, planning approval was granted by An Bord Pleanála for phase one of the redevelopment project, making it the first major healthcare project to be granted approval through the Strategic Infrastructural Development Process.
- In May, the Disability Access Certificate was granted by Dún Laoghaire Rathdown County Council (DLRCC).

- In August, Minister Leo Varadkar confirmed that a further €15 million has been allocated by government for the redevelopment of the NRH. This allocation bridged a funding shortfall and enabled the NRH and the HSE to proceed with the new 120 bed building on the NRH Campus.
- In June, the Fire Safety Certificate was granted to the NRH by DLRCC.

The next stage in the master programme of works is to complete the EU Tendering Process with a view to commencing building works on site in late 2016. The Board, as well as being involved in all decision making processes, receives continuous updates of the Project Team's ongoing work.

Hospital Activity and Performance Data Reporting

To ensure that Board members are fully informed in relation to all key issues on an ongoing basis, the Board receives the hospital activity and performance data report as part of its monthly reports in the Board information pack. There is also patient and staff representation on the Board. In addition, the Board regularly visits the hospitals' Departments and Services to personally observe the work being carried out within the organisation. Heads of Programmes, Departments and Services are invited on a rotational basis to present at the monthly Board meetings.

NRH Board of Management

2015 saw a number of changes to the Board of Management. Mr Arthur O'Daly retired after many dedicated years of voluntary service and Dr Maeve Nolan, Senior Clinical Psychologist, completed her maximum two terms of three years as Staff Representative on the Board in 2015. The Board members, Management, and Staff of the hospital, on behalf of the patients we serve, are extremely grateful for their dedicated work and commitment during their tenure as Board members.

We warmly welcomed new Board Members:

- Ms Áine Cornally,
- Dr John O'Keeffe,
- Ms Breda Moriarty (Patient Representative),
- Ms Pauline Sheils (Staff Representative), and
- Dr Mark Delargy, Clinical Director.

We look forward to working with the new Board members and greatly appreciate the contribution which their expertise and experience will make towards achieving the hospital's strategic objectives. These objectives include striving to achieve excellence in patient care at the NRH and good corporate governance.

Appointment of Clinical Director at the NRH

The Board of Management was pleased to announce the appointment of Dr Mark Delargy as Clinical Director at the NRH in August 2015. Dr Delargy has been a Consultant in Rehabilitation at the NRH, the Mater and Beaumont Hospitals since 1994; he is an Honorary Clinical Associate Professor of the Royal College of Surgeons in Ireland (RCSI) and has formerly been both Secretary and Chair of the NRH Medical Board.

The Clinical Director Post is a new leadership role within the NRH. As Clinical Director, Dr Delargy will report directly to the CEO and will manage all medical resources, plan how services are delivered across Clinical Programmes and contribute to the process of strategic hospital planning as well as retaining some of his current clinical duties.

Good Corporate Governance – Board Training and Development

During 2015 the Board completed an interactive Governance Training programme covering a range of topics to provide an understanding of good corporate governance, its scope and benefits. Topics as part of the training included: the

role of Boards in Corporate Governance; effective Board structure, meetings and evaluation; duties and liabilities of Board members, legal and regulatory frameworks, and the potential consequences of failing to achieve good corporate governance.

A Note of Appreciation

This hospital would not be able to function without the support of many people. In particular, we extend our grateful appreciation to Sr Peggy Collins, Provincial Leader, for the enormous contribution of the Sisters of Mercy over the years.

We also thank the HSE for its ongoing support and look forward to working constructively together to maintain and improve the invaluable services provided by the NRH.

We are grateful for the continued assistance and services from Mason Hayes + Curran, Solicitors; and our Auditors, Robert J. Kidney and Company.

The members of the Board of Management and of its sub-committees in 2015 also deserve our thanks, namely:

- the Medical Board,
- the Audit Committee,
- the Nominations Committee,
- the Executive Committee,
- the Finance Committee,
- the Ethics Committee.

The Chairpersons and members of each committee give their time, voluntarily and without remuneration, in the interests of the hospital.

And finally, our thanks must go to the staff of the hospital and the Chief Executive, Derek Greene. Notwithstanding the major challenges posed by suboptimal buildings and environment, and severely limited resources, rehabilitation services are not only being provided, but are being improved to enhance the wellbeing of the patients and their families whom the NRH is dedicated to serving.



Kieran Fleck
Chairman



CHIEF EXECUTIVE'S REPORT



“ Planning approval was granted by An Bord Pleanála in March, making this the first major healthcare project to be approved through the Strategic Infrastructural Development Process. ”

Delivering & Developing Specialist Rehabilitation Services Nationally

The Annual Report highlights the work undertaken by our Staff at the NRH 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 2015, it reflects the unstinting dedication of our staff as they continue to face challenges on a daily basis in a healthcare system undergoing continuous change.

The New Hospital Development – Phase One

During 2015 progress escalated significantly in relation to the first phase of the New Hospital Development.

The highpoints for the project in 2015 include planning approval granted by An Bord Pleanála in March, making this the first major healthcare project to be approved through the Strategic Infrastructural Development Process; and confirmation by the Minister for Health in August of a further €15 million being allocated by government for the redevelopment of the NRH, enabling the Hospital and the HSE to proceed with the new 120 bed building on the NRH Campus.

In addition, the Disability Access Certificate and the Fire Safety Certificate were granted in 2015. All of these milestones paved the way for the Health Planning Team to continue working at pace towards the next phases of the project, the priority being to complete the tendering process for the building contractor with a view to having the building works commence in late 2016.

Budget Allocation

Our Finance Team achieved a break-even final outturn at year-end which is an exceptional result. Great credit is due to the Director of Finance and his team, and staff throughout the hospital who have continued to work creatively to save costs for the hospital in these difficult times.

Staffing Matters – Workforce Planning

During 2015, as a consequence of reduced staffing levels (post austerity cutbacks), a detailed staffing and capacity review across all NRH clinical and non-clinical services was undertaken. The review and detailed analysis was completed with a view to defining a baseline from which safe, evidence-based practice and specialist rehabilitation services can be delivered into the future. Subsequently, given that there are significant changes in service demands, increased caseload complexities, rising expectations and minimum safe staffing levels, the hospital submitted a detailed Workforce Planning document to the HSE to request the additional staffing required for the provision of safe care to all our patients, at the appropriate levels based on the range and scope of services we provide.

During 2015 the hospital continued to maintain the volume and quality of services delivered to our patients which shows a level of commitment and dedication that cannot be underestimated – we thank each and every staff member for their hard work and professionalism under such challenging circumstances.

Highlights and Developments in 2015

CLINICAL DIRECTOR APPOINTMENT

In 2015 the NRH appointed Dr Mark Delargy as Clinical Director. This is a new lead management role within the NRH which involves managing and planning how services are delivered, contributing to the process of strategic planning, influencing and responding to organisational priorities. We wish Dr Delargy every success in his new role and look forward to working together with him as we plan towards moving our services to a fit-for-purpose environment in the new hospital building.

NRH ORGANISATIONAL STRATEGY

During 2015, the hospital three-year Strategic Plan was further developed into a detailed action plan to underpin the stated strategic objectives approved by the Board. In addition, the NRH Accessibility, Communications, 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 2015. The hospital's delayed discharge report and status is included as part of the Acute Services delayed discharge summary and action report. The NRH continues to advocate with the HSE in this matter. In 2015, 2,155 bed days (compared with 1406 in 2014) were lost as a consequence of delayed discharges from our services.

HIQA SAFER BETTER HEALTHCARE STANDARDS

In 2015, work continued under the leadership of Bernadette Lee and Amanda Carty in line with the national implementation of Safer Better Healthcare Standards. The hospital acknowledges the level of commitment and enthusiasm with which staff have engaged in the process. The outcomes from the self-assessment process will be used to inform our decision making processes in the coming years.

POSITIVE WORK ENVIRONMENT GROUP

Significant work was undertaken by the Positive Work Environment Group in recent years, including Work Positive Profile Staff Surveys, Dignity At Work, Diversity and Inclusion, and Conflict Awareness training programmes, as well as the introduction of the 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, once again in 2015, the NRH was confirmed as having been shortlisted as finalists in two awards categories in the HR Leadership and Management Awards, which is a national awards programme. The awards categories are:-

- Best Workplace Diversity Strategy
- Best Public Sector HR Initiative

“ Given that there are significant changes in service demands, increased caseload complexities, rising expectations and minimum safe staffing levels, the hospital submitted its detailed Workforce Planning document to the HSE to request the additional staffing required for the provision of safe care to all our patients. ”



“ The NRH Foundation raises 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. ”

EDUCATION AND RESEARCH AT THE NRH

The NRH Academic Steering Committee was 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. During 2015, work has been ongoing with the Academic Steering Committee to develop systems and processes around the NRH Teaching Agreement that will facilitate discussions with Universities and Higher Level Training bodies in relation to student placement and teaching. Work is also underway on developing an educational and teaching hub at the NRH in line with the hospital's strategic plan.

I encourage you to read the comprehensive report of Education and Training Delivered by NRH Staff on pp. 106-112 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 NRH' can be accessed on the hospital's website (www.nrh.ie).

THE NRH PATIENT FORUM

The Patient Forum is chaired independently by a past patient of the hospital and continues to meet on a monthly basis. The forum provides an opportunity for current patients and their family members or carers to give their feedback or suggestions and raise any queries or concerns for follow up by hospital management and staff. Members of the hospital's Executive attend the meeting on a rotational basis. Feedback received at the forum (as well as from other feedback mechanisms in place) is invaluable as it allows us to continually improve our services and informs quality improvement and decision-making processes. A member of the Health Planning Team also attends meetings on a regular basis to keep patients informed about the new hospital development.

FOCUS ON HYGIENE, INFECTION PREVENTION AND CONTROL (HIPC)

The hospital has been monitoring the number of patients being admitted with HAIs (Hospital Acquired Infections) over the last 18 months. During that time there has been an increase in admissions to the hospital of patients with HAIs by 100%. In 2015 the Hospital established a working group to specifically monitor and take action on these matters. The group comprises of the Chief Executive, Clinical Director, Director of Nursing, Consultant Microbiologist, Infection Prevention and Control CNS, Risk Management and Director of Finance. Significant developments have been made in this area driven by both the aforementioned working group and 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 raises 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 2015, the total funding granted to the hospital by the NRH Foundation to support these projects was over €290,000. We are extremely grateful to the NRH Foundation as without this funding it would be impossible to provide many of the services and facilities for our patients that we currently do.



Sincere thanks to each and every staff member for your unstinting hard work and commitment to our patients and their families.

“ We at 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. ”

The 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 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



Ms Breda Moriarty
(from August '15)



Ms Eilish Macklin



Mr Brian McNamara



Mr Paul McNeive



Dr John O'Keeffe
(from July '15)



Ms Pauline Sheils
(from August '15)



Ms Elizabeth Maguire



Sr Helena O'Donoghue



Ms Áine Cornally
(from July '15)



Dr Mark Delargy
(from August '15)

NRH COMMITTEES

Board of Management

Mr Kieran Fleck (10/11)*
(Chairman)

Mr Derek Greene (11/11)*
(Secretary)

Mr Henry Murdoch (11/11)*
Sr Helena O'Donoghue (11/11)*

Mr Barry Dunlea (11/11)*

Dr Jacinta McElligott (8/11)*

Ms Eilish Macklin (10/11)*

Mr Brian McNamara (9/11)*

Mr Paul McNeive (8/11)*

Dr Mark Delargy (4/4)*
(from August '15)

Ms Elizabeth Maguire (10/11)*

Ms Maeve Nolan (5/5)*
(to May '15)

Mr Arthur O'Daly (1/2)*
(to March '15)

Ms Áine Cornally (4/4)*
(from July '15)

Dr John O'Keeffe (4/4)*
(from July '15)

Ms Breda Moriarty (4/4)*
(from August '15)

Ms Pauline Sheils (4/4)*
(from August '15)

* Total meeting attendance

Executive Committee

Mr Derek Greene
(Chairman)

Dr Mark Delargy

Dr Simone Carton

Mr Sam Dunwoody

Ms Bernadette Lee

Ms Eilish Macklin

Dr Jacinta McElligott

Mr Eugene Roe

Ms Rosemarie Nolan

Ms Olive Keenan

Ms Rosie Kelly

Mr Paul Griffin
(Deputising for R Kelly to May '15)

Ethics Committee

Ms Elizabeth Maguire
(Chairperson)

Dr Jacinta McElligott

Dr Simone Carton

Mr Derek Greene

Ms Bernadette Lee

Ms Eilish Macklin

Ms Pauline Sheils

Fr Michael Kennedy

Sr Helena O'Donoghue
(to May '15)

Ms Breda Moriarty
(from November '15)

Medical Board

Dr Jacinta McElligott
(Chairperson)

Dr Áine Carroll

Dr Mark Delargy

Mr Robert Flynn

Dr Jacinta Morgan

Dr Brian McGlone

Dr Tom Owens

Dr Nicola Ryall

Dr Éimear Smith

Mr Keith Synnott

Dr Susan Finn

Mr Seamus Morris

Dr John MacFarlane

Dr Paul Carroll

Dr Sinéad McNicholas

Dr Cara McDonagh

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 are invited to attend

In attendance:

Member of NRH
Executive Committee

Finance & General Purpose Committee

Mr Kieran Fleck
(Chairman)

Mr Derek Greene
(Secretary)

Mr Barry Dunlea

Ms Áine Cornally
(from October '15)

Dr Mark Delargy
(from November '15)

Ms Eilish Macklin

Mr Arthur O'Daly
(to March '15)

In attendance:

Mr Sam Dunwoody

Audit Committee

Mr Dermot Quinn
(Chairman)

Mr Barry Dunlea

Mr Henry Murdoch

Mr Arthur O'Daly
(to March '15)

Nomination Committee

Sr Helena O'Donoghue
(Chairperson)

Mr Kieran Fleck

Mr Derek Greene



FINANCIAL STATEMENT



Again, 2015 began like previous years with our initial HSE funding allocation for services less than our closing 2014 funding level. The opening allocation for the year was set at €25.392m – a reduction of €0.585m on 2014 funding. This allocation reflected an initial 2.3% reduction 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 our service delivery to patients and their families nationally as the NRH is currently the only Complex Specialist Rehabilitation Service provider in the country.

Following a year long process of negotiations with the HSE additional funding of €1.834m was allocated for increased costs of Pensions and Lump sums as well as service pressures resulting in a final allocation of €27.226m with €1.834m (2014: €2.043m) allocated on a 'once off' basis.

2015 Fiscal Outcome

Our cumulative overrun at the end of the previous year (2014) was contained at €0.052m and this overrun is treated as our first charge on expenditure in our 2015 accounts. The total net expenditure incurred in 2015 was €27.214m, which resulted in a very minor surplus for the year – this represents effectively a breakeven result which required very tight fiscal policy, monitoring of expenditure across all areas and a very strong working relationship with budget holders and line managers across the entire organisation. Credit is due to all staff for their support and commitment in managing costs to achieve this result. This will allow the Hospital commence its services in 2016 without any financial burden carried forward from the previous year.

A summary of the 2015 Revenue Income & Expenditure Account is as follows:

	Budget 2015 €000	Actual 2015 €000	Variance Current Year €000	Actual 2014 €000
Pay Expenditure	25,440	25,444	4	24,759
Non-Pay Expenditure	9,399	9,393	(6)	9,383
Gross Expenditure	34,839	34,837	(2)	34,142
Less Income Receipts	7,613	7,623	(10)	8,113
Net Expenditure	27,226	27,214	(12)	26,029
Revenue Allocation	27,226	27,226		25,977
Accumulated Deficit		(12)	52	

Income and Expenditure Account

Pay costs increased from €24.759m to €25.444m – an increase of 0.03%. Salaries increased by €0.371m (services pressures and increased maternity leave cover) and Pensions and Lump Sums also increased by €0.314m. While the continued recruitment freeze imposed by the HSE assists in managing expenditure, the knock on effect is making it increasingly more difficult to maintain services as provided in previous years.

Non-Pay expenditure had a very slight increase of €10,000 or less than 0.1% this year giving a small savings over available budget. The main areas of expenditure are:-

The cost associated to the manufacture and supply of Artificial Limbs and Orthotics which made up 33.4% – €3.135m (2014: €2.760m) of the expenditure and increased by €375,000 year on year. Other Non-Pay expenditure areas of Medicines, Medical and Surgical, Catering, Cleaning, Heat Power and Light and Administration were in line with 2014 expenditure with some reductions in Aids and Appliances, Maintenance and Computer Supplies. The Hospital continues to invest in training and education across the whole organisation in support of the specialised services we provide.

We offset a significant part of the costs by increased sales from the supply of artificial limbs and orthotics, and grants from the NRH Foundation for the purchase of new ward and therapy equipment which contributed to the year end result.

2015 saw income receipts decrease by €490,000 – 6% on 2014 to €7.623 (2104: €8.113m). Three main areas of income changes to note were: Sales of Artificial Limbs and Orthotics increased to €3.111m (2014: €2.782m), Income from External Agencies decreased by €0.312m due to reduced Grant Aid from the NRH Foundation from €723,000 in 2014 to €415,000 in 2015. There was also a 35% drop in receipts of circa €490,000 to €917,000 (2014: €1.406m).

The inflow of income receipts from Road Traffic Accidents is extremely unpredictable. Due to this year's reduced RTA receipts some projects such as Hospital maintenance and the replacement or purchase of equipment again had to be curtailed as has happened in previous years.

Capital Grants

Capital Funding approved during 2015 was as follows:

	2015 €	2014 €
Capital Project – Hospital Redevelopment Project – HSE	611,228	1,016,465
Minor Capital – Water Management System and Replacement Calorifiers	–	121,703
NIMIS X-Ray Project	–	17,141
Minor Capital – ICT Projects Hardware & Software Replacement	–	154,339
New Telephone System	78,766	207,369
Fire Detector System & Emergency Lighting Project	28,905	8,837
	718,899	1,508,713

Developments

Throughout 2015, 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, National Strategy issues, Employee Control Ceiling and Revenue Allocation Adjustments and Submissions.

2015 saw further progress on the New Hospital Development and the hospital's Health Planning Team and our Design Team are now working to complete the full design and related tender documentation to enable the tender for a building contractor to commence in late 2016, early 2017. The Hospital also received some minor additional HSE Capital grants in 2015 which supported the New Telephone System as well as a grant for commencing work on the project to upgrade our Fire Detector System and Emergency Lighting in the remaining areas of our old buildings.

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



Sam Dunwoody
Director of Finance



MEDICAL BOARD REPORT

Admitting Consultants



Dr Mark Delargy
Clinical Director



Dr Jacinta McElligott
Chairperson Medical Board



Dr Nicola Ryall



Dr Jacinta Morgan



Dr Áine Carroll



Dr Éimear Smith



Dr Susan Finn



Dr Eugene Wallace
Consultant in
Rehabilitation Medicine



Dr Paul Carroll



Dr Jacqui Stow



Dr Cara McDonagh



Dr John MacFarlane
Consultant in
Rehabilitation Medicine

Clinical Governance is described as

The system through which health care teams are accountable for the quality, safety and satisfaction of patients in the care they have delivered

HSE-Quality and Safety, Clinical Directorate

Medical Board Highlights 2015

2015 was a notable year in many respects.

Notable for continued rapid changes, challenges, growth and development in the wider health care system in Ireland. Notable also for the need for our clinical teams to respond to patients' needs as reflected in the increased number of patients with complex impairments referred to NRH. It is also noted that despite these challenges our patients continue to report a high degree of satisfaction with our services, and our outcome measures continue to show our clinical teams are effective in supporting our patients in functional improvement, meaningful participation and return to community living.

Consultants with clinical attachment at the NRH



Dr Maria Frampton
Consultant Psychiatrist



Dr Sinéad McNicholas
Consultant Microbiologist

The Medical Board recognises and commends all the NRH staff, clinical and non-clinical teams, services and programmes for the tremendous effort, flexibility and response to the challenges of continuing to provide safe, compassionate, high quality and effective care to our patients despite the challenges of increasing demand and complexity of needs in the patients referred to all NRH programmes.

The Medical Board would also like to acknowledge the tremendous expert support and advice from our colleagues on the medical board: Dr Susan Finn (Paediatrics); Dr Sinead McNicholas (Microbiology); Dr Brian McGlone, (Radiology); Dr Robert Flynn (Urology), and Dr Maria Frampton (Neuropsychiatry). We very much appreciate the close collaboration, support, and expert advice to ourselves, our NCHDs our students and the clinical and administrative teams in supporting the care and interdisciplinary team interventions for patients in need of complex specialist rehabilitation services

2015 was also notable as a year of anticipation.

It was a year of anticipation of change and how the NRH will deliver services in the context of the demands in the wider health care system, National Clinical Programmes, and Rehabilitation Programme Model of Care.

In this context how do we position our clinical teams and services and build their expertise and capacity to meet the needs of increasing numbers of patients being referred with more complex needs; and how do we build a clinical governance infrastructure that continues to improve the quality and safety of our care, and the outcomes of our patients despite a finite capacity?

How do we develop and grow our teams to ensure the capacity and outreach to meet the demand for complex specialist rehabilitation services to the nation?

How do we build our capacity and expertise to future proof our programmes and services to continue to deliver safe, high quality, compassionate and effective interdisciplinary rehabilitation, in the 'NRH Hub' of a 'hub and spoke' Model of Care?

How do we do it? ... we do it together ... one patient at a time.

Highlights in Educational activities of the Medical Board

Dr Jacinta McElligott continued to serve as Chair of the Medical Board.

The Medical Board congratulates **Dr Mark Delargy** on his appointment as the first Clinical Director for the NRH. **Dr Delargy** will lead the transition and further integration and implementation of the clinical governance, quality and safety infrastructure of the hospital.

Dr Aine Carroll continues as the National Director for Clinical Strategy and Programmes Division, HSE, providing outstanding leadership and direction to the National Clinical Programmes.

The development of the Model of Care (MOC) for Rehabilitation continued under the dedicated hard work of **Dr Jacinta Morgan** and **Edina O'Driscoll**, with anticipated launch in spring 2016.

Dr Morgan served on the Major Trauma Audit working group and also received her RCPI / RSA Certificate in Traffic Medicine. The Medical Board congratulates Dr Morgan for her persistence and success in facilitating the inclusion of US trained Rehabilitation Consultants on to the Specialist Register in Rehabilitation Medicine in Ireland under the new (RCPI) evaluation mechanism.



Dr Mark Delargy was elected to Executive Council of the European Board of Physical and Rehabilitation Medicine (ESPRM) 2015 and continues to serve as National Manager for Ireland delegate on the European Union of Medical Specialties for Physical and Rehabilitation Medicine. Dr Delargy also served on the Physiotherapy Registration Board (PRB) with CORU, the National Registration Council.

Dr Jacinta McElligott continued to serve as Medical Director of the Brain Injury Programme at NRH and completed a Diploma in Leadership through the RCPI. Dr McElligott also continues her role as a CARF surveyor and participated in surveys in Texas and Pennsylvania this year.

Dr Éimear Smith continues to serve as Medical Director to the NRH Spinal Cord System of Care (SCSC) Programme and served as the Chairperson of the Clinical Advisory Group for Rehabilitation Medicine National Clinical Programme. Dr Smith is a member of the Rehabilitation Group for the Department of Health/HSE National Trauma Strategy, and she is also president of the Irish Association of Rehabilitation Medicine (IARM).

The NRH hosted the Irish Association of Rehabilitation Medicine annual general meeting in the Spring of 2015 with a number of platform and poster presentations from Consultants and Interdisciplinary teams from the NRH as well as teams from across the country and our colleagues in the North.

Dr Nicola Ryall, is Medical Director of the Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) programme, and is also the Rehabilitation Medicine Programme representative on the HSE Orthotics, Prosthetics and Specialised Footwear advisory group.

Dr Jacqui Stow is commended for her excellent support, clinical and educational input to the POLAR programme and her expertise and support for the complex spasticity clinic and intrathecal baclofen service.

We very much appreciate the support and dedication of **Dr Susan Finn**, Paediatric Consultant for her leadership and medical direction of the Paediatric Programme at the NRH.

Dr Eugene Wallace was the Rehabilitation Consultant lead in the establishment of a Concussion Clinic in St James Hospital and Dr Wallace has continued his work with the RCPI, Traffic Medicine and the Clinical Advisory Group for Stroke.

Congratulations to **Dr John MacFarlane** on his appointment as lead regional Rehabilitation Consultant for the South, Cork and Kerry.

Medical Board Presentations at International and National Scientific Meetings

Dr Jacinta Morgan was the keynote speaker at the SPMFR (Portuguese PMR society) conference in Lisbon, speaking on Cognitive Rehabilitation in Traumatic Brain Injury. Dr Morgan was also a keynote speaker at the International Congress of Neuropsychological Rehabilitation, presenting on 'Comprehensive Integrated In-Patient Rehabilitation' and leading a workshop on 'Disorders of Consciousness: Legal and Ethical Issues across Borders'.

Dr Mark Delargy presented on Accreditation Systems for Rehabilitation Medicine – at the International Society of Physical and Rehabilitation Medicine (ISPRM) in Berlin.

Dr Éimear Smith and **P Fitzpatrick** presented a poster on the 'Epidemiology of Spinal Cord Injury in Ireland. Part 1: Evaluation of record accuracy and results of a feasibility study'. Dr Smith also presented her poster on a literature review of the effects of hydrotherapy in spinal cord injured patients at the ISCoS-ASIA joint meeting held in Canada in May 2015.

Dr Paul Carroll, **Dr Aisha Khan**, in conjunction with and Ms Bernadette Lee presented a poster on 'Patient Abscondings; an evaluation of in-absconding episodes occurring at the National Rehabilitation Hospital' at the British Society of Rehabilitation Medicine.

In addition **Dr Carroll**, **Catriona Moran**, **Edwina Walsh** and **Alison McCann** presented a poster on a "Profile and Assessment of Visual Impairment in Patients with Acquired Brain Injury" at the European Federation for Research in Rehabilitation in May 2015.

Dr Daniela Stancila, along with **K Roberts**, **C O'Neill**, **E Wallace**, **K Lennon**, **O Crean**, **L Croxon**, **B Lee**, **Á Carroll**, **É Smith**, **S McNicholas**. Presented a poster on: 'Introduction of a Urinary Catheter Care Bundle in a Specialist Spinal Cord Injury Centre – Expected and Unexpected Benefits' at the MASCIP annual scientific meeting, UK.

Dr Cara McDonagh presented her research at the European League against Rheumatism (EULAR) conference in Rome in June.

Dr McElligott, **Dr Morgan** and **Dr Áine Carroll** continues to participate in the RCPI Stroke Diploma and **Dr Smith** presented an 'Update on Spinal Cord Injury Rehabilitation' at the Annual Neurological Surgery Symposium, RCSI in Ireland.

We are very grateful for the excellent medical administration support and expertise of **Aisling Cushen** and the administrative team at the NRH.

Higher Specialist Training

Dr Smith served as National Specialty Director for Rehabilitation Medicine. The Medical Board congratulates **Dr Raymond Carson** on his successful completion of highest specialist training in Rehabilitation Medicine in 2015. We welcome new SPR Trainee **Dr Sabrina McAllister** who joins **Dr Aaisha Khan** and **Dr Kinley Roberts** currently enrolled in the HST in Rehabilitation Medicine at NRH.

Basic Specialty Training

The NRH continues to provide the primary teaching for NCHDs in the Basic Specialty and RCSI General Physician training programme, in the principles and practices of Rehabilitation Medicine with BST trainees rotating through NRH from Beaumont, SVUH and the Mater Teaching Hospitals.

Drs McElligott, Morgan, and Wallace continue to participate in the membership examinations.

Undergraduate Medical Education

The Medical Board sincerely thanks **Dr Chantal Cotter** and **Dr Daniela Stancila** for their outstanding hard work and dedication to the medical students during 2015. We had an approximately 390 medical students from TCD, UCD and RCSI rotating through our undergraduate educational programmes. Feedback from students is very positive especially in relation to the opportunity to interact with patients, gaining a better understanding of disability and the importance of interdisciplinary rehabilitation. They particularly appreciate the opportunity to work within the interdisciplinary teams, learn from other allied health professionals and interact with students from other disciplines.

Research

The Medical Board congratulates **Dr Smith** who was awarded a HRB grant award for a study 'Traumatic Spinal Cord Injury in Ireland: service planning for changing epidemiology' to be conducted during 2016.

Congratulations to **Dr McDonagh** who was awarded Young Investigator Award 2015 by Irish Society of Rheumatology for her research for her work on 'Ultrasound Assessment of the Median Nerve in Carpal Tunnel Syndrome before and after Corticosteroid Injection'.

Dr Wallace continues to be involved in research with a paper recently submitted on the subject of Blood Brain Barrier dysfunction in the presence of Chronic Traumatic Encephalopathy.

Dr Ryall and **Dr Stow** are the lead NRH clinicians on a multidisciplinary multisite research PhD project with UCD school of Medicine, UCD School of Mechanical and Materials Engineering, UCD School of Public Health, Physiotherapy, and Sports Science, MMUH and Santry Sports Clinic on 'Design and Validation of Patient-specific, 3D-printed, Unilateral Below-Knee Prostheses with Integrated Bio-mimetic, Artificial Muscles and Bones'.

Medical Board Publications

PW New, RK Reeves, É Smith, I Eriks-Hoogland, A Gupta, G Scivoletto, A Townson, M Belci, MW Post. International retrospective comparison of in-patient rehabilitation for patients with spinal cord dysfunction: differences according to aetiology.

Arch Phys Med Rehabil 2015 Nov 22: epub ahead of print

S Wong, M Saif, J O'Driscoll, N Kumar, É Smith, E Roels, I Vas Nes, W Faber, E McKeown, S Hirani, A Jamous. Use of probiotics in preventing antibiotic associated diarrhoea and clostridium difficile associated diarrhoea in spinal injury centres: an international survey of 4 western European countries. International Journal of Probiotics & Prebiotics 2015; 10(2/3):85-90

PW New, RK Reeves, É Smith, a Townson, I Eriks-Hoogland, a Gupta, M Belci, G Scivoletto, MW Post. International retrospective comparison of in-patient rehabilitation outcomes for patients with spinal cord dysfunction: epidemiology and clinical outcomes. Arch Phys Med Rehabil 2015; 96(6):1080-7.

É Smith, A O'Reilly, S Morris, K Synnott, M Timlin. Review of time to surgical decompression in traumatic spinal cord injured patients in Ireland. Ir Med J 2015; 108(9):265-7

S Wong, J van Middendorp, M Belci, I van Nes, E Roels, É Smith, SP Hirani, A Forbes. Knowledge, attitudes and practices of medical staff towards obesity management in patients with spinal cord injuries: an international survey of four western European countries.

M Cuesta, MJ Hannon, RK Crowley, LA Behan, W Tormey, D Rawluk, M Delargy, A Agha, CJ Thompson: Symptoms of gonadal dysfunction are more predictive of hypopituitarism than nonspecific symptoms in screening for pituitary dysfunction following moderate or severe traumatic brain injury, Clinical Endocrinology 84 (1), 92-98



SECTION 2

NRH REHABILITATION PROGRAMMES

BRAIN INJURY AND STROKE PROGRAMMES REPORT





Dr Jacinta McElligott
Medical Director
Brain Injury Programme



Dr Amanda Carty
Programme Manager
Brain Injury and Stroke Programmes

The Brain Injury and Stroke Programmes at the National Rehabilitation Hospital, in collaboration with the patients and 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.

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) having received three year specialty accreditation in 2014. The programme continues to develop in line with these standards to continuously work towards reaccreditation in 2017.

Demographics, Activity and Outcomes for Inpatient Services – 2015

260 patients received inpatient rehabilitation services in 2015 which is a decrease on 2014 figures (278). Of the 260 patients discharged from the Brain Injury Programme, 241 were admitted to the Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP), and 19 patients were admitted for short review or assessment. The reduction in total numbers through the programme is a result of increased delayed discharges days, which equate to an equivalent of approximately 20 CIIRP programmes.

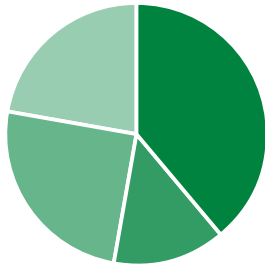
DEMOGRAPHICS & ACTIVITY

Of the 260 patients discharged from the Brain Injury Programme, 241 were admitted to the Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP) with a breakdown of diagnoses as follows:-

110	68	52	11
(46%) had a diagnosis of Stroke	(28%) had a diagnosis of Non-traumatic Brain Injury	(22%) had a diagnosis of Traumatic Brain Injury	(4%) had a diagnosis of other Neurological Conditions

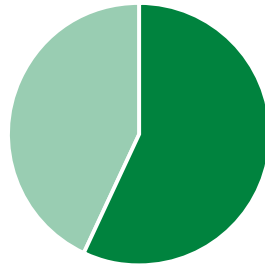


PRE-HOSPITAL HSE AREAS OF RESIDENCE OF INPATIENTS SERVED BY THE BI PROGRAMME



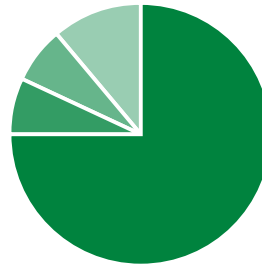
HSE Dublin Mid Leinster	39%
HSE Dublin North East	14%
HSE South	25%
HSE West	22%

GENDER OF INPATIENTS SERVED BY THE BI PROGRAMME



Male	57%
Female	43%

DISCHARGE LOCATION OF INPATIENTS SERVED BY THE BI PROGRAMME



Home	75%
Acute Care Hospital	7%
Residential Care	7%
Other	11%

AGE PROFILE OF INPATIENTS SERVED BY THE BI PROGRAMME

Average age	49 years
Lower age range	18 years
Higher age range	78 years

Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE PROGRAMME

Indicator	Target Set – 2015	Outcome 2015	Note / Trend
Average Days Waiting for Admission	Target: average days waiting for admission would be less than 70 days.	64% patients waited under 70 days; 91% under 90 days	Average Waiting Times: High complexity = 115 days Moderate complexity = 85 days Low complexity = 60 days (Significant range)
Completion rate of Outcome Measures: Functional Independence Measure (FIM) Modified Barthel (MB) and Disability Rating Scale (DRS)	95% completion of both the admission and discharge FIM 95% completion of both the admission and discharge MBI and DRS	96% completion rate FIM 99% and 77% completion rates respectively	FIM was target for 2015
Incidence of Positive Change in Outcome measure at Discharge	Improvement in FIM Score 90% of patients would show a positive change in Barthel	94% patients 71% of patients	FIM goal to be set as a singular measure for the Programme in 2016
Average Score Change in Outcome Measures at Discharge	Patients would improve on average by at least 10 points as measured on the Modified Barthel	Barthel – 13 points average improvement FIM - 24 points average improvement	Above target. FIM and Functional Assessment Measure (FAM) to be reported for benchmarking in future FIM goal to be set as a singular measure for the Programme in 2016
Average Rehabilitation Length of Stay	Length of stay would be less than or equal to 90 days	58 days	Significant range across various complexities and particular populations
Discharge to Home Rate	75% of patients would be discharged to home	75%	Target attained despite rise in complexities involved in achieving home discharge for increasing numbers of patients.

The programmes continue to deliver high quality effective rehabilitation in a national context of increasing patient numbers waiting for access, and a higher proportion of all patients having higher complexity of needs than previously seen. Staff must be commended for continuing to deliver consistent and excellent patient outcomes without added resources, in such challenging and demanding times.

The programme looks forward towards being able to benchmark with similar rehabilitation providers as part of our further efforts to continuously improve the effectiveness of our programme for all patients.

Programme Goals and Achievements in 2015

INTERDISCIPLINARY DISCHARGE REPORT (IDTR) COMPLETION RATES

A significant effort was made in 2015 to improve the IDTR completion and postal rates. By analysing the clinical and administrative components it was possible to identify the areas resulting in delays and address these. This culminated in a significant increase in the last two quarters of 2015 to 82% and 72% respectively. This represents a significant improvement on 2014 figures.

INTERDISCIPLINARY ASSESSMENT TOOL

In an effort to improve interdisciplinary assessment and therefore goal planning for all patients, the programme set out to develop an improved and Brain Injury specific interdisciplinary assessment document. This was an interdisciplinary process and an assessment tool was developed and implemented on a pilot basis in the last quarter of 2015.

PREPARATION FOR BENCHMARKING – FUNCTIONAL INDEPENDENCE MEASURE (FIM)

The programme has ratified the FIM as the singular outcome measure to be used for the programme in order to measure functional change. The first important stage in this process was to ensure and achieve maximal completion rates for the FIM across all wards and programmes. This was achieved in 2015 with 95% completion rates. In doing so we will be able to compare effectiveness against other similar services. There is some further work required to remove delayed discharges from the active rehabilitation length of stay which will be undertaken in 2016.

BRAIN AWARENESS WEEK

The programmes successfully ran a staff training event in conjunction with Brain Awareness Week entitled 'Supporting you to support patients'.

WORKFORCE PLANNING & SERVICE DELIVERY

A significant study and benchmarking of the capability and resources within the programme was undertaken. The outcome from this was a road map for staffing for the programme that can safely and effectively care for the rising complexities of patients, and the rising numbers, of the most complex of patients within the context of national need and NRH's role as the national tertiary provider of complex specialist rehabilitation. This will be taken forward to all relevant stakeholders.

The Psychology Department undertook an extensive review of their service delivery with a view to maximising direct patient input to meet the programmatic need, and to revise their model of service delivery. This process took nine months to complete but now delivers a more efficient service across the inpatient and outpatient continuum.

Waiting List Management and Stratification

In 2015, the waiting list was stratified and examined in the context of the different patient dependencies (rehabilitation complexity score) and by special populations. A primary goal was to be able to establish the waiting times for patients of different dependencies and clinical needs. In completion of this, particular actions could be effected for each group as required. Improvement Actions include:

- 1) As a result of this stratification of the waiting list it became apparent that the Prolonged Disorders of Consciousness (PDOC) population were unable to access NRH service in a timely way. As a result, the programme delivered a Pilot PDOC Outreach Project to establish the care needs of all patients in this population, provide input and advice where invited or accepted and examine the feasibility of delivering care to this patient population via an outreach model of service delivery. This was a very successful initiative culminating in the development of an action plan to promote and improve the delivery of an evidence based care plan to this population. This will be further developed and implemented in early 2016.
- 2) Development and Approval for implementation of a Preadmission Coordinator Role for implementation in 2016.



Year in Review 2015

The programme ran a 'Year in Review' session as there were several initiatives, projects, presentations and publications undertaken by the whole Interdisciplinary Team. This provided a relaxed session in which team members could present their work to the wider programme and their departmental colleagues. This will continue into the future. The components of this will be discussed under the departments below.

Programme Manager

Dr Amanda Carty is the Programme Manager for the Brain Injury and Stroke Programmes.

Clinical Services delivered within the Brain Injury Programme

Patient care and treatment is delivered by Consultant delivered interdisciplinary teams, with clinical responsibility led by **Dr Jacinta McElligott (Medical Director)**, with Consultant Colleagues **Dr Mark Delargy (NRH Clinical Director)**, **Dr Jacinta Morgan** and **Dr Paul Carroll**. Dr Mark Delargy now has a reduced clinical practice due to his appointment as Clinical Director in 2015) and **Dr Jacqui Stow** joined the team to take up this part-time Consultant role in the Programme. **Dr Eugene Wallace** and **Dr John MacFarlane** provide rehabilitation input on behalf of the NRH in major referring hospitals throughout HSE DML/DNE and HSE South respectively. **Dr Áine Carroll** remains as National Director of Clinical Strategy and Programmes at the HSE. A rotating team of NCHDs continue to provide medical support at the NRH.

- **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**
Implementation of the Psychology Service project for the Brain Injury Programme has been outlined above. Dr Heather Cronin with members of the Programme undertook a team review of a challenging case and completed a report with recommendations for clinical and management practice.
- **Liaison Service**
The Brain Injury Liaison Coordinator continues to provide an invaluable 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. This role coordinates the patient's journey through the most appropriate services for them.
- **Nutrition and Dietetics**
The Nutrition & Dietetic service plays a key role in managing undernutrition, overnutrition and in secondary prevention after an acquired brain injury. Currently, resources allow for the service to be provided to inpatients only within the Brain Injury Programme. Nutritional input into the Secondary Stroke Prevention Education Programme is provided by the dietitian. Due to the nature of brain injury, dietetic consultations take place on a one-to-one basis. Due to the complexity of referrals limited staff allocation, there may be delays in delivering the service.
- **Occupational Therapy**
The Occupational Therapy (OT) element of the Brain Injury Programme is delivered to all 56 patients in the Programme. Two Occupational Therapists (Alison McCann and Fiona Haughey) are accredited SMART assessors of awareness for patients with Prolonged Disorders of Consciousness, and a third OT (Catriona Moran) is due to begin training in 2016. Occupational Therapists Fiona Haughey and Alison McCann were involved in an interdisciplinary pilot project to explore the provision of an outreach service for patients awaiting admission to the Prolonged Disorders of Consciousness beds. Fiona was also involved as part of the shoulder care pathway working group and the working group for the development of a revised assessment form for new admissions to the inpatient BI programme. The SAEBO arm training programme is a treatment approach for individuals who have sustained a neurological injury resulting in upper limb dysfunction. A total Number of 8 screening referrals were received by the SAEBO trained clinician in OT.
- **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 NRH Brain Injury and Stroke Programme Interdisciplinary Teams, in collaboration with patients and their families and carers, work to assist people to achieve maximal independence, social participation and community integrations.

- **Physiotherapy**

The physiotherapists on the Brain Injury Programme team provide services to Inpatients and consults as required with Outpatient services, DLOT for visits, and other programmes. Individual sessions are provided, the number of which is dependent on complexity of presentation and number of therapists required. Group exercise therapy is also provided in conjunction with the Sports Department. The DIVERT clinic operated successfully throughout 2015 demonstrating the significant need for an established vestibular service. The upper limb GRASP group pilot proved successful in targeting upper limb practice outside treatment sessions.

- **Social Work**

Social Work staffing levels for the Programme and for St. Patrick's Ward in particular are inadequate and have led to a reduction in the amount of counselling and adjustment service the social workers can offer patients and families. The situation is likely to become more acute given the increased reporting obligations on the social work staff under the Safeguarding of Vulnerable Person against Abuse Policy. The urgent need to increase social work staffing on the Programme has been addressed through the workforce planning process. Mary Regan initiated links with the HSE in relation to increased and easier access to delayed discharge funds and top-up payments for patients requiring nursing home care. Phil Butler has been working on a project to enhance the experience of child relatives of patients attending the Brain Injury Programme including a resource pack for NRH staff so that the environment and experience of the NRH can be more child friendly.

- **Speech & Language Therapy (SLT)**

Speech and Language Therapists deliver services to all patients in the brain injury programme. SLTs have been involved in many interdisciplinary quality improvement initiatives across the service including planning for the new hospital, review of processes and paperwork such as the interdisciplinary assessment form, and audit. Safe eating and drinking has continued to be a focus in 2015 with ongoing training for all staff in the NRH provided in an interdisciplinary format. The SLT Outpatient service includes direct service provision, education and consultations and is delivered through: Single discipline assessment and treatment; Multidisciplinary Clinic assessments (two per month); Interdisciplinary Team assessments and treatments; Group Patient Work including 'Living with Aphasia - Meet & Teach for Patients', and Family Education groups - 'Meet & Teach for Family and Friends'

- **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 back into their community or place of residence post-discharge, though involvement in hobbies or interests.

- **Music Therapy**

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



SECTION 2

NRH REHABILITATION PROGRAMMES

SPINAL CORD SYSTEM OF CARE (SCSC) PROGRAMME REPORT





Dr Éimear Smith
Medical Director
SCSC Programme



Dr Cara McDonagh
Consultant in Rehabilitation
Medicine, 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.

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.



The annual Sports Championships took place in September with over 40 athletes taking part in a combination of competitive and exhibition events.

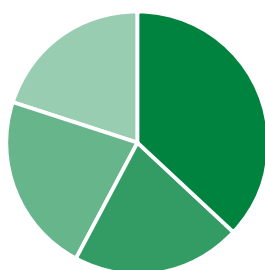


Demographics, Activity and Outcomes for Inpatient Services – 2015

DEMOGRAPHICS & ACTIVITY

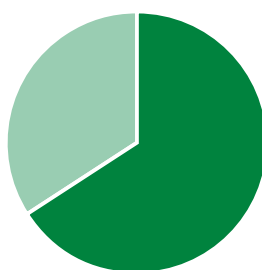
In total 157 persons were discharged in 2015 from the SCSC Programme. Of these patients, 125 were admitted for the first time to the SCSC Programme at NRH and 70 patients (56%) had sustained a new traumatic spinal cord injury (SCI). Overall 28% of patients were under the age of 40 and 20% were aged 70 or over.

PRE-HOSPITAL HSE AREAS OF RESIDENCE OF INPATIENTS DISCHARGED BY THE SCSC PROGRAMME



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

GENDER OF INPATIENTS DISCHARGED BY THE SCSC PROGRAMME



Male	66%
Female	34%

AGE PROFILE OF INPATIENTS DISCHARGED BY THE SCSC PROGRAMME

Average age	53 years
Lower age range	17 years
Higher age range	89 years

Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE PROGRAMME

Indicator	Target Set – 2015	Outcome 2015	Note / Trend
Average Days Waiting for Admission (from referral)	Target: Admission of Patients within 50 days	The average days waiting for admission was 71 days	80% 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 87 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 9% of bed days to delayed discharges	This target was met with 807 (6.5%) of bed days lost to Delayed Discharges in 2015	'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. Lack of accessible accommodation or 'homelessness' due to disability also negatively impacts on delayed discharge numbers.
Discharge to Home Rate	Target: To discharge at least 75% of patients to home	77% of patients were discharged home	Unfortunately the trend in a number of patients discharged back to the acute referring hospital continued to rise from 11% in 2014 to 13% in 2015.

SCSC Programme Highlights in 2015

- 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), the Vocational Programme and the newly launched Peer Support Programme.
- In response to patient need the Trans-anal Irrigation (TAI) service was established on Our Lady's Ward with the collaboration of the Urology Department.
- In January 2015 the Programme hosted an event for persons with a diagnosis of Cauda Equina to raise awareness and foster peer support.
- In March the Programme developed a very successful outreach event for healthcare professionals in Cork which was attended by nearly 40 community staff. A similar event, with a focus on psychosocial aspects of SCI took place in Tullamore in October.
- Participation in sports is recognised as a key activity for persons with spinal cord injury and in April the NRH once again participated in the annual Inter Unit Spinal Games in Stoke Mandeville, UK achieving second place out of the 13 SCI centres participating in the games.
- In May SCSC team members hosted a visit by Beaumont Hospital staff to explore areas of greater collaboration in patient care. Also in May the fifth Annual Reunion for Women with Spinal Cord Injury took place.
- In August a Programme interdisciplinary team joined the National Quality Improvement Programme for the 'Pressure Ulcers to Zero' projects.
- The Sixth Annual Information Day for persons with SCI was held in September 2015 with a focus on holidays and travel, and was attended by over 70 former patients.
- The Third Annual NRH Sports Day took place in September 2015 and was considered a great success by the patients and former patients who took part. This event was held in collaboration with the Irish Wheelchair Association, Dún Laoghaire Rathdown Sports Partnership and Spinal Injuries Ireland.
- Also in September patients and staff benefitted from the insightful presentations delivered by Michelle Donald, a Psychosexual Therapist with a unique perspective as a therapist with a spinal cord injury. The visit in September of the eminent Professor Stephen Seager also benefitted the interdisciplinary team's understanding of electro-ejaculation in spinal cord injured men.
- A five week Pain Management Programme for outpatients, organised in collaboration with UCD, took place in November and December. This pilot resulted in positive outcomes for patients and important learning for the SCSC Programme.
- Team development and education in a variety of formats continued in 2015. An interdisciplinary education programme including guest speakers and informal discussion on a wide range of topics presented by team members took place on a monthly basis.
- During the year the SCSC Programme contributed two sessions to the Grand Round Programme and the programme staff continued to contribute to the work of the NRH Health Planning Team regarding the physical environment of the new hospital.

Programme Manager's Report

Eugene Roe is Programme Manager for the Spinal Cord System of Care (SCSC) Programme.

Planned and coordinated interdisciplinary working is at the core of patient centred care in the SCSC Programme. This is supported by the goal setting process, family and discharge conferences, programme development meetings and timetabling. The SCSC Programme offers lifelong support and continuously seeks to promote health and wellbeing in the community for those who have sustained a spinal cord injury. In 2015 the programme undertook a number of outreach events to promote greater understanding and collaboration with healthcare professionals working in the community or acute hospital settings. Into the future the development of outreach teams will be important as numbers waiting to access the programme increase.

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 2015.

As in past years, significant fundraising was undertaken by individuals and groups in 2015 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. Two significant undertakings were the TCD Med Day which raised funds to buy a cough assist machine and the Combines 4 Charity group which funded a bladder scanner.



Medical Director

The main challenges for the SCSC programme remains to be the apparent increase in the numbers of new incident cases of spinal cord injury, traumatic and non-traumatic, in the past few years. This has resulted in increased waiting time for admission. More patients are being transferred back to local hospitals while awaiting NRH admission resulting in an increased complication rate on admission. As previously reported, it is difficult to comment accurately on this due to a dearth of appropriate data. In 2015, Dr Eimear Smith was awarded a HRB research grant to examine the epidemiology of SCI both retrospectively and prospectively. This should assist in gathering accurate information to influence service planning.

Improved life expectancy has resulted in many patients living well with spinal cord injury over the past 30-40 years. The need to provide a life-long service to this population also remains a challenge as out-patient services have not increased to meet demand. As the general population faces new medical problems as they age, so too do people with SCI. Most of their medical, physical and psychological difficulties are not familiar to health-care professionals working outside of spinal cord injury centres, hence the need for patients to access outpatient services at the NRH. The development of specialist nurse-led clinics in the future is likely to help meet this demand.

The programme remained unable to offer a service to patients who were ventilator dependent during 2015. Some progress is being made in this area to ensure that a comprehensive, yet safe, rehabilitation service can be offered to these patients.

The SCSC team has been heavily involved in quality improvement measures including an internal project with the aim of reducing the incidence of catheter acquired urinary tract infections and the national quality improvement programme for pressure ulcer prevention 'Pressure Ulcers to Zero'.

Finally, members of the SCSC team participated in a number of national and international scientific meetings through platform and poster presentations at ISCoS (International Spinal Cord Society), ESPA (European Spinal Psychologists Association), MASCIIP (Multidisciplinary Association of Spinal Cord Injury Professionals), IAUN (Irish Association of Urology Nurses), IARM (Irish Association of Rehabilitation Medicine), the Guttmann meeting and IAOT (Irish Association of Occupational Therapists).

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.

Clinical Services delivered within the SCSC Programme include:

- **Medical**

The Medical Director of the programme is Dr Éimear Smith who works in collaboration with Dr Cara McDonagh, Consultant in Rehabilitation Medicine.

- **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**

Dr Maeve Nolan continues to be Chair of the SCSC Education Committee which organises patient information talks and annual events. She delivered a talk on the experience of Mothers with Spinal Cord injury at the 6th European Meeting of Spinal Psychologists (ESPA).

- **Spinal Injury Liaison Service**

The Liaison Service is a nurse led, patient focused service offered to all patients who come through the Spinal Cord System of Care and covers 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**

Nutrition and Dietetic services are provided to inpatients of the SCSC programme. At this time, due to limited resources, no out-patient service can be provided. Post-discharge may be the optimum time to address weight management, which is the major nutritional issue arising after a spinal cord injury.

The role of the service is to identify and manage those at risk of over- or under- nutrition. Consultations with patients take place on a one-to-one basis. General nutrition education is provided as part of the SCSC education programme. Validation of the Spinal Nutritional Screening Tool across the SCSC Programme continued in 2015. Lorna O'Connor chairs the MASCIIP Weight Management Guidelines Working Group. Progress on guideline development was presented at the Stoke Mandeville Nutrition Study Day.

- **Occupational Therapy**

Occupational Therapy is provided to patients within the SCSC Programme as follows:

Individual sessions (one patient treated at a time); Parallel sessions (where an OT treats two or more patients simultaneously); Group sessions: where patients work in a group with one or two OTs to achieve their goals. 2015 Developments within the SCSC Programme involving OTs include:

- Survey Cognitive Screening: 16 spinal patients over 12 month received cognitive screening.
- Staff Grade Project: Access and Transport – patient leaflet created
- SCITL (Spinal Cord Therapy Leads meeting – UK and Ireland): Creating competencies for OTs working in SCI Rehabilitation

- **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 medications. In 2015, a Pharmacist participated in the Pain Programme.

- **Physiotherapy**

The SCSC Physiotherapy Team provides a service across the 3 wards along with engagement with referring units and the continuation of an outreach service. Services offered include individual therapy sessions and group classes as appropriate. The effectiveness of group classes will be audited in 2016. A change of a service delivery model is being further developed.

- **Social Work**

The Social Work service is offered to all patients and their families within the SCSC Programme. Social Work involvement continues throughout the rehabilitation programme and in the immediate post-discharge stage as required. There is also a social work service at the Multidisciplinary Spinal Outpatient clinics. Pre-admission and outreach visits are completed in consultation with Interdisciplinary Teams and the DLOT. Social Work input is provided to the Vocational Programme.

Social Workers on the spinal programme have been involved in the following projects: Women's SCI Day; Vocational Programme Workshop; Participation in SCSC education and Programmatic meetings; attendance at MASCIIP conference and at the European Spinal Psychologists Association 'Fostering Coping and Psychosocial Adjustment following Spinal Cord Injury' in 2015.

- **Speech & Language Therapy**

The Speech and Language therapy service offers both communication and swallowing intervention to patients from the SCSC programme. In 2015, 30 patients were seen for SLT; an increase from 21 in 2014. 14 patients from SCSC had a FEES (Flexible Endoscopic Evaluation of Swallow) procedure, which represents 50% of all FEES procedures carried out in 2015.

- **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 back into their community or place of residence post-discharge, though involvement in hobbies or interests.



SECTION 2

NRH REHABILITATION PROGRAMMES

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





Dr Nicola Ryall
Medical Director
POLAR Programme

Dr Jacqui Stow
Consultant in
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 2015.

Dr Jacqui Stow provides Consultant cover for both the Inpatient and the Day-patient Programmes while Dr Ryall provides specialist services for the Upper Limb and Complex Cases clinic.

The Inpatient Programme had 64 discharges in 2015 for a 10 bedded ward. Despite the increased complexity of patients (including cognitive issues), the Programme achieved a shorter length of stay and shorter waiting times for admission. The feedback received from patients throughout 2015 has been hugely positive, praising the dedication and expertise of the Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Team.

Programme Developments in 2015

Communication strategy: The therapists and programme manager engaged with external stakeholders (acute hospitals, community therapists and HSE orthotists) at all levels in order to provide better understanding of the POLAR programme, provide education and information about the programme and collaborate in a more effective way for the benefit of our patients. More meetings are planned for 2016.

In collaboration with the Paediatric Programme, a POLAR-Paeds Day was held at the beginning of the summer to provide information to parents and children with limb absence.

McAuley ward began the Productive Ward initiative with strong engagement from the entire team including nurses, therapists and medical staff.

The POLAR programme continues to lead on the community and outreach links with our satellite clinics, with over 900 attendances throughout the country in 2015: the Galway weekly clinic is now well established with strong links with HSE orthotists and local physiotherapists; the Carrick on Shannon clinic which is held every second week is well established with links in physiotherapy; the Letterkenny clinic is held once a month where we have consolidated links with community physiotherapists.

In Waterford, Dr John MacFarlane, Consultant in Rehabilitation Medicine in Cork and Spencer Turvey, POLAR unit manager in Cork have begun working on a proposal with the vascular surgeon in Waterford Regional Hospital to improve the delivery of services in this area.

Research: Dr Ryall and Dr Stow are collaborating with a UCD PhD project on a 3D printed prosthetic Limb. The ethics application was approved in December 2015 and is progressing to the second stage.



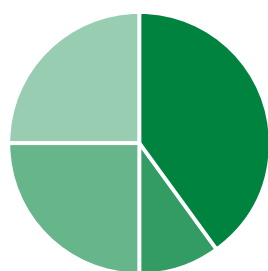
Demographics, Activity and Outcomes for Inpatient Services – 2015

DEMOGRAPHICS & ACTIVITY

The Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Inpatient programme served 64 patients with limb absence in 2015 from throughout Ireland.

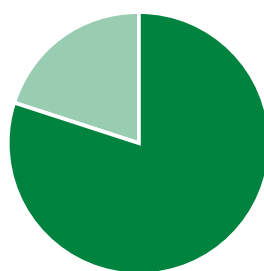
Types of Amputation (relating to Inpatients discharged in 2015)	Numbers 2015	Percentage of Admissions 2015
Above knee	30	47%
Below knee	29	45%
Bi-lateral Lower limb	3	5%
Upper limb amputation	0	0%
Hemipelvectomy / through hip and above knee	1	1.5%
Bi-lateral through hip and through knee	0	0%
Partial foot	1	1.5%
TOTAL	64	100%

PRE-HOSPITAL HSE AREAS OF RESIDENCE OF INPATIENTS DISCHARGED BY THE POLAR PROGRAMME



HSE Dublin Mid Leinster	40%
HSE Dublin North East	10%
HSE South	25%
HSE West	25%

GENDER OF INPATIENTS DISCHARGED BY THE POLAR PROGRAMME



Male	80%
Female	20%

AGE PROFILE OF INPATIENTS DISCHARGED BY THE POLAR PROGRAMME

Average age	64 years
Lower age range	35 years
Higher age range	86 years

Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE INPATIENT PROGRAMME

Indicator	Target Set – 2015	Outcome 2015	Note / Trend
Discharge to Home Rate	75% of patients will be discharged home	83% of patients were discharged home	
Average Days Waiting for Admission	Average days waiting for admission to the POLAR Programme will be less than 90 days.	The average days waiting for admission was 51 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 70 days	Average LOS was 49 days	This compares with 50 days for 2014
Delayed Discharges	Less than 1% of bed days lost to delayed discharges	0.7% of bed days were lost to Delayed Discharges in 2015	

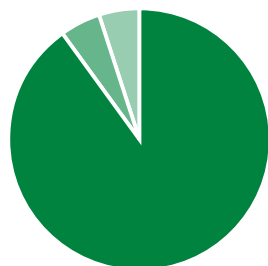
POLAR Day Patient Programme – 2015

In 2015, the Day Patient Programme served 39 local patients residing within commuting distance from the hospital and were able to provide own transport. Some patients attended daily from acute hospital or long term residential care. The Day Patient Programme has a significant lower number of days waiting for admission.

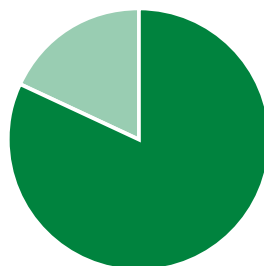
Demographics, Activity and Outcomes for the Day Programme – 2015

DEMOGRAPHICS & ACTIVITY

Types of Amputation (relating to patients discharged from the Day Programme)	Numbers 2015	Percentage of Admissions 2015
Above knee	11	27%
Below knee	22	56%
Bi-lateral Lower limb	3	8%
Bi-lateral Above Knee	1	3%
Upper limb amputation	0	0%
Hemipelvectomy / through hip and above knee	1	3%
Bi-lateral through hip and through knee	0	0%
Partial foot / below knee	1	3%
Multiple loss – upper and lower limbs	1	0%
TOTAL	39	100%

**PRE-HOSPITAL HSE
AREAS OF RESIDENCE
OF PATIENTS DISCHARGED
BY THE POLAR DAY PROGRAMME**

HSE Dublin Mid Leinster	90%
HSE Dublin North East	0%
HSE South	5%
HSE West	5%

**GENDER OF PATIENTS
DISCHARGED BY THE
POLAR DAY PROGRAMME**

Male	82%
Female	18%

**AGE PROFILE OF
PATIENTS DISCHARGED
BY THE POLAR DAY PROGRAMME**

Average age	61 years
Lower age range	34 years
Higher age range	83 years

Outcomes**EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE DAY PROGRAMME**

Indicator	Target Set – 2015	Outcome 2015	Note / Trend
Discharge to Home Rate	75% of patients will be discharged home	72% 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 37 days	Availability of transport is a major issue for a large number of patients.
Average Rehabilitation Length of Stay (LOS)	Average length of stay should be less than 70 days	Average LOS was 52 days	

Programme Manager

Emilie Fritte is the POLAR Programme Manager.

Clinical Services delivered 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**
Psychological services delivered to the POLAR programme includes clinical service comprised of assessment, intervention and research as indicated.

- **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.

- **Nutrition and Dietetics**

Dietetic cover is provided across the spectrum of the POLAR programme including Inpatients, Day-patients and Outpatients' services. The goal of nutritional therapy is to support patients in making behavioural and lifestyle changes to improve their health. This is achieved on a one to one basis. General nutrition information is also provided as part of the POLAR Education Programme.

- **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 2015, 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.

- **Pharmacy**

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. A pharmacist attends the Consultant ward round to optimise patient treatment.

- **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. The link with therapy teams in other hospitals in Dublin was strengthened in 2015 to help the flow of information in order to improve the decision making process on all sides, thus, facilitating the rehabilitation process of the patients.

- **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 is offered by all members of the POLAR team including the Social Work staff who facilitate sessions on the Peer Support Programme. The issue of transport for patients attending the day programme has been a major issue for the social work service although it cannot be addressed without a multi-agency approach. It has become increasingly difficult to access financial supports for patients to travel to hospital appointments and this is proving a major barrier for many.

- **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 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 back into their community or place of residence post-discharge, though involvement in hobbies or interests.

- **Prosthetic and Orthotic Service**

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

PRODUCTION BY LIMB TYPE 2015

Limb Type	Number
Through hip limbs	3
Through hip socket	2
Above knee limbs	82
Above knee sockets	62
Through knee limbs	0
Through knee socket	0
Below knee limbs	149

Limb Type	Number
Below knee sockets	132
Through ankle	0
Partial foot	1
Shoulder cap	0
Above elbow limbs	5
Below elbow limbs	25
Below elbow socket	3

Limb Type	Number
Above elbow socket	0
Myoelectric	2
Partial hand prosthesis	0
Partial hand prosthesis (HD silicone)	10
Total	476



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 encapsulates the specialist rehabilitation services of the three adult Programmes at the NRH, delivering these services to children and young people up to the age of 18 who require complex specialist interdisciplinary rehabilitation intervention. The Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP) is accredited by CARF (Commission for Accreditation of Rehabilitation Facilities) and meets international best practice standards. Although it is a small part of the NRH, the challenges for the experienced Paediatric Team are broad and exacting. Established in 1972, and over forty years later the Programme has had little change in staffing levels to meet the growing demand for its service.

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 (GPs). The Programme accepts referrals for patients with the following diagnosis:

- Acquired brain injury of traumatic origin (traffic accidents, falls, assaults, sport injuries) and non-traumatic origin (tumour, stroke, infection)
- Acquired spinal cord dysfunction of traumatic and non-traumatic origin (transverse myelitis, tumour, Guillian-Barre Syndrome)
- Acquired and congenital limb absence requiring prosthetic intervention
- Other acquired neurological conditions requiring specialist rehabilitation

Referrals are also generated by Emergency Departments for the 14 – 18 year age group presenting with concussion with cognitive or behavioural sequelae.

Family-centred care is the cornerstone of the PAEDS Programme. It places children and families at the centre of the service by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity, and actively involving them in the provision of care. Young people and their families are involved in goal setting, education about their condition and self-management where appropriate. The PAEDS team offer parental education and opportunities for family peer support. Siblings are encouraged to attend the unit and participate in therapy sessions and each family has a social worker as their key worker. The team place a particular emphasis on working with the family as a whole.

There are some joint pathways between the adult and paediatric clinical teams at the NRH with regard to management of care and transition to adult specialist rehabilitation services.

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 2015

In 2015 the NRH Clinical Programmes undertook a review of service delivery and resources as a tertiary centre against international benchmarks for rehabilitation. As a result, the PAEDS Programme has improved its efficiency and continues to examine further what can be improved within the programme to maximise direct patient care. However, the changing demographic demands far outweigh what is feasible in terms of further efficacies.

In order to deliver complex specialised neuro-rehabilitation services to the identified cohorts of patients across the continuum of care, a fully resourced Outpatient and Outreach team is required to be able to address the gaps identified in order to deliver a service in accordance with international best practice. The PAEDS Programme is advocating for the establishment of a second team which will enable the Programme to develop and implement the outpatient, outreach and community services needed and to align with the adult programmes at the NRH.

In 2015, the Programme benefited from the addition of 2WTE posts; this has enabled the resourcing of two projects involving an increase in Physiotherapy, Occupational Therapy and Psychology interventions which have resulted in remarkably positive outcomes.

In 2015, members of the PAEDS Programme underwent the CPI Management of Actual or Potential Aggression (MAPA) training specific to children and young people. Since completing the training, the team is much more responsive to the subtle and early changes in children and young people's behaviour, and are better equipped to use less restrictive alternatives by way of prevention.

A joint PAEDS and POLAR Programmes Open Day was held in July. The objective was to bring children and young people with limb absence and their families together from all over Ireland: parents received information on relevant topics while the children were involved in formative leisure activities. The aim was to promote greater levels of autonomy, social participation and integration. Age appropriate group activities to introduce new skills and leisure options were offered. One of these was photography which was made possible thanks to the donation of disposable cameras by Boots Ireland. The NRH staff was also supported in providing the very popular sporting activities by the FAI and the Irish Wheelchair Association.

A collaborative venture with the Clinical Director of the Rehabilitation Medicine Programme, Dr Jacinta Morgan, on a 'Specialist Rehabilitation' chapter in the National Clinical Programme for Paediatrics and Neonatology: A National Model of Care for Paediatric Healthcare Services in Ireland was completed in 2015.

The Outcomes information as detailed below highlights a continuing increase in the referral rates to the Programme in 2015.

25 children and young people with spinal cord injury received annual specialised reviews through the Paediatric Spinal Cord Injury Multidisciplinary Clinic. The success of the clinics is such that the PAEDS team is looking at the possibility of increasing the number of spinal cord injury clinics to meet demand.

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 offers talks to parents on 'About the Brain' and 'Your Child's Journey through Rehabilitation'.

The **Nurse Liaison Service** is becoming more established and integrated into the Programme. The service assists paediatric patients and their families with brain injury, spinal cord injury or limb absence to transition from the acute settings to the NRH and their community. Provision of training and education on ABI, as well as SCI to parents and carers and nursing colleagues in the community, other hospitals and schools, is a feature of the service.

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. The team recognises that close communication with other service providers and the development of a care pathway is essential.

Parents, carers, children and young people as well as members of the interdisciplinary team continue to benefit from the Primary Nurse Initiative introduced in previous years.

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

Dr Sarah O'Doherty and Rebecca O'Connor also presented a paper on their work at the First International Conference on Paediatric Acquired Brain Injury (IPBIS) in September. The theme of the conference was 'Supporting Young People and Their Families to Maximise Good Outcomes and Quality of Life'.

Rebecca O'Connor, Senior Music Therapist, Michael Brogan, Senior Occupational Therapist and Mairead Navan, Physiotherapist have contributed to a chapter in a book on Music Therapy and Paediatric Interdisciplinary Working. This book will be published in June 2016.

The Music Therapy research project (MATADOC) was extended for a further year in September 2015 to address a number of areas that have emerged during the course of the NRH study that warrant further investigation. It continues to attract a great deal of interest both at national and international conferences with offers to publish papers.

Demographics, Activity and Outcomes for Inpatient Services – 2015

DEMOGRAPHICS & ACTIVITY

In 2015 the Paediatric Family-Centred Rehabilitation programme served 126 patients as Inpatients or Day-places; 57 were new patients to the programme and 69 had been previously admitted. This high readmission rate is for the children and young people to receive specialist follow-up input to provide continuity and ensure their changing needs are adequately met.

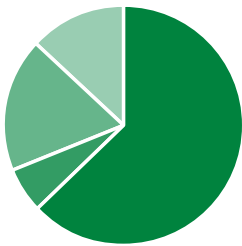
Type of Rehabilitation Admission/Activity	Description	Number in 2015
PAED 1	Children and young people discharged from Inpatient assessment and a period of intensive rehabilitation (covered by the CARF CIIRP standards)	27
PAED 2	Initial assessment only	50
PAED 3	Interdisciplinary review	22
PAED 4	Neuropsychological assessment / review only	17
PAED 5	Prosthetic limb introduction / training	4
PAED 6	Interdisciplinary review via groups as part of 'Summer Review Project'	0
PAED 7	Brief re-admission for a burst of intense rehabilitation	5
PAED 8	Outpatients Spinal Cord Injury Multidisciplinary Clinic	* See below
PAED 9	Music Therapy only	1
TOTAL		126

*Outpatients (PAED 8s)

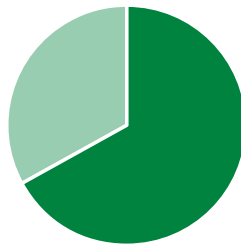
25 patients were seen at the Paediatric Spinal Cord Injury Multidisciplinary Clinic in 2015



The following graphs show the breakdown of pre-hospital HSE areas of residence, gender, and average age profile for all patients to the service in 2015.

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

HSE Dublin Mid Leinster	63% (78)
HSE Dublin North East	6% (8)
HSE South	18% (23)
HSE West	13% (17)

GENDER OF INPATIENTS DISCHARGED BY THE PAEDS PROGRAMME

Male	67% (84)
Female	33% (42)

AGE PROFILE OF INPATIENTS DISCHARGED BY THE PAEDS PROGRAMME

Average age	8.5 years
Lower age range	2 years
Higher age range	18 years

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 2015 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.

Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE DAY PROGRAMME

For the PAEDS Programme in 2015, 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 – 2015	Outcome 2015	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.	44% were admitted within 90 days, the average time being 106 days	Higher admissions of children with spinal injury affected average days waiting for other admissions
Average Rehabilitation Length of Stay	Length of stay would be less than 90 days	Average length of stay was 65 days	The average lower range was 13 days and the average high range was 129 days
Completion rate the Outcome Measure	95% completion of both the admission and discharge Paediatric Barthel Measure	96% 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	0% lost	No bed days were lost due to delayed discharge in 2015

Of the 57 new PAED 1 and PAED 2 patients seen and discharged from the PAEDS programme in 2015, the spread of diagnoses is as follows:

	Traumatic Brain Injury	Brain Infection	Stroke	Brain Tumour	Other Brain Injury	Traumatic Spinal Injury	Transverse Myelitis	Other Spinal Injury	Neurological Disorders	Limb Absence	Total
PAED 1	4	2	0	2	2	0	0	2	0	1	13
PAED 2	14	5	2	10	11	0	0	2	0	0	44
Total	18	7	2	12	13	0	0	4	0	1	57

Programme Manager

Ghyslaine Brophy is the 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 with acquired brain injury referred to 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. In 2015, nursing staff attended a broad range of education and training courses in line with the hospital's focus on continuous professional development.

- **Clinical Neuropsychology**

Clinical Paediatric Neuropsychology on the PAEDS Programme provides specialist assessment and therapeutic services to inpatients and increasing numbers of outpatients. A growing focus has been on trying, where possible, to keep children out of hospital and working jointly with schools and families to achieve therapeutic goals in the community. In this regard neuropsychology, in conjunction with other team members, is developing a specialist service for children who experience ongoing symptoms following mild traumatic brain injury (MTBI). Neuropsychology also continues, where possible, to offer therapeutic services to children with spinal cord injury and, in 2015, the service facilitated and supervised doctoral level research into siblings' experiences of SCI in Ireland.

- **Liaison Service**

The Specialist Liaison Nurse Service for the PAEDS Programme assists paediatric patients and their families transitioning from acute settings to NRH and on to their community. Effective liaison with the referring hospitals continues to develop and, includes attending discharge MDT meetings with the referring hospital teams. Advising children and young people and their parents, and ensuring that all information and reports are available before the child or young person is admitted to the NRH. The Liaison Nurse also acts as an advocate for the child or young person and his or her parents, carers and families. Provision of training and education on ABI, as well as SCI to parents, carers and nursing colleagues in the community, other hospitals and schools, are a feature of the service.

- **Music Therapy**

The Music Therapy service continues to work with patients within the PAEDS 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.

- **Occupational Therapy**

The Paediatric Occupational Therapy Service has been centrally involved in two separate 6 month pilot studies exploring the potential impact of provision of additional staffing on service delivery and outcomes, with an increase of 1 WTE staff grade OT. The Senior OT attended the first international conference on Paediatric Acquired Brain Injury; the international conference on Spasticity, Orthopaedic and Postural Management; and Bobath best practice in the use of Paediatric outcome measures training in 2015.

- **Pharmacy**

The pharmacy department have provided advice for the improvements in the safe storage and transport of medications and have updated the emergency medications. Pharmacy also provides information and advice on dosing and sourcing medications.

- **Physiotherapy**

In 2015, Physiotherapy was allocated an increase in staffing to provide an Inpatient service and also necessary outreach nationally. Their role requires providing guidance and clinical recommendations for children who have a range of complex spinal (traumatic and non-traumatic-infective; autoimmune), brain (traumatic or non-traumatic); POLAR (amputee and congenital) as well as Vestibular Physiotherapy for Paediatric patients. Cohesive and effective work between POLAR, Sports, Hydrotherapists and PAEDS Physiotherapists continue to be of huge benefit to the children and young people attending the programme.

- **Social Work**

The Social work service is offered to all patients and families attending the PAEDS Programme and includes considerable outpatient and outreach services. The team have dealt with several highly complex cases in the community that required the services of the national team. This involved an increase in community home visits and case conferences but has led to excellent outcomes for these children and families.

The Paediatric Programme social workers continue to offer the 'Protection of Children and Vulnerable Adults' training to all clinical and non-clinical staff in the NRH as well as to volunteers and students. The Paediatric Social Workers also act as Designated Officers for both Children and Adults which has become an increasingly busy area of work. The Principal Social Worker was closely involved in the review of the Paediatric service in 2015 as well as writing the chapter on neurological rehabilitation for the National Paediatric Clinical Programme Model of Care.

- **Speech & Language Therapy**

The Paediatric SLT service provides initial screening and comprehensive assessment, diagnosis, treatment and education for all children and young people (and families) presenting with acquired communication and swallowing difficulties secondary to traumatic or non-traumatic acquired brain injury (ABI) and spinal cord injury (SCI). In 2015, the specific acquired communication difficulties that children and young people presented with included cognitive-communication, speech, voice, receptive and expressive language, augmentative and alternative communication, reading, writing, and social communication. Both SLT were actively involved in various training and educational sessions such as: Providing a lecture on Dysphasia to UCD Medical Students, as part of their Disability Module; and co-writing an article for the International Association of Speech and Language Therapy (IASLT) Update Magazine Autumn Edition 2015 around the Aphasia Awareness Week organised by the SLT Department in the NRH.

- **Prosthetics and Orthotics**

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

“ Family-centred care is the cornerstone of the PAEDS Programme. It places children and families at the centre of the service by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity, and actively involving them in the provision of care. ”



Rose of Tralee, Elysha Brennan and Darwin Rose, Caitriona Brennan paid a welcome visit to the NRH to meet and spend time with patients and their families.



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



Maureen Gallagher
A/RTU Manager (deputising
for Anne Marie McDonnell)



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 2015:

- CNMII – Brid Lyng
- CNMII – Eva Wallace
- Staff Nurse – Agnes Abubaker Canaria
- Staff Nurse – Mary Moroney
- HCA – Andy McClurg
- HCA – Colm Waters
- HCA – Johnny Matthews

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 2015. 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 MAPA (Management of Acute or Potential Aggression).

I take this opportunity to thank Valerie O'Shea and Eimear Flynn, Assistant Directors of Nursing, and Fiona Marsh, Acting Assistant Director of Nursing for their help, support, and hard work during 2015. We said goodbye to Assistant Director of Nursing Susan Meagher who liaised with the CORE HR Project from a nursing perspective. We wish Susan and her family all the best for the future.

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, Nursing Documentation Group, Safety and Risk, and the Ethics Committee. Thanks also to our Chief Executive, Derek Greene for his availability, advice, and support during 2015.

Ward Reports

MCAULEY WARD
AGI JOSE – CNMII

McAuley Ward is a 10 bedded unit caring for Inpatients from the Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programme. The POLAR Programme 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 in 2015 which in turn increased demands on the nursing staff.

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.



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

- CNMII **Agi Jose** attended a four day Prosthetic Rehabilitation Course in Queen Mary's Hospital, Roehampton.
- Staff Nurse **Maggs Jensen** attended a master class in wound care in RCSI.
- Staff Nurse **Rachael Lee** completed education in Diabetic Management.
- HCA **Michael Hammond** completed education on smoking cessation.

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

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

TERESA WHYTE – CNMII (FROM APRIL 2015)

PAULA BYRNE – ACTING CNMII (TO APRIL 2015)

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. An additional six Productive Ward modules will commence in the coming year.

The **Stroke Prevention Programme** involves providing education on secondary prevention of stroke to 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.

Education and continuous professional development is an ongoing feature for staff on St. Brigid's Ward. In 2015 this included:

- Staff Nurse **Job David** was promoted to CNMII on Night Duty.
- HCA **Fran Moran** has been seconded to the Hospital Volunteer Programme on a pilot basis.

ST. PATRICK'S WARD

PATRICIA O'NEILL – CNMII

TERESA WHYTE – CNMI (TO APRIL 2015)

LILET ANGELES – A/CNMI (FROM DECEMBER 2015)

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 2015, the Nursing team continued to maintain standards for the three Foundation Modules and the 'Shift Handover' module through regular auditing and review of results. 'The Rounds' module commenced in mid-2015 and involved brain-storming sessions with the entire Interdisciplinary Team (IDT) followed by video recording of the IDT chart rounds. Meetings were held to design an observation medical rounds checklist. Work continues on the 'Productive Mealtime'. Regular meetings are held to continually enhance services to patients.

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

- Staff Nurses **Maya Tom** and **Molly Mathai** commenced the BSc Nursing Management course.
- Staff Nurse **Anu George** commenced 2nd year of MSc Advanced Pain Management with prescriptive authority.
- HCA **Siobhan McCluskey** successfully completed FETAC level 5 with Distinctions.
- HCA **Rajesh Madayil** commenced 2nd year BA course in Social Science.

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 2015 there was an increase in patients presenting with Multi Drug Resistant Organisms (MDRO) infections which increased the demand on single rooms. This added to the overall demands on staff at ward level, however, despite this, staff worked well together to maintain the highest possible standard of care.

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 in her final year studying MSc Nursing in Advanced Leadership in RCSI.
- Staff Nurse **Julie Varghese** successfully completed BSc Nursing Management in RCSI.
- HCA **Lulu Sinnott** successfully completed BSc Psychology in UCD.
- HCA **Maeve Doyle** completed Health and Safety Training and is now a Health and Safety Staff Representative.

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 the Restraint Committee.

Netta Abardo is the Hand Hygiene Champion for St. Gabriel's Ward.



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). Our team are committed to maintaining the high standards of care as audited regularly to CARF standard. The positive interdisciplinary approach is an integral part of successfully delivering results and accompanying our patients on their rehabilitation journey.

There is a consistent focus on education and continuous professional development: the nursing team have shown their dedication by involving themselves in educational updates, self-development and taking part on relevant committees including: Restraint Committee; Falls Prevention; Hygiene and Infection Prevention and Control; Communication; Documentation Group, and Drugs and Therapeutic committees.

- HCA **Ray Jimenez** completed his FETAC course in June 2015.
- HCA **Caroline McCann** has commenced the FETAC course and will complete this in June 2016.

The outcomes from these committees and continuous professional development are important in the implementation of delivering highest standards of care, protocols and policy development.

In 2015 we bade a fond farewell to HCA **Andy McClurg** who retired after 46 years of dedicated service. He is greatly missed for his compassion and dedication to patient care. We wish him well for his retirement.

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

RITA GIBBONS – CNMII

DIVYA BIJU – CNM1

St. Margaret's and St. Joseph's Ward collectively comprise of 16 beds caring for spinal injured patients and also patients with neurological conditions. Delayed discharges were a major issue on St. Margaret's Ward in 2015, resulting in longer waiting times for patients requiring admission to an Inpatient Rehabilitation Programme.

In 2015 staff continued to attend training and in-house education to ensure compliance with our CARF Accreditation Standards and HIQA requirements.

- In 2015 Staff Nurses **Aileen McHugh** and **Gillian Ivers** completed the Spinal Rehabilitation Course in conjunction with the Mater Hospital.
- HCA **Teresa Mason** completed the FETAC Level 5 course.
- HCA **Michael Whelan** commenced the FETAC Level 5 course.

In 2015, staff participated in the National Quality Improvement Programme for pressure ulcer prevention – the '**Pressure Ulcer to Zero**' collaborative.

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. 2015 saw an increase in the number of high dependency patients admitted to the ward, with a complexity of issues from a medical and nursing perspective.

Staff Nurse **Tincy Abraham** presented a poster at the Irish Association of Urology Nurses Conference (Dublin) in January on the topic '*Women's experience of learning to use self-intermittent catheterisation following spinal cord injury: Implications for nursing practice*'. Tincy also delivered a presentation on the same topic at the Guttmann Conference, UK in June 2015.

The double room on Our Lady's Ward was converted into two single rooms during 2015 which provided additional isolation facilities for the management of Infection Prevention and Control.

NURSING EDUCATION DEPARTMENT

LIZ CROXON
CLINICAL FACILITATOR

Undergraduate and Post-graduate Student Placements

DEGREE STUDENTS

The Hospital continues to accommodate students from UCD including placements for European students. A total of 55 placements were facilitated in 2015.

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

Students from the Institutes of Further Education, undertaking Pre-nursing and Health Care Support courses were facilitated with clinical placements at the NRH. Three NRH Health Care Assistants successfully completed QQI level 5 in 2015. The nursing education department supports staff through their studies and assessment for the clinical component of the course.

Post Graduate Course in Spinal Column and Spinal Cord Injury Nursing

The Post Graduate Professional Development Course is a collaboration 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**. Three members of NRH Nursing Staff successfully completed the course in 2015.

Management of the Neurogenic Bowel Training – Category 1 NMBI – CEUs 6

The Nursing Education Department facilitated training for 194 Nurses in the NRH. A revision course for Health Care Assistants commenced in late 2015.

Train the Trainer Course in Neurogenic Bowel Management – Category 1 NMBI – CEUs 12

This two-day course was attended by seven community nurses to assist in establishing training courses in their own area of practice in the community.

Male Catheterisation Training – Category 1 NMBI – CEUs 6

This ongoing education and training programme was delivered to a total of 38 nurses by the Urology and Nursing Education Departments.

Administration of Intravenous Medication for Nurses – Category 1 NMBI – CEUs 6

Intravenous (IV) training and assessment for new Staff Nurses continued during 2015.

New Developments

PRESSURE ULCERS TO ZERO – NATIONAL QUALITY IMPROVEMENT COLLABORATIVE

'Pressure Ulcers to Zero' is a national healthcare quality improvement collaboration. This is the first large scale quality improvement collaborative to be established in Ireland and is supported by the Quality Improvement Division, Health Service Executive (HSE) and the Royal College of Physicians Ireland (RCPI), through the National Quality Improvement Programme. The primary aim of this collaborative is to reduce the incidence of avoidable pressure ulcers within all clinical settings in Ireland. Participation in this project provides an opportunity to increase the capacity and capability of frontline clinical teams to improve the care they deliver in the NRH. This project commenced on St. Joseph's Ward in November 2015 and is supported by the NRH pressure ulcer steering group and the participating team. Learning sessions are attended by the participating team facilitated by the National Quality Improvement Programme.

INTERDISCIPLINARY INVOLVEMENT

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

Drugs and Therapeutics Committee; Productive Ward; Tracheostomy Working Group; Management of Actual or Potential Aggression (MAPA); SCSC (Spinal Programme) Education; Academic Steering Group; Documentation Group, and the 'Pressure Ulcer to Zero' steering and participative groups.



INFECTION PREVENTION & CONTROL DEPARTMENT

DR SINÉAD MCNICHOLAS
CONSULTANT MICROBIOLOGIST

CATHERINE O'NEILL
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 infection control programme within the NRH. The IPCT is responsible for undertaking daily surveillance, monitoring the incidence and prevalence of various alert organisms – principally MRSA, VRE, ESBL, CRE 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 2015. 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. It is planned that the NRH Infection Control Manual will be available in 2016.

Education

Hand hygiene education was facilitated by the Infection Prevention and Control Nurse throughout 2015 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.

Other Initiatives

A number of other Infection Prevention and Control initiatives have also been introduced in 2015. The urinary catheter care bundle was extended to all wards and bundle champions were appointed to all wards. The champions have also started work on the peripheral venous catheter bundle which we aim to launch in 2016. Stickers to notify the healthcare record of a patient's MDRO status have also been updated and are now available on all wards.

OUTPATIENT DEPARTMENT – UNIT 6

SUSAN HOLMES

ACTING CNM II; NRH OUTPATIENT DEPARTMENT UNIT 6

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

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:

- 'DIVER'T' (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: These 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 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 the lead for the Productive Ward initiative and 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.

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 Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programme for increased service provision to these Programmes.

In 2015 discussion took place with the Paediatric Programme to encourage increased use of the service.

This will allow for parents to attend the service for information about potential issues their children may face in the future in relation to their sexuality and sexual function. Some patients have given permission for their children to attend the service for an educational programme. It is hoped that this will continue to evolve throughout 2016.

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.

Activity – 2015

Pauline Sheils is now a registered Nurse Prescriber. This enables patients' visits to be more efficient and effective as there is no delay in seeking out a doctor for a required prescription.

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.



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. In 2015, Michelle Donald from Stoke Mandeville Hospital, UK, co-hosted workshops for staff and patients which were very well received. Almost 90 staff from various disciplines attended one of the workshops held throughout the day.

Several healthcare organisations have extended invitations to the NRH Sexual Health Service to provide education on the topic of sexual health and illness/disability. These agencies have included the Ileostomy Society of Ireland, the Diabetes Centre in the Mater hospital and the Cardiac Rehabilitation Centre in the Mater Hospital.

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 a separate form for this speciality which is currently being researched. Regular audits are showing that these forms are being completed well and some further work on the protocol is required.

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 146 staff have been trained in BLS for healthcare providers. A target for 2016 is to increase the number of staff attending Heartsaver AED training.

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 provides information, education and advice, and 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. 35 assessments were completed in 2015.
- **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. 50 home visits and 111 post-discharge telephone reviews were made in 2015.
- **Annual Review** – The Spinal Cord System of Care provides lifelong follow-up for patients through a yearly comprehensive telephone review. As patients are discharged from medical clinics they are transferred to the Liaison Service Annual Review Clinic which is a comprehensive telephone review. In 2015, 145 annual review calls were made. The clinic continues to increase year on year and additional resources will be needed to meet the ever increasing demands of the service.

UROLOGY SERVICE

MR ROBERT FLYNN – CONSULTANT UROLOGIST

OONAGH CREAM – CNMII

KELLY LENNON – STAFF NURSE

CAROLINE AHERN – STAFF NURSE

EVA WALLACE – CNMII (RETIRED IN FEBRUARY)

Eva Wallace CNMII Urology, retired in February after 33 years of service to the NRH. Eva was dedicated to her patients and to her work as a Specialist Urology Nurse. She is greatly missed by all. She was an excellent mentor and was involved in education and urology both nationally and internationally. As Eva departed we were delighted to welcome Caroline Ahern from the Spinal Service to Urology.

Services Provided

The Urology Service is available to both Inpatients and Outpatients of the NRH. The service has been shaped around best practice, patients' individual needs, and in line with the 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 – 2015

A total of 814 patients attended the Nurse-Led Clinic, and 509 patients were seen at the twice-weekly Consultant Clinic in 2015.

Urology Clinics

CONSULTANT CLINIC

Mr Flynn attends twice weekly and sees both inpatients and outpatients, with procedures running in parallel with the clinic. 509 patients were seen in this clinic in 2015.

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 basis for 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 clinic operates one morning a week. If there is an increased need, or often to facilitate discharge, we will run extra clinics. 116 urodynamic procedures were performed in 2015.

FLEXIBLE ENDOSCOPY

This is a very valuable service for our patients who would otherwise have to wait for long periods in general hospitals. Our patients can be seen quickly and facilitated seamlessly at the NRH Urology Department and clinical management plans put in place. In 2015, a total of 40 cystoscopes were performed. We facilitated the Speech and Language Therapy service to perform 27 Fibre-optic Endoscopic Evaluations of Swallow (FEES) procedures.

SUPRAPUBIC CATHETER (SPC) INSERTIONS

We continue to perform these procedures and provide education and training to family members, carers and healthcare professionals. Seven Supra Pubic catheter insertions were performed in 2015.



NURSE PRESCRIBING OF IONISING RADIATION

This is the first full year of Nurse Prescribing. 749 Ultrasounds were ordered and 247 Kidney-Urethra-Bladder (KUB)s. There is a marked decrease in the number of KUBs now being ordered as a result of the nurse prescribing.

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 on both neurogenic bladder and bowel issues.

TELEPHONE TRIAGE

Telephone communication is vital in providing support and advice to our patients, their families and health care professionals. Advice on bladder issues is the most common query. We received over 1200 phone calls seeking advice in 2015

NEW DEVELOPMENTS

Oonagh Crean and **Kelley Lennon** successfully completed a Urodynamic course in London. Caroline Ahern has started the Nurse prescribing of ionising radiation and the medication prescribing course in UCD, which is greatly beneficial to both our patients and our clinic.



The NRH Outpatient Department attendances for Therapy Services and Consultant-led Clinics reached over 6,700 in 2015.

CLINICAL NEUROPSYCHOLOGY

DR SIMONE CARTON
HEAD OF CLINICAL NEUROPSYCHOLOGY

Personnel at the Department of Psychology:

Dr. Simone Carton	Principal Clinical Neuropsychologist & Head of Department
Dr. Sarah Casey	Senior Clinical Neuropsychologist (Locum from October 2015)
Dr. Heather Cronin	Senior Clinical Psychologist
Ms. Suvi Dockree	Senior Clinical Neuropsychologist
Dr. Maeve Nolan	Senior Clinical Psychologist
Dr. Sarah O' Doherty	Senior Clinical Paediatric Neuropsychologist
Dr. Fiadhnaít O'Keeffe	Senior Clinical Neuropsychologist (on leave)
Ms. Gillian Murphy	Assistant Psychologist
Ms. Katie Creighton	Assistant Psychologist
Ms. Oragh Murphy	Assistant Psychologist

Clinical Neuropsychology Services provided

Personnel at the Department of Psychology aim to provide the best clinical services for patients, families, carers and agencies during admission and through our outpatient service. Psychological services are comprised of a suite of clinical services under the rubric of assessment, intervention, research and education. Our aim is to ensure our clinical practice is responsive to innovations in clinical developments, changes in legislation and priorities within the wider health system. In 2015, this responsiveness was reflected in specific projects undertaken by each of the personnel in the department including implementation of a new system of service delivery for the Brain Injury and Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programmes, devising national standards for the Prevention and Management of Behaviour that Challenges; an outpatient waiting list initiative for the Paediatric Service; a pain management programme for the Spinal Cord System of Care (SCSC) and a detailed case review on the Brain Injury Programme enabling facilitation of lessons learned and operational changes. We also pursued academic collaboration with colleagues in universities nationally with clinically applied research as well as providing lectures in Psychology at undergraduate and post-graduate level for the next generation of clinicians interested in neurorehabilitation.

Psychological expertise and support is provided across clinical programmes to patients and staff via the Behaviour Consultancy Forum (BCF), the Academic Steering Committee (ASC) and the education and service development committees within each clinical programme.

Psychology personnel also provide clinical expertise to the following committees and professional bodies:

CLINICAL EXPERTISE PROVIDED TO CLINICS AND COMMITTEES WITHIN THE NRH

- NRH Ethics Committee
- NRH Executive Committee
- Spinal Cord System of Care Education subcommittee
- Brain Injury Programme Education subcommittee
- Our Lady of Lourdes School Board of Management
- 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 Voluntary Hospitals Risk Management Forum Committee on Challenging Behaviour

Developments during 2015

2015 was a significant year for the Psychology Department where in addition to the delivery of routine services, personnel also contributed to the following projects and initiatives:

DIPLOMA IN LEADERSHIP AND QUALITY IMPROVEMENT WITH THE ROYAL COLLEGE OF PHYSICIANS IRELAND (RCPI)

The project for the Diploma in Leadership and Quality Improvement provided an opportunity for Psychology personnel (Drs. Simone Carton, Heather Cronin, Suvi Dockree and Fiadhait O'Keeffe) together with senior management at the NRH and experts from RCPI and HSE, to change the psychological service to patients with brain injury and patients with amputation or limb absence across the continuum of care driven by patient need and clinical best practice.

Some of the challenges for this project included the stipulation that it had to be cost neutral. It required a high level of collaboration in already busy schedules and there was the stress and uncertainty commonly associated with change. These challenges also provided an opportunity to identify more efficient and effective service delivery. We are very appreciative of all NRH personnel and patients who contributed to this project and we welcome sharing our experience with other services at the NRH considering similar changes. The implementation and further consolidation of this project will continue in 2016.

WAITING-LIST INITIATIVE FOR THE PAEDIATRIC SERVICE

This initiative was a pilot for 6 months providing additional resources to attend to the psychological needs of children and their families in a timely fashion and to prevent the need for inpatient admission. It is hoped that this project will continue into 2016.

DEVELOPMENT OF THE TRAINING PROGRAMME (PACE I, II & III) FOR PERSONNEL AT THE NRH TO MANAGE BEHAVIOUR THAT CHALLENGES

The department has a lead role in the Behavioural Consultancy Forum (BCF) which includes providing training for all staff to manage behaviour that challenges. In 2015, PACE I was updated, piloted, and completed by nearly 50% of NRH staff members. In 2016, PACE II (specific training for front line staff) and specialist training for personnel in high risk areas will be finalised.

PAIN PROGRAMME ON THE SPINAL INJURY PROGRAMME IN COLLABORATION WITH UCD

A five week, multidisciplinary team Pain Management Programme for patients with Spinal Injury was delivered by Dr. Maeve Nolan in collaboration with the UCD School of Public Health Physiotherapy and Population Science. Based on feedback from participants plans to develop an online resource are being pursued.

FRAMEWORK FOR THE PREVENTION AND MANAGEMENT OF BEHAVIOUR THAT CHALLENGES

Dr. Maeve Nolan was a principal author of the Framework for the Prevention and Management of Behaviour that Challenges produced by the AON Voluntary Healthcare Agencies Risk Management Forum (VHARMF). This document was launched in February 2015 and has been well received by the 28 member healthcare facilities. The VHARMF CEO Steering Committee have approved further development of the framework for staff training purposes.

UTILISATION OF DONATION TO THE PSYCHOLOGY DEPARTMENT

The Department utilised a donation dedicated to providing psychological education and resource material for patients, families and carers following discharge from NRH.

Key issues and milestones

Key issues for the Department of Psychology include the ongoing struggle to provide a psychological service that is responsive, innovative and comprehensive, while staff patient ratios remain approximately 70% below recommended guidelines. Our outpatient project highlighted the inefficiencies of Psychologists undertaking non psychology-essential work and the substantial additional hours worked each week in order to provide basic services. While it is acknowledged that more staff is not the only solution, minimum staffing ratios are required in order to at least maintain the current service in an efficient and supportive manner.

The Mental Capacity and Assisted Decision Making Bill was passed in December 2015 and this marked the conclusion of over a decade of debate including representation by Dr. Simone Carton to the Oireachtas. The Bill emphasises our clinical responsibility to facilitate each patient to make decisions that respects their human rights and facilitates them to exert their will and preferences; as the structures for this Bill unfold, there will be clinical implications for the Psychology Department to meet this patient need within the requirements of the Bill.

Research

1. Cognitive impairments in traumatic brain injury: Novel biomarkers for new treatments. This study is an ongoing in collaboration with Dr. Simone Carton and Prof. Paul Dockree, Department of Psychology, TCD.
2. Development of an objective test to assess online awareness in adults with acquired brain injury. This doctoral thesis is a collaboration with NRH and TCD with Lisa FitzGerald, Prof. Paul Dockree (TCD) and Drs. Simone Carton and Fiadhnaít O'Keeffe (NRH).
3. Neuropsychological functioning and prosthetic rehabilitation outcomes, Doctoral thesis by Richard Lombard-Vance at Dublin City University with Dr. Fiadhnaít O'Keeffe as Co-investigator.

Publications

Eve, M., O'Keeffe, F. et al (In Press). Computerised Working Memory Training for Children Following Arterial Ischemic Stroke: A Pilot Study with Long-Term Follow-Up. *Applied Neuropsychology: Child*.

Dundon NM, Dockree SP, Buckley V, Merriman N, Carton M, Clarke S, Roche RA, Lalor EC, Robertson IH, Dockree PM, Impaired auditory selective attention ameliorated by cognitive training with graded exposure to noise in patients with traumatic brain injury., *Neuropsychologia*, 75, 2015, p74-87 , Journal Article, PUBLISHED

Cronin, H., Delargy, M., Galligan, I., Mc Cann, A., O'Connor, R., O'Toole, C. (In Press). An innovative multimodal and pharmacological interdisciplinary team approach to intervention with Prolonged Disorders of Consciousness. *Brain Injury*.

FitzGerald M., Carton, S. & Dockree P. Rehabilitation of Emergent Awareness of Errors Post Traumatic Brain Injury: A Pilot Intervention. (2015) In press.



DENTAL SERVICE

ALASTAIR BOLES

SENIOR DENTAL SURGEON (SPECIAL NEEDS), HSE DÚN LAOGHAIRE

During 2015 the Dental Unit at the National Rehabilitation Hospital (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 NRH.

In 2015 Inpatient and Outpatient referrals remained consistent with previous years. Outpatients were treated from some community residential units and local nursing homes.

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



In 2015 the NRH was shortlisted as finalists for two awards in the national HR Leadership and Management awards for 'Best Workplace Diversity Strategy' and 'Best Public Sector HR Initiative'.

NUTRITION & DIETETICS

KIM SHEIL
DIETITIAN MANAGER

In 2015, Carole Wrixon left the service to take up a new post and was replaced by Therese Coleman. Many thanks to Carole for her hard work during her time at the NRH.

Brief outline of services provided

All inpatients attending the NRH have access to the Nutrition & Dietetics service. The role of the service is to identify and manage patients with nutritional issues which may impact on their ability to participate in their rehabilitation programme. The dietitian also advises patients on dietary management to enhance long-term health and wellbeing.

The work of the Productive Mealtime Committee continued in 2015. The committee is chaired by the Dietitian Manager with representation from Healthcare Assistants and the Catering, Speech & Language Therapy and Nursing departments. The committee meets fortnightly and has developed a Food and Nutrition Policy for the hospital.

The department continues to play a role in undergraduate training with 2 student dietitians undertaking part of their clinical placements within the department in 2015.

New Service Developments in 2015

- In 2015 a number of exciting new initiatives took place. An audit of accuracy of patient weighing scales was conducted. In parallel with this, an audit of weighing practices and frequency of patient weighing was carried out. In response to the audit results, a standard for weighing frequency was agreed.
- During 2015 the Dietitian Manager and Senior Dietitian undertook training in FODMAPS. This is a novel dietary approach to managing functional bowel disorders such as Irritable Bowel Syndrome. This service is now available to all patients and staff who require it.
- Rollout of nutrition screening continued in 2015 and is audited on a regular basis.
- A communication-friendly nutrition education pack for dietitians working with patients with communication difficulties was developed in conjunction with the Department of Speech & Language Therapy. Discussions regarding the optimal way to present this information are ongoing.
- The department is involved in the Pressure Ulcer Collaborative 'Pressure Ulcer to Zero' initiative. Nutrition plays a key role in pressure ulcer management and prevention and the dietitians welcome the opportunity to contribute to this important work.
- The dietitians undertook training in the Nutrition Care Process Model. This is an internationally recognised systematic approach to assessing, managing and monitoring nutritional care. Rollout of this process will continue in 2016.
- Lorna O'Connor, Senior Dietitian chairs the MASCIP Weight Management Guidelines Working Group. The aim of the group is to develop guidelines for Ireland and the UK for the identification and optimal management of overweight and obesity post spinal cord injury. In 2015 the NRH website was updated to include useful links to reliable nutrition resources and websites.

Key Issues and Milestones in 2015

Current dietetic resources are limited to 2.5 WTE. As the importance of adequate nutrition in rehabilitation is becoming increasingly recognised, demand for the service grows. This must be carefully managed to ensure that a prompt and effective service is offered. Cases are prioritised based on clinical need. However, at this level of staffing, the service is vulnerable to any reduction in staffing as a result of annual, sick or other leave. While locum cover is provided for planned periods of leave, any unplanned leave can result in increased waiting times for consultation to take place.

Nutritional screening is important in ensuring that limited resources are used in a targeted way. The roll-out and ongoing audit of this initiative will continue into 2016. At present it is not possible to offer comprehensive outpatient services, with the exception of a limited service to patients in the Prosthetic/Limb Absence Programme. This means that patients cannot be offered a service at a time which is most likely to benefit them.



Activity for 2015

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 2015 two student dietitians undertook part of their clinical placements at the NRH.

Education delivered by the Nutrition & Dietetics Department in 2015 is detailed in the Education and Training section on pp. 106 – 112.

Continuous professional development is recognised by the Nutrition and Dietetics department as key to keeping abreast of developments in this constantly evolving discipline. To that end department members attended a number of courses and study days.

Future Developments

- The Enteral Feeding Policy will be completed as part of the Food & Nutrition Policy.
- The hospital Food & Nutrition Policy will be launched at a nutrition day and relevant training for all staff will follow.
- The Nutrition Care Process Model will be incorporated into dietetic practice and all associated documentation will be developed.
- Input into the Pressure Ulcer Collaborative will continue.
- It is planned that the communication pack for dietitians will be completed in 2016, funding permitting. This will allow dietitians to work more effectively, particularly with Brain Injury patients.



Niamh Cahill and Dr Mark Delargy pictured following an interview about Acquired Brain Injury with Pat Kenny on Newstalk.

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.

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 (interdisciplinary)
- Outpatients Department
- Driving Assessment Service
- Stress Management Service
- Electronic Assistive Technology Clinic (interdisciplinary)
- Wheelchair and Seating Clinic (interdisciplinary)
- Woodwork

Delivery of the required intensity of direct interventions to patients continues to be a challenge with the current staffing compliment, particularly during times of planned and unplanned leave, for which cover is not provided. An intensive piece of work is taking place 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. Service continuity was maintained throughout the year despite staffing changes; this was possible through ongoing recruitment and the support of both the OT team and the Human Resources Department.

Service Developments in 2015

Electronic Assistive Technology (EAT) Clinic (Interdisciplinary): This Pilot Project continued in 2015. It is managed by the OT and Speech & Language Therapy (SLT) Departments and its effective operation is facilitated by a Multitask Intern post. The EAT Clinic offers a service to inpatients to explore access to:

- Assisted Augmented Communication (AAC)
- Computers and mobile technology (PCs, laptops, tablets)
- Smartphones
- Environmental Control Systems (ECS)



The service offers an assessment, trial and support service to patients for electronic assistive technology solutions. Provision of small assistive technology devices includes mounts, switches, joy-cables and styli. This enables access to mainstream technology which patients already own and reduces financial demands on patients and families. It allows clinic staff to train and educate patients and family in appropriate set-up and use of recommended EAT solutions prior to discharge. The Equip AM system is used to asset tag all stock coming into or going out of the EAT Clinic.

The EAT Clinic staff are liaising with the New Hospital Project Team regarding accessibility of technology systems for the new hospital.

Wheelchair and Seating Clinic (Interdisciplinary): The Wheelchair and Seating Clinic pilot project began in January 2015. The clinic runs on a half time basis and is managed by the Physiotherapy and OT departments. The clinic provides the assessment, trial, prescription and issue of manual wheelchairs as well as liaison with community services for all NRH inpatients.

Recommendations for complex powered mobility solutions can be carried out when agreed with community services and in liaison with specialised services such as the Central Remedial Clinic (CRC) when indicated however, these solutions will not be prescribed in the clinic. Powered mobility assessments in relation to cognitive, visual and perceptual abilities of the patient will be carried out by the treating Occupational Therapists and the results of this assessment provided to community services to assist them in prescription of a powered mobility solution.

Follow up, maintenance and future assessment of NRH patients will be carried out by community services (or a designated specialised service) due to consideration for environmental factors, geographical location of the patient, community integration, ongoing input and maintenance issues and limitations of the NRH budget allocation.

Dynavision D2 machine: This equipment was purchased through restricted funds of the NRH Foundation in 2015. This enables staff to assess and train patients' visual-motor, visual-perceptual deficits, and reaction time. It is also a useful tool to predict on-road success or failure for driver retraining. This service will have extensive benefits to both inpatients and outpatients of the NRH.

Interdisciplinary Projects and Services

The OT staff are committed to continued service developments with our interdisciplinary colleagues: Some joint projects in addition to those mentioned above include:

Academic Steering Committee: Lisa Held and a rotating practice tutor 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 the Access Officer for the NRH.

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

Activity for 2015

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

Professional Development, Education and Research is an embedded element of OT Practice in the NRH. The Register for Occupational Therapists through CORU is now open with a deadline of 31st March 2017 for submission of application for registration. The OT Department has been working towards registration throughout 2015. The 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.

Education delivered by the OT Department in 2015 is detailed in the Education and Training section on pp. 106 – 112.

Research and Post Graduate Studies

Fiona Haughey completed an MSc in Advanced Professional Practice in Neurological Rehabilitation in the University of Plymouth.

Alison McCann is undertaking a Research Masters with Trinity College Dublin; the specialist area is 'Prolonged Disorders or Consciousness'.

Fiona Maye is undertaking an MSc in Leadership with the Royal College of Surgeons in Ireland.

Cross Programmatic Occupational Therapy Services

DISCHARGE LIAISON OCCUPATIONAL THERAPY (DLOT)

The Discharge Liaison OT Service provides assessment and interventions to facilitate discharge for those patients living in counties Dublin, Wicklow and Kildare. The number of referrals to the service in 2015 increased by 17% on the previous year as reflected below. These referrals included some very complex cases, particularly from the Brain Injury Prolonged Disorders of Consciousness (PDOC) service, Spinal Injury Service and Prosthetic Day Service.

DISTRIBUTION OF 2015 REFERRALS TO THE DLOT SERVICE PER PROGRAMME

Programme	2013 Referrals To DLOT	2014 Referrals To DLOT	2015 Referrals to DLOT
Brain Injury Programme	44	51	45
Spinal Cord System of Care (SCSC)	64	44	55
Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programme	17	26	40
Paediatric Family-Centred Programme	3	2	4
TOTAL	128	123	144

DISTRIBUTION OF NEW REFERRALS IN 2014 ACCORDING TO WEIGHTING

Weighting		2013 Referrals to DLOT	2014 Referrals to DLOT	2015 Referrals to DLOT
High (3)	High level of intervention – more than 2 home visits; intervention relating to housing adaptations, for example, provision of housing reports; order, installation and training with regard to equipment	42	48	47
Medium (2)	Up to 2 home visits related to equipment or housing adaptations	50	54	77
Low (1)	Maximum 1 home visit; general advice and liaison, supply of small equipment items	26	21	20

VOCATIONAL ASSESSMENT SERVICE

The Vocational Assessment service includes: 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. There was a decrease in the number of patients who received direct interventions in 2015 (86 patients compared with 110 in 2014). This is due to a prolonged period of sick leave in the service where cover was not available.

173 new referrals were received in 2015 (an increase of 4% on previous year) – 8 people were awaiting assessment at the end of 2015. A review process is in place to contact those on the waiting list to ascertain interest and readiness for an assessment – see table below:

**2015 – BREAKDOWN OF VOCATIONAL ASSESSMENT WAITING LIST AT END OF YEAR**

Total referrals 2015	Patients attended an assessment	Patients waiting for assessment	On Hold – not yet ready for assessment	Patient to contact service if assessment required	Attended assessment – follow-up required	Scheduled for assessment	Did Not Attend (DNA), or not appropriate for Assessment
173	82	8	38	17	4	9	15

Fiona Ryan is co-author on the research conducted by Dr Frances Horgan, RCSI titled: *‘Exploring the factors related to return to work after Stroke – A National Survey’*. The report is now published and the findings of this study assist and support our practice in considering the barriers and facilitators in returning to work.

Development continues in the area of the ergonomic aspect of to return to work. New equipment was purchased in order to demonstrate and trial with clients in Vocational Assessment and is proving beneficial.

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 Social Work. Site visits were facilitated with Singapore students undertaking BSc (Hons) degree programme with TCD. We received positive feedback regarding the effectiveness of the ‘touch base’ meetings from students and educators, and feedback from practice educators regarding post placement debriefs was also positive.

The Interdisciplinary Careers Evening was held in February and September 2015 – this gives prospective students an opportunity to learn about Health Care Professions.

Alison McCann and Fiona Haughey continue to rotate clinical tutor representation on the Academic Steering Committee with the other interdisciplinary clinical tutors. They have also worked closely with the Universities to develop resources to support the underperforming student and their educators.

Outpatient Occupational Therapy Service

The Outpatient Occupational Therapy services are provided to multidisciplinary clinics, individual direct therapy and group therapy sessions. There continues to be issues regarding the capacity of 1.0 WTE OT to deliver services across the Brain Injury and SCSC elements of the outpatient programme in light of high numbers of referrals. This has been brought to the attention of the Brain Injury and SCSC Programme Managers as well as the Outpatient Steering Committee.

Milestones in 2015**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 Programmes to trial a product from the kit as part of their upper limb programmes.

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. The NRH driving screen tool was reviewed in 2015 following a trial and was subsequently implemented. This tool has facilitated direct referrals to the Outpatient Department which were previously forwarded to the IWA due to time involved to complete a thorough cognitive screen for driving. A continued focus for development in 2015 resulted in more OTs attending in-car assessments with Colm Caren, IWA Instructor.

Aisling Weyham completed The Traffic Medicine Certificate established by the Royal College of Physicians, Ireland. This is the first of its type in Europe and will facilitate the NRH to keep abreast of current practice. Aisling also continued work on her research project to investigate the current driving behaviours of past patients.

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 Chartered Physiotherapist. Splinting referrals can now be made by e-mail as well as printed referral form.

STRESS MANAGEMENT SERVICE

The Occupational Therapy Department dedicates 0.25 specified post to a stress management service. 2015 saw 102 patients (compared with 88 in 2014 and 48 in 2013) accessing the service from all four Programmes at NRH. The Occupational Therapist involved in the stress management service continues to liaise closely with the Psychology team to ensure a unified and holistic approach in the provision of this service to patients. Despite the increasing demand for the service, there is no cover available for planned or unplanned leave.

THERAPEUTIC GARDEN

The therapeutic garden is a fantastic resource that provides a real life environment for patients to work towards the achievement of specific goals. The garden includes a polytunnel, allotment, putting green, mobility training area, accessible shed, raised beds and a sensory and herb garden. We are looking forward to welcoming a 0.5WTE Horticultural therapist in 2016 due to a restructuring of services in the department.

GIY: The local Grow it Yourself Group (Dundrum Branch) continue to be involved in supporting the Occupational Therapy department to establish the working vegetable and fruit garden. The GIY voluntary support is of great benefit to our patients who use the therapeutic garden.

Gardening Volunteers: A number of trainees at the Rehabilitative Training Unit have completed their work placements in the therapeutic garden. Mags Totterdell and Mick McGuinness have continued to volunteer in the therapy garden, both of whom gave generously of their time and expertise each week during the year.

NRH Foundation: The Therapy Garden Committee submitted an application to the NRH Foundation for funding to enhance accessibility to the allotment area – this application is currently under consideration.

WOODWORK SERVICE

The woodwork service delivers direct therapeutic individual and group sessions to patients across all the NRH programmes and the Rehabilitative Training Unit. Referrals are received directly from Occupational Therapists. Woodwork Projects are designed to meet the needs of patients' specific abilities and goals.

I would like to take this opportunity to thank all the staff in the Occupational Therapy Department for their continued support, particularly in 2015 with a number of projects and service developments taking place. The OT staff are a dedicated and highly professional team who are constantly working to improve standards for delivery of patient care.



PHARMACY

SHEENA CHEYNE
CHIEF II PHARMACIST

The Pharmacy continues to provide a comprehensive pharmaceutical service to all patients, carers and staff of the four rehabilitation Programmes at the NRH, namely: 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 4.6 WTE (3.6 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.

Overview of Services Provided

The Pharmacy Department:

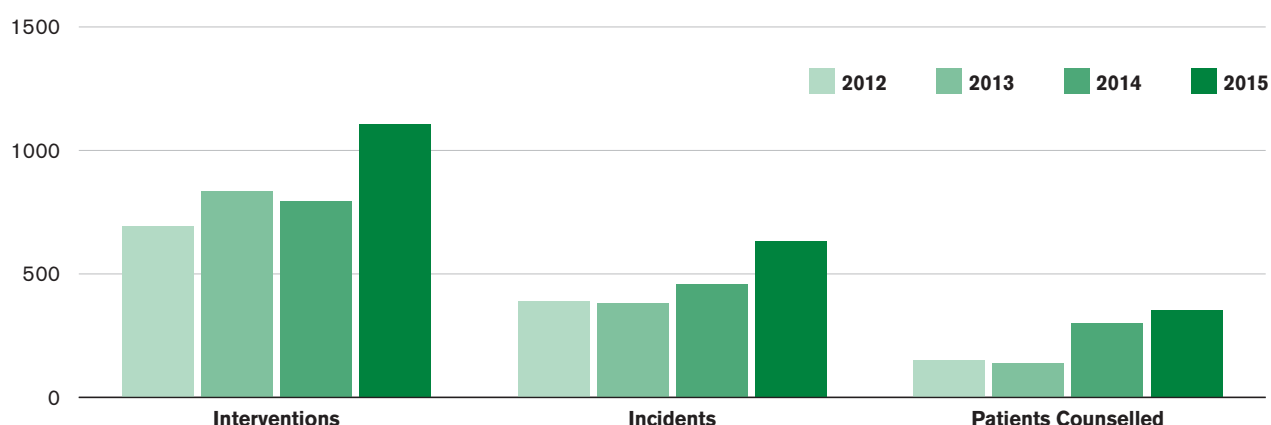
- Provides medication reconciliation of all admission and discharge prescriptions. The Inpatient prescriptions are checked against a list of medications obtained prior to admission, and discharge prescriptions are checked against the kardex system. More than 40% of medication errors are as a result of errors at transfer of care. This is an important patient safety initiative. Approximately 50 near miss incidents are avoided per month through this vigilance by pharmacy staff.
- Procures stores and supplies all medication. This is managed in a safe, effective, economic and timely manner.
- Provides medication review of all prescriptions to optimise medication therapy.
- Attends Consultant ward rounds to advise proactively on medications at point of prescribing. This also enables the pharmacy staff to engage with patients.
- Negotiates with drug company representatives to obtain the best price for medications. This is achieved by skillful negotiation by the senior technician.
- Continues to reduce the expenditure on drugs 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 continuous increase in activity year on year since 2012. This shows that the complexity of our patients is increasing.
- Dispenses medication for Inpatients. Individualised medications are dispensed for the ward medication trolley – this is a safety initiative to decrease the risk of nursing staff making incorrect selection of medications.
- Liaises with community pharmacies and other hospitals regarding unusual, 'high tech' and unlicensed medication issues that may arise.
- Provides advice on medication safety as a priority. New medical staff are advised how to prescribe clearly at induction and at an interactive education session for 'safe prescribing'.
- Handles medical information queries from all areas of the hospital and close liaison with many hospital Departments such as Nutrition and Dietetics, Speech & Language Therapy and Sexual Health.
- Counsels patients who have been prescribed Warfarin and New Oral Anticoagulants (NOAC) 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 Incident Management System database (NIMS).
- Dispenses staff prescriptions for convenience and cost savings to staff.

Activity Data and Medication safety

Medication safety is a key priority and this year's incidents and interventions recorded show a marked increase on the previous year's figures. This highlights the pharmacy departments' recording and surveillance work in preventing medication errors. Trends can be seen and appropriate action taken to prevent similar medication incidents being repeated.

PHARMACY ACTIVITY TRENDS

Activity Data	2012	2013	2014	2015
Interventions Recorded	695	835	793	1 105
Incidents Reported (National Database)	389	380	458	634
Patients Counselling	153	139	303	354



Service Developments and New Initiatives

Counselling and education: The counselling service has been expanded to facilitate more patients. Some sessions are conducted with Speech and Language Therapists to aid comprehension for patients with aphasia and a new pictorial warfarin booklet has been designed to help aphasic patients.

Medication reconciliation: The pharmacy medicine reconciliation form has been developed to include information obtained from the patient after interview with a pharmacy team member, complementing the list we obtain from the GP or hospital prior to admission to NRH.

Pharmacy staff education: Weekly lunchtime staff education meetings is a new initiative which involves pharmacy staff members presenting educational topics. Once a month an external speaker is invited, such as dietician, nursing, medical staff, sexual health nurse and psychologist to give the pharmacy a greater understanding of other team members' roles. This has helped promote good working relationships with other disciplines. Understanding other therapy roles has enhanced our practice.

In collaboration with the Drug and Therapeutics Committee four DTC information updates were distributed for all staff – topics included lidocaine patches, new oral anticoagulants, vitamin D dosing guidelines and safe prescribing of oxygen



Antimicrobials: We participated in the national point prevalence study for antimicrobials. This study determines current trends, identifies areas for intervention and tracks changes annually. The results enabled the NRH to be measured against all other hospitals in Ireland. The results showed that we performed very well.

A pharmacist is now involved in the weekly 'antimicrobial stewardship' rounds with the Consultant Microbiologist to ensure appropriate use of antibiotics in the NRH. The drug kardex was improved to include an antimicrobial section to comply with SARI guidelines.

A pharmacist is involved with the National Quality Improvement Programme in producing National Gentamicin dosing guidelines.

Financial information: All Programme Managers and Consultants are provided with quarterly itemised financial reports on their medication expenditure. Analysis of the budget figures are provided at programme meetings and reports are provided to the Director of Finance and the CEO.

Pharmacy Students: We trained 3 pharmacy intern students this year as part of a split placement programme (6 months in the pharmaceutical industry and 6 months in the NRH). All interns passed their final exams and have graduated as pharmacists.

Health Promotion: In 2015 we initiated a 'health promotion' day on asthma and COPD, for staff and patients. 60 individuals attended the stand to be educated on the latest inhalers and devices.

HCA role expanded: The role of the pharmacy HCA now includes stock replenishment. The wards and pharmacy have benefitted greatly from the 0.5wte HCA post assigned to pharmacy.

Tobacco Free Campus: The pharmacy staff have been fully engaged with the 'Tobacco Free Campus' initiative. Involvement includes supplying smoking cessation products to staff and participating in the promotion of the initiative.

Audits: Numerous audits were carried out to assess compliance with guidelines such as warfarin, lidocaine patch and allergy.

Highlights for 2014

New Hospital: The safety risks associated with the pharmacy department not being located in the new hospital were discussed with the Planning Team and have been raised repeatedly at the Safety and Risk Committee.

Awards: The pharmacy staff were delighted to be shortlisted for a number of awards in 2015 year. These include: **The Hospital Pharmacy Awards** which recognise outstanding examples of high standards, best practice, innovation and excellence. Mary McCartan was shortlisted in the '**Patient Safety Award**' for her work with medicine reconciliation and all the pharmacy staff were shortlisted for '**Hospital Pharmacy Team of the Year**'.

The **Helix Health Awards** aim to provide an occasion that recognises the contribution of the profession to healthcare in general, as well as to celebrate and reward pharmacists and their teams. Eimear McManus was shortlisted in the 'Excellence in Hospital Pharmacy Award' for exceptional professional efforts which have enabled hospital pharmacy services to be delivered in a manner more beneficial to the public. Appropriate medication counselling for brain injured patients was her selected entry.

NRH Photographic Exhibition: Pharmacy staff were delighted to have 3 finalist photographs in the annual competition for the NRH calendar and to have Eimear McManus's photo chosen to be included in the calendar.

Finally I would like to thank all the members of the hard working Pharmacy Team for their professionalism, commitment and dedication to our patients and staff throughout the year.

PHYSIOTHERAPY

ROSIE KELLY
PHYSIOTHERAPY MANAGER

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

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

The department, in line with the NRH strategic plan, actively works with colleagues hospital-wide to be a national lead in the delivery of neurological rehabilitation in Ireland, and aligns with international guidelines and best practice in service delivery. As part of this commitment the physiotherapy department also provides specialist treatment in several cross programmatic and adjunct services:

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 programmes continues to increase in line with a changing service patient profile. The NRH interdisciplinary tracheostomy policy was accepted by the Executive and an interdisciplinary tracheostomy round started in the Autumn 2015. A roll-out of education for this initiative included a Tracheostomy poster and a questionnaire formatted to demonstrate evidence of knowledge of the policy.

OUTPATIENTS (OPD) PHYSIOTHERAPY

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

Patients who are under the care of an NRH Consultant can be referred (depending on their clinical need) to the Outpatient Physiotherapy service through the Outpatient Referral Process. Triage of new and existing referrals takes place once a week where the team will discuss individual cases, plan IDT appointments and co-ordinate new appointments. Patients can access a variety of services through Outpatient Physiotherapy including Hydrotherapy, Splinting, Pilates, and Saebo assessment and treatment.

Therapists in the Outpatient Department run interdisciplinary groups for patients throughout the year such as Wellness Days.

SPORT THERAPY, FITNESS TRAINING AND HYDROTHERAPY

The Sports Department and the Hydrotherapy Department 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.

In 2015 new developments included liaising with the Health Planning Team on the design of the New Hospital Project, revamping timetables, streamlining cleaning schedules, adapting documentation to meet guidelines and developing a new communication strategy between programmes. Both departments facilitated multiple students and 2015 saw the introduction of a volunteer service to assist the departments.



WHEELCHAIR AND SEATING CLINIC

This new initiative continued extremely successfully through 2015 with the delivery of a joint Occupational Therapy and Physiotherapy Wheelchair and Seating service. Optimal seating and wheelchair provision often forms a key part of the rehabilitation process for a number of our service users and this new purpose built environment and staffing allocation offers an opportunity to provide a more efficient, patient centred and quality service.

CLINICAL PRACTICE TUTOR

The Clinical Practice Tutor plans, co-ordinates and supports a busy throughput of clinical placements for undergraduate students from UCD and TCD. In 2015, 43 students attended for clinical placements at the NRH. Two UCD Masters programme placements were offered in 2015. There was an increase in the number of final patient assessments (FPAs) for 4th year TCD students this year. Four FPAs were carried out which involved an afternoon commitment from the practice educator and tutor.

THERAPEUTIC RECREATION SERVICE

The Therapeutic Recreation Service (TRS) is funded by the NRH Foundation and is staffed by 1 WTE therapist. The TRS, as part of a personalised rehabilitation programme, encourages patients to engage in leisure and recreation activities. The service consists of 2 elements:

- 1) Individualised recreational assessment and intervention for patients with complex needs who may face specific challenges engaging in mainstream recreational programmes.
- 2) Group-based recreational activities which are available to all inpatients, predominantly run on evenings and weekends for which referrals are not necessary.

2015 has seen an upgrade in facilities for patient activities with the addition of new entertainment equipment including 4 computer tablets, a new Karaoke Machine, 2 guitars and a Photography Lighting Studio.

Individualised recreational interventions for patients continues to grow, 198 referrals were received in 2015 compared with 197 in 2014, and 145 in 2013.

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 our previous Physiotherapy Manager as a volunteer.

New services and initiatives in 2015

PING GROUP

The PING research group (Physiotherapists Interested in Nurturing Growth) was established in December 2015 and was inspired by the Better Beaumont group. This was initiated following attendance at St Vincent's Hospital's Audit day and from the department's interest in actively pursuing research and audit as part of our goal of clinical excellence.

TECHNOLOGY AND ROBOTICS

We continue to strive forward in our pursuit of excellence when it comes to knowledge and access to the latest technology and robotics available for our patient populations. We are constantly seeking information on new devices and or innovations being developed worldwide. Our aim is that we will eventually have a technology and robotics clinic as an additional and important adjunct to the core therapies, whilst also lending itself to being a resource for research data.

RUNNING GROUP

The running group which is now well established is accessible to patients from all programmes. Its success has been acknowledged by the acceptance of the abstract and poster for the annual ISCP conference.

HOSPITAL PROJECT INVOLVEMENTS

Across all programmes and services, staff engaged throughout the year with the Health Planning Team in order to assist in the design and future service use 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.

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 to Stoke Mandeville for this annual competition – the team achieved overall 2nd place. In total, the team won four gold and two bronze medals.

3RD ANNUAL NRH SPORTS CHAMPIONSHIP

The third year of this event took place in September 2015 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.

INAUGURAL EUROPEAN WEEK OF SPORT

This event ran from 6th – 11th September 2015. The Sports and Fitness Department marked this with a day of sport at the NRH including a staff versus patient wheelchair basketball game.

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 2015.

Key Issues and Milestones – 2015

DEPARTMENTAL ISSUES

Several departmental meetings and in-service training times were given over to problem solving sessions to try to address issues such as increased caseload demands and limited capacity.

CHANGING PATIENT PROFILE

The increasing complexity of service users and changing patient profiles has had an impact on delivery of care within existing resources across all services. Several challenging cases in 2015 were hugely demanding on staff members. It is hoped that the introduction of the new referral form and minimum data set will eliminate some of these issues as these difficult cases will be highlighted prior to admission and dealt with accordingly.

SECONDMENTS FROM THE DEPARTMENT

2015 continued to be a challenging year in relation to the number of senior staff out of the department. In total there were 5 secondments to the programmes and HSE, and 7 extended leave arrangements, making up roughly one third of our total staffing. The knock on effects are felt across the board but especially at a staff grade level as all the backfills are of a short term temporary nature. Rolling temporary contracts have been highlighted as a source of concern at this staffing level.

Education and Training

Education delivered by the Physiotherapy Department in 2014 is detailed in the Education and Training section on pp. 106 – 112.



RADIOLOGY

DR BRIAN MCGLONE
CONSULTANT RADIOLOGIST

Diagnostic imaging services were provided to the hospital in 2015 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 NRH

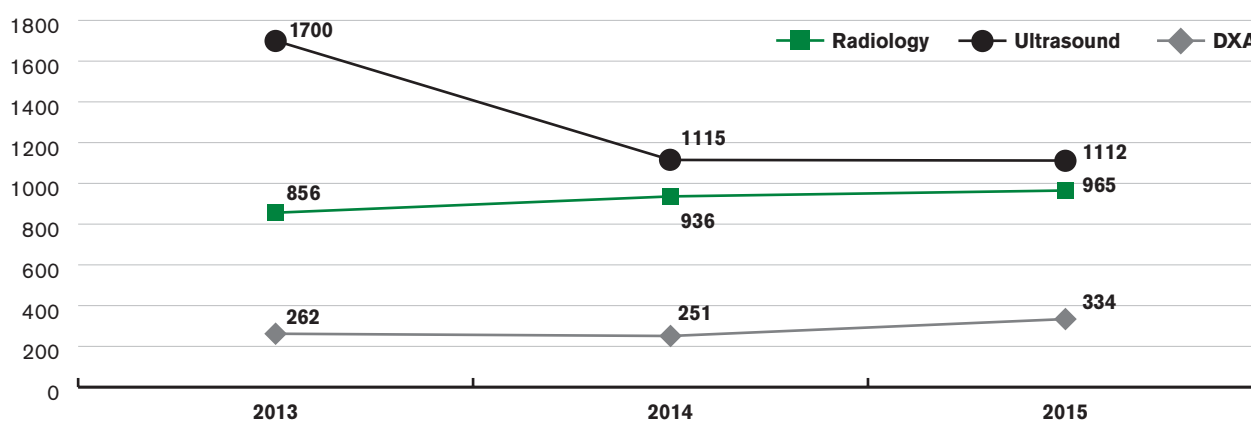
Activity Data

Changes in radiology activity were recorded in 2015 – see Graph A.

965 general x-ray examinations were performed – a slight increase from last year, showing a further increase in provision of service.

In 2015, 334 DXA scans were performed, which is a significant increase on the previous year despite the absence of 1.0 WTE for the first four months of 2015 – this is from a department where the full complement is 2.4 WTE.

GRAPH A – 2015 (NUMBER OF EXAMINATIONS)



Services and New Developments

Ultrasound – the ultrasound service continues to develop with an increase of approximately 30 examinations performed in 2015.

DXA – The appropriate increased use of DXA in at-risk patients gave rise to increased numbers attending the Unit despite staff shortages. A new Staff DXA programme was discussed in 2015 in partnership with the Occupational Health Department for roll-out in 2016

X-ray – A proposal for replacement x-ray equipment at the NRH continued in 2015. The current equipment is end of life and much recent effort has focussed on replacement with assistance from the Clinical Risk Department.

Nurse prescribing – Nurse prescribing of ionising radiation at the NRH continues successfully within the nurse led urology service. A third nurse has now commenced this training.

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 2015 for the Radiology Department.

AUDIT

A number of audits were carried out in 2015. These include:

- Procedures regarding the diagnostic x-ray exposure of women of childbearing age at the NRH;
- Dose Reference and Equipment Risk Assessment for General X-ray System – DAP;
- DXA Patient Satisfaction survey;
- ID Audit;
- Cancellation (DNAs) Audit;
- Hygiene, Infection Prevention and Control audits – every second month;
- Environmental Health and Safety Self Inspections – every 3 months.

RADIATION SAFETY

The Radiation Safety Committee met twice during the year and advised the hospital on best practice in relation to radiation safety. Representatives from the NRH Medical Board and Nurse Prescribers were invited as members on to the Committee during 2015. The committee ensures compliance with the EPA-Office of Radiological Protection requirements which include quality assurance measurements, best practice and training issues. Jeanette Van Der Wath is now the Radiation Safety Officer to the hospital with RPA (Radiation Protection Adviser) Julie Lucey returning.

The National Patient Radiation Protection Manual was updated during 2015 in order to enhance governance of radiation safety, including revision of KPIs to capture NRH practice in the areas of audit, incident reporting and radiation safety. Radiation safety audits continued in 2015, with DRL audit ongoing. An audit on the use of nurse prescribing was also initiated.

The Radiology Department and RPA are still engaged with the new hospital planning team with regard to plans and developments, including radiation safety.

EDUCATION AND TRAINING

Staff members of the Radiology Department undertook study and training programmes as part of their Continuous Professional Development during 2015. Staff also participated in mandatory in-house training and attended various study days and conferences to update their skills. In addition:-

Dr Brian McGlone participated in the Professional Competence Scheme at faculty of Radiologists, RCSI, including regular joint Radiology Quality Improvement meetings with St. Columcille's Hospital (SCH), Loughlinstown and attendance at National QI Workshop, RCPI, June 2015. Dr. McGlone also carried out audit in SCH and NRH, via PeerVue in NIMIS; and is member of the American Roentgen Ray Society and the International Society of Clinical Densitometry.

Rosie Conlon attended the CORU validation event at UCD; is panel assessor for radiography and education, and for accreditation of the Irish Radiography Training Programme planned for early 2015.

Jeanette Van Der Wath took up the post of Senior radiographer in May 2015 as RIS/PACS, DXA and Radiation Safety Officer and in addition to compulsory training at the NRH, her CPD to date includes: attendance at 'Patient Radiation Safety: Best Practice for Radiographers and Radiation Therapists' course in June 2015; Patient radiation safety and clinical audit course; McKesson PowerScribe360 and Windows workshop and McKesson International imaging and workflow solutions workshop.

Joao Cardoso attended DXA training for new equipment software update; IP Telephony training as departmental champion; carried out monthly audits in NRH Radiology department and Quality Assessments (QA) tests to Apollo equipment and Picker Portable machine; provided regular Induction/NIMIS Training to NRH NCHDs and other Healthcare Professional staff.



REHABILITATIVE TRAINING UNIT

MAUREEN GALLAGHER
ACTING MANAGER 2015

ANNE-MARIE MCDONNELL
INTERIM RTU MANAGER

Service Provision

As part of the Brain Injury Programme continuum of care, the 'Next Stage Programme' at the Rehabilitative Training Unit (RTU) provides group and individual rehabilitative training for adults with acquired brain injury. Referrals are accepted from hospital and community services around the country, and for individuals who do not live within commuting distance of the NRH a supervised, purpose-built accommodation facility is available on-site. Trainees attend up to five days a week and programme duration varies depending on individual potential and achievement of desired training goals.

The programme is delivered on a modular basis, with 25 training modules grouped in the following 6 areas:

- Brain Injury Awareness and Management
- Personal & Social Development
- Life Skills Management
- Information Technology
- Educational & Project Support
- Vocational Assessment, Planning & Exploration.

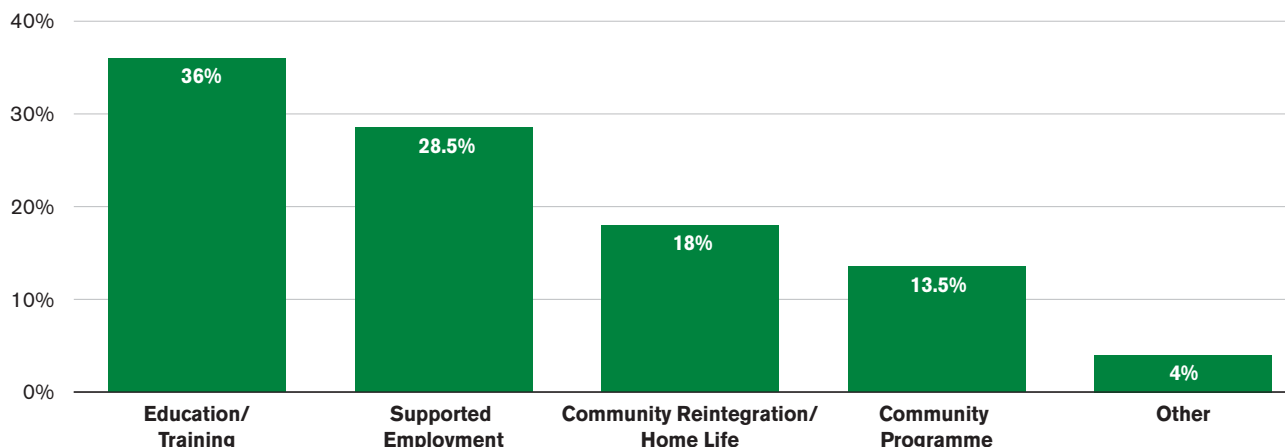
The success of the RTU rests in its client-centred, holistic approach programme delivery, the flexibility of providing an individualised training programme to each trainee via a caseworker; an Individual Training Plan system; and a comprehensive discharge planning process. The programme encompasses both vocational and home & community reintegration programmes. Identification of training goals is a collaborative process between staff, individuals and family. The programme is designed to maximise transferable work skills and life skills and enhance opportunities for reintegration into the community. This allows for individuality in pre-morbid work history, personality, skill base, and presenting post injury needs.

During 2015 the RTU received 42 referrals to the service. Of these referrals, 17 required on-site accommodation and 25 were for day places. Demand for the service remains high and due to the individual nature of the programme and the roll-over intake system, waiting time from referral to admission is also high, currently standing at 11 months. This year 22 individuals were discharged from the programme, surpassing our Key Performance Indicator of 20 discharges per annum. Between them they attended a total of 193 months of training, ranging from 1 to 19 months, with an average attendance of 8.8 months.

THE RTU OUTCOMES IN 2015 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.

RTU 2015 OUTCOMES



New Services and Developments

During 2015 we undertook waiting list initiatives aiming to better manage our growing waiting list. The first phase of this initiative was to hold bi-monthly interactive Family Information Days attended by referred clients. This helped us to identify supports that individuals may require while remaining on the waiting list and also to make onward referrals and recommendations where appropriate. This initiative has proven to be an effective way of managing the waiting list and an efficient use of staff time. During 2015 the RTU Referral Form was also reviewed in line with NRH Referral Form and a revised form is in the process of being produced which is to be rolled out during 2016.

The RTU delivered a four-month Return to Education programme for trainees with identified education goals who had demonstrated sufficient skills to participate in the training. This module was in addition to the standard programme. It provided trainees with more in depth skills training and improved confidence in their capacities to return to education as a discharge option. The effects of this will be reflected in the 2016 discharge data.

The RTU has a strong tradition of involving volunteers and for this we liaised closely with the NRH Volunteer Coordinator. This year we sourced a volunteer drama instructor and delivered a very accessible and enjoyable Drama Module for all trainees. Being able to bring in expertise in this way enriches the programme for the trainees and provides them with novel experiences that can support their personal development goals.

The RTU sourced a volunteer music teacher who delivered a number of individual music lessons. We also ran a 6-week First Aid course which was delivered by a volunteer instructor and for which the trainees received certificates of attendance.

The RTU trainees participated in the Dún Laoghaire (DLR) Social Inclusion Week displaying their paintings as part of an Art Exhibition. The trainees also displayed their artwork in the NRH Quadrangle during August. A Craft module was also delivered this year and was well received. The trainees are encouraged to develop social awareness projects and during 2015 they ran a fundraising Bake Sale with the proceeds going to CanTeen Ireland. The trainees are supported in self advocacy development and attended the NRH Patient Forum during 2015.

The RTU has arrangements in place with a number of NRH Departments for the provision of work experience placements for the trainees. These placements are provided by Catering, OT, SLT, Communications, Stores and Nursing Departments. This year we developed a Service Level Agreement for NRH work placements. This SLA is in the final stages of development and will be implemented during 2016. External work placements included a garden centre, soup kitchen, community renewal project, and animal shelter among others.

The RTU trainees have an Outings Committee that organised a number of community outings during 2015 using the RTU Bus. Outings included Glasnevin Cemetery, Botanic Gardens, Cathal Brugha Barracks, Dalkey Island, Newgrange, National Stud, and Dublin Festival Opera among others. This afforded the trainees the opportunity to develop and demonstrate applied executive skills in planning and coordinating the outings, and is facilitated by RTU staff.



This year we ran a Food Safety Training for trainees that was in line with HACCP. This 9 hour course was delivered over 3 mornings by Doreen Kane (NRH HACCP trainer) and was an initiative that grew out of recommendations from the Catering Department Manager with regard to work placements. Also trainees received Hand Hygiene Training. Some of the trainees discharged to catering training courses where they will further their training in this area.

Milestones and Issues for the Service

There were significant staffing challenges for the RTU during 2015, with the team being one WTE staff down for the first 2.5 months of the year. This impacted on our ability to replace discharged trainees, in consideration of patient safety and effective provision of service.

Another challenge for the RTU this year was the loss of an occupational guidance service from the Local Employment Service due to staff retirement. The LES had been providing an on-site comprehensive service to our trainees for many years but did not have the resources to continue this service. RTU staff stepped up to fulfil this role in relation to discharge planning for trainees. We were appreciative of the continued services we receive in this area from the OT Department Vocational Assessment service and the HSE Occupational Guidance Service.

The RTU offer trainees the opportunity to provide feedback on their satisfaction with the programme through an Exit Questionnaire. In 2015, 63% of trainees discharging from the programme completed the questionnaire. Of those who responded, 72% rated 5/5 and 28% rated 4/5 on their overall level of satisfaction with the programme.

RTU made submissions or participated in the following: HSE New Directions Benchmarking Tool and Audit; NDA Vocational Rehabilitation Research; National Summit Disabilities Services Social Care; HMI Conference; St. Vincent's Clinical Audit Study Day; NRH Foundation Grant Scheme.

Education and Training

Education delivered by the RTU Staff in 2015 is detailed in the Education and Training section on pp. 106 – 112.

Apart from attending NRH mandatory training staff also delivered in-service training to the RTU team and attended external education training and courses. The RTU provided clinical placements for two TCD postgraduate Counselling Psychology students during 2015.



The Electronic Assistive Technology Clinic offers a service to inpatients to explore access to: Assisted Augmented Communication (AAC); Computers and mobile technology and Environmental Control Systems.

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 acting as the Designated Officers in relation to safeguarding of children and vulnerable adults.

Service Provision

The Social Work Department had a total of 8477 attendances by Inpatients and their families and carers in 2015 and 716 Outpatient and outreach attendances or visits.

SOCIAL WORK ACTIVITY 2015

	Attendance	Attendance	Sum of Direct Units	Sum of Indirect Units
Inpatient	6652 Individual	1825 Group	12,469	12,680
OPD	716	N/A	1,970	1,618

Developments in 2015

SAFEGUARDING

There have been several key policy and legislative changes in the past year which have direct implications for our patients as well as the Social Work service.

In December 2015, The Assisted Decision Making (Capacity) Act 2015 was signed into law and will allow Ireland to meet its obligations under Article 12 of the Convention of the Rights of People with Disability. The Act reaffirms that people with disabilities have equal rights to recognition before the law and that people with disabilities should have all appropriate supports to exercise their legal capacity. There is a presumption of capacity unless otherwise proven and test of capacity will be specific to particular decisions. The Ward of Court process has been effectively abolished and all current wards of court cases will be reviewed under the new act. The Act also refers to the state's obligation to provide appropriate safeguards against abuse.

The HSE National Policy on Safeguarding Vulnerable Persons at Risk of Abuse (2014) is now in effect for all agencies funded by the Social Care Division including the National Rehabilitation Hospital and will interact closely with the new legislation. This is the first time that there has been a consistent national policy for safeguarding of vulnerable persons aged 18-65years in Ireland and the policy replaces the previous Elder Abuse procedures. The definition of a vulnerable person is a wider concept in that it includes any adult *who may be restricted in capacity to guard him/herself against harm or exploitation or to report such harm or exploitation*.

The new Safeguarding and Protection Teams in each CHO area were in place by the end of 2015 and NRH Designated Officers will be participating in the HSE two-day programme in early 2016. The role and work load of the Designated Officer will be expanding due to the obligation to report any concerns to the HSE within 3 working days and to carry out a preliminary screening containing a safeguarding plan.



Key Milestones

In 2015 we welcomed the move by the HSE and Department of Health to allocate some Fair Deal funds towards Intensive Home Care Packages (HCP). The funds can be applied for by people who would otherwise be placed in Nursing Homes but who could be cared for in their homes with substantial supports. The NRH has worked closely with the HSE on one of the first of these care packages which led to a successful home discharge. This is a very welcome development as the NRH admits increasingly complex patients who wish to return to some form of community living. A related issue is the urgent need to develop services in the community for ventilated patients as well as appropriate residential services for this group. In 2015 several of our patients with tracheotomies had to return to live in acute hospitals due to the lack of long term placements for this patient group.

A further area of concern in relation to long term placements is the recent development whereby many Nursing Homes charge for extracurricular activities such as recreation while Fair Deal only provides for basic nursing care. The charges range from €50 – €90 per week in addition to the amount provided by Fair Deal and is prohibitive for patients on Social Protection payments. Without a resolution of this situation, some of our patients will be unable to be transitioned to long term care unless their families can pay for these costs.

Finally, the Social Work Department has been working on a project to carry out research on the experiences of patients, families and staff of inter-disciplinary family meetings which are a key feature of the rehabilitation programme. This work is being done in conjunction with Dr Sarah Donnelly in the School of Social Science and Social Justice in UCD and Dr Paul Carroll, Consultant in Rehabilitation Medicine at the NRH. We plan to proceed to the Ethics Committee in early 2016 and aim to use an action research approach where the social workers will act as co-researchers in the project.

Activity for 2015

The Social Work services provided to the four Rehabilitation Programmes (Brain Injury, Spinal Cord Injury, POLAR, and Paediatric Programmes) are 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 2015 is detailed in the Education and Training section on pp. 106 – 112.

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 2015.

SPEECH AND LANGUAGE THERAPY

AOIFE HENN / CLARE HUDSON
A/SPEECH AND LANGUAGE THERAPY MANAGERS

The Speech and Language Therapy (SLT) Department offers a wide range of clinical and educational services to both inpatients and outpatients and their families. The services include comprehensive assessment and diagnosis, and provision of therapeutic programmes for a range of language, voice, speech and swallowing disorders. The service is delivered through individual and group sessions both with the patient and with their family members.

All SLT staff members undertake a programme of mandatory training and engage in clinical and professional development appropriate to their role. The department is represented across the NRH on appropriate committees and working groups to support communication access and improved patient services and outcomes.

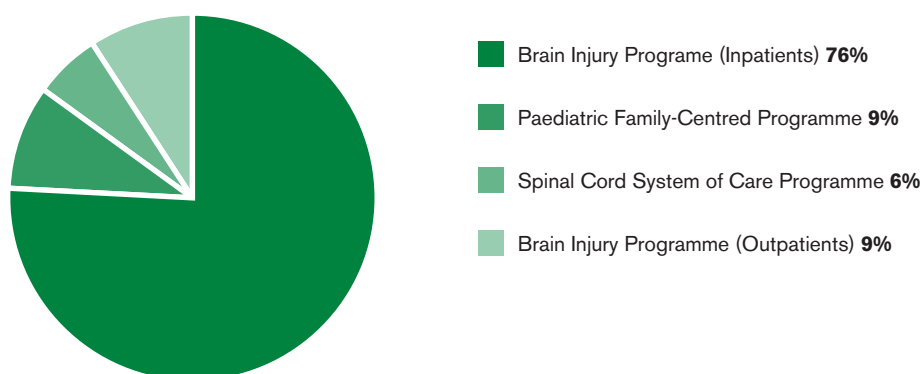
The Speech and Language Therapy team works across the four programmes

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

Service Provision

In 2015 the total number of attendances to the Speech and Language Therapy Department was 8737. The diagram below shows that over two thirds (76%) of the attendances were to SLTs working in the Brain Injury inpatient programme; 9% to both the Paediatric Family-Centred Programme and Brain Injury outpatients programme respectively, 6% to the Spinal Cord System of Care Programme and less than 1% to the Polar programme (see figure 1).

FIGURE 1 – PERCENTAGE OF SLT ATTENDANCES ACROSS THE NRH IN 2015



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

The capacity and prioritisation system introduced to the department in 2014 continues to be effective and has been used to inform NRH admissions and workforce planning within the hospital. 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.



In addition to the provision of dedicated service to the four NRH rehabilitation programmes, the speech and language therapy service also provides the following services across programmes:

- Electronic Assistive Technology Clinic
- Audiology Screening Assessment
- Fiberoptic Endoscopic Evaluation of Swallow Service (FEES)

FEES SERVICE

The Fiberoptic Endoscopic Evaluation of Swallow Service (FEES) has seen increased activity in 2015 with a total of 28 evaluations completed. The FEES has improved the provision and accuracy of swallowing assessments and swallowing rehabilitation. Of the 28 patients who availed of the service, 14 were from the Brain Injury programme and 14 from the Spinal Cord System of Care programme. The service is run in close collaboration with the staff in the Urology department who provide the space for the procedure and ensure compliance with infection control procedures through decontamination of the scopes used.

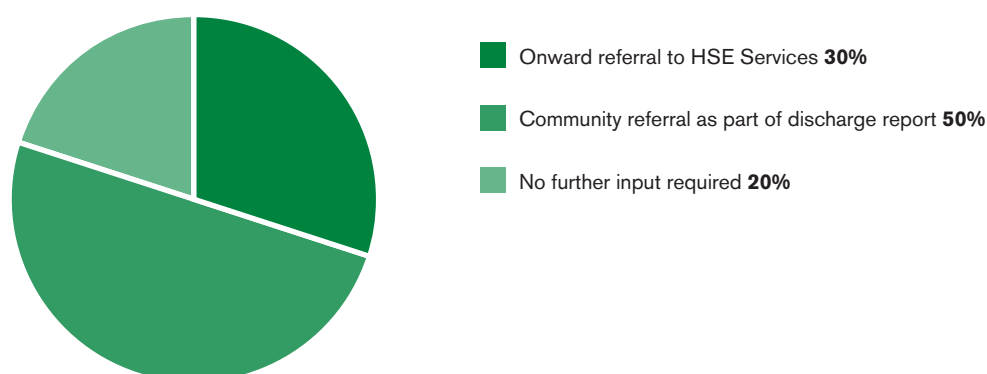
AUDIOLOGY SCREENING

A pilot audiological (hearing) screening service was set up in 2015 with two aims:

1. To determine the need for full audiological assessment for patients in the NRH
2. To identify the pathways by which the NRH can support patients to obtain this full audiological assessment.

Two clinical specialist SLTs attended training in the HSE and set up the pilot study with the first screening assessments carried out in September 2015. Ten screen assessments were completed between September and December. The outcome of the screening assessments can be seen in figure 2. The audiology screening programme supports the work of SLT colleagues in the treatment of auditory processing difficulties for patients in the NRH. The pilot will continue into 2016 and will include further audiological screens and data analysis to inform auditory processing treatment for patients and clarity of pathways for onward referral.

FIGURE 2 – OUTCOME OF AUDIOLOGICAL SCREENING ASSESSMENTS



ELECTRONIC ASSISTIVE TECHNOLOGY (A JOINT SLT AND OCCUPATIONAL THERAPY SERVICE)

The Electronic Assistive Technology (EAT) Clinic continues to offer assessment, trial and support services to inpatients at the NRH to explore access to:

- Alternative and Augmentative Communication aids
- Computers (PCs, laptops, tablets)
- SmartPhones
- Environmental Control Systems (ECS)

The service is staffed jointly by occupational therapy and speech and language therapy with a senior clinician from each discipline and a multi-task intern. In 2015 patients from the Brain Injury Programme and the SCSC programme made up over two thirds of the attendances at the clinic, with an equal spread between them and referrals from the POLAR and Paediatric Programmes were small.

Key Milestones

COMMUNICATION ACCESSIBILITY

In 2015 the SLT department launched the 'Communication Matters' initiative. The long term goal of this initiative is to increase the knowledge and awareness of those working in and with the NRH in relation to communication disability, its impact on an individual's participation in daily life, and how communication barriers can be reduced. Current knowledge and practice within the hospital was audited and education and opportunities for experiential learning were provided to staff during an Aphasia Awareness Week in June, and a Communication Accessibility Day in December organised by the SLT department. In addition patients who attend the NRH outpatients' service became trainers to staff and volunteers who participated in a 'Conversation Partner Training' project.

TRACHEOSTOMY CARE

A number of patients attending the NRH require tracheostomy care. During 2015 the SLT department worked with colleagues to further improve the care of this patient group. A Tracheostomy policy working group commenced 'tracheostomy team ward rounds' comprising all members of the multidisciplinary team and the Tracheostomy Policy was finalised and ratified.

PROLONGED DISORDERS OF CONSCIOUSNESS (PDOC)

The NRH provides a service to 3 PDOC beds and the speech and language therapist is an integral member of the team involved in the assessment and intervention with these patients. To ensure best practice in service provision and to facilitate continuity of care, NRH SLTs set up a Prolonged Disorders of Consciousness (PDOC) Network Group, consisting of speech and language therapists across Ireland and Northern Ireland to share information and evidence and to support clinical skill development and decision making. This Network organised a study day in September 2015 which was attended by 30 SLTs.

COMMUNICATION FRIENDLY NUTRITION INFORMATION RESOURCE PACK

In early 2015 an NRH Foundation Grant was awarded to SLT and Dietetics Departments for a joint project to develop a communication friendly nutritional information resource pack. Staff in both departments have worked collaboratively to develop this project which when completed in 2016 will be an excellent resource for dietitians working with patients with communication needs.

Education and Training

The SLT service is currently 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 4 SLT students from NUI Galway have had placements at the NRH in 2015. In addition to discipline specific training, interdisciplinary education and learning opportunities for student SLTs are provided via structured interdisciplinary tutorials run jointly by representatives from all disciplines. Two careers evenings were also held for students and individuals who have expressed an interest in pursuing a career in speech and language therapy and the allied health professions. Six graduate SLT volunteers have supported patient activity within the department in 2015 undertaking a number of specific projects.

Education delivered by the SLT Department in 2015 is detailed in the Education and Training section on pp. 106 – 112.



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 Cara McDonagh
Chairperson, DDMB



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.

Events catered for in 2015 included the Annual Summer Barbeque and Christmas Parties for both patients and staff; the Ernest Goulding Memorial Lecture; the Annual General Meeting, Accessibility Day; Photography Competition and Exhibition Launch, the NRH Sports Championships and various other Awareness Days, Educational Events and Visits held throughout the year.

The cost of providing catering services to the hospital was €602,843 (excluding wages) and the income was €367,293.

Education and Training

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

Staff from the Catering Department were facilitated to avail of educational and experiential opportunities during 2015 which included the following:

Doreen Kane was seconded to the Human Resources Department

Samantha McCrann is in the post of Acting Assistant Catering Manager

Louise Tate was seconded to the Occupational Therapy Department

Debbie Payne was seconded to Central Services and Programmes Administration

Awards achieved by the NRH Catering Team

The Catering Department has received the following prestigious awards:

- **Food Safety Assurance Award** from the Food Safety Professionals Association (FSPA). This award is in recognition of the work undertaken by the Catering Team for being compliant with legislative requirements, following guidelines in Irish or applicable standards, and operating a Food Safety Management System.
- **Happy Heart Healthy Eating Award** from the Irish Heart Foundation. This award promotes healthier catering practices and provides healthier food choices for employees in staff restaurants.

New Initiatives

A new lunchtime service for patients on St. Brigid's Ward was introduced in 2015. This is working well and will start being rolled out to all wards during the coming year.

The Patients' Canteen now opens from 8.00am for breakfast to facilitate patient attending early therapies.

Future Developments

The Catering Team are working towards implementing the following initiatives:

- Introducing a new food labelling system.
- Displaying calorific values on all foods in the Staff Canteen and Coffee Shop.



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 2015, 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 Department's objective to obtain value for money in all purchasing decisions.

During 2015 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 2015 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 increased contact with the Health Business Section (HBS) in order to utilise nationally negotiated HSE Supply and Service contracts, 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 2015, the Central Supplies Department:

- Rationalised the number and use of printed forms and achieved cost savings during 2015.
- Worked closely with the Infection Prevention and Control Department to source the most effective hygienic supplies for the prevention of hospital acquired infections of all types.
- Increased liaison with the Wheelchair and Seating Clinic and purchase of equipment for the clinic.
- Provided assistance with Tenders preparation and uploading onto E-tenders website for open competitive Tenders. The Central Supplies Department keeps a comprehensive library of information both on soft copy and on file for government E-tenders internet site and EU Tenders Guidelines.

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 and keep updated on latest developments in supply chain management and best practice.

CHAPLAINCY

FR. MICHAEL KENNEDY, CSSp

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

Fr Michael Kennedy CSSp is the full time Chaplain. The Reverend 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 or 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 Liturgy Team

The liturgy team are a group of volunteers 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 throughout the hospital.

Chapel Services

- Mass is celebrated from Tuesday to Fridays at 10:00am and on Sundays at 10:30am
- Chapel services are transmitted by video link TV on most wards for patients unable to attend 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
- Confessional and other services are arranged by request

Visiting Patients

The Chaplain visits patients on the wards at times that don't impact on 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 Diversity and Inclusion Committee. 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 organised by the Dublin Diocese, National Chaplaincy Association and religious orders and 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

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, staff and all stakeholder needs, the hospital will provide higher quality patient care, and contribute towards maintaining best practice and quality standards set by legislation, HSE, HIQA and CARF (Commission for Accreditation of Rehabilitation Facilities). Effective Communication contributes to continuous improvement in services and best outcomes for our patients.

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

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

In addition, we have;

- 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.

NRH Communications Strategy

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:

1. 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 NRH; and increasing opportunities for patients, staff and all stakeholders to provide feedback.

2. Support the positioning of NRH as the acknowledged leader and educator in the field of Complex Specialist Rehabilitation Services (CSRS) in Ireland, through focused collaboration with Stakeholders.

The Communications Strategy can support this objective by delivering a sustained communications campaign which aims to increase clarity and public awareness around the services currently delivered at NRH as well as informing people of ongoing or new developments in rehabilitation services nationally. In addition, we aim to promote the expertise of NRH staff by capitalising on opportunities to highlight the education they deliver through collaboration with academic institutions, universities and other health providers and agencies that have close working relationships with the hospital, as well as relevant sections of the media.

3. Develop our policy of patient and family focused communications.

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.

Activity and Developments in 2015

In 2015 a major project commenced in developing the NRH Corporate Styleguide which will provide staff members with the tools to create accessible documents and information literature in a format and style that will present our information professionally and in a consistent style that will be easily recognisable as that of the NRH. The Styleguide and introductory workshops will be rolled out in 2016.

In addition, a second major project underway is the development of the existing NRH Website. The upgraded website will be developed to W3C guidelines and to a triple-A standard of accessibility. The project will be completed in 2016.

A hospital-wide Signage and Wayfinding Survey was facilitated through the Communications Department during 2015. There was a high response rate; feedback was received from patients, families, staff and visitors. The results and recommendations of the survey have been presented to the Accessibility Committee for further action. The information will also be presented to the Health Planning Team for inclusion in their research with regard to signage and wayfinding for the New Hospital Project.

2015 was a busy year in terms of media enquiries following planning approval, and the announcement by the Minister of Health that funding would be provided by the Government (in addition to the substantive funding being provided by the NRH Foundation and the HSE) to build Phase 1 of the new hospital. While there is a substantial amount of coordination and data retrieval involved in preparing for interviews with both print and broadcast media, the coverage received nationally and internationally contributes greatly towards building the NRH brand and positioning the NRH as the acknowledged leader and educator in the field of Complex Specialist Rehabilitation Services (CSRS) in Ireland.

DIPLOMA IN LEADERSHIP AND QUALITY IMPROVEMENT WITH THE ROYAL COLLEGE OF PHYSICIANS IRELAND (RCPI)

The Communications Manager, along with four senior management colleagues, completed the Diploma in Leadership and Quality Improvement with the Royal College of Physicians in Ireland in 2015.

The NRH Quality Improvement (QI) Project group worked closely with the Psychology Department, and with experts from RCPI and the HSE, using quality improvement methodologies in restructuring the Outpatient Psychology Service. The Psychology personnel and QI project team worked collaboratively to stratify the waiting list, reduce waiting times and improve access to the Psychology Service within the timeframe of the project.

The aim is that the learning from this very successful project will be communicated and shared with colleagues across the organisation who are undertaking similar projects to identify a more efficient and effective service delivery on a cost neutral basis.

The Communications Committee reports on a quarterly basis to the Operations Management Committee and on an annual basis to the Board of Management. Sincere thanks to the members of the 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, PA to the CEO for her ongoing, commitment, support and contribution towards the implementation of the hospitals Communications Strategy. In late 2015 we welcomed Pamela Shealy and Amy Bleyswyck to the CEO Office and Communications Department respectively. Action plans have been put in place with a view to developing our systems and processes to ensure we can optimise our time, effectiveness and efficiency as a team in contributing towards the strategic objectives and mission of the NRH and enhance the services we provide to our patients, their families, our colleagues and the management team across the hospital. Our team would also like to express our appreciation to Derek Greene, CEO for his ongoing support, guidance and encouragement throughout the year.



DISABLED DRIVERS MEDICAL BOARD OF APPEAL

DR CARA MCDONAGH
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 Cara McDonagh, Consultant in Rehabilitation Medicine is Chairperson and 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 2015

In 2015, **600** new appeals were lodged and **557** patient appointments were arranged at 24 clinics. **328** appellants attended for review, indicating a continuing high rate of non-attenders despite implementation of letter and telephone reminder policies. **16** appellants (**4.9%** of those reviewed) were successful in obtaining a Board Medical Certificate at appeal. The current waiting time for review is in the order of six months.

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>



European Week of Sport ran from 6th – 11th September; this was marked with a day of sport at the NRH including a patient versus staff wheelchair basketball game.

HEALTH PLANNING TEAM

SIOBHÁN BONHAM

PROJECT MANAGER – NEW HOSPITAL PROJECT

New Hospital Development Project (Phase 1)

The Health Planning Team (HPT) functions as the client's (NRH) representative on the New Hospital Project team. The primary responsibility of the Health Planning Team is to capture the requirements of our stakeholders both internal and external, and act as facilitators working in partnership with the technical design team to translate those clinical, operational and human requirements into a fit for purpose design for the new hospital project. Our stakeholders are defined as any individual who will use the new building or any aspect of the NRH service.

One of the fundamental responsibilities of the NRH as an internationally accredited rehabilitation facility is to affect positive change in patients' functional ability, independence and self-reliance across environments, while protecting and promoting the rights of patients. The new hospital design endeavours to create that specific environment to facilitate the delivery of rehabilitation by an integrated team, which includes the patient. The design of this development is patient-centred and based on the principles of empowerment, dignity, privacy, confidentiality and choice.

Over the past number of years in preparation for designing the new building we embarked on a journey of learning. This required us to shift our thinking from viewing stakeholder engagement as a 'requirement' and towards embracing participative and meaningful stakeholder engagement as a step that will enable us to create a better and more user friendly design, inevitably leading to higher stakeholder and service-user satisfaction.

The HPT endeavour to create opportunities for meaningful engagement with all stakeholders. We have determined that individuals will participate more effectively when presented with physical and visual representations of environmental design concepts. As a result we pursue testing and research on equipment, room design and layouts and other service-user requirements through the creation of mock up rooms and hosting physical demonstrations of various equipment or products which are not currently installed or available in the existing hospital. The value of investing time and resources in this way has already proven to be both a cost saving exercise and one which ultimately, will enhance patient experience. Close collaboration with our Technical Services colleagues means that we can also implement new learning about our patients' environmental needs and incorporate these enhancements into the existing infrastructure during ongoing refurbishment projects.

Developments launched in 2015

SMARTER TRAVEL WORKPLACE (STW)

The HPT have engaged with the National Transport Authority's Smarter Travel Workplace Strategy to improve the organisations approach to sustainable travel. As part of this campaign the HPT have undertaken staff surveys and prepared a number of submissions to the National Roads Authority, National Transport Agency and Dublin Bus in an effort to improve access to public transport and directional signage to the NRH. The investment of time taken to engage with these agencies has shown benefits in terms of protecting existing public transport services which were under review. The intent is to build on this engagement with the hope of enhancing access for all forms of public transport to the NRH for staff, patients and visitors.

NEW HOSPITAL ACCESSIBILITY STRATEGY

Provision of an accessible building is a high priority for the New Hospital Project Team and the Health Planning Team have developed a strategy of stakeholder engagement around this issue. Some of the key principles and priority areas we worked on in 2015 are:

- To ensure that the New Hospital Project prioritises the delivery of a universally accessible building for all patients, visitors and staff of the NRH and that best practice standards in accessibility are achieved as outlined in the New Hospital Project brief.
- Incorporation of accessibility features at planning stages to ensure no retrofitting is required and no additional cost is indicated.
- To embed accessibility into the operational policies of the hospital to ensure that access for all is considered.



Three distinct groups have input their opinions, experience and expertise into what accessibility means to them and how that can be incorporated into the design and build of the new hospital. A brief outline of the sub committees is provided below:

- NRH Accessibility Sub-committee for the New Hospital Project
- Representatives of NRH Past Patients
- External Support Agencies Focus Group

Several workshops have also been run by the NRH Accessibility Subcommittee with both external disability agencies and a design team representative in attendance. 'Personas' were developed by the NRH clinical team where 'personas' representative of service users and their level of function and ability were created. Patient 'persona' journeys through the building from the time of arrival on the NRH site until the end of their first day were mapped to identify barriers and solutions to overcoming obstacles, operational and environmental barriers. The learning and outcomes generated have and will continue to inform the detailed design of the new building and is fed back into the NRH Accessibility Committee for action regarding any suggested changes to current operations or procedures.

Key Milestones

- Planning Approval for Phase One of the New Hospital Development Project, submitted by the NRH through the Strategic infrastructure Development Process, was granted approval by An Bord Pleanála on 25th March 2015.
- Disability Access Certificate approval was granted by DLRCC on 14th May 2015.
- Fire Safety Certificate approval was granted to the NRH on 19th June 2015 by Dún Laoghaire-Rathdown County Council (DLRCC).

Future Developments

Completing the detailed design of the new building with the appointed design team by summer 2016 will provide the template for the state of the art, fit for purpose facility which is based on the principles of universal design and will incorporate many innovative and creative solutions to overcoming the physical, cognitive and linguistic barriers that our patients in the NRH are faced with. An EU tender competition to appoint a main contractor will then be held and a successful contractor appointed in Q4 2016. In preparation for the main construction works a series of smaller civil and structural enabling works will commence on site in mid-2016. This scope of works will include; diversions of utility connections and services, expansion and reconfiguration of car parking arrangements on site.

Education and Training

In 2015, both Tara Lyons, Therapy Planner and Siobhán Bonham, Senior Project Manager were awarded their academic LEAN Six Sigma Green Belt Certification from UCD for their project entitled 'A Patient's Journey Through Time' which focused on identifying environmental benefits and challenges facing both patients and staff when transitioning from the existing building into the new hospital facility. Geraldine O'Donnell, Project Administrator was awarded her LEAN White Belt in 2015. Colette Myler, Project Manager and Jane Magabe, Nurse Planner commenced their LEAN Six Sigma Green Belt Training in Oct 2015.

HUMAN RESOURCES

OLIVE KEENAN
HUMAN RESOURCES MANAGER

The Human Resources (HR) Team provides a broad range of people management services to the hospital, such as recruitment and selection, personnel administration, employee relations, industrial relations, staff development and ensuring compliance with legal and Public Service Agreement requirements. The Human Resources (HR) Department endeavours 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.

2015 was another industrious and constructive year for the HR Department. The year brought many challenges and opportunities as we continued with the HR System Project implementation and integrated further CORE modules into the hospital. This further builds 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 was finally completed in 2015.

Both the HR team and HR Project team worked in close liaison in relation to the implementation of the standardisation of annual leave for those grades encompassed by HSE Circular 5/2009 in voluntary hospitals. This was a big exercise to be undertaken and involved the recalculating of leave entitlements on an individual basis for the affected grades. This exercise also involved a phasing-in arrangement in relation to increased leave entitlements, staged over a number of years in some cases.

Recruitment and Staffing

General recruitment activities increased across the hospital as a result of vacancies due to staff resignations or retirement and the general movements of staff for promotional posts and secondments as well as backfills for leave arrangements.

However 2015 was another difficult year as we continue to work within the confines of our budget and staffing allocations. The well documented challenges and pressures on our staffing resources have proven difficult for the hospital in maintaining existing key services against the landscape of substantial service pressures and an ever growing demand for our services. Despite these challenges our staff continue to provide professional and effective care to our patients and a quality service to the hospital. It is a great testament to our staff and the outstanding work that they do that we have continued to maintain our services. Their hard work and dedicated commitment ensures that a high standard of work ethic and care continues to be provided to our patients and services. The HR Department continue to work with each Programme Manager and Department Head regarding the specific needs of their services and consideration is given for posts which are deemed essential to services.

The hospital has identified our staffing pressures to the HSE and taken every opportunity to highlight the fact that we are not staffed sufficiently for the services we provide and in terms of the complexity of care. In that regard a Priority Staffing Report was submitted to the HSE in early 2015.

In 2015 the NRH undertook a more detailed review of service delivery and resources in order to evaluate the NRH clinical and non-clinical staffing requirement against growing service demands. The national demand for specialist rehabilitation is rising and the NRH has observed increasing pressures on its service delivery with resultant pressures on both clinical and non-clinical staffing. A detailed Workforce Planning document for clinical and non-clinical staffing was produced by the Programme Managers and Business Leads and submitted to the HSE. The NRH are planning to present the Workforce Planning document to the HSE in early 2016 in order to progress this business case for additional staffing.



HR Information Management System

The HR Transformation Project has assisted in the hospital moving away from a paper based system to the essential electronic storage of staffing information on an integrated HR management information system. As the new system has bedded into the hospital we are seeing the capability the system has in providing essential information for management and in turn improved reporting and decision making. This has made for more efficient and effective streamlined HR administrative and business processes.

Implementation of the CoreHR Time and Attendance module was completed on schedule in June 2015. This enables hospital employees to electronically swipe in and out each day and also to view and request leave using an Employee Self-Service portal (ESS). Thereafter, a new Manager portal (MSS) allows line managers to manage attendance, absences and leave requests across their teams.

In addition, an electronic rostering capability was introduced in the Nursing Department which has eliminated old manual practices and significantly streamlined the complex rostering process. Finally, new management information reports offer 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. Detailed new management information reports are also helping to proactively manage compliance in respect of mandatory training.

The manner in which staff have adopted the new system and processes has been first class; and the hospital is now seeing tangible benefits from its investment by way of greater efficiency and more effective utilisation of scarce resources.

Overall, excellent progress has been made. The 'heavy lifting' is now done and the focus in 2016 is on optimising the benefits of CoreHR, adding additional system capabilities (Core Recruitment and Grievance Modules), ensuring consistency of HR processes across the hospital; and building for future success, including preparations for the new hospital. A new governance group has been established to ensure the current momentum is maintained, and the remaining objectives are fully achieved.

Training Grants and Refunds

The Hospital continues to support the development of its workforce through the provision of training, development and opportunities for all aspects of learning in the overall context of continued professional development (CPD). The Educational Assistance Steering Group give priority access to funding applications that will benefit patient care and the quality of service provision. During 2015 the Educational Assistance Group approved 323 applications for financial and study leave support. This included 526 paid study leave days. Included in this was funding for clinical programmes, continuing professional development, medical professional development, educational assistance and general funding for training.

Competency assessment

Annual Competency Assessments for all staff members is a requirement to meet our CARF accreditation standards. The target compliance rate that we have set for the hospital is 90% and the actual compliance rate achieved for 2015 was 87%. The HR department, in partnership with managers and staff, will continue in our endeavours to keep improving on this compliance rate for 2016 and in meeting our target compliance rate of 90%.

The HR Department in association with the HR Criteria Steering Group have been working on further developing the Competency Assessment process. In that regard a new Performance and Development Review document was produced in 2015 and piloted for some groups of staff in Q4. The rollout of this new process to the wider cohort of staff, that have completed a three year cycle of the Competency Assessment process, will commence in 2016. As part of the rollout of this new initiative the HR Department plan to hold information sessions for managers and their staff.

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. As part of our attendance management initiative staff are 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.

There was a higher number of staff on long term sick leave which impacted on the overall absence rate compared with 2014. However the following table shows that our attendance management initiative continues to be effective in keeping absenteeism within HSE set target levels of absenteeism:

	Q1	Q2	Q3	Q4	TOTAL
2013	3.72%	2.93%	3.99%	3.31%	3.49%
2014	3.31%	2.51%	2.29%	2.39%	2.63%
2015	3.82%	3.59%	2.84%	3.53%	3.43%

Target for 2016: is a target level of 3.5% absenteeism

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

Employee Relations and Change Initiatives

The HR Department has supported the many changes across the hospital in recent years through the Public Service Agreements and ensured compliance to these agreements. In May 2015 the Lansdowne Road Agreement was negotiated and following acceptance now extends out the term of the Public Service Stability Agreement to September 2018 and essentially begins the process of reversing pay and pension cuts introduced for staff in the public service since 2008. In contrast to its predecessor the Haddington Road Agreement, there is no further altering of terms of conditions of employment as part of this agreement but the changes already negotiated such as additional working hours and extended working day remain in place and against the backdrop of staffing and budget reductions these change initiatives continue to assist the hospital with flexibilities and efficiencies in delivering key services.

During 2015 the NRH achieved fully compliant European Working Time Directive (EWTD) rosters for our Junior Doctors. This was successfully achieved through a revision of rosters and the recruitment of additional NCHDs. Medical HR continues to work with the medical department and our medical consultants to review the rosters to ensure that they are also meeting service needs, and NCHD educational requirements as well as being EWTD compliant.

With high levels of patient and service activity it can be a challenge to find time to release staff to attend structured organisational training such as statutory and other corporate training. Staff attendance for this type of training continues to slowly improve each year but there is room for further improvements. Statutory training includes training in areas such as fire safety, hand hygiene and infection control. The HR system has enabled the provision of overall departmental and individual staff training reports which we hope will assist with monitoring and achieving better overall compliance rates for this training going forward.



Corporate Training

The hospital is aware of the importance of promoting a positive and inclusive working environment, promoting employee wellbeing and managing conflict at work so we can have 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. Corporate training in 2015 was again quite focused on training related to the work of the Positive Working Environment Group and Quality Improvement Programme (QIP) and also having regard to the management report issued in 2015 on the repeat Work Positive Profile Survey that was deployed in December 2014.

Corporate training during 2015 included:-

- Further Dignity At Work training
- Contact Support Person training under the Dignity At Work Policy
- Further Diversity training
- Customer Service training
- Conflict Awareness training

Feedback regarding the Diversity Training included a report provided to the hospital on the measurement of the attitudinal shift in this training following each training session. The measurement of these results was captured electronically and anonymously at the beginning and end of each training session. This feedback report highlighted the success of this particular training programme and the hospital now intends to do further work through the Inclusion and Diversity Group to plan how diversity and inclusion can be woven into the NRH culture.

Milestones in 2015

Once again in 2015 the NRH put forward submissions to the HR Leadership and Management Awards. This is a national awards programme and NRH were confirmed as having been shortlisted for the awards and as finalists in two of the awards categories namely;

Best Workplace Diversity Strategy

Best Public Sector HR Initiative

The Awards ceremony will be held in March 2016 where the winners in the 18 categories are announced at the awards event.

Retirements

11 staff retired in 2015 from various departments with 277 combined years of service between them. This included one retiree from our nursing department with a staggering 46 years of service. We take this opportunity to thank each and every one for their loyal, professional and dedicated services to the hospital and extend our best wishes to them for a long, healthy and happy retirement and for the future.

HR Department & Transformation Project Staff

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. The team coped admirably with the many demands on the service and in managing a number of complex and often competing projects throughout the year.

As we continue on our journey for quality improvement and in our endeavours to transform, streamline and improve our HR business processes, this transformation journey cannot be made without the contributions and assistance of all the managers and staff of the hospital. I once again take this opportunity to extend my sincere appreciation for all their help, input and support to the wider HR Department and HR Transformation Team during the year, for the valued engagement, assistance and co-operation during these times of change as we try to improve our service.

INFORMATION MANAGEMENT & TECHNOLOGY (IM&T)

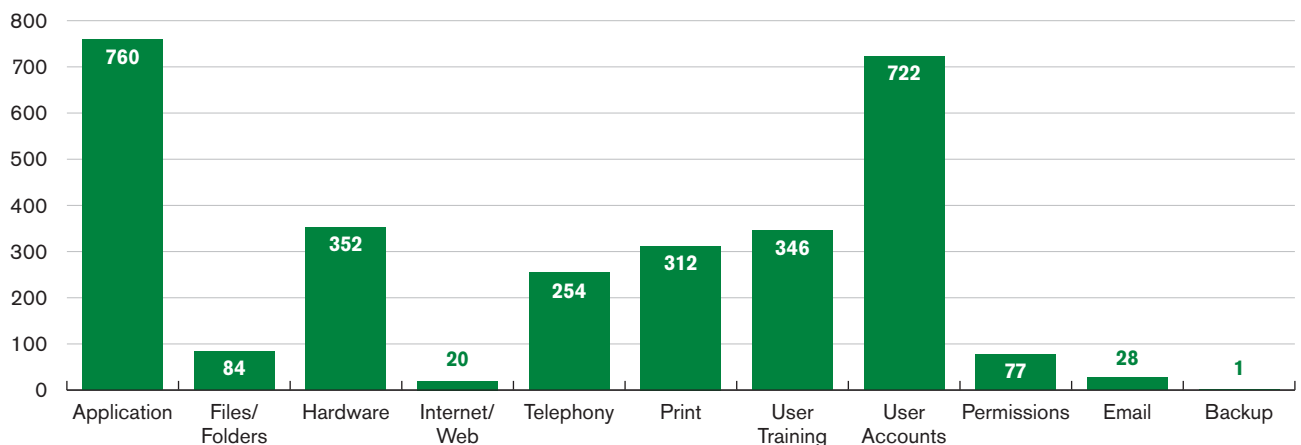
JOHN MAHER
IM&T MANAGER

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.

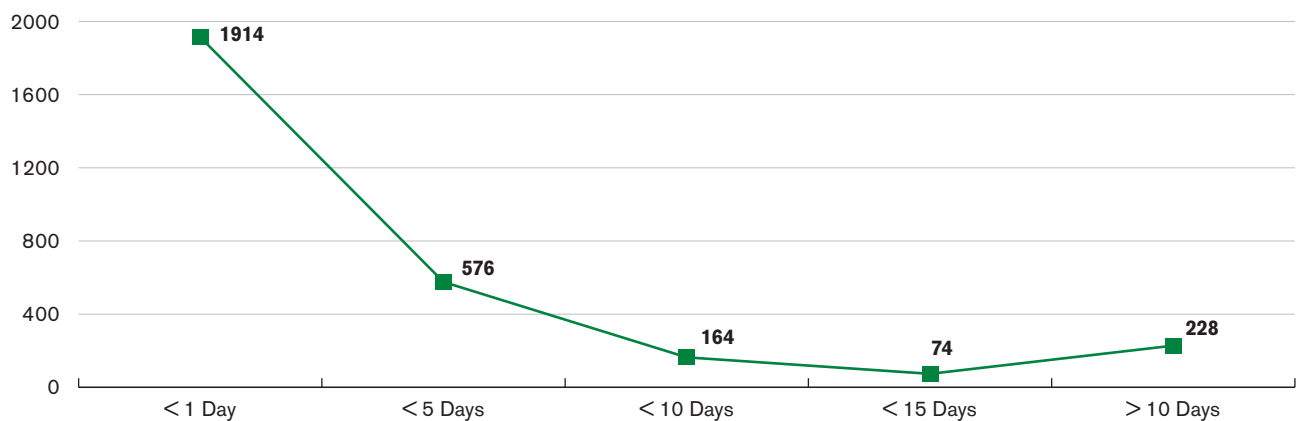
Service Delivery

2015 was another 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 despite the age of the server infrastructure. The Service Desk had an active year, receiving 2,956 calls during the year on IT matters. Over 85% of these calls were dealt with by the Service Desk directly with 10% needing to be escalated to the Systems Administrator for resolution. Similarly, over 66% of the calls were dealt with on the same day.

HELP DESK CALL BREAKDOWN



HELP DESK RESOLUTION TIMES





Service Implementation

Following on from a 2014 review of IT services and the need for more investment in the Server Side infrastructure, the IM&T Department sought and was successful in obtaining funding from the HSE for a complete refresh of Server, Storage and Backup infrastructures. Since the existing infrastructure was old and at capacity this constituted a significant risk as well as an impediment for growth and the department's ability to support any major change initiatives.

We acted on review recommendations by:

- Completing the desktop PC estate upgrade;
- Securing funding and completing procurement of the new Server Side infrastructure to include an uplift in Server, Storage and Backup Capacities;
- Commissioning and cutting over to the new infrastructure (early 2016);
- Completing the installation and migration from an old HiPath phone system to a new IP telephony system and the rollout of 260 new IP handsets. This system is designed to support telephony within the new hospital.

Again this year I want to acknowledge the efforts and hard work of the small IM&T team with their dedication to support and in implementing this level of significant change in 2015. 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

During 2015 the department continued to build upon previous successes with further deployments and reporting from our in-house developed Therapy Information System. This system now provides activity data from all therapies to Senior and Programme Management.

With the commissioning of our new server infrastructure, we will have either replaced or upgraded the entire technical infrastructure of the NRH over the last 4 years and we are now in a position to develop an application suite which will help to deliver change and enhance services at the NRH. It is hoped that during 2016 the NRH will begin the journey to implement an Electronic Patient Record system and in parallel start an internal project designed to deliver much needed functionality such as a Risk Register, Intranet, Document and Policy Management.

The department continues to support **the New Hospital Project** and is currently involved in a number of proof of concept projects which will provide functionality to the existing hospital while paving the way for the design and installation of systems in the new hospital.



Elysha Brennan, Rose of Tralee and Caitriona Brennan, Darwin Rose were delighted to meet patients from throughout Ireland at the NRH.

NRH FOUNDATION

EDEL LAMBE
FUNDRAISING MANAGER

The NRH Foundation is a registered charity (No: 20013196), focused on raising financial support towards specialist projects, equipment and the funding of educational and research projects that will help make a direct difference in the lives of our patients at the National Rehabilitation Hospital (NRH) now and into the future.

As an organisation, we are committed that all contributions of time, resources, knowledge and money are deployed to the best benefit of our patient group. We fulfil our obligation to ensure that all our income is used effectively and in support of our mission and goals.

The NRH Foundation has been in existence for over thirty years and during this period has provided significant support that has positively influenced the level of rehabilitation delivered to all patients in this unique national service.

Fundraising Activities

Supporter led fundraising activities continued to be one of the main revenue streams received into the NRH Foundation in 2015. Some of these events included the Bellewstown Racing Festival Charity Event, Combines 4 Charity, the annual Wedges Motorcycle Run, Kevin Healion's annual pub quiz, Ella's Rainbow Fund Fundraising Activities, and Tom Doherty's Golf Classic. In addition many individuals participated in national fundraising events, such as the VHI Women's Mini Marathon, the Ring of Kerry Cycle, the Dublin Marathon and the Rock 'n Roll Marathon and raised vital funds for the NRH Foundation through personal sponsorship. Bequeaths and personal donations also contributed to the fundraising income during this period.

Corporate partnerships that contributed significantly to fundraising income for the NRH Foundation in 2015 included LeasePlan Information Services (LPIS), the Chartered Accountants Student Society of Dublin (CASSD), Diageo, Derrycourt, and Kildare County Council.

The NRH Foundation was chosen by TCD Medical Society as one of their beneficiary charities for MED DAY 2015, while The Mary Immaculate College, Limerick One World Society ran a 'childhood reimagined' fundraising day amongst the students in aid of the Paediatric Programme in the NRH. Students from the IADT, Dún Laoghaire worked with the Fundraising Department in 2015 on marketing and selling the NRH Charity Calendar.

During 2015, the NRH Foundation received external project grant funding from the DM Thomas Foundation, the Tesco Community Fund, and The National Lottery Grant Scheme.

Milestones

In 2015, over €290,000, raised through the various fundraising projects, was grant aided to support a selection of projects including:

- Essential rehabilitation equipment for the Physiotherapy Department
- Continued financial support of the Recreational Therapy Service in the NRH
- A Wheelchair accessible Garden Shed for the Occupational Therapy Garden
- Establishment of a Wheelchair and Seating Clinic in the NRH
- New assessment and treatment equipment for the Prosthetic and Brain Injury Programmes
- Support of the Music Therapy MATADOC Research Project
- Support of a 'Dizziness & Vestibular Rehabilitation Triage (DIVERT)' pilot service in the NRH
- Specialised physiotherapy rehabilitation equipment for the Paediatric Programme
- Funding of an Accessible Communication Strategy for the Hospital, including website development
- Urgently required upgrading of bathroom facilities on the Paediatric Ward

This funding support to the NRH would not have been possible were it not for the generosity and support of members of the general public, relatives of patients and former patients, staff of the hospital, and our Corporate and Educational Partners. The main objective for the year ahead will be the prioritisation of funding towards the New Hospital Project equipment requirements, in addition to the continued support of the hospital's patients and its services.



OCCUPATIONAL HEALTH

DR JACINTHA MORE O'FERRALL
CONSULTANT IN OCCUPATIONAL HEALTH

2015 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 2015.

Services Provided and Breakdown of Consultations in 2015

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
Blood 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 <ul style="list-style-type: none">• Hepatitis B• Seasonal Flu vaccine	20 245
Weigh-in facility for Staff Members	492
Smoking cessation Support	15
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 2015

- Operation Transformation
- Pilates Classes (morning and evening)
- Boot Camps (morning and evening)
- Irish Heart Foundation – Drop-in Blood Pressure Day
- HSE "Have Your Say" on-line staff survey
- "Quiet Times" lunchtime relaxation session
- National Workplace Wellbeing Day event
- Pedometer Challenge
- World Physical Therapy day (co-ordinated by Physiotherapy Department)
- And many more...

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
- Steering Group for Diversity and Inclusion Committee

Key Milestones for Occupational Health in 2015

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. 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

The National Rehabilitation Hospital (NRH) is committed to managing risks in a proactive, integrated and accountable manner through clear key structures, systems and processes for risk management. The duty of the National Rehabilitation Hospital Board and staff is to deliver healthcare both within the Law, and without causing harm or loss to the organisation and all it represents. It does this by ensuring there is an effective Governance Framework, and operating a Governance System and Risk Management.

Throughout 2015, the Safety and Risk Committee for the NRH explored and covered a wide range of important issues. The members of the committee contribute to this vital work on top of already busy work commitments. 2015 saw the election of two Safety Representatives who will alternate on the committee. The Risk Management Department prepares reports for the Safety and Risk Committee and Hospital Executive Management Committee on risk management and certain quality related issues as appropriate, and shares information and experience with other departments throughout the hospital. This report is available for viewing by all staff. The objective of risk management in the hospital is to establish an integrated and effective risk management framework where important risks are identified, quantified and managed.

The Risk Management Department maintain engagement with other Hospitals and Health Services through its participation in the Voluntary Hospitals Risk Management Forum and associated Advisory Groups to ensure good governance and alignment with best practice. Detailed hereunder is the list of some issues, items and work overseen and completed by the committee. Some significant aspects are worthy of specific mention.

HYGIENE/INFECTION PREVENTION AND CONTROL/ DECONTAMINATION

Improving cleanliness and reducing healthcare associated infections remained critical priorities for the NRH, The Hygiene Infection Prevention and Control Committee (HIPCC) continuing to oversee this important area during the year. The HIPCC 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. The NRH in conjunction with its cleaning contractors won the Irish Accommodation Services Institute (IASI) Gold Award for standards. Well done to all.

INCIDENT MANAGEMENT AND REPORTING

In understanding the totality of patient safety, incident data has been collated to inform the Board members and staff on: severity of incidents, individual pathways with adversity, and trends and themes across the NRH, and in particular areas. The NRH has a strong culture of incident reporting with an increase in incidents from last year. There were 1101 clinical and non-clinical incidents and near misses reported in the 12 month period, with an average of 92 reported each month. The majority of the incidents and near misses reported were of a low risk ranking. In response to incident reviews, audits may be conducted. A plan of works to address the priority items from the audit was developed. This process serves as a valuable exercise in consultation with front-line staff. To date there are approximately 10,801 incidents recorded on the 'STARS' and now the NIMS database (National Incident Management System). This is an incident reporting management and risk analysis system, enabling the NRH to take appropriate decisions in the light of accurate and up-to-date incident investigation and claims information. The new system facilitated a shift in nomenclature from the standard insurance categorisations to international categorisations, which would enable hospitals to more accurately classify incident and claims data, and compare it internationally. 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.

Patient Safety

The discipline of patient safety is the coordinated efforts to prevent harm, caused by the process of health care itself, from occurring to patients. Over the last number of years, patient safety has been increasingly recognised as an issue of global importance, but much work remains to be done. This past year, has seen the continuation of Patient Safety quality improvement plans and the development of new ones. Examples of quality and patient safety initiatives which began in 2015 included:

- Catheter Care Bundle introduced across the hospital led by Urology Team and Infection Prevention and Control Team.
- Pressure Ulcer to Zero collaborative has commenced on the Spinal Cord System of Care programme. This is a HSE/RCPI initiative.

Productive Ward, Early Warning Score, Interdisciplinary Signature Bank and Nurse Prescribing continued during the year. The NRH Medical Devices Equipment Management Committee (NRH - MDEMC) has formal links with the Clinical Engineering Department at St. Vincent's University Hospital to enable better management and oversight with regard to medical devices used in the NRH. The Water Management Steering group are continuing to work on ensuring that the NRH has a safe system of water management. The NRH continues to work with the Technical Services Department on upgrading the hospital infrastructure to ensure a safe and efficient delivery of services.

PATIENT FALLS

There were 4.8 patient falls per 1000 bed days recorded in 2015, a slight increase on 2014 figures. The prevention of Patient Falls is aided by a number of factors such as Falls Champions, use of Falls Risk Assessments, Falls Awareness Day (April 2015). The Patient Falls Multidisciplinary Steering Group monitors Patient Falls and is committed to delivering a Patient Falls Prevention Care Bundle.

MEDICATION SAFETY

The Pharmacy Department continued to carry 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

The Behaviour Consultancy Forum continued its work in this area. Management of Actual or Potential Aggression (MAPA) training continued in 2015. This training is now role specific and is complemented with Positive Approaches to Challenging Events (PACE) training provided by NRH Psychology Department which is for all staff.

PATIENT ABSCONSION

The continued efforts to manage patient absconson events have had a significant impact over the last year. The patient wander system, increased awareness, staff assignment to named patients and updating of our policy and procedure in the event of patient absconson have helped reduce the incidences of patient wandering significantly.

Audits and Inspections

Audits continued at the NRH and included Environmental Health and Safety Inspections, Hygiene/Infection Prevention and Control Audits, Patient Identification Audits, Healthcare Records Audits, Dress code audits, Night Sister Safety Round Audits, Blood Transfusion Audits, Medical Gas Pipeline System audits and Dangerous Goods Safety Audits. Based on the findings of these, action plans are implemented locally by line management. Significant progress has been made on achieving targets within these plans. The new auditing software which was implemented in 2014 has been expanded to include other audits.



Training

Risk Management-specific training courses such as Fire Safety, Driver Safety, Chemical Agent Risk Assessment, Chemical Safety, Waste Management, Incident Reporting, System Analysis, Medical Gases Authorised Persons and Competent Persons, Legionella Awareness, Legionella Management and Control of Building Course and Transfusion Safety continued to be run during the year. The online e-learning training about safety with medical gases was rolled out in 2015 with a great uptake by staff. 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 the day and at night. In 2015 staff also attended HSE 'Train the Trainer' training on Open Disclosure. It is envisaged that this training will be rolled out across the hospital.

In Conclusion

The complete elimination of risk will not be a feasible goal for the organisation, however in certain circumstances; calculated risk management will be required to achieve creative or innovative solutions that will help to improve the services to patients.

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 2015

Type of Request	Number of Requests
Freedom of Information	47
Freedom of Information Internal Review	0
Data Protection	23
Freedom of Information & Data Protection Access	5
Routine/Administrative Access	277
Total Requests for Access to Records	352



Interdisciplinary Teams working together with patients and their families provide every opportunity to patients to achieve their individualised rehabilitation goals.

SCHOOL REPORT

AOIFE MAC GIOLLA RÍ
SCHOOL PRINCIPAL

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

Vision and Aims

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

School Board

Members of the School Board are: - Fr. Philip Bradley (Chairperson),

Aoife Mac Giolla Rí (Principal), Mr Pat Keogh (Treasurer) Dr Sarah O'Doherty (Recording Secretary).

School Staff

One Teacher, two Special Needs Assistants and one part-time Secretary staff the school at NRH. While the school had an Acting Principal up to December 2015, the Principal returned from leave in January 2016.

Services Provided

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

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



STAKEHOLDER AND CORPORATE DATA MANAGEMENT

AUDREY DONNELLY

STAKEHOLDER AND CORPORATE DATA MANAGER

The NRH is guided by standards set by HIQA for Safer Better Healthcare which defines a strategy of quality, safety and reliability of services. In addition as a CARF (Commission for Accreditation of Rehabilitation Facilities) accredited facility, the Quality and Safety Theme, which advocates Person-Centred Care and Support is seen as paramount. The hospital values the input gained from service users in order to improve the quality of services provided and to enhance patient safety. Thus, a variety of mechanisms are used in order to gain feedback and give patients a voice: Inpatient and Outpatient questionnaires; post rehabilitation surveys; comments and suggestions (patient, family, carers, staff, visitors); complaints management procedure; direct engagement with patients and families at the monthly patient forum meetings, and also with external agencies who provide information and support for patients and their families and carers; close collaboration with patients in terms of planning the design of the new hospital facility.

Input from Service Users and Stakeholders

COMMENTS AND SUGGESTIONS

During 2015, the comments and suggestions database was revised and now provides a more enhanced suite of reports which will be rolled out in 2016. This feedback is vital for management in terms of informing quality improvement measures moving forward. In addition all comments and suggestions pertaining to the new hospital are directed to the Health Planning Team who have engaged with patients and where possible suggestions are taken on board in terms of planning the new hospital facility.

PATIENT COMPLAINTS

There were 10 patient related complaints received during 2015. The hospital appreciates all feedback from patients or family members, and engages with those raising concerns in order to resolve any issues at an early stage. This enables the hospital to review services on an ongoing basis, 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 internally on a monthly basis and to the HSE each quarter.

uSPEQ QUESTIONNAIRES

As a CARF accredited hospital, the durability of outcomes achieved is assessed on an ongoing basis. uSPEQ questionnaires are utilised to collect longer term follow up and feedback from patients post-rehabilitation, and to systematically gain input on Activity, Environment, Health Status and Participation. There were 595 questionnaires issued to patients (3 months post discharge) in 2015 with a 31% response rate overall. In addition to structured questions and responses, a wide range of free text comments and suggestions are gained through these questionnaires which are reviewed and used to guide the planning and operational aspects of our service. These questionnaires are now being extended to the Outpatients Service.

PATIENT FORUM

The Patient Forum continues to meet monthly to gain feedback from patients and family members. The committee (comprising of past patient representatives, hospital management and other stakeholders) meet together with current patients or their family members who wish to attend. Patients can give their thoughts and ideas or raise any issues for follow up. This feedback is invaluable to hospital management in terms of informing quality improvement and for setting standards of care and service delivery and for forward planning of the new hospital facility. An Executive representative also attends each meeting. Other managers are invited to attend from time to time in order to provide information on their service developments. A member of the Health Planning Team attends meetings on a regular basis, in order to keep patients informed on new hospital developments.

INTER-AGENCY FORUM (IAF)

A number of agencies dedicated to the achievement of social, economic and educational integration of people with disability as equal, independent and participative members of the community, work with the NRH in support of patients. Additional agencies came on board in 2015. The IAF provides an opportunity for inter-agency co-operation, collaboration and communication, both between agencies and the NRH, and for the agencies themselves. Information Kiosk sessions or presentations and 'clinic' style one-one sessions are held with patients and family members in order to provide information and guidance in terms of support services available during the patients time in the hospital and after discharge in the community setting. During the year, the IAF worked on planning an Information Day which will take place in early 2016.

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

Development continues on an organisational framework for data capture and analysis. This involves close collaboration between Stakeholder and Corporate Data Manager, Programme Managers and Heads of Therapies and IMT. This facilitates the hospitals defined reporting structure both internally in terms of measuring outcomes and also meets requirements for external reporting to the HSE. The hospital continues to work closely with other hospitals and services in order to address the challenge posed by Delayed Discharges which have a negative impact on our waiting list and the availability of beds. These are reported to the HSE's National Delayed Discharge Database on a weekly basis.

HEALTHCARE RECORDS MANAGEMENT

At the current time, a continued challenge is the growing number of healthcare records on site. In conjunction with the HCRs Steering Group, an archive project plan has been submitted for roll out in 2016 which will ensure compliance with national standards in terms of records retention. This will lead to off-site storage and management of records with the ultimate goal of moving to an electronic patient record at a future date. This is under review in conjunction with programmes and the IMT department.



The Annual Sports Championships is a collaboration between the NRH, IWA Sport, Spinal Injuries Ireland and Dún Laoghaire Rathdown Sports Partnership.



TECHNICAL SERVICES

PETER BYRNE
TECHNICAL SERVICES MANAGER

There were many renovations and improvements carried out throughout the NRH under very tight budget constraints in 2015. Technical Services worked closely with CEO Derek Green and Director of Finance Sam Dunwoody to prioritise projects that would have the most impact on patient and staff safety and to improve the hospital environment for all NRH stakeholders.

Planning and development for the new hospital project continued throughout 2015. Technical services continue to work closely with the Health Planning Team and the Design Team on the design and implementation of the mechanical and electrical brief for the project.

Projects and Developments in 2015

- **Physiotherapy Gym Upgrade:** The upgrade of the physiotherapy gym was completed and handed over in February 2015. This project involved extensive renovation work including new floor covering, wall protection, electrical and plumbing upgrades and a total repaint. This work has greatly enhanced the environment for patients and staff to carry out their daily therapies.
- **TSD ticketing system:** In 2015 a new Technical Services ticketing system was introduced. This system has proved very successful for TSD staff and hospital staff alike. To date there have been 2478 tickets created by hospital staff of which 2294 have been closed.
- **St Gabriel's ward male shower room upgrade:** The project to upgrade the male shower room on St Gabriel's corridor was completed and handed over in January 2015. This upgrade was carried out to the same standard as the shower room upgrades completed on St Joseph's and St Brigid's wards in 2014.
- **Unit 5 Refurbishment:** Following on from an asbestos risk assessment the cladding of the asbestos section of unit 5 was approved. Because of the asbestos panelling in this section of unit 5, TSD were prevented from maintaining this building due to the risk from sanding and painting these panels. During the asbestos risk assessment a safe and effective way to conceal these panels was agreed, this has enabled TSD to clad this building so it can be maintained going forward.
- **Water Services Mapping:** The project for mapping the hot and cold water services throughout the hospital buildings is on schedule to be completed by the end of 2015. To date all the hot and cold water services in the main hospital building have been traced and draft drawings were handed over to Ethos Engineering for inclusion on CAD drawings. The CAD drawings are currently being reviewed for any amendments required.
- **Fire Alarm System and Emergency Lighting Upgrade:** TSD in conjunction with the HSE are now in the final stages of planning for the completion of the new fire alarm and emergency lighting systems in the NRH. Schematics for the new systems have been drawn up and are being reviewed at present. We expect to have engineers on site in early 2016 to start the installation of the new systems.
- **Lighting Upgrade in Front Car park:** The Lighting in the front car park was replaced in August 2015 as the old light fittings had reached the end of their life cycle and were no longer repairable. These fittings were replaced with low energy LED fittings that can be reused around the hospital campus when the front car park is relocated to accommodate for the new hospital build.
- **Productive Ward (St Brigid's Ward Storage):** Part of the productive ward project on St Brigid's ward involved the replacement of all storage units (patient and clinical) and a refit of the nurses' station. This project was completed in December 2015 and has greatly improved the hygiene and functionality of storage on the ward.

- **St Agnes' Ward upgrade:** The upgrade of St Agnes ward was completed and handed over in November. This project involved subdividing the old shower room to create a lobby and a separate shower and toilet room. The completion of this project greatly improves the functionality of this space for both patients and staff. The flooring in the ward and corridors was completely replaced, wall protection was installed and the ward was totally repainted.
- **Painting Projects:** Substantial paintworks were completed in 2015 including the Physiotherapy gym, St Agnes' Ward, Administration 3 and 4 offices and corridors 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 2015. Finally thank you to all patients and staff of the NRH for their cooperation throughout a very busy 2015.



Eamonn O'Connor, winner of the 2015 Seamus Smyth award for exceptional contribution to photography at the NRH; and Kerrie Leonard, winner of the NRH Patient and Staff Photography Competition 2015.



EDUCATION AND TRAINING DELIVERED BY NRH STAFF MEMBERS IN 2015

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 2015: 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 (HPT) 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 2015

A vital component of the work we do at NRH involves education, training and research. This includes:

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

In addition to the extensive clinical and non-clinical placements facilitated by NRH, the following education was delivered by NRH staff in 2015.

MEDICAL

Note: Further comprehensive details of education delivered by the NRH Medical Team in 2015 are detailed in the Medical Board Report (pp. 13-15).

CLINICAL NEUROPSYCHOLOGY

Presenters and Facilitators	Details	Event or Group	Location
Dr Maeve Nolan and Psychology personnel	Delivered Positive Approaches to Challenging Events (PACE) 1 training	Delivered to NRH Staff	NRH
Dr Fiadhnaít O'Keeffe	'Role of the Neuropsychologist in Stroke Care'	Diploma in Stroke Rehabilitation	RCPI Dublin
Dr Fiadhnaít O'Keeffe	'Role of the Neuropsychology in Rehabilitation'	Clinical Engineers	UCD
Dr Simone Carton	Neuropsychology Module	Year III Doctorate in Clinical Psychology	TCD
Dr Simone Carton	'Neuropsychological sequelae following stroke'	Physiotherapy undergraduates	RCSI
Drs Simone Carton, Heather Cronin and Sarah O'Doherty	Workshop on 'The challenges of assessment of behaviour following brain injury'	Workshop at the Psychological Society of Ireland	PSI
Dr. Fiadhnaít O'Keeffe	'Supporting Families following Acquired Brain Injury' by Dr Giles Yeates	Workshop at the Psychological Society of Ireland	PSI

NURSING

Note: Comprehensive details of education delivered by the Nursing Education Department and the Nursing Team in 2015 are detailed in the Department of Nursing Report (p. 47).

NUTRITION AND DIETETICS

Presenters and Facilitators	Details	Event or Group	Location
Carole Wrixon and Kim Sheil	'Managing dysphagia'	Interdisciplinary Team	NRH
Carole Wrixon	Therapeutic diet training	Catering Staff	NRH
Kim Sheil	Farrell valve training	Nursing Staff	NRH
Kim Sheil	Irish Society for Parenteral and Enteral Nutrition (IRSPEN) Feedback	St Vincent's University Hospital (SVUH) Journal Club	SVUH



OCCUPATIONAL THERAPY

Presenters and Facilitators	Details	Event or Group	Location
Fiona Maye	'Current Best Practice And Future Directions In Neuro-Rehabilitation After Acquired Brain Injury'.	Headway Conference	Dublin
Alison McCann (OT) and Rebecca O'Connor (Music Therapy)	'Disorders of Consciousness: Supporting families and exploring their concerns. A focus on Best Practice Decision Making and the family's perspective' - Prof. Jenny Ktzing.	Brain Injury Programme	NRH
Dr Paul Carroll, Edwina Walsh, Catriona Moran, Alison McCann	A retrospective survey of 1) the profile of visual impairment and 2) the management in inpatients with Acquired Brain Injury (ABI) attending a National Rehabilitation Hospital.	European Forum for Research in Rehabilitation	Helsinki, Finland
Dr Heather Cronin (Psychologist), Dr Mark Delargy (Consultant in Rehabilitation Medicine), Irene Galligan (Physiotherapist), Alison McCann (OT) and Rebecca O'Connor (Music Therapist).	Presented poster entitled 'An innovative multi-modal and pharmacological interdisciplinary approach to assessment and treatment in prolonged disorders of consciousness'.	Brain Injury Conference	London, UK
Alison McCann (OT) and Rebecca O'Connor (Music Therapist).	Presented poster entitled "An innovative model: A Music Therapy and Interdisciplinary assessment & treatment for patients with PDOC".	Music Therapy: Advances in Neuro-disability: Innovations in Research & Practice.	London, UK
Becky Sheehy and Fiona Maye	'Lessons Learned and Implications for Practice – Tendon Transfer Surgery for Tetraplegia' and The Role of Technology in Neuro-Rehabilitation – Outcomes of an Electronic Assistive Technology Clinic and Future Plans.	Association of Occupational Therapists of Ireland (AOTI) Annual Conference	Galway
Fiona Maye	The Role of Technology in Spinal Cord Injury Rehabilitation – Outcomes of an Electronic Assistive Technology Clinic and Future Plans	Guttmann Conference	UK
Shangdar Ronglo	Presented 'Occupational Therapy in Guillian Barre Syndrome'	AOTI Neurology Advisory Group	Dublin
Fiona Maye	Lecture on Electronic Assistive Technology (EAT)	Masters students OTs, University of Limerick (UL)	UL, Limerick
Fiona Maye	Lecture on Spinal Cord Injury	Nursing students, UCD	UCD, Dublin
Sheena Egan	'Occupational Therapy for Lower Limb Amputees'	OT students, TCD	TCD, Dublin
Co-facilitated by Fiona Haughey	Delivery of Competency Based Fieldwork Evaluation (CBFE) Workshop	OT Practice Educators	NRH
Carol Hills (Practice Education Coordinator, NUI Galway) and Fiona Haughey	Delivery of training on 'how to support the underperforming student'	NRH Occupational Therapists	NRH
Fiona Ryan and Catherine Logan	Provided Vocational Workshop	Final year OT students, University College Cork	UCC, Cork

PHARMACY

The pharmacists delivered a range of educational sessions and training programmes across the hospital including: introduction to the pharmacy department, the role of the pharmacy, prescribing medication, safe use of medicines, medication counselling and stroke prevention education.

PHYSIOTHERAPY

Presenters and Facilitators	Details	Event or Group	Location
NRH BI Physiotherapy Team (Senior Personnel)	Provided education sessions including clinical training sessions (Prolonged Disorders Of Consciousness (pDOC) outreach visit).	PG and UG nursing and physiotherapy students at RCSI, UCD and UL	Dublin and Limerick
Cathy Quinn	Presentation delivered on Cauda Equina Syndrome (CES)	Representatives from UK CES charity and past patients	NRH
Ronan Markey	Provided lectures and education sessions	SLT Conference	St Mary's in the Park
Cathy Quinn	Delivered lectures and education sessions	Physiotherapy students, TCD	TCD, Dublin
POLAR Physiotherapy Team	Provided clinical education	Students, UCD and TCD	Dublin
Rachel McGlade	Interdisciplinary practice education study day	Student workshop, UCD	UCD, Dublin
Rachel McGlade and SORCHA Barry	Physiotherapy Study Day 'Information to Practice Education'	Physiotherapists, UCD	UCD, Dublin
Rachel McGlade	Delivered educational sessions and examined a Neurology Practical Module	Students, UCD	UCD, Dublin
Rachel McGlade	Professionalism Workshop	Students, UCD	UCD, Dublin
Rachel McGlade and SORCHA Barry	Therapeutic Handling- practical session	Third year Students, TCD	TCD, Dublin
Physiotherapy Department	Delivered presentations on Physiotherapy as a career	Prospective Physiotherapy students at NRH IDT Careers Evening	NRH

RADIOLOGY

The Radiology Department provided regular NIMIS training to NRH NCHDs and other healthcare professional staff.

REHABILITATIVE TRAINING UNIT

Presenters and Facilitators	Details	Event or Group	Location
RTU Team	Qualified instructors from the RTU team delivered Management of Actual and Potential Aggression (MAPA).	NRH Staff	NRH
RTU	Hosted Annual Rehabilitation Training Best Practice Day (HSE OGS)	Multidisciplinary audience	NRH
RTU Team	NRH Transition Year (TY) Programme	TY Students	NRH


SOCIAL WORK

Presenters and Facilitators	Details	Event or Group	Location
Anne O'Loughlin	Lectured on Masters Programme in Social Work	UCD Students	UCD, Dublin
Anne O'Loughlin	Lectured on Masters Programme – Health Module	UCC Students	UCC, Cork
Anne O'Loughlin	Lectures to UCD Medical Students	Medical Students (2nd Year Disability Module)	UCD, Dublin
Anne O'Loughlin	Social Work with Families affected by acquired Disability	UCD & UCC	Dublin and Cork
Anne O'Loughlin	Building Resilience for Families affected by Acquired Disability	IASLT and IAOT Workshop	Dublin
Anne O'Loughlin	'Psycho-social Factors for Older Person's with Limb Absence'	Masters in Older Person's Rehabilitation	UCC, Cork
Medical Social Work (MSW) Department	Presentations delivered at the Irish Association Rehabilitation Medicine (IARM) Conference	IARM Conference	NRH
Anne O'Loughlin (SW) and Ghyslaine Brophy (Paediatrics Programme Manager)	Children First / Vulnerable Adults Training	NRH Staff across all disciplines	NRH
Anne O'Loughlin	Annual Stroke Survivor Day	Persons who have survived Stroke	Dublin
Anne O'Loughlin	Presentation to Volunteer Training Programme	NRH Volunteer Induction	NRH
Anne O'Loughlin	Contributor to Clinical Tutors Journal Club and Clinical Tutors IDT Group	NRH Clinical Tutors (Interdisciplinary Group)	NRH
Anne O'Loughlin	Presentation titled 'Social Work as a Career'	Prospective Social Work student sat NRH IDT Careers Evening	NRH
MSW Department	NRH Transition Year (TY) Programme	TY Students	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 (SLT) and Fiona Maye (OT)	Presented 'Establishing an Assistive Technology Clinic in a Rehabilitation setting'	AOTI Conference	Galway
Marie Cox (SLT), Fiona Maye (OT), Kumar Krishna (Multi-task Intern)	Brain Injury Awareness Day – Assistive Technology (AT) Clinic equipment demonstrations	NRH Staff	NRH
Marie Cox (SLT) and Fiona Maye (OT)	'SLT and the role of technology' and 'Role of OT in Assistive Technology'	Lectures to UCD Biomedical Engineering students	NRH
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.	IASLT Conference	Croke Park Dublin
Marie Cox (SLT) and Fiona Maye (OT)	Poster presentation entitled "Digital Revolution – Implementation of an Electronic Assistive Pilot Project in a Rehabilitation Setting in Ireland" – Maye, F. & Cox, M.	IASLT Conference	Croke Park Dublin
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.	International Conference on Recent Advances in Neurorehabilitation (ICRAN)	Valencia Spain
Marie Cox	Presentation entitled 'Electronic Assistive Technology for the PDOC population'	PDOC Study Day for external SLTs	Royal Hospital Donnybrook
Marie Cox (SLT) and Kumar Krishna (Multi-task Intern)	World Accessibility Day – Assistive Technology (AT) Clinic equipment demonstrations	NRH Staff	NRH
Niamh O'Donovan and Ronan Langan	IDT working in Differential Diagnosis and Treatment in SCI	SLT Dysphagia Special Interest Group	NRH
Niamh O'Donovan	Communication Disorders for Pharmacy	NRH Pharmacy Department	NRH
Niamh O'Donovan	Dysphagia for Pharmacy	NRH Pharmacy Department	NRH
Becky Woods	Presented Masters research in the area of Dysphagia	International Association of Speech and Language Therapy (IASLT) Biennial Conference	Croke Park Dublin
Becky Woods	Presented Masters research in the area of Dysphagia	5th European Society of Swallowing Disorders (ESSD) Congress	Barcelona
Julianna Little and Joan Monahan	Provided Face to F.A.C.E. Training	All NRH staff	NRH
Julianna Little	Lecture on Dysphasia as part of the Disability Module	Medical Students	UCD
Robyn Good	Poster presentation	IASLT conference	Croke Park
Joan Monahan	Co facilitation at BIAFF Programme	Multi-disciplinary and families	NRH



SECTION 4 CORPORATE AND SUPPORT SERVICES

Presenters and Facilitators	Details	Event or Group	Location
Anne Lee	Poster presentation	RHN PDOC conference	Donnybrook
Joan Monahan	2 Presentations on revisions of the Community Outing Performance Appraisal (COPA)	OTs and SLTs	NRH
NRH SLT Department	World Accessibility Day – SLT Department presentations and demonstrations	NRH Staff	NRH
NRH SLT Department	Brain Injury Awareness Day – SLT Department presentations and demonstrations	NRH Staff	NRH

THERAPEUTIC RECREATION SERVICE

Presenters and Facilitators	Details	Event or Group	Location
Therapeutic Recreation Service	NRH Transition Year (TY) Programme	TY Students	NRH



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