



36th
ANNUAL REPORT
2016

REACHING GOALS
AND REALISING
NEW BEGINNINGS



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

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 Service	Admissions	Day Cases No. patients
Spinal Injury	153	0
Brain Injury Traumatic	60	0
Brain Injury Non-Traumatic	68	1
Stroke Service	95	0
Other Neurological	6	0
Prosthetic Service	68	101
Paediatrics	34	83
Total	484	185

Outpatient Service	Attendances
Spinal Cord System of Care Programme	510
Brain Injury Programme (including Stroke)	695
Prosthetic Orthotic and Limb	
Absence Rehabilitation (POLAR) Programme	2,348
Paediatrics Programme*	34
Orthoptics	102
X-Ray	1,351
Total	5,040

*Paediatric attendances also included in other programmes

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CHAIRMAN'S REPORT



2016 has been a year of further progress for the new National Rehabilitation Hospital development which will be built on the existing hospital campus. The development is a partnership between the HSE and the NRH Foundation, with government commitment of a €15m allocation to bridge a funding shortfall.

Phase One of the purpose built development will see the existing ward accommodation replaced by a 120 bed single ensuite room accommodation block, including integrated therapy spaces, hydrotherapy pool and sports hall. This first phase will form the basis of a fully redeveloped fit for purpose rehabilitation hospital, to be completed as a three phase project when further funding becomes available. The design will be patient-centred and based on the principles of empowerment, dignity, privacy, confidentiality and choice. The Board, as well as being involved in all decision making processes, receives continuous updates of the Project Team's ongoing work.

Key milestones reached in 2016

- Completion of the EU Tendering Process and the commencement of the prequalification process for the Main Contract works and the Mechanical, Electrical and Facades specialists works. The invite to tender for the shortlisted contractors and reserve specialists was issued in Q4 2016.
- A series of civil and structural enabling works commenced on site in November 2016 in preparation for the main construction works to begin in mid-2017.
- The development and detailed design of the IT infrastructure within the new building. These IT networks have been designed to support an ever-increasing user demand by both patients and staff; for business operations, and enabling patient independence through technology.

In December, we were delighted to welcome Minister Simon Harris to the NRH and to update him on progress being made on the planned new facilities for the campus. During his visit, Minister Harris said, "... I'm glad to reaffirm my commitment both to the NRH and to the ongoing improvement of neuro-rehabilitation services for people who need them... I also want to acknowledge the dedication of the staff working here, who work so hard for their patients, and thank them for everything they do." We look forward to welcoming Minister Harris to 'turn the sod' on commencement of the main construction works.

Corporate Governance

During 2016 the Board built on previously completed training incorporating the scope and benefits of good corporate governance. 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. We appreciate the contribution each Board Member makes in sharing their expertise and experience towards achieving the hospital's strategic objectives.

Hospital Activity and Performance Data Reporting

During 2016, the Board moved towards receiving its meeting information electronically and a system is being trialled with a view to changing from paper based to digital Board packs in 2017. The Board receives the hospital activity and performance data report as part of its monthly reports to ensure that Board members are fully informed in relation to all key milestones and issues on an ongoing basis. In addition, there is patient and staff representation on the Board.

Challenges for the NRH in 2016

The Board is keenly aware of the challenges faced by the hospital staff in striving to continually improve services for patients within extremely limited resources and it awaits the outcome of the submission to the HSE of a detailed workforce planning document, and subsequent discussion, requesting the staffing resources required to enable the hospital to provide a safe and appropriate level of care to our patients within its bed capacity and to ensure that NRH beds, given their scarcity, can be made fully available at all times.

NRH Board of Management

In June, Ms Eilish Macklin, Director of Nursing retired from the NRH, and from the Board after almost 20 years of loyal and dedicated service to the hospital. On behalf of the patients we serve; the Sisters of Mercy and the Board, Management and Staff, we thank Eilish for her dedicated work and commitment during her tenure as Board Members and wish her well for the future.

We warmly welcomed newly appointed Director of Nursing, Ms Frances Campbell, as a Board Member in 2016.

Clinical Directorship at the NRH

Since the appointment of Professor Mark Delargy as Clinical Director at the NRH in 2015, the Board receives monthly reports on the contribution of this leadership role within the NRH. The Quality Safety and Risk (QSR) governance committee was developed in 2016, chaired by the Clinical Director. In addition to strategic matters, the Clinical Director manages all medical resources and plans how services are delivered across Clinical Programmes, as well as retaining some clinical duties. The Board is very appreciative of the work being undertaken by Professor Delargy in this new role. The Clinical Director's Report is published on page 12.

NRH Medical Board

The Board is very grateful for the work undertaken by the NRH Medical Board, Chaired by Dr Jacinta McElligott, in leading the delivery of Complex Specialist Rehabilitation Programmes under the Clinical Governance structure, and for the delivery of vital Education and Training Programmes to medical students, colleagues and health professionals in the wider healthcare system throughout the year. The Medical Board Report is published on page 15.

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 subcommittees in 2016 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 the patients we serve.

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



The HSE's recently published National Service Plan 2017 commits to finalising and progressing implementation of The National Policy and Strategy for the Provision of Neuro-rehabilitation Services in Ireland. In line with the Strategy, the NRH continues to work collaboratively with colleagues in the wider healthcare system to ensure delivery of a continuum of care appropriate to the needs of people from throughout Ireland requiring complex specialist rehabilitation services.

Delivering & Developing Specialist Rehabilitation Services Nationally

The Annual Report highlights the work undertaken by our Staff at the NRH in the delivery of 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 NRH works closely with the National Clinical Programme for Rehabilitation Medicine (led by Dr Jacinta McElligott) and with Dr. Áine Carroll, National Director for Clinical Strategy and Programmes Division, HSE.

The New Hospital Development – Phase One

During 2016 significant progress was made in relation to the first phase of the New Hospital Development. The detailed design of the new building provides the template for a state of the art, fit for purpose facility which is based on the principles of universal design. On completion of the tender, evaluation and award process, the NRH will be in a position to award a contract to the successful company, with works commencing on site in mid-2017.

Budget Allocation

Our Finance Team achieved a budget break-even final outturn at year-end which is an exceptional result. All credit is due to the Director of Finance and his team, and staff throughout the hospital who continue to work creatively to save costs for the hospital on an ongoing basis.

Staffing Matters – Workforce Planning

Following a staffing and capacity review across all NRH clinical and non-clinical services, a detailed analysis was completed to define a baseline from which safe, evidence based practice and specialist rehabilitation services can be delivered. 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 in January 2016 to request the additional staffing required for the provision of safe and appropriate care to all our patients, at the appropriate levels based on the range and scope of services we provide. The quality of services delivered to our patients 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 during 2016, however, from a patient safety perspective, this is not sustainable without the additional staffing resources required as outlined in the hospital's submission to the HSE.

Director of Nursing Retirement

In June, the patients, staff, Board and Sisters of Mercy bade a very fond farewell to Ms Eilish Macklin, our Director of Nursing, who retired after almost 20 years of dedicated and committed service to the NRH. During that time, as a member of the Board and the Senior Management Team, Eilish helped steer the hospital through many major challenges and changes occurring both within the hospital, and externally. These included national shortages of nursing staff, severe financial cutbacks and a recruitment embargo which impacted greatly on the NRH. Another significant

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 in January 2016 to request the additional staffing required for the provision of safe and appropriate care to all our patients

change was transferring to a Programmatic model of service delivery and achieving the hospital's first accreditation by CARF (Commission for Accreditation of Rehabilitation Facilities), an independent international accrediting body in 2008, and every three years subsequently. Through participation in the hospital's key strategic and operational committees, including the New Hospital Project Steering Group, Eilish has helped to ensure continuous quality improvement in the delivery of services to patients and an improved working environment for staff. Her contribution to the hospital has been invaluable and will continue on in the standards of service she has assisted in developing over two decades at the NRH. On behalf of everyone at the NRH, we thank Eilish for her dedicated work and commitment and wish her well for the future.

Highlights and Developments in 2016

CENTENARY OF OUR LADY OF LOURDES CHAPEL (1916 – 2016)

In 2016, we marked the centenary of Our Lady of Lourdes Chapel in the NRH. On 25th October, the Sisters of Mercy, Board of Management, Staff and Patients of the hospital and invited guests extended a warm welcome to Bishop Raymond Field D.D., V.G., who was the chief celebrant in the Eucharistic Celebration of Thanksgiving. Bishop Raymond Field blessed the chapel and a new plaque and icon to commemorate the occasion. Guests at the celebration were invited to reflect on and acknowledge the vision of the Sisters of Mercy in acquiring the property on this location which began as a sanatorium to care for poor and destitute people suffering from TB - not alone were their medical, physical and psychological needs taken care of, but also their spiritual needs. The Sisters saw that Our Lady of Lourdes Chapel, was to be a necessary part of this hospital. The Chapel continues to be an important place of hope, tranquillity and prayer for the hospital community.

TECHNOLOGY AT THE NRH

During 2016, the NRH has embarked on a number of significant projects based on the future use of technology within the hospital, both for business operations and in the delivery of services to patients. The NRH has submitted a business case, supported by the HSE, to the Centre for Management and Organisational Development (CMOD) - a division within the Department of Public Expenditure & Reform with responsibility for approving IT spend in civil and public service bodies – for funding to implement the Electronic Patient Record (EPR) at the NRH, in preparation for moving to the new hospital. The detailed design of the IT infrastructure within the new hospital building has also been completed.

Another example of developments in technology in 2016 is the national digital forum established by therapists from the Speech and Language Therapy Department to discuss Flexible Endoscopic Evaluation of Swallow (FEES) policies and procedures, decontamination issues, clinical issues, competencies, outcome measures, and research. FEES is becoming a more popular and widely used assessment in Ireland for instrumental assessment of dysphagia. There has been no facility heretofore for sites performing FEES to share skills and knowledge among SLTs nationally for this specialist assessment. The first meeting was held in 2016 using videoconferencing facilities – this will be a valuable forum to develop links with therapists from across the country.

**NRH ORGANISATIONAL STRATEGY**

In keeping with the NRH strategic plan, the hospital pursued a number of initiatives under the four operational pillars outlined in the plan under the following headings:

- A Fit for Purpose Facility.
- Focussed Collaboration with Stakeholders.
- Expert Staff at the NRH.
- Effective Processes.

During 2016, hospital staff worked towards the stated strategic objectives approved by the Board. In addition, the NRH Accessibility, Communications, and Quality, Safety and Risk Strategies continued to augment the hospital's overall strategic direction.

DELAYED DISCHARGES

Delayed Discharges from our services continued to be a challenge for the NRH in 2016. 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 keep this matter under discussion with the HSE. In 2016, 2383 bed days (compared with 2,155 in 2015, and 1406 in 2014) were lost as a consequence of delayed discharges from our services.

POSITIVE WORK ENVIRONMENT GROUP

In addition to the benefits 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. In 2016, the NRH was confirmed as a shortlisted finalist in two awards categories in the HR Leadership and Management Awards, which is a national awards programme, and subsequently won the award for 'Best Public Sector HR Initiative' for its Staff Wellbeing programme.

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 2016, 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 was also completed on a proposal to seek funding to develop the design for an educational and teaching hub at the NRH.

I encourage you to read the comprehensive report of Education and Training Delivered by NRH Staff on pp. 120 – 128 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.

FOCUS ON HYGIENE, INFECTION PREVENTION AND CONTROL (HIPC)

The working group specifically established to monitor and take action on the issue of increasing numbers of patients being admitted to the NRH with Hospital Acquired Infections (HAIs) has continued to work diligently throughout 2016 to keep rates of HAIs down. The group comprises the Chief Executive, Clinical Director, Director of Nursing, Consultant Microbiologist, Infection Prevention and Control CNS, Risk Management and Director of Finance. 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.

“ In 2016, the NRH was confirmed as a shortlisted finalist in two awards categories in the HR Leadership and Management Awards, which is a national awards programme, and subsequently won the award for 'Best Public Sector HR Initiative' for its Staff Wellbeing programme. ”

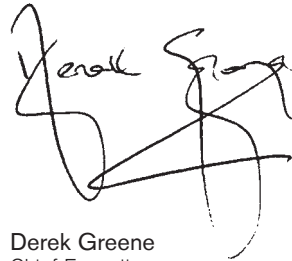
The NRH Board

We are very privileged to have a Chairman – Mr Kieran Fleck, and a Board who support the hospital as well as they do. The Board members continually work towards positioning the NRH as a centre of excellence in the delivery of Complex Specialist Rehabilitation Services. Once again, thank you sincerely for all your ongoing support and wise counsel. I would like to formally acknowledge, on behalf of the staff, all the work that the Board undertakes to maintain our governance structure to the highest possible standard, leading us through difficult financial times, advocating with regard to the New Hospital and at all times supporting Patient and Staff needs.

In Conclusion

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

My sincere thanks to each and every staff member for your consistent 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



L-R: Derek Greene, CEO; Kieran Fleck, Chairman; Minister Mary Mitchell O'Connor and Professor Mark Delargy, Clinical Director.



NRH BOARD OF MANAGEMENT



Mr Kieran Fleck
Chairman



Mr Henry Murdoch



Mr Derek Greene
Secretary



Mr Barry Dunlea



Dr Jacinta McElligott



Ms Breda Moriarty



Ms Eilish Macklin
(until retirement in June)



Frances Campbell
Director of Nursing
(from June 2016)



Mr Brian McNamara



Mr Paul McNeive



Dr John O'Keeffe



Ms Pauline Sheils



Ms Elizabeth Maguire



Sr Helena O'Donoghue



Ms Áine Cornally



Prof Mark Delargy

NRH COMMITTEES

Board of Management

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

Mr Derek Greene (10/11)*
(Secretary)

Mr Henry Murdoch (10/11)*
Sr Helena O'Donoghue (11/11)*

Mr Barry Dunlea (8/11)*

Dr Jacinta McElligott (10/11)*

Ms Eilish Macklin (6/6)*
(to June 2016)

Ms Frances Campbell (5/5)
(from July 2016)

Mr Brian McNamara (9/11)*

Mr Paul McNeive (10/11)*

Prof Mark Delargy (11/11)*

Ms Elizabeth Maguire (10/11)*

Ms Áine Cornally (9/11)*

Dr John O'Keeffe (8/11)*

Ms Breda Moriarty (10/11)*

Ms Pauline Sheils (11/11)*

* Total meeting attendance

Executive Committee

Mr Derek Greene
(Chairman)

Prof Mark Delargy

Dr Simone Carton

Mr Sam Dunwoody

Ms Bernadette Lee

Ms Eilish Macklin
(to June 2016)

Ms Frances Campbell
(from July 2016)

Dr Jacinta McElligott

Mr Eugene Roe

Ms Rosemarie Nolan

Ms Olive Keenan

Ms Anne O'Loughlin

Ethics Committee

Ms Elizabeth Maguire
(Chairperson)

Dr Jacinta McElligott

Dr Simone Carton

Mr Derek Greene

Ms Bernadette Lee

Ms Eilish Macklin
(to June 2016)

Ms Eilish Campbell
(from July 2016)

Ms Pauline Sheils

Fr Michael Kennedy

Ms Breda Moriarty

Medical Board

Dr Jacinta McElligott
(Chairperson)

Dr Áine Carroll

Prof 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

Prof Mark Delargy

Ms Eilish Macklin
(to June 2016)

Ms Frances Campbell
(from July 2016)

In attendance:

Mr Sam Dunwoody

Audit Committee

Mr Dermot Quinn
(Chairman)

Mr Barry Dunlea

Mr Henry Murdoch

Ms Áine Cornally

Mr Derek Greene

Nomination Committee

Sr Helena O'Donoghue
(Chairperson)

Mr Kieran Fleck

Mr Derek Greene



FINANCIAL STATEMENT



2016 began like previous years with our starting HSE funding allocation for services less than our closing 2015 funding level. The opening allocation for the year was set at €26.597m – a reduction of €0.629m on our final 2015 (€27.226m) funding level. 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 the timely delivery of specialist rehabilitation services to our patients and their families nationally as we are currently the only Complex Specialist Rehabilitation Service in the country.

Following a year long process of negotiations with the HSE, additional funding of €1.446m was allocated for increased costs of Pensions and Lump sums as well as service pressures resulting in a final allocation of €28.043m of which €1.294m (2015:1.834m) allocated on a 'once off' basis.

2016 Fiscal Outcome

The total net expenditure incurred in 2016 was €28.046m. This resulted in a very minor deficit of €3,000 for the year – this represents effectively a breakeven result which required very tight fiscal policy, monitoring of expenditure across all areas and would not have been possible without a very strong working relationship with budget holders and line managers across the entire organisation.

Credit and thanks to all the staff for their support and commitment in managing costs to achieve this result in 2016. This will allow the Hospital commence its services in 2017 without any financial burden carried forward from the previous year.

A summary of the 2016 Revenue Income & Expenditure Account is as follows:

	Budget 2016 €000	Actual 2016 €000	Variance Current Year €000	Actual 2015 €000
Pay Expenditure	25,523	25,673	150	25,444
Non-Pay Expenditure	9,930	10,083	153	9,393
Gross Expenditure	35,453	35,756	303	34,837
Less Income Receipts	7,410	7,710	(300)	7,623
Net Expenditure	28,043	28,046	3	27,214
Revenue Allocation	28,043	28,043		27,226
Accumulated Deficit / (Surplus)		3		(12)

Income and Expenditure Account

Pay costs increased from €25.444m to €25.532m – an increase of 0.003%. Payroll costs increased by €0.303m (services pressures and increased maternity cover) while Pensions and Lump Sums reduced by €0.073m. While the relaxation on the recruitment freeze imposed by the HSE assists in managing resources, the current level of funding is having an impact on the services we provide and is making it increasingly difficult to maintain services as our patient complexity increases year on year.

Non-Pay expenditure shows an increase of €720,000 this year giving resulting in an overrun on budget of €153,000. The main areas of expenditure are:-

The cost associated to the manufacture and supply of Artificial Limbs and Orthotics which made up 34.9% – €3,519m (2015: €3.135m) of the expenditure and increased by €384,000. Other Non-Pay expenditure areas of Medical and Surgical, Radiology, Cleaning and Maintenance were the main areas where increased expenditure was incurred. Medicines, Catering, Heat Power and Light and Administration had some small reductions with the remaining categories in line with 2015 expenditure. We offset the majority of the pay and non-pay overruns by increased income receipts including higher sales income from the supply of Artificial Limbs and Orthotics and grants from the NRH Foundation for the purchase of new ward and therapy equipment, and increased income from approved charges related to Road Traffic Accidents (RTA) insurance claims which contributed to the year end result.

As a Teaching Hospital it is very important that the hospital continues to invest in training and education of our staff across the whole organisation in support of the specialised service we provide.

2016 saw income receipts increase by €87,000 – 1.1% on 2015 to €7.710 (2015: €7.623m). Three main areas of income changes to note were: Sales of Artificial Limbs and Orthotics increased to €3.519m (2015: €3.135m), Income from External Agencies decreased by €0.108m part due to reduced Grant Aid from the NRH Foundation from €415,000 in 2015 to €339,000 in 2016. There was an increase of 11.9% increase in RTA receipts of circa €109,000 to €1.026m (2015: €0.917m).

The inflow of income receipts from Road Traffic Accidents is extremely unpredictable but thankfully the increased receipts over our budget projections has assisted in reducing the overall overspend for 2016.

Capital Grants

Capital Funding approved during 2016 was as follows:

	2016 €	2015 €
Capital Project – Hospital Redevelopment Project – HSE	2,297,243	611,228
Minor Capital – Fire Detector System & Emergency Lighting Project	585,521	28,905
Minor Capital – ICT Projects New Telephone System	–	78,766
	2,882,764	718,899

Developments

Throughout 2016, the Hospital met on several occasions with representatives from the Estates Division of the Health Service Executive (HSE) to discuss the 120 bed Hospital Re-development Project and Minor Capital Grants requirements. We also met with the hospital's designated Senior Commissioner (Disability Services – Social Care Division) as part of a continuous review process to discuss a number of issues including current staffing and related funding levels, increased number of patients experiencing delayed discharges, the National Rehabilitation Strategy Report, ongoing Service Pressures, New Service Developments/Waiting List Initiatives, Employee Control Ceiling and Revenue Allocation Adjustments and Submissions.

2016 saw further progress with regard to the New Hospital Development as the Hospitals Health Planning Team and Design Team worked on completing the full design and related tender documentation. Invites to Tender for the main contractor were released in late 2016 and the target timeline to engage a building contractor and related sub-contractors for the works to commence in earnest is mid-2017. The hospital received some minor additional HSE Capital grants in 2016 which supported the continuing work on the project to upgrade our Fire Detector System and Emergency Lighting in the remaining areas of our current old buildings. We also completed the tender for the upgrade and replacement of our Radiology Equipment which is over 25 year old. This capital investment approved for 2017 will make a huge difference in the treatment and service to our patients.

The hospital received Grant Aid from the NRH Foundation in support of the Recreational Therapy Service, Music Therapy Service, upgrading of bathroom facilities on some of our wards and new and replacement Ward and Therapy equipment which was very much appreciated. These additional services and equipment will all go towards not only maintaining but enhancing our services for people with disabilities. Our sincere gratitude and thanks to all those who have donated and fundraised over the last year as your kind generosity has and will continue to make a difference to the lives of the patients and their families we serve.



Sam Dunwoody
Director of Finance

CLINICAL DIRECTOR'S REPORT



Clinical directorships in a joint initiative between the HSE and the RCPI have been developed to ensure that a senior medical clinician contributes to day to day hospital management at the highest level. The NRH have adopted the Clinical Director structure and the first NRH Clinical Director appointment was made in August 2015. This is the first NRH annual Clinical Director report.

Clinical Directors are tasked with delivering a synthesis of clinical and managerial roles. This report highlights the progress made during 2016 in developing the Clinical Director structure and role at NRH. One of the Clinical Director's initial responsibilities includes engaging in managerial training which adds to the clinician's existing skill set. The continuing Clinical Director education programme is delivered through the RCPI. In 2017 additional Clinical Director training will be pursued at the King's Fund centre in London.

A core Clinical Director role is to lead out on Quality and Safety matters. The NRH developed its Quality Safety and Risk (QSR) governance committee in 2016 chaired by the Clinical Director. The QSR replaces the former NRH Clinical Risk Committee.

The QSR committee at NRH first convened on 18th August 2016. Within the QSR committee, fostering the wellbeing of the patient and the supporting staff are paramount responsibilities. The QSR is currently developing a robust governance and reporting structure for quality and safety matters in the NRH which address clinical and operational activities.

The NRH Clinical Risk department plays a central role in the QSR by collating the data required to successfully monitor the essential elements involved in Quality Safety and Risk at NRH. The Director of Nursing adds to a broad overview on clinical matters by serving as vice chairperson for the QSR committee. In the course of developing and reviewing robust data on clinical and operational matters, the NRH will be able to more effectively analyse current clinical activity. As a result the QSR will make recommendations to the hospital Executive Committee targeted to improve quality and safety and manage risk in the best interests of patients and staff.

The night-time and weekend huddle is an example of a QSR supported initiative which is designed to improve patient safety at NRH. The huddle process formalises clinical information sharing between nursing and medical personnel during out of office hour periods at nights and weekends. During the huddle senior nursing and medical staff on site meet to share information on the status of patients who need close clinical monitoring. The senior nurse on duty and the doctor on call then contact the on-call consultant to appraise her/him about any clinical concerns. This process is an addition to the existing emergency calls procedures. It helps ensure that senior clinical personnel are regularly updated so that clinical interventions are taken at the earliest opportunity. To further strengthen the NRH clinical safety processes additional training in the use of the National Early Warning Score (NEWS), which monitors patient clinical status, will be scheduled during 2017.

The Clinical Director works closely with the NRH medical consultants to maintain and improve clinical services. Each Medical Director and Programme Manager of the 4 CARF accredited clinical programmes at NRH meets with the Clinical Director to review and develop patient services. A key challenge for NRH is to have sufficient numbers of trained personnel to deliver the most appropriate level of rehabilitation intensity to maximise patient goal attainment and independence.

In addition, the Clinical Director works with the National Clinical Lead in Rehabilitation Medicine to make the case for increased rehabilitation services. This includes increased bed capacity on a national basis to bring the volume of rehabilitation services in Ireland somewhat closer to international norms.

NRH admission capacity is influenced primarily by both the acute shortage of rehabilitation beds and the delays in obtaining onward care funding. In addition there are only a limited number of single en suite rooms at NRH which are needed to safely isolate those patients waiting for admission, approximately 50% of whom, on average, have acquired a Multi-Drug Resistant Organism (MDRO) in our referring hospitals. The completion of building works in 2020 followed by the commissioning of the new NRH which will have 120 single en suite rooms will greatly enhance the NRH's ability to accommodate complex referrals.

The NRH's role as the national hub for complex rehabilitation after catastrophic single incident neurological injury and amputations continues to grow. Demand for our services is steadily increasing as expected. Our clinical staff expertise is keenly sought after in our referring hospitals and in the community. Given the severe shortage of rehabilitation beds nationally, in 2017 and beyond the NRH will seek to further develop its role in providing a clinical consultation service and educational opportunities for our colleagues. NRH rehabilitation efficiency is greatly enhanced by our clinical colleagues who have been tasked with providing rehabilitation services both before and after an NRH phase of rehabilitation.



Professor Mark Delargy
Clinical Director

MEDICAL BOARD REPORT

Admitting Consultants (Consultants in Rehabilitation Medicine)



Prof 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



Dr Paul Carroll



Dr Jacqui Stow



Dr Cara McDonagh



Dr John MacFarlane

Consultants with clinical attachment at the NRH



Dr Maria Frampton
Consultant Psychiatrist



Dr Sinéad McNicholas
Consultant Microbiologist



Dr Raymond Carson
Locum for Dr Jacinta McElligott



Dr Harvey Mallory
Locum for Dr Cara McDonagh

STRETCHING AND GOALS – It seems to me that in 2016 it was challenging to get the pieces to fit. At times we found ourselves stretched in many respects. We were hard pressed to meet a growing demand for our programmes while remaining responsive and flexible to sifting challenges as well as opportunities to improve the quality, safety and effectiveness of our services. Furthermore the widening gaps in rehabilitation services were highlighted at a national level in the submission of the Rehabilitation Model of Care to the National Clinical Programmes and at the launch of the Neuro-Rehabilitation strategy implementation plan. Both of these National endeavours will continue to depend on the leadership and direction of the ‘NRH Hub’ to stretch some more in leading the delivery of a managed clinical rehabilitation network of quality rehabilitation services across the Irish health system into the future.

‘Stretch Goals’ or ‘Stretching and Goals’

‘STRETCH GOALS’

Apparently a stretch goal requires an organisation to think differently, revolution not evolution, qualitative not quantitative change. A real stretch goal cannot be achieved by incremental or small improvements but requires extending oneself to the limit to be actualised. Unfortunately, there is a common problem for stretch goals to become extremely demotivating and confidence and morale can be lost in an organisation.

‘STRETCHING AND GOALS’

Stretching and Goals are however concepts in rehabilitation with which we are very familiar. Stretching in rehabilitation is a form of physical exercise in which specific muscles or tendons are deliberately flexed or stretched in order to improve the muscle’s elasticity and achieve a comfortable muscle tone. This results in a feeling of increased muscle control, flexibility and range of motion. We are mindful that there are many techniques for stretching, depending on which muscle group is being stretched. We recognise that stretching must be performed correctly, some techniques may be ineffective or detrimental, even to the point of causing tears, instability, or permanent damage.

AND WHAT ABOUT QUALITY?

According to Deming’s theory of profound knowledge, a system is composed of interrelated components and quality is the optimisation of performance of the components relative to the goal or aim of the system. So one lesson learned from 2016 may be to remain focused on quality improvement to help us get the pieces to fit.

Medical Board Highlights – 2016

HIGHLIGHTS FROM A CLINICAL GOVERNANCE PERSPECTIVE

2016 was notable for the establishment of the Quality, Safety and Risk Committee at the NRH with the support and guidance of the Clinical Director, **Professor Mark Delargy**; along with **Ms Frances Campbell**, Director of Nursing; **Mr Derek Greene**, CEO; **Ms Bernadette Lee**, Risk Manager and the expert advice of **Dr Phillip Crowley** and the team from the National Quality and Safety directorate.

The Medical Board wishes also to thank and endorse the exemplary work of **Dr Sinead McNicholas**, **Ms Frances Campbell**, **Ms Catherine O’Neill**, **Ms Bernie Lee** and all of the infection prevention and control team, and all our staff for their perseverance, stalwart endeavours and effectiveness in infection prevention and control, despite significant challenges throughout 2016.

Dr Eimear Smith continued to serve as Medical Director of the NRH Spinal Cord System of Care, leading the teams in conjunction with **Dr Cara McDonagh**. We wish to thank **Dr Eugene Wallace** and **Dr Angela McNamara** for their support to the Spinal Cord System of Care Programme and Disabled Drivers Medical Board of appeal. The Medical Board welcomes **Dr Harvey Mallory** along with the Rehabilitation Programmes and Teams at the NRH.

Dr Áine Carroll continues exemplary work and leadership as National Clinical Director and **Drs McElligott** and **Morgan** extend their sincere thanks and appreciation to **Ms Edina O’Driscoll**, **Dr Eimear Smith** and all the Rehabilitation Consultants who serve on the Clinical Advisory Committee for the National Clinical Programme for Rehabilitation Medicine.



Within the Brain Injury Programme **Dr McElligott** served as Medical Director of the Programme until her appointment to the National Clinical Lead in Rehabilitation Medicine in June 2016. **Professor Delargy** and the neurobehavioral team continued developments and expansion of the neurobehavioral clinic and **Dr Paul Carroll** continued to lead the St Camillus team and the under 65 neuro-rehabilitation programme at the Royal Hospital Donnybrook. We sincerely appreciate **Dr Jacqui Stow** and **Dr Raymond Carson's** support within the Brain Injury Programme in 2016 and we are delighted to congratulate **Dr Carson** on his appointment to the North East Regional Unit at the Mater, Cappagh and the NRH.

Dr Nicola Ryall, ably supported by **Dr Jacqui Stow** continued to provide leadership and direction of the Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) programme and our continued acknowledgement and appreciation for **Dr Susan Finn** in her continued endeavours and support for the Paediatric Rehabilitation Programme at NRH.

Dr John MacFarlane consolidated his practice of Inpatient consult service in the Cork Hospitals and Outpatient Clinics in the Cork and Kerry Hospitals. He also set up a multidisciplinary spasticity service in conjunction with physiotherapy colleagues and developed an Outreach Prosthetic Service at University Hospital Waterford while also securing the site and funding for a Regional Rehabilitation Unit.

Dr Eugene Wallace is the lead Rehabilitation Consultant in the development of a new Regional Neurorehabilitation Unit at Peamount Hospital. Subject to approval, Peamount healthcare look forward to expanding the capacity of much needed neurorehabilitation services in the country.

The Medical Board wishes to extend our sincere appreciation to **Dr Brian McGlone** for his expert teaching and advice on all things related to clinical imaging. His advice and support in complex clinical cases is invaluable as well as his monthly interdisciplinary radiology grand rounds. Similarly we would like to extend our sincere appreciation to **Dr Maria Frampton**, Consultant Psychiatrist for her dedication and commitment, and expert advice and support for patients' families and staff during 2016.

National and International Presentations – Highlights

Dr Eimear Smith continued to serve as president of the Irish Association of Rehabilitation Medicine with the annual IARM meeting in 2016 and we commend all the presenters both poster and platform for an excellent meeting. **Dr McElligott**, **Dr Aine Carroll**, **Dr Paul Carroll**, **Professor Mark Delargy** and **Dr Wallace** participated in the RCSI Stroke Diploma course and **Dr John MacFarlane** presented at the South-South West Neuroscience meeting on 'Rehabilitation in the Region'. Dr Macfarlane also presented in Grand Rounds at the Mercy and Cork University Hospitals. **Dr Aisha Khan** and **Professor Delargy** presented 'Post stroke fatigue: point prevalence, characterisation, associations and radiological correlation in a rehabilitation hospital' at the Irish Heart Foundation Stroke Day in Croke Park.

Highlights of international presentations in 2016 included **Dr Aine Carroll's** platform presentation on 'Cost effectiveness of integrated care in patients with acquired brain injury' at the World Congress for Integrated care, in New Zealand. **Dr Eimear Smith** had a number of presentations at the ISCoS scientific meeting in Austria including a presentation of 'Epidemiology of Traumatic Spinal Cord Injury'. **Dr Angela McNamara**, presented 'Problems of fragmentation in the management of spinal cord injury' at the European Academy of Rehabilitation Medicine (EARM) session at the Hungarian Rehabilitation Medicine Society, in Budapest. **Dr Aisha Khan** and **Dr Paul Carroll** presented a 'Retrospective survey of epilepsy and anticonvulsant usage in patients with Acquired Brain Injury' at the British Neuropsychiatry Association Annual meeting in London.

Higher Specialist Training (HST)

Dr Eimear Smith continues as the National Specialty Director for Higher Specialist Training in Rehabilitation Medicine. The Medical Board congratulates **Dr Raymond Carson** on his graduation from the Higher Specialty Training in Rehabilitation Medicine. **Dr Aisha Khan**, **Dr Kinley Roberts** and **Dr Sabrina McAllister** continue in the NRH HST programme.

Undergraduate Medical Education

Our thanks to our clinical tutors **Dr Daniela Stancila** and **Dr Aaisha Khan** for their stalwart work and support for the NRH as the primary teaching site for undergraduate and graduate education in the principles and practices of rehabilitation medicine.

Approximately 38 medical students from TCD and 72 medical students from RCSI had an opportunity to participate in two week clinical rotations, in addition 296 UCD medical students had an opportunity to interview patients at NRH as a component of the UCD Understanding Disability Module.

Medical Board Research Activities

Dr Eimear Smith was awarded a grant through the Health Research Board to study the epidemiology of traumatic and non-traumatic spinal cord injury in Ireland. **Dr Jacinta McElligott** continued as Medical Board representative to the NRH Ethics Committee. The Medical Board commends the hospital Ethics Committee, and all the investigators and co-investigators for their dedication and support to advancing the science of interdisciplinary rehabilitation in the field of rehabilitation medicine.

Education Delivered to Medical Personnel in 2016

Speakers and Titles of talks delivered in the Diploma in Cerebrovascular and Stroke Medicine 2016:

- Dr Paul Carroll:
Predicting Outcome after Stroke
- Dr Jacqui Stow:
Post Stroke Pain
- Prof Mark Delargy:
Locked in Syndrome/ Disorders of Consciousness
- Dr Jacinta McElligott:
Shoulder Pain and Management in Hemiplegia
- Dr Aine Carroll:
Goal Setting and Rehabilitation



Dr Maria Frampton, Consultant Psychiatrist continued to provide expert advice and support to patients and their families in 2016.



NCHD Teaching Calendar 2016

Month	Educational Topic or Event	Presenter, Speaker
Jan	Introduction to Psychiatry	Dr Maria Frampton
	History and Physical Exam – anticipation and prevention of medical complications in rehabilitation setting	Dr Jacinta Mc Elligott
	Principles of Amputee Rehabilitation	Dr Jacqui Stow
	Introduction to Psychiatry; Psychiatric Medication	Dr Maria Frampton
Feb	Prescribing and Risk Management Talk for NCHD's	Sheena Cheyne, Pharmacy and Bernadette Lee, Risk Manager
	Neurobehavioral Teaching x 2	Dr Jacqui Stow
	Management of Spasticity	Dr Jacinta McElligott
	Treatment of UTIs	Dr Sinead McNicholas
Apr	Medical Complications in the NRH	Dr Daniela Stancila
	Sexuality and Disability	Pauline Shiels, Clinical Nurse Specialist
May	Acquired Brain Injury in Childhood	Dr Sarah O'Doherty
	Antibiotics, what an NCHD in the NRH Needs to Know	Dr Sinead McNicholas
June	Components of Prosthetic Limb	Iain Briggs, Prosthetist
	Prolonged Disorders of Consciousness (PDOC)	Professor Mark Delargy
July	Pain in Spinal Cord Injury	Dr Cara Mc Donagh
	Neurological and Functional Outcomes following Spinal Cord Injury	Dr Eimear Smith

Month	Educational Topic or Event	Presenter, Speaker
Aug	Quality Improvement Project on Empiric Antimicrobial Prescribing, SMART and FOCUS bundle	Dr Sinead McNicholas
	The direction of travel in self-management research, policy and practice in rehabilitation	Professor Fiona Jones
	Intra-articular Injections	Dr Raymond Carson
	Neuropsychological Outcomes following ABI	Dr Heather Cronin
	Autonomic Dysreflexia	Dr Cara McDonagh
Sept	The Psychiatry Service at the NRH	Dr Maria Frampton
	Talk on Diabetes	Deirdre Gleeson, Diabetic Nurse Specialist, SVUH
	Cranial Nerve Examination	Dr Paul Carroll
Oct	Medtronic intrathecal baclofen pump education	Diedre O' Brien
	Types of amputations, components of a prosthetic limb and medical complications in a prosthetic limb	Dr Aaisha Khan
Nov	Neurogenic Bladder and Bowel	Dr Eimear Smith
	Management of Psychiatric Emergencies	Dr Maria Frampton
	Assessment and Management of Spasticity	Dr Raymond Carson
	Introduction to Catheters, Urology Role and Interventions in the NRH	Oonagh Crean, CNMII
Dec	Urinary Tract Infections	Dr Sinead McNicholas

Interdisciplinary Team Grand Rounds in 2016

Month	Grand Rounds Topic	Presenter, Speaker
Jan	Antibiotics in the NRH	Dr Sinead McNicholas
Feb	Joys of Ultrasound Revealed; importance of ultrasound in diagnosing and managing median nerve compression	Dr Cara McDonagh
Mar	Neuropsychology and Music Therapy; clinical harmony	Rebecca O'Connor and Dr Sarah O Doherty
Apr	Predicting the Unpredictable	Dr Jacinta McElligott
May	The Problem of Pain in Spinal Cord Injury	Dr Eimear Smith
June	Home Sweet Home	Dr Jacqui Stow's Team
Sept	Locked in; Walked out	Professor Mark Delargy's Team
Oct	Patient Centred Care; Ward Round Survey: principles for best practice	Dr Paul Carroll's Team
Nov	Time Out	Dr Raymond Carson's Team
Dec	Outpatient Services at the NRH	Outpatient Department Therapy Team

Medical Board highlights of publications in 2016

Smith É, Comiskey C, **Carroll Á**. Prevalence of and risk factors for osteoporosis in adults with acquired brain injury. *Ir J Med Sci*. 2016 Jan 19.

Smith É, Proximal tibia fracture in patients with incomplete spinal cord injury associated with robotic treadmill testing. Correspondence. *Spinal Cord Series*, article no 16010, July 2016.

Carroll Á, **McGlone B**. Botulin Toxin in the Management of Sialorrhoea in Acquired Brain Injury *Ir Med J*. 2016; 109: (6)

Carroll Á, Carty A. Treatment advances in the management of Traumatic Brain Injury. *Hospital Doctor of Ireland*. April 2016 Vol 22; 3

Cooney M.T., **Carroll Á**. Cost effectiveness of Inpatient rehabilitation in patients with brain injury. *Clin Med (Lond)*. 2016 Apr; 16(2):109-13.

New PW, Reeves RK, **Smith É**, Eriks-Hooglando I, Gupta A, Scivoletto G, Townson A, Belci M, Post MW. International retrospective comparison of in-patient spinal cord injury difference according to etiology. *Arch Phys Med Rehabil* 2016; 97 (3): 380-5



SECTION 2

NRH REHABILITATION PROGRAMMES

BRAIN INJURY AND STROKE PROGRAMMES REPORT





Dr Jacinta McElligott
Medical Director
Brain Injury Programme
(to June 2016)



Professor Mark Delargy
Clinical Director,
Medical Director, BI Programme
(from June 2016)



Dr Amanda Carty
Programme Manager
(to August 2016)



Dr Valerie Twomey
Programme Manager
(from August 2016)

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

The NRH provides the national, and only, post-acute complex specialist Inpatient rehabilitation service for people with acquired brain injury and stroke in the Republic of Ireland. Referrals are received nationwide from acute hospitals, HSE service areas and primary care.

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 Programme.
- Stroke Specialty Programme.

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 – 2016

236 patients received Inpatient rehabilitation services in 2016, which represents a significant decrease from the 260 patients served in 2015. Of these patients discharged from the programme, 218 were admitted to the Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP), and 18 patients were admitted for short review or assessment. The reduction in numbers through the programme is as a direct result of a significant increase in delayed discharges resulting in beds being occupied long after rehabilitation programmes had ended. It is estimated that bed days lost to delayed discharges in 2016 equates to approximately 20 CIIRP programmes.

DEMOGRAPHICS AND ACTIVITY

Of the 218 patients admitted to the Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP):

98

(45%) had a diagnosis of Stroke

65

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

51

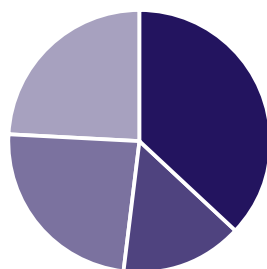
(23%) had a diagnosis of Traumatic Brain Injury

4

(2%) had a diagnosis of other Neurological Conditions

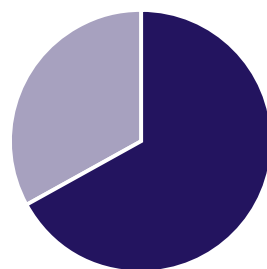


**PRE-HOSPITAL HSE
AREAS OF RESIDENCE
OF INPATIENTS SERVED
BY THE BI PROGRAMME**



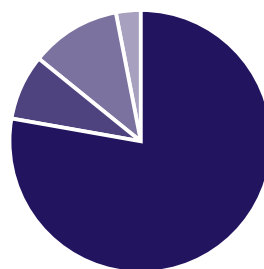
HSE Dublin Mid Leinster	37%
HSE Dublin North East	15%
HSE South	24%
HSE West	24%

**GENDER OF INPATIENTS
SERVED BY THE
BI PROGRAMME**



Male	67%
Female	33%

**DISCHARGE LOCATION
OF INPATIENTS SERVED
BY THE BI PROGRAMME**



Home	78%
Acute Care Hospital	8%
Residential Care	11%
Other	3%

**AGE PROFILE OF
INPATIENTS SERVED
BY THE BI PROGRAMME**

Average age	47 years
Lower age range	18 years
Higher age range	77 years

Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE DAY PROGRAMME

Indicator	Target Set – 2016	Outcome – 2016	Note / Trend
Average Days Waiting for Admission	Target: average days waiting for admission would be less than 90 days.	45% patients waited under 90 days	Average waiting times: High Complexity = 179 days Moderate Complexity = 100 Low Complexity = 73
Completion rate of Outcome Measures 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, Modified Barthel and DRS	86% completion rate 94% and 97% completion rates respectively	With the loss of our FIM+FAM trainer in 2016, there was a drop off in completion rates as new staff were recruited and awaited training.
Incidence of Positive Change in Outcome measure at Discharge	Improvement in FIM Score 90% of patients would show a positive change in Barthel	96% patients 72% of patients	
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 Average Improvement 9 points	Above target. FIM/FAM to be reported for benchmarking in future
Average Rehabilitation Length of Stay	Length of stay would be less than or equal to 90 days	82 days	Significant variation in length of stay across rehabilitation complexities and special populations. Range in 2016: 10 – 421 days.
Discharge to Home Rate	75% of patients would be discharged to home	78%	Target attained despite rising complexities of patient need in order to achieve home discharge

The programme continues to deliver high quality, effective rehabilitation in a national context of increasing patient complexity and numbers, increasing demand for earlier 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 with dwindling resources, in such challenging and demanding times.

Programme Goals and Achievements in 2016

It has been another productive year for the Programme with many of our expert staff getting involved in national issues as representatives on the HSE's National Rehabilitation Medicine Programme's National Working Group, Clinical Advisory Group, associated Workstreams and Service User Feedback groups. We have had a wonderful opportunity to bring the experiences of our staff, patients and families to national attention and look forward to the implementation of a new Model of Care for Specialist Rehabilitation Services in 2017. Programme staff have contributed to National Clinical Guidelines for Acquired Brain Injury and Stroke and are currently working on the development of Care Pathways and Care Bundles for a wide range of neurological conditions.

INITIAL INTERDISCIPLINARY ASSESSMENT

Under the programme's quality improvement initiatives, the results of a pilot project which looked at improving initial interdisciplinary team assessment, and therefore goal planning for all Inpatients, the programme has developed and implemented a brain injury specific interdisciplinary team assessment with great success.

BENCHMARKING

The programme has now ratified the FIM+FAM (Functional Independence and Assessment Measure) 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 and suffered a setback in 2016 with the loss of our FIM+FAM onsite trainers. This gap is currently being filled and in doing so we will once again be able to compare effectiveness against other rehabilitation programmes internationally.

BRAIN AWARENESS WEEK

As part of our annual celebration of Brain Awareness Week the programme's Education Sub-Committee delivered an exciting array of information and activities to patients, visitors and staff under the theme Supporting Mealtimes. Staff education and training with practical demonstration opportunities were focused on 'Swallow That': an SLT led demonstration of a FEEs machine and swallow assessment, 'Does Posture Matter': a Physiotherapy led practical demonstration of positioning issues, 'Is It Thick Enough': an SLT and Dietician led demonstration of food consistency issues, 'What Cutlery': an OT led demonstration of practical adaptations, 'Food- what's in it?': a Pharmacy and Dietician led education initiative about crushed medication in food and 'Making Choices': a Psychology and Social Work led staff questionnaire and training in application of HIQA guidelines and assisted decision-making (capacity) legislation in supporting people make decisions about food and eating.

WORKFORCE PLANNING & SERVICE DELIVERY

Following a significant benchmarking study of the capability and resources within the programme which was undertaken in 2015, the programme continued in 2016 in its efforts to provide safe and effective care for the rising complexities of patients, and the rising number of patients requiring the programme's complex specialist rehabilitation services. In doing so, regular review and update of the programme's capacity to deliver the intensity of services required to meet the needs of our patients and their families was given to senior management of the hospital and to the HSE in review of our service level agreement. The programme experienced a significant crisis with regard to the recruitment and retention of therapy staff in 2016 allowing for cover of leave. All programme staff work tirelessly to deliver innovative ways to treat patients incorporating group and joint working, supporting self-management and delivering high quality education to patients, families and carers.

Programme Manager

Valerie Twomey is the Programme Manager for the Brain Injury and Stroke Programme.



Clinical Services delivered within the Brain Injury Programme

Patient care and treatment is delivered by Consultant led interdisciplinary (medical, nursing, health and social care) teams. Clinical responsibility is held by **Professor Mark Delargy** (Clinical Director, and Medical Director of the Brain Injury Programme), with Consultant Colleagues **Dr Jacinta McElligott, Dr Raymond Carson, Dr Paul Carroll, and Dr Jacqui Stow. Dr Eugene Wallace and Dr John McFarlane** provide rehabilitation input on behalf of NRH in major referring hospitals throughout HSE Dublin Mid Leinster, HSE Dublin North east, 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)**

Rehabilitation nursing staff provide nursing care, support and direction to patients. They act as an important communication link with the patients' family, visitors and with the other members of the interdisciplinary team. Nursing staff assist patients in practicing what they are learning in therapies and teach patients how to manage their personal care, along with their families and carers.

- **Clinical Neuropsychology**

The psychology service to the Brain Injury Programme, delivered across Inpatient and Outpatient services, is provided by 4 WTE Clinical Psychologists which remains 70% below what is necessary to provide an efficient and effective service that more fully meets the needs of patients referred for psychology services. The psychological needs of patients and their families and carers may comprise of clinical assessment, group, family or individual therapy. The Neurobehaviour Clinic is a dedicated service for patients with complex neurobehavioural needs providing specialist assessments, for example in relation to capacity - especially following the introduction of the Assisted Decision-making (Capacity) Act 2015. The Neurobehavioural clinic also delivers a range of psychological interventions to support patients with, for example, complex mood and adjustment disorders, medically unexplained symptoms, chronic pain syndrome and Post Traumatic Stress Disorder (PTSD).

- **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 the programme. In particular, the Liaison Coordinator provides direct assessment and recommendations to the more complex patients awaiting admission to the programme, namely the Persistent Disorders of Consciousness and the Neurobehavioural patients. A new development in 2016 was the introduction of the BI Programme Pre-admission Coordinator. This role was introduced to ensure that patients waiting (and their families and referrers) received timely, accurate information regarding admission while also reviewing the patient's progress and updating the waiting list management group on a weekly basis. This role is currently being evaluated and has seen a significant improvement in the smooth transition of patient from home or acute hospital to our Inpatient beds.

- **Nutrition and Dietetics**

The main priority of the Nutrition & Dietetic service to the Brain Injury Programme is to manage nutritionally at-risk patients, particularly those with undernutrition, dysphagia and those requiring enteral tube feeding. Dietetic intervention is also key in the management of diabetes, secondary prevention after an acquired brain injury and weight management. The service is provided to Inpatients of the Brain Injury Programme. Due to the nature of brain injury, dietetic consultations take place on a one-to-one basis. Increasing complexity of referrals and routine referral for secondary prevention education has increased the demand for the service. Due to the limited staff allocation, there may be delays in delivering the service. A key goal for 2017 is the completion of a Communication Friendly Resource Pack for dietetic education.

- **Occupational Therapy**

Occupational Therapists provide a service to patients admitted to the Inpatient Brain Injury Programme, as well as a growing number of patients being referred by the Outpatient Department. Patients benefit from a range of Occupational Therapy specialist services including Discharge Liaison Occupational Therapy, Splinting, Wheelchairs and Seating clinic, and support services such as woodwork and horticultural therapy. Occupational Therapy programmes are goal-orientated and designed specifically to the unique needs of each patient with empowering functional independence following acquired brain injury. Interventions may include individual or group work, physical rehabilitation, cognitive and behavioural rehabilitation, independent living skills training, complex assessment and management of disorders of consciousness, self-management and patient education, return to vocational roles and driving services.

- **Pharmacy**

A pharmacist counsels patients and carers in the Brain Injury Programme on their medications. A pharmacist attends Consultant ward rounds and Kardex review rounds advising on medications and optimising treatment. All patients are

provided with medications for their weekend leave as part of their rehabilitation. Quarterly programme-specific medication costs are provided for information.

- **Physiotherapy**

The Physiotherapy team delivers a service across the 56 beds in the Brain Injury Programme and provides consults with NRH Outpatient services, DLOT for visits, and continues to act as a resource to physiotherapists nationally. Physiotherapy provides group sessions in conjunction with Exercise Physiotherapy and the GRASP group targets upper limb practice. Complexity levels and the number of physiotherapists required determines the number of individual sessions. Senior physiotherapy staff were instrumental in the development and delivery of a new Interdisciplinary Team educational opportunity for NRH nursing and HCA staff 'Practical Rehabilitation Skills', supported by a Dr Gregg Bursary Fund award. The Clinical specialists were involved in a research collaboration with two departments in UCD continuing into 2017. A Clinical specialist is the NRH representative for National Reform Programme for Community Funded Schemes.

- **Radiology**

The Radiology service supports Inpatient and Outpatient management following brain injury. In particular, the role of ultrasound guided botulinum toxin injection into salivary glands in conjunction with the Medical teams is increasingly used in appropriate patients with sialorrhoea. DXA surveillance for patients at risk of low bone density and preventative screening of the urinary tract by Ultrasound and X-ray are used to detect occult conditions in the most immobile patients of this group. Review and discussion at monthly Clinical Interdisciplinary Radiology Meetings of pre-admission complex brain injuries is also provided to aid ongoing rehabilitation therapy.

- **Social Work**

The Social work service is offered to all patients attending the Brain Injury Programme and there is a limited social work service available for Outpatient services. The increase in complexity of patients admitted continues to be a challenge. Mary Keaveney and Gail O'Sullivan, both longstanding members of the BIP Social Work team retired in 2016 and will be greatly missed by patients, families and colleagues. Social Workers on the Brain Injury programme have also been involved in Carer Training committee and programmes; the Brain Injury Programme education delivery and committees; the Behavioural Consultancy Forum, and the Disorders of Consciousness Working group. The Social Work staffing levels for the BI programme and for St. Patrick's Ward in particular remain inadequate and have led to a reduction in the amount of counselling and adjustment service the social workers can offer patients and families. The urgent need for an increase in social work staffing on the Brain Injury Programme has been highlighted through the workforce planning process.

- **Speech & Language Therapy**

Speech and Language Therapists (SLTs) deliver services to patients requiring support in relation to communication and swallowing difficulties. Patients within the programme are offered a service that is needs led; it is anticipated that this level of need will vary throughout the duration of their stay. Outcome measures are used by SLTs at the beginning and end of the intervention period with changes in outcomes tracked across the service. SLTs have been involved in many interdisciplinary quality improvement initiatives including planning for the new hospital, review of processes and administrative pathways as well as audit of services. Communication Accessibility as well as safe eating and drinking has continued to be a focus in 2016 with ongoing training for all staff in the NRH provided in an interdisciplinary format.

- **Therapeutic Recreation Service**

The NRH Therapeutic Recreation Service, 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**

A two-year international multi-site study commenced in September 2016 with the support of the NRH Foundation. Dee Gray is the Senior Music Therapy Researcher and Rebecca O'Connor is the Lead Investigator. The emphasis of this project is on the importance of interdisciplinary working and is exploring the valuable role that music therapy can play when it is part of the interdisciplinary assessment process. The impact of working closely with family members in sessions with this patient population is also being explored. The project involves validating the Music Therapy Assessment Tool for Awareness in Disorders of Consciousness (MATADOC) against the best practice external reference standard and further developing the MATADOC for use with minimally responsive paediatric populations. There has been both national and international interest about this project, and the Music Therapists were invited to submit a chapter to a book titled 'Music and Consciousness' Conference, to be published by Oxford University, UK in 2017.



SECTION 2

NRH REHABILITATION PROGRAMMES

SPINAL CORD SYSTEM OF CARE (SCSC) PROGRAMME REPORT





Dr Éimear Smith
Medical Director
SCSC Programme



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Programme Manager

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 50 athletes taking part in a combination of competitive and exhibition events.

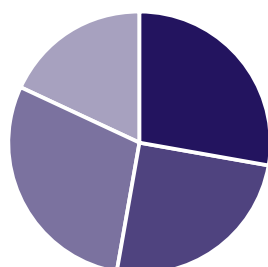


Demographics, Activity and Outcomes for Inpatient Services – 2016

DEMOGRAPHICS & ACTIVITY

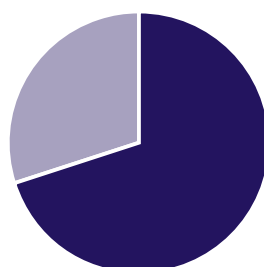
In total 152 persons were discharged in 2016 from the SCSC Programme. Of these patients, 125 were admitted for the first time to the SCSC Programme at NRH and 60 patients (48%) had sustained a new traumatic spinal cord injury (SCI).

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



HSE Dublin	
Mid Leinster	28%
HSE Dublin	
North East	25%
HSE South	29%
HSE West	18%

GENDER OF INPATIENTS DISCHARGED BY THE SCSC PROGRAMME



Male	70%
Female	30%

AGE PROFILE OF INPATIENTS DISCHARGED BY THE SCSC PROGRAMME

Average age	52 years
Lower age range	16 years
Higher age range	87 years

Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE PROGRAMME

Indicator	Target Set – 2016	Outcome – 2016	Note / Trend
Average Days Waiting for Admission (from referral)	Target: Admission of Patients within 60 days	The average days waiting for admission was 72 days	70% 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 80 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 8% of bed days to delayed discharges	This outcome was just within target with 923 (8.2%) of bed days lost to Delayed Discharges in 2016	'Delayed Discharges' is the term used when patients have completed their rehabilitation programme and are medically fit for discharge but are awaiting access to onward care. Quarter 4 of 2016 saw a sharp rise to 11.8% of bed days lost to delayed discharge numbers.
Discharge to Home Rate	Target: To discharge at least 75% of patients to home	78% of patients were discharged home	The trend in the number of patients discharged back to the acute referring hospital remained high in 2016 with 10% of patients returning to the acute hospital.

SCSC Programme Highlights in 2016

- 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) including the Vocational Programme and the newly launched weekly Peer Support Programme.
- In January 2016 the SCSC Programme hosted a visit from the UK Back Up Trust with patients and staff benefitting from a peer led wheelchair skills training.
- In April the SCSC Programme completed a successful outreach event for healthcare professionals in Our Lady of Lourdes Hospital Drogheda.
- 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 the UK.
- In May the Sixth Annual Reunion for Women with Spinal Cord Injury took place.
- The Seventh Annual Information Day was held in September 2016 with the theme being 'A Focus on Families.'
- Another September event was the Fourth Annual NRH Spinal Sports Championship which was a great success. The day was enjoyed by patients and former patients who took part and who were cheered on by family and friends. This event was held in collaboration with the Irish Wheelchair Association, Dun Laoghaire Rathdown Sports Partnership and Spinal Injuries Ireland.
- In November the team completed a review process with the aim of fostering greater collaboration in team working.
- With the help of the UK Charity ASPIRE, the SCSC Programme employed a former patient as an Education Administrator for three hours per week. This post has allowed us to carry out a peer led review of the SCSC Education Programme and to contribute to the development of a new initiative entitled 'Mind the Gap' for 2017.
- The SCSC Programme continues to be involved in research, in collaboration with UCD, on pain management. The pilot Pain Management Programme delivered in 2014 is currently being developed into an online pain resource for use by Inpatients and outpatients.
- During the year the SCSC Programme contributed to the Interdisciplinary Grand Round Programme with a presentation on the results of a Pain Self-Management pilot project.
- In 2016 the programme staff continued to contribute to the work of the NRH Health Planning Team regarding the physical environment of the new hospital.
- In 2016 the SCSC Programme continued to work towards the creating the conditions whereby fully ventilator dependent spinal cord injured patients could be admitted for rehabilitation.
- Team development and education in a variety of formats continued in 2016. An interdisciplinary education programme including guest speakers and informal discussion of a wide range of topics presented by team members took place on a monthly basis.



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.

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 2016.

As in past years, significant fundraising was undertaken by individuals and groups in 2016 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. A significant acquisition through proceeds of fundraising was the purchase of eight sports wheelchairs in 2016.

Medical Director's Report

Dr Eimear Smith is the Medical Director for the Spinal Cord System of Care (SCSC) Programme.

Some of the challenges faced by the SCSC programme during 2016 were:

1. An apparent increase in the number of patients with non-traumatic spinal cord injury in Ireland, who are being referred to the programme. During 2016, a research assistant, Maeve McEnery funded by the HRB commenced in post in the programme examining the epidemiology of traumatic and non-traumatic spinal cord injury. Hopefully, when the results of the latter are available we will be clearer on the extent of this challenge and how we might formulate a plan to deal with it in the future.
2. The dependency of patients who are being admitted to the SCSC programme has heightened, for example, the age profile has increased, more patients have multiple medical problems, and family structures have changed causing more social difficulties. All of this impacts on how patients progress through rehabilitation and on their discharge planning. It also has implications for staffing on the wards and in therapies.

Several members of the SCSC team represented the NRH to an exceptional standard internationally during 2016. There were platform and poster presentations at the International SCI nurses conference, the Guttmann, ISCoS (International Spinal Cord Society), ASIA (American Spinal Injuries Association) and MASCIIP (Multi-Disciplinary Association of Spinal Cord Injury Professionals), meetings.

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. In 2016 we welcomed Dr Harvey Mallory as Locum Consultant.

- **Clinical Neuropsychology**

Psychology input to the SCSC programme is an Inpatient service, although Outpatient follow up can be arranged at the request of the patient and medical team. The current service is provided by one WTE psychologist. Intervention takes place at individual, group and team level to ensure that the psychological needs of patients are addressed during admission. Team work includes supporting patients and staff to deal effectively with behaviour that challenges. Dr. Maeve Nolan chairs the SCSC Education Committee which seeks to continuously improve the education and information offered to patients during rehabilitation. Developments in 2016 included the publication of her doctoral thesis on men with spinal cord injury. In addition to ongoing clinical activities, psychology input to the SCSC Programme in 2016 included: Chairing the sub-committee which organised the 7th Annual Information Day 'Focus on Families' and the 6th Annual Reunion for Women with SCI; contributing to the MASCIP ((Multidisciplinary Association of Spinal Cord Injury Professionals) 1st Shared Practice Event on patient education within spinal centres in the UK and Ireland; collaborating with the multidisciplinary team on the development of a CBT online pain management programme for spinal patients with Dearbhla Burke, School of Public Health Physiotherapy and Sports Science, UCD; and providing supervision and support to an SCSC Education Administrator in a new part time position funded on a pilot basis by ASPIRE, A UK spinal injury charity.

- **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 by Senior Dietitian Lorna O'Connor. 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, focusing on the role of diet in health, is provided as part of the SCSC education programme. Refresher training in the Spinal Injury Nutrition Screening Tool was provided to ward staff in 2016.

Lorna O'Connor developed and piloted nutrition education resources for patients. Due to limited resources, currently no Outpatient 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.

- **Occupational Therapy**

Occupational therapy work with patients in the SCSC programme concerns functional assessment and intervention. Patients are treated individually and in groups. The aim of OT is to increase an individual's independence levels in their activities of daily living (ADLs) post injury by improving physical abilities where possible and, or teaching compensatory strategies, often with use of adaptive equipment. Patients are taught to complete tasks independently or to direct carers in completion of same in accordance with their needs and preferences. OT treatment in the SCSC programme includes: Personal ADLs (feeding, washing, dressing, grooming and toileting); Domestic ADLs (meal preparation, laundry, cleaning, shopping); Upper Limb Function; Cognition: Patients who report difficulties or are over 65 years are screened for any cognitive changes impacting on their daily functional abilities; Functional Transfers (bed, wheelchair, toilet, shower chair and car, with or without aids); Community Mobility and Participation (Community outings, education regarding appropriate transport, driving advice and lessons); Discharge planning; Leisure; Vocational Assessment; Electronic Assistive Technology and Seating.



- **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 2016, a pharmacist participated in the Pain Programme. All patients are provided with medications for their weekend leave as part of their rehabilitation.

- **Physiotherapy**

The physiotherapy service plays a key role, as part of the interdisciplinary team, in promoting health, function and independence following spinal cord injury. Interventions provided include individual sessions, group sessions (promoting peer learning and interaction) and supervised self-management sessions in varied settings such as the gym, the pool and on the wards. In 2016, the physiotherapy service took a lead in organising the Annual SCI Information Day with the theme of 'Focussing on Families'. Physiotherapy posters and platform presentations were provided at international conferences including MASCIP and ISCOS. New patient initiatives include: Supervised self-management session for patients and family to practice functional tasks independently in a supervised setting; weekly group sessions to foster peer learning; functional electrical stimulation bicycle service; commencing a joint review of weight management and healthy living with the dietetic service.

- **Radiology**

Key amongst the Radiology services provided are regular Inpatient and outpatient imaging of the renal tract using ultrasound and x-ray to detect stones and other complications in order to prevent the morbidity and mortality associated with occult urinary tract disease, including sepsis. For newly admitted high dependency cervical SCI patients, the assessment of diaphragmatic function by ultrasound and the radiographic evaluation of spinal instrumentation are essential tools. An on-call 24 hour x-ray service for acute chest conditions and following falls is also provided. Later in the rehabilitation process, DXA evaluation of baseline bone density is a useful adjunct. In 2017, the needs of this group is a priority in the procurement of a new low height, ergonomically designed Digital Radiography table for self-transfer and avoidance of manual handling risks. This will be a state-of-the-art X-ray unit, unique to the NRH and the first of its kind in UK or Ireland.

- **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 MASCIP conference and at the European Spinal Psychologists Association 'Fostering Coping and Psychosocial Adjustment following Spinal Cord Injury'. There was a notable increase in more complex spinal injury cases in 2016 necessitating more intense negotiations in relation to discharge planning.

- **Speech & Language Therapy**

The Spinal Cord System of Care programme continues to have a 0.4 WTE Speech and Language Therapy allocation. The SLT service offers both communication and swallowing intervention to patients from the SCSC programme. There continues to be an upward trend in the number of referrals to SLT from the programme. In 2015, 490 attendances were recorded which increased to 540 in 2016. 14 patients from SCSC had a FEES (Flexible Endoscopic Evaluation of Swallow) procedure, which represents 50% of all FEES procedures carried out in 2016.

- **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.



On a daily basis, staff on St. Joseph's and St. Margaret's wards assist our patients to regain autonomy in directing their own care.



SECTION 2

NRH REHABILITATION PROGRAMMES

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





Dr Nicola Ryall
Medical Director

Dr Jacqui Stow
Consultant in
Rehabilitation Medicine

Emilie Fritte
Programme Manager

The Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) programme continued to provide prosthetic rehabilitation for people with both amputation and congenital limb absence throughout 2016.

The Prosthetic, Orthotic and Limb absence Rehabilitation (POLAR) programme provided prosthetic rehabilitation for people with both amputation and congenital limb absence throughout 2016. Dr Jacqui Stow provides consultant cover for both Inpatients and Day-patients while Dr Ryall provides specialist Upper Limb and Complex Cases Clinics.

The Inpatient programme had 69 discharges in 2016 for a 10 bedded ward.

The feedback received from patients throughout 2016 has been hugely positive, praising the incredible dedication and expertise of our POLAR staff.

Programme Developments in 2016

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 a better understanding of the POLAR programme, provide education and information about the programme and collaborate in a more effective way for the benefit of patients. More meetings are planned for 2017.

In collaboration with the paediatric programme, a POLAR-PAEDS day was held in November to provide information to parents and offer children with limb absence a day full of activities, sport and fun.

The Productive ward initiative ensures multidisciplinary efforts to maintain effectiveness and a high standard of patient care. We have introduced the Nursing Procedure Module which is still ongoing.

OEDEMA MANAGEMENT PROJECT

A survey to investigate oedema management in amputee patients has been conducted among the acute hospitals by the POLAR Physiotherapy Team and Consultant in Rehabilitation Medicine. It is aimed at increasing the awareness of the optimal management of Oedema in residuum postoperatively in acute hospitals.

OUTREACH

The POLAR programme continues to lead on the community and outreach links with our satellite clinics which had over 1050 attendances throughout the country in 2016. The Galway weekly clinic is now well established with strong links with the HSE orthotist and local physiotherapist; the Carrick on Shannon clinic is every second week is well established with links in physiotherapy; the Letterkenny 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 started a proposal with the vascular surgeon in Waterford Regional Hospital to improve the delivery of services in this area.

**RESEARCH**

Dr Jacqui Stow is the principal investigator of the research: 'The lived experience of women with lower limb amputations and their experience of body image, sexual functioning and well-being'.

EDUCATION

A grand-round for the hospital staff was provided by the POLAR team on the topic of the impact of legislation on decision making process on the patients with concern of cognitive capacity.

The Senior Physiotherapist contributed to the teaching in a study day for amputee rehabilitation in the NRH, organised for the physiotherapists in collaboration with a clinical specialist from the UK and the Irish Society of Chartered Physiotherapists.

As part of the POLAR rehabilitation programme, all patients receive ongoing education and support from all members of the team.

STRATEGIC PARTNERSHIP

2016 was a busy and productive year for Ability Matters, which saw them strengthen links to their sister companies' pool of expertise and knowledge.

In prosthetics, the company linked in with a clinical cad cam development group based in the UK. The purpose of this was to maximise the utilisation of the technology along with 3D scanning to improve socket design and patient comfort. Further links were attained by participating in quarterly clinical governance meetings attended by the clinical lead from each of the company's centres. In turn, this has led to dissemination of pertinent information and governance points from the largest prosthetics provider in the UK. It was also a facilitating factor in building on improved NRH links to the regional HSE areas, by changing and improving communication tools on individual patient needs in order to attain funding.

In Orthotics, Brian Killen was appointed as the Orthotic Manager for the company. All clinical staff plus consultants from the NRH and MUH attended the group's annual scientific meeting in Coventry, where a range of educational papers were presented on prosthetic and orthotic topics from clinicians throughout the group.

Ambassador appointment for the Douglas Bader Foundation

One of the principles underpinning the NRH strategic plan is to engage collaboratively with stakeholders of the hospital. We were proud to announce in 2016 that one of our Board Members, Paul McNeive was appointed as Ambassador for the Douglas Bader Foundation (DBF), London. The DBF charitable foundation exists to advance and promote the physical, mental and spiritual welfare of children and adults who are born without or have lost one or more limbs, or have other similar disabilities. In collaboration with Paul, the NRH Team looks forward to working closely with the DBF to explore ideas and initiatives that will benefit as many people as possible with limb loss, whether congenital or acquired.

Demographics, Activity and Outcomes for Inpatient Services – 2016

Patients discharged from Inpatient services: The Inpatient programme served 69 patients with limb absence in 2016 from throughout Ireland. This encompasses pre-prosthetic rehabilitation, assessments, and readmissions for gait training.

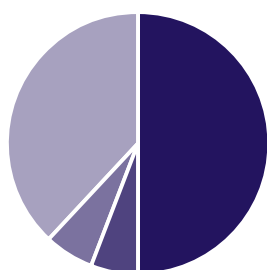
Out of the 69 discharges, 50 completed a full Inpatient rehabilitation programme of prosthetic rehabilitation.

DEMOGRAPHICS & ACTIVITY

Types of Amputation (relating to Inpatient services)	Numbers	%
Above knee	23	46%
Below knee	23	46%
Bilateral below knee	1	2%
Upper limb	1	2%
Bilateral Above knee	2	4%
Total	50	100%

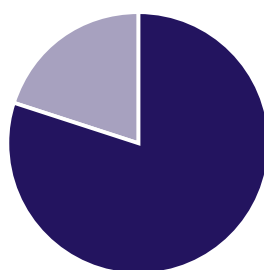
The following graphs show, for Inpatients to the service in 2016, the breakdown of pre-hospital HSE areas of residence, gender, and average age profile.

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



HSE Dublin Mid Leinster	50%
HSE Dublin North East	6%
HSE South	6%
HSE West	38%

GENDER OF INPATIENTS DISCHARGED BY THE POLAR PROGRAMME



Male	80%
Female	20%

AGE PROFILE OF INPATIENTS DISCHARGED BY THE POLAR PROGRAMME

Average age	66 years
Lower age range	34 years
Higher age range	91 years



Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE INPATIENT PROGRAMME

Indicator	Target Set – 2016	Outcome – 2016	Note / Trend
Discharge to Home Rate	75% of Inpatients would be discharged to home	88%	
Average Days Waiting for Admission	Less than 90 days	51 days	
Delayed Discharges	Less than 1% of bed days lost to delayed discharges	0.9 %	

Demographics, Activity and Outcomes for Day-patient services – 2016

The Day-Patient Programme encompasses assessments, pre-prosthetic rehabilitation, readmission and prosthetic rehabilitation. The Day Programme has a significantly lower number of days waiting for admission compared with the Inpatient Service.

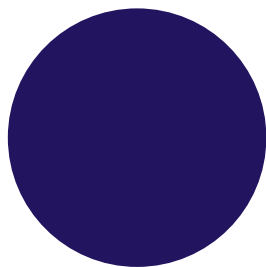
In 2016, the Day-Patient programme served 38 local patients residing within commuting distance from the hospital and who were able to provide own transport. Some patients came daily from acute hospital, or long term residential care services as these provided transport. Of the 38 patients who attended the Day programme, 28 completed the full prosthetic rehabilitation programme.

DEMOGRAPHICS & ACTIVITY

Types of Amputation (relating to Day-patient services)	Numbers	%
Above knee	10	36
Below knee	15	54
Bilateral below knee	2	7
Bilateral Above knee	1	3
Total	28	100%

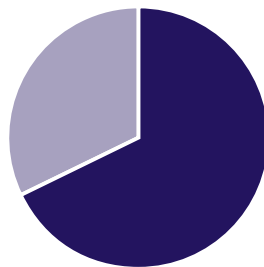
The following graphs show, for Day-patients to the service in 2016, the breakdown of pre-hospital HSE areas of residence, gender, and average age profile.

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



HSE Dublin Mid Leinster	100%
HSE Dublin North East	0%
HSE South	0%
HSE West	0%

GENDER OF DAY-PATIENTS DISCHARGED BY THE POLAR PROGRAMME



Male	68%
Female	32%

AGE PROFILE OF DAY-PATIENTS DISCHARGED BY THE POLAR PROGRAMME

Average age	61 years
Lower age range	42 years
Higher age range	84 years

Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE DAY-PATIENT PROGRAMME

Indicator	Target Set – 2016	Outcome – 2016	Note / Trend
Discharge to Home Rate	75% of Inpatients would be discharged to home	66%	
Average Days Waiting for Admission	Less than 90 days	33 days	Availability of transport is an issue for a large number of patients
Average Rehabilitation Length of Stay (LOS)	Less than 70 days	58 days	

PRODUCTION BY LIMB TYPE IN 2016

Limb Type	Number
Partial foot limbs	3
Partial foot sockets	1
Below Knee limbs	93
Below Knee socket	75
Through knee limbs	9
Through knee sockets	9
Above knee limbs	53

Limb Type	Number
Above knee sockets	49
Partial hand prosthesis	5
Below elbow limbs	20
Below elbow sockets	4
Above elbow limbs	2
Above elbow sockets	1
Total	324



Orthotics Service

ORTHOSES PROVIDED IN 2016

The orthotics service operates across all of the specialist rehabilitation programmes. Clinics operate daily serving both Inpatients and Outpatients.

Orthoses that are provided through these clinics include therapeutic footwear to reduce the risk of pressure related complications for people who have diabetes, and bespoke braces to help address problems of weakness and altered movement of the lower limbs.

	Footwear	Partial Foot	Ankle-Foot Orthoses	Knee-Ankle-Foot Orthoses
Inpatient Programme				
POLAR				
PAEDS			8	
Brain Injury Programme			58	1
Spinal Cord System of Care Programme			10	2
Outpatient Programme				
POLAR	30	4		
PAEDS				
Brain Injury Programme	7		50	3
Spinal Cord System of Care Programme	3		28	8
Total	40	4	154	14

ACTIVITY DATA FOR 2016

Reason for Appointment	Did Not Attend	Patients Attended
3 Month Review	0	14
6 Month Review	1	19
6 Week Review		24
Annual Review		5
Assessment	2	192
Casting	3	109
Fitting		78
Fitting\Delivery	6	222
Meeting		12
Phone Call		40
Repair		8
Review	27	367
Total	39	1090

Programme Manager

Emilie Fritte is the Manager of the Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programme.

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**
A psychology service to the prosthetic and lower limb absence programme (POLAR) is available to those attending as Inpatient, Day patients or Outpatients. Referrals are discussed with the patient, the team and consultants, based on psychological need. Psychological needs currently prioritised include, Neuropsychological Assessment to help clarify issues that may have an impact on rehabilitation; Psychological interventions for complex needs; Body image difficulties impacting on daily functional abilities; Psychological factors present pre-morbidly that led to amputation or that impact strongly on rehabilitation gains. In December 2016, Richard Lombard-Vance was awarded his PhD for his research with participants from the POLAR programme. His research, 'Neuropsychological Functioning and Prosthetic and Psychosocial Rehabilitation Outcomes in People with Lower Limb Amputations', supervised by Dr Fiadhnaí O'Keeffe in conjunction with Dublin City University, explored cognitive abilities in a large group of POLAR patients and the impact on their rehabilitative outcome.



- **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 Outpatient services, by 0.4 WTE Senior Dietitian. The goal of nutritional therapy is to support patients in making behavioural and lifestyle changes to improve their health and for secondary prevention. This is achieved on a one to one basis. Staff education included 'Update on Renal Diets'.

- **Occupational Therapy**

The Occupational therapy service to the POLAR programme covers the Inpatient, Day-patients, Outpatient Lower Limb amputation assessment clinic and the specialist Upper Limb Absence service. OT staff continued to work in a flexible way with this service to trial therapy provision alternatives such as therapy within a patient's own home where clinically indicated and geographically viable. OT actively participated in the implementation of the 'Productive Ward' system on McAuley ward. Contributions were also made in relation to the development of hygiene protocols for prosthetic limb care in line with hospital standards. OT also contributed to the finalisation of the upper limb scope of service and the development of an Interdisciplinary Team treatment process map for upper limb absence patients.

- **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. All patients are provided with medications for their weekend leave as part of their rehabilitation. Quarterly programme specific medication costs are provided for information.

- **Physiotherapy**

The POLAR physiotherapy service includes rehabilitation service for Inpatients and Day-patients, functional balance class, outpatient assessment clinic, and consultant led Interdisciplinary (IDT) assessment clinic. Physiotherapists were actively engaged in the life style change of clients through day to day interaction during the therapy sessions and being part of the POLAR education programme. There were initiatives of extra staffing provided to operate an IDT review clinic of established patients and physiotherapy treatment clinic for outpatients. Some outreach service was provided to maximise the benefits and safety of using the artificial limb by clients in a home environment. The issues of privacy in the treatment area was raised in the patient satisfaction survey during the year. Appropriate action will be taken as part of the quality improvement plan within the Physiotherapy Department.

- **Prosthetic and Orthotic Service**

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

- **Radiology**

Specific to the POLAR Programme, Radiology provides X-ray and Ultrasound imaging of soft tissues of the residuum following amputation to assess for acute and chronic complications causing stump pain and other limb-fitting issues. Aspiration of fluid collections and haematomas can also be performed under ultrasound guidance in specific circumstances. Estimation of fracture risk is guided by DXA evaluation of bone density, which is often decreased on the side of lower limb amputation.

- **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. A welcome development in the social work service to POLAR has been an additional temporary half time post. This post commenced in October 2016 and has allowed for a more in-depth service to patients. We plan to develop the peer support service further in 2017 and to have a closer link between the POLAR and Paediatric Programmes for children and their families by having a shared social work post between the two services. Issues in relation to patient transport and the practical and financial resources to attend the Day Programme remain a major challenge for the social work service.

- **Speech and Language Therapy**

The Speech and Language Therapy Department continues to provide audiology, dysphagia and voice consults to patients from the POLAR programme as required.



Patients are at the centre of the Interdisciplinary Rehabilitation Teams at the NRH.



SECTION 2

NRH REHABILITATION PROGRAMMES

PAEDIATRIC FAMILY-CENTRED (PAEDS) REHABILITATION PROGRAMME REPORT





Dr Susan Finn
Consultant Paediatrician

Ghyslaine Brophy
Programme Manager

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

The PAEDS Programme has 6 Inpatient beds and 2 day places. It operates as a 5 day service. 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 a complex specialised interdisciplinary rehabilitation intervention. The Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP) is accredited by The Commission for Accreditation of Rehabilitation Facilities (CARF) and meets international best practice standards. Although it is modest in size, the challenges of the Programme for the experienced Paediatric Team are broad and exacting. Forty-five years since its inception, the PAEDS Programme has had little change in staffing levels to fully meet the growing demand for its service.

The Programme accepts referrals on patients with the following diagnoses:

- 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 received from across Ireland: major referring hospitals are Children's University Hospital - Temple Street, Our Lady's Children's Hospital - Crumlin, The National Children's Hospital - Tallaght, Beaumont and Cork University Hospital neurosurgical units. Emergency departments can generate referrals in the 14 – 18 year age group presenting with concussion, with cognitive or behavioural sequelae. Referrals are also accepted directly from general practitioners (GP).

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 diversity, values and preferences, 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 NRH PAEDS Programme has three main aims:

- To improve the quality of care delivered to children within the scope of service.
- To improve access to specialist services.
- To improve cost-effectiveness.

The Objectives of the PAEDS Programme are:

- To achieve the maximum rehabilitation potential of each child or young person – physically, emotionally and cognitively.
- To involve the children and young people and their families or carers in the rehabilitation process.
- To support the reintegration of the child or young person into their home, school and 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 injury or illness.
- 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.

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 a one-day interdisciplinary team screening assessment, to establish whether these needs can be met by the services available at NRH.

Comprehensive assessments are usually carried out over the first two weeks of 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, where further assessment and advice may be needed. Excellent communication with community health, educational and social care services is an essential element of the continuum of care for our patients.

Programme Developments and Initiatives in 2016

2016 was an innovative year for the PAEDS Programme. The team members have been actively involved with the **reconfiguration** of the service. The project was initiated in response to key challenges, including new developments within paediatric and rehabilitation services, lengthy waiting lists, inadequate staffing levels and unnecessary hospitalisation of children. The aim was to align the NRH Paediatric service with the models of care developed in collaboration with the HSE National Paediatric Clinical Programme and the Rehabilitation Medicine Programme. This framework formed the basis for a change management project within the current service to reconfigure resources and provide new ways of service delivery. The objectives of quality, access and value were key. The programme has moved to a "children served" approach and broadened the range of service options.

The project is ongoing but has already shown more efficiency in terms of service delivery and greater predictability in the area of service planning. A further outcome is a reduction in unnecessary hospitalisation of children, which is a key aim of the Paediatric Clinical Programme. Increased resources are being directed at integrated care via outreach and education to community services and schools.

A "rehabilitation without walls" approach has led to a more child and family-centred and integrated approach.

In 2016, the Programme was able to retain a temporary uplift of 2.0 WTE posts. This has helped minimize the gaps, however the establishment of a second team is urgently needed to enable the Programme to develop and implement fully the outpatient, outreach and community services needed, and to align with the adult programmes at the NRH in keeping with international clinical guidelines.

A Poster title: **"Rehabilitation without Walls – Reconfiguration of a National Paediatric Service"** was presented at the Forum for National Clinical and Integrated Care, Royal Hospital Kilmainham, in October, 2016.

Furthermore, the PAEDS team organised its first **Paediatric Acquired Brain Injury (ABI) Education Seminar** to facilitate exchange of information and forge stronger links with colleagues in the field. Health Care Professionals across the continuum of care attended, from acute, community and other children services, to teachers, liaison staff and disability managers.

In November, a joint **PAEDS and POLAR Programmes Open Day** was held at the NRH. The objective was to bring together children and young people from throughout Ireland with limb absence, along with their families: parents attended presentations while the children were involved in formative leisure activities to promote greater levels of autonomy, social participation and integration. The NRH staff was supported by the FAI and the Irish Wheelchair Association in providing the very popular sporting activities.

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.

29 children and young people with spinal cord injury received annual specialised reviews through the **Paediatric Spinal Cord Injury Multidisciplinary Clinics**. An additional 11 children and young people with acquired brain injury attended the newly established **Paediatric Non-Consultant Led ABI Clinics**.

The Outcomes information highlights a continuing increase in the referral rates to the Programme in 2016. The majority of referrals received were for children and young people with an acquired brain injury.

The PAEDS programme strives to be children and young people-centred, as well as family-focused in its service delivery. In this respect, it offers talks to parents on **"About the Brain"** and **"Your Child's Journey through Rehabilitation"**.

An Electronic-based treatment scheduling programme was designed and built to improve the efficiency and efficacy of the therapy planning process – a collaborative work between paediatric nursing and the IT Department. This project is due to launch in early 2017.

A chapter called "Music and attuned movement therapy", detailing a specific approach to music therapy and interdisciplinary working, was published in 2016 as part of a book titled 'Collaboration and Assistance in Music Therapy Practice: Roles, Relationships, Challenges' - a valuable opportunity for the interdisciplinary approach in the PAEDS Programme at the NRH to be represented at an international level.

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

Demographics, Activity and Outcomes for Inpatient Services – 2016

DEMOGRAPHICS & ACTIVITY

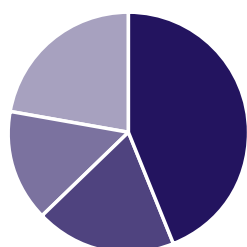
In 2016 the Paediatric Family-Centred Rehabilitation programme served 148 patients as Inpatients or Day-places; 43 were new patients to the programme and 105 had been previously admitted. This high readmission rate is for children and young people to receive a specialist follow-up review that provides continuity and ensures their changing needs are adequately met.

Type of Rehabilitation Admission / Activity	Description	Number in 2016
PAED 1 Full Rehab Programme (FP)	Children and young people discharged from Inpatient assessment and a period of intensive rehabilitation (covered by the CARF CIIRP standards)	34
PAED 2 Assessment Programme (AP)	Initial assessment only	25
PAED 3	Interdisciplinary review	10
PAED 4 (NAP)	Neuropsychological assessment	15
PAED 5	Prosthetic limb introduction / training	03
PAED 6	Interdisciplinary review via groups as part of "Summer Review Project"	0
PAED 7	Spinal Injury Multidisciplinary clinics, ABI clinics, Paeds/Polar Open Day review, OPD therapy intervention	61
Total		148



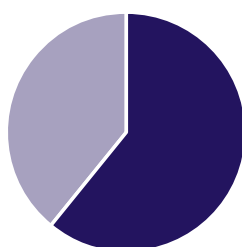
The following graphs show, for all patients to the service in 2016, the breakdown of pre-hospital HSE areas of residence, gender, and average age profile.

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



HSE Dublin Mid Leinster	44% (65)
HSE Dublin North East	19% (28)
HSE South	15% (23)
HSE West	22% (32)

GENDER OF INPATIENTS DISCHARGED BY THE PAEDS PROGRAMME



Male	61% (91)
Female	39% (57)

AGE PROFILE OF INPATIENTS DISCHARGED BY THE PAEDS PROGRAMME

Average age	12 years
Lower age range	4 years
Higher age range	17 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 2016 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 2016, the indicators and outcome targets shown were chosen to demonstrate the effectiveness of the service provided to patients of the PAED 1 /CIIRP (Comprehensive Integrated Inpatient Rehabilitation Programme).

Indicator	Target Set – 2016	Outcome – 2016	Note / Trend
Discharge to Home Rate	75% of PAED 1 / CIIRP patients would be discharged to home	100%	All the patients were discharged home
Average Days Waiting for Admission	80% of PAED 1 / CIIRP Patients would be admitted within 90 days.	56% were admitted within 90 days, the average time being 90 days	The waiting time for admission has increased gradually over the years as the waiting list numbers continue to remain high
Average Rehabilitation Length of Stay	Length of stay would be less than 90 days	Average LOS was 42 days	The lowest stay was 15 days and the highest was 81 days
Completion rate of Outcome Measure	95% completion of both the admission and discharge Paediatric Barthel Measure	94% completion of the admission PAED 1s Barthel	No discharge Barthel completed on 3 disrupted admissions
Delayed Discharge	Less than 1% of bed days available to the Programme would be lost to delayed discharges	0% lost	No bed day was lost to delayed discharge in 2016

Of the 34 CIIRP patients seen by the PAEDS Programme in 2016, 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
8			0	21	0		4	0	1	34

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 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, young people and their families and carers. We welcomed two new staff nurses to the Paediatric Programme in March 2016. We continue to seek Paediatric Nurses with an interest in rehabilitation to join our dynamic team at the NRH.



- **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. An important development in 2016 was the Waiting List Initiative, which was run as an initial 6-month pilot. The primary focus of this initiative, in addition to increasing access to psychological support for Inpatient children and their families, was to provide additional psychological services on an outpatient basis, thereby reducing unnecessary Inpatient admissions. As a result of the initial identified benefits to children and parents arising from this initiative, a 0.5 Staff Grade Psychology post was created and Dr Claire Keogh, who had previously carried out her D.Clin Psychology research at NRH was appointed. Neuropsychology and Music Therapy are currently working on developing a standardised assessment tool for international use.

- **Liaison Service**

The Specialist Liaison Nurse Service for the PAEDS Programme assists paediatric patients and their families transitioning from acute settings to the NRH and on to their community. Effective liaison with Our Lady's Children's Hospital Crumlin, Temple Street Children's University Hospital, Beaumont Hospital and other referring hospitals continues to develop and includes: attending discharge MDT meetings with the referring hospital teams, advising children and young people and their parents by phone, hospital, home visits – the purpose of which is to ensure that all information and reports are available before the patient 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 family. Following reconfiguration of the Programme, the liaison service is well placed in ensuring the most appropriate pathway for patients referred to the service. With the development of the Non-Consultant Led ABI Clinics, the liaison service plays an active role in gathering relevant information for the attendees, sourced from home, school and community services and during the review.

- **Music Therapy**

Music Therapy is an evidence-based profession using psychoanalytic theories to inform the therapy process by observing how the children and young people use the environment, the therapist and the music. The greater part of the music therapy intervention on the PAEDS Programme involves conjoint sessions with members of the Interdisciplinary Team (IDT).

- **Nutrition and Dietetics**

A broad range of nutritional issues can arise including enteral feeding, weight management, high fibre diets, failure to thrive and food allergies. More complex cases such as Ketogenic diets are also being referred. These cases require a high level of dietetic skill and input and thus the current allocation of 3.5 hours per week to the Paediatric Programme is inadequate for the dietitian to play a key role in the paediatric interdisciplinary team.

- **Occupational Therapy (OT)**

Occupational Therapists are members of the interdisciplinary team providing a service to children and young people admitted to the PAEDS Programme. The role of the OT within the paediatric programme is broad and spans aspects of physical, sensory, cognitive and behavioural assessment and rehabilitation; including specialist areas such as limb absence and prosthetic rehabilitation; patient and family education; support to schools and teachers. Service is delivered in a number of ways including individual and group interventions, interdisciplinary interventions, outreach, education days, and clinics. The occupational therapist uses play and other age-appropriate activities to enhance mastery and independence following injury and illness.

- **Pharmacy**

The Pharmacy department provides information on advice on dosing and sourcing medications. All patients are provided with medications for their weekend leave as part of their rehabilitation. Quarterly programme specific medication costs are provided for information.

- **Physiotherapy**

The Paediatric Physiotherapy service provides specialised Inpatient rehabilitation, pre-admission and follow-up outreach service to children with acquired brain injury, spinal cord injury and limb absence. The physiotherapy service continues to work closely with the multidisciplinary team and adjunctive therapies to strive for a holistic, family-centred Inpatient rehabilitation service. The Physiotherapists reconfigured their work for newly allocated time slots for outreach and outpatient work on two half-days per week. Despite the staffing increase, the paediatric physiotherapy service continues to work over capacity as per the 2015 BSRM guidelines and struggles to meet the wider needs of children with acquired neurological deficits in Ireland at present. In 2016, a Standard Operating Procedure (SOP) was created which outlined the appropriate pathway of children and young people attending and participating in the aquatic physiotherapy service.

- **Prosthetics and Orthotics**

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

- **Radiology**

X-rays are strictly controlled in the paediatric age group due to radiation concerns, with Ultrasound (US) being the preferred imaging modality in children, where appropriate. The bone densitometry (DXA) service has recently acquired new paediatric software (3-19 yrs) and uses low dose techniques to monitor bone density in at-risk children. X-rays are occasionally used in the assessment of scoliosis, but overall US remains the mainstay of imaging in the paediatric service.

- **Social Work**

The Social work service is offered to all patients and families attending the PAEDS Programme, including outpatient and outreach services. The Paediatric 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 under the Children First Policy. It remains increasingly difficult to meet the demands on the Paediatric Social Work service and an application for increased staffing has been made through the Workforce Planning process. Anne O'Loughlin was seconded part-time from August to December 2016 to assist with the reconfiguration of the Paediatric service and Sheila MacGowan provided back-fill during this time. A Poster on the reconfiguration project was presented at the HSE Integrated Care Conference in 2016.

- **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 2016, 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. During the year, the Paediatric SLT Service continued to make valuable contributions to the ongoing Paediatric Programme Service Development.

📌 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. 📌



SECTION 3 CLINICAL SERVICES PROVIDED ACROSS ALL PROGRAMMES



Eilish Macklin
Director of Nursing
(to June 2016)



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



Frances Campbell
Director of Nursing
(from June 2016)



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



Fiona Maye
Deputising for Lisa Held in 2016



Alison McCann
Deputising for Lisa Held in 2016



Cathy Quinn
Deputising for Rosie Kelly in 2016

DEPARTMENT OF NURSING

EILISH MACKLIN
DIRECTOR OF NURSING (TO JUNE 2016)

FRANCES CAMPBELL
DIRECTOR OF NURSING (FROM JUNE 2016)

I am privileged to present the Department of Nursing report for 2016 on behalf of my predecessor Eilish Macklin and share all of the achievements during this year. I thank Eilish for her welcome, support and guidance in my first weeks as Director of Nursing in NRH as she gently handed over the reins. I wish her a long, healthy and happy retirement.

I take this opportunity to thank Valerie O Shea, and Fiona Marsh Assistant Directors of Nursing for their continued support and patience over the last ten months. Thanks to all the Clinical Nurse Managers, Nurses and Health Care Assistants for their continued dedication to patient care as well as continued involvement on various committees, audits and projects. On behalf of nursing management I wish to acknowledge the dedication and contribution to the service, and wish health and happiness to all staff who have retired and moved to other services in the last year. To those on long term sick leave, we wish them a speedy recovery.

Productive Ward Initiative

FIONA MARSH
ASSISTANT DIRECTOR OF NURSING, PRODUCTIVE WARD LEAD

The 'Productive Series' is a system of programmes designed by the NHS whereby Staff are trained to observe and analyse their own work processes in order to explore where improvements can be made and to build a culture of problem solving approaches. The NRH first embarked on implementing this major initiative called 'The Productive Ward' in 2013.

BENEFITS TO BE GAINED BY PATIENTS, STAFF OR OTHER STAKEHOLDERS

Many organisations, who have implemented Productive programmes, have made significant improvements for their patients. Below is a summary of type of benefits that have been achieved.

- **Releasing time for better care**
By making processes more efficient, The Productive Ward can help staff to release time that can be redirected to patient care. This helps improve the safety, quality and reliability of that care, and patient experience.
- **Co-ordinated care**
The Productive Series encourages a co-ordinated approach to patient care. This delivers more proactive care, with minimum disruption and delays and a better experience for patients.
- **Improving patient experience and involvement**
The Productive Series can help organisations to understand what their patients think of the care they receive. They encourage patients to become more actively involved in understanding and participating in the delivery of their care.

Key Aims of the Productive Ward Programme are to:

- **Improve** patient safety and staff wellbeing.
- **Improve** the reliability of care.

OUR JOURNEY SO FAR

This multidisciplinary Productive Ward project began with our pilot ward on St Patrick's ward; St Brigids ward then joined, followed by McAuley ward. In 2016, Our Lady's ward joined the project. The foundation modules are well established on all these wards and all productive series activities are led within the productive ward steering group, chaired by Fiona Marsh. The NRH aims to roll out the productive series to all wards and departments in the foreseeable future.



Presentations delivered in 2016:

- **Simone Lysaght** (RGN) and **Teresa Whyte** (CNMII) presented at Innovation Conference.
- **Fiona Marsh** (Asst DON):
 - Presented at Annual Productive Ward Meeting, St. James's Hospital.
 - Chairperson of (and setting up of) Leinster Steering Group.
 - Chairperson of (and setting up of) Productive Ward Leinster group – 1st meeting held at the NRH.

Ward Reports

MCAULEY WARD

AGI JOSE – CNMII

McAuley Ward consists of a 10 bedded unit caring for Inpatients from the Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programme. The ward also accommodates seven Day-Patients from the POLAR Programme and accommodates both male and female patients. The Programme has reshaped its service in line with the NRH objective of continuous improvement in efficiency, effectiveness and patient outcomes. The Productive Ward project was introduced to McAuley Ward in 2015 and ensures multidisciplinary efforts to maintain effectiveness and the best possible care and service that we can provide, which involves a lot of hard work and commitment by the POLAR team. In 2016, there was an increase in the complexity of issues from both medical and social perspectives, which in turn increased the demands on the nursing staff.

Professional development continues to be a focus for the staff on McAuley Ward. Educational and Continuous Professional Development undertaken by staff in 2016 included:

- **Agi Jose** (CNMII) and **Reshmi Kozhencherry** (RGN) participated in a focus group meeting for 'Care of the Elderly'.

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:- Drugs and Therapeutics Committee; Smoking Cessation; National Pressure Ulcer Collaborative Steering Group; Falls Prevention Group.

ST. PATRICK'S WARD

PATRICIA O'NEILL - CNMII

LILET ANGELES – ACTING CNM1

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 Ward continues the initiative of 'The Productive Ward - releasing time to care' which is embedded into the ward culture. The ward continues to see improvements, particularly with the handover module where both staff and patients benefit as the time for handover has reduced significantly.

Throughout 2016, The Nursing staff saw distinct, atypical and stressful challenges due to the unique behaviours of a very complex patient. This challenge proved to be beneficial to the team in that staff mutually recognised each other's stress levels and found new ways to support each other and work together – the situation necessitated the closure of a room on the ward for most of the year.

Educational and Continuous Professional Development undertaken by staff in 2016 included:

- **Maryann Romano** (HCA) and **Sajitha Varghese** (RGN) attended a two day course in 'Developing Skills Training for Posture Management in a Rehabilitation setting'.
- **Patricia O'Neill** (CNM II) attended a 'Management of Actual and potential Aggression' (MAPA) two day renewal course for Instructors. Patricia also attended a Stroke Education conference in Cork.
- **Anu George** (RGN) completed MSc Advanced Pain Management with Prescribing Authority.
- **Maya Tom** (RGN) and **Molly Mathai** (RGN) completed BSc in Nursing Management (hons) and Linty Mathew (RGN) has commenced BSc in nursing management.
- **Maya Tom** (RGN) and **Linty Mathew** (RGN) attended a Brain Injury Symposium at Royal Hospital Putney, UK.
- **Simone Lysaght** (RGN) attended a five day MAPA training course for instructors and will commence as a trainer 2017.
- **Rajesh Maydil** (RGN) currently in year 4 BAC (hons) Social Science Studies.
- **Lilet Angeles** (RGN) attended a 4 day 'Infection Prevention and Control' hygiene course in the RCSI.

We welcome new staff member **Lukose George** Health Care Assistant (HCA).

ST. BRIGID'S WARD

TERESA WHYTE – CNMII

CHRISTINA DE LEON CNMI

Nurses continually strive to provide 24/7 essential nursing care to patients, families and carers in management of patients, with brain injury at home and in the community on this 19 bedded brain injury unit.

Productive Ward Project

We are continuing the productive ward project, an innovation that will continue to improve the quality of our care by spending more time with patients.

Modules undertaken for 2016 were:

- Knowing how We Are Doing; Activity / Spaghetti Diagram; The Well Organised Ward; Patient Status at A Glance.

Planned Modules for 2017 are:

- Patient Hand Hygiene Module; Medication Module; Admission and Planned Discharge Module.

It was a challenging year for all staff. The nursing staff, working within time restrictions and staffing level challenges on a day to day basis, continued to successfully provide the following education in 2016:- Productive Ward; Stroke Prevention Programme; Blood Pressure and Blood Sugar Self-Monitoring Education; Malnutrition Universal Screening Tool (MUST); National Early Warning Score (NEWS); and Nursing Documentation Audit.

The first Practical Skill in Rehabilitation course was introduced in December. This is a collaboration with Physiotherapy and Occupational Therapy staff, providing education for Nurses and Healthcare Assistants (HCAs) in the Brain Injury service.

This course is the first in its kind and provides practical skills for posture and position management for complex brain injury patients.

The team have been invited to present this development in education to the Posture and Mobility Network in DCU in January 2017.

Educational and Continuous Professional Development undertaken by staff in 2016 included:

- **Joyce Mathew** (RGN) and **Shibi Kuriakose** (RGN) studying 'Nurse Management Degrees'.
- **Catalina Pohodnicaru** (HCA) studying FETAC level 5.

We welcome our newly appointed staff, **Cyril Lewis** (HCA) and **Clíodhna Gillen** (HCA).



ST. GABRIEL'S WARD

SAJINI LAWRENCE – CNMII

EILEEN LA GRUE – CNMI

St. Gabriel's is a 13 bedded unit providing care for patients with both traumatic and non-traumatic acquired brain injury, stroke and other medical conditions. One single room is allocated to patients with a diagnosis of DOC (Disorder of Consciousness) who are admitted under the SMART (Sensory Modality & Assessment Rehabilitation Technique) Programme. A quiet controlled environment is essential for comprehensive assessment of minimally conscious patients, and placement in a single room facilitates this.

Ongoing education is essential, not only for staff, but also for patients and their families, as they come to terms with life-changing circumstances while in the NRH. Educational and Continuous Professional Development undertaken by staff in 2016 included:

- **Sajini Lawrence** (CNMII) successfully completed MSC Nursing in Advanced Leadership in RCSI.
- **Donna Kerr** (HCA) commenced FETAC Level 5 Healthcare Course.
- **Maeve Doyle** (HCA) is the Falls Prevention Champion and attended the Falls Prevention Conference in 2016. Maeve is also on the Falls Prevention Committee and is a Health and Safety Staff Representative.
- **Florence Reambonanza** (RGN) is a member of the Restraint Committee, and is also a Care Bundle Champion.
- **Netta Abarado** (RGN) is Hand Hygiene Champion.

All staff worked to assist patients with more complex needs to achieve functional independence, while continuing to maintain a high standard of care.

ST. AGNES' WARD

RITA O'CONNOR – CNMII

St. Agnes' Ward is an eight bedded ward accommodating six Inpatient beds and 2 day-patient beds. The Paediatric Family-Centred (PAEDs) Programme provides rehabilitation services to children and young people that require specialist rehabilitation following spinal cord injury, acquired brain injury, neurological disorders, stroke, and limb absence (both acquired and congenital – present at birth).

In 2016 staff attended training and in-house education to ensure compliance with our Accreditation Standards and HIQA requirements. Educational and Continuous Professional Development undertaken by staff included:

- **Rita O'Connor** (CNMII) completed the Post Graduate Course in Spinal Column and Spinal Cord Injury Nursing.
- **Maria Fuller** (RGN) completed her Advanced Diploma in Leadership and Management in RCSI.

The PAEDs Team is currently engaged in an exciting phase for the NRH - the planning of the new hospital. A group of teenagers who have attended the paediatric service have kindly given their time and joined with nursing, social work and the hospital planning team to help design and kit out the Teenage Den which will be a new addition to the paediatric service in the New Hospital. This is a greatly beneficial as their insight and expertise will pave the way for children attending the Paediatric Programme for the future.

We welcomed two new Staff Nurses **Ciara Walsh** and **Maria Fuller** to the Paediatric Programme in 2016.

ST. CAMILLUS' WARD

PAT CONROY – CNMII

ANU KORUTHU – CNM1

St Camillus' Ward is a 16 bedded ward caring for patients with acquired brain injury, with one bed allocated to the care of spinal injury patients' wound care. Our team are dedicated to the promotion and delivery of high standards of interdisciplinary rehabilitation programmes of care.

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 new learning and working as a team on the ward, working with individual patient and their therapists, families and carers, to optimise patient independence and recovery.

We welcome to our team **Anu Mary Koruthu** (CNMI), **Ruth Lee** (RGN), and **Clare Malone** and **Mary Cruise** (HCAs).

Educational and Continuous Professional Development undertaken by staff in 2016 included:

- **Caroline McCann** (HCA) FETAC Level 5 and commencement of Phlebotomy Course.
- **John Payne** (HCA) FETAC Level 5.
- **Ruth Lee** (RGN) Venepuncture Course.
- **Anu Mary Koruthu** (RGN) Diploma in Patient Safety with RCPI.
- **Pat Conroy** (CNMII) Team member in the Antimicrobial Quality Improvement Programme with RCPI.

Staff members from St Camillus' Ward continue to be involved in the following committees:- Catheter Bundle Committee; Peripheral Vascular Cannula Care Bundle; Hygiene and Infection Prevention Control; Restraint Committee; Falls and Early Warning Score Committee; Communications; Drugs and Therapeutics Committee.

ST. MARGARET'S WARD; ST. JOSEPH'S WARD

RITA GIBBONS – CNMII

SIOBHAN CARRIG – CNMI

St Margaret's and St. Joseph's wards collectively comprises 16 beds caring for patients with spinal cord injury and also patients with neurological conditions. In 2016 there was an increase in dependency levels of patients admitted. The nursing team helped to ensure their safe discharge by educating and training family members, Public Health Nurses, Community Staff and Carers prior to discharge. On a daily basis, staff assist our patients to regain their autonomy in directing their own care.

Staff members from the ward continue to participate in the National Quality Improvement Programme for Pressure Ulcer Prevention and we have increased our training and education in relation to this and other clinical areas.

We welcome new team members **Rachel Lee** (RGN), **Julia Ryan** (RGN), **Jyothis Mathew** (HCA), **Sydney Tan** (HCA) and **Siobhan Carrig** (CNM1). We wish **Divya Biju** every success in Our Lady's ward

Educational and Continuous Professional Development undertaken by staff in 2016 included:

- **Anju Thomas** (RGN) completed Certificate in Respiratory care.
- **Lizzy Agustine** (RGN) and **Beena Saju** (RGN) completed a 'Spinal Column and Spinal Injury' course.
- **Michael Whelan** (HCA) has completed FETAC Level 5.

I would like to take this opportunity to thank our dedicated and hardworking staff for their ongoing encouragement and support during 2016. A big thank you to our volunteers, who generously give their time to assist patients at lunchtime.

OUR LADY'S WARD

SAJIMON CHERIAN – CNMII

DIVYA BIJU -CNM1

Our Lady's Ward is a 19 bedded mixed gender ward which caters for patients with spinal injuries and neurological conditions.

Staff focus on the provision of education and training for patients, families, carers and healthcare professionals to ensure optimum outcomes for patients. 2016 saw Our Lady's Ward introduce the 'Productive Ward – releasing time to care' project - with a current focus on the 'Well Organised Ward' module to simplify work processes. Visual tools such as 'Patient Status at a Glance' and 'Knowing How We Are Doing' boards benefit the ward through auditing, monitoring of safety crosses and reducing interruptions as patient information is readily available to the multidisciplinary team. Our lady's Ward has benefitted in 2016 from an increase in isolation rooms and storage improvements made on the ward.

Educational and Continuous Professional Development undertaken by staff in 2016 included:

- **Sinthya Lewis** (RGN) presented at MASCIP conference London. Attended IAVN conference.
- **Stephanie Hegarty** (RGN) presented at Hollister International Conference in Rome.
- **Sajimon Cherian** (CNMII) completed a course on infection control, RCSI and produced a poster on '5 Moments of Hand Hygiene'.



NURSING EDUCATION DEPARTMENT

LIZ CROXON
CLINICAL FACILITATOR

Undergraduate and Post-graduate Nursing Student Placements

UNDERGRADUATE NURSING DEGREE PROGRAMME

The NRH Nursing Education Department continues to accommodate students from UCD with placements, including European students. A total of 60 placements were facilitated in 2016.

POST GRADUATE STUDENTS

The Nursing Education Department facilitated student placements from Tallaght Hospital as part of the Post Graduate Diploma in Orthopaedic Nursing.

POST GRADUATE COURSE IN SPINAL COLUMN AND SPINAL CORD INJURY NURSING

This Post Graduate Clinical Professional Development programme 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. This is the third year the course has been held and three members of NRH Nursing Staff successfully completed the course in 2016.

Certificate in Health Care Support QQI Level 5

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 (HCAs) graduated with a certificate in Health Care Support QQI level 5 in 2016. The nursing education department supports staff through their studies and assessment for the clinical component of the course.

Nursing Courses Delivered in the NRH and Externally

Nurses provide clinical care for individuals and families in a wide range of locations, including, acute, community, residential and extended care settings. The NRH promotes education in the community in order to support our patient population both pre and post discharge. Education and training is a systematic, consistent process for teaching and learning and is essential that both the community and hospital work together to promote best practice for our client population, especially those with neurogenic bladder/bowel.

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

This department facilitated training both within the NRH and externally, to a total of 165 nurses (14 courses) in 2016. This tailored education is an important aspect of care essential to our patient population. An individual course has been designed for Health Care Assistants – 11 HCAs attended in 2016.

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

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

Urology Master Class – Category 1 NMBI – CEUs 6

This practical high-level programme supports the training required in relation to male ureteral and suprapubic catheterisation. This training programme was delivered jointly by the urology and nursing education departments. In total 80 nurses were facilitated.

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

Intravenous (IV) training and assessment for new Staff Nurses continued during 2016.

Pressure Ulcers to Zero – National Quality Improvement Collaborative

The NRH continued to actively participate in the National Quality Improvement 'Pressure Ulcer to Zero' collaborative. Participating teams which included hospital groups and community health organisations, presented their work at the final session in June 2016. The NRH completed and audited the safety cross at ward level. As part of the project a video and poster were produced 'Pressure Ulcers to Zero'. A special thanks to Deirdre who demonstrated how she has avoided acquiring pressures ulcers for over 30 years using the SSKIN 'care bundle'. The overall project results from all 19 healthcare organisations showed a 49% reduction in pressure ulcers over a six months period. Our focus for the future is to implement this project on all wards in the NRH.

New Developments

A need was identified for educational material in a suitable format for the practical aspects of neurogenic bowel management training for both patients and healthcare professionals. With this in mind a short animation training video was developed. The video demonstrates the practical aspects of the procedures involved in neurogenic bowel management. The project will be completed in the 2017. A special thanks to the NRH foundation for supporting this initiative.

LECTURES AND PRESENTATIONS DELIVERED AT CONFERENCES

Details are outlined in the Education and Training Delivered by NRH Staff Members, in Section 4 of the Annual Report.

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 Quality, 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 2016. This involves the undertaking of a process of consultation involving a wide range of key stakeholders with guidelines then being ratified through the Hygiene, Infection Prevention and Control Committee.

Education

Hand hygiene education was facilitated by the Infection Prevention and Control Nurse throughout 2016 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. New Hand Hygiene and MDRO information leaflets were produced in 2016.

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:

- '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 WELLBEING SERVICE

PAULINE SHEILS

CLINICAL NURSE SPECIALIST IN SEXUAL HEALTH AND ILLNESS/DISABILITY

The Sexual Wellbeing Service is led by Clinical Nurse Specialist Pauline Sheils. The CNS is a Registered Nurse Prescriber, which enhances the service, and is also involved in teaching Basic Life Support and provides in-charge cover for the Director of Nursing as required. In addition, the CNS is a member of the following NRH Committees:- Board of Management; Ethics Committee; CPR Committee; Drugs and Therapeutics Committee.

Although this impacts on the time available to the Sexual Wellbeing Service, it has maintained the number of patients attending annually. In 2016, 154 patients attended the service for one or more appointments. As counselling is a major aspect of the service, it often involves repeated appointments over several months.

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 and, or disability on their sexuality, relationship, sexual function and fertility issues.

Fertility issues are a particular problem for our male spinal cord injured patients. 2016 saw the arrival of three new babies to this particular group of patients. The service continues to work with the attending Urologist Mr Rob Flynn and Rotunda IVF.

The Sexual Wellbeing Service is available to Inpatients and Outpatients of the hospital from all four NRH Rehabilitation Programmes. In 2016, the Sexual Wellbeing Steering Group was established. Its function is to oversee governance of the service. The title of the service has been changed; it was formerly the Sexual Health Service. A working group for the Paediatric Programme was also established and a booklet is being developed for parents to highlight potential issues their children may encounter in future years. I would like to take this opportunity to thank all those involved in both these new working groups.

External healthcare agencies continue to recognise the uniqueness of this service and regularly request training, workshops and presentations at their conferences. The NCCP (National Cancer Control and Prevention) invited the CNS to Co-Chair in the writing of their booklet 'What I Need to Know about my Sexual Wellbeing after Pelvic Cancer'; and to speak at their National Conference in Farmleigh House.

Training and Education

Creating awareness of issues around Sexuality and Disability continues to be the driving force to providing education. In 2016, the following education was delivered by Pauline Sheils:

- Workshops in Dublin, Cork, Kilkenny and Limerick for Headway Ireland for partners of people with Acquired Brain Injury.
- Lectured on the Stroke course for doctors for the RCPI.
- Lectured for the Cardiac Nurse Specialist Group in the Mater Hospital.
- Presented to Stroke survivors in St Mary's in the park.
- Presented to allied health professionals in Royal Hospital Donnybrook on Sexuality and Stroke.
- Workshop with women with metastatic breast cancer on Relationships and Sexuality for Marie Keating foundation.
- Keynote speaker for Social Care Conference, Our Lady's Hospice on the 'Permission, Limited Information, Specific Suggestions, Intensive Therapy' (PLISSIT) Model, attended by the HSE.
- Delivered education on Diabetes and Sexuality in St. Vincent's University Hospital.
- Provided in-house education on Sexuality and Disability to NRH NCHDs and the Spinal Course for Nursing Staff run between NRH and 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 adult wards and work is ongoing for the Paediatric Early Warning Score (PEWS). As our patients have specific needs, we will be adapting the national PEWS form to best serve our patients.

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.

These scenarios have now included status epilepticus and will continue on an ongoing basis.

A total of 149 staff have been trained in BLS for healthcare providers. Heart Saver AED is being poorly attended and the aim is to address this in 2017.

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. 20 assessments were completed in 2016.
- **Post Discharge Review** – Each patient discharged from the Spinal Cord System of Care Programme is contacted within 50 days of discharge and a home visit is arranged if needed. 44 home visits and 102 post-discharge telephone reviews were made in 2016.
- **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 2016, 74 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.



One of our main staff recruitment focuses in 2016 was for Nursing Staff, and this will continue in 2017.

UROLOGY SERVICE

MR ROBERT FLYNN – CONSULTANT UROLOGIST

OONAGH CREAM – CNMII

KELLY LENNON – STAFF NURSE

CAROLINE AHERN – STAFF NURSE

Services Provided

The Urology Service strives to deliver patient focused, comprehensive quality care which has been shaped around our commitment to providing best practice and continuous improvement within our department. The service is available to both Inpatients and Outpatients from each of the Rehabilitation Programmes at the NRH. We are now seeing more patients from other Programmes, however, the majority continue to come from the Spinal Cord System of Care.

Urology Clinics

CONSULTANT CLINIC

Mr Flynn attends twice weekly and sees both Inpatients and outpatients, with procedures running in parallel with the clinic. 444 patients were seen in this clinic in 2016.

NURSE-LED CLINIC (NLC)

Most patients attend on an annual or biannual basis for review. The Nurse-Led review includes a Urology assessment, history taking, phlebotomy, urinalysis and imaging. We work very closely with the Radiology Department to provide this service. All three Urology Nurses are Registered Nurse Prescribers of ionising radiation. 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. 782 patients were seen in this clinic in 2016.

URODYNAMICS 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. 154 urodynamic procedures were performed in 2016.

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 where clinical management plans are put in place. In 2016, a total of 48 cystoscopes were performed. We facilitated the Speech and Language Therapy service to perform 63 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. Twelve Supra Pubic catheter insertions were performed in 2016.

Education

Education is provided at each clinic and on an individual basis depending on patient requirements. We also facilitate education with families, carers and healthcare professionals.

Telephone Triage

Telephone communication is vital in providing support and advice to our patients, their families and healthcare professionals. Advice on bladder issues is the most common query. We received over 1100 telephone calls seeking advice in 2016.

New Developments

Caroline Ahern successfully completed the Nurse Prescribing of Ionising Radiation and Medication Prescribing Course in UCD. Staff Nurse **Kelley Lennon** was promoted to CNM1 in Urology in 2016.



CLINICAL NEUROPSYCHOLOGY

DR SIMONE CARTON
HEAD OF CLINICAL NEUROPSYCHOLOGY

Personnel at the Department of Psychology:

Dr Simone Carton	Principal Clinical Neuropsychologist and Head of Department
Dr Sarah Casey	Senior Clinical Neuropsychologist (Locum 2015-2016)
Dr Heather Cronin	Senior Clinical Psychologist
Ms Suvi Dockree	Senior Clinical Neuropsychologist
Dr Claire Keogh	Clinical Psychologist
Dr Maeve Nolan	Senior Clinical Psychologist
Dr Sarah O'Doherty	Senior Clinical Paediatric Neuropsychologist
Dr Fiadhnaith O'Keeffe	Senior Clinical Neuropsychologist (on leave 2016)
Ms Emma Brennan	Assistant Psychologist (part time)
Ms Claire Slattery	Assistant Psychologist (part time)

Clinical Neuropsychology Services provided

Personnel at the Department of Psychology aim to provide the best clinical services for patients, families, carers and agencies across the continuum of care. This can span from before and during admission and then onto the 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 that our clinical work is responsive to innovations and developments in theory and research, clinical practice, priorities within the health system and changes in legislation such as the Assisted Decision-making (Capacity) Act 2015.

Psychological expertise and support is provided to patients across the four clinical programmes (Brain Injury; Spinal Cord System of Care; Prosthetics, Orthotics and Limb Absence; and Paediatric Programmes). Psychology Department activity specific to each of these services is detailed within the Programmatic reports (see Section 2 of Annual Report). Psychological expertise and support is provided to staff via the Behaviour Consultancy Forum (BCF), the Academic Steering Committee (ASC) and the education and service development committees within each clinical programme.

New Services and Developments during 2016

RECONFIGURATION OF PSYCHOLOGY SERVICE – BRAIN INJURY AND POLAR PROGRAMMES

The Psychology Service review which included a reconfiguration of psychology personnel and delivery of services to the Brain Injury and POLAR programmes continued to be implemented in 2016. This comprised a 3-tiered stepped care model that endeavours to capitalise on and develop areas such as:

- (1) the clinical strengths of the Psychology Team
- (2) responsiveness to changes within health care such as the Assisted Decision-making (Capacity) Act 2015
- (3) delivery of a service that respects the person (patient and staff) and ensures their safety.

The reconfiguration process has involved redeploying hours from Psychology Assistant posts to create a 0.5 WTE Staff Grade Clinical Psychology post. The benefit of this has been the opportunity to dedicate time and expertise to develop Level 1 interventions in the 3-tiered model of care. Consequently, new initiatives including 'Mind Matters' and 'Staff Matters' are now part of the suite of psychological services at NRH.

'MIND MATTERS'

'Mind Matters' is a bimonthly educational group for patients which introduces them to psychological issues associated with adjustment. The group is facilitated by Dr Claire Keogh. Mind Matters incorporates:

- An opportunity for patients to consider emotional reactions to the experience of sudden, life changing injuries and acquired disability.
- Providing patients with information on common and typical emotional reactions and responses.
- Offering patients the opportunity to share personal reactions and learn from the experiences of others.
- Providing an opportunity for patients to access psychological support in a shared, safe space.
- Providing information through education, peer discussion and video clips.
- Offering patients insight into the experiences of past patients, explore self-help tips and information about support options.

'STAFF MATTERS'

The rationale for the development of 'Staff Matters' arose from stakeholder feedback to promote person-centred care in line with HIQA Safer Better Healthcare standards. It was an eight week (twice-weekly) programme available to ward-based staff. 'Staff Matters' was developed and delivered by Drs Heather Cronin, Fiadhnaí O'Keeffe, and Suvi Dockree. Staff Matters was an opportunity to provide staff with practical skills-based training in:

- Professional and therapeutic communication.
- Person-centred working culture.
- Compassion and empathy.
- Dealing with colleagues.
- Dealing with workplace stress.
- Offering staff the opportunity to work with clinical scenarios, role-play skills and learn from the experiences of others.

Feedback from staff who participated highlighted the positive impact of gaining insight into the experiences of their colleagues, while learning new skills. It is planned to deliver a cross-programme group in 2017.

In addition to clinical and academic responsibilities, Psychology personnel are members of numerous working groups and committees including:

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.
- Brain Injury Programme Steering Committee.
- POLAR Programme Steering Committee.
- Paediatric Programme Development Committee.
- Our Lady of Lourdes School Board of Management.
- Academic Steering Group.
- Behaviour Consultancy Forum.
- NRH Heads of Therapy Group.



CLINICAL EXPERTISE PROVIDED TO SPECIALIST CLINICAL AND PROFESSIONAL GROUPS

- Irish Stroke Council of the Irish Heart Foundation.
- Division of Neuropsychology of Psychological Society of Ireland.
- Acquired Brain Injury Ireland Ethics Committee.
- National Clinical Programme for Stroke Working Group.
- Medico-legal Society of Ireland.
- Heads of Psychology Services in Ireland.
- British Psychological Society Test Review Committee.
- HSE Rehabilitation Programme.
- Cheshire Ireland.
- AON Voluntary Hospitals Risk Management Forum Committee on Challenging Behaviour.

TRAINING IN BEHAVIOUR THAT CHALLENGES WITH NRH PERSONNEL

The Behaviour Consultancy Forum (BCF) is chaired by Dr Simone Carton and part of its terms of reference are to provide training for all hospital staff to manage behaviour that challenges. During 2016, there was further development of the content of Positive Approaches Challenging Events (PACE) and delivery of same to staff across all Programmes. PACE 1 is for all NRH personnel and PACE II is specifically designed for clinical personnel, with an emphasis on clinical cases and 'real-life' scenarios. In collaboration with AON, Dr Maeve Nolan plans to develop PACE I into an online training programme based on the 'Framework for the Prevention and Management of Behaviour that Challenges', to be made available to all 26 member hospitals.

PSYCHOLOGY EDUCATION FOR PATIENTS AND FAMILIES

The Psychology Department received a donation of €50,000 specifically to provide psychological education and resource material for patients, families and, or carers following discharge from NRH. During 2016, the Department of Psychology collaborated with students from the Faculty of Film, Art and Creative Technologies at the Institute of Art, Design & Technology to devise short animations capturing some of the hopes, fears and expectations experienced by many patients, especially after discharge from the NRH. These animations will be part of a suite of information including input from patients, families, carers and members of the Psychology team at NRH sharing their personal and clinical experiences.

ACADEMIC STEERING GROUP

Dr Simone Carton is chair of this multidisciplinary group with the responsibility to support and develop education, training and research at the NRH. The key priorities for this group in 2016 have been to develop a dedicated education and research facility, to agree the NRH Teaching Agreement with the universities and to develop and support education, training and research for NRH.

Research

1. Neuropsychological functioning and prosthetic rehabilitation outcomes, PhD thesis awarded to Richard Lombard-Vance at Dublin City University with Dr Fiadhnaít O'Keeffe as Clinical Supervisor and Co-investigator.
2. Cognitive impairments in traumatic brain injury: Novel biomarkers for new treatments. This study is an ongoing collaboration with Prof Paul Dockree, Department of Psychology, TCD and Dr Simone Carton.
3. Measurement of online meta-awareness and uncovering the neural system supporting awareness in adults with acquired brain injury. This doctoral thesis is a collaboration with NRH and TCD with Lisa FitzGerald, Prof Paul Dockree and Drs Simone Carton and Fiadhnaít O'Keeffe (Clinical supervisors and Co-investigators).
4. The lived experience of cauda equina. This doctoral thesis is an ongoing collaboration between Katie Farant, TCD and Dr Maeve Nolan, NRH.
5. Sexuality after amputation in women. This doctoral thesis is an ongoing project between Yasmin Khan, UCD, Dr Fiadhnaít O'Keeffe & Dr Maeve Nolan, NRH.
6. Pain Management Programme: Ongoing collaboration between Dearbhla Burke, UCD, Dr Eimear Smith and Dr Maeve Nolan on behalf of the SCSC MDT team NRH.
7. Counterfactual thinking and moral judgment following Acquired Brain Injury and Spinal Cord Injury. Hannah Gallivan Dept Psychology TCD and Dr Simone Carton (Clinical Supervisor and Co-Investigator).

Publications

Eve, M., O'Keeffe, F. et al (2016). Computerised Working Memory Training for Children Following Arterial Ischemic Stroke: A Pilot Study with Long-Term Follow-Up. *Applied Neuropsychology: Child*, 5 (4), 273- 282.

O'Keeffe, F. Stark, D., Murphy, O., Ganesan, V., King, J. Murphy, T. (In Press). Psychosocial outcome and quality of life following childhood stroke- A systematic review. *Developmental Neurorehabilitation*.

O'Keeffe, F., Watson, S., Linke, S. (In Press). Training novice clinical psychologist trainees to implement effective CBT for anxiety disorders: Training model and clinic outcomes. *The Cognitive Behaviour Therapist*.

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*.

Nolan, M (2016) *After Rehabilitation: 5 men's experience of living with spinal cord injury. The first 6 months at home following discharge.* Lambert Academic Publishing.

Observations on working psychoanalytically with a profoundly amnesic patient, submitted to *Bulletin of the Menninger Clinic* by Moore, P.A., Salas, C.E., Dockree, S. & Turnbull, O.H.



Patients and staff at the NRH warmly welcomed Minister Simon Harris when he visited the hospital in December, 2016.



DENTAL SERVICE

ALASTAIR BOLES

SENIOR DENTAL SURGEON (SPECIAL NEEDS), HSE DÚN LAOGHAIRE

During 2016 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 2016 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.



Work was completed in 2016 on a proposal to seek funding to develop the design for an Education, Research and Training hub at the NRH.

NUTRITION & DIETETICS

KIM SHEIL
DIETITIAN MANAGER

Brief outline of services provided

Inpatients attending the NRH can access dietetic services, either by referral through their healthcare team or at their own request.

The dietitian is the source of evidence based information and expertise on all nutrition matters for patients and staff of the NRH alike. The dietitian assesses, diagnoses and manages nutritional problems at an individual level, in order to optimise the patients' nutritional status to ensure that they can derive maximum benefit from their rehabilitation programme. The dietitian uses the most up-to-date public health and scientific research on food, health and disease which they then translate into practical guidance – this can empower people to make appropriate lifestyle and food choices for long-term health and disease prevention.

The dietitian is also responsible for staff education on nutritional matters.

In addition, the department continues to play a role in undergraduate training with two student dietitians undertaking part of their clinical placements in the NRH in 2016.

New Services and Developments in 2016

In 2016 a number of exciting new initiatives took place.

- Calorie labelling for coffee shop.
- Rollout of the Malnutrition Universal Screening Tool (MUST) continued in 2016 and training is ongoing.
- The department contributed to the nutrition aspect of the National Pressure Ulcer Collaborative 'Pressure Ulcer to Zero' initiative.
- The dietitians played a key role in the Brain Awareness Week event. The theme was 'Mealtimes', with a focus on ensuring that mealtimes are both safe and enjoyable for patients.
- Development and piloting of nutrition education resources for patients with Spinal Cord Injury.

Continuous professional development is key to keeping abreast of developments in this constantly evolving discipline. To that end, department members attended a number of courses and study days including:

- INDI Diabetes Interest Group Meetings and Study Day.
- Diabetes Ireland Annual Study Day.
- Assisted Decision Making Briefing.
- Health & Social Care Professions Research Conference.
- Demystifying Clinical Approaches to Weight Management.
- Stoke Mandeville Nutrition in Spinal Cord Injury Study Day.
- International Spinal Cord Society (ISCOS) Annual Conference.
- Multidisciplinary Association for Spinal Cord Injury Professionals (MASCIP) Annual Conference.
- Interdisciplinary Practice Education Day Trinity College Dublin.
- South Dublin Dietitians Journal Club.



2016 was a very exciting year for Lorna O'Connor, Senior Dietitian who presented her research in Nutrition in Spinal Cord Injury at a number of international conferences including:

- "Validation of Spinal Nutrition Screening Tool" at the Stoke Mandeville Spinal Nutrition Study Day and at ISCOS Annual Conference.
- "Dietary Approaches to Weight Management in SCI" at the Stoke Mandeville Spinal Nutrition Study Day.
- "Weight Management Guidelines for people with Spinal Cord Injury" at ISCOS Annual Conference.
- "Contending with complexity: A Case Study on Dysphagia in Spinal Injury" MASCIP Annual Conference.

Congratulations to Lorna for winning a prize for best presentation at MASCIP. Lorna is becoming increasingly recognised as an expert on nutritional management in Spinal Injury both in Ireland and abroad.

Key Issues and Milestones in 2016

Current dietetic resources are limited to 2.5 WTE. As the importance of 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 planned or unplanned leave. Changes to legislation regarding Garda Vetting resulted in challenges for the department in recruiting locum staff. This resulted in considerable delays in recruitment and availability of staff for annual leave cover. The issue was further compounded by limited availability of qualified dietitians nationally. To address this issue a triage system was introduced to manage higher priority cases and a waiting list was created for those deemed to be of lower priority. This is likely to be a challenge for the foreseeable future and so the triage system has become a routine part of caseload management. As clinical work has had to be prioritised, it has not been possible to complete some projects in the timeframe originally anticipated and so these will be revisited when resources allow.

As a result of inadequate staffing levels, it is not possible to offer comprehensive Outpatient services, with the exception of a limited service to POLAR patients. This means that patients cannot be offered a service at a time which is most likely to benefit them.

Future Developments

- A Working Group was set up in 2016 to develop an Enteral Feeding Policy for the hospital. This will be completed in early 2017.
- The NRH 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.

OCCUPATIONAL THERAPY

LISA HELD
OCCUPATIONAL THERAPY MANAGER

ALISON MCCANN AND FIONA MAYE
(ACTING OCCUPATIONAL THERAPY MANAGERS – MARCH 2016)

Overview of Occupational Therapy Department and Services

Occupation is any activity that a person needs to, wants to or is expected to do during the course of their everyday lives. Occupational Therapy (OT) helps people participate in everyday meaningful activities and promotes health and well-being, through occupation.

Occupational Therapists (OTs) analyse the physical, mental and social components of an activity, and adapts the activity or the environment to suit the person's needs. OT helps a person learn new skills with or without assistance or adaptive aids.

OT programmes are goal-orientated and designed specifically to meet the unique needs of each patient through individual and, or group sessions designed to focus on physical, cognitive and behavioural rehabilitation. Interventions include personal care, home and community skills training, self-management, patient education and family training.

OT is a component of all NRH Rehabilitation Programmes:

- Spinal Cord System of Care (SCSC).
 - Brain Injury Programme including Stroke.
 - Prosthetic Orthotic and Limb Absence Rehabilitation (POLAR).
 - Paediatric Family-Centred Rehabilitation
- (See Programme reports in Section 2 of Annual Report for details of OT programme-specific services).

OT Services Delivered Across All NRH Programmes:

- Discharge Liaison Occupational Therapy (DLOT).
- Vocational Assessment.
- Driving.
- Stress Management.
- Woodwork.
- Horticultural Therapy.
- Art Therapy.

Discharge Liaison Occupational Therapy (DLOT)

DLOT receives referrals for Inpatients from the counties of Dublin, Kildare and Wicklow. The scope of the service is to expedite the timely discharge of patients to their home environment with required modifications and equipment.

Distribution of referrals to the DLOT service per programme in 2016
35 + 4 (PDOC*) = 39
47
8
2
961

*Prolonged Disorders of Consciousness



In 2016 there were 96 patients active in DLOT compared with 144 in 2015. The reduction is largely due to a decrease in the number referrals for Day Patients from the POLAR programme who already have ongoing input and involvement with Community OT services. Despite a reduction in the number of referrals there is an increased demand of time on DLOT staff owing to the complexity of referrals received and geographical area covered. This can be seen with the increase in number of patients weighted as 'High' for DLOT input.

DLOT Input Weighting System		2016
High	High level of intervention – more than 2 home visits; intervention relating to housing adaptations, e.g. provision of housing reports; order, installation and training with regard to equipment	49
Medium	Up to 2 home visits related to equipment or housing adaptations	38
Low	Maximum 1 home visit; general advice and liaison, supply of small equipment items	9

The discharge rate from the DLOT Service to home was 67% in 2016 compared with 71% in 2015 reflecting the challenges this year relating to delayed discharges across the hospital. Where possible and where indicated, joint home visits are carried out with members of the Interdisciplinary Team.

BREAKDOWN OF VOCATIONAL ASSESSMENT WAITING LIST AT END OF 2016

Total No. of referrals	Patients discharged	Attended assessment – follow-up required	Scheduled for assessment	On Hold – not yet ready for assessment	Patients Waiting for assessment	Patient to contact service if assessment required
271	155	5	16	23	35	37

OT Driving Service

The OT Driving Service collaborates with the Irish Wheelchair Association (IWA) to assist NRH Inpatients and Outpatients explore a return to driving. OTs carry out pre-driving screens and offer referral for driving lessons in manual, automatic and hand controlled vehicles. There were 161 referrals in 2016. The service operates 2.5 days per week with Colm Caren, IWA driving instructor. There is no protected OT time allocated for this service at present. Despite this, a plan to facilitate more OTs attending in-car assessments with the IWA Instructor will be piloted in 2017 and documentation to support in-car assessment has been developed. The Driving Service will continue to develop in line with guidelines set out by the Traffic Medicine Programme and the Road Safety Authority (RSA).

Stress Management

The Occupational Therapy Department dedicates 0.25 WTE OT to co-ordination and provision of a stress management service. There were challenges in providing this service consistently in 2016 due to unplanned leave. This has prompted a need to review delivery of this service going forward.

Woodwork

The woodwork service operates 2.5 days per week. This service delivers direct therapeutic individual and group sessions to patients across all NRH Rehabilitation Programmes and the Rehabilitative Training Unit. It is designed to meet the needs of patients' specific abilities and goals. Referrals are received directly from Occupational Therapists.

Art Therapy and Horticultural Therapy

See new initiatives section.

OT Practice Education

OT at the NRH is strongly committed to facilitating undergraduate OT placements from Trinity College Dublin (12 students per year), NUI Galway (6 students per year) and postgraduate students from the University of Limerick (6 per year). The role of the OT practice tutor involves the co-ordination of placements between the universities and the OT department at the NRH. This involves the provision of pre-placement tutorials at the universities in advance of the student coming on placement. There is also a strong commitment to inter-professional education which is done in collaboration with the other tutors at the NRH.

OT Input to Interdisciplinary Services and Clinics Delivered Across All Programmes

- Wheelchair and Seating Clinic (WSC): Occupational Therapy and Physiotherapy.
- Splinting Clinic: Occupational Therapy and Physiotherapy.
- Outpatients Department (OPD): Occupational Therapy, Physiotherapy, Speech and Language Therapy, Social Work and Nursing.
- Electronic Assistive Technology (EAT): Occupational Therapy and Speech & Language Therapy.

WHEELCHAIR AND SEATING CLINIC

The Wheelchair and Seating Clinic (WSC) operates on a half time basis five days a week and is jointly run by OT and Physiotherapy Departments. Additional staffing resources were added to the WSC in 2016 to deal with the growing demands on the service. The clinic provides assessment, trial, prescription and issue of manual wheelchairs as well as liaison with community services for all NRH Inpatients. Assessment and trial of powered mobility is not included in the scope of the service due to inadequate resources. The treating OTs and Physiotherapists are invited to attend WSC appointments with their patients with an aim to up-skill more staff in seating assessments and provision.

WSC SERVICE PROVISION 2016

Programme	Total No. of referrals	Total No. of Seating Systems provided
Brain Injury	57	55
SCSC	66	45
POLAR	17	6
Paediatrics	1	None
Total	141	106

Patients who did not receive a seating system from the WSC purchased privately following completion of assessment or recommendations made to the Community Occupational Therapy service.

SPLINTING CLINIC

Splinting operates one day a week; it incorporates both Inpatient and Outpatient services and is staffed by therapists from Physiotherapy and Occupational Therapy. We are very fortunate to have a consistent and reliable volunteer who has considerable expertise in neurological-splinting in their previous role as Chartered Physiotherapist. Other developments in 2016 include:

- The introduction of a new splinting referral form has improved the number of appropriate referrals received resulting in timely access to the service for patients.
- A quality improvement plan relating to outpatient splinting referrals was completed in 2016 in conjunction with therapists from the outpatient department with a triage system now in place for same.
- An audit was undertaken to establish the outpatient DNA rate. As a result, Outpatient splinting appointments were allocated using the PAS system which included a reminder text service. DNA rates will be re-audited at the end of 2017.

**ELECTRONIC ASSISTIVE TECHNOLOGY (EAT) CLINIC**

The Electronic Assistive Technology (EAT) Clinic is available to all NRH Inpatients. The clinic does not currently have the resources to offer services to NRH Outpatients. The clinic is jointly run by OT and SLT for four hours per week. The integration of a therapy assistant post part-time has improved the administrative operations of the clinic and enhanced the direct clinical time that the service can offer to Inpatients to support them in trial and use of EAT devices. The service explores access to:

- Alternative and Augmentative Communication (AAC).
- Computers (PCs, laptops, tablets).
- Phones.
- Environmental Control Systems (ECS).

The EAT team have joined a national Community Hub for Assistive Technology (CHAT) which aims to highlight the challenges in relation to access to services for EAT and funding for devices recommended.

ELECTRONIC ASSISTIVE TECHNOLOGY (EAT) REFERRALS

Programme	2015	2016
BI	18	17
POLAR	2	1
SCSC	16	16
PEADS	2	3
Grand Total	38	37

OUTPATIENT DEPARTMENT (OPD) OT SERVICE

Staffing for OPD OT is 1.0 WTE post Delivered by two part-time OTs. The Outpatient Service OT continues to work across Spinal and Brain injury programmes providing OT input to multi-disciplinary team (MDT) clinics, individual direct therapy and group therapy sessions. We welcome the addition of the new OPD Manager Post and look forward to being able to forge closer links between OPD therapy services and other programmes and services within the NRH. One OT worked between OPD and Vocational Assessment which has had a positive impact on managing waiting lists for both services in 2016.

- The Wellness Day Programme was extended to three days and was received positively by patients who attended.
- The Meet and Teach Programme continues to be delivered with very positive feedback.
- OPD OT continues to have access to Splinting, Orthoptist and Driving services.

2016 OT Service Developments and Initiatives**WHEELCHAIR ADAPTED VEHICLE FOR DRIVING**

The opportunity for patients to trial and practice driving an automatic wheelchair accessible vehicle through the OT driving service was provided by the IWA in 2016. A suitable powered wheelchair is required for patients to access this vehicle and this presents challenges given the limited number of suitable powered wheelchairs available within the hospital for our patient groups to use. This is a very welcome initiative for the driving services and the goal will be to improve timely access to same in 2017.

UPGRADE OF OT GARDEN PATHWAYS

A grant for an upgrade of the pathways to access the OT garden vegetable beds was approved and the work completed. We thank the Technical Services Department (TSD) for their input and support in completion of this project.

HORTICULTURAL THERAPY SERVICE

Horticultural Therapist, Rachel Gerrard, commenced in post in September 2016. This post is funded through reorganisation of existing posts in the OT department. The therapy garden has proved to be a very important therapeutic resource within the hospital and it is expected that the therapeutic value of this space will be maximised by having dedicated staffing for the resource.

ART THERAPY SERVICE

An 18 month pilot Art Therapy programme commenced in September 2016 when Louise Quinn, Art Therapist, commenced in post. This pilot project is funded by the NRH Foundation and is an exciting addition to the Creative Art Therapies now available in the hospital.

QUARTERLY ADAPTED VEHICLE DEMONSTRATIONS

A company that adapts vehicles for people with disabilities co-ordinated with the OT department quarterly in 2016 to arrange demonstrations of wheelchair accessible and adaptations for vehicles to patients from all programmes.

CORU REGISTRATION

CORU, Ireland's multi-profession health regulator promotes high standards of professional conduct, education, training and competence to protect the public. By March 2017, OTs must be registered with CORU, and the OTs at NRH have all registered or applied to register.

EDUCATION AND TRAINING

Continuing professional development (CPD), education and research is encouraged and supported as part of OT Practice in the NRH. The OT department will adopt and practice the CORU professional supervision guidelines and CPD recording. The OT CPD committee are responsible for organising and leading out on educational opportunities for the OT department (see the Education and Training section).

RESEARCH, POST GRADUATE STUDIES AND JOURNAL CONTRIBUTIONS

- Fiona Haughey qualified with an MSc in Advanced Professional Practice in Neurological Rehabilitation from the University of Plymouth with a thesis titled: 'Preparing individuals to self-manage a non-functional upper limb: a survey of occupational therapists and physiotherapists in Ireland.'
- Alison McCann is due to complete her research MSc with Trinity College Dublin in the specialist area of Prolonged Disorders of Consciousness in March 2017.
- Fiona Maye is due to complete an MSc in Leadership in Healthcare with the Royal College of Surgeons in Ireland in May 2017.
- Michael Brogan is undertaking a higher diploma in Lean Six Sigma Healthcare through the Mater Hospital and UCD. He is the project lead for a quality improvement project aimed at improving the efficiency of a new Paediatric Outpatient Clinic for children with Acquired Brain Injury.
- Krishna Kumar completed 'Foundations in Assistive Technology' Level 6 accredited by the Dublin Institute of Technology.
- Michael Brogan contributed to a chapter titled 'Music and attuned movement therapy' in a book titled 'Collaboration and Assistance in Music Therapy Practice - Roles, Relationships, Challenges' published by Jessica Kinsley.
- Fiona Maye had an article accepted and published by the British Journal of Occupational Therapy. She was co-author with former NRH OT, Dr. Michéle Verdonck. Their article was titled: 'Enhancing occupational performance in the virtual context using smart technology'.

Summary of Key Issues for the NRH OT Department

In recent years there has been a growing demand for OT services with increased caseload complexities, rising expectations and minimum safe staffing levels. In addition, there are greater responsibilities related to hygiene and infection control, attendance at mandatory training and completion of all documentation within limited time-frames to meet standard requirements locally and nationally. Thus, delivery of the required intensity of direct and indirect interventions within the current staffing compliment is challenging, particularly during times of leave, for which cover is not provided. Service continuity was difficult to maintain throughout the year due to changes with National Garda Vetting procedures.

Other challenges include access to community services for follow up post discharge and access to funding for equipment to support timely discharge and support health and wellbeing post discharge. The Housing Adaptation Grant (HAG) has long waiting times despite the medical priority system, with some councils citing a complete dearth of funds to the extent that a waiting list is not operational as no applications forms have been made available. This continues to impact on a client's ability to return home on discharge if substantial works are indicated. There has been an increase in length of time taken for clients to receive a medical card that has been proven to be particularly challenging when items of equipment with a lengthy lead time are required, for example, custom shower chairs.

We thank the OT staff for all their hard work and commitment to the OT department and the hospital throughout 2016.



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). In addition, we are assisted by a 0.5 WTE HCA (nursing post).

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 40 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.
- Participates in a weekly anti-microbial stewardship round with the Consultant Microbiologist.
- Negotiates with drug company representatives to obtain the best price for medications. This is achieved by skilful 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. This is a very labour intensive part of our work, illustrated by a continuous increase in activity year on year which 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.
- Presents an interactive workshop for all new doctors to advise on safe prescribing.
- Handles medical information queries from all stall and closely liaises with many hospital Departments such as Nutrition and Dietetics, Speech & Language Therapy and Sexual Wellbeing.
- Supports Nurse Prescribers.
- Counsels patients who have been prescribed Warfarin and New Oral Anticoagulants (NOAC) on their medications. Counsels other patients on their medications prior to discharge on request.
- Incidents are reported monthly to the Risk Management Department for inclusion in the National Incident Management System database (NIMS).
- Dispenses prescriptions and nicotine replacement products to staff for convenience and cost savings to staff.
- Quarterly medication usage costs are provided to all Programmes.

Service Developments and New Initiatives

Improved labelling of medicines: The labelling of patients' medicines for their weekend leave and discharge were reviewed. Changes were made in accordance with best practice guidelines for health literacy.

Alternative storage solutions for patients' medications on the ward: A small trial of seven individual patients' medication lockers has been initiated in Our Lady's ward to evaluate the possibility of using this method of medication storage in the new hospital.

Antimicrobials: Sadhbh O'Leary (Pharmacist), with Consultant Microbiologist and a CNM2 participated in the RCPI Start Smart QI programme. The team produced an antibiotic care bundle poster which is displayed on every ward. Results were very encouraging with improvements in guideline adherence, documentation and appropriate changes at the 48 hour review.

The National gentamicin dosing guidelines were published. Sheena Cheyne and Consultant Microbiologist were involved in the national Quality Improvement Programme.

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 and showed that we performed very well.

Health Promotion: Various health promotion events were held and well attended by staff and patients, these included:

- 'Blood Pressure Awareness' in conjunction with Occupational Health.
- 'Know your Medicines' day for staff and patients to ask questions about their medication.
- 'Antimicrobials and Infections' in conjunction with the Consultant Microbiologist and Infection Prevention and Control Nurse.
- Promoting flu vaccination for all staff and patients.

HCA role expanded: The wards and pharmacy have benefitted greatly from the 0.5wte HCA post assigned to pharmacy to help mainly with stock rotation and stock replenishment, along with the safe and timely delivery of feeds and medications to the wards. Cleaning duties and management of the pharmacy bulk store have been included in the role.

Education and training

Sadhbh O'Leary obtained Clinical Pharmacy MSc in 2016.

Eimear McManus completed year 1 of Clinical Pharmacy MSc.

Two pharmacy interns (2 x 6 months) were trained and passed their exams to become practising pharmacists.

NCHD – Safe Prescribing workshop provided to all new doctors.

All pharmacy staff completed e-learning on 'High Risk Medications'

Milestones and Issues

Audits: A number of audits were carried out in 2016; versatis patch, allergy, and warfarin, medication reconciliation at admission and discharge, insulin labelling, weekend leave compliance, medication fridge monitoring and 'red apron'.

Staff education: In collaboration with the Drugs and Therapeutics Committee four DTC newsletters were distributed for all staff – topics included scopaderm patches application, tablet crushers, new oral anti-coagulants (NOAC) and elective surgical procedures.

New computer systems: The current computer system does not meet requirements for additional labelling on medicines dispensed for use outside the hospital – alternatives are currently being explored.

Medication safety: Medication safety is a key priority and this year's incidents and interventions recorded show a marked increase on the previous year. This highlights the pharmacy department's recording and surveillance work in preventing medication errors. Trends can be seen and appropriate action taken to prevent similar medication incidents being repeated. Clinical interventions recorded have increased by 80%.



Recent research has shown the benefit of pharmacists attending Consultant ward rounds. Patient safety is optimised by pharmacists working collaboratively with doctors and unintentional medication discrepancies are reduced by 40%. We aim to attend each consultant ward round or kardex review once per week. Two staff members have an MSc in Clinical Pharmacy.

Interdisciplinary work: The Medicinal Fridge SOP was completed and training provided to all nursing staff. An aphasia friendly information sheet on 'New Oral Anti-Coagulant Drugs' was developed in conjunction with Speech and Language therapists to facilitate patient counselling on these important medicines.

New Hospital: The pharmacy department are eagerly awaiting the commencement of phase 2 of the new hospital project where the department will be located - unfortunately the pharmacy is outside of phase 1.

Highlights in 2016

Awards: The pharmacy staff were delighted to be shortlisted in 2016 for a number of 'Hospital Pharmacy Awards' in 2016 which recognise outstanding examples of high standards, best practice, innovation and excellence:

- Eimear McManus was shortlisted for 'Hospital Professional Award' for the department's multidisciplinary work in improving care of our patients with asthma and COPD.
- The Pharmacy Team was shortlisted for an award on 'Antimicrobial Stewardship'.
- Claire Meaney was shortlisted for an award on the safe administration recording of opiate transdermal patches.

The NRH Cookbook, Calendar and Step Challenge: We were delighted to have 3 finalist photographs in the annual competition for the calendar and Eimear McManus's photo (again) was chosen to be included in the calendar. Three recipes from the pharmacy department were included in the NRH Cook book. Five pharmacy staff participated in the step challenge.

I thank all the pharmacy team for their hard work, commitment and involvement in striving to constantly improve the pharmaceutical care provided to all staff and patients.



The pharmacy staff were delighted to be shortlisted in 2016 for a number of 'Hospital Pharmacy Awards' which recognise outstanding examples of high standards, best practice, innovation and excellence.

PHYSIOTHERAPY

ROSIE KELLY
PHYSIOTHERAPY MANAGER

CATHY QUINN
ACTING PHYSIOTHERAPY MANAGER (FROM MARCH 2016)

The Physiotherapy Department at the NRH is committed to the delivery of high quality patient care and achieving improved patient outcomes. It contributes to the provision of complex specialist rehabilitation services to patients within an interdisciplinary setting. The Physiotherapy Department maintains best practice and integrated care standards within the four core Programmes which comprise:

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

New Services and Developments

A Clinical Specialist from the brain injury programme in collaboration with OT and a CNM2, delivered the first of a formal training programme on 'Practical Rehabilitation Skills' for Nursing and HCA staff in the Brain Injury Programme. This programme is financially supported by the Dr Gregg bursary. This is a key element in developing an integrated rehabilitation service delivery environment.

Physiotherapist Fiona Conroy completed her training in Injection Therapy of Botulinum Toxin, as part of her MSc in Advanced Professional Practice in Neurological Rehabilitation at Plymouth University, under the mentorship of Dr Cara McDonagh and Dr Raymond Carson. The Implementation Group for Physiotherapists Injecting Botulinum Toxin (IMPBTX) at the NRH developed as a result. This group functioned to provide a clinical governance framework during the mentored practice training. Other projects completed by the IMPBTX focused on improving the quality, safety and efficacy of the current service. This included an audit of the current practices, the development of a policy and SOP for injecting physiotherapists, and the development of a suite of assessment forms, consent forms and patient information leaflets.

A BI clinical specialist was the representative for NRH and a physiotherapy representative for National Reform Programme for Community Funded Schemes, Orthotics, Prosthetics and Specialised Footwear.

The Spinal physiotherapy team resumed the Clinical Specialist post to advance clinical practice in complex case management and to promote evidence based education, training research, and professional development within the team. Goals achieved in the spinal service included establishing a physiotherapy assistant-led Functional Electrical Stimulation bicycle adjunct service for patients in 2016. This included group physiotherapy sessions to promote peer practice and learning. A supervised self-management group was established to encourage patient and family independence and health promotion. A joint Physiotherapy and OT pilot group was established to facilitate practical problem-solving skills sessions for tetraplegic patients in recognition of our increasing tetraplegic population.



Projects Physiotherapists within the POLAR Programme participated in during 2016 included:

- A survey (in conjunction with Consultant in Rehabilitation Medicine) to investigate the oedema management in amputees among the acute hospitals; this initiative aims to decrease the complications resulting from surgery, reducing hospital length of stay and readmissions, and ultimately improve patient outcomes.
- Investigating (with OTs) the management of phantom limb pain.
- Patient referrals with recommendations were sent to the community service to minimise the delay of treatment, which also facilitated clearing a back-log for the physiotherapy outpatient service.
- The Patient education programme 'practical aspects of exercise with amputation' is ongoing. Trainings were carried out with carers of patients from community to ensure the safe use of prosthesis.
- An e-mail group of physiotherapists involved in amputee rehabilitation in different clinical settings in Ireland has been set up for information and knowledge sharing.

A reconfiguration of the Paediatric service resulted in the establishment of the Paediatric Brain Injury multidisciplinary clinics. This reconfiguration allowed for improved efficiencies in the processes pre and post clinics, and allowed dedicated time to provide an outpatient children's service, liaising with therapists pre and post admission. The paediatric programme has developed an educational resource for therapists; for service and training development and has allocated time for the SCI clinics.

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

Physiotherapy Services delivered across all Rehabilitation Programmes

The Physiotherapy Department also provides specialist treatment across all Programmes, engaging with interdisciplinary teams which include:

- Respiratory.
- Aquatic Physiotherapy and Exercise Physiotherapy.
- Outpatient Physiotherapy.
- Clinical Practice Tutor.
- Recreational Therapy.
- Wheelchair Seating.
- Splinting.

RESPIRATORY CARE

The respiratory physiotherapy service predominantly delivers therapy to the acute spinal cord injury and disorder of consciousness patients; and also provides a weekend and out of hours on-call service. There were 5 on-call episodes in 2016. The on-call respiratory physiotherapy policy has progressed to risk management and nursing consultation and awaits formal implementation.

The respiratory team participates in the interdisciplinary tracheostomy ward round and the interdisciplinary feeding group. Respiratory physiotherapy also participates in the Speech and Language Therapy FEES (Fibreoptic endoscopic evaluation of swallowing) clinics with vulnerable patients at risk of respiratory aspiration. Carer and family training prior to discharge is a significant component of the service. Education is also provided to regional hospitals as required

AQUATIC PHYSIOTHERAPY AND EXERCISE PHYSIOTHERAPY

In 2016, Hydrotherapy and Sports & Fitness Therapy rebranded as **Aquatic Physiotherapy** and **Exercise Physiotherapy**, respectively to coordinate its speciality service delivery linked with physiotherapy clinical practice. Both services provide treatment for adults and children with a variety of neurological impairments which includes individual and group exercise sessions in line with current best practice. This facilitates exposure to a wide variety of suitable competitive sports and pool programmes as appropriate, to encourage onward referral into community gyms, pools and local disability sporting bodies.

2016, a new association with Tennis Ireland was welcomed by the Exercise Physiotherapy Department. The department continues to lead out on the NRH Smoking Cessation programme. Both departments are involved in preparing and planning for their specialist facilities in the New Hospital.

PHYSIOTHERAPY OUTPATIENT DEPARTMENT (OPD) SERVICE

The Outpatient Physiotherapy team is involved in interdisciplinary clinics, individual assessments, treatment intervention, exercise classes, and aquatic therapy sessions. It also provides a valuable service for staff referred from occupational health. The outpatient service continues to provide a service for former NRH Inpatients as well as receiving external referrals. The service has experienced sustained growth and development over the years which highlights the need to review the OPD scope of service to ensure effective management of the service and waiting list. The appointment of an Outpatient Department Manager in 2016 was a very welcome and positive development.

WHEELCHAIR AND SEATING CLINIC

The Interdisciplinary wheelchair and Seating Clinic is jointly provided by Physiotherapy and OT. It is now an established half time service to address seating requirements for all patients of varying complexities. This specialised seating and equipment clinic provides a comprehensive efficient, patient centred and quality service and includes the consideration of function, posture, pressure relief and comfort to support the service users' independence and quality of life.

CLINICAL PRACTICE TUTOR

The Practice Tutors (1 WTE) provide teaching, learning support and supervision of physiotherapy students during their hospital placements. Clinical practice tutors also promote evidence based, lifelong learning and reflective practice to staff peers and colleagues. A total of 47 students were facilitated on placement in 2016: 29 from UCD and 18 from TCD. The clinical practice tutors also facilitate student final assessments in the clinical setting when necessary. In addition to student placements this service includes:

- A regular teaching commitment to both TCD and UCD.
- NRH academic steering committee involvement.
- Allocating physiotherapy volunteers and supporting volunteers in post, in conjunction with the Volunteer Co-ordinator.
- Deals with all queries related to elective placements, shadowing or work experience including TY week which is run twice annually.

THERAPEUTIC RECREATION SERVICE (TRS)

Rehabilitation is considered to be a continuous and life long process. Families, carers and friends are encouraged to participate in the Therapeutic Recreation Service (TRS) rehabilitation process to improve patients' functional independence, social participation and community integration. The aim of this service is to provide a patient centred facility based on personal goals, interests and hobbies and ultimately to improve participation and quality of life. Activities are planned during the day, evenings and weekends with the help of volunteers.

SPLINTING

This weekly service continues as an Interdisciplinary service with Occupational Therapy and addresses the splinting needs of patients from all programmes. The team from physiotherapy consists of 1WTE therapist with the ongoing input of Vivienne Moffitt (previous Physiotherapy Manager) as a volunteer, which we greatly appreciate.

Key Highlights and Issues – 2016

A team from the NRH participated in the Inter-Spinal Unit Games in Stoke Mandeville in April 2016, competing in a wide variety of sports including swimming, shooting, archery, table tennis, tennis, and 9 ball pool.

The 4th Annual NRH Spinal Championships was held in September 2016. Over 50 athletes registered to take part in the event. Former patient and successful sportsman and businessman, Barry Cooke, formally opened the event. The Championship consisted of a combination of competitive Basketball, Wheelchair Rugby and Hand Cycling, Tennis and the new addition of a very popular Seated Volleyball event.

The theme for Brain Awareness Week in 2016 was 'Mealtimes' and provided practical education for the Interdisciplinary Teams. Brain Injury clinical specialists participated in this event.

World Physiotherapy Day saw the Brain Injury physiotherapy team driving awareness of sedentary behaviours and promoting activity levels of the NRH staff and patients.

The Recreational Therapist was main organiser of the first 'Life beyond the NRH' event in association with the NRH Interagency Forum members. The aim of this event was to increase awareness all staff, patients and family members of information and supports available to them in regards to 'Life after rehabilitation in the NRH'. The Therapeutic Recreation



Hydrotherapy rebranded as Aquatic Physiotherapy in 2016 to emphasise its specialty service delivery linked with physiotherapy clinical practice.

Service also organised the annual Music Week with a major patient interactive element that complements many of the patient's therapies. Karaoke, drumming and music workshops, patient and staff choirs were just a few of the many interactive activities available during Music Week. A grand finale event was held with Christy Moore to a full capacity Sports Hall.

The Physiotherapy department experienced intense challenges in staffing levels throughout 2016. There were several senior staff secondments to internal posts in addition to career breaks and maternity leave. This resulted in a severe depletion of highly skilled and expert staff from the brain injury programme in particular which resulted in prolonged periods of diminished staffing levels and stressful working conditions.

The limited staffing resource directly impacted on the level of intensity and frequency of treatment sessions provided for patients. The Physiotherapy team sustained an integrated service through the challenging circumstances and must be commended for their commitment and dedication. A plan in 2017 will focus on succession planning to upskill staff members for change management and upskilling opportunities.

We look forward to the opportunities of 2017 as the physiotherapy profession prepares for statutory registration and fitness to practice regulatory requirement.

I would like to take this opportunity to thank each member of the physiotherapy team for their contribution, hard work and support throughout 2016. The physiotherapy department remains a dynamic and creative team in spite of challenges that invariably arise.

RADIOLOGY

DR BRIAN MCGLONE
CONSULTANT RADIOLOGIST

In keeping with the mission of the NRH, the Radiology Department strives to ensure each person is treated with respect and dignity, and that high quality x-ray services and diagnostic imaging services are provided in a warm, welcoming and caring environment.

Diagnostic imaging services were provided to the hospital in 2016 by a small team comprising a part-time Consultant Radiologist, a Clinical Specialist Radiographer, a Senior Radiographer, one part-time 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:

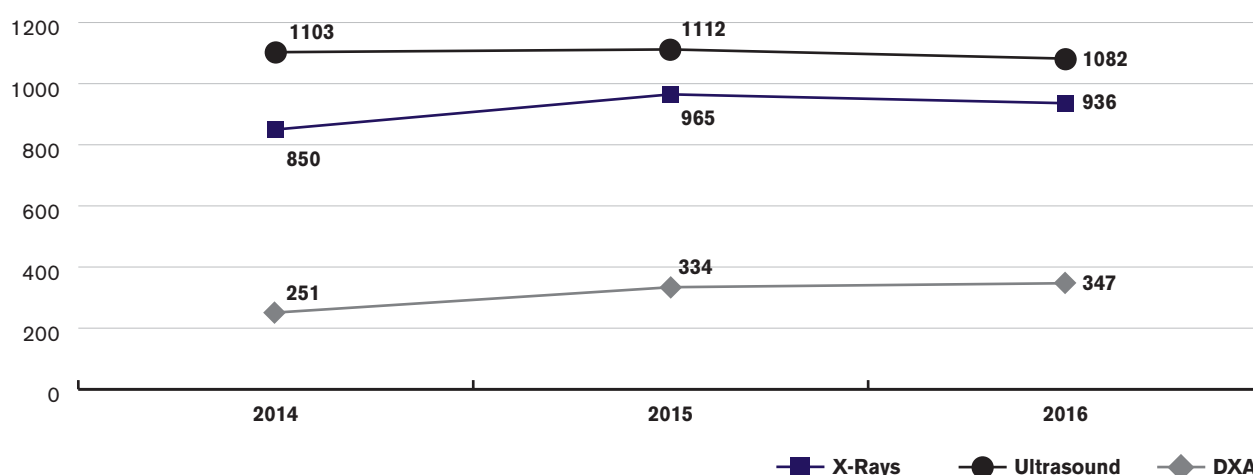
- General Radiography, Ultrasound, Mobile Radiography, special procedures and Dual-Energy X-ray Absorptiometry (DXA) scanning.
- CT scanning service at St. Columcille's Hospital, Loughlinstown, Co. Dublin.
- 24/7 On-call radiography service at the NRH.

Activity Data

Services were provided to over 1100 Inpatients and almost 1400 Outpatients with some activity for Day Patients in 2016. Changes in radiology activity were recorded in 2016 – see Graph A.

- Ultrasound 1082 examinations performed
- General X-Ray 936 examinations performed
- DXA Scans 347 scans performed

GRAPH A – RADIOLOGY ANNUAL STATISTICS 2014 – 2016





Services and New Developments

Ultrasound – The ultrasound service continued to develop with a similar number of examinations performed compared with the previous year, however an increasing number of specialised interventional procedures were performed under ultrasound guidance, such as intramuscular and salivary gland botulinum toxin injections.

DXA – The appropriate increased use of DXA in at-risk patients gave rise to increased numbers attending the Unit. The staff wellbeing DXA programme is ongoing with good uptake.

X-ray – A proposal for replacement x-ray equipment at the NRH continued in 2016. After a process of tender, funding has been approved and released for the purchase of the new general x-ray equipment: GMM KALOS Digital General X-Ray System. Installation will take place early in 2017.

Nurse prescribing – Nurse prescribing of ionising radiation at the NRH continues successfully within the nurse led urology service. A third urology nurse successfully completed training resulting in a marked reduction in the number of x-rays ordered.

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 2016 for the Radiology Department.

AUDIT

A number of audits were carried out in 2016. 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.
- Audit of staff compliance with dosimetry badge wearing.

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 2016. 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 the Radiation Safety Officer to the hospital with RPA (Radiation Protection Adviser) Julie Lucey based at St Vincent's University Hospital, Dublin.

The NRH Radiation Licence was renewed by the EPA-ORP for a further 3 years.

The National Patient Radiation Protection Manual was updated during 2016 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 2016.

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 participated in mandatory in-house training and attended various study days and conferences to update their skills. Continuous Professional Development activities in 2016 included:

Dr Brian McGlone is Radiology Quality Improvement (RQI) Lead for NRH, including participation in:

- Regular joint RQI meetings with St. Columcille's Hospital, Loughlinstown.
- Regular Assigned Peer Review as part of RQI programme, NRH.

In addition during 2016, Dr McGlone presented and chaired monthly Radiology Interdisciplinary Clinical meetings at the NRH; delivered regular Online Radiation Safety Training and feedback to NRH NCHDs; was supervisor for NRH Nurse Prescribing of Ionising Radiation; Chaired the NRH Radiation Safety Committee; provided DXA Information Session for NRH staff; supervised audit projects in the NRH, including audit of LMP policy, staff Dosimetry and access to Agfa PACS archive, and attended the following external conferences:

- Irish MRI Meeting, Kildare, January 2016.
- National Radiology Quality Improvement Workshop, RCPI, May 2016.
- Annual Scientific Meeting, Faculty of Radiologists, RCSI, Dublin, September 2016.

Dr McGlone has Membership of the American Roentgen Ray Society and the International Society of Clinical Densitometry.

Rosie Conlon: Completed online management course in May 2016; Attended the CORU assessor training for recognition of international qualifications; presented a lecture at the BMUS (British Medical Ultrasound Society) Study day held at UCD in October 2016, and attended compulsory Continuous Professional Development Training delivered in the NRH.

Jeanette Van Der Wath: Attended Continuous Professional Development Training delivered in the NRH; completed Professional Certificate in Radiation Safety in UCD. December 2016, and attended monthly MDM Radiology Interdisciplinary meetings at the NRH.

Joao Cardoso: Attended 2 day NIMIS refresher training; Attended Continuous Professional Development Training delivered in the NRH; provided regular Induction and NIMIS Training to NRH NCHDs and other Healthcare Professional staff.



REHABILITATIVE TRAINING UNIT

ANNE-MARIE MCDONNELL
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 and Social Development.
- Life Skills Management.
- Information Technology.
- Educational and Project Support.
- Vocational Assessment, Planning and Exploration.

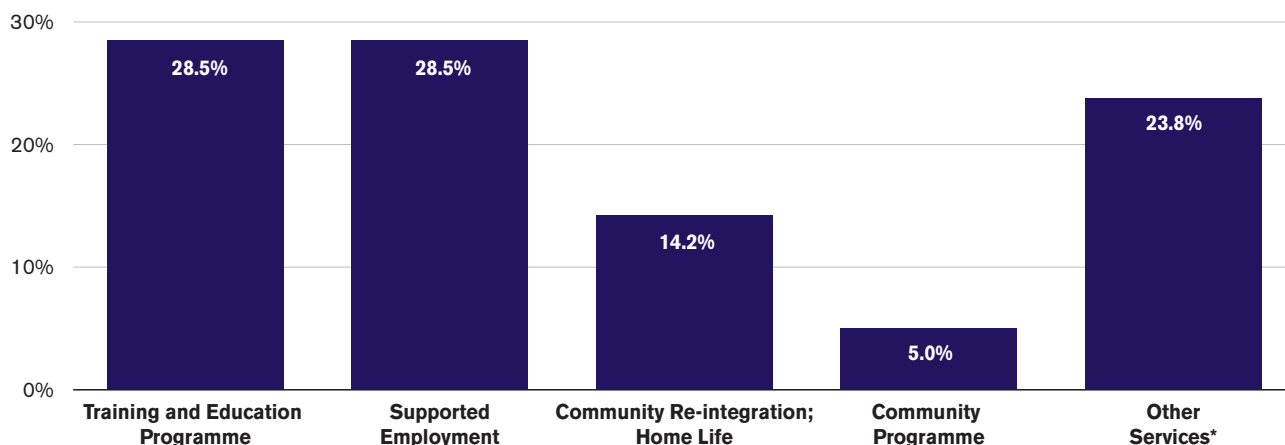
The success of the RTU rests in its client-centred, holistic approach to programme delivery, the flexibility of providing an individualised training programme to each trainee via a Caseworker; an Individual Training Plan system; and a comprehensive discharge planning process. The programme encompasses 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.

The RTU has an allocation of 17 WTE training places from the HSE. During 2016 the RTU received 40 referrals. Of these, 15 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. In 2016, 21 individuals were discharged from the programme, surpassing our Key Performance Indicator (KPI) of 20 discharges per annum.

THE RTU OUTCOMES FOR 2016 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 2016 OUTCOMES



*Other Services include Behavioural Supports; Department of Justice; Addiction Services; Early Discharge.

New Services and Developments

During 2016 the RTU rolled out two questionnaires that will help inform future service provision. The first of these is the Family Satisfaction feedback questionnaire which aims to determine levels of satisfaction of past trainees' families. The second questionnaire is the Weekend Leave form. This is completed by current Trainees and their family members whilst at home over the weekends. The information and comments received to date has proved useful in context of goal-setting and durability of outcomes.

In the first quarter of 2016, the RTU rolled out a Speech & Language Therapy initiative with the support of a Senior Therapist from the Outpatient Department. This consultation and screening process has been highly beneficial to the RTU team and trainees.

The RTU has a strong tradition of involving volunteers and for this we liaised closely with the NRH Volunteer Coordinator.

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. 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 trainees were encouraged to continue to develop social awareness projects. In 2016, they participated in the Dún Laoghaire Rathdown (DLR) Social Inclusion Week displaying their paintings as part of an Art Exhibition. They volunteered at the annual charity Shoebox Appeal and raised funds, with the support of the local Scouts via a supermarket bag-pack. We also continued to deliver a Craft module this year to the trainees which was well received. The trainees are supported in self advocacy development by delivering a number of key presentations and talks to various groupings including Institute of Art, Design & Technology (IADT) and Transition Year Students and attendance at the NRH Patient Forum during 2016.

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 implemented a Service Level Agreement for all NRH work placements. External work placements included a garden centre, soup kitchen, community renewal project, a nursing home, a local supermarket, a local distribution warehouse and others.

The RTU trainees have an Outings Committee that organised a number of community outings during 2016 using the RTU Bus. Outings included the Guinness Storehouse, IMMA, Crazy Golf, Dublin Zoo among others. This afforded the trainees the opportunity to develop and demonstrate applied executive skills in planning and coordinating the outings, facilitated by RTU staff.



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 two months of the year. There were further changes to management and training coordinator posts due to an internal secondment and scheduled leave; this period of flux will pose some key challenges for the continuity and efficiency of service provision.

Another challenge for the RTU this year was the issue of increased self and early or unscheduled trainee discharges from the programme, and some key security and safety issues that arose in the last quarter. These issues have been reviewed in detail in an effort to identify gaps in RTU policy and protocol, and the outcomes and learning will be implemented in 2017.

The RTU offer trainees the opportunity to provide feedback on their satisfaction with the programme through an Exit Questionnaire. In 2016, 62% of trainees discharging from the programme completed the questionnaire. Of those who responded, 71% rated 5/5 and 29% rated 4/5 on their overall level of satisfaction with the programme.

RTU made submissions or participated in the following: shortlisted for HSE Awards; National Health Summit; HMI Conference; St. Vincent's Clinical Audit Study Day; NRH Foundation Grant Scheme.

Education and Training

Apart from attending NRH mandatory training, RTU staff also delivered in-service training to the RTU team and attended external education, training and courses. The RTU provided clinical placement for a TCD postgraduate Counselling Psychology student during 2016.

RTU staff are involved in various aspects of training and education in the hospital. Two RTU staff are qualified instructors in the Management of Actual and Potential Aggression (MAPA). Other RTU Staff are Smoking Cessation Officer and Contact Support Person. RTU staff contributed to a number of NRH committees and one staff member provides ongoing staff exercise classes.

RTU staff provide education and support to family, professionals and employers on an ongoing basis to effectively facilitate the individual's progress through the programme and discharge process. RTU Manager attended monthly Rehabilitative Training (RT) Managers meetings facilitated by HSE Occupation Guidance Service and quarterly RTU Advisory meetings. RTU continued as host for Annual RT Best Practice Day (HSE OGS).

Future Developments

The RTU engaged in a Service Review Day and elements of our scope of service, systems and protocols to be reviewed and refined over the coming year were clearly defined. In the coming year, the RTU team will be working collaboratively with the Paediatric Inpatient team to improve pathways for Paediatric Patients transitioning to adult services, including the RTU. The aim of this initiative is to explore the various ways that a patient, and their families, could be supported during this transition process.

The RTU will continue to maintain strong working links with community services such as MABS, HSE dieticians, ABII, Headway, Bri, FAI, to name but a few. We continue to be most grateful to our partners in the community and feel they have a significant role to play in the breadth of services offered to RTU trainees and on-going supports.

The RTU is appreciative of the support that it receives from all NRH Departments in the form of access to services and supports, work placements, education/information, or skills development. In particular we acknowledge the support of the OT Department for access to Woodwork and Vocational Assessments and work experience placements, Catering Department for access to a range of work experience placements, Communications Department for facilitating work placements and the OPD Department for continued access to OPD therapies.

SOCIAL WORK

ANNE O'LOUGHLIN
PRINCIPAL SOCIAL WORKER

The services offered by the Social Work Department include: psychosocial assessment of the patient and family situation; 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 5260 attendances by Inpatients and their families and carers in 2015 and 611 Outpatient and outreach attendances or visits. The number of attendances has decreased while the amount of time on direct and indirect work has remained static highlighting the increased complexity of service required for each case.

SOCIAL WORK ACTIVITY 2016

	Attendance	Attendance	Sum of Direct Units	Sum of Indirect Units
Inpatient	5,260 Individual	620 Group	14,088	12,107
OPD	611	N/A	1,358	1,027

Developments in 2016

2016 was a very challenging year in terms of the complexities and resources involved in sourcing funding for follow on services for our patients, to facilitate a safe discharge. The funding situation continues to be more and more stretched with an increasing amount of paperwork and processes involved. The NRH continues to advocate at the highest levels for a national ring fenced budget for patients with complex needs as local areas cannot be expected to manage the types of Home Care Packages required. The trend towards increasing numbers of young people accessing nursing homes continues as it remains easier to access Fair Deal than home support funds.

The HSE National Policy on Safeguarding Vulnerable Persons at Risk of Abuse (2014) has had a considerable effect on Social Work resources. While this is a very welcome development, the low threshold for reporting incidents, including peer to peer events, means that all reports to the Designated Officer in the Department must lead to a preliminary screening or a community referral. The Designated Officer role and the necessity to provide training to all NRH staff come without extra resources. The policy is being reviewed by the National Safeguarding Office in 2017 and the Social Workers will be inputting into this process via their professional body, IASW.

The Social Work Department is actively engaged in carrying out research on the experiences of patients, families and staff of interdisciplinary family meetings which are a key feature of the rehabilitation programme. This work is being done in conjunction with Dr Paul Carroll, Consultant in Rehabilitation Medicine at the NRH and Dr Sarah Donnelly in the School of Social Policy, Social Work and Social Justice, UCD. Ethics approval was granted in 2016 and the pilot phase has been completed. This is an action research approach with the social work team acting as co-researchers in the project – the project has been accepted for an oral paper in Denmark ESSW conference to be held in April 2017.

Another exciting development has been the awarding of the Tom Gregg Bursary Fund to Phil Butler, Senior Social Worker on the Brain Injury Programme. Phil proposed a project to adapt a manual on the support of child relatives of patients with ABI for use in the NRH. It is widely acknowledged that brain injury does not just affect the person with the injury, but also their family. While efforts have been made to make rehabilitation more family focussed, and include the needs of family members, the focus has been predominantly on the person with the injury and their carers. The resource pack for staff aims to consolidate the work already being done with child relatives, and provide practical tips and guidelines for those who may not have experience of working with children. It also outlines current literature in this area, and illustrates how working with child relatives can have a beneficial impact on rehabilitation outcomes for patients.



Sheila MacGowan Senior Social Worker, with the support of Edel Lambe and a supporting committee oversaw the development of the first NRH Cookbook to raise much needed monies for the Valentine's Fund. This fund is used to provide support to patients and families who have financial or other needs which would ease their journey through rehabilitation.

As part of their role on the hospital's Suicide Awareness Group, Kathleen Kelly and Sheila MacGowan arranged Safe Talk Suicide Awareness Training for NRH staff. Bernadette McPhillips continues to provide staff support quiet time sessions as part of her work in association with the Positive Working Environment Group.

Two members of the Social Work Team were also trained as 'Open Disclosure' trainers in 2016 and are involved in providing training to NRH staff on this policy.

Activity for 2016

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 2016 is detailed in the Education and Training section on pps 120 – 128.

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 2016. These include:

- Annual Stroke Day, Irish Heart Foundation.
- Safeguarding of Vulnerable Adults including Train the Trainer programme.
- 'Capacity and the Vulnerable Adult' Training.
- Open Disclosure Train the Trainer Programme, HSE.
- Social Workers in Disability/Primary Care Annual Conference, October.
- Irish Association of Social Workers Annual Conference, Dublin, May.
- Social Work Supervision Skills (6 days) programme on Morrison Model.
- Assisted Decision Making (Capacity) Act – Conference and Seminars.
- Research for Health Care Professionals Annual Conference.
- Anxiety, School Refusal Depression and Self Harm in Adolescence – 2 day course.
- HSE Forum for National Clinical and Integrated Care Programmes – the Journey to Integrated Care, IMMA, October.
- Implications of new Children First Act – BUSPAN workshop, TCD.
- Head Medical Social Worker Forum National Conference, September.
- 'Safeguarding – everybody's business' National Federation of Voluntary Bodies.
- Child Protection Conference, Dublin.
- Practice Teaching UCD/TCD Programme.
- Attendance and presentations at Grand Rounds NRH.
- Attendance and presentations at Social Work Department Educational Forum.
- Site visit to Oxford Enablement Unit/Audrey Daisley services for child relatives.

SPEECH AND LANGUAGE THERAPY

AOIFE HENN
SPEECH AND LANGUAGE THERAPY MANAGER

The Speech and Language Therapy (SLT) Department offers a wide range of clinical and educational services to both Inpatients and Outpatients at the NRH. The services include comprehensive assessment and diagnosis, and provision of therapeutic programmes for a range of language, voice, speech and swallowing disorders. Speech and Language Therapy is delivered in individual, group based, team based and family centred therapy for patients and their families or carers.

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:-

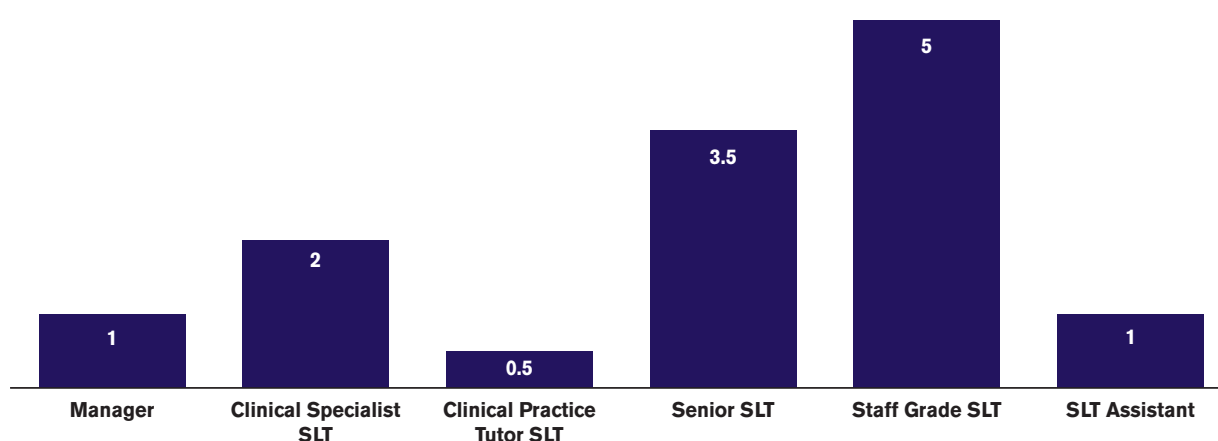
- Brain Injury Programme including Stroke.
- Spinal Cord System of Care.
- Paediatric Family Centre Programme.
- POLAR (Prosthetic, Orthotic & Limb Absence Rehabilitation).

Additionally, the Speech and Language Therapy service also provides the following services across programmes:

- Audiology Screening Assessment.
- Flexible Endoscopic Evaluation of Swallow Service (FEES).
- Electronic Assistive Technology.

Service Provision

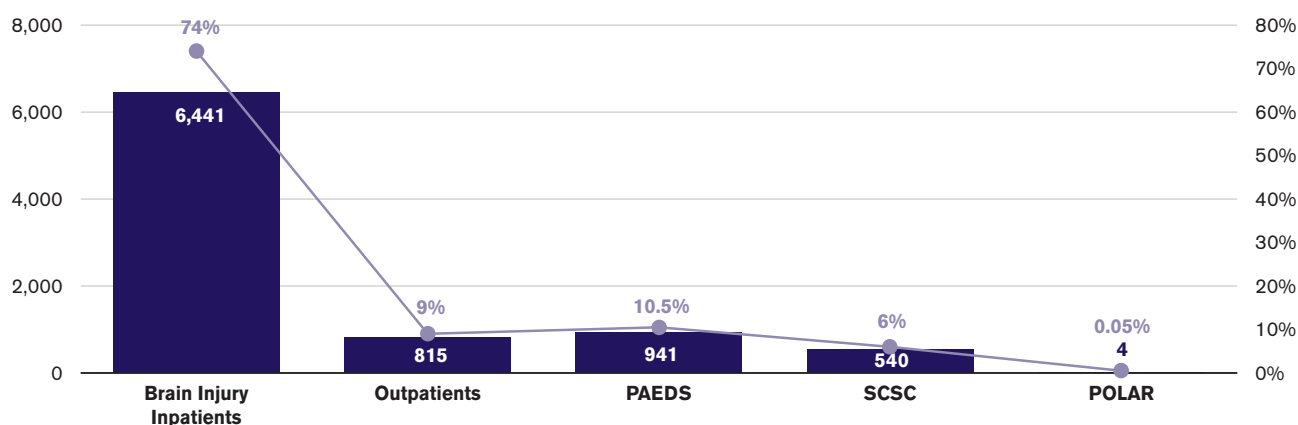
FIGURE 1 – SPEECH AND LANGUAGE THERAPY STAFF SKILL MIX



During 2016, the Speech and Language Therapy team continued to provide a high quality service to all patients requiring intervention in relation to their communication and Feeding, Eating and Drinking Skills (FEDS). In line with international best practice the Speech and Language therapy department have continued to work with our colleagues to improve awareness of communication disability; we launched the 'Communication Matters' initiative with a view to making the NRH accessible from a communication perspective. Our vision is that the NRH would be an environment where communicative disability is shared and understood by all.



We have continued to closely monitor and review our capacity to ensure that we are making best use of resources; this is carried out in the context of research and current best practice. We strive to ensure effective use of all resources the department has to offer by meeting regularly to review and monitor capacity across the service. Figure 2 illustrates the number of attendances, as well as percentage per Programme.

FIGURE 2 – PERCENTAGE OF SLT ATTENDANCES ACROSS THE NRH IN 2016

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

SLT Department Milestones and Service Developments in 2016

FLEXIBLE ENDOSCOPIC EVALUATION OF SWALLOW (FEES) SERVICE

2016 marks our third year of providing an instrumental swallowing examination to patients of the NRH. A total of 33 FEES procedures were performed, 45% of which were from the Spinal Cord System of Care Programme, 55% from the Brain Injury Programme, which is an increase in the number of procedures on previous years.

Our FEES service was extended to patients at St. Columcille's Hospital (SCH), Loughlinstown in 2016. We are delighted to have successfully set up a quid pro quo agreement whereby our patients can attend SCH for Videofluoroscopy and their patients can attend the NRH for FEES. This is a mutually beneficial arrangement which allows access to both forms of instrumental swallowing to be assessed based on the individual needs of the patients we serve.

We now have one additional senior Speech and Language Therapist trained as an endoscopist, bringing the number of SLT endoscopists at the NRH to three. Senior and staff grade clinicians have an opportunity to gain competencies in an assessing clinician role within clinic.

The first FEES Forum was hosted by the NRH Speech and Language Therapy team in 2016. This event was held at the Vodafone centre in Sandyford and allowed an opportunity for all Speech and Language Therapists working in FEES throughout the country to meet and discuss interesting cases, policies, procedures, outcome measurement and challenges involved in working in this particular area.

FEEDING, EATING AND DRINKING SKILLS (FEDS)

Speech and Language Therapists prescribe thickened drinks for patients when it is unsafe for them to swallow free flowing liquids. The SLT department were instrumental in the implementation of a new thickening agent which has proven to be more beneficial and palatable for patients. This will improve the patient experience, thereby increase fluids consumed and reduce the risk of dehydration.

An Oral Healthcare Risk Assessment Tool was developed with colleagues in nursing, pharmacy and dentistry. The aim is to ensure that patients' oral healthcare is adequately assessed on admission and care is provided as appropriate. This will reduce risk of development of aspiration pneumonia as well as maintaining dental health. The risk assessment tool along with new toothbrush products are currently being trialled with successful outcomes.

COMMUNICATION ACCESSIBILITY

2016 saw the setup of 'Communication Access Points' through the Accessibility Committee at the NRH. Since they have been in place, their use by patients and staff has been audited and a quality improvement plan has been set out for 2017. A dedicated NRH Communication Book has been developed for patient use; again in close collaboration with the Accessibility committee and the Communications Committee.

Aphasia Awareness week was hosted again by the SLT Department in 2016, aiming to improve awareness and understanding of the communication disability Aphasia.

OUTPATIENTS SERVICES

SLT is now providing a more comprehensive service for the Rehabilitative Training Unit by providing input to weekly case conferences. SLT has contributed to ongoing development of administration systems and triage through the Outpatient Department Steering Committee. A New Information Leaflet has also been developed for patients. SLT played a key role in further development of the COPA (Community Outing Performance Appraisal) for use by an external rehabilitation service in Peamount Hospital

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

The Electronic Assistive Technology service continues to provide a specialised and timely service to our patients. Representation from the EAT service attended the quarterly Community Hub for Assistive Technology meetings in 2016. The position paper for assistive technology was launched in November 2016; information from our EAT service at the NRH was provided for consideration in the paper. Links with this group will continue to be maintained.

CLINICAL EDUCATION AND TRAINING

The SLT service continues to contribute to the 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 2016. In addition to discipline specific training, interdisciplinary education and learning opportunities for student SLTs are provided via structured 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.

The SLT department has continued its commitment to SLT graduates who are unable to find work. We are glad to report that numbers seeking this experience is reducing. We facilitated two graduate SLT volunteers who supported patient activity within the department in 2016, undertaking a number of specific projects; this was compared to eight in 2015.

Education delivered by the SLT department in 2016 is detailed in the Education and Training section on pps 120 – 128.

The 'Living with Aphasia' Outpatients group receives very positive feedback which is captured in our Stakeholder Feedback systems.





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 Angela McNamara
Locum Chairperson,
DDMBA for Dr Cara
McDonagh in 2016



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
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 for patients, staff, and visitors 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 Food Safety Authority of Ireland (FSAI) regulations.

Events catered for in 2016 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, Multicultural Day and various other Awareness Days, Educational Events and formal visits hosted throughout the year.

The cost of providing catering services to the hospital was €582,038 (excluding wages) and the income was €379,558.

Education and Training

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

Highlights in 2016

The Catering Department received the Food Safety Assurance Award (Distinction) from the Food Safety Professionals Association (FSPA) in 2016. 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. This is the second year running that the NRH has achieved this award.

New Initiatives

The new lunchtime service for patients on St. Brigid's Ward has continued working well and it is planned to roll out this service to all wards during the coming year.

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

The Catering Team have successfully implemented a new food labelling system and the display of calorific values on all foods in the Staff Canteen and Coffee Shop.

Future Developments

The Catering Team are working towards implementing new opening times for the staff canteen and a new payment system in 2017.

Farewell

In 2016 the Catering Team and patients, staff and management of the NRH bade a very fond farewell to Mary Feehan, Catering Supervisor. Mary retired in December after over 40 years of loyal and dedicated service to the hospital. In addition to Mary's supervisory role in the staff canteen, her contribution to the hosting of many and varied events in the hospital cannot be over-estimated as she worked with quiet dedication along with the Catering Team to ensure these events were successful, enjoyable and memorable for all who attended. Mary's commitment to the NRH is greatly appreciated by all her colleagues throughout the hospital, she will be greatly missed by us all - we wish Mary a very long, happy and healthy retirement.

And finally, the Catering Team thank all patients, staff and visitors for your ongoing support.



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 2016, 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 2016 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 2016 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) 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 2016, the Central Supplies Department:

- 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.
- Continued to liaise 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 the 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. In 2016, the Reverend Arthur Young of the Church of Ireland was appointed to a parish near Belfast. We wish Reverend Arthur all the best in his new parish. Mrs Hilda Plant was assigned as the new chaplain from the Church of Ireland to the NRH. Hilda ministers as chaplain to a variety of Dublin hospitals. We wish her every success and blessing in her role as chaplain here. Susan Dawson from the Presbyterian Church continues to minister to patients at the NRH. Ministers of other faiths can be contacted as requested.

The chaplaincy is a support service which responds to the needs of all members of the hospital community, offering pastoral, spiritual and religious support; helping individuals and groups to express and deal with the issues that affect their lives.

The 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 during 6 o'clock Mass.
- 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

A core group of chaplains from hospitals in the surrounding areas meet regularly. The chaplaincy support group has an important educational element to aid chaplains in their professional development. In the past year, the support group discussed topics which included spiritual health, dealing with immediate chronic situations and caring for one's physical health. The Dublin Chaplain's association hosted a seminar to discuss the theme of The Hospital as a Faith Community. The National Chaplain's association seminars at Clonliffe College in 2016 included Care of the Carer. Chaplaincy professional development includes keeping appraised in areas of Theology, spiritual reading, practice of pastoral care, ethics, spiritual development and prayer, and attending chaplaincy meetings with members of the Spiritan Congregation.



Sr. Magdalen and Anne Casey were two of the main organisers of Our Lady of Lourdes Chapel Centenary (1916-2016) held in October.

Challenges

Chaplaincy work has a unique and distinct role which enables it to cross into the various strands of hospital life; 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 listening support to staff and there has been a notable increase in the number of staff who avail of this confidential service, which is welcome.

Fr Michael Reynolds who has for many years covered the Masses at the NRH during the chaplain's leave has now retired and will be sadly missed. We wish Fr Michael every good wish, blessing and sincerely thank him for his availability and generosity for his years of service. The continuing challenge will be to have a priest to cover Masses during leave periods, which may not always be possible.

COMMUNICATIONS

ROSEMARIE NOLAN
COMMUNICATIONS MANAGER

The work of the NRH Communications Department is based on the premise that by fostering a culture of effective two-way communication, which is accessible and responsive to patients, 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.

The Communications Department strives towards continually improving a range of communications channels with a view to:

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

NRH Communications Strategy

The vision underpinning the Communications Strategy is based on the research and work undertaken by the NRH 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 key aim within the NRH is to facilitate open communication at all levels by developing communications links between Programmes, Departments and Services at the NRH; and increasing opportunities for patients, staff and all stakeholders to provide feedback.

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

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

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

4. Develop a strong NRH brand identity.

We are engaged in building a strong identity that reflects the hospital's person-centred values, its commitment to quality, and dedication to achieving best possible outcomes for patients. Work is ongoing in developing the hospital's corporate identity to clearly distinguish NRH from other providers of rehabilitation services; to present our information professionally and in a consistent style that should be instantly recognisable as that of the NRH.

5. Foster excellence in communication with all stakeholders.

This aim can be achieved by ensuring that 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 2016

Work continued in 2016 towards completing 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 2017.

The development of the existing NRH Website was a key focus in 2016. The upgraded website is being developed to W3C guidelines and to a triple-A standard of accessibility. The project will be completed in 2017.

Work has commenced within the Information Management and Technology (IM&T) Department to develop an Intranet which is a very welcome development. The Communications Manager is a member of the Project Steering Group.

2016 was a busy year in terms of media management including TV, Radio, Print and Online media. Topics mainly focussed on:

- Waiting lists and waiting times for patients being admitted to the NRH.
- The National Neuro-rehabilitation Strategy, specifically around inadequate availability of onward care facilitates for younger patients with severe acquired brain injury.
- The New Hospital Development.
- Road Safety Awareness, in particular around Cycling.

The NRH was selected as one of the healthcare organisations nationally who participated in the RTÉ documentary 'Keeping Ireland Alive'. In addition, the hospital and the NRH Foundation, in conjunction with the Construction Industry Federation (CIF) and the Health and Safety Authority (HSA), participated in the production and rollout of an online National Awareness Campaign around health and safety. Three former patients of the NRH who were injured as a result of construction-related accidents participated in the campaign to help raise safety awareness for people working in the construction industry.

Thank you to Professor Mark Delargy and Drs Jacinta McElligott and Paul Carroll for participating in media interviews as spokespersons for the NRH during 2016. While there is a substantial amount of coordination and data retrieval involved in preparing for interviews with print, broadcast and online 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.



'It is evident that patients hugely value the interactions they have with staff members as they are so frequently acknowledged and praised by patients for the work they do.'

Derek Greene, Chief Executive.

During 2016, the Communications Department also worked closely with a number of Project Teams throughout the hospital which included:

- Working in conjunction with the Consultant Microbiologist and the Infection Prevention and Control Nurse to produce patient and staff information literature on Hand Hygiene and Multidrug Resistant Organisms (MDROs).
- Communications Department input into producing a video demonstrating the '5 Moments of Hand Hygiene' included co-ordinating the filming, editing and production of the video, in conjunction with Project Lead, Mary Feeney, as well as members of the Nursing Team, Infection Prevention and Control CNMII, Music Therapist and NRH Choir. The video will be launched in 2017.
- The Productive Ward Initiative – input from Communications Department included production of individual 'Ward Vision Statements'; Project Updates circulated hospital-wide; procurement of magnetic clinical and therapy icons which communicate a patient's status at a glance to healthcare professionals.
- Branding and accessibility input to educational video for Neurogenic Bowel Management.
- Branding input to Patient Information produced by the Psychology Department and presented in animated videos.
- Editing input to the NRH Cookbook (a Social Work Department and NRH Foundation project).
- Positive Work Environment Group – worked with members of the group to develop the NRH submission to the HR Leadership Awards – the NRH won the award for 'Best HR Initiative in the Public Sector'.
- Updating and standardising NRH Forms such as: referral forms, assessment forms, healthcare record forms among others.
- Continual review and updating of a range of patient and staff information literature to ensure its accessibility and suitability for target audiences.
- Work continues on upgrading the NRH Website which will be completed in 2007.

Sincere thanks to the members of the Communications Committee who actively contribute to this working group for the benefit of our patients, their families and NRH Staff. The members of the Committee give generously of their time and expertise to this Committee in addition to a full workload in their respective areas of employment.

Thank you to Sarah Kearney, PA to the CEO for her ongoing support and contribution towards implementing the hospital's Communications Strategy and deputising for the Communications Manager during leave periods. Thanks also to Pamela Shealy and Amy Bleyswyck for their contribution and hard work towards the smooth running of the CEO Office and Communications Departments in 2016.

Action plans have been put in place to develop 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 to 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, and also to the Senior Management Team with whom we work closely on a day to day basis.



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 2016

In 2016, **720** new appeals were lodged and **597** patient appointments were arranged at 24 clinics. **357** appellants attended for review, indicating a continuing high rate of non-attenders despite implementation of letter and telephone reminder policies. **22** appellants (**4.1%** 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>



'Mind Matters', a bi-monthly educational group for patients was established in 2016. The group is facilitated by the Psychology Department and offers patients the opportunity to share personal insights and learn from the experiences of others.

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 effect 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 in 2016

Priority work for the Health Planning Team (HPT) in early 2016 was to convert the information which was included in the equipment component sheets into drawings of each individual room on a room data sheet. This required all rooms within the building to be fully designed. The programme for achieving the design of 720 rooms (109 exemplar rooms, 54 non-exemplar rooms and 557 corresponding rooms) was agreed by the design team and the HPT. All corresponding rooms are replicas of the exemplar and non-exemplar rooms; the Room Data Sheets created for these rooms required significant crosschecking by the HPT in an effort to minimise the requirement for end-users' attendance at design team meetings due to service delivery pressures experienced by the clinical team in 2016.

The NRH team worked with the Architects to complete interior design concepts early in the design stage to ensure that the appropriate interior design concept was integrated into the detailed design at an early stage rather than retrospectively. As part of this process there was significant engagement with end users. Feedback from end users focused on the impact of the proposed interiors on the clinical function of spaces and their therapeutic benefits to patients. With the team striving to achieve balance between creating a warm and welcoming environment which is also designed to avoid spread of nosocomial infections, samples of the materials suggested for use were tested for their durability when exposed to harsh cleaning products which are routinely required for use by the NRH. This information was then fed back to the design team who could then develop the specification of the products which comfortably passed the test.



*NRH Health Planning Team (L-R)
Geraldine O'Donnell (Project
Administrator), Tara Lyons (Therapy
Planner), Jane Magabe (Clinical Nurse
Planner), Siobhán Bonham (Project
Manager New Hospital Development),
and Colette Myler (Project Manager
Capital Equipping).*

A significant investment of effort was made in 2016 in the development and detailed design of the IT infrastructure within the new building. The IT networks in the new building have been designed to support the ever-increasing user demand and innovative technology systems required in a dynamic modern healthcare environment, namely;

- 'Anywhere anytime' network access that is changing traditional workplace borders.
- Use of intelligent mobile devices like smartphones and tablets in the workplace for business operations, changing the profile of end-user devices.
- Use of real-time video multimedia and Telehealth for collaboration and communication.

Like electricity, water and gas, the converged IT network "the forth utility" becomes the fabric of every building, providing a strong flexible foundation for the NRH to gather data to build on organisational efficiency; explore opportunities for lower operating costs; improved building performance, and better protection for stakeholders and assets. The intent being to deploy systems and functionality in the new building which will support future requirements over the next 10 to 20 years.

In preparation for the main construction works commencing in Q3 2017, a series of smaller civil and structural enabling works commenced on site in November 2016. This scope of works includes; diversions of utility connections and services, expansion and reconfiguration of car parking arrangements, and rerouting of fire evacuation routes as per the 2015 planning and fire certification approval for the New Hospital. Other minor capital works programmed to be delivered in 2017 include the construction of a replacement building to accommodate therapy treatment and consultation rooms.

The prequalification process commenced in August 2016 for the Main Contract works and the Mechanical, Electrical and Facades specialists works. The invite to tender for the shortlisted contractors and reserve specialists was issued in Q4 2016.

Future Developments

The detailed design of the new building provides the template for the state of the art, fit for purpose facility which is based on the principles of universal design. It incorporates many innovative and creative solutions to overcoming the physical, cognitive and linguistic barriers our patients in the NRH are faced with. On completion of Stage 3 of the project; tender, evaluation and award, the NRH hope to be in a position to award a contract to the successful contractors in Q2 2017 with works commencing on site Q3 2017.

Training and Education

In 2016, both Colette Myler, (Project Manager, Capital Equipping) and Jane Magabe, (Clinical Nurse Planner) with their colleague John Maher (IMT Manager) were awarded their academic LEAN Six Sigma Green Belt Certification from UCD for their project entitled 'Stocking the Stocks' which focused on the number of specific medical devices required for patient monitoring in the new facility.

Tara Lyons (Therapy Planner) undertook a day leadership course with the Public Affairs Office. Jane Magabe (Clinical Nurse Planner) commenced her Masters in Management in Smurfit Business School.

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, regulatory 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.

Recruitment and Staffing

Our staff continue to provide professional and effective care to our patients and a quality service to the hospital, ensuring that a high standard of care continues to be provided to our patients despite ever increasing demands on services. The pressures and challenges on our staffing resources have been well documented in the past and have proven difficult for the hospital in maintaining existing key services against the landscape of substantial service pressures and tight management of scarce resources.

Following on from the Priority Staffing document produced for the HSE, the NRH undertook a detailed review of service delivery and resources in order to evaluate the clinical and non-clinical staffing requirements against growing service demands and increasing complexity of patients' care needs. The national demand for specialist rehabilitation is rising and the NRH has observed increasing pressures on its service delivery with resultant pressures on staff. 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 in January 2016.

In early 2016, hospital representatives presented the Workforce Planning document to the HSE to progress our business case for additional staffing. A further opportunity arose in November to meet with Dr Cathal Morgan, Head of Operation for Disability Services, HSE to try and advance the business case. We await confirmation of commitment from the HSE in relation to the hospital's submission for vital additional staffing resources.

General recruitment activities continued 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. Recruitment challenges have been experienced in respect of medical and nursing staff, which is reflective of national trends. We will be exploring ways of addressing this issue and participating in recruitment initiatives such as health sector specific job recruitment fairs in 2017. The HR Department continues to work with each Programme Manager and Department Head regarding the specific needs of their services and for posts which are deemed essential to services.

Matt Burke and Rose Curtis accepting the Gold Active@Work Award from Minister Marcella Corcoran Kennedy, TD, Minister For Health Promotion.





HR Information Management System

In 2016, our focus has been on embedding the HR management processes introduced following the rollout of the Core HR Information Management System (Time and Attendance module). Overall, the HR Transformation Project overall has assisted in the hospital moving away from a paper based system to an automated integrated HR management information system. As the new system has bedded into the hospital we are seeing the capability of the system in providing essential information for management in terms of improved reporting and decision making leading to more efficient and effective streamlined HR administrative and business processes.

New management information reports have been developed which are helping managers across the hospital to optimise the use of scarce resources and provide best possible patient care. In addition, information on training has been significantly enhanced which is helping managers and staff to better manage compliance with the ever increasing demands of mandatory training. Finally, the new information available is also helping to inform our planning for the new Hospital.

Staff can now view and book leave through a staff self-service portal. For managers, the changes are more involved and particularly for Clinical Nurse Managers who also deal with the added complexity of rostering. Managers now manage time and attendance activity for their teams through a self-service portal – this is a significant change in practice and one which managers have embraced.

Overall, excellent progress has been made and the hospital is seeing tangible benefits from its investment in the HR Transformation Project. The implementation phase has completed and a HR Transformation Governance Group continues to ensure that the benefits arising from the new HR data are maximised.

Competency assessment

Annual Competency Assessments for all staff members is a requirement to meet our CARF accreditation standards. The compliance rate achieved for 2016 was 88% against a target of 90%. Our endeavours will continue to keep improving on this compliance rate for 2017 and in meeting our target compliance rate.

2016 saw the rollout of a new Performance and Development Review document to staff that have completed a three year cycle of the Competency Assessment process. The HR Department held information workshops for managers and their staff as part of the rollout process.

Absenteeism

The attendance management initiative is ongoing and continues to be effective in keeping absenteeism within HSE set target levels. The hospital recognises that absence causing factors can be higher in the Health Sector than in other sectors and industries and in that regard we have robust procedures in place for managing any issues with attendance, which is done with the support of our line managers in each department and with employee health and wellbeing supports in place.

The Core HR System is providing essential information for management and in turn improves reporting and decision making and the Implementation of Core Time and Attendance module is now completed. This enables Hospital employees to electronically swipe in and out each day using a 'TRAM' Card and the relevant time and attendance data is now recorded automatically. Leave management process have also been automated. Employees are also able 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.

Year	Q1	Q2	Q3	Q4	Total
2014	3.31%	2.51%	2.29%	2.39%	3.49%
2015	3.82%	3.59%	2.84%	3.53%	2.63%
2016	2.99%	2.79%	3.30%	3.88%	3.22%

Target for 2017: 3.5% absenteeism

Employee Relations and Change Initiatives

Throughout the year the HR Department continued to work proactively in promoting positive and strong employee relations. 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 and some of the complex changes that emerged from same over the years; as well as striving to achieve necessary changes and efficiencies required for improved service delivery.

Employee Engagement

Evidence shows that employee engagement has a significant, positive effect on performance, innovation, productivity, absenteeism, attendance rates, retention levels, motivation, well-being, and morale. There is increasing evidence within Healthcare Environments that links employee engagement to patient satisfaction and improved clinical outcomes. Employee engagement is seen as an ongoing process that works alongside hospital activities and the NRH Executive Committee, through the Positive Working Environment Group have committed to be accountable for follow up and use of engagement data, and learning and development that align with engagement outcomes.

The NRH undertook a Staff Survey again in May 2016 as part of the Positive Working Environment Initiative and again partnered with the Business School of the Ulster University to collate the survey results independently. The survey was redesigned to look more closely at three key areas from the previous surveys (Demands, Change and Line Manager Support).

The hospital has seen a large increase in staff engagement since its last survey in 2014. Through improved engagement the NRH has become more aware of the challenges facing its staff which ultimately can affect patient care and outcomes.

In 2016 feedback on the survey was cascaded to staff and staff briefing sessions were also arranged. Survey results were presented to the Hospital's Board of Management and Executive Management Committee.

The Positive Working Environment Group (PWEG), which is a cross representational group of staff, was tasked with improving staff engagement and fostering a positive working environment following the results of the first staff survey in 2012. As part of the feedback process for the 2016 survey, Focus Groups will be facilitated by members of the Positive Working Environment Group in early 2017 in order to seek staff input and opinions on the survey results.

Many initiatives have been rolled out in the last five years as a direct result of the views and opinions voiced in previous NRH staff surveys. Staff have the opportunity via the survey to give feedback on how things are currently going and also to shape the initiatives being chosen for the immediate future. Results from this engagement will be used to set out objectives for an Employment Engagement Strategy for 2017 / 2018.

Training

Corporate training in 2016 was once again quite focused on training related to the work of the Positive Working Environment Group and Quality Improvement Programme (QIP). The hospital is aware of the importance of promoting a positive and inclusive working environment, promoting employee wellbeing and managing conflict at work and has continued to focus its efforts on training in these areas.

Corporate training during 2016 included:

- Dignity at Work training.
- Diversity training.
- Conflict Awareness training for Managers.

Conflict Management Training for all staff is due to commence in 2017 and will give specific training to staff in effectively managing conflict behaviour in the workplace.

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 corporate, statutory and job required training. Staff attendance for this type of training has improved over the years and our HR system has been helpful in terms of the provision of individual staff training reports that are available for managers. There is room for further improvements and we continue to work with trainers, managers and staff to address some of our training compliance issues and explore more e-learning opportunities to achieve better overall compliance rates for this training going forward.



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). Access to education and funding is based on a fair and consistent approach. The Educational Assistance Steering Group give priority access to education, training and development which is strongly work related and brings clear benefits in terms of enhancing the quality of service and patient care.

During 2016 the Educational Assistance Group approved 316 applications for financial and study leave support. This included 411 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.

Milestones in 2016

HR LEADERSHIP AND MANAGEMENT AWARDS

The HR Leadership and Management Awards represent the benchmark for those demonstrating excellence in HR. In 2015 the NRH were shortlisted as finalists in two categories for the inaugural awards. We again put forward a submission for the 2016 Awards and were shortlisted as finalists in two of the awards categories namely;

- **Best Workplace Diversity Strategy.**
- **Best Public Sector HR Initiative.**

The hospital won this prestigious award for **Best Public Sector HR Initiative.**

In late 2016 we submitted applications for two other categories and were confirmed short listed as Finalists for both categories namely;

- Best Change Management Programme.
- Most Effective Employee Engagement Strategy.

Retirements

5 staff retired in 2016 from various departments with a total of 103.43 combined years of service between them. For the second year in a row this included one retiree with an incredible 46 years of service.

We take this opportunity to thank each and every one of our retirees for their loyal and dedicated service to the hospital, hard work and professionalism. As they embark on the next chapter of their lives we extend our best wishes to them for a long, healthy and happy retirement and for the future.

HR Department and Core Support Team

I thank all of the team in the HR Department, Rose Curtis in the Occupational Health Department and the Core Support team who have been instrumental in supporting the work of the department and HR Transformation Project. I would like to acknowledge the hard work, commitment and dedicated service of the team with coping with ever increasing work demands and in managing the many ongoing projects and initiatives as we strive towards continually improving our service and in meeting the needs of managers and staff in what continues to be challenging times in the health sector.

In terms of the HR Transformation Project and the benefits and achievements being realised for the hospital, this would not have been possible without the excellent support and assistance of managers and staff across the Hospital. On behalf of the HR and Core Support Team, I would like to take the opportunity to thank you one and all in genuine appreciation for the engagement, assistance and support to the HR Team during 2016.

INFORMATION MANAGEMENT & TECHNOLOGY (IM&T)

JOHN MAHER
IM&T MANAGER

NRH information systems help support the quality of care delivered to patients by aligning services in support of the hospital's strategic vision. The department is responsible for the delivery of all information management and technology services to hospital Consultants and clinical staff as well as business services. In 2016 the IM&T department completed or started a number of key projects which included;

- Cutover to a new server infrastructure.
- Electronic Patient Record business case approval.
- Project initiation for a corporate Intranet.

Service Delivery

2016 was yet again another busy year for IT service delivery with call volumes slightly down on 2015 figures. The Service Desk resolved a total 2662 user IT matters which represents a 10% decrease on the 2015 volumes; 52% of all calls were dealt with on the same day. This welcome decrease comes at a time when we are continuing to expand our IT estate and can be explained by better service desk management coupled with a newer infrastructure and greater overall hospital maturity with respects to IT.

Service Implementation

Service delivery was dominated by three partner projects namely the installation and cutover to a complete new server infrastructure, data storage and backup hardware. These projects were, in the main, carried out during working hours with minimal disruption to the operation of the hospital. The completion of these projects brings to an end the 2014 IT review with our focus now directed towards the develop of the next three year IM&T strategy and completing current projects.

I would like to acknowledge the efforts and dedication of the small IM&T team with their dedication to support and in implementing change in 2016. I would also like to acknowledge significant financial support from the HSE without which many of these initiatives would not have been possible.



The NRH has embarked on a number of significant projects based on the future use of technology within the hospital, both for business operations and in the delivery of services to patients.



NRH FOUNDATION

EDEL LAMBE
FUNDRAISING MANAGER

The NRH Foundation is a separate legal entity to the National Rehabilitation Hospital (NRH). It is a registered charity (No: 20013196 / CHY6750) focused on raising financial support towards specialist projects, equipment and educational and research projects that will help make a direct difference in the lives of the patients at the NRH, now and into the future.

The NRH Foundation is committed to ensuring that all contributions of time, resources, knowledge and money are deployed in supporting the best benefits and care to the NRH patient group. The Charity fulfils its obligation to ensure that all the income is used effectively and in support of the mission and goals of both the NRH Foundation and the National Rehabilitation Hospital (NRH).

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 patients in the unique national service of the NRH.

Fundraising Activities

Supporter led fundraising activities continued to be one of the main revenue streams received into the NRH Foundation in 2016. 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, and The Dublin Rose of Tralee Gala Ball. In addition, many individuals participated in national fundraising events, such as the VHI Women's Mini Marathon, the Dublin Marathon and the Rock 'n Roll Marathon and many raised vital funds for the NRH Foundation through personal sponsorship. Bequeaths and personal donations also contributed to the income during this period.

Corporate partnerships that contributed significantly to fundraising income for the NRH Foundation in 2016 included LeasePlan Information Services (LPIS), and Dunnhumby. In 2016, the NRH Foundation also partnered with the Construction Industry Federation (CIF) and the Health and Safety Authority (HSA) in the production and delivery of a National Awareness Campaign around health and safety in the workplace – this was a digital media campaign which ran throughout Construction Safety week in September 2016.

In 2016, the NRH Foundation produced the first ever 'NRH Cookbook'. Each recipe was submitted by patients and staff, past and present, of the NRH, to create a very unique product. The cookbook contains 85 recipes, with recipes for every occasion and taste. All proceeds from the 'NRH Cookbook' will go to the Valentine's Fund, a patient support fund in the NRH Social Work Department. Students from the IADT, Dún Laoghaire worked with the NRH Foundation Fundraising Department in 2016 on the marketing and selling of the 'NRH Cookbook' and also the 'NRH Charity Calendar'.

Milestones

In 2016, funds raised through the various fundraising projects were grant-aided to support a selection of projects in the NRH including:

- Specialised physiotherapy equipment for the NRH Paediatric Programme.
- Essential equipment for the adult Physiotherapy Department.
- Continued financial support of the Recreational Therapy Service.
- Further development of the Occupational Therapy Garden on the grounds of the hospital.
- Further enhancement of the Occupational Therapy Kitchen in the hospital.
- New assessment and treatment equipment for the NRH Brain Injury Programmes.
- Support of the Music Therapy Research Project.
- The production of an educational video in the area of Bowel Care Management for Spinal patients.

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 NRH, 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 patients and rehabilitation services.

OCCUPATIONAL HEALTH

DR JACINTHA MORE O'FERRALL
CONSULTANT IN OCCUPATIONAL HEALTH

2016 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 several staff members attended there as part of a medical assessment for fitness to work or for absence management in 2016.

Services Provided and Breakdown of Consultations in 2016

Service (alphabetical order)	Consultations
Advice on occupational health issues	89
Employee Assistance Programme (EAP) – Offered	29
Employee Assistance Programme (EAP) – Attended	23
Blood Pressure	94
Blood Tests	25
Health Surveillance	5
Illness at work	56
On-site Occupational Health Physician	47
Pre-employment screen	89
Pregnancy risk assessment and review	38
Referrals to Medmark	27
Absence Management, Reviews and follow-up	256
Stress management (education, debriefing and work related stress)	56
Vaccinations	
• Hepatitis B, MMR, Varicella	15
• Seasonal Flu vaccine	247
Weigh-in facility for Staff Members	296
Smoking cessation Support	40
Work related injuries	50



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.
- Staff Training in Dignity at Work and workshops for new staff.

NRH Health Promotion Events in 2016

- NRH Staff Wellbeing Survey.
- 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).
- Lunchtime 60 second challenges.
- Events organised by the NRH Social Club.

Committee Participation by Occupational Health Staff

- HSE National Staff Engagement Forum.
- Quality, Safety and Risk Committee.
- Behaviour Consultancy Forum.
- Hygiene/Infection Prevention and Control Committee.
- Chair of IHF Active at Work Award Subgroup.
- Positive Working Environment Group.
- Steering Group for Diversity and Inclusion Committee.

Key Milestones for Occupational Health in 2016

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 Work 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. 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, Physiotherapy Outpatient Service, Radiology and staff throughout the organisation, for which it is very grateful.

- Staff DXA scanning was launched in collaboration with Radiology in April 2016 – 33 staff availed of this service.
- A mini staff survey was carried out in conjunction with the Positive Work Environment Group and Ulster University in May 2016 – 279 staff participated.
- The NRH received the Irish Heart Foundation Gold level 'Active at Work Ward' in 2016.

RISK MANAGEMENT DEPARTMENT

BERNADETTE LEE
RISK MANAGER

Introduction

A disciplined approach to risk is important in an organisation like the National Rehabilitation Hospital (NRH) to ensure that we are executing according to our strategic objectives. The Board of Management has oversight for risk management with a focus on the most significant risks facing the hospital, including strategic, operational, financial, legal and compliance risks. The NRH risk oversight process builds upon management's risk assessment and mitigation processes. The NRH is committed to managing risks in a proactive, integrated and accountable manner through clear risk management structures, systems and processes.

Throughout 2016, 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. In the latter part of 2016, the Safety and Risk Committee expanded its role to cover quality and is now called the Quality, Safety and Risk Committee (QSR). The QSR is chaired by the Clinical Director with the Chief Executive Officer forming part of the membership.

By routinely measuring and publishing the outcomes of the services we provide, we can begin to understand what we do well and what we need to improve. The Risk Management Department prepares reports for the Quality, Safety and Risk Committee and Hospital Executive Management Committee on risk management and certain quality related issues as appropriate. The Risk Management department shares information and experience with other departments throughout the hospital and 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.

In understanding the totality of patient safety, incident data is collated to inform the Board members and staff on the severity of incidents, individual pathways with adversity, and trends and themes in particular areas and across the hospital. The NRH has a strong culture of incident reporting. There were 864 clinical and non-clinical incidents and near misses reported in the 12 month period, with an average of 72 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 is developed. This process serves as a valuable exercise in consultation with front-line staff.

To date there are approximately 11,665 incidents recorded on the National Incident Management System (NIMS) database. In 2016 the NRH began the process of implementing the new National Incident Report Forms (NIRF). There has been, and will continue to be a strengthening of the risk management framework at both corporate and operational level to identify risks and to put in place control measures to mitigate their impact.

The Risk Management Department is charged with providing advice and guidance to the organisation to improve safety and help prevent patient harm. It also serves as a change agent for departments and staff, helping to share lessons learned among the healthcare team. The department has identified, assessed and put in place mitigation strategies in relation to certain defined areas associated with the organisation. Risks detailed on the hospital's Risk Register are regularly reviewed by the Board, to ensure that as far as possible they are fully mitigated and remain a core focus of the Board's programme of work.

All risks have been assessed for likelihood and consequence and our risk profile includes financial, clinical, workforce and environment or infrastructure risks. Risk Management Key Performance Indicators (KPIs) are continuously developed which enable improved monitoring of the effectiveness of the organisations risk management systems and processes in place. The Risk Management department is dedicated to ensuring the safety, health and wellbeing of all our patients, staff, visitors and contractors. This is achieved by promoting and facilitating a safety conscious culture to ensure a safe environment and place of work in line with what is required. The department continued to work with the Technical Services Department on upgrading the hospital infrastructure to ensure a safe and efficient delivery of services.

Training and Educating Healthcare Staff

Training and educating healthcare staff in patient safety and improvement is a cornerstone of the Risk Management Departments mission. Attendances at Risk Management Training sessions during the year were favourably received. 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 run during the year. Our Fire Safety 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. This is expected to be concluded in 2017. Management of Actual or Potential Aggression (MAPA) training continued in 2016.

Work began by the Technical Services Department and contractors on the installation of the new fire alarm system and emergency lighting.

Patient Falls

There were 2.9 Patient falls per 1000 bed days recorded in 2016, a significant decrease on 2015 figures. The prevention of patient falls is aided by a number of factors such as Falls Champions, use of Falls Risk Assessments, and Falls Awareness Day (April 2016). The Quality Safety and Risk Committee monitor Patient Falls and are committed to delivering a Patient Falls Prevention Programme.

Medication Safety

The Pharmacy Department continued to carry out Medication Safety Reconciliation of patient prescriptions at admission and discharge; where medication incidents and near misses occurred, all were of a low risk with no injury to the patient reported. Corrective actions were taken in relation to all near misses reported. An aggregate review of medication incidents reported to Risk Management between 1st January 2016 and the 30th June 2016 was carried out to establish trends in the incidents reported and opportunities for improving patient safety and reducing medication errors. 129 medication incidents were reported during this period and all incidents reported were recorded as either a 'near miss' or as a 'no harm' incident.

Self-assessment and Quality Improvement

The hospital continued its self-assessment and quality improvement to ensure that all its activities were in accordance with the relevant National Standards. 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 Safety Round Audits, Blood Transfusion Audits, Medical Gas pipeline system audits, Dangerous Goods Safety Audits. Based on the findings of these, quality improvement action plans are implemented locally by line management.

During 2016, the NRH had an external audit by the HSE of its compliance to Part I of the National Consent Policy. The final report is expected in early 2017 and a quality improvement plan will be developed to implement the recommendations of the audit.

The Risk Management Department maintains 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.

In conclusion, this section illustrates the continued progress in the NRH. The Risk Management Department will actively seek new opportunities, examine their implementation and drive them forward where appropriate. During 2016 we have had the opportunity to work closely with many of the NRH's valued employees and we continue to be impressed by the excellence in terms of the desire for and commitment to patient safety. The Risk Management Department would like to thank all of our employees for their valued contribution.

Freedom of Information Statistics

The following is an overview of access to records received by the NRH in 2016:

Type of Request	Number of Requests 2016
Freedom of Information	54
Freedom of Information Internal Review	0
Data Protection	18
Freedom of Information & Data Protection Access	5
Routine Administrative Access	297
Total Requests for Access to Records	374

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.

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 the 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 NRH 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 multidisciplinary 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

In line with the hospital's mission, and guided by HIQA Safer Better Healthcare standards and CARF (Commission for Accreditation of Rehabilitation Facilities) standards, quality and safety in patient care remains the focus to drive improvement in the delivery of services to patients at the NRH. Input from service users and stakeholders provides invaluable insights into what we are doing well, and how we can improve the 'day to day' delivery of service, the environment and facilities within the NRH.

This is achieved in numerous ways including Inpatient and outpatient surveys; post rehabilitation questionnaires (uSPEQ); comments and suggestion boxes; complaints management, meeting face to face with patients and family at monthly patient forums with the addition of a quarterly parents' forum introduced in 2016; and direct engagement with patients in planning the new hospital facility in order to ensure it will be fit for purpose. For this reason, a member of the health planning team is invited to attend patient forum meetings, to inform patients of progress in the new hospital and to hear their comments directly which have been taken on-board throughout the planning process.

All comments and suggestions received are reviewed by the stakeholder and corporate data manager in collaboration with the relevant heads of department and actioned where possible, with feedback provided for patients and other stakeholders.

A patients' monthly update newsletter was introduced in December 2016 and will be circulated to all patients and displayed on patient noticeboards each month going forward in order to inform patients of ongoing actions and events.

Complaints

Complaints are a valued source of feedback as they provide an opportunity to review services and implement changes as a result of issues raised. The hospital's procedure for managing the complaints enables service users to make comments both informally (verbal) and formally (written). All complaints are followed through and an invitation to meet the complainant is extended in order to discuss the issues raised. A written response is provided for formal complaints at the end of the investigation process.

uSPEQ Questionnaires

These questionnaires are posted to patients three months post discharge (in line with CARF standards) and seek to inform the hospital in relation to the value of outcome for the patient having completed their Inpatient rehabilitation programme at the NRH. Although the average response rate remains within the 30 – 35% bracket, the feedback gained, both through structured questions and answers, and free text comments, does provide the hospital with valuable information and an opportunity to observe any trends which emerge. The goal of these questionnaires is to enable review of services and implement required changes.

The uptake of completion of the Outpatient Service uSPEQ feedback questionnaire was too low to warrant continued use, and methods of gaining feedback directly from patients is being explored with a view to implementing surveys verbally with patients on clinic days.

Patients Forum

Monthly meetings are held with current patients and the open discussion between committee members (former patients and hospital staff) and patients in attendance, gives an insight into how the hospital and its staff currently serves patients' needs. A report is sent to the hospital's Executive Committee and all comments and suggestions reviewed and actioned by the stakeholder and Corporate Data Manager in collaboration with Programme Managers and Heads of Departments. These actions are included in the patients' newsletter 'You said We did' for patient information.

A common trend which emerged in feedback was a wish expressed by patients to use sports and exercise facilities out of hours. This is under review by management to decide if this request can be facilitated in a safe and structured way.

Interagency Forum

Agencies providing information and support for NRH patients meet every 2 months with NRH staff. The aim of the forum is for agencies to work collaboratively with staff to inform patients in relation to support services available, both while in hospital and in the community post-discharge.

'Life Beyond the NRH' Information Day was held in February 2016 to enable the support agencies to promote their services, speak with patients and provide contacts for families. This event proved a success and will be scheduled as an annual event going forward. Agencies continue to meet patients and families at the Information Kiosk or at one to one sessions on request. Information sessions are also held for patients on a monthly basis.

Volunteer Service

There was significant development within the NRH volunteer service during 2016. Following establishment of a volunteer administrator role, Garda Vetting was enforced for all volunteers. Policies, procedures and guidelines for volunteers have been revised and new documents developed. NRH volunteers are engaged in a variety of tasks and activities including the mobile hospital shop, DVD trolleys, quiz nights, karaoke, bingo and Boccia.

An initiative was piloted 2016 in conjunction with the Speech and Language Therapy Department whereby volunteers assisted by escorting patients to and from their therapy sessions, which freed up therapists' time to devote to delivering therapy to patients. As this proved successful, the service is being extended to all wards and therapies in 2017. There is also a buddy system in operation whereby volunteers meet with patients for a chat and a coffee. Volunteer induction evenings are held regularly. The NRH values the contribution volunteers make to patients through the numerous events they participate in, and volunteers appreciation evenings are hosted annually.

The Stakeholder and Corporate Data Manager's team expanded in 2016 and now encompasses staff from the Admissions Office, Healthcare Records, Urology Administration and the Volunteer Office. Work began in preparation for archiving old healthcare records in 2016 and will continue into 2017 when a decision on a method of archiving will be taken and records managed accordingly.

Work was also carried out as part of the hospital's data project to restructure internal activity data reports, with further adjustments to be made on internal reports in 2017. This is being done to bring about a more streamlined suite of reports and to facilitate analysis and enable change where required to ensure quality and safety in patient care.



TECHNICAL SERVICES

PETER BYRNE
TECHNICAL SERVICES MANAGER

2016 was a very busy and productive year for the Technical Services Department (TSD), with many upgrades and developments carried out throughout the hospital campus. The aging hospital buildings and infrastructure prove a constant challenge for the TSD team, in maintaining the facilities to the required standards. A prioritised plan has been developed and funding secured for essential upgrades required in many areas of the hospital. The Technical Services team work closely with all departments in the organisation and strive to provide a safe and comfortable environment for patients, staff and all stakeholders using our facilities.

Planning for the new hospital project continued throughout 2016 and is now near completion. The Technical Services Team 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 2016

Division of Double Room in Our Lady's Ward: The project to divide the double room on Our Lady's Ward to create one single room and one en-suite single room was completed. This project involved installation of dividing wall, moving of the automatic doors and installing a new door in the new single room. Extensive alterations were carried out on the patient hoist, nurse-call and electrical and plumbing services in the ward. Completion of this project has added a much-needed single room to Our Lady's Ward.

Multi-Sensory Room Upgrade: The Multi-Sensory room upgrade has been completed to conform to hygiene standards. This project involved modifications to the high level windows, installing new floor covering and the room has been entirely repainted.

New Fire Alarm and Emergency Lighting Project: The installation of the new fire alarm and emergency lighting project is scheduled to run for approximately nine months and is due to be completed in April 2017. When completed, all existing hospital buildings will be covered by the new fire alarm and emergency lighting system.

Hot and Cold Water Service Drawings: Drawings of the identifiable hot and cold water service infrastructure in all hospital buildings have now been provided by the hospital engineers. There are still some areas of the hospital where the water services cannot be identified, due to concealed pipe work and inaccessible areas. The completion of this phase of the water services mapping has identified areas that need further investigation and, or water service replacement. Technical Services are working with the hospital engineers to explore solutions to the problematic areas of water service throughout the hospital.

Administration Unit 5: Room 9 in Admin Unit 5 was converted from a wheelchair store room to office space required for the SharePoint Project Team. This upgrade involved installing new electrical power points and lighting, new IT points, new floor covering and a total redecoration.

Wheelchair and Equipment Store: A new wheelchair and equipment storage area has been created in the old limb-fitting workshop area. This project involved erecting partition walls, installation of new doors and painting of the floor. As storage space is limited in the hospital, this new storage room will require close management by departments using the area.

External Lighting: The Technical Services team are currently in the process of upgrading the external lighting around the campus from the current sodium light fittings to low energy fittings. To date, the lighting in the Prosthetic Outpatient Clinic car park area and the lighting around the Rehabilitative Training Unit at the back of the hospital have been completed. This project is ongoing and will carry on into areas not affected by the new hospital project. The new low energy lighting will have a considerable reduction in energy usage and cost when completed.

Painting Projects: A considerable number of areas throughout the hospital have been redecorated and painted during 2016. This work is very noticeable throughout the hospital buildings and I would like to take this opportunity to thank David Wallace our TSD painter for his efforts in keeping a difficult environment presentable and hygienic for patients, staff and visitors in the NRH.

Temporary Car Park: A new temporary car park has been completed on the field opposite the stores building. This car park will be opened to accommodate parking, when the car park at the Outpatient Department (OPD) is closed, as part of the enabling works for the new hospital project. The car park upgrade at OPD will be carried out in two stages to minimise the loss of parking spaces. Work on the new car park started in November 2016 and is due to be completed in March 2017.

New Hospital Project: The design stage of the New Hospital Project is almost at completion and the building works are due to start in the summer of 2017. The TSD team have worked alongside the Health Planning Team (HPT) and the Design Team in development of Mechanical and Electrical briefs for the new hospital project.

In conclusion, I would like to thank our CEO, Derek Greene, Director of Finance, Sam Dunwoody, 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 2016. Finally thank you to all patients and staff of the NRH for their support and cooperation throughout 2016.



L-R Alan Kealy, Denis Dowling (both from Allen & Smyth); Kieran Fleck (Chairman), and Henry Murdoch, NRH sign the contract for the enabling works on the NRH site in preparation for the main building works to begin following selection of the main contractor in 2017.



EDUCATION AND TRAINING DELIVERED BY NRH STAFF MEMBERS IN 2016

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 Healthcare 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 healthcare 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 2016: 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.

Education and Training Delivered by NRH Staff Members in 2016

A vital component of the work we do at the 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 2016.

MEDICAL

Note: Comprehensive details of education delivered by the NRH Medical Team in 2016 are detailed in the Medical Board Report (p. 14.).

DEPARTMENT OF NURSING

Note: Comprehensive details of education delivered by the Nursing Education Department and the Nursing Team in 2016 are detailed in the Department of Nursing Report (p. 53).

CLINICAL NEUROPSYCHOLOGY

Presenters and Facilitators	Details	Event or Group	Location
Dr Maeve Nolan & Psychology Team	Positive Approaches to Challenging Events (PACE I)	All NRH personnel	NRH
PACE II Drs Simone Carton and Sarah Casey	Positive Approaches to Challenging Events (PACE II)	Clinical personnel at NRH	NRH
Whole Psychology Team	Psychology and Neuropsychology Lectures	NRH NCHDs	NRH
Drs Simone Carton, Fiadhnaít O'Keeffe, Suvi Dockree, Heather Cronin & Sarah O'Doherty.	Specialist Neuropsychology Block (Paediatric and Adult)	Final year post-graduate doctoral students in Clinical Psychology.	TCD
Dr Simone Carton	Neuropsychology sequelae following stroke	Physiotherapy undergraduates	RCSI
Dr Fiadhnaít O'Keeffe	Psychological consequences of amputation. Lecture to Masters in Older Adult Rehabilitation - Amputee Module	Healthcare professionals	UCC
Dr Suvi Dockree	Acquired Brain Injury and the Emerging Field of Neuropsychanalysis: Panel Discussion at Trauma after Dark exhibition	Healthcare professionals	Trinity College Institute of Neuroscience
Drs Simone Carton, Suvi Dockree and Heather Cronin	Psychology Review 2015: Journey into the Horizon: as part of the Year in Review	NRH clinical personnel	NRH
Dr Maeve Nolan	Contending with complexity: Managing increasing needs.	MASCIP* 18th Annual Conference UK	UK
Dr Maeve Nolan	Keynote speaker on Challenging Behaviour.	MASCIP 18th Annual Conference UK	UK
Dr Maeve Nolan led the SCSC team on this initiative to improve spinal patient education across spinal centres in the UK and Ireland.	Presentation on Ethical Dilemmas: 'The Chef who Couldn't Eat'.	Winning presentation MASCIP 1st Shared Practice Event	UK
Dr Maeve Nolan	Coping with Acquired Disability	Lecture to MSc in Disability and Rehabilitation Studies	UCD
Dr Maeve Nolan	The Problem of Pain in SCI	Guttmann Annual Conference for spinal injury professionals.	UK
Dr Heather Cronin	Neuropsychology in Rehabilitation	Physiotherapy undergraduates	University of Limerick
Dr Sarah O'Doherty	Neuropsychology and Music Therapy; a new approach to assessment	Improving Child Brain Injury Outcomes Conference	London, UK
Dr Sarah O'Doherty	ABI in Childhood	Education Day for Community-based Paediatric Clinicians and Personnel	NRH

* Multidisciplinary Association of Spinal Cord Injury Professionals (MASCIP)



HUMAN RESOURCES DEPARTMENT

Presenters and Facilitators	Details	Event or Group	Location
Ray Messitt in collaboration with CPR Committee	Basic Life Support	Healthcare Providers	NRH
Ray Messitt in collaboration with CPR Committee	Heartsaver AED	Healthcare Providers, Catering and Admin staff	NRH
Lesley Power Ray Messitt	Core Back Office Scenario based training	Training for Heads of Departments	NRH
Lesley Power Michael Kincaid	New NRH Dashboard Management Information Reports	Heads of Departments	NRH
Doreen Kane Ray Messitt	Performance and Development Review Briefing session	Department Heads, Line Managers, Programme Managers and their Deputies	NRH
Rose Curtis Doreen Kane	Dignity at Work	Mandatory Training for All NRH Staff	NRH
Matt Burke Sheila MacGowan Doreen Kane	Open Disclosure Workshops and Briefing Session	Mandatory Training for All NRH Staff	NRH
Olive Keenan Rose Curtis	Delivered a Presentation on Diversity and Inclusion – The NRH's Diversity and Inclusion Case Study to students of the RCSI Masters in Leadership Programme, Module 2.	RCSI Masters in Leadership Programme	RCSI

NUTRITION AND DIETETICS

Presenters and Facilitators	Details	Event or Group	Location
Dietitians	Facilitate group education sessions for patients including: <ul style="list-style-type: none"> • Role of Diet and Exercise in Health for Spinal Cord Injured (SCI) Patients • Healthy Eating for SCI Patients • SCI Information Day 	Nursing Staff	NRH
Dietitians	Interdisciplinary team training in managing dysphagia 'Safe Eating, Drinking and Swallowing'	Multidisciplinary team	NRH
Dietitians	Transition Year Students 'Role of the Dietitian in Healthcare'	Multidisciplinary team	NRH
Dietitians	Spinal Cord Injury Rehab Nurses Course 'Nutritional Issues following a Spinal Cord Injury'	Multidisciplinary team	NRH
Dietitians	POLAR Nursing and Healthcare Assistants 'Update on Renal Diets'	Multidisciplinary team	NRH
Dietitians	Brain Injury Programme Nursing Staff training on 'Malnutrition Universal Screening Tool' (MUST)	Multidisciplinary team	NRH
Dietitians	Brain Injury Programme Nursing and Healthcare Assistant Staff BMI training	Multidisciplinary team	NRH
Dietitians	SCSC Nursing staff Spinal Nutrition Screening Tool Refresher Training	Multidisciplinary team	NRH

Presenters and Facilitators	Details	Event or Group	Location
Dietitians	Non-managerial Professional Supervision Training to dietitians and other Allied Health Professionals nationally	External Carers and Healthcare Professionals	Nationally
Dietitians	Nutritional Considerations following Brain Injury to Headway staff and carers group	External Carers and Healthcare Professionals	Dublin
Dietitians	Role of Nutrition in RCSI Diploma in Cerebrovascular and Stroke Medicine	External Carers and Healthcare Professionals	Dublin

OCCUPATIONAL THERAPY

Presenters and Facilitators	Details	Event or Group	Location
Fiona Haughey	In-service: Self-management and the non-functional UL	In Service Training	NRH
Fiona Haughey	Practical Rehabilitation Skills: Nurse Training	In Service Training	NRH
Catrina Moran and Maura Kelleher	Workshop on the use of the Dynavision board	In Service Training	NRH
Alison McCann	The Role of OTs in the assessment and management of patients with PDOC (Peamount Hospital)	External Healthcare Professionals	Dublin
Krishna Kumar with Marie Cox (SLT)	Introduction to Assistive Technology Workshops	In Service Training	NRH
Fiona Haughey and Fiona Maye	Role of OT in Assistive Technology in neuro-rehabilitation	UCD Biomedical Engineer students	NRH
Mary Galvin	Demonstration by Håkan Skenhede of System Romedic	NRH Staff	NRH
Shangdar Ronglo	SCSC Programme Outreach Day	Former NRH Patients with SCI	Drogheda
Shangdar Ronglo	AOTI Neurology Advisory Group	AOTI	National
Fiona Maye	UL Lecture to MSc OT on OT in SCI rehabilitation and electronic assistive technology	University of Limerick	Limerick
Fiona Maye	UCD Lecture Nursing in SCI	UCD	Dublin
Mary Galvin and Sharon Leahy	MASCIP conference Poster Presentation – From Hospital to Home: A Complex Case Study	MASCIP conference	UK
Fiona Ryan	COPA in-service	In Service Training	NRH
Fiona Ryan	Developments in the COPA	Peamount Hospital	Dublin
Input from OTs relevant to the area	Monthly OT In-services, Grand Rounds and Programmatic In-services	In Service Training	NRH
Sadb Ní Ghiollain	NRH transition year week	In Service Training	NRH
Fiona Haughey	Careers Evening	TY Students	NRH
Shangdar Ronglo	Seating Demonstrations arranged with suppliers to the WSC Clinic	WSC Clinic	NRH

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
Catherine Cornall Lesley Corcoran	Half day theoretical course on Treating Chronic Stroke	Dublin Community Physiotherapists	Dublin
Lesley Corcoran Catherine Cornall	IDT staff education on 'Mealtimes' organised by BIPed for Brain awareness week	Brain awareness week	NRH
Lesley Corcoran	Involved in facilitating the NRH Open day for external healthcare agencies	External stakeholders	NRH
Donncha Lane	Presented 1 day course on Vestibular Rehabilitation	NRH physiotherapy staff and external physiotherapists	NRH
Catherine Cornall	Organised external course on Treatment of Complex Patient delivered by Linzi Meadows and Lynne Fletcher	NRH physiotherapy staff and external physiotherapists	NRH
Catherine Cornall Fiona Haughey Theresa Whyte	Delivered course on "Practical Rehabilitation Skills"	Nursing and HCA staff in the Brain Injury Programme	NRH
John Lynch	Interdisciplinary Team Outreach Event – 'Physiotherapy Management of SCI' – Lynch J	Louth PCCC and Our Lady of Lourdes Drogheda IDT	Aras Mhuire Nursing Facility, Louth
	'Bed positioning and Seating in SCI' – Lynch J	NRH/MMUH Nursing Staff	NRH
	NRH Annual Information Day – Focus on Families"	Past and present NRH patients and family members	NRH
	'Seating and Spinal Cord Injury' – Lynch J	CRC Physiotherapy and OT Staff	CRC, Clontarf
	'Spinal Cord Injury Rehabilitation & Physiotherapy – Theory & Practical Session' – Lynch J	TCD undergraduate physiotherapy students	TCD Centre for Health Sciences, Dublin
Tom Meredith	'Establishing an FES Cycling Service as an Adjunct to Physiotherapy in Spinal Cord Injury: A Six Month Service Review' – Meredith T	MASCIP Annual Meeting	UK
Mairead Navin	'Multiple challenges in a case of multi- trauma' – Navin M, Kelly K, Kirwan A, Nolan M, McDonagh C.	MASCIP Annual Meeting	UK
Ronan Langan	'Spinal Cord Injury Rehabilitation & Physiotherapy – Practical Session' – Langan R	UCD MSc Physiotherapy Class	UCD
	'Disability and Sport' – Langan R	UCD MSc Sports & Exercise Management Class	UCD
	MASCIP Weight Management Guidelines for Adults with Spinal Cord Injury' – Wong S, Langan R, O'Connor L, Smith E, Twist A.	ISCOs Annual Scientific Meeting	Vienna
Geoffrey Yu	Clinical observation and education in Prosthetic Rehabilitation to senior physiotherapists from Mater Hospital	Physiotherapy Masters entry level students, UCD	NRH

Presenters and Facilitators	Details	Event or Group	Location
Geoffrey Yu, Kate Curtin, Mary-jane Cole, (St Georges University) with assistance from OT and POLAR Programmes.	Study day for amputee rehabilitation	Physiotherapists and Occupational Therapist (external candidates)	NRH
Mary Crowe	Education and training delivered to facilitate complex patient discharge	Hospital Staff, Sligo in addition to family and carers	Sligo
Mary Seaver and Mary Crowe	Education and Training of essential respiratory competencies	Allied Health Professionals, nursing staff, students, families and carers	NRH
Mary Seaver and Mary Crowe in collaboration with nursing, SLT and physiotherapy from National Spinal Injury Centre MMUH and NRH	Case Study - Multi-disciplinary presentation on quadriplegic patient.	Conference attendees	Sheffield, UK
Stuart McKeever	Lectures were provided to Waterford University students regarding the Recreational module.	3rd level students	NRH via Skype
Stuart McKeever	Lectures provided to Transition Year Students throughout the year	NRH TY students Programme	NRH
Stuart McKeever	Provided information and education to community professionals during NRH Open Day 2016	Healthcare Professionals in the community	NRH
Sorcha Barry	'Physiotherapy in Rehabilitation'	RSCI Foundation Year Physiotherapy students	Dublin
Niamh Leonard	Lecture-'Traumatic Brain Injury' 'Rehabilitation Aims and Principles'	TCD Physiotherapy students	TCD School of Physiotherapy, St James's Hospital
Niamh Leonard	Lecture-'Approaches to Neurological Rehabilitation'	TCD Physiotherapy students	TCD School of Physiotherapy, St James's Hospital
Ronglo S, Phillips E, Lynch J, McDonald C, Krishna K	Title: Pilot Wheelchair and Seating Clinic: 'Our Experience'	European seating Symposium	Dublin

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 Team	Hosted Annual Rehabilitation Training Best Practice Day (HSE OGS)	Multi-disciplinary audience	NRH
RTU Team	NRH Transition Year (TY) Programme	TY Students	NRH

**SEXUAL WELLBEING SERVICE**

Presenters and Facilitators	Details	Event or Group	Location
Pauline Sheils	Relationships and sexuality issues for people with Acquired Brain Injury (ABI) - four workshops for Headway	Partners of people with ABI	Dublin, Cork, Kilkenny, Limerick
Pauline Sheils	Sexuality and Stroke	Doctors attending Diploma in CVA and Stroke medicine	RCPI
Pauline Sheils	Sexuality and Cardiac disease	Cardiac Nurse Specialist group	Mater Hospital
Pauline Sheils	Sexuality and Stroke	Stroke survivors	St Marys Hospital Phoenix Park
Pauline Sheils	Sexuality and Stroke	Allied Health Professionals	Royal Hospital Donnybrook
Pauline Sheils	Workshop for women with metastatic breast cancer and relationship issues	Marie Keating Foundation	Dublin
Pauline Sheils	PLISSIT (Permission, Limited Information, Specific Suggestions, Intensive Therapy) Model	Social Care Conference	Harolds Cross Hospice
Pauline Sheils	Diabetes and Sexuality	Endocrinology team	SVUH
Pauline Sheils	Sexuality and Disability	Nurses undertaking the Rehabilitation Course	NRH
Pauline Sheils	Sexuality and Disability	NCHDs	NRH
Pauline Sheils	BLS, Heartsaver AED	Mandatory training for NRH staff	NRH

SOCIAL WORK

Presenters and Facilitators	Details	Event or Group	Location
Anne O'Loughlin	Social Work and Acquired Disability	Masters in Social Work Programme, UCD	UCD
Anne O'Loughlin Mary Keaveney	Working with Families affected by Acquired Disability Social Policy and Disability	Medical Students - Rehabilitation Module	UCD
Sheila MacGowan Cathrina Lett	Open Disclosure Training	NRH Staff	NRH
Anne O'Loughlin	Protection of Vulnerable Adults Programme	NRH staff, and UCD Masters in Social Work Students	NRH UCD
Anne O'Loughlin Sheila MacGowan Cathrina Lett Jayne Fitzherbert	Education: Protection of Children at NRH	NRH staff and volunteers	NRH
Mary Regan	Stroke Survivor Day	IHF Carers Day	Croke Park
Jayne Fitzherbert Sheila MacGowan Ciara O'Brien Ellie Russell	Social Work as a career	TY students Open evening for Students	NRH NRH
(facilitated) Sheila McGowan	'Safetalk'	NRH Staff	NRH

Presenters and Facilitators	Details	Event or Group	Location
Bernadette McPhillips	Staff Wellbeing	NRH Staff	NRH
Sheila McGowan Anne O'Loughlin	'Your Child's Journey through Rehab'	Parents and carers of Paediatric patients	NRH
Anne O'Loughlin Cathrina Lett Mary Keaveney Claudine Syms Ciara O'Brien	Brain Injury awareness for Family and Friends (BIAFF)	Family members and carers of patients with ABI	NRH
Social Work Team	Social Work Education Forum	SW Staff	NRH
Members of SW Team	Masters in SW Students, UCD and TCD	SW Students	NRH
Anne O'Loughlin Sheila MacGowan	NRH Induction on Safeguarding and clinical services	New Staff	NRH
Anne O'Loughlin	Volunteer Training Course	NRH Volunteers	NRH

SPEECH AND LANGUAGE THERAPY

Presenters and Facilitators	Details	Event or Group	Location
Marie Cox Anne Lee Emma Harte	Cognitive Communication Disorders Study Days (2 day workshop)	SLTs Northern Ireland	Knockbracken Healthcare Park, Belfast
Marie Cox	Introduction to Assistive Technology Workshops	Delivered to SLT and OT students	NRH
Marie Cox	IDT Careers evening – twice yearly (February & October)	Delivered to 2nd and 3rd level students interested in pursuing a career in the allied health professions.	NRH
Marie Cox	IDT Student Tutorials (IDT Roles; IDT Neurorehab Quiz; Safer Patient Mealtimes)	SLT, OT and Physiotherapy Students on placement	NRH
Marie Cox	SLT Student Tutorials (Goal Setting; Documentation; Differential diagnosis; Cognitive Communication Disorders)	SLT students on placement	NRH
NRH SLT Department	NRH Open Day - SLT presentations and demonstrations	External Staff – HSCP Professionals	NRH
Marie Cox	SLT and the role of technology	Lecture to UCD Biomedical Engineering students	NRH
Marie Cox	Goal Setting and Record keeping in Speech and Language Therapy workshop	Delivered to TCD Speech & Language Therapy students	Trinity College Dublin
Marie Cox	Informal Assessment of Adult Acquired Language Disorders	Delivered to TCD Speech & Language Therapy students	Trinity College Dublin
Julianna Little	Lecture on Aphasia	UCD Medical Students	UCD
Julianna Little	Paediatric IDT Education Day	Education Professionals	NRH
Julianna Little Joan Monahan	Face 2 F.A.C.E. (Facilitating People with Aphasia in Communicating Effectively) Training	NRH staff	NRH



Presenters and Facilitators	Details	Event or Group	Location
Emma Harte Becky Woods	Safe Eating and Drinking: From the kitchen to the bedside	NRH staff	NRH
NRH SLT Department	IDT Safe Eating and Drinking Education workshops	NRH staff	NRH
Becky Woods	'The Role of SLT in Rehabilitation – NRH TY Week Programme – twice yearly (February and October);	Delivered to TY students	NRH
Emma McKelvey Niamh O'Donovan	FEES Forum – Case study presentation	SLTs - National Group	Vodafone centre, Sandymount
Niamh O'Donovan	FEES in-services	NRH SLTs	NRH
SLT team	Swallowing workshops as part of Brain Injury Awareness week	All NRH staff	NRH

UROLOGY DEPARTMENT

Presenters and Facilitators	Details	Event or Group	Location
Kelley Lennon	Presented a poster on the introduction of urinary catheter care bundles	Irish Association of Urology Nurses (IAUN)	Dublin
Caroline Ahern	First prize winning poster on the prevention of CAUTI following SCI	Spinal Cord Injury Nurses Conference	Rome
Caroline Ahern	Facilitated a workshop on Neurogenic Bladder Management	Spinal Cord Injury Nurses Conference	Rome
Oonagh Crean	Presented a Difficult Case Study	European Association of Urology Nurses(EAUN)	Munich
Oonagh Crean	Presented Case Studies	Irish Urodynamic Annual Conference	Dublin
Kelley Lennon	Presented a poster on Bowel animation	International Spinal Cord Society (ISCOS)	Vienna
Kelley Lennon	Masterclass in Urology	Public Health Nurses	North Dublin
Mr Rob Flynn	Movember talk on Men's' Health	NRH staff	NRH
Oonagh Crean Kelley Lennon Caroline Ahern	Masterclass in Urology, five full days of training	NRH and community based Nurses.	NRH
Oonagh Crean	Talk on neurogenic Bladder	NCHDs	NRH
Oonagh Crean Kelley Lennon Caroline Ahern	Facilitate education in urology Dept.	Undergraduate and Post graduate nursing students	NRH



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