



37th  
ANNUAL REPORT

2017

Empower  
Encourage  
Enable



Commission for Accreditation  
of Rehabilitation Facilities  
Details of NRH Accreditation on  
[www.nrh.ie](http://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.

VISIT US AT: [www.nrh.ie](http://www.nrh.ie)

## Patient Activity

Inpatient Service	Admissions	Day Cases No. patients
Spinal Injury	141	0
Brain Injury Traumatic	47	1
Brain Injury Non-Traumatic	52	0
Stroke Service	105	0
Other including Neurological	6	0
Prosthetic Service	62	111
Paediatrics	31	75
<b>Total</b>	<b>444</b>	<b>187</b>

Outpatient Service	Attendances
Spinal Cord System of Care Programme	566
Brain Injury Programme (including Stroke)	730
Prosthetic Orthotic and Limb Absence Rehabilitation (POLAR) Programme	3,930
Paediatrics Programme	30
Orthoptics	102
Radiology	1,213
<b>Total</b>	<b>6,571</b>

*We are delighted to announce that work has now commenced on building Phase One of the New Hospital Development on our campus at Rochestown Avenue, Dún Laoghaire.*



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## Chairman's Report

2017 marked the beginning of the transformation of the NRH into a world class, purpose-designed rehabilitation facility – the first of its kind to be built in Ireland. Construction began in September for Phase One of this major capital project which will reshape the delivery of specialist rehabilitation services for the national population, by replacing the current outdated accommodation with state of the art facilities.

Kieran Fleck  
Chairman



On completion of the first phase of the project in spring 2020, all ward accommodation at the NRH will comprise new purpose-designed single ensuite bedrooms with integrated rehabilitation-specific treatment and therapy spaces. The design is 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.

This first phase will form the basis of a fully redeveloped fit for purpose rehabilitation hospital, to be completed as a three phase project. The Government has committed to providing the funding for Phase Two as detailed in the National Development Plan 2018 – 2027.

In October, we were delighted to welcome An Taoiseach, Leo Varadkar and Minister Simon Harris to the NRH for the official 'Breaking Ground' ceremony to mark the beginning of construction of Phase One of the new hospital.

Speaking at the ceremony, An Taoiseach, Leo Varadkar said "The Government is determined to invest in the future of our health services, while also delivering major healthcare reform, and this 'breaking ground' ceremony is a clear demonstration of our commitment."

The Board welcomed this commitment and fully supports the view expressed by Professor Mark Delargy, NRH Clinical Director, that "As an organisation, we know that our staff can – and will - deliver the standards of care and rehabilitation worthy of these generous investments, to provide world-class facilities and world class rehabilitation. It is vitally important at this time to acknowledge our staff because, as our patients will tell you, it is our staff both past and present – certainly not our buildings – that have built the enviable reputation for quality rehabilitation which the NRH has achieved over the years".

We look forward to the provision of buildings which are commensurate with the services provided by our staff and which our patients deserve.

Key milestones projected for the first phase of the NRH Redevelopment are:-

Handover of New Sports Hall and Fitness Gym	<b>September 2018</b>
Completion of building works 27 Months	<b>December 2019</b>
Equipping Phase	<b>December 2019</b>
New Hospital Opening	<b>Spring 2020</b>

### Corporate Governance

During 2017 the Board continued to incorporate the scope and benefits of good corporate governance which included further training. Topics of the corporate governance training undertaken by the Board include: 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 2017, the Board began receiving its meeting information electronically and a system was implemented whereby paper based information was replaced by digital Board meeting packs. The system will be kept under review and adjusted accordingly to ensure that it is operationally fit for purpose and facilitates efficient and effective Board meetings. 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, the Board is enriched and enhanced by the presence of patient and staff representation.

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### Challenges for the NRH in 2017

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. In ongoing discussions with the HSE, the necessary staffing resources were identified to enable the hospital provide a safe and appropriate level of care to our patients within its bed capacity and to ensure that NRH beds, given their scarcity, could be made fully available at all times. In January 2017, due to inadequate staffing resources, the hospital found it necessary to close 12 beds. At the end of 2017, six of these beds were reopened following receipt of a funding allocation from the HSE and it is hoped that funding to open the remaining six beds will be allocated as early as possible in 2018.

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### Collaboration with the HSE Quality Improvement Division

Further to the collaborative work of hospital staff with the HSE Quality Improvement Division (QID) to implement the 'Framework for Improving Quality in our Health Service' at the NRH, Dr Philip Crowley, National Director, HSE Quality Improvement Division, has invited the Board to continue to engage with QID in 2018. This is a welcome and constructive development.

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### CARF Accreditation

The Board participated in the CARF survey in May 2017 within the Leadership and Governance Accreditation Standards. Following an extensive three day survey of the hospital's clinical and business services, the NRH was awarded a further three-year accreditation by CARF which is an independent, international accrediting body for Rehabilitation Services. The hospital staff deserve enormous credit for the ongoing dedication to improving services to our patients, even in challenging circumstances. The result of the CARF survey is an affirmation of the services being provided by the NRH.

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### NRH Board of Management

In January, Mr Brian McNamara retired from the Board after sixteen years of voluntary service on the hospital Board of Management. On behalf of the patients we serve; the Sisters of Mercy and the Board, Management and Staff, we thank Brian for his work and commitment during his tenure as a Board Member and wish him well for the future.

We warmly welcomed new Board Member, Professor Richard Reilly.

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### Clinical Directorship at the NRH

In addition to strategic matters, the Clinical Director manages all medical resources and plans how services are delivered across Clinical Programmes, as well chairing the Quality Safety and Risk governance committee, and retaining some clinical duties. The Board is very appreciative of the work being undertaken by Professor Delargy in this vital role. The Clinical Director's Report is published on pages 12-13.

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### NRH Medical Board

The Board is very grateful for the work undertaken by the NRH Medical Board 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 and NRH colleagues throughout the year. The Medical Board Report is published on pages 14-19.

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### 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 2017 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 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 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 challenging circumstances during 2017.

Derek Greene  
Chief Executive

### 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 adult and paediatric patients from throughout the country who require a programme of specialist rehabilitation. 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.

### The New Hospital Development – Phase One

In October, 2017, we proudly hosted the official 'breaking ground' ceremony to mark the construction of Phase One of the New Hospital Development on our campus. An Taoiseach, Leo Varadkar and the Minister for Health, Simon Harris officially 'turned the sod' and we were delighted to welcome many elected public representatives including Minister Mary Mitchell O'Connor, and the many retired staff, as well as current staff and patients who were in attendance on the day.

The redevelopment will greatly enhance the environment for our patients and contribute towards each individual achieving the best outcomes from their Rehabilitation Programme. The new facilities represent the latest thinking in hospital design and will enable staff to deliver services in a new and innovative environment designed specifically around patients' needs.

This project has also presented a unique opportunity through an extensive engagement process, for patients and staff to make a vital contribution to how services are planned for and delivered in the new hospital and into the future. The Design Team worked on site at the NRH to assess and better understand patients' needs and how best these could be met and incorporated into the design phase. Key staff members were involved with the design team at every stage to ensure that the design meets the needs of specialist staff in delivering specialist complex rehabilitation services. In addition, patients, their families, carers and voluntary agencies have also had an essential role to play in contributing to the design process.

As we progress through this project, the safety of patients, staff and visitors is a key priority for both the main contractors, John Paul Construction, and the NRH. We will undoubtedly face some operational challenges, however, our focus is to ensure that there is minimal impact to our normal services to patients throughout this process. The target date for handover of the new building is Spring 2020.

### Budget Allocation

Our Finance Team achieved budget break-even at year-end which is an outstanding result. The Director of Finance and his team, along with staff throughout the hospital have continued to work creatively to save costs for the hospital and achieved a savings of €12k on non-pay expenditure in 2017. Thanks to everyone involved in achieving this excellent outcome.

“ The redevelopment will greatly enhance the environment for our patients and contribute towards each individual achieving the best outcomes from their Rehabilitation Programme. The new facilities represent the latest thinking in hospital design and will enable staff to deliver services in a new and innovative environment designed specifically around patients’ needs. ”

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### Staffing Matters – Workforce Planning

Following a detailed review and analysis of staffing and capacity across all NRH clinical and non-clinical services completed in 2016, a baseline was defined from which safe, evidence based practice and specialist rehabilitation services can be delivered. Results showed that there are significant changes in service demands, increased caseload complexities, rising expectations, all within a context of minimum safe staffing levels. The hospital submitted a detailed Workforce Planning document to the HSE to request the additional staffing required for the provision of safe care to all our patients, at the appropriate levels based on the range and scope of services we provide. During 2017, due to the inadequate staffing levels to provide safe care at appropriate levels, it was necessary for the hospital to close 12 beds while awaiting funding for the essential additional resources from the HSE.

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### Highlights and Key Issues in 2017

#### **STORM OPHELIA**

In October the hospital had an opportunity to put into practice its crisis management plan when the country was hit by the worst storm in 50 years. The Emergency Preparedness Group met on a daily basis to plan how we would provide essential services and safe and appropriate patient care whilst ensuring that personal safety of all patients, staff and visitors was a priority. Thankfully, the storm passed without any serious incident or impact on the NRH. While the impact was minimal for Storm Ophelia, it transpired that this plan would be activated fully within a few short months with the arrival of Storm Emma, which had a much greater impact, to the point where some services had to be cancelled for a number of days in line with other Healthcare Providers nationally. The remaining services were provided by many staff members who worked flexibly and stayed in

accommodation onsite for the period of the 'Red Weather Alert' The hospital greatly appreciates the commitment and dedication of staff that went above and beyond the call of duty to provide essential patient care and services during these severe weather events.

#### **TECHNOLOGY AT THE NRH**

During 2017, another challenge faced by the NRH were the recent issues in relation to the worldwide cyber alert due to the widespread ransomware attack. The hospital's Information Management and Technology (IM&T) Department, in collaboration with HSE IT colleagues around the country, took the precautionary action to shut down email access across the hospital for a period of two days. Thanks is due to the IM&T staff for their due diligence and hard work at this crucial time.

The NRH has embarked on a major project to implement the Clinical Rehabilitation Management System (CRMS) which will enable the clinical records of patients to be managed electronically. This project is a vital component of preparing for moving to the new hospital. In addition, during 2017, the Board and Executive Committee moved from paper based meeting packs to receiving the information via electronic devices. This will produce cost savings for the hospital in terms of paper, printing and postage, and will allow the board to interact in relation to the documents in advance of their monthly meetings.



#### **COLLABORATION WITH THE HSE QUALITY IMPROVEMENT DIVISION**

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 2017, the hospital staff worked in collaboration with the HSE Quality Improvement Division (QID) to apply the 'Framework for Improving Quality in our Health Service'. This partnership reflects the desire of the NRH to continue on the dynamic path of continuous quality improvement and to foster a culture of person-centred care that continually improves. This works is also in line with our CARF Accreditation and the Safer Better Healthcare Standards already in practice at the NRH.

#### **CARF ACCREDITATION**

In May 2017, the NRH achieved a further three-year accreditation (the maximum achievable) following an extensive three day survey of the hospital's clinical and business services by the Commission for Accreditation of Rehabilitation Facilities (CARF). This achievement would not have been possible without the commitment and dedication of the staff who work tirelessly to continually improve the services we deliver.

#### **DELAYED DISCHARGES**

In 2017, the number of bed days lost as a consequence of delayed discharges from our services was 2,826 – a further increase on previous years. This is a significant and ongoing challenge for the NRH which affects patient access to our services and is causing considerable lengthening of our waiting lists. The HSE has set up a working group with representatives from the NRH to explore if an improved and more timely funding model can be introduced to reduce the impact of this issue on all services.

#### **EDUCATION AND RESEARCH AT THE NRH**

The NRH Academic Steering Committee (ASC) promotes a 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 2017, the ASC completed the NRH Teaching Agreement document that will underpin arrangements with Universities and Higher Level Training bodies in relation to student placements and teaching. Funding to carry out a feasibility study to develop the design for an educational and teaching hub at the NRH was approved by the NRH Foundation in 2017.

I encourage you to read the comprehensive report of Education and Training Delivered by NRH Staff on pp. 128–136 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.

During 2017, the hospital staff worked in collaboration with the HSE Quality Improvement Division (QID) to apply the 'Framework for Improving Quality in our Health Service'. This partnership reflects the desire of the NRH to continue on the dynamic path of continuous quality improvement and to foster a culture of person-centred care that continuously improves.



## FOCUS ON HYGIENE, INFECTION PREVENTION AND CONTROL (HIPC)

The working group specifically established (in 2015) 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 2017 to minimise the spread of HAIs and to provide safer patient care. The group comprises of the Chief Executive, Clinical Director, Director of Nursing, Consultant Microbiologist, Infection Prevention and Control CNS, Risk Management and Director of Finance. The Board continues to view this as a vitally important area of responsibility as it affects patients' welfare and wellbeing. The Board supports the ongoing work in training, education and raising awareness of HIPC issues throughout the hospital.

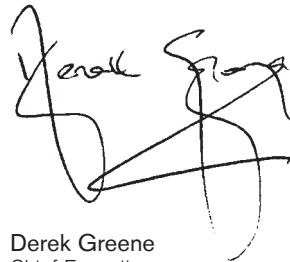
## The NRH Board

We are very privileged to have a Chairman – Mr Kieran Fleck, and a Board who support the hospital as they do. 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: NRH Chairman Kieran Fleck, Minister for Health Simon Harris TD, Minister Mary Mitchell O'Connor TD, An Taoiseach Leo Varadkar TD, NRH Foundation Chairman Henry Murdoch, Clinical Director Professor Mark Delargy, Senior Project Manager Siobhan Bonham and CEO Derek Greene.



## NRH Board of Management

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Mr Kieran Fleck  
Chairman



Mr Henry Murdoch



Mr Derek Greene  
Secretary



Mr Barry Dunlea



Dr Jacinta McElligott



Ms Breda Moriarty



Prof Richard Reilly  
(from June 2017)



Frances Campbell  
Director of Nursing



Mr Brian McNamara  
(to January 2017)



Mr Paul McNeive



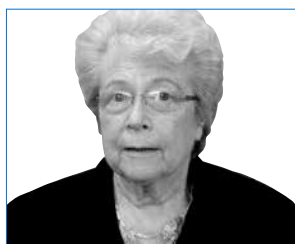
Dr John O'Keeffe



Ms Pauline Sheils



Ms Elizabeth Maguire



Sr Helena O'Donoghue



Ms Áine Cornally



Prof Mark Delargy

## NRH Committees

Board of Management	Executive Committee	Ethics Committee	Medical Board
Mr Kieran Fleck (11/11)* (Chairman)	Mr Derek Greene (Chairman)	Ms Elizabeth Maguire (Chairperson)	Dr Jacinta McElligott (Chairperson)
Mr Derek Greene (11/11)* (Secretary)	Prof Mark Delargy	Dr Jacinta McElligott	Dr Mark Delargy
Mr Henry Murdoch (11/11)*	Dr Simone Carton	Dr Simone Carton	Dr Áine Carroll
Sr Helena O'Donoghue (9/11)*	Mr Sam Dunwoody	Mr Derek Greene	Mr Robert Flynn
Mr Barry Dunlea (11/11)*	Ms Bernadette Lee	Ms Bernadette Lee	Dr Jacinta Morgan
Dr Jacinta McElligott (11/11)*	Ms Frances Campbell	Ms Frances Campbell	Dr Brian McGlone
Mr Brian McNamara (1/1)* (to January 2017)	Dr Jacinta McElligott	Ms Pauline Sheils	Dr Tom Owens
Mr Paul McNeive (9/11)*	Mr Eugene Roe	Fr Michael Kennedy	Dr Nicola Ryall
Prof Mark Delargy (10/11)*	Ms Rosemarie Nolan	Ms Breda Moriarty	Dr Éimear Smith
Ms Elizabeth Maguire (9/11)*	Ms Olive Keenan	Dr Áine Merwick (from July 2017)	Mr Keith Synnott
Ms Pauline Sheils (10/11)*	Ms Anne O'Loughlin		Dr Susan Finn
Ms Áine Cornally (10/11)*			Mr Seamus Morris
Dr John O'Keeffe (8/11)*			Dr John MacFarlane
Ms Breda Moriarty (10/11)*			Dr Paul Carroll
Ms Frances Campbell (11/11)*			Dr Sinéad McNicholas
Prof Richard Reilly (4/6)* (from June 2017)			Dr Cara McDonagh
* Total Board Meeting Attendance			Dr Eugene Wallace
			Dr Jacqui Stow
			Dr Raymond Carson
			Dr Harvey Mallory
			Dr Maria Frampton
			Dr Angela McNamara
			Dr Sean Carroll
Patients Forum	Finance & General Purpose Committee	Audit Committee	Nominations Committee
Mr Brian Kerr (Chairman)	Mr Kieran Fleck (Chairman)	Mr Dermot Quinn (Chairman)	Sr Helena O'Donoghue (Chairperson)
Ms Audrey Donnelly (Secretary)	Mr Derek Greene (Secretary)	Mr Barry Dunlea	Mr Kieran Fleck
Mr Jim O'Reilly	Mr Barry Dunlea	Mr Henry Murdoch	Mr Derek Greene
Mr Seamus Ryan	Ms Áine Cornally	Ms Áine Cornally	
Ms Olivia Doherty	Prof Mark Delargy	Mr Kieran Fleck	
Mr Stuart McKeever	Ms Frances Campbell	Mr Derek Greene	
All Patients are invited to attend			
<b>In attendance:</b>	<b>In attendance:</b>		
Member of NRH Executive Committee	Mr Sam Dunwoody		



## Financial Statement



Sam Dunwoody  
Director of Finance

Following a detailed review and analysis of staffing at the NRH, and based on significant changes in service demands and increased caseload complexities, the hospital submitted a Workforce Planning document to the HSE highlighting the requirement for additional staffing needed to provide safe care at the appropriate levels for our patient population. In January 2017, it was necessary for the hospital to close 12 beds due to inadequate staffing levels. In Q4, 2017 funding was allocated which enabled the re-opening of 6 of the 12 closed beds. Discussions are continuing with the HSE in the hope that the remaining 6 beds will be reopened as early as possible in 2018 when the necessary funding is made available.

Financially 2017 began with our starting HSE funding allocation for services less than our closing 2016 funding level. The opening allocation for the year was set at €27.225m – a reduction of €0.229m on our final 2016 (€27.454m) funding level. We received an additional allocation of €0.589m to fund Pensions and Retirement Lump Sums bringing the total opening allocation to €27.804m. A further €0.848m was allocated by year end (on a once off basis only) which brought our final HSE funding allocation to €28.652m for 2017.

### 2017 Fiscal Outcome

The total net expenditure incurred in 2017 was €28.654m. This resulted in a very minor deficit of €2,000 for the year – this represents effectively a breakeven result which required very tight fiscal policy, monitoring of expenditure across all areas and this would not have been possible without a very strong working relationship with budget holders and line managers across the entire organisation. Appreciation and thanks to all the staff for their support and commitment in managing costs to achieve this result. This will allow the hospital commence its services in 2018 without any financial burden carried forward from the previous year.

A summary of the 2018 Revenue Income & Expenditure Account is as follows:

	Budget 2017 €000	Actual 2017 €000	Variance Current Year €000	Actual 2016 €000
Pay Expenditure	26,728	27,000	272	25,673
Non-Pay Expenditure	8,843	8,831	(12)	10,083
Gross Expenditure	35,571	35,831	260	35,756
Less Income Receipts	6,919	7,177	(258)	7,710
<b>Net Expenditure</b>	<b>28,652</b>	<b>28,654</b>	<b>2</b>	<b>28,046</b>
<b>Revenue Allocation</b>	<b>28,652</b>	<b>28,652</b>		<b>28,043</b>
<b>Accumulated Deficit / (Surplus)</b>		<b>2</b>		<b>3</b>

### Income and Expenditure Account

Service related Pay costs increased from €23.364m to €24.734m – an increase of 5.9%. Payroll costs increased by €1.327m (due to service pressures and increased maternity cover); included in this figure is the reduction in Pensions and Lump Sums expenditure of €0.043m. The current level of funding is having an effect on the level of services we can provide and is making it increasingly difficult to meet the demands for rehabilitation programmes as our patient complexity increases year on year.

Non-Pay expenditure shows a decrease of €1.252m this year resulting in minor savings on budget of €12,000. The main areas of expenditure are:-

The cost associated with the manufacture and supply of Artificial Limbs and Orthotics which made up 35% of the expenditure at €3.094m (2016: €3.519m), was a decrease of €425,000 year on year. Other Non-Pay expenditure areas of Medical and Surgical, Medicines, Radiology, Cleaning, Maintenance and Administration were the main areas where decreased expenditure occurred. Catering, Heat Power and Light and Legal Fees had some small increased expenditure with the remaining categories in line with 2016 expenditure.

As a Teaching Hospital it is vitally important that the NRH continues to invest in training and education of our staff across the whole organisation to support our teams delivering this specialised national service. We offset the majority of the pay overruns by increased income receipts including 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.

2017 saw income receipts reduce by €0.533m – 6.9% on 2016 to €7.177 (2016: €7.710m). Three main areas of income changes to note were: Sales of Artificial Limbs and Orthotics decreased to €3.094m (2016: €3.519m), Income from External Agencies increased by €0.121m, the majority of which was due to increased Grant Aid from the NRH Foundation from €339,000 in 2016 to €431,000 in 2017. 2017 saw a reduction in RTA receipts of circa €21,000 to €1.005m (2016: €1.026m) and a similar reduction in canteen receipts of €37,000 from €377,000 in 2016 to €340,000 in 2017.

The inflow of income receipts from Road Traffic Accidents is extremely unpredictable, however the increased receipts over our budget projections has assisted in reducing the overall overspend again in 2017.

## Capital Grants

Capital Funding approved during 2017 was as follows:

	2017 €	2016 €
Capital Project – Hospital Redevelopment Project – HSE	5,652,361	2,297,243
Minor Capital – Fire Detector System & Emergency Lighting Project	542,534	585,521
Minor Capital – Projects X-Ray Replacement Equipment/ DR Room Project	309,885	–
New Copper/Silver Mains Water Treatment Project	159,279	–
	<b>6,664,059</b>	<b>2,882,764</b>

## Developments

Throughout 2017, the hospital met on several occasions with representatives from the Estates Division of the Health Service Executive (HSE) to discuss the 120 bed redevelopment project (Phase One) and Minor Capital Grants requirements. The commencement of building Phase 1 in September brought with it major changes to the landscape of the hospital site and work is well underway. It's a very exciting time for all involved as this will be the first purpose built Rehabilitation Hospital to be built in Ireland.

Hospital Senior Management also met with the designated Senior Commissioner (Disability Services – Social Care Division) as part of a continuous review process to discuss a number of issues including bed closures, current staffing and related funding levels, increased number of patients experiencing delayed discharges, the National Clinical Programme for Rehabilitation Medicine, ongoing service pressures, new service developments and waiting list initiatives, employee control ceiling and revenue allocation adjustments and submissions.

The hospital received minor additional HSE Capital grants in 2017 which supported the continuing work of upgrading our fire detector system and emergency lighting in our current buildings. Grant funding was also approved to replace our digital radiography room and radiology equipment, and for upgrading of our mains water treatment system.

The hospital received Grant Aid from the NRH Foundation in support of the Recreational Therapy Service, Music Therapy Service, and upgrading of patient facilities which was very much appreciated. These additional services and equipment will all go towards enhancing services for our patients. 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 we serve, and their families and carers.



Sam Dunwoody  
Director of Finance



## Clinical Director's Report



Professor Mark Delargy  
Clinical Director

The NRH Clinical Directorship is a joint initiative between the HSE and the Royal College of Physicians of Ireland (RCPI) which seeks to ensure that a senior medical clinician contributes to day to day hospital management at the highest level. This is the second 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 2017 in developing and maintaining safe and effective clinical services at the NRH. New Clinical Directors nationally have advised that they need training and administrative support to meet the demands of the role. To this end at the NRH, significant progress was made in 2017, both by funding training and education opportunities and by appointing an administrator to the Clinical Director service. I welcome Clare Slevin to the Clinical Director service.

When considering what senior executives can bring to hospital management, the following objectives are worthy of consideration:

- What can the NRH do to improve the quality, outcomes and safety of the care we provide?
- What can we do to improve the efficiency and effectiveness of clinical processes, to lower the cost of care and be better stewards of scarce resources?
- What can we do to enhance the experiences our patients and families have when they seek our services?
- What can we do to improve the health and well-being of the broader community we serve?
- What can we do to make our organisation a more stimulating and vibrant environment for everyone who works here?

Reference; *Alan J. Burgener a former senior hospital administrator at the University of Iowa Hospital*

At the NRH a core Clinical Director task is to lead out on Quality and Safety matters. The NRH established the Quality Safety and Risk (QSR) governance committee in 2016. It is chaired by the Clinical Director with close support from our Director of Nursing and Clinical Risk Manager. In a short time the QSR has established itself as a core structure within NRH quality and safety initiatives. Healthcare is known to be a risky business so it is inevitable that monitoring and highlighting risk throughout the NRH is an essential element of the QSR committee's role.

The QSR committee has followed guidance from the HSE Quality Improvement Division in making the wellbeing of the patients and staff, two of the committee's paramount responsibilities. So how can the QSR work to ensure best care for our patients? One way is to make sure that we have the best trained and expert staff. This approach acknowledges that when it comes to delivering best care, our staff are our greatest asset. Close clinical cooperation between our medical, nursing and therapy services will help the NRH achieve the high quality rehabilitation outcomes that, based on our reputation, the Irish public expects. 2018 will see the development of a Clinical Forum in which the NRH will seek to review, plan and develop an enhanced clinical experience and improved outcomes for our patients.

The NRH Clinical Risk Department plays a central role in the QSR by collating the data required for the committee to be able to monitor Quality, Safety and Risk at the NRH. Our 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 our data on clinical and operational matters, the NRH is more

able to effectively analyse and subsequently improve current clinical activity. As a result the QSR makes recommendations to the hospital Executive Committee targeted to improve quality and safety and to manage risk in the best interests of patients and staff.

A key challenge for the NRH is to ensure that we have sufficient numbers of well trained personnel to deliver the most appropriate level of care. Along with providing the fundamentals of good patient care, maintaining rehabilitation therapy intensity maximises patient progress through rehabilitation goal attainment. In 2017 due to difficulties maintaining our rehabilitation intensity, the NRH closed 12 beds which reduced our throughput. The HSE responded helpfully and revised our funding which allowed the NRH to reopen six of these beds by late 2017. In 2018 we hope to receive further funding from the HSE to appoint the staff needed to reopen the remaining closed beds given the difficulties people have while waiting for access to NRH services.

The NRH night-time and weekend huddle is well established and supports our out of hours care. The out of hours huddle process paved the way for the development of our Daily Operational Strategic Huddle (DOSH). The DOSH is an example of a QSR supported initiative designed to improve patient safety at the NRH. The daily huddle formalises clinical and operational information sharing between senior staff during a 15 minute weekday meeting. During the huddle senior staff share information on how the NRH will meet the daily challenges involved in operating an effective and safe service. The daily huddle process helps ensure that senior clinical and administrative personnel are brought up to date with the challenges that the NRH is likely to face in delivering best care and rehabilitation during that day.

The Clinical Director works closely with the NRH medical consultants to maintain and improve clinical services. Each Medical Director and Programme Manager of our CARF accredited clinical programmes at the NRH meet with the Clinical Director to review progress and challenges encountered in developing better patient services.

The Clinical Director works closely with Dr McElligott, the National Clinical Lead in Rehabilitation, to make the case for a much needed increase in national rehabilitation services. Completion of a new national rehabilitation operational concept known as the 'Model of Care' is due to be launched in 2018. Our national rehabilitation service currently needs a substantial increase in rehabilitation bed capacity along with improved community services if we are to bring access to rehabilitation services in Ireland closer to European International norms.

The role of the NRH 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 the incidence of neurological disability far outweighs the NRH's capacity. At the same time our clinical outreach expertise is keenly sought after in the referring hospitals and in the community. Given the severe shortage of rehabilitation beds nationally, in 2017 and beyond, the NRH needs to have all its beds open and capable of providing intensive rehabilitation to each person we admit.

NRH admission capacity is compromised by our struggle with delays in obtaining onward care funding for our patients who have life altering complex lifelong disability. These delays in accessing community funding increase a person's length of stay in the NRH and as a result reduce our capacity to admit new patients.

Our limited number of single en suite rooms currently makes it impossible to accommodate all patients who acquired a Multi-Drug Resistant Organism (MDRO) during their time in our referring hospitals. The completion of the building works in 2020 will provide rehabilitation with 120 single en suite rooms. The new NRH will greatly enhance our ability to accommodate complex referrals including those who have an MDRO.

The NRH will seek to further develop its interdisciplinary Outpatient Department and outreach clinical consultation service together with further educational opportunities for our colleagues. We remain very grateful for the support of our clinical colleagues who provide essential rehabilitation services both before and after an NRH phase of rehabilitation.

We look forward to the opportunity and the enhanced funding needed to continue to deliver high quality rehabilitation to greater numbers of people in 2018.



Professor Mark Delargy  
Clinical Director



## Medical Board Report

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### Admitting Consultants (Consultants in Rehabilitation Medicine)

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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

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### Consultants with clinical attachment at the NRH

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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

**In 2017 we celebrated the start of construction for the new hospital development (Phase One) at the NRH. It is perhaps timely to reflect a little on the origins of the NRH. Dr Tom Gregg was instrumental in establishing the hospital (originally known as Our Lady of Lourdes Hospital) as the national provider of complex rehabilitation services for the national population.**

When the Sisters of Mercy asked Dr Gregg to help them transform the hospital from a TB sanatorium to a rehabilitation hospital, I wonder if they had envisioned what it would be like today. One of my most treasured opportunities as Chair of the Medical Board has been time spent before the hospital Board meetings with Dr Gregg. The Annual Report of 2012 (available on the NRH Website) includes an interview with Dr Gregg in which he describes how he was asked to be involved in changing the then sanatorium to a rehabilitation hospital. This simple request seems to have been the beginning of what was to become a life-long distinguished career and devotion to help develop the hospital and rehabilitation services to what they are today.

As we look around us now, we see the evidence of change and growth. We are grateful for the construction and turmoil in our midst. If you have a moment, in your busy day, shut the door on this turmoil and scroll back through the NRH annual reports, it tells our story in pictures. You'll see old friends and colleagues, patients and families, work places, parties, milestones and retirements. You'll see the day to day life and work of the people, on the wards and in the gyms, in the coffee shop and the quadrangle. Then close the computer and open the door to whatever the day has in store for you. This is our legacy.

Each of us has a unique and individual contribution to bring to our life's work, to the patients we care for, to the people we work with, and together we not only build a building, but we build on our legacy of partnership and commitment that the Sisters and Dr Gregg, forged so many years ago. That partnership laid the foundation for the constitution, the hospital Board of Management, the Medical Board and the clinical governance structure, programmes and complex specialist interdisciplinary and multidisciplinary services that we provide today.

The Medical Board would like to acknowledge and thank Dr Philip Crowley, National Director for Quality Improvement, and his team for his support of our Clinical Director, Prof Mark Delargy and executive leadership in the development of the

Clinical Governance of the hospital. We would like to thank Dr Crowley for his expert facilitation in 2017. When you read the highlights of our activity you may not be able to perceive the subtle shifts we have made in our focus and deliberations to future-proof the Medical Board. What I hope you can see is some of the unique and individual contributions of our Consultants and medical teams and our collaborative efforts to be effective on the Medical Board to honour the legacy of partnership and a commitment to the development of rehabilitation medicine clinical, teaching and research programmes at the hub in the NRH and across the nation.

I would like to extend my appreciation and acknowledgement for the work of all my colleagues on the Medical Board over the years. It is difficult to do justice in this brief report to the scope and depth, value and worth each of you bring to our collaborative work on the Medical Board.

We would like to extend our sincere appreciation and thanks to Aisling Cushen and Doreen Kane, Medical Admin, for all their expertise, patience, hard work and support for all of us Consultants, our medical teams, NCHD's and students.

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## **Medical Board Highlights – 2017**

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### **HIGHLIGHTS FROM A CLINICAL GOVERNANCE PERSPECTIVE**

The Medical Board congratulates all the NRH staff for an outstanding CARF survey, highlighting the continued improvements and commitment to service excellence across all our teams and programmes. The Medical Board wishes to thank Prof Mark Delargy, Clinical Director for his leadership in this regard and Dr Eimear Smith, Medical Director of the Spinal Cord System of Care (SCSC) Programme, who was given a special mention by the survey team. We thank Dr Harvey Mallory and Dr Cara McDonagh for their continued support and endeavours alongside Dr Smith within the SCSC Programme and also thanks to Dr Jacinta McElligott, Dr Paul Carroll, and Dr Raymond Carson for their leadership and support of the Brain Injury Programme and Dr Nicola Ryall and Dr Jacqui Stow for the excellent clinical leadership and support of the POLAR Programme. Dr Susan Finn and the Paediatric team are to be commended for the continued support and endeavours on behalf of the Paediatric Programme. The Medical Board wishes to extend our sincere appreciation to Dr Sinead McNicholas, Dr Brian McGlone, Dr Robert Flynn and Dr Maria Frampton for all their expertise, support and commitment to the clinical care of patients at the hospital and their support and leadership within their areas of expertise to the clinical services, teaching and research programmes at the NRH. A special thanks to Dr Angela McNamara for her continued support in the Disabled Drivers Medical Board of Appeal service.



In 2017 Dr Aine Carroll continued her unstinting work as National Director of Clinical Programmes and Dr Jacinta McElligott, along with Edina O'Driscoll continued to lead the National Clinical Programme for Rehabilitation Medicine. The continued pioneering development of regional rehabilitation services across the nation was notable by the appointment of Dr Raymond Carson to the Mater and Cappagh Hospitals. Dr Carson oversees the rehabilitation component of services in Cappagh Hospital and the development of a 10 bedded rehabilitation unit. Dr Wallace continues his stalwart work and has been instrumental in the inclusion and development of rehabilitation beds and teams in the new hospital facilities in Peamount. Dr John MacFarlane is commended for his continued commitment to rehabilitation services in the South East, notably, his support and development of the amputee clinic in Waterford.

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### National and International Presentations – Highlights

It is not possible to do justice to the scope and calibre of the scientific collaboration and work of the Medical Board at a National, European and International level, however here are some of the highlights from 2017. Dr Paul Carroll took the lead for the Irish Association of Rehabilitation Medicine (IARM) with an outstanding three day rehabilitation research symposium event in UCD.

Dr Aine Carroll, presented her work at the European Hospital and Healthcare Federation and was the keynote speaker at the World Congress of Integrated Care, presenting her work on 'Ireland's journey towards integrated care'. Dr Eimear Smith presented 'the attitudes of health-care professionals and people with spinal cord injury in Ireland to human embryonic stem cell research' at the American Spinal Injury Association (ASIA) annual scientific meeting in Albuquerque, USA and her work with Mr Morris and Mr Synnott, on 'an in depth analysis of the age profile of people sustaining spinal cord injury in Ireland'. Dr Smith also presented her work with Dr Finn on the epidemiology of paediatric traumatic and acquired non-traumatic spinal cord injury in Loughborough UK.

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### Specialist Registrar Training Programme

Congratulations to Dr Kinley Roberts on completion of her final year of training in 2017. Dr Aaisha Khan and Dr Sabrina McAllister continue their training in 2017 completing their musculoskeletal and rheumatology component of their training in St. Vincent's University Hospital and the Mater Hospital respectively.

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### NCHD and BST training programme

The Medical Board extends their appreciation to the continued hard work, commitment and excellent patient care provided by all our trainees to our patients and the interdisciplinary team working throughout the hospital. We especially wish to acknowledge the support of all the NCHD to their clinical audit activities and the improvements in clinical services, patient care and outcomes which are as a result of all their endeavours.

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### Undergraduate and Medical Education

Our thanks to our Clinical Tutor Dr Arun Subramanian for his stalwart work and support for the NRH as the primary teaching site for the undergraduate and graduate education in the principles and practices of rehabilitation medicine.

Approximately 27 medical students from TCD and 47 medical students from the RCSI had the opportunity to participate in two week clinical rotations. In addition 279 UCD medical students had an opportunity to interview patients at the NRH as a component of the UCD Understanding Disability Module.



## NCHD Teaching Calendar 2017

Month	Educational Topic or Event	Presenter, Speaker
<b>Jan</b>	Dysport (botulinum type A toxin) update: license, support materials, training opportunities in 2017	Dayna Boichuk
	Prescription of lower limb prosthesis	Dr Jacqui Stow
	Occupational therapy approaches to cognitive assessment and rehabilitation	Fiona Haughey
<b>Feb</b>	Lecture on Neurogenic Bowel	Liz Croxon
	Disorders of consciousness	Prof Mark Delargy
	Job interview preparation and tips	Aisling Cushen
<b>Mar</b>	Neurological & functional outcomes following SCI. ASIA outcomes	Dr Eimear Smith
	Talk about the dental service at NRH	Dr Alastair Boles
	Treatment of RTI	Dr Sinead McNicholas
	Neurogenic bladder & bowel	Dr Eimear Smith
	Journal Club; Early Depression assessment for patients with brain injury at admission	Dr Sabrina McAlister
<b>Apr</b>	Respiratory Care in Spinal Cord Injury	Dr Eimear Smith
	Introduction to Pressure ulcers	Liz Croxon
	Pain in SCI	Dr Eimear Smith
	Writing a good resume	Aisling Cushen
	Role of physiotherapy in rehabilitation; International Classification of Functioning and Disability	Ronan Langan
<b>May</b>	Drug prescribing talk and workshop	Bernie Lee Sheena Cheyne
	Speech and Swallowing Difficulties post stroke	Rebecca Woods
	Journal club: Hemispherectomy: A second chance on life for patients with space occupying Middle Cerebral Artery Infarction	Dr Aaisha Khan

Month	Educational Topic or Event	Presenter, Speaker
<b>June</b>	Research forum: Assessing Brain-Computer Interface Technology as an Alternative Communications Channel for the Disabled	Prof Damien Coyle
	Audit on secondary stroke prevention	Dr Sabrina McAlister, Dr Nadia Ariffin, Dr Jasim Khan, Dr Ameya C. Jagtap
<b>Aug</b>	Lecture on antimicrobial resistance	Dr Sinead McNicholas
	History and Presentation Lecture	Dr Jacinta McElligott
	VTE Collaborative: A pilot study	Sheena Cheyne, Dr Nadia Ariffin
	Neurological and Functional outcome following SCI	Dr Eimear Smith
	Neuropsychology and Rehabilitation	Dr Emer O'Loughlin
<b>Sept</b>	Safe Prescribing Workshop	Bernie Lee, Sadhbh O'Leary
	Lecture on Spasticity Management	Dr Harvey Mallory
	Lecture on Post Traumatic Seizures	Dr Paul Carroll
<b>Oct</b>	Introduction to Psychiatry	Dr Maria Frampton
	Lecture on Pain Management	Dr Harvey Mallory
	Management of Psychiatric Emergencies	Dr Maria Frampton
	Limb Amputation - Lower limb prosthesis	Dr Jacqui Stow
<b>Nov</b>	Lecture on Neurogenic Bowel	Liz Croxon
	Introduction to catheters, urology role and interventions in NRH	Oonagh Creane
	Research forum: Haemorrhagic stroke in young adults: A literature review and suggested future research	Michelle Murphy
<b>Dec</b>	Urinary Tract Infections	Dr Sinead McNicholas
	Sexuality and Disability	Pauline Shiels
	Psychiatry talk: Mind your health	Dr Maria Frampton

**Interdisciplinary Team Grand Rounds in 2017**

Month	Grand Rounds Topic	Presenter, Speaker
<b>Feb</b>	Participatory Action Research with a Medical Social Work Team: Using an academic-practice collaborative approach to evaluate family meeting decision-making process	Dr Sarah Donnelly, Anne O'Loughlin and Dr Paul Carroll
<b>Mar</b>	Tales of healing: How to navigate, bounce back and flourish from a traumatic life changing event	Dr Maria Frampton
<b>Apr</b>	Goal Setting: You have literally highlighted everything I can't do - How can we include the patient experience?	Dr Jacinta McElligott and Team
<b>May</b>	Changing epidemiology of Spinal Cord Injury in Ireland and implications for our service	Dr Eimear Smith and Team
<b>June</b>	Widening the Psychological Lens in Rehabilitation	Psychology Department
<b>Sept</b>	Walking before wound healing- Should we? Can we?	Dr Jacqui Stow and Team
<b>Oct</b>	Clocks in the Clinic - What are they and why should we care?	Prof Andrew Coogan
<b>Nov</b>	Return to work - Why, how and when?	Vocational Service Fiona Ryan and Julie Flanagan
<b>Dec</b>	Lost Lives: The lived experience of informal caregiving for people in prolonged disorder of consciousness - Occupational perspectives	Alison McCann

**Medical Board highlights of publications in 2017**

- *Smith É, Finn S Fitzpatrick P*, Epidemiología of pediátrica traumática and adquirid non-traumática espinal cord injuria in Ireland. *Top Espinal Cord Inj Rehabil* 2017;23(3):279-84
- *Smith, É Fitzpatrick P*, Use of HIPE coding in espinal cord injuria. *Ir Med J* 2017;110 (2):523
- *McElligott J*. Magnetic Resonance Angiography 10.1007/978-3-319-56782-2\_47-3 In book: *Encyclopedia of Clinical Neuropsychology*. January 2017.
- *E O'Driscoll, McElligott J*, Integrated Care Pathway for Patients with Spinal Cord Injury. *International Journal of Spinal Cord Injury Medicine*.
- *Coyle D, Stow J, McCreddie K, Carroll A, et al* Action Games, Motor Imagery, and Control Strategies: Toward a Multi-button Controller. 10.1007/978-981-4560-50-4\_1. In book: *Handbook of Digital Games and Entertainment Technologies*, August 2017.
- *Coyle D, McCreddie K, Stow J, Carroll A*, Motor Imagery BCI with Auditory Feedback as a Mechanism for Assessment and Communication in Disorders of Consciousness. 10.1007/978-3-319-57132-4\_5. April 2017. In book: *Brain-Computer Interface Research*.
- *Dunne P., O'Leary Cl., Prihodova L., Breen R., Walsh C., Freeman L., Carroll Á., McMahon G., White BL.*, Feasibility study protocol to examine the role of mantra meditation at reducing psychological distress in emergency department staff *International Journal of Clinical Trials* 2017 May;4(2):88-95
- *Carroll ÁM, Cooney MT*. Cost effectiveness of integrated care in patients with acquired brain injury. *International Journal of Integrated Care*. 2017;17(3):A152.
- Impact of a Universal Medication Schedule on Rationalising and Understanding of Medication; Eimear McManus, Dr Suzanne McCarthy, Dr Raymond Carson, Dr Laura J Sahm. A Randomised Controlled Trial. Accepted for publication.

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## Medical Board highlights of Poster Presentations in 2017

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É Smith, P Fitzpatrick, F Lyons, S Morris, K Synnott.  
Neurological Association annual scientific meeting,  
May 2017 and ISCoS annual scientific meeting, Dublin

- Epidemiology of traumatic spinal cord injury in Ireland  
– A prospective study.

A Carroll – 5th World Congress for Integrated Care.  
Dublin May 2017

- A protocol to evaluate the effectiveness of a national Acute Medicine programme: examining what works, for whom, how, and in what circumstances.
- Care-coordination in the rehabilitative treatment and management of Neurogenic Heterotopic ossification.
- The challenge of integrating care in dual diagnosis; Anti-NMDA-receptor encephalitis; presentation and outcome in 3 cases referred for Complex Specialist Rehabilitation.



*Rehabilitation Programmes at the NRH are delivered through comprehensive Inpatient, Outpatient and Day-patient services.*



## SECTION 2

### NRH REHABILITATION PROGRAMMES

## Brain Injury and Stroke Programmes Report





**Professor Mark Delargy**  
Clinical Director,  
Medical Director,  
Brain Injury Programme

**Dr Valerie Twomey**  
Programme Manager

**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. The programme also contains the only specialist inpatient rehabilitation beds (three in total) for patients with a Persistent Disorder of Consciousness (PDoC) and provides specialist neurorehabilitation for patients with neurobehavioural disorders. Referrals are received nationwide from acute hospitals, HSE service areas and primary care services.

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 (including Stroke) Programme is accredited by CARF (the Commission on the Accreditation of Rehabilitation Facilities). In 2017 the programme was delighted to receive re-accreditation for the fourth time as a Speciality Brain Injury and Stroke Programme for inpatient, outpatient and home & community based services.

### Demographics, Activity and Outcomes for Inpatient Services – 2017

210 patients received inpatient rehabilitation services in 2017, which represents a significant decrease from the 232 patients served in 2016. Of the patients discharged from the programme, 200 were admitted to the Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP), and 10 patients were admitted for short review or assessment. The reduction in numbers through the programme is as a direct result of the closure of 8 beds in the programme in January 2017. This closure was due to inadequate staffing levels to allow delivery of safe and appropriate patient care with existing staffing levels within the Brain Injury Programme. A significant increase in delayed discharges resulted in beds being occupied long after rehabilitation programmes had ended. It is estimated that bed days lost to delayed discharges in 2017 equates to approximately 15 CIIRP programmes.

#### DEMOGRAPHICS AND ACTIVITY

Of the 210 patients that received inpatient rehabilitation services in 2017:

93

(44%) had a diagnosis of Stroke

48

(23%) had a diagnosis of Non-traumatic Brain Injury

59

(28%) had a diagnosis of Traumatic Brain Injury

10

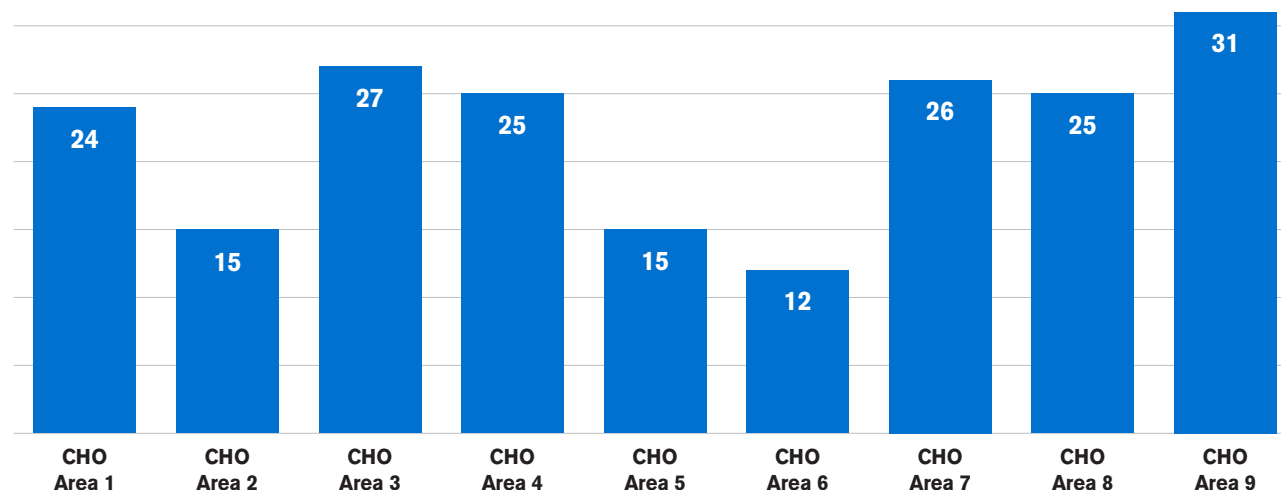
(5%) had a diagnosis of other Neurological Conditions





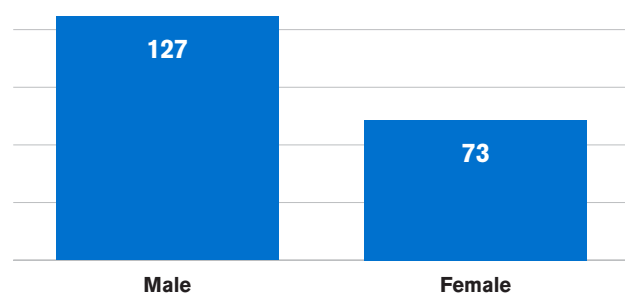
Of the 200 patients admitted to the Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP):

#### PRE-HOSPITAL HSE AREAS OF RESIDENCE OF INPATIENTS SERVED BY THE BI PROGRAMME IN 2017



CHO Area 1 – Donegal Local Health Office (LHO), Sligo/Leitrim/West Cavan LHO and Cavan/ Monaghan LHO	24
CHO Area 2 – Galway, Roscommon and Mayo LHOs	15
CHO Area 3 – Clare LHO, Limerick LHO and North Tipperary/East Limerick LHO	27
CHO Area 4 – Kerry LHO, North Cork LHO, North Lee LHO, South Lee LHO and West Cork LHO	25
CHO Area 5 – South Tipperary LHO, Carlow/Kilkenny LHO, Waterford LHO and Wexford LHO	15
CHO Area 6 – Wicklow LHO, Dun Laoghaire LHO and Dublin South East LHO	12
CHO Area 7 – Kildare/West Wicklow LHO, Dublin West LHO, Dublin South City LHO and Dublin South West LHO	26
CHO Area 8 – Laois/Offaly LHO, Longford/Westmeath LHO, Louth LHO and Meath LHO	25
CHO Area 9 – Dublin North LHO, Dublin North Central LHO and Dublin West LHO	31
<b>Total</b>	<b>200</b>

#### GENDER OF INPATIENTS SERVED BY THE BI PROGRAMME IN 2017



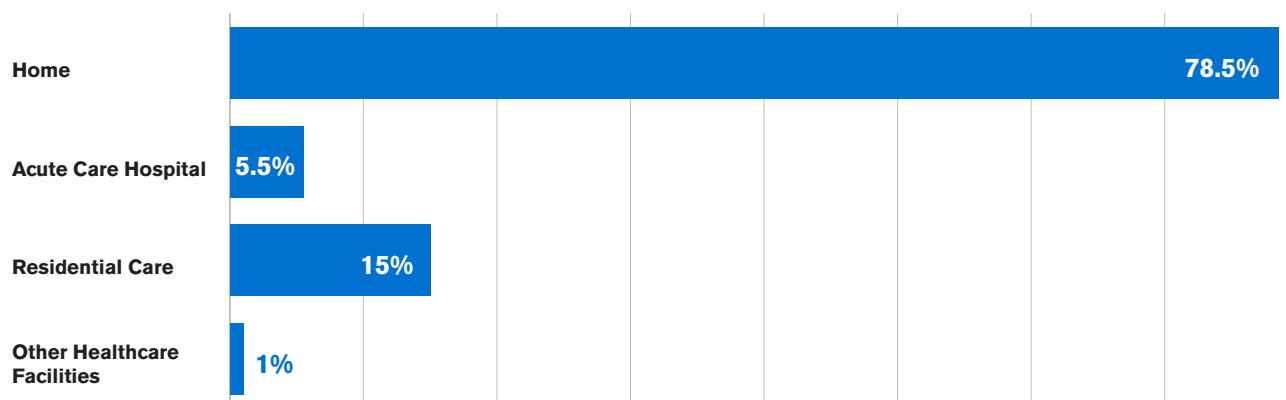
#### AGE PROFILE OF INPATIENTS SERVED BY THE BI PROGRAMME IN 2017

Average age	<b>47 years</b>
Lower age range	<b>18 years</b>
Higher age range	<b>73 years</b>

## Outcomes

### EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE DAY PROGRAMME

#### DISCHARGE LOCATION OF INPATIENTS SERVED BY THE BI PROGRAMME IN 2017



Indicator	Target Set – 2017	Outcome
Average Days Waiting for Admission	<b>Target:</b> average days waiting for admission would be less than 90 days.	44% patients waited under 90 days
Completion rate of Outcome Measures FIM (Functional Independence Measure)	95% completion of both the admission and discharge FIM	85% completion rate of FIM
(Modified Barthel {MB} and Disability Rating Scale {DRS})	95% completion of both the admission and discharge, MB and DRS	97% completion rate of MB 94% completion rate of DRS
Incidence of Positive Change in Outcome measure at Discharge	Improvement in FIM Score 90% of patients would show a positive change in Barthel	81% patients 74% 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 7 points
Average Rehabilitation Length of Stay	Length of stay would be less than or equal to 90 days	80 days
Discharge to Home Rate	75% of patients would be discharged to home	78.5%

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 reduction in resources.



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## Programme Goals and Achievements in 2017

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2017 was a very busy year for the programme, with particular emphasis on quality improvement along with maintaining and building on our commitment to standards of excellence and care in rehabilitation. Guided by the involvement of our expert staff in the HSE's National Clinical Programme for Rehabilitation Medicine, we have been busy developing and consolidating care pathways for patients with persistent disorders of consciousness and neurobehavioural disorders, and with establishing a structured programme of stroke rehabilitation underpinned by CARF stroke specialty standards and the HSE's work in integrated care for chronic disease management.

### PERSON-CENTRED COORDINATED CARE

Under the programme for quality improvement, a number of initiatives took place including a qualitative research study, a structured review of patient experience and a detailed overview of patient feedback. The programme has also initiated a person-centred coordinated care project, which looks at supporting patients in establishing goals for health and wellbeing using supported self-management underpinned by the principles of 'what matters to you' rather than 'what's the matter'. A strong emphasis on secondary stroke prevention led by nursing has allowed patients to engage in self-directed physical and psychological activities while benefiting from the support and oversight of our professional staff. The programme introduced a pilot weekend leave assessment, which sees patients self-monitor and modify their home-based goals. Patients bring their learning back to the rehabilitation setting, which aims to further strengthen their participation in the programme.

### ENABLING INTEGRATED CARE

Identified as significant enablers to the provision of person-centred coordinated care, the programme has clinical and operational representation on the hospital's steering groups for the Clinical Rehabilitation Management System and the New Hospital Project. The importance of access to information, ease of communicating with external referrers and service providers and most importantly the introduction of a patient portal for education, information and participation are key features of the programme's plans to enable patients and their families and support networks to benefit from their rehabilitation.

### PATIENT FLOW

The work of the programme's pre-admission and liaison service expanded in 2017 to support outpatients attending consultant review and neurobehavioural clinics. With an increasing demand for inpatient beds, patients in acute hospital settings have experienced a significant increase in waiting times for inpatient beds. The support required in providing ongoing review of patients and support for referring hospitals in managing complex cases has resulted in a review of the programme's referral and waiting list management policies and procedures. This has resulted in a business case for the establishment of a complex outreach team being submitted to hospital management and the HSE for consideration in 2018.

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## Programme Manager

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**Dr Valerie Twomey** (Clinical Neuropsychologist) is the Programme Manager for the Brain Injury and Stroke Programme.

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## Clinical Services delivered within the Brain Injury Programme include:

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- **Medical**

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, Dr Jacqui Stow and Dr Harvey Mallory. Dr Eugene Wallace and Dr John McFarlane provide rehabilitation input on behalf of the NRH in major referring hospitals in Dublin and Cork 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' families, visitors and with the other members of the interdisciplinary team. Nursing staff assist patients in enacting what they are learning across the therapies and teach patients how to manage their personal care, along with their families and carers.

- **Clinical Psychology**

The suite of psychological services provided to the Brain Injury Programme are comprised of clinical assessments, interventions including psychotherapies (such as Family Therapy and Cognitive Behaviour Therapy), Positive Behaviour Support, and consultations with patients, families and carers and other health care professionals as indicated. The psychology team also contributes to the Neurobehaviour Clinic with Neuropsychiatry and Rehabilitation Medicine. This specialist clinic is designed for patients who, following a brain injury, experience organic personality disorder and/or a range of complex neurobehavioural sequelae for example, complex mood and adjustment disorders. In 2017, members of the psychology team, in collaboration with Trinity College Dublin and patients from the NRH, undertook clinical research in neuropsychology.

- **Pre-admission and Liaison Service**

The Brain Injury Pre-admission and Liaison Service 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. The service supported patients from all HSE hospital groups and community healthcare organisations nationally and has led the development of a national clinical care pathway for patients with a Persistent Disorder of Consciousness (PDoC).

- **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 who are undernourished or at risk of becoming so, those with swallowing difficulties and those who are fed via tube. Dietetic intervention is also required 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 only. Due to the nature of brain injury, dietetic consultations take place on a one-to-one basis. Consultations are often in conjunction with other healthcare professionals such as the Speech & Language Therapist who assists with communication, or the psychologist who assists with behavioural issues relating to eating.

- **Occupational Therapy**

Patients admitted to the Brain Injury Programme benefit from a range of Occupational Therapy specialist services including Discharge Liaison Occupational Therapy, Splinting, Wheelchair 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, leisure 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. All medications are reconciled on admission and discharge to ensure that the medication list is accurate at transitions of care.

- **Physiotherapy**

The Physiotherapy team delivers a service across the Brain Injury Programme and continues to act as a resource to physiotherapists nationally. Physiotherapy provides individual sessions, Graded Repetitive Arm Strengthening Programme (GRASP) group upper limb practice and supports Exercise Physiotherapy group sessions. The team's aim is to increase opportunities for self-management and to promote active practice where possible. A specific inpatient physiotherapy vestibular service was successfully established in 2017. Following a successful Health and Social Care Professionals (HSPC) grant application to deliver physiotherapy education sessions nationally, the clinical specialists delivered an Upper Motor Neurone Syndrome course in Dublin, Galway and Cork. As part of the interdisciplinary team (IDT) a clinical specialist delivered three "Practical Rehabilitation Skills" for NRH nursing and healthcare assistant (HCA) staff supported by a Dr Gregg Bursary Fund award.

- **Radiology**

The Diagnostic Radiology service supports rehabilitation following brain injury. Ultrasound-guided botulinum toxin injection into salivary glands in conjunction with the Medical teams is available for use in selected brain-injured patients with sialorrhoea. DXA surveillance for those at risk of low bone density is widely used in patients with acquired brain injury. Preventative screening of the urinary tract by Ultrasound and X-ray are also employed to detect occult pathology in the most immobile patients. Case review and discussion at monthly Clinical Interdisciplinary Radiology Meetings of pre- and post-admission brain CT and MRI is provided to facilitate understanding of structural brain deficits and to assist with ongoing inpatient management.

- **Social Work**

Social Workers on the Brain Injury Programme are involved in providing the Brain Injury Awareness for Friends and Family (BIAFF) Programme as well as participating in committees including the Behavioural Consultancy Forum and the Disorders of Consciousness working group. The Social Work staffing levels for the programme and for St. Patrick's Ward in particular remain inadequate. This situation coupled with the increasing amount of Social Work time required to access funding and services for our patients 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, strengthening IDT working and person centred care as well as audit of services. Communication accessibility as well as safe eating and drinking has continued to be a focus in 2017 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 entitled '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' is in its second year and there has been both national and international interest about this project. Rebecca O'Connor, Lead Investigator and Dee Gray, Senior Researcher, detailed aspects of this research at a key note presentation at an international conference in the University of Limerick. Rebecca co-wrote a chapter entitled 'Music and attuned movement therapy' detailing a specific approach to music therapy and interdisciplinary working. This was published in a book on music therapy by Jessica Kinsley, UK and launched in London in February. It was an exciting opportunity to showcase the ground breaking IDT approach to music therapy that takes place in the Paediatric Programme at the NRH at an international level.

“ Under the programme for Quality Improvement, a number of initiatives took place including a qualitative research study, a structured review of patient experience and a detailed overview of patient feedback. ”



## SECTION 2

### NRH REHABILITATION PROGRAMMES

#### Spinal Cord System of Care (SCSC) Programme Report





**Dr Éimear Smith**  
Medical Director  
SCSC Programme



**Dr Cara McDonagh**  
Consultant in  
Rehabilitation Medicine



**Eugene Roe**  
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 reduced bed capacity of 32 beds in 2017) 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 nursing liaison service, a pilot vocational programme and links with the voluntary organisation Spinal Injuries Ireland (SII).

Patient care and treatment is delivered by an interdisciplinary team (IDT) 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.*

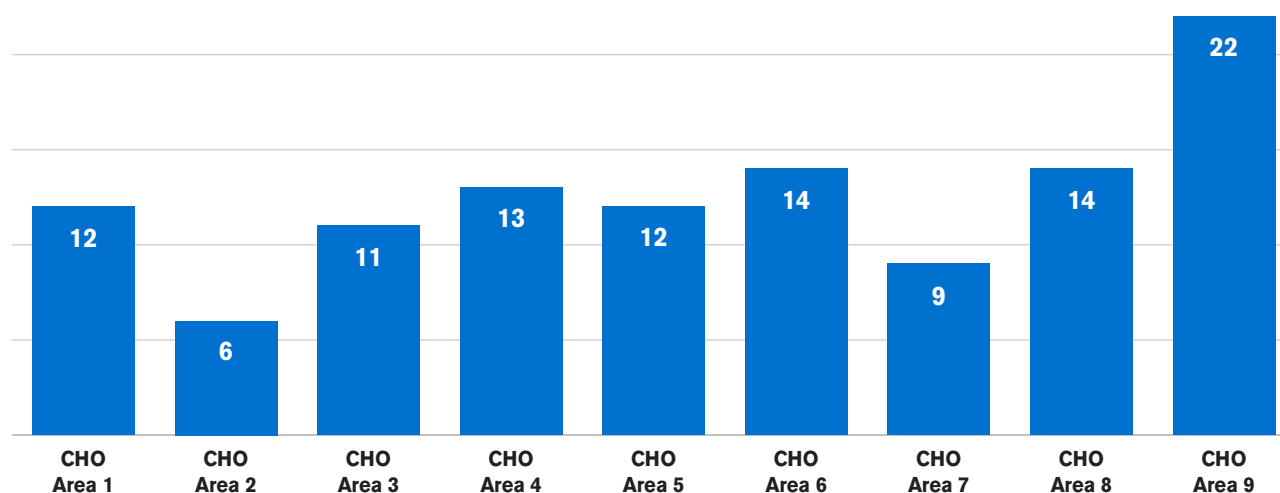


## Demographics, Activity and Outcomes for Inpatient Services – 2017

### DEMOGRAPHICS & ACTIVITY

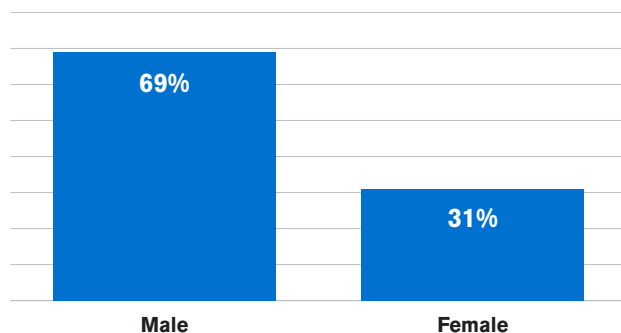
In total 131 persons were discharged in 2017 from the SCSC Programme. Of these patients 113 were admitted for a full goal setting rehabilitation programme (Comprehensive Integrated Inpatient Rehabilitation Programme), with a breakdown of 41% for traumatic spinal cord injury, 52% for non-traumatic and 7% for neuropathies and various neurological disorders.

### PRE-HOSPITAL HSE AREAS OF RESIDENCE OF INPATIENTS DISCHARGED BY THE SCSC PROGRAMME IN 2017



CHO Area 1 – Donegal Local Health Office (LHO), Sligo/Leitrim/West Cavan LHO and Cavan/ Monaghan LHO	12
CHO Area 2 – Galway, Roscommon and Mayo LHOs	6
CHO Area 3 – Clare LHO, Limerick LHO and North Tipperary/East Limerick LHO	11
CHO Area 4 – Kerry LHO, North Cork LHO, North Lee LHO, South Lee LHO and West Cork LHO	13
CHO Area 5 – South Tipperary LHO, Carlow/Kilkenny LHO, Waterford LHO and Wexford LHO	12
CHO Area 6 – Wicklow LHO, Dun Laoghaire LHO and Dublin South East LHO	14
CHO Area 7 – Kildare/West Wicklow LHO, Dublin West LHO, Dublin South City LHO and Dublin South West LHO	9
CHO Area 8 – Laois/Offaly LHO, Longford/Westmeath LHO, Louth LHO and Meath LHO	14
CHO Area 9 – Dublin North LHO, Dublin North Central LHO and Dublin West LHO	22
<b>Total</b>	<b>113</b>

#### GENDER OF INPATIENTS DISCHARGED BY THE SCSC PROGRAMME IN 2017



#### AGE PROFILE OF INPATIENTS DISCHARGED BY THE SCSC PROGRAMME IN 2017

Average age	53 years
Lower age range	18 years
Higher age range	84 years

## Outcomes

### EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE PROGRAMME

Indicator	Target Set – 2017	Outcome – 2017	Note / Trend
Average Days Waiting for Admission (from referral)	<b>Target:</b> Admission of Patients within 60 days	The average days waiting for admission was 76 days	Days waiting for admission have continued to increase. Since 2014 there has been a 68% increase in waiting time for admission.
Average Rehabilitation Length of Stay (LOS)	<b>Target:</b> Average admission length of stay less than 90 days	Average LOS was 91 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	<b>Target:</b> To lose less than 8% of bed days to delayed discharges	Days lost to Delayed Discharges amounted to 1612 (14.6%) of bed days in 2017	<p>'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.</p> <p>Days lost to delayed discharges in 2017 amounted to 1612 days which is an increase of 75% on 2016.</p> <p>With an average LOS of 90 days a further 18 people could have completed a full rehabilitation programme.</p>
Discharge to Home Rate	<b>Target:</b> To discharge at least 75% of patients to home	79% of patients were discharged home	Discharges of patients back to the acute referring hospital increased in 2017 with 15% of patients having this outcome.





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### SCSC Programme Highlights in 2017

- 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 2017 the SCSC Programme hosted a visit from Stephen Muldoon from Livability Spinal Injury Centre.
- 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 Seventh Annual Reunion for Women with Spinal Cord Injury took place. Dr Katherine Zappone, Minister for Children and Youth Affairs attended in a personal capacity on the day. She spoke of the impact of acquired disability and chronic illness on partners and friends.
- In September the Fifth Annual NRH Spinal Sports Championship 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 SII.
- Another September event was the Healthcare Professionals Day with 70 healthcare professionals from around the country attending a series of lectures and workshops.
- In November the first 'Focus On Farmers' event took place in collaboration with SII and was attended by a group of farmers from across Ireland. The group subsequently set up an informal peer support group and expressed interest in the day becoming a regular feature in the spinal calendar.
- The SCSC Programme continues to be involved in multiple research projects.
- 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 2017 the SCSC Programme continued to work towards the creating the conditions whereby fully ventilator dependent spinal cord injured patients could be admitted for rehabilitation. An additional liaison nurse has been recruited and a Memorandum of Understanding has been signed between the NRH and the Mater Misericordiae University Hospital (MMUH).
- Team development and education in a variety of formats continued in 2017. 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.

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### 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 94% in 2017.

As in past years, significant fundraising was undertaken by individuals and groups in 2017 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. In particular the ongoing support from the Combines for Charity group is very much appreciated.

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## Medical Director's Report

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

Work continued on epidemiological research in the SCSC programme in 2017. We carried out the first population based prospective epidemiological study of non-traumatic spinal cord injury (NTSCI) anywhere in the world, of which we know. Although data collection is not yet fully complete, all new incident cases have been identified. We can confirm that NTSCI is now twice as common as traumatic spinal cord injury in Ireland – with an incidence of 25.4 per million per year compared to 12.6 per million per year. In absolute figures, there were 121 cases of new onset NTSCI in Ireland in 2017. The most common causes are degenerate conditions and metastatic cancer. While all of these patients with new onset NTSCI do not necessarily need to access inpatient care at the NRH, many would benefit from an outreach or outpatient based service, which we are not resourced to provide at this time. Therefore, there are patients in Ireland who are currently acquiring spinal cord injury and who do not have adequate access to specialist services. This increase in NTSCI cases has contributed to the longer waiting times to admission for all patients.

During 2017, we have also been auditing prospectively the delays in each phase of care for patients with a new onset traumatic SCI; this data collection is some way off being complete but will provide us with our most accurate information yet which will assist in our service-planning collaborations with the HSE.

Several members of the SCSC team represented the NRH to an exceptional standard internationally during 2017. There were workshops and poster presentations at the annual scientific meeting of ISCoS (International Spinal Cord Society), which was hosted in Dublin in October. We also had strong representation at the MASCIP (Multi-Disciplinary Association of Spinal Cord Injury Professionals), Guttman and ESPA (European Spinal Psychologist Association) meetings.

### THE VOCATIONAL PROJECT

The Vocational project continues to provide a service to all patients with spinal cord injury 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.



*Members of the Spinal Cord System of Care team at the NRH.*



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### Clinical Services delivered within the SCSC Programme include:

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- **Medical**

The Medical Director of the programme is Dr Éimear Smith who works in collaboration with Dr Cara McDonagh, Consultant in Rehabilitation Medicine. In 2017 we welcomed Dr Harvey Mallory as Locum Consultant.

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

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

- **Clinical Psychology**

Clinical psychology 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. In addition to ongoing clinical activities, psychology, in collaboration with the multidisciplinary team, have developed an online pain management programme for spinal injury patients. They also provided supervision and support to the SCSC Education Administrator.

- **Spinal Injury Liaison Service**

The Liaison Service is a nurse led service offered to all patients who come through the SCSC Programme and covers 26 counties. 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**

The role of the service is to identify and manage those at risk of over- or under-nutrition. General nutrition education, focusing on the role of diet in health, is provided as part of the SCSC education programme. Dietetic intervention focuses on ensuring optimal nutritional status early in the rehabilitation phase, and as recovery progresses, shifts to address issues with long term health. In order to improve patient access to nutrition information, an online education programme was developed in 2017 addressing the Role of Diet in the Management of Pain. A 'Health Hub' is in development which aims to promote nutritional self-management post spinal cord injury.

- **Occupational Therapy**

Occupational Therapy (OT) 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, 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 and toileting); Domestic ADLs (meal preparation, laundry, cleaning, shopping); Upper Limb Function; Cognition; 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; Seating.

- **Pharmacy**

All medications are reconciled on admission and discharge to ensure that the medication list is accurate at transitions of care. A pharmacist participates in the multidisciplinary education sessions provided to all SCSC patients and individual medication counselling is offered also. A pharmacist attends Consultant ward rounds advising patients and staff on medications. In 2017, a Pharmacist participated in the Pain Programme. All patients are provided with medications for their therapeutic 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 (SCI). 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.

Outreach and Education was provided by the Clinical Specialist on the management of SCI patients to the staff of Tallaght Hospital physiotherapy department, while several members of the physiotherapy team led on the Allied Health Professional training day that the SCSC programme ran this year. The most significant development was the joint physiotherapy and OT ward-based activities of daily living (ADLs) sessions focussing on practical application of skills learned in the therapy gym to the ward setting. Group initiatives include standing balance groups, pilates classes, sitting balance groups and an education/self-management group aimed solely at our tetraplegic population (a cohort often unable to attend group therapy).

- **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 is also provided, mainly used for acute chest and musculoskeletal conditions. DXA evaluation of baseline bone density is available for all SCSC patients. In 2017, the installation of a new state-of-the-art, low height, ergonomically designed Digital Radiography X-Ray Unit and table for self-transfer and avoidance of manual handling risks brought significant advantages to patients with spinal injuries. This benefit was confirmed by patient survey which showed a 95-100% satisfaction rating for all aspects of the service received in the new X-ray room.

- **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 Discharge Liaison Occupational Therapist (DLOT). Social Work input is provided to the Vocational Programme. Social Workers on the spinal programme have been involved in various educational and patient and family information events during 2017. There was a continuing trend of more complex spinal injury cases in 2017 necessitating more intense negotiations in relation to discharge planning and funding.

- **Speech & Language Therapy**

The Spinal Cord System of Care Programme continues to refer patients to the Speech and Language Therapy (SLT) department. In 2017, a total of 540 patient attendances were recorded. The SLT service offers both communication and swallowing intervention to patients from the SCSC programme.

- **Therapeutic Recreation Service**

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



## SECTION 2

### NRH REHABILITATION PROGRAMMES

## Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programme Report







**Dr Nicola Ryall**  
Medical Director



**Dr Jacqui Stow**  
Consultant in  
Rehabilitation Medicine



**Emilie Fritte**  
Programme Manager

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## **The Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) programme continued to provide prosthetic rehabilitation for people with both amputation and congenital limb absence throughout 2017.**

The Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) programme provided prosthetic rehabilitation for people with both amputation and congenital limb absence throughout 2017. 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 62 discharges in 2017 for a 10 bedded ward.

The feedback received from patients throughout 2017 has been hugely positive, praising the incredible dedication and expertise of our POLAR staff.

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### **Programme Developments in 2017**

#### **COMMUNICATION STRATEGY**

The therapists and programme manager engaged with external stakeholders (senior management in the HSE, 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 2018.

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. The programme now offers multidisciplinary clinic reviews for established prosthetic users.

Work on a new educational leaflet for patients, families and healthcare professionals began in 2017 and will be launched in 2018.

#### **OUTREACH**

The POLAR programme continues to lead on the community and outreach links with our satellite clinics which had over 950 attendances throughout the country in 2017. The Galway weekly clinic is now well established with strong links with the HSE orthotist and local physiotherapist; the Carrick on Shannon clinic held every second week is well established with links in physiotherapy; the Letterkenny clinic is held once a month where we have consolidated links with community physiotherapists.

Our clinic in Waterford ceased in May 2017 and the programme is working closely with the HSE South to secure another suitable location in the Kilkenny-Waterford area. Patients have been offered appointments in Dublin or Cork in the meantime.

In 2017, the programme reconfigured its staffing which allowed a 0.5 WTE senior physiotherapist begin outreach with patients and community healthcare professionals. This allows patients to be rehabilitated closer to home while also educating community therapists. A senior physiotherapist and occupational therapist participated in an education day in November for people with limb absence or amputation in Galway.



## RESEARCH

Dr Jacqui Stow is the principal investigator of the research: 'Post-traumatic growth and coping following amputation in an Irish context' and 'Survey of current clinical practice of non-pharmacological management of phantom limb pain among the occupational and physiotherapists in the Republic of Ireland'.

## EDUCATION

A 'Grand-Round' education session for the hospital staff was provided by the POLAR team on the topic of early mobilisation for amputees entitled 'open wound pathway'.

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

## STRATEGIC PARTNERSHIP BETWEEN THE NRH AND ABILITY MATTERS

2017 was another busy and productive year for Ability Matters at the NRH and our Satellite Clinics. Staff numbers increased by two with the addition of Natalie Morrow dual qualified Prosthetist/Orthotist and Katie O'Neill Graduate Prosthetist/Orthotist. Ronel Grobler, also dual qualified Prosthetist/Orthotist, will be permanently located at the POLAR clinic in the Mercy University Hospital in Cork in February 2018.

Representation at the company's monthly Clinical Governance meeting in the UK has continued which is proving to be beneficial as customised patient information booklets are now being piloted. Ability Matters service analysis questionnaire, SERVQUAL, was performed again which provided valuable insight into areas where the users perceive there to be improvements through gap analysis.

Changes in Senior Management at Ability Matters saw CEO Michael O'Byrne step back to Executive Chairman and John O'Byrne became the Chief Executive Officer. Ian Keenan retired from his Managing Director position with Ability Matters which heralded the arrival of Stephanie Watson as Ability Matters Senior Operations Manager. Stephanie joins us from St Vincent's University Hospital with over 13 years experience in healthcare management.

## Demographics, Activity and Outcomes for Inpatient Services – 2017

Patients discharged from Inpatient services: The inpatient programme served 62 patients with limb absence in 2017 from throughout Ireland. This encompasses pre-prosthetic rehabilitation, assessments, and readmissions for gait training.

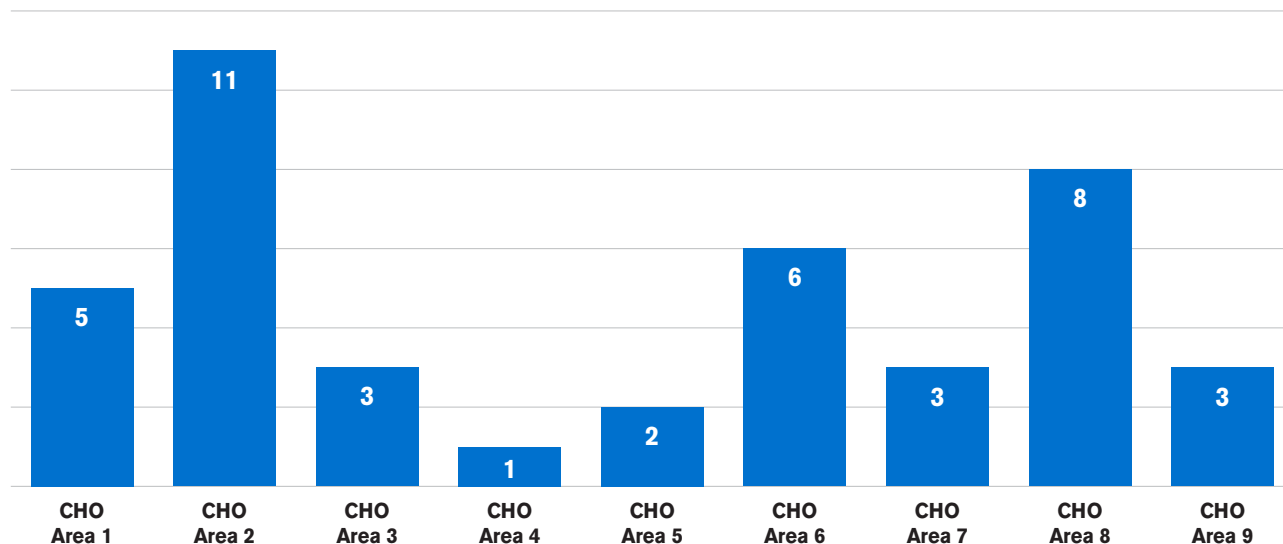
Of 62 discharged, 42 completed a full inpatient rehabilitation programme of prosthetic rehabilitation.

## DEMOGRAPHICS & ACTIVITY

Types of Amputation (relating to Inpatient services)	Numbers	%
Above knee	14	33%
Below knee	16	38%
Bilateral below knee	9	21%
Upper limb	2	5%
Bilateral above knee	1	3%
<b>Total</b>	<b>42</b>	<b>100%</b>

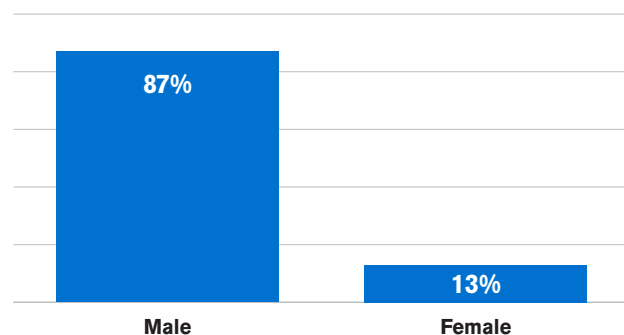
The following graphs show, for Inpatients to the service in 2017, the breakdown of pre-hospital HSE areas of residence, gender, and average age profile.

#### PRE-HOSPITAL HSE AREAS OF RESIDENCE OF INPATIENTS DISCHARGED BY THE POLAR PROGRAMME IN 2017



CHO Area 1 – Donegal Local Health Office (LHO), Sligo/Leitrim/West Cavan LHO and Cavan/Monaghan LHO	5
CHO Area 2 – Galway, Roscommon and Mayo LHOs	11
CHO Area 3 – Clare LHO, Limerick LHO and North Tipperary/East Limerick LHO	3
CHO Area 4 – Kerry LHO, North Cork LHO, North Lee LHO, South Lee LHO and West Cork LHO	1
CHO Area 5 – South Tipperary LHO, Carlow/Kilkenny LHO, Waterford LHO and Wexford LHO	2
CHO Area 6 – Wicklow LHO, Dun Laoghaire LHO and Dublin South East LHO	6
CHO Area 7 – Kildare/West Wicklow LHO, Dublin West LHO, Dublin South City LHO and Dublin South West LHO	3
CHO Area 8 – Laois/Offaly LHO, Longford/Westmeath LHO, Louth LHO and Meath LHO	8
CHO Area 9 – Dublin North LHO, Dublin North Central LHO and Dublin West LHO	3
<b>Total</b>	<b>42</b>

#### GENDER OF INPATIENTS DISCHARGED BY THE POLAR PROGRAMME IN 2017



#### AGE PROFILE OF INPATIENTS DISCHARGED BY THE POLAR PROGRAMME IN 2017

Average age	<b>66 years</b>
Lower age range	<b>34 years</b>
Higher age range	<b>91 years</b>



## Outcomes

### EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE INPATIENT PROGRAMME

Indicator	Target Set – 2017	Outcome – 2017
% of CIIRP* patients who improve barthel score	90% of CIIRP patients will improve barthel score	88%
Average Days Waiting for Admission	Less than 40 days	57 days
Average Rehabilitation Length of Stay (LOS)	Less than 60 days	60 days
Delayed Discharges	Less than 1% of bed days lost to delayed discharges	0.02%

\*Comprehensive Integrated Inpatient Rehabilitation Programme

### Demographics, Activity and Outcomes for Day-Patient services – 2017

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.

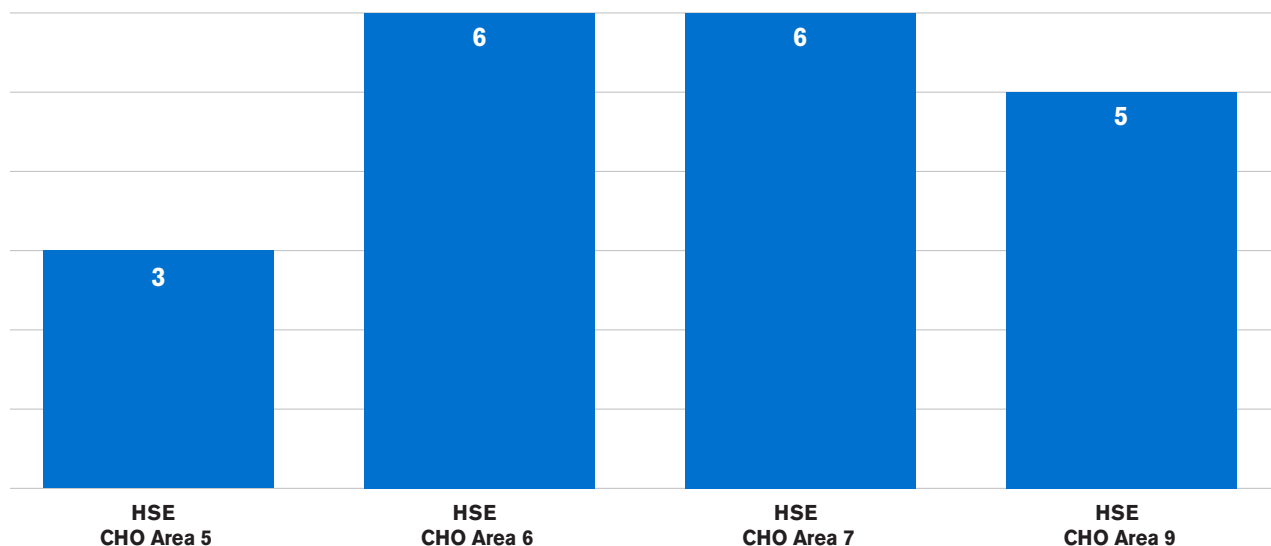
In 2017, the Day-Patient Programme served 39 local patients residing within commuting distance from the hospital and who were able to provide own transport. Some patients came daily from acute hospital or long term residential care as these facilities provided transport. Out of the 39 patients who attended the Day programme, 20 completed the full prosthetic rehabilitation programme.

#### DEMOGRAPHICS & ACTIVITY

Types of Amputation (relating to Day-patient services)	Numbers	%
Above knee	7	35%
Below knee	10	50%
Bilateral below knee	1	5%
Through knee	1	5%
Upper limb	1	5%
<b>Total</b>	<b>20</b>	<b>100%</b>

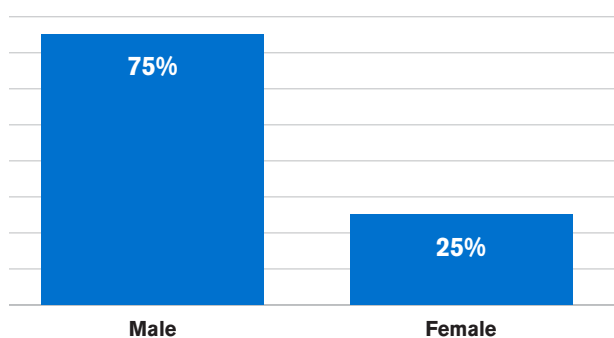
The following graphs show, for Day-patients to the service in 2017, the breakdown of pre-hospital HSE areas of residence, gender, and average age profile.

#### PRE-HOSPITAL HSE AREAS OF RESIDENCE OF DAY-PATIENTS DISCHARGED BY THE POLAR PROGRAMME IN 2017



HSE CHO Area 5	3
HSE CHO Area 6	6
HSE CHO Area 7	6
HSE CHO Area 9	5
<b>Total</b>	<b>20</b>

#### GENDER OF DAY-PATIENTS DISCHARGED BY THE POLAR PROGRAMME IN 2017



#### AGE PROFILE OF DAY-PATIENTS DISCHARGED BY THE POLAR PROGRAMME IN 2017

Average age	<b>61 years</b>
Lower age range	<b>42 years</b>
Higher age range	<b>84 years</b>





## Outcomes

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

Indicator	Target Set – 2017	Outcome – 2017	Note / Trend
Average Days Waiting for Admission	Less than 30 days	37 days	Availability of transport is an issue for a large number of patients
Average Rehabilitation Length of Stay (LOS)	Less than 70 days	53 days	

## Orthotics Service

### ORTHOSES PROVIDED IN 2017

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	Ankle-Foot Orthoses	Knee-Ankle-Foot Orthoses
Inpatient Programme	0	91	8
Outpatient Programme	66	125	3
<b>TOTAL 2017</b>	<b>66</b>	<b>216</b>	<b>11</b>
<b>TOTAL 2016</b>	<b>40</b>	<b>154</b>	<b>14</b>

#### ACTIVITY DATA FOR 2017

Reason for Appointment	Patients Attended
3 Month Review	24
6 Month Review	92
6 Week Review	41
Adjustment	3
Annual Review	42
Assessment	231
Casting	111
Fitting	85
Fitting and Delivery	273
Meeting	29
Phone Call	43
Repair	8
Review	516
<b>TOTAL</b>	<b>1,498</b>

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#### Programme Manager

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

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#### 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 Psychology**

Referrals from the POLAR programme 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.



- **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 to all patients admitted to the POLAR programme. 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.

- **Occupational Therapy**

The Occupational Therapy (OT) service to the POLAR programme works in a flexible way 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**

All medications are reconciled on admission and discharge to ensure that the medication list is accurate at transitions of care. A pharmacist participates across the POLAR programme, providing a clinical pharmaceutical input to patients and doctors. Group and individual medicine education sessions are provided to patients. A pharmacist attends the Consultant ward round to optimise patient treatment. All patients are provided with medications for their therapeutic leave as part of their rehabilitation.

- **Physiotherapy**

A physiotherapy service is provided across the POLAR programme. Services include a functional balance class, outpatient assessment clinics, and consultant led interdisciplinary team (IDT) assessment clinics.

In 2017, Geoffrey Yu completed a Postgraduate Diploma in Rehab Studies (prosthetics) and a new service was created for outreach and pre-admission planning. The 'prosthetic rehabilitation pathway with open wound' commenced in 2017 and an IDT self-management group, encompassing interactive education and exercise was introduced.

To facilitate a strong interest by patients in improving self-management skill sets, after hours sessions were offered to patients in the physiotherapy gym in 2017. There is ongoing education for amputee rehabilitation both internally and externally which includes a study day and in-service training to local services.

- **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**

A Social Work service is delivered across the POLAR programme. Patient and family education is offered by all members of the POLAR team including Social Work staff who facilitate sessions on the Peer Support Programme. We plan to develop the peer support service further and to provide two key events in 2018. Issues in relation to patient transport and the practical and financial resources required 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.



*The Sports & Exercise Physiotherapy service is a key component of the rehabilitation programme for many of our patients.*



## 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 8 beds between inpatient and 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 on 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. The PAEDS's vision of a "rehabilitation without walls" approach has led to a more child and family-centred service. The PAEDS Programme provides for more fluid movement between the services based on assessment of individual clinical need and social circumstances.

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. 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
- To liaise with Health, Therapeutic and Education Authorities in the child's or young person's local communities and advocate 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 during the initial period 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.

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### **Programme Developments and Initiatives in 2017**

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2017 represented a challenging and yet significant year for the PAEDS Programme. Phase One of the New Hospital Development which will include a stand-alone Paediatric Family-Centred Rehabilitation Unit got under way in the summer. With this came the closure of the Villa (a parent and family accommodation facility) to enable commencement of the New Hospital build. Consequently, parents can no longer avail of accommodation on the hospital campus until the new building is complete.

The team fully participated in the accreditation re-survey by the Commission on Accreditation of Rehabilitation Facilities (CARF) and was delighted to be awarded renewal of its three year Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP) accreditation.

Key to the programme in 2017 was the reconfiguration of resources to maximize the service. The objectives of quality, access and value are at the core of the changed processes. 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 close cooperation with community services and schools.

More consultant paediatrician hours and the establishment of a separate outpatient team are urgently needed to enable the programme to develop and implement fully its outpatient, outreach and community services. This would allow the Paediatric programme to align with the adult programmes at the NRH, in keeping with international clinical guidelines. The considerable volume of outpatient and outreach activities is indicated in the table below.

The poster: "Rehabilitation without Walls – Reconfiguration of a National Paediatric Service" was presented at the Second International Conference on Paediatric Acquired Brain Injury in Rome in September. Participation in this conference provided a significant opportunity to share best practices and to promote the NRH to this highly specialised group of professionals.

A joint PAEDS and POLAR Programmes Open Day was held in November 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 a presentation by Rachel Wolffsohn from OHMI (One-handed Music Instrument) Trust, a UK-based charity pioneering the development and adaptation of musical instruments for those with a wide range of physical disabilities. The children were involved in formative leisure activities to promote greater levels of autonomy, social participation and integration. The NRH was supported by the FAI and the Irish Wheelchair Association in providing the very popular sporting activities.

The Integrated Interdisciplinary Approach and its associated joint-working sessions that facilitate assessment and clinical intervention, particularly with complex-needs patients, continue to foster strong collaboration within the PAEDS team and with other service providers. Dr Sarah O'Doherty and Rebecca O'Connor have continued to work jointly on the development of their assessment protocol, the O'Doherty O'Connor Music and Psychology Assessment (OOMPA). Julianna Little, Clinical Specialist Speech and Language Therapist was named Project Lead to develop an online interdisciplinary team Rehabilitation and Play Activity Resource for parents and early childhood educators of children aged 0-6 years with additional needs following acquired brain injury (ABI). Michael Brogan, Senior OT was project lead on the Lean Six Sigma Greenbelt project which has supported the team in improving processes relating to outpatient activities.

In 2017, the team developed the first formal Transition Group for young people with ABI: entitled "Heads-Up". This initiative enables young people who have sustained an acquired brain injury and who are transitioning from primary to secondary school, to share their experience with others in the same position. This new service was well received by both the transitioning children and their parents who attended. The PAEDS Programme also continues to offer talks to parents entitled "About the Brain" and "Your Child's Journey through Rehabilitation".

PAEDS gratefully acknowledges the generous support of all its donors throughout 2017. The Programme was honoured to feature as the charity of choice sponsored by Maynooth Students for Charity in their annual Galway Cycle event and by Early Childhood Ireland's Pyjama Day Fund. These events not only helped raise significant funds but also promoted the work of the PAEDS Programme at a national level.

## Demographics, Activity and Outcomes for PAEDS Services – 2017

### DEMOGRAPHICS & ACTIVITY

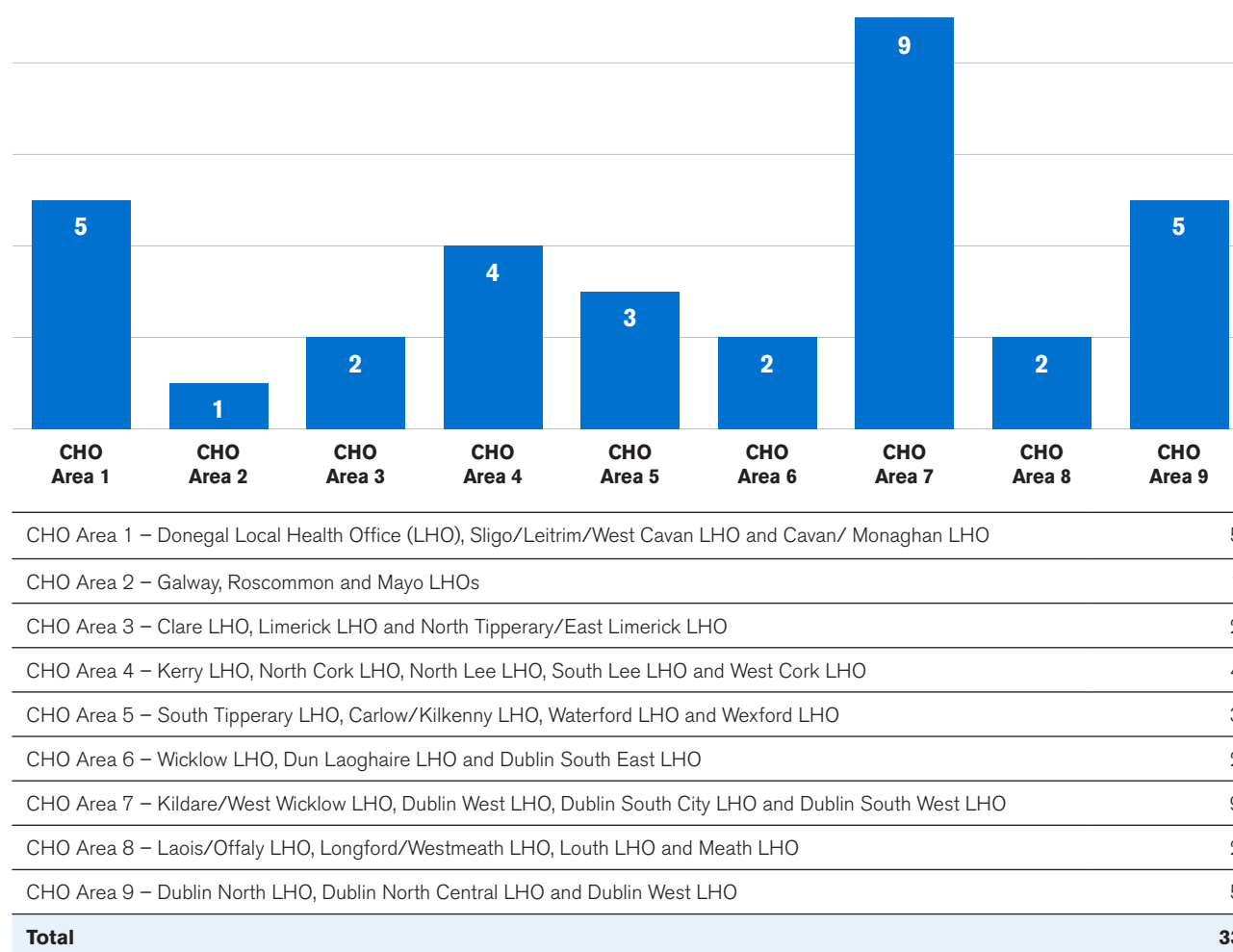
In 2017 the Paediatric Family-Centred Rehabilitation programme served 80 patients as Inpatients or Day-places; 50 were new patients to the programme and 30 had been previously admitted. This high readmission rate is for children and young people to receive a specialist follow-up review that provides continuity and ensures their changing needs are adequately met.

Type of Rehabilitation Admission / Activity	Description	Number in 2017
PAED 1 Full Rehabilitation Programme (FP) CIIRP	Children and young people admitted for their main rehabilitation programme, either as inpatient or day place. The full programme meets CIIRP standards	33
PAED 2 Assessment and/or Specialist Programme	Children and young people assessed for a particular goal such as cognitive assessment, either as inpatient or day place	47
OPD Treatment and Clinic Service	Spinal Injury Multidisciplinary clinics, ABI clinics, treatment and/or reviews, MDTs, PAEDS/POLAR Open Day, Transition Group	68
OUTREACH Activity (excluding during admission stay)	Pre-admission, post discharge follow up outreach work	65

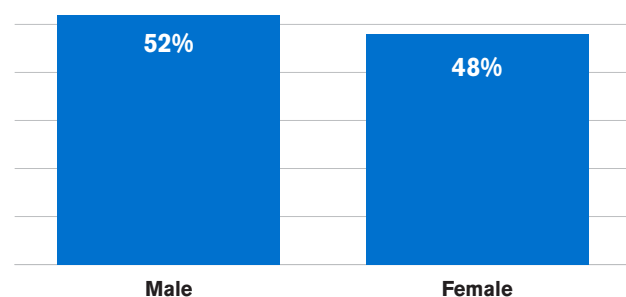


The following tables represent the CIIRP patients who attended the service in 2017 for Full Rehab Programme (PAED 1), the breakdown of pre-hospital CHO Region of residence, gender, and average age profile.

#### PRE-HOSPITAL HSE AREAS OF RESIDENCE OF PATIENTS DISCHARGED FROM THE PAEDS PROGRAMME 2017



#### GENDER OF THE CIIRP PATIENTS (FULL REHAB) DISCHARGED BY THE PAEDS PROGRAMME IN 2017



#### AGE PROFILE OF THE CIIRP PATIENTS (FULL REHAB) DISCHARGED BY THE PAEDS PROGRAMME IN 2017

Average age	10 years
Lower age range	1 year
Higher age range	18 years

The collaborative work between Our Lady of Lourdes School at the NRH and the interdisciplinary team continues to have a significant impact on the transitioning of school-age children and young people back into local education. On the School Annual Census (October 2017), 19 children returned to Mainstream National School, 18 to Secondary Level and 3 to Special Schools after their rehabilitation intervention at the NRH.

## Outcomes

### EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE DAY PROGRAMME

The indicators and outcome targets shown below relate specifically to the service provided to the CIIRP (Comprehensive Integrated Inpatient Rehabilitation Programme) patients who attended for a Full Rehabilitation Programme in 2017.

Indicator	Target Set – 2017	Outcome	Note / Trend
Discharge Home Rate	75% of the CIIRP patients (full rehab) to be discharged home	94%	2 patients were discharged to an acute care hospital
Average Days Waiting for Admission	80% of the CIIRP patients (Full Rehab) to be admitted within 90 days.	58% were admitted within 90 days	The average wait was 128 days
Average Rehabilitation Length of Stay	Length of stay of the CIIRP patients (Full Rehab) to be less than 90 days	Average LOS was 57 days	The lowest stay was 10 days and the highest was 147 days
Completion rate of Outcome Measure	95% completion of both the admission and discharge Paediatric Barthel Measure	80% completion of both the admission and discharge Barthel	A lower completion of the Barthel at discharge time – a contributing factor was the transfer of two patients to an acute care hospital
Delayed Discharge	Less than 1% of bed days available to the Programme to be lost to delayed discharges	0% lost	No bed day was lost to delayed discharge in 2017

Of the 33 CIIRP patients seen by the PAEDS Programme in 2017, the spread of diagnoses is as follows:

Traumatic Brain Injury	Brain Infection	Brain Tumour	Aneurysm, AVM	Subarachnoid Haemorrhage (nonaneurysm, Non AVM)	Other BI	Traumatic Spinal Injury	Other Spinal Injury	Neuro-pathies	Limb Absence	Total
12	2	7	5	1	3	1	0	1	1	33

## Programme Manager

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



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### Clinical Services delivered within the Paediatric Family-Centred Programme Include:

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- **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 work collaboratively with all members of the Paediatric Interdisciplinary Team to provide high standards of rehabilitation to children, young people, their extended families, carers and teachers. The nursing team support our patients and families during their transition from the acute settings to the NRH and subsequently from the NRH on to their home, school and community. In 2017 a new Patient Scheduler was launched to improve timetable information sharing and communication between the Paediatric Team and the patients and families.

- **Clinical Psychology**

Clinical Paediatric Psychology for the PAEDS Programme provides specialist assessment and therapeutic services to inpatients and increasing numbers of outpatients. A growing focus has been on trying, where possible, to keep children out of hospital and working jointly with schools and families to achieve therapeutic goals in the community. In conjunction with the other Clinical Paediatric Neuropsychologists across Ireland, Dr Sarah O'Doherty has set up a bi-monthly working group to ensure maximum continuity of neuropsychological care to children with acquired brain injury. Research conducted by Dr Claire Keogh, Dr Sarah O'Doherty and Dr Eimear Smith and Trinity College Dublin, entitled "A qualitative exploration of experiences of siblings of young people with Spinal Cord Injury in Ireland" was presented at the 19TH Multidisciplinary Association for Spinal Cord Injury Professionals (MASCIP) Conference.

- **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 multidisciplinary team 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 continues to advocate for the patient and families, providing information and education, liaising with referring hospitals and community during pre-admission, inpatient and post discharge stages. 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). Music Therapist Rebecca O'Connor presented a paper at the Royal College of Surgeons, Ireland (RCSI) entitled 'Music Therapy and Acquired Brain Injury'. The paper detailed the innovative approaches being developed in the music therapy service at the NRH. Rebecca co-wrote a chapter entitled 'Music and attuned movement therapy' detailing a specific approach to music therapy and interdisciplinary working. This was published in a book on music therapy by Jessica Kinsley, UK and launched in London in February.

- **Nutrition and Dietetics**

A broad range of nutritional issues can arise for patients in the Paediatric Programme including enteral feeding, weight management, high fibre diets, failure to thrive and food allergies. The number of patients requiring enteral tube feeding increased in 2017. 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 and 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**

All medications are reconciled on admission and discharge to ensure that the medication list is accurate at transitions of care. The Pharmacy department provides information on advice on dosing and sourcing medications. All patients are provided with medications for their therapeutic leave as part of their rehabilitation. Quarterly programme specific medication costs are provided for information.

- **Physiotherapy**

The NRH paediatric physiotherapy service works closely with the multidisciplinary team to provide specialised rehabilitation to children with acquired brain injury, spinal cord injury and limb absence. In 2017, the paediatric physiotherapy service contributed to the completion of a Standard Operating Procedure to ensure a safe and transparent pathway for children attending the aquatic physiotherapy service. In collaboration with the paediatric IDT, there is also ongoing work to enhance the systems of the review clinics that are currently carried out by the paediatric team. Goals for the year ahead include ongoing educational opportunities, reviewing and updating the outcome measures currently being used within the service as well as reviewing the pathway of children attending exercise physiotherapy.

- **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 role of the Social Worker for the Paediatric Programme is to support parents and carers in dealing with the emotional and practical impact of the acquired illness and disability. The Social Worker along with the identified key nurse also acts as a link between the family and carers and the interdisciplinary team throughout the rehabilitation process as well as with outside services and agencies. The reconfiguration of the Paediatric Programme in the previous year has led to a welcome increase in the numbers of children being treated with shorter lengths of stay through increased day patient, outpatient and outreach activity. Throughout these developments, the social work post remained a 0.8 WTE although this Paediatric post includes the role of Designated Liaison Officer under Children First policy. Part of this post (0.2) is provided by the Principal Social Worker which is no longer sustainable in the light of adult safeguarding and other demands. The introduction of 'mandated reporting' in December 2017, as well as the requirement to risk assess services that children access in the NRH, will be a major focus in 2018.

- **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). 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 in 2017. During 2017, the Paediatric SLT Service continued to make valuable contributions to the ongoing Paediatric Programme Service Development.



## Section 3

### Clinical Services Provided Across All Programmes

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**Dr Simone Carton**  
Head of Clinical Psychology



**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



**Aoife Henn**  
A/Speech & Language  
Therapy Manager



**Lisa Held**  
Occupational Therapy Manager



**Stuart McKeever**  
Therapeutic Recreational  
Specialist



**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



**Dr Sinéad McNicholas**  
Consultant Microbiologist



**Fiona Maye**  
Deputising for Lisa Held in 2017



**Alison McCann**  
Deputising for Lisa Held in 2017



**Cathy Quinn**  
Deputising for Rosie Kelly in 2017



**Maureen Gallagher**  
Deputising for Anne Marie  
McDonnell in 2017

## Department of Nursing

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FRANCES CAMPBELL  
DIRECTOR OF NURSING

It is crucial that Nursing Management plan for the right number of nurses and healthcare assistants, with the right skills, in the right places, doing the right work to deliver quality care. The priority in 2017 was to fill vacant nursing posts and reduce agency staffing and overtime. Nine new nurses and three new healthcare assistants joined our nursing team in 2017. I welcome each and every one of them and appreciate the challenges of coming into a very specialised area of nursing. We continually support all our new members of staff. Recruitment will continue in 2018 and by the end of quarter one we hope to have our full complement of nursing staff. I'd like to acknowledge the continued dedication and persistence of Valerie O'Shea and Fiona Marsh, Assistant Directors of Nursing, HR, and the assistance of clinical nurse managers with this ongoing recruitment.

Congratulations to Siobhan Carrigg who took up the CNMII position in Our Ladys Ward and to Komathi Narasimhan who took up the CNMI role in St Margaret's and St Joseph's Ward. Congratulations also to Mary Feeney on her appointment as clinical facilitator. She brings with her a wealth of clinical experience and support to the clinical staff especially for our new staff members at induction. Mary also embraced the academic journey to a Higher Diploma in Education.

Welcome back to Siobhan O'Driscoll who returned to the NRH after a number of years. Siobhan completed a back to nursing course and spent six months in the Mater upskilling for the role of Liaison Nurse for the Spinal Cord Injury pathway.

I wish to acknowledge the commitment of staff who embraced change in 2017. We anticipate more change to come in 2018, particularly with the planning, development and implementation of a Clinical Rehabilitation Management System (CRMS) as well as preparing for the move into the new hospital. Within this context Nursing Management continue to look at new ways to work more efficiently and effectively.

I am proud to congratulate nursing staff at all levels who undertook extra education over the last year. Continuous professional development is essential for all of us in order to ensure best practice to provide safe high-quality care for all NRH patients.

### **BED MANAGEMENT**

VALERIE O'SHEA  
ASSISTANT DIRECTOR OF NURSING

Part of the Nursing Management role is waiting list and bed management. We endeavour to ensure that we achieve full bed occupancy on a continuous basis. This involves attending admission meetings for all clinical programmes and the weekly pool shared waiting list meeting. Some of the challenges that we encounter are:

- Getting up to date and relevant patient information from referring hospital or GP's
- Difficulty in contacting the patient or family member
- Commitments from referring hospitals or nursing homes to readmit patients, as appropriate, following their rehabilitation programme at the NRH
- Delayed discharges

We aim to plan admissions two weeks in advance to enable the ward staff to make contact with the patient or referring hospital in order to do a pre-admission assessment.

Patient flow through the Paediatric Programme was one of our main challenges in 2017. The ability to accommodate parents at ward level was limited due to reduced facilities as a result of building works for the new hospital. This led the team to regularly review the patient profile and at times reduce inpatients and increase day patients where necessary.



### DAILY OPERATIONAL AND SAFETY HUDDLE (DOSH)

The NRH introduced a Daily Operational and Safety Huddle (DOSH) in 2017 in collaboration with the Quality Improvement Division (QID) of the HSE. The aim of the DOSH is to improve communication, reduce risk and improve patient safety, and to monitor patient flow. The DOSH is held every morning for a maximum 15 minutes and is attended by a representative from all departments, wards and teams. Safety and operational concerns that have arisen are shared. Plans are developed after the huddle to address issues raised and each action is tracked to ensure follow up and closure. Staff attending are requested to bring key points back to their area with a view to keeping all staff informed daily. The DOSH focuses on;

- Look back – to review safety, quality and flow issues from the past 24 hours (significant events overnight) such as patient deteriorating; patient transfers or absconsions; falls; behavioural challenges and infection control issues
- Look ahead – to anticipate, predict and plan for safety, quality and flow in the next 24 hours (considering discharges; elective admissions and staffing levels for next 24 hours)
- Follow up – to report on unexpected or significant events and plan how to resolve them

Health Information and Quality Authority (HIQA) carried out a planned visit to the NRH in November. This visit was a fact-finding visit (not an unannounced inspection) which will allow HIQA to gather information to assist them in developing their rehabilitation standards.

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### Productive Ward Initiative

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FIONA MARSH

ASSISTANT DIRECTOR OF NURSING, PRODUCTIVE WARD LEAD

Fiona continued in her role as Chairperson of the Leinster Productive Ward Network Group. She presented at the Annual Productive Ward Meeting in St. James's Hospital. The Network Group are in the process of setting up education for ward staff on module application this year.

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.

### BENEFITS TO BE GAINED BY PATIENTS, STAFF OR OTHER STAKEHOLDERS

Many organisations, who have implemented Productive Ward programmes, have made significant improvements for their patients. Below is a summary of the 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 and Our Lady's ward. 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 elements of the productive series to all wards from 2018.

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## Ward Reports

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### MCAULEY WARD

AGI JOSE – CNMII

McAuley Ward consists of a ten 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 is an ongoing project in McAuley Ward 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 by the POLAR team. In 2017, 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.

Staff from the ward attended Productive Ward training and Productive Ward Network meetings during 2017. Professional development continues to be a focus for the staff on McAuley Ward. Educational and Continuous Professional Development undertaken by staff in 2017 included:

- **Margaret Jensen** (RGN) and **Zarah Carillo** (RGN) attended 'Rehabilitation of Lower Limb Amputee' course, Queen Mary Hospital, Roehampton UK

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, Productive Ward Steering Committee and Catheter Care Bundles.

### ST. PATRICK'S WARD

PATRICIA O'NEILL – CNMII

LILET ANGELES – CNMI

St Patrick's Ward is a closed unit for the care of patients with acquired brain injury with moderate to severe cognitive and behavioural difficulties. St Patrick's Ward continues the initiative of 'The Productive Ward - releasing time to care' which is embedded into the ward culture. The observation module and the personal hygiene module were introduced this year. To date, a total of seven modules have been introduced, with regular review of changes that were made. A key aspect of this initiative is maintaining the Productive Ward standards.

Educational and Continuous Professional Development undertaken by staff in 2017 included:

- **Linty Mathew** (RGN) has completed BSc in Nursing Management
- **Rajesh Maydil** (HCA) completed a BA (Hons) Social Science Studies
- **Maya Tom** (RGN) commenced a Post Graduate Diploma in Infection Prevention and Control
- **Lilet Angeles** (CNMI) commenced a HMI course, Management Skills for Clinical Nurse Managers

Staff members from St Patrick's Ward continue to be involved in the following committees:- Behaviour Consultancy Forum, Operational Management Committee and Care Bundle Committee.



### 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 on this 19 bedded brain injury acquired 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 2017 were:

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

Planned Modules for 2018 are:

- Patient Hand Hygiene 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 2017:- 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 Practical Skill in Rehabilitation course, which is a collaboration with Physiotherapy and Occupational Therapy staff, providing education for Nurses and Healthcare Assistants (HCAs) in the Brain Injury service, will resume in early 2018. This course is the first of its kind and provides practical skills for posture and position management for complex brain injury patients.

Educational and Continuous Professional Development undertaken by staff in 2017 included:

- **Bill Byrne** (RGN) Masters in Pain Management
- **Amy O Connor** (RGN) Masters in Rehabilitation and Disabilities Studies
- **Jayna Salpuddin** (HCA) QQI level 5 award
- **Teresa Whyte** (CNMII) Management Development Programme QQI level 6

We welcomed Bill Byrne, Amy O Connor and Karolina Zapart to the nursing team in 2017.



#### 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 neurological 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.

Staff on the ward have roles on the Falls Prevention Committee, Restraint Committee, Health and Safety Representation and Hand Hygiene promotion. 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 2017 included:

- **Donna Kerr** (HCA) successfully completed FETAC Level 5 Healthcare Course
- **Sajini Lawrence** (CNMII) commenced a facilitation course on Developing Culture of Person Centeredness
- **Florence Reambonanza** (RGN) commenced a Masters in Rehabilitation in UCD and is also a Care Bundle Champion

All staff worked to assist patients with more complex needs to achieve functional independence, while continuing to maintain a high standard of care. As part of developing a person centred culture on our ward, a group of interdisciplinary team members agreed a 'Vision Statement' for use on St. Gabriels Ward. We welcomed two new staff nurses to St. Gabriel's ward in 2017, Lani Samoja and Lulu Sarath.

#### ST. AGNES' WARD

RITA O'CONNOR – CNMII

St. Agnes' Ward is an eight bedded ward providing care for six inpatients and two day-patients. 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). We strive to provide a family centred, holistic approach to each child's care during their admission.

Educational and Continuous Professional Development undertaken by staff in 2017 included:

- **Rita O'Connor** (CNMII) successfully completed a Diploma in Patient Safety, Royal College of Physicians, Dublin

Staff members from St. Agnes' Ward continue to be involved in the following committees; CPR Committee, Catheter Bundle Committee, Health Care Record Steering Group, Hand Hygiene Committee and the Drugs and Therapeutics Committee.

In 2017, St. Agnes Ward introduced the Paediatric Early Warning System (PEWS). This is a collaborative approach undertaken by the nursing and medical team on site. PEWS is a work stream of the National Clinical Programme for Paediatrics and Neonatology. It provides a framework for care and empowers clinicians to act on behalf of a child with signs of deterioration or about whom they have clinical concerns. It is designed to make hospital admissions safer for children and help staff care for deteriorating paediatric patients.

We also welcomed two new Staff Nurses Lorenza Leone and Rachael Lee and two new Health Care Assistants Minimole Poulouse and Kerrie Boyle to the paediatric team.

I would like to take this opportunity to thank all our dedicated and hardworking volunteers from Children in Hospital Ireland for their ongoing support and involvement with the children and families on St. Agnes Ward.



### ST. CAMILLUS' WARD

PAT CONROY – CNMII

ANU KORUTHU – CNMI

St Camillus' Ward is a 16 bedded ward caring for patients with acquired brain injury, with one bed allocated to wound care for patients with spinal cord injury. 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 patients and their therapists, families and carers, to optimise patient independence and recovery.

We welcome to our team Ferdinand Gammad, Bliss Joy Besares, Deepthi Joseph, Jis Mary Joseph (RGNs), Denise Mulvaney (HCA) and Linda Sabin.

Educational and Continuous Professional Development undertaken by staff in 2017 included:

- **John Payne** (HCA) completed FETAC Level 5
- **Anu Mary Koruthu** (RGN) Diploma in Patient Safety with RCPI completed and won the 1st prize in the Nursing Midwifery Planning and Development Unit for her poster and work on hand hygiene for patients, family and friends
- **Pat Conroy** (CNMII) commenced HMI Management Course

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 (TO JULY 2017)

KOMATHI NARASIMHA – CNMI (FROM JULY 2017)

St. Margaret's and St. Joseph's wards collectively comprise of 16 beds including four high dependency beds. The nurses and healthcare assistants care for our patients with spinal cord injury and also patients with neurological conditions. They ensure patient goals are fulfilled according to the Mission Statement and the Safer Better Healthcare standards. The nursing staff promote active participation during all aspects of care. They provide psychosocial support to patients and their families, they ensure necessary education and care management is provided to the patients, and they understand how their work relates to assisting patients to regain autonomy and to directing their own care.

We welcome new team members Margie Orido (RGN), Eithne O'Byrne (RGN), Judylin Rizada (RGN), Benilda Mendonza (RGN), Ruth Lee (RGN) and Edel Gormley (RGN).

Educational and Continuous Professional Development undertaken by staff in 2017 included:

- **Komathi Narasimha** (CNMI) - Completed BSc Nursing Management course
- **Lisa Augustine** (RGN) - Completed Post Graduate Diploma in Tissue Viability
- **Beena Saju** (RGN) - Completed BSc Nursing Management course
- **Zanele Bhebhe** (HCA) - Continuous studies in Health Care Management
- **Alvin Omana** (RGN) - Completed Phlebotomy course

I would like to take this opportunity to thank our dedicated and hardworking staff for their ongoing encouragement and support during 2017. A big thank you to our volunteers, who generously give their time to assist the patients.

#### OUR LADY'S WARD

SAJIMON CHERIAN – CNMII (TO JULY 2017)

SIOBHAN CARRIGG – CNMII (FROM JULY 2017)

DIVYA BIJU – CNMI

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. There has been an increase in more complex admissions from a medical and nursing perspective. Staff have worked to assist patients with more complex social issues as well as psychological issues. In 2017 we welcomed CNMI, Divya Biju and CNMII, Siobhan Carrigg, staff nurses Eufemia Torcuator, Ana Matos and Elle Saban and HCA Janeth Salazar to Our Lady's Ward.

Educational and Continuous Professional Development undertaken by staff in 2017 included:

- **Eufemia Torcuator** enrolled on a professional development course in Spinal Cord Injury in conjunction with UCD and MMUH

“ Staff focus on the provision of knowledge and skills for patients, families and carers; and education & training for healthcare professionals to ensure optimum outcomes for patients. ”

*Hand Hygiene education is a major focus at the NRH. Pictured are Minister for Health Simon Harris TD and Sajimon Cherian before entering Our Lady's Ward.*





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## NURSING EDUCATION DEPARTMENT

LIZ CROXON  
MARY FEENEY  
CLINICAL FACILITATORS

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### Post-graduate Professional Development

#### POST GRADUATE COURSE IN SPINAL COLUMN AND SPINAL CORD INJURY NURSING

The Post Graduate Clinical Professional Development programme in Spinal Column and Spinal Cord Injury Nursing is a collaboration between the NRH, the Mater University Hospital, and University College Dublin (UCD). This course leads to a certificate on completion at level 8 with UCD awarding 10 credits.

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### 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 54 placements were facilitated in 2017.

#### POST GRADUATE STUDENTS

The Nursing Education Department facilitated student placements from Tallaght Hospital as part of the Post Graduate Diploma in Orthopaedic Nursing. A post graduate nurse trainee placement from Germany was also facilitated in 2017.

#### RETURN TO PRACTICE

The department supported a registered nurse returning to practice and facilitated a re-orientation programme for a period of 9 weeks. This included both theoretical and clinical skills.

#### CERTIFICATE IN HEALTH CARE SUPPORT QQI LEVEL 5

Students from the Institutes of Further Education, undertaking Health Care Support courses were facilitated with clinical placements at the NRH. Three NRH HCAs graduated with a certificate in Health Care Support QQI level 5 in 2017. The nursing education department supports staff through their studies and assessment for the clinical component of the course.

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### Nursing Courses delivered in the NRH and Externally

The NRH promotes education to nursing staff in the community in order to support our patient population both pre and post discharge. It is essential that both the community and hospital work together to promote best practice for our client population, especially those with neurogenic bladder and neurogenic bowel.

#### MANAGEMENT OF THE NEUROGENIC BOWEL TRAINING – CATEGORY 1 NMBI – CEUS 6

The department continues to facilitate training both within the NRH and externally. A total of 121 nurses were trained in 2017 (910 courses). This programme aims to empower both the NRH and community nurses by providing education in neurogenic bowel dysfunction.

#### TRAIN THE TRAINER COURSE: MANAGEMENT OF NEUROGENIC BOWEL DYSFUNCTION – 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. The course enables individual nurses to develop their skills and confidence in a supportive environment. It also ensures the successful transfer of an effective bowel management training programme nationally.

#### **UROLOGY MASTER CLASS – CATEGORY 1 NMBI – CEUS 6**

This course supports the training required in relation to neurogenic bladder dysfunction including male ureteral and suprapubic catheterisation. The training programme was delivered jointly by the urology and nursing education departments. In total 50 nurses were facilitated. This serves to support our many patients in the NRH and the community nationwide.

#### **PRESSURE ULCERS TO ZERO – NATIONAL QUALITY IMPROVEMENT COLLABORATIVE**

The NRH continues to actively participate in the National Quality Improvement 'Pressure Ulcer to Zero' collaborative. Learning sessions continued throughout 2017 including participation in a quality improvement webinar on pressure ulcers.

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### **New Initiatives**

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#### **ANIMATION VIDEO PROJECT: 'THE PRACTICAL MANAGEMENT OF A BOWEL PROGRAMME FOR THE SPINAL CORD INJURY POPULATION'**

This animation video is seen as a key investment in the future educational needs of the spinal cord injury patient population. The nursing educational department wish to acknowledge the support and funding from the NRH foundation.

#### **HEALTH CARE ASSISTANTS (HCAs)**

A one day 'Upskills' course was developed to support and continue the educational requirements for HCAs. This provides the necessary knowledge and skills required to provide the best care and ensure successful patient outcomes. Congratulations to the 54 NRH staff and 11 external staff who completed the course.

#### **CLINICAL PRACTICE SUPPORT**

Clinical practice support meetings commenced in December. The objective is to encourage practitioners to reflect, develop, and implement evidence based practice to enhance patient outcomes.

#### **ADMINISTRATION OF INTRAVENOUS MEDICATION FOR NURSES**

In collaboration with St. Vincent's Healthcare Group, 12 Registered Nurses completed the above course. The course comprises of a four hour e-learning programme, a four hour workshop in the Nurse Education Centre at St Vincent's Hospital, followed by assessment in the NRH.

#### **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.



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## INFECTION PREVENTION & CONTROL DEPARTMENT

DR SINÉAD MCNICHOLAS  
CONSULTANT MICROBIOLOGIST

CATHERINE O'NEILL  
CNS INFECTION PREVENTION AND CONTROL

The prevention and control of healthcare associated infections is a high priority for the National Rehabilitation Hospital. Infection prevention and control is an integral part of each staff member's daily work. We monitor, measure and risk assess each patient's needs in order to provide an effective rehabilitation programme for all our patients while maintaining a safe environment. The infection prevention and control team (IPCT) give continual advice and education to staff, patients, volunteers and all those who are involved in patient care and wellbeing. Workload for the department has increased significantly mainly due to emergent Multi-Drug Resistant Organisms (MDROs), new building obligations and implementation of improving HIQA standards.

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### Hygiene, Infection Prevention and Control Committee (HIPCC)

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

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### 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, CPE and C. difficile – and other infections within the hospital. Monthly 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.

In 2017 there was a significant downward trend in the acquisition of MDROs and other health care related infections, due to effective and timely containment and where appropriate, protocols and initiatives were put in place by the IPCT.

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### Education

Hand Hygiene and Standard Precautions education was delivered by the Infection Prevention and Control Nurse throughout 2017 with the collaboration of the Hand Hygiene Champions. In addition, the IPC Nurse provided education and feedback to staff on IPC audits such as IPC process audits, glucometry, blood gas sampling, phlebotomy, cleaning of clinical equipment and audit education. Clinical and non-clinical staff participated in the production of a staff hand hygiene education video.

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### New Hospital

Due to commencement of building works on our new hospital, there has been a significant impact on both patients and staff due to aspergillus containment measures in line with national guidelines.



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## SEXUAL WELLBEING SERVICE

PAULINE SHEILS

CLINICAL NURSE SPECIALIST IN SEXUAL HEALTH AND ILLNESS/DISABILITY

The Sexual Wellbeing Service is led by Clinical Nurse Specialist (CNS) Pauline Sheils. The CNS is a Registered Nurse Prescriber, which enhances the service, the CNS is 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 and the Drugs & Therapeutics Committee. Although this impacts on the time available to the Sexual Wellbeing Service, it has maintained the number of patients attending annually. In 2017, 180 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.

The Sexual Wellbeing Service is available to Inpatients and Outpatients of the hospital from all four NRH Rehabilitation Programmes. The 2017 CARF survey report noted the Sexual Wellbeing Service programme 'for its proactive approach to engage those who may and do benefit from the programme, including timely aspects like gender identity within its policies, placing its programme well ahead of peer rehabilitation programmes and creating more opportunities for persons served within all NRH programmes'.

External healthcare agencies continue to recognise the uniqueness of this service and regularly request training, workshops and presentations at their conferences. Following the successful launch of their booklet for men, the NCCP (National Cancer Control and Prevention Programme) invited the CNS to Co-Chair in the writing of their booklet for women 'Sexual Wellbeing after Breast or Pelvic Cancer Treatments'. This booklet is due to be launched in January 2018.

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### Training and Education

Creating awareness of issues around Sexuality and Disability continues to be the driving force to providing education. In 2017, an extensive programme of education was delivered by Pauline Sheils; full details are outlined in the 'Education and Training Delivered by NRH Staff' in Section 4 of the Annual Report.

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### Cardiopulmonary Resuscitation (CPR) Committee

The CPR Committee meet on a six weekly basis. In 2017 four new defibrillator machines were purchased to replace the old models.

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.

In 2017 our team of Basic Life Support (BLS) instructors was reduced by one, which has caused difficulty in maintaining training levels. All of the instructors in NRH do this training in addition to their substantive posts, however it is becoming more difficult to ensure training for staff on this basis. A total of 101 staff were trained in BLS and 14 in Heartsaver AED. The aim is to increase numbers of staff attending Heartsaver AED training as a priority in 2018.



## SPINAL NURSE 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 Programme 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. 17 assessments were completed in 2017.
- **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. 35 home visits and 82 post-discharge telephone reviews were made in 2017.
- **Annual Review** – The SCSC Programme 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 2017, 115 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.

Educational and Continuous Professional Development undertaken in 2017 included:

- **Liz Maume** obtained first class honours in Certificate in Nurse and Midwife Prescribing from the RCSI and is currently awaiting registration as a Nurse Prescriber from the Nursing and Midwifery Board of Ireland (NMBI).

### Education Delivered

Education provided by the Spinal Nurse Liaison Specialist includes presentations delivered on 'Bowel, Bladder, Autonomic Dysreflexia and Skin' at an Outreach Event (Carlow / Kilkenny); Management of Neurogenic Bowel Education delivered at the MASCIIP Shared Practice Event, UK; the Spinal Cord Injury Education Day for Healthcare Professionals; and the Centre of Nurse and Midwifery Education (Mayo / Roscommon).



*Minister for Health Simon Harris TD, An Taoiseach Leo Varadkar TD and NRH Chairman Kieran Fleck pictured at the 'breaking ground' ceremony for the New Hospital Development.*

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## UROLOGY SERVICE

MR ROBERT FLYNN – CONSULTANT UROLOGIST

OONAGH CREAM – CNMI

KELLY LENNON – CNMI

CAROLINE AHERN – CNMI

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### 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 SCSC Programme.

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### Urology Clinics

#### CONSULTANT CLINIC

Mr Flynn attends twice weekly and sees both inpatients and outpatients, with procedures running in parallel with these clinics. In 2017, 413 patients attended this clinic.

#### NURSE-LED CLINIC (NLC)

Most patients attend on an annual or bi-annual basis for review and it is a lifelong service for most of our spinal patients. The Nurse-Led Clinic includes a comprehensive assessment, phlebotomy, urine culture, renal ultra sound and kidney, ureter and bladder (KUB) x-ray if deemed necessary. We work very closely with the Radiology Department to provide this service. Patients present with various needs to the Nurse-Led Urology Clinic and often require referral to the Rehabilitation Consultants, Multidisciplinary Clinics, Liaison Service, Sexual Health Service, Public Health Nurse or General Practitioner. In 2017, 765 patients attended this clinic.

#### URODYNAMICS CLINIC

The Urodynamic Clinic operates one morning per week. If there is an increased need, we run extra clinics. In 2017 we performed 135 procedures.

#### 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 in the NRH Urology Department where clinical management plans are put in place. In 2017, a total of 40 cystoscopes were performed by our Urologist. We facilitated the Speech and Language Therapy service to perform 30 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. Thirteen Supra Pubic catheter insertions were performed in 2017.



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### Education

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

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### Telephone Support

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 1200 telephone calls seeking advice in 2017.

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### New Developments

**Caroline Ahern** registered as a Nurse Prescriber of Medication and Ionising Radiation. Caroline Ahern was promoted to CNMI in Urology in 2017.

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### Quality Improvement

We rolled out the National Endoscope Track and Trace System in our Department in February. Tracking instrumentation through the decontamination life cycle and linking this information to the individual patient on whom the reusable invasive medical device has been used provides key quality assurance data. Patient safety is the core objective of this project and we are now linked to the National Database.

Details of education and training delivered by Urology staff are outlined in the 'Education and Training Delivered by NRH Staff' in Section 4 of the Annual Report.

“ We rolled out the National Endoscope Track and Trace System in February. Tracking reusable invasive medical devices provides key quality assurance data for the hospital and we are now linked to the national database. Patient safety is the core objective of this project. ”

## Clinical Psychology

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DR SIMONE CARTON  
HEAD OF CLINICAL PSYCHOLOGY

Personnel at the Department of Psychology:

Dr Simone Carton	Principal Clinical Neuropsychologist and Head of Department
Dr Sarah Casey	Senior Clinical Neuropsychologist
Dr Heather Cronin	Senior Clinical Psychologist (Secondment to Transformation Lead on CRMS Project from October 2017)
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 Fiadhnaít O'Keeffe	Senior Clinical Neuropsychologist
Dr Emer O'Loughlin	Clinical Psychologist (Locum April - November 2017)
Ms Emma Brennan	Assistant Psychologist
Ms Sarah O'Connor	Assistant Psychologist

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### Clinical Psychology Services provided

The Psychologists at the NRH aim to provide a suite of clinical services for patients, families, carers and agencies across the continuum of care, adopting best practice and clinical evidence. The extensive experience and expertise of the psychology team may commence before admission with consultation and preliminary assessment, continue onto admission to inpatient and or outpatient services, all as indicated. Psychological services are comprised of a range of clinical services under the rubric of assessment, formulation, intervention, research and education, and training. 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 and statutory professional registration. Our efforts to achieve this aim are outlined below in contributions by members of the Psychology team at the NRH in research activity, publications, representation on specialist and representative committees and initiatives to push the boundaries of best practice for patients and colleagues.

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).

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### New Services and Developments during 2017

#### 'MIND MATTERS'

Mind Matters is a bimonthly educational group for patients on the adult programmes. Mind Matters introduces patients to the many psychological issues that can be associated with adjustment to an often unexpected diagnosis, being in hospital and living with disability. It attempts to guide, support and share with patients the challenges and opportunities of rehabilitation, to allay fears and to hopefully herald hope at a challenging time. The group is facilitated by Dr Claire Keogh and the following themes are:

- 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
- 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’**

Similar to Mind Matters, Staff Matters evolved from an expressed need from ward-based staff to have an opportunity to develop, learn and reflect on their work with patients in order to achieve best practice as well as 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.

Staff Matters was delivered in three different pilot phases over 2017. Feedback from staff who participated highlighted the positive impact of gaining insight into the experiences of their colleagues, while learning new skills. The logistics of scheduling time for Staff Matters remains a challenge but the commitment is clear and consistent to continue.

In addition to clinical and academic responsibilities, Psychology personnel contribute to the following working groups and committees:

### **CLINICAL EXPERTISE PROVIDED TO CLINICS AND COMMITTEES WITHIN THE NRH**

- NRH Ethics Committee
- NRH Executive Committee
- Academic Steering Group
- Behaviour Consultancy Forum
- NRH Heads of Therapy Group
- 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

### **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
- 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
- Medico-legal Society of Ireland

### **TRAINING IN BEHAVIOUR THAT CHALLENGES WITH NRH PERSONNEL**

During 2017, there was further development of the content and delivery of Positive Approaches Challenging Events (PACE) by all members of the Psychology Department to NRH staff. PACE I 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 Voluntary Healthcare Agencies Risk Management Forum (VHARMF), Dr Maeve Nolan has developed PACE I into an online training programme based on the ‘Framework for the Prevention and Management of Behaviour that Challenges’. This training will be relevant for all staff working in healthcare settings, and will be made available to all 26 member hospitals.



## PSYCHOLOGY EDUCATION FOR PATIENTS AND FAMILIES

The Psychology Department received a donation specifically to provide psychological education and resource material for patients, families and, or carers following discharge from the NRH. During 2017, the Department of Psychology collaborated with students from the Faculty of Film, Art and Creative Technologies at the Institute of Art, Design & Technology (IADT) to devise short animations capturing some of the hopes, fears and expectations experienced by many patients, especially at discharge and beyond. This collaborative animations project between Department of Psychology in the NRH and IADT was shortlisted for the HSE Excellence Awards 2017. This project continues into 2018.

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## Research

1. Katie Farant, TCD, successfully completed her doctoral thesis on 'The experience of living with Cauda Equina Syndrome' under the clinical supervision of Dr Maeve Nolan.
2. Dr Maeve Nolan collaborated with Dearbhla Burke from the School of Public Health, Physiotherapy and Sports Science and members of the SCSC Programme to develop and pilot a CBT online pain management programme for patients living with spinal cord injury.
3. 'Post-traumatic growth and coping after amputation'. Doctoral thesis of Aisling Warren, TCD with Dr Fiadhnaid O'Keeffe as Clinical Supervisor and Co-investigator. To be completed in 2018.
4. '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.
5. '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 Dr Simone Carton and Dr Fiadhnaid O'Keeffe (Clinical supervisors and Co-investigators).
6. 'Counterfactual thinking and moral judgment following Acquired Brain Injury and Spinal Cord Injury'. Hannah Gallivan Department of Psychology TCD and Dr Simone Carton (Clinical Supervisor and Co-Investigator)

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## Publications

O'Keeffe, F., Murphy, O., Ganesan, V., King, J., Murphy, T. (2017). Neuropsychological outcome following childhood stroke- A review. *Brain Injury*, 31 (12), 1575-1589.

Fitzgerald, M., O'Keeffe, F., Carton, S., Coen, R., Kelly, S., Dockree, P. (2017). Rehabilitation of emergent awareness of errors post traumatic brain injury: A pilot intervention. *Neuropsychological Rehabilitation*. E-publication ahead of print. <http://dx.doi.org/10.1080/09602011.2017.1336102>.

Woods, L., Hevey, D., Ryall, N., O'Keeffe, F. (2017). Sex after amputation: the relationships between sexual functioning, body image, mood and anxiety in persons with a lower limb amputation. *Disability and Rehabilitation*. E-publication ahead of print. <http://dx.doi.org/10.1080/09638288.2017.1306585>.

O'Keeffe, F., Stark, D., Murphy, O., Ganesan, V., King, J. & Murphy, T. (2017). Psychosocial outcome and quality of life following childhood stroke – A systematic review. *Developmental Neurorehabilitation*, 20 (7), 428-442.

Moore, P.A., Salas, C.E., Dockree, S.P. & Turnbull, O.H. (2017). Observations on working psychoanalytically with a profoundly amnesic patient. *Frontiers of Psychology*, 25 (8) 1418.

Verdonck, M., Nolan, M., Chard, G. (2017). Taking back a little of what you have lost: The meaning of Environmental Control System (ECS) for people with high cervical spinal cord injury. *Disability and Rehabilitation: Assistive Technology*. E-publication ahead of print. <https://doi.org/10.1080/17483107.2017.1378392>.

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## Lectures and Presentations Delivered

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



## Dental Service

ALASTAIR BOLES

SENIOR DENTAL SURGEON (SPECIAL NEEDS), HSE DÚN LAOGHAIRE

During 2017 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 2017 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.



*Members of the Nursing team who won first prize for their Quality Improvement Project related to Healthcare Associated Infection.*

# Nutrition & Dietetics

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KIM SHEIL  
DIETITIAN MANAGER

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## Brief outline of services provided

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

The ultimate aim of nutrition in rehabilitation is to optimise nutritional status of each individual in order to maximise their rehabilitation potential. Nutritional priorities will change throughout the rehabilitation journey. Many individuals will commence rehabilitation in a state of under nutrition as a result of the effects of acute trauma, thus the priority at this stage is to restore nutritional status and maximise ability to participate in therapy. As rehabilitation progresses, the aim may be to prevent overnutrition and manage risk factors for secondary prevention.

The dietitian is the source of evidence based information and expertise on all nutrition matters for patients of the NRH and their teams. 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.

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## New Services and Developments in 2017

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In 2017 a number of exciting new initiatives took place.

- Increased staff complement from 2.5 to 2.8 WTE.
- Rollout of the Malnutrition Universal Screening Tool (MUST) continued in 2017 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, focusing on the role of nutrition in managing fatigue.

Continuous professional development is key to keeping abreast of developments in this constantly evolving discipline. To that end, department members attended a wide range of courses and study days during 2017.

During 2017 Senior Dietitian Lorna O'Connor presented her research in Nutrition in Spinal Cord Injury at a number of events including:

- "Dietary Approaches to Weight Management in SCI" poster presentation at the INDI Weight Management Interest Group Annual Study Day
- "Weight Management Guidelines for people with Spinal Cord Injury" poster presentation at INDI Research Symposium



“ Many individuals will commence rehabilitation in a state of under nutrition as a result of the effects of acute trauma, thus the priority at this stage is to restore nutritional status and maximise ability to participate in therapy. As rehabilitation progresses, the aim may be to prevent overnutrition and manage risk factors for secondary complications. ”

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#### Key Issues and Milestones in 2017

Although the staff complement was increased to 2.8 WTE in 2018, the benefit of this has not been fully realised due to difficulty in recruiting locum cover for periods of extended leave. As the importance of nutrition in rehabilitation is increasingly recognised, demand for the service grows. This is carefully managed to ensure a prompt and effective service, by prioritising cases based on clinical need. A triage system is in place to manage referrals in a safe and equitable manner.

A snapshot survey of 'The State of Nutrition at NRH' was conducted in 2017 to provide a comprehensive overview of nutritional issues amongst NRH patients to allow for effective allocation of resources. This will be repeated annually to identify trends in nutritional issues and changing complexities.

The dietitian manager chairs the Enteral Feeding Working Group and development of an Enteral Feeding policy is ongoing.

The dietitian manager is a member of the Catering Review Implementation Governance Group whose role is to ensure continuous improvement and safety in food service.

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#### Future Developments

Work is continuing towards completion of an NRH Enteral Feeding policy. Facilitation of training in Enteral Feeding practices for nurses and dietitians is ongoing.

The Nutrition and Dietetics Department are working collaboratively with the Nursing and Catering Departments to develop and implement a 'Protected Mealtimes' policy at ward level.

The Department is working with an interdisciplinary group on the development of a Health Hub which will help to promote nutritional self-management for patients with Spinal Cord Injury.

# Occupational Therapy

LISA HELD  
OCCUPATIONAL THERAPY MANAGER

ALISON MCCANN AND FIONA MAYE  
(ACTING OCCUPATIONAL THERAPY MANAGERS – MARCH 2017)

## 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.

The OT Department provides comprehensive services to patients from all four clinical rehabilitation programmes at the NRH, namely; Brain Injury; Spinal Cord System of Care; Prosthetic Orthotic and Limb Absence Rehabilitation (POLAR) and Paediatric Programmes. OT activity specific to each programme is outlined in the relevant programme reports in Section Two of this report.

### OT SERVICES DELIVERED ACROSS ALL REHABILITATION PROGRAMMES

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

### Discharge Liaison Occupational Therapy (DLOT)

DLOT receives referrals for inpatients from counties 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.

Programme	Number of patients who received input in 2016	Number of patients who received input in 2017
Brain Injury	35 + 4 (PDOC*) = 39	33 + 2 (PDOC) = 35
SCSC	47	50
Polar	8	15
Paediatrics	2	2
<b>Total</b>	<b>96</b>	<b>102</b>

\*Prolonged Disorders of Consciousness

The number of referrals to the POLAR Service increased from 8 in the previous year to 15 in 2017 reflecting the efficacy of the revised scope on appropriate referrals to the service. There has been an increase in the OT staffing of the POLAR programme and therefore increased scope for this programme to carry out functional training within patient's homes pending logistical factors.



DLOT Input Weighting System		2017
<b>High</b>	High level of intervention – more than 2 home visits; intervention relating to housing adaptations, for example provision of housing reports; order, installation and training with regard to equipment	58
<b>Medium</b>	Up to 2 home visits related to equipment or housing adaptations	32
<b>Low</b>	Maximum 1 home visit; general advice and liaison, supply of small equipment items	12

The discharge rate from the DLOT Service to home was 71% in 2017 compared with 67% in 2016. Where possible and where indicated, joint home visits are carried out with members of the Interdisciplinary Team.

### Vocational Assessment

Vocational Assessment provides vocational interview, assessment, review, advice and recommendations related to vocational needs of NRH Inpatients, Outpatients, clients from the Rehabilitation Training Unit (RTU) and older children in the Paediatric Programme. It includes ergonomic advice, work site visits and ongoing support on return to work. External referrals come through NRH Consultants and from other hospitals and facilities. In addition, this service undertakes medico-legal vocational assessment reports and reviews on behalf of the NRH. The breakdown for the service in 2017 can be seen in the figure below.

#### BREAKDOWN OF VOCATIONAL ASSESSMENT WAITING LIST AT END OF 2017

Total No. of referrals	Attendances	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
235	160	128	5	13	26	16	39

### 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 screening and offer referral for driving lessons in manual, automatic and hand controlled vehicles. There were 127 referrals in 2017. In 2017 a second IWA driving instructor joined the service to work one day a week with patients from the Brain Injury Programme. This is in addition to the IWA driving instructor who works two days a week with patients from the Spinal and POLAR Programmes. OTs now attend the driving assessments for certain patients and collaborate with the driving instructor on the outcomes. 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 and the Psychology Department teams are currently working together to restructure this service, in light of staffing changes, to deliver an interdisciplinary service under the new title “Living Well”. This is to ensure the service is in line with best practice and that contingency for staff leave is built into service continuity.

### 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. 121 patients attended this service throughout the year.



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## Art Therapy and Horticultural Therapy

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See new initiatives section.

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## OT Practice Education

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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.

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## OT Input to Interdisciplinary Services and Clinics Delivered Across All Programmes

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### WHEELCHAIR AND SEATING CLINIC

The Wheelchair and Seating Clinic (WSC) operates on a half time basis 5 days a week and is jointly run by the OT and Physiotherapy Departments. Additional staffing resources were added to the WSC in 2017 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. 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 of same.

During 2017 a total of 134 referrals were received from across the four clinical programmes for the WSC, and 104 seating systems were provided. Patients who did not receive a seating system from the WSC purchased privately following completion or recommendations made to the Community OT Service.

Service Developments in the WSC in 2017 include:

- Streamlining of purchasing of equipment to decrease delivery lead times, and decrease cost of equipment
- Delivery of training at 'Spinal Cord Injury: Information Day for Health Care Professionals' held at the NRH
- Addressing primary issues raised by community services following a recent Community Therapist Feedback questionnaire
- Increased collaboration and joint working with the Paediatric Programme resulting in increased referrals, assessment and provision of seating equipment

### 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 2017 include:

- A reminder text service proved successful in reducing Outpatient DNA (Did Not Attend) rates by 8% in 2017
- A Splinting service email address was set up in order to enable electronic referrals
- The working pattern changed to morning only, with the advantage of increased hours available from the OT Senior in the spinal service
- A documentation re-audit was completed
- Members of the splinting team were actively involved in the provision of education to NRH IDT members and undergraduate students. The Senior OT and Physiotherapist participated and presented at a Splinting Skills meeting in October on "Splinting in a Neuro Setting"
- An audit of the timeline of splinting intervention post Botulinum Toxin injections for Outpatients was completed for 2017

**ELECTRONIC ASSISTIVE TECHNOLOGY (EAT) CLINIC**

The Electronic Assistive Technology (EAT) Clinic is currently resourced for Inpatients at the NRH. 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 with patients. The service explores access to:

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

The EAT Clinic, in conjunction with the Disability Federation of Ireland (DFI), plan to host a Community Hub for Assistive Technology (CHAT) meeting in 2018. EAT referrals for 2017 are as below:

**ELECTRONIC ASSISTIVE TECHNOLOGY (EAT) REFERRALS**

Programme	2016	2017
BI	17	19
POLAR	1	1
SCSC	16	17
PAEDS	3	3
<b>Grand Total</b>	<b>37</b>	<b>40</b>

**OUTPATIENT DEPARTMENT (OPD) OT SERVICE**

Staffing for OPD OT is 1.0WTE post. 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. Staff shortages for the last 3 months of the year had an adverse impact on core work including waiting lists and optimising existing practices. However OT and PT piloted the introduction of a joint initiative by starting the Graded Repetitive Arm Strengthening Programme (GRASP) in OPD.

Although the attendances for the Outpatient OT Service in 2017 (1991 attendances) decreased slightly on the previous year (2154 attendances), there was a significant increase in the amount of time spent directly with patients (7939 direct units\*) compared with 2016 (7004 direct units).

\* One direct unit equals 15 minutes.

**2017 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 2017. A limited number of suitable powered wheelchairs are available within the hospital for our patient groups to use however the goal will be to improve timely access to same in 2018.

**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**

The horticultural therapy service has proved to be a very important resource within the hospital. The horticultural therapist post was regularised in 2017 and it is expected that the value of the therapy garden will be maximised for patients by having this dedicated staffing for the service. Volunteer staff kindly help us to maintain the garden throughout the year.

#### **ART THERAPY SERVICE**

An 18 month pilot Art Therapy programme commenced in September 2016. This pilot project is funded by the NRH Foundation and is an exciting addition to the creative art therapies now available in the hospital. This project will be reviewed and a proposal for extension of the project will be made to the NRH Executive and NRH Foundation early in 2018.

#### **QUARTERLY ADAPTED VEHICLE DEMONSTRATIONS**

The OT Department arranges for people with disabilities to have quarterly demonstrations of wheelchair accessible vehicles and adaptations to vehicles for 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. All OTs at the NRH are registered with CORU.

#### **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.

#### **RESEARCH, POST GRADUATE STUDIES AND JOURNAL CONTRIBUTIONS**

- Alison McCann completed her research MSc with Trinity College Dublin in the specialist area of Prolonged Disorders of Consciousness in March 2017
- Fiona Maye completed an MSc in Leadership in Healthcare with the Royal College of Surgeons in Ireland in May 2017
- Michael Brogan completed a higher diploma in Lean Six Sigma Healthcare through the Mater Hospital and UCD. He was 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

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### **Summary of Key Issues for the NRH OT Department**

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In recent years there has been a growing demand for OT services in the context of increased patient complexities and rising expectations on healthcare providers. In addition, there are greater responsibilities related to minimum safe staffing levels, 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. The recent increased staffing levels to certain areas will assist in providing an improved intensity of input and we are currently closely reviewing our current capacity and work practices to ensure maximum efficiency and outcomes for patient interventions.

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. This continues to impact on a patient's ability to return home on discharge if substantial works are indicated. There has been an increase in the length of time taken for patients to receive a medical card that has been proven to be particularly challenging when items of equipment with a lengthy lead time are required.

We thank the OT staff for all their hard work and commitment to the OT Department and the hospital throughout 2017.



## Pharmacy

SHEENA CHEYNE  
CHIEF II PHARMACIST

The Pharmacy Department 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 6.2 WTE (4.2 WTE Pharmacists and 2 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 21 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. On average 250 interventions are made every month.
- 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 over 30% 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 staff and closely liaises with many hospital Departments such as Nutrition and Dietetics, Speech & Language Therapy and Sexual Wellbeing.
- Supports Nurse Prescribers.
- Counsels 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.

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## Service Developments and Initiatives

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**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.

### Antimicrobials:

- The Antimicrobial Stewardship Policy was produced with the introduction of Key Performance Indicators (KPIs)
- The urology prophylaxis guidelines were updated in collaboration with the Urology department
- We participated in the European 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 Europe. The results showed that we performed very well

**Health Promotion:** Various Health promotion events were held and well attended by staff and patients, including;

- 'Antimicrobials Awareness Day' 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 0.5 WTE Healthcare Assistant 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.

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## Education and training

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Eimear McManus was awarded a Masters in Clinical Pharmacy.

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## Milestones

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**Department Upgrades:** Refurbishments were made to ensure compliance with hygiene standards. The store room was fitted with new shelves enabling better stock control and safer handling of feed boxes. The department is monitored for temperature and humidity ensuring the medications are stored in appropriate conditions.

**Audits:** A number of audits were carried out in 2017; the medication kardex audit, the Versatis® (lidocaine) patch audit and an audit on bone health and monitoring of osteoporosis treatment. Audits on the medicine information sources at ward level were completed.

**Staff education:** In collaboration with the Drugs and Therapeutics Committee four newsletters were distributed for all staff – topics included lidocaine patches, atropine minijets, controlled drug release, benzodiazepines and 'z' drugs - new legal requirements, and audit results – allergy and drug kardex.

**NRH Foundation Grant:** An NRH Foundation grant was awarded to the department to enable the purchase of ipads for work on the wards.

**Medication safety:** The medication kardex was reviewed with improvements to the antimicrobial section. Patients receive a pocket size 'My Medicines Guide' during their admission with a record of the medications they are taking. The insulin flag labelling standard operating procedure (SOP) was introduced and education provided to wards.

**Interdisciplinary work:** In collaboration with the dieticians, the use of a water product for PEG feeding and medication administration was reviewed. A cost saving was achieved by switching to an alternative product where clinically indicated. Members of the pharmacy team participate in the Falls Prevention Committee. Team members have also been involved in stakeholder engagement sessions with the Clinical Rehabilitation Management System (CRMS) team.

**New Hospital:** The Pharmacy Department are eagerly awaiting the commencement of phase 2 of the New Hospital Project where the department will be located.

**Staffing:** A new technician post was obtained allowing for improvements to the service for patients.



## Highlights in 2017

Awards: The pharmacy staff were delighted to be shortlisted for a number of Hospital Pharmacy Awards in 2017 which recognise outstanding examples of high standards, best practice, innovation and excellence:

- Eimear McManus was awarded 'Young Professional of the Year' by the Hospital Professional News (HPN) Journal for her work with health literacy and the improvements to labelling and counselling
- The Pharmacy Team was awarded a Crystal Clear Award from National Adult literacy Association (NALA) for the improvements to the labelling of the medications and counselling techniques employed by the staff when discussing medications with patients
- Claire Meaney and Mary McCartan were shortlisted for a multidisciplinary award for 'The role of flag insulin labels in patient safety' at the HPN awards
- Sadhbh O'Leary was a finalist in the Clanwilliam pharmacy awards for 'Excellence in hospital pharmacy'. She also presented a poster at the HPAI (Hospital Pharmacist Association of Ireland) Conference and was awarded 2nd place

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.



*Pictured is Eimear McManus accepting the 'Crystal Clear Mark' award on behalf of the NRH Pharmacy Department.*



# Physiotherapy

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ROSIE KELLY  
PHYSIOTHERAPY MANAGER

The Physiotherapy Department at the NRH is committed to the delivery of high quality patient care to our Inpatients, Outpatients and Day-patients across the four core rehabilitation programmes which comprise:

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

The department contributes to the provision of complex specialist rehabilitation services to patients within an interdisciplinary setting while maintaining best practice and integrated care standards. We strive to be a national lead in the delivery of neurological rehabilitation in Ireland and to align with international guidelines and best practice in service delivery.

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## New Services and Developments

In 2017 the ground work for our new Sports and Exercise Department commenced right outside our current physiotherapy gym. This exciting development was marked by a ground breaking event in October by An Taoiseach Leo Varadkar TD and Minister for Health Simon Harris TD. The proposed opening of the new facility is October 2018.

The Physiotherapy Department also embarked on the development of a high level departmental strategy for the service in 2017 which involved assessing current and future development needs across all programmes and services in line with the Organisational Strategy document.

The Patient and Non-patient co-ordinator role was re-instated in the organisation to allow all manual handling training and assessments to be completed in-house by one of our senior physiotherapists. This is a very welcome development as the management of the compliance with this mandatory training is of utmost importance in maintaining the welfare of our staff.

A Clinical Specialist from the Brain Injury Programme, in collaboration with an Occupational Therapist (OT) and a Clinical Nurse Manager, continued to roll out the formal training programme on 'Practical Rehabilitation Skills' for Nursing and Health Care Assistant staff in the Brain Injury Programme. This programme is financially supported by the Dr Gregg bursary. This is a key in developing interdisciplinary rehabilitation service delivery.

The department was heavily involved in the introduction of patient centred workshops that brought together staff from all disciplines to look at Interdisciplinary Team (IDT) working and how we could improve on what we are already doing. This will be an extremely important project moving forward into the new hospital.

A senior physiotherapist in the POLAR programme was released part-time as part of a new initiative to establish a new service for outreach and pre-admission planning.

An inpatient physiotherapy vestibular service was successfully established with four therapists now trained in this specialist area, allowing ready access to treatment for all patients affected by vestibular condition.

A significant development on the spinal team was the joint physiotherapy/OT ward-based Activities of Daily Living (ADL) sessions focussing on practical application of the skills learned in the therapy gym to the ward setting.

In Outpatients, physiotherapy and occupational therapy colleagues commenced a Graded Repetitive Arm Strengthening Programme (GRASP) to promote IDT working and offer a new service to the patients who access the Outpatient service. The team are also participating in a review of clinical modalities that are currently available in the wider hospital and investigating those that may be required in the future.



The aquatic physiotherapy service staffing was increased to allow opening of the service in the afternoon. This very welcome addition has shown a reduction in the waiting list for the service which now includes a specific strength and conditioning group. The sports & exercise physiotherapy service spent 2017 conducting a review of current services, consulting with all stakeholders (patients and staff across all programmes) to evaluate and plan future services and developing a new sports and exercise programme. This will be rolled out from January 2018 across all rehabilitation programmes and will be interdisciplinary, a first for the sports and exercise department.

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

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### **Physiotherapy Services delivered across all Rehabilitation Programmes**

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

- Respiratory
- Aquatic Physiotherapy and Exercise Physiotherapy
- Outpatient Physiotherapy
- Clinical Practice Tutor
- Recreational Therapy
- Wheelchair Seating
- Splinting
- Patient and Non-patient Handling Co-ordinator

#### **RESPIRATORY CARE**

The respiratory physiotherapy service predominantly delivers therapy to the acute spinal cord injury and disorders of consciousness patients. Paediatric and POLAR patient treatment sessions are provided as required. It also provides a weekend and out of hours on-call service. Carer and family training prior to discharge is a significant component of the service with 30 education sessions being provided for patients, carers and family members prior to discharge in 2017. There were ten education sessions given on manual assisted cough for staff on the ward. Education is also provided to regional hospitals as required.

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 Fiberoptic Endoscopic Evaluation of Swallowing (FEES) clinics with vulnerable patients at risk of respiratory aspiration. In 2017 four tracheostomy patients were managed by the service, two on the Brain injury Programme and two on Spinal Cord System of Care Programme.

#### **AQUATIC PHYSIOTHERAPY AND EXERCISE PHYSIOTHERAPY**

The rebranded Aquatic Physiotherapy and Sports & Exercise Physiotherapy services provide treatment for adults and children. This facilitates exposure to a wide variety of suitable competitive sports and pool programmes as appropriate, and to encourage onward referral into community gyms, pools and local disability sporting bodies.

New developments in 2017 included the introduction of a full day service in aquatic physiotherapy in November and the revamping of the exercise programme being delivered in the Sports & Exercise Physiotherapy service.. Work was also on-going on planning for the New Hospital Project.

Several successful events were run in 2017 including an introduction to the local Rotary Club, the Inter-Spinal Unit Games, the 5th NRH Spinal Sports Championships and a Paediatric POLAR Day run in conjunction with the Irish Wheelchair Association and the Football Association of Ireland. Challenges faced by the department in 2017 included high staff turnover and staffing shortages.

#### **PHYSIOTHERAPY OUTPATIENT DEPARTMENT (OPD) SERVICE**

The Outpatient Physiotherapy team is involved in interdisciplinary clinics, individual assessments, treatment intervention, exercise classes, and aquatic therapy sessions. The service provides direct one to one and group treatments, interdisciplinary and multidisciplinary clinics for patients under the care of NRH consultants. This includes former NRH Inpatients as well as external referrals. The service has experienced sustained growth and development over the years. The OPD staff were delighted that the Wellness programme received three years funding from the NRH foundation. The future plans and developments for 2018 include an analysis of OPD therapy services which will inform our plans for 2018/9.

#### **WHEELCHAIR AND SEATING CLINIC**

The Interdisciplinary Wheelchair and Seating Clinic (WSC) is jointly provided by Physiotherapy and Occupational Therapy (OT). It is now an established half time service to address seating requirements for all NRH patients of varying complexities. The clinic provides assessment, trial, prescription and issue of manual wheelchairs, as well as liaison with community services. 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. Treating OTs and Physiotherapists are invited to attend WSC appointments with their patients to up-skill staff in seating assessments and provision.

During 2017 a total of 134 referrals were received from across the four clinical programmes for the WSC, and 104 seating systems were provided. Patients who did not receive a seating system from the WSC purchased privately following completion or recommendations made to the Community OT Service. The WSC often provides consultation to the Paediatric Programme owing to the specialist nature of this equipment. Prescription is often completed by treating therapists.

#### **CLINICAL PRACTICE TUTOR**

The practice tutors (1 WTE) provide teaching and support to physiotherapy students throughout the duration of their hospital placement at the NRH. The clinical practice tutors facilitated 38 placements in 2017 from UCD and TCD as part of both MSc and BSc programmes. The clinical practice tutors work closely with the universities to co-ordinate these placements. They also have a teaching commitment to the university throughout the calendar year contributing towards the academic programme.

#### **THERAPEUTIC RECREATION SERVICE (TRS)**

Therapeutic Recreation Service (TRS) focuses on individualised recreational assessment and intervention for patients who face specific challenges engaging in recreational programmes. Families, carers and friends are encouraged to participate in TRS recreational group activities to improve patients' functional independence, social participation and community integration.

During 2017, TRS co-organised a Music Festival and BBQ for Patients, Staff & their Families; jointly organised an Aphasia Awareness Event and increased weekend activities.

New developments in the therapeutic recreational service include;

- Introducing a 12 month follow-up service regarding recreation, leisure and social progressions post discharge
- New policies and procedures reduced patients' access waiting times by 7 days
- Self-Management Independent Exercise Pilot Project

#### **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. A more detailed outline of the service is provided in the Occupational Therapy report, see page 75.

#### **PATIENT AND NON-PATIENT HANDLING**

Training is regularly provided within the hospital for Patient Handling and Non-patient Handling sessions. An NRH Handling Policy and a suite of standard operating procedures were developed in consultation with the Risk Management Team. The aim for the year ahead is to improve compliance with mandatory training across the hospital in order to standardise handling techniques and prevent injury to staff and patients.



*A patient treatment session taking place in the main physiotherapy gym.*

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### Key Issues and Milestones – 2017

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2017 was a very exciting year for the Physiotherapy Department with the commencement of the new build for our Sports and Exercise Physiotherapy Department outside our main gym. Close liaison with the Hospital Planning team on a regular basis helped to keep disturbances to patient treatment sessions to a minimum.

The annual trip to Stoke Mandeville for the Inter Spinal Unit Games took place in April with the NRH competing in a wide variety of sports including swimming, shooting, archery, table tennis, tennis, and 9 ball pool. Team NRH also participated in many non-competitive sports. We placed 9th overall and won a silver medal in archery.

The 5th Annual NRH Spinal Championships took place in September with 45 athletes registered to take part in the event. Former patient Vivian Rath opened the championship, which consisted of a combination of competitive and exhibition events. Competitive events included wheelchair table tennis, archery, airsoft shooting and field events. Other sports available for people to experience at a non-competitive level included wheelchair basketball, wheelchair rugby, hand cycling, tennis, seated volleyball and powerlifting.

The Brain Injury physiotherapy team raised awareness of sedentary behaviours and promoted increased activity levels to NRH staff and patients at the World Physical Therapy Day.

The Physiotherapy Department experienced staffing issues in 2017. There was some alleviation of this pressure but some areas remain under stress due to ongoing overload and increasing complexity of the patient demographic.

The Physiotherapy Department is preparing for statutory registration and fitness to practice regulatory requirements in 2018.

I would like to take this opportunity to thank each member of the physiotherapy team for their patience during a challenging 2017. Their dedication to their profession and to the NRH as an organisation is truly humbling. Their hard work and support is greatly appreciated and we look forward to all that 2018 has in store.

## 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 and Diagnostic imaging services are provided in a warm, welcoming and caring environment.

Diagnostic imaging services were provided to the hospital in 2017 by a small team comprising a part-time Consultant Radiologist, two Clinical Specialist Radiographers and 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:

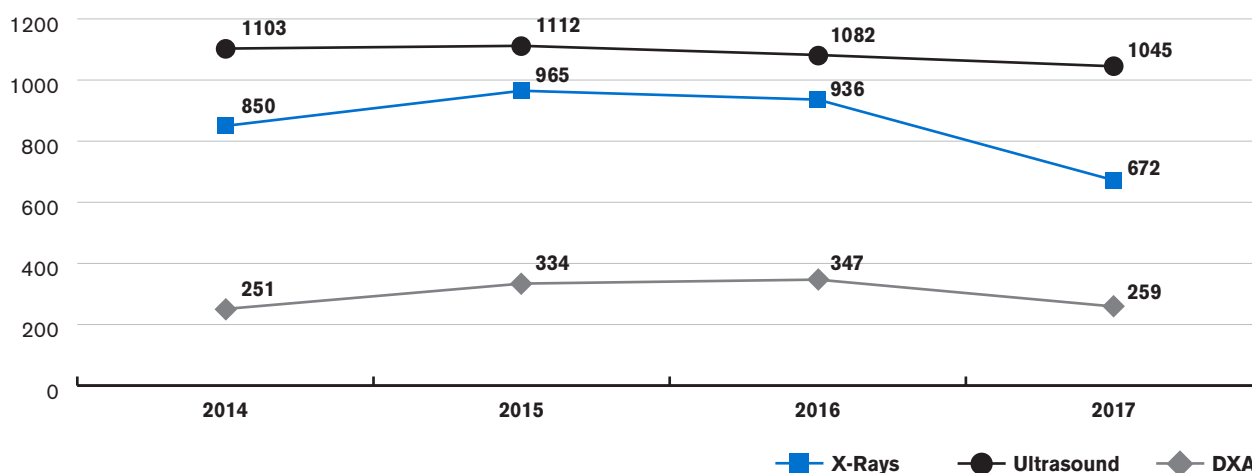
- General Radiography, Ultrasound, Mobile Radiography, special procedures and Dual-Energy X-ray Absorptiometry (DXA) scanning
- CT scanning service at St. Columille's Hospital, Loughlinstown, Co. Dublin
- 24/7 On-call radiography service at the NRH

### Activity Data

Services were provided to almost 1000 Inpatients and over 1200 Outpatients in 2017. Changes in radiology activity were recorded in 2017 – see Graph A.

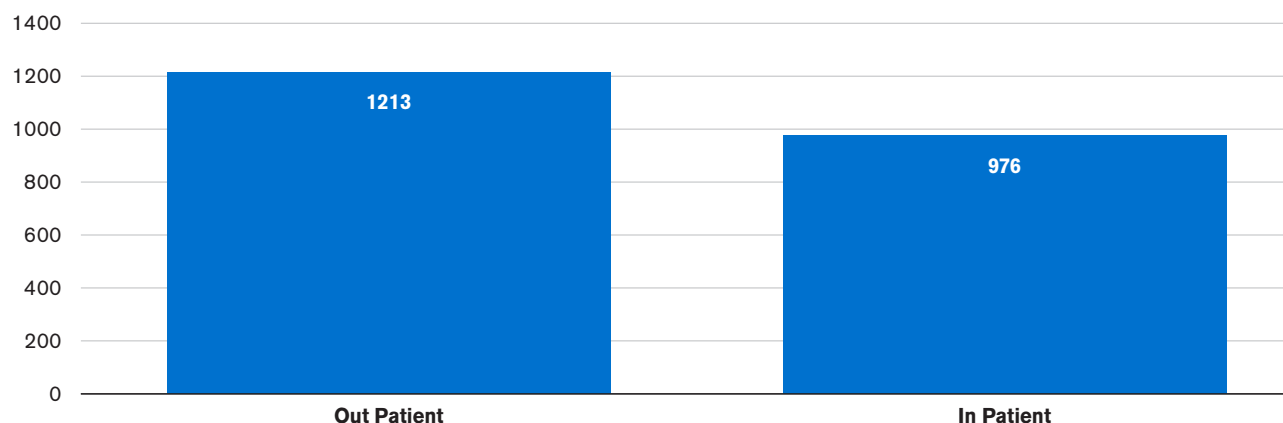
- Ultrasound – 1045 examinations performed
- General X-ray – 672 examinations performed (this is a slight reduction on last year due to the reduced service and downtime encountered during the weeks of building works for installation of the new X-ray suite)
- DXA Scans – 259 scans performed (a decrease in service provision from 2016. The reason for this is that the DXA service was withdrawn for several months whilst the new X-ray equipment was installed. A basic X-ray and ultrasound service was provided from the DXA room)

**GRAPH A – RADIOLOGY ANNUAL STATISTICS 2014 – 2017**





GRAPH B – PATIENT CLASS FOR RADIOLOGY 2017



### Services and New Developments

**X-ray** – In July a new state of the art GMM KALOS Digital General X-Ray System was installed at the NRH. Kalos is a multifunctional direct digital radiography system. The huge advantage of the new X-ray system is that the pedestal design of the table allows access for a hoist to get under the table so that transfer of patients is directly to the centre of the table. Also the new table comes down lower allowing improved transfer for wheelchair patients. The radiation dose received by the patient for each X-ray is reduced. The digital images appear in seconds with no need for processing. A patient satisfaction survey on the new room design and equipment reported a massive improvement in the X-ray service.

**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.

**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.

The National Integrated Medical Imaging System (NIMIS) continues to be fully operational at the NRH.



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## Highlights and Key Issues

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### RADIOLOGY PROTOCOLS AND POLICIES

The appropriate policies and protocols have been updated and implemented in 2017 for the Radiology Department.

#### AUDIT

A number of audits were carried out in 2017. These include:

- Procedures regarding the diagnostic X-ray exposure of women of childbearing age
- 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 three months
- Audit of staff compliance with dosimetry badge wearing
- New Digital X-Ray Room Patient Satisfaction Survey
- LMP Audit – Yearly

#### RADIATION SAFETY

The Radiation Safety Committee (RSC) met twice during the year and advised the hospital on best practice in relation to radiation safety. It strives to promote a culture in which patient safety, clinical risk and quality management are developed as an integral and seamless component of the care process, through the implementation of comprehensive Quality Improvement programmes. The Radiation Safety Procedures and Terms of Reference of the RSC were comprehensively updated in 2017. Jeanette Van Der Wath is the Radiation Safety Officer (RSO) to the hospital with Radiation Protection Adviser (RPA) Julie Lucey and Medical Physicist services provided from St Vincent's University Hospital, Dublin.

The NRH Radiation Safety Key Performance Indicators (KPIs) were extensively revised and updated in 2017 to capture NRH practice in the areas of audit, incident reporting and radiation safety. Radiation safety audits were carried out on patient and staff radiation doses, patient ID checks and LMP in women of child-bearing age in 2017.

The installation of the new Digital X-ray equipment and associated X-ray room modifications was overseen and approved by the RSC, improving safety and decreasing risks to patients and staff.

#### 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 2017 included:-

**Dr Brian McGlone** is the Radiology Quality Improvement (RQI) Lead for the NRH and in this role participated in:

- National Radiology Quality Improvement Programme Workshop, RCPI, November 2017
- Regular joint RQI meetings with St. Columcille's Hospital, Loughlinstown
- Regular Assigned Peer Review as part of RQI programme, NRH
- Update to the NRH Quality Safety and Risk (QSR) Committee on the status of the RQI Programme nationally and at the NRH, November 2017
- Quarterly review of NRH Radiology QI data via the national database (NQAIS) with annual reporting to the NRH Executive via QSR Committee



In addition during 2017, Dr McGlone prepared, presented and chaired monthly Radiology Interdisciplinary Clinical meetings at the NRH; revised, updated and integrated the NRH Online Radiation Safety Training module and provided feedback to NCHDs and consultants; was Supervisor for NRH Nurse Prescribing of Ionising Radiation; Chaired the NRH Radiation Safety Committee; provided in-service training for Occupational Therapy staff; supervised audit projects in the NRH, including audit of LMP policy and staff dosimetry, and attended the following external conferences:

- Irish MRI Meeting, Kilkenny, January 2017
- American Roentgen Ray Society Annual Virtual Meeting, via online portal, May 2017
- Irish Society of Neuroradiology Meeting, Dublin, May 2017
- Irish Association of Rehabilitation Medicine 25th Annual Meeting, Dublin, June 2017
- Annual Scientific Meeting, Faculty of Radiologists, RCSI, Dublin, September 2017

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

A poster entitled 'Heterotopic Ossification: A Pictorial review' was presented to the Faculty of Radiologists, Combined Spring Meeting, Galway, March 2017 by Dr Richard McCormack and Dr Brian McGlone, NRH.

Rosie Conlon: Attended further CORU assessor training for recognition of international qualifications; attended a 4 day Musculo-skeletal ultrasound course in Harrogate-September 2017; and attended compulsory Continuous Professional Development Training in the NRH.

Jeanette Van Der Wath: Attended Continuous Professional Development Training delivered in the NRH; completed Professional Certificate Dual Energy X-ray Absorptiometry in DXA May 2017, and attended monthly MDM Radiology Interdisciplinary meetings at the NRH.

Joao Cardoso: Plans to undertake a Post Graduate Certificate in Medical Ultrasound in 2018 to allow increased ultrasound service delivery at the NRH; attended Continuous Professional Development training delivered in the NRH; provided regular Induction and NIMIS Training to NRH NCHDs and other Healthcare Professional staff.



*Members of the Radiology team at the NRH.*

# Rehabilitative Training Unit

MAUREEN GALLAGHER  
INTERIM RTU MANAGER

## Service Provision

As part of the Brain Injury Programme continuum of care, the 'Next Stage Programme' at the Rehabilitative Training Unit (RTU) provides group and individual rehabilitative training for adults with acquired brain injury. Referrals are received from hospital and community services around the country, and for individuals who do not live within commuting distance of the NRH a managed, purpose-built accommodation facility, Corofin Lodge, 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. Average length of stay on programme in 2017 was 8.5 months, ranging from 1.6 (trial programme) to 12.8 months.

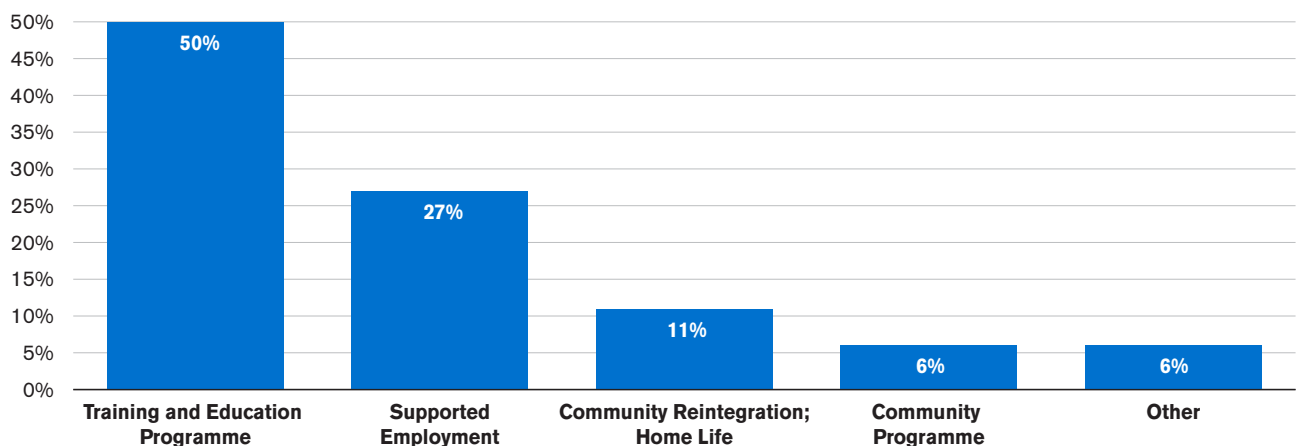
The RTU delivers two integrated CARF accredited programmes: the Vocational Programme and the Home and Community Programme. Allocation to a programme is determined by the trainees' goals, as defined at referral and through the Individual Training Plan. The programmes are delivered on a modular basis, 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 work experience opportunities; and a comprehensive discharge planning process. 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 2017 the RTU received 35 referrals. Of these, 20 required on-site accommodation and 15 were for day places. Due to the individualised nature of the programme and the roll-over intake system, waiting time from referral to admission remains high, currently standing at 12 months. During 2017, a total of 33 trainees attended the RTU, of which 18 discharged from the programme during 2017. Despite our considerable waiting times, the RTU continues to secure excellent outcomes for its service users.

### THE RTU OUTCOMES FOR 2017 ARE AS FOLLOWS:-



\*Other includes Addiction Services.



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### New Services and Developments

The RTU supports working in partnership with community and voluntary services where possible. In 2017 a Creative Writing tutor and a Music teacher were engaged to work with interested RTU trainees. Where appropriate Trainees are referred to Literacy Classes in their locality as an adjunct to their RTU programme. In 2017 the HSE delivered an 8 week Healthy Food Programme in-house. We liaise with the NRH Volunteer Coordinator to avail of volunteers for various activities, such as weekly Chess tutor, or assisting with community outings. Being able to tap into expertise in this way enriches the programme for the trainees and provides them with novel experiences that can support their personal development goals.

Becoming a contributor to the community is an important goal for trainees as they develop their work related and social skills and confidence. In December the RTU trainees and staff participated in four half days at the Annual Team Hope charity shoebox appeal. In 2017 a number of trainees were involved in presenting on their experiences of living with acquired brain injury at the NRH Careers Evenings, Irish Heart Foundation, the inpatient OT Brainworks groups, and to transition year student groups which allows them opportunities for mentoring.

RTU trainees have again been afforded the opportunity to undertake supervised work placements throughout the NRH. The RTU would like to thank a number of departments for their continued and highly valued support, in particular the Communications, Catering, Speech and Language Therapy, Occupational Therapy, Physiotherapy and Nursing Departments. External workplace sites in 2017 included a wholesale supplier, local supermarket, manufacturing plant, local primary school, among others.

The RTU trainees are supported, through their Outings Committee, to organise a number of community outings each year. During 2017 these included visiting Baldonnell Aerodrome, sheepdog demonstrations, community theatre, crazy golf, fishing, archery, Dublin Bay Cruise, Little Dublin Museum, among others. Community outings are an important part of the rehabilitative programme as the trainees are given opportunities to employ a range of skills, develop confidence, reintegrate into the community, and 'try out' new interests or differing cultural experiences.

Satisfaction ratings on discharge and post discharge questionnaires from service users and their families remains high. In 2017, 70% of trainees discharging from the programme completed the questionnaire. Of those who responded, 75% rated 5/5 and 25% rated 4/5 on their overall level of satisfaction with the programme.

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### Milestones and Issues for the Service

The RTU has expanded its application of the Mayo-Portland Adaptability Inventory – 4 (MPAI) as an outcome measure to include individuals and their family at entry and exit points of the programme. This was suggested at CARF accreditation survey, as this extra information would give a broader picture of each individual's progress and the family's experience. This was implemented in the second half of 2017 and will be incorporated into programme planning and delivery.

As part of the new hospital development two bedrooms in Corofin Lodge were temporarily reassigned to provide accommodation for the Doctors on Call. This has reduced the number of beds available to RTU trainees requiring Lodge accommodation, which has impacted on the waiting list times for Lodge places. This is a temporary arrangement until the new hospital is built.

The RTU provides Taster Sessions and tours of the Unit for Brain Injury inpatients who may be thinking of attending the RTU in the future, or want to see what the RTU programme can offer them. These are coordinated by treating therapists and RTU staff, and these sessions provide the RTU trainees with opportunities to talk about their experiences in the context of the training sessions, and take on an appropriate mentoring role towards the visiting patients.

The RTU held a Reunion in May at which 18 past trainees attended. RTU trainees also produced two Newsletters during the year. Both of these initiatives provide a supportive and informative forum for trainees.

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## Education and Training

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Apart from attending NRH mandatory training, RTU staff also delivered in-service training to the RTU team and attended external education, training and courses. Training courses undertaken included Acceptance and Commitment Therapy, Train the Trainer, Facilitation, Cognition and Perception, Neuro Rehabilitation after ABI, Goal Setting, Supervision, among others. The RTU provided clinical placements for postgraduate Counselling Psychology (TCD) and Occupational Therapy students during 2017.

RTU staff are involved in various aspects of training and education in the NRH, including Management of Actual and Potential Aggression (MAPA), Smoking Cessation Support, Contact Support Person, Open Disclosure and others. RTU staff contributed to a number of NRH committees and one staff member delivers ongoing staff exercise classes.

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

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## Future Developments

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The RTU will continue to maintain strong working links with community services such as MABS, HSE dieticians, ABII, Headway, Bri, FAI and An Garda Síochána, to name but a few. We plan to re-establish working links with the Community Garda Service in 2018. 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 and information, or skills development.

“ 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 work experience opportunities; and a comprehensive discharge planning process. ”



## 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 under both the Children First Legislation and the 'Safeguarding of Vulnerable Persons at Risk of Abuse' national policy.

### Service Provision

The Social Work Department had a total of 4670 attendances by Inpatients and their families and carers in 2017 and 685 Outpatient and outreach attendances or visits. The number of attendances has decreased while the amount of time on indirect work has risen due to the increased case complexity and in particular the amount of time spent on negotiating for services and funding to facilitate discharges.

### Developments in 2017

The Social Work Department has engaged with the recent workforce planning process along with other Departments at the NRH. The demands on the social work service have increased enormously in recent years due to several key factors:

New regulatory frameworks in Child and Adult Protection: The HSE National Policy on Safeguarding Vulnerable Persons at Risk of Abuse (2014) continues to have 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. In 2017, the Department managed 28 safeguarding cases in comparison to 9 in 2016. This is due to an increasing awareness of abuse and the responses required. Five Safeguarding and Awareness courses as well as briefings for all corporate and volunteer induction courses were provided. The Department also co-ordinated the NRH submission on the safeguarding policy to the national review group who plan to report in 2018. Mandated reporting for all medical, nursing and clinical staff came into effect in December. This has placed a legal onus on staff to report incidents of concern to Tusla as well as the requirement for all staff to complete the HSE on-line training module. The Hospital will be required to undertake a risk assessment of any NRH services attended by children by March 2018.

Increased case complexity: The increase in complexity of cases presenting to the NRH has been well documented due to advances in medical care and patients surviving more complex injuries or illness for longer periods of time. Most inpatients and their families require intensive psychosocial support and this aspect of the service has been seriously under threat due to the amount of time taken with discharge planning, regulatory frameworks and accessing scarce resources. Peer support programmes such as Brain Injury Awareness for Family and Friends (BIAFF) and the SCSC Focus on Farmer's Day received excellent feedback and further programmes need to be developed. For a particular cohort of complex patients presenting in 2017, months of negotiation were involved to secure residential services due to the level of care required. Longer term planning is urgently needed at a national level to develop the services that are required. In 2017 the children of adult patients with acquired brain injury benefited from work carried out by Phil Butler, funded by the Tom Gregg Bursary Fund, who developed a resource pack to support child relatives.

Delayed discharges: This continues to be a major challenge to access complex home care packages or "top up" funding for those requiring residential placement. The NRH continues to advocate at the highest levels for a complex discharge planner as well as a national ring fenced budget for patients with complex needs but in the interim this situation results in an excess of Social Work time spent on this aspect of our work as well as bed days lost to delayed discharges.



Despite these challenges, the Department continued its research on the experiences of patients, families and staff of the NRH 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. This action research project, with the social work team acting as co-researchers in the project – was accepted for an oral paper in Denmark ESSW in April and has been accepted for both the European Social Work Research and the Social Workers in Disability Conferences in 2018. The team completed 80 patient surveys via interview throughout 2017 and are currently involved in analysis of the staff survey before proceeding with analysis of the patient and family members' questionnaires.

Members of the department continued their work on the hospital's Suicide Awareness Group including Safe Talk Suicide Awareness training for staff. In addition staff support was provided through 'quiet time' sessions facilitated by a member of the team. Representation on the Positive Working Environment Group continued in 2017. Anne O'Loughlin continues to be on the Rehabilitation Medicine Programme Steering Group as well as the IHF Council on Stroke and is a member of CHO6 Safeguarding Committee on behalf of the NRH.

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### **Activity for 2017**

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The Social Work services provided to the four Rehabilitation Programmes are detailed in the Programmatic Reports in Section 2 of the Annual Report.

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### **Future Developments**

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The requirements for the NRH under Children First legislation and Adult Safeguarding Policies will be a key priority for the Designated Officers in 2018.

The Assisted Decision Making Act will have significant implications for the NRH. Decision specific capacity assessments for patients with acquired brain injury need to be revisited as the person regains decision making capacity. The process also requires close assessment and involvement with families in relation to protecting patient rights and information on what the person's will and preferences would have been pre-injury. This very welcome legislation will take additional resources and staff training to implement effectively.

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### **Education and Training**

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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 2017 is detailed in the Education and Training Delivered by NRH Staff Members, in Section 4 of the Annual Report.

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### **Continuous Professional Development**

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The Social Workers completed all mandatory in-house training and undertook a wide range of study and training programmes as part of their Continuous Professional Development during 2017.



## 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.

The Speech and Language Therapy team works across the four programmes:-

- Brain Injury Programme including Stroke
- Spinal Cord System of Care
- Paediatric Family-Centred 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

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### Service Provision

2017 has proven to be both an exciting and challenging year for the Speech and Language Therapy Department; with significant change across a number of key areas, particularly staff and relocation of the department within the NRH.

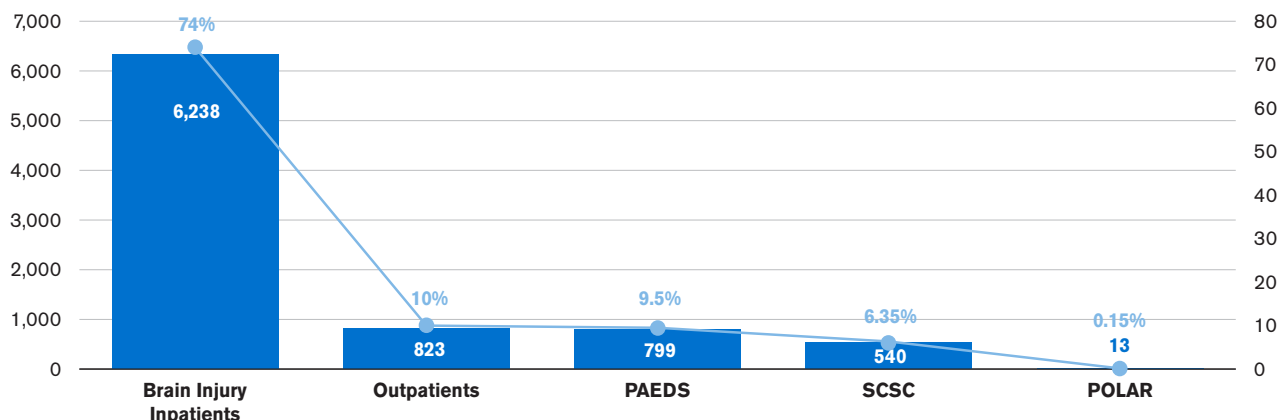
In the context of all of these changes, the Speech and Language Therapy team continued to provide a high quality service to all patients requiring intervention in relation to their Communication and Feeding, Eating and Drinking Skills (FEDS).

We were delighted that our work in relation to Communication Accessibility was recognised and commended by CARF accreditation surveyors in May, further exemplified by CARF surveyors taking the idea of the 'Communication Access Points' home with them. Throughout 2017 the Speech and Language Therapy department has continued to work collaboratively with colleagues and patients to ensure that the NRH is accessible from a communication perspective. We continue to work towards our goal of improving understanding of all aspects of communication disability across the NRH. Our vision is that the NRH will be an environment where the burden of communicative disability is shared and understood by all.

The Speech and Language Therapy Department have continued to make best use of resources based on clinical need and likely outcomes with decisions being made drawing on current evidenced based best practice. As part of our ongoing quality improvement we continue to review our processes around the management of resources and strive to ensure efficiency and effectiveness at all times. Across all services an increase in the complexity of patients being referred to SLT was reported.

Figure 1 illustrates the number of attendances, as well as percentage per Clinical Programme.

**FIGURE 1 – NUMBER AND PERCENTAGE OF SLT ATTENDANCES ACROSS THE NRH BY PROGRAMME 2017**



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 2017

### FLEXIBLE ENDOSCOPIC EVALUATION OF SWALLOW (FEES) SERVICE

2017 marks our fourth year of providing an instrumental swallowing examination to patients of the NRH. A total of 24 patients were seen in the FEES clinic. Including repeat assessments, a total of 31 FEES procedures were performed.

We continue to work with St Columille's Hospital (SCH), Loughlinstown under a quid pro quo agreement whereby our patients can attend SCH for Video fluoroscopy and SCH patients can attend the NRH for FEES. This is a mutually beneficial arrangement which allows both forms of instrumental swallowing assessment to be accessed based on the individual needs of the patients we serve.

There are three Speech and Language Therapists trained as endoscopists. Senior and staff grade clinicians also have an opportunity to gain competencies in an assessing clinician role within clinic.

Plans are underway to host the FEES Forum event again in 2018. This will provide a welcome 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 have continued to work collaboratively with our colleagues in nursing, pharmacy and dentistry to enhance oral healthcare at the NRH. We were delighted that a business case for purchase of specialist equipment for some of our at risk patients was approved by the NRH Foundation in 2017.

In addition the SLT Department has been an active member on the working group collaborating with the HSE dental department; further strengthening our links and supporting exciting developments for Oral Healthcare at the NRH.



### COMMUNICATION ACCESSIBILITY

2017 saw the official launch of the dedicated 'NRH Communication Book'. The aim of this development has been to support patients and staff in communicating with each other. The Communication Book has been well received and the SLT team are continuing to develop this resource to maximise its effectiveness.

In addition to Communication Accessibility being a core part of our work, the SLT team also hosted one-off specialised events which allowed staff and other stakeholders the memorable opportunity to experience and learn first-hand about different aspects of communication disability, for example, the Aphasia themed Haunted House which staff members and patients 'dared to enter' on Halloween.

### OUTPATIENTS SERVICES

The Speech and Language Therapy service in collaboration with their colleagues in the Outpatients Department (OPD) were delighted to secure a NRH Foundation Grant which will be used to support further development of the Outpatient Wellness Day Programme. SLT also played a key role in introducing an accessible 'Patient feedback questionnaire' for OPD. An Alternate Activity task and manual for the Community Outing Performance Appraisal (COPA) was completed by Occupational Therapy (OT) and SLT in 2017 for piloting in Peamount Hospital.

The SLT programme includes direct service provision, education and consultations to achieve the outcomes of our patients. This service is delivered through:

- Single discipline assessment and treatment
- Brain Injury Multidisciplinary Team (MDT) Clinic Assessments
- Interdisciplinary Team (IDT) assessments and treatments
- Group Patient Work: Living with Aphasia, Meet & Teach for Patients
- Family Education groups: Meet & Teach for Family and Friends

### ELECTRONIC ASSISTIVE TECHNOLOGY (A JOINT SLT AND OT SERVICE)

The Electronic Assistive Technology (EAT) service continues to provide a specialised and timely service to our patients. The clinic is run jointly by OT and SLT. As this is an area that continues to develop rapidly the EAT clinic keeps up to date and draws on specialist and mainstream technologies to support our patients. Innovative collaborations have been set up with neighbouring organisations such as Microsoft and the Institute of Art Technology and Design and we look forward to ongoing developments in 2018.

### PAEDIATRIC SERVICE DEVELOPMENT

Increased SLT staffing to the Paediatric Programme has made it possible to deliver dedicated services including Outpatient clinics; off-site visits to schools to support inclusion of service users; close liaison with community therapists and home visits.

SLT is taking a lead role on an exciting new project that involves development of a Rehabilitation and Play Activity Resource for parents and early childhood educators of children with needs following acquired brain injury. Funding for this project has been secured with the support of the Paediatric Programme Manager and the NRH Foundation Manager. Funds were also generously donated from the Early Childhood Ireland's Pyjama Day Fund.

SLT along with the Paediatric IDT team have also developed the first formal Transition Programme for young people with ABI transitioning from Primary to Secondary School. This new programme entitled "Heads-Up" was delivered in June.

### CLINICAL EDUCATION AND TRAINING

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 SLT service continues to contribute to the clinical education and supervision to undergraduate SLT students from Trinity College Dublin (TCD) and the National University of Ireland (NUI) Galway. A total of 16 SLT students from TCD and 2 SLT students from NUI have had placements at the NRH in 2017. 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 relevant disciplines.

Two careers evenings were 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 careers evening comprises of an introduction to the disciplines, individual roles within the NRH, skills, qualities and attributes required; career opportunities available; patients lived experience of each discipline in their recovery, break-out sessions with current students and tutors; and a questions and answers session.

The work of the clinical tutor group at the NRH was recognised nationally when their poster entitled "Safer Mealtimes – An Interdisciplinary Educational Initiative for HSCP Students in a neurorehabilitation setting"; was winner of best e-poster presentation at Irish Network of Medical Educators (INMED) conference in February.

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 are reducing as employment opportunities for graduates improve.

Education delivered by the SLT department in 2017 is detailed in the Education and Training Delivered by NRH Staff Members, in Section 4 of the Annual Report.

*Staff wellness at the NRH is supported through a wide range of wellbeing initiatives and events.*





## Section 4 Corporate and Support Services

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**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 2017



**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

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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 2017 included the Annual Summer Barbeque and Christmas Parties for both patients and staff; the Ernest Goulding Memorial Lecture; the Annual General Meeting, the formal Groundbreaking Ceremony for the New Hospital attended by An Taoiseach Leo Varadkar TD, the Minister for Health, Simon Harris TD and other local representatives and invited guests, the NRH Sports Championships, and various other awareness days, educational events and formal visits hosted throughout the year.

The cost of providing catering services to the hospital was €595,000 (excluding wages) and the income was €340,000.

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### Education and Training

Catering staff participate in ongoing training to update their skills, Continuous Professional Development and in-house mandatory training.

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### Highlights in 2017

The Catering Department received the Food Safety Assurance Award (Merit) from the Food Safety Professionals Association (FSPA) in 2017. 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 third year running that the NRH has achieved this award. The Catering Department were also awarded the Irish Heart Foundation Healthy Eating Award (Silver) in 2017 for adopting healthier cooking practices and providing healthier food choices to support NRH staff in making healthy food choices.

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### New Initiatives

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

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### Future Developments

The Catering team are working towards implementing a new evening menu for the coffee shop, a new stock taking system and a new till system in 2018.

The Catering team thank all patients, staff and visitors for your ongoing support throughout the year.





## Central Supplies

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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 2017, the Supplies Manager assisted in Tenders preparation and uploading onto the e-tenders website 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 2017 additional cost-saving initiatives continued, these include, but are not limited to:

- 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
- Preventative Maintenance Agreements on medical equipment ensures planned maintenance which reduces costly repairs and downtime on essential medical equipment for wards and therapy departments
- 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 2017 as a result
- End of year stock count was successfully completed with much improved stock value and quantity accuracy
- Planning improved information flows with the Information Management and Technology (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

Additional activity in the Central Supplies Department in 2017:

- Central Supplies worked collaboratively with hospital departments to ensure compliance with HSE, HIQA and CARF accreditation standards
- Participated on the Medical Devices Management Committee in conjunction with St Vincent's University Hospital (SVUH)
- 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 website and EU Tenders Guidelines

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### 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. Staff attended Procurex in April, a seminar on Public Sector procurement initiatives.

# Chaplaincy

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FR. MICHAEL KENNEDY, CSSP

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

Fr Michael Kennedy CSSp is the full-time Chaplain. In 2017, the Reverend Alan Breen of the Church of Ireland was appointed to the parish of Kill O' The Grange. Mrs Hilda Plant continues to fulfil her duties as the appointed chaplain from the Church of Ireland to the NRH. Hilda also ministers as chaplain to St Vincent's Hospital at Elm Park. 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; patients, their families and staff, offering pastoral, spiritual and religious support. Ministers of any faith can be contacted as requested.

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## 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.

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## Chapel Services

- Mass is celebrated from Monday to Thursday 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 on Tuesday, Thursday and Sunday
- The Sacrament of the Sick is administered on the second Wednesday of each month during 6 o'clock Mass
- Confessional and other services are arranged by request

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## 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. Referrals from staff are always welcomed.

The St Vincent De Paul conference volunteers also visit patients once a week offering pastoral and financial support where possible. A group of volunteers from the Legion of Mary will begin visits to the hospital in 2018. Their role will mainly be of a pastoral nature.

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## 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.



“ The chaplaincy is a support service which responds to the needs of all members of the hospital community; patients, their families and staff, offering pastoral, spiritual and religious support. Ministers of any faith can be contacted as requested. ”

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### Training and Education

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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 2017 looked at various ethical issues which affected hospital staff and chaplains from various Dublin hospitals. 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.

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### Challenges

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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 patients the best possible pastoral care during their stay. The Chaplain offers listening support to staff, and staff are always welcome to meet the chaplain and avail of this confidential service.

Fr Daithi Kenneally CSSp from Kimmage Manor is now the coordinator in helping the Chaplaincy Department cover Masses when possible while the chaplain is on leave.

# Communications

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ROSEMARIE NOLAN  
COMMUNICATIONS MANAGER

We warmly welcomed Ruth Lumsden to the Communications Department in 2017.

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.

The vision underpinning the NRH Communications Strategy is based on research and work undertaken by the Communications Committee to date, and is in line with the hospital's organisational strategic direction.

In 2017 the hospital reached a long-awaited major milestone when the NRH signed contracts with the main contractors (John Paul Construction) to commence building the new hospital (Phase One) on the NRH Campus. In collaboration with the Health Planning Team, the Communications Department have devised a comprehensive Communications Plan for the project which will be updated on an ongoing basis according to changing requirements. The plan includes the following:-

- New Hospital Project Team Meetings
- New Hospital Project Steering Group Meetings
- Updates for Board Meetings, Medical Board and Executive Meetings
- Updates at Heads of Department Meetings
- "Talktime" – staff briefing sessions (30 minute update over lunchtimes)
- CASCADE Information System (regular updates issued on the project using Person-to-Person, Electronic and Print methods of communication)
- All Staff Briefings
- Hospital Notice Boards (including electronic notice boards)
- New Hospital Newsletter
- Website Updates
- Information sessions delivered at NRH Induction Programmes
- Patient Forum
- Specific messages issued from the CEO or Chairman to All Staff and Patients
- Patient and Family Focus Groups
- Public Information Evenings or Events
- Fact Sheets and FAQs
- Outreach to specific local community groups
- Outreach to our Referrers
- Patient Support and Advocacy Groups
- Media Management
- Signage
- Annual Report



- Intranet (after go-live)
- Daily Operation Safety Huddle updates
- NRH Foundation Fundraising Team
- Project specific working groups
- Accessibility Committee updates

The above Communications Plan is similar to many others currently in operation for a number of other major projects within the hospital.

During 2017, the Communications Department also worked closely with a number of Project Teams throughout the hospital on the following projects:-

- Worked in conjunction with the Consultant Microbiologist and the Infection Prevention and Control CNMII to produce patient and staff information literature and videos on Hand Hygiene and Hospital Acquired Infections
- Communications Department input into producing a video demonstrating 'Hand Hygiene for Patients and Families'
- The Productive Ward Initiative – input from Communications Department included production of individual 'Ward Vision Statements'; Project Updates circulated hospital-wide
- 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
- Updating and standardising NRH Forms such as: referral forms, assessment forms, healthcare record forms among others
- Continual updating a range of patient and staff information literature to ensure its accessibility and suitability for target audiences
- Positive Work Environment Group – worked with members of the group to develop the NRH submission to the HR Leadership Awards – subsequently shortlisted for 'Best HR Initiative in the Public Sector'
- Membership on the NRH-HSE Quality Improvement Steering Group and the working group for 'A More Organised Approach to Quality Improvement at the NRH'

As part of the Framework for Improving Quality initiative at the NRH, the hospital engaged widely with patients (current and past), staff members and board of management representative, volunteers and external stakeholders to attend a series of independently facilitated workshops and choose an NRH Quality Improvement Goal. The selected goal following an open voting process is:-



**a Respectful, Accessible Environment  
where You Matter and People Care**

Work around focussing on the Quality Goal to ensure we are delivering person-centered care that continuously improves will continue in earnest in 2018.

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### The NRH Positive Working Environment Committee (PWEG)

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In 2017 the NRH won a Recognition Award from the Enterprise Risk Management Network within the category of the Implementation of a Risk Management Initiative by a Delegated State Authority.

The submission was based on the work of the Positive Work Environment Group (PWEG) and included information on the Work Positive Profile audit tool (staff survey) as well as the many initiatives and wellness programmes we have in place in the NRH.

The goal of the PWEG project has been to improve patient experience through increased staff engagement, reduced staff absence and improved staff support and wellbeing. By improving the staff experience, the patient experience is also improved.

Thank you to Ruth Lumsden for her hard work and dedication in 2017. Thanks also to Sarah Kearney, PA to the CEO and Pamela Shealy (Acting PA) for their ongoing support and contribution towards implementing the hospital's Communications Strategy. Thanks also to Eoghan Carrigg and Kelly Hand for their contributions to the Communications Department at different stages during 2017 which has been greatly appreciated.

Action plans have been 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.



*Members of the joint  
HSE-NRH Framework  
for Improving Quality  
Steering Committee*



## Disabled Drivers Medical Board of Appeal

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DR CARA MCDONAGH  
CHAIRPERSON, DDMBA

DR ANGELA MCNAMARA  
(LOCUM CHAIR)

The Disabled Drivers Medical Board of Appeal (DDMBA) is a statutory independent body set up by the Department of Finance in 1990 to review individuals whose application for the Primary Medical Certificate is unsuccessful at local HSE level. It operates independently of the assessment process carried out by local HSE Community 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.

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### Service Configuration and Staffing

Dr Cara McDonagh, Consultant in Rehabilitation Medicine is Chairperson and is assisted by four ordinary Board members. Dr Angela McNamara acts as Locum Chairperson whilst Dr Cara McDonagh is on leave.

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. 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.

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### Activity and Developments in 2017

In 2017, 680 new appeals were lodged and 720 patient appointments were arranged at 24 clinics. 401 appellants attended for review, indicating a continuing high rate of non-attenders despite implementation of letter and telephone reminder policies. 12 appellants (3% 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.

In 2017, 24 clinics took place on the campus of the NRH where the DDMBA is currently located. The Board has agreed to hold occasional clinics outside Dublin in line with demand, when suitable premises can be arranged.

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

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



## Health Planning Team

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SIOBHÁN BONHAM

PROJECT MANAGER – NEW HOSPITAL PROJECT

In October, we were delighted to host An Taoiseach, Leo Varadkar TD and Minister for Health, Simon Harris TD for the official 'breaking ground' ceremony to mark the beginning of construction of the New Hospital Development, Phase One.

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### New Hospital Development Project (Phase 1)

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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.

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### Developments in 2017

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#### TENDER, EVALUATION AND AWARD

All tenders for the project were assessed under the published Most Economically Advantageous Tender (MEAT) assessment criteria, a process in which the tenders are reviewed on both their technical and quality, and cost merits. Following the MEAT assessment, the successful contractors were as follows:

**Main Contractor:** John Paul Construction

**Mechanical Specialist:** HA O'Neill

**Electrical Specialist:** Patrick Lynch

**Facades Specialist:** Alucraft

The contract commencement date was 28th August 2017.

An open information evening was held for all local stakeholders in August to inform the public about the plan to begin construction of the new 120-bed new hospital on the NRH site. The event was well attended by local residents and elected public representatives.



*The Health Planning Team and Technical Services Department representatives pictured with the CEO and Clinical Director at the formal signing of contracts for the New Hospital Development.*

### ENABLING WORKS

In preparation for the main construction works commencing in late 2017, a series of smaller civil and structural enabling works were completed. The contractor selected for the enabling works following tender was Allen and Smyth Construction.

The main project in the enabling works was the creation of the new 'Western Car Park' which was completed and handed over to the NRH in April. New accessible parking and set down spaces were also provided at the hospital front entrance when building works began.

In order to safeguard the overall project programme, major works were completed including the creation of a new fire escape route at Level One. Two new sets of fire doors were also installed in the quadrangle area as per the approved Fire Certificate for the New Hospital Project.

A further series of minor capital works were completed in advance of commencement of the main contract works to provide new 'On Call' accommodation for our medical staff.

### CONSTRUCTION

Following an initial site set up period, the contractor made substantial progress digging out the foundations for the new hospital building.

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### Future Developments

The bulk excavation works will continue well into the early part of 2018. Priority for the construction team is to get the slab foundations for the new sports hall and the aquatic therapy pool & lap pool in place. The new NRH sports hall is scheduled to be handed over for use in October 2018. This will permit the existing sports hall and fitness gym to be demolished to clear the remaining development site for the completion of the building works.

The Minor Extension Building is a new facility which will be constructed to provide accommodation for the Speech and Language Therapy Department and other clinicians who are currently using existing spaces which are scheduled for demolition as part of the overall plan.

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### Training and Education

In 2017, Geraldine O'Donnell (Project Administrator) was awarded her academic LEAN Six Sigma Green Belt Certification from UCD. Jane Magabe (Clinical Nurse Planner) commenced her 2nd year of her Masters in Management in Smurfit Business School. Tara Lyons (Therapy Planner) undertook a Disability Access Certificate and Access Auditing Course to become a qualified Access Auditor. Colette Myler (Project Manager, Capital Equipping) attended a series of one day workshops in the areas of public Procurement and Project Management. Colette gave a presentation entitled 'Approach to Specification Writing' at the National Health Expo in City West in February and was a speaker at the 2017 E-QUIP (Medical Asset Management) Annual Conference in June.

# Human Resources

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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 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.

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## Recruitment and Staffing

Despite ever increasing demands on hospital services, our staff continue to provide professional and effective care to our patients and a quality service to the hospital. It has been difficult for the hospital in maintaining existing key services against the landscape of substantial service pressures but we have managed to do so with tight management of scarce resources, both from a fiscal and staffing standpoint.

The national demand for specialist rehabilitation is continuing to rise. The hospital has for some time observed increasing pressures on its service delivery with resultant pressures on staff. 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. A detailed Workforce Planning document for clinical and non-clinical staffing was produced and submitted to the HSE. Hospital representatives met with Dr Cathal Morgan, Head of Operation for Disability Services, HSE during 2017 to advance the business case. Whilst the HSE have recognised the requirement for vital additional staffing resources and have confirmed their commitment to support the hospital's workforce submission, to date the hospital awaits the tangible commitment of financial resources to increase our staffing levels. Hospital management will continue our efforts and engagement with the HSE during 2018 to secure essential additional 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. In that regard during 2017 we explored some creative ways of addressing these challenges. In March the hospital exhibited at a health sector specific job recruitment fair in the RDS. This job fair proved very beneficial for the hospital in terms of recruitment outcomes, employer branding and generally raising the profile of the hospital. 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.

*Pictured are Donna Kerr, John Payne and Catalina Pohodnicaru who were awarded the Health Service Skills Level 5 Certificate as part of the Quality and Qualifications Ireland (QQI) Award in 2017.*





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## HR Information Management System

The hospital has been seeing tangible benefits from its investment in the automation of HR management processes in recent years. The HR system is well bedded into the hospital and 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 streamlined HR administrative and business processes.

New management information reports are helping managers to optimise scarce resources, for example, reports are used to strengthen and support business cases; to reverse a period of successive growth in carry-over annual leave; streamlining of the Nursing Department's rostering practices and it is used by Programme Managers and Allied Health Professional Teams to gain deeper insight into how therapist resourcing translates into units of patient care. The data also evidenced the existence of efficient and effective HR processes underpinning CARF re-accreditation in 2017.

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.

The HR team was also very proud to have had this work on process improvement and data quality recognised and were shortlisted as finalists in the National HR Leadership & Management Awards in 2017 in the category of *Best Change Management Programme*.

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## Competency assessment

Annual Competency Assessments for all staff members is a requirement to meet our CARF accreditation standards. The compliance rate achieved for 2017 was 88% against a target of 90%. Our endeavours will continue to keep improving on this compliance rate for 2018 and in meeting our target compliance rate.

2017 saw the wider 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 workshops and one to one information sessions for managers as part of the rollout process.

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## Absenteeism

The overall staff absence rate for 2017 was 3.67 % and this is just outside the national target of 3.5%. The Hospital is working hard to get this back below the HSE national target.

In 2017, the HR Department continued to support managers in improving levels of attendance, staff health and staff morale by working closely with Occupational Health. 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.

In 2017 we revised our Sick Leave policy to make it consistent with HSE and neighbouring hospitals and to improve support for the effective and consistent management of sickness. The hospital has a dedicated sickness absence support team that is working with both Line Managers and the Occupational Health Service to understand particular issues and trends and support staff through their sickness to have a healthy return to work.

The Core HR System is now embedded into the hospital and is providing essential information for management and in turn improves reporting and decision making. The Core HR System (Time and Attendance module) enables the hospital to record relevant time and attendance data automatically. Leave management processes are also automated. Employees can view and request leave using an Employee Self-Service portal (ESS). The Manager portal (MSS) allows line managers to manage attendance, absences and leave requests across their teams.

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## Employee Relations and Change Initiatives

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The HR Department continued to work proactively during 2017 to promote positive and strong employee relations. The HR Department has supported many changes across the hospital in recent years, mainly through the Public Service Agreements. HR has also been assisting those departments who are striving to achieve necessary changes and efficiencies required for improved service delivery, in particular as we move towards the New Hospital whereby a change in work practices has been identified.

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## Employee Engagement

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There is increasing evidence within Healthcare Environments that links employee engagement to patient satisfaction and improved clinical outcomes. Evidence shows that employee engagement has a significant, positive effect on performance, innovation, productivity, absenteeism, attendance rates, retention levels, motivation, well-being, and morale. Through improved engagement the NRH has become more aware of the challenges facing its staff which ultimately can affect patient care and outcomes.

At the NRH there is a broad spectrum of health and wellbeing initiatives for staff which include physical activity sessions such as pilates, yoga, bootcamp, pedometer and weight loss challenges. There are other wellness initiatives in place such as Occupational Health support, mental health support, smoking cessation awareness, Employee Assistance Programme and bereavement support.

Staff are given the opportunity via staff surveys to give feedback on how things are currently going and also to shape the initiatives being chosen for the immediate future. Many initiatives have been rolled out in the last number of years as a direct result of the views and opinions voiced in NRH staff surveys. 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. The NRH Executive Committee, through the PWEG, have committed to be accountable for follow up and use of engagement data, and learning and development that align with engagement outcomes.

Following the last Staff Survey, feedback was communicated to staff and staff briefing sessions were also arranged. Survey results were presented to the Hospital's Board of Management and Executive Management Committee. As part of the feedback process, Focus Groups were facilitated by members of the PWEG in early 2017 in order to seek and collate staff input and opinions on the survey results and help us to understand more about some of the feedback we received from this survey.

Feedback from the focus groups was categorised into themes and this engagement has been used to inform and set out objectives and action plans for an Employment Engagement Strategy for 2017 / 2018. This is part of the hospital's commitment to identifying and delivering on opportunities to improve employee wellbeing and further embed positive work practices throughout the organisation.

The Hospital is proud to have had formal recognition for our efforts and commitment regarding its ongoing work in relation to staff engagement and with regards to the PWEG and its many wellness initiatives.

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## Training

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Corporate training in 2017 again focused on training related to the work of the Positive Working Environment Group and Quality Improvement Programme (QIP). The hospital has continued to focus its efforts on training in the following areas in order to support staff:

- Dignity at Work training
- Conflict Awareness training for all staff

The hospital is still challenged in terms of its ability to release staff to attend structured organisational training such as corporate, statutory and job required training, particularly for frontline staff with high levels of patient and service activity. We continue to work with trainers, managers and staff to make improvements in this area and address some of our training compliance issues. We will continue to explore more e-learning opportunities, particularly HSELand e-learning as we endeavour to achieve better overall compliance rates for training.



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## Training Grants and Refunds

The hospital continues to support the development of its workforce 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 2017 the Educational Assistance Group approved 306 applications for financial and study leave support. This included 396.5 paid study leave days. Included in this was funding for clinical programmes, CPD, medical professional development, educational assistance and general funding for training.

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## Milestones in 2017

### HR LEADERSHIP AND MANAGEMENT AWARDS

The HR Leadership and Management Awards represent the benchmark for those demonstrating excellence in HR. The NRH have been shortlisted as finalists in different categories including winning the Best Public Sector HR Initiative category.

In 2017 we submitted applications for two categories in the HR Leadership and Management Awards and were shortlisted as finalists for both categories namely;

- Best Change Management Programme
- Most Effective Employee Engagement Strategy

### ENTERPRISE RISK NETWORK

In June 2017 the NRH won an award for the Positive Working Environment Group Initiative (PWEG) with the Enterprise Risk Network. The NRH won the award within the category of the *Implementation of a Risk Management Initiative by a delegated State Authority*. The submission was based on the work of the hospital's PWEG and the submission included information on the Work Positive Profile audit tool (Staff Survey) and the many initiatives and wellness programmes in place in the NRH.

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## Retirements

Two staff retired in 2017 with a total of 57 years' service between them. For the third year in a row one of our retirees had an extraordinary length of service with the hospital which totalled 43 years of dedicated service.

Once again we take this opportunity to thank our retirees for their loyal and committed service to the hospital, and for their hard work and professionalism. We extend our very best wishes to them for the future as they enter this new chapter of their lives.

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## HR Department and Core Support Team

The HR Department saw some staffing changes and service reconfigurations during 2017. The HR Department welcomed Shane Long and Paul Margey to the team to cover extended leave arrangements.

I would like to take this opportunity to thank all of the HR team, Rose Curtis in the Occupational Health Department and the Core Support team who have been vital in supporting the work of the department and the benefit realisation for the HR Transformation Project. I would like to particularly acknowledge the hard work, commitment and dedicated service of the team in coping with the staffing challenges that the department were faced with during 2017. The team coped admirably with the usual work demands as well as managing the many projects and initiatives the department was involved in at this time and with minimal disruption to the overall service.

On behalf of the HR and Core Support Team, I would also like to take the opportunity to sincerely thank all managers and staff across the hospital for their support, engagement and assistance to the HR Team during the year.

# Information Management & Technology (IM&T)

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JOHN MAHER  
IM&T MANAGER

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## Introduction

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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.

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## Service Delivery

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2017 saw a slight reduction in helpdesk service requests. The Service Desk received a total 2440 service requests with 91% being managed directly by the helpdesk. Less than 10% needed escalation to system administration. 67% of all calls were dealt with on the same day.

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## Service Implementation

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2017 was yet again an exceptionally busy and productive year for service implementation with several strategic projects being initiated or supported by the IM&T Department. Implementation of two major projects were dominant in 2017; the Clinical Rehabilitation Management System (CRMS) and Microsoft Office 365.

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## Clinical Rehabilitation Management System

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The Clinical Rehabilitation Management System (CRMS) Project aims to provide NRH clinicians with 'real-time' access to patient information needed at the point of care. Additionally, it will enable the communication and transfer of 'up-to-date', relevant clinical information electronically. A key objective for the project is to support the NRH in the delivery of person-centred, co-ordinated rehabilitation services. It is a collaboration between the NRH and the Office of the Chief Information Officer (OoCIO), HSE.

The establishment of CRMS is a pivotal step as services are due to be delivered across a wider geographical footprint with the opening of the new hospital building in 2020. An integrated CRMS is especially needed during this planned period of significant work practice transitions. Improvements in the quality and transfer of information have the potential to promote greater integration with wider hospital and community groups also.

To date a steering group and the initial project team has been established. Market research and stakeholder engagement sessions have been completed to identify core functionalities needed and a pilot of clinical and therapy workstreams has begun. Work will continue in 2018 when tender documentation will be completed and submitted, and the project communications plan will be rolled out.

### PROJECT TEAM

<b>John Maher</b>	ICT Sponsor
<b>Katie O'Rourke</b>	Project Manager
<b>Dr Heather Cronin</b>	Clinical and Therapy Workstream Lead
<b>Fiona Maye</b>	Transformation Manager
<b>Dr Kinley Roberts</b>	Medical Workstream Lead





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### Microsoft Office 365

The Microsoft Office 365 platform is possibly the single biggest advance in technology within the NRH in recent years. When fully deployed in early 2018 it will be possible to provide all staff with their own individual system identity while allowing the NRH, its departments and teams to deploy a variety of new collaboration and productivity tools. Of key importance, the platform will also support mobile staff delivering services nationally and across the wider campus.

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### IM&T within the New Hospital

The IM&T department continues to work closely with the NRH Health Planning Team to develop the IT infrastructure and systems requirements for the new hospital building.

I would like to acknowledge the efforts of the small IM&T team for their continued commitment to delivering excellence and their dedication to support and implement change in 2017. I welcome the Clinical Rehabilitation Management System (CRMS) team members on board.

“ The IM&T Department continues to work closely with the NRH Health Planning Team to develop the IT structure and systems requirements for the new hospital development. ”

## Occupational Health

DR JACINTHA MORE O'FERRALL  
CONSULTANT IN OCCUPATIONAL HEALTH

2017 was another very busy year for the provision of Occupational Health Services in the NRH; over 1350 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 2017.

### Services Provided and Breakdown of Consultations in 2017

Service (alphabetical order)	Consultations
Advice on occupational health issues	103
Employee Assistance Programme (EAP) – Offered	21
Employee Assistance Programme (EAP) – Attended	19
Blood Pressure	23
Blood Tests	57
Health Surveillance	13
Illness at work	36
On-site Occupational Health Physician	56
Pre-employment screen	89
Pregnancy risk assessment and review	35
Referrals to Medmark	36
Absence Management, reviews and follow-up	322
Stress management (education, debriefing and work related stress)	63
Vaccinations	
• Hepatitis B, MMR, Varicella	17
• Seasonal Flu vaccine	269
Weigh-in facility for Staff Members	260
Smoking Cessation Support	15
Work related injuries	35



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### Other services available through Occupational Health

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- 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

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### NRH Staff Wellbeing Events in 2017

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- Operation Transformation
- Pilates Classes
- Boot Camps
- Yoga Classes
- Irish Heart Foundation – Drop-in Blood Pressure Day
- "Quiet Times" lunchtime relaxation session
- National Workplace Wellbeing Day event
- Pedometer Challenge
- World Physical Therapy day (co-ordinated by Physiotherapy Department)
- December Cardio Challenge
- Events organised by the NRH Social Club

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### Committee Participation by Occupational Health Staff

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- HSE National Staff Engagement Forum
- HSE Occupational Health and Wellbeing Workshop
- Suicide Awareness Working Group
- Quality, Safety and Risk Committee
- Behaviour Consultancy Forum
- Hygiene/Infection Prevention and Control Committee
- Positive Working Environment Group
- Steering Group for Diversity and Inclusion Committee

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### Future Developments for Occupational Health

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- Re-instatement of staff physiotherapy programme.
- Expansion of the in-house back care programme for NRH staff.
- Increase Absence Management Support.

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.

# Risk Management Department

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BERNADETTE LEE  
RISK MANAGER

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## Introduction

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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 2017, the Quality, Safety and Risk (QSR) 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. 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 reports are 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 940 clinical and non-clinical incidents and near misses reported in the 12 month period, with an average of 78 reported each month. The majority of the incidents and near misses reported were of a low risk ranking. In response to incident reviews, quality improvement plans may be implemented to monitor follow through on recommendations.

Incidents are recorded using the National Incident Report Forms (NIRF), and are recorded on the National Incident Management System (NIMS) database. 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 organisations 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, environment or infrastructure risks, strategic and operational 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

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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, Management of Actual or Potential Aggression (MAPA) training 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.



### Patient Falls

There were 4.3 patient falls per 1000 bed days recorded in 2017. The prevention of patient falls is aided by a number of factors such as an interdisciplinary Falls and Fracture Prevention Steering Group who oversaw the implementation of a Falls Risk Assessment as a pilot project in 2017. This will be rolled out to all wards in 2018. 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 2017 and the 31st December 2017 was carried out to establish trends in the incidents reported and opportunities for improving patient safety and reducing medication errors. 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 and Safety Rounds continued at the NRH and included Environmental Health and Safety Inspections, Environment of Care Safety Rounds, 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 and Dangerous Goods Safety Audits. Based on the findings of these, quality improvement action plans are implemented locally by line management.

Following an external audit by the HSE of compliance to Part I of the National Consent Policy, a quality improvement plan was developed to implement the recommendations of the audit report. This included the development and implementation of a staff questionnaire on consent.

A security review of the hospital in 2017 identified a number of areas for improvement and these will be addressed in 2018. Work has commenced on the establishment of a Hospital Watch between the hospital and the Gardaí and this will be officially launched in 2018.

The Risk Management Department maintain engagement with other hospitals and health services through its participation in the Voluntary Hospitals Risk Management Forum and associated Advisory Groups to ensure good governance and alignment with best practice.

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 2017 we have had the opportunity to work closely with many of the NRH's valued employees and we continue to be impressed by 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 2017:

Type of Request	Number of Requests 2017
Freedom of Information	42
Freedom of Information Internal Review	0
Data Protection	13
Freedom of Information & Data Protection Access	7
Routine Administrative Access	345
Warrant	1
<b>Total Requests for Access to Records</b>	<b>408</b>

# School Report

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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. The school provides education to students of primary and second level (4yrs to 18yrs). Grants are provided by the Department of Education and Science to equip the classroom with essential education equipment.

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## 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.

We promote a child centred philosophy where the child is seen as more important than the Curriculum. Our school plays a major part in rehabilitation. We adopt a holistic approach and work collaboratively with the Paediatric Team to ensure that the best care, therapy and education possible is offered to all children attending the school. Through this collaboration and cooperation we create a happy environment that aids learning, recovery and rehabilitation for patients. Cooperation is at the heart of our mission. We also liaise with the students' base (home) school and of course with their parents. Our priority as educators is to ensure, in as far as possible, that the student engage and progress with school work while keeping the focus on their mental and physical recovery.

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## School Board

Members of the School Board are:- Fr. Philip Bradley (Chairperson), Aoife Mac Giolla Rí (Principal), Dr Patrick Keogh (Treasurer), Dr Sarah O'Doherty (Parents Representative).

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## School Staff

One Principal Teacher, two Special Needs Assistants and one part-time Secretary staff the school at NRH.



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### 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 Individual Education Programme (IEP) to cater for each student's specific needs in accordance with his/her abilities
- Contact is made with students' base school so that where possible continuity of school programme is maximised
- 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. We liaise with the base school and communicate with the students Home-School Liaison Teacher; Career Guidance Teacher or Resource Teacher as appropriate, in consultation with the base school's Principal
- Junior Certificate and Leaving Certificate Examination centres are provided in the NRH during the month of June to facilitate students resident in the 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 and pass on the IEP work and results of any educational diagnostic tests administered to the pupil's base school
- Training is provided for class Teachers, Resource Teachers and for Special Needs Assistants (SNA) in the NRH with multidisciplinary input. The SNAs liaise with Ward staff to ensure that homework is conveyed unambiguously and that each student has the means, facilities and necessary tools to carry out the homework
- 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 the 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.

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### Innovations and changes in the past year

Since the start of construction works in July 2017 the school has lost a prefab that was used for administration purposes. This limited the space available for parent consultation, secretarial work and storage. We are grateful to the hospital for providing the use of two small rooms near the main classroom to allow us continue parent consultations, and secretarial and office work.

We have introduced a Homework Policy. We hope to formulate an integrated Physical Education Policy linking with the Paediatric team in the near future.



# Stakeholder and Corporate Data Management

AUDREY DONNELLY

STAKEHOLDER AND CORPORATE DATA MANAGER

2017 saw the commencement of the long-awaited New Hospital Development (Phase One). The complexity of building a new hospital while the existing facility continues to operate on the same site brings with it new challenges. It is now more vital than ever to maintain close links with all stakeholders and to ensure that quality of service delivery and safety for patients is maintained throughout this process.

## INPUT FROM STAKEHOLDERS IS GAINED THROUGH NUMEROUS CHANNELS

Stakeholder Feedback	Source	Received in 2017
Comments & Suggestions	Comment & Suggestion boxes	120
Patient related Complaints	Written, verbal	26
Post discharge patient feedback	uSPEQ questionnaires	185
Verbal feedback	Patient Forum and Parents Forum	56
Other	Website and verbal	7

## Comments and Suggestions

Comments and suggestions are received via comment boxes which are placed throughout the campus to enable patients, staff, volunteers and other stakeholders to provide feedback on our services and environment. All comments received are referred to the relevant Head of Service to be actioned or noted and passed onto staff as appropriate. Outcomes are reported back to contributors where they have provided contact details.

## Complaints

The NRH welcomes complaints as they provide an opportunity for a review of services. 'Lessons learned' can lead to implementation of corrective action in order to continually improve our services. The hospital's procedure for managing 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 with a written response being issued for formal complaints following investigation.

## USPEQ Questionnaires

USPEQ questionnaires are posted to patients three months post discharge (in line with CARF accreditation standards). Responses provide valuable insights into outcomes for patients on completion of their inpatient rehabilitation programme and onward into their lives beyond the NRH. This provides an opportunity to review services and implement required changes.



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### Patients Forum

Patients Forum meetings are held monthly with an invitation to all patients, family members and carers to attend. Feedback gained is followed through on and actioned where possible. Updates are given in the form of a verbal report at Patient Forum meetings, via Patient Newsletter 'You Said - We Did' section, or directly to the contributor if known. One initiative which was developed in 2017 as a result of such input was the Patient Self-Management Exercise programme. With the support of volunteers this is now operating weekly within the SCSC programme with plans to expand to other programmes on a phased basis.

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### Parents Forum

The Parents Forum meetings taking place each month with parents of current paediatric patients. With the new hospital works commencing and necessary closure of Villa Maria, the provision of parent and child rest areas is a challenge which is currently under review within the Paediatric Programme.

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### Inter-Agency Forum

The Inter-agency Forum is comprised of agencies who provide information and support for NRH patients and NRH staff. Bi-monthly meetings are held to review ways of empowering patients and families through information and identified contacts in relation to support services available, both while patients are in hospital and in the community post-discharge.

The Forum hosts an annual 'Life Beyond the NRH – working together towards recovery' Information Day each February to enable the support agencies to promote their services, speak with patients and provide contacts for families. 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.

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### Volunteer Service

The Volunteer service has grown significantly during 2017. There are currently 58 'active' volunteers with an additional cohort on our database who are available for events when required. NRH volunteers are now engaged in a variety of tasks and activities including the mobile hospital shop and DVD trollies, quiz nights, karaoke, bingo and boccia. Volunteers provide support for all major hospital events, information days, summer barbeque and music week. They also assist within the therapeutic garden and the splinting clinic on a regular basis. In addition, they provide a 'Meet and Greet' service for patients and escort them between wards and therapies. Volunteers also provide a 'buddy' service if a patient wants to go for a chat and a coffee on site.

The Patient Exercise Self-Management initiative began in 2017 as a direct result of patients' suggestions at the Patient Forum. After a successful pilot within the SCSC Programme this initiative is set to expand to the POLAR and Brain Injury Programmes during 2018. The service is facilitated by volunteers who provide feedback to the Self-Management committee which meets regularly to review progress and seeks to resolve any issues which emerge.

Induction is provided to all volunteers and essential elements of staff training are being extended to include volunteers.

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### Admission/Urology Office

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The Administration team within this area arrange admissions of all adult patients in collaboration with the Nursing and Medical teams following daily admissions meetings. In addition support for the Urology Consultant and Nurse-led clinics is provided which includes booking of all Urology clinic appointments.

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### Healthcare Records

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An archive project was advanced in 2017 whereby charts were reviewed and identified as requiring retention or with potential for archive in line with the National Hospital Offices Code of Practice for Healthcare Records Management. A database for archive and retention has been created and a policy was developed to guide the process of healthcare records retention to ensure the hospital is in compliance with the national code of practice. This work will continue into 2018.

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### Data Management

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Daily monitoring of ward occupancy levels and delayed discharges is conducted which informs the process of liaison with the HSE in relation to waiting list and management of delayed discharges. During the year, Programme Managers, IM&T staff and the Stakeholder and Corporate Data Manager have worked collaboratively towards the development of a comprehensive system of reporting both internally and to fulfil the hospital's reporting responsibilities to the HSE. Following a successful pilot with internal reports at year end, this will be rolled-out for all reporting in 2018 with a view to achieving greater analysis of activity in order to enact change where required and to ensure quality and safety in patient care.

“ The Patient Exercise Self-Management initiative began in 2017 as a direct result of patients' suggestions at the Patient Forum. After a successful pilot within the Spinal Injury service, this initiative is set to expand to the Prosthetic and Brain Injury services during 2018. ”



## Technical Services Department

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PETER BYRNE

TECHNICAL SERVICES MANAGER

2017 was a very busy and productive year for the Technical Services Department (TSD), with the commencement of the new hospital, and 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. 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.

The construction of the new hospital commenced in September 2017 with the successful contractor John Paul Construction moving onto site. This is a welcome and much needed development for the NRH and TSD are working closely with the Health Planning Team and John Paul Construction to ensure the contract runs smoothly with the least disruption to current hospital services.

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### Projects and Developments in 2017

**New Fire Alarm and Emergency Lighting Project:** The installation of the new fire alarm and emergency lighting systems throughout all hospital buildings was completed and commissioned in August. This project was successfully completed with minimal disruption to hospital services in a very challenging environment.

**External Lighting:** Following the reconfiguration of car parks and traffic movement around the NRH campus a review was carried out on the exterior lighting. A substantial amount of extra lighting was installed on site.

**Lightning Protection:** In February the Lightning Protection System at the NRH was upgraded to an ESE Helita system. The new system is fully certified and meets all current standards for the safety of hospital buildings in the event of a lightning strike.

**Oil Tank Replacement:** Heat to 90% of the buildings on the hospital site is currently provided through low temperature hot water boilers fuelled by Kerosene and the main hospital generator is fuelled by gas oil. Feeder tanks to both have now been replaced with fully bunded tanks which are compliant with the safe storage of fuel.

**Electronic Gate Safety Systems:** Issues with the hospital's electronic gates were resolved in March and comply with all current safety standards.

**Plant Room Drainage:** TSD put a plan in place to update the drainage systems from all plant rooms in the hospital. The project was completed in April and the risk of flooding in the hospital buildings from plant rooms has greatly reduced as a result of this project.

**Medical Records Floor Replacement:** The raised floor in the medical records filing system room had deteriorated from water damage over time. The timber floor has now been replaced with a raised concrete floor making the area safer for staff.

**Water Services Upgrades:** A new Copper-Silver water treatment system was installed and commissioned covering all buildings on the NRH campus in December. This new system replaced the Ecasol dosing system that covered only the main hospital building. Early results from water sampling already show great improvements in the water quality throughout the hospital campus.

**St Camillus Ward Upgrade:** St Camillus ward on Level 3 of the main hospital was closed over the Christmas period to fit a new floor covering and for painting. There is also a plan to replace the patient and medical storage on St Camillus ward by the first quarter of 2018.

**Painting Projects:** A considerable number of areas throughout the hospital were redecorated and painted during 2017. This work is very noticeable throughout the hospital buildings. The efforts of our TSD painter in keeping the hospital environment presentable and hygienic for patients, staff and visitors are greatly appreciated.

**New Hospital Project:** The start of the new hospital project in September brought with it many challenges to the Technical Services Department. The erection of site boundaries, enabling works and decommissioning of buildings put a lot of strain on the resources of an already stretched TSD team.

**TSD Training and Education:** Liam French and Vincent Lynch successfully completed their craft workers apprenticeships in 2017. Their commitment to undertake this training in addition to their busy work load will benefit both the department and the hospital.

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 each member of the TSD staff for their good work, commitment and cooperation throughout a very productive and challenging year with the commencement of construction of the new hospital. Finally thank you to all patients and staff of the NRH for their support and cooperation throughout 2017.



*Members of the Technical Services Department in the workshop at the NRH.*



## Education and Training Delivered by NRH Staff Members in 2017

### Education and Training Delivered by NRH Professionals

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

- Education and training delivered by NRH staff in their specialist areas of expertise to patients and their families and carers
- The provision of education and training to healthcare professionals on work placements within the hospital; 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 2017:

#### MEDICAL

**Note:** Comprehensive details of education delivered by the NRH Medical team in 2017 are detailed in the Medical Board Report on page 14.

#### 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"> <li>• Role of Diet and Exercise in Health for Spinal Cord Injury Patients</li> <li>• Healthy Eating for Spinal Cord Injury Patients</li> <li>• The Role of Diet in Pain Management following an SCI – an online training programme</li> </ul>	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	Spinal Injury Programme Interdisciplinary Education: Development of a Health Hub to promote self-management post SCI	Multidisciplinary team	NRH
Dietitians	Brain Injury Programme Nursing Staff training on 'Malnutrition Universal Screening Tool' (MUST)	Multidisciplinary team	NRH

## NURSING EDUCATION

Presenters and Facilitators	Details	Event or Group	Location
Eva Wallace	Poster presentation 'Learning to take control...' Neurogenic Bowel Dysfunction	British and Irish Gastroenterology (BIG) Bursary received	Belfast
Liz Croxon Eva Wallace	Oral Presentation - New innovative teaching tool to assist in the education requirements for the management of the neurogenic bowel in individuals with a spinal cord injury	International Continence Society	Florence
Liz Croxon	Patient experience of rehabilitation in Acquired Brain Injury. Supported by the RTU trainees	Transition year programme	NRH
Liz Croxon	Lecture on Rehabilitation Nursing in Spinal Cord Injury	Post Graduate Orthopaedic Nursing Diploma	Dublin
Eva Wallace	Oral Presentation - Bridging the gap between theory and practice: Practical aspects of neurogenic bowel dysfunction in the spinal cord injury (SCI) population. Prize winner	'The seven ages of continence' Association of Continence Advisors (ACA)	Belfast
Eva Wallace Liz Croxon Liz Maume	Oral Presentation / Poster - The 'who what why where when' Education requirements for the management of the neurogenic bowel in spinal cord injury individuals	ISCOS	Dublin
Mary Feeney Rita Gibbons Sajimon Cherian  Mary Feeney	Oral Presentation / Poster - 'The five moments for hand hygiene, focus on moment three'. Prize winner	HSE QID  IPC Ireland Conference Annual Regional Nursing & Midwifery Conference	Dublin  Dublin Dublin
Mary Feeney	Classroom course BLS assessments for e-learning course	NRH training	NRH
Mary Feeney	Intravenous Medication Administration Assessments	Registered Nurses	NRH
Eva Wallace	Lecture - Management of Neurogenic Bowel Dysfunction	PHNs and RGNs	Roscommon
Liz Croxon  Liz Croxon Angela O'Riordan	Lecture - Neurogenic Bowel Dysfunction	NCHD's Children's Continence Ireland	NRH Dublin
Eva Wallace	Lecture Urology issues for stroke victims	Doctors attending diploma in CVA and stroke medicine	NRH
Eva Wallace Lynn Casey (St James Hospital)	Workshop - Nursing interventions in the use of catheters - A practical session	Urology Nurses Conference	Haarlem, Netherlands



**CLINICAL PSYCHOLOGY**

Presenters and Facilitators	Details	Event or Group	Location
Dr Maeve Nolan Dr Eimear Smith et al	Poster presentation 'The experience of living with Cauda Equina Syndrome: A phenomenological study'.	International Spinal Cord Society (ISCOS)	Dublin
Dr Claire Keogh Dr Sarah O'Doherty Dr Eimear Smith et al	Presentation 'A qualitative exploration of experiences of siblings of young people with Spinal Cord Injury in Ireland'.	MASCIP* Conference 'Stages and Ages following Spinal Cord Injury'	Loughborough University
Dr Claire Keogh Dr Sarah O'Doherty Dr Eimear Smith et al	Poster presentation 'Experiences of siblings of young people with spinal cord injury: A qualitative exploration'.	International Spinal Cord Society (ISCOS)	Dublin
Dr Fiadhnaít O'Keeffe Dr Claire Keogh	Presentation 'Therapeutic Interventions following Acquired Brain Injury'.	Psychological Society of Ireland Symposium	Limerick
Dr Fiadhnaít O'Keeffe	Presentation 'Hearing vulnerable voices including the excluded in Research: Informed Consent and Ethics'.	Irish Association for Rehabilitation Medicine (IARM) Conference	UCD
Dr Fiadhnaít O'Keeffe	Presentation 'Psychological Interventions for Stroke: Reading between the Guidelines'.	Northern Ireland UK Stroke Forum	
Members of the Department of Psychology	Academic lectures presented at various third level institutions.	Under and Post graduates in Psychology, Physiotherapy, Medicine, Engineering and Disability Studies.	TCD, UCD, RCSI, UCC and UCG
Dr Simone Carton	Co-ordinated the Neuropsychology Module for Doctorate in Clinical Psychology.	Final year post-graduate doctoral students in Clinical Psychology	TCD

\* Multidisciplinary Association of Spinal Cord Injury Professionals (MASCIP)

**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)	Multidisciplinary audience	NRH
RTU team	NRH Transition Year (TY) Programme	TY students	NRH

## OCCUPATIONAL THERAPY

Presenters and Facilitators	Details	Event or Group	Location
Fiona Maye	Lecture – Assistive Technology and Neuro-rehabilitation	MSc Occupational Therapy and SCI Rehabilitation students	University of Limerick
Fiona Maye	E-learning as part of SCI patient education	MASCIP	Loughborough University
Sharon Leahy	Presentation to Dr Cara McDonagh's team	Grand Rounds	NRH
Shangdar Maring Ronglo	Presentation to Dr Eimear Smith's team	Grand Rounds	NRH
Jean Harrington	Presentation on feedback from Guttman Conference	SCSC Programme	NRH
Fiona Maye	SCSC Programme Outreach	Community teams	Carlow/ Kilkenny
Shangdar Maring Ronglo	Seating Spinal Cord Patients – Joint Workshop with Physio	SCI Education Day for Healthcare Professionals	NRH
Jean Harrington Fiona Maye	Joint Physiotherapy and Occupational Therapy workshop on Functional Skills	SCI Education Day for Healthcare Professionals	NRH
Sheila O' Connor	Presentation on Functional Electrical Stimulation (FES)	Occupational Therapy Department	NRH
Members of the Occupational Therapy team	Best E-Poster for the IDT poster entitled- 'Safer Mealtimes – Preparing students in facilitating safer mealtimes in a neuro-rehabilitation setting'	INMED Conference	RCSI, Dublin
Members of the Occupational Therapy team	Facilitated peer support sessions	Irish Heart Stroke Survivor Conference	Croke Park
Aisling Weyham	Co-presented research with Prof Tadhg Stapleton	National Association of Traffic Medicine	RCPI, Dublin
Sheena Egan	Presentation	Amputee Day	Merlin Park, Co Galway
Léana Colgan Sheena Egan	Presentation on a complex POLAR case	Occupational Therapy Department	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
John Lynch	Spinal Cord Injury Rehabilitation and Physiotherapy – Practical Skills	UCD MSc Physiotherapy Class	UCD
Geoffrey Yu	Introduction to Prosthetic Rehabilitation	Physiotherapy Masters entry level students	UCD
Geoffrey Yu	Presentation in Post-Operative Management of Oedema in Lower Limb Amputee	Irish Association of Rehabilitation Meeting (IARM) meeting	UCD
John Lynch	Lecture on Seating with Neurological Population	RSCI Physiotherapy MSc Students	Dublin
Catherine Cornall Lesley Corcoran	Spasticity Course	May, SVUH May, CUH September, Galway NRH Occupational Therapy and Physiotherapy	Dublin Cork Galway NRH
Mairead Navin	The Management of Paediatric Spinal Cord Injury	Information Day for Healthcare Professionals working with SCI	NRH
Tom Meredith	Conference poster presentation	RehabWeek (IFESS)	London
Geoffrey Yu and POLAR team	Prosthetic Rehabilitation with Open Wound	Grand Rounds	NRH
Catherine Cornall Lesley Corcoran	Cognition and Perception Course by John Marsden	NRH Physiotherapy Team	Dublin
Geoffrey Yu, Sheena Egan and Dino Christalou	Introduction to Prosthetic Rehabilitation, a Multidisciplinary Approach to Amputee Rehabilitation		
Lesley Corcoran	Splinting Workshop	Splinting Network	Athlone
Geoffrey Yu	Inservice: Rehabilitation Pathway in the NRH and Amputee Rehabilitation	SVUH	Dublin

## RADIOLOGY

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

## SEXUAL WELLBEING SERVICE

Presenters and Facilitators	Details	Event or Group	Location
Pauline Sheils	Sexuality and Stroke	Doctors attending Diploma in CVA and Stroke Medicine	RCPI
Pauline Sheils	Sexuality and Spina Bifida	Spina Bifida Ireland	Dublin
Pauline Sheils	Relationship and Sexuality Issues following Brain injury	ABI staff members	Tullamore
Pauline Sheils	Relationship and Sexuality Issues following Brain injury	Headway staff members	Limerick
Pauline Sheils	Workshop with women with metastatic breast cancer on Relationships and Sexuality.	Marie Keating Foundation	Dublin
Pauline Sheils	Keynote speaker – ‘Permission, Limited Information, Specific Suggestions, Intensive Therapy’ (PLISSIT) Model.	Social Care Conference	Athlone
Pauline Sheils	Sexuality and Disability	NCHDs and Healthcare Professionals	NRH
Pauline Sheils	Understanding Relationship Issues following Stroke	Stroke Services	Castlebar
Pauline Sheils	Launch of Young Stroke Survivors Network	Irish Heart Foundation National Conference	Croke Park
Pauline Sheils	Stroke and Sexuality	Irish Heart Foundation National Conference	Croke Park



## 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 and UCC
Anne O'Loughlin Mary Regan	Working with Families affected by Acquired Disability Social Policy and Disability	Medical Students/ Rehabilitation Module	UCD
Sheila MacGowan	Open Disclosure Training	NRH Staff	NRH
Anne O'Loughlin Sheila MacGowan	Protection of Vulnerable Adults Programme	NRH staff UCD Masters in Social Work Students	NRH UCD
Anne O'Loughlin	Oral Presentation at European Social Work Research Conference	European Social Work Research Conference	Aalborg, Denmark
Mary Regan	Stroke Survivor Day	IHF Carer's 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
Sheila McGowan	Safetalk	NRH Staff	NRH
Bernadette McPhillips	Staff Wellbeing	NRH Staff	NRH
Sheila McGowan Anne O'Loughlin	"Your Child's Journey through Rehab"	Parents/carers of Paediatric patients	NRH
ABI Social Work Team	Brain Injury Awareness for Family and Friends (BIAFF)	Family members/carers of patients with ABI	NRH
SW Team	Social Work Education Forum	SW Staff	NRH
Anne O'Loughlin	Oral Presentation on Paediatric SCI	International Spinal Cord Society (ISCOS)	Dublin
Anne O'Loughlin Sheila MacGowan	NRH Induction on Safeguarding and clinical services	New Staff	NRH
Anne O'Loughlin	Induction on Safeguarding of Children and Vulnerable Adults at the NRH	NRH Volunteers	NRH

## SPEECH AND LANGUAGE THERAPY

Presenters and Facilitators	Details	Event or Group	Location
Anne Lee Emma Harte	Cognitive Communication Disorders Study Day – AACD SIG (presentation & workshop)	SLTs	Dublin
Marie Cox	Introduction to Assistive Technology Workshops	Delivered to SLT and OT students	NRH
Rebecca Woods	IDT Careers evening – twice yearly (February & October)	Delivered to second and third level students interested in pursuing a career in the allied health professions.	NRH
Marie Cox Rebecca Woods	IDT Student Tutorials (IDT Roles; IDT Neurorehab Quiz; Safer Patient Mealtimes; Professionalism)	SLT, OT, PT, MSW & Nursing Students on placement	NRH
Marie Cox Rebecca Woods	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 & the Role of Technology	Lecture to UCD Biomedical Engineering students	NRH
Marie Cox	Goal Setting & Session Planning in Speech and Language Therapy workshop	Delivered to TCD SLT students	TCD
Marie Cox	Informal Assessment of Adult Acquired Language Disorders	Delivered to TCD SLT students	TCD
Marie Cox Claire Johnstone  Emma McKelvey	Poster presentations: IDT approach to Safer Patient Mealtimes; Development of cognitive communication group  Oral Presentation: Literacy and accessibility	IASLT Conference, Croke Park	Dublin
Marie Cox Fiona Haughey (OT) Niamh Leonard (PT)	Poster Presentation – IDT approach to Safer Patient Mealtimes	INMED Conference – Medical & AHPs	UCD
Rebecca Woods	Communication & swallowing post stroke	Delivered to NCHDs & Junior Doctors	NRH
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
Emma Harte Rebecca Woods	Safe Eating & Drinking: From the kitchen to the bedside	NRH staff	NRH
Rebecca Woods	The Role of SLT in Rehabilitation – TY work experience week – twice yearly (February & October)	Delivered to TY students	NRH
SLT team	Aphasia simulation workshops as part of International Aphasia Awareness month	All NRH staff	NRH



## UROLOGY DEPARTMENT

Presenters and Facilitators	Details	Event or Group	Location
Oonagh Crean Caroline Ahern Kelley Lennon	Masterclass in Urology Masterclass	NRH and Community nurses, Public Health Nurses	NRH
Oonagh Crean	Talk on Neurogenic Bladder	NRH staff	NRH
Oonagh Crean Caroline Ahern	Presented neurogenic case studies at the Advanced Urodynamics Study Day, Galway Clinic	Advanced Urodynamics Study Day, Galway Clinic	Galway
Caroline Ahern	Talk on Urology Issues NRH Annual information Day	NRH staff	NRH
Oonagh Crean Caroline Ahern Kelley Lennon	Patient Information Talk on bladder management.	NRH patients	NRH
Oonagh Crean Caroline Ahern Kelley Lennon	Facilitate education in Urology Department	Undergraduate and Post graduate nursing students	NRH
Caroline Ahern	Poster submission "Prevention of CAUTI following SCI"	The Irish Association of Urology Nurses (IAUN)	Dublin
Oonagh Crean Caroline Ahern	Poster submission "A retrospective study on Supra Pubic Catheter insertion in SCI patients under local anaesthetic"	International Spinal Cord Society (ISCOS)	Dublin







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