



NRH

National
Rehabilitation
Hospital

Supporting
New Beginnings

38th
ANNUAL REPORT

2018



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

Our Mission

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

Patient Activity

Inpatient Service	Admissions	Day Cases No. patients
Spinal Injury	131	0
Brain Injury Traumatic	71	0
Brain Injury Non-Traumatic	60	0
Stroke Service	87	0
Other including Neurological	3	0
Prosthetic Service	68	86
Paediatrics	47	70 (outreach)
Total	467	156

Outpatient Service	Attendances Clinics
Spinal Cord System of Care Programme	560
Brain Injury Programme (including Stroke)	531
Prosthetic Orthotic and Limb Absence Rehabilitation (POLAR) Programme	3,470
Paediatrics Programme	65
Orthoptics	58
Radiology	1,428
Total	6,112



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Chairman's Report



Kieran Fleck
Chairman

The New Hospital Development – Phase One

Building progressed at a rapid pace on Phase One of the new hospital development in 2018. The main structure of the building is now complete and fit out works are underway. The new Sports and Exercise Therapy facility was handed over to the hospital by the main contractor in December, and following a period of equipping and staff training, the Sports and Exercise Therapy Department was then formally opened for patients' use. This marks the exciting first stage of the transformation into a world class rehabilitation facility, purposed-designed to create a specific environment for the delivery of person-centred rehabilitation by inter-disciplinary teams. The design is based on the principles of empowerment, dignity, privacy, confidentiality and choice for our service users.

This major capital project, the first hospital of its kind to be built in Ireland, will reshape the delivery of specialist rehabilitation services for the national population, by replacing the current outdated accommodation with state of the art facilities. The Board receives continuous updates of the Project Team's ongoing work and is involved in all decision making processes.

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.

Corporate Governance

During 2018 the Board participated in a series of corporate governance training workshops. In addition, Board Guidance resources were provided as part of the hospital's work with the HSE Quality Improvement Division (QID); the topics included:

- 'A Board's Role in Improving Quality and Safety' – Guidance and Resources
- 'Bringing the Board of Directors on Board with Quality and Safety of Clinical Care' – Case Study and Toolkit

New Charities Governance Code

The Board welcomed the publication by the Charities Regulator of the New Charities Governance Code, which both the hospital and the NRH Foundation will espouse.

Hospital Activity and Performance Data Reporting

Monthly hospital activity and performance data reports are circulated to the Board to ensure its members are fully informed in relation to all key issues and milestones on an ongoing basis. In addition, the Board's knowledge and understanding of hospital matters is enhanced by membership of staff and patient representatives on the Board.

Challenges for the NRH in 2018

Due to inadequate staffing resources to enable the hospital provide a safe and appropriate level of care to our patients within its bed capacity, the hospital found it necessary to close 12 beds in January 2017. At the end of that year, six of these beds were reopened following receipt of a funding allocation from the HSE. Some additional funding was made available from the winter initiative which has enabled the hospital to open a further two beds for a number of months. However, four beds remain closed. In addition, it was necessary to temporarily close a number of paediatric inpatient beds for a number of months in 2018 due to Consultant Paediatrician Cover being unavailable. Every effort was made by the hospital and relevant agencies to successfully resolve the issue and full paediatric services have been resumed. It is vital to ensure that NRH beds, given their scarcity, are funded to be fully available at all times.

Quality Improvement and Accreditation

Further to the collaborative work of hospital staff with the HSE Quality Improvement Division (QID), Dr Philip Crowley, National Director, HSE Quality Improvement Division, invited the Board to continue to engage with QID in 2018. This is a welcome and constructive development. In addition, the Board operates in line with CARF Leadership and

Governance Accreditation Standards; the Commission for Accreditation of Rehabilitation Facilities (CARF) is an independent, international accrediting body for Rehabilitation Services. Following an extensive three day survey of the hospital's clinical and business services last year, the NRH was awarded a maximum three-year accreditation which extends to May-June 2020.

NRH Board of Management

On behalf of the patients we serve and the Sisters of Mercy, I thank each Board Member for your ongoing work and commitment to the NRH. We greatly appreciate the contribution each Board Member makes in sharing their expertise and experience towards achieving the hospital's strategic objectives.

Clinical Directorship at the NRH

In addition to strategic matters, the Clinical Director, Professor Mark Delargy, 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.

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 Board were encouraged by several national developments in 2018; in March the National Clinical Programme for Rehabilitation Medicine launched the Rehabilitation Model of Care; the National Steering Group for the implementation of the Neurorehabilitation strategy was formed and there was progress in the development of the National Trauma Strategy with input from the NRH. The Sláintecare Implementation Strategy was launched which includes an action to implement the National Neurorehabilitation Strategy in accordance with the agreed implementation plan.

Key Appointments in 2018

In December, we were delighted to announce the appointment of Ms June Stanley as Director of Operational Services / Deputy CEO. We warmly welcome Ms Stanley to this role, particularly at such a crucial time in the development of the new hospital and its services.

We were delighted also to welcome Professor Áine Carroll in her academic role as Professor of Integrated Care. The post is shared between the NRH, HSE and UCD.

The appointment of Ms Edina O'Driscoll as Programme Manager, Neurorehabilitation Strategy and Disability Strategy & Planning, as part of the National Clinical Programme in Rehabilitation Medicine is also a very welcome development.

I invite all staff to join the Board in congratulating our colleagues and wishing them every success in their new roles.

A Note of Appreciation

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 2018 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. We welcomed new members, Professor Richard Reilly, and Mr Sam Dunwoody to the Ethics Committee in 2018.

And finally, our sincere thanks to the staff of the hospital and the Chief Executive, Derek Greene. Despite severely limited resources, rehabilitation services are being delivered, developed and continuously improved to enhance the wellbeing of the patients and their families who receive complex specialist rehabilitation services at the NRH, and through clinical outreach services, expertise and education in the community.



Kieran Fleck
Chairman



Chief Executive's Report



Derek Greene
Chief Executive

The New Hospital Development – Phase One

In 2018, the NRH reached a major milestone in Phase One of the New Hospital Development. The new Sports and Exercise Therapy Department was open for patient use immediately after the 2018 Christmas break.

Significant enabling works have been necessary as part of this project. Major work was involved in the creation of the new 'Western Car Park' – an additional benefit of this work is the increased number of accessible car parking spaces and dedicated parking available for outpatient visitors' use. All Clinical and support staff members across the hospital must be acknowledged and thanked for overcoming many operational challenges on a day to day basis to ensure the impact of the construction works on services to patients is kept to a minimum.

Work has also begun on a series of change management projects and programmes to facilitate the transformation to the New Hospital; to maximise the operational and service benefits the move will bring; and to ensure that our patients, staff and services can seamlessly transfer across to the new facilities. Staff familiarisation tours of the new building are being arranged by the Health Planning Team and are facilitated in line with site safety regulations.

Staff and patient engagement continues throughout all aspects of the project.

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 Ms Edina O'Driscoll, Project Manager, National Neurorehabilitation Strategy and Disability Strategy & Planning. These positive initiatives were welcome progress in the development of rehabilitation services nationally in 2018. These include:

LAUNCH OF REHABILITATION MODEL OF CARE

The **Model of Care (MOC) for the provision of Specialist Rehabilitation Services in Ireland** was launched by the HSE Clinical Strategy & Programmes Division in March. Its development was led by Dr Jacinta McElligott, National Clinical Lead for Rehabilitation Medicine and Ms Edina O'Driscoll, then Programme Manager, National Clinical Programme for Rehabilitation Medicine, with the nominated working group. The Model of Care describes the framework for the development of specialist Rehabilitation Services in Ireland around the Hub and Spoke model.

DEVELOPMENT OF MANAGED CLINICAL REHABILITATION NETWORKS

We are currently working with the HSE, CHO Areas 6 & 7, Primary Social Care, Acute Services and other Rehabilitation providers to explore how efficiency of processes and patient flows across our services can be improved. Detailed proposals have been submitted to the HSE.

IRISH REHABILITATION OUTCOMES (IROC) DATABASE

In collaboration with the National Clinical Programmes in the HSE, the NRH has agreed to pilot the development of an Irish Rehabilitation Outcomes (IROC) Database through the hospital. This database will support Managed Clinical Rehabilitation Networks and the National Clinical Programme for Rehabilitation Medicine. The aim of the project is to establish and develop a much needed rehabilitation outcomes database to underpin future investments in rehabilitation medicine and to identify key areas where services need development and investment. This important initiative will be accommodated within the NRH as the rehabilitation hub around which services will be developed and facilitated.

LAUNCH OF THE NATIONAL TRAUMA STRATEGY

The HSE and Department of Health launched the **National Trauma Strategy** in 2018. An integral part of a trauma centre or network is rehabilitation. Accordingly, as the national service provider, the NRH is involved in the process. Dr Valerie Twomey, Brain Injury Programme Manager was nominated to act as clinical liaison person for the NRH.

“ The successful implementation of the Rehabilitation Model of Care (MOC) and the National Strategy & Policy for Neurorehabilitation Services in Ireland is dependent on the investment in strategic development, workforce planning and integration of rehabilitation services across the health care continuum through effective development and implementation of Managed Clinical Rehabilitation Networks. ”

Model of Care (MOC) for the provision of Specialist Rehabilitation Services in Ireland

Appointment of Director of Operational Services / Deputy Chief Executive

We are delighted to report that Ms June Stanley has been appointed as the Director of Operational Services / Deputy CEO, following a 9 year gap as a result of the moratorium on filling the post due to the voluntary redundancy scheme in place at the time it was vacated, which significantly impacted on the hospital. Ms Stanley brings a wealth of knowledge and expertise to the NRH having extensive experience working in Senior Management positions in a number of hospitals in the Dublin region including the Mater Misericordiae University Hospital and the Hermitage Medical Clinic. We warmly welcome June to the Hospital and invite all staff to join us in wishing her every success in her new role.

Budget Allocation

Our Finance Team achieved the outstanding result of budget break-even at year-end 2018. The Director of Finance and his team, along with staff throughout the hospital have continued to work creatively to save costs and increase efficiency. We are extremely grateful to everyone involved in achieving this excellent outcome.

Staffing Matters – Workforce Planning

Hospital representatives have continued to make every effort to advance the business case for the HSE to commit the necessary financial resources to increase our staffing to the levels required for the provision of safe care to all our patients, at the appropriate intensity, considering increasing service demands and caseload complexities. Currently four inpatient beds remain closed. During 2018, it was also necessary to temporarily close the Inpatient beds in the Paediatric Service as a result of there being no Consultant Paediatrician Cover. The hospital worked closely with the HSE, National Children's Office, and Our Lady's Hospital, Crumlin to effect a resolution and the full paediatric service was resumed.

In 2018 **Professor Áine Carroll** was appointed to an academic role as **Professor of Integrated Care**. This is a shared post between the NRH, HSE and UCD. We look forward to working with Professor Carroll on developing Integrated Care as part of the many strategic developments for rehabilitation services nationally.



We welcomed Ms June Stanley as Director of Operational Services/Deputy Chief Executive following her appointment in 2018.



Highlights and Key Issues in 2018

AWARDS AND FORMAL RECOGNITION OF NRH INITIATIVES

The Hospital is proud of the formal recognition for our commitment to continuous improvement in the delivery of services as the many award winning clinical posters and presentations during 2018 will attest to, and which are mentioned throughout this report. In addition, the hospital's staff engagement and the many health and wellbeing initiatives in place were formally recognised through the award of first prize for the **'Best Employee Engagement Initiative Award'** at the Legal Island Irish HR Awards 2018. The NRH was also shortlisted in the category of **'Most Effective Employee Engagement Strategy'** for the HR Leadership and Management Awards 2018. Well done and thank you to all staff who participate in Positive Work Environment Initiatives on an ongoing basis.

STORM EMMA

In early March, a Status Red Weather Alert was issued by Met Éireann. The hospital's Emergency Preparedness Group met each day to plan how best to continue to provide essential care and services while ensuring that the personal safety of all patients, staff and visitors was a priority. Some services were cancelled for a number of days in line with other Healthcare Providers nationally. The hospital greatly appreciates the commitment and dedication of staff (many of whom stayed in accommodation onsite for the period of the Red Weather Alert) that went above and beyond the call of duty to provide essential services, without incident, throughout the event. The hospital's Emergency Preparedness Group carried out a detailed review in the weeks following the storm with a view to further developing our severe weather protocols and systems for future exceptional events.

LAUNCH OF 'HOSPITAL WATCH'

As an integral part of the NRH Security Strategy, the hospital and An Garda Síochána launched Hospital Watch in January. This initiative is based on recommendations made by an independent expert following a detailed review of security around the hospital. The aim is to work closely with an Garda Síochána and the local community to ensure the hospital and its campus is appropriately monitored, using the resources of all interested parties by establishing a Hospital Watch team and work agenda.

COLLABORATION WITH THE HSE QUALITY IMPROVEMENT DIVISION (QID)

The hospital continues to work 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. As a result of this collaboration, the **NRH Framework for Improving Quality** was launched in April 2018.

DELAYED DISCHARGES

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. In 2018, the number of bed days lost from our services as a consequence of delayed discharges was 2,826 – an annual cost of circa €25m.

“ The hospital continues to work 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. ”

EDUCATION AND RESEARCH AT THE NRH

The NRH Academic Steering Group (ASG) promotes a culture of Education, Training and Research within the hospital. The Committee has membership from Medical, Nursing, Therapies, Practice Education, Rehabilitation Programmes, Finance and Governance. An NRH Teaching Agreement underpins arrangements with Universities and Higher Level Training bodies for student placements and teaching. Plans to develop the design for an educational and teaching hub at the NRH were progressed in 2018.

HYGIENE, INFECTION PREVENTION AND CONTROL (HIPC)

In 2018, given the scant resources currently available to us, our suboptimal multi-occupancy environment and the fact that 50% of patients on our waiting list have Multidrug Resistant Organisms (MDROs), we invited Professor Martin Cormican, HSE National Head of Infection Control to visit the NRH and review our systems for the management of MDROs. Based on Professor Cormican's report and recommendations, we are currently reviewing how we might improve single room facilities in the hospital or rearrange services to enable the introduction of better, more appropriate infection control facilities required for our patients. We are assessing the capital costs of same, which we have discussed with the HSE.

NEW CHILDRENS FIRST GUIDANCE DOCUMENT

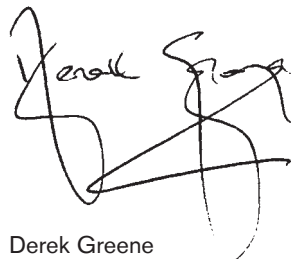
The introduction of the new Children's First Guidelines places a legal obligation on staff to report welfare and child abuse concerns (not just for our patients, but all children we come into contact with, for example, children visiting the hospital) and introduces a penalty for failure to do so. The document has significant implications for our staff as mandated reporters. An NRH Committee has been established to review and develop the organisational infrastructure and policies, procedures and systems that will support hospital staff in meeting the revised obligations in line with recommendations made in the 'Children First: National Guidance for the Protection and Welfare of Children' document.

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. My sincere thanks to each and every staff member for your consistent hard work and commitment to our patients and their families – the quality of services delivered cannot be underestimated. Thank you all for your dedication and professionalism under challenging circumstances during 2018.



Derek Greene
Chief Executive



Interdisciplinary Team (IDT) Services and Initiatives

Interdisciplinary Team Working

“A dynamic process involving two or more health professionals with complementary backgrounds and skills, sharing common health goals and exercising concerted physical and mental effort in assessing, planning, or evaluating patient care. This is accomplished through interdependent collaboration, open communication and shared decision-making. This in turn generates value-added patient, organisational and staff outcomes.”

(Xyrichis & Ream, 2008)

In 2018, the Interdisciplinary Team (IDT) working group continued to develop a structure to promote increased opportunities for IDT working as part of preparations for the move into the New Hospital environment. The group considered the potential for enhancing patient-centred care by creating additional opportunities for clinical discussion, increased understanding of the goal setting process, the priority of roles on a team, whole team involvement, increased effectiveness and efficiency around meeting processes and clinical documentation.

A Clinical Specialist Physiotherapist, together with colleagues from Speech and Language Therapy and Nursing, examined IDT working in the NRH and how we can improve on what we are already doing. The group have defined the NRH understanding of the term and are presenting on IDT working to teams across the hospital to prepare them for the move to the new IDT treating environment.

Some examples of existing NRH Interdisciplinary Services and Initiatives include:

WHEELCHAIR AND SEATING CLINIC

The Interdisciplinary Wheelchair and Seating Clinic (WSC) is jointly provided by Occupational Therapy and Physiotherapy staff. The clinic provides assessment, trial, prescription and issue of manual wheelchairs, as well as liaison with community services. The WSC provides a quality, patient-centred service considering: function, posture, pressure relief and comfort, to support service users' independence and quality of life.

SPLINTING CLINIC

The Splinting Service receives referrals from inpatient and outpatient NRH Programmes, Community Services and self-referrals from past patients. Splinting team members have collaborated with the Health Planning Team regarding specialist equipment for the new hospital and the current shared space with the Wheelchair and Seating Clinic. The Splinting Clinic is staffed by therapists from Physiotherapy and Occupational Therapy, with invaluable assistance from a volunteer who has considerable expertise in neurological-splinting as a Chartered Physiotherapist.

ELECTRONIC ASSISTIVE TECHNOLOGY (EAT) CLINIC

The Electronic Assistive Technology (EAT) Clinic is available to all NRH inpatients. The clinic is jointly run by the Occupational Therapy and Speech and Language Therapy Departments. The Electronic Assistive Technology Clinic offers a service to patients to explore whether there is technology or computer equipment that can support the person to have greater independence or control of their environment. The equipment includes Alternative and Augmentative Communication (AAC), computers, phones and environmental control systems. In 2018 a new high-tech electromyography switch was tested and proved a success, facilitating access to a communication and environmental control system via isolated muscle movement only.

CATERING, NURSING AND DIETETICS IDT INITIATIVE INCLUDING PROTECTED MEALTIMES

In May the Catering team, along with Nursing and Dietitian colleagues, successfully implemented significant changes to the way in which food is prepared, delivered and served to patients on the wards. The role of catering assistants was extended so that they are now responsible for food distribution and serving meals to the patients' bedside (traditionally this task was completed by healthcare assistants on the ward). A key benefit of this change is to give healthcare assistants more time to provide direct patient care. The **Protected Mealtimes** initiative was implemented to improve patient experience at mealtimes and to allow for safe feeding of those who require it.



Members of the Clinical Rehabilitation Management System (CRMS) Project Team – L-R: Katie O'Rourke, Dr Heather Cronin, Fiona Maye and Rita O'Connor.

OUTPATIENT DEPARTMENT WELLNESS DAY

The Speech and Language Therapy team, in conjunction with Interdisciplinary Team colleagues, continued to increase the frequency and activity of the Outpatient Wellness Day Programme.

TRACHEOSTOMY SERVICE

The tracheostomy team at the NRH is well established with representation from the Medical, Nursing, Respiratory Physiotherapy and Speech & Language Therapy disciplines. Team members work collaboratively in delivering a high-quality service to NRH patients admitted with tracheostomies.

CLINICAL REHABILITATION MANAGEMENT SYSTEM (CRMS)

The Clinical Rehabilitation Management System (CRMS) Project is a collaboration between the NRH and the Health Service Executive (HSE). The aim of the project is to move from mostly paper based and manual systems for management of patient information, to use of an electronic clinical management system that will support and enhance the delivery of interdisciplinary, person-centred rehabilitation across NRH services. This project is in line with the national e-Health Strategy.

The CRMS Project Team comprises staff representation from the following NRH disciplines: Medical, Nursing, Occupational Therapy, Psychology and Information Management & Technology (IM&T), with project management support from the HSE. During 2018, staff from 21 clinical disciplines, administration and management, as well as patient and family representatives, participated in stakeholder engagement sessions to consider how a Clinical Rehabilitation Management System could support best rehabilitation outcomes and patient experience at the NRH.

Anticipated benefits for patients, clinicians and the wider healthcare delivery system include having a clearer picture of rehabilitation pathways and variance; having greater transparency and more reliable and efficient data resulting in improved ability to plan services and track continuity of care. Other benefits will include:

- Faster access to up-to-date clinical information at the point of care.
- Standardisation of information workflows and processes.
- Improved Reporting and Business Information.
- Less duplication of work; documents can be viewed by a number of people at one time

The invitation to tender for a Clinical Management System for Specialised Care Services has now been published on the Irish Government eTenders platform. The Tendering Process will take place over six months and once the process is complete, approval will be sought from the Digital Government Oversight Unit (DGOU) to award a contract to the successful Tenderer.

The CRMS Project Team & Sponsors:

Derek Greene, CEO, NRH – Executive Sponsor
 Alan Price, ICT Delivery Director, HSE – Executive Sponsor
 Katie O'Rourke – Project Manager
 Fiona Maye – Transformation Lead
 Dr Heather Cronin – Therapy Workstream Lead
 Rita O'Connor – Nursing Workstream Lead
 John Maher – ICT Project Sponsor
 Prof. Mark Delargy – Clinical Sponsor
 Frances Campbell – CRMS Steering Group Chair



NRH Board of Management



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 Paul McNeive



Dr John O'Keeffe



Ms Pauline Sheils



Ms Elizabeth Maguire



Sr Helena O'Donoghue



Ms Áine Cornally



Prof Mark Delargy

NRH Committees

Board of Management

Mr Kieran Fleck (Chair)	(11/11)*
Mr Derek Greene (Secretary)	(11/11)*
Mr Henry Murdoch	(8/11)*
Sr Helena O'Donoghue	(9/11)*
Mr Barry Dunlea	(9/11)*
Dr Jacinta McElligott	(8/11)*
Mr Paul McNeive	(8/11)*
Prof Mark Delargy	(9/11)*
Ms Elizabeth Maguire	(8/11)*
Ms Pauline Sheils	(9/11)*
Ms Áine Cornally	(10/11)*
Dr John O'Keeffe	(8/11)*
Ms Breda Moriarty	(10/11)*
Ms Frances Campbell	(10/11)*
Prof Richard Reilly	(7/11)*

* Total Board Meeting Attendance

Executive Committee

Mr Derek Greene (Chair)
Prof Mark Delargy
Mr Sam Dunwoody
Ms Bernadette Lee
Ms Frances Campbell
Dr Jacinta McElligott
Mr Eugene Roe
Ms Rosemarie Nolan
Ms Olive Keenan
Ms Anne O'Loughlin
Ms Rosie Kelly

Ethics Committee

Ms Elizabeth Maguire (Chair)
Dr Jacinta McElligott (to February 2018)
Dr Harvey Mallory
Dr Jacqui Stow
Dr Simone Carton
Mr Derek Greene
Ms Bernadette Lee
Ms Frances Campbell
Ms Pauline Sheils
Fr Michael Kennedy
Ms Breda Moriarty
Dr Áine Merwick
Prof Richard Reilly (from April 2018)
Mr Sam Dunwoody (from April 2018)

Medical Board

Dr Jacinta McElligott (Chair)
Dr Mark Delargy
Dr Áine Carroll
Mr Robert Flynn
Dr Jacinta Morgan
Dr Brian McGlone
Dr Tom Owens
Dr Nicola Ryall
Dr Éimear Smith
Mr Keith Synnott
Dr Susan Finn
Mr Seamus Morris
Dr John MacFarlane
Dr Paul Carroll
Dr Sinéad McNicholas
Dr Cara McDonagh
Dr Eugene Wallace
Dr Jacqui Stow
Dr Raymond Carson
Dr Harvey Mallory
Dr Maria Frampton
Dr Angela McNamara
Dr Sean Carroll

Patients Forum

Mr Brian Kerr (Chair)
Ms Audrey Donnelly (Secretary)
Mr Stuart McKeever
Ms Esther Fitzgerald

All Patients and family members are invited to attend

In attendance:

Member of NRH Executive Committee

Finance & General Purpose Committee

Mr Kieran Fleck (Chair)
Mr Derek Greene (Secretary)
Mr Barry Dunlea
Ms Áine Cornally
Prof Mark Delargy
Ms Frances Campbell

In attendance:

Mr Sam Dunwoody

Audit Committee

Mr Dermot Quinn (Chair)
Mr Barry Dunlea
Mr Henry Murdoch
Ms Áine Cornally
Mr Kieran Fleck
Mr Derek Greene

Nomination Committee

Sr Helena O'Donoghue (Chair)
Mr Kieran Fleck
Mr Derek Greene



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.

It was necessary for the hospital to close 12 beds in 2017 due to inadequate staffing levels. In Q4, 2017 funding was allocated which enabled the re-opening six of the 12 closed beds. Discussions continued with the HSE in the hope that the remaining 6 beds would be reopened as early as possible in 2018. Unfortunately HSE funding was unavailable and the six beds remained closed in 2018. However, some funding has been made available to the NRH under the winter initiative which has enabled the hospital to open two of the closed beds for a number of months.

Financially 2018 began with a HSE funding allocation for service provision that was less than our closing 2017 funding level, considering the additional payroll costs associated with the National Wage Agreement funding requirements. The opening allocation for the year was set at €28.808m – an increase of €0.028m on our final 2017 (€28.652m) funding. As €0.832m of the 2018 opening allocation was to cover payroll increases and staffing costs, the actual opening position was in fact a €800,000 cut in funding, however the NRH was expected to maintain existing level of service for 2018 as part of our Service Level Agreement with the HSE.

2018 Fiscal Outcome

Following some further funding allocations from the HSE, the year-end final allocation was €30.289m set against our total net expenditure incurred in 2018 of €30.292m (2017: €28.654m). This resulted in a very minor deficit of circa €1,500 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 organisation. Appreciation and thanks to all the staff for their support and commitment in managing costs to achieve this result. This allows the hospital to commence its services in 2019 without any financial burden carried forward from the previous year. This result was also possible due to a final 'once off' allocation from the HSE of circa €550,000 at year end.

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

	Budget 2018 €000	Actual 2018 €000	Variance Current Year €000	Actual 2017 €000
Pay Expenditure	28,679	28,692	13	27,000
Non-Pay Expenditure	9,404	9,753	349	8,831
Gross Expenditure	38,083	38,445	362	35,831
Less Income Receipts	7,794	8,153	(359)	7,177
Net Expenditure	30,289	30,292	3	28,654
Revenue Allocation	30,289	30,289		28,652
Accumulated Deficit / (Surplus)		3		2

Income and Expenditure Account

Service related pay costs increased from €24.734m to €26.236m – an increase of 6.1%. Payroll costs increased by €1.692m (2017: €1.327m) due to national pay increases, service pressures and increased maternity cover. Included in this figure is the increase in Pensions and Lump Sums expenditure of €0.190m. As a publicly funded organisation, the NRH complies with Public Pay Policy. The CEO salary complies with the Group 1 pay scale. 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 continues to increase.

Non-Pay expenditure shows an increase of €0.923m which reversed the decrease of €1.252m of expenditure in 2017. This year resulted in an overrun on budget of €349,000 of which part related to the expenditure on equipping the new Sports and Exercise Therapy Department as part of the new hospital development. The main areas of expenditure were:-

The cost associated to the manufacture and supply of Artificial Limbs and Orthotics which made up 32% of an expenditure of €3.112m (2017: €3.094m) of the expenditure, a small increase of €18,000 on 2017. Other categories of Non-Pay expenditure which increased were: Medical and Surgical, Catering, Heat, Power & Light, Radiology, Cleaning, Patient Transport, Maintenance and Administration. Laboratory, Medicines, Travel & Subsistence and Insurance had some decreased expenditure with the remaining categories in line with 2017 expenditure.

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

2018 saw income receipts increase by €0.976m to €8.153m (an increase of 13.6% on the 2017 income of €7.177m). The main areas of income changes of note were: Sales of Artificial Limbs and Orthotics increased to €3,121m (2017: €3.063m), Income from External Agencies increased by €0.543m, the majority of which was due to increased Grant Aid from the NRH Foundation, from €431,000 in 2017 to €803,000 in 2018. 2018 saw an increase in RTA receipts of circa €98,000 to €1.103m (2017: €1.005m) and a smaller increase in canteen receipts of €31,500 from €340,000 in 2017 to €372,500 in 2018.

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 2018.

Capital Grants

Capital Funding approved during 2018 was as follows:

	2018 €	2017 €
Capital Project – Hospital Redevelopment Project – HSE	42,118,555	5,652,361
Minor Capital – Fire Detector System & Emergency Lighting Project	–	542,534
Minor Capital – Projects X-Ray Replacement Equipment/ DR Room Project	–	309,885
New Copper/Silver Mains Water Treatment Project	–	159,279
	42,118,555	6,664,059

Developments

Hospital Senior Management met with the designated HSE Senior Managers (CHO 6, Disability Services – Social Care Division and Hospitals Division) as part of a continuous review process and 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, service developments and waiting list initiatives, employee levels and revenue allocation adjustments and submissions.

The Hospital continued to seek additional minor Capital funding throughout 2018 in support of services in our existing hospital buildings. Grant funding was sought for replacement of our Mobile X-Ray unit and DEXA Scanner; upgrading of our Urology Service and Equipment, and upgrading of some of our Server Windows Licenses. We are hopeful that these items will be funded in as these are urgent requirements in order to maintain our services in line with international standards and best practice.

The Hospital received €803,000 Grant Aid from the NRH Foundation in support of equipping the New Sports and Fitness Facility, Recreational Therapy Service, Music Therapy Service, upgrading of patient facilities and some new diagnostic and monitoring equipment, all of 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, their families and carers.



Sam Dunwoody
Director of Finance



Clinical Director's Report



Professor Mark Delargy
Clinical Director

The NRH Clinical Directorship is now in its 4th year and this is the third annual Clinical Director report.

Advances in Clinical Services have been made in diverse areas including improving clinical supervision and reducing clinical risk through a substantial increase in Paediatric Consultant hours in the NRH to support our Paediatric inpatient and outpatient services.

Quality, Safety and Risk

The Clinical Director leads the NRH committee on Quality, Safety and Risk (QSR) matters since its inception in 2016. The QSR Committee reviews and monitors reports from a range of committees throughout the NRH to monitor and manage elements of Quality, Safety and Risk.

The HSE Quality Improvement Division worked closely with the hospital and in consultation with staff and patients to develop our QI Goal Statement: *'A Respectful, Accessible Environment where You Matter and People Care'*.

The Daily Operational Safety Huddle (DOSH) is an example of a QSR and HSE Quality Improvement Division supported initiative working to improve patient safety and efficiency at NRH. The value of the DOSH process was proven during Storm Emma when senior staff met on site to share service information and develop service and staffing solutions during the weather crisis. Our experience was that the DOSH process helped the NRH meet the daily challenges involved in operating an effective and safe service during this emergency situation.

Reduced Access to Services in 2018

The NRH staff have worked to limit the impact from closed beds on patient throughput. Currently NRH resources cannot meet the needs of referral requests for Brain injury admissions. The delays in admissions are unacceptable when compared to international norms – our colleagues in Belfast can admit Brain Injury patients much sooner than the NRH. In 2018 our Brain Injury waiting list of more than 230 patients for 56 rehabilitation beds resulted in long delays in admission to the NRH. The number of high intensity rehabilitation beds, both in the NRH and regionally, remains inadequate to serve the national demand. The 10% increase in beds in our new hospital (to open in 2020) will help improve access to our services so long as the NRH receives the funding needed to fully staff the new beds for high intensity rehabilitation.

The national shortfall in high intensity rehabilitation beds needs to be addressed at a national level. Anecdotally, many patients admitted from the waiting list feel that they have not experienced a full rehabilitation programme until they have accessed a phase of intensive rehabilitation at NRH. The state of the art facilities in the new NRH are expected to heighten patients' sense of incomplete rehabilitation until reaching the NRH. Meanwhile, the NRH works to ensure that our beds are fully operational with a bed occupancy as close to 100% as is feasible. The HSE CHO Area 6 has responded helpfully to our requests for additional staff in 2018 bringing our staffing a little closer to UK rehabilitation norms. A modest increase in our funding allocation will enable the NRH to temporarily increase staffing to reopen 2 of our closed beds for approximately 3 months in 2019.

Our Paediatric Rehabilitation Service was unable to source consultant paediatrician cover from August to end December 2018. As a result, the NRH had no alternative but to temporarily close our paediatric inpatient beds. We are very pleased to have achieved an excellent resolution with the support of CHO Area 6, the National Children's Office and OLHC Crumlin. NRH has boosted the clinical service hours for Dr Susan Finn, our lead paediatrician, enabling the hospital to reopen our inpatient paediatric beds in January 2019. We have also worked to reduce the risk of further Paediatric bed closures in 2019. With the support of CHO Area 6, NRH has appointed a 0.5 WTE Locum Paediatrician and we will welcome Dr Blathnaid McCoy to join our staff in January 2019.

The limited number of single en-suite rooms at the NRH currently makes it a challenge to accommodate, in a timely fashion, all referred patients who have acquired a Multi-Drug Resistant Organism (MDRO). The new NRH in 2020 will provide 120 single en-suite rooms which will also greatly enhance our ability to accommodate complex referrals with MDROs.

Clinical Outreach Services, Expertise and Education

In the interests of developing international norms of access to specialist rehabilitation the same request needs to be voiced each year. Our national rehabilitation service needs a four-fold increase in rehabilitation bed capacity. When matched with a much needed major increase in community rehabilitation services, Ireland will become able to deliver timely access for inpatient and outpatient rehabilitation services so that our patient access moves closer to European norms.

The NRH's role as the national hub for complex rehabilitation after catastrophic single incident neurological injury and amputations relies on a bed capacity of less than a quarter of that needed. As a result demand for our services far outweighs the NRH's capacity for both admissions and Outpatient therapy services. The NRH has worked to bridge the skills gap in specialised rehabilitation through our clinical outreach services. The expertise delivered by our Spinal and Brain Injury outreach services is keenly sought after in our referring hospitals and also in the community. When the NRH offers outreach visits the skills delivered are much appreciated by staff in the referring hospitals and the families also advise that they welcome and benefit from the face to face guidance.

Given the severe shortage of rehabilitation beds nationally and in the NRH, it is imperative that the funding to increase outreach staffing, and staffing to keep all NRH high intensity rehabilitation beds open.

Our Spinal Injury bowel education programme delivered by our Nursing staff is a good example of an NRH initiative delivering high quality specialist educational opportunities for our community colleagues. As always we are very appreciative of our clinical colleagues in the acute hospitals and in the community who provide invaluable rehabilitation services both before and after the NRH phase of rehabilitation.

New Developments

The NRH has further developed its Interdisciplinary Outpatient Service in December 2018 with a new innovative Paediatric Transition clinic co-led by Dr Raymond Carson and Dr Susan Finn.

Our Spinal Service worked closely with colleagues in the Mater Hospital in 2018 to create a shared intensivist post between the Mater and the NRH. This joint consultant post has enabled the post holder, Dr Mairead Hayes, to devote valuable expertise and time to train NRH staff to upskill in managing the complex care needs of patients dependent on assisted ventilation. With staff now trained, the NRH

will be in a position to admit patients with stable ventilation dependency. Until 2019, ventilator dependent spinal injury patients were a cohort whom we could not admit to the NRH to access their specialised rehabilitation programmes.

Close clinical cooperation between our medical, nursing and therapy services helps the NRH achieve the high quality rehabilitation outcomes that the Irish public expects. 2018 has seen the development of the NRH Clinical Forum through which clinical staff will analyse and prioritise clinical service innovations and will seek investment in enhancing clinical staff skills to improve the interdisciplinary clinically guided outcomes for our patients.

In September 2018, the NRH also welcomed the return of Professor Áine Carroll to her new role as Professor of Integrated Care in conjunction with UCD and the HSE.

The Clinical Director works closely with the NRH medical consultants to maintain and improve clinical services. The Clinical Director attends the monthly Medical Board chaired by Dr McElligott to review and address medical matters.

As is part of Dr McElligott's role as National Clinical Lead in Rehabilitation Medicine, a new national rehabilitation operational concept known as the 'Model of Care' was launched in March 2018. Dr McElligott and Edina O' Driscoll, then Programme Manager, National Clinical Programme for Rehabilitation Medicine, presented on the Model of Care to NRH staff following the launch.

Admission Capacity

Admission capacity remains compromised by delays in obtaining high cost onward care funding for patients who have sustained complex lifelong disability. Delays in accessing community funding for our inpatients inevitably increases a person's length of stay in the NRH and in turn, delays in planned transfer of care into the community slows our capacity to admit new patients.

The NRH looks forward to receiving the additional funding needed to deliver and develop a timelier and more responsive high quality rehabilitation access and follow up to more of the people referred each year to NRH.

Staff are eagerly awaiting completion of our new hospital in 2020 as they have already been suitably impressed with the quality and design of our new Sports and Exercise Therapy Department.



Professor Mark Delargy
Clinical Director



Medical Board Report

Admitting Consultants (Consultants in Rehabilitation Medicine)



Prof Mark Delargy
Clinical Director



Dr Jacinta McElligott
Chairperson Medical Board



Dr Nicola Ryall



Dr Jacinta Morgan



Dr Áine Carroll



Dr Éimear Smith



Dr Susan Finn



Dr Eugene Wallace



Dr Paul Carroll



Dr Jacqui Stow



Dr Cara McDonagh



Dr John MacFarlane

Consultants with clinical attachment at the NRH



Dr Maria Frampton
Consultant Psychiatrist



Dr Sinéad McNicholas
Consultant Microbiologist



Dr Raymond Carson
Consultant in Rehabilitation
Medicine



Dr Harvey Mallory
Consultant in Rehabilitation
Medicine

In 2018 as we watched with a certain degree of relief and satisfaction at the steady progress in the building of the new hospital. As we pass along the corridor to St Gabriel's Ward the new hospital now dominates the view; and our patients and staff are clearly satisfied with the new sports hall and facilities that were completed in November.

In 2018 we achieved tangible gains from the nation's investment and development of the National Clinical Programmes. In March the National Clinical Programme launched the Rehabilitation Model of Care; the National Steering Group for the implementation of the Neurorehabilitation strategy was formed and there was progress in the implementation of the trauma strategy. In August the Roadmap for Sláintecare implementation was launched and it is reassuring to see that there is inclusion of efforts of the National Clinical Programmes recommendations and models of care.

In 2018 however we were increasingly aware that we are not an island unto ourselves, that we are an integral part of the wider health care system - the capacity access issues, unacceptable long waiting times are all realities at the NRH and across the health system in Ireland.

Therefore what is less visible but even more important is what was happening in real time, in this old building in 2018. The annual report will show our sustained patient satisfaction, and meaningful measureable functional gains and we can see that the majority of our patients still return to home and community. However what may be less visible, but crucial, is the hard work, resilience, the team work, flexibility and growth that has allowed us to achieve these outcomes in what has been a very tough year for the NRH as well as the wider health care sector.

"We don't grow when things are easy: we grow when we face challenges."

On behalf of the Medical Board I would like to commend each and every member of this organisation and the NRH Foundation for all that they have done in 2018, especially when the work has been hard, and we and our patients have been most challenged. This response in the face of challenges is often invisible however it is crucial to our patients' experience and progress and I believe it a testament to the skills and teamwork and epitomises the NRH commitment to our patients, each other and the NRH mission and vision.

It is not possible to acknowledge or give adequate credit to all that has been accomplished in the past year but I would like to touch on some of the work that I think has been translated to tangible improvements and progress in patient care, patient access or services to patients.

Waiting list management at the NRH has been redefined in the last few years and I wish to acknowledge the work of admitting consultants, preadmission and liaison services, as well as the nursing and admission teams for their vital work in supporting and triaging patients on the NRH waiting lists.

I thank and acknowledge Dr Harvey Mallory for his hard work, support, skills and expertise within the brain injury inpatient and outpatient services in 2018. Particularly Dr Mallory's efficiencies in the outpatient clinic which has allowed timely review and access for patients on the waiting list for inpatient and or outpatient services. Dr Jacqui Stow also continues to divide her time and expertise across the brain injury and Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) teams and in 2018 was instrumental in the onsite development and support of the POLAR outreach clinic in Galway.

I would also like to acknowledge and especially thank the regional consultants on the Medical Board, Dr John MacFarlane, Dr Eugene Wallace, and Dr Raymond Carson for all their work and support for patients on the brain injury waiting list. We learned in 2018 that where there is a consultant in a regional area we can be assured that that patient is getting care and our colleagues are invaluable in supporting care, triage and when appropriate removal from a waiting list of patients who are making progress and whose needs can be met in their community. Dr MacFarlane and Dr Wallace continue the developments of regional rehabilitation units in the South and Dublin Mid Leinster respectively.



In 2018 Dr Raymond Carson has been instrumental as the lead Rehabilitation Consultant in developing the stroke and neurological rehabilitation pathway between the Mater to Cappagh Hospital. Dr Carson oversees a 28-bedded rehabilitation ward which currently accepts post-acute discharges from the Mater Hospital. In 2018 Dr Carson also established a spasticity outpatient clinic in the Mater and a Transitional Clinic for young people with acquired brain injury who are moving on from the paediatric service. The first two young people were assessed at NRH in 2018.

We thank Dr Paul Carroll (Rehabilitation Consultant in Brain Injury) for his stalwart work in delivering high quality patient care between the NRH, St. Vincent's University Hospital and Royal Hospital Donnybrook; sincere thanks also to Dr Susan Finn for excellent clinical leadership in the Paediatric Programme; and to Rehabilitation Consultants Dr Cara McDonagh, Spinal Cord System of Care (SCSC) Programme, Dr Nicola Ryall (POLAR Programme) for their commitment to continuous improvement and service excellence in complex specialist rehabilitation.

In 2018 the Medical Board welcomed Dr Mairead Hayes and by the end of 2018 the first patient was ready for transfer to the NRH on the SCSC pathway for ventilator dependent patients. Congratulations to Dr Eimear Smith, Eugene Roe, Edina O'Driscoll and the Clinical Programme Working Group for making this happen.

We are grateful to Dr Maria Frampton for all her work in integrating the liaison psychiatry service into the assessment and treatment of complex mental health issues that often arise in patients trying to cope in conjunction with complex impairments and hugely altered life situations. Dr Frampton's participation in Interdisciplinary Team (IDT) joint assessments with neuropsychology is often a crucial factor, or a turning point in the IDT care of patients with complex physical, emotional and mental health impairments. The Medical Board is grateful also to Dr Kieran O'Driscoll, Consultant Neuropsychiatrist who, along with Dr Mark Delargy and Dr Simone Carton, have been fundamental in the delivery of our Neurobehavioural Service.

The Medical Board also wishes to extend our sincere appreciation to Dr Sinéad Nicholas, Dr Brian McGlone, and Mr Robert Flynn for all their expertise, support and commitment to the clinical care of patients at the NRH.

The Medical Board was also delighted to welcome back Dr Aine Carroll as Professor of Integrated Care, the first joint Academic Consultant post appointment between UCD, St Vincent's University Hospital and the NRH. Our undergraduate and graduate teaching programmes continue to grow and the Academic Steering Group has been effective in securing the position of Academic Lead and Academic administrative support in 2018.

We were already on our journey to the new hospital, to the implementation plan for the Rehabilitation Model of Care and the Neurorehabilitation and Trauma Strategy. We have the Sláintecare Roadmap. The NRH has a challenging but a crucial role to play. On behalf of the Medical Board we are ready to continue this the journey with you.

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 NCHDs to their clinical audit activities and the improvements in clinical services, patient care and outcomes which are as a result of all their endeavours. An extensive NCHD teaching calendar delivered by members of the Interdisciplinary teams supported their placements in 2018.

Undergraduate Medical Education

The NRH continues to serve as a site for training undergraduates Medical Students from Trinity College Dublin, University College Dublin and the Royal College Surgeons of Ireland.

In 2018, 44 medical students from TCD and 42 medical students from the RCSI had the opportunity to participate in two week clinical rotations. In addition 290 UCD medical students had an opportunity to interview patients at the NRH as a component of the UCD Understanding Disability Module.

The Medical Board sincerely thank Dr Arun Subramanian, Clinical Lecturer, for his contribution to our undergraduate medical programmes throughout 2018. We thank the staff and patients who were so facilitating and supportive of our students throughout the year.

EDUCATION DELIVERED BY MEDICAL PERSONNEL TO INTERDISCIPLINARY TEAM GRAND ROUNDS

Month	Grand Rounds Topic	Presenter, Speaker
Jan	Early Pharmacological Intervention in Acquired Brain Injury	Dr Harvey Mallory
Feb	The Magic Sponge is not enough to treat a Concussion	Dr Eugene Wallace
Mar	Introducing MedEx: Chronic Illness Rehabilitation through Exercise. Is this relevant to the NRH?	Dr Noel McCaffrey
May	Corporate gibberish or the missing therapist: How useful are self-help materials?	Dr Maria Frampton
June	Mind the Gap: Pre-discharge SCI patient education	Dr Eimear Smith and SCSC Team
Oct	Time to talk about suicide	Dr Maeve Nolan Rose Curtis

Regional, National and International Presentations – Highlights 2018

PROFESSOR ÁINE CARROLL

'Ireland's Journey towards Integrated Care', Keynote Speaker, Irish Society of Chartered Physiotherapists Annual Conference, Sligo November 2018, Invited Speaker, EAHM European Congress, Cascais, Portugal September 2018.

'Evaluation of the Institute for Healthcare Improvement (IHI) global trigger tool (UK version) in a National Rehabilitation Hospital', Poster Presentation at National Patient Safety Office Conference Dublin October 2018; Platform Presentation at State Claims Agency 'Quality, Clinical Risk and Patient Safety' Conference Dublin September 2018; 3rd Prize, Poster Presentation at International Forum on Quality and Safety in Healthcare Amsterdam, May 2018.

'A Multi-Method Intervention to Reduce Non-Attendance in a Spinal Cord Injury Rehabilitation Outpatient Clinic', Poster Presentation at National Patient Safety Office Conference Dublin October 2018; Poster Presentation at State Claims Agency 'Quality, Clinical Risk and Patient Safety' Conference Dublin September 2018; Poster Presentation at International Forum on Quality and Safety in Healthcare, Amsterdam May 2018.

'The Unmet Rehabilitation Needs in an Inclusion Health Integrated Care Programme for Homeless Adults in Dublin, Ireland', Platform Presentation BSRM Annual Scientific Meeting October 2018.

'Your Voice Matters, a Pilot Qualitative Study of Patient Informed Integrated Care in Ireland', Platform Presentation EAHM European Congress, Cascais September 2018.

'Identifying barriers to Implementation of New Care Models, a Multi-Stakeholder Engagement Study', Platform Presentation EAHM European Congress, Cascais September 2018.

'Mantra Meditation Programme and Wellbeing of Emergency Department Staff: A Mixed Methods Feasibility Study', Accepted for Oral Presentation at 3rd International Meeting on Well-Being and Performance in Clinical Practice, Greece May 2018.

'The path towards Person Centred Integrated Care; the Irish Experience. Ireland's journey towards Integrated Care'. Invited Speaker at the Global Conference on Integrated Care (GCIC) Singapore, February 2018.

'Identifying barriers to Implementation of New Care Models, a Multi-Stakeholder Engagement Study' Platform presentation at the Global Conference on Integrated Care (GCIC) Singapore, February 2018.



'Care-coordination in the rehabilitative treatment and management of Neurogenic Heterotopic ossification'. Poster presentation at the Global Conference on Integrated Care (GCIC) Singapore, February 2018.

'The challenge of integrating care in dual diagnosis; Anti-NMDA-receptor encephalitis; presentation and outcome in 3 cases referred for Complex Specialist Rehabilitation'. Poster Presentation at the Global Conference on Integrated Care (GCIC) Singapore, February 2018.

'Refeeding syndrome in Multiple Sclerosis - a case study', Carroll A, Fitzsimmons L, McDonagh C. Poster presentation, Irish Neurological Association Meeting 2018, Belfast, May 31st – June 1st.

DR RAYMOND CARSON

'Frailty and the Older Orthopaedic Patient - Impact on Recovery and Rehabilitation' Lecture at the 20th Anniversary Conference of the Irish Orthopaedic Nurses' Association, Cappagh Hospital, April 2018.

'Access to Rehabilitation' Presentation at the Irish Medical Organisation National Conference 'Getting Healthcare in Ireland', September 2018.

'A Survey of Irish Rheumatologists' Practice for Documenting Informed Consent for Corticosteroid Injections' Ralph J, Carson R, Azhar A, O'Connell P. Presented as poster at Irish Society for Rheumatology (ISR) autumn meeting in Naas, September 2018. Platform presentation at the Beaumont Hospital 7th Annual Quality & Patient Safety Meeting, November 2018.

'Diagnosing dementia in the Rehabilitation Setting: a re-audit', Carol Fox, Maeve Higgins, Keneilwe Malomo, Marie O'Connor, Eamon Dolan, Raymond Carson Presented at annual clinical audit meeting, Cappagh Hospital, May 2018.

DR JACINTA MCELLIGOTT

'Launch Model of Care National Clinical Programme Rehabilitation Medicine'. Mr Tony O'Brien, Dr Jacinta McElligott, Ms Edina O'Driscoll RCPI Kildare Street. March 2018.

'Model of Care for Rehabilitation Medicine', NRH Open Day March 2018, Jacinta McElligott, Edina O'Driscoll Programme Manager National Clinical Programme for Rehabilitation Medicine.

'Rehabilitation in the Care of the Complex Patient', RCPI Masterclass March 2018.

'Acquired Brain Injury Research in Ireland', Wood Quay Venue Dublin, Acquired Brain Injury Ireland.

'Trauma Rehabilitation Integration – Experience from US level 1 Trauma Centre'. Trauma Model for Ireland Conference, Catherine McCauley Postgraduate Centre, June 2018 Mater Hospital.

'Building Capacity – Paediatric Rehabilitation Medicine in Ireland', Keynote speaker, Dr Jacinta McElligott, Anne O'Loughlin, Dr Susan Finn, Dr Sarah O'Doherty Irish American Paediatric Society Meeting.

DR BRIAN MCGLONE

'Ultrasound-Guided Parotid Gland Injection for Sialorrhoea in Acquired Brain Injury: A Case Series' R. McCormack, B. McGlone, A. Carroll, presented to the Faculty of Radiologists, Combined Spring Meeting, Cork, April 2018 and to the IARM, May 2018.

'Out with the Old, In with the New: Environmental Change for the Better in the Radiology Department', B. McGlone, R. Conlon, J. Van der Wath, J. Cardoso, M. Nangle, S. Dunwoody, Departments of Radiology and Finance, presented to IARM, May 2018.

The Model of Care (MOC) for the provision of Specialist Rehabilitation Services in Ireland was launched by the HSE Clinical Strategy and Programmes Division in March 2018.



Medical Board Publications – Highlights 2018

'Impact of a Universal Medication Schedule on Rationalising & Understanding of Medication; a Randomised Controlled Trial', Mc Manus E, McCarthy S, Carson R, Sahm L, Research in Social & Administrative Pharmacy 14(2018): 831 - 838

"I just don't feel like myself anymore": putting the patient's voice into integrated care', Carroll Á, European Journal of Marketing, Vol. 52 Issue: 11, pp.2214-2214, <https://doi.org/10.1108/EJM-11-2018-895>

'The barriers and facilitators to the implementation of National Clinical Programmes in Ireland: using the MRC framework for process evaluations', Darker CD, Nicolson GH, Carroll Á, Barry JM, BMC Health Serv Res. 2018 Sep 24;18(1):733, <https://doi.org/10.1186/s12913-018-3543-6>

'Mantra meditation programme for emergency department staff: a qualitative study', Lynch J, Prihodova L, Dunne PJ, O'Leary C, Breen R, Carroll Á, Walsh C, McMahon G, White B, BMJ Open, 2018 Sep 24;8(9):e020685. <https://doi.org/10.1136/bmjopen-2017-020685>

'My Father's Footsteps', Carroll Á, Irish Medical Journal April 2018;111(4):742

'The challenge of integrating care in dual diagnosis; Anti-NMDA-receptor encephalitis; presentation and outcome in 3 cases referred for Complex Specialist Rehabilitation Services', Carroll Á, Delargy M, Ir Med J. March 2018 Vol 111(3):716

'Impact of Mantra Meditation on Health and Wellbeing: A Systematic Review Protocol', Lynch J, Prihodova L, Dunne P, McMahon G, Carroll Á, Walsh C, White BL, European Journal of Integrative Medicine 2018;18:30-33

'Identifying barriers to Implementation of New Care Models, a Multi-Stakeholder Engagement Study', Carroll A, Twomey V, White B, International Journal of Integrated Care. 2018;18(s2):48. DOI: <http://doi.org/10.5334/ijic.s2048>

Dr Jacinta McElligott,
Consultant in Rehabilitation Medicine Chairperson,
NRH Medical Board



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 Prolonged 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 which 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 for Accreditation of Rehabilitation Facilities) and in 2017 was delighted to receive re-accreditation (for the maximum three years) for the 4th consecutive time as a Specialty Brain Injury and Stroke Programme for inpatient, outpatient and home and community based services.

Demographics, Activity and Outcomes for Inpatient Services – 2018

215 patients received inpatient rehabilitation services in 2018. Of the patients discharged from the programme, 211 were admitted to the Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP), and four patients were admitted for short review or assessment.

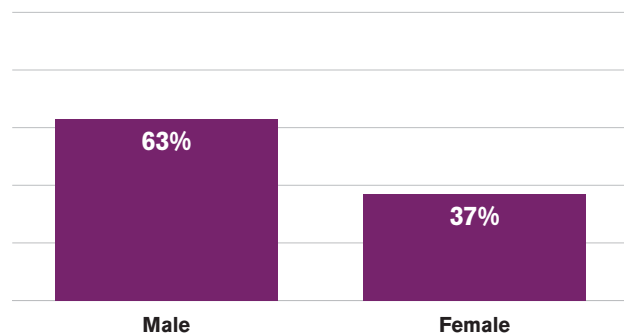
DEMOGRAPHICS AND ACTIVITY

Of the 211 patients admitted to the Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP):

94	62	51	4
(44%) had a diagnosis of Stroke	(30%) had a diagnosis of Non-traumatic Brain Injury	(24%) had a diagnosis of Traumatic Brain Injury	(2%) had a diagnosis of other Neurological Conditions



GENDER OF INPATIENTS SERVED BY THE BI PROGRAMME IN 2018



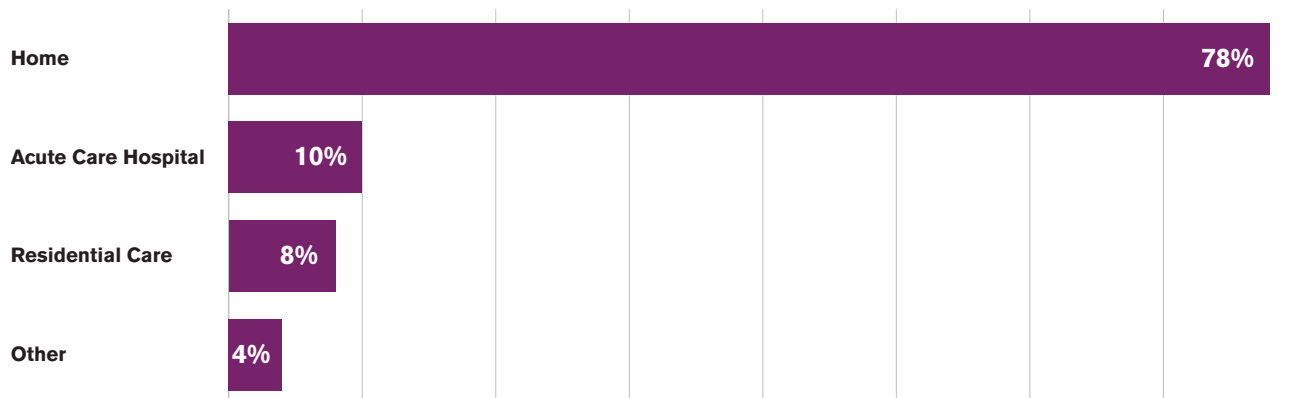
AGE PROFILE OF INPATIENTS SERVED BY THE BI PROGRAMME IN 2018

Average age	47 years
Lower age range	18 years
Higher age range	73 years

Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE DAY PROGRAMME

DISCHARGE LOCATION OF INPATIENTS SERVED BY THE BI PROGRAMME IN 2018



Indicator	Target Set – 2018	Outcome
Average Days Waiting for Admission	Target: average days waiting for admission would be less than 90 days.	Patients waited an average of 140 days for admission to the programme
Completion rate of Outcome Measures (FIM Functional Independence Measure)	95% completion of both the admission and discharge FIM	90% completion rate of FIM
Modified Barthel (MB) and Disability Rating Scale (DRS)	95% completion of both the admission and discharge, MB and DRS	98% completion rate of MB 95% 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	70% patients 69% 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 16.5 points
Average Rehabilitation Length of Stay	Length of stay would be less than or equal to 90 days	84 days
Discharge to Home Rate	75% of patients would be discharged to home	78%

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. Our interdisciplinary teams of experts continue to deliver consistent and excellent patient outcomes with reduction in resources.

Programme Goals and Achievements in 2018

2018 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 involved in the work of the HSE's National Clinical Programme for Rehabilitation Medicine, we were delighted to welcome the HSE's National Model of Care for Rehabilitation Medicine in March 2018 and have been busy planning initiatives that will ensure our services are in line with its recommendations.

PERSON-CENTRED COORDINATED CARE

Under the programme for quality improvement, a number of initiatives were undertaken in 2018. Among these were improvements in the provision of information to patients and to professionals at both pre-admission and post-discharge stages. There was a significant review of the Programme's Scope of Service and a number of improvement plans were implemented, for example clinical review of patients awaiting admission and accessing specialist beds for Prolonged Disorders of Consciousness patients.

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.

PATIENT FLOW

In 2018, the work of the programme's pre-admission and liaison service continued to deliver improved access to specialist care for patients awaiting admission to the NRH. With an increasing demand for inpatient beds, patients in acute hospital settings have experienced a significant increase in waiting times. 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.



Programme Manager

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

Clinical Services delivered within the Brain Injury Programme include:

- **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 Harvey Mallory**, **Dr Paul Carroll** and **Dr Jacqui Stow**. **Dr Eugene Wallace**, **Dr Raymond Carson** and **Dr John McFarlane** provide rehabilitation input on behalf of NRH in major referring hospitals in Dublin and Cork respectively. **Dr Áine Carroll** returned from secondment as National Director of Clinical Strategy and Programmes at the HSE to her role as Professor of Integrated Care. A rotating team of NCHDs continue to provide medical support at the NRH.

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

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

- **Clinical Psychology**

The clinical neuropsychology service to the Brain Injury Programme includes a suite of services from assessment to psychotherapy to supporting situations that challenge by using Positive Behaviour Support with teams and patients. The most frequent psychological issues are complex mood and adjustment disorders, queries about decision making capacity, systems that challenge patients and teams and all of these may be in the presence of long-standing psychological vulnerability.

In 2018, a Senior Clinical Neuropsychologist was deployed from the inpatient to outpatient psychology to manage and validate the existing waiting list. During an eight month period, a 40% reduction was achieved in the number of outpatients waiting to access Psychology, lending evidence for the effectiveness of a systematic triage in facilitating timely and person-centred interventions tailored for the unique needs of each patient.

- **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 Prolonged 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. Dietetic intervention is also required in reducing risk factors associated with brain injury. 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. Increasing complexity of referrals and routine referral for secondary prevention education has increased the demand for the service, which may result in delays.

- **Occupational Therapy**

The number of patients presenting with complex brain injury was noted to increase this year. The team observed an increase in the number of patients with Locked-in Syndrome, neuro-behavioural problems and high levels of dependency. The Bioness Integrated Therapy System (BITS) was purchased and is a valuable addition to the modalities in the Occupational Therapy (OT) department. New groups were developed by the brain injury team including the 'vision rehab' and 'managing fatigue' groups. The Prolonged Disorders of Consciousness service participated in research with the University of Ulster and will begin a study in 2019 to investigate the need for specific training to use specialist assessment tools. In response to the challenges with staffing, the team developed a tool to assist with monitoring capacity within the service, to assist with service planning and delivery.

- **Pharmacy**

Pharmacists counsel patients in the Brain Injury Programme on their medications and an individual Medicine List is provided to each patient. Pharmacists attend Consultant ward rounds and Medicines Prescription Administration Record (MPAR) reviews, advising on medications and optimising treatment. Quarterly 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 comprehensive, highly skilled service across the Brain Injury Programme. Physiotherapy provides individual sessions, Graded Repetitive Arm Strengthening Programme (GRASP) upper-limb group practice and supports Sports & Exercise Physiotherapy group sessions. The team continues to act as a resource to physiotherapists nationally and delivers courses nationwide based on local needs. 2018 saw the introduction of Independent Exercise sessions appropriate for a small cohort of patients. An upper-limb group targeting patients unlikely to recover functional hand use commenced with Occupational Therapy colleagues. There was also a reconfiguration of services provided to Prolonged Disorders of Consciousness (PDoC) patients in preparation for moving to the new hospital.

- **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 BIP patients. 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 (BIP) provide the Brain Injury Awareness for Friends and Family (BIAFF) Programme and participate in other committees including the Behavioural Consultancy Forum, and the Disorders of Consciousness Working Group. Social Work staffing levels in the BIP were under resourced throughout most of 2018. This situation coupled with the increasing amount of 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 Social Work service is offered to all patients attending the inpatient BIP. There is a limited social work service available for Outpatient services.

- **Speech and Language Therapy**

The Speech and Language Therapy (SLT) Department works within the Brain Injury Programme to manage the communication and swallowing needs of patients. The SLT team continually monitor and review treatment and management plans to recognise and respond to the changing needs of patients, families and carers, including how treatment goals and patients' choices may change at different stages of illness and disability. In addition to weekly chart rounds, therapists contribute to goal setting and family and discharge conferences, often supporting and facilitating patients with communication difficulties to participate in these meetings.

- **Therapeutic Recreation Service**

The NRH Therapeutic Recreation Service encourages and facilitates patients' participation in leisure and recreation activities. It provides an opportunity to explore how they can return to hobbies or interests they enjoyed before their injury, or to explore new leisure pursuits. The ultimate aim is reintegration back into their community through involvement in hobbies or interests.

- **Music Therapy**

Music Therapy is an evidence-based profession using psychoanalytic theories to inform the therapy process by observing how the patient interacts with the environment, the therapist and the music. A three year music therapy study commenced in the Brain Injury Programme in September 2018. Shane Cassidy, Music Therapy PhD candidate, is investigating the impact of Neurologic Music Therapy sensorimotor techniques on the physical rehabilitation (gait) and mood among adults and paediatric patients with an acquired brain injury.



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 33 beds in 2018) and an Outpatient phase with the capacity to see patients in interdisciplinary clinics, consultant led clinics and single therapy treatments. Linkages to community services include 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 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 20 athletes taking part in a competitive events.

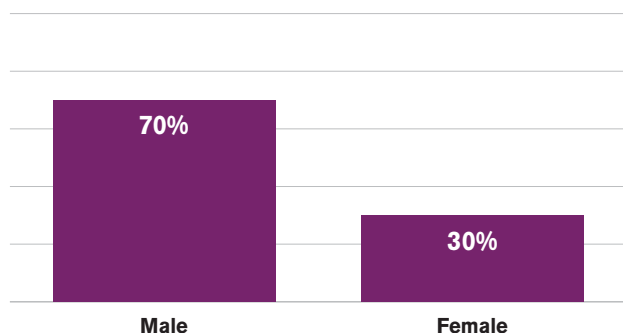


Demographics, Activity and Outcomes for Inpatient Services – 2018

DEMOGRAPHICS & ACTIVITY

In total 129 persons were discharged in 2018 from the SCSC Programme. Of these patients, 122 patients were admitted for a full goal setting rehabilitation programme (Comprehensive Integrated Inpatient Rehabilitation Programme). 48% of these were for a traumatic spinal cord injury, 46% for non-traumatic and 6% for neuropathies and various neurological disorders.

GENDER OF INPATIENTS DISCHARGED BY THE SCSC PROGRAMME IN 2018



AGE PROFILE OF INPATIENTS DISCHARGED BY THE SCSC PROGRAMME IN 2018

Average age	51 years
Lower age range	16 years
Higher age range	84 years

Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE PROGRAMME

Indicator	Target Set – 2018	Outcome – 2018	Note / Trend
Average Days Waiting for Admission	Target: Admission of patients within 60 days	The average days waiting for admission was 77 days	Days waiting for admission have continued to increase on an annual basis. There has been a 71% increase since 2014.
Average Rehabilitation Length of Stay (LOS)	Target: Average length of stay less than 90 days	Average LOS was 85 days	The LOS in the SCSC Programme is negatively impacted when a number of patients must wait for long periods to access onward care.
Delayed Discharges	Target: To lose less than 8% of bed days to delayed discharges	Days lost to Delayed Discharges amounted to 1461 (13.4%) of bed days in 2018	'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. Compared to 2017 there were 151 less days lost to delayed discharge in 2018.
Discharge to Home Rate	Target: To discharge at least 75% of patients to home	73% of patients were discharged home	14% of patients were discharged back to the acute referring hospital in 2018. 13% of patients were discharged to long term residential care.

SCSC Programme Highlights in 2018

- 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)
- Following the success of the Mind-the-Gap pre-discharge survey, ASPIRE (UK) offered to expand the project to include a follow up component which is currently being piloted. A report on the project was presented at Grand Rounds in June 2018.
- Established SCSC Programme annual events that took place in 2018 included;
 - Participation in the UK Inter Unit Spinal Games (April)
 - 8th Annual Reunion for Women with Spinal Cord Injury (May)
 - 6th Annual NRH Spinal Sports Championships (September)
 - 2nd SCI Healthcare Professionals Day (October)
 - 2nd Focus on Farmers Day (November)
- In collaboration with the Mater Hospital the appointment of a Consultant Intensivist enabled an education programme, training and clinical governance to be in place in preparation for the admission of ventilator dependent spinal cord injured patients.
- Our nursing colleagues won poster prizes at both the 2018 Spinal Cord Injury Nurses Conference in Berlin for their poster entitled 'A Retrospective Study on Suprapubic Catheter Insertion in Spinal Cord Patients under Local Anaesthetic' and at the Multidisciplinary Association for Spinal Cord injury Professionals (MASCIP) 20th Annual Conference in the UK for the poster entitled 'What Happens Below...When The Belt Gets Broken'.

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 93% in 2018.

As in past years, significant fundraising was undertaken by individuals and groups in 2018 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.

Medical Director's Report

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

In 2018, substantial progress was made towards the admission of spinal cord injured patients who are ventilator dependent. Dr Mairead Hayes, Consultant Intensivist, commenced her new role in the Spring. This is a joint post between the Mater Hospital and the NRH. Dr Hayes designed and implemented a structured education programme for all relevant staff on ventilatory care for SCI patients. A formal camera and audio link between St. Margaret's ward and the Mater Intensive Care Unit also became operational. New equipment was purchased to allow for appropriate patient monitoring.

Patients with the highest care needs in the aftermath of their injuries, remain poorly served by local HSE services. Funding for home care packages remains an arduous process, often followed by difficulty recruiting carers in patients' localities. Housing adaptations can also be delayed by limited funding for housing adaptation grants and local policies over the roles of occupational therapists. This contributes substantially to the loss of bed days due to delayed discharges described above, which is also a huge source of distress to patients and their families. Work continues between the SCSC programme and the HSE to try to overcome these difficulties.



Clinical Services delivered within the SCSC Programme include:

- **Medical**

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

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

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

- **Clinical Psychology**

The psychology service to the SCSC programme was increased by 0.5 WTE with the welcome appointment of Dr Claire Keogh early in 2018. Clinical Psychologists, took the lead in educating patients and professionals on emotional adjustment following SCI at the Healthcare Professionals day, the Annual Reunion for Women with SCI and the 'Focus on Farmers' day. Weekly staff support sessions on each spinal ward have been initiated to encourage reflective practice in relation to the clinical challenges experienced by all staff.

- **Spinal Injury Liaison Service**

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

Dietetic intervention focuses on ensuring that patients are well nourished in the initial rehabilitation phase, and as recovery progresses, the focus shifts to address issues with long term health. At present, the service is provided to inpatients of the SCSC programme only.

- **Occupational Therapy**

Occupational Therapy (OT) in the SCSC programme involves functional assessment and personalised intervention programme for patients, to enable them to become independent, return home, integrate with community and return to meaningful occupation. In line with the increased complexity and increased number of incomplete SCI, OTs worked closely with community services and the Central Remedial Clinic to address power mobility needs of our patients. Interdisciplinary initiatives with physiotherapy and nursing focused on therapeutic interventions at ward level for self-care activities. Other service developments included the Tetra Self-Management Group 'Know Your Own Care' for patients and families; Wheelchair Skills Training Pilot targeting lower and higher level wheelchair skills; Behavioural Working Group supporting staff in relation to challenging behaviours and Driving Lessons for patients whilst seated in a powered wheelchair with the Irish Wheelchair Association.

- **Pharmacy**

All medications are reconciled on admission and discharge to ensure that the medication list is accurate at transitions of care. Pharmacists work as part of an interdisciplinary team and attend Consultant ward rounds advising patients and staff on medications. Individual medication counselling is offered also and all patients are provided with an individual Medicine List. Group education sessions are provided to all SCSC patients on 'Medication' and 'Spasticity'.

- **Physiotherapy**

The SCSC physiotherapy team continued to deliver a specialised quality interdisciplinary service despite building works adjacent to the gym throughout 2018. There was minimal disruption to the service users. Interdisciplinary work continued with joint groups and ward-based activities with our OT colleagues. A Health Promotion initiative, the 'Health Hub' was developed by physiotherapists and dietetics which aims to encourage proactive healthy living for people following SCI. Another key development in 2018 was the out of hours 'Independent Exercise Group' which was supervised by volunteers to encourage healthy living and exercise post discharge. The spinal physiotherapy team were also involved in several educational initiatives delivering lectures to other hospitals, universities and organising an onsite educational day for our community counterparts.

- **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. The X-ray room has a state-of-the-art, low height, ergonomically designed Digital Radiography X-Ray Unit and table for self-transfer of patients with spinal injuries.

- **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. Pre-admission and outreach visits are completed in consultation with Interdisciplinary Teams and the Discharge Liaison Occupational Therapist (DLOT). Social Workers on the spinal programme were involved in various patient and family information and educational events in 2018. The intense negotiations in relation to discharge planning and funding continue to be a major challenge for the Social Work team.

- **Speech & Language Therapy**

The Speech and Language Therapy (SLT) Department offers assessment, diagnosis and treatment of their dysphagia and communication needs to patients in the SCSC programme. Patients have access to Fiberoptic Endoscopic Evaluation of Swallowing (FEES) and Audiology screening on site. The SLT SCSC service collaborated with a respiratory physiotherapist in a study of dysphagia in Cervical SCI for a Master's degree. Six patients underwent a FEES examination in 2018 for the purpose of this research.

- **Therapeutic Recreation Service**

The NRH Therapeutic Recreation Service encourages and facilitates patients' participation in leisure and recreation activities. It provides an opportunity to explore how they can return to hobbies or interests they enjoyed before their injury, or to explore new leisure pursuits. The ultimate aim is reintegration back into their community through 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



Aoife Langton
Programme Manager

The Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programme provided prosthetic rehabilitation for people with both amputation and congenital limb absence throughout 2018. Dr Jacqui Stow provides consultant cover for both Inpatients, Day-patients and Interdisciplinary team clinics. Dr Ryall provides specialist Upper Limb and Complex Cases Clinics.

The feedback received from patients throughout 2018 has been hugely positive, praising the dedication and expertise of the staff in the POLAR programme.

Demographics, Activity and Outcomes for Inpatient and Day-patient Services in 2018

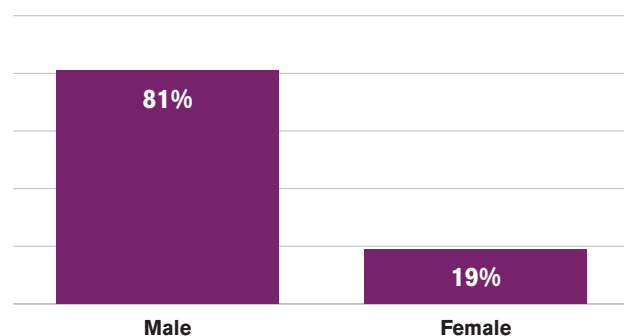
In total 110 patients were discharged from the POLAR Programme in 2018. Of these patients, 69 were from the inpatient programme (a 10 bedded ward) and 41 patients were from the POLAR Day service which is offered four days a week with seven places.

DEMOGRAPHICS & ACTIVITY

Types of Amputation (relating to Inpatient and Day-patient services)	Numbers of patients	%
Below knee	52	47
Above knee	44	40
Bilateral lower limb	12	11
Upper limb	0	0
Through knee	1	1
Through hip	1	1
Total	110	100%

The following graphs show, for Inpatients and Day-patients to the service in 2018, the breakdown of gender, and average age profile.

GENDER OF INPATIENTS AND DAY-PATIENTS DISCHARGED BY THE POLAR PROGRAMME IN 2018



AGE PROFILE OF INPATIENTS AND DAY-PATIENTS DISCHARGED BY THE POLAR PROGRAMME IN 2018

Average age	59 years
Lower age range	24 years
Higher age range	87 years



Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE INPATIENT PROGRAMME

Indicator	Target Set – 2018	Outcome	Note / Trend
Average Days Waiting for Admission	Admission of patients within 40 days	Average wait for admission was 37 days	Key Performance Indicator (KPI) achieved
Average Rehabilitation Length of Stay (LOS)	Less than 60 days	Average LOS was 69 days	Patient complexity has increased and as such this has increased the patients LOS
Delayed Discharges	Less than 1% of bed days lost to delayed discharges	0.02 %	KPI achieved
% of CIIRP* patients who improve Barthel Score	90% of CIIRP patients will improve Barthel Score	87% achieved an increase in Barthel Score	The introduction of a trial of 2 week assessment bed has possibly impacted on this outcome measure as these would not be expected to have an increase in outcome measure

*Comprehensive Integrated Inpatient Rehabilitation Programme

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

Indicator	Target Set – 2018	Outcome	Note / Trend
Average Days Waiting for Admission	Admission of patients within 30 days	Average waiting for admission was 28 days	KPI achieved
Average Rehabilitation Length of Stay (LOS)	Less than 70 days	Average LOS was 56 days	KPI achieved
% of patients who improve Barthel Score	90% of patients will improve Barthel Score	76% achieved an increase in Barthel Score	

Programme Developments in 2018

COMMUNICATION STRATEGY

The NRH POLAR team along with our strategic partner Ability Matters engaged with external stakeholders (senior management in the HSE, acute hospitals and community colleagues) 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 2019.

OUTREACH

- The 'progressing patient care' meetings offer an opportunity to discuss patients seen at the prosthetic lead satellite clinics with the Rehabilitation Consultant and the Programme Manager. It allows time to discuss patients who for numerous reasons remain on the REHAPP work in progress list. This initiative aims to improve patients' timely access to care and ultimately improve their rehabilitation outcomes.
- In line with our new CARF guidelines Ability Matters have agreed to record a durable outcome measure at each review – three, six and twelve month and yearly reviews thereafter. This will allow the team to assess whether a patient has maintained gains made during rehabilitation when they are discharged home to the community, and for how long.

- A six week joint consultant and prosthetics Galway Satellite Clinic commenced in the latter half of 2018. This initiative ensures that patients have local access to their care and prevents the need for travel. The POLAR Programme continues to lead out on community outreach and satellite clinics throughout the country. Clinics are based in Galway on a weekly basis, and a monthly clinic occurs in Carrick on Shannon, Letterkenny and Castlebar.

NEW SERVICE DEVELOPMENTS

A trial Interdisciplinary Team (IDT) inpatient assessment bed began in 2018. The aim of this is to ensure that patients are admitted in a timely fashion and assists us in managing expectations, refining timely access to rehabilitation and improving patient outcomes.

RESEARCH

Research was undertaken by Dr Richard Lombard-Vance (PhD Psychology Researcher), Dr Fiadhnaí O'Keeffe (former NRH Clinical Neuropsychologist) and Dr Nicola Ryall; a collaboration between Psychology at the NRH, the POLAR Programme and DCU. The publication title is 'Comprehensive Neuropsychological Assessment of Cognitive Functioning of Adults with Lower Limb Amputation in Rehabilitation'. A national survey on practice of management of Phantom limb pain among physiotherapists and occupational therapists was also completed.

PATIENT EDUCATION

- A structured weight management service to patients in the POLAR Programme commenced in 2018
- Peer support training was introduced in 2018 - it is hoped that these individuals will be in a position to support new patients admitted to the POLAR Programme
- A 'Ladies Day' was hosted to support women who have an established limb loss. Women had the opportunity to share their experiences and reflect on the challenges and achievements they encountered in adjusting to limb loss and life as a prosthetic user.
- A staff survey on their knowledge of diabetes was completed by our dietician to inform requirements for specialist diabetes support and education

Strategic Partnership between the NRH and Ability Matters Group (AMG)

The Strategic Partnership Agreement continues to provide strategic oversight and governance of the POLAR Programme. Clinical and managerial relationships strengthened throughout 2018 in the best interests of safe and high quality patient care. The Strategic Partnership Meetings have been greatly beneficial in enhancing the current service provision and planning new initiatives.

Activity levels were high for AMG across the NRH and Satellite Clinics. To accommodate this, we welcomed two dual qualified Prosthetists/Orthotists and as part of the Clinical Graduate Programme we employed a newly qualified Prosthetist/Orthotist. The programme has been very rewarding for both students and AMG alike as it provides continuous professional development and an opportunity for new graduates to expand their skills on the front line and within the POLAR scope of service model. To further support the administration function, we now have a Business Graduate Programme and a new administration post.

PROSTHETIC SERVICE

There were a total of 5,132 attendances in 2018 to prosthetic clinics. As well as our management of established patients, Ability Matters received 211 new prosthetic referrals in 2018. Of the 211 patients assessed and reviewed, 116 patients were deemed suitable for prosthetics and prescriptions were raised to assist with their care plan.

ORTHOTICS SERVICE

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

Our Orthotists specialise in whole body orthotics and combine traditional assessment methods with state-of-the-art technology to provide premium quality orthotic devices. A full patient assessment enables our clinicians to understand and determine the type of orthotic device required, allowing patients to function to the best of their ability. Our clinicians prescribe a full range of bespoke and off-the-shelf orthoses, manufactured by hand or through our advanced robotic machinery.

There were 617 attendances to the orthotic clinic. Patient feedback has been positive and we look forward to developing this service in the future.



ACTIVITY DATA FOR 2018

Reason for Appointment	Patients Attended	Reason for Appointment	Patients Attended
Review	238	Fitting/Delivery	122
Annual Review	1	Meeting	21
Assessment	92	Phone Call	24
Casting	72	Emergency Repair	1
Fitting	38	General Repair	8
Total 617			

Programme Manager

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

Clinical Services delivered within the POLAR Programme Include:

- **Medical**

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

- **Nursing (McAuley Ward)**

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

- **Clinical Psychology**

The psychological service to patients at the POLAR programme focuses on issues related to psychological distress associated with traumatic or elective events leading to limb loss, psychological readiness to manage a prosthetic limb and the presence of concomitant disease that may compromise cognitive function and phantom limb pain.

A feature of the POLAR programme is the need for multiple contacts and admissions throughout the rehabilitation journey. The implications of this for the psychology service is to ensure that, as required, there is opportunity for the patient, their family and the clinical team to access psychology services as required during this time.

- **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, with a limited service to Outpatients. 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 and through POLAR 'Healthwise Talks'.

- **Occupational Therapy**

In 2018 Occupational Therapy supported the priorities of the POLAR service by attending the established clinic for prosthetic lower limb patients, completing pre-admission visits to acute referring hospitals and post discharge outreach visits. The OT service continues to serve 17 lower limb patients between inpatients and day patients on a weekly basis, the primary assessment clinic for lower limb patients three times per month, upper limb assessment clinic once a month and direct input to upper limb outpatients alongside the prosthetist.

- **Pharmacy**

All medications are reconciled on admission and discharge to ensure that the medication list is accurate at transitions of care. Pharmacists work as part of an interdisciplinary team and attend Consultant ward rounds advising patients and staff on medications. Individual medication counselling is offered also and all patients are provided with an individual Medicine List. Group education sessions on 'Medications' are provided to all POLAR patients.

- **Physiotherapy**

A physiotherapy service is provided across the POLAR Programme. Services include a functional balance class, outpatient assessment clinic, and consultant led IDT assessment clinic. 2018 saw an increase in collaboration with community and acute services via our outreach service. Clinical advice and support were provided via phone calls and emails to local health centres and acute hospitals. A new initiative 'The Gluts Group', encouraged individuals to improve self-management through exercises. Geoffrey Yu was invited as a guest speaker at the Amputee Rehabilitation Study Day in Connolly Hospital.

- **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 Social Work staff who also facilitate sessions on the Peer Support Programme. The focus in 2018 was on enhancing peer support services and two key peer events took place. A Peer Support training day for Volunteers also took place in November. Training was provided to volunteers who are willing to share their experience of limb loss and support new patients admitted to the POLAR Programme. It has proven difficult to recruit Volunteers as many of our patients are elderly with complicated medical histories and ongoing health care needs.

- **Speech and Language Therapy**

The Speech and Language Therapy Department continues to provide audiology, swallowing and voice consultations to patients from the POLAR Programme as required.

- **Therapeutic Recreation Service**

The NRH Therapeutic Recreation Service encourages and facilitates patients' participation in leisure and recreation activities. It provides an opportunity to explore how they can return to hobbies or interests they enjoyed before their injury, or to explore new leisure pursuits. The ultimate aim is reintegration back into their community through involvement in hobbies or interests.



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 eight beds between inpatient and day places. It operates as a five day service. The PAEDS Programme encapsulates the specialist rehabilitation services at the NRH, delivering these services to children and young people up to the age of 18 who require a complex specialised interdisciplinary rehabilitation intervention. The Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP) is accredited by The Commission for Accreditation of Rehabilitation Facilities (CARF) and meets international best practice standards. Although it is modest in size, the challenges of the Programme for the experienced Paediatric Team are broad and exacting. The PAEDS's vision of a "rehabilitation without walls" approach has led to a more child and family-centred approach. 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 for 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 and advocate with Health, Therapeutic and Education Authorities in the child's or young person's local communities regarding their ongoing rehabilitation needs
- To offer rehabilitation training and education to family, carers, Teachers, Special Needs Assistants, Personal Assistants and other service providers.

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

Demographics, Activity and Outcomes for PAEDS Services – 2018

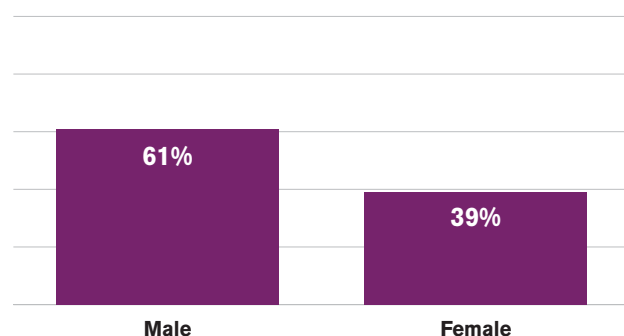
DEMOGRAPHICS & ACTIVITY

In 2018 the Paediatric Family-Centred Rehabilitation Programme served 51 patients as Inpatients or Day-places; 34 were new patients to the programme and 17 had been previously admitted. This lower admission rate is due to the temporary closure of the Inpatient service. There was an increase in Outpatient and Outreach activities during this Inpatient service closure.

Type of Rehabilitation Admission / Activity	Description	Number in 2018
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	23
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	28
Outpatient Treatment and Clinic Services	Spinal Injury Multidisciplinary clinics, ABI clinics, treatment and/or reviews, MDTs, PAEDS/POLAR Open Day, Transition Group	65
OUTREACH Activity (excluding during admission stay)	Pre-admission, post-discharge follow up outreach work	70

The following tables represent the breakdown of gender, and average age profile of the CIIRP patients who attended the service in 2018 for the Full Rehabilitation Programme (PAED 1);

GENDER OF THE CIIRP PATIENTS (FULL REHAB) DISCHARGED BY THE PAEDS PROGRAMME IN 2018



AGE PROFILE OF THE CIIRP PATIENTS (FULL REHAB) DISCHARGED BY THE PAEDS PROGRAMME IN 2018

Average age	11 years
Lower age range	2 years
Higher age range	17 years

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 2018.

Indicator	Target Set – 2018	Outcome	Note / Trend
Discharge Home Rate	75% of the CIIRP patients (full rehab) to be discharged home	96%	1 patient returned to an acute care hospital
Average Days Waiting for Admission	80% of the CIIRP patients (Full Rehab) to be admitted within 90 days.	30% were admitted within 90 days	The average wait was 120 days
Average Rehabilitation Length of Stay	Length of stay of the CIIRP patients (Full Rehab) to be less than 90 days	Average LOS was 68 days	The lowest stay was 8 days and the highest was 142 days
Completion rate of Outcome Measure	95% completion of both the admission and discharge Paediatric Barthel Measure	87% completion of both the admission and discharge Barthel	Two were completed at admission only (due to unexpected discharges)
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 2018

Of the 23 CIIRP patients seen by the PAEDS Programme in 2018, the spread of diagnoses is as follows:

Traumatic Brain Injury (TBI)	Brain Infection	Brain Tumour	Aneurysm, AVM	Subarachnoid Haemorrhage (nonaneurysm, Non AVM)	Other BI	Traumatic Spinal Injury	Other Spinal Injury	Neuro-pathies	Limb Absence	Total
8	2	3	2	0	3	1	2	2	0	23



Programme Developments and Initiatives in 2018

Due to a period of absence of Consultant Paediatrician cover to ensure comprehensive integrated care for the children availing of the paediatric service, the NRH reluctantly suspended Inpatient paediatric services in July. While the Paediatric Programme continued to offer outpatient and outreach services, the suspension of the inpatient service impacted on those who were inpatients at the time of suspension, as well as those on the admission waiting list or newly referred to the services and awaiting assessment.

We acknowledge the impact this decision had on families. Several meetings were held with representatives of all key stakeholders to attempt to resolve the issues. These resulted in the re-establishment of the service by the end of the year.

Members of the Paediatric team gave presentations at a number of conferences throughout 2018 engaging with experts, gaining important insights, establishing new collaborations and promoting the NRH.

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.

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 2018), 14 children returned to mainstream National School, 21 to Secondary Level and 1 to home schooling after their rehabilitation intervention at the NRH.

The PAEDS Programme also continues to offer various talks to parents such as "About the Brain" and "Your Child's Journey through Rehabilitation".

The establishment of a separate paediatric outpatient team to develop and implement fully its outpatient, outreach and community services remains a top priority. This would allow the Paediatric service to align with the adult programmes at the NRH, in keeping with international clinical guidelines. The substantial volume of outpatient and outreach work is indicated in the activities report below.

The PAEDS team continues to work closely with Dr Raymond Carson, Consultant in Rehabilitation Medicine, on the development and implementation of a 'Transition to Adult' Clinic for young people with ABI.

Preparations continue for the transitioning to the stand-alone Paediatric Family-Centred Rehabilitation Unit in the New Hospital build.

The PAEDS Programme gratefully acknowledges the generous support of all its donors throughout 2018.

Programme Manager

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

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

- **Medical**

Consultant Paediatrician Dr Susan Finn is medical lead for the Paediatric-Family Centred Programme, working collaboratively with her Consultant colleagues in Rehabilitation Medicine for patients with needs in relation to limb absence, spinal cord injury, and paediatric patients referred to NRH by Beaumont Hospital.

- **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. All patients and their parents continue to benefit from the Primary Nurse Initiative.

- **Clinical Psychology**

The service provides psychological support to children with Acquired Brain Injury (ABI), Spinal Cord Injury (SCI) and limb absence as well as the children of adult patients. During 2018, key developments have included the increased provision of day-patient, outpatient and outreach services to children while maintaining the inpatient service. Clinics have also been established addressing issues which can occur for children and their families during times of transition for example from primary to secondary school and from child to adult rehabilitation services. To support these services the capacity of the psychology service to the Paediatric Programme was increased by 0.5 WTE in 2018. 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).

- **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. 2018 brought new challenges with increasing demand on the role due the suspension of the inpatient service which impacted on the waiting time for admission. It was important to continue liaison with the referring hospitals and families while providing ongoing support and advice where necessary. In preparation for clinics, the liaison service plays an active role in gathering relevant information for the attendees, sourced from home, school and community services. Training and education on ABI and SCI is provided to parents, carers and nursing colleagues in the community, other hospitals and schools including a DCU Neuroscience Nursing Module and National Paediatric Continence Group.

- **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 interact with the environment, the therapist and the music. Research work continues with the Music Therapy Assessment Tool for Awareness in Disorders of Consciousness (MATADOC) project for use with the minimally responsive paediatric population. Shane Cassidy, Music Therapy PhD candidate, is currently investigating with us the impact of Neurologic Music Therapy sensorimotor techniques on gait and mood among adults and paediatric patients with an acquired brain injury.

- **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. Meeting the increasingly complex nutritional needs of children referred poses challenges in light of a limited service allocation. In collaboration with SLT the Paediatric Service Dietician presented a poster on 'The Active Management of Dysphagia in Paediatric Acquired Brain Injury' at the 3rd International Conference on Acquired Brain Injury.

- **Occupational Therapy (OT)**

OT have contributed significantly to the design of spaces within the New Hospital which we eagerly await. They have also continued to network nationally with community and acute hospital colleagues to share knowledge and learning across the continuum of care through national networks. OT presented on 'the functional implications following a Paediatric SCI' at the SCI Education Day and on 'a parents experience of being supported by our service' at the International Conference of Paediatric Acquired Brain Injury.



- **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 and advice on dosing and sourcing medications. All patients are provided with medications for their therapeutic leave as part of their rehabilitation.

- **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. This year saw an increase in outreach contact with patients through home and school visits.

- **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. Bone densitometry (DXA) software (for age 3-19 years) uses low dose techniques to monitor bone density in at-risk children. X-rays are occasionally used in the assessment of scoliosis, but overall Ultrasound is most appropriate for use in the paediatric service.

- **Social Work**

The role of the Social Worker for the PAEDS 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.

- **Speech & Language Therapy**

The Paediatric SLT Service delivers a broad range of services including intensive inpatient interventions, outpatient clinics along with pre-admission and post-discharge outreach and outpatient treatment services. The Paediatric Programme was granted funding from Early Childhood Ireland to develop an IDT 'Playhab' App - an online resource for younger children presenting with Acquired Brain Injury.

📌 Members of the Paediatric Team presented at a number of conferences throughout 2018 engaging with experts, gaining important insights, establishing new collaborations and promoting and enhancing awareness of the work of the NRH. 📌

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

Pre-hospital HSE areas of Residence of patients admitted to the NRH	BI	SCSC	POLAR Inpatient	POLAR DAY	PAEDS
CHO Area 1 – Donegal Local Health Office (LHO), Sligo/Leitrim/West Cavan LHO and Cavan/Monaghan LHO	15	13	10	1	2
CHO Area 2 – Galway, Roscommon and Mayo LHOs	27	8	12	1	1
CHO Area 3 – Clare LHO, Limerick LHO and North Tipperary/East Limerick LHO	13	13	3	0	0
CHO Area 4 – Kerry LHO, North Cork LHO, North Lee LHO, South Lee LHO and West Cork LHO	19	13	2	0	3
CHO Area 5 – South Tipperary LHO, Carlow/Kilkenny LHO, Waterford LHO and Wexford LHO	30	11	5	4	4
CHO Area 6 – Wicklow LHO, Dun Laoghaire LHO and Dublin South East LHO	13	16	6	13	1
CHO Area 7 – Kildare/West Wicklow LHO, Dublin West LHO, Dublin South City LHO and Dublin South West LHO	28	12	11	11	7
CHO Area 8 – Laois/Offaly LHO, Longford/Westmeath LHO, Louth LHO and Meath LHO	40	23	16	7	2
CHO Area 9 – Dublin North LHO, Dublin North Central LHO and Dublin West LHO	26	13	4	4	3
	211	122	69	41	23



Occupational Therapy session for the Paediatric Programme.



Section 3 Clinical Services Provided Across All Programmes



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



Rosie Kelly
Physiotherapy Manager



Frances Campbell
Director of Nursing



Aoife Henn
A/Speech & Language
Therapy Manager



Clare Hudson
Deputising for Aoife Henn
in 2018



Lisa Held
Occupational Therapy Manager



Alison McCann
Deputising for Lisa Held in 2018



Michael Brogan
Occupational Therapy Manager



Anne Marie McDonnell
Outpatients Department
Programme Manager



Dr Jacintha More O'Ferrall
Consultant in Occupational
Health



Stuart McKeever
Therapeutic Recreational
Specialist



Dr Brian McGlone
Consultant Radiologist



Mr Robert Flynn
Consultant Urologist



Catherine O'Neill
CNMII Infection Prevention
and Control



Amanda Carty
Outpatients Department
Programme Manager



Maureen Gallagher
A/Rehabilitative Training
Unit Manager



Sheena Cheyne
Chief II Pharmacist

Department of Nursing

FRANCES CAMPBELL
DIRECTOR OF NURSING

The priority for nurse management is to ensure that we have the correct number of staff with the correct skills to provide safe, quality, patient-centred care, while at the same time ensuring efficiency and cost effectiveness. With this aim, nurse management carried out a full review of our ways of working to develop the management team and strengthen team effectiveness. The Interim Report and Recommendations by the Taskforce on Staffing and Skill Mix for Nursing (2016) and the Rehabilitation Complexity Score were used to ensure this quality care is provided. Nursing Management also worked with the Finance Department to agree on a staff ceiling which will allow the department to function efficiently and effectively, without continuous recourse to agency staff and overtime.

A new Nurse Management structure was designed with the help and support of the Nurse Management Practice Development Unit in the HSE. As a result of this support, Liz Maume joined the Nurse Management Department as Assistant Director of Nursing (ADON). This is a new and comprehensive structure where each ADON will work within specific rehabilitation programmes and nursing areas as well as engaging effectively with all other hospital functions and supports.

Although in the early stages of this new structure, we now have more timely information to better manage costly agency and relief staff. This is helping us plan and manage resources more effectively.

The review highlighted the recognised need for robust, documented and auditable processes. Policies and procedures were developed which can be audited to demonstrate improvements in 2019. Each ADON has responsibility for nursing management, operations management, workforce planning and service planning, management and oversight. This new structure will also help the Nursing Department to prepare for the major change that the move to the New Hospital will bring.

The Nursing Department had a significant turnover of staff in 2018. To our retired staff, I wish all of them health and happiness on their retirements. We welcome our new staff and wish them well on their new venture into rehabilitation nursing.

I wish to acknowledge the commitment of staff who embraced change in 2018, particularly with the planning and development of a Clinical Rehabilitation Management System.

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

BED MANAGEMENT AND PATIENT FLOW

LIZ MAUME
ASSISTANT DIRECTOR OF NURSING

Part of the Nursing Management role is overseeing bed management and patient flow. We endeavour to ensure that we achieve full bed occupancy on a continuous basis. Liz Maume worked closely with CNM2s and all stakeholders to improve the efficiency of the admission process in 2018. Many areas have been identified as barriers to the timely filling of beds – improvement plans and systems of work are being delivered including the development of a simple electronic patient flow record capturing the length of time a bed remains empty.



Wards – Spinal Cord System of Care

ST MARGARET'S WARD, ST JOSEPH'S WARD AND OUR LADY'S WARD

Skilled rehabilitation nurses have a unique place within the rehabilitation team and are an integral part of the interdisciplinary team. They have 24-hour contact with patients, and this provides unique opportunities with regards to information gathered, observations made and the therapeutic use of this contact time. The increasing complexity and dependency of patients admitted through the Spinal Cord System of Care continued through 2018. This continues to present many challenges for the nursing staff on all the spinal wards.

New Developments

2018 saw the appointment between the NRH and MMUH of Consultant Intensivist Dr Mairead Hayes and Spinal Liaison Nurse Siobhan O'Driscoll. A comprehensive education and training programme was developed for the management of Spinal Cord Patients with severe respiratory compromise.

Wards – Brain Injury Programme

ST PATRICK'S WARD, ST BRIGID'S WARD, ST GABRIEL'S WARD AND ST CAMILLUS WARD

Despite many challenges in 2018 including the increased complexity of patient care needs, all staff worked together to assist patients to achieve functional independence, while continuing to maintain a high standard of care. The nursing staff, working with time restrictions, and staffing level challenges, successfully provided the following education in 2018; Productive Ward; Stroke Prevention Programme; Blood Pressure and Blood Sugar Self - Monitoring Education; Malnutrition Universal Screening Tool screening; National Early Warning Score and Nursing Documentation Audit.

The positive interdisciplinary team (IDT) approach is an integral part of successfully delivering results and accompanying our patients on their rehabilitation journey. This is evidenced in improvements to the IDT conference format on St Brigid's Ward. A behaviour daily huddle commenced in 2018 on St Patrick's Ward as part of an IDT development plan. This serves to ensure consistency and carryover of behavioural strategies and to identify issues early to enable the team to promptly put plans in place.

Paediatric Programme Ward

ST AGNES' WARD

During 2018 St Agnes Ward was impacted by the suspension of our eight bedded Inpatient service. This created a challenge for the nursing staff and healthcare assistants. A special thank you for their commitment, patience, dedication and professionalism which they displayed throughout. CNMII Rita O'Connor was seconded to the new Clinical Rehabilitation Management System (CRMS) Project where she took up the post of CRMS Project Clinical Nursing Workstream Lead. Maria Fuller was appointed as Acting CNMII.

Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programme Ward

MCAULEY WARD

McAuley Ward consists of a ten bedded unit caring for Inpatients from the POLAR Programme. The ward also accommodates seven day patients from the POLAR Day Programme. In 2018, 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 in the POLAR programme.

NURSING EDUCATION DEPARTMENT

LIZ CROXON
MARY FEENEY
CLINICAL FACILITATORS

Nursing Students

UNDERGRADUATE NURSING DEGREE PROGRAMME

A total of 52 placements were facilitated for students from University College Dublin (UCD) in 2018.

POST GRADUATE CERTIFICATE IN SPINAL COLUMN AND SPINAL CORD INJURY NURSING

This Clinical Professional Development Programme is a collaboration between the NRH, the Mater University Hospital, and UCD. This course leads to a certificate at level 8 with UCD awarding 10 credits. Five nurses completed the course.

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. The Nursing Education Department supports staff through their studies and assessment for the clinical component of the course.

Nursing Courses delivered in the NRH open to Community Nurses

The NRH provides education to nursing staff in the community in order to support our patient population both pre and post discharge. The hospital works together with the community to promote best practice for our client population.

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

This training was delivered both within the NRH and externally in 2018. Ten courses were delivered to both NRH and community nurses providing essential 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 fifteen nurses from the community to assist in establishing training in their practice area. The course enables individual nurses to develop their skills and competence in a supportive environment and 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. Three courses were facilitated in 2018.

PRESSURE ULCERS TO ZERO – NATIONAL QUALITY IMPROVEMENT (QI) COLLABORATIVE

The NRH continues to participate in the National QI Programme 'Pressure Ulcer to Zero'. Data is reported to Quality Safety and Risk Committee twice a year. Our aim is to embed this project and develop an effective and efficient data management system to support and maintain its sustainability.



New Initiatives

HSE Seasonal Influenza Peer Vaccination Programme: Collaborating with St Vincent's University Hospital four staff were trained as peer vaccinators with a view to meeting the HSE annual target for staff vaccination.

Staff Nurse Induction Programme: Induction for Staff Nurses was amended in 2018 to include orientation to all four rehabilitation programmes. A total of fourteen nurses completed induction.

Health Care Assistants (HCAs) Induction Programme: An induction programme for HCAs was introduced in 2018. This programme aims to orientate new HCA staff and give easy access to necessary information to function effectively as a team member.

Animation video project: 'The Practical Management of a Bowel Programme for the Spinal Cord Injury population.' This educational video is now available on the NRH website. A booklet and DVD are also available on request to patients and external healthcare professionals. The team acknowledge the collaborative effort of all departments in bringing this project to fruition.

Clinical Practice Support: Clinical practice support meetings are held to provide support in advancing evidence based practice in the clinical environment. Appropriate education and professional development for staff was identified and facilitated.

Practice Development: Nursing Education contributed to practice development by collaborating with interdisciplinary colleagues - formulating and contributing to policies, procedures and guidelines including intravenous medication administration, medication management and peer vaccination.

Administration of Intravenous Medication for Nurses: Collaborating with St. Vincent's Healthcare Group, thirteen Registered Nurses completed the above course.

Basic Life Support Instructors Course: An additional four staff were trained as Basic Life Support Instructors in 2018.



Siobhan O'Driscoll, Paula Keane, Frances Campbell and Sinthya Lewis pictured at the MASCIP Conference in Loughborough.

INFECTION PREVENTION & CONTROL DEPARTMENT

DR SINÉAD MCNICHOLAS
CONSULTANT MICROBIOLOGIST

CATHERINE O'NEILL
CNS INFECTION PREVENTION AND CONTROL

The Infection Prevention and Control (IPC) team consists of Dr Sinéad McNicholas, Consultant Microbiologist, and Catherine O'Neill, Infection Prevention and Control Clinical Nurse Specialist. The IPC team oversees infection prevention and control in the NRH, however infection prevention and control is everyone's responsibility. There are many challenges for infection prevention and control in the NRH. The IPC team aim to provide a safe environment for all patients while they participate in a full rehabilitation programme here in the NRH.

Surveillance of infection

Surveillance forms a major component of infection control in the NRH. As the majority of our patients are admitted from other healthcare institutions, large numbers of patients are already colonised with a Multidrug Resistant Organisms (MDRO) on admission. We endeavour to identify any patients with an MDRO once referred, and we also screen all patients on admission for MRSA, VRE, ESBL and CPE. All patients colonised or infected with a MDRO are cared for with appropriate transmission based precautions in order to limit the spread of resistant organisms in the NRH. Monthly updates on surveillance figures are provided to the Hygiene Infection Prevention and Control Committee (HIPCC) and to the Quality, Safety and Risk Committee. Acquisitions of an alert organism in the NRH are reported to the Risk Management Department. Outbreak of any infection will prompt the convening of the Outbreak Committee with the implementation of appropriate measures. Clinically significant blood cultures are also reported to HIPCC and relevant stakeholders.

2018 was a challenging year for infection prevention and control as we saw an increase in the number of influenza cases. There was also an increase in the acquisition of CPE which resulted in the convening of the Outbreak Committee and the closure of a ward for a period of time.

Education

Education is a key component of infection prevention and control in the NRH. Education sessions are held throughout the year on hand hygiene, standard precautions, cleaning, aspergillus prevention, flu, CPE and MDROs. Hand hygiene champions play a key role in educating patients on the importance of hand hygiene both while in hospital and also following their discharge. A short video on hand hygiene for patients was produced in 2018 and has been well received by patients.

New Hospital

Aspergillus containment measures continue as the building works for our new hospital progress. Completion of risk assessment forms, use of HEPA filtered rooms, sealing of windows, use of masks, anti-fungal prophylaxis and education of patients and staff have all played an important role in keeping our patients safe while the building work continues.

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.



SEXUAL WELLBEING SERVICE

PAULINE SHEILS

CLINICAL NURSE SPECIALIST (CNS) IN SEXUAL WELLBEING AND ILLNESS/DISABILITY

The Sexual Wellbeing Service is available to Inpatients and Outpatients of the hospital from all four NRH Rehabilitation Programmes.

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

2018 saw collaboration with the Paediatric Service developing information leaflets for parents of children with acquired brain injury and spinal cord injury. Work is continuing to further develop educational booklets for children of different age groups.

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) invited the CNS to Co-Chair in the writing of their booklet for Women 'Sexual Wellbeing after breast or Pelvic cancer treatments'. This booklet was launched in January 2018 and is circulated nationwide.

Training and Education

Creating awareness of issues around Sexuality and Disability continued to be the driving force to providing education in 2018. Education was delivered to staff both within the NRH and external stakeholders including the Irish Heart Foundation, National Cancer Conference and the Laura Lynn Foundation.

The CNS attended the Foundation Programme in Sexual Health Promotion, a ten day course held by the HSE. Knowledge and resources acquired will be used in further education within the NRH and beyond.

Cardiopulmonary Resuscitation (CPR) Committee

The CPR Committee met every six weeks. CPR scenario training continued throughout the year and staff have found this to be very beneficial to prepare for emergency situations in the hospital.

In 2018 a total of 128 staff were trained in Basic Life Support (BLS) and four in Heart Saver AED. Four new instructors were trained and there is now a focus on increasing number of classes for both the BLS and Heart saver AED training.

Advanced Cardiac Life Support training continues to be provided by an external trainer for all medical staff and Nurses In Charge.

SPINAL NURSE LIAISON SERVICE

SIOBHAN O'DRISCOLL – CNMII

The Spinal Liaison Service is a nurse led, patient focused service offered to all patients referred to the Spinal Cord System of Care Programme and covers the 26 counties of Ireland.

New Developments:

Siobhan O'Driscoll was appointed to the liaison service in February and brings her expertise in the care of spinal cord ventilator dependant patients with spinal cord injuries. This liaison role has a particular focus on developing an 'Integrated Care Pathway for the Management of Spinal Cord Injury' especially in the management of ventilated Spinal Cord Injury patients. Dr Maireád Hayes consultant Intensivist was appointed in April as clinical lead on the ventilated SCI care pathway. A comprehensive education and training programme was devised and delivered to all NRH staff on respiratory management post SCI. Respiratory competencies have been rolled out and will continue to be reviewed and monitored.

Education and Advice:

The Liaison Service provides information, education and advice to all spinal cord injured patients, their families and to healthcare professionals in the acute and community setting. It endeavours to aid in a smooth transition from an acute hospital or home setting to an inpatient stay in the NRH and onwards to the designated place of discharge. The service offers support for both patients and family members. The Liaison Service, through the active delivery of specialised knowledge, helps patients prevent secondary 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 if required. The service is active across the continuum of care from preadmission assessments, inpatient stay, post discharge follow up and lifelong care through a comprehensive annual telehealth clinic.

“ The Liaison Service provides information, education and advice to all spinal cord injured patients, their families and to healthcare professionals in the acute and community setting. ”



UROLOGY SERVICE

MR ROBERT FLYNN – CONSULTANT UROLOGIST

OONAGH CREAM – CNMII

CAROLINE AHERN – CNMI

GEORGINA RICH – SENIOR NURSE

Services Provided

The Urology Service strives to deliver patient focused, comprehensive quality care which has been shaped around our commitment to best practice. The service is available to both Inpatients and Outpatients from each of the Rehabilitation Programmes at the NRH, however the majority continue to come from the Spinal Cord System of Care.

Urology Clinics

CONSULTANT CLINIC

Our Urologist Mr Flynn attends for two clinics per week and sees both Inpatients and Outpatients, with procedures running in parallel with these clinics. In 2018, 449 patients attended these clinics.

NURSE-LED CLINIC (NLC)

The Nurse Led Clinic is a lifelong service for most of our spinal patients who attend on an annual or bi annual basis. The NLC includes a comprehensive assessment, phlebotomy, urine culture, renal ultrasound and KUB 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 2018, 863 patients attended this clinic, an increase of 12% on last year.

URODYNAMICS CLINIC

The Urodynamic Clinic operates one morning per week for Outpatients, with extra clinics during the week to facilitate Inpatients. In 2018 we performed 124 procedures.

FLEXIBLE ENDOSCOPY

This is a very valuable service for our patients who would otherwise have to wait for long periods in general hospitals. In 2018, a total of 46 cystoscopies were performed by our Urologist. We facilitated the Speech and Language Therapy service to perform Fibre-optic Endoscopic Evaluations of Swallow (FEES) procedures.

SUPRAPUBIC CATHETER (SPC) INSERTIONS

We provide education and training to family members, carers and healthcare professionals. Fourteen Suprapubic catheter insertions were performed in 2018.

EDUCATION

Education is provided at each clinic and on an individual basis depending on patient requirements. We also facilitate education with families, carers and healthcare professionals by appointment. We scheduled 127 of these appointments in 2018.

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 1400 telephone calls seeking advice in 2018, an increase of 15% on the previous year.

NEW DEVELOPMENTS

Plans are progressing to reconfigure our procedure room and decontamination area to conform to International Organization for Standardization (ISO) Standards.

QUALITY IMPROVEMENT

The Urology team participated in a research study with the Radiology Department, examining accuracy of bladder scanners and ultrasound equipment. The team are currently developing a Clinical Nurse Specialist pathway in Neuro-Urology for our Urology Nurses.

LIAISON PSYCHIATRY

DR MARIA FRAMPTON
CONSULTANT PSYCHIATRIST

The Liaison Psychiatry Service provides assessment, evaluation and assistance in the treatment of mental health problems across all NRH adult programmes. Some patients have a previous history of mental illness, others develop mental illness either as a direct consequence of their brain injury or in trying to cope with their hugely altered life situation.

Regular monthly meetings and joint assessments are convened with neuropsychology colleagues. Joint assessments, where indicated, are arranged with other members of the interdisciplinary team. Meetings are arranged with family members providing psycho-education and support. Onward referral and liaison with community mental health teams post-discharge is arranged where appropriate.

The production of a podcast interview on positive mental health, the Annual Suicide Awareness Day and regular participation in teaching for staff, undergraduate and postgraduate students have heightened the awareness of positive mental health within the organisation. The liaison psychiatrist was consulted on safety aspects and suicide reduction in the design of the new hospital and is an active member of the hospital Medical Board.



Occupational Health Nurse Rose Curtis accepting the Best Employee Engagement Initiative Award at the Legal Island Irish HR Awards.



Clinical Psychology

DR SIMONE CARTON
HEAD OF CLINICAL PSYCHOLOGY

Overview of the Clinical Psychology Services

Transition and transformation were frequently used words in 2018 at the NRH; transition to a new hospital and accompanying that, the opportunity to transform how the teams of patients and healthcare professionals work together on each rehabilitation programme in a way where the patient, their families and carers are unambiguously centre-stage. Contributing to these changes and plans has been an important part of all of our efforts in 2018 which is expected to proceed with even greater pace into the future.

For the psychologists at the NRH, we are evidence-driven practitioners balancing the competing demands and changes in clinical practice and the health care system, within and external to NRH. In our clinical practice our aim is to lead and educate with a focus on prevention and timely and meaningful support for patients, families and carers and teams. This is all undertaken within a clinical allocation which is substantially below recommended ratios.

In 2018, while contributing to the operational and clinical activity at NRH, we also followed through on projects initiated and lead by members of the psychology team. The central aim of each of these projects was education and support for staff and patients as outlined below.

New services and developments in 2018

CLINICAL SERVICES AND DEVELOPMENTS

Mind Matters: This is a bimonthly psychological adjustment group originally designed for patients from the Brain Injury Programme. In 2018, it was expanded to include patients across all programmes to access psychological support in a shared and safe space. Mind Matters introduces patients to the many psychological issues that can be associated with adjustment to an often unexpected diagnosis and being in hospital, (often for the first time). Patients can share the challenges and opportunities of rehabilitation, allay fears, consider the many emotional reactions associated with the experience of sudden, life changing injuries and acquired disability and provide information on common emotional responses.

Behaviour huddle: This commenced on St. Patrick's ward in 2018 and is an extension of the weekly Behaviour Support meeting facilitated by Dr Simone Carton. It is an opportunity to review each day how we support patients to get the most from their rehabilitation programme.

Positive Approaches to Challenging Events (PACE) is comprised of PACE 1 and PACE 2. PACE was specifically designed for NRH personnel to support them to respond to events that challenge using the model of positive behaviour as well as providing information about staff supports, policies and best practice in how to respond to events that challenge.

In November 2018, PACE 1 became available on-line. PACE 1 is a one hour introduction to PACE for all staff. This on-line module facilitates staff to complete PACE 1 at a time and place convenient to them.

During 2018, PACE 2, was updated and re-launched. PACE 2 is for clinical staff with greater input on clinical practice and staff support.

At the National Health & Social Care Professions Office Innovation & Best Practice Awards, PACE was shortlisted in its category.

The Patient Experience Project (PEP) arose from a donation to the department with the wish to provide information for patients, especially following discharge. Six animations were developed and are used in many aspects of training and education across all services. Following ongoing collaboration with students of Film and Animation at IADT in 2018, a further six short animations were completed in our ongoing 'With Your Head Held High' project. The next stage is to create a triad of information, including a series of vox pops, comprised of the experience of the patient, their family and friends and clinicians in rehabilitation.

These animations were shortlisted for a HSE Excellence Award in February and three animations received 'Social Recognition' Awards in the Dublin Animation Film Festival in October 2018.

Clinical placements: Senior staff hosted specialist elective neuropsychology placements for final year clinical psychology trainees from the NUIG and UL doctoral programmes.

ORGANISATIONAL SERVICES AND DEVELOPMENTS

Service review: During 2018, a service review was undertaken where the focus, in the context of limited resources, was to focus on (1) the transition of the psychology service to the new hospital (2) inter-disciplinary delivery of service, and (3) effectively deliver timely and patient-centred care across NRH programmes.

Academic lead: Dr Simone Carton as Chair of the Academic Steering Group, contributed to the development and recruitment of the new post of Academic Lead for the NRH. This was successfully completed in December 2018 with the appointment of Dr Maeve Nolan.

Behaviour Consultancy Forum (BCF): Dr Simone Carton chairs the BCF and in 2018 presented on behalf of BCF at Grand Rounds the role of the BCF in supporting staff in relation to events that challenge and feedback from incident reports and the differences they can make to practice.

Research and publications

Lombard-Vance, R, O'Keeffe, F, Desmond, D, Coen, R, Ryall, N, & Gallagher, P (2018). *Cognitive functioning in adults with lower limb amputations: A comprehensive neuropsychological assessment approach*. Archives of Physical Medicine and Rehabilitation. DOI:10.1016/j.apmr.2018.07.436

Yasmin Khan's paper is submitted and under review: *"Not a Whole Woman": An Interpretative Phenomenological Analysis of the Lived Experience of Women's Body Image and Sexuality Following Amputation*". Khan, Y W; O'Keeffe, F; Nolan, M; Stow, J; Davenport, J.

Hannah Gallivan, TCD, successfully completed her doctoral thesis on *'The effects of acquired brain injury on counterfactual thinking'* under the clinical supervision of Dr Simone Carton.

Summary of Key Issues

The key challenge for the psychology service is to provide the best service that is innovative and responsive within our current allocation of personnel, which remains at 70% below recommended levels based on data from UK, New Zealand and Australia. In 2018, we analysed NRH data activity data; the recurring theme is the discordance between the demands on the service and the capacity of the personnel to continue to deliver same with current staff patient ratios. Efforts to streamline the delivery of the service to acceptable levels will be the focus for 2019 with an overarching 3-6 year plan for the service.



Dental Service

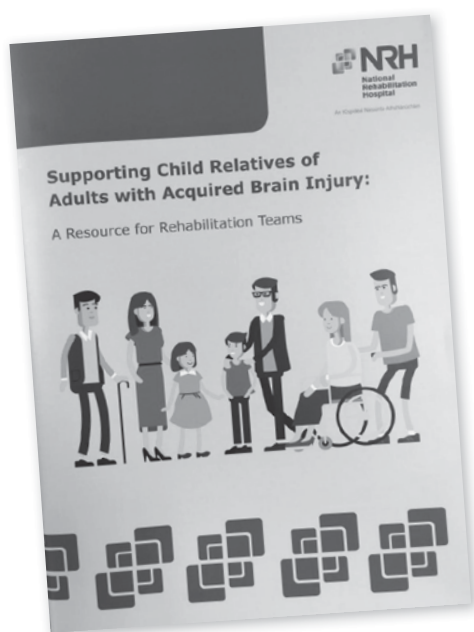
ALASTAIR BOLES

SENIOR DENTAL SURGEON (SPECIAL NEEDS), HSE DÚN LAOGHAIRE

The Dental Unit at the NRH provides a dental service for all 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 treatment for Inpatients is mostly limited to treatment that can be provided within the time available while patients are admitted to the NRH.

In 2018 Inpatient and Outpatient referrals remained consistent with previous years. Outpatients were treated from some community residential units and local nursing homes. Onward referrals of patients being discharged from the hospital are organised to other regions of the country's public dental service as required.

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



We were delighted to launch the resource pack, "Supporting Child Relatives of Adults with Acquired Brain Injury – A Resource for Rehabilitation Teams" in October 2018. This project by Phil Butler, Senior Social Worker, with financial support from the Dr Tom Gregg Bursary Fund, was inspired by the work of Dr Audrey Daisley in the Oxford Centre for Enablement in the UK.

Nutrition & Dietetics

KIM SHEIL
DIETITIAN MANAGER

The aim of nutrition in rehabilitation is twofold. The short-term goal is to optimise the individual's nutritional status in order to ensure that they can derive the maximum benefit from their rehabilitation. In the medium term nutritional interventions aim to reduce the risk of recurrence or development of complications. Nutritional priorities will change throughout the rehabilitation process and beyond. Some individuals commence rehabilitation in a state of under nutrition as a result of the effects of acute trauma, so 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 uses the most recent public health and scientific research and guidance on food, health and disease to guide their interventions. Their aim is to empower and support people to make appropriate lifestyle and food choices for long-term health and disease prevention. The dietitian is the source of evidence based information and expertise on all nutrition matters for patients. All Inpatients attending the NRH can access dietetic services by referral through their healthcare team or at their own request. The dietitian is also responsible for staff education on nutritional matters.

New Services and Developments in 2018

In 2018 a number of exciting new initiatives took place.

- The department was delighted to move to a new location in 2018, with consultation rooms that allow patient consultations to take place in a confidential environment.
- 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. The dietitians played a key role in the rollout of new catering arrangements for the wards.
- Dietitians worked collaboratively with the Nursing and Catering Departments to introduce the Protected Mealtimes initiative. The purpose of this is to improve patient experience at mealtimes and to allow for safe feeding of those who require it.
- A booklet was developed to assist patients who require oral nutritional supplements to meet their nutritional needs.
- A survey of staff knowledge of diabetes management was completed to help inform staff education and policy development.
- Work is continuing towards completion of the NRH Enteral Feeding Policy and addressing the associated training needs.
- The Department worked 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. This included an animated education video 'Weight in Spinal Cord Injury'.

To ensure that best practice is followed, department members attended a wide range of courses and study days in 2018. All department members also participate in Non-Managerial Professional Supervision, a form of peer led supervision which allows for structured reflective practice.



Occupational Therapy

LISA HELD AND MICHAEL BROGAN
OCCUPATIONAL THERAPY MANAGERS

ALISON MCCANN
(ACTING OCCUPATIONAL THERAPY MANAGER – OCTOBER 2018)

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 NRH PROGRAMMES

- Discharge Liaison Occupational Therapy (DLOT)
- Vocational Service
- Driving Service
- Stress Management
- Woodwork
- Horticultural Therapy
- Art Therapy – pilot ended July 2018
- Practice Education

‘ 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. ’

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. This is achieved by completing home visits, providing equipment and training on its use and also information and advice on home adaptations. In 2018 DLOT documentation was revised and an improved data collection template was implemented. The OT Intervention Process Model (OTIPM) was explored as a model of practise for the service.

VOCATIONAL SERVICE

The Vocational Service 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. Referrals come through NRH Consultants and from other hospitals and facilities. In addition, the service undertakes medico-legal vocational assessment reports and reviews on behalf of the NRH. The team aim to develop work site visit assessment skills through specialist training and enhance relevant documentation in this area.

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. IWA driving instructors work with patients from the Spinal System of Care, POLAR and Brain Injury programmes. OTs attend the driving assessments for certain patients and collaborate with the driving instructor on the outcomes.

STRESS MANAGEMENT

The Occupational Therapy Department and the Neuropsychology Department teams are currently working together to restructure this service to deliver an interdisciplinary service under the new title "Living Well". This ensures the service is in line with best practice and that contingency for staff leave is built in to service continuity.

WOODWORK SERVICE

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.

HORTICULTURAL THERAPY SERVICE

The therapeutic value of the garden has been maximised by having dedicated staffing. Volunteer staff kindly help us to maintain the therapeutic garden throughout the year. Patient attendance grew, particularly from the Paediatric and Outpatient Departments. Links also strengthened with GIY and Thrive. Horticultural Therapist Rachel Gerard published an article in "Horticulture Connected" and was a guest speaker at "Horticultural Therapy in Ireland" seminar. Three corporate volunteer days were facilitated by the NRH Foundation. Dunhumby and Aspen Pharma kindly donated funds, time and energy to our garden. Staff and patient Wellness and Kindfulness events were facilitated with Christmas wreath making being very popular with our patients.

ART THERAPY SERVICE

An 18 month pilot Art Therapy programme came to an end in July 2018. This pilot project was funded by the NRH Foundation and was an exciting addition to the Creative Art Therapies available in the hospital. The OT Department is exploring the possibility of developing a department of creative art therapies in the NRH and we very much hope that the service will be continued in the near future.

OT PRACTICE EDUCATION

The OT Department 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.



2018 OT Service Developments and Initiatives

CAPACITY TEMPLATE

The Brain Injury Programme developed a template to capture daily and weekly capacity in the team in order to responsively allocate resources as effectively as possible. This is a pilot which we are considering rolling out to the other programme teams.

POWERED MOBILITY WORKING GROUP

OTs collaborated with the Central Remedial Clinic's Assistive Technology and Specialised Seating (ATSS) Service to complete a joint powered mobility assessment. This is for use with patients with complex needs such as those with high cervical injuries. A pathway has been developed on powered mobility to increase efficiencies and quality of service.

ASSESSMENT BATHROOM UPGRADE

The assessment bathroom, storage room and hand washing areas in the OT Department were upgraded to create a more aesthetically pleasing and familiar home environment for patients. This upgrade was funded through the NRH Foundation.

INTRODUCTION OF 'TEAM LEAD' ROLE IN EACH SERVICE

The role of 'Team Lead' was introduced and developed to assist management with decision making and to identify a point of contact within the various teams. This initiative has worked very well and we feel that learning from this can be carried through to plans for the new hospital.

CLINICAL MODALITIES PROJECT

The OT Department form part of a project group looking at governance, structure and future service developments of the use of clinical modalities and technologies in the NRH.

BIONESS INTEGRATED THERAPY SYSTEM (BITS)

The BITS is a clinical modality that was funded through the NRH Foundation which is a useful and advanced tool for therapeutic work with patients.

DEPARTMENT STRATEGY WITH IDT COLLEAGUES

There was extensive engagement with the OT team in 2018 to develop a strategic plan for the future delivery of OT services. This strategy was developed with our Health and Social Care Professionals colleagues and will be a useful foundation for planning the delivery of a cohesive service in the transition to the New Hospital.

SUMMARY OF KEY ISSUES FOR THE NRH OT DEPARTMENT

There was a noted increase in the complexity of our patient profile in 2018. The lack of cover for planned or unplanned leave has been very challenging in terms of service continuity. Staff turnover and unavoidable delays in staff recruitment has also proved difficult. Capturing team capacity in a reactive manner remains a challenge. There have been additional demands placed on the department in relation to planning for the New Hospital Project.

Pharmacy

SHEENA CHEYNE
CHIEF II PHARMACIST

The Pharmacy continues to provide a comprehensive pharmaceutical service to all patients, carers and staff of the four rehabilitation Programmes at the NRH, namely: Brain Injury; Spinal Cord System of Care; Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR), and Paediatric Programmes.

Overview of Services Provided

The Pharmacy Department:

- Provides medication reconciliation of all admission and discharge prescriptions, which is an important safety initiative. The Inpatient prescriptions are checked against a list of medications obtained prior to admission, and discharge prescriptions are checked against the kardex system.
- Procures stores and supplies all medications in a safe, effective, timely and economic manner through diligent dispensing processes and negotiating with vendors to obtain best prices
- 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
- Dispenses medication for patients for therapeutic weekend leave, which is a vital element of patients' rehabilitation
- Individualised patient medications are dispensed for the ward medication trolley - 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 and supports nurse prescribers
- Handles medical information queries from all staff and closely liaises with many hospital Departments
- Counsels patients on their medications prior to discharge on request and provides an individual medication list to each patient
- Reports incidents monthly to the Risk Management Department for inclusion in the National Incident Management System database (NIMS)
- Dispenses prescriptions to staff for convenience and cost savings



Service Developments and Initiatives

Medication safety: The Pharmacy team promote safe practices, policies and standard operating procedures (SOPs) for the administration of medications.

- Weekend leave reminder cards were introduced for wards to ensure patient goes home with all prescribed medications
- Updates were made to several policies and SOPs including medication administration, weekend leave, MDA policy, ITB refill and baclofen pump, Subcutaneous terbutaline, oral nutritional supplements prescribing and antimicrobial stewardship policy
- Annual review of medication incidents reported show that all were 'near miss' or 'no harm' due to the vigilance of the pharmacy department
- The reduction of the medication burden on patients is the most frequent pharmaceutical intervention. This has significant financial savings to the HSE when patients are discharged

Antimicrobials: 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 flu vaccination promotion for all staff and patients

Electronic Tablets: The use of electronic tablets by pharmacy staff for clinical applications was introduced on the wards and in the pharmacy.

Audits: A number of audits were carried out in 2018; allergy recording on MPAR (Medication Prescription Administration Record), Insulin flag labelling, nurse prescribing, use of Versatis® patch, out of hours medications, ward MDA records and water for enteral use.

Staff education: The Drugs and Therapeutics newsletters were distributed for all staff – topics included Capsaicin cream, Sun protection and sensitivity, APINCH- high alert medications, HSE preferred list of medications and sterile water switch for PEG patients.

New Hospital: Robotic dispensing for the pharmacy department and automated dispensing cabinets for ward use in the new hospital are being explored. The Pharmacy Department are eagerly awaiting the commencement of phase 2 of the new hospital project where the department will be located.

Interdisciplinary work: Team members have participated in stakeholder engagement sessions with the Clinical Rehabilitation Management System (CRMS) team ensuring pharmacy involvement in the project. Pharmacy are also active members of the Clinical Forum which deals with interdisciplinary clinical matters.

Highlights in 2018

Awards: The pharmacy staff were delighted to be shortlisted for a number of Hospital Professional Awards in 2018. The team were shortlisted in the following categories; Hospital Pharmacy Team of the Year, Hospital Pharmacist of the Year, Patient Safety Award and Multidisciplinary Team. The team won 3rd prize for their poster at the Patient Safety Conference organised by the State Claims Agency.

Physiotherapy

ROSIE KELLY
PHYSIOTHERAPY MANAGER

The Physiotherapy Department at the NRH is committed to the provision of high-quality complex specialist rehabilitation services to our patients within an interdisciplinary setting across four core programmes;

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

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

New Services and Developments

The Physiotherapy Department received handover of our new, state of the art, Sports and Exercise Therapy Department in December. This is a first-class facility to match the service provided by the sports team. The frequent planning meetings with the Health Planning team to coordinate equipping requirements and training needs on the new systems were demanding but a great learning tool for preparing for the move to the new hospital. The Sports and Exercise Programme continued to function albeit in a modified way during the handover between the old and the new Sports and Exercise Therapy Department.

Cathy Quinn was recruited as temporary deputy Physiotherapy Manager in a part-time capacity. This additional support in the operational running of such a large and dynamic department has been invaluable.

A Clinical Specialist Physiotherapist, together with colleagues from Speech and Language Therapy and Nursing, examined Interdisciplinary Team (IDT) working in the NRH and how we can improve on what we are already doing. This will be an extremely important project moving forward into the new hospital. The group have defined the NRH understanding of the term and are presenting on IDT working to teams across the hospital to prepare them for the move to the new hospital.

The department continued to be heavily involved with the Quality Improvement Division in the HSE and participated in several training sessions for line managers in relation to progressing Quality Improvement at the NRH.

Physiotherapy Services delivered across all Rehabilitation Programmes

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

- Respiratory
- Aquatic Physiotherapy and Sports & Exercise Physiotherapy
- Outpatient Physiotherapy
- Clinical Practice Tutor
- Recreational Therapy
- Wheelchair Seating (see Interdisciplinary Team (IDT) Services and Initiatives Page 8)
- Splinting (see Interdisciplinary Team (IDT) Services and Initiatives Page 8)
- Patient and Non Patient Handling Co-ordinator



RESPIRATORY CARE

The Respiratory Physiotherapy Service predominantly delivers therapy to the acute spinal cord injury and disorder of conscious patients. Paediatric and POLAR patient treatment sessions are provided as required. It also provides a weekend and out of hours on-call service. In 2018 eight tracheostomy patients were managed by the service, four on the Brain Injury programme and four on Spinal Cord System of Care programme.

Carer and family training prior to discharge is a significant component of the service with 36 education sessions being provided for patients, carers and family members prior to discharge in 2018. In addition 96 joint Physiotherapy and Speech and Language Therapy sessions were provided. Education is also provided to regional hospitals as required.

AQUATIC PHYSIOTHERAPY AND SPORTS & EXERCISE PHYSIOTHERAPY

Aquatic Physiotherapy and Sports & Exercise Physiotherapy provide treatment for both adults and children from all programmes.

The Aquatic Physiotherapy Service continued to run as a full day service in 2018. This reduced waiting lists, increased patient weekly sessions and allowed for a diversification of treatment sessions, such as relaxation sessions. As part of the World Physiotherapy Day events, an aqua aerobics class was held. Due to positive patient feedback, this class was continued on an ongoing basis. The department works closely with Infection Control, Risk Management, Laboratory Services and Derrycourt Cleaning services to maintain a safe therapeutic area to the highest of standards.

The Sports and Exercise Physiotherapy Service guides patients through individual and group exercise programmes in line with current best practice. A wide variety of suitable competitive sports are introduced and patients are encouraged by onward referral to community gyms, pools and local disability sports bodies. We also provide education to improve awareness of the benefits of physical activity and secondary prevention of medical conditions associated with physical inactivity.

PHYSIOTHERAPY OUTPATIENT DEPARTMENT (OPD) SERVICE

The Outpatient therapists provide a service to patients attending therapy and multidisciplinary clinics. The team prioritises Interdisciplinary Team working and also offer, multidisciplinary, individual and group therapies as appropriate. Services offered by the therapy departments include Graded Repetitive Arm Strengthening Programme (GRASP) and a Wellness Day Programme. In 2018 the team undertook a review of services, scope and direction of therapy in OPD. They visited the Royal Hospital Donnybrook to develop links with our referring agents.

CLINICAL PRACTICE TUTOR

The practice tutors (1 WTE) plans, co-ordinates and supports the clinical placements of physiotherapy students throughout the duration of their placement at the NRH. The clinical practice tutors facilitated 40 placements in 2018 from UCD and TCD as part of both MSc and BSc programmes. They also have a teaching commitment to the universities, contributing towards their academic programmes. Clinical tutors in the NRH strive to facilitate interdisciplinary learning opportunities during placements. The tutor also has a role in coordinating the Physiotherapy Department Volunteer Programme and is chair of the Physiotherapy Education Committee.

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 2018, the TRS facilitated annual events such as 'Celebrate Life through Music Festival' and 'Life after the NRH'. There was an increase in weekend-activities such as the introduction of freely accessible games, table tennis table and an increase in musical performances with several concert performances from the National Concert Hall musicians. Aphasia-friendly activity information and posters were produced in collaboration with the Speech, Language and Therapy (SLT). The Self-Management Independent Exercise Pilot Project was extended across all adult inpatient programmes.

TRAINING IN PATIENT AND NON-PATIENT HANDLING

Training is now being regularly provided within the hospital for Patient Handling and Non-Patient Handling sessions and this has resulted in improvement in the hospital's compliance with this training in 2018. The aim is to improve the numbers of frontline staff who complete this mandatory training across the hospital in order to standardise handling techniques and prevent injury to staff and patients. An NRH Handling Policy and a suite of standard operating procedures were completed and reviewed by Risk Management. Patient risk assessments are performed as required on admission.

Milestones and Issues 2018

The department commenced a Physiotherapy Daily Operational Safety Huddle (PT-DOSH) which is a local version of the organisational huddle.

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 and came joint 4th overall. The NRH also won gold in ladies tetra table tennis, archery and ladies para table and bronze in men's para air rifle.

The **6th Annual NRH Spinal Championships** took place in September. Due to fire safety restrictions in place as a result of building works on site, a scaled down version of the games was held, limited to Inpatients only. 20 patients competed in several events including Wheelchair Table Tennis, Archery, Airsoft shooting and an introduction of Boccia for the Quadriplegic patients.

The department hosted **World Physiotherapy Day – 'Movement for the Mind'** in September which saw many activities take place around the hospital promoting the benefits of physical activity on mental health.

The Physiotherapy Department experienced staffing difficulties in 2018 due to extended sick leave. The planning for the new Sports and Exercise Therapy Department was demanding but the entire staff pulled together to ensure all services were covered.



The new state of the art Sports and Exercise Therapy Department was handed over to the Hospital by the main contractor at the end of 2018.



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 high quality x-ray services and Diagnostic imaging services are provided in a warm, welcoming and caring environment.

Diagnostic imaging services were provided to the hospital in 2018 by a small team comprising a part-time Consultant Radiologist, two Clinical Specialist Radiographers, one part-time Radiographer and a Health Care Assistant.

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

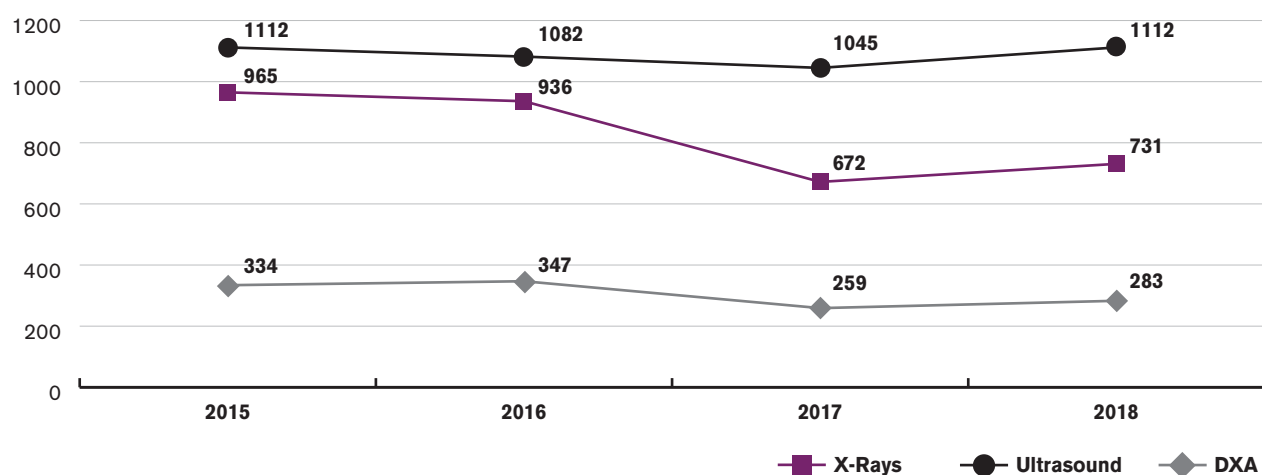
- General Radiography, Ultrasound, Mobile Radiography, special procedures and Dual-Energy X-ray Absorptiometry (DXA) scanning
- CT scanning service at St. Columcille's Hospital, Loughlinstown, Co. Dublin.
- 24/7 On-call radiography service at the NRH

Activity Data

Increases in radiology activity were recorded in 2018, see graph A.

- **Ultrasound** – 1112 examinations performed
- **General X-Ray** – 731 examinations performed
- **DXA Scans** – 283 scans performed

GRAPH A – RADIOLOGY ANNUAL STATISTICS 2015 – 2018



Services and New Developments

DXA – In December 2018 a new ceiling hoist was installed in the DXA room which has significantly improved patient transfer.

Ultrasound – The Ultrasound Service continued to develop in 2018 with an increased number of examinations performed compared to 2017. There was also an increased number of specialised interventional procedures 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, with a third urology nurse successfully completing training, resulting in a marked reduction in the number of x-rays ordered.

Research – An Interdisciplinary research project was undertaken from August to December comparing the accuracy of bladder volumes between three different scanners used in the hospital. Results will be presented in 2019.

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

Highlights

RADIOLOGY PROTOCOLS AND POLICIES

The appropriate policies and protocols have been updated and implemented in 2018 for the Radiology Department.

AUDIT

A number of audits were carried out in 2018. These include; procedures regarding the diagnostic x-ray exposure of women of childbearing age at the NRH; ID Audit; Cancellation Audit; Hygiene, Infection Prevention and Control audits; Environmental Health and Safety Self Inspections; LMP Audit; Dress Code Audit; Staff compliance wearing dosimetry badge.

RADIATION SAFETY

The Radiation Safety Committee (RSC) met twice during 2018 as required and advised hospital management in relation to the protection of patients, workers and members of the public against the hazards arising from the use of ionizing radiation in the hospital. Jeanette Van Der Wath is the Radiation Safety Officer (RSO) to the hospital with Radiation Protection Adviser (RPA) Dr 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 2018 as were the Radiation Safety Procedures, the Terms of Reference for the RSC and the standard operating procedure for Nurse Prescribing of Ionising Radiation.

Equipment Risk Assessments were carried out for the DXA and mobile Radiography Units which require replacement. Funding has been secured for a new state of the art portable digital x-ray machine.

The Office of Radiological Protection, Environmental Protection Agency (EPA), carried out an unannounced Inspection of the Radiology Department in November which showed our compliance with relevant accreditation standards.



Rehabilitative Training Unit

MAUREEN GALLAGHER
INTERIM RTU MANAGER

Overview of Service

As part of the Brain Injury Programme continuum of care, the 'Next Stage Programme' at the Rehabilitative Training Unit (RTU) is a national service providing group and individual rehabilitative training for adults with acquired brain injury. For individuals who do not live within commuting distance of the NRH, an eight bed accommodation facility is available onsite.

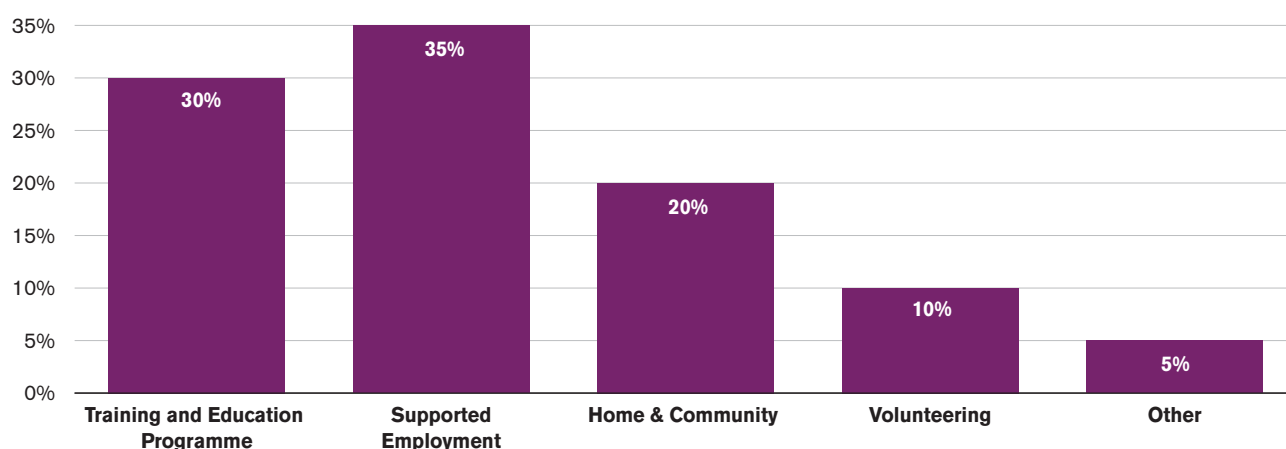
The RTU delivers two integrated CARF accredited programmes: the Vocational Programme and the Home and Community Programme. Allocation to a programme is determined by the trainees' goals, as determined at referral and through the Individual Training Plan. Training is delivered through 25 training modules grouped in the following six 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, providing individualised training programmes and a comprehensive discharge planning process. The programme encompasses both vocational and community reintegration programmes. It is important to recognise that an increase in independent living and reintegration back into community and family life is regarded as a successful outcome for some trainees, as a return to work or education is for others, and this success is measured by the achievement of individualised rehabilitation goals as identified by the trainee and their family.

The RTU has an allocation of 17 WTE training places from the HSE. During 2018 the RTU received 40 referrals. Of these, 23 required onsite accommodation and 17 were for day places. The average programme duration for trainees in 2018 was 8.5 months, ranging from 1 (trial programme) to 13 months. Demand for the service remains high with average waiting times for admission to the service being ten months.

THE RTU OUTCOMES FOR 2018 ARE AS FOLLOWS:-



*Other includes Addiction Services.

In 2018 30% of trainees were discharged to appropriate work, education and training programmes, 35% were discharged to employment, and 10% to volunteering. 20% were discharged to home life having reached their community reintegration goals on discharge. The RTU continues to support our trainees with a comprehensive training programme (Individual Training Programme) for as long as each trainee continues to benefit. RTU staff liaise with family, professionals and employers throughout the individual's programme to educate and assist with the transition from the RTU to the discharge occupation and destination.

New Services and Developments

The RTU is continually seeking ways in which the trainees can demonstrate and apply skills developed during the course of their training programme. In 2018, a number of RTU trainees were involved in presenting on their experience of living with Acquired Brain Injury to various groups, including Inpatients and students. These opportunities allow them to enhance their communication skills and build their confidence and self-esteem, while also affording them the chance to 'tell their story'. RTU trainees were also involved in conferences, seminars, and volunteering. Current and past RTU trainees are representatives on hospital committees, including the NRH Patient Forum, and RTU Advisory Committee.

In addition, RTU trainees have again been afforded excellent opportunities to undertake supervised work placements across NRH departments and in local businesses. Work experience contributes to the development of work transferable skills and builds confidence. In 2018 four additional work sites were made available to the RTU trainees, and we would like to thank sincerely all departments involved for their continued and highly valued support.

Milestones and Issues for the Service

In 2018 we held two events that contributed to our community outreach goals: A Reunion for past trainees, and a Family Information Day. Both provided the opportunity for peer mentoring and guidance, as past trainees and families shared their experiences. The feedback from both days was very positive. We also secured NALA funding for a very successful drama module which resulted in the trainees giving a small drama production in December.

The RTU continues to provide Taster Sessions and tours of the Unit for Brain Injury inpatients who want to see what the RTU programme can offer them. These are jointly coordinated by treating therapists and RTU staff. These sessions provide the RTU trainees with another opportunity to take on an appropriate mentoring role towards the visiting patients. This year saw a growth in referrals for this service with 14 brain injury inpatients attending a total of 33 sessions.

The RTU offer trainees the opportunity to provide feedback on their satisfaction with the programme through an Exit Questionnaire. In 2018 70% of trainees discharging from the programme completed the questionnaire. Of those who responded, 65% rated 5/5 and 35% rated 4/5 on their overall level of satisfaction with the programme.

The RTU maintains strong working links with various community services such as MABS, Citizen's Information Centre, Headway, Acquired Brain Injury Ireland, HSE Occupational Guidance Service, Southside Local Employment Service and An Garda Síochána. This in turn benefits the service users and advocates for brain injury supports in the community.

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 also very 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.



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.

Developments in 2018

Safeguarding: The demands on the Social Work service increased significantly in 2018 due to the introduction of Children First Legislation and the requirement to have a Child Safeguarding Statement based on a risk assessment of the organisation as a whole. This project has led to ongoing work in terms of updating policies and procedures and ensuring that all NRH staff have completed Children First online training as required under the legislation. An NRH Safeguarding Steering Group has been established to provide coordination of all safeguarding processes and this group reports into the NRH Quality Safety and Risk Committee. The HSE National Policy on Safeguarding Vulnerable Persons at Risk of Abuse (2014) continues to have a considerable effect on Social Work resources. Anne O'Loughlin represents the NRH on the CHO 6 Safeguarding Committee and has been involved in a detailed submission to the National Safeguarding Committee regarding the proposed revised national policy.

Due to the increased workload and regulatory framework, an application was made to the HSE for an additional post which was granted in late 2018. This will enable further development work as well as training programmes to be organised for NRH staff throughout 2019.

Parental Acquired Brain Injury Project: We were delighted to launch the resource pack, "Supporting Child Relatives of Adults with Acquired Brain Injury – A Resource for Rehabilitation Teams" in October 2018. This project by Phil Butler, with financial support from the Tom Gregg Bursary Fund, was inspired by the work of Dr Audrey Daisley in the Oxford Centre for Enablement in the UK.

The resource aims to strengthen the family approach to rehabilitation by supporting staff to be more inclusive of child relatives; and to help them see the importance of including child relatives when working with adults with an acquired brain injury (ABI). The pack aims to provide staff with the tools and confidence to work with children affected by parental ABI.

Family Meetings Research: The Department furthered 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 research was done in conjunction with Dr Paul Carroll, Consultant in Rehabilitation Medicine and Dr Sarah Donnelly in the School of Social Policy, Social Work and Social Justice, UCD. The data revealed that over 85% of patients and over 90% of family members reported that it was helpful to have a family meeting while at the NRH. A higher percentage of family members did not understand some of the information given in comparison to the patients who are with the team daily. In addition, 32% of patients and 42% of family members would like a written copy of what was discussed at their family meeting. The Social Work Team plans to provide training and resources for NRH staff who participate in this vital milestone in the rehabilitation journey, in conjunction with patient and family representatives as well as Interdisciplinary Team (IDT) colleagues. This project was accepted for 5 oral papers and 2 poster presentations at national and international conferences throughout 2018.

Delayed Discharges: This continues to be a major challenge in term of accessing 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. Home Care Service legislation, which would put entitlement to services on a legal footing in line with Fair Deal, has been proposed but there has been little progress to date.

Activity for 2018

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

Submissions were made to national bodies in relation to draft legislation on the following areas:

- Homecare Services
- Deprivation of Liberty
- Safeguarding of Adults at Risk of Abuse

Social Work representation and expertise was provided to the following national committees as well as to a wide variety of internal NRH committees:

- Rehabilitation Medicine Programme Working Group
- Irish Heart Foundation Council on Stroke
- Social Workers in Disability National Committee
- Head Medical Social Work Forum
- Social Workers in Stroke Forum
- International Social Workers in Acquired Brain Injury (INSWABI) Committee
- UCD Masters in Social Work Advisory Group

I would like to thank all the Social Work Staff and Aidan Byrne who volunteered with us for all their hard work and dedication throughout 2018. We look forward to working with our Interdisciplinary Team (IDT) colleagues in 2019 to ensure a successful transition to the new hospital.



Practising Activities of Daily Living Skills (ADLs) at an Outpatient Department group session.



Speech and Language Therapy

CLARE HUDSON

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

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 (see Interdisciplinary Team (IDT) Services and Initiatives Page 8)

Service Provision

2018 brought significant change to working practices and the relocation of the SLT Department within the NRH. The learning from this move will inform planning for how staff and services transition to new ways of working in the New Hospital building.

Communication is about giving and receiving information and ideas by methods such as speaking, reading, writing, gestures and facial expressions. In 2018, the SLT department continued to drive development of a culture of practice within the NRH that is communication inclusive or accessible. The Five Good Communication Standards, developed by The Royal College of Speech and Language Therapists (2016), were introduced as principles across the hospital. A specific project was undertaken at ward level to support the staff working on the ward to create a communication inclusive ward.

The department has embraced the hospital's focus on quality improvement (QI). The team aim to use the principles of QI and tools from the NRH QI toolkit to increase our effectiveness and efficiency as a service. Members of the team have attended the HSE National Programme to enable Cultures of Person-centredness and we aim to learn more about this and embed it into how we work.

FIGURE 1 - THE FIVE GOOD COMMUNICATION STANDARDS:

For those Providing Services	For those Receiving Services
Standard 1 There is a detailed description of how best to communicate with the person	Standard 1 There is good information that tells people how best to communicate with me
Standard 2 Services demonstrate how they support individuals to be involved with decisions	Standard 2 Staff help me to be involved in making decisions about my care and support
Standard 3 Staff value and use competently the best approaches to communication with each individual they support	Standard 3 Staff are good at supporting me with my communication
Standard 4 Services create opportunities, relationships and environments that make individuals want to communicate	Standard 4 I have lots of chances to communicate
Standard 5 Individuals are supported to understand and express their needs in relation to their health and wellbeing	Standard 5 Staff help me to understand and communicate about my health

SLT Department Milestones and Service Developments in 2018

FLEXIBLE ENDOSCOPIC EVALUATION OF SWALLOW (FEES) SERVICE

The SLT Department provides an instrumental swallow evaluation service to Inpatients of the Brain Injury and Spinal Cord System of Care Programmes. There are three trained SLT endoscopists, and all members of SLT department participate in the clinic in an assessing clinician role. There has been a steady increase in referrals for this procedure, with numbers doubling in the past four years. In 2018, the FEES service collaborated with respiratory physiotherapy in research to evaluate the utility of a screening tool for dysphagia in spinal cord injury.

FEEDING, EATING AND DRINKING SKILLS (FEDS)

During 2018, SLT facilitated and progressed the use of oral healthcare measures within the NRH. Use of the NRH oral healthcare tool was promoted and ongoing collaboration with the NRH team and HSE dental department continued.

OUTPATIENTS SERVICES

The SLT Programme in the Outpatients Department includes working directly with patients and their families, education and consultations. This is delivered through:

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

With the support of an NRH Foundation Grant secured in 2017, the Speech and Language Therapy team in conjunction with their colleagues, continued to increase the frequency and activity of the Outpatient Wellness Day Programme. The SLT Outpatients service has participated in a review of current OPD therapy practice, scope and direction of therapy services with a view to support a more timely and integrated service delivery.

TRACHEOSTOMY SERVICE

The SLT Department are heavily involved in providing a high-quality service to patients admitted with tracheostomies. In 2018, the tracheostomy policy was reviewed and now includes references to ventilated patients. The tracheostomy team is well established with representation from SLT, respiratory physiotherapy, nursing and the medical team. Members work collaboratively in making decisions with this cohort of patients.

PAEDIATRIC SERVICE DEVELOPMENT

In 2018, the Paediatric SLT Service delivered a broad range of services including intensive inpatient interventions, Outpatient clinics along with preadmission and post-discharge outreach and Outpatient treatment services. In 2018 the Paediatric SLT Service hosted a 'Pyjama Day' at the NRH, donating funds to Early Childhood Ireland's National Pyjama Day Fund. It was from this fund that the Paediatric Programme had previously been granted funding for the development of an NRH 'Playhab' App (a resource for use with younger children presenting with Acquired Brain Injury). SLT's presented an oral and poster presentation at the Third International Conference on Paediatric Acquired Brain Injury in Belfast in September 2018.

PRACTICE EDUCATION SERVICE

The SLT service continues to contribute to the clinical education and supervision of undergraduate SLT students from Trinity College Dublin (TCD) and NUI Galway. In 2018 a total of 14 SLT students from TCD and two SLT students from NUI Galway had placements at the NRH. In addition two SLT Assistant students from Portobello College completed placements within the department. In 2018 the practice tutor facilitated Observed Structured Clinical Exams (OSCEs) in NUIG (February) and TCD (November).



Section 4 Corporate and Support Services



Liam Whitty
Catering Manager



John Fitzgerald
Materials Manager



Olive Keenan
Human Resources Manager



Bernadette Lee
Risk Manager



Rosemarie Nolan
Communications Manager



Dr Angela McNamara
Locum Chairperson,
DDMBA for Dr Cara
McDonagh in 2018



Fr Michael Kennedy
Chaplaincy



Aoife Mac Giolla Rí
School Principal



Audrey Donnelly
Stakeholder and
Corporate Data Manager



John Maher
Information Management
and Technology 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

Catering

LIAM WHITTY
CATERING MANAGER

The Catering Department provides catering services to the wards and also meets all catering requirements for patients, staff, and visitors across the NRH campus. In addition, the Catering Department provide Meals on Wheels for the Monkstown and Kill O' the Grange 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.

The cost of providing catering services to the hospital was €635,738 (excluding wages) and the income was €400,475.

Highlights in 2018

The Catering Department introduced an electronic version of the daily lunch menu which is emailed daily to all staff. The menu includes calorific content and allergens in compliance with the Food Safety Authority of Ireland (FSAI) regulations. The Staff Canteen opening hours have been extended in the mornings to open from 9.00am-2.30pm.

Jason Baker has been appointed Head Chef with support from Radu Pohodnicaru, Chef 1. Aska Pasek was appointed as acting dining room supervisor. Healthier food choices (especially breakfast options) have now been introduced to the staff menu.

New Initiatives

In May the catering team successfully implemented significant changes to the way in which food is prepared, delivered and served to the patients on the wards. The role of catering assistants was extended so that they are now responsible for food distribution and serving meals to the patients' bedside (traditionally this task was completed by healthcare assistants on the ward). A key benefit of this change is to give healthcare assistants more time to provide direct patient care.

Clinics for Disabled Drivers Medical Board of Appeal

DR CARA MCDONAGH
CHAIRPERSON, DDMBA (ON LEAVE)

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 a 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) Regulations 1994, 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.

Activity and Developments in 2018

In 2018, 674 new appeals were lodged and 720 patient appointments were arranged at 24 clinics. 386 appellants attended for review, indicating a continuing high rate of non-attenders despite implementation of reminder policies. 20 appellants (5% of those reviewed) were successful in obtaining a Primary Medical Certificate at appeal. The current waiting time for review is approximately four months.

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

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



Central Supplies

JOHN FITZGERALD
MATERIALS MANAGER

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

An inventory management software system has optimised hospital spend on materials and has improved services to wards and departments.

In 2018, the Supplies Manager assisted in Tenders preparation and loading onto the e-tenders web site for open competitive Tenders. Increased use of the e-tenders site is in line with the Hospital's objective to obtain value for money in all purchasing decisions.

During 2018 additional cost-saving initiatives continued, these include, but are not limited to:

- Utilising HSE Framework Agreements which are nationally negotiated and continual evaluation of new products and services to reduce costs and improve efficiencies, for example print and stationary items. Maintained access to the HSE Pricing and Assisted Sourcing System (PASS) which shows listings of the Health Business Section (HBS) Framework Agreements and Contracts, and the Office of Government Procurement (OGP) current Contracts and Frameworks.
- Preventative Maintenance Contracts for Medical Equipment reduces costly repairs and downtime on essential medical equipment for wards and therapy departments.
- Stock of special medical dressings, respiratory items, IV fluids and other trolley items are managed for expiry dates and planned future usage is controlled for ward storage areas.
- End of year stock count was successfully completed with optimum stock value and quantity accuracy to provide efficient and effective service.

In addition, during 2018, the Central Supplies Department:

- Worked collaboratively with hospital departments to ensure compliance with HSE, HIQA and CARF accreditation standards, and to source the most cost efficient products for the Infection Prevention and Control Department, the Wheelchair and Seating Clinic and all services across the hospital.
- Participated on the Medical Devices Equipment Management Committee (MDEMC) in conjunction with St Vincent's University Hospital (SVUH).

Chaplaincy

FR. MICHAEL KENNEDY, CSSP

The Chaplaincy Department plays a vital role in serving our patients' individual needs during their Rehabilitation Programme at the NRH. It is a support service which responds to the needs of patients and their families, offering pastoral, spiritual and religious support. The Chaplain also has a role in the pastoral care and wellbeing of staff members.

Fr Michael Kennedy is the full-time Chaplain. Mrs Hilda Plant continues to fulfil her duties as the appointed Chaplain from the Church of Ireland to the NRH. Ministers of other faiths can be contacted as requested.

The Liturgy Team

The liturgy team are a group of volunteers who work as Readers or Eucharistic Ministers, and in the organising and provision of liturgical music in the hospital chapel. Eileen Roberts works as part-time Sacristan.

Visiting Patients

The Chaplain visits patients on the wards on a regular basis at times that don't impact on ward schedules. The Chaplain is available to meet with patients and relatives for private consultation as requested.

There are a number of volunteers who support the Chaplain with visiting. Sr Martina Nolan visits patients once a week and distributes Holy Communion. Sr Nora Wiseman and volunteers from the Legion of Mary, also visit with patients once a week. Their role is to offer spiritual and pastoral care to the patients.

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, the Legion of Mary and the NRH Staff Induction Programme.

During the year, the Chaplaincy Department welcomed three trainees from the Rehabilitative Training Unit who helped out in the chapel during Mass times. This has formed an important therapeutic and holistic part of their individual rehabilitation. The Chaplaincy Department also worked with various therapy departments to assist patients to attend Mass in the chapel with their therapists as part of their rehabilitation sessions.

Challenges

Chaplaincy work is a unique discipline which enables the Chaplain 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.



Communications

ROSEMARIE NOLAN
COMMUNICATIONS MANAGER

The work of the NRH Communications Department is based on the premise that by fostering a culture of effective two-way communication, which is accessible and responsive to patients, staff and all stakeholder needs, the hospital will provide higher quality patient care, and contribute towards maintaining best practice and quality standards set by legislation, HSE, HIQA and CARF (Commission for Accreditation of Rehabilitation Facilities). Effective communication contributes to continuous improvement in services and best outcomes for our patients.

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

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

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

In 2018 the Communications Department, in collaboration with Programmes, Departments and Services across the hospital, devised comprehensive Communications Plans for major projects which are updated on an ongoing basis according to changing requirements. An example of some projects include the following:-

- New Hospital Project
- Clinical Rehabilitation Management System
- Intranet, Website and Social Media Development Plans
- Protected Mealtimes Initiative
- Health Hub – Suite of information leaflets for patients of the SCSC Programme
- Infection Prevention and Control patient and staff information literature and videos on Hand Hygiene and Hospital Acquired Infections.
- Branding and accessibility input to educational booklet 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
- Membership on the NRH-HSE Quality Improvement Steering Group and the working group for 'A More Organised Approach to Quality Improvement at the NRH'
- Crisis Management and Emergency Response Communications

Action plans have been put in place to develop our communications 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.

Applying the Framework for Improving Quality at the NRH

"As healthcare staff involved in delivering quality services to patients, families and carers, and managing and improving health services, we understand the importance of providing the best care possible for all our patients. The NRH is invested in quality as can be seen by the many quality improvement projects ongoing in the hospital."

The NRH is working together with the HSE Quality Improvement Division to apply the **Framework for Improving Quality** at the NRH. The Framework has a clear aim to foster **a culture of person-centred quality care that continuously improves**. It aims to ensure that we continually seek ways to improve our services to ensure our patients receive safe, effective and person-centred care across all services.

The benefits for patients of applying this Framework

The benefits of applying the Quality Improvement Framework at the NRH are to ensure:

- Quality Patient Care that continuously improves
- Improved Patient Outcomes following treatment
- Protecting staff time to deliver quality patient care - every quality improvement project will follow the same process and guidelines that will lead to the greatest improvement without impacting on service delivery
- Continued development and support of staff in delivering quality care
- Quality Improvements can be sustained and reviewed to ensure patients are still benefiting in the longer term from changes made

The Framework is firmly focused on quality, safety and improving patient experience and outcomes. It guides staff undertaking service improvement and quality improvement initiatives

Six Drivers of the Framework

The HSE Framework for Improving Quality in our Health Service introduces the six 'drivers' of quality that together enable a culture of person-centred care that continuously improves. Staff who are undertaking quality improvement projects at the NRH will be supported in applying these drivers as part of the process. The drivers are:

- Leadership for Quality
- Person and Family Engagement
- Staff Engagement
- Use of QI Improvement Methods
- Measurement for Quality
- Governance for Quality



In 2018, all six drivers were discussed and considered by the QI working group. It was agreed that the NRH would focus on all six when implementing the Framework across three prioritised areas. The three prioritised areas are:

1. Select an **'NRH Quality Improvement Goal'**. The QI working group engaged with patients (past and current), families and staff over three listening sessions to develop, shortlist, and vote for their preferred goal. The QI Goal is:

'The NRH: a Respectful, Accessible Environment where You Matter and People Care'

The NRH Quality Goal will help guide and direct staff when identifying quality improvement (QI) ideas and initiatives. It will help to: Inform direction and focus priorities for QI in line with the hospital's strategy; Improve effective communication around QI; Help to inspire staff in improving quality that will directly benefit patients; Use the Goal to organise and measure existing and future QI activity.

2. Focusing on **'A More Organised Approach to Quality Improvement'** – patient wellbeing is underpinning this project by using a comprehensive process to plan, implement and sustain QI initiatives that will contribute to achieving the NRH quality goal and strategic priorities, while protecting staff time for delivering quality patient care. The NRH QI Toolbox has been developed and a Register of Quality Improvement activity for the NRH established.
3. A **Daily Operational and Safety Huddle (DOSH)** has been established – this is a daily 15 minute meeting of clinical, administrative, technical and support services staff to share the information needed to deliver safe, quality patient care.

Some other examples of NRH Quality Improvement Projects and Initiatives include:

- Pressure Ulcers to Zero – Staff and Patient Education for the Prevention of Pressure Ulcers (national collaborative)
- Hand Hygiene Education for Staff; and Hand Hygiene Education Initiative for Patients, Families and Visitors
- Rehabilitation without Walls – reconfiguration of Paediatric Service
- Reconfiguration of the Psychology Service to create increased capacity for Outpatient Clinics
- Therapy Scheduler in Paediatric Programme
- Wheelchair and Seating Clinic QI Project



Health Planning Team

SIOBHÁN BONHAM

PROJECT MANAGER – NEW HOSPITAL PROJECT

In December, we were delighted to reach a major milestone in Phase One of the New Hospital Development. Our new state of the art Sports and Exercise Therapy facility was handed over to the hospital. A period of equipping and staff training followed and on the 9th January 2019 the facility was opened for patient use. This new facility includes a sports hall, fitness gym, aerobic studio, target range, climbing wall and top of the range specialist rehabilitation equipment.

New Hospital Development Project (Phase 1)

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

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

Building of Phase One of the New Hospital Development is underway and progressing at a rapid pace on the campus of the existing hospital site. This project will replace all existing patient ward accommodation at the NRH with 120 new specifically designed patient bedrooms and integrated rehabilitation-specific treatment spaces. In addition, the building will include a new Hydrotherapy Unit and Sports and Exercise Therapy Department. The Sports and Exercise Therapy Department was completed late in 2018 and opened for patient use early in 2019. The New Hospital building main structure is complete to roof level and fit out works have commenced on lower levels. Cladding (exterior wall covering) works have begun. The target date for completion of Phase One is Spring 2020.

Developments in 2018

MINOR EXTENSION BUILDING

The Minor Extension Building is a new facility which was constructed to provide accommodation for primarily the Speech and Language Therapy (SLT) Department along with Dietetics and staff members from the Paediatric Programme. Their existing treatment spaces were scheduled for demolition as part of the overall plan. New patient treatment spaces and a team office for therapists were constructed to replace those lost as a result of the demolition. The new facility was opened for patient use on the 18th June.

ENABLING WORKS

A major project in the enabling works was the creation of the new 'Western Car Park'. Upgrades to the car park were completed in February 2018. Work in the area adjacent to the Outpatients Department Unit 6 was completed in May. A further and final phase of work was completed in June which increased the number of accessible car parking spaces and dedicated parking for Outpatient visitors' use.

Human Resources

OLIVE KEENAN
DIRECTOR OF HUMAN RESOURCES

The National Rehabilitation Hospital (NRH) is enhanced by the professionalism, dedication, hard work and commitment of our staff in terms of the services that they provide to our stakeholders. The NRH has a diverse workforce operating in a dynamic environment which is constantly changing and evolving.

The Human Resources (HR) Department endeavours to provide a professional and effective service to managers and staff by providing support and advice and in meeting service objectives through effective people management strategies. The HR team provides services, such as recruitment and selection, personnel administration, employee relations, industrial relations, policy development, staff development and ensuring compliance with legal, regulatory and Public Service Agreement requirements. The department works to support all staff through the lifecycle of their employment. HR works to support a positive working environment and culture within the hospital to encourage innovation, collaboration and partnership at all levels.

Recruitment and Staffing

A talented and skilled workforce is the lifeblood of every organisation. National demand for specialist rehabilitation has been on the rise for some time with resultant pressures on service delivery and resources. Despite ever increasing demands on hospital services, our staff continue to provide professional and quality care to our patients and an effective service to the hospital.

The HR Department continues to work with managers regarding the specific needs of their services and general recruitment activities across the hospital as a result of vacancies due to staff resignations or retirements and the general movements of staff for promotional posts and secondments, as well as backfills for leave arrangements. The hospital has continued to exhibit at health sector specific job recruitment fairs, which has proved useful in terms of recruitment outcomes, employer branding and raising the profile of the hospital.

A detailed Workforce Planning document for clinical and non-clinical staffing was produced and submitted to the HSE (in 2016) as part of an evaluation on the clinical and non-clinical staffing requirements against these growing service demands and increasing complexity of patients' care needs. The HSE have accepted the document and since then Hospital representatives have been continually making efforts to advance the business case to the HSE to commit the necessary financial resources to increase our staffing levels for the current hospital as well as starting to identify anticipated resource deficits as we transition to the New Hospital.

It has been difficult for the hospital in maintaining existing key services against the landscape of substantial service pressures but we continue to do so with firm management of our staffing and fiscal resources.



HR Information Management System

The HR information management system provides valuable management information reports. These reports are assisting management to optimise scarce resources, for example in terms of rostering practices, better insights into how therapist resourcing translates into units of patient care. Improved reporting and decision making leads to more streamlined HR administrative and business processes and helps to plan for current service demands and future resource planning for the New Hospital. Our training information reports also help managers and staff to better manage compliance with the ever increasing demands of mandatory training.

Competency Assessment / Performance Reviews

Annual reviews for all staff members is a requirement to meet our CARF accreditation standards and is also a useful process for providing regular feedback to staff on work performance and identification of any skills or knowledge gaps or training and supports that may need to be put in place. It is also the opportunity to set goals and objectives for the year ahead. In this regard the hospital has both a Competency Assessment and Performance and Development Review process in place for all staff.

Absenteeism

The overall staff absence rate for 2018 was 4.09 % and this is just outside the national target of 3.5%. This represents a 0.42% increase in the Hospitals sick rate since 2017. This is mainly due to sick leave ebbs and flows and the usual seasonal variation but the Hospital is working hard to get this back below the HSE national target.

The 2018 absence rate across the HSE Health Services was 4.6% so the hospital is just slightly above the average sick rate for this sector. We must be mindful that health sector work can be physically and psychologically demanding, increasing the risk of work related illness and injury. However 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. During 2018, the HR Department continued to support managers in improving levels of attendance, staff health and staff morale by working closely with Occupational Health.

Absenteeism will continue to be monitored and as part of staff support and we will be publishing our NRH Attendance Management Policy and booklet format as guidance for managers and staff.

Employee Relations and Change Initiatives

The HR Department promoted positive and strong employee relations throughout 2018. The HR Department has supported many changes across the hospital in recent years and worked with managers and staff to implement 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. We worked with the Catering Department to successfully implement Phase one of the Catering Review. We also assisted and supported Nursing Management colleagues with the Nursing Review Project in the later part of 2018.

Employee Engagement

The Hospital is proud of the formal recognition for our efforts and commitment regarding staff engagement and the many health and wellbeing initiatives in place. Evidence shows that employee engagement has a significant, positive effect on performance, innovation, productivity, absenteeism, attendance rates, retention levels, motivation, well-being, and morale. There is increasing evidence within Healthcare Environments that links employee engagement to patient satisfaction and improved clinical outcomes. Through improved engagement the NRH has become more aware of the challenges facing its staff which ultimately can affect patient care and outcomes.

The Positive Working Environment Group (PWEG), is a cross representational group of staff, tasked with improving staff engagement and fostering a positive working environment. There is a broad spectrum of health and wellbeing initiatives for staff available within the hospital. Some of these initiatives include physical activity sessions such as pilates, yoga, bootcamp, pedometer and weight loss challenges and events as Workplace Wellbeing day and Staff Kindfulness day. There are other wellness initiatives in place such as Occupational Health support, mental health support, smoking cessation awareness, Employee Assistance Programme and bereavement support.

In 2018 the NRH took part in the National Health Sector Staff Survey "Your Opinion Counts". The hospital will get an individualised report and as part of the feedback process, Focus Groups will be facilitated for staff on the survey results in 2019. 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 and the hospital will use this as another opportunity to identify and deliver on opportunities to improve employee wellbeing and further embed positive work practices throughout the organisation.

Training Grants and Refunds

The NRH endeavours to support individual and team development, to achieve the skill sets necessary to optimally position itself as a leading healthcare provider. Access to high quality education and training opportunities prepares staff for future roles and responsibilities and enables them to reach their full potential. The Educational Assistance Steering Group gives 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 2018 the Educational Assistance Group approved 348 applications for further education and training opportunities.

Milestones in 2018

LEGAL ISLAND IRISH HR AWARDS 2018

The NRH was delighted to have been selected by the judging panel as the winner of the **Best Employee Engagement Initiative** at the Legal Island HR Awards in December, which took place in the Aviva Stadium. The aim of these awards is to recognise the excellent contribution that HR teams are making to the success of organisations across Ireland.

HR LEADERSHIP AND MANAGEMENT AWARDS

The HR Leadership and Management Awards represent the benchmark for those demonstrating excellence in HR. The NRH were delighted to have been shortlisted as finalists in the category **Most Effective Employee Engagement Strategy**.

Throughout the year the HR team rose to the many challenges with work demands and service pressure and engaged with the many great opportunities to get involved with the departmental and hospital wide projects and initiatives.



Information Management & Technology (IM&T)

JOHN MAHER
IM&T MANAGER

The Information Management and Technology Department is responsible for the management of all Information Technology (IT) service delivery, data management and security, business intelligence, IT Strategy and IT project delivery across the NRH.

Service Delivery

While overall helpdesk metrics remain stable in 2018, demands placed on the department have risen sharply. This is due to the demands presented by data security, GDPR, mobility, additional service implementations, the transition to cloud services, and most significantly preparation for handover to the New Hospital building.

Service Implementation

2018 was an exceptionally busy and productive year for service implementation with several strategic projects being supported by the IM&T department. The Microsoft Office 365 platform was deployed across the hospital. 2019 will see the hospital build upon the 2018 Microsoft Office 365 implementation as greater use of the toolsets are made and new functionality is rolled out.

In preparation for the New Hospital, the department has started to implement a new service delivery model, Information Technology Infrastructure Library (ITIL). The introduction of ITIL will help the department to align operation efficiency, service strategy and continual service improvements to the clinical and business needs of the hospital.

Another major project implementation that was dominant in 2018 was the Clinical Rehabilitation Management System (CRMS).

Clinical Rehabilitation Management System

The Clinical Rehabilitation Management System (CRMS) project will support clinicians, nurses and therapists with the delivery of patient care while providing management with vital business intelligence.

The CRMS project aims to define, purchase and implement an eHealth solution for the NRH. The CRMS project is a collaboration between the NRH and the Office of the Chief Information Office, HSE. A key objective for the project is to support the delivery of person-centred, co-ordinated rehabilitation services within the hospital. The solution will support patients' continuum of care, by improving communications and the flow of information with acute, primary, community and social care partners, backed-up by full electronic patient record and information.

Anticipated benefits for patients, clinicians and the wider healthcare delivery system include enhanced privacy and security of personal health information, less duplication of information, increased efficiencies, and improved ability to plan services and track continuity of care. The CRMS project aims to provide NRH healthcare professionals and patients with access to up-to-date clinical records at the point of care.

The CRMS project objectives align with the Sláintecare Implementation Strategy 2018, the Model of Care for the Provision of Specialist Rehabilitation Services in Ireland and the Implementation Framework for the National Strategy and Policy for the Provision of Neurorehabilitation Services in Ireland; as well as supporting the strategic directions of the NRH.

The project has progressed well in 2018. Rita O'Connor was appointed as Clinical Nursing Workstream Lead in April. Extensive stakeholder engagement both internally and externally has been completed and a set of system requirements have been defined and signed off on. There has been collaboration with the National Forensic Hospital and work has commenced on the Privacy Impact Assessment process. Team members presented at the Health Informatics Society of Ireland (HISI) Conference.

Occupational Health

DR JACINTHA MORE O'FERRALL
CONSULTANT IN OCCUPATIONAL HEALTH

In 2018 over 1300 contacts were made with the Occupational Health Department. It was a challenging year for a number of staff and the Department offered a variety of supports to staff depending on their needs.

Staffing of the Department includes Occupational Health Nurse Rose Curtis and Dr Jacinta 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 2018.

Services Provided and Breakdown of Consultations in 2018

Service (alphabetical order)	Consultations	Consultations	Consultations
Advice on occupational health issues	98	Pregnancy risk assessment and review	21
Employee Assistance Programme (EAP) – Offered	34	Referrals to Medmark	29
Employee Assistance Programme (EAP) – Attended	26	Absence Management, Reviews and follow-up	313
Blood Pressure	12	Stress management	67
Blood Tests	41	Hepatitis B, MMR, Varicella Vaccinations	32
Health Surveillance	1	Seasonal Flu Vaccine	318
Illness at work	41	Weigh-in facility for Staff Members	70
Onsite Occupational Health Physician	53	Smoking cessation Support	9
Pre-employment screen	73	Work related injuries	45



The NRH supports staff wellness through a wide range of wellbeing initiatives and events.



Other Services available through Occupational Health

Other services available through Occupational Health include Sharps Injury Awareness and follow-up, Health Promotion Events, Occupational First Aid, Contact Support Person and Facilitator for 'Dignity in the Workplace' Programme, Back to Work Assessments, DXA Bone Density Programme, Corporate Induction and Staff Physiotherapy for work related issues.

NRH Positive Working Environment Group

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 (PWEG) 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.

In 2018 PWEG won first prize for the 'Best Employee Engagement Initiative Award' at the Legal Island Irish HR Awards. Their submission showcased the work and achievements to date around employee engagement and wellbeing here in the NRH. The team also presented at their work at the International Congress of Occupational Health 2018.

NRH Staff Wellbeing Events in 2018 co-ordinated through Positive Working Environment Group included; NRH Staff Wellbeing Survey; Staff 'Kindfulness' Day; Pilates Classes; Boot Camps; Irish Heart Foundation – Drop-in Blood Pressure Day; HSE "Your Opinion Counts" online staff survey; 'Quiet Times' lunchtime relaxation sessions; National Workplace Wellbeing Day Event and World Physical Therapy Day (co-ordinated by the Physiotherapy Department).

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.



In 2018 the NRH took part in the National Health Sector Staff Survey 'Your Opinion Counts'. Staff surveys are seen as an opportunity to identify and deliver ways to improve employee wellbeing and embed positive work practices.

Risk Management Department

BERNADETTE LEE
RISK MANAGER

Introduction

A disciplined approach to risk is important to ensure that we are operating 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. The NRH risk oversight process builds upon management's risk assessment and mitigation processes and is committed to managing risks in a proactive, integrated and accountable manner through clear risk management structures, systems and processes.

Throughout 2018, the Quality, Safety and Risk (QSR) Committee for the NRH explored and covered a wide range of important issues. 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 and Director of Nursing forming part of the membership.

The Risk Management Department shares information and experience with other departments throughout the hospital and reports are available for viewing by all staff.

In understanding the totality of patient safety, incident data is collated to inform the Board members and staff on the severity of incidents, and trends and themes across the hospital. Incidents are recorded using the National Incident Report Forms (NIRF), and are recorded on the National Incident Management System (NIMS) database. The NRH has a strong culture of incident reporting. There were 650 'person' incidents and near misses reported in the 12 month period, with an average of 54 reported each month. 96% of the incidents were reported as negligible with 4% reported as a moderate ranking. In response to incident reviews, quality improvement plans may be implemented to monitor follow through on recommendations.

The Risk Management Department provides advice and guidance to the organisation to improve safety and help prevent patient harm.

Patient Falls

There were 4.0 patient falls per 1000 bed days recorded in 2018. The prevention of patient falls is aided by a number of factors such as an interdisciplinary Falls and Fracture Prevention Steering Group who implemented a Falls Risk Assessment form across all wards in 2018.

Medication Safety

An aggregate review of medication incidents reported in 2018 was reviewed to establish trends in the incidents reported and opportunities for improving patient safety and reducing medication errors.

The Quality, Safety and Risk Committee monitor the Patient Falls & Fracture Prevention Programme and the Medication Safety Programme and others.

Risk Register

Risks detailed on the organisations Risk Register are regularly reviewed by the Hospital Executive and Board (and escalated where necessary to the HSE) 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 strategic and operational risks.

The Risk Management Department is dedicated to ensuring the safety, health and wellbeing of all our patients, staff, visitors and contractors. This is achieved by promoting and facilitating a safety conscious culture to ensure a safe environment and place of work in line with what is required. The department continued to work with the Technical Services Department on upgrading the hospital infrastructure to ensure a safe and efficient delivery of services.



Training and Educating Healthcare Staff

Training and educating healthcare staff in patient safety and improvement is a cornerstone of the Risk Management Departments mission. Attendances at Risk Management Training sessions during the year were favourably received. Specific training courses include Fire Safety, Paediatric Life Support (PLS), 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, Transfusion Safety and Open Disclosure. Our Fire Safety Advisers have continued to provide advice and training to all areas of the organisation. Several fire drills were also conducted both during the day and at night.

Self-assessment and Quality Improvement

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, 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.

The 'Hospital Watch' initiative was established in 2018. This is a joint initiative between An Garda Síochána, Dun Laoghaire and staff and patients at the NRH. The initiatives include a monthly Garda Clinic at the hospital, facilitated by the Community Liaison Garda. A multidisciplinary Hospital Watch Steering Committee provides a forum to improve communication, prevent crime and review trends and patterns of crime in the hospital.

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.

This report illustrates the continued progress in the management of risks in the NRH, however, challenges do exist with competing demands for the allocated resources. The Risk Management Department will actively seek new opportunities, examine their implementation and drive them forward where appropriate.

Freedom of Information Statistics

The following is an overview of access to records received by the NRH in 2018

Type of Request	Number of Requests 2018
Freedom of Information	50
Freedom of Information Internal Review	1
Data Protection	26
Freedom of Information & Data Protection Access	5
Routine Administrative Access	265
Total Requests for Access to Records	347

School Report

AOIFE MAC GIOLLA RÍ
SCHOOL PRINCIPAL

Our Lady of Lourdes School is a service provided and funded by the Department of Education and Science (DES) to cater for the educational needs of students attending the National Rehabilitation Hospital. It is controlled and governed by the School Board of Management under the patronage of the Archbishop of Dublin. Whilst this is a Catholic school all religions and those with no religion are welcomed and are catered for with respect and dignity. The school provides education to students of primary and second level (4yrs to 18yrs).

Philosophy and Ethos of the School

The school plays a major part in rehabilitation. We work collaboratively with the members of the hospital's Paediatric Team to ensure that the best care, therapy and education possible is offered to all children attending the school. Through this collaboration we create a happy environment that aids learning, recovery and rehabilitation for patients. 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 students engage and progress with school work while keeping the focus on their mental and physical recovery. We strive to ensure that each student can achieve his or her full potential.

Services Provided

- 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 the curriculum is subject based. 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.
- 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.
- The Special Needs Assistants 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.



Stakeholder and Corporate Data Management

AUDREY DONNELLY

STAKEHOLDER AND CORPORATE DATA MANAGER

Input from Stakeholders is gained through numerous channels. These include;

COMMENTS AND SUGGESTIONS

All comments and suggestions received are referred to the relevant Head of Service and to be actioned or noted and passed onto staff as appropriate. Outcomes are reported back to contributors where they have provided contact details.

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 in the community or new care setting. This provides an opportunity to review services and implement required changes. The response rate to the questionnaire was 44% in 2018.

PATIENTS FORUM

Patients Forum meetings are held monthly with an invitation to all patients, family members and carers to attend. Meetings provide an opportunity for direct feedback from patients and allows them to ask questions and receive updates on hospital business. All feedback is reviewed by Heads of Services, actioned where possible and updates are given verbally at Patient Forum meetings, via Patient Newsletter 'You Said - We Did' section, or directly to the commenter if known.

PARENTS FORUM

The Parents Forum meetings take place each month with parents of current Paediatric patients. The Forum was of particular benefit in 2018 when services were reduced in the Paediatric Programme – regular meetings with parents kept them informed and addressed any issues raised.

COMPLAINTS

In 2018 a review of the hospitals' Complaint Policy and procedure was undertaken, aligning it with national policy. The aim of this is to resolve as many complaints as possible at point of contact. Training will be provided for staff within departments and programmes. The hospital seeks to meet complainants at an early stage to discuss the issues raised, with a written response being issued for formal complaints following investigation.

INTER-AGENCY FORUM

The Inter-agency Forum members include representatives from key hospital services and the many support agencies who provide information and support for NRH patients. The Forum hosts an annual 'Life beyond the NRH – working together towards recovery' Information Day to enable support agencies to showcase their services, engage with patients and provide contacts for families.

VOLUNTEER SERVICE

Volunteer numbers increased to 72 'active' volunteers this year, with an additional cohort available for events as required. During 2018 a total of 5349 hours of volunteering was provided. NRH volunteers are engaged in a variety of tasks and activities including supporting art classes, quiz nights, karaoke, bingo and boccia. Volunteers also provide support for sports days, the patients Christmas party and Music Week. They also assist within the OT 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. Volunteers attend Patient Exercise Self-Management sessions and link back with the Self-Management Committee in relation to any issues that may emerge. Induction is provided to all volunteers and essential elements of staff training are also provided.

ADMISSION AND UROLOGY OFFICE

The administration team within this area arrange admissions of all adult patients in collaboration with the nursing and medical teams following daily admissions meetings.

HEALTHCARE RECORDS

An archive project continued in 2018 whereby charts were reviewed and identified as requiring retention or archiving. A Retention Policy was developed to guide the process of healthcare records retention in line with the National Hospital Offices Code of Practice for Healthcare Records Management.

DATA MANAGEMENT

Daily monitoring of ward occupancy levels and delayed discharges is conducted which informs the process of liaison with the HSE in relation to waiting lists and management of delayed discharges. A Corporate Activity Report has been developed to enable greater analysis of activity in order to enact change where required and to ensure quality and safety in patient care.



Patient feedback is encouraged through numerous channels including comments and suggestions, feedback questionnaires, patients and family forums and focus groups and the Hospital's complaints process.



Technical Services Department

PETER BYRNE

TECHNICAL SERVICES MANAGER

In 2018 the Technical Services Department (TSD) completed many upgrades and developments 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. TSD work closely with all departments and strive to provide a safe and comfortable environment for patients, staff and all stakeholders using our facilities.

The commencement of the New Hospital Project increased demands on the team in 2018. TSD are working closely with the Health Planning Team and main contractor to ensure that the New Hospital Project contract runs smoothly with the least disruption to current hospital services.

Projects and Developments in 2018

New Clean Utility Rooms on St Joseph's Ward and St Brigid's Ward: Dedicated clean utility rooms were installed on St Joseph's and St Brigid's wards in 2018. New storage units, new floor coverings and wall protection were fitted in each room. These rooms comply with HIQA standards.

New Minor Extension Plant Protection: Plant protection was installed to ensure that the cold water tank and pump and the gas service facility are not accessible to any unauthorized persons

New Security Room: In 2018 the security office was relocated closer to the main entrance of the hospital. Security is the first point of contact for any visitors to the hospital.

Occupational Therapy Activities of Daily Living (ADL) Bathroom: In 2018 a purpose built ADL Bathroom and separate Storage Room was created in the Occupational Therapy Department. This bathroom simulates a standard bathroom home environment with access to a step-in shower, bath and standard height toilet. This assists them to make decisions about the need to make adaptations to their home, or consider using assistive equipment on discharge.

Quadrangle Garden Upgrade: An upgrade of the Quadrangle Garden began in 2018. Access to the garden has been relocated with new automatic sliding doors adjacent to the day room, which will ease access and egress for patients. On completion there will be a dedicated safe space for paediatric patients and visiting children to use while on the hospital premises, as well as an outdoor space for all to enjoy.

St Camillus Ward Upgrade: St Camillus Ward upgrade was completed in 2018 with minimal disruption to ward services.

Painting Projects: A considerable number of areas throughout the hospital were redecorated and painted during 2018. This work is very noticeable throughout the hospital buildings, keeping the hospital environment presentable and hygienic for patients, staff and visitors.

New Hospital Project: The start of the New Hospital Project, which is a much needed and welcome development for the NRH, also brought with it many challenges for the Technical Services Department. The erection of site boundaries, enabling works and decommissioning of buildings significantly increased demands on the team in 2018.



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