

40TH ANNUAL REPORT
2020



NRH

National Rehabilitation
University Hospital

OVERCOMING CHALLENGES TOGETHER



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 2020

Inpatient Service	2020 Discharges	2020 Day Cases
Spinal Cord System of Care Programme	115	–
Brain Injury Programme	114	–
Stroke Specialty Programme	73	–
Prosthetic Orthotic and Limb Absence Rehabilitation (POLAR) Programme	66	32
Paediatrics Programme (Inpatients and Day- Patients)	58	–
TOTAL	426	32

Outpatient Consultant Led Clinics	Consultant Clinic Attendances 2020
Spinal Cord System of Care Programme	561
Brain Injury Programme (including Stroke)	627
Prosthetic Orthotic and Limb Absence Rehabilitation (POLAR) Programme	229
Paediatrics Programme	112
Total Consultant Led Clinics	1,529

Outpatient Therapy Led Clinics	Therapy Clinic Attendances 2020
Spinal Cord System of Care Programme	2,949
Brain Injury Programme (including Stroke)	4,566
Prosthetic Orthotic and Limb Absence Rehabilitation (POLAR) Programme	1,084
Paediatrics Programme	160
Total Therapy Led Clinics	8,759
TOTAL	10,288

Staff celebrating with Ricky Healy; the first patient to arrive in the new NRH on 22nd June, 2020.

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Chairman's Report



Kieran Fleck
Chairman

2020 was undoubtedly a most challenging, eventful and historic year for the National Rehabilitation Hospital, with patients and staff finally moving to the new hospital during a protracted global pandemic.

The Annual Report captures the many key milestones, developments and achievements for each programme and service during 2020, and common among the themes are:

- hospital management and staff rapidly adapted and redesigned the delivery of rehabilitation services to ensure that patients continued to receive essential care and treatment programmes amidst the ongoing shifting challenges associated with the COVID-19 global pandemic, with every decision taken having the safety and wellbeing of patients, staff and families at its core.
- management and staff accelerated the transfer of services into the new hospital building, to replace the nightingale style patient accommodation with single ensuite rooms, treatment spaces and an enhanced environment meeting international best practice standards in infection prevention and control.
- a CARF re-accreditation survey which, for the first time, was conducted via Digitally Enabled Site Survey, and took place over three days in November, 2020.

The New Hospital Development – Phase One

In June 2020, the Board of the NRH were delighted to announce that all patients had finally moved into Phase One of our long-awaited new rehabilitation hospital. The redevelopment of the NRH has been long outstanding having been stalled by economic downturns in both 1980 and 2008. The completion of Phase One, and the transfer of rehabilitation services to the new building was preceded by over 20 years of very hard work by our Board, Management and Staff.

This development is a major enhancement to rehabilitation services in the country and will have a direct and significant impact on patient recovery. These new facilities will make a real difference to the lives of the children and adults who pass through the doors of the NRH. The design is patient-centred and based on the principles of empowerment, dignity, privacy, confidentiality and choice which will enable staff to deliver optimal quality care and treatment.

The first design of its kind in Ireland, the new hospital complies with best international practice and infection prevention and control guidelines to facilitate more effective management of Health Care Acquired Infections (HCAIs), and as it has transpired, a vital requirement in minimising the potential for transmission of COVID-19, as captured in the following quote from the hospital's Health Planning Team:

“ Delivering a pandemic-designed hospital and opening it in the middle of a live, acute and actual pandemic is probably a once in a universe experience. ”

New Hospital Planning Team

It was unfortunate that due to the vital COVID-19 restrictions, the celebrations envisioned for the opening of the new hospital could not be fulfilled. However, discreet celebrations took place strictly in line with public health and NRH Infection Prevention and Control guidance, and patients and staff were truly elated to move into the new hospital and to be part of such a momentous and historical occasion.

It is vital now that Phase Two of the development is advanced as quickly as possible, as Phase One facilitates only some of the hospital services in the new environment, while other services remain in the original building (Cedars) until completion of Phase Two. There are increased costs and inefficiencies managing and running the hospital across two sites, therefore it is vital that Phase Two be advanced as speedily as possible.

The Board receives continuous updates of the New Hospital Project Team's ongoing work and is involved in all decision making processes.

Corporate Governance

During 2020 the Board continued to incorporate the principles of good corporate governance into its responsibilities. This includes having an effective Board structure; evaluation of the Board and its meetings; review of duties and liabilities of Board members; review of the Terms of Reference of Board sub-committees; compliance with legal and regulatory frameworks and GDPR compliance. The Board's knowledge and understanding of hospital matters is enhanced by membership of staff and patient representatives on the Board.

Hospital Activity and Performance Data Reporting

Monthly 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.

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.

We warmly welcomed new Board Member, Mr Robert Costello in February.

Clinical Directorship

In December, **Professor Mark Delargy**, Clinical Director, retired following a long and distinguished career at the NRH. The Board placed on record its immense gratitude to Professor Delargy for being such an excellent advocate for the NRH, our patients and their families, which gained recognition for the hospital both on a national and international platform. Board members conveyed their thanks and appreciation to Professor Delargy for his valuable contribution and service to the hospital over his many years as Rehabilitation Consultant and Clinical Director, and for his extensive contribution and promotion of specialist rehabilitation services in Ireland. On behalf of the Board, management and staff of the hospital, we extend every good wish to Professor Delargy for the future.

The Board welcomed **Professor Jacinta Morgan** as the new Clinical Director and wish her well in her new role.



Quality Improvement and CARF Accreditation

The Board participated in the CARF survey in November 2020, within the Leadership and Governance Accreditation Standards. Following an extensive three-day Digitally Enabled Site Survey of the hospital's clinical and business services, the NRH was awarded a further three-year accreditation by CARF which is an independent, international accrediting body for Rehabilitation Services. The hospital staff deserve enormous credit for the ongoing dedication to improving services to our patients, even in the most challenging circumstances.

NRH Research, Academic and Teaching Facility

The Academic Department was established, and the team moved into the former convent building, renamed the 'Ivy Building' which had been refurbished to facilitate clinical education, learning and research. The Research and Teaching Strategy was approved by the Board in September.

The NRH Strategic Plan 2020 – 2023

In January, the Board approved the hospital's Strategy for 2020-2023 and are grateful to Ms June Stanley, Deputy Chief Executive and Director of Operational Services for leading on the project to develop the strategy documents and implementation plan.

Key Appointments 2020

In 2020, we were delighted to welcome **Dr Laura Ryan**, locum **Consultant Microbiologist**, particularly at such a crucial time for the hospital. Dr Ryan works between the NRH and St. Vincent's University Hospital. We warmly welcome **Mr David Farrell, Senior Clinical Engineer** and **Mr Daragh Bolton** as the site **Security Manager**, these are also very timely appointments with the expansion of services operating across two buildings on the campus. We wish them every success in their roles.



Chairman, Kieran Fleck and John Maher, Head of Information Management and Technology (IM&T) presenting at the AGM in May 2020.

The AGM in May was a digitally enabled event due to the pandemic restrictions. It was live-streamed to ensure it was accessible to staff, patients and external stakeholders of the hospital.



A Note of Appreciation

We extend our grateful appreciation to Sr Brenda Dolphin, Provincial Leader, for the continued support and contribution of the Sisters of Mercy.

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 2020 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. The Terms of Reference of these committees were reviewed in 2020.

And finally, our sincere thanks to the staff of the hospital and the Chief Executive, Derek Greene. Despite the multiple and extensive challenges posed throughout 2020, rehabilitation services were delivered with flexibility, creativity and innovation, including the acceleration of telehealth and video-enabled care, to meet the changing and complex needs of our patients and their families who receive specialist rehabilitation services at the NRH.

Kieran Fleck
Chairman



Chief Executive's Report



Derek Greene
Chief Executive

Delivering & Developing Specialist Rehabilitation Services Nationally – During a Global Pandemic

2020 was a year of unprecedented highs and lows within the NRH. It was a year that necessitated rapid and innovative responses by the hospital to the continuous challenges and ongoing adjustments due to the COVID-19 global pandemic, which caused apprehension and concern in everyone.

For vulnerable patients, the delivery of our services in 2020 has never been more important. For each patient admitted, it was their chance to receive specialist rehabilitation which could not be postponed until the pandemic finally ends, and it was vital to give patients the chance to maximise their recovery potential. There was an initial period of curtailment of Outpatient and Day-patient services, however, the Outpatient team worked through the NRH COVID-19 group to establish new protocols allowing services to reopen safely and stay open through subsequent severe pandemic restrictions.

217 (34%) staff members in the NRH have had COVID-19 restrictions visited upon them, either as suspected cases, or those receiving positive COVID-19 diagnoses in 2020.

Throughout the year, the Management team and Board of the hospital have extended their deepest gratitude and thanks to each and every member of staff for their leadership and responsiveness, and dedicated work and commitment in putting patients first during the ongoing pandemic.

The flexibility, ingenuity and drive of staff is something that the hospital is very proud of. The dedication and professionalism of staff, and their willingness to go the extra mile for patients are what sets Team NRH apart. All of these attributes have been displayed in abundance to date.

The hospital recognised the stark difficulties for staff unable to visit their families abroad, particularly those who had been bereaved and were unable to travel to say farewell to loved ones. The Occupational Health Department, Psychology and Social Work Departments set up drop-in sessions for staff to support them at a time of great stress and uncertainty for all.

The safety of our patients, staff, and their families is always paramount. All hospital decisions taken since the onset of COVID-19 have been based on the National Health Protection Emergency Team (NHPET), HSE and best Clinical Microbiological advice available to us. As Clinical Algorithms change nationally, our service delivery approaches and patient and staff supports are updated, implemented and circulated throughout the hospital as soon as we are advised, through a speedy, robust NRH communications system which we rely on to distribute all key communications to Departments and Services.

Many staff had to work in the front line, while others served in indirect support roles, including those who worked from home to comply with Government policy and to give more space for clinical and patient activities where possible. All staff have been part of the NRH effort and response to Coronavirus whether working in NRH or remotely. Staff were redeployed and some were trained in contact tracing. In April, an NRH COVID-19 testing hub was set up onsite to reduce waiting times for testing and staff self-isolating times while awaiting results.

As long as we continue to live and work in unprecedented times, NRH management will continue doing our utmost to protect our staff, their families, and most importantly the vulnerable patients entrusted into our care.

Alan Cooper, one of the first patients to move into the new hospital on 22nd June – also pictured, Mr Derek Greene, CEO, Prof Mark Delargy, Clinical Director and Prof Áine Carroll, Chairperson, NRH Medical Board.



Completion of Phase One of the New Hospital Development

Throughout the first six months of 2020, work continued on a series of change management projects and programmes to facilitate the transfer to the New Hospital and to ensure that our patients, staff and services could move seamlessly to the new facilities. 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 were kept to a minimum.

In April 2020, the new hospital was completed and handed over to the NRH. Due to the pressures associated with the provision of care and services as a result of the pandemic, the decision was taken to move into the new hospital at the earliest possible date. The move subsequently took place over two days - 22nd and 23rd June.

We were delighted to welcome patients to this new state-of-the-art, purpose built and designed hospital where the needs of our patients can be met in a world-class rehabilitation facility. Patients and staff alike celebrated moving from the old suboptimal hospital building to the new environment specifically designed to accommodate the needs of those requiring complex specialist rehabilitation services.

The provision of integrated therapy spaces enables delivery of care and treatment by Interdisciplinary Teams in the new hospital. This development also impacts positively on staff who will benefit from delivering services in a new and innovative environment designed specifically around patients' needs.

The outstanding efforts of all staff in facilitating the move to the new hospital in the midst of a pandemic, while at the same time keeping the existing services running, is deeply appreciated. Thank you sincerely, one and all.

National Trauma Strategy

An integral part of a trauma network is rehabilitation, and as the national provider of complex specialist rehabilitation services, the NRH continued its involvement in the process for the National Trauma Strategy launched by the HSE and Department of Health. Dr Éimear Smith, Medical Director of the Spinal Cord System of Care Programme, and Dr Valerie Twomey, Brain Injury Programme Manager are the NRH representatives in this key initiative.

Transfer to National Hospitals Office

In April, the NRH formally transferred to the National Hospital's Office. In late 2020, the Ireland East Hospital Group and Community Healthcare Organisation Area 6 (CHO6) submitted a proposal to develop Post-Covid Rehabilitation – Transitional Care Beds in the original hospital building on the NRH Campus following the transfer into the new hospital building. Discussions are ongoing.



“ We at the NRH are 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 unstinting commitment and dedication to our patients and their families – the quality of services delivered cannot be overestimated. ”

Staffing Matters – Workforce Planning

The hospital's business case, submitted in 2016 for the staffing of the new hospital was finally approved in March 2020 by the HSE. The Workforce Planning document has been used as the basis for staffing the new hospital. A successful recruitment campaign for nursing staff, health and social care professionals, and medical staff ensued, with a very positive response from Irish and overseas Healthcare Professionals.

Highlights and Key Issues in 2020

DIGITAL SOLUTIONS

There is now an increased awareness of the role of technology in healthcare. COVID-19 necessitated an accelerated utilisation of telehealth for assessment and intervention with virtual clinics, remote assessments, interactive online sessions with community healthcare workers, webinars, livestreams and teleconferencing becoming a part of day-to-day activity in the NRH. Meetings, and internal and external training and education moved online during 2020 to facilitate adherence to social distancing guidelines.

The hospital's AGM in May 2020 was also successfully livestreamed. In addition, the CARF Accreditation Survey was conducted by Digital Enabled Site Survey in November. The hospital subsequently achieved a maximum three-year re-accreditation. This was due in no small part to the sheer commitment of staff who prepared to the highest possible standard despite the challenges encountered as a result of the pandemic and the hard work and effort involved in smoothly and successfully transferring to the new hospital.

THE ACADEMIC DEPARTMENT

The NRH Academic Department moved into the 'Ivy Building' in 2020. This department represents an opportunity to lead and develop systems, policies and plans for clinical education and research at the NRH. The ultimate purpose is to support evidence based clinical practice and the enhancement of the patient experience of rehabilitation. In keeping with strategic priorities identified in the NRH Strategy, and the National Strategy for the Provision of Neuro-Rehabilitation Services in Ireland, the Academic Department will contribute to building the expertise required for the NRH to be the acknowledged educator and leader in defining the role of rehabilitation services as an essential component of the healthcare continuum in Ireland.

DELAYED TRANSFERS OF CARE


This is an ongoing significant challenge for the NRH which affects patients' admission to our services, 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.

THE NRH BOARD

The NRH is very fortunate to have a Board and Chairman – Mr Kieran Fleck, who support the hospital as they do. Thank you sincerely for all your ongoing support and direction. 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, guiding us through difficult times, promoting the case for the next phases of the new hospital and at all times supporting Patient and Staff needs.

In Conclusion

We at the NRH are 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 unstinting commitment and dedication to our patients and their families – the quality of services delivered cannot be overestimated. Thank you all for your professionalism and resilience under the unprecedented circumstances we have endured in 2020.



Derek Greene
Chief Executive

Operational Overview – 2020

JUNE STANLEY

Deputy CEO, Director of Operational Services

In 2020, there were a number of key milestones, most notably working through COVID-19 and all the associated operational challenges, moving to our new 120- bedded state-of-the-art rehabilitation hospital and achieving our three-year CARF re-accreditation through our first digitally enabled survey.

COVID-19 presented many challenges particularly at the outset when we were located in our legacy hospital building. Multi occupancy 'Nightingale' wards do not easily lend themselves to achieving social distancing and other preventative measures associated with COVID-19. However, through changes to operational practice, infrastructural improvements, technological innovations, staff flexibility and a lot of resilience amongst our patients, this was achieved. Our patients continued to be safely cared for throughout the pandemic with no patients contracting COVID-19 during 2020.

With the pressures of the pandemic, our move to the new hospital was expedited and following meticulous planning it took place in June 2020, starting with the Paediatric programme. On Monday 22nd June, patients and staff from our Spinal and Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programmes moved and on Tuesday 23rd June the patients and staff from the Brain Injury and Stroke programmes moved. All teams throughout the hospital assisted with this historical event and amid balloons and fanfare our patients moved into their new single, ensuite rooms and purpose-built units with fantastic mountain views.

In November 2020, the NRH had its first digitally-enabled CARF Survey. Again, there was much need for patience, hard-work, use of technology and flexibility by all, but I am delighted to say that our independent, international team of CARF surveyors were impressed by NRH and awarded the maximum three year re-accreditation.

Well done to everyone involved in the operational challenges of 2020 and a sincere thanks to all for their hard work and perseverance throughout a difficult but rewarding landmark year.



NRH Board of Management



Mr Kieran Fleck
Chairman



Mr Henry Murdoch



Mr Derek Greene
Secretary



Mr Barry Dunlea



Prof Áine Carroll



Ms Breda Moriarty



Prof Richard Reilly



Ms Frances Campbell
Director of Nursing



Mr Paul McNeive



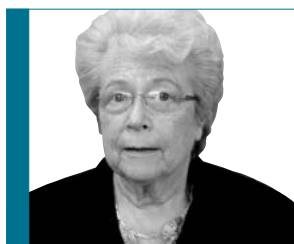
Dr John O'Keeffe



Ms Pauline Sheils



Ms Elizabeth Maguire



Sr Helena O'Donoghue



Mr Robert Costello



Prof Mark Delargy
(to December 2020)



Prof Jacinta Morgan
(from December 2020)

NRH Committees

Board of Management

Mr Kieran Fleck	(11/11)*
<i>(Chair)</i>	
Mr Derek Greene	(11/11)*
<i>(Secretary)</i>	
Mr Henry Murdoch	(11/11)*
Sr Helena O'Donoghue	(8/11)*
Mr Barry Dunlea	(11/11)*
Mr Paul McNeive	(10/11)*
Prof Mark Delargy	(11/11)*
<i>(to December 2020)</i>	
Ms Elizabeth Maguire	(11/11)*
Ms Pauline Sheils	(11/11)*
Dr John O'Keeffe	(10/11)*
Ms Breda Moriarty	(10/11)*
Ms Frances Campbell	(11/11)*
Prof Richard Reilly	(10/11)*
Prof Áine Carroll	(10/11)*
Mr Robert Costello	(5/6)*
<i>(from February 2020)</i>	
Prof Jacinta Morgan	(1/1)*
<i>(from December 2020)</i>	

* Total Board Meeting Attendance

Executive Committee

Mr Derek Greene
<i>(Chair)</i>
Prof Mark Delargy
Ms June Stanley
Mr Sam Dunwoody
Ms Elayne Taylor
Ms Frances Campbell
Dr Áine Carroll
Mr Eugene Roe
Ms Rosemarie Nolan
Ms Olive Keenan
Ms Anne O'Loughlin
Ms Rosie Kelly
Ms Cathy Quinn

Medical Board

Prof Áine Carroll <i>(Chair)</i>
Dr Jacinta McElligott
Prof Mark Delargy <i>(to Dec 2020)</i>
Prof Robert Flynn
Prof 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 <i>(to Jan 2020)</i>
Dr Cara McDonagh
Dr Eugene Wallace
Dr Jacqui Stow
Dr Raymond Carson
Dr Maria Frampton
Dr Sean Carroll
Dr Blathnaid McCoy <i>(to Dec 2020)</i>
Dr Mairead Hayes
Dr Laura Ryan <i>(from Feb 2020)</i>
Dr Kinley Roberts <i>(from Jan 2020)</i>
Dr Sabrina McAlister <i>(from May 2020)</i>
Dr Aaisha Khan
Dr Kieran O'Driscoll

Ethics Committee

Ms Elizabeth Maguire
(Chair)
Dr Jacqui Stow
Dr Maeve Nolan
Dr Simone Carton
Mr Derek Greene
Ms Elayne Taylor
Ms Frances Campbell
Ms Pauline Sheils
Fr Michael Kennedy
Ms Breda Moriarty
Prof Richard Reilly
Mr Sam Dunwoody

Patients Forum

Mr Tim Rice
(Chair)

Ms Audrey Donnelly
(Secretary) (to June 2020)

Ms Liz Maume
(From June 2020)

**Representative from
Therapeutic Recreation
Service**

Mr Mark Barry
(IWA Sport)

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 Barry Dunlea

Ms Frances Campbell

Robert Costello
(from March 2020)

In attendance:

Mr Derek Greene

Ms June Stanley

Mr Sam Dunwoody

Audit Committee

Mr Dermot Quinn
<i>(Chair)</i>
Mr Barry Dunlea
Mr Henry Murdoch
<i>In attendance:</i>
Ms June Stanley
Mr Sam Dunwoody
Mr Robert Costello

Nomination Committee

Ms Elizabeth Maguire <i>(Chair)</i>
Mr Kieran Fleck
Mr Derek Greene
Ms Breda Moriarty



Financial Statement



Sam Dunwoody
Director of Finance

At the beginning of 2020 nobody could have foreseen the year ahead and the impact the COVID-19 pandemic would have on the frontline healthcare staff, and in particular our most medically vulnerable patients.

The hospital continued to recruit in line with the HSE approved Workforce Planning staffing required to provide safe care at the appropriate levels for our patient population in the new hospital with increased bed capacity. 2020 saw the move from the original hospital to our new facility in the last week of June with circa 80 of the 120 beds being operational in line with staffing levels and COVID-19 restrictions that were in place at that time. The bed occupancy had increased to c.100 by year end with plans to have the full 120 beds open by July 2021 as agreed with the HSE Acute Operations senior management team.

Financially 2020 began with the HSE opening funding allocation for service provision that was less than our closing 2019 funding level, considering the additional payroll costs in 2020 associated with the National Wage Agreement funding requirements. The opening allocation for 2020 was set at €31.129m – a decrease of €1.373m on our final 2019 (€32.502m) funding. As €0.999m of the 2020 opening allocation was to cover 2020 payroll increases and staffing costs, the actual opening position was in fact a €2.372m reduction in funding, however the NRH was expected to initially maintain existing level of service for 2020 as part of our Service Level Agreement with the HSE. Throughout 2020 the hospital continued to negotiate with the HSE for further funding to enable the opening of the new 120 bed hospital building as well as providing other services in the original hospital. While a further additional €2.466m was allocated by December 2020 (€1.454m related to service and a further €1.012m for pension and retirement lump sums) a further 'once off' allocation of €8.0m was received which covered the increased service running cost associated to 2020 which included the opening of additional beds in the new hospital, COVID-19 Personal Protective Equipment (PPE) and service impact on staffing.

2020 Fiscal Outcome

The year-end final allocation was €41.595m (2019: €32.502m) set against our total net expenditure incurred in 2020 of €40.834m (2019: €33.302m). This resulted in a surplus of circa €761,000 for the year – this surplus was achieved due to the HSE providing a once off €800,000 funding allocation in 2020 which was provided to cover the underfunding that occurred at the end of 2019. The net result over the two years is now showing a cumulative overspend of just €0.042m (0.001%) for the Hospital and that was following the hospital very tight fiscal policy, monitoring of expenditure across all areas and was only achievable with very strong working relationships with budget holders and line managers across the organisation. Appreciation and thanks to all staff for their support and commitment in managing costs while maintaining safe services for our patients. At the early stages of the COVID-19 outbreak, the hospital never ran out of PPE supplies due to the tremendous effort, support, and management of scarce PPE products in the early months of the pandemic by all staff across the hospital. The final outcome is a very positive result considering the year we have just come through and hopefully, as a first charge in 2021, will be manageable in the overall service expenditure and provision of services. While the 'once off' funding has been included, the additional expenditure associated to the increased full year cost of the new hospital and the additional beds coming on stream have not been funded in the current allocation for 2021 services.

A summary of the 2020 Revenue Income & Expenditure Account is as follows:

	Budget 2020 €000	Actual 2020 €000	Variance Current Year €000	Actual 2019 €000
Pay Expenditure	36,770	36,785	15	31,266
Non-Pay Expenditure	12,402	11,637	(765)	9,858
Gross Expenditure	49,172	48,422	(750)	41,124
Less Income Receipts	(7,577)	(7,588)	(11)	(7,822)
Net Expenditure	41,595	40,834	761	33,302
Revenue Allocation	41,595	40,834		33,302
Accumulated Deficit / (Surplus)		42		803

Income and Expenditure Account

Service-related pay costs increased from €28.414m to €33.308m – an increase of 17.22%. Payroll costs increased by €4.894m (2019: €2.209m) due to increased staffing levels, cover for COVID-19 related absences, national pay increases, Consultants Pay award, service increases and service pressures, and increased maternity cover. Excluded from this figure is the Pensions and Lump Sums expenditure of €3.476m (2019: €2.851m). 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, in some cases requiring increased levels of enhanced nursing services.

The new state-of-the-art hospital is specifically designed and equipped to meet the needs of patients requiring complex specialist rehabilitation services. It has 120 single ensuite rooms in 10 Units located over four floors.





Non-Pay expenditure shows an increase of €1.779m – an increase of 18.05% on the expenditure incurred in 2019. The majority of this increased expenditure related to the New Hospital day-to-day running costs and some increased costs due to COVID-19 and the treatment and care of our increased number of complex patients. The main areas of expenditure were:-

The cost associated to the manufacture and supply of Artificial Limbs and Orthotics which made up 29.7% of an expenditure of €3.452m (2019: €3.294m) of the expenditure, a 4.8% increase of €158,000 on 2019. Other categories of Non-Pay expenditure which increased were: Drugs & Medicines, Medical and Surgical, Catering, Cleaning, Patient Transport, Maintenance, Insurance and Administration and Computer Supplies. Radiology, Lab costs and catering costs decreased marginally while bank interest and fees, Legal and Office Supplies also showed increases in expenditure with the remaining categories in line with 2019 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. In previous years, increases in income receipts helped offset much of the non-pay and pay overruns but the opposite occurred in 2020 due to the restrictions imposed by COVID-19. However, we received grants from the NRH Foundation which helped fund the purchase of new ward and therapy equipment. 2020 saw for the second year a decreased level of receipted income from approved charges related to Road Traffic Accidents (RTA) insurance claims which contributed to the year-end deficit result.

2020 saw income receipts decrease by €0.233m to €7.588m (2019: €7.821m) a decrease of 3% on 2019). The main areas of income changes of note were: Sales of Artificial Limbs and Orthotics increased to €3,450m (2019: €3.296m), Income from External Agencies decreased by €0.219m, of which €81,000 was due to decreased Grant Aid from the NRH Foundation, from €507,000 in 2019 to €426,000. 2020 saw a decrease in canteen and other income receipts of circa €80,000 to €304,054 (2019: €368,615) and also a small decrease in RTA receipts of circa €8,000 from €837,487 in 2019 to €829,132 in 2020.

The inflow of income receipts from Road Traffic Accidents is extremely unpredictable and the decreased receipts over our budget projections has added to the overall overspend in 2020.

Capital Grants

Capital Funding approved during 2020 was as follows:

	2020 €	2019 €
Capital Project –		
Hospital Redevelopment Project – HSE	10,805,972	53,264,767
Minor Capital –		
New MV Switchgear and ESB Panels	–	120,015
Minor Capital – Projects		
X-Ray Replacement Equipment		
Dexa Scanner	–	110,382
Urology Equipment and		
Decontamination Project	93,211	135,290
ICT New Windows Server and Licences	–	52,602
COVID Works	100,140	–
Maintenance	25,015	–
DLRCC – Road improvement /		
Boundary works	174,675	–
	11,199,013	53,683,056

“ 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. ”

Developments

Hospital Senior Management met with the designated HSE Senior Management Acute Operations Team as part of a continuous review process and to discuss a number of issues including temporary bed closures – COVID-19, New Hospital Development and reopening beds, additional service funding, 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 2020 in support of services in the original hospital buildings. Grant funding was sought for COVID related works; upgrading of our Urology Service and Equipment, and some emergency maintenance works. We are very thankful that these items were funded by the HSE which has helped to maintain our services in line with international standards and best practice.

The Hospital received €26,241 in Grant Aid from the NRH Foundation in support of replacement equipment, 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 in what was very difficult and challenging times for all 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 opening of the new NRH hospital in June 2020 during and despite a tumultuous pandemic year gave Ireland's rehabilitation community much to celebrate.

The design strategy valuing inclusion of ideas from all staff and patient sectors was allied with meticulous planning which proved crucial in realising a state-of-the-art rehabilitation building. One of NRH's long term goals was to improve our national rehabilitation facilities for people with disability and with the provision of funding from the HSE and the NRH Foundation, this goal has at long last been achieved.

COVID-19 responsiveness demanded widespread adaptability from the workforce and NRH was not found wanting. Our swiftly constituted NRH COVID Committee supported by our new locum Consultant Microbiologist, Dr Laura Ryan, who slotted into the role with ease, and Infection Control Nursing along with Senior Management kept our clinical service running despite many challenges requiring a steep pandemic learning curve. During 2020 NRH management's success in keeping COVID-19 out of NRH whilst maintaining an effective patient throughput was an admirable achievement. Support from the HSE and the Department of Health was most helpful in refining our containment approaches.

Our 2020 CARF accreditation survey was due to take place on-site but our recertification schedule was initially delayed by COVID-19 and our re-accreditation was subsequently achieved with the help of IM&T who facilitated a virtual review process involving a concerted hospital-wide approach. From initial assessor feedback, there were many commendations along with the pointers on how we can further refine and improve our service. A maximum three-year accreditation was subsequently awarded to the NRH.

The Quality, Safety and Risk (QSR) Committee activity marched on through 2020 reviewing comprehensive service reports on quality, safety, and risk from all sectors of the organisation. Patient feedback was a core focus. The committee acknowledged the many compliments and plaudits and it worked to introduce changes in practice where feedback indicated a need for service improvement.

During 2020 the NRH Positive Work Environment (PWEG) Committee was innovative and successful in supporting staff as it became clear that COVID-19 was going to be a long-term stressor for staff and patients alike.

Maintaining patient access to beds in 2020 despite COVID-19 restrictions, including quarantining, was a major challenge which was much improved when we opened the new NRH with its single en-suite rooms.

New Consultant staff will start in post during 2021 for adult and paediatric services following HSE funding for new posts and our successful recruitment drive. Our Spinal service has been strengthened by the addition of Dr Sabrina McAlister as a locum consultant. At the end of 2020 we bade farewell to Dr Blathnaid Mc Coy who assisted NRH by serving as Paediatric locum consultant for almost 2 years.

In 2020 there have been several very welcome regional rehabilitation developments. Prof Jacinta Morgan offered clinical support to Clontarf Orthopaedic hospital which developed a post-COVID rehabilitation service.

Dr Karen O'Connell, Consultant Neurologist, was appointed as locum to Peamount Hospital rehabilitation service which then opened a series of rehabilitation beds. A permanent Peamount rehabilitation consultant post jointly with NRH is due to follow. These developments may help guide other regional services to initiate similar services. We were delighted to have reopened our Orthoptics service in 2020 and added Ophthalmology expertise with Dr Fiona Kearns who joins us and our strengthens links with Beaumont Hospital.

In response to the increasing bed capacity at NRH and following HSE funding support NRH has helpfully increased its NCHD and SpR cohort. Dr Eimear Smith directs the specialist training in Rehabilitation Medicine as National Specialty Director with RCPI. Changes in our Medical Directors for the different programmes include – Dr Jacqui Stow replacing Dr Ryall for the Prosthetic, Orthotic and Limb Absence Programme and Prof Morgan replacing me for Brain Injury and Stroke. Drs Smith and Finn are continuing as Medical Directors of our Spinal and Paediatric programmes, respectively. I am delighted to report that Dr Jacinta Mc Elligott will continue in the national role as Rehabilitation Clinical Lead.

Dr Ruairi Connolly our Clinical Tutor provided and managed a vibrant yearlong comprehensive education schedule for medical staff.

In 2020 our IARM and Clinical Lead conferences presented an international review of COVID-19 rehabilitation responsiveness, innovation in Limerick rehabilitation and a variety of dynamic service developments.

With the opening of the new hospital, the additional beds gives rise to greater demand on our clinical services and so we have needed to strengthen the training and personnel in all our departments.

Radiology has increased its staffing and Urology has a newly renovated facility.

During 2020 the NRH's achievements in delivering high quality patient care have been widely reported in national print, radio, TV and online news. Our heartfelt thanks to all the patients who spoke so positively and warmly about their NRH rehabilitation. Their accounts are much appreciated, and they boosted staff morale during an especially difficult year. We also value and thank patients and families who in their feedback have highlighted the challenges NRH faces in delivering a meaningful high-quality service to all. All such constructive feedback gives NRH the opportunity to pursue continuous service improvement.

From the start of 2021 the Clinical Director leadership role will transfer to Prof Jacinta Morgan. Whilst there has been substantial progress in services over the years, the task of developing rehabilitation services remains challenging. I am delighted to advise that in Prof Morgan, the incoming Clinical Director's skills and experience will help NRH make further improvements in rehabilitation standards in conjunction with our expert interdisciplinary teams.

In bidding farewell to clinical and managerial services in the NRH I am very aware that I have been fortunate to have experienced many fruitful, productive, and enjoyable years with so many wonderful colleagues. As a clinician at NRH for over 25 years I have very many powerful and humbling memories of the strength in the Irish character as patients and their families responded to the devastating life setback which is unavoidable when a person experiences a sudden catastrophic disability. As clinicians we welcome and value peer and family support which are so important in helping the patient make a success of their time at NRH and lives afterwards.

In conclusion to my final Clinical Director report, I wish to record my thanks to all my colleagues in every clinical, service, and managerial sector for all the support and assistance over the years in so many ways during what has been such a personally rewarding, fulfilling and fortunate working experience.

I will conclude by wishing you all every success and enjoyment in your important work at NRH and I look forward to hearing how the new hospital benefits patients in the years ahead.



Professor Mark Delargy
Clinical Director



Admitting Consultants (Consultants in Rehabilitation Medicine)



Prof Mark Delargy
Clinical Director



Prof Áine Carroll
Chairperson, NRH Medical Board



Dr Nicola Ryall



Prof Jacinta Morgan



Dr Jacinta McElligott



Dr Éimear Smith



Dr Susan Finn



Dr Eugene Wallace



Dr Paul Carroll



Dr Jacqui Stow



Dr Cara McDonagh



Dr John MacFarlane



Dr Blathnaid McCoy



Dr Kinley Roberts



Dr Sabrina McAlister

Consultants with clinical attachment at the NRH



Dr Maria Frampton
Consultant Psychiatrist



Dr Raymond Carson
Consultant in
Rehabilitation Medicine



Dr Laura Ryan
Consultant Microbiologist
(from February)



Dr Brian McGlone
Consultant Radiologist



Prof Robert Flynn
Consultant Urologist

Medical Board Report



Prof Áine Carroll
Chairperson, NRH Medical Board

As I was preparing for this annual report, I found myself reflecting on the NRH Annual Report 2019 – little could we have imagined what was to unfold so imminently.

The last year has brought so many challenges and sorrow that has affected us all but once again, the NRH family have excelled in uniting to support one another and have continued to provide world-class care to the people we serve. Despite the new and complex landscape, staff responded with innovation, rapid guidance, and demonstrated real resilience throughout this extremely stressful and frightening time. On behalf of the medical board, I would like to thank you all for your courage, commitment and determination.

2020 has been a very eventful year with many changes both planned and unplanned. The Hospital became a University Hospital and we moved into our new state of the art facility. There have been many challenges this year but, as always, our skilled NRH staff have embraced all the changes and kept our patients at the centre of everything we do. The Medical Board salute you!

2020 was a year of fond farewells and happy welcomes.

Prof Mark Delargy retired from the NRH after 26 years of service to the hospital. The Board would like to thank Prof Delargy for his hard work, support and expertise in the Brain Injury Programme and for his contribution and dedication to the NRH and the Rehabilitation Medicine speciality both National and Internationally.

Many thanks to all those that contributed to Prof Mark Delargy's farewell, which due to COVID-19 had to be held online. It was a thoroughly enjoyable night, full of memories and Prof Delargy expressed his thanks and appreciation to all involved.

The Board would like to extend congratulations and welcome Prof Jacinta Morgan into the role as Clinical Director and wish her every success in her new role.

We wish Dr Sinead McNicholas success in her new post in St Vincent's University Hospital and thanks her for her significant contribution to Infection Prevention and Control work in the hospital. We welcomed Dr Laura Ryan, who joined us just as the pandemic was announced, a real baptism of fire! Her help and support to patients and staff through the course of the pandemic has been invaluable.

We also say farewell to Dr Bláthnaid McCoy and thank her for all her support and contribution to the Paediatric Programme and wish her every success in her future career.

The Medical Board congratulates all the NRH hospital staff for an outstanding CARF survey, highlighting the continued improvements and commitment to service excellence in all our teams and programmes. The Medical Board thanks Prof Mark Delargy, Clinical Director for leadership in this regard and Dr Eimear Smith and Dr Cara McDonagh of the Spinal Team. We thank Dr Jacinta McElligott, Prof Jacinta Morgan, Dr Paul Carroll, Dr Kinley Roberts for their continued support for the Brain Injury Programme and Dr Jacqui Stow and Dr Nicola Ryall for the excellent clinical leadership and support of the POLAR programme. Dr Susan Finn and Dr Bláthnaid McCoy are to be commended for the continued support and endeavours on behalf of the Paediatric programme.

Dr Jacinta McElligott, along with Edina O'Driscoll continue to lead the National Clinical Programme for Rehabilitation Medicine.

The Medical Board wishes to extend our sincere appreciation to Dr Laura Ryan, Dr Brian McGlone, Dr Maria Frampton, Prof Robert Flynn and Dr Mairead Hayes for all their expertise, support and commitment to the clinical care of patients at the hospital and their support and leadership within their areas of expertise to the clinical services teaching and research programmes at NRH.

Prof Áine Carroll continues in her work as Professor of Healthcare Integrated Care and Improvement. Further detail on the academic development can be found in the Academic Department Report.

Congratulation to Dr Kinley Roberts who completed RCPI-HSE Diploma Leadership and Quality in Healthcare.



Dr Eimear Smith continues in her role as Rehabilitation Medical lead in the Trauma Strategy. We congratulate Dr Smith in obtaining her post Graduate Diploma in Epidemiology from the London School of Hygiene and Tropical Medicine.

Dr Kinley Roberts continues in her role on Irish Heart Foundation Stroke Council.

Dr Raymond Carson continues as joint clinical lead with Dr Susan Finn for the Transition Clinic for young people with acquired brain injury, which has been running four to five times a year. Further development of this service is planned in 2021.

Dr Carson also continues in his role as a clinical examiner for the MRCPI and MRCP (UK) examinations as a member of the Scenario Writing Group for the MRCP PACES examination and devise new scenarios for use in the re-formatted clinical examination which will be rolled out in 2022.

National Clinical Programme for Rehabilitation Medicine

The NCPRM 2020 year had a promising start with the well-received RCPI facilitated **Strategic Planning Workshop** in February. However as with everyone's best laid plans for 2020, the NCPRM strategic plan required adjustment and with the advent of the pandemic, the CAG and Working Group of the NCPRM focused on supporting response to penetration of the COVID-19 pandemic in Ireland. Unfortunately, the onset of the pandemic highlighted the gaps and shortfalls in relation to access to post-acute rehabilitation services, particularly regional, post-acute and community-based services. The NCPRM provided behind the scenes support for emerging post-acute rehabilitation units in response to the increased complexity and demand related to complications of COVID-19 infection. In August 2020, the National Steering Group (NSG), Managed Clinical Rehabilitation Network, (MCRN) demonstrator project was successful in received funding from the Sláintecare redesign fund including for the MCRN Rehabilitation Co-ordinator and a new 10 bedded neurorehabilitation unit in Peamount Health Care (CHO 7) and two community teams, one in each of CHO 6 and 7. A report on **'Rehabilitation response and intervention considerations in the republic of Ireland during COVID-19 Pandemic'**, was forwarded to NCAGL in August 2020. In October, the NCPRM Webinar **'Rehabilitation Developments in the COVID-19 Pandemic and Beyond'** was well received and we were grateful to our keynote speaker Dr Paolo Boldrini joining us from Italy and presenting on **'Post COVID Rehabilitation a European Perspective'**.

Specialist Registrar Training Programme

Congratulations to Dr Sabrina McAlister on completion of her final year of training in 2020. The NRH welcomes Dr Carl O'Brien on to the Higher Specialist Training programme in Rehabilitation Medicine.

NCHD and BST training programme

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

Academic activity

UNDERGRADUATE MEDICAL EDUCATION

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

The Medical Board sincerely thank Dr Ruairi Connolly and Dr Sabrina McAlister, Clinical Lecturers for their hard work and contribution to our undergraduate medical programmes throughout the year at the NRH. 2020 was a challenging year on the education front with many placements postponed or shifted to a digital platform. Despite this, a large volume of students obtained clinical experience at the NRH and additional clinical learning opportunities were provided online.

Approximately 60 medical students from TCD and 24 medical students from the RCSI had the opportunity to participate in two four- week clinical rotations. In addition, 210 UCD medical students had an opportunity to interview patients at the NRH as a component of the popular UCD Understanding Disability Module.

Once again we would also like to thank the staff and patients who were so facilitating and supportive of our students throughout the year.

THE IRISH ASSOCIATION OF REHABILITATION MEDICINE ANNUAL SCIENTIFIC MEETING

The Irish Association of Rehabilitation Medicine annual scientific meeting was due to be held in Cork for the first time ever on 23rd October 2020. Due to COVID-19, it had to be changed to a virtual meeting which was also a first. Skilfully chaired by the President of the IARM, Dr John MacFarlane, it was a very successful event with over 50 attendees and received good feedback on the presenters. One hopes 2021 will be back to a live meeting to catch up with colleagues from around the Island.

PRESENTATIONS:

1. Aetiology and Functional outcomes Following Hypoxic Ischaemic Brain Injury **Poster Presentation**
'Rehabilitation research, practice and education in the era of COVID-19' BSRM, SRR, ACPPLD – co-hosts 10th and 11th November 20
 2. Innovation and transformation in a time of crisis; A National Rehabilitation Hospitals response to COVID-19 **Poster Presentation** Irish Association Rehabilitation of Medicine Annual Scientific Meeting, October 2020
 3. Front Line Workers' Surveyed Priorities for Progressing Enablement of Delivery of Integrated Care – the Results of a National Study: **Platform presentation** ICIC20, September 2020
 4. Participatory workshop with Multidisciplinary Integrated Care stakeholders to Development of priority areas for the development of leadership for successful integrated care **Platform presentation** ICIC20, September 2020
 5. An autoethnography of Death and Dying in Northern Ireland. **Platform presentation** ICIC20, September 2020
 6. Innovation and transformation in a time of crisis; A National Rehabilitation Hospitals response to COVID-19 **Poster Presentation** European Association of Neurology Annual Conference 2020
 7. International Foundation for Integrated Care (IFIC) advancing integrated care in policy and practice in Ireland. UCD Geary Institute for Public Policy's seminar March 2020 **Invited speaker.**
 8. Integrated Care in Ireland: Where are we and where are we going? ECAD annual conference Jan 2020, Dublin. **Keynote Speaker.**
 9. RCPI series "COVID-19 update for clinicians": Rehabilitation needs of patients post COVID-19 infection, 6th May 2020.
 10. An International Association for Medical Education (AMME) 2020 conference: Performance of undergraduate medical students in relation to psychological state and social support, 07-09 September 2020
 11. The National Clinical Programme for Rehabilitation Medicine Webinar.
 12. Rehabilitation Developments in the COVID-19 Pandemic and Beyond.
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 - J Jordan, S O'Flanagan, **É Smith**; Planning for the aftermath of the COVID-19 pandemic. *Ir Med J* 2020;113(6):98
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 - Suliman MA**, Hassan AM, Kaddam LA. Association between renal function parameters, clinical severity score and mortality risk among adult Sudanese sickle anemia patients. *Am J Blood Res*. 2020;10(6):434-439. Published 2020 Dec 15.
 - Roberts K**, Harrington L, Murphy S. Headache in the neurology clinic: a 2-year review. *Irish Journal of Medical Science* 2020

ABSTRACTS:

1. A Cyclist with Polytrauma – Navigating the Complex Worlds of Orthopaedics and Endocrinology and Rehabilitation Medicine. O'Shea Linda¹, Elmahi Eltigani¹, MacGowan Anne², Wallace Eugene¹, Roberts Kinley¹, **McElligott Jacinta**¹.
2. Role of interdisciplinary rehabilitation team in secondary stroke prevention. Lilia Zaporozhan, Ian Wilkinson, John Conroy, **Jacinta McElligott**. Irish Heart Foundation Council on Stroke

PUBLICATIONS:

1. **Carroll, Á.** and Carty, A., Innovation and Transformation in a Time of Crisis; A National Rehabilitation Hospitals Response to COVID-19. *Irish Medical Journal*; 2020; Vol 113; No. 10; P217
2. MacDonell, R., Woods, O., Whelan, S., Cushen, B., **Carroll, A.**, Brennan, J., Kelly, E., Bolger, K., McNamara,



SECTION 2

NRH REHABILITATION PROGRAMMES

Brain Injury Programme





Dr Valerie Twomey
Programme Manager



Prof Jacinta Morgan
Medical Director

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 assist people with acquired brain injury (ABI) to achieve optimum functional independence, social participation and community integration.

The programme provides the national, and only, post-acute complex specialist Inpatient rehabilitation service for people with acquired brain injury in the Republic of Ireland. The programme also provides the only specialist Inpatient rehabilitation beds for patients with a Prolonged Disorder of Consciousness (PDoC), and patients with neurobehavioural disorders. As a national tertiary level service, referrals are received nationwide from acute hospitals, HSE service areas, GPs and other primary care services.

The Brain Injury Programme 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

The Brain Injury Programme is accredited by CARF (the Commission for Accreditation of Rehabilitation Facilities) as a Specialty Programme of Rehabilitation. In 2020 the programme was re-accredited for the 5th time as a Speciality Brain Injury Programme for Inpatient, Outpatient, home and community based services and vocational services.

Demographics, Activity and Outcomes for Inpatient Services – 2020

114 patients received Inpatient rehabilitation services in 2020. Of the patients discharged from the programme, 106 were admitted to the Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP), and 8 patients were admitted for review or assessment.

DEMOGRAPHICS AND ACTIVITY

Of the 106 patients admitted to the Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP):

71

(67%) had a diagnosis of Non-traumatic Brain Injury

33

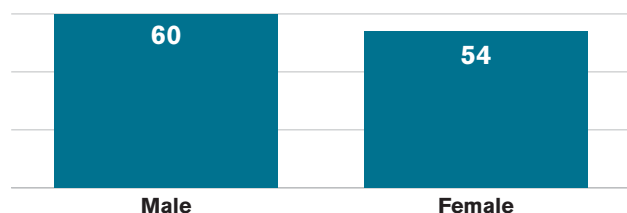
(30%) had a diagnosis of Traumatic Brain Injury

2

(3%) had a diagnosis of other Neurological Conditions



GENDER OF INPATIENTS SERVED BY THE BI PROGRAMME IN 2020



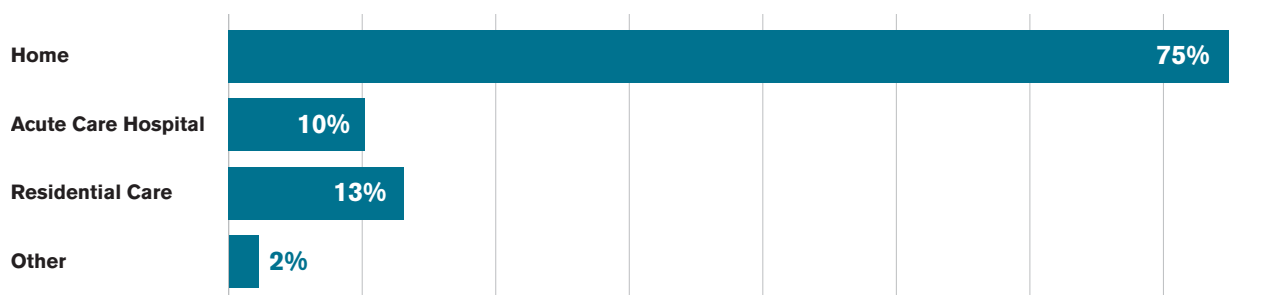
AGE PROFILE OF INPATIENTS SERVED BY THE BI PROGRAMME IN 2020

Average age	47 years
Lower age range	18 years
Higher age range	79 years

Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE DAY PROGRAMME

DISCHARGE LOCATION OF INPATIENTS SERVED BY THE BI PROGRAMME IN 2020



Indicator	Target Set – 2020	Outcome
Average Days Waiting for Admission	Average days waiting for admission would be less than 90 days	Patients waited an average of 136 days for admission to the programme
Incidence of Positive Change in Outcome measure at Discharge	Improvement in Functional Independence Measure Score – Target: 90%	94% patients
	Improvement in Barthel Score – Target: 90%	90% of patients
Average Score Change in Outcome Measures at Discharge	Patients would improve on average by at least 10 points as measured on the FIM and Modified Barthel	FIM Average Improvement 23 points Barthel Average Improvement 14.5 points
Average Rehabilitation Length of Stay	Length of stay would be less than or equal to 84 days	83 days
Discharge to Home Rate	75% of patients would be discharged to home	75% of patients were discharged directly to home

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.

Programme Goals and Achievements in 2020

2020 was a very busy, challenging and exciting year for the programme. We successfully operated during the COVID-19 pandemic, with particular emphasis on providing continued access and high-quality safe care for patients and support to families. In June, we were particularly proud to have transitioned successfully to our new state-of-the-art, purpose built new hospital with the opening of our 3 integrated Inpatient brain injury units. In October we took part in our very first 'virtual' CARF Survey with great results and we are delighted to report that we have achieved specialty accreditation for our brain injury Inpatient, Outpatient, home and community and vocational programmes until 2023.

PERSON-CENTRED COORDINATED CARE

Under our programme for quality improvement and guided by the NRH Quality Goal, several initiatives were undertaken in 2020. We welcomed the introduction to the NRH of the Visual Rehabilitation Service, in collaboration with Beaumont Hospital, with the appointment of Dr Fíona Kearns (Ophthalmologist) and Emma Goodall (Orthoptist). The Creative Arts Therapy Service for NRH was established under the leadership of Rebecca O'Connor (Senior Music Therapist) and we welcomed the consolidation of the Cognitive, Communicative and Affective Rehabilitation Service (CCARS) following successful piloting in 2019.

Programme Manager

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

Clinical Services delivered within the Brain Injury Programme and Stroke Specialty 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 **Dr Jacinta Morgan** (Clinical Director, and Medical Director of the Brain Injury and Stroke Programmes) in collaboration with Consultant Colleagues **Dr Jacinta McElligott, Dr Paul Carroll, Dr Jacqui Stow** and **Dr Kinley Roberts. Dr Eugene Wallace, Dr Raymond Carson** and **Dr John McFarlane** provide rehabilitation input on behalf of the NRH in major referring hospitals in Dublin and Cork respectively. A rotating team of NCHDs continue to provide medical support at the NRH.

- **Nursing – Pine, Rose, Ash and Holly Units**

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.

- **Pre-admission and Liaison Service**

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

- **Clinical Psychology**

During 2020, in addition to providing clinical services, psychology personnel, as part of the Interdisciplinary Team, continued to develop services and initiatives including: The Cognitive Communicative Affective Rehabilitation Service (CCARS) was developed and delivered. This is an initiative providing rehabilitation to patients with higher order cognitive difficulties and complex psychosocial needs. With the welcome increase in clinical posts in 2020, the psychology service can now provide dedicated psychological support to patients, families and staff of the Prolonged Disorders of Consciousness (PDOC) service. 2020 has afforded an opportunity for the team with Dr. Simone Carton, to undertake a review of the management of capacity, skill-mix and systems required for patients with complex neurobehavioural needs and the staff who care for them.



- **Nutrition and Dietetics**

The main focus of the Nutrition & Dietetic service to the Brain Injury Programme in 2020 was to manage nutritional risk. 2020 saw a significant increase in the number of BI patients requiring enteral tube feeding. The increase in staffing secured as part of the workforce planning process will enable greater focus on education and support of patients to reduce risk of recurrence. It will also allow for the development of an Outpatient service for these patients.

- **Occupational Therapy**

Occupational Therapists within the BI Programme responded to changing needs throughout the year which included redeployment of staff, division of the team into smaller separate teams and establishing new ways of working. Developments in line with the hospital's strategic plan include: 'Expert Staffing' – a welcome uplift in staffing due to the increase to 120 beds in 2020. 'Collaboration with Stakeholders' – Staff presented to the AOTI Neurological Advisory Group study day. 'Effective Processes' – Piloting of IDT upper limb assessment process; ongoing 'Perception' project; maintaining effective communication channels as staff now work over a much greater area; ongoing research exploring the role of formal training in the use of behavioural assessment tools in the PDOC service. 'Fit for Purpose Facility': participating in Unit meetings, Safety Huddles and new ways of IDT practice in the new hospital.

- **Pharmacy**

Patients' medicines are reconciled on admission and discharge to ensure that their medication list is accurate at transitions of care. Pharmacy staff work as part of the Interdisciplinary Team (IDT), they attend consultant rounds; and Medicines Prescription Administration Record (MPAR) reviews to optimise medications. Pharmacists provide education to patients on their medicines and a personalised Medicine List is provided to each patient. Staff also answer medication queries and provide education sessions for IDT colleagues.

- **Physiotherapy**

In 2020, the delivery of services to patients required redesigning to accommodate Infection Prevention and Control (IPC) guidance and to be flexible given frequent staffing shortages. In response to the pandemic, staff working on Saturdays increased to lessen the impact for patients due to restricted visiting and cancelled therapeutic leave; Physiotherapists worked together with IDT colleagues and Discharge Liaison Occupational Therapy (DLOT) to plan for patients' discharges to home; patient, family and carer education and training was provided via live video link and home activity videos were produced for patients. The team also supported nursing colleagues on hospital Units during times of staff shortages. The Clinical Specialist Physiotherapist led in the Effective IDT teamwork Project to improve NRH culture, structure and processes.

- **Radiology**

The Diagnostic Radiology service supports Inpatient and Outpatient management following a 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 BI 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 Computer Tomography (CT) and Magnetic Resonance Imaging (MRI) is provided to facilitate understanding of structural brain deficits and to assist with ongoing Inpatient management.

- **Social Work**

The Brain Injury Awareness for Friends and Family (BIAFF) Programme was postponed in 2020 due to the pandemic; there is a plan to move aspects of the BIAFF programme online. Social workers also participate in the Behavioural Consultancy Forum, and the Disorders of Consciousness Working Group. Visiting restrictions and cancellation of therapeutic weekend leave in 2020 were extremely challenging and distressing for many patients and families, however, visits and pre-discharge education for families were facilitated when possible. The new Complex Discharge Coordinator social work post facilitates pre-admission social work intervention and discharge planning at an earlier stage in the rehabilitation continuum of care. The coordinator works closely with the Pre-admission coordinators and a senior HSE staff member to plan for patients' timely and appropriate transfers of care onwards.

- **Speech & Language Therapy**

The Speech and Language Therapy (SLT) service within the BI programme manages 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. SLTs attend weekly chart rounds, goal setting, family meetings and discharge conferences, often supporting and facilitating patients with communication difficulties to participate in these meetings. Communication accessible timetables were introduced in 2020 and the SLT service played a vital role in supporting patients with communication difficulties to maximise their communication effectiveness with family members when face-to-face interactions were limited.

- **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 the community through involvement in hobbies or interests.

- **Creative Arts Therapy (CAT) – Music Therapy and Art Therapy**

Music Therapy: Interdisciplinary Team (IDT) assessment and treatment sessions for individual patients take the form of collaborative sessions where the music therapist works with other professionals on addressing specific shared rehabilitation goals through music. The Music therapy Assessment Tool of Awareness in Disorders of Consciousness (MATADOC) assessment tool is used with Prolonged Disorder of Consciousness patients as part of the IDT battery of assessments, and for these patients IDT treatment sessions with music therapy take place with the patient's family members. The therapeutic choir runs with the IDT where singing is used within a social group interactive session to support social communication skills as well as physical goals. In collaboration with the Therapeutic Recreational Service (TRS) patients are invited to a weekly music session to socially interact and work towards rehabilitation goals. Members of the team also attend these group sessions with their patients to facilitate individual goals.

Art Therapy: Weekly collaborative interdisciplinary sessions take place to maximise patients' assessment and rehabilitation goals through arts-based means, such as physical and cognitive goals through manipulation of art materials.



SECTION 2

NRH REHABILITATION PROGRAMMES

Stroke Specialty Programme





Dr Valerie Twomey
Programme Manager



Prof Jacinta Morgan
Medical Director

The Stroke Programme at the National Rehabilitation Hospital, in collaboration with the patients, their families and carers, provides specialist stroke rehabilitation designed to lessen the impact of impairment and to assist people with stroke, to achieve optimum functional independence, social participation and community integration.

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

The Stroke Programme is accredited by CARF (the Commission for Accreditation of Rehabilitation Facilities) and in 2020 was delighted to be re-accredited for the 5th time as a Speciality Stroke Programme for Inpatient, Outpatient and home & community-based services.

Demographics, Activity and Outcomes for Inpatient Services – 2020

73 patients received Inpatient rehabilitation services in 2020. Of the patients discharged from the programme, 72 were admitted to the Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP), and 1 patient was admitted for short review or assessment.

DEMOGRAPHICS AND ACTIVITY

Of the 72 patients admitted to the Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP):

26

(36%) had a diagnosis of Haemorrhagic Stroke

40

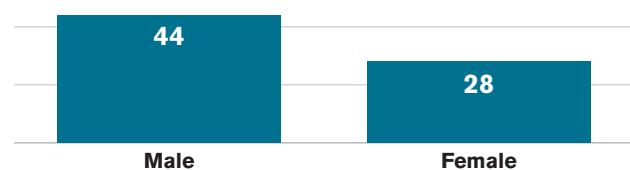
(56%) had a diagnosis of Ischaemic Stroke

6

(8%) had a diagnosis of Other Stroke



GENDER OF INPATIENTS SERVED BY THE STROKE PROGRAMME IN 2020



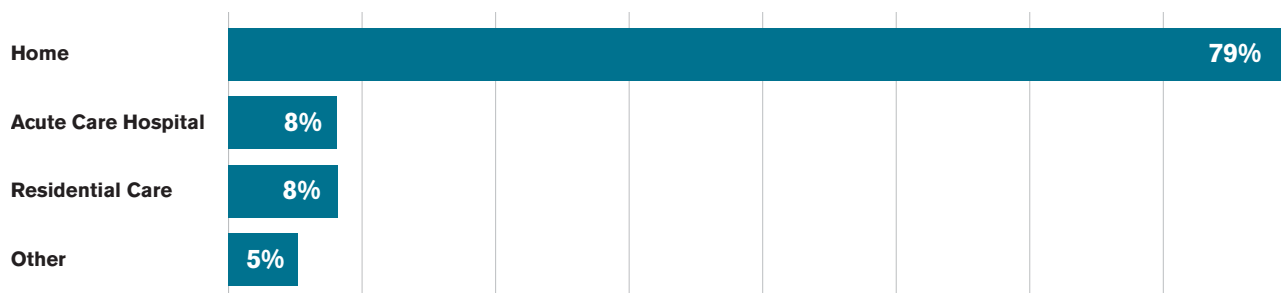
AGE PROFILE OF INPATIENTS SERVED BY THE STROKE PROGRAMME IN 2020

Average age	52 years
Lower age range	23 years
Higher age range	68 years

Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE DAY PROGRAMME

DISCHARGE LOCATION OF INPATIENTS SERVED BY THE STROKE PROGRAMME IN 2020



Indicator	Target Set – 2020	Outcome
Average Days Waiting for Admission	Average days waiting for admission would be less than 70 days	Patients waited an average of 136 days for admission to the programme
Incidence of Positive Change in Outcome measure at Discharge	Improvement in Functional Independence Measure (FIM) Score – Target: 90%	80% patients
	Improvement in Barthel Score – Target: 90%	90% of patients
Average Score Change in Outcome Measures at Discharge	Patients would improve on average by at least 10 points as measured on the FIM and Modified Barthel	FIM Average Improvement 27 points Barthel Average Improvement 18 points
Average Rehabilitation Length of Stay	Length of stay would be less than or equal to 84 days	91 days
Discharge to Home Rate	75% of patients would be discharged to home	80% of patients were discharged directly to home

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.

Stroke Specialty Programme Goals and Achievements in 2020

In October we took part in our very first 'virtual' CARF Survey with great results and we are delighted to report that we have achieved specialty accreditation for our stroke specialty programme until 2023.

Throughout 2020 we welcomed the consolidation of the Cognitive, Communicative and Affective Rehabilitation Service (CCARS) following successful piloting in 2019 and thanks to the dedication of the stroke specialty team we look forward its continued evolution into 2021.

PERSON-CENTRED COORDINATED CARE

Stratifying Stroke as distinct from other acquired brain injury and illness has enabled the programme to view, analyse and report data in a more person-centred coordinated way. New targets have been set for operational and functional outcomes and having access to this key information enabled us to give detailed feedback to the HSE's National Clinical Programme for Stroke in their Strategy Consultation.

ENABLING INTEGRATED CARE

Stroke is a leading cause of death and disability worldwide and in Ireland, approximately 10,000 people will have a stroke event each year. According to the Irish Heart Foundation National Stroke Audit just one in four patients were recorded as having received acute or post-acute rehabilitation. Increasing demands on healthcare services has led the Health Service Executive (HSE) to consider the role of the patients in managing their own healthcare, with an emphasis on chronic disease self-management programmes and the development of a national framework for supported self-management. These initiatives have guided the development and design of the NRH Stroke Specialty Programme and aim to make better use of consultations with professionals and for patients to take a greater role in managing their own health condition.

Programme Manager

Dr Valerie Twomey (Senior Clinical Neuropsychologist) is the Programme Manager for the Stroke Specialty Programme.

Clinical Services delivered within the Stroke Specialty Programme include:

- **Medical**

Patient care and treatment is delivered by a Consultant led interdisciplinary (medical, nursing, health and social care) team. In 2020 clinical responsibility was held by **Dr Jacinta Morgan** (Clinical Director, and Medical Director of the Brain Injury and Stroke Programmes).

- **Nursing – Willow Unit**

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.

Other Health and Social Care Services delivered within the Stroke Programme are equivalent to those delivered within the Brain Injury Programme, these are listed on page 29.



REHABILITATIVE TRAINING UNIT

MAUREEN GALLAGHER
REHABILITATIVE TRAINING UNIT MANAGER

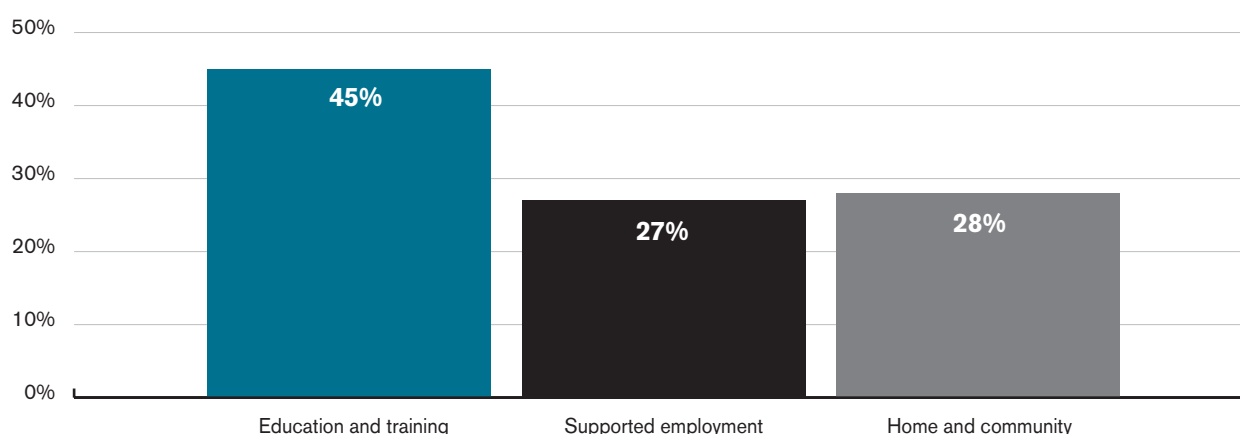
The Rehabilitative Training Unit (RTU) is part of the NRH Brain Injury Programme continuum of care. The 'Next Stage Programme' at the RTU provides group and individual rehabilitative training (RT) for adults with acquired brain injury. It is a national service accepting referrals from across the country. For service users who do not live within commuting distance of the NRH, an 11-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 each person's goals, as determined at referral and through the Individual Training Plan while on the programme. Training is delivered through 25 modules grouped in the following areas: Brain Injury Awareness and Management; Personal and Social Development; Life Skills Management; Information Technology; Educational and Project Support; and Vocational Assessment, Planning and Exploration.

The continued success of the programme rests in the client-centred, holistic approach to its delivery, the flexibility of providing individualised training programmes, and a comprehensive discharge planning process. Successful outcomes are measured by the achievement of individualised rehabilitation goals as identified by the trainee and their family including increased independent living, reintegration into community and family life, and return to work, education or training.

The RTU has an allocation of 17 WTE training places funded by the HSE. The RTU received 26 referrals in 2020 – the number of referrals was impacted by COVID-19. Of these, 15 were for trainees requiring accommodation and 11 for day places.

- The average active training days, or programme duration, in 2020 was 356 days or 11.8 months, ranging from 6 to 18 months.
- The average days on waiting list was 257, ranging from 48 to 593 days.



RTU 2020 OUTCOMES

The RTU outcomes for 2020 are as follows:

In 2020, 45% trainees were discharged to appropriate education and training programmes, 27% were discharged to employment. Of the remaining, 10% were discharged to community services and 18% were discharged to home life having reached their community reintegration goals on discharge.

The RTU continues to focus on providing high quality comprehensive rehabilitative training programmes. Responses to complexity of need have included remote case-working where medically indicated, home-based programmes where travel prohibited, training and guidance for community-based support staff and ongoing provision of education and guidance for family and carers. RTU staff liaise with family, professionals, and employers to coordinate and deliver a seamless transition from

RT to discharge occupation and destination.

New Services And Developments Launched

In 2020, the RTU responded to the challenges of COVID-19 by adapting the delivery of training modules for remote learning throughout the various levels of lockdown. This was a significant achievement throughout this challenging time.

A dedicated Telehealth system was set up in the RTU, and this enabled continuity in the delivery of group and individual training sessions through Microsoft Teams. Individual clinical sessions were delivered through 'Attend Anywhere', a HSE confidential virtual platform. The individualised programme planning continued, and when national health protocols allowed, blended learning was provided through the scheduling of blocks of on-site individual sessions alongside the remote training sessions.

The RTU undertook to deliver a Care Packages service from the training unit during the COVID-19 lockdown. The service involved collecting and delivering care packages from Inpatient family members during lockdown, and ran from April to August 2020 as visitors were not permitted into the hospital during this time. This offered the RTU team the opportunity to support their NRH colleagues in the Inpatient services and to provide a valued service to the families of the Inpatients during a very challenging period of time.

With the inherent challenges of using remote platforms for communication, it was a great achievement that RTU Trainees gave online presentations at two NRH Careers Evenings, in February and November 2020. These annual events provide RTU Trainees with the opportunity to enhance their communication skills and build their confidence and self-esteem while also affording them the chance to tell their own story.

The RTU achieved another successful three-year CARF accreditation in November 2020. This is a validation of the high-quality service provided by the RTU to Trainees and their families.

Milestones for the Service

The RTU continued to provide virtual 'Taster Sessions' and tours of the Unit for patients in the Brain Injury Inpatient service, who wanted to experience what the RTU programme could offer them. These also provided the RTU trainees with an opportunity for appropriate peer mentoring roles with the visiting patients. In 2020 we facilitated BI Inpatients to attend these sessions remotely via Microsoft Teams.

The RTU provides Trainees with an opportunity to give feedback on their satisfaction with the programme by completing an Exit Questionnaire. In 2020, 9 of the trainees discharging from the programme completed the questionnaire. Of those who responded, 8 rated 5/5 and 1 rated 4/5 on their overall level of satisfaction with the programme.

Future Plans and Developments

The RTU provides an annual Family Information Day to support the families of those individuals on the waiting list, to help them in preparation for the RTU. In 2021 we are expanding our family supports with additional Family Education and Awareness Days. Four days are scheduled for April 2021 and this will be scheduled again in the Autumn for families of new RTU trainees.

The RTU will continue to maintain strong working links with community services such as Headway, Acquired Brain Injury Ireland, HSE Disability Services, Southside Local Employment Service, MABS, Citizen's Information Centre 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 who have a significant role to play in the breadth of services and on-going supports offered to RTU Trainees. The RTU is 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, and skills development.



SECTION 2

NRH REHABILITATION PROGRAMMES

Spinal Cord System of Care (SCSC) Programme





Dr Éimear Smith
Medical Director
SCSC Programme

Eugene Roe
Programme Manager

The SCSC Programme at the National Rehabilitation Hospital has developed a continuum of care for people with spinal cord dysfunction. This encompasses the Inpatient rehabilitation phase, an Outpatient phase with the capacity to see patients in interdisciplinary clinics, consultant led clinics and single therapy treatments, as well as further linkages to community services include a nursing liaison service, a pilot vocational programme and links with the voluntary organisation Spinal Injuries Ireland (SII).

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. This encompasses the Inpatient rehabilitation phase, 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 (IDT) with overall clinical responsibility led by the Medical Director of the programme, **Dr Éimear Smith**, in collaboration with **Dr Cara McDonagh**, Consultant in Rehabilitation Medicine.

Mr Eugene Roe, Manager of the Spinal Cord System of Care Programme with members of the Interdisciplinary Team in the new SCSC Team Hub.



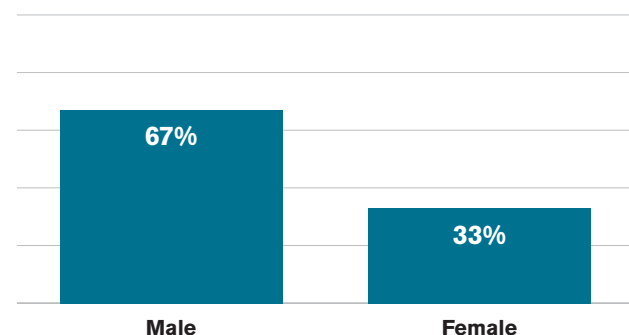


Demographics, Activity and Outcomes for Inpatient Services – 2020

DEMOGRAPHICS & ACTIVITY

In total 115 persons were discharged in 2020 from the SCSC Programme. Of these patients, 101 patients were admitted for a full goal setting rehabilitation programme (Comprehensive Integrated Inpatient Rehabilitation Programme). 47% of these were for a traumatic spinal cord injury, 46% for non-traumatic injury and 7% for neuropathies and various neurological disorders.

GENDER OF INPATIENTS DISCHARGED BY THE SCSC PROGRAMME IN 2020



AGE PROFILE OF INPATIENTS DISCHARGED BY THE SCSC PROGRAMME IN 2020

Average age	52 years
Lower age range	19 years
Higher age range	81 years

Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE SCSC PROGRAMME

Indicator	Target Set – 2020	Outcome – 2020	Note / Trend
Average Days Waiting for Admission	Target: Admission of patients within 60 days	The average days waiting for admission was 95 days	The impact of bed reduction in 2020 with the onset of COVID-19 impacted negatively on waiting times.
Average Rehabilitation Length of Stay (LOS)	Target: Average length of stay less than 90 days	Average LOS was 88 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 Transfer of Care	Target: To lose less than 8% of bed days to delayed transfers of care	Bed days lost to delayed transfer of care amounted to 10% in 2020	'Delayed Transfer of Care' is the term used when patients have completed their rehabilitation programme and are medically fit for discharge but are awaiting access to onward care.
Discharge to Home Rate	Target: To discharge at least 75% of patients to home	83% of patients were discharged home	11% of patients were discharged back to the acute referring hospital in 2020. 6% of patients were discharged to long term residential care.

SCSC Programme Highlights in 2020

- Workforce planning continued in 2020 with progress made in recruiting personnel to meet the target of having all 40 SCSC beds in the new hospital fully staffed and operational by mid-2021. Recruitment in 2020 included the appointment of additional medical consultant hours to the programme.
 - The Education Committee published the first two booklets in a series of educational materials for patients, families and healthcare professionals. These booklets have been compiled by IDT staff and beautifully illustrated.
-

Programme Manager's Report

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

2020 was a year of huge challenges, and particularly the challenges associated with the COVID-19 pandemic and ensuring that the safety and wellbeing of our patients was successfully achieved. However, alongside this there was creative innovation with the development of online clinics and virtual education and teaching. The detailed planning of the move to the new hospital ensured that the transfer was completed smoothly, and patients were welcomed into their new accommodation of single ensuite rooms. The SCSC Programme continues to operate over both the new and original (Cedars) hospital buildings, and this remains an operational challenge for the team. In November, the SCSC team rose to a further challenge when the hospital successfully undertook a virtual CARF accreditation survey which achieved a maximum three-year accreditation.

In 2020, the focussed management of admissions resulted in a consistently high bed occupancy rate of 95%, however the continued loss of bed capacity due to enabling works for the new hospital, combined with the loss of beds for pandemic infection control purposes, and the additional temporary loss of beds to facilitate the move to the new hospital resulted in the lowest ever throughput of patients in the programme.

As ever the SCSC Programme was supported by generous fundraising undertaken by individuals and groups during the year and these 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.

2020 dawned with substantial targets; the move to the new hospital and CARF accreditation survey. Little did we know in the SCSC programme that it was also going to be a year of huge change for our patients and our work practices. For our patients, visits, weekend leave and peer support events were suddenly cancelled in March as the SARS-CoV2 virus started to ravage through the country. There was concern and anxiety, even fear, amongst our team members. However, within our programme, impossibilities became possible with the advent of virtual Outpatient Clinics, accelerated funding for home care packages, and family and carer training in the home conducted by nursing and therapy staff. There were challenges too – reduced bed numbers due to the need for social distancing, slowed rates of admissions, delays in (and in some cases) no transfer of care. However, the teamwork was incredible as we witnessed new ventures such as unit-based patient education sessions and weekend working, in an effort to increase activities for patients staying in NRH for the weekends, without being able to see family members due to public health restrictions.

Staff too missed some opportunities. Some had been invited to speak at meetings and share knowledge and expertise with colleagues, nationally and internationally. Spinal Cord Injury conferences (Guttmann and MASCIP), a twice-yearly chance to benchmark against colleagues, to share experiences and learn, were cancelled also. Remote links helped a little but are no substitute for personal contact. To finish the year a little more positively, the new hospital building has greatly enhanced our working conditions and a difficult year was crowned with a CARF survey result without a single recommendation for our programme.



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 – Lily, Oak and Fern Units**

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**

2020 was a year of cancelled events and altered plans - staff support sessions, exploring new modalities of engaging with families and peers, and developing interdisciplinary information materials, were prioritised to maintain education, family engagement and staff wellbeing. A former patient of the SCSC programme, completed her MSc at University College Dublin (UCD) with a thesis entitled "You were lying in limbo and you knew nothing": A thematic analysis of the information needs of spinal cord injured patients and family members in acute care'. A welcome staffing uplift in 2020 will enable SCSC psychology services to be developed and expanded in 2021.

- **Nutrition and Dietetics**

Intervention focuses on managing nutritional risk and ensuring that patients are well nourished in the initial rehabilitation phase, and as recovery progresses, shifts to address issues with long term health. The increase in staffing secured as part of the workforce planning process will enable greater focus on education and support of patients to manage long-term health issues such as excess weight gain. It will also allow for the development of an Outpatient service for these patients.

- **Occupational Therapy**

Despite the challenges of the pandemic, Occupational Therapy developments and quality improvement initiatives in 2020 include: a welcome uplift in staffing due to the increase to 120 beds in the new hospital; New ways of working were established with the SCSC Interdisciplinary Team (IDT) on moving to the new hospital; Pathways, Standard Operating Procedure (SOP), and information sheets were created for 'Clinical Modalities: An IDT working project'; a 'Standardised Hand Assessment' was created for patients with spinal injury and is being piloted. The Programme was allocated funding for four additional powered wheelchairs.

- **Pharmacy**

Patients' medicines are reconciled on admission and discharge to ensure that their medication list is accurate at transitions of care. Pharmacy staff work as part of the Interdisciplinary Team (IDT), they attend consultant rounds; and Medicines Prescription Administration Record (MPAR) reviews to optimise medications. Pharmacists provide education to patients on their medicines and a personalised Medicine List is provided to each patient. Staff also answer medication queries and provide education sessions for IDT colleagues.

- **Physiotherapy**

The physiotherapy team in the SCSC Programme met the challenges of the disruption of COVID-19, ongoing planning for (and the move into) the new hospital, extended working hours and developing new ways of working across the two hospital sites. The team have continued to deliver a specialist, quality, interdisciplinary service amidst all these challenges. Upskilling in the management of ventilated patients has been an important skill for all physiotherapy staff in the team during the year. New ways of working, using telehealth for educational and family training purposes continued into 2021.

- **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 Spinal Cord Injury (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 spinal injury patients. The aim is to establish a Centre of Excellence for Bone Health and for fracture prevention in the neurologically injured patients of our national referral centre.

- **Social Work**

Social Workers within the SCSC Programme deliver services to patients throughout their rehabilitation and in the immediate post-discharge stage as required. Interdisciplinary Pre-admission and outreach visits are completed with the Discharge Liaison Occupational Therapist (DLOT). With IDT colleagues, Social Workers have been involved in transferring family counselling, supports and peer services online. Visiting restrictions and cancellation of therapeutic weekend leave due to the pandemic were extremely challenging and distressing for many patients and families, however, visits and pre-discharge education for families were facilitated when possible. The new Complex Discharge Coordinator social work post facilitates pre-admission social work intervention and discharge planning at an earlier stage in the rehabilitation continuum of care.

- **Speech & Language Therapy**

The Speech and Language Therapy (SLT) service offers assessment, diagnosis and treatment of 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 and may have access to video fluoroscopy services from their referring hospitals. An increase to the SLT resource in 2020 has enabled greater Interdisciplinary collaboration for the benefits of patients.

- **Spinal 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, 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.

- **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 the community through involvement in hobbies or interests.

- **Creative Arts Therapy (CAT) - Music Therapy and Art Therapy**

Music Therapy: The 'Voice Group' for patients with spinal cord injury is a collaborative IDT initiative with Music Therapy, Speech and Language Therapy and Physiotherapy colleagues. Specific singing techniques, using physiotherapy methods, are utilised to address vocal strength and breathing. In collaboration with the Therapeutic Recreational Service (TRS) patients are invited to a weekly music session to socially interact and work towards rehabilitation goals. Members of the team also attend these group sessions with their patients to facilitate individual goals.

Art Therapy: Weekly collaborative interdisciplinary sessions take place for individuals where assisted or adapted art-making takes place. Where patients cannot physically engage with art-making, their expression is supported through directing the art therapist attuned to their current experience to initiate and complete artwork.



SECTION 2

NRH REHABILITATION PROGRAMMES

Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programme





Dr Jacqui Stow
Medical Director



Dr Nicola Ryall
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 2020. 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 2020 has been positive, praising the dedication and expertise of the staff in the POLAR programme.

Demographics, Activity and Outcomes for Inpatient and Day-patient Services in 2020

In total 98 patients were discharged from the POLAR Programme in 2020. Of these patients, 54 were admitted for a full goal setting, Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP), and 12 were admitted to the Unit for review or a short period of additional treatment or assessment. A further 32 patients received their care as Day-patients.

DEMOGRAPHICS & ACTIVITY

Types of Amputation	Inpatient	Day Patient	%
Below knee	29	18	49%
Above knee	28	13	42%
Bilateral lower limb	7	0	7%
Upper limb	1	1	1%
Through knee	1	0	1%
Through hip	0	0	0%
Total	66	32	100%

Patients and members of the Interdisciplinary Team from the POLAR Programme delighted to be moving to Poppy Unit in the new hospital.





The following tables show the breakdown of gender, and average age profile for Inpatients and Day-patients of the service in 2020, The **Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP)** is a full goal setting programme of rehabilitation delivered by the NRH Interdisciplinary Teams (IDT).

Gender of patients discharged from the POLAR Programme in 2020	Inpatients (CIIRP only)	Inpatients (All)	Day Patients
Male	85%	83%	81%
Female	15%	17%	19%

Age Profile of patients discharged by the POLAR Programme in 2020	Inpatients (CIIRP only)	Inpatients (All)	Day Patients
Average age	63 years	65 years	62 years
Lower age range	28 years	27 years	23 years
Higher age range	84 years	87 years	83 years

Outcomes

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

Indicator	Target Set – 2020	Outcome	Note / Trend
Average Days Waiting for Admission from referral to Inpatient waiting list.	Target: Admission of patients within 40 days	Average wait for admission was 90 days	There has been a significant increase in the wait time in 2020 primarily due to COVID-19. The team prioritised admitting patients from acute settings, therefore the wait time for admission of patients from home increased significantly
Average Rehabilitation Length of Stay (LOS) for all Inpatients	Target: Less than 60 days	Average LOS was 48 days	The programme operated within the set target.
Delayed Transfer of Care	Target: to lose less than 2% of bed days to delayed transfer of care	1% of bed days lost to delayed transfer of care in 2020	Key Performance Indicator (KPI) achieved
Increase in functional improvement	Target: 90% of patients will improve their Barthel Score	93% of patients achieved an increase in the Barthel Score	KPI achieved

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

Indicator	Target Set – 2020	Outcome	Note / Trend
Average Days Waiting for Admission to the POLAR Day-patient Programme	Target: Admission of patients within 30 days	Average waiting for admission was 32 days	Of note there were no admissions to the Day programme in Quarter 2 due to COVID-19 restrictions

Programme Highlights in 2020

- The main highlight of the year was the move into the new hospital building and increasing our bed capacity by two beds on the new Poppy Unit.
- The NRH POLAR team, along with senior hospital management and our strategic partner Ability Matters, engaged with external stakeholders including senior management in the HSE, acute hospital teams, and community colleagues in order to deliver education and information related to the POLAR Programme, and collaborate in a more effective way to improve patient rehabilitation outcomes.
- In a response to COVID-19, many clinics moved to use technology so that patients could be seen virtually rather than in person, to protect the health and safety of our patients and staff and in line with public health guidance and restrictions.
- Education and training were provided to acute and community services via the physiotherapy outreach service, and 2020 saw the publication of a range of education booklets for patients that will guide them through their new journey.
- The POLAR programme continued 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 along with a 6 weekly consultant visit to Galway. Many of these clinics ceased in response to the first wave of COVID-19, however, they had all reopened by year end.
- The POLAR team continued their Interdisciplinary Team (IDT) training in 2020. This has resulted in therapists attending nursing handover in the morning, daily team huddles and IDT two weekly goal setting meetings. Improved team communication has been helped by the co-location of the team in the IDT treatment space in Cedars (original hospital) and a dedicated new POLAR Poppy Unit.
- The POLAR programme, along with other clinical Programmes, commenced a COVID-19 therapy response at weekends as patients could not go home for normal therapeutic leave due to pandemic restrictions.
- This year saw the introduction of Music and Art therapy to support POLAR patients during their Inpatient journey.
- The team also successfully completed a virtual CARF survey and achieved a maximum three-year accreditation.
- An Admission-Discharge Liaison Co-ordinator commenced in the service.

NEW PRE-ADMISSION CO-ORDINATOR ROLE

The Pre-Admission Co-ordinator role was instated as a pilot in mid-2020. The role to date has involved triaging and managing referrals, validation of waiting list ensuring patients awaiting admission to the POLAR Programme are ready physically, socially, and emotionally for admission to the rehabilitation process, and developing professional relationships with colleagues locally, regionally, and nationally to assist with supporting implementation of the integrated care pathway.

Successes to date have included implementation of the Walking with Help and Independent Walking Programmes, reduction of waiting time from referral to assessment from an average of 8-10 weeks to 5-6 weeks, working as a key point of contact for referring services nationally.

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

The Strategic Partnership Agreement continues to provide strategic oversight and governance across the POLAR Programme services. Clinical and managerial relationships were tested by the onset of the COVID-19 global pandemic, however, the strategic partnership rose to the challenge and, with government scheme support, have reorganised the mechanism and operational structure of clinical service delivery to maximise care whilst prioritising patient safety at the most testing of times.

The Strategic Partnership Meetings, augmented by regular ad hoc liaison has enabled us to reorganise the site of clinical service delivery to achieve safe social distancing for staff and all patients (many of whom are from vulnerable groups) whilst remaining connected to the core NRH service model at all times.



The closure of satellite clinics has put additional strain on main clinic sites in Dublin and Cork, however, the workforce has been reorganised and deployed to deal with the demand. Naturally, activity has taken a significant dip during April-July 2020 but, the operational changes to clinic locations and initiatives such as postal and virtual clinic delivery, where viable and safe, has mitigated this impact on the overall annual figures.

The pandemic has not been without its costs, with a reduction in senior management headcount. However, the impact of this has been minimised with additional input from the Ability Technology Group parent company (Ability Matters Group). An additional graduate clinician has now joined the Ability Matters Team and an operations manager has joined our team based at Deansgrange, focusing on our supply chain, quality and production procedures.

Prosthetics – Demographics, Activity and Outcomes for Prosthetic services in the NRH and Satellite clinics 2020

PROSTHETIC CLINIC ACTIVITY

There was a total of 4,861 attendances across prosthetic clinics in 2020. Despite the impact of COVID-19, this is not significantly below historical levels. There has been a shift to virtual engagement with approximately 11% of activity being carried out virtually.

PROSTHETICS REFERRALS

As well as our management of established patients, Ability Matters received 201 new prosthetic referrals in 2020. Of the 201 patients assessed and reviewed, 110 patients were deemed suitable for prosthetics and prescriptions were raised to assist with their care plan.

Benchmarking across our UK clinics reveals that a 50% prescription rate is in line with UK national averages. Prescriptions are not raised due to patient capability, often linked to comorbidities such as vascular status, delayed or failed wound healing and physical robustness.

ORTHOTICS SERVICE

The orthotics service operates across all of the specialist rehabilitation programmes at the NRH including POLAR, Spinal Injury and Brain Injury, with daily clinics 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 1619 attendances to the orthotic clinic in 2020. This is a continued increase on previous years.

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.

In 2020, the challenge of ensuring that our particularly vulnerable population group were not exposed to COVID-19, caused a move to telehealth clinics and use of technology to remotely assess patients in their own homes or with their therapy teams from referring hospitals.

The success of this was assessed through a survey with our stakeholders and was a useful change leading to improved communication and convenience for patients who no longer needed to travel. We rearranged clinic times to limit patient waiting times and contacts.

The new pre-admission coordinator role made it possible to set up these virtual clinics and gather the information required to streamline assessments.

Our outreach physiotherapy service enabled our service to support patients attending satellite units and deliver consultant-led prosthetic rehabilitation maximising our patients' access to rehabilitation services. This is a step towards achieving managed clinical rehabilitation networks for our patients.

The move into our new purpose-built hospital building allowed for improved infection prevention and control. The new hospital environment has enhanced patients' rehabilitation experience and ensures that we can continue to meet our patients' rehabilitation needs.

- **Nursing – Poppy Unit**

Nursing staff on Poppy Unit 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**

In 2020, psychological assessment and intervention was offered to all patients, and family members of those attending the POLAR Programme. The pandemic presented unique challenges for patients, intensifying the experience of loss, frustration, and isolation for many. Supporting patients necessitated flexible working practices using telehealth, and the provision of support to patients over extended times, including weekends. During 2020, Psychology has especially contributed to the review of goal setting procedures and began the process of collaborating as part of the interdisciplinary team to review how a more cohesive pain management service could be provided.

- **Nutrition and Dietetics**

The goal of nutritional therapy is to support patients in optimising control of chronic conditions such as Diabetes and Chronic Kidney Disease and in making behavioural and lifestyle changes to improve their long-term health. This is achieved on a one-to-one basis and through the POLAR Healthwise Talks. The increase in staffing secured as part of the workforce planning process will allow for development of resources and IDT initiatives to support patient's nutritional goals. It will also allow for the expansion of the Outpatient service for this patient group.

- **Occupational Therapy (OT)**

The OT POLAR team gained additional staffing in 2020 which has been a great addition to enable delivery of quality services to our patients. Further team expansion in 2021 will support the team to deliver equitable and effective care to Inpatients, day patients, Outpatients, and continued liaison with acute and community colleagues. An application has been submitted for the purchase of powered wheelchairs for trial with patients, providing them with further opportunities to maximise their independence.



- **Pharmacy**

All medications are reconciled on admission and discharge to ensure that the medication list is accurate at transitions of care. Medicines are procured and dispensed for all Inpatients and on discharge. Pharmacists work as part of an interdisciplinary team and attend Consultant ward rounds advising patients and staff to ensure medications are optimised. 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 new IDT group; Music & Movement commenced in 2020 with positive feedback from patients. COVID-19 accelerated a move to telehealth medicine for assessment clinics, family meetings and outreach, and the team are creative in finding ways to provide family training including meeting patient families in the evenings and weekends along with virtual methods. The team will re-commence group treatment and education as restrictions allow to facilitate patients building rapport with peers and improving self-management skills. Our outreach physiotherapist has supported and advised the rehabilitation team in Clontarf on prosthetic rehabilitation. We are also involved in a research project with The Gait Keeper App to explore its efficacy in the POLAR population.

- **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**

Additional social work hours have increased the service available for Outpatient and outreach work. Patient and family education is offered by the POLAR IDT team including the Social Work staff who facilitate sessions on the Peer Support Programme, however, but was restricted to Inpatients only due to COVID-19 restrictions. Other monthly and annual Peer Support events for former patients had to be deferred. The POLAR Social Workers plan to focus on enhancing peer support services throughout 2021 and telehealth has opened up new opportunities in this regard.

- **Speech and Language Therapy**

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

Poppy Unit accommodates patients from the POLAR Programme.



- **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.

- **Creative Arts Therapy (CAT)**

Music Therapy:

In January 2020, a ten-week music therapy pilot project was undertaken to investigate the potential benefit of a weekly music therapy and IDT group session for Day-patients and Inpatients within the POLAR programme. The overall aim of the sessions was to use specific music-based methods to support patients in addressing pain relief and facilitate physical, emotional and social interaction goals. As a result of hugely positive feedback, funding was identified within the Creative Arts Therapy project and a weekly music therapy IDT group commenced in September.

Art Therapy:

In September 2020, 1.5 hours of art therapy time was allocated to the POLAR Inpatient service. To optimise the impact of art therapy, a weekly group was developed with an overall aim to maximise shared experience, peer support and develop communication and social skills in a safe group environment. The overall aim of the group is to provide emotional support and social interaction. In the group session patients' experience is externalised through art making and shared with the group for discussion.



SECTION 2

NRH REHABILITATION PROGRAMMES

Paediatric Family-Centred (PAEDS) Rehabilitation Programme





Dr Susan Finn
Medical Director
PAEDS Programme



Ghyslaine Brophy
Programme Manager



Aoife Langton
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 ten beds between Inpatient and day places. It operates as a five-day service. The Programme delivers paediatric rehabilitation 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' 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 Health Ireland (CHI) at Crumlin, Temple Street and Tallaght Hospitals, Beaumont, and Cork University Hospital neurosurgical units. Referrals are also accepted directly from general practitioners (GPs).

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 places 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 (SNA), personal assistants, and other service providers.

The rehabilitation needs of each child and young person referred are assessed by the Paediatric 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 the PAEDS Services – 2020

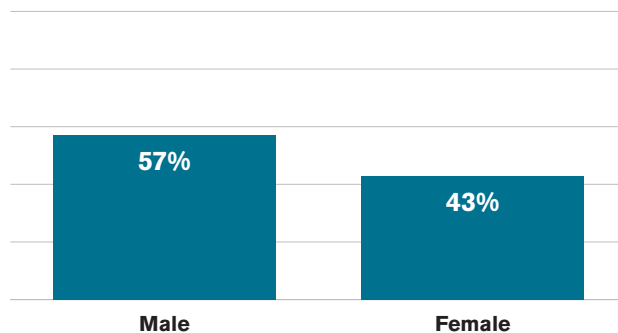
DEMOGRAPHICS & ACTIVITY

In 2020 the Paediatric Family-Centred Rehabilitation programme served 58 patients as Inpatients or Day-places, of which 39 were new patients to the programme and 19 were a readmission.

Type of Rehabilitation Admission / Activity	Description	Number in 2020
PAED 1 Full Rehabilitation Programme CIIRP	Children and young people admitted for their main rehabilitation programme, either as Inpatient or day place. The full programme meets CIIRP standards	28
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 or for a Multidisciplinary Team (MDT) pre-admission assessment of rehabilitation needs	30
Outpatient Clinic Services	Spinal Injury, MDT clinics, ABI clinics, Transition to Adult clinics	112
Outpatient Therapy Services	Therapy treatment and, or reviews by team member(s) only	160
OUTREACH Activity	Pre-admission, during admission and post-discharge follow-up outreach work	110

The following tables represent the breakdown of gender, and average age profile of the CIIRP patients who attended the service in 2020 for the Full Rehabilitation Programme (PAED 1).

GENDER OF THE CIIRP PATIENTS (FULL REHAB) DISCHARGED BY THE PAEDS PROGRAMME IN 2020



AGE PROFILE OF THE CIIRP PATIENTS (FULL REHAB) DISCHARGED BY THE PAEDS PROGRAMME IN 2020

Average age **11 years**

Age range **3 to 18 years**

Age group

0 to 6	7
7 to 12	5
13 to 18	16

Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE PAEDS 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 2020.

Indicator	Target Set – 2020	Outcome	Note / Trend
Discharge to Home Rate	75% of the CIIRP patients (full rehabilitation programme) to be discharged home	96%	4% patients admitted from and returned to an acute children's hospital
Average Days Waiting for Admission	80% of the CIIRP patients (Full Rehab) to be admitted within 85 days.	29% were admitted within 85 days	The average wait was 230 days
Average Rehabilitation Length of Stay	Length of stay of the CIIRP patients (Full Rehab) to be less than 90 days	Average LOS was 47 days	The lowest stay was 11 days and the highest was 137 days
Completion rate of Outcome Measure	95% completion of both the admission and discharge Paediatric Barthel Measure	94% completion of both the admission and discharge Barthel	Two were completed at admission only
Delayed Transfer of Care	Less than 1% of bed days available to the Programme to be lost to delayed transfer of care	0%	No bed days lost to delayed transfer of care in 2020

Of the 28 CIIRP patients seen by the PAEDS Programme in 2020, 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
7	3	5	1	2	7	0	3	0	0	28



Programme Developments and Initiatives in 2020

2020 was an unprecedented year across the world. For the PAEDS Programme, it was a challenging and yet important year. The pandemic hit regular operations hard as the Programme reluctantly suspended Inpatient and day services in March. In the absence of its core service, the team's adaptability and creativity shone through with efficient utilisation of modern technology that allowed members to work remotely as well as the formation of the virtual health ABI, SCI and Consultant led Triage pre-admission clinics to continue delivery of service, advice and education to parents, schools, and other healthcare professionals in the community. Various members of the team also started offering virtual direct treatment and educational sessions via telehealth.

While the PAEDS Programme continued to offer remote and outreach services, the suspension of the Inpatient and Day services, due to the global pandemic, affected those who were Inpatients at the time, as well as those on the admission waiting list or newly referred to the services and awaiting assessment. We acknowledge the impact of this unavoidable disruption on families.

Despite adverse conditions, 2020 was also the year that saw the much-needed transitioning of the paediatric rehabilitation service to a fully integrated, stand-alone unit in the new hospital build and the gradual re-opening of the service under pandemic restrictions. Daisy Unit is comprised of eight en-suite rooms which provide accommodation for the patient and one parent or guardian, a music therapy room, a multisensory room and a multi-sensory bathroom, a therapy gym, individual therapy rooms, administration offices and meeting rooms. A family room, teenagers' den, a dining and recreation room, and a classroom are also provided within the Unit. This fully integrated space that has been specifically designed for the provision of paediatric rehab marks an achievement at a national level and was recognised at an international level by the Commission on Accreditation of Rehabilitation Facilities (CARF).

Delivery of services is being facilitated by engaging in the integrated interdisciplinary framework that fosters a collaborative approach to planning, reviewing, and achieving patient goals.

In 2020 the PAEDS team initiatives to enhance and maximise the children and young people's rehabilitation opportunities include: the **'Get Set, Go!'** group on Monday mornings which prepares the children and young people for the upcoming week and the **'Feel Good Friday'** group which provide suggestions for the weekends at home. The PAEDS team also adapted the **'Heads Up'** module and delivered the transition from primary to secondary school intervention in an online format.

The team actively participated in a virtual survey for the re-accreditation by CARF and was delighted to be awarded renewal of its three-year Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP) accreditation.

The collaborative work between Our Lady of Lourdes School at the NRH and the interdisciplinary team plays a significant role in relation to the transitioning of school-age children and young people back into local education.

Numerous national and international conferences were put on hold, but the team networked online with their colleagues, gaining insights and sharing knowledge, especially in terms of service provision during a pandemic.

The "Rehab without Walls" approach remains at the heart of the programme – a service which meets children's needs in a timely manner and in the most appropriate setting, in close collaboration with families and other paediatric services. Work continues for the development of a separate paediatric Outpatient team to implement fully its Outpatient, outreach, and community services.

Dr Sarah O'Doherty and Rebecca O'Connor have continued to work jointly on the development of their assessment method, the O'Doherty O'Connor Music and Psychology Assessment (OOMPA).

Every year, the PAEDS Programme benefits from various types of donations and sponsored awareness-raising activities, including those organised by the patients themselves and their families. The Programme gratefully acknowledges the generous support of all its donors in 2020.

Programme Manager (shared post)

In mid-2020, Aoife Langton joined Ghyslaine Brophy as joint Programme Manager for the Paediatric Family-Centred Programme.

Clinical Services delivered within the PAEDS Programme include:

- **Medical**

In 2020, Consultant Paediatrician Dr Susan Finn, Medical Director of the Paediatric-Family Centred Programme, and Dr Bláthnaid McCoy, Consultant Paediatric Neurology, worked collaboratively with their Consultant Colleagues in Rehabilitation Medicine for patients with needs in relation to limb absence, spinal cord injury, and paediatric patients referred to the NRH. When necessary the Consultant reviews new referrals in their Inpatient setting to help plan their rehabilitation admission.

- **Nursing – Daisy Unit**

Nursing staff on Daisy unit work collaboratively with the other members of the PAEDS Interdisciplinary Team to ensure a quality standard of care and rehabilitation is delivered to the children, young people, and their families and carers. Nursing staff work with the children and their parent over the 24 hours, providing care, education, supervision, and support. All patients and their parents continue to benefit from the Primary Nurse Initiative.

- **Clinical Psychology**

The Clinical Paediatric Psychology and Neuropsychology service works as part of the interdisciplinary PAEDS team providing therapeutic input, behavioural support, neuropsychological assessment and cognitive rehabilitation services to children and young adults. Along with other team members, the psychologist also plays a key role in supporting and educating parents and, when necessary, the young person's siblings.

- **Liaison Service**

The liaison nurse acts as an advocate for patients and families, providing information and education, liaison with healthcare professionals in referring hospitals, including Children's Health Ireland (CHI) at Crumlin, Tallaght and Temple Street, Beaumont and others, and also community services and schools during the pre-admission, Inpatient and post discharge stages. The liaison nurse plays an active role in the PAEDS waiting list planning group and is involved in triaging and assessing patients to ensure that the timing and delivery of their rehabilitation is appropriate. The Liaison Nurse played a crucial role in setting up the Virtual Health ABI, SCI and Consultant led-triage pre-admission clinics with parents; and gathers all the relevant information for the IDT in preparation for the virtual consultation.

- **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. The children and young people received individual interdisciplinary assessment and treatment interventions. Treatment sessions take the form of joint collaborative sessions where the music therapist works as part of the Interdisciplinary Team by addressing specific shared rehabilitation goals, where music-based methods are applied to support children in achieving their IDT goals.

- **Art Therapy**

Art therapy supports patient rehabilitation goals and needs. The art session addresses patients' emotional and communication needs utilising a psychodynamic psychotherapy framework. Patients are supported to engage in a range of art processes to express and externalise their experience and work with team goals regarding adjustment.

- **Nutrition and Dietetics**

In order to meet the increasingly complex nutritional needs of children the dietetic service continues to grow and implement practice to support children throughout their rehabilitation journey.



- **Occupational Therapy**

In 2020, the OT in the Paediatric service has been working to adapt their response to service delivery in light of COVID-19. This has included the provision of therapy and education with children, parents, siblings, teachers and SNAs via telehealth when indicated. With the exciting move to the new hospital, OT have continued to contribute towards creating IDT working within this new space. 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.

- **Pharmacy**

The Pharmacy Department conducts medication reconciliation on admission and discharge, to ensure that the medication list is accurate at transitions of care. The Pharmacy Department liaise with community pharmacies regarding sourcing of medication where this is an issue, both on admission and discharge. The Pharmacy Department provides advice on dosing and administration of medication to staff and patients. Patients (and their carers) are provided with age-appropriate information about their medication during their stay, for therapeutic leave, and on discharge.

- **Physiotherapy**

The Paediatric physiotherapy team works as part of the interdisciplinary team (IDT), providing specialist physical assessment and intervention to paediatric patients with spinal cord injury, brain injury and limb absence. Due to COVID-19 restrictions and the temporary suspension of on-site therapy, the paediatric physiotherapy team conducted virtual Outpatient physiotherapy, as well as contributing to IDT review clinics remotely. The move to Daisy Unit allows for greater Interdisciplinary Team working and the physio team developed new cohort-specific treatment groups (Pilates, Teen Gym), as well as contributing to virtual outreach education with IDT colleagues.

- **Prosthetics and Orthotics**

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

- **Psychology**

The Psychology service works as part of an interdisciplinary team providing a range of services to children and their families who have experienced acquired brain injury, spinal injury or limb absence. The service is also active in providing psychological advice and support to the team. With COVID-19 restrictions, Psychology played an active role in facilitating the swift move to online services, and specifically the establishment of online Acquired Brain Injury (ABI) review clinics. 2020 saw the continued development of services to support children and young adults at key points in their development including the start of primary school, the move to secondary school and their transition to the dedicated Young Adult Rehabilitation service.

- **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 Social Workers' role on the Paediatric Programme involves supporting children adjust to their illness and disability as well as assisting the families and carers of the children to cope with the emotional and practical impact they are experiencing. They provide counselling, care coordination, connections to important resources and addressing financial and housing concerns. The Social Worker, along with the identified key nurse, 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. In Q3 2020, the Paediatric social work service increased to include an Outpatient-outreach post which is a very welcome development. This additional service will enhance supports for patients, their families, and carers at the pre-admission and post-discharge stage of their rehabilitation.

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

The paediatric SLT service provides initial screening, comprehensive assessment, diagnosis, intervention, and education for all the children, young people and their families presenting with acquired communication and swallowing difficulties. Paediatric SLT intervention is provided in close collaboration with the family and all team members through an interdisciplinary team approach. The move to the new Daisy unit enables greater collaboration and working with all team members. During 2020, delivery of services was swiftly moved to telehealth while in-person attendance at the NRH was paused due to the pandemic. SLTs facilitated the creation of the 'Heads-up' pack, which supports children's transition from primary to secondary level education. SLT staffing has been increased on a permanent basis aligned to the increase in children and families attending the service.

Work is ongoing on developing the 'Playhab' App – an online resource for younger children presenting with Acquired Brain Injury.

Tom was one of the first patients to move into Daisy Unit – the specialised unit for the Paediatric Family-Centred 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
A/SLT Manager



Lisa Held
Occupational Therapy Manager



Michael Brogan
Occupational Therapy Manager



Anne Marie McDonnell
Rehabilitative Training Unit
Manager



Dr Jacintha More O'Ferrall
Consultant in Occupational
Health



Stuart McKeever
Therapeutic Recreational
Specialist



Dr Brian McGlone
Consultant Radiologist



Prof Robert Flynn
Consultant Urologist



David Farrell
Senior Clinical Engineer



Amanda Carty
Outpatients Department
Programme Manager



Maureen Gallagher
A/Rehabilitative Training
Unit Manager



Sheena Cheyne
Chief II Pharmacist



Maya Tom
Infection Prevention
and Control Nurse (IPCN)

Outpatients Services – Consultant and Therapy Led Clinics

DR AMANDA CARTY
PROGRAMME MANAGER

The NRH Outpatient Department provides consultant led clinics, interdisciplinary clinics and treatment programmes primarily to the Brain Injury Programme, Stroke Speciality Programme and the Spinal Cord System of Care Programme. The Department strives to promote access to patient-centred care at the best time possible for each patient.

In March 2020 due to the COVID-19 pandemic, the Outpatient department underwent a significant and rapid redevelopment to enable patients to access its essential services, providing care through three different modalities:

- In-person
- Telephone
- Video Enabled Care (VEC).

Overview of Activity for 2020

Outpatient Department services were closed to in-person care in March 2020 on the implementation of government restrictions. In light of this, the activity data below is remarkable, and a testament to the Outpatient clinical and administration teams' dedication to promoting access to services. The figures represent 97% of 2019 activity and this was achieved through the deployment and substantial uptake of video-enabled care across all Outpatient services.

CONSULTANT-LED CLINICS

Programme	Referrals (Direct)	Attendances	Discharges
Brain Injury and Stroke	313	627	171
Spinal Cord System of Care	72	561	2
Sub-total	385	1,188	173

OUTPATIENT THERAPY AND NURSE-LED CLINICS

Programme	Attendances	Discharges
Brain Injury and Stroke	4,566	86
Spinal Cord System of Care	2,949	6
Sub-total	7,515	92

Total Outpatient Clinic Attendances	8,703
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A significant number of referrals come from internal NRH systems. By examining the Outpatient waiting lists, it is evident that there is a rising complexity of patients requiring full IDT assessment and intervention. This situation poses a significant challenge to the small Outpatient team. A greater number of patients than ever before are awaiting IDT assessment directly as a result of the impact of the COVID-19 pandemic.



By the end of 2020, Outpatient services were running at pre-COVID levels using a hybrid model of in-person care where required, and Telehealth. This is a significant achievement in maintaining access to rehabilitation services.

Milestones

The Outpatient department reached the milestone of 20 years of Outpatient Services in 2020. This is a significant milestone and throughout this time there has been an ongoing development of services. It was not possible to mark this through an event in 2020 due to COVID-19 restrictions but it is hoped to celebrate the 21st year of services in 2021 instead.

New Developments

VIDEO ENABLED CARE-TELEHEALTH

The NRH Outpatient Department implemented video-enabled care (VEC) across the Outpatient teams, using Microsoft Teams initially and then through the national rollout of the 'Attend Anywhere' platform, within 2 weeks of the initial closure to in-person treatment in March.

The variety of activities being provided through Telehealth include Consultant clinics, IDT assessment and intervention, group treatment programmes and therapy sessions.

The NRH Outpatient Department worked through the COVID-19 group to establish new protocols to allow services to reopen safely and stay open through subsequent severe pandemic restrictions. Since services initially reopened in June 2020 on a phased basis, there has been no need to fully shut down again and those patients who required in-person care have been safely provided for in the Department.

By the end of 2020 Outpatient services were running at pre-COVID levels using a hybrid model of in-person care where required and Telehealth. This is a significant achievement in maintaining access to rehabilitation services.

WAITING LIST MANAGEMENT AND ACCESS TIMES TO CONSULTANT CLINICS

NRH Outpatients services also accelerated through the implementation of managed waiting list systems in 2020, particularly addressing Brain Injury Consultant Clinics and Urology Nurse Led Clinics. The implementation of both was completed by summer 2020 and by year end, waiting times for access to Outpatient Brain Injury Consultant Clinics had reduced to 8-10 weeks.

New and redesigned services

VIDEO ENABLED CARE

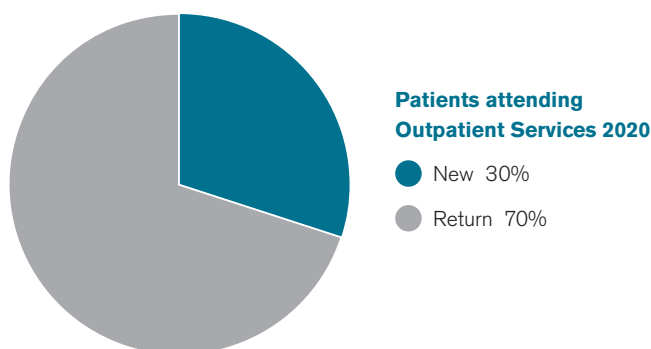
The majority of services for NRH Outpatients had to be redesigned as a result of COVID-19. This impacted the administration team in having to learn new processes and technology rapidly in order to allow clinical work to be continued efficiently. The team deserve credit for their effort in taking on this volume of change in such a short period of time and this continues to be a learning process.

- Consultants moved to primarily Telehealth consultations
- Therapists adapted current treating programmes to a video-enabled format including:
 - Meet and Teach Group for people with Aphasia
 - The Graded Repetitive Arm Supplementary Programme (GRASP)
 - Pilates Groups
 - Patient Wellness Programme
 - Individual assessment and treatment
- There was also the introduction of new programmes on VEC including 'Open Mic', Speech & Language and Occupational Therapy group.
- There was initial exploration as to the development of an Outpatient only Cauda Equina Service and work continues on this.
- 2020 saw the implementation of a new Outpatient Consultant Clinic for both the Brain Injury and Spinal Cord System of Care Programmes, which enabled quicker access to first consultation for many patients.
- There was a welcome increase in staff on the therapy team including psychology and social work.

Plans for 2021

The Outpatient team will work towards increasing interdisciplinary team resources and the facilities available to match services to the growing demands on the service and continue to consolidate OPD services. Further expansion of Outpatient services

Upgrading current technology and securing adequate Telehealth facilities will allow further expansion of the service. Work will continue with the Health Planning Team to integrate learning and new services into the design of Phase 2 of the New Hospital project. The Team will participate in European Remote Rehabilitation for Isolated Areas- ROSIA -project.





Nursing Department

FRANCES CAMPBELL
DIRECTOR OF NURSING

2020 started as a year of expectation and anticipation for the move to the new hospital. In preparing for this transition, one of our priorities in Q1 was recruitment drive for Registered General Nurses (RGNs) and Healthcare Assistants (HCAs) to allow us to safely manage patients in the new single en-suite rooms. The next priority was planning for the actual transition from our nightingale-style hospital to a modern state-of-the-art hospital, and for the many changes that were to develop in an unfamiliar environment. This meant full engagement from all staff with a complete change of environment and new ways of working, with of course the full support and help from the hospital planning team. In 2020, we welcomed Sajini Lawrance to the Nurse Management team.

The development and expansion of the role Clinical House Manager (CHM) has continued to evolve providing continuous house management cover during core and out-of-hours. This service is invaluable, particularly during the move and in a pandemic. We welcome CHM Rajini Benish to our team. Staff recruitment in 2020 for the nursing department could not have been achieved without the dedication and commitment of many staff including all Nursing Department staff, and clinical staff administrator Ramona.

COVID-19

Amidst all our well laid plans, COVID-19 restrictions began mid-March 2020, which threw all staff and patients into completely unknown territory requiring staff to adapt to enormous changes. For patients, family visiting as well as therapeutic leave ceased suddenly and this impacted both patients and families greatly. Staff adapted to working via remote video-calls, and in-house socialisation for patients was restricted.

For staff, the fear of transmitting COVID-19 to patients, or of bringing it home to family members was immense. Changes in working conditions, such as constant donning and doffing of necessary Personal Protective Equipment (PPE), continuously wearing masks and ensuring the two-meter distance with colleagues particularly at break times. However, as a result, there were no COVID-19 positive patients in the hospital in 2020.



Deputy CEO, June Stanley working with designated teams of staff members in the process of moving to the new hospital.

I acknowledge the great work and commitment of the Infection Prevention and Control IPC team, clinical staff and all staff who assisted with the extra education required for correct use of PPE. I acknowledge, the number of staff who were deployed to completely different departments to assist with the increased workload during this time. Thoughts also for the number of staff who have had to, and continue to, work from home during this time, this can be isolating for them, even with good communication processes in place. The new norm during 2020 was adapting to virtual team meetings and teleconference calls. Acknowledging efforts also from all staff involved in preparation for the CARF accreditation survey (virtual) and who demonstrated continuous conformance from the previous period of CARF accreditation.

Moving to the new hospital in June 2020

Despite COVID restrictions, the NRH continued to push forward with plans for the move to new hospital in June 2020. Notwithstanding the vast new environment of the new hospital all staff embraced the change and appreciated the spacious new facilities. There are ongoing adoptions to new work practices such as unit team huddles, and new ways of working. Prior to the move, training, familiarisation of environment, and new systems and processes were put in place. Changing to new ways of working, staff adjusting to new roles and levels of interaction with fellow colleagues, Interdisciplinary teams (IDT) continues. For the patients it is a much safer environment.

There is an ongoing drive to move towards IT solutions for productive unit-Digital Daily Operational Safety Huddle (DOSH), Digital Patient Status At a Glance (PSAG) board, increased use of the Teams app and video conferencing software.

Unfortunately, we could not give our six retirees the farewell they truly deserved for the ongoing commitment and dedication during their lengthy service in the NRH. Hopefully sometime soon, when it is safe to do so, we can get together for a celebration of all their commitment and dedication to NRH.

I would like to acknowledge the deceased Patients in 2020 and their families, they are forever in our thoughts. To the staff who have lost family members in the last year and were unable to travel home – our thoughts are with you and your families.

Members of the Interdisciplinary Team in the spacious Team Hub in the new hospital.





NURSING EDUCATION DEPARTMENT

LIZ CROXON
CLINICAL FACILITATOR

MARY FEENEY
CLINICAL FACILITATOR

Courses were challenging to facilitate in 2020 due to COVID-19 restrictions and it required reducing some of the placements in conjunction with UCD and the Mater hospital. The department collaborated with the Infection Prevention and Control (IPC) team, UCD and Occupational Health to implement control measures to ensure the health and safety of both the students and patients on-site.

Staff Induction Programme

In 2020, there were 12 two-week induction courses organised to facilitate the arrival and integration of 40 new Registered General Nurses (RGNs) and 10 new Healthcare Assistants (HCAs) into their respective teams. Induction and training demands were sustained throughout the year with ongoing recruitment driven by the move to the new hospital.

Undergraduate Nursing Degree Programme

An increase from one week to two weeks placement commenced, facilitating 37 placements from University College Dublin (UCD) with very positive student feedback. Student opportunities to experience delivery of rehabilitation services was impacted by restrictions due to the pandemic.

Careers evening: The education department supported nursing participation in this event.

Post Graduate Programmes:

POST GRADUATE CERTIFICATE IN SPINAL COLUMN AND SPINAL CORD INJURY NURSING

Adhering strictly to Infection Prevention and Control measures implemented by the Mater University Hospital and the NRH, four nurses in total (three from the Mater hospital) completed the course experiencing a comprehensive placement exchange programme between the Mater and the NRH. Education sessions are provided and facilitated by the Clinical Facilitators and Interdisciplinary Teams in both hospitals.

GRADUATE DIPLOMA IN PUBLIC HEALTH NURSING

The Nurse Education Department continued to facilitate a three-hour training course in Neurogenic Bowel Management accredited by Nursing and Midwifery Board of Ireland (NMBI) for Trainee Public Health Nurses at the request of UCD. Feedback for this course held in January 2020 in UCD was very positive following evaluation by 59 nurses who attended the training.

Nursing Courses delivered for NRH Community Registered Nurses and Other Institutions

NEUROGENIC BOWEL MANAGEMENT (CATEGORY 1 NMBI – 6 CEUS)

This course was facilitated onsite for external nurses until March 2020. 28 staff attended training onsite. This course was then facilitated virtually due to COVID-19 restrictions, providing a three-hour course specific to patients in the Spinal Cord System of Care Programme. Internal staff (37 in total) continued to receive training onsite.

TRAIN THE TRAINER: NEUROGENIC BOWEL MANAGEMENT (CATEGORY 1 NMBI – 12 CEUS)

This course was facilitated onsite in January 2020. No further courses were accommodated due to COVID-19 restrictions as this is a two-day course and requires participants to attend onsite to meet learning objectives.

New Initiatives

VIRTUAL COURSE TRAINING FOR EXTERNAL COURSES

Neurogenic bowel Management courses continued to be facilitated in 2020 for nurses requesting training in the community and for safe patient discharge. From March 2020, the Education Department, in collaboration with the Spinal Cord Injury (SCI) liaison service initiated a virtually facilitated course to meet the needs of community nurses. A course of three hours duration was delivered specific to the neurogenic bowel management of patients in the SCI population. 27 participants attended the virtual training.

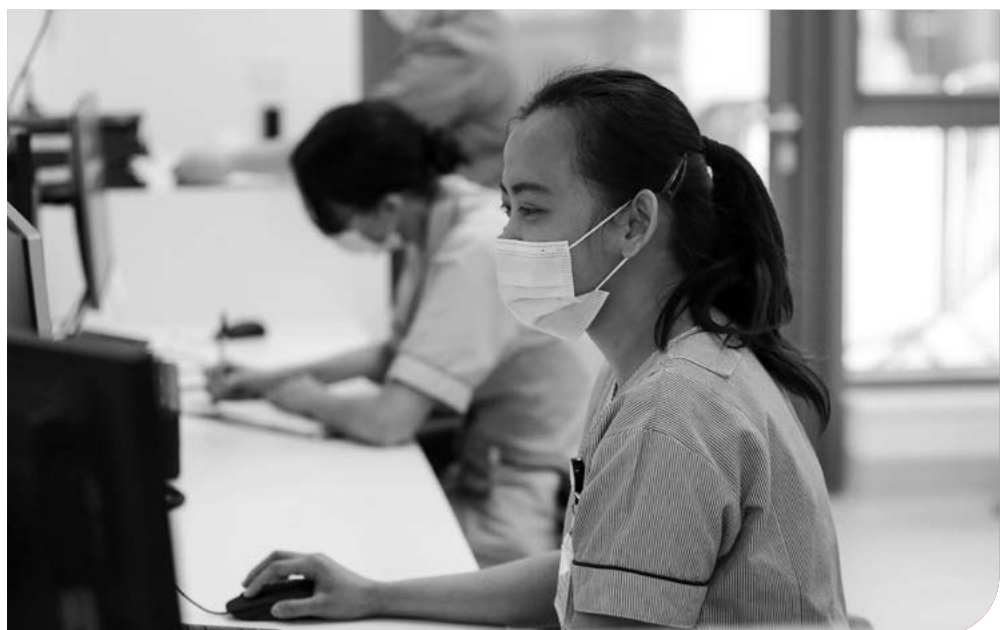
Preceptorship Course

This online UCD learning programme was commenced to support nurses in their role supervising UCD undergraduate nurses. Transferable skills acquired proved beneficial in supporting newly recruited nurses across all programmes. A total of 38 nurses completed the course, followed by a workshop.

Infection Prevention and Control Team Support

Nurse Education staff adapted to support the IPC team throughout the year, in particular training all staff in donning and doffing Personal Protective Equipment (PPE).

Interdisciplinary Team staff members working in one of the new Team Hubs.





Continuing Professional Development

PRESSURE ULCERS TO ZERO

The NRH continues to participate in the National Quality Improvement Programme for 'Pressure Ulcers to Zero'. It is notable the number of patients with pressure ulcers admitted from home and healthcare facilities, a problem which the project has elucidated. Pressure ulcer prevention education and support with the implementation of the pressure ulcer policy was provided to staff.

NEUROGENIC BOWEL MANAGEMENT REVISION COURSE

This course continues to renew and maintain competency for Registered Nurses in the Spinal Cord System of Care programme. It is anticipated that in the future, the theoretical component of the assessment may be completed online easing the ever-challenging demands of staff training.

BASIC LIFE SUPPORT

Classroom Basic Life Support classes were facilitated throughout the year with modifications secondary to restrictions. Staff were encouraged to complete online training where possible followed by a classroom assessment.

ADMINISTRATION OF INTRAVENOUS MEDICATION FOR NURSES

Collaborating with St. Vincent's University Hospital (SVUH) and Elm Park, 12 Registered Nurses completed the above blended learning programme. Supervised administrations and competence achievement were completed by NRH Nursing and Nurse Education staff.

PRACTICE DEVELOPMENT

The Education Department contributed to practice development by collaborating with interdisciplinary colleagues formulating and contributing to policies, procedures and guidelines including Pressure Ulcer Prevention and Management, National Early Warning Score, Neurogenic bowel and the Enteral Feeding policy. A review of pressure ulcer documentation led to the introduction of a number of new documents to support implementation of the policy.

GASTROSTOMY TUBE CARE FOR NURSES AND ALLIED HEALTH PROFESSIONALS

The education department continued to participate and collaborate with the Department of Dietetics Group to formulate a policy, procedure and guideline for enteral feeding. Further training is required once the policies and procedures are completed.

Feedback from participants was very positive following evaluations of this new approach to providing training off site.

INFECTION PREVENTION & CONTROL DEPARTMENT

DR SINÉAD MCNICHOLAS
CONSULTANT MICROBIOLOGIST
TO JANUARY 2020

DR LAURA RYAN
CONSULTANT MICROBIOLOGIST
FROM FEBRUARY 2020

MAYA TOM
INFECTION PREVENTION AND CONTROL NURSE (IPCN)

The Infection Prevention and Control (IPC) team oversees infection prevention and control in the NRH, however infection prevention and control is everyone's responsibility. Part of the IPC team's role is to ensure that all staff are compliant with all mandatory IPC education. The IPC team aim to provide a safe environment for all patients while they participate in a full rehabilitation programme here in the NRH. Patients and family members are also educated as to the importance of hand hygiene on admission. The IPC Nurse continuously monitors compliance with frequent audits and results are reported to the Hygiene Infection Prevention and Control Committee (HIPCC) and to the Quality Safety and Risk (QSR) Committee.

Surveillance of infection

Surveillance forms a crucial 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 ensure all patients with an identified MDRO are monitored and cared for with appropriate transmission-based precautions to limit the spread of resistant organisms in NRH.

Monthly updates on surveillance figures are reported to the HIPCC and to the Quality, Safety and Risk Committee. Outbreak of any infection will prompt the convening of the Outbreak Committee with the immediate implementation of appropriate measures.

Challenges in 2020

The IPC team were involved in education, training, surveillance, diagnostics, management of and contact tracing for SARS-CoV-2, in conjunction with other departments within the NRH, helping to ensure staff and patients were kept as safe as possible once cases of COVID-19 were identified in Ireland.

The move to the new hospital required input from the IPC team. It now provides ideal infrastructure for management of MDROs and for implementation of optimal infection prevention and control precautions.

L-R: Elayne Taylor, Risk Manager, Dr Laura Ryan, Consultant Microbiologist and Maya Tom, Infection Prevention and Control Nurse.





SEXUAL WELLBEING SERVICE (SWS)

PAULINE SHEILS

CLINICAL NURSE SPECIALIST IN SEXUAL WELLBEING AND ILLNESS OR DISABILITY

The Sexual Wellbeing Service (SWS) is available to Inpatients and Outpatients from all Rehabilitation Programmes at the NRH. The patient, with or without their partner, is the focus of the service with support and counselling provided in relation to the impact of the illness and, or disability on their sexuality, relationship, sexual function, and fertility issues. The SCI community welcomed another addition to their family this year and look forward to another new arrival in 2021.

Despite the challenges of pandemic restrictions in 2020, the SWS continued and saw a total of 144 patients in the service for one or more visits. The number of patient referrals from outside the NRH has increased as awareness of the service has become more evident.

The Sexual Wellbeing steering group have updated the Intimate Care Policy and the Sexuality and Gender Identity Policy for the NRH.

External healthcare agencies continue to recognise the uniqueness of this service and regularly request training, workshops and presentations at their conferences. In 2020, it was necessary to curtail these educational sessions, however, some continued through online-webinar training. Further educational talks in digital format will be introduced through the Education Department.

A new LGBT group has been established in the NRH and training was received from the LGTBI group. The aim of the group is to highlight equality for all NRH staff, and this will later be carried over for patients.

Cardiopulmonary Resuscitation (CPR) Committee

Classroom-based courses were curtailed for a period in 2020. This impacted the training which is essential for all staff. It is preferred that classroom-based courses are completed by all new staff before moving to the online-courses. The increase in staff numbers for the new hospital added to the demand and ability to provide courses. The heart saver Automated External Defibrillator (AED) training was also greatly impacted in 2020.

Advanced Cardiac Life Support (ACLS) training, provided by external trainers, continues for all Medical staff and Clinical House Managers. A Consultant and a Specialist Nurse in the NRH have now completed the ACLS instructor training which will be an excellent resource for the hospital.



One of the spacious courtyards where patients can enjoy spending time outdoors.

Staff discussing the plan on the day of the move to the new hospital.



Equipment

New FR 3 AED defibrillators were procured to replace the old models and all new hospital Units now have a dedicated cardiac arrest trolley with emergency equipment.

TRAINING PROVIDED IN 2020

Course	Attendance	No. Courses delivered
BLS Classroom	82	19
BLS on-line	23	3
Heart saver AED	4	1
AED online	8	4

Committees

The SWS Clinical Nurse Specialist sits on the following committees: Sexual Wellbeing Steering Group, The Drugs and Therapeutic Committee, The Ethics committee, The Cardio-Pulmonary Resuscitation (CPR) Committee, and is a Staff Representative on the Board of Management.



SPINAL LIAISON SERVICE

SIOBHÁN O'DRISCOLL – SPINAL LIAISON NURSE

PAULA KEANE – SPINAL LIAISON NURSE

The Spinal Liaison service is a nurse-led, patient focused service offered to all patients in the Spinal Cord System of Care (SCSC).

The liaison role, held by Siobhán O'Driscoll, has a particular focus on Respiratory issues in our Spinal Cord Injury (SCI) and also the Acquired Brain Injury (ABI) population, the role incorporates participating on the Interdisciplinary tracheostomy team which spans all clinical Programmes. The role has a particular focus on creating '*Integrated Care Pathway for the Management of Spinal Cord Injury*' especially in the management of ventilated SCI patients. Dr Mairéad Hayes Consultant Intensivist at the Mater Hospital continues as clinical lead on the ventilated SCI care pathway. There was a focus on providing training for all NRH staff on the respiratory management of patients post-SCI.

Services Offered to Patients, Families and Healthcare Professionals

Education and Advice: The Spinal Liaison Service provides information, education and advice to all spinal cord injured patients and their family members. The education and advice is also available to Health Care Professionals (HCP) caring for SCI patients in the acute and community setting. 573 patients and family members, and 559 Healthcare Professionals sought advice from the service in 2020.

The Liaison Service through the active delivery of specialised knowledge helps prevent secondary complications from occurring such as pressure sores, bladder, and bowel issues. Challenges continue in the community and other healthcare facilities around delivering neurogenic bowel care to SCI patients and this has led to some delayed transfers of care. To assist this, additional bowel training to HCP has been provided by the liaison service. Teaching and education were moved online in 2020 and, together with the Nursing Education Department, courses were rolled out through MS Teams. This proved effective, and feedback was very positive.



The Spinal Liaison nurse-led service is a high quality patient-focused service offered to all patients on the SCSC Programme.

Preadmission Assessments: The liaison specialist visits patients to assess their suitability for Inpatient rehabilitation. Advice and education are given to the referring agencies to promote optimal outcomes for patients post-Spinal Cord Injury. Naturally, COVID impacted on pre-admission assessments, however complex cases assessments were permitted and carried out with the Social Worker to commence discharge planning as early as possible.

Role during Inpatient Stay: The liaison nurse attends weekly consultant unit rounds, family and community conferences, and the IDT Spinal Clinics.

Discharge Planning: As a direct result of COVID-19, IDT discharges commenced, this involved Discharge Liaison Occupational Therapy (DLOT), Physiotherapy and Liaison Nursing accompanying the patient home, providing carer training. Neurogenic bowel and medication advice. This proved extremely successful.

Post discharges follow up: Each patient discharged from the Spinal Cord System of Care is contacted within 50 days of discharge and a home visit is arranged if needed.

Annual Review: The Spinal Cord System of Care provides lifelong follow up for patients. As patients are discharged from medical clinics, they are transferred to the Liaison Service Annual Telephone Review Clinic. This is an annual comprehensive telephone review. Follow up and appropriate referrals are made to promote lifelong health and wellbeing.

ACTIVITY 2020

Service	Details	Numbers completed
Respiratory Management Training	Staff members trained in Airway Management throughout 2020.	367
Education and Advice	Number of patients and family members who sought advice from the service in 2020.	573
	Healthcare Professionals (HCP) who sought advice from the service in 2020.	559
Neurogenic Bowel Care Training	Healthcare Professionals (HCP) trained in the Neurogenic Bowel Care during 2020.	129
Pre-admission activity	Pre-admission assessments completed via telephone throughout 2020	50
Post-Discharge Activity	Post-discharge follow-up calls in 2020	128
	Home visits by liaison specialist	20
	Hospital Visits liaison specialist	15
Annual Reviews	Annual reviews completed	109



UROLOGY SERVICE

PROFESSOR ROBERT FLYNN – CONSULTANT UROLOGIST

OONAGH CREAM – CNMII (QTR 1)

GEORGINA RICH – ACTING CNMII

CAROLINE AHERN – CNS NEURO-UROLOGY

EDEL GORMLEY – UROLOGY STAFF NURSE

The Urology Service strives to deliver patient focused and quality care which has been shaped around our commitment to providing best practice. The service is available to patients from all Rehabilitation Programmes at the NRH, with most referrals coming from the Spinal Cord System of Care (SCSC) Programme. The service provides a full Neuro-urology service for Inpatients and follow-up post discharge, and supports the management of other urology issues where necessary. Clinic numbers continue to grow, and despite being closed to Outpatients for three months due to COVID-19 restrictions, the numbers remain high. Telephone calls to the department increased significantly in 2020 reflecting Outpatient need for support and advice.

Urology Clinics

CONSULTANT CLINIC

Consultant Urologist Prof Flynn attends for two clinics per week and sees both Inpatients and Outpatients, with procedures running in parallel with these clinics. In 2020, 356 patients attended the Consultant-led clinics.

NURSE-LED CLINIC (NLC)

The Nurse-Led Clinic is a lifelong service and most of our spinal patients attend on an annual or biannual basis. The clinic includes a comprehensive assessment, phlebotomy, urine culture, renal ultrasound, and Kidney, Ureter and Bladder (KUB) x-ray if deemed necessary. Educational needs are addressed as part of this clinic. The NLC clinic works closely with the Radiology Department to provide this service. Patients present with various needs to the clinic and often require referral to the Rehabilitation Consultants, Multidisciplinary Clinics, Liaison Service, Sexual Wellbeing Service, Public Health Nurse or General Practitioner. In 2020, 553 patients attended this clinic.

URODYNAMICS CLINIC

The urodynamic clinic operates one morning per week for Outpatients, with extra clinics during the week to facilitate Inpatients. In 2020 we performed 153 procedures.

FLEXIBLE CYSTOSCOPY

This is a very valuable service for our patients, who would otherwise have to wait long periods to have this procedure in a general hospital. In 2020, a total of 54 flexible cystoscopies were performed by our Consultant Urologist. We also facilitate the Speech and Language Therapy service to perform Fibre-optic Endoscopic Evaluations of Swallow (FEES) procedures.

SUPRAPUBIC CATHETER (SPC) INSERTIONS

SPC procedures are performed, and education and training is provided on the routine change of a SPC to family members, carers and healthcare professionals. Six SPC insertions were performed by the Consultant Urologist in 2020.

EDUCATION

Education is provided at each clinic and on an individual basis depending on patient needs. We also facilitate education with families, carers and healthcare professionals by appointment. Training is provided for NRH nursing staff also.

TELEPHONE SUPPORT

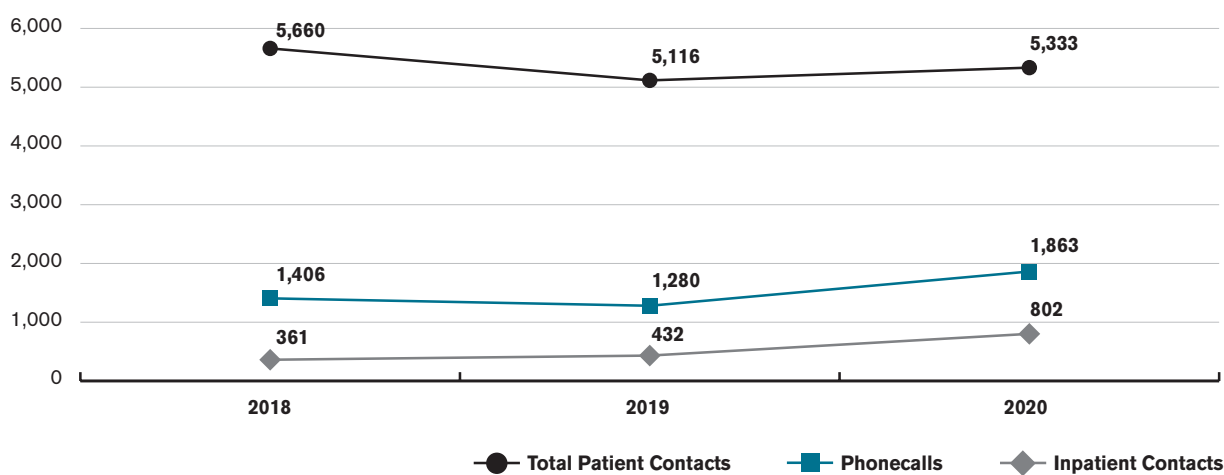
Telephone communication is vital in providing support and advice to our patients, their families and to healthcare professionals. Advice on bladder issues is the most common query. In 2020, we received over 1863 telephone calls seeking advice, compared with 1280 in 2019.

New Developments

The upgrade to the decontamination suite has been completed, including the provision of new decontamination equipment bringing the department in line with the National Decontamination Standards.

Quality Improvement

A business case has been submitted for the establishment of a Consultant led Intra-vesical Botulinum Toxin A service in the Urology Department.



Interdisciplinary Team working provides improved outcomes for patients. It is the preferred method of teamworking in rehabilitation settings.





Clinical Engineering Department

DAVID FARRELL
SENIOR CLINICAL ENGINEER

The Clinical Engineering Department in the National Rehabilitation Hospital is responsible for the provision of an in-house service and maintenance programme for medical devices equipment.

Clinical Engineering provides technical support for a diverse range of medical devices in different areas such as High Dependency Units, Pharmacy, CSSD, Ophthalmology, Optometry, Urology, phlebotomy, Radiology, and Therapy Services.

Service Delivery

In 2020 Clinical Engineering assisted in the equipping of the new hospital, while also maintaining technical support to clinical and therapy services in the original hospital (Cedars).

The long-awaited and welcome transition to the new hospital also posed some challenges, primarily in the form of COVID-19 travel restrictions placed on vendors both national and international. Clinical Engineering worked with the Health Planning Team to ensure the safe installation and commissioning of over 500 new Medical Devices and items of equipment in accordance with the HSE policy on Medical Device and Equipment Management.

Key Developments in 2020

- In 2020 clinical engineering, in collaboration with the NRH Finance Department, successfully completed two procurement requests on behalf of the Outpatient Department and Urology Service with the assistance of the HSE's Health Business Services. The successful completion of these procurement applications saw the purchase and commissioning of latest technology in the areas of ophthalmology and optometry and the field of invasive device decontamination.
- Clinical Engineering partnered with the HSE and the ECRI institute on completion of a the HSE National Asset Management System 'ECRI AIMS'. This will be of benefit when managing the life cycle of assets, cost projection and equipment replacement.
- Service Level Agreements are tailored by Clinical Engineering to minimise downtime of equipment and disruption to patient therapy time.
- Service contracts are continually cross referenced with the Medical Device database to ensure cost effectiveness over the lifecycle of the device.
- Patient safety and dignity are the primary goal in the development and scheduling of all preventative maintenance contracts.
- In 2020, Clinical Engineering compiled submissions for the HSE's National Equipment Replacement Programme to identify unreliable and at-risk medical equipment and replacement costs.

The NRH Clinical Engineering Service provides technical support for a diverse range of medical devices and equipment in areas such as HDU, Pharmacy, CSSD, Ophthalmology, Optometry, Urology, Phlebotomy, Radiology, and Therapy Services.



Clinical Engineering Upgrade Initiatives 2020

- Due to an increasing demand for mobile HEPA filters in the new hospital, an audit of all static HEPA filters was carried out in the Cedars building. Of the 20 wall mounted units 17 were viable for repurposing to mobile units. To avoid transfer of any dust, micro spores, or bacteria to the new hospital, the 17 units were fully decontaminated and had all pre-filters and HEPA filter removed and replaced.
- HDU Blood Gas Analyser was placed on a schedule of Accreditation issued by United Kingdom Accreditation Service with monthly EQA results sent to Cardiff and Vale University Health Board, operating as WEOAS.

Medical Device Activities

- 327 maintenance requests were received by Clinical Engineering in 2020
- 286 work orders were closed out by Clinical Engineering.
- 41 work orders were closed out by external service providers.

Quality Improvement Initiatives for 2021

- Establishing the National Fingerprint Track and Trace System to interface with the new decontamination and storage facility in Urology CSSD is planned for 2021.
- Completing upgrade of the Stryker Emergency patient transport system to increase the SWL of the system and increase the safety when moving the patient manually.
- Establishing a Medical Equipment Library (MEL) facility in the NRH which coordinates and manages the use of medical devices. More importantly, it centralises high-risk and heavily utilized equipment to ensure patient safety.



Clinical Psychology

DR SIMONE CARTON
HEAD OF CLINICAL PSYCHOLOGY

Description of Psychology Service

The psychology team provides clinical services for patients, families, carers and health care professionals across the continuum of care from Pre-admission to Admission to Outpatients and Outreach. The focus for psychology is to integrate rehabilitation as a '...way of thinking...' (Wade, 2002) with psychological theory and practice, research and education, clinical and service initiatives, within the NRH and the wider healthcare community, nationally and internationally.

Summary of key new developments, milestones, and issues in 2020

2020 was a unique year for the NRH and the Department of Psychology. On a positive note, developments included:

- (1) an increase in clinical psychology posts across all clinical grades to support the increase to 120 beds
- (2) the move to the new hospital
- (3) progression in interdisciplinary team practice (IDT)
- (4) maximising rehabilitation opportunities for patients,
- (5) progress with the Clinical Rehabilitation Management System (CRMS)
- (6) more specifically for the psychology department, the formation of a three-year strategy that embraces and builds on all of these developments.

For the psychology service, the increase in clinical posts from the workforce planning in 2020, means that we now have improved capacity to not only enhance patient care, but to achieve our key goals for 2021.

In June 2020, the transition to the new hospital building was a very special event. The decades of planning became 'real' and patients and staff moved into our new space with pride and excitement. The architecture of the new hospital provides space and systems supporting patient activity and teamwork. Members of the psychology department contributed to the progression of IDT practice, and the Change Ambassadors initiative, facilitating patient and staff feedback and supporting teams in the midst of significant change and transition.

2020 will always be synonymous with the arrival of COVID-19. During the year we saw the best of NRH personnel as they provided care and rehabilitation for the patients and supported each other, while each person grappled with their own fears and anxiety. In an effort to support morale and sometimes just 'to be there', the psychology personnel joined with Occupational Health and Social Work to provide practical and psychological support with 'drop-in' venues and groups, on-line resources and 'care-packages', especially for nursing and healthcare assistant colleagues.

Details of services delivered by the Department of Psychology to each Clinical Programme are outlined in the individual Programmatic reports in Section 2.

Cross programmatic services

Members of the psychology team continued to initiate and develop a number of projects in 2020 pertinent to all programmes, including the following:

- **Patient Experience Project (PEP):** This project is a collaboration between the psychology department and students of film and animation from IADT. The project donation grew out of the recognition of the need to develop psychological materials in a range of formats to capture the patient experience, cater for different learning styles, that are available during and following rehabilitation and consistent with the self-management ethos of NRH. Phase one of this project was completed in 2020 and we now produced over 30 videos on topics ranging from brain health, to resilience, the role of psychology in rehabilitation and the process of adjustment, and also the role of psychiatry and suicide awareness, presented by Dr Maria Frampton, Consultant Psychiatrist, to complete the current corpus. The entire series will be made widely available to patients, families and healthcare professionals in 2021.

- **Positive Approaches to Challenging Events (PACE):** PACE is a two-tiered (PACE I and II) training module designed and delivered by the psychologists for NRH personnel. Using the model of Positive Behaviour Support the objective of PACE is to support staff about how best to respond to behaviours and events that may, (1) challenge and interfere with the patient's rehabilitation programme and or (2) contribute to staff stress. To date we have been invited to deliver variations of PACE to Peamount Hospital and Blackrock and Harold's Cross Hospices. In 2020, an on-line version of PACE II was delivered to the new brain injury unit at Peamount Hospital.
- **Assisted Decision-Making (Capacity) Act, 2015:** Colleagues in social work, medicine and psychology have reviewed policies and HSE guidelines in relation to this legislation and how to align it with good clinical practice. This will continue into 2021 with a focus on the procedures and guidelines ensuring person-centred and rights-based rehabilitation.
- **Psychology-Psychiatry Colloquia:** This is a clinical time to review the psychological and psychiatric status of patients across programmes attending psychology and psychiatry. It is an invaluable time to share information and support each other caring for some very complex clinical presentations.

Outpatient Department (OPD) Programme

At the end of 2020, Suvi Dockree joined OPD on a full-time basis. With this nearly doubling of capacity for psychology for Outpatient Services, psychology is now integrated into the Outpatient Interdisciplinary Team and systems for processing referrals have now been developed and coordinated. Dr Simone Carton together with colleagues in rehabilitation medicine and neuropsychiatry continues to serve the neurobehaviour clinic (NBC) and in 2021, she will lead on the review of the neurobehaviour service at the NRH.

Professional activity

A key part of the Department of Psychology is to keep abreast of clinical, research and professional change and developments. With appreciation of support from the NRH, Suvi Dockree completed year 1 of Doctor of Psychological Science for Qualified Clinicians at NUI Galway and Drs. Hannah Gallivan and Aisling Warren commenced year 1 of Applied Neuropsychology Post Graduate Diploma at the University of Glasgow. Members of the department also contributed to national strategies aligned to rehabilitation and to the Division of Neuropsychology of the Psychological Society of Ireland. These included:

- National Stroke Programme's National Stroke Strategy 2020-2025. (Suvi Dockree)
- The National Clinical Programme in Rehabilitation Medicine Working Group as the Psychological Society of Ireland (PSI) representative. (Dr Sarah Casey)
- Dr Sarah Casey was nominated for Fellowship of the Psychological Society of Ireland in recognition of her contribution to the development of the profession of clinical neuropsychology and an exceptional two years as Chair of the PSI Division of Neuropsychology.
- Drs. Hannah Gallivan, Sarah Casey and Simone Carton are members of the committee of the Division of Neuropsychology of the Psychological Society of Ireland.
- Dr. Simone Carton was nominated at the Hospitals Representative for the Heads of Psychology Services Ireland.
- Dr. Simone Carton was elected to the council of Medico-legal Society of Ireland

Research

'The things that people can't see', The impact of TBI on relationships: An interpretative phenomenological analysis. Johann Dunne, Fiadhnaí O'Keeffe, **Maeve Nolan** and Clodagh Cogley. Paper submitted for publication in 2020.

Correlates of post-traumatic growth in individuals living with an acquired brain injury – a longitudinal follow-up study. Niamh Allen, Deirdre Twomey, David Hevey, **Simone Carton** and Fiadhnaí O'Keeffe. Paper submitted for publication in 2020.

Does Problem-Solving Therapy Reduce Caregiver Depression in Neurological Conditions? Systematic Review by **Suvi Dockree**.



Presentations and Lectures

CONFERENCE PRESENTATIONS

At the Psychological Society of Ireland's (PSI) 50th Anniversary annual conference in November 2020, members of the Department made the following presentations:

- Drs. Simone Carton, Sarah Casey, Sarah O'Doherty and Hannah Gallivan entitled 2020 Vision, including the history and development of neuropsychology in Ireland, current neuropsychology services and training and supervision pathways in clinical neuropsychology.
- Amanda Dunne, Assistant Psychologist gave two poster presentations (1) Parental perspectives of paediatric psychogenic non-epileptic seizures. (2) Patient and family perspectives of paediatric psychogenic non-epileptic seizures: A systematic review.

LECTURES

Members of the department gave the following lectures at UCD, TCD and RCSI:

- MSc Psychological Science, UCD. Clinical Cases in Neuropsychology: Suvi Dockree:
- MSc Biomedical Engineering, UCD. The Role of Clinical Neuropsychology in Rehabilitation: Suvi Dockree
- BSc Physiotherapy & MSc in Neurology, RCSI. The neuropsychological sequelae following stroke: Dr Simone Carton
- Dr Simone Carton, convenes the clinical neuropsychology module for the D Clin Psych at TCD. Clinical Neuropsychology colleagues from NRH and the acute hospitals (adult and paediatric) and community services contribute to this series of lectures and workshops. In 2020, we had the honour of being the first group to provide these lectures to an external university group at the Ivy building.
- Dr. Sarah Casey and colleagues on Ash Unit presented *O Gentle Sleep, nature's soft nurse: Optimising sleep on an acquired brain injury rehabilitation ward at NRH* Grand Rounds.

Publications:

Casey, S.J. (2020). *Remote Neuropsychological Assessment in the Context of COVID-19 Pandemic*. Dublin, Ireland: Psychological Society of Ireland.

Davis, B. & **Casey, S.J.** (2020). DoN Spotlight Series: Reflections on the development of Irish Neuropsychology – a celebration of two of the Division of Neuropsychology's founding members. *The Irish Psychologist*, 46(6), 148-153.

Davis, B. & **Casey, S.J.** (2020). DoN Spotlight Series: Steering the neuropsychology ship at the National Rehabilitation Hospital. *The Irish Psychologist*, 46(4), 86-90. (Interview with Dr. Simone Carton reflecting on the history and future for neuropsychology at NRH and nationally.)

Monaghan, M., O'Keeffe, F., & **Casey, S.J.** (2020). Special Feature: Connecting with the PSI Division of Neuropsychology. *The Irish Psychologist*, 46(2), 34-39.

Dr Sarah Casey published professional guidelines "*Remote Neuropsychological Assessment in the Context of COVID-19 Pandemic*" as Chair of the PSI Division of Neuropsychology.

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 additional 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 2020, Inpatient and Outpatient referrals were impacted by the pandemic. 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.

Staff and patients were delighted to move from the original hospital building (Cedars) to the new hospital in June 2020.





Nutrition & Dietetics

KIM SHEIL
DIETITIAN MANAGER

The aim of nutrition in rehabilitation is multifaceted: in the early phase of rehabilitation, the focus is on working with each patient to optimise their nutritional status to ensure that they can derive the maximum benefit from their rehabilitation programme, while also managing any nutrition related complications which could interfere with their ability to participate in therapy. During rehabilitation, and for the longer-term, the dietitian shifts focus to empowering patients to manage any pre-existing or newly emerged chronic conditions, and to promote healthy eating to optimise long term health goals. 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.

Services and New Developments in 2020

Despite the challenges of the COVID pandemic, 2020 was an exciting year for the department, with additional staffing secured through the workforce planning initiative to support the increase to 120 beds in the new hospital.

Dedicated dietitian for each rehabilitation unit – this welcome development allows for greater participation in the interdisciplinary team (IDT), more time spent with each patient to help them to meet their nutritional goals, and time for development of resources and training and education.

Extended Service – the Nutrition & Dietetics service was extended to include Saturdays. This ensures that the dietitian is available to appropriately manage nutritional risks and complications in a timely and effective manner. The dietitians as part of the Interdisciplinary Teams will continue to explore ways of developing and establishing other Saturday services.

The NRH Nutrition and Hydration Policy was launched in 2020. This provides a framework for the safe and effective delivery of nutrition and hydration to our patients.

The renal menu was updated – the dietitians work continuously with the catering team to revise and update menus for therapeutic diets. The new renal menu allows greater patient choice, variety and imaginative options to enable compliance with these very restrictive diets.

Dietitian prescribing of oral nutritional supplements for patients at risk of malnutrition – this initiative was introduced in 2020 resulting in more efficient and effective management of undernutrition.

Adaptations to the service due to COVID-19 – the pandemic impacted on the case-mix and demand for the service. In the first wave of the pandemic there was a significant increase in the number of patients admitted to NRH requiring enteral tube feeding. This requires intensive dietetic input and the increase in such cases likely reflects a patient cohort at an earlier phase of their recovery than would have been the case prior to the pandemic. In preparation for the potential requirement to manage seriously ill patients with COVID-19, and in recognition of the importance of artificial nutrition support in such a scenario, evidence-based feeding protocols were developed to meet the unusual and specific needs of this patient group.

Policy Development, Working Groups and Education Delivered

The dietitians are active participants in the following committees and working groups: Diabetes Steering Committee, Nutrition & Hydration Steering Committee, Enteral Feeding Working Group.

The dietitians contributed to policy and Standard Operating Procedures (SOP) development including: SOP for the Management of Hypoglycaemia in Adult Patients, and Pressure Ulcer Prevention and Management Policy

Staff training delivered: the dietitians, in collaboration with the Speech & Language Therapy and Catering Departments continued to deliver training in the International Dysphagia Diet Standardisation Initiative (IDDSI) to all relevant NRH staff. Training in 'Nutritional screening in the use of the Spinal Nutrition Screening Tool' and 'Malnutrition Universal Screening Tool' was delivered to new and current staff members. In addition, dietitians participated in the 'Nutrition in Spinal Cord Injury module of the Spinal Nursing course'.

The Dietitian Manager was invited to deliver training in the Role of Nutrition in Rehabilitation to the multidisciplinary team of the new neurorehabilitation unit in Peamount Hospital.

Occupational Therapy

LISA HELD AND MICHAEL BROGAN
OCCUPATIONAL THERAPY MANAGERS

EDWINA WALSH
DEPUTY OT MANAGER

We thank all staff in the Occupational Therapy Department for their remarkable commitment to our patients throughout a year like no other. Staff flexibility and creativity in response to patient need and dedication to their work has been immense throughout such a challenging year, working amidst a pandemic, as well as transitioning to our new state of the art hospital and completing our CARF accreditation. Our OT mission is to lead in advancing NRH services by enhancing patients' participation in meaningful occupations as part of their journey through evidence-based practice, innovative research, and education.

Overview of Occupational Therapy 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 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 service provides comprehensive services to patients from all clinical rehabilitation programmes at the NRH, namely; Brain Injury; Stroke; Spinal Cord System of Care; Prosthetic Orthotic and Limb Absence Rehabilitation (POLAR), and Paediatric Programmes. OT activity specific to each of these programmes is outlined in Section Two of this report.

OT Service Developments and Initiatives during 2020

- **The OT Strategic Plan** – The four pillars of the NRH Strategy have continued to be central to influencing how OT staff have contributed to all opportunities throughout 2020 to enhance NRH services, enable IDT working and contribute towards meaningful patient outcomes. The OT department will review its strategy in 2021 and continue to ensure our strategic intentions align with the pillars of the NRH strategy.

Developments and Highlights in 2020

- **Workforce Planning** – As part of the workforce planning for an increase to 120 Inpatient beds in 2020, we greatly welcome the increase in the number of OTs working across our NRH rehabilitation services. We will continue to advocate for sufficient staffing resources to ensure we can provide appropriate services to all Inpatients Programmes and Outpatient services.
- **IDT working** – The move to the new hospital has created many Interdisciplinary Team (IDT) enabling opportunities, which the OT department has been central to driving. The IDT framework provides a structure for how we can all approach these opportunities and study the improvements made to patient care and staff satisfaction as a result.
- **Telehealth** – Telehealth has been introduced across many of our services. This has significant impact for not only adapting our service but enhancing our services, for example, virtual home visits involving a broader range of team members and virtual family training and education. Updates from the NRH OT Team were published with the Association of Occupational Therapists in Ireland (AOTI) reflecting the experiences of some staff.
- **New Hospital Development** – The move to the new hospital has resulted in OT staff now working programmatically within unit teams. This has been a significant change and such a positive one. The OT service is now located over 17 locations across the campus rather than within one department. We have continued to ensure that we maintain our connectedness to ensure there are opportunities for peer support and collaborative thinking.



- **Managing service capacity and prioritisation tools** – Prioritisation tools have been revised throughout the service to ensure consistency and transparency in how we manage our team's capacity to provide optimum patient care in times of unplanned leave or in response to the pandemic this year.
- **Powered mobility working group** – This group has continued to collaborate with the CRC to embed pathways into our service and ensure best practice and consistency in approach in providing our services to patients in need of powered mobility.
- **Continuation of Team Lead role in each service** – The role of team leads continued to be of huge benefit during the transition to the new hospital and throughout the pandemic.
- **Clinical Modalities Project** – The OT department has continued to be involved with a project group looking at the governance, structure and future service developments of the use of clinical modalities and technologies in the NRH. Pathways, SOPs, and information sheets have been created within relevant programmes and this work will continue in 2021.
- **Referrals project** – This project undertook to enable continuity of service and ease of communication given our departments change to now working across 17 locations.
- **Clinical specialist posts** – We welcome and look forward to recruiting for clinical specialist positions, whole time and part time, in four of our programmes. This is significant progress in advancing the expertise within the OT team.

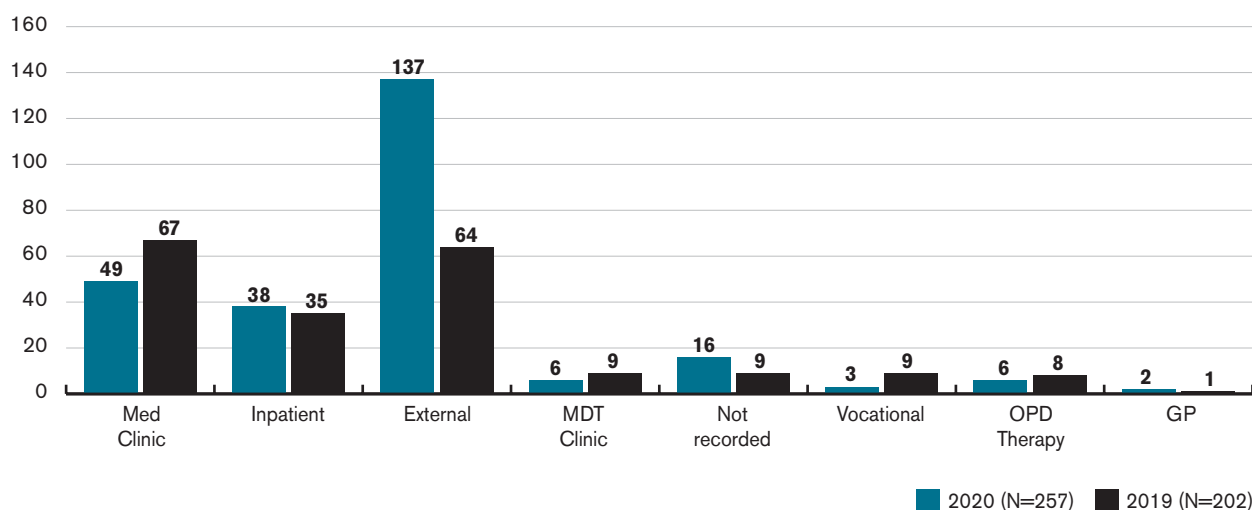
OT is a component of all NRH Rehabilitation Programmes

OUTPATIENT OCCUPATIONAL THERAPY SERVICE

The Outpatient OT service comprises:

- Individual and Joint Interdisciplinary assessments and interventions
- Groups; Meet and Teach, GRASP, Functional Cognitive Communication, and Wellness days
- Multidisciplinary clinics
- Driving: off and on-road assessment

REFERRAL SOURCE



- Total Referrals: OT OPD Referrals 2020 = 257 (202 in 2019)
- Increased referrals from external sources – 64 in 2019 to 137 in 2020
- Slight decrease in referrals from medical clinics, 67 to 49 this year, possibly influenced by COVID cancellations.

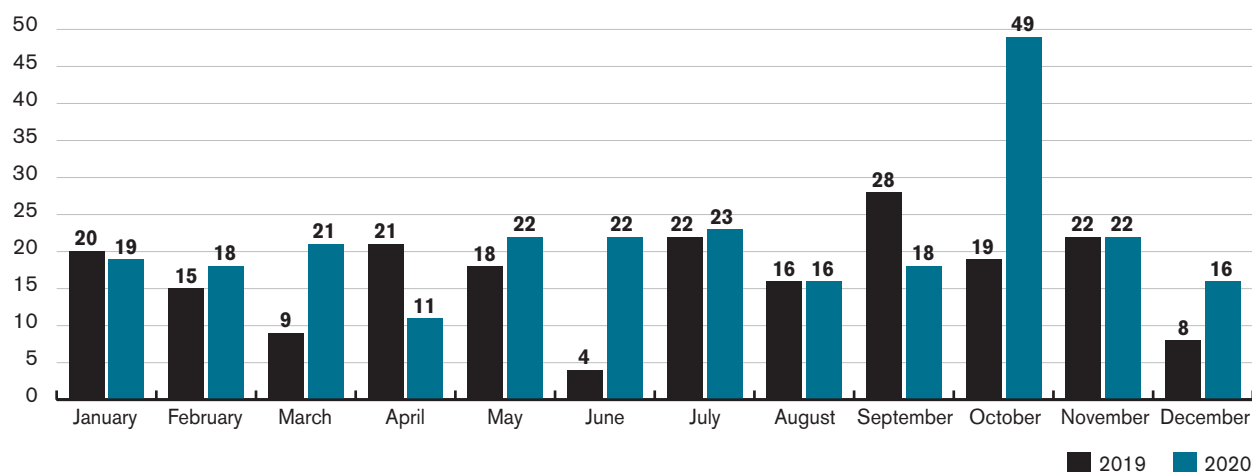
Key Issues in 2020:

- 42% increase in referrals since 2018
- Staff redeployment from the service for 22 weeks
- Limited technology access
- Consensus regarding OPD Scope to be resolved

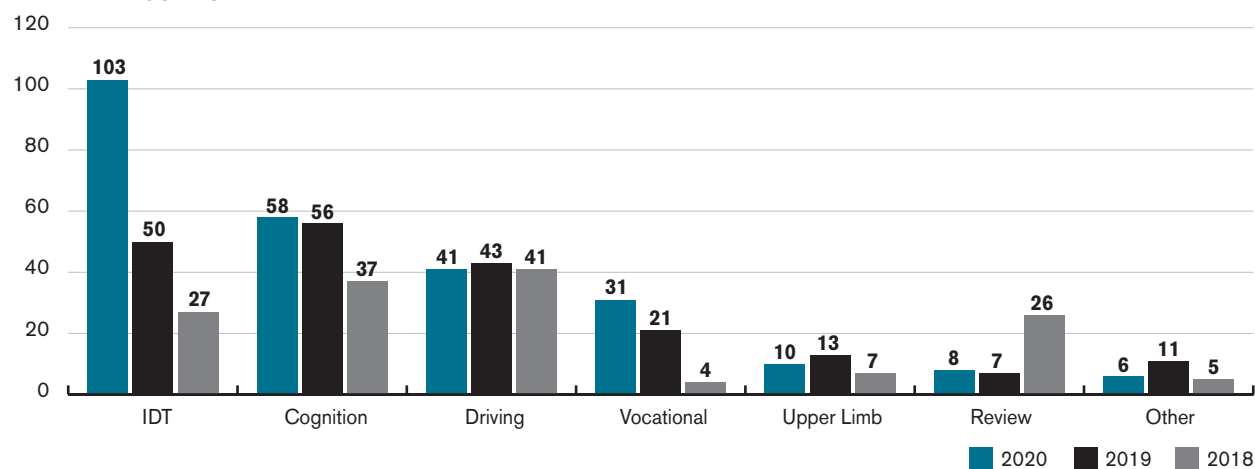
Plans for 2021

- Expand telehealth delivery interventions, for example on-line questionnaires, large-span cameras, round-sound speakers and remote options
- Develop IDT reading group intervention for patients
- Investigating Driving service expansion

REFERRAL NUMBERS PER MONTH 2019/20



PRIMARY REASON FOR REFERRAL





OT services delivered across all NRH programmes (cross programmatic services)

- Discharge Liaison Occupational Therapy (DLOT)
- Vocational Service
- Driving Assessment and Training
- Woodwork
- Horticultural Therapy
- Practice Education

DISCHARGE LIAISON OCCUPATIONAL THERAPY (DLOT)

2020 saw the temporary extension of the DLOT service (from March to July) to cover the Republic of Ireland for the first time since its inception as a response to the COVID pandemic. A unique aspect of the revised service was the completion of IDT discharge home visits and this is ongoing since the service reverted back in cases where it is deemed necessary. 126 referrals were received and of these, 63 referrals were received during the three-month extension of the service. In total, 219 home visits were completed in 2020 with 41 IDT discharge home visits carried out during March to July. 30% of all referrals received this year were for patients who resided outside the catchment area. On average, 70% of all patients who received intervention were discharged to home. In order to restructure the service the Standard Operating Procedure was revised to include new infection control measures and staffing was also increased during this time. Feedback in relation to the DLOT response to the public health emergency has been positive both internally and externally, but mostly from the patients served who reported feeling supported in their transition to home during a very anxious time. The DLOT service submitted an article to AOTI to reflect the experience of working in an innovative way during COVID-19 which included use of virtual home visits along with other measures during this time.

VOCATIONAL SERVICE

The Vocational service provides vocational assessment to Inpatients and Outpatients, across all NRH programmes. The majority of referrals come from the Brain Injury programme. Staff continue to develop the quality and efficiencies of the vocational service. Plans for new initiatives include a 'Return to Work' day for Outpatients of the Brain Injury programme and to further develop vocational rehabilitation initiatives for patients in the vocational service and Brain Injury Programme.

DRIVING SERVICE

The OT Driving Service collaborates with the Irish Wheelchair Association (IWA) to assist NRH Inpatients and Outpatients to 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. The driving service continues to develop in line with guidelines set out by the Traffic Medicine programme and the Road Safety Authority (RSA).

WOODWORK SERVICE

The woodwork 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, using the medium of woodwork to explore and support individuals' rehabilitation goals. Referrals are received directly from Occupational Therapists.

HORTICULTURAL THERAPY SERVICE

COVID-19 restrictions effected every aspect of the hospital including the OT garden, which was maintained without trainees from RTU, volunteers, or corporate volunteer support, nonetheless it continued to flourish. Patient attendance was maintained by working with smaller groups and one-to-one sessions. New developments with online referrals and feedback have improved the service and supports OTs in referring to the service.

Links were maintained remotely with GIY and Thrive and with the steering committee of Social, Community and Therapeutic Horticulturalists Ireland. Relationships with volunteers and the Therapeutic Recreation Service were strengthened through facilitating weekend gardening groups in the OT garden during the summer. Christmas wreath making continued to be popular with patients, working with smaller groups in compliance with restrictions.

OT PRACTICE EDUCATION

In 2020, due to the pandemic, it was necessary for OT Practice Education to curtail and cancel placements from March to June, however, extra placements were facilitated in July and August. Practice Tutors were redeployed to Inpatient services for approximately 14 weeks, and Tutor staffing was limited again in November and December.

In 2021, the NRH facilitated 25 OT placements for students from TCD, NUIG and UL (an increase in our annual commitment of 24 placements). This was a difficult task given the situation, and the OT department are commended for their dedication to Practice Ed this year. The way in which placements were delivered had to be adapted due to public health restrictions. Tutors' involvement in University teaching and examining continued and was adapted to online learning from September 2020 onwards. Our poster regarding the Student Rounds initiative won best interactive poster prize at INHED in February 2020.

OT Input into Interdisciplinary Services and Clinics Delivered Across All Programmes

OT Input into IDT Services include:

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

Summary of Key Issues for the NRH OT Department during 2020

- **New Hospital Project** – Staff flexibility and determination to maintain services was remarkable in 2020. It has at times been challenging to be responsive to the required input for the enabling works and executing the equipping of the new building sufficiently. OT staff were redeployed due to the pandemic. Staff across the entire department had significant additional work to do in addition to their clinical responsibilities at a time that we experienced the highest levels of unplanned leave in our history.
- **Supporting the implementation of Monday to Saturday 8am-8pm working** – Exploring opportunities for how we can enhance patient care in providing more flexible services over six days, from 8am-8pm has been challenging during a pandemic. OT management have advocated for the establishment of a quality improvement project to ensure that opportunities which arise from working over 6 days are maximised. We welcome recent advancements with this project.
- **Leave cover and staff turnover** – the lack of cover for planned or unplanned leave and gaps with recruitment has been very challenging in terms of service continuity. We will continue to advocate for this gap being managed through workforce planning in the future.

Patients and staff were delighted to celebrate the move into our new world-class rehabilitation facility in June, 2020.





Pharmacy

SHEENA CHEYNE
CHIEF II PHARMACIST

The Pharmacy Department continued to ensure safe and efficient use of medications throughout the hospital as we transitioned to a new hospital and maintained services throughout the COVID-19 pandemic. The pharmacy continued to provide a comprehensive pharmaceutical service.

Overview of Services Provided

The Pharmacy Department:

- Provides medication reconciliation of all admission and discharge prescriptions ensuring accurate medication list at transitions of care.
- Procures stores and supplies all medications in a safe, effective, economic and timely manner through diligent dispensing processes and negotiating with pharmaceutical company representatives to obtain best prices.
- Provides medication review of all prescriptions to optimise medication therapy.
- Attends Consultant Unit rounds to advise proactively on medications at point of prescribing with each patient.
- Many interventions were made to improve patient care and directly reduce harm to patients.
- Participates in a weekly anti-microbial stewardship round with the Consultant Microbiologist ensuring the appropriate use of antimicrobials.
- Dispenses medication for patients for therapeutic weekend leave – this was the only pharmacy service that reduced significantly due to the pandemic.
- Individualised patient medications are dispensed for Inpatients.
- Liaises with community pharmacies and other hospitals regarding supplies of unusual, 'high tech' and unlicensed medications.
- Presents an interactive workshop for all new doctors to advise on safe prescribing, and supports nurse prescribers
- Handles medical information queries from all hospital staff.
- Closely liaises with many hospital Departments such as Nutrition and Dietetics, Speech & Language Therapy, Sexual Wellbeing, and Urology.
- 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).
- Continues to monitor the expenditure on medications, producing quarterly reports to the hospital Units and Programmes.
- Completes annual stocktake of all medications and feeds.
- 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.

- Current dispensary layout was reorganised using Lean principles and 5S criteria.
- The new hospital environment produced additional service changes as the pharmacy department ensured that patient safety was not compromised in any way. Pharmacists are now divided into two teams.
- The pharmacy staff formulated new ways of working, for example the Medication Prescription Administration Record (MPAR) remained on the Units of the new hospital, however, despite the challenges for pharmacy, patient safety is maintained. Other examples include:
 - Individualised medication trolley top-ups were carried out on the Units by pharmacy technicians.
 - New MDA (Misuse of Drug Act) records and requisition books were produced
 - New admissions are now 'reconciled' on the Unit by pharmacists
 - Unit stock lists and training were provided to reduce the requirement for the MPAR to be away from the Unit.
 - Locations had to be assigned to Unit medication stock and Unit-based medication fridges required new policies and monitoring
 - Healthcare assistant roles expanded with the increase in frequency of collection and delivery of medications and feeds to Units. Roles include scanning of medications for FMD (Falsified Medications Directive).

Antimicrobials: We participated in the national point prevalence study for antimicrobials. We also participated in Antimicrobial Awareness day in the hospital.

Audits: Pharmacy carried out the following audits in 2020: Medication taken out of hours; Allergy documentation; Medicinal Fridge temperature monitoring; Instillagel ®use on SCSC program, Medication Prescription Administration Record (MPARs); new trolley top-up and Misuse of Drugs Act (MDAs).

Interdisciplinary work: Team members were involved in submission of requirements for tender for the electronic health record and prescribing (Clinical Rehabilitation Management System - CRMS) maintaining pharmacy involvement in the project.

Highlights in 2020

- Being actively involved in the COVID response and using the Guide Doc platform for all the COVID clinical information as an easy to access resource.
- Involvement in the production of the COVID palliative care medications.
- Introduction of Medicines Complete to the hospital enabling availability of up to date medicines information resources to all clinical staff at the point of patient care including access to the electronic British National Formulary (BNF).
- Producing 'Electrolyte ' guidelines for Guide Doc, and maintaining and reviewing all the intravenous monographs on this platform.
- Managing the Drug and Therapeutics Committee meetings and production of newsletters on Serotonin Syndrome, Tapentadol and Preferred Proton Pump Inhibitors (PPIs).
- Development of new prescription pad.
- Annual aggregation on medication incidents reported to NIMIS – results show that all were ' near miss' or 'no harm' due to the vigilance of the pharmacy department.
- Attendance at ISMN (Irish Safety Medicine Network) annual conference on ' Learning from COVID'
- Article in' Hospital professional News ' on the pharmacy and the new hospital.
- Promoting medication safety with 'medication safety' roadshow presentations on all units.
- Presenting 'pharmacy induction ' workshop to new nurses

I would like to thank all the pharmacy team for their enthusiasm, initiative, dedication and commitment in providing the pharmaceutical care to all staff and patients in the NRH.



Physiotherapy

ROSIE KELLY
PHYSIOTHERAPY MANAGER

The Physiotherapy Department continues to strive towards best clinical practice and standards of care based on national and international practice in rehabilitation. The Physiotherapy services are provided by the interdisciplinary teams to provide a better patient experience and to maximise patient outcomes.

Specialist Physiotherapy rehabilitation is delivered by expert staff to the core programmes:

- Brain injury programme including Prolonged Disorders of Consciousness (PDOC)
- Stroke Specialty
- Spinal cord system of care including ventilated patients
- Prosthetic Orthotic and limb Absence Rehabilitation (POLAR) programme including day patients
- Paediatric Family Centred Rehabilitation

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

RESPIRATORY SERVICE

Respiratory physiotherapy contributed to escalation and resource planning on COVID committees at the NRH throughout 2020. Treatment was provided for ventilated patients this year; palliative and end of life care management was required by the team for the first time here at the NRH. The senior physiotherapist provided significant volumes of training in ventilator, tracheostomy and respiratory competency to IDT colleagues including nursing in the Spinal High Dependency Unit; the wider SCSC programme and to external stakeholders both national and international. The Senior Physiotherapist provided virtual education sessions to acute sector and community colleagues, patients and family members to ensure best respiratory care is delivered to patients on the SCI continuum of care. Treatment of patients with respiratory insufficiency on the Brain Injury Programme included successful decannulation of patients with Locked-In syndrome and PDOC. The respiratory physiotherapists developed competencies in tracheostomy changes in line with EEC guidelines. At departmental level, COVID management workshops, standard oxygenation, high flow nasal oxygen and non-invasive ventilation, cough assist refresher training was delivered.

AQUATIC PHYSIOTHERAPY AND SPORTS & EXERCISE PHYSIOTHERAPY

Aquatic and Sports & Exercise Physiotherapy provide a cross programmatic service for both adults and children from all Inpatient and Day-patient services, with a limited Outpatient service. The impact of COVID-19 affected service provision in Sports, Exercise and Aquatic Physiotherapy. Due to public health restrictions, all major sports events were cancelled which included the annual Inter Spinal Unit Games (ISUG) and the NRH Sports Championships. Archery and the climbing wall were the only activities which complied with individual use of equipment, fulfilling cleaning protocols and social distancing.

PHYSIOTHERAPY OUTPATIENT DEPARTMENT (OPD)

Physiotherapy Outpatient services were 20 years in existence in September 2020 and a poster of milestones to mark the achievement was produced. Early in the year, staff instigated virtual clinics and continued to meet the needs of patients in spite of the challenges imposed by the pandemic. Staff rose to the occasion and embraced virtual working with the adoption of one-to-one therapy clinics, IDT clinics and consultant led MDT clinics. GRASP, Pilates and Wellness Days all moved to the virtual platform. A collaboration with the spinal liaison service was undertaken to explore treating Cauda Equina Patients (CES) as a group in an Outpatient setting only, and looking at the management of CES patients under the umbrella of 'Living well with disability'.

CLINICAL PRACTICE TUTOR

The NRH physiotherapy service has the capacity to accommodate, on average, 45 students each year from University College Dublin (UCD) and Trinity College Dublin (TCD). In 2020, we were required to reduce this number to 39 students due to the pandemic. The NRH have continued to provide educational physiotherapy placements for UCD and TCD students in all programmes across the hospital, with students from both universities attending placements for periods of one to six weeks. They are guided and supervised by their nominated practice educator in the physiotherapy department and their clinical practice tutor. The Clinical Practice Tutor also delivered an educational service to UCD, TCD and The Royal College of Surgeons in Ireland by providing various lectures and practical tutorials to its students throughout the year.

THERAPEUTIC RECREATION SERVICE (TRS)

Due to the pandemic restrictions, the TRS adjusted patient service provisions to address issues such as:

- Weekend leave being suspended.
- Increase in isolation, particularly at weekends due to cancellation of therapeutic weekend leave, limited availability of therapies and reduced visitations access for patients.
- A decrease in volunteers' availability to assist with activities.

2020 saw the introduction of a range of supports to address the challenges outlined above. These included: A Tús work placement for one year; a staff secondment; 0.5 temporary recreational therapist post; additional assistance from the Sports and Exercise Therapy department; and from IWA Sports; staff Volunteers to assist with weekend activities; and an administration volunteer for part of the year.

The above supports resulted in 375 weekend activities being provided in 2020 (averaging 31 activities provided per month).

Some new activities in 2020 provided included:

- Irish language Classes
- History Talks
- Saturday and Bank-holiday Gym Sessions
- Sunday Gardening Groups
- Morning Mindfulness Classes
- Music and Movement Workshops
- Recreational Activities Cart and Catalogue.
- Storytelling and Poetry workshops

PATIENT AND NON-PATIENT HANDLING

The Patient and Manual Handling Coordinator post was expanded this year from a 0.5 WTE to a 1 WTE role. The addition of a Senior Physiotherapist, to the team greatly facilitated the growth of the service and allowed us to increase our support to the hospital staff as we transitioned to our new hospital building. The Patient Handling delivered a training programme for our new hoist systems to over 250 staff. The investment in ceiling hoists has been a very welcome feature and have significantly reduced the manual handling involved in moving patient with floor hoists. Patients report improved comfort and ease of transfers. The service continues to provide Patient Handling & Manual Handling training to staff as a mandatory training programme and ensured we could accommodate added COVID-19 control measures required to run these courses safely. The theory component is now completed online via HSELand to reduce the length of courses. Our patient handling compliance levels have improved this year. Preparation for an external Ergonomics course was facilitated online in December.



Milestones and Issues 2020

2020 has been a year like no other. The disruption to services as a result of the pandemic has been unprecedented. The effect on patients, staff and management were, and continue to be, felt to the core. The logistics of trying to run large services while adhering to all IPC guidance on Personal Protective Equipment, Hand Hygiene, standard precautions, social distancing and trying to cover services as a result of unplanned leave, have been severely challenging at times. The introduction of Saturday therapy sessions to increase access to rehabilitation and to reduce isolation for our patients brought was challenging for all involved. As part of this initiative, aquatic and sports & exercise sessions were available on Saturday mornings in November and December. We look forward to further developing this practice through the Maximising Rehabilitation Opportunities Project in 2021.

The Physiotherapy Department continued with its pilot project through 2020 which moved to Saturday mornings to allow patients to access the fitness suite equipment to practice self-management skills in independent activities. This is supervised by volunteers and facilitates the extended working day. With the uptake of this session, a second session on a Wednesday evening was initiated to assist with social distancing protocol.

Exciting new developments are currently on trial in the department such as the development of a vestibular service and also, staff treatment from the manual Handling staffing allocation in collaboration with Occupational Health.

Though 2020 was the most challenging year we have known to date, we hope to have many exciting opportunities to look forward to. The handover of our two therapy pools in January 2021 heralds an exciting new venture for the department. The planning for phase two of the new hospital project will be an exciting development and we look forward to embarking on this new chapter.

The Physiotherapy staff were once again commendable in providing a consistent service in the face of often severe staffing issues and during continual COVID restrictions. Additional to this of course was the transition to the new hospital with all the extra demands and logistical difficulties this brought.

Once again, the dedication and commitment of the staff to their department and to each other helped us through. We would like to extend our thanks to our department for their hard work and team working and to commend everyone's commitment and support in the face of some very difficult events that occurred in 2020.



Physiotherapists working with a patient in the new on-unit integrated treatment area in the new hospital.

Psychiatry – Liaison Service

DR MARIA FRAMPTON
CONSULTANT PSYCHIATRIST

The Liaison Psychiatry service provides assessment, evaluation and 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 acquired injury. Patients may be referred as part of a risk assessment if there is a concern there is a risk to themselves or others. Others may be referred for a medication review or a capacity assessment.

The number of new referrals has almost doubled in the last 5 years, in part owing to an increasing awareness of mental health problems but also due to the increasing survival rate following complex trauma with subsequent ever more challenging physical and psychological sequelae.

Nature of psychiatric illness in rehabilitation

There is widespread evidence of increased prevalence of mental illness, ranging from 20-60% in patients who have sustained a brain or spinal cord injury. The most commonly treated conditions in this group are anxiety, depression and addiction, and personality and behaviour disturbance as a consequence of brain injury. It is well recognised that risk of suicide is increased up to four-fold in persons who have sustained a brain or spinal cord injury. The physical (loss of body function, dignity and personhood) and psychological (loss of future hopes and dreams for relationships, employment and being) consequences of brain and spinal cord injury can have a devastating impact not only on the individual themselves but also their extended family.

REFERRAL AND TREATMENT PROVIDED:

Reasons for referral to liaison psychiatry fall into two main categories: 1. Having a previous history of mental illness prior to rehabilitation and 2. Developing mental health difficulties, either as a direct result of trauma, or as a consequence of hugely altered life circumstances, following injury or trauma. Mental health issues may significantly affect a person's ability to engage in therapies, thus impacting on their rehabilitative outcome, hence the importance and value of early mental health intervention during the period of Inpatient rehabilitation.

INTERVENTIONS OFFERED

- One-to-one biopsychosocial assessment, diagnosis and a management plan for the duration of a person's Inpatient stay and beyond through consultation with GPs, community mental health teams, psychiatrist colleagues and voluntary organisations.
- Review of existing medication regime and supplementation, adjustment and monitoring when necessary.
- Gathering of collateral history from family members and health professionals.
- Joint assessments with members of the interdisciplinary team including speech and language therapists, psychologists, occupational therapists and social workers. Also, liaison with nursing staff, health care assistants, music and art therapists, physiotherapists and chaplaincy are very valuable components of 'whole person' care.

The care approach is patient centred and evidence based with a strong commitment to best practice. Liaison psychiatry in the rehabilitation setting prioritises patient wellbeing, re-establishing a sense of self and autonomy and sometimes a cause beyond oneself, exploring what in the individual's new life has become most important. When the future is seen as uncertain, people's goals and motives for everyday life shift completely, sometimes simply becoming comfort and companionship.

The liaison psychiatrist has participated in the Patient Experience Project, the Annual Suicide Awareness Day and regular participation in teaching for staff, undergraduate and postgraduate students within the NRH. The liaison psychiatrist has developed a protocol for managing persons expressing suicidal thoughts.

PUBLICATION:

Lyons D, Frampton M, Naqvi S, Donohoe D, Adams G, Glynn, K (2020). *Fallout from the COVID-19 Pandemic – should we prepare for a tsunami of post viral depression?* Irish Journal of Psychological Medicine, December 2020, Vol 37, Issue 4



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 are provided in a warm, welcoming and caring environment. Service delivery was adapted to ensure adherence to local and national infection control guidelines during the ongoing COVID-19 pandemic.

Diagnostic imaging services were provided by an expanding team, comprising a part-time Consultant Radiologist, 2 Clinical Specialist Radiographers, one Senior Radiographer and 2 part time Radiology HCA's.

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 (portable service also available), 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
- MRI service outsourced to external provider

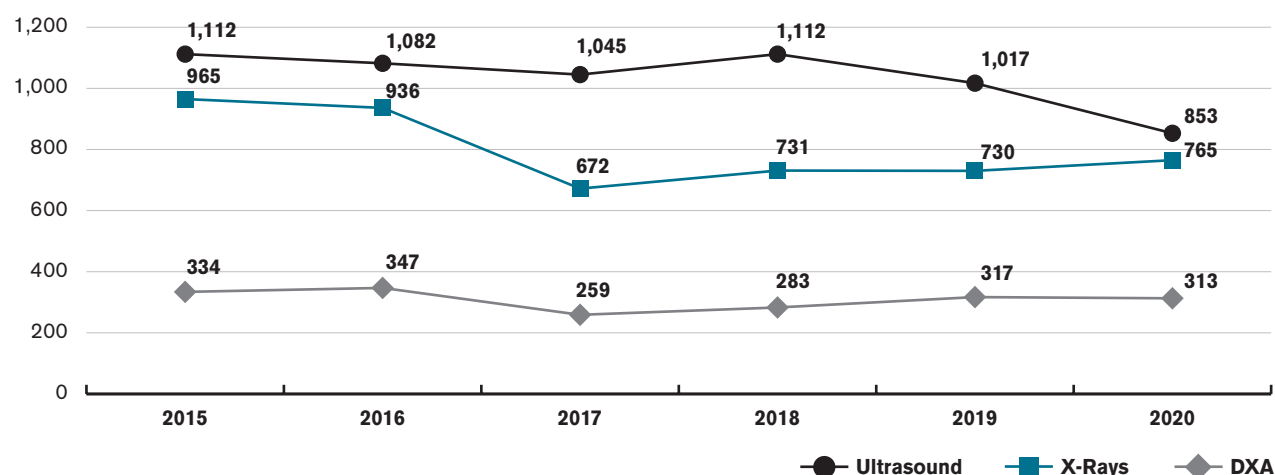
Activity Data

Radiology activity data for 2020.

- **Ultrasound** – 853 examinations performed
- **General X-Ray** – 765 examinations performed, on par with 2019
- **DXA Scans** – 313 scans performed, similar to 2019 activity

GRAPH A – RADIOLOGY ANNUAL STATISTICS 2015 – 2020

Number of Examinations



Mr Eugene Roe, SCSC Programme Manager and Dr Eimear Smith, Medical Director welcoming one of the first patients to move into Fern Unit in 2020.



Services and New Developments

DXA – a locum Clinical Specialist DXA Nurse is employed one day per week and is involved in DXA service development and planning at the NRH, this has been invaluable in setting up further new scanning protocols. This experienced DXA practitioner is essential to maintain current DXA service levels and enable development and expansion of the Service for practitioners and patients at the NRH. The aim is to establish a Centre of Excellence for Bone Health and for fracture prevention in the neurologically injured patients of our national referral centre.

Ultrasound – In 2020 there was a slight decrease in the number of examinations performed compared to 2019, however there was an increasing number of specialised interventional procedures performed under ultrasound guidance such as intramuscular and salivary gland botulinum toxin injections. Reduced activity was due to cancellation of some Outpatient clinics and non-urgent activity due to the pandemic.

A portable Ultrasound machine is now in use, this is particularly advantageous to deliver point-of-care diagnostics at the bedside where indicated, and for those patients for whom it is more challenging to leave the ward environment.

X-ray – the state-of-the-art portable digital x-ray machine is operational which has allowed an increased number of portable examinations as envisaged and required.

Nurse prescribing – Nurse prescribing of ionising radiation at the NRH continues successfully within the nurse led Urology service, with a fourth urology nurse successfully completing training, resulting in a marked reduction in the number of x-rays ordered.

NIMIS – (National Integrated Medical Imaging System) continues to be fully operational at the NRH. NRH is also now live on the BEAM application which is advantageous in that it facilitates the electronic exchange of radiology images and reports between non NIMIS sites and Private Hospitals.

Research – The results of the interdisciplinary research undertaken in 2020 comparing the accuracy of bladder volumes between three different scanners used in the hospital was presented at the Irish Association of Urology Nurses in October and was awarded first prize. Publication by the disciplines involved is hoped to follow.



Highlights and Key Issues

Many of the recommendations from the radiographer staffing review have been implemented with further recruitment expected in 2021.

RADIOLOGY PROTOCOLS AND POLICIES

A review of department policies and procedures are ongoing. New procedures are being developed to reflect the scope of work undertaken by radiology. There is a review system in place for all radiology policies and procedures including review dates, authors and other relevant details.

AUDIT

A number of audits were carried out in 2020. These include: COVID-19 Safety Audit; Patient ID Audit; HIQA Environmental Audit; Hygiene IPC audits; Health & Safety-Clinical Environment Audit; Pregnancy Declaration Audit; Dress Code Audit; Staff compliance with dosimetry badge wearing; Reject Analysis for general x-ray; Diagnostic Reference Levels; Nurse Prescribing; Online Radiation Safety Training for NCHDs.

RADIATION SAFETY

The Radiation Safety Committee (RSC) chaired by Dr Brian McGlone convened twice via MS Teams during 2020 as required by law. It continues to advise hospital management in relation to the protection of patients (SI 256), workers and members of the public (SI 30) regarding the use of ionizing radiation in the hospital. The Radiation Safety Procedures were comprehensively revised to reflect new legislation. Several important policies were developed including those on Diagnostic Reference Levels (DRLs), Comforters and Carers, Protection of the Unborn Child and the Radiation Incident Management Policy. The increased scope of practice of the radiographer as practitioner was developed throughout these documents.

The Clinical Director formally joined as a member of the RSC.

HIQA requirements were prioritised including those around patient dose, staff roles and responsibilities and justification for radiation procedures.

The Nurse Prescribing of Ionising Radiation course was completed by Urology Nurse Edel Gormley under the auspices of the RSC and audits on the nurse prescribing practice were presented to the Committee. Further Clinical Audits were overseen and reviewed by the RSC including those on patient ID, staff doses and DXA and there was oversight of the Equipment QA Programme and NRH-wide staff radiation safety training, including online training for NCHDs. The mobile x-ray service was transferred to the main hospital following risk assessment and configuration of a wireless system to digitally send the images from the new hospital units.

Under the Service Level Agreement with St. Vincent's University Hospital, assistance and expertise was received from Dr Julie Lucey as Radiation Protection Adviser (RPA) and Eamon Loughman as Medical Physics Expert (MPE). Carmel Kelly, Clinical Specialist Radiographer continues as the Radiation Protection Officer (RPO) for the hospital.

Social Work

ANNE O'LOUGHLIN
PRINCIPAL SOCIAL WORKER

Service Provision

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

Developments in 2020

Transition Planning: A significant focus in 2020 was transition planning in preparation for the move to the new NRH building. This move involved moving from a Department based model to a Unit based interdisciplinary teams (IDT) model. Workforce planning for the new hospital environment and increased bed numbers has resulted in a welcome uplift of social work staffing particularly in the areas of Outpatient and outreach services.

A key development has been the appointment of a Complex Discharge Co-ordinator for the Brain Injury and Spinal Cord System of Care Programmes. The purpose of this Social Work post is to provide a pre-admission service to patients with high complexity needs who are referred to the NRH. Providing this as early as possible in the patients' rehabilitation journey can enhance discharge planning and options. Efforts are ongoing by the NRH and other agencies in advocating for a national centralised budget for high complexity cases to replace the current system of applying to local disability budgets inadequate to meet the level of funding required. In the interim, the Complex Discharge Co-ordinator is working closely with the General Manager, Services for Older People, Community Operations (Roisín Maguire), to look at barriers to discharge from the NRH and reduce bed days lost to delayed transfers of care. This assistance with 27 cases in 2020 led to more timely discharges and increased throughput.

Safeguarding: The Department continues to offer Designated Person support and intervention in relation to child and adult safeguarding issues. Anne O'Loughlin is chair of the NRH Safeguarding Steering Committee which co-ordinates relevant policies and procedures, monitoring of compliance with training, audits, and new developments in terms of legislation and national guidelines. A specialist safeguarding social worker was appointed in 2020 which has greatly assisted with this work.

Research: The initial phase of the family meetings project is now complete and a set of guidelines for family meetings in the NRH has been developed. This will involve input from patients and families as well as staff to co-create a model which is based on service user feedback. A journal article with Dr Sarah Donnelly from UCD was submitted in 2020. A second research project on how staff interact with distressed families commenced in 2020 with Dr Paul Carroll, Consultant in Rehabilitation Medicine.

Family Visiting and COVID-19: Restrictions on family visits since the onset of the pandemic has been a major cause of stress for patients and families throughout 2020. Staff are very cognisant of how difficult this has been and have made huge efforts to facilitate online and telephone contact, family meetings via telehealth and onsite visits and carer training when permitted. It was also necessary to suspend therapeutic leave therefore patients were unable to travel home at weekends or for family events. We look forward to having families and carers back onsite and integrated into the rehabilitation programmes when it is safe to do so.



Activity for 2020

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

Submissions and Consultations were made on the following:

- Irish Association of Social Workers (IASW) submission to the Stroke Strategy
- Social Workers in Disability submission to the Law Reform Commission on Adult Safeguarding legislation
- IASW Discussion Paper: The case for a national psychosocial model of care from Acute Hospital Medical Social Work Departments, in response to COVID-19.

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
- IASW Special Interest Group for Adult Safeguarding
- Head Medical Social Work Forum
- Social Workers in Stroke Forum

Education and Training

The Social Work Department provides placement for Master's in Social Work students on four-month block placements per year and was involved in Online teaching to the Master's in Social Work Programme in both UCD and UCC. Phil Butler, Senior Social Worker is undertaking her PhD with UCD on 'supporting mothers with an acquired brain injury, and their families'.

I would like to welcome the new members of the Social Work team and thank all the Social Work Staff for all their hard work and dedication throughout a particularly challenging year.



Patients, Families and Staff from the Paediatric Programme are delighted with the new world-class facilities in Daisy Unit in the new hospital.

Speech and Language Therapy

CLARE HUDSON
SPEECH AND LANGUAGE THERAPY MANAGER

Service Provision

The Speech and Language Therapy (SLT) team is committed to providing high quality, evidence informed services for people with communication and or swallowing difficulties resulting from an acquired brain injury, spinal cord injury or limb absence that:

- **optimise** the person's recovery of communication and or swallowing skills
- **minimise** the impact of communication and or swallowing difficulties on the person's life
- **maximise** the person's potential to fulfil their life roles following communication and or swallowing, eating and drinking difficulties.

The team of eighteen speech and language therapists and assistants are assigned to Unit Teams and Programmes, and work through an interdisciplinary approach to deliver services at individual, group based, and family support levels. The services are delivered across all NRH Inpatient Programmes and through Outpatient Services. In addition, the following services are provided across the NRH:

Audiology Screening Assessment: an instrumental screening assessment of hearing to identify the presence and severity of hearing difficulty.

Flexible Endoscopic Evaluation of Swallow (FEES) Service: an instrumental swallow evaluation service to Inpatients of Brain Injury and Spinal Cord System of Care Programmes.

Electronic Assistive Technology (EAT): In collaboration with the Occupational Therapy Team, this service offers exploration of technology that can support a person to have greater independence or control in their environment. The equipment includes Alternative and Augmentative Communication (AAC), computers, phones and environmental control systems.

Clinical Education Service: The Clinical Practice Tutor supports the education of students in training from a variety of Irish Universities to become speech and language therapists.

Developments in 2020

The SLT team applied continued ingenuity and innovation to ensure delivery of rehabilitation services during the COVID-19 pandemic to both Inpatients and Outpatients at the NRH. Examples include:

- The required adaptation of assessment and therapy techniques to ensure patient and staff safety
- The implementation of telehealth for Outpatients and the Paediatric service
- Online teaching from the SLT Clinical Practice Tutor.
- The SLTs embraced the move to the new hospital building, and have integrated into unit teams, changing practices, and working collaboratively with their colleagues to review and develop working practices that maximise person centred care and outcomes.
- During 2020, the SLT team undertook a review of their collection and use of therapy outcome measures and implemented changes to improve the process. The next steps for the team are to link therapy outcomes to their input activities so that this local information can inform our service design and delivery to best utilise resources and inform patients and their families of what to expect from SLT services in the NRH.
- The NRH has been a participating site for a national multi-site research study conducted by the Speech and Language Therapy Department, with Trinity College Dublin, which is exploring the impact of COVID-19 on communication and swallowing.
- The development of a communication accessible environment has continued to be a focus for the SLT team during 2020, and the Accessible Communications Policy was completed in collaboration with the NRH Communications Department. The policy will support our continued progression towards the implementation of communication methods that are accessible and inclusive for all.



Section 4 Corporate and Support Services



June Stanley
Deputy Chief Executive



Liam Whitty
Catering Manager



John Fitzgerald
Materials Manager



Olive Keenan
Human Resources Manager



Liz Maume
Patient Services and Corporate
Data Manager (from June)



Elayne Taylor
Risk Manager



Rosemarie Nolan
Communications Manager



Louise Kelly
Acting School Principal
(from Sept 2020)



Dr Cara McDonagh
Chairperson, DDMBA



Fr Michael Kennedy
Chaplaincy



Aoife Mac Giolla Rí
School Principal



Audrey Donnelly
Stakeholder and Corporate
Data Manager (to June)



John Maher
Information Management
and Technology Manager



Siobhán Bonham
Health Planning Team Leader
& Snr Project Manager (to July)



Rose Curtis
Occupational Health Nurse



Brendan Martin
Payroll and Superannuation
Manager



Peter Byrne
Technical Services Manager



Maeve Nolan
Academic Lead



Daragh Bolton
Head of Security
Services



Tara Lyons
Head of Health Planning
Team

Academic Department

DR MAEVE NOLAN
ACADEMIC LEAD

Despite the inevitable restrictions imposed by the COVID-19 pandemic, the Academic Department, newly established in 2019, made progress by focusing on the opportunities, rather than the challenges, posed by repeated lockdowns. The two main priorities dominating the year were the development of a three-year strategy and the successful move into the Ivy Building which now accommodates the NRH Foundation, the Academic Department, and Clinical Tutors and Researchers. It also houses a small teaching and training room and a library for students and staff.

The Academic Department Strategic Plan 2020–2023, aligned with the NRH Strategic Plan, was approved by the NRH Board. It outlines the steps needed to enable the NRH to be a dynamic centre for learning, education, professional development, and research, by providing innovative learning opportunities for healthcare professionals, students and the wider healthcare community. The strategy was developed with the Academic Steering Committee and a robust process of consultation with internal and external stakeholders.

The Strategy outlines two interrelated streams of education and research, divided into four specific pillars, comprehensively encapsulating educational and research activity at the NRH. These are:

1. Continuous professional development for NRH staff
2. Specialist rehabilitation education for the wider healthcare community, students and others
3. Education for patients, families and carers
4. To develop and support the research agenda and establish a Clinical Research Centre at the NRH

The move into the Ivy Building has greatly facilitated our aim of coordinating teaching and research activity at the NRH. Clinical Tutors joined us in September and, despite COVID precautions, we facilitated placements for a total of 493 students in 2020 (see table below).

While social distancing requirements imposed some limits on in-person teaching activity, we hosted our first lecture for Trinity College Dublin (TCD) Psychology students in September and have facilitated a series of virtual events since then. Our inaugural 'Lets Learn' talk on Action Research was delivered virtually in September by Professor Mary Casey, University College Dublin (UCD), Professor Emeritus, and Dr David Coghlan, TCD. Monthly Grand Rounds, NRH Accessibility Day, Programmatic Education meetings and numerous courses such as Neurogenic Bowel and Pressure Ulcers to Zero training has been facilitated in the Ivy Building.

Additional academic activity at the NRH in 2020 included:

- Funding support for an additional 16 post graduate courses for NRH staff
- Inaugural meeting of the Research Advisory Group to support our revised ethical approval process
- The establishment of the Academic Advisory Group, chaired by Dr Richard Reilly, TCD
- First virtual Careers Evening with over 80 attendees from schools across the country attending virtually
- Creation of the Academic Portal, a Sharepoint site for staff containing education, training and research resources
- Report on 'The Impact of COVID on the NRH: The first 6 months'

The Academic Department continued to work with Professor Áine Carroll to achieve its research objectives including developing research priorities for the NRH and establishing a Clinical Research Centre at the hospital to promote high quality clinical research and actively pursue and notify staff of research funding opportunities and applications.

Proof that aspiration can become a reality was provided when the hospital was granted over €5 million from EU Horizon 2020 funding at the end of the year as a partner in the ROSIA '**Remote Rehabilitation Service for Isolated Areas**' project. This five-year project, beginning in January 2020, seeks to deliver a comprehensive service to patients in need of rehabilitation, develop new care pathways and community supports enabled by edge technology.

At year end, the Academic Department delivered on a longstanding wish of the Academic Steering Committee – to secure access to the HSE Library for all NRH staff.



STUDENTS ON PLACEMENT AT THE NRH

Discipline	Total	University	Breakdown
Medical	364	University College Dublin	210
		Trinity College Dublin	106
		Royal College of Surgeons in Ireland	48
Nursing	40	University College Dublin	
Physiotherapy	39	University College Dublin	21
		Trinity College Dublin	18
Occupational Therapy	25	National University of Ireland Galway	6
		University of Limerick	7
		Trinity College Dublin	12
Speech and Language Therapy	12	Trinity College Dublin	
Social Work	2	University College Dublin	1
		Trinity College Dublin	1
Psychology	1	University of Utrecht, Netherlands	
Music Therapy	4	University of Limerick	
Nutrition & Dietetics	1	University College Dublin	
Rehabilitative Training Unit (Vocational Programme)	.5 WTE Psychology 1 Occupational Therapist		
Biomedical Engineering (Assistive Technology Clinic)	1	University College Dublin	
Prosthetics and orthotics	1 Prosthetics	Strathclyde University, Scotland	
	1 Orthotics		

“ The Academic Department Strategic Plan 2020–2023 outlines the steps needed to enable the NRH to be a dynamic centre for learning, education, professional development, and research, by providing innovative learning opportunities for healthcare professionals, students and the wider healthcare community. ”

Catering Department

LIAM WHITTY
CATERING MANAGER

The Catering Department provides catering services for the patients and also meets all catering requirements for staff, and visitors across the NRH campus. In addition, the Catering Department provide Meals on Wheels for people living in two areas close to the hospital; 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 in 2020 was €657,693 (excluding wages) and the income was €304,054.

2020 was a year like we have never experienced before and I am proud to say that the staff in the Catering Department met the challenges of the COVID-19 pandemic and the move into the new hospital building with professionalism and unstinting commitment to provide a high quality service to our patients and colleagues who avail of the Catering service.

Highlights in 2020

In light of COVID-19, to ensure the health and safety of patients, it was necessary for the Catering Department to make a significant change this year to the way in which meals are served to our patients. Meals are being served in patients' rooms rather than in the new communal dining areas, which was a major change for the catering staff and Management. This is a temporary arrangement under the current pandemic restrictions. We look forward to when patients can eat and socialise together in the dining and recreation areas when safe to do so.

The Catering Department achieved the **Food Safety Assurance Award** in 2020.

Clinics for Disabled Drivers Medical Board of Appeal

DR CARA MCDONAGH
CHAIRPERSON, DDMBA

The Disabled Drivers Medical Board of Appeal (DDMBA) is a statutory independent body set up by the Department of Finance in 1990 to review individuals whose application for the Primary Medical 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.

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

2020 was an extremely challenging year for the Supplies service, especially with regard to securing adequate Personal Protective Equipment (PPE) supplies. The Supplies Team and the Director of Finance worked together successfully to manage the procurement and distribution of PPE, which was a valuable and scarce resource during the year, and continues to be challenging at times. Also, with the new hospital opening and the ordering of new equipment, it proved to be fairly pressurised to ensure all orders were placed accurately and in a timely manner.

Supplies also implemented a major upgrade to the purchasing and inventory control logistics software programme which has been successful.

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 are managed by Central Supplies, in addition to placing purchase orders for service and maintenance contracts for Medical Equipment and Technical Services equipment.

In 2020, the Supplies Manager assisted in Tenders preparation and loading onto the e-tenders website 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 2020 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. 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 hospital Units and therapy departments. We are ably assisted in this regard by the addition of the Clinical Engineer Post.
- Stock of special medical dressings, respiratory items, IV fluids and other emergency trolley items are managed for expiry dates and planned future usage is controlled for hospital Unit 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 2020, the Central Supplies Department:

- Worked collaboratively with hospital departments to ensure compliance with HSE, HIQA and CARF accreditation standards. Sourced 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). Maintained a database for service and repairs records of Medical Devices.

Chaplaincy

FR. MICHAEL KENNEDY, CSSp

The Chaplaincy is a support service which responds to the needs of all members of the hospital community, the patients, their families and staff by means of offering them listening, spiritual and religious support. The Chaplaincy Department plays an important role in the overall aim of rehabilitation.

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 Chaplaincy service has been greatly supported by the Chaplaincy Volunteers from the Legion of Mary and St. Michael's Prayer Group.

The Liturgy Team

The liturgy team, St. Vincent De Paul and others 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 is the Sacristan.

Involvement by volunteers is currently suspended in the hospital due to COVID-19 restrictions.

Visiting Patients

The Chaplain visits patients on the Units on a regular basis at times that don't impact on treatment schedules. Chaplaincy is also a round-the-clock on-call service. The Chaplain is available to meet with patients and relatives for private consultation as requested. All visits are controlled by 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. As far as possible, he also attends funeral services of family members of staff who have passed away. He is involved also in the following Committees: Ethics Committee, Heads of Departments, Liturgy Team, St. Vincent DePaul Conference, The Legion of Mary, Dublin Chaplain's Association, and the NRH Staff Induction Programme.

Holistic Approach

During the year, the Chaplaincy Department worked with various therapy departments to assist patients who wished to attend Mass in the chapel with their therapists. This formed an important therapeutic and holistic part of their individual rehabilitation.

Challenges

Due to the COVID-19 pandemic, the year has been spent very much in lockdown with visiting suspended, and volunteers and helpers not being able to visit the hospital. The Chaplain has proposed to have live streaming of Mass from the Chapel to the TVs in patients' rooms, which is under consideration by management.



Communications

ROSEMARIE NOLAN
COMMUNICATIONS MANAGER

2020 was a year that demanded rapid responses to the unprecedented challenges for all staff members imposed by the COVID-19 global pandemic. The Communications Department worked closely with all Heads of Programmes, Departments and services to ensure that accurate and timely information was available to all staff and patients, in a range of accessible formats. As NRH Infection Prevention and Control and patient and staff guidance changed frequently in line with Public Health advice, the Communications Department, working as part of the hospital's COVID-19 Response Group issued updates through a robust communications system, initially on a daily basis, in line with the hospital's commitment to protect the patients in our care and staff members as its first priority.

In addition, the Communications Department launched the hospital's new Website in September, and in collaboration with the IM&T Department and the Intranet Governance Group, the hospital Intranet went live in 2020 also.

The meticulous planning for the move to the new hospital, led by the Deputy CEO, was communicated to staff members over the preceding weeks and staff engagement resulted in a series of helpful FAQ documents that addressed many of the questions and concerns raised by staff members in advance of the move, which was successfully executed on 22nd and 23rd June.

The move to the new hospital has necessitated a revision of all patient information leaflets and booklets and this project is ongoing.

The hospital's CARF accreditation Survey also required immense input from the Communications Department and, along with staff members from across the hospital, we were delighted to see the NRH achieve a maximum three-year accreditation which extends to 2023.

Future Developments

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.

Communications Plans are in place for many major projects and developments within the hospital; three key projects include:



*L-R: Catherine Cornall,
Teresa Whyte, Aoife
Henn, Clare Hudson,
Prof. Áine Carroll
– members of the
Interdisciplinary Team-
working Project and
Research group.*

“ 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. ”

Clinical Rehabilitation Management System (CRMS)

The Clinical Rehabilitation Management System (CRMS) Project is a collaboration between the NRH and the HSE's Office of the Chief Information Officer (OoCIO).

The NRH vision for the CRMS is a comprehensive and secure health record of a patient's relevant personal health information, uniquely linked across services with robust information and data governance. The ability to increase connectivity both within the NRH and eventually to relevant acute and community services in line with the Sláintecare Implementation Plan, will ultimately enable development of a 'connected health care eco-system' required to deliver safe integrated care.

KEY DEVELOPMENTS FOR CRMS IN 2020

The CRMS project is a strategic priority for the organisation and continues to meet its targeted project milestones. Tender submissions were evaluated and a vendor selected in 2020. Contract negotiations with the successful vendor commenced in Q4 2020.

2020 CRMS PROJECT TEAM AND SPONSORS

Project Manager	Katie O'Rourke
Transformation Lead	Fiona Maye
Interim Transformation Lead	Anne Marie McDonnell
Clinical and HSCP Lead	Dr. Heather Cronin
Nursing Lead	Rita O'Connor
IT Project Manager	Robbie Phelan

FUTURE PLANS FOR CRMS

The NRH plans to finalise contracts and mobilise a project team for the implementation phase in the first half of 2021. It is planned to formally launch the project in 2021, with the project team progressing with the implementation, including extensive stakeholder engagement, in the second half of the year.

The CRMS project team would like to acknowledge the significant contribution to the project by NRH staff during 2020. We look forward to continued engagement and collaboration as the project progresses in 2021.



NRH Interdisciplinary Project – Building a Framework and Culture of Interdisciplinary Teamwork in the NRH

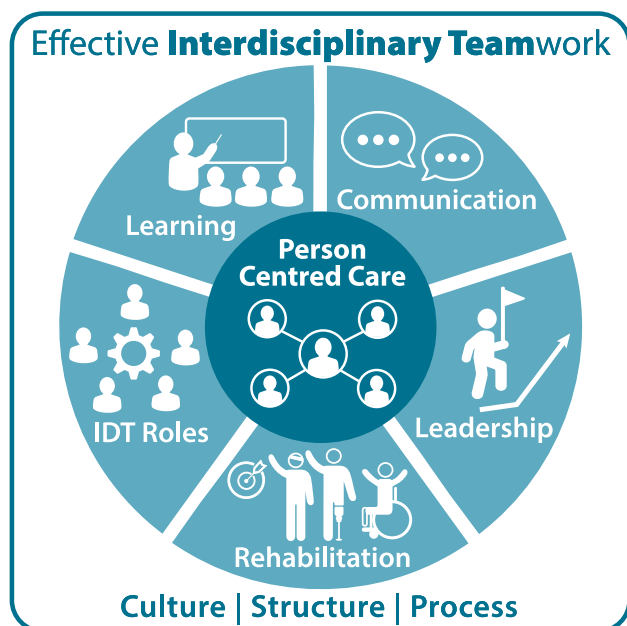
An NRH Interdisciplinary Project team was set up a year prior to our move to the new facilities to enhance and develop a framework and culture of Interdisciplinary Team (IDT) working at the NRH. Interdisciplinary team working is widely viewed as the most effective way of delivering integrated person-centred care that leads to improved outcomes for each person receiving our services, for staff and for the organisation. It is the preferred pattern of team working in rehabilitation settings. The NRH as an organisation recognises the work involved in teamwork.

The NRH IDT project has three strands:

- Strand 1: Development of the NRH IDT Framework
- Strand 2: Researching the implementation and impact of team training
- Strand 3: Operationalising the NRH IDT Framework.

STRAND 1: DEVELOPMENT OF THE NRH IDT FRAMEWORK

The NRH IDT Framework, was developed using the thoughts, opinions, and views of NRH staff, and the people receiving service and their families. The framework provides a shared language and understanding of the provision of rehabilitation services through IDT working. It has six components, the interaction of which supports the development of a culture of collaboration and trust in teams.



- Person at the centre of care
- Effective and Open Communication
- Strong Leadership and Shared Decision making
- Shared Understanding of rehabilitation
- Understanding and Valuing Roles
- Interdisciplinary Practice and Learning

Each component of the framework is described in terms of, what it is, what it is not, why it is important to them and what is working well in teams in the NRH.

STRAND 2: RESEARCHING THE IMPLEMENTATION AND IMPACT OF TEAM TRAINING

Three teams in the NRH self-selected as pilot teams for the implementation of The Interdisciplinary Management Tool (Nancarrow et al., 2012), an evidenced based intervention to support collaborative and coordinated teamworking in rehabilitation. The NRH response to COVID-19 provided learning opportunities in the core values of teamworking, including effective and open communication, understanding, valuing and respecting, as the members of unit teams adapted and supported each other in the delivery of rehabilitation to patients and families in very changed circumstances.

The research into the team training interventions will be completed in 2021 in a modified format that minimises social contact and utilises technology.

STRAND 3: OPERATIONALISING THE NRH IDT FRAMEWORK

Unit huddles

Unit huddles were established in Q2, 2020. Huddles are "...the hub of interprofessional, team-based care"; and are central to our journey towards robust IDT working. The NRH Unit Patient Safety & Quality Huddle is a short, stand-up meeting that provides a structure and focus on quality and safety to enable the smooth running of the unit. It brings team members together to share clinical information, review events, and plan for the day ahead across discipline groups and boundaries.

Future Plans

2021 will be an exciting time for further development of interdisciplinary teamworking in the NRH with completion of the team intervention research project, further focus on huddles and a focus on person-centred goal setting in rehabilitation.

The ROSIA Project

The National Rehabilitation Hospital was granted over €5 million from EU Horizon 2020 funding as a partner in the ROSIA **'Remote Rehabilitation Service for Isolated Areas'** project in late 2020. This five-year project, seeks to deliver a comprehensive service to patients in need of rehabilitation, develop new care pathways and community supports enabled by edge technology.

ROSIA is a European Commission Horizon 2020 Pre-commercial Procurement (PCP) project, consisting of 12 partners across 5 countries. ROSIA's main objective is to address health care provision short-comes and advance innovative digital solutions with development of devices and applications enhancing community care services for patients in their rehabilitation journey.

ROSIA will create a catalogue of technology-based products and solutions enabled by technological advancements, such as telerehabilitation and disruptive technologies, for example, virtual-augmented reality, depth cameras, sensors, IoT, or artificial intelligence, as part of a new and comprehensive service delivery for patients across Europe. The NRH will take full advantage of the PCP model.

Supported by the Hospital Board, Executive and OMC, NRH colleagues will deliver project benefits for patients across Ireland; engaging with staff from the Brain Injury and Spinal Cord System of Care Programmes and driving innovation across four areas:

- Integrated model of care to provide care continuity for patients
- High-tech telerehabilitation devices and services
- Improved patient experience
- Sustainable business modelling.

As part of ROSIA's 'Open Tender' process contracts will be awarded to industry partners to advance a comprehensive, integrated solution(s) for European care providers; identifying innovative technologies validated in real life and patient engagement exercises. As one of three procurers, the NRH will take a leading role in programme delivery of a remote rehabilitation model and ROSIA's innovation ecosystem is development through a stakeholders and user analysis framework. Care provision will focus on seven pathologies - chronic spinal cord injury, acquired brain injury, pneumology, arthroplasty, cardio-vascular disease, hip fracture and COVID-19.

IMPACT

Promoting programme delivery, the NRH engagement will:

- advance patient-led engagements and co-design with care providers and industry partners development of telerehabilitation and disruptive technologies solutions to patients
- enable patients to receive increased rehabilitation periods through extensive technological advancements together with supervision-support, particularly in isolated or rural areas.



Health Planning Team

SIOBHÁN BONHAM – TO JULY 2020

TARA LYONS – FROM JULY 2020

HEAD OF HEALTH PLANNING TEAM

The NRH Health Planning Team

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.

Completion of Phase 1 of the New Hospital Development

Phase One of the New Hospital Development was completed and handed over by the main building contractors to the NRH on 30th April, 2020. All patient ward accommodation at the NRH was replaced with 120 new specifically designed patient bedrooms and integrated rehabilitation-specific treatment spaces, in ten Units, over four levels. The building also includes the state-of-the-art Sports and Exercise Therapy Department. The handover of the new Aquatic Physiotherapy Facilities took place in early 2021.

Following a period of snagging, and procurement, equipping and commissioning to fully fit out 700 rooms, followed by staff training and orientation, patients and staff alike were delighted to see all patients move from the original hospital building (Cedars) into the new hospital over two days, 22nd and 23rd June 2020. Unfortunately, due to COVID-19 restrictions, it was not possible to have an official opening event, however, in line with public health advice, we look forward to having a celebratory event when it is safe to do so.

The new hospital building main structure links into the existing clinical and support services that will remain in the Cedars building pending completion of Phase Two.

Development of Phases 2 and 3

The NRH site development is conceived in three principle phases of which the current new 120 Bed development is Phase One. The Health Planning Team will complete a brief and prepare documentation for the appointment of a design team to commence the design development of Phase Two in 2021. Phase Two includes for the relocation of all existing therapies and support facilities to a new modern development, to serve the new 120 bed hospital. The completion of Phase Two will facilitate the demolition of the existing hospital buildings and the development of the Phase Three to increase the bed and service capacity of the hospital.

Future Developments and Projects

Work will continue in 2021 in relation to: opening of New Urology Procedure Room; opening of New Aquatic Physiotherapy Department; handover of the new visitor car parking facility; continued work on upgrading the Cedars building; work on completing the new Pharmacy; Doctors' residence and on-call room, staff changing facilities, assistive technology in patients bedrooms and completion of snagging in the new building.

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 the Hospital and support all staff through the lifecycle of their employment. It is important that we align our resources and expertise closely with the needs of managers in meeting service objectives through support, advice and 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 a positive working environment and culture within the hospital to encourage innovation, collaboration and partnership at all levels.

COVID-19

COVID-19 has resulted in an unprecedented situation over the past year and the Hospital responded to the challenges and unpredictability that has emerged with the crisis with great agility in adapting work processes and resilience. The HR Department supported the Hospital in its efforts and actions to respond to the pandemic. Flexible working arrangements, roster changes, extended working day and week, mobilisation of remote working arrangements, 'week on – week off' working were just some features that were necessary to implement in the new COVID-19 world as part of continuity arrangements and to facilitate social distancing and public health measures in the workplace.

In 2020, the HR Department adapted its own work practices to the challenges of working through a virtual world to ensure that an uninterrupted service was provided. The Department put contingency arrangements in place and worked hard to make sure our HR, Occupational Health and employment related advice was up-to-date and accurate and to give helpful guidance to staff to respond to the ever changing challenges of the crisis. The Department supported the Hospital in a number of ways including participation in the daily COVID-19 Contingency Planning meetings, collating COVID-19 absence information, information sharing with staff in terms of national guidance, circulars, resources, posters and any other available materials.

Hospital staff have showed great commitment in terms of adapting to new ways of working and flexibilities at this time. Staff have had to organise and work in a variety of new ways to respond to the crisis and have demonstrated flexibility in terms of modifying work practices.

Recruitment and Staffing

During 2020 we continued with recruitment of priority posts identified as part of the HSE-approved staffing submission for the New Hospital, in line with the opening of the 120 bed facility. The HR team met the challenges of a significant increase in activity related to recruitment, selection and onboarding of new staff and also with general recruitment activities across the hospital. A proactive and efficient recruitment service is fundamental to the successful delivery of operational objectives and quality care to our patients. We endeavour to explore creative and targeted recruitment options where necessary for service critical posts.

The demand for specialist rehabilitation services nationally continues to rise and there is a constant pressure on service delivery and resources. We work collaboratively with managers regarding the specific needs of their services and review and reconfigure posts when the opportunity arises to assist with meeting new service requirements and demands.

The HR Department continues to operate effective employment control procedures in accordance with relevant HSE Pay-bill Management Circulars.



HR Information Management System

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

Competency Assessment and 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 an 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 which is completed on an annual basis.

Absenteeism

The overall staff absence rate for 2020 was 4.02%, which is just outside the national target of 3.5% (see table below). This represents a slight increase on the 2019 rate of 3.96%. The Hospital will continue in its endeavours to get this back below the HSE national target. However, against the backdrop of the COVID-19 pandemic, the Hospital performed well in keeping sick levels low during the crisis.

Year	Q1	Q2	Q3	Q4	TOTAL
2019	4.34%	3.41%	4.15%	4.13%	3.96%
2020	5.50%	3.74%	3.72%	3.52%	4.02%

TARGET FOR 2021: IS A TARGET LEVEL OF 3.5% ABSENTEEISM

In 2020 the HR Department continued to support managers in improving levels of attendance, staff health and staff morale by working closely with Occupational Health. Working in the health sector can be physically and psychologically demanding, and this has been particularly the case during the pandemic, with Healthcare workers being placed under immense pressures. A broad spectrum of health and wellbeing initiatives were made available to support staff during this time and also to mitigate against work related illness and injury. The focus on absence management remains one of prevention, health and wellbeing promotion and rehabilitation.

Employee Relations and Change Initiatives

The HR Department continued in our efforts to promote positive and strong employee relations throughout 2020. However there was an unsettled Industrial Relations climate in the lead up to the move to the New Hospital, which gave rise to notice of Industrial Action being served on the Hospital by the Irish Nurses & Midwives Organisation (INMO). This notice of Industrial Action was served in relation to concerns regarding the move to the New Hospital and nursing resources. During this time we worked together with the INMO and the Workplace Relation Commission (WRC) to broker an agreement. An agreement was successfully reached between the parties under the auspices of the WRC. This enabled a successful move to the new facility and as part of this agreement a future external independent nurse staffing review will be undertaken.

The HR Department has supported many changes across the hospital during 2020, in particular change initiatives associated with the move to the New Hospital environment. We continue to work with managers to implement necessary changes and efficiencies required for improved service delivery and to embed new ways of working to use our NRH specialist resources in a flexible way. The Department will play a key role in a future organisational project in relation to expanding rehabilitation opportunities for patients within a culture of 24-7 rehabilitation and Interdisciplinary Team working, and increased opportunities for therapeutic and recreational activities across the week, including Saturdays.

Employee Engagement

Staff engagement is an organisational priority and helps to create an awareness of the challenges facing staff which ultimately can affect patient care and outcomes. Our experience has shown it has a significant, positive effect on performance, innovation, productivity, absenteeism, attendance rates, retention levels, motivation, well-being, and morale.

There is a broad spectrum of health and wellbeing initiatives for staff available within the hospital. Because of the pandemic, some of these initiatives and supports went into temporary abeyance or pivoted to remote offerings.

There were many new and additional COVID-19-related well-being resources and activities offered to all employees through various channels such as coaching and psychotherapy. Training providers and consultants that had a connection with the Hospital reached into the Organisation to offer and provide supports remotely free of charge. Other creative initiatives included staff information and Q & A sessions led out by Psychology, Medical Social Work and Occupational Health. This was a forum for staff to discuss concerns or raise any questions in relation to COVID-19. A 'Wall of Wellbeing Wisdom' initiative was installed in a space allocated beside the swipe in and out locations around the Hospital. This was an opportunity for staff to share positive messages and quotes to support each other through challenging times.

By using a hospital wide vehicle, 'The Positive Working Environment Group' (PWEg), which has a cross representation of staff on its membership, has been able to monitor and respond to the needs of staff during this major period of change and challenge during 2020. A lot of staff support initiatives were put in place under the PWEg umbrella such as the 'Change Ambassador' roles. This role was established to support other staff through the exciting transition to the new hospital by offering informed, accurate and up to date information with regards to new ways of working in our new NRH and be a point of contact for colleagues that have queries, concerns, or feedback during this exciting time of organisational change. The initiative has been very well received and a great success with over 30 ambassadors throughout the Organisation.

A new staff support sub-group of PWEg was formed in 2020, the LGBTQ+ group, in an effort to increase staff awareness and inclusivity measures for staff. PWEg also developed its Workplace Wellbeing Framework, to be launched in 2021

In addition to the NRH Staff Wellbeing Framework, an NRH Staff Wellbeing Policy was developed in 2020. This aims to provide guidance, support and opportunities for employees to maximise their ability and capability throughout their working lives. This includes support to address physical or mental health conditions and advice on education or training issues.

The Diversity, Equality and Inclusion group was re-established and met in 2020 with new membership across various departments within the organisation. The aim of the group is to increase staff awareness, understanding and inclusivity in relation to Diversity, Equality and Inclusion and to strive to promote a working environment where all individuals feel empowered through various engagement measures and initiatives. A number of new Human Resources policies were developed in 2020 including: the NRH Employee Recognition Policy, the NRH Staff Wellbeing Policy and the NRH Gender Identity and Expression Policy. Equality and inclusion in the NRH is fundamental to the hospital ethos and aspirations in relation to a positive and inclusive workplace.

The New Ways of Working Group organised an Orientation Treasure Hunt event for all staff as a fun team building event and a way of orientating staff into the new facility while also engaging with new Interdisciplinary Team (IDT) colleagues in this staff event. In addition, 'Fostering a collaborative workplace in times of change' training programme was developed and introduced for all staff to support staff with the significant changes associated with the planned move to the new hospital building and with the move to working to a more unit-based IDT collaborative working arrangement.



Training Grants and Support

The Hospital continues to support the development of its workforce through the provision of training for all aspects of learning in the context of Continued Professional Development (CPD), to achieve our strategic goal of expert staff with the skill sets necessary to optimally position itself as a leading-edge healthcare provider.

The Educational Assistance Steering Group gives priority access to education which is strongly work related and brings clear benefits in enhancing quality services and patient care. CPD continued in 2020, despite COVID-19.

Milestones in 2020

HR LEADERSHIP AND MANAGEMENT AWARDS 2020

The HR Leadership and Management Awards represent the benchmark for those demonstrating excellence in HR and in recognition of the excellent contribution that HR teams are making to the success of organisations across Ireland.

The NRH put two submissions forward for the awards and were delighted to have been shortlisted as finalists in both categories namely;

Best Public Sector HR Initiative and **Most Effective Employee Engagement Strategy**

The Hospital achieved a special recognition award of 3rd place in the **Best Public Sector HR Initiative** category.

Throughout the unprecedented year of 2020, the HR team rose to the many challenges with work demands and service pressures with regard to the pandemic, increased recruitment needs and preparations with the transition and move to the New Hospital as well as the CARF re-accreditation digital survey towards year end. The team engaged with the many opportunities to get involved with both departmental and hospital wide projects and initiatives, as well as assisting with the move to the New Hospital. I would like to take the opportunity to sincerely thank the team for all their hard work, support and valued contributions.



*NRH Foundation
Fundraising Manager,
Edel Lambe and Senior
HR Officer, Nicola Bell
assisting with the move
to the new hospital in
June 2020.*

Information Management & Technology (IM&T)

JOHN MAHER

HEAD OF INFORMATION MANAGEMENT AND TECHNOLOGY (IM&T)

At the beginning of 2020, the IM&T department was strategically focused on becoming more service orientated, and on the Clinical Rehabilitation Management System (CRMS) Project and the many technological aspects of the new Hospital Building from the Networks and Communications, new Data Centre, staff, and patient computing. With the first COVID-19 lock down in March, we quickly pivoted to supporting many online services thanks to previous strategic initiatives and investment in technology, mainly our Office 365 platform. This platform allowed many staff, both clinical and administrative, to continue operating remotely, and in parallel supported, where appropriate, the delivery of remote Outpatient Clinics.

COVID-19 aside, the addition of a number of new IM&T staff supported the continued move towards a Service Delivery of Information and Communication Technology (ICT) model with software now delivering separate Incident and Service Management functions resulting in greatly improved resolution timeframes and full ticket transparency for staff during any resolution process. A service delivery model is crucial in ensuring efficient support delivery as we move inexorably into a much more digital working environment. Service delivery has also been greatly enhanced by the deployment of over 1600 software-based sensors to actively monitor the NRH ICT environment. Sensors provide the IM&T team with diagnostics and real time data giving advanced warnings of any potential issues and allowing the team to be proactive on a 24-7 basis.

Besides ICT Infrastructure, the IM&T department deploys, supports and in some cases develops many applications designed to boost productivity. This year, the small Business Intelligence team delivered a new Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Admissions Management solution, updated Business Reporting suite, a Brain Injury Timetabling solution and crucially, the hospitals first Intranet. The Intranet, developed in collaboration with the Communications Department, is a major cog in our drive toward quality and efficiency. The site hosts an ever-expanding array of new Lean functionality such as the FLU Vaccine booking App, Patient Status at a Glance input (PSAG), Daily Operational Safety Nursing Input, Staff Directory, centralised access to Policies and Procedure, Resource Booking Hub (room booking), Security Vehicle Registration App, COVID-19 Vaccination Requests, Orthotics Physio Service Requests and many external Reference Guides.

In June of 2020, the department finally took control of our New Hospital ICT infrastructure with the team responsible for the deployment of over 200 PCs, as well as the commissioning of the large Data Centre, our Disaster Recovery site, separate Data and Building Networks, a very extensive wireless infrastructure along with the Digital Signage, Audio-visual solutions, and the IP Television for the 120 patient rooms. This infrastructure has been performing as designed and is a testament to the groundwork put in by the department and our colleagues within the Health Planning Team.

Strategic developments in the coming twelve months will see the start of the Clinical Rehabilitation Management System (CRMS) implementation in addition to a focus on digitising and leaning out many of our existing paper-based processes, such as staff onboarding. Digitising processes, removing paper, and leaning out workflows is essential as work patterns change with the inevitable longer-term introduction of remote working.

The CRMS Project is a collaboration between the NRH and the HSE's Office of the Chief Information Officer (OoCIO). The NRH vision for the CRMS is a comprehensive and secure health record of a patient's relevant personal health information which is in line with Sláintecare.

The CRMS is a high-priority strategic project for the NRH and continues to meet its targeted project milestones. Tender documentation was published in 2019, with submissions evaluated and a vendor selected in 2020. Contract negotiations with the successful vendor commenced in Q4 2020.

I would like to acknowledge the work of the IM&T team and the CRMS project team who in turn would like to acknowledge the significant contribution to the project by NRH staff during 2020.



Occupational Health

DR JACINTHA MORE O'FERRALL
CONSULTANT IN OCCUPATIONAL HEALTH

2020 was an exceptional year for attention to staff health and wellbeing with the emergence of COVID-19 and move to our state-of-the-art new hospital. Over 3,100 contacts were made with Occupational Health during 2020, an increase of over 100% on the previous year. Staff have been vigilant and worked tirelessly to keep patients and each other as safe as they could from COVID-19. Staff carry out a wellbeing check before attending work and report to Occupational Health if they are experiencing any symptoms outside their baseline health. Since April, symptomatic staff have been tested on site each morning for COVID-19 from Monday to Thursday. Positive results have been contact-traced and managed by appropriately trained staff on site.

Staffing in the department was augmented in March when CNM2 Rose Curtis increased her hours to full time and Registered General Nurse (RGN), Florence Reambonanza joined the team in April. Service to staff was also increased and has remained since that time to include on-call contact tracing.

We are sincerely thankful for the help received from Nursing and Speech & Language Therapy in staff swabbing at the NRH COVID-19 hub and a team of staff who came forward to help with contact tracing from across the organisation. The service provided by Occupational Health has been hugely supported by Risk Management, Infection Prevention and Control, Information Management & Technology (IM&T), Technical Services Department (TSD), Communications Department and the COVID-19 steering group.

Services Provided and Breakdown of Consultations in 2020

Service (alphabetical order)	Consultations	Service (alphabetical order)	Consultations
Advice on Occupational Health issues	300	Pregnancy risk assessment and review	40
Employee Assistance Programme (EAP) – Offered	20	Referrals to Medmark	31
Employee Assistance Programme (EAP) – Attended	26	Absence Management, Reviews and follow-up	300
Blood Pressure	10	Stress management	49
Blood Tests	88	Hepatitis B, MMR, Varicella Vaccinations	97
COVID-19 related issues	1,400	Seasonal Flu Vaccine	508
Health Surveillance	0	Sharps, Inoculation Injuries and follow-ups	10
Illness at work	329	Smoking cessation Support	2
Onsite Occupational Health Physician	147	Work related injuries	34
Pre-employment screen	161		

Other Services available through Occupational Health

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

Committees participation by Occupational Health staff include: NRH COVID-19 Working Group; Quality, Safety and Risk; Hygiene, Infection Prevention and Control, Behaviour Consultancy Forum; Suicide Awareness Group; Change Ambassador Group.

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 is 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.

NRH Staff Wellbeing Events in 2020 co-ordinated through Positive Working Environment Group included; Staff 'Kindfulness' Day; Virtual Pilates Classes and Boot Camps via the HSE website; virtual 'Zen Den' lunchtime relaxation sessions; National Workplace Wellbeing Day Virtual Event.

Seasonal Flu Vaccinations

Working collaboratively with the Infection Prevention and Control Committee, peer vaccinators worked with Occupational Health to facilitate a broad campaign and also ensure safe roll out of the vaccine. The seasonal flu vaccine is also provided to patients in the hospital. This year NRH achieved an uptake of 76% well above the target set by the HSE.

Norovirus

Norovirus is a highly contagious pathogen responsible for outbreaks in the community (for example, schools, hospitals, residential homes). The number of reported cases (eight) of staff with symptoms of norovirus remained low and this year may have been skewed by staff reporting symptoms outside their baseline health from a COVID-19 related standpoint rather than specific Gastrointestinal symptoms.

COVID-19 Staff Testing - NRH Testing Hub activity in 2020

Staff COVID-19 tests carried out in NRH Testing Hub	No of confirmed staff cases
301	25

Key Milestones for Occupational Health in 2020

A key milestone for the department this year was the addition of RGN Florence Reambonanza to the team. Her help and support has been invaluable since April. While Occupational Health continues to offer supports to everyone in the NRH, it receives on-going vital support from Human Resources, Risk Management, IPC Team, Departmental Heads, Physiotherapy, Outpatients Department, Radiology and staff throughout the organisation for which it is very grateful.

Three additional nursing staff were trained as peer vaccinators to attend vaccination clinics for staff flu vaccine. The 'NRH Staff Wellbeing Framework' was launched in late 2020.



Risk Management

ELAYNE TAYLOR
QUALITY AND RISK MANAGER

The National Rehabilitation Hospital (NRH) is committed to providing effective and integrated care in an environment that is safe for our patients, staff and visitors. The risk management department oversees the NRH risk management programme that aims to reduce risks in the organisation. The risk management department ensures that systems and processes are in place to identify and to manage these risks to an acceptable level. It is our role to provide advice with regards to best practice in risk management, patient safety, and environmental health and safety issues. The risk management department is committed to managing risks in a proactive, integrated and accountable manner. All staff levels within the NRH support the effective risk management processes that are in place and are kept informed regarding developments in the domain of risk management in the organisation. The Risk Management Department prepares monthly quality and risk reports for the Board of Management, Quality, Safety and Risk Committee and the Hospital Executive Management Committee. These reports are made available to all staff.

The NRH promotes a proactive health and safety culture by encouraging the reporting of all adverse near miss events. All Incidents are recorded using the National Incident Report Forms (NIRF) and are recorded onto the NIMS database (National Incident Management System). All reported incidents (clinical and non-clinical) are managed in line with the NRH Incident Management Policy.

In 2020, a total of 839 incidents were reported. This figure represented an 11% increase in incidents recorded in 2019. On analysis of this data, an increase in staff related incidents and biological hazard incidents was noted due to COVID-19. All reported incidents were reviewed by the risk management team. The review type selected was based on the category-severity rating. These review processes allow the NRH to learn from incidents and initiate change that will ultimately facilitate improvements in our standards of care.

The risk management team were faced with many challenges in 2020 due to the COVID-19 pandemic. There were many new considerations for the department that supported the NRH commitment to managing COVID-19. This included the reporting of all incidents in line with legislative requirements, the development of COVID-19 policies and procedures and the identification and assessment of risks to prevent the spread of COVID-19 in the organisation.

During the year, the Risk management team also supported the transition of both patients and staff to the new facility working closely with the Health Planning Team and the Technical Services Department. Health & Safety and Environmental Inspections were regularly carried out to ensure any potential hazards were rectified prior to occupation of the building.



The new hospital is an enhanced and safer environment for our patients.

Subject Access Requests

The risk management department facilitates access to personal requests for information, such as Freedom of Information requests. The department also responds to corporate requests for information. Details of the number and type of such requests processed in 2020 are outlined in the table below:

Type of Request	Number of Requests 2020
Freedom of Information	49
Data Protection	43
Freedom of Information & Data Protection Access	12
Routine Administrative Access	261
Section 47 (Family Law Act)	1
Total Requests for Access to Records	366

Future plans

The risk management department remains focused on identifying opportunities for improvement in our care standards and will continue to use information from numerous resources to support this including:

- Findings from investigations into reported adverse incidents
- Findings and recommendations from site visits or inspections undertaken by authorised agencies such as Health and Information Quality Authority (HIQA) and the Health & Safety Authority
- Audits and safety rounds including Health & Safety Audits, COVID-19 audits and Dangerous Goods Safety Audits.

The department will focus on providing ongoing support and advice on the identification and management of risks during the COVID-19 pandemic, and continue to develop and monitor key performance indicators relating to patient safety, incident reporting and health and safety standards

All staff are delighted with the new hospital facilities which are purpose-designed to deliver specialist rehabilitation services.





School Report

AOIFE MAC GIOLLA RÍ – PRINCIPAL

LOUSE KELLY – ACTING PRINCIPAL FROM SEPT

MARIE MARTIN – SCHOOL SECRETARY

Our Lady of Lourdes School is a registered Primary school which provides education to students of primary and second level (4 to 18 years old students) admitted to the National Rehabilitation Hospital (NRH).

The School Manager

The Management authority is currently vested by the Minister for Education and Skills in a single manager since December 2019. Sr Eithne Woulfe is the employer and formulates policies to enable the school to operate in the best interest of the students and staff attending. Policies in Our Lady of Lourdes School include a Health & Safety Statement, Code of Behaviour, Child Protection, Acceptable Use Policy, Data Protection, Information and Technology Policies.

Philosophy and ethos of the Hospital School

The school promotes a child centred philosophy where the pupil is central in a context of significant rehabilitation and educational support to young people recovering from acquired spinal or brain injury, or limb absence. The education provided for each child is customised and as far as possible follows the State curriculum while supporting pupils in their holistic development. The emotional, physical, and spiritual wellbeing of pupils is paramount, and every effort is made to nurture pupils' unique skills and interests.

The education provided in the NRH – On enrolment:

- contact is made with the student's base school to ensure that continuity of work is maximised.
- school sessions are planned in line with the Interdisciplinary Team (IDT) goals for each child or young person.

The school liaises with the base school and uses email and phone communication between the student and his or her Home-School Liaison Teacher, Career Guidance Teacher or Resource Teacher as appropriate, in consultation with the base school's Principal.

On discharge Our Lady of Lourdes School passes on to the pupil's base school the report-work and results of any educational diagnostic tests administered while in the NRH.

School Staff

Following school closures in 2019-2020, Our Lady of Lourdes School reopened for the 2020-2021 Academic year with the addition of new staff members Acting Principal Louise Kelly and Special Needs Assistant Pauline Cottuli. They have joined existing staff member Marie Martin, the school's secretary.

Innovations and changes in the past year

The school has added to its facilities with a new classroom in Daisy Unit, complete with interactive whiteboard, height adjustable and assistive classroom furniture to cater for various needs. The addition of the classroom at the Daisy Unit has enabled the school to collaborate further with the Paediatric Interdisciplinary Team (IDT) and allows students to access school with ease and comfort. The original classroom in the Cedar's Building is open for pupils from other units. In an unusual year for students and indeed adults, the school's main focus has been on wellbeing, something that has been widely incorporated into group activities and sessions. In line with Department of Education COVID-19 school closures, the school is working to support students virtually with loan of assistive technology where required.

Patient Services and Corporate Data Management

LIZ MAUME

PATIENT SERVICES AND CORPORATE DATA MANAGER

The NRH aims to provide patient centred care and stakeholder engagement is a vital part of this.

Input and feedback from stakeholders is received through various means, these include:

COMMENTS, SUGGESTIONS, COMPLIMENTS

From suggestion boxes, letters, email or verbally submitted by patients, family members, carers, staff and volunteers are welcomed and valued. Positive feedback is shared with the team, and comments and suggestions are actioned as appropriate.

uSPEQ QUESTIONNAIRES

Questionnaires are sent to patients three months post-discharge in line with CARF Accreditation standards. Responses enable Clinical Programmes to review satisfaction and outcomes for patients who have completed their rehabilitation programme and to measure its effectiveness in terms of coping in day-to-day life beyond the NRH, and transition into the community or new care setting.

PATIENTS FORUM

Due to COVID-19 restrictions, monthly Patient Forum meetings were changed to weekly Unit based meetings with an invitation to current patients to attend and to provide feedback on their experience within the hospital. Management and Executive Representatives attend the meeting and subsequently review all feedback with Heads of Services. These are actioned where possible and updates are given verbally at Patient Forum meetings, via Patient Newsletter, or directly to the commenter.

PARENTS FORUM

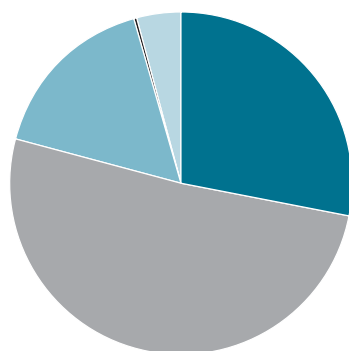
These meetings are held quarterly or at greater frequency depending on parents' needs, enabling them to engage with hospital management and give feedback on their child's experience in the hospital, or raise any concerns they may have.

INTER-AGENCY FORUM

The Inter-Agency forum members include representatives from hospital departments and agencies who provide information, support and services for patients, both in hospital and post-discharge. Meetings are held Bi-monthly to discuss services available for patients and to plan events. The annual 'Life Beyond the NRH – working together towards recovery' Patient and Family Information Day was deferred this year due to COVID-19 restrictions.

COMPLAINTS

NRH values complaints received, both as a learning exercise to resolve issues and bring about corrective action, but also as an invaluable tool for planning future services. In line with the revised complaints policy, the NRH aims to resolve as many complaints as possible at point of contact. All complaints are reviewed, and the hospital seeks to meet complainants at an early stage to discuss the complaint, with a written response being issued for formal complaints following investigation.



Stakeholder Feedback	Source	No. Received
Comments & Suggestions	Comment & Suggestion boxes	113
Post discharge patient feedback	uSPEQ questionnaires	204
Verbal feedback	Patient Forum	66
NRH Website	Website	1
Patient related Complaints	Written, verbal	16



Members of the Catering Team assisting on the day of the move to the new hospital.

Other Services Overseen by Patient Services and Corporate Data Management

ADMISSIONS

Administration of Patient admissions is carried out in collaboration with the Nursing and Medical teams following daily admissions meetings.

UROLOGY SERVICE

Administrative support is provided for the Urology Consultant and Nurse-led clinics including the booking of all Urology clinic appointments (Inpatient and Outpatient) and telephone support.

HEALTHCARE RECORDS

The Healthcare Record Steering Group (HCRSG) meet monthly. The HCRSG has close links with the Clinical Rehabilitation Management System (CRMS) Project Team in relation to the transition to, and future implementation of electronic patient records.

CORPORATE DATA MANAGEMENT

Unit Occupancy and Delayed Transfers of Care are reported at Daily Operational Safety Huddle meetings. Activity levels compared with targets are monitored and a full monthly Patient Activity Report is provided for the Hospital Board and HSE. An ongoing review of delays in transfer of care is conducted in order to manage waiting list numbers and to ensure quality and patient safety.

Technical Services Department

PETER BYRNE, TECHNICAL SERVICES MANAGER

DAVID DONOGHUE, TECHNICAL SERVICES DEPARTMENT

2020 was a very busy, productive and disruptive year for the Technical Services Department (TSD), with many upgrades and developments carried out throughout the hospital campus, and also with the big move into the New Hospital amid the emergence of COVID-19. We worked collaboratively with all hospital staff to ensure the safety of all patients and staff in such unprecedented times. The TSD team, along with the Health Planning Team (HPT) are now working on the outstanding snagging list for Mechanical and Electrical, and other snagging issues in the New Hospital. We worked closely with the HPT and the main building contractors to ensure that the New Hospital is completed with the least disruption to current hospital services.

The existing aging hospital buildings (Cedars) and infrastructure proves to be a constant challenge for the TSD team, in maintaining the facilities to the required standards. TSD will continue to improve the facilities for all stakeholders within the hospital campus. The team works closely with all Units, departments and services in the hospital and strive to provide a safe and comfortable environment for patients, staff and all stakeholders using our facilities.

Projects and Developments in 2020

New Hospital Project: Working closely with staff from across the hospital to ensure the target date was successfully met for patients and staff to move into the new hospital building on 22nd and 23rd June.

Academic Department and NRH Foundation Facility: Refurbishment of the old convent building into the new Academic Department and NRH Foundation Offices.

Lighting Upgrades: Continued internal and external lighting upgrades – project now completed.

COVID-19: Numerous projects took place across the Campus to ensure the safety and wellbeing of all NRH stakeholders.

Safety Signage: Continued installation of signage and wayfinding in conjunction with the Accessibility Committee and Health Planning Team.

Relocation of Departments and Interdisciplinary Team (IDT) Work Spaces: TSD facilitated relocation of many Departments and Services for staff in conjunction with the 'New Ways of Working' initiative.

Staff Changing Area: One staff changing area has been relocated to the first floor of the Cedars building to allow for expansion of the existing staff changing area.

Fire Register: The TSD and Risk Management Department worked closely together in improving and updating the Fire Register for both the Cedars building and the new hospital.

Other Works Included: Extensive roof repair, numerous painting projects, installation of shelving storage systems and continued liaising with Health Planning Team, Risk Management and Senior Management in the NRH for future development of the Cedars building.

TSD Ticketing System: Of 6182 tickets created and submitted to TSD throughout 2020, 6046 (98%) were closed.





In conclusion, I would like to thank all the TSD Team for their outstanding contribution in a very difficult year.



Some memories of moving to our new world-class rehabilitation facility



Unit Guide

Unit Name	Symbol	Programme	Floor Level
Daisy		Paediatric Family Centred Rehabilitation	-1
Pine		Brain Injury	-1
Willow		Stroke Programme	G
Poppy		Prosthetic, Orthotic and Limb Absence (POLAR)	G
Ash		Brain Injury	1
Rose		Brain Injury	1
Holly		Brain Injury	1
Lily		Spinal Cord System of Care	2
Oak		Spinal Cord System of Care	2
Fern		Spinal Cord System of Care	2



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