

42ND ANNUAL REPORT

2022



DEDICATED TO YOUR PROGRESS



Commission for Accreditation
of Rehabilitation Facilities
Details of NRH Accreditation on
www.nrhl.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 2022

Inpatient and Day-Patient Services	Inpatients	Day Cases	Total
Spinal Cord System of Care Programme	113	–	113
Brain Injury Programme	97	–	97
Stroke Specialty Programme	82	–	82
Prosthetic Orthotic and Limb Absence Rehabilitation (POLAR) Programme	72	44	116
Paediatric Patients (Inpatients and Day- Patients)	85	–	85
TOTAL	449	44	493
Total of Inpatients and Day-Patients discharged			493

Outpatient Consultant Led Clinics	Consultant Clinic Attendances
Spinal Cord System of Care Programme	716
Brain Injury and Stroke Specialty Programmes	1,211
Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programme	203
Paediatric Patients (SCI 30, ABI 40)	77
Total Outpatient Consultant Led Clinic Attendances	2,207

Outpatient Therapy and Nurse Led Clinics	Therapy and Nurse Led Clinic Attendances
Spinal Cord System of Care Programme	2,883
Brain Injury and Stroke Specialty Programmes	3,401
Prosthetic Orthotic and Limb Absence Rehabilitation (POLAR) Programme	3,312
Paediatric Patients	2,083
Total Outpatient Therapy and Nurse Led Clinics	11,679

Diagnostic Services	Urodynamics	Radiology	Total
Spinal Cord System of Care Programme	157	1,277	1,434
Brain Injury and Stroke Specialty Programmes	–	1,233	1,233
TOTAL	157	2,510	2,667
Total Diagnostic Services			2,667

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Chairman's Report



Kieran Fleck
Chairman

During 2022, the NRH was faced with the ongoing complex challenges associated with COVID-19 as the management and staff navigated into a third year of the global pandemic; and yet the delivery of safe, high quality rehabilitation services to our patients continued throughout the year as staff successfully focused on pandemic preparedness and implementation of national guidelines within the NRH.

The hospital staff deserve enormous credit for the ongoing dedication to continually improving services to our patients, even in the most challenging circumstances. Despite the difficult circumstances, many developments, key milestones and accomplishments were achieved in 2022. Opportunities to tailor the delivery of rehabilitation services through technology and innovation were met with commitment and enthusiasm by staff, to ensure that patients could continue to receive their essential rehabilitation programmes. Every decision taken was considered and endorsed with the safety and wellbeing of patients, staff and families at its core, as captured throughout this Annual Report. Ongoing major projects are outlined in the Chief Executive's Report.

The New Hospital Development

Following the successful move for patients and staff into the new world class hospital environment (Phase One of a three-phase redevelopment plan), the focus in 2022 was to advance Phase Two as quickly as possible. Phase One facilitates only some of the hospital services in the

new environment, while other services remain in the original building (Cedars); and there are increased costs and inefficiencies in managing and running the hospital across two sites. Phase Two will involve the transfer of all current services into the new hospital environment; new diagnostics (CT and MRI) and an additional 60-80 beds at the request of the HSE. At year-end, the HSE were in the process of engaging an Independent Consultant to review the Phase Two business case as part of the Strategic Assessment Report (SAR) process. The business case was subsequently approved. The NRH is proceeding to seek full planning and design of Phases Two and Three, with plans to deliver 235 beds in accordance with an NRH brief for the long-term development of the campus. The Board is involved in all decision-making processes in relation to the development plan.

Visit to the NRH by Minister Stephen Donnelly

The visit to the NRH by Minister Stephen Donnelly in December was a welcome boost and provided encouragement to all staff who were under great pressure with the COVID-19 pandemic and other work pressures such as staffing shortages due to recruitment challenges nationally. The time that the Minister took to engage with the patients was hugely appreciated.

The visit presented the opportunity to personally apprise the Minister of the necessity for further rehabilitation services. Prof Jacinta Morgan, Clinical Director, and Mr Derek Greene, Chief Executive were also involved in the discussions with Minister Donnelly, emphasising that advancement of Phase Two and Phase Three of the new hospital was urgently required to enable provision of additional rehabilitation beds to meet both the current and future needs of the population and to address the urgent requirement for enhanced rehabilitation services.

NRH Reporting Structure

The NRH reporting structure transferred from the National Hospital's Office Acute Operations to the Ireland East Hospital Group (IEHG) in early 2022. We look forward to developing strong links and working together with our IEHG colleagues.

Corporate Governance

In line with the principles of good corporate governance, the robust NRH Board structure incorporates annual evaluation of the Board and its meetings; review of the Terms of Reference of Board sub-committees; review of duties and liabilities of Board members; compliance with legal and regulatory frameworks and GDPR compliance. Membership of staff and patient representatives on the Board greatly enhances the Board's knowledge and understanding of hospital matters.

NRH Board of Management

Mr Terence Liston and Mr Robert Costello were appointed as members of the Audit Committee in 2022. Their contributions are greatly appreciated. Ms Frances Campbell retired from her post as Director of Nursing, and from the Board in October. I thank Frances for her dedicated service and valuable contribution to the NRH.

I thank each Board Member for your ongoing work and commitment to the NRH. The voluntary and selfless contribution each Board Member makes in sharing their expertise and experience towards achieving the hospital's strategic objectives is highly valued and appreciated.

Quality Improvement and CARF Accreditation

CARF - the Commission for Accreditation of Rehabilitation Facilities, is an independent, international accrediting body for Rehabilitation Services. CARF is scheduled to carry out an accreditation survey at the NRH in mid-2023 incorporating an extensive three-day survey of the hospital's clinical and business services. Preparation for the survey began in 2022. The Board voluntarily participates in the CARF survey within the Leadership and Governance Accreditation Standards.

NRH Education, Training, Research and Innovation

Following the announcement that the project led by Professor Áine Carroll to develop formal links with UCD to create a clinical research centre at the NRH was finalised and that the NRH is now formally part of the UCD network. Prof Peter Doran, Associate Dean for Research, Innovation and Impact, UCD School of Medicine & Director, UCD Clinical Research Centre and Prof Patrick Murray, UCD School of Medicine presented an information briefing session to Board Members in 2022. Staff in the NRH can now access the educational and research resources available through the UCD Clinical Research Centre (CRC).

Board Members' Engagement with Hospital Staff

In September, Board members Ms Eilish Macklin, Ms Elizabeth Maguire, and Mr Paul McNeive met with hospital staff to show their support and appreciation for the commitment shown by staff during a very difficult period due to the pandemic in addition to major change associated with the move to the new hospital. Prior to the onset of COVID-19, Board members paid regular scheduled visits to hospital Departments and Services.

The Board now plans to resume these scheduled visits. Mr Paul McNeive also delivered a motivational seminar to staff which was very well received and attended, and the seminar is available for staff to view on the intranet.

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 and the IEHG for their 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 2022 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 AGM in May was a digitally enabled event due to the pandemic restrictions. It was live-streamed and recorded to ensure it was accessible to staff, patients and external stakeholders of the hospital.

And finally, our sincere thanks to the staff of the hospital and the Chief Executive, Derek Greene. The Board is acutely aware of the extraordinary role that the management and staff have played in dealing with the COVID-19 crisis. The Board extends its sincere gratitude for the invaluable contribution of the hospital's management and staff towards maintaining service delivery to patients, while keeping the curtailment of services to a minimum. Thank you again for your dedication and service to the NRH and our patients. Let us look forward to progressing Phases Two and Three of the new hospital and further enhancing the environment for our patients and staff.



Kieran Fleck
Chairman



Chief Executive's Report



Derek Greene
Chief Executive

Delivering & Developing Specialist Rehabilitation Services Nationally

During 2022, the NRH responded to the ongoing adversities and adjustments brought on by the third consecutive year of COVID-19. Service delivery approaches and patient and staff supports that were put in place at the outset of the pandemic remained constant and no effort was spared in the hospital's endeavours to meet the needs of our patient and staff populations during the unpredictability of COVID-19 and its impact of staffing levels throughout the year.

All NRH decisions taken in respect of COVID-19 are based on Public Health Guidelines, HSE and the best Clinical Microbiological advice available. The concerted efforts of Teams across Programmes and Services continued to ensure that each patient admitted is given the chance to maximise their recovery potential and receive a personalised rehabilitation programme.

Visiting restrictions due to public health guidelines continued and this was very difficult for patients and families throughout 2022. Additional services and activities for patients were offered during weekends and evenings as part of the Max Rehab (Maximising Rehabilitation Opportunities) initiative.

Throughout the year, the Management Team and Board of the hospital have extended their sincere appreciation and gratitude to every member of staff for their ongoing flexibility, and I would again like to place on record our deep appreciation to our staff who once again rose to meet the challenges posed to them by the pandemic, and also to our many staff who unfortunately couldn't visit or return home to see their families overseas because of the travel restrictions.

The New Hospital Development

The delivery of quality patient care by Interdisciplinary Teams in integrated therapy spaces in the new hospital environment designed specifically around patients' needs impacts positively on both patient and staff. The Management Team developed a business case in preparation for the appointment of a Design Team for Phase Two of the Development Plan for the NRH Campus. The Hospital's business case was part of the HSE's Strategic Assessment Report and was subsequently approved. The focus of the NRH is to advance commencement of Phase Two urgently and provide the additional rehabilitation beds required to meet the increasing needs of those requiring complex specialist rehabilitation services nationally.

Visit to the NRH by Minister Stephen Donnelly

In December, Minister Stephen Donnelly and Deputy Cormac Devlin TD visited the NRH to view the new hospital facilities and meet with patients and staff. Unfortunately, due to COVID-19 restrictions, it had not been possible to have an official opening event in the period soon after patients and staff moved into the new hospital, however we plan for this to happen in 2023. Minister Donnelly, the Chairman, Clinical Director and CEO discussed the urgency around advancing Phases Two and Three of the new hospital development to meet the increasing needs of patients requiring rehabilitation services.

Transition from the National Hospital's Office to the IEHG Reporting Structure

In Q1 2022, the NRH moved into the Ireland East Hospital Group (IEHG) from its previous structure of reporting to the National Hospital's Office Acute Operations. We look forward to working with our IEHG colleagues into the future to focus on developing services for patients in the Ireland East region and nationally.

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, milestones and developments. In addition, the Board meetings include presentations delivered on a rotational basis by representatives of hospital Departments and Services, and representatives of Interdisciplinary Teams present an anonymised 'Patient Story' at each meeting. These cases illustrate to Board members the individualised patient-centred approach by our rehabilitation teams to delivering optimal care and treatment to achieve best outcomes for all patients.

Staffing Matters

Recruitment and retention was a health sector-wide issue in 2022. A very substantial effort went into recruitment during the year and this remains a significant challenge for HR, and in particular for Nursing and HSCP Managers in the current climate. Staff shortages posed organisational challenges and impacted on the hospital's ability to safely open five beds in the new hospital; opening these beds will be a priority for 2023.

A staff incentive proposed by Mr Paul McNeive for staff access to the new swimming pool was explored by hospital senior management, and in particular the Physiotherapy Manager and Clinical Risk Manager. Following all the necessary clearances and securing a lifeguard for duty during these times, a trial period where staff can access the pool at designated times outside of patient treatment hours was implemented, and due to its success has been further extended.

To be a meaningful part of the trauma services, we must begin to move on our services to cover the requirements placed on the Hospital and under the extended working arrangements provided for under the Haddington Road Agreement.

Minister for health visiting Lily unit, spinal cord system of care programme, pictured with Florence Anderson, CNMII and Kieran Fleck, Chairman.





“ My heartfelt thanks to each and every staff member for your commitment and dedication to our patients and their families. You have faced extraordinary challenges in the past three years and you have responded with professionalism and resilience – the NRH is very proud and very fortunate to have such an exceptional team of staff.”

Highlights and Key Issues in 2022

DELAYED TRANSFERS OF CARE

This ongoing significant challenge for the NRH causes considerable lengthening of our waiting lists, affecting patients' admission to our services. A working group of representatives from the HSE and the NRH are working to explore if an improved funding model can be developed to reduce the impact of this issue on all services. This initiative has already resulted in some positive outcomes to date.

DEVELOPMENT OF AN NRH ELECTRONIC PATIENT RECORD – PROJECT FUSION

In 2022, progress was steady in building the structures required for the NRH to transition from paper-based to electronic healthcare records. The contracts were signed with the successful tenderer to develop and install the systems that will enable the hospital to progress its digital health journey and the work is well underway with plans for the Patient Administration System (PAS) to 'go live' in May 2023, followed by additional clinical systems going live in autumn 2023.

IRISH HEALTHCARE SYSTEM SUPPORT FOR PATIENTS FROM UKRAINE

The NRH, along with colleagues across the Irish Healthcare System provided support and services to injured patients referred as a result of the war in Ukraine.

NRH ORGANISATIONAL REVIEW

With the Board's agreement, an independent organisation was engaged to carry out a review of the NRH and its interactions with stakeholders. There was consensus that the hospital should have a clear strategic direction particularly in light of the ongoing New Hospital Project and its involvement with the Trauma Steering Group. An extensive survey was undertaken and all stakeholder representative groups were invited to participate in the review which was ongoing for several weeks. The Board is due to receive the final presentation in 2023.

PREPARATIONS FOR THE ASSISTED DECISION MAKING (CAPACITY) ACT 2015

In 2022, the NRH began to develop systems and prepare for the State's transition from the 'Wards of Court' legislation to the Assisted Decision Making (Capacity) Act 2015 (ADMA). This major change will have implications for processes currently in place at the NRH. An NRH representative has been nominated as the key designated person for all matters pertaining to the new ADMA legislation and a communications action plan is being implemented across the hospital on this topic.

THE NRH BOARD

On behalf of the staff, I would like to formally acknowledge all the work that the Board undertakes to maintain our governance structure to the highest possible standard. The Board guides us through difficult times and continues to promote the case for Phases Two and Three of the new hospital for the benefit of patients and staff. The NRH is deeply appreciative to have the Board and Chairman – Mr Kieran Fleck, who support the hospital as assiduously as they do. Thank you sincerely for your ongoing support, and your time and commitment to the hospital, which is given on a voluntary basis by every member of the Board.

IN CONCLUSION

My heartfelt thanks to each and every staff member for your commitment and dedication to our patients and their families. You have faced extraordinary challenges in the past three years and you have responded with professionalism and resilience – the NRH is very proud and very fortunate to have such an exceptional team of staff. Thank you, one and all.

We are privileged to work with our patients and their families who have recently experienced a life-changing event or trauma – we will continue with the aim of making a difference for the better in their lives, doing our utmost to ensure that our patients have every opportunity to achieve the best possible outcome from their rehabilitation programme at the NRH.



Derek Greene
Chief Executive

Overview of COVID-19 and Vaccination Programme at the NRH

JUNE STANLEY

Deputy CEO, Director of Operational Services

The Omicron wave of COVID-19 had a significant impact on staffing across all disciplines in early 2022 and it was necessary to pause new admissions. Visiting was managed through a booking system and restrictions had an impact on nursing due to the necessity to ensure visitors' adherence to COVID-19 prevention methods. There followed a difficult period in the context of COVID-19 restrictions being relaxed in wider society, while strict precautions remained in place for hospitals and healthcare providers. The COVID-19 Working Group continued to monitor and manage relevant protocols and guidelines to ensure NRH staff and patient safety as society and healthcare restrictions eased towards the end of the year.

During 2022, COVID-19 vaccination and booster clinics continued in the NRH. When our numbers requiring vaccination reduced, our staff and Inpatients were accommodated through the COVID-19 vaccination centres and visiting vaccination teams. Sincere thanks to all the staff involved in the clinics. The successful vaccination programme was achieved only through a considerable effort on the part of the vaccination team, our support departments and all our colleagues in the NRH and wider healthcare system.

Hospital Major Emergency Plan was Launched in 2022

The NRH launched its Hospital Major Emergency Plan (HMEP) in early 2022. The HMEP was developed to provide a structured, coordinated, and timely response to a major emergency. It can be applied to a wide range of possible causes and scenarios. The plan outlines the responsibilities of individuals and departments in the event of a major emergency. It prioritises specific requirements and actions and establishes how the major emergency should be managed.

New Hospital Development

In relation to the next phase of the redevelopment project, the schedule of accommodation was submitted. The tender documents to appoint the design team to carry out the initial feasibility study were completed. A Strategic Assessment Report (SAR) is underway and a business consultant has been appointed.

National Trauma Strategy

Rehabilitation is an integral part of a trauma network, 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. Mr Keith Synnott is National Clinical Lead for Trauma Services in Ireland and NRH involvement. Dr Éimear Smith is Clinical Lead for the Central Trauma Network. The Deputy CEO is an NRH lead representative in this key initiative and Dr Valerie Twomey, Brain Injury Programme Manager also participated in the work streams in 2022.



NRH Board of Management



Mr Kieran Fleck
Chairman



Mr Henry Murdoch



Mr Derek Greene
Secretary



Prof Jacinta Morgan
Clinical Director



Prof Áine Carroll



Ms Breda Moriarty



Ms Fiona Marsh
Acting Director of Nursing
(from October)



Ms Frances Campbell
Director of Nursing
(to October)



Mr Paul McNeive



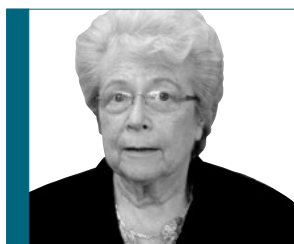
Dr John O'Keeffe



Ms Pauline Sheils



Ms Elizabeth Maguire



Sr Helena O'Donoghue



Mr Robert Costello



Mr Terence Liston

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	(07/11)*
Mr Paul McNeive	(09/11)*
Prof Jacinta Morgan	(10/11)*
Ms Elizabeth Maguire	(10/11)*
Ms Pauline Sheils	(10/11)*
Dr John O'Keeffe	(10/11)*
Ms Breda Moriarty	(10/11)*
Prof Áine Carroll	(10/11)*
Mr Robert Costello	(09/11)*
Mr Terence Liston	(10/11)*
Ms Frances Campbell	(to October)
Ms Fiona Marsh	(A/DON from Oct)
	(02/11)*

* Total Board Meeting Attendance

Executive Committee

Mr Derek Greene
(Chair)

Ms June Stanley

Mr Sam Dunwoody

Ms Elayne Taylor

Ms Frances Campbell
(to October)

Ms Fiona Marsh
(from October)

Prof Áine Carroll

Dr Amanda Carty

Ms Rosemarie Nolan

Ms Olive Keenan

Ms Anne O'Loughlin

Ms Rosie Kelly

Ms Cathy Quinn

Medical Board

Prof Áine Carroll
(Chair)

Dr Jacinta McElligott

Prof Jacinta Morgan

Prof Robert Flynn

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 Cara McDonagh

Dr Eugene Wallace

Dr Jacqui Stow

Dr Raymond Carson

Dr Maria Frampton

Dr Sean Carroll

Dr Mairead Hayes

Dr Laura Ryan

Dr Kinley Roberts

Dr Sabrina McAlister

Dr Aaisha Khan

Dr Kieran O'Driscoll

Dr Irwin Gill

Ethics Committee

Ms Elizabeth Maguire
(Chair)

Mr Derek Greene

Dr Jacqui Stow

Dr Simone Carton

Ms Elayne Taylor

Ms Frances Campbell
(to October)

Ms Fiona Marsh
(from October)

Ms Pauline Sheils

Fr Michael Kennedy

Ms Breda Moriarty

Ms June Stanley

Mr Sam Dunwoody

Dr Cliona McGovern

Mr John Maher

Ms Ruth Maher

Patients Forum

Mr Tim Rice
(Chair)

Ms Liz Maume

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 Robert Costello

Mr Terence Liston

Ms Frances Campbell
(to October)

Ms Fiona Marsh (A/DON)
(from October)

In attendance:

Mr Derek Greene

Audit Committee

Mr Dermot Quinn
(Chair)

Mr Henry Murdoch

Mr Terence Liston

Mr Robert Costello

In attendance:

Ms June Stanley

Mr Sam Dunwoody

Nomination Committee

Ms Elizabeth Maguire
(Chair)

Mr Kieran Fleck

Mr Derek Greene

Ms Breda Moriarty



Financial Statement



Sam Dunwoody
Director of Finance

The NRH reporting structure changed in Q1 2022 from HSE Acute Operations to the Ireland East Hospital Group (IEHG). This followed several months of discussions and negotiations as part of the NRH transfer to the IEHG. The transfer commenced from 1st January and some items to be resolved remain under discussion.

As part of the agreement, the NRH continues to strive to increase bed capacity and occupancy while maintaining a safe and healthy environment for both patients and staff. There was ongoing recruitment in line with the HSE approved Workforce Planning staffing requirements to ensure provision of safe care at the appropriate levels for our patient population and to manage and deliver changing service demands and increased caseload complexities throughout 2022. Bed capacity had increased to 115 at the end of 2022 and the aim is that the full capacity of 120 beds will be open in Q3 2023.

Financially 2022 began with the HSE approving an opening funding allocation for service provision which was circa €6m less than our predicted funding requirements to cover the costs of services for 2022, and to open additional beds. The opening allocation for 2022 was set at €50.028m following the move into the IEHG. This included €0.628m allocated for known pay cost increases in 2022. The NRH was initially expected to maintain existing levels of service for 2022 as part of our Service Level Agreement with the HSE, and ultimately open as many of the remaining new beds in the new hospital. Throughout the year, the NRH continued to negotiate with the IEHG and HSE for further funding to deliver services for the increased 120 bed capacity, as well as providing other services in the older hospital buildings. There were additional once-off allocations resulting in a €4.032m uplift allocated by January 2023 and a final supplementary once off allocation funding of €1.928m, bringing the final allocation to €54,597m for ongoing services, with a further €1.836m funding for pension and retirement lump sums. The final allocation for 2022 was €56,433,452.

2022 Fiscal Outcome

The year-end final allocation was €56.433m (2021: €49.449m) and our total net expenditure incurred in 2022 was €56.574m (2021: €49.487m). This resulted in an overall cumulative deficit in funding of €140,334 to year ending 31st December 2022. The majority of this deficit is related to underfunding of Pension and Lump Sum costs of €103,546 with the balance overspend of €36,788 relating to services. The net result for the NRH over the past two years is now showing a cumulative overspend of just €0.140m (0.0025%) and that was following the hospital's 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 and the final supplementary funding provided by the HSE. Appreciation and thanks to all the staff for their continued support and commitment in managing costs while maintaining safe services for our patients. The final outturn is a very positive result considering the year we have just endured. We hope that as a first charge in 2023 this will be manageable in the overall service expenditure and provision of services. This result will increase further into 2023 even though the 'once-off' funding has again been included. The additional expenditure associated with increased full year costs of running the new hospital, with additional beds coming on stream, has not been fully funding in the current allocation for 2023 services.

A summary of the 2022 Revenue Income & Expenditure Account is as follows:

	Budget 2022 €000	Actual 2022 €000	Variance Current Year €000	Actual 2021 €000
Opening Deficit / Overspend		37		42
Pay Expenditure	48,033	48,002	(31)	42,620
Non-Pay Expenditure	16,566	16,698	132	14,866
Gross Expenditure	64,599	64,737	101	57,528
Less Income Receipts	(8,166)	(8,164)	2	(8,042)
Net Expenditure	56,433	56,573	103	49,486
Revenue Allocation	56,433	56,433		49,449
Closing Deficit / Overspend		140		37

Income and Expenditure Account

Service-related pay costs increased from €39.430m to €44.325m – an increase of 12.41%. Payroll costs increased by €4.895m (2021: €6.122m) due to increased staffing levels related to increased Inpatient bed capacity, cover for COVID-19 related absences, national pay increases, service increases and service pressures and increased maternity cover. Excluded from this figure is the Pensions and Lump Sums expenditure of €3.677m (2021: €3.191m). 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 including increased levels of enhanced nursing for patients with highly complex needs.

L-R: Deputy Cormac Devlin TD, Mr Henry Murdoch, Chair NRH Foundation, Minister Stephen Donnelly, Mr Kieran Fleck, Chairman, Prof Jacinta Morgan, Clinical Director, Mr Tim Rice, Chairperson Patients' Forum, Derek Greene, CEO.





Non-Pay expenditure shows an increase of €1.832m – an increase of 12.32% on the expenditure incurred in 2021. The majority of this increased expenditure related to the increased day-to-day running costs of the new hospital, including energy and maintenance contracts, and some increased costs due to COVID-19, as well as enhanced costs of care and treatment for increasing numbers of patients with highly complex needs. The main areas of expenditure were:-

The cost associated to the manufacture and supply of Artificial Limbs and Orthotics which made up 25.24% (€4.215m) of expenditure (2021: €4.101m). Other categories of Non-Pay expenditure which increased were energy, increased to €0.626m (77.17 %); Drugs & Medicines increased by €0.068m (16.15%); Medical and Surgical, Cleaning, Patient Transport, Maintenance, Insurance and Administration and Computer Supplies. Radiology, Lab costs and catering costs increased marginally while bank interest and fees, Legal and Office Supplies showed decreases in expenditure with the remaining categories in line with 2021 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 and this again occurred in 2022 but to a lesser extent due to the restrictions imposed by COVID-19. We again received grants from the NRH Foundation which help to fund the purchase of new ward and therapy equipment as well as supporting a number of embedded researchers as part of our INSPIRE Project. 2022 saw a slight improvement in increased levels of receipted income from approved charges related to Road Traffic Accidents (RTA) insurance claims which contributed to the year-end result.

2022 saw income receipts increase by €0.122m to €8.164m (2021: €8.042m) an increase of 1.5% on 2021). The main areas of income changes of note were Sales of Artificial Limbs and Orthotics which increased to €4.207m (2021: €4.103m). Income from External Agencies decreased by €0.090m. This was made up of a reduction of €232,000 in funding by the Department of Finance related to the Disabled Drivers Medical Board of Appeal. An increase in receipts of €51,000 as Grant Aid from the NRH Foundation, (from €199,466 in 2021 to €250,444 in 2022). 2022 saw an increase in canteen and other income receipts of circa €78,000 to €0.448m (2021: €0.370m) and also a 5.31% increase in RTA receipts of circa €46,350 from €893,643 in 2021 to €920,073 in 2022.

The inflow of income receipts from Road Traffic Accidents is very unpredictable and receipts increased in 2022 over our budget projections which has added to the overall net result in 2022.

Capital Grants

Capital Funding approved during 2022 was as follows:

	2022 €	2021 €
Capital Project		
New Hospital		
Redevelopment Project – HSE	1,333,874	1,511,115
Minor Capital – Projects		
NERP - Replacement Equipment Defibs	66,814	104,189
SLT Fees Equipment and Ventilator replacement	–	158,921
New Clinical Management System		
– FUSION Project	1,403,976	–
Energy / Electrical Upgrade Project	77,444	–
Security System Review	1,845	–
	2,883,953	1,774,225

“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 IEHG Senior Management 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 transfer of care, the National Clinical Programme for Rehabilitation Medicine, ongoing service pressures, service developments and waiting list initiatives, staffing levels and revenue allocation adjustments and submissions. Two projects in particular are of major importance to the development of the NRH. Approval was given to commence the work on Phase 2 of the New Hospital Development which included a business case and schedule of accommodation, and the agreement to complete the Strategic Assessment Report (SAR) and Feasibility Study for Phase 2 due to commence in early 2023. The Second project related to the Clinical Management System (Electronic Patient Record) which was approved by DPER and HSE and commenced in 2022 with a Go-Live scheduled to be completed by Q3 2023.

The NRH is also involved in a European Union Horizon 2020 Research and Innovation Project funded under Grant Agreement No 101017606 – Remote Rehabilitation Services for Isolated Areas (ROSIA). This is a PCP project involving 12 consortium members representing five EU States. This is a very exciting project and hopefully the commencement of Phase 3 which involves the 14-month pilot with the NRH being one of three pilot sites with Spain and Portugal.

Minor Capital Grant funding was sought to support services in our olders buildings, and for replacement Emergency Response Equipment for a number of our Services. 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 €250,444 in Grant Aid from the NRH Foundation in support of replacement equipment, support of our five Rehabilitation Programmes and Therapy Services, and new diagnostic and monitoring equipment. The 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 - your kind generosity has and will continue to make a difference to the lives of the patients we serve, their families and carers and our extremely dedicated staff.



Sam Dunwoody
Director of Finance



Clinical Director's Report



Prof Jacinta Morgan
Clinical Director NRH

National context

In 2022 the COVID-19 pandemic, in the form of its ubiquitous and less dangerous Omicron variant, challenged the Irish Health Service to a lesser degree than 2020 and 2021. The NRH COVID-19 committee continued to meet at regular intervals throughout the year to co-ordinate all aspects of pandemic preparedness and application of national guidelines within the NRH.

Dr Paul Carroll, NRH Consultant in Rehabilitation Medicine, was appointed as Clinical Lead of the National Clinical Programme for Rehabilitation Medicine (NCPRM) in March 2022 to succeed Dr Jacinta Mc Elligott. In this role, Dr Carroll is joint chair of several national committees related to implementation of the programme's model of care and the 2011 Neurorehabilitation Strategy.

The Mater Misericordiae University Hospital (MMUH) has been designated as the major trauma centre for the Central Trauma Network. The NRH has significant representation on the National Trauma Strategy Group (TSG) and is considering how best to align its planned capital development (Phase 2) and workforce expansion with the national rehabilitation needs identified and planned by the National TSG.

Initial indications in early 2022 were that the Assisted Decision-Making (Capacity) Act of 2015 would commence in Summer 2022. The commencement date was delayed and rescheduled several times and will now commence in April 2023. The NRH has convened a high-level working group to ensure our competence and compassion in applying this paradigm-altering legislation to the needs of our patient constituency.

NRH clinical services

In 2022 the NRH was welcomed into the Ireland East Hospital Group (IEHG) as its twelfth constituent Hospital.

IEHG's quality and patient safety (QPS) function has supported the NRH's quality, safety and risk (QSR) committee in its efforts to strengthen and develop clinical governance policies and procedures within the NRH. The Clinical Director chairs this committee and reports its activities directly to the Hospital Board. A specific area of improvement relates to the work of a new Deteriorating Patient Committee that is driving greater compliance with mandatory clinical training relating to emergency care. Special thanks are due to our Risk Manager, Elayne Taylor for her exceptional commitment in ensuring our regulatory compliance and to Clare Slevin for her outstanding administrative competence as organisational support to these governance committees and to all clinical director administrative activities.

On 8th December the NRH's first Clinical Audit & Quality Improvement event was organised by Lorenza Cafolla, Quality Improvement and Accreditation Officer. More than 40 high quality submissions were received from across clinical and management teams in the NRH and prizes were awarded in 8 categories. The enthusiasm and engagement on display at this event guarantees that it will become an annual fixture in the NRH calendar.

The work of two critical projects has evolved and matured during 2022. The Interdisciplinary Quality Care Team continues its engagement with clinical teams and challenges us daily to enhance our teamwork during our clinical, goal-setting and administrative activities. The CRMS electronic patient record project was renamed as FUSION in March 2022 and will facilitate rollout of the paperless clinical environment in 2023.

Dr Kirk Levins, Consultant in Pain Medicine and a joint appointment with SVUH and the National Maternity Hospital commenced his substantive post in the NRH in January 2022. We welcomed Dr Irwin Gill as a Consultant in Paediatric Neurodisability in July 2022, a shared appointment with Temple Street Childrens University Hospital.

In preparation for our seventh CARF survey in June 2023, Dr Kinley Roberts and Dr Raymond Carson commenced their three-year terms in September 2022 as Medical Directors of the Stroke and Brain Injury programmes, respectively.

“The annual Farmers’ Day at the NRH is an opportunity for members of the farming community from throughout Ireland to meet with representatives of support agencies, and to receive and share valuable information and experiences with peers.”





Admitting Consultants (Consultants in Rehabilitation Medicine)



Prof Jacinta Morgan
Clinical Director



Prof Áine Carroll
Chairperson, NRH Medical Board



Dr Nicola Ryall



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 Kinley Roberts



Dr Sabrina McAlister



Dr Raymond Carson



Dr Irwin Gill

Consultants with clinical attachment at the NRH



Dr Maria Frampton
Consultant Psychiatrist



Dr Laura Ryan
Consultant Microbiologist



Dr Brian McGlone
Consultant Radiologist



Prof Robert Flynn
Consultant Urologist



Dr Mairéad Hayes
Consultant Intensivist



Dr Kirk Levins
Consultant in Pain Medicine



Dr Lilia Zaporozhan
Rehabilitation Medicine, NRH and MMUH

Medical Board Report



Prof Áine Carroll
Chairperson, NRH Medical Board

It is with great pleasure that I share with you our Medical Board's annual report. As we reflect on the past year, we are reminded of the challenges we faced and the triumphs we achieved. Despite the unprecedented circumstances, our hospital remained steadfast in its commitment to providing exceptional care to our patients.

This report is a testament to the hard work and dedication of our staff, who have gone above and beyond to ensure that our patients receive the best possible care. It is also a celebration of our patients, who have shown remarkable resilience and strength in the face of adversity.

As we look to the future, we are excited about the opportunities that lie ahead. We remain committed to our mission of providing compassionate care, advancing medical research, and educating the next generation of healthcare professionals. We look forward to continuing this journey as we continue to strive for excellence in all that we do. Thank you for your continued support and trust in our hospital. Together, we can make a difference in the lives of our patients and our community.

CLINICAL LEADERSHIP ROLES

The Medical Board wish to thank Prof Jacinta Morgan for her continued outstanding leadership and another year of hard work and commitment as Clinical Director.

Professor Morgan participated in the Ireland East Hospital Group / Trinity Business School Medical Executive Leadership Programme between September 2022 and January 2023 with senior management colleagues from across all IEHG hospitals.

We are delighted to welcome Dr Irwin Gill, to a permanent Consultant Paediatrician post. Dr Gill will be working alongside Dr Susan Finn who continues to provide exceptional leadership in the Paediatric Programme.

Dr Éimear Smith remains as co-sponsor for the Rehabilitation Workstream of the Trauma System Implementation Programme.

We wish to congratulate Dr Paul Carroll who has taken over the role of Clinical Lead for the National Clinical Programme for Rehabilitation Medicine from Dr Jacinta McElligott who had served ably in this role, including through the exceptionally difficult time of a Pandemic. Current workstreams include development of community rehabilitation teams, a Managed Clinical Network and Major Trauma Rehabilitation. We thank Dr McElligott for her leadership and we wish Dr Carroll every success in the role.

Dr Kinley Roberts and Dr Sabrina McAlister are the Medical Board representatives on the Fusion Project Team which is developing the NRH Electronic Patient Record system.

Dr Kinley, Dr McAlister and Dr Lilia Zaporozhan took the lead for the Irish Association of Rehabilitation Medicine (IARM) annual conference which was a very successful event.

Dr Cara McDonagh has joined the ROSIA (Remote Rehabilitation Service for Isolated Areas) project as a consultant evaluator. Dr McDonagh is the consultant lead on the Deteriorating Patient Committee, a progression of the CPR Committee. She is also chair of the Peer Review Committee that reviews in detail any unplanned transfers or deaths in the NRH. We congratulate Dr McDonagh and Dr Ali Abubakr on becoming Irish Heart Foundation Advanced Cardiac Life Support instructors which will further enhance the team that currently includes Prof Aine Carroll (Medical Director), Attracta Kenny (Co-ordinator) and Pauline Sheils, Trainer.



Dr McAlister is the consultant lead on the iNews and Sepsis subcommittee of the Deteriorating Patient Committee and is also the consultant lead on the Tobacco Free Campus.

We welcome Dr Aaisha Khan back to the Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) and Paediatric Programmes in the NRH.

Dr Raymond Carson has taken over responsibility for the basic specialist training of NCHDs at the NRH and we wish him every success.

REGIONAL DEVELOPMENTS

Dr Eugene Wallace continues his ongoing leadership in the development the Neuro-Rehabilitation Unit in Peamount Healthcare which is going from strength to strength.

Dr John MacFarlane is commended for his continued commitment to rehabilitation services in the South-East.

We wish Dr Lilia Zaporozhan every success and happiness in her new Consultant post in Mater Misericordiae University Hospital, and we also congratulate Dr Zaporozhan on completing her PhD.

Milestones for the Medical Department 2022

SPECIALIST REGISTRAR TRAINING PROGRAMME

We congratulate Dr Paul Carroll on his appointment as the National Speciality Director for Higher Specialist Training in Rehabilitation Medicine. Current work includes forming a new rehabilitation medicine curriculum and the development of new SPR posts to meet evolving workforce needs nationally.

HIGHER SPECIALIST REGISTRAR TRAINING PROGRAMME

Congratulations to Dr Lilia Zaporozhan and Dr Ruairi Connolly on completion of their final year of training.

The NRH welcomes Dr Aoife Murray on to the Higher Specialist Training programme in Rehabilitation Medicine. Welcome to the family! Dr Shane Hanratty, Dr Ruairi Connolly, Dr Marie Boland, Dr Carl O'Brien, Dr Atekah Rehman, Dr Jacqui Shanahan and continue in the NRH HST programme.

NCHD AND BST TRAINING PROGRAMME

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 thanks Dr Prasanna Venkatesh, Clinical Lecturer for his hard work and contribution to our undergraduate medical programmes throughout 2022. Once again, we would also like to thank the staff and patients who were so facilitating and supportive of our students throughout the year.

Approximately 62 medical students from TCD and 52 medical students from RCSI had the opportunity to participate in three-week and two-week clinical rotations respectively. In addition, three UCD medical students had an opportunity to complete their elective in summer. Dr Venkatesh also delivered lectures in UCD and TCD for undergraduate students. He is also examiner for Trinity undergraduate medical students.

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

Key presentations at regional, national and international meetings

1. **Prof Áine Carroll: *Leading in Complex Systems*. Keynote lecture.** International Conference on Integrated Care ICIC22, Odense, Denmark, May 2022 - **International**.
2. **Prof Áine Carroll: *Unpacking the Black Box of Medical Leadership in a National Rehabilitation Hospital; a Co-operative Inquiry*. Platform presentation.** International Conference on Integrated Care ICIC22, Odense, Denmark, May 2022 - **International**.
3. **Prof Áine Carroll: *GP Perspectives on Enhancing Integrated Care at the GP Hospital Interface: A Pilot Delphi Consensus Study*. Platform presentation.** AUDGP Annual Research Conference, March 2022 - **National**.
4. **Prof Áine Carroll: *Implementation of Road Safety Strategy in Ireland, a Serious Injury and Rehabilitation Perspective*. Keynote speaker.** RSA Annual Lecture, January 2022 - **National**.
5. **Dr Éimear Smith: *An unusual ca(u)se of Autonomic Dysreflexia*.** ISCoS annual scientific meeting, September 2022, Vancouver, Poster - **International**.

INVITED PRESENTATIONS

1. **Dr Éimear Smith: *From SCI Pre-clinical Models to Patients: the challenges and complexities of recovery and rehabilitation*.** Spinal Research Network Meeting, London, September 2022.
2. **Dr Éimear Smith: *Acquired Spinal Cord Injury in Youth and Adolescents*.** Resilience Healthcare Conference, Portlaoise, 2022.

Journal Publications:

1. Darley, A. and **Carroll, Á.**, Conducting Co-Design with Older People in a Digital Setting: Methodological Reflections and Recommendations. *International Journal of Integrated Care*, 2022, 22(4), p.18. DOI: <http://doi.org/10.5334/ijic.6546>.
2. Korik A, McCreadie K, McShane N, Du Bois N, Khodadadzadeh M, Stow J, McElligott J, **Carroll Á**, Coyle D. Competing at the Cybathlon championship for people with disabilities: long-term motor imagery brain-computer interface training of a cybathlete who has tetraplegia. *Journal of NeuroEngineering and Rehabilitation*. 2022 Dec;19(1):1-22.
3. Christophers, L., Torok, Z., Cornall, C., Henn, A., Hudson, C., Whyte, T., Stokes, D. and **Carroll, A.**, 2022. Conceptualising learning healthcare systems and organisations in the context of rehabilitation: a scoping review protocol. *HRB Open Research*, 5(65), p.65.
4. E. L. S. Bally , A. van Grieken , L. Ye , M. Ferrando , M. Fernández-Salido , R. Dix , O. Zanutto , M. Gallucci, V. Vasiljev , **A. Carroll** , A. Darley , A. Gil-Salmerón , S. Ortet, T. Rentoumis, N. Kavoulis, O. Mayora-Ibarra, N. Karanasiou, G. Koutalieris, J. A. Hazelzet, B. Roozenbeek, D. W. J. Dippel, H. Raat* and on behalf of the ValueCare consortium 'Value-based methodology for person-centred, integrated care supported by Information and Communication Technologies' (ValueCare) for older people in Europe: study protocol for a pre-post controlled trial" *BMC Geriatrics*. 2022 Aug 17;22(1):680. doi: 10.1186/s12877-022-03333-8. PMID: 35978306; PMCID: PMC9386998.
5. **Carroll Á.**, Twomey, V. 2022. A Collaborative Inquiry into Whole system change in Healthcare. *Irish Medical Journal* 115(6):619.
6. J Flynn, A Darley, R Connolly, **A Carroll** 2022 I predict a riot: a scoping review of the use cases of rehabilitation internet of things (riot) appliances *Irish Journal Of Medical Science* 191 (SUPPL 1), S38-S38.
7. **A Carroll**, A Darley, C O'Brien, H McNally The Application Of Complexity Theory In Rehabilitation: A Scoping Review 2022 *Irish Journal Of Medical Science* 191 (SUPPL 1), S38-S38.
8. O'Sullivan, L., Aldasoro, E., O'Brien, Á. Nolan, M., McGovern, C., **Carroll Á.** Ethical values and principles to guide the fair allocation of resources in response to a pandemic: a rapid systematic review. *BMC Med Ethics* 23, 70 (2022). <https://doi.org/10.1186/s12910-022-00806-8>.
9. Darley A., Dix R., Rocher E., Stokes D., **Carroll Á.** Older adults and family caregivers' experience of digital health technology in frailty care: A systematic review and meta-ethnography protocol *HRB Open Research*, 5(38), p.38
10. Darley, A., Murray, A. and **Carroll, Á.**, 2022. Co-designing integrated value-based eHealth technology for people living with frailty in Ireland. *International Journal of Integrated Care*, 22(S1).
11. **Carroll, Á.**, Collins, C. and McKenzie, J., 2022. Unpacking the Black Box of Medical Leadership in a Complex Specialist Rehabilitation Hospital: An Action Research Study. Phase 1: Preunderstanding. *International Journal of Integrated Care*, 22(S1).
12. **Carroll, Á.**, 2022. The creation of an adaptive space in a healthcare system: a retrospective organisational analytic autoethnography. *International Journal of Integrated Care*, 22(S2).
13. Fagan, N., Dvorakova, V., McAleer, M., Browne, F., Irvine, A. and **Carroll, Á.**, 2022. Integrating care in Irish paediatric dermatology services: an analysis of GP experiences. *International Journal of Integrated Care*, 22(S1).
14. Casey, M., Coghlan, D., **Carroll, Á.** and Stokes, D., 2022. Is Action Research just about telling a good story?. *Journal of Advanced Nursing*, 78(3), pp.e46-e48.
15. Carroll P, Dervan A, Maher A, McCarthy C, Woods I, Kavanagh R, Beirne C, Harte G, O'Flynn D, O'Connor C, McGuire T, Leahy LM, Gonzalez JG, Stasiewicz M, Maughan J, Gouveia PJ, Murphy PJ, Quinlan J, Casey S, Holton A, **Smith É**, Moriarty F, O'Brien FJ, Flood M. Applying patient and public involvement in pre-clinical research: a co-created scoping review. *Health Expect* 2022 Dec;25(6):2680-99.

Prof Áine Carroll
Chairperson, NRH Medical Board



Congratulations to Dr Lilia Zaporozhan and Dr Ruairi Connolly on completion of their final year of training.



SECTION 2

NRH REHABILITATION PROGRAMMES

Brain Injury Programme





Dr Valerie Twomey
Programme Manager
(to December)



Prof Jacinta Morgan
Medical Director
(to December)



Dr Raymond Carson
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 (CIIRP)
- 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 for Inpatient, Outpatient, Home & Community Services and Vocational Services.

Demographics, Activity and Outcomes for Inpatient Services – 2022

97 patients received Inpatient rehabilitation services in 2022. Of the patients discharged from the programme, 93 were admitted to the Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP), and 4 patients were admitted for review or assessment.

DEMOGRAPHICS AND ACTIVITY

Of the 93 patients admitted to the Inpatient Programme:

45

(48.5%) had a diagnosis of Non-traumatic Brain Injury

45

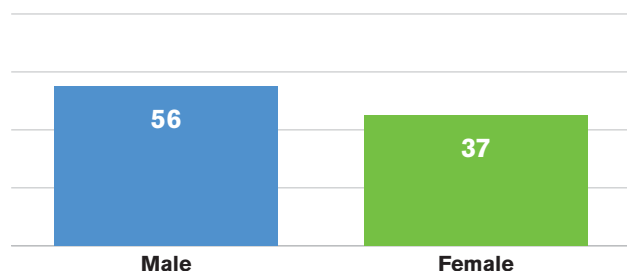
(48.5%) had a diagnosis of Traumatic Brain Injury

3

(03%) had a diagnosis of other Neurological Conditions



GENDER OF INPATIENTS SERVED BY THE BI PROGRAMME IN 2022



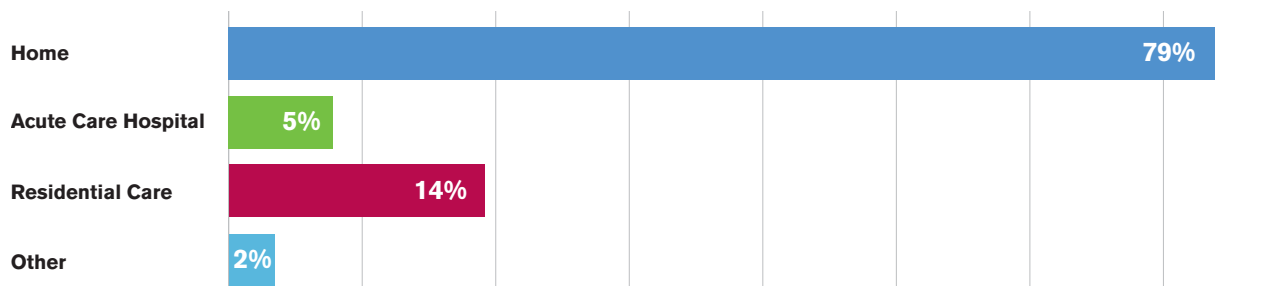
AGE PROFILE OF INPATIENTS SERVED BY THE BI PROGRAMME IN 2022

Average age	47 years
Lower age range	17 years
Higher age range	75 years

Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE DAY PROGRAMME

DISCHARGE LOCATION OF INPATIENTS SERVED BY THE BI PROGRAMME IN 2022



Indicator	Target Set – 2022	Outcome
Average Days Waiting for Admission	Average days waiting for admission would be less than 90 days	Patients waited an average of 149 days for admission to the programme
Incidence of Positive Change in Outcome Measure at Discharge	Improvement in Functional Independence Measure (FIM) Score – 90%	86% of patients
	Improvement in Barthel Score – 90%	65% 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 24 points Barthel Average Improvement 19 points
Average Rehabilitation Length of Stay	Length of stay would be less than or equal to 84 days	104 days
Discharge to Home Rate	75% of patients would be discharged to home	79% 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 2022

The programme continued to successfully operate during the COVID-19 pandemic, with particular emphasis on providing continued access and high-quality safe care for patients and support to families which resulted in the opening of further beds in our brain injury, stroke and prolonged disorder of consciousness services.

PERSON-CENTRED COORDINATED CARE

Under our programme for quality improvement and guided by the NRH Quality Goal, several initiatives were undertaken in 2022.

Programme Manager

Dr Valerie Twomey was the Programme Manager for the Brain Injury Programme in 2022.

Clinical Services delivered within the Brain Injury and Stroke Specialty Programmes:

- **Medical**

Patient care and treatment is delivered by Consultant led Interdisciplinary Teams (medical, nursing, health and social care professionals). Clinical responsibility is held by Prof Jacinta Morgan (NRH Clinical Director, and Medical Director of the Brain Injury Programme) in collaboration with Consultant colleagues Dr Jacinta McElligott, Dr Paul Carroll, Dr Sabrina McAlister and Dr Raymond Carson. Dr Eugene Wallace, and Dr John McFarlane provide rehabilitation input on behalf of NRH in major referring hospitals in Dublin and Cork respectively. A rotating team of NCHDs continue to provide medical support at the NRH.

- **Nursing**

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 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**

In 2022, the programme had the contribution of two psychologists in clinical training from UCD and TCD, who selected to undertake their specialist placements in clinical neuropsychology at the NRH. The team of psychologists work together with patients, families, and healthcare colleagues to manage the cognitive, psychological, behavioural, decision-making, and adaptive functioning changes often experienced following acquired brain injury. Their goal is to support the optimisation of wellbeing, social inclusion, and independence, and the minimisation of disability and distress for patients and families. Dr Hannah Gallivan, together with colleagues in Medical Social Work, continued to develop support services for patients and families within the prolonged disorders of consciousness (PDoC) service. Dr Gallivan also commenced an international collaborative special interest PDoC group with colleagues in the UK. Drs Aisling Parsons and Simone Carton, have developed the neurobehaviour service for patients who experience organic personality disorder and marked mood disturbance following brain injury diagnosis. Together with IDT colleagues, consultations have been increased for patients, and their clinical teams, at referral and pre-admission stage. Collaboration and consultation with IDT teams across NRH Programmes continues in relation to specific neurobehaviour challenges. Waiting times for the neurobehaviour clinic for new referrals has been reduced to between 6-8 weeks.

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

Music Therapy: Three Music therapy IDT group sessions take place weekly, focusing on physical, communication and social goals. 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. IDT treatment sessions also take place with patients' family members as appropriate. The Music therapy Assessment Tool of Awareness in Disorders of Consciousness (MATADOC) is used with prolonged disorder of consciousness patients (PDoC) as part of the IDT battery of assessments.

A weekly Therapeutic Instrumental Music Performance (TIMP) involves neurologic music therapy group sessions with physiotherapists within the sports therapy service.

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.



- **Nutrition and Dietetics**

In 2022, the service was provided mainly to Inpatients of the Brain Injury Programme. The service primarily provides one-to-one interventions in patients with therapeutic and complex dietary needs. In addition, and when staffing permits, group education is delivered to empower patients in managing chronic disease and preventing recurrence of stroke. The department is represented on the Stroke Education Working Group and delivers a number of patient education sessions including: ABCs (Anticoagulants, Blood Pressure and Cholesterol), and Eating and Drinking Well.

- **Occupational Therapy**

The Occupational Therapy (OT) Team in the Brain Injury Service is strongly committed and involved with the integration of the change of practices and daily structures within the new hospital. The team continued to respond to changing needs due to COVID-19 in 2022. Key opportunities and milestones included the provision of OT services to three additional beds, one on Holly Unit and two on Willow Unit. OTs on the BI Programme have been involved with the roll-out of the AOTI Neurological Advisory Group Neuro-Networks, a monthly virtual learning and networking opportunity. Additional time and priority was given to improve the delivery of tutorials to new staff grade OTs, and some other staff grades disciplines also. As part of the introduction of the Clinical Specialist Occupational Therapy post, a clinical supervision structure was developed for Senior OTs to support clinicians who are new to the senior role along with providing clinical support to more experienced clinicians. Both **Fiona Haughey** and **Alison McCann** have been assigned **SMART 'expert assessor'** status and are the only two in Ireland to attain such. Fiona has been invited to teach on the SMART accreditation course delivered through the Royal Hospital for Neuro-disability in Putney, London, and also supports clinicians undergoing SMART accreditation or further developing their assessment of awareness skills at the NRH. Challenges in 2022 included the delivery of an OT service during times of high volumes of unplanned leave and annual leave as well as providing cover for vacant posts. A high volume of staff turnover in the OT Brain Injury Programme has been a feature of 2022. Assessment and provision of suitable shower chairs for the new environment has been challenging also.

- **Pharmacy**

Patients' medicines are reconciled on admission and discharge to ensure that their medication list is accurate at transitions of care. Medicines are procured and dispensed for all inpatients during their stay, for therapeutic leave, and on discharge. Pharmacy staff work as part of the Interdisciplinary Team (IDT), they attend consultant rounds and Medicines Prescription Administration Record (MPAR) reviews to optimise medications in conjunction with patients. Pharmacists provide education to patients (and carers as appropriate) on their medicines. A personalised Medicine List is provided to each patient, as well as practical tools to assist with the taking of medications, after discussion with other members of the IDT. Unit pharmacists liaise with community pharmacy and other services as necessary to ensure continuity of pharmaceutical care for patients on discharge. Staff also answer medication queries and provide education sessions for IDT colleagues. In 2022, the introduction of education for staff and patients as a fundamental part of the Stroke Unit led to the introduction of an Education Checklist and Theme of the Week.

- **Physiotherapy**

The Brain Injury Programme Physiotherapy service provides specialist neurological assessment and treatment to meet the specific and varied needs of the 60 patients across the five Brain Injury Units. 2022 has seen a significant increase in staff turnover, with the consequent need and challenge to delivery of the physiotherapy specific training, knowledge, skills, and support to new staff working in an interdisciplinary environment. The Team worked on maintaining and increasing opportunities for activity across a six-day week as part of changed working patterns within the NRH that meet best practice in promoting recovery and supporting health and wellbeing in our patient population. This involved trialling alternative options to the delivery of services that meet the needs of patients, the service and staff, and has allowed opportunities for alternative service delivery patterns to be explored and developed.

The Clinical Specialists and seniors were involved in outreach assessment, advice, and support to therapists in regional hospitals. Close working relationships with the Sports and Exercise Department were fostered and the monthly sport sessions facilitated by Mark Barry from the IWA throughout the year across all appropriate Units has been key to the increasing uptake of recreational sport opportunities within and beyond life in the NRH as evidenced by the increased numbers of patients from the BI Programme taking part in the NRH Sports Championships. In collaboration with OT, activity groups have been developed and operate throughout the week focussed on mobility, supported practice and upper

limb recovery. The team were actively involved in the ongoing changes across the organisation including participation in the Fusion Electronic Patient Record Project; the Max Rehab initiative; and developing the Interdisciplinary Team working. Challenges included the ability to provide the level of support to less experienced and new staff due to staff shortages and more frequent staff secondments, as well as additional workload on Senior staff. Other challenges for the team continued such as the timely supply and delivery of equipment to support patient rehabilitation.

- **Radiology**

The Diagnostic Radiology service supports Inpatient and Outpatient management following Brain Injury and Stroke. Ultrasound-guided botulinum toxin injection into salivary glands in conjunction with the Medical teams is available for use in selected brain-injured patients with sialorrhea. 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 CT and MRI scans is provided to facilitate understanding of structural brain deficits and to assist with ongoing inpatient management.

- **Social Work**

The Social Work service is offered to all Inpatients and their families. Social Work with families and or carers is currently a hybrid between onsite meetings and telehealth service delivery however it has been possible to increase in-person sessions now that COVID-19 restrictions have eased. The Complex Discharge Social Work service works with the pre-admission co-ordinators to facilitate earlier discharge planning and to reduce barriers to timely discharge. In 2022, a successful family day was held for families of past and present patients who have been through the Prolonged Disorders of Consciousness (PDoC) service: the feedback from attendees was very positive and a further event is planned for 2023.

The Outpatient BI Social Workers initiated a pilot peer support group in 2022. The purpose of this group is to bridge the gap between Inpatient programmes and community services. It aims to bring people together to share their experience and to feel connected and supported. It is a space for patients at different stages of their journey to reflect on their adjustment to life after brain injury and offers psychoeducation in an informal setting.

- **Speech & Language Therapy**

The SLT team provides specialist assessment and intervention to the Brain Injury, Stroke and Prolonged Disorders of Consciousness programmes. We work closely with IDT colleagues, to provide patient and family-centred rehabilitation to meet the needs of these specialist and complex patient populations. The SLTs carry out both formal and informal assessment of speech, voice, language, cognitive-communication and swallow function. Assessment and intervention for the ability to swallow, eat and drink may include a combination of bedside and FEES swallow assessments. This is done in close collaboration with patients, their family and IDT to ensure joint decision making in line with the patients' will and preferences. Intervention includes individual, group and IDT sessions, community outings and family sessions. In addition, we contribute to diagnoses of awareness, spanning the continuum of consciousness. Family members contribute to joint sessions, receive training, education and support for adjusting to life after a brain injury or stroke. The SLT team runs several groups targeting specialist skills, peer support, use of strategies, education and functional communication. These groups include cognitive-communication group, Theme of the Week, Patient Education and Peer Support groups, Total Communication Group and Social Spotlight Group.

- **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 patients 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.



SECTION 2

NRH REHABILITATION PROGRAMMES

Stroke Specialty Programme





Dr Valerie Twomey
Programme Manager
(to December)



Prof Jacinta Morgan
Medical Director
(to October)



Dr Kinley Roberts
Medical Director
(from October)

The Stroke Specialty 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) as a Speciality Stroke Programme for Inpatient, Outpatient and Home & Community-based services.

Demographics, Activity and Outcomes for Inpatient Services – 2022

82 patients received inpatient rehabilitation services in 2022. Of the patients discharged from the programme, all 82 were admitted to the Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP).

DEMOGRAPHICS AND ACTIVITY

Of the 82 patients admitted to the Comprehensive Integrated Inpatient Rehabilitation Programme:

27

(33%) had a diagnosis of Haemorrhagic Stroke

48

(59%) had a diagnosis of Ischaemic Stroke

7

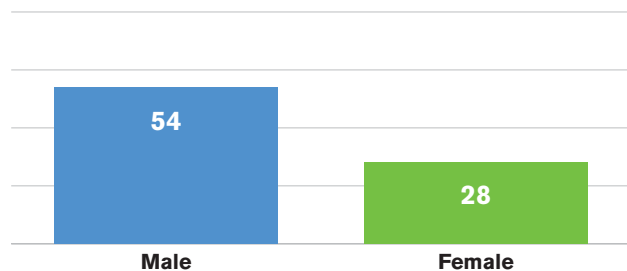
(08%) had a diagnosis of Other Stroke

Staff and students enjoying the annual NRH Sports Championships





GENDER OF INPATIENTS SERVED BY THE STROKE SPECIALTY PROGRAMME IN 2022



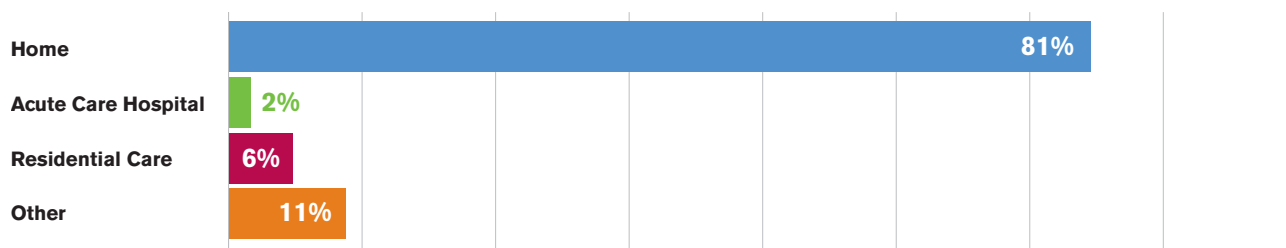
AGE PROFILE OF INPATIENTS SERVED BY THE STROKE SPECIALTY PROGRAMME IN 2022

Average age	53 years
Lower age range	23 years
Higher age range	76 years

Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE DAY PROGRAMME

DISCHARGE LOCATION OF INPATIENTS SERVED BY THE STROKE SPECIALTY PROGRAMME IN 2022



Indicator	Target Set – 2022	Outcome
Average Days Waiting for Admission	Average days waiting for admission would be less than 70 days	Patients waited an average of 130 days for admission to the programme
Incidence of Positive Change in Outcome Measure at Discharge	Improvement in Functional Independence Measure (FIM) Score – Target: 90%	91% of patients
	Improvement in Barthel Score – Target: 90%	70% 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 22 points Barthel Average Improvement 17 points
Average Rehabilitation Length of Stay	Length of stay would be less than or equal to 60 days	95 days
Discharge to Home Rate	75% of patients would be discharged to home	81% 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 2022

The programme continued to successfully operate high-quality Inpatient and Outpatient services during the COVID-19 pandemic. There was particular emphasis on providing continued access and safe care for patients and support to their families. Having successfully opened our dedicated Stroke Inpatient Unit with an initial 15 beds, we were successful in opening a further 5 beds by 2022.

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. Increasing demands on healthcare services has led the Health Service Executive (HSE) in Ireland 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 continue consultations with professionals, and support patients to take a greater role in managing their own health condition.

Programme Manager

Dr Valerie Twomey was the Programme Manager for the Stroke Specialty Programme in 2022.

Clinical Services Delivered within the Stroke Specialty Programme

- **Medical**

Patient care and treatment is delivered by a Consultant led Interdisciplinary Team (medical, nursing, health and social care). In 2022 clinical responsibility was held by Prof Jacinta Morgan (Clinical Director, and Medical Director of the Stroke Specialty Programmes) up to October, when Dr. Kinley Roberts became Medical Director for the Stroke Specialty Programme.

- **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.

Health and Social Care Professional and other clinical services delivered as part of the Stroke Specialty Programme are equivalent to those services in the Brain Injury Programme, listed from page 23 in this report.



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 around the country. For service users who do not live within commuting distance of the NRH, an accommodation facility is available on-site. Due to the pandemic, the accommodation unit has been redeveloped in line with Infection Prevention and Control criteria, incorporating six single occupancy en-suite rooms.

The RTU delivers two integrated CARF accredited programmes: The Vocational Programme and the Home & Community Programme. During 2022 the programmes continued with online delivery on two platforms, MS Teams and Attend Anywhere, and progressed to a hybrid programme of on-site and online sessions. Allocation to a programme is determined by each person's goals, as determined at referral and throughout the Individual Training Plan while on the programme. Training is delivered through 25 training modules across 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.

Our ethos is to deliver person-centred, holistic training, with a focus on developing potential. Each trainee is allocated to a caseworker, and receives a flexible individualised training programme, leading to 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 to community and family life, and return to work, education, or training.

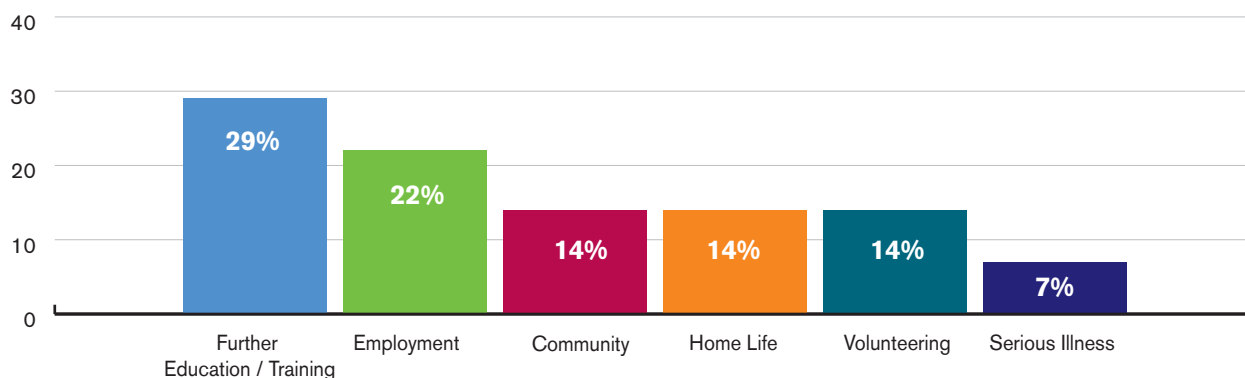
EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE RTU NEXT STAGE PROGRAMME

Indicator	Target Set – 2022	Outcome
Discharge to employment, training or education	50% discharged to training, employment or education	50% of trainees were discharged to training, employment or education
Average days waiting for access to the programme (Day-place or with onsite accommodation)	Average days waiting will be less than 375 days	Average days waiting was 331 days. 71% (10) were waiting less than 375 days.
Average active length of stay	Average number of active training days will be less than 365 days	Average number of active training days was 378. 43% (6) had less than 365 days.
Completion rate of outcome measures	90% completion rate of outcome measures - Mayo-Portland Adaptability Inventory (MPAI)	92% (13) had MPAI completed and documented in their files.
Incidence of positive participation score change	90% will show a positive change on exit MPAI	76% (10) showed a positive change on exit MPAI
Individual Training Plan (ITP) timelines	75% will have ITP completed within 42 days of admission	64% (9) ITPs were completed within 42 days of admission.
Programme throughput	10 trainees will be discharged biannually	A total of 14 trainees discharged during 2022.

The variance in waiting times for access to the service reflects the personal-centred approach to management of the preadmission waiting list. Each individual is afforded the time they require to be ready to undertake their training place. Engagement with referrers, family and the individual during this process ensures a comprehensive evaluation of their needs and readiness for the Programme.

The RTU has an allocation of 17 WTE training places funded by the HSE. The number of referrals, waiting times, and active training days were all impacted by the ongoing effect of COVID-19. The RTU received 29 referrals in 2022, a slight increase on the previous year, 17 for trainees requiring accommodation and 12 for day places. In 2022, 12 (85%) males and 2 (15%) females were discharged from the training programme.

RTU 2022 OUTCOMES



In 2022, 28% (4) trainees were discharged to education and training programmes, 21% (3) were discharged to employment, 14% (2) were discharged to community services and 14% (2) were discharged to home life having reached their community reintegration goals at discharge. Two trainees (14%) were discharged to Volunteering, and one trainee was discharged due to serious illness.

New Developments and Services

In 2022 the RTU continued to adapt the delivery of the training programmes via hybrid models. Access to Taster Sessions and tours of the RTU continued for Inpatients from the Brain Injury Programme, which gave the RTU trainees opportunities for peer mentoring roles. In 2022, 10 brain injury inpatients attended 20 Taster Sessions. RTU Trainees undertook on-site and off-site work experience.

RTU events delivered online during the year included a Trainee Reunion event, Family Information Day, and Family Education and Awareness Day. A programme of Talks by Past Trainees and external agencies was delivered. RTU Trainees made valuable contributions through presentations to the NRH Careers Evenings and to the inpatient Brainworks groups. RTU team members delivered presentations to the Road Safety Authority, Irish Heart Foundation, Life Beyond the NRH event, Brain Awareness Week, NRH Board, among others, and attended conferences including with the National Disability Authority, AHEAD and Social Farming Ireland. The RTU Manager chairs the Inter Agency Forum, a committee of NRH and external support service agencies.

The RTU recognises the value of stakeholder engagement and feedback. In 2022 the Trainees provided feedback on their programme experience through the HSE 'How is your Service Doing?' survey. This is part of the HSE New Directions Framework which provides benchmarking for the delivery of person-centred disability services. Feedback was also sought via an Exit Questionnaire where service users rated their satisfaction with the RTU. In 2022, 78% (11) of trainees discharging from the programme completed the questionnaire. 82% (9) rated 5/5 and 18% (2) rated 4/5 on their overall level of satisfaction with the programme. All trainees were contacted post-discharge and 8 trainees completed post-discharge measures.

Future Developments

With the reopening of services following COVID-19, the RTU will focus on renewing working links with our partners in the community. This in turn benefits the service users and advocates for brain injury awareness and support in the community.

The RTU is very appreciative of the support that it has received from the wider NRH community throughout this challenging year.



SECTION 2

NRH REHABILITATION PROGRAMMES

Spinal Cord System of Care (SCSC) Programme





Dr Cara McDonagh
Medical Director,
SCSC Programme

Eugene Roe
Programme Manager

The Spinal Cord System of Care (SCSC) Programme at the NRH 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 SCSC Programme 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.

Patient care and treatment is delivered by an Interdisciplinary Team (IDT) with overall clinical responsibility led by the Medical Director of the programme, Dr Cara McDonagh. Dr Éimear Smith and Dr Jacqui Stow complete the consultant body in the SCSC Programme. Dr Smith is also Rehabilitation Medical Lead in the National Trauma Strategy.

Demographics, Activity and Outcomes for Inpatient Services – 2022

DEMOGRAPHICS AND ACTIVITY

In total, 113 persons were discharged from the SCSC Programme in 2022. Of these patients, 96 were admitted for a full goal setting rehabilitation programme (Comprehensive Integrated Inpatient Rehabilitation Programme – CIIRP). 43% of these were for a traumatic spinal cord injury, 49% for non-traumatic and 8% for neuropathies and various neurological disorders.

Of the 96 patients admitted to the Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP):

41

(43%) had a diagnosis of Traumatic Spinal Cord Injury

47

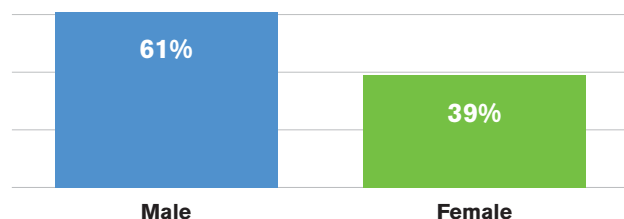
(49%) had a diagnosis of Non-traumatic Spinal Cord Injury

8

(8%) had a diagnosis of Neuropathic or Neurological Disorders



GENDER OF PATIENTS DISCHARGED FROM THE SCSC PROGRAMME IN 2022



AGE PROFILE OF PATIENTS DISCHARGED FROM THE SCSC PROGRAMME IN 2022

Average age	51 years
Lower age range	17 years
Higher age range	91 years

Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE PROGRAMME

Indicator	Target Set – 2022	Outcome – 2021	Note / Trend
Average Days Waiting for Admission from referral to inpatient waiting list.	Target: Admission of patients within 60 days.	Average waiting for admission was 73 days	This was outside of the target due to the increase in numbers of patients becoming Delayed Transfer of Care (DToC)
Average Rehabilitation Length of Stay (LOS)	Target: Average admission length of stay less than 90 days	Average LOS was 101 days	The LOS in the SCSC Programme is negatively impacted for a number of patients who wait for long periods to access onward care.
Delayed Transfer of Care (DToC)	Target: To lose less than 8% of bed days to DToC	Days lost to DToC amounted to 17% in 2022	DToC 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	77% of patients were discharged home.	19% of discharged patients went back to the acute referring hospital.

Some Programme Highlights In 2022

- Following the lifting of COVID-19 restrictions, in-person peer support was resumed. Spinal Injuries Ireland (SII) sponsored a Pizza Night for patients with peer support workers in attendance.
- The positive impact of the new posts for SCSC Education and Peer Support Officers was acknowledged by both patients and staff.
- The Education Committee continued work on a series of educational materials for patients, families, and healthcare professionals.
- In association with the National Clinical Programme for Rehabilitation Medicine the SCSC Programme played a key role in the collaboration with HIQA for the development of a Health Technology Assessment (HTA) for the national systematic provision of a pathway for a domiciliary ventilatory support for adults with a spinal cord injury.

Programme Manager's Report

Eugene Roe is Programme Manager for the SCSC Programme.

2022 was another year of challenges with COVID-19 still impacting on staff absences, and the impact of necessary infection and control restrictions. The SCSC Programme continues to operate between both the new and old hospital buildings and this remains an operational challenge for the team.

2022 saw a large increase in bed days lost to Delayed Transfer of Care cases, and challenges continued for community services in the recruitment and training of carers. The focussed management of admissions resulted in a consistently high bed occupancy rate of 97%. As ever, the SCSC Programme was supported by generous fundraising undertaken by individuals and groups in 2022 and these efforts are very much appreciated by both patients and staff of the programme.

Medical Director's Report

Dr Cara McDonagh is the Medical Director for the SCSC Programme.

In 2022, the SCSC programme worked hard to deliver the best possible rehabilitation experience for our patients despite the ongoing difficulties with SARS CoV2 affecting staffing levels and in-person activities. Current and previous patients thoroughly enjoyed participating in the Ladies' Day and Farmer's Day reunion in the Autumn after a hiatus of three years due to the pandemic. Another huge success for inpatients across all programmes was the sports championship that allowed patients participate in many sports they had never tried before. The level of dedication required by our therapy staff to bring this to fruition was very impressive.

The ventilated patient programme based in Fern ward continues to develop. Staff across the programme have risen to the challenge of managing the needs of ventilator dependent patients and have worked hard to increase and maintain these skills under the stewardship of Siobhan O'Driscoll, Advanced Nurse Practitioner in respiratory care in Spinal Cord injury. One major advance in treating our patients in SCSC and across the NRH was the acquisition of the Phagenyx device for treating swallowing difficulties. Niamh O'Donovan, Senior SLT, was pivotal in researching this device and advocating for its acquisition for the NRH. Our speech and language therapists were delighted to get the support of the NRH to roll out this approach to treating dysphagia and we are the first hospital in Ireland to offer this treatment to our patients.

Our staff in the SCSC continue to excel at education of health professionals and patients and to participate in research. Plans are at an advanced stage to create a visual library for patients, families, carers and staff - this will be located close to the SCSC Units to provide education on important aspects of spinal cord injury. Many of our staff received accolades for their work including Claire Hickey, Senior Physiotherapist, who won the best poster prize at the MASCIP conference in the UK (Multidisciplinary Association for Spinal Cord Injury Professionals) presenting on the use of fitness Apps by wheelchair users. Paula Keane, Advanced Nurse Practitioner in spinal cord injury was granted the Paul Kennedy Bursary by MASCIP to update a video and educational material on neurogenic bowel management for patients and their families. Also flying the flag for the NRH, Shangdar Ronglo, Senior Occupational Therapist, presented on the IDT discharge of a patient using assistive technology, and Claire Hickey presented on inclusive sports at the European Seating Symposium.

We are delighted to have welcomed our two peer support officers to the spinal team, Declan Naughton and Claire Staunton. Their insight into the patient experience is enhancing how we deliver rehabilitation as a team and their lived experience of spinal cord injury is a huge asset to patients.



Clinical Services delivered within the SCSC Programme include:

- **Medical**

The Medical Director of the Programme is Dr. Cara McDonagh who works in collaboration with Consultant colleagues Dr Éimear Smith and Dr Jacqui Stow.

- **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**

The psychology service to the SCSC programme had the benefit of two new posts in 2022 and also of a Psychologist in Clinical Training from UCD. As well as providing assessment and intervention to patients and families, the psychologists also contributed to patient education supporting the development of information booklets and presenting on topics such as, 'psychological adjustment after spinal cord injury' at the weekly patient education series. 2022 was a special year for the psychology team as Dr Claire Keogh led the hosting of the highly successful European Spinal Psychologists Association (ESPA) conference in Dublin. The participants from Europe, UK, USA and Australia shared research and clinical experience over three days and enjoyed the Irish hospitality. At ESPA, Dr Emma Brennan presented her Doctoral research "Exploring Adolescents' and Young Adults' Experiences of Living With A Parent With An Acquired Spinal Cord Injury". SCSC psychology continues to collaborate with our colleagues in the UK via the Spinal Injuries Psychology Advisory Group. In 2022, the annual 'Ladies Day' returned with the ease in COVID-19 restrictions. At this event, current and former female patients with Spinal Injury come together to learn new developments and research, listen to guest speakers, all followed by a chance to meet friends and enjoy some pampering.

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

Music Therapy: The 'Voice Group' for patients with spinal cord injury is a collaborative Interdisciplinary Team (IDT) initiative with Music Therapy, Speech and Language Therapy and Physiotherapy colleagues. Specific singing techniques, using physiotherapy methods, are used to address vocal strength and breathing. Individual IDT treatment sessions involve the music therapist working with other IDT colleagues to address specific shared rehabilitation goals through music.

Art Therapy: Weekly 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.

- **Nutrition and Dietetics**

In 2022 the service was provided to Inpatients of the SCSC programme. The service is primarily delivered on a one-to-one basis and aims initially to ensure that patients are adequately nourished to fully engage in their rehabilitation programme. As recovery progresses the focus shifts to address longer term health issues such as excess weight gain. The dietitians deliver regular group education sessions 'Healthy Eating after a Spinal Cord Injury' in conjunction with physiotherapy colleagues. An article by the dietician on the SCSC Programme titled 'Healthy Eating During the Festive Season' was published in the Spinal Injuries Ireland magazine and the dietitian also attended the Nutrition in Spinal Injury Study Day at Stoke Mandeville Hospital, UK.

- **Occupational Therapy**

Occupational Therapists (OTs) work with patients following SCI or illness to optimise their ability to participate in meaningful everyday activities ranging from personal care, home and community activities to vocational and leisure pursuits. OTs support patients in discharge planning arranging for assessment of the home environment and recommendation of equipment required to maximise independence and safety. In 2022 contributed to improvements in IDT working with attendance at Handover and IDT Huddles. OTs devised an In-service education programme for SCSC OT staff grades. Four new Raz shower chairs have been funded enabling increased participation with personal care. OTs were involved in the new patient education series. There were challenges with delivery of OT services due to unplanned staff absence and recruitment issues.

- **Pharmacy**

Patients' medicines are reconciled on admission and discharge to ensure that their medication list is accurate at transitions of care. Medicines are procured and dispensed for all inpatients during their stay, for therapeutic leave, and on discharge. Pharmacy staff work as part of the Interdisciplinary Team (IDT), they attend consultant rounds and Medicines Prescription Administration Record (MPAR) reviews to optimise medications in conjunction with patients. Pharmacists provide education to patients on their medicines. A personalised Medicine List is provided to each patient, as well as practical tools to assist with the taking of medications, after discussion with other members of the IDT. Unit pharmacists liaise with community pharmacy and other services as necessary to ensure continuity of pharmaceutical care for patients on discharge. Staff also answer medication queries and provide education sessions for IDT colleagues.

- **Physiotherapy**

2022 proved to be a challenging year for the SCSC physiotherapy service. There was a high turnover of senior staff during the year with a loss of two long term staff members and three new permanent senior staff members moving into the service. There were also several injuries resulting in unplanned leave, with 18 weeks cumulative reduction in the team of a minimum 1.0 WTE physiotherapist. This was in addition to regular annual leave, unplanned sick and COVID-19 leave. In addition to running the SCSC service, significant cover was provided to the respiratory service including assisting the new respiratory senior with training up new staff members to the on-call rota to ensure all patient critical needs were met. During 2022, Claire Hickey and Aoife Henry presented posters virtually at the ISCP conference. Claire Hickey was also the winner of the poster competition at the MASCIP conference. Members of the SCSC physio team were involved in numerous IDT initiatives including Farmer's Day, Ladies Day and the NRH Sports Championships. John Lynch completed SCI management training with physiotherapy staff in CUH and there are plans for further online case discussions. John Lynch became Level 2 certified and continued to implement the Ekso Bionics exoskeleton service with physio colleagues from the Brain Injury programme during the first half of the year until the device was returned to UCD.



- **Radiology**

Key amongst the Radiology services provided are regular inpatient and outpatient imaging of the renal tract using ultrasound and x-ray to detect stones and other complications in order to prevent the morbidity and mortality associated with occult urinary tract disease, including sepsis. For newly admitted high dependency cervical SCI patients, the assessment of diaphragmatic function by ultrasound and the radiographic evaluation of spinal instrumentation are essential tools. An on-call 24-hour x-ray service is also provided, mainly used for acute chest and musculoskeletal conditions. DXA evaluation of baseline bone density is available for all SCSC patients. A new Hologic Discovery a DXA System has been installed enabling new state of the art equipment for identification of patients at risk from osteoporosis and other debilitating conditions. 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. This would include a new DXA service - Body Composition Analysis which is now provided as part of the new DXA unit and is a rapidly developing area of clinical and research interest particularly in patients with muscle loss (sarcopenia), typically in the immobilised neurologically injured population.

- **Social Work**

The Social Work service is offered to all patients and their families within the SCSC Programme. Social Work involvement continues throughout the rehabilitation programme and in the immediate post-discharge stage as required. The Spinal OPD social worker attends clinics and accepts referrals for patients requiring a service. The Complex Discharge Social Worker engages in pre-admission discharge planning as part of a pathway approach in conjunction with other NRH colleagues. Social Workers on the spinal programme now offer a hybrid approach to family counselling, supports and peer services involving in-person and online services (due to COVID-19) but increasingly, family members can attend in person. The annual Ladies day and Farmers Day programmes were both held as in-person events in 2022 with COVID-19 precautions in place. The feedback from these family and peer events is always very positive. The development of a resource pack for parents with SCI in conjunction with team colleagues has been completed and will be launched in 2023. In 2022, Kathleen Kelly, Senior Social Worker, retired from the SCSC Programme following nearly 30 years of service and we wish her every happiness for the future.

- **Speech & Language Therapy**

The SLT service on the SCSC programme continues to develop and grow. The service includes assessments and intervention for voice and swallow as well as education and training for patients, their families and IDT. Supporting patients to eat and drink with acknowledged risk of aspiration or choking was a prominent aspect of the SLT service delivery in 2022. Empowering patients with accessible information, joint decision-making with their team and family and supporting their autonomy is fundamental to their care. Six patients who were admitted with prolonged NPO status returned to full eating and drinking during their NRH admission in 2022. SLT on the SCSC Programme also contributes to a number of groups including the Voice Group provided in conjunction with Music Therapy. This group aims to improve patient's breath support and speech volume as well as peer support and learning. Supporting admissions of patients with tracheostomies and ventilator dependent patients is a vital aspect of the role and we provided numerous IDT education sessions to our colleagues to ensure these patients received the highest quality care.

- **Spinal Liaison Service**

The Liaison Service is a nurse led service offered to all patients who come through the Spinal Cord System of Care. The service covers 26 counties and 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 patients 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.

Music Therapists participating in a patient and staff event at the NRH. Music Therapy IDT treatment sessions involve the music therapist working with other IDT colleagues to address specific shared rehabilitation goals through music.





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 provides a continuum of care for people with limb amputation and congenital limb absence. The service provides pre-amputation consultations, assessment of rehabilitation needs post amputation, both Inpatient and Day-patient rehabilitation, Outpatient follow-up and therapy services, and links to community services.

Persons with limb absence have many and varied needs. Many may present with a previous complex medical history, others because of their limb absence may face wide-ranging long-term limitations in their ability to return to their previous living arrangements, their previous work or education, leisure and social activities, or limitations in fulfilling family roles or maintaining personal relationships.

The POLAR Programme provides care through the full continuum of the patients' care. Most patients commence their primary rehabilitation as an Inpatient or a Day-patient. The programme has twelve Inpatient beds based on Poppy Unit and a capacity of seven Day-patient slots. In partnership with Ability Matters, the programme offers an outpatient prosthetic-led service and also has the capacity to see patients in Interdisciplinary clinics, Consultant-led clinics, as well as offering some single therapy treatments. In 2022, the pilot pre-admission liaison role was developed into a rehabilitation co-ordinator role which provides a link not only for patients who are awaiting rehabilitation but also aims to be the key contact person over the full continuum of their care.

The POLAR service has two permanent rehabilitation consultants responsible for the rehabilitation care of our patients. Dr Jacqui Stow, Consultant in Rehabilitation Medicine, provides care for Inpatients and Day-patients undergoing rehabilitation, and Consultant-led IDT clinics for both primary and established patients. Dr Nicola Ryall, Consultant in Rehabilitation Medicine, provides specialist upper limb and complex cases clinics.

The feedback received from patients throughout 2022 has been positive, praising the dedication and expertise of our staff in the POLAR Programme, despite the challenges posed by a difficult year.

Demographics, Activity and Outcomes For Inpatient Services

DEMOGRAPHICS AND ACTIVITY

In 2022, the total number of patient discharges from the POLAR Programme was 118. However, two patients received their care over two periods of admission, therefore 116 patients received an episode of rehabilitation.

Of these, patients, 61 patients were admitted for a full goal-setting Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP) and eight patients were admitted for a short period of assessment or review to the Inpatient unit.

A further 44 patients received their care as Day-patients, of which 36 received full treatment programmes and 11 patients attended for assessment.

On occasion, primary patients moved from Inpatient to Day-patient and vice-versa depending on patients' clinical need. Data pertaining to these patients is included in the most appropriate area on a case-by-case basis.



Of the 116 patients discharged:

44

(38%) sustained their amputation as a result of vascular disease

48

(41%) as result of diabetes

8

(7%) as a result of trauma

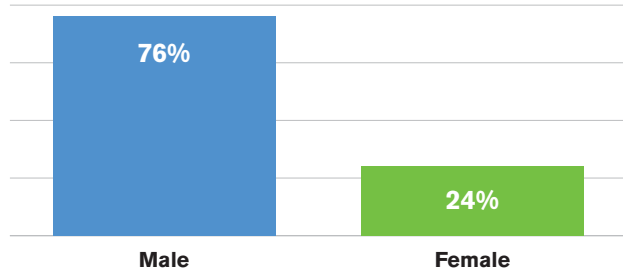
14

(12%) as a result of another diagnosis

2

(2%) as a result of cancer

GENDER OF PATIENTS DISCHARGED FROM POLAR PROGRAMME IN 2022



AGE PROFILE OF PATIENTS DISCHARGED FROM POLAR PROGRAMME IN 2022

Average age	63 years
Lower age range	20 years
Higher age range	94 years

Types of Amputation	Inpatients (72)	Day-patients (44)	Total Patients (116)
Below knee	58% (42)	50% (22)	56% (64)
Above knee	25% (18)	36% (16)	29% (34)
Bilateral Below knee lower limb	11% (08)	9% (04)	10% (12)
Upper limb	0% (00)	0% (00)	0% (0)
Bilateral Above Knee Amputation	3% (02)	0% (00)	2% (02)
Through knee	3% (02)	5% (02)	3% (04)
Through hip	0% (00)	0% (00)	0% (00)
Partial Foot	0% (00)	0% (00)	0% (00)

Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE PROGRAMME

Indicator	Target Set – 2022	Outcome	Note / Trend
Average Days Waiting for Admission from referral to Inpatient waiting list.	Target: Admission of patients within 40 days.	Average waiting for admission was 47 days	Increased referrals by 57% from 2021 to 2022 and delayed transfers of care (DToC) has effected this target
Average Rehabilitation Length of Stay (LOS) for Inpatients	Target: Average admission length of stay less than 60 days	Average LOS was 65 days	If DToC figure excluded, target has been achieved. Referrals increased by 57% in 2022 vs 2021
Average Wait times for admission to the POLAR Day Unit	Target: Admission of day patients within 30 days	Average waiting time for admission is 33 days	Increased waiting list numbers and waiting times are due to 57% increase in referrals
Delayed Transfers of Care	Target: To lose less than 2% of bed days to delayed transfer of care cases	3% bed days lost to delayed transfer of care	Of note, this is the first time the target (Key Performance Indicator – KPI) has not been achieved in the past 4 years
Increase in functional improvement	Target: 90% of patients will improve their Barthel score	91% of patients improved their Barthel score during their admission	KPI achieved

Some Programme Highlights in 2022

- The NRH POLAR team, wider senior hospital management, and the NRH strategic partner Ability Matters engaged with external stakeholders including senior management in the HSE, acute hospital teams, and community colleagues to deliver education and information related to the POLAR programme and collaborate in a more effective way to improve patient rehabilitation outcomes.
- 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 Leitrim, Donegal and Mayo, along with a six-weekly consultant visit to Galway. 2023 will see the introduction of a satellite clinic in Tipperary.
- In line with hospital developments, the POLAR programme continued to be involved in the Maximising Rehabilitation programme which resulted in therapy now being offered Monday – Saturday from 8am to 8pm.
- Following a number of years hiatus, the 'Paediatric-POLAR Day' event recommenced allowing paediatric patients and their families attend the hospital for peer support and a day of fun filled clinical activities.
- The Admission Co-ordinator role evolved into a Rehabilitation Co-ordinator role which results in established patients now having a key point of contact.
- The IDT reviewed and amended the patient education and self-management programme in response to patient feedback. This will continue to be monitored through the 'mind the gap' survey which is completed by patients prior to discharge.



Programme Manager

Aoife Langton is the manager of the POLAR programme.

Planned and coordinated interdisciplinary working is at the core of patient-centred care in the POLAR Programme.

Referrals to the programme have increased from 146 in 2018 to 192 patients in 2022. In 2022, the focussed management of admissions ensured a consistently high bed occupancy rate of 94% and despite the challenges of COVID-19, patient throughput has remained high with 116 patients discharged this year. For the first time in five years, Delayed Transfers of Care in the POLAR Programme increased to above the set target.

Medical Director

Dr Jacqui Stow is the Medical Director of the POLAR Programme.

2022 has seen our service slowly returning to full capacity, following the preceding two years where we had the challenges of providing a service within the restrictions posed by COVID-19 risk. From the insights gained from remote video platform assessments, family meetings and training; we have continued to offer this service as required, when patients and families are unable to travel. The return of group therapy sessions has resulted in wider patient social interaction.

We also ran a very successful peer support day for our paediatric prosthetic patients, and aim to facilitate similar days for other groups with a view to these becoming regular events on our yearly calendar. We have worked to create opportunities for patients to be seen closer to home for ongoing prosthetic care, with the planned commencement of prosthetic satellite clinics in Nenagh Hospital.

- **Pre-Admissions Coordinator**

The development of this post has offered patients, support networks and referrers a key contact person while they await admission. In 2022 this post has expanded to include a key contact person for established patients as they continue their journey, without increasing the whole time equivalent. This has enabled patient pathways to be developed further ensuring that goal setting commences at the referral stage and continues following discharge.

- **Nursing – Poppy Unit**

The POLAR Programme consists of 12 Inpatient beds in Poppy unit and also accommodates seven Day-patients from the POLAR Programme, with a staff nurse dedicated to this day service. The Programme has reshaped its service in line with the NRH objective of continuous improvement in efficiency, effectiveness, and patient outcomes. Professional development continues to be a focus for the staff on Poppy Unit. Educational and Continuous Professional Development undertaken by staff remains a priority. Members of Nursing from Poppy Unit continue to be involved in the following committees: - Drugs and Therapeutics Committee; Smoking Cessation; National Pressure Ulcer Collaborative Steering Group; Falls Prevention Group. Quality, Safety and Risk Committee, Productive Ward steering committee and Catheter Care Bundles.

- **Clinical Psychology**

During 2022, Psychology continued to contribute to a range of services offered to patients attending the POLAR Programme. In addition to direct individual assessment and intervention, Psychology offered patient education sessions to prepare patients for discharge and support their understanding of altered sensations post-amputation. Psychology personnel provided weekly input in the pre-assessment clinic to assess patient cognition and mood with the aim of facilitating quick access to our service on admission. Psychology also joined the IDT for the POLAR-Paediatric day offering support and input to parents and children with upper limb loss. Psychology joined the IDT at the specialist upper-limb clinic in 2022, the only service of its kind nationally, to assess and support patients who present with a heightened risk of trauma. Psychology also took a lead role in continuing the rollout of the Mind the Gap Survey to patients to ensure that gaps in patient education were identified and addressed. Education provided on the psychological aspects of limb loss to students attending the UCC MSc Older Person Rehabilitation Programme continued in 2022.

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

Music Therapy: Music therapy input is provided weekly to both Day-patients and Inpatients through a music therapy and IDT group session. The aim of the sessions is to use music-based methods to support patients in addressing pain relief and facilitate physical, emotional, and social interaction goals. Large number of patients attend weekly and patient feedback is consistently positive, for example:

'This should absolutely be part of the POLAR programme. Everyone has a connection to music – it is life! Where would we be without it?!? Inclusive and uplifting'

Feedback from a patient in the POLAR Programme

Art Therapy: The weekly Art therapy individual and group sessions continue for Day-patients and Inpatients with aims to support peer and emotional support and develop communication and social skills. Feedback in relation to the art therapy group has been very positive specifically in relation to peer support and social interaction, for example:

'The sessions have improved my experience at the NRH, thank you all'

Feedback from a patient in the POLAR Programme

- **Nutrition and Dietetics Report**

The goal of nutritional therapy is to support patients in optimising control of chronic conditions such as Diabetes and Chronic Kidney Disease. There has been a tenfold increase in referrals for renal diets in the past three years, in line with international experience. Patients requiring renal diets require intensive education from a highly skilled dietitian. To facilitate this, the dietitian attended an All-Island Renal Study Day organised by the Renal Interest Group of the INDI. The dietitians also attended Behaviour Change Skills Training in order to facilitate patients in making behavioural and lifestyle changes to improve their long-term health. Dietetic Interventions are delivered on a one-to-one basis and through the POLAR Healthwise Talks.

- **Occupational Therapy**

Occupational Therapists in prosthetic rehabilitation work with both adult and paediatric patients presenting with upper and lower limb absences, congenital or newly acquired, to support and enable independence in their daily lives, through functional occupations. The achievements for the POLAR team in 2022 were the successful running of the Paediatric-POLAR open day, representation from the OT team at the National AOTI conference, and the successful implementation of the patient education programme from an interdisciplinary team perspective. The OT team in the POLAR programme showcased their role within limb absence rehabilitation throughout 2022, by giving presentations to the NRH, acute and community teams as well as to university students onsite at Trinity College Dublin. We have begun the process of establishing a special interest group for the OTs in Ireland who have an interest in prosthetic and amputee rehabilitation, to share information and showcase the services we provide. Conferences attended in 2022 by the POLAR OT's were the Roehampton Amputee Rehab course, AOTI conference, and TIPPS conference focusing on upper limb prosthetic rehabilitation.

- **Pharmacy**

Patients' medicines are reconciled on admission and discharge to ensure that their medication list is accurate at transitions of care. Medicines are procured and dispensed for all Inpatients of the Programme, and on discharge. Pharmacy staff work as part of the Interdisciplinary Team (IDT), they attend consultant rounds; and Medicines Prescription Administration Record (MPAR) reviews to optimise medications in conjunction with patients. 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. Unit pharmacists liaise with community pharmacy and other services where necessary to ensure continuity of pharmaceutical care for patients on discharge. Pharmacists also provide group education sessions on medications to POLAR patients.



- **Physiotherapy Report**

In addition to the Physiotherapy services provided to all patients attending the POLAR Programme, Education and Training was also provided to acute and community services via the outreach service, including visits to St Vincent's University Hospital, Midlands Regional Hospital Tullamore, Merlin Park Hospital, and a patients care team in Sligo. The Physiotherapy team worked collaboratively with the Interdisciplinary Team (IDT) to provide patient education as part of their rehabilitation. Along with the IDT, the Physio team worked on rolling out a questionnaire to check patients' level of understanding prior to discharge. The team audited the results and presented the POLAR service with suggested areas to improve patient education. The physiotherapists have been investigating avenues to improve the care of patients with upper limb absence and have linked in with physiotherapy colleagues who work with this patient group in the UK to review current evidence. The Physio team worked with both the POLAR and Paediatric IDTs to host a paediatric limb absence information day for children under our care, and their families. It is planned to run this as an annual event due to the positive feedback received.

- **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 residual limb 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**

Medical Social Workers on the POLAR Programme work with patients to ensure a safe discharge is accomplished when patients have completed their Inpatient rehabilitation programme. We offer additional supports to patients with complex psychosocial issues, not only as Inpatients and Day-patients, but also through peer support. An online peer support group offered former patients an opportunity to discuss limb loss related issues and access further information, support, and advocacy. There are plans to move this group to a hybrid format.

- **Speech & Language Therapy**

The SLT Department provides a service to the POLAR programme as required which consists of communication and swallowing assessments and interventions, and hearing screens. Currently the POLAR Programme does not have an allocated SLT staffing resource and therefore input varies based on service demands. A total of 12 SLT referrals were received in 2022 from the POLAR Programme. Patients referred from this Programme typically present with voice disorders and neurological communication and swallowing disorders on backgrounds of vascular disease. Education and training was provided to all staff from the Programme on SLT input for patients with a Laryngectomy to facilitate the safe admission of a patient with a Laryngectomy.

- **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.

Strategic Partnership: Ability Matters Group (AMG)

The Strategic Partnership Agreement continues to provide strategic oversight and governance of the POLAR Programme.

The Strategic Partnership Meetings, held bi-monthly, continue to serve as a formal setting to monitor governance and service performance and the regular day-to-day liaison between AMG and the NRH is effective and efficient.

All satellite clinics run at full capacity. A new prosthetic clinic will commence at Nenagh General Hospital, in early 2023.

We have appointed a new Service Delivery Manager, a new Operations Manager and also a General Manager of Ability Matters Ireland to help structure the new processes and grow the service in partnership with the NRH.

Prosthetics – Demographics, Activity and Outcomes for Prosthetic services in the NRH and Satellite clinics in 2022

Prosthetic Activity Data: There was a total of 5050 attendances to prosthetic clinics in 2022.

We continue to use virtual means of engagement with patients with telephone consultations being used routinely. As well as our management of established patients, Ability Matters received 247 new prosthetic referrals (this includes patients referred to the Mercy University Hospital in Cork) in 2022. Of the 203 patients, assessed and reviewed, 85 patients were deemed suitable for prosthetics and prescriptions were raised to assist with their care plan. This is in line with previous years and national data from the AMG services in the UK. When prescriptions are not raised, it is typically 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, 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 to allow 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 3,312 attendances to the orthotic clinics in 2022. This is a continued increase, in part, supported by the investment in additional clinicians and the expansion of some satellite service activity.

Over 100 patients from all Rehabilitation Programmes participated in the 2022 Annual NRH Sports Championships.





SECTION 2

NRH REHABILITATION PROGRAMMES

Paediatric Family-Centred (PAEDS) Rehabilitation Programme





Dr Susan Finn
Medical Director

Clare Hudson
Programme Manager

The Paeds Programme recognises the unique nature of neurological injury that occurs during childhood.

Firstly, the child is part of their family, and the impact of the injury can affect all family members, including parents and siblings, who will need emotional and educational support. Secondly, the injury occurs while the child is still developing physically, cognitively, emotionally, and socially. As a result, the full extent of the child's needs may not be apparent at the time of injury and may change as the child matures and develops. The child and family, therefore, need specialist rehabilitation supports throughout childhood to address their changing needs. Thirdly, the impact of injury for each child often affects many areas of their development and therefore requires specialist skills and knowledge from multiple healthcare professionals who work very closely together with the child and their family in a team-based approach.

The philosophy of care of the NRH Paeds Programme is Child and Family Centred, where multiple healthcare professionals work together with the child and family through an interdisciplinary teamworking approach, offering services that support and augment other rehabilitation services throughout childhood.

Paediatric rehabilitation is designed to improve the abilities and function of children and young people following their injury or illness, and aims to maximise the ability of the child or young person to participate in activities at home, school, and the community, and to lead meaningful lives.

The services offered by the Paeds Programme in 2022 included:

- The Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP*) for new admissions
- The Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP*) for return patients
- Specialist Interdisciplinary Pre-admission Assessment
- Outpatient Review Clinics for children with Acquired Brain Injury (ABI) and Spinal Cord Injury (SCI)
- Outreach activities, both pre-admission and follow-up after discharge
- Specialist Outpatient events and activities

*CIIRP is a CARF accredited programme

Referrals and Access

Referrals are received from across Ireland. Major referring hospitals are Children's Health Ireland (CHI) at Crumlin, Tallaght and Temple Street, Beaumont Hospital, and Cork University Hospital neurosurgical units. Referrals are also accepted directly from general practitioners (GP) and practitioners in the community. The Paediatric Programme received 67 new referrals in 2022. 14 of these were referred on another NRH service and 9 did not meet criteria and were directed to appropriate services



Demographics, Activity and Outcomes for the Paeds Services – 2022

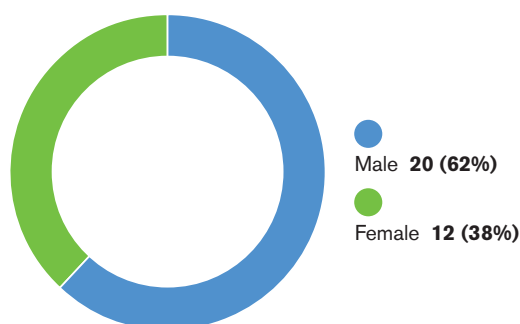
DEMOGRAPHICS & ACTIVITY

In 2022 the Paediatric Family-Centred Rehabilitation programme served 85 Children and Young People (CYP) as Inpatient or in Day-patient programmes. Of these, 43 were 'new patients' to the programme and 42 were 'return patients' including patients for whom a review rehabilitation programme has been planned due to age, developmental stage or change in circumstances.

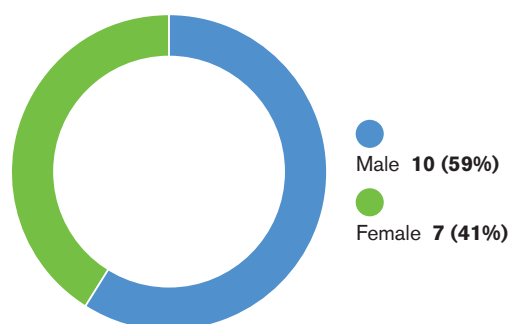
Type of Rehabilitation Admission / Activity	Description	Number in 2022
PAED 1a – Full Rehabilitation Programme (CIIRP) for New Patients	Children and young people admitted for their main rehabilitation programme, either as Inpatient or Day-place. The full programme meets CIIRP standards.	32
PAED 1b - Full Rehabilitation Programme (CIIRP) for Return Patients	Children and young people admitted for their main rehabilitation programme, either as Inpatient or Day-place. The full programme meets CIIRP standards.	17
PAED 2a - Assessment and or Specialist Programme for New Patients	Children and young people, who are New Patients, assessed for a particular goal such as cognitive assessment, either as Inpatient or Day-place, or for an MDT pre-admission assessment of rehab needs	11
PAED 2b - Assessment and or Specialist Programme for Return Patients	Children and young people, who are return patients, assessed for a particular goal such as cognitive assessment, either as Inpatient or Day-place	25
Outpatient Clinic Services	Review clinics for children and young people with Spinal Cord Injury and Acquired Brain Injury. These are annual for SCI and at planned intervals for children and young people with ABI	74 SCI 30 ABI 44
Outpatient and Outreach Therapy Services	Therapy treatment and or reviews by team member(s)	2,083 attendances

The figures below shows the breakdown of gender, and average age profile of the CYP who were discharged from the CIIRP Full Rehab Programme in 2022, identifying those who were new patients (PAED 1a) and return patients (PAED 1b).

CIIRP NEW ADMISSIONS PAED 1A

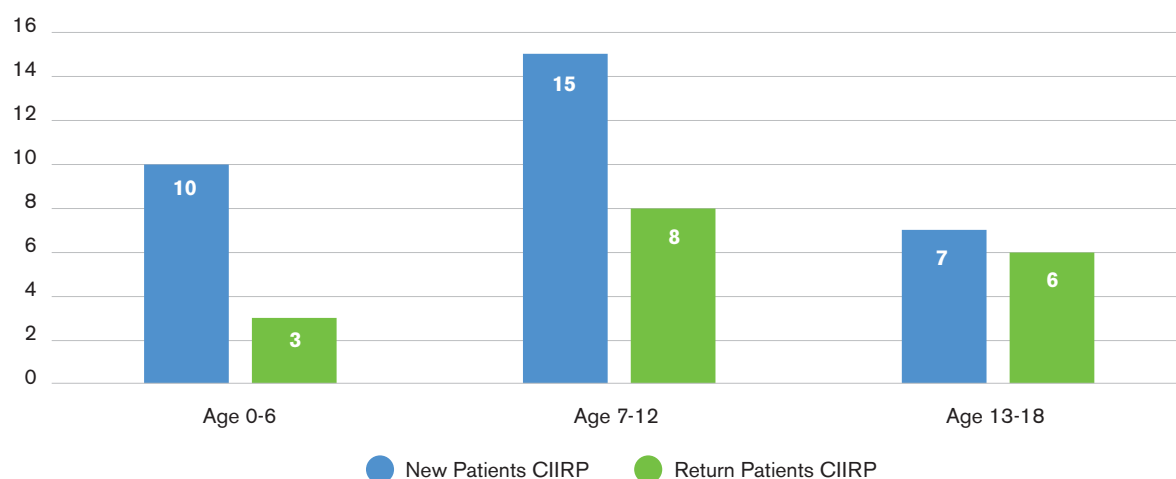


CIIRP RETURN PATIENTS PAED 1B



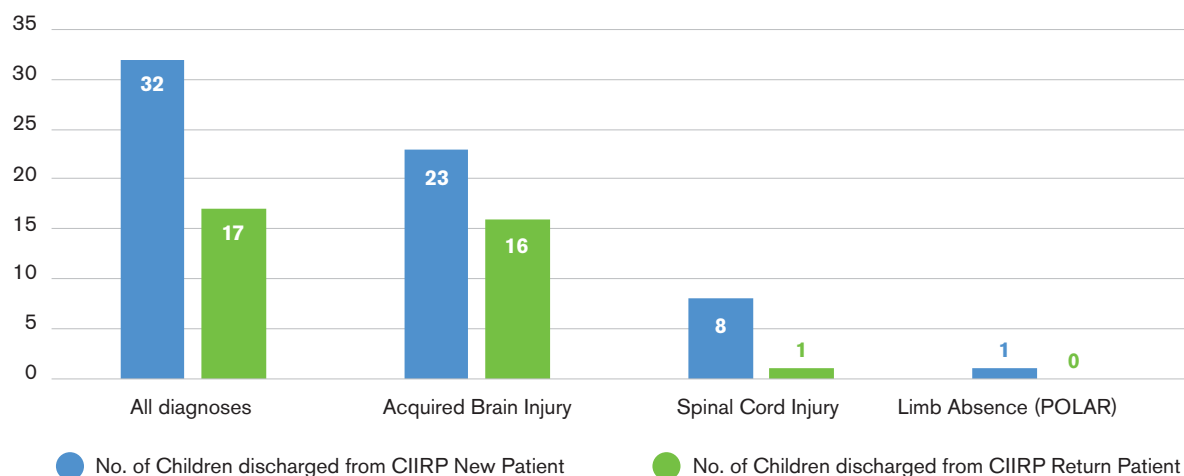
The figure below shows the number of CYP, new patients and return patients, discharged from CIIRP Programme (PAED 1a and PAED 1b) in 2022 by age category.

BREAKDOWN OF NEW AND RETURN PATIENTS DISCHARGED FOLLOWING A FULL PROGRAMME OF REHABILITATION IN 2022



The figure below shows the number of CYP, new patients and return patients, discharged from CIIRP Programme (PAED 1a and PAED 1b) in 2022 by diagnosis.

BREAKDOWN OF DIAGNOSES OF NEW AND RETURN PATIENTS DISCHARGED FOLLOWING A FULL PROGRAMME OF REHABILITATION IN 2022



The table below shows the number of CYP, new patients, discharged from CIIRP Programme (Paeds 1a) by more specific diagnostic category.

CIIRP NEW PATIENT

Traumatic Brain Injury (TBI)	Brain Infection	Brain Tumour	Aneurysm, AVM	Subarachnoid Haemorrhage	Other non-traumatic BI	Traumatic Spinal Cord Injury	Other Spinal Injury	Spinal Cord Tumour	Limb Absence	Total
7	1	7	2	1	5	2	2	4	1	32



Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE PAEDS PROGRAMME

The indicators and outcome targets shown below relate specifically to the CYP discharged from CIIRP (Comprehensive Integrated Inpatient Rehabilitation Programme) Full Rehabilitation Programme in 2022.

Indicator	Target Set – 2022	Outcome	Note / Trend
Discharge to Home Rate	75% of CIIRP patients (PAEDS 1a & PAEDS 1b) to be discharged home	97%	One patient was discharged to an acute hospital
Average Days Waiting for Admission	80% of new admission CIIRP patients (Full Rehab) to be admitted within 85 days	6.25%* were admitted within 85 days	The average wait was 164 days. Range is from 12 – 485 days. Difference by diagnosis and need
Average Rehabilitation Length of Stay	Length of stay of CIIRP patients (Full Rehab) to be less than 90 days	Average LoS for CIIRP new patients was 56 days Average LoS for CIIRP return patient 37 days	The range for new patients was 25 days – 95 days. The range for return patients was 21 days – 67 days
Improvement shown on Outcome Measure	80% of new and return patients in CIIRP improve or maintain scores on Modified Barthel	100% of CIIRP new and return patients improved or maintained score	New outcome measure identified for 2023
Delayed Transfers of Care	Less than 1% of bed days available to the Programme to be lost to delayed transfers of care	0 bed days lost	No bed days were lost to delayed transfers of care in 2022

* Restrictions on and closures and disruptions of Paeds services due to COVID-19 continued to influence Paeds waiting times in 2022. In 2023, the Paeds Waiting List and Admissions Forum will continue to actively manage the waiting list to reduce waiting time for admission where possible and support readiness for admission.

Paeds Programme Highlights in 2022

During 2022, the Paeds Team was strengthened as vacant posts were filled and we welcomed Dr Irwin Gill, Consultant Paediatrician s.i. Neurodisability, who will work jointly in the NRH and CHI-Temple St. The Programme gained an additional post with a successful application to the Office of Nursing and Midwifery for a candidate Advanced Nurse Practitioner post. The cANP will, when fully qualified, support children to access rehabilitation services in a timely manner as close to home as possible.

Throughout 2022, the Paeds team were innovative and adapted to staffing and restrictions placed on them as the impact of COVID-19 continued to be felt and disrupt planned delivery of services.

One of the main highlights for staff, children and young people and their families in 2022, was the return of the specialist programmes such as the 'Transition to Secondary School Programme' (Heads-up), the 'Wheelchair Skills Programme', and in collaboration with the NRH POLAR Programme a 'Paediatric POLAR Day'.

These are interdisciplinary targeted programmes, that bring children and young people of similar age or experiencing similar needs, and their families together onto Daisy Unit in a two-day relaxed camp-style atmosphere. The structure of the programmes includes, fun social events and activities, structured education and training from NRH staff, information-sharing sessions from community organisations and experiential learning and practical and daily living skills and tips, with a focus on inclusion and participation in the community.

A key component of the programmes is the invaluable 'lived experience' sessions with older teens and young adults, and family members with experience of living with similar injuries to the programme participants. The programmes enable the children and young people and their parents to share and learn from each other about the challenges and successes they experience as result of their injury. Connections are made and peer supports and friendships developed. These programmes embody the child and family centred philosophy of the Paeds Programme, and we were delighted to have welcomed them back during 2022.

Some feedback from parents, children and young people who attended these programmes included:

'It's been one of the best things for us'

'I feel anything is possible now'

'One big sleepover'

'There is life for my son in a wheelchair'.

The 2023 calendar of specialist programmes will include the 'Sib-Shop' Programme which will offer support to the siblings of children and young people who attend the NRH.

The child or young person's attendance at school while in the NRH is an essential aspect of their rehabilitation. The NRH Paeds team continues to experience supportive and collaborative working relationships with the school staff in the NRH. In 2022, all children of school age returned to education following discharge. The school and Paeds team supported the smooth transition and integration to school through planned meetings during each CYP's rehabilitation programme a virtual meeting nearing the end of the rehabilitation programme and the development of a personalised 'Top Tips for School' document.

Throughout the year, members of the team participated in research and presented at conferences across the globe (in-person or virtually). These academic achievements are outlined later in the Annual Report.

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 – we gratefully acknowledges the generous support of all the donors in 2022. We are also grateful to the volunteers who contribute their time and energy to support the work of the programme; both NRH volunteers and the 'Play Ladies' from Children in Hospital, Ireland. We also thank the many community organisations that we collaborate with during the year.

Sadly, this year, a number of children and young people associated with the Paediatric Programme passed away. We extend our sympathies to their families.

Programme Manager

Ghyslaine Brophy retired from the Programme Manager Post in February 2022. Clare Hudson took over as Programme Manager following a short period of sharing the role. We are grateful to Ghyslaine for all her work and commitment to the NRH Paediatric Programme.

Clinical Services delivered within the Paeds Programme Include:

- **Medical**

In 2022, Consultant Paediatrician Dr Susan Finn, Medical Director of the Paediatric-Family Centred Programme, was joined by Dr Irwin Gill, Consultant Paediatrician s.i Neurodisability. They work collaboratively with their consultant colleagues in acute and community care for paediatric patients referred to the NRH. The shared posts across the acute and tertiary hospital settings support planning across the continuum of care, with consultant review of 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 delivery to the children, young people, and their families. Nursing staff work with the children and their parents over 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 Team. Psychology services includes neuropsychological assessment, cognitive rehabilitation, and behavioural advice and support to parents and the team. They also provide therapeutic intervention, both individually and in group settings, drawing upon a range of therapeutic modalities based on the individual needs of each child. Along with other IDT colleagues, the psychologist also plays a key role in supporting and educating parents and, when necessary, the young person's siblings. The service plays a role in training and education at a national level.

- **Creative Arts Therapy (CAT) - Music Therapy and Art 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 receive individual interdisciplinary assessment and treatment interventions. Joint collaborative sessions involve the music therapist working with other professionals on addressing specific shared rehabilitation goals through music. There are also IDT group sessions where music-based methods are applied to support children in achieving their IDT goals.

Art therapy supports patients' rehabilitation goals and needs. Individual sessions (weekly evening sessions) address patients' emotional and communication needs utilising a dynamic psychotherapy framework. Patients are supported to engage in a range of art processes to express and externalise their experience.

- **Liaison Service**

Effective and on-going liaison with Children's Health Ireland (CHI) and other referring hospitals and community teams continues, ensuring a smooth transition from the acute or community setting to the NRH. The liaison nurse acts as an advocate for patients and families, providing information and education, and liaises with healthcare professionals in referring hospitals, community services and schools during the pre-admission, inpatient and post discharge stages. The liaison nurse has an active role in the waiting list planning group on the Paeds Programme ensuring the gathering of information, reports and using pre-admission planning documents to improve communication to the wider team. The Liaison Nurse is involved in triaging and assessing patients to ensure that the timing and delivery of their rehabilitation is appropriate.

- **Nutrition and Dietetics**

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**

The Occupational Therapy service to the Paeds Programme is an occupation focused, play and fun-filled team that strives towards evidenced based practice. OTs on the Programme have continued to contribute to IDT working and education for example, leading the IDT Education Programme and developing the 'Top Tips for School' information packs with SLT. They have continued to network nationally with community and acute hospital colleagues to share knowledge and learning and promote an integrated care pathway for all children with acquired injury.

- **Pharmacy**

The Pharmacy Department conducts medication reconciliation on admission and discharge, to ensure that the medication list is accurate at transitions of care. The Pharmacists liaise with community pharmacies regarding sourcing of medication, 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 and on discharge. All patients are provided with medication for their therapeutic leave, as part of their rehabilitation, and on discharge, to ensure continuity of supply. A quarterly financial information report is provided relating to medication usage.

- **Physiotherapy**

The physiotherapy team on the Paeds Programme works closely with other members of the interdisciplinary team (IDT), providing specialist physical assessment and intervention to all CYP in the Paediatric Programme. They provide assessment and treatment to both Inpatients and Day-patients, as well as to Outpatients through review clinics. The Physio team contributed to the IDT and Parent education series, as well as providing paediatric specific in-service education to staff-grade physiotherapists within the NRH. Physiotherapy and Occupational Therapy on the Paeds Programme worked collaboratively with the IWA Liaison Service to promote participation in physical activity through weekly sports sessions and a monthly Sports Day.

- **Prosthetics and Orthotics**

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

- **Radiology**

X-rays are occasionally used in the paediatric age group under strict controls due to radiation exposure concerns. Ultrasound is the preferred imaging modality in children, where appropriate. The paediatric DXA unit (for age 3-19 years) employs low dose techniques and uses dedicated paediatric software to diagnose and monitor children with suspected low bone density.

- **Social Work**

The Social Workers' role for the Paediatric Unit (Daisy) involves supporting children as they adjust to their illness and disability, as well as assisting the families and carers of the children with the emotional and practical impact they are experiencing. They do this by providing 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. The new Social Work Outpatient-Outreach post for the Paeds Programme is proving to be of great benefit to children and their families, and also to the Inpatient team. The Programme's vision to have a full Outpatient-Outreach team is closer to becoming a reality. This additional Outpatient-Outreach service is to enhance supports for patients, their families, and carers at the pre-admission and post-discharge stage of their rehabilitation programme.

- **Speech & Language Therapy**

Speech and Language Therapists on the Paeds Programme offered a combination of Inpatient and remote telehealth direct and indirect interventions in a patient and family-centred approach throughout the year. SLTs liaise with schools, primary care, and children's disability network teams to provide ABI specialist neuro-rehabilitation support and education. In addition, the SLT service attended weekly virtual telehealth or in-person review clinics and participated in Max Rehab as per Saturday working rotations. The SLT Service for Paeds collaborated with colleagues in delivering the IDT 'Heads Up' group intervention for young people living with an acquired brain injury who were transitioning from Primary to Secondary School. SLTs also participated in other IDT group interventions such as the Paediatric Wheelchair Skills Day, NRH Sports Championships, and the Study Skills Module for young people with an acquired brain injury. The SLT service also continued to provide education and training to third level students through lectures and by facilitating clinical placements.



SECTION 2

NRH REHABILITATION PROGRAMMES

Outpatient Programme





Dr Amanda Carty
Outpatient Programme Manager

The Outpatient Programmes provide a wide range of rehabilitation Outpatient Services to patients from the Brain Injury Programme, Stroke Speciality Programme, and the Spinal Cord System of Care Programme. These activities are broadly defined as Consultant-led clinics, HSCP* and Nurse-led care, and diagnostic services.

*Health & Social Care Professionals (HSCP) including Physiotherapy, Occupational Therapy, Speech & Language Therapy, Social Work, and Clinical Psychology.

Feedback from a patient in the Outpatient Service

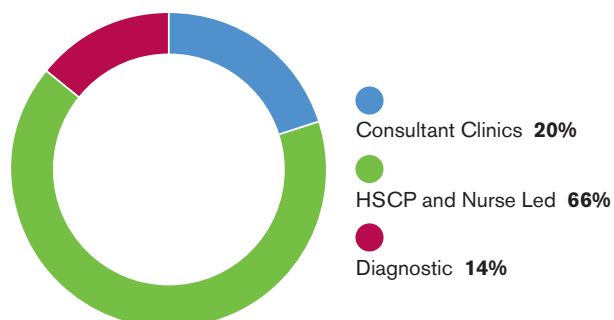
'You make it very easy for me and I feel very comfortable'.

'You are doing a wonderful job'.

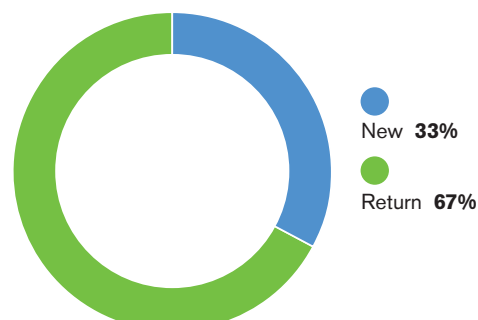
Overview of Activity 2022

Clinic Attendances	Brain Injury & Stroke Programmes		Spinal Cord System of Care		Total Attendances
	New Patients	Review Patients	New Patients	Review Patients	
Consultant Clinics	537	674	105	611	1,927
HSCP and Nurse-led Clinics	1,381	2,020	1,168	1,715	6,284
Diagnostic Services: Urodynamics	0	0	0	79	
Radiology	0	0	0	1,277	1,356
Total	1,918	2,694	1,273	3,682	9,567

OUTPATIENT PROGRAMMES ATTENDANCES BY TYPE 2022



OUTPATIENT PROGRAMMES ACTIVITY BY PATIENT TYPE NEW/ RETURN 2022





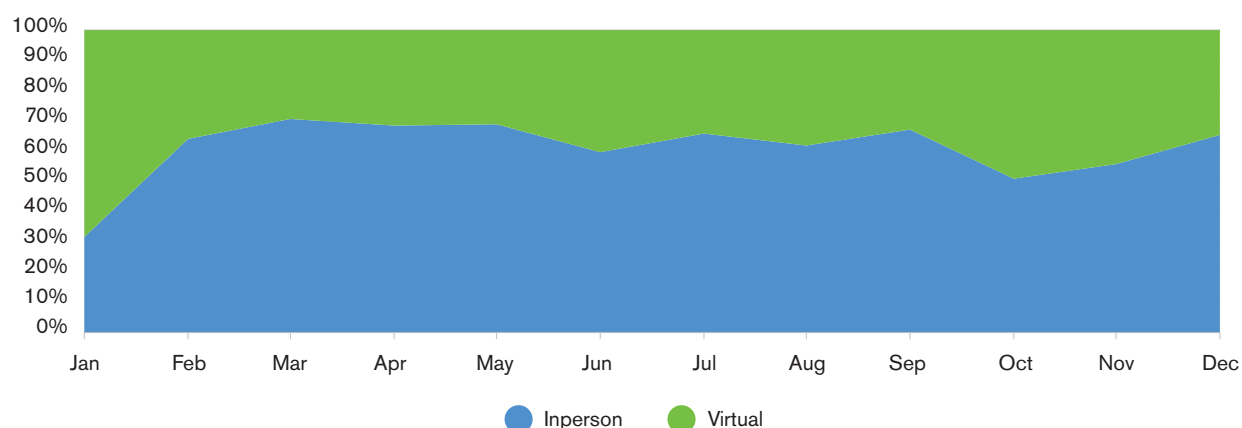
Health and Social Care Professionals (HSCP) and Nurse-led attendances include:

- Attendance at Outpatient Consultant Clinics
- Therapy Assessment, rehabilitation programmes and group programmes
- Nurse-Led Outpatient services including urology, sexual wellbeing and pressure injury care.
- Diagnostics includes urodynamics and a suite of radiological imaging including DXA, X-Ray and Ultrasound.

The range of NRH Outpatient services enables patients to avail of comprehensive care as required and supports lifelong care for the SCSC population.

All Outpatient services are offered via both in-person and telehealth modalities using the Attend Anywhere and Microsoft Teams platforms. This currently sits at about 34% of rehabilitation medical consultations being delivered remotely and approximately 50% of therapy being delivered through telehealth.

OP CONSULTANT CLINIC ATTENDANCES: INPERSON V VIRTUAL 2022



There is high demand nationally for the Brain Injury and Stroke Outpatient services provided in the NRH. These figures reflect the initial referrals to Rehabilitation Medicine Consultant Led Clinics. Many of these patients progress to access the range of specialist therapy services provided by the Outpatient Therapy and Nursing Teams.

Consultant Clinic Referrals	New Referrals	Average Waiting Times (weeks)
Brain Injury and Stroke Specialty - Consultant Only Clinic	443	15
Brain Injury and Stroke Specialty - Consultant and Interdisciplinary Team Clinic		18
Spinal Cord System of Care - Consultant Only Clinic	113	13
Spinal Cord System of Care - Consultant and Interdisciplinary Team Clinic		42
Total	556	

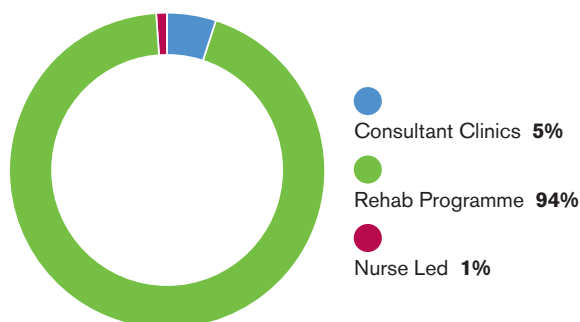
Outpatient HSCP and Nurse Led Activity

The Outpatient HSCP Team comprises of Occupational Therapy including driving and vocational assessment; Physiotherapy, Medical Social Work, Speech and Language Therapy, Neuropsychology, Sexual Wellbeing, Rehabilitation Nursing and Orthoptics. There is also access to Electronic Assistive Technology and Splinting for Outpatients. The team delivers assessment and therapeutic input in several different ways:

- Interdisciplinary Consultant-Led Clinics or Consultant Clinic attendance on request, for example, Spasticity Management
- Therapy-Led Rehabilitation providing:
 - Interdisciplinary Assessment
 - Interdisciplinary Coordinated Rehabilitation Programmes
 - Group Rehabilitation Programmes such as Meet & Teach, Pilates, Fatigue Management
 - Single Discipline Assessment and Rehabilitation Programmes

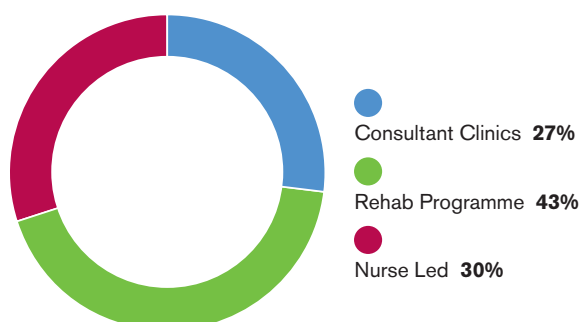
Therapy services are delivered differently depending on the needs of the patient groups we serve and the variation between the programmes reflects the changing demand for therapists' input based on patient requirements. For the Brain Injury and Stroke patients receiving NRH Outpatient services, there is a greater need to provide goal orientated rehabilitation programmes. The graphs below illustrates the breakdown between attendances at Consultant-led IDT, Nurse-led, and Rehabilitation Service, within the Brain Injury and Stroke Specialty Programmes.

BREAKDOWN OF HSCP & NURSE-LED OUTPATIENT ATTENDANCES FOR BRAIN INJURY AND STROKE SPECIALTY IN 2022



The nature of the SCSC patient group is that the demand are more evenly spread across the breadth of the Outpatient Services available. From a therapy perspective, including nursing, many patients' needs can be addressed through advice and consultation with local teams, and thus the service has become more advisory in nature rather than requiring Outpatient Rehabilitation Programmes. The Outpatient Urology Nurse-led clinic remains in high demand and in 2022 there was a greater involvement of Nursing in Wound Care.

BREAKDOWN OF HSCP & NURSE LED OUTPATIENT ATTENDANCES FOR THE SPINAL CORD SYSTEM OF CARE IN 2022





Development of Specialist Outpatient Services

In 2022, NRH Outpatient Services continued to work on developing the quality specialty services required to meet patient needs as we plan for Phase Two of the New Hospital Project, in which a comprehensive Ambulatory Care Service will be offered to patients.

EFFECTIVE PROCESSES

In 2022 we implemented active waiting list management across consultant clinic waiting lists and outpatient therapy waiting lists, aiming to ensure that all available appointments were utilised. NRH Outpatient Services was successful in acquiring funding from the IEHG for a waiting list initiative to address some of the waiting delays experienced in recent years as a result of COVID-19. This funding allowed for working towards recruiting an additional IDT and Consultant for a short period of time.

FIT FOR PURPOSE FACILITY

At the end of 2022, the Outpatient Department (Unit 6) was upgraded to provide much needed staff changing and toilet facilities. Soundproofing was completed in consultation rooms to enhance the experience for clinicians and patients, and to provide privacy and quieter treatment spaces. We continue to work with the IM&T department to improve the Wi-Fi and hardware resources to enable us to continually improve and develop our services. The Outpatient Service developed a substantive draft schedule of accommodation to facilitate the expansion of coordinated care to outpatients and will continue to work towards a comprehensive integrated facility for phase two of the new hospital project.

Expert Staff and Staff Led Developments in 2022

2022 presented some of the greatest staffing challenges with significant impact on attendances delivered by therapists due to an increase in unplanned leave particularly in Q1, as a result of COVID-19 levels in the community. Similar to the challenges across the wider healthcare environment, there were some vacant posts in 2022. Despite these challenges the programmes remained committed to maximising access for patients.

In 2022, work commenced with the Outpatient teams to identify the key specialty services being provided and those required as the tertiary rehabilitation provider, as well as the staffing models required to meet those demands. This remains a priority for Outpatients and the entire NRH with a view to meeting national obligations as the national tertiary rehabilitation provider in line with national strategy, including, National Trauma Services and the National Strategy for Provision of Neurorehabilitation Services. This will facilitate the development of a clear vision and scope for the NRH Outpatient service as these national developments progress.

A Spasticity Management Steering Group was re-established in 2022 with a view to planning and developing a centralised complex spasticity management service for all NRH programmes and patients. There was also the appointment of a pain management consultant and monthly clinic, which will facilitate the development of an inpatient and outpatient intrathecal baclofen service.

An Interdisciplinary Post-Concussion Syndrome interest group was established to plan and develop a Post-Concussion Clinic and Pathway in 2023.

The Outpatient Interdisciplinary Team recommenced the invaluable Wellness Day and patients attended in person for the first time since the end of 2019.

The OP Physiotherapy Team produced a Pilates video for patients and is available through the website by referral. Plans are in place to produce an Outpatient oriented stretching video.

The Outpatient Programme received Tyromotion equipment and training which is now in patient use. The OT department developed a new Fatigue Management group therapy programme.

The OT Vocational Service moved to Outpatient Department Unit 6, which is a very welcome addition to the programme as a service in very high demand. This was facilitated through the development of shared office and treatment spaces across the unit.

The Outpatient Services administration team is essential to delivery all activity across the programmes and as patient activity has increased or developed, the administration team have adapted to meet this changing clinical need, which continued through 2022. The OPs admin team is highly efficient and provides is central to the high-quality patient care provided in OPs.

The Outpatient Team will engage heavily with the implementation of the Electronic Patient Record, further demonstrating leadership and their commitment to the delivery of excellent services.

The Occupational Health Physiotherapy Service – based in Outpatients – won 2nd Prize in the NRH Quality Improvement awards

Effective Processes

Outpatient Governance: The Outpatient Services Management Steering Group was re-organised to ensure appropriate representation across the range of its services. This will facilitate integrated future development across all OP services provided on the NRH campus. It provides a welcome forum for collaboration, risk management and quality in regard to OP services. This coincided with a reorganisation of the OP Programme Steering Group to allow a focus on strategic development and continuous service improvement.

Managed Clinical Rehabilitation Network, National Strategy for Neurorehabilitation: 2022 saw NRH Outpatient Services commence engagement with the Managed Clinical Rehabilitation Network Project to establish the new scope and vision of NRH OP teams and Community Neuro Rehabilitation Teams, to provide the best services to meet patients' needs at the right location within the managed clinical network which will go live in 2023.

Telehealth: Telehealth remained an embedded modality in Outpatients. The OP team won 1st prize in NRH QI awards Leadership, Governance and Management category for the entry "Rapid and Sustained Implementation of Outpatient Telerehabilitation". Telerehabilitation accounted for 34% of consultant clinics appointment and circa 40% of outpatient therapy rehabilitation attendances which are above the national average of 18%. We expect Telerehabilitation to continue to develop as an outpatient modality. We have been engaged with the EU funded Remote Rehabilitation Service for Isolated Areas (ROSIA) project. The NRH will be a pilot site for the ROSIA project in 2023.

Project Fusion – NRH transition to Electronic Patient Record (EPR) system: The OP service is engaged with this project, across clinical and administrative teams and we look forward to assisting with the design and working with the new system.

Maximising Opportunities for Rehabilitation Project 2022: The Outpatient Service has participated in NRH 'Maximising Opportunities for Rehabilitation' which extends service hours to 8am-8pm, Monday to Saturday. Outpatients provided eight Saturday sessions in 2022, with a target of 16 for 2023. This development has promoted the development of teams and useful insight for future workforce planning. For patients who have attended on a Saturday, their feedback has been very positive towards attending Saturday appointments.

'It's great she (daughter) doesn't have to take time off work to bring me here'.

'There's no need to worry about traffic so it is easier to get here'.

'I will take an appointment whenever because I am delighted to get to the NRH'.

The Outpatient team input into all these developments demonstrates the on-going commitment of staff to the development of services while continuing to provide very high levels of direct and indirect patient care. We look forward to further engagement in these exciting projects in 2023 to ensure a welcome modernisation of the outpatient systems and facilities to further facilitate the delivery of the highest standards of clinical care.



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



Cathy Quinn
Physiotherapy Manager



Frances Campbell
Director of Nursing
(to October)



Róisín O'Murray
SLT Manager



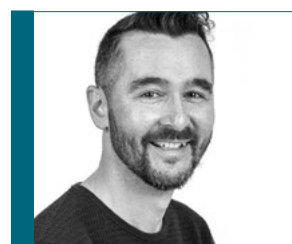
Lisa Held
Occupational Therapy Manager



Michael Brogan
Occupational Therapy Manager
(to May)



Edwina Walsh
Occupational Therapy Manager
(from May)



Stuart McKeever
Therapeutic Recreational
Specialist



Dr Brian McGlone
Consultant Radiologist



Prof Robert Flynn
Consultant Urologist



David Farrell
Senior Clinical Engineer



Maureen Gallagher
Rehabilitative Training Unit Manager



Sheena Cheyne
Chief II Pharmacist



Dr Jacintha More O'Ferrall
Consultant in Occupational
Health



Asha Alex
IPC CNM III
(to September)



Fiona Marsh
Acting DON from October

Nursing Department

FRANCES CAMPBELL
DIRECTOR OF NURSING

The NRH Nursing Department, with the Director of Nursing, Assistant Directors of Nursing (ADONs) and Nursing Management Team ensure that a high-quality service is delivered and maintained to all patients in the NRH. We acknowledge all clinical staff for their ongoing commitment and resilience during the third year of the pandemic, particularly with increasing numbers of new staff, and patient occupancy.

2022 was a year of continuous change with staff promotions within the Nursing Department and secondments to other projects such as Fusion (EPR Project). The Nursing Department recruited 26 new staff in 2022. This could not have been achieved without the dedication and commitment of many staff, especially Human Resources, Assistant Directors of Nursing, Clinical Facilitators, Clinical Nurse Managers and Specialist Nurses. We welcome all new staff and wish them well. The Department aims to reach 244 staff within clinical areas to enable us to open 120 beds. While experiencing staffing challenges, we continued to provide safe, quality patient-centered care to patients admitted to the 115 Inpatient beds and nine Day-patient beds open in 2022. There is an expectation of continued agency and overtime resourcing.

As new members of Ireland East Hospital Group (IEHG) in 2022, NRH nursing management participated in monthly IEHG meeting for DONs. NRH nursing management also participated in a nursing review with IEHG and the INMO in the later part of the year and await the report.

Congratulations to all who pursued and successfully completed postgraduate education this year.

New Developments

ADVANCE NURSE PRACTICE POSTS

Nursing Management has continued to develop services with the appointment of a candidate Advanced Nurse Practitioner (cANP) for paediatric and family services. With the support of Nursing & Midwifery Planning & Development Unit (NMPDU) and IEHG, and the appointment of Adele Buckley, this is the first cANP position in the NRH. Following two years of academic study and clinical supervision with consultants, the post will develop into Advanced Nurse Practice. There is ongoing site preparation for Advanced Nurse Practice (ANP) posts to ensure that a robust clinical governance structure is in place to support all candidates. ANP posts have been appointed in the following services: Spinal Cord System of Care (SCSC), Neurorehabilitation, and Urology. These posts will be developed in line with Sláintecare, focusing on delivery of care at the right time in the right place and avoid acute hospital visits.

NURSING PRACTICE DEVELOPMENT DEPARTMENT

Nursing Practice Development Department (NPD) is led by Asha Alex. A key development in 2022 was the integration of the Nursing Education Department into the Nursing Practice Development Department. The vision of the new NPD Department is to empower NRH nursing personnel, including students, to reach their maximum potential, in providing comprehensive, evidence-based, quality, safe and person-centred rehabilitation care in the NRH. The underlying drivers in this process are Clinical Care Programmes, national standards, NMBI, learning from adverse incidents, and feedback from patients, nursing staff and undergraduate nursing students.

The Expert Review Body report on Nursing and Midwifery published in 2022 sheds light on the scope of education and professional development in addressing the current and future healthcare needs of the population. The NPD team strives to ensure that nursing staff in the NRH gain the theoretical knowledge, professional capabilities, and practical skills to meet the needs of the person-centred rehabilitation service in NRH. To support the nurses in their role of student and new staff supervision, ongoing preceptorship workshops are being conducted by the NPD team. To ensure that the care delivered is monitored and improved against evidence-based standards and professional consensus with support from unit staff and managers, the NPD Department is leading the implementation of quality care metrics audits in the NRH.



RESUSCITATION SERVICE

The Resuscitation service is run by a dedicated team of trainers led by Attracta Kennedy. Cardiopulmonary Resuscitation (CPR) Courses were delivered throughout 2022. In July, the NRH became an Official Advanced Cardiac Life Support Training Site and following successful delivery of the inaugural course, a suite of training programmes is being planned for 2023. Following acquisition of new training equipment to facilitate one-to-one skills practice, development of the training portfolio is advancing. In November, the transition of the CPR Committee to the Deteriorating Patient Committee was completed in line with National Standards.

DIABETES SERVICE

The Diabetes Service provides care to Inpatients with diabetes, contributing to healthy lifestyle and prevention of complications associated with diabetes. Diabetes Specialist Nurse Agi Jose provides direct and indirect care to patients admitted with diabetes ensuring that quality care is provided effectively and efficiently. The service implemented evidence-based standard operating procedures for 'Nursing Assessment and Management of Inpatients with Diabetes', 'Blood Glucose and Ketone Monitoring using the Freestyle Optium Neo H meter', 'Self-Management of Diabetes for Patients following Insulin-to-Carb Ratio in the NRH' and Management of Steroid Induced Hyperglycaemia / Diabetes. Guidelines were also developed for the management of supplementary scale. The Diabetes Service carried out quarterly diabetes management audits in all adult Inpatient Units in 2022.

TISSUE VIABILITY SERVICE

The Tissue Viability Service (TVS) led by Lissy Augustine supports clinicians to deliver the highest standard of person-centred care to patients with a wide variety of complex and ongoing wounds by providing evidence-based care and specialist advice to patients, families and carers. These wounds include pressure injuries (both prevention and management), vascular wounds, diabetic foot ulcers, surgical wounds, traumatic injuries, complex and non-healing wounds. The TVS has a strong patient focus whereby the specialty clinical practice role may be divided into direct and indirect care. Direct care comprises the assessment, planning, delivery, and evaluation of care to the patient, family and or carer. Indirect care relates to activities that influence and support the provision of direct care.

Staffing Matters

Best wishes to our retirees in 2022: HCAs Martin Hammond and Patrick Corrigan: RGNs Lulu Aquino and Daisy Pingul and Clinical Facilitators Liz Croxon and Mary Feeney. Thank you all for your commitment to our patients over many years of dedicated service and wishing you a happy and healthy retirement.

Soumya Kalluveetill and Komathi Narasimhan have taken up the role of Clinical Facilitators with Asha Alex leading the department as Nursing Practice Development Coordinator – we wish you well in the development of the NPD Department.

We acknowledge the staff who have lost family members in the past year and in 2021, and were unable to travel home. Our thoughts are with you and your families. We also remember the deceased Staff and Patients in 2022, and their families, they will always remain in our thoughts.

Sexual Wellbeing Service (SWS)

PAULINE SHEILS

CLINICAL NURSE SPECIALIST IN SEXUAL WELLBEING AND ILLNESS & DISABILITY.

The Sexual Wellbeing Service (SWS) is a part-time service and works across all five rehabilitation programmes in the NRH.

The patient, with or without their partner, remains as 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 challenge since COVID-19 is to re-establish the fertility programme previously offered to patients. The agency previously used by the NRH in conjunction with Tallaght Hospital has changed its facility and availability to our patients. Work is continuing in this area to explore appropriate solutions. Other impacts on the service include secondment to other roles, including the Acting DON role since Oct 2022.

A new LGBTQI+ working group progressed to a group of 10 members. The aim is to encourage inclusivity of all members of NRH staff. An introductory information stand was held on Valentine's day, and as part of the initiative a rainbow lanyard was introduced for any staff wishing to wear one, agreeing to certain criteria. The group walked in the Pride parade under the NRH banner and a Christmas LGBTQI+ advent calendar was set up in December providing snippets of related knowledge as well as being a fun activity. The group aim to further develop education and workshops for all staff.

Education provided by the SWS Clinical Nurse Specialist in 2022:

- Sexuality and Disability Workshops to NRH Staff
- Patient Education sessions (Theme of the Week) on Rose, Willow, Ash, Daisy and Pine Units
- Presentation on 'The Elephant in the Room' - creating awareness on Sexuality and SCI for younger persons, Portlaoise
- Presentation on 'Sexuality and living with a Stoma' at Coloplast Conference, Dublin
- Presentation on 'Sexuality and living with Cancer' at 221+ Conference, Dublin

The SWS Clinical Nurse Specialist also sits on the following committees:

- Staff Representative on the Board of Management
- Ethics committee
- Drugs and Therapeutic Committee
- Deteriorating patient committee





Spinal Liaison Service

SIOBHÁN O'DRISCOLL – SPINAL LIAISON NURSE

PAULA KEANE – SPINAL LIAISON NURSE

Overview of Services

The Spinal Liaison Nursing Service provides care to the Spinal Cord Injured population across the entire continuum of care including: preadmission, inpatients, post-discharge and outpatient services and clinics. Patients' annual reviews continue on a monthly basis to support the SCI population living in the community. Education, particularly in the areas of neurogenic bowel and respiratory management has taken up increased hours in 2022. This has facilitated education to support both admission and discharge of ventilated patients and those requiring nurses to provide neurogenic bowel care post-discharge. The transition to Advanced Nurse Practitioner roles continued following the NRH acquisition of its first two ANP posts: one in Respiratory Management – Neurorehabilitation, and a second in Spinal Cord Injury and Dysfunction. Policy, procedure, and guidelines development for the ANP roles was facilitated by the Nursing & Midwifery Professional Development Unit (NMPDU).

Respiratory Care

Respiratory Care and advice is delivered by Siobhan O'Driscoll across all Rehabilitation Programmes in the NRH, with particular focus on Respiratory issues in the SCI and ABI populations. The role includes being a key member of the IDT tracheostomy team, providing advice and support to treating teams caring for all individuals in the NRH with a tracheostomy. Training on airway management continues on a weekly basis for all staff, with input from Physiotherapy and Speech & Language Therapy.

One of our highlights this year was the delivery of a Tracheostomy and Airway Management study day to NRH staff - this was complemented with input from two Critical Care ANPs from the Mater Hospital. The aim is to deliver two Tracheostomy Study Days per year.

Neurogenic Bowel

Ongoing education and the effort to increase awareness, particularly in the area of neurogenic bowel care is led by Paula Keane. Delayed transfers of care for SCI patients are still affected by issues around neurogenic bowel care being delivered in the admin community. Demand for training increased and the rollout of virtual monthly training would not be possible without the support from Janette Hamill.

Milestones for the Liaison Service in 2022

- Awarded second place in the NRH inaugural Clinical Audit & Quality Improvement Awards for the Virtual Neurogenic Bowel Dysfunction course
- Developed links with the undergraduate School of Nursing and Midwifery in UCD to lecture to their second-year students on Rehabilitation and Neurogenic Bowel Dysfunction and Management in SCI patients.
- Poster presentation at the annual MASCIP conference
- Raised awareness of the service at NRH Grand Rounds

2022 Liaison Statistics

Post Discharge Phone Calls	104	Community Conferences	18
Patients Requesting Advice and Information	704	Nursing assessment at IDT Outpatient Clinics	164
Families Requesting Advice and Information	211	Hospital Visits	28
Patient Annual Reviews	100	Family Conferences	14
Pre-admission Assessments	55	Community Conferences	20
Health Professionals seeking advice and Information	540		

Urology Department

PROFESSOR ROBERT FLYNN – CONSULTANT UROLOGIST

GEORGINA RICH – CNM2

CAROLINE AHERN – CLINICAL NURSE SPECIALIST NEURO-UROLOGY

EDEL GORMLEY – UROLOGY NURSE

Urology Service

The Urology Department provides a Monday to Friday service and is available to patients from all Rehabilitation Programmes at the NRH. Most referrals come from the Spinal Cord System of Care. We provide a full neuro-urology service for Inpatients and follow-up post discharge. We also support the management of other urological issues where necessary. The urology service strives to deliver patient-focused quality care and has been shaped around our commitment to providing best practice. Our clinic numbers continue to grow, while telephone calls to the department increased significantly reflecting the need for support and advice.

The Urology Department team includes Prof Robert Flynn; Georgina Rich, CNMII; Caroline Ahern, Clinical Nurse Specialist Neuro-Urology; Edel Gormley, Urology Staff Nurse; Natasha King and Fiona Flatman, Urology Administrators, and Derek Cahill, Decontamination Technician.

Urology Clinics

CONSULTANT CLINICS

Consultant Urologist Prof Flynn attends for two clinics per week and sees both Inpatients and Outpatients; procedures run in parallel with these clinics. 400 patients attended the Consultant Clinic in 2022.

NURSE-LED CLINICS

The Nurse-Led clinic (NLC) is a lifelong service with most spinal patients attending on an annual or bi-annual basis. This clinic incorporates a comprehensive assessment including imaging phlebectomy. Advice is given and educational needs are addressed as part of the clinic. The NLC works very closely with Radiology to provide this service. Patients present with various needs to this clinic and often require referral to the Rehabilitation Consultants, Multidisciplinary Clinics, Liaison Service, Sexual Wellbeing Service, Public Health Nurses or GPs. 747 patients attended this clinic in 2022.

URODYNAMIC CLINICS

The Urodynamic clinic operates one morning per week for Outpatients. Extra clinics are provided during the week to facilitate Inpatients. In 2022 we performed 157 procedures.

FLEXIBLE CYSTOSCOPY CLINIC (INCLUDING SUPRAPUBIC CATHETER (SPC) INSERTIONS)

This is a valuable service for our patients who would otherwise have to wait long periods to have these procedures performed in a general hospital. Patients can be seen quickly in the Urology Department by staff who are familiar with their needs. We provide education and training on the routine change of a SPC for patients, family members, carers and healthcare professionals. In 2022 a total of 72 flexible cystoscopies and 11 SPC insertions were performed.

INTRAVESICAL BOTOX CLINIC

This service has proven to be very successful and invaluable for our patients who would otherwise have to wait for up to two years for the procedure in a general hospital. The service can be provided in a timely manner by staff who know the patients' needs, and feedback has been extremely positive. In 2022 a total of 62 Intravesical Botox procedures were performed.

We facilitate the Speech and Language Therapy Service to perform Fiber-optic Endoscopic Evaluation of Swallow (FEES) procedures.

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 and support training, education and competencies for nursing staff within the NRH.



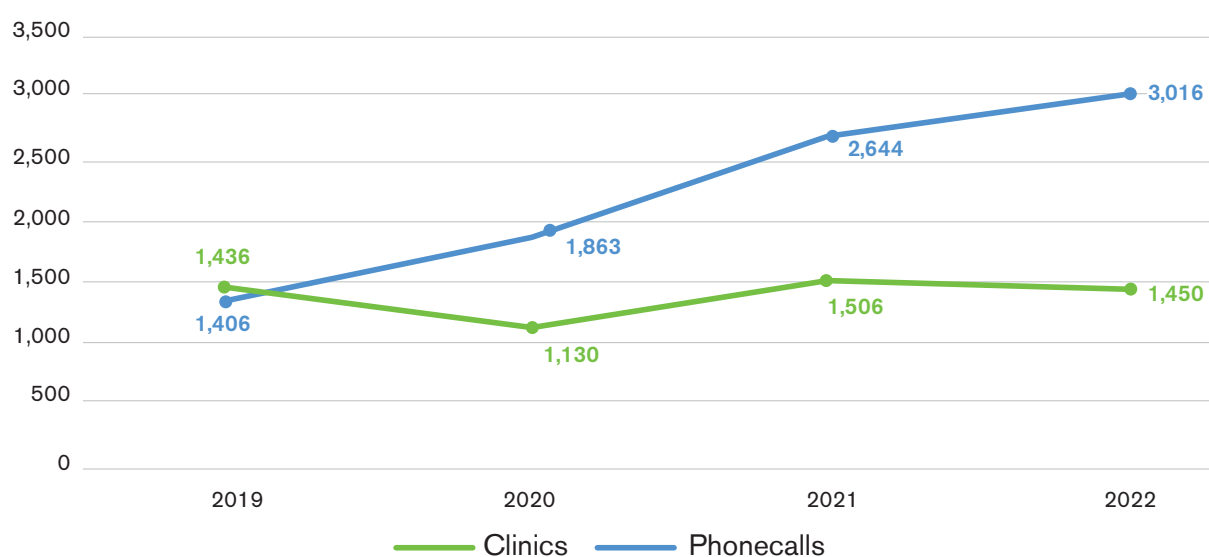
TELEPHONE SUPPORT

Telephone communication is vital in providing support and advice to our patients, their families and to other Healthcare Professionals. We received over 3,000 telephone calls from patients and Healthcare Professional seeking advice in 2022.

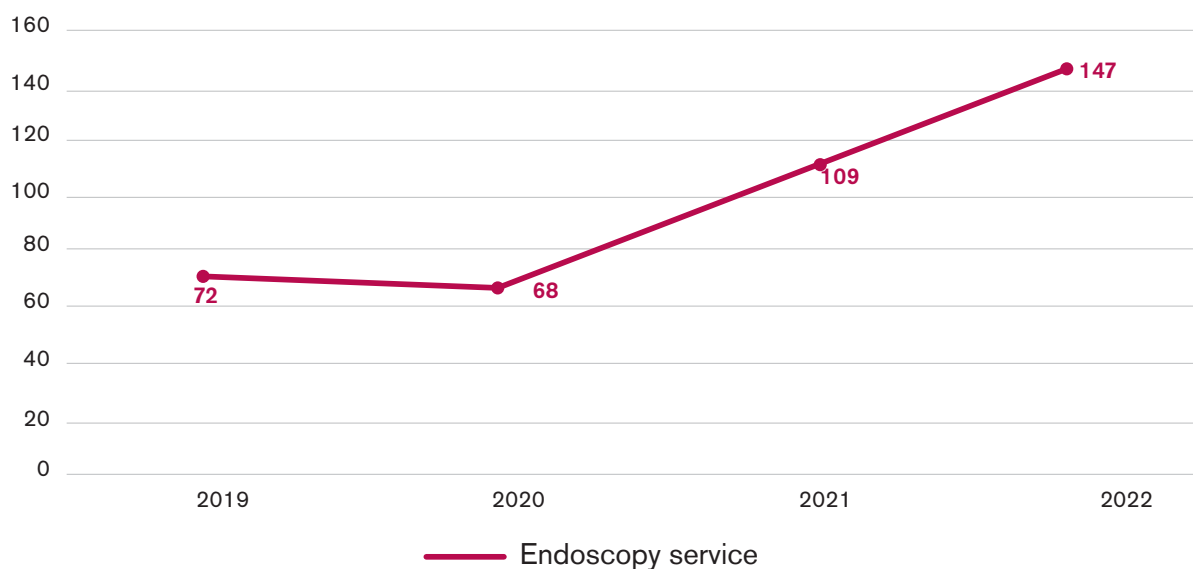
Our new Endoscopy Suite and decontamination equipment brings the department into line with the National Decontamination Standards.

UROLOGY DEPARTMENT ACTIVITY 2022

Clinics and telephone support



Endoscopy Service



CONTINUOUS PROFESSIONAL DEVELOPMENT

Derek Cahill completed FETAC Level 6 Decontamination of RIMD in Tallaght University

Georgina Rich completed a Post Grad in Allied Health Continence Care from the University of Ulster

Caroline Ahern completed Advance Nurse Practitioner Grad Cert in UCD

Clinical Engineering

DAVID FARRELL
SENIOR CLINICAL ENGINEER

Services Provided

The Clinical Engineering Department's work within the NRH is a specialty that falls under biomedical engineering, but primarily works to develop, apply and implement medical technology for the delivery of patient care in the NRH.

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

Key Clinical Engineering Developments in 2022

The number of medical and therapy devices supported by Clinical Engineering increased to over 800 individual assets.

In 2022, Clinical Engineering in collaboration with our colleagues in point of care testing, Occupational Therapy, and Cardiac Resuscitation achieved the following:

- Extended the suite of bariatric equipment to include shower trollies, hoists, chairs and motorised bed, increasing patient safety by maximising the safe working load of equipment available to therapists, in some cases from 200kg to 400kg.
- Increased our capacity for critical care campus-wide by rolling out six new AEDs and four new Defibrillators.
- Fast and accurate blood glucose point-of-care testing was supported by Clinical Engineering in all Units.

Clinical Engineering Upgrade Initiatives Completed in 2022

UPGRADE OF THE UROLOGY DEPARTMENT WATER PURIFICATION SYSTEM

Due to decreased reservoir levels in the summer months, incoming water quality to the NRH Urology Department causes exertion on the water purification system to maintain water quality between 10uS/cm to a maximum of 30uS/cm. The aim of the upgrade was to decrease AER downtime and mitigate poor mains water quality. Following installation of the carbon bed, downtime has decreased considerably and the water quality consistently sits below 15uS.

Medical Device Activities

In total, 525 maintenance requests were received by Clinical Engineering in 2022. 423 work orders were closed out by Clinical Engineering and 102 work orders were closed out by external service providers.

Quality Improvement Initiatives in 2022

- Go-live with the Clinical Engineering and Wheelchair Technician Support ticketing system.
- Roll out of the battery management programme for medical devices. Concentrating on the 128 patient monitors and 25 leardal suction units. We continually monitor these batteries for reliability, efficiency, and safety in all applications. Replacing the batteries as required.

Future Developments

As the Clinical Engineering Department continues to develop and recruit new staff, the service aims to continue to make a difference in supporting patients and colleagues (clinical and non-clinical) in the provision of a comprehensive range of specialist rehabilitation services at the NRH.



Clinical Microbiology and Infection Prevention and Control

DR LAURA RYAN,
CONSULTANT MICROBIOLOGIST

The Infection Prevention and Control (IPC) team consists of Dr Laura Ryan, Consultant Microbiologist, Asha Alex, IPC CNM III (to September 2022) and Maya Tom, IPC CNMII. The IPC team oversees infection prevention and control in the NRH in line with National and International best practice guidelines and recommendations. The IPC team aim to provide a safe environment for all patients while they participate in a full rehabilitation programme in the NRH. Key activities include:

- Monitoring and surveillance of healthcare associated infection (HCAI) and multidrug-resistant organisms (MDRO)
- Education and training
- Clinical Liaison and Consult service
- Hygiene, Audits and Surveillance
- Outbreak Management
- Committee membership including Reusable Invasive Medical devices (RIMD)

The Clinical Microbiology service also includes Antimicrobial Stewardship

Hygiene, Audits and Surveillance

The IPC team continuously monitor cleaning standards with regular audits of the environment and patient equipment. Audits on compliance with care bundles are also frequently monitored. Results of audits are fed back in real time to the Unit staff and to the Hygiene and Infection Prevention and Control Committee (HIPCC). The NRH now also participates in the National Hand Hygiene audit since 2022.

Surveillance of MDROs forms a crucial component of infection prevention and control in the NRH. As most of our patients are admitted from other healthcare organisations, large numbers of patients are already colonised with an 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 the NRH. Monthly updates on surveillance figures are reported to the HIPCC. Surveillance is key in prevention of hospital acquired infection and we have undertaken surveillance of hospital acquired urinary tract infections in 2022. The IPC team also now participate in the National Surveillance Programmes (National Enhanced Clostridioides difficile Surveillance) and submit relevant Key Performance Indicator (KPI) data on hospital acquired infections to HSE Acute Business Intelligence Unit monthly.

Education and Training

The IPC team provide education to all staff on hand hygiene, standard precautions, and other mandatory topics, as well as other important topics such as COVID-19, catheter-associated urinary tract infection prevention, legionellosis, antimicrobial stewardship and intravascular device infection prevention training. The IPC team also provide sessions at corporate induction and induction for Non-Consultant Hospital Doctors (NCHDs).

Antimicrobial Stewardship

Weekly antimicrobial stewardship rounds are carried out by the Consultant Microbiologist and the antimicrobial Pharmacist. Prescriptions for every patient on antimicrobials are reviewed and key indicators are measured. Where necessary, advice and feedback is given in real time to the prescriber.

Challenges, Achievements, and Innovations in 2022

The IPC team continued to provide education, training, surveillance, management of and contact tracing for COVID-19, in conjunction with other NRH departments as the pandemic continued in 2022. The IPC team have updated all COVID-19 related standard operating procedures and policies regularly in line with changing national and international guidelines. New policies were developed, and existing policies updated based on identified needs of the hospital. We also celebrated WHO World Hand Hygiene Awareness Day, NRH Care Bundle Awareness Day, WHO Sepsis Awareness Day and European Antimicrobial Awareness Day in 2022, raising awareness and engaging with staff on these important topics.

Minister Stephen Donnelly, Professor Jacinta Morgan, Clinical Director, and Mr Kieran Fleck, Chairman during the Minister's visit to the NRH in December.





Clinical Psychology

DR SIMONE CARTON
HEAD OF CLINICAL PSYCHOLOGY

Description of Psychology Service

The psychology team provides clinical services for patients, families, carers, and fellow healthcare professionals across the continuum of care from pre-admission stage, to admission, to Outpatients. 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, and advocacy within the NRH and the wider healthcare community, nationally and internationally.

Summary of Key Developments, Milestones, and Issues in 2022

In 2022, the opportunity to promote the psychological aspects for this way of thinking was made greater with the successful recruitment of three principal specialist posts in Adult and Paediatric Neuropsychology and Acquired Physical Disability. These posts offer an exceptional opportunity to develop further the best clinical practice, research, and support for the psychology service at the NRH and within the wider rehabilitation community. These posts in turn have allowed us to create and consolidate posts thereby ensuring retention and recruitment with new (and returning) colleagues who bring an excellent range of skills and experience as outlined in this report.

The change in the law with the Assisted Decision Making (Capacity) Act, is both exciting and challenging. Members of the Psychology Department have been actively engaged in the need for change in this area for 10 years, from presenting the need for change to the Oireachtas to now being centrally involved with the NRH, IEHG and within our professional body advocating for the successful implementation of the Act to make the best difference to patients.

Amalgamating the psychological services to the Spinal and Prosthetic Programmes the title of Acquired Physical Disability has been an innovation to bring psychological practice together and create a psychological synergy between two programmes.

Finally, 2022 saw a lessening of the challenges associated with COVID-19 and thankfully a return to more familiar in-person practice and operations at the NRH. As we review the years 2019-2022, the stress and strain of living and working through a pandemic will become even more apparent. The need to continue to resume good practices that were 'on hold' will be important while also taking the opportunity to adopt new practices.

Cross programmatic services

All members of the psychology department deliver regular Unit-based staff support and positive behaviour support meetings to facilitate shared case formulation and to complement direct interdisciplinary care to patients. In line with the scientist-practitioner approach, psychologists continue to be actively involved in internal and external teaching, training, supervision, and clinical research. Cross-programmatic services provided by the psychology department include:

- **The Suicide Awareness Group (SAG):** In 2022, The NRH Suicide Awareness Group (SAG), led by Dr Emma Brennan participated in the annual World Suicide Prevention Day and World Mental Health Day and in conjunction with colleagues, hosted information stands and shared tips on looking after psychological wellbeing, with the aim to continue raising awareness, enhancing sensitivity to, and having open conversations about the important topics of suicide and mental health. Following receipt of a donation from the ESB, SAG have been working on gathering materials to create a Suicide Awareness Toolkit for staff, which will become available on the NRH Intranet in 2023.
- **Implementation of the Assisted Decision-Making (Capacity) Act (ADMA):** In 2022, Dr Sarah Casey, together with Social Work colleagues, have been central to the implementation planning for the Assisted Decision-Making (Capacity) Act (ADMA) in 2023. Awareness initiatives and staff training on consent and the new practices required with ADMA has been delivered. Dr Casey represented the NRH in the IEHG ADMA implementation consultation process.

- **Behaviour Forum:** Dr Simone Carton is chair of this interdisciplinary group delivering training for staff and promoting the use of Positive Approaches to Challenging Events (PACE 1&2), providing opportunities for review of events that challenge and providing support and policies to guide staff in best practice in delivery of care in these scenarios.
- **Psychology-Psychiatry Colloquia:** This is a monthly meeting with the psychologists and Dr Maria Frampton to discuss clinical cases of mutual interest and concern.
- **NRH Diabetes Care Group:** Dr Deirdre Brennan provided advice on the psychological and behavioural components of effective diabetes management.

Psychology Services delivered within specific Rehabilitation Programmes are detailed in Section 2, the Clinical Programmes Section of this report.

Neurobehaviour Clinic

The Neurobehaviour Clinic (NBC) has been part of the Outpatient service for over 23 years, working with patients with neurological diagnosis where organic personality disorder and mood disturbance are prominent clinical features. This clinic has expanded in 2022 with Dr Aisling Parsons, Senior Clinical Psychologist joining the clinic with Dr Simone Carton and Dr Kieran O'Driscoll (Consultant Neuropsychiatrist). The clinic has increased from fortnightly to weekly and on average sees seven patients, 2-3 new patients and 4-5 review patients. In 2022 a primary goal was to manage the waiting list and this has been achieved with a 6-8 week waiting time from date of referral. A goal for 2023 will be to provide education for referrers about the specific contribution of the NBC to patient care.

Professional Activity 2022

PROFESSIONAL REPRESENTATION NATIONALLY AND INTERNATIONALLY

Professional representation continues at a national level and international level: Drs Claire Keogh, Aisling Lennon and Emma Brennan are members of the Spinal Injuries Psychology Advisory Group (SIPAG), with members from across Ireland and the UK. MASCIIP (Multidisciplinary Association for Spinal Cord Injury Professionals), and ESPA (European Spinal Psychologist Association). Drs Sarah O Doherty, Simone Carton, and Hannah Gallivan are committee members of the Psychological Society (PSI) of Ireland Division of Neuropsychology. Dr Sarah Casey was elected to PSI Council, the governing board of the Psychological Society of Ireland - she is a member of a working group of the PSI's Division of Neuropsychology Committee establishing the Training and Competencies Framework for Clinical Neuropsychology in Ireland, and she is the Division of Neuropsychology representative for the NCP Rehabilitation Medicine Working Group. Dr Eimear Cunningham was nominated to the Stroke Council of Ireland as a representative of PSI. Drs Suvi Dockree, Sarah O Doherty and Sarah Casey are members of the planning committee for the International Brain Injury Association (IBIA) World Congress being held in Dublin in 2023. Dr Simone Carton was invited to be a specialist member of the HSE committee reviewing the HSE policy on violence and aggression in healthcare, and she is chair of the Hospital Group of the Heads of Psychology in Ireland.

RESEARCH

Dr Simone Carton continues to lead on a longitudinal study investigating the psychological status of patients over 10 years post injury. The data collection will be completed in 2023 and will be an important source of data and findings for clinical practice and service planning.

PUBLICATIONS

Casey, S.J., Gallivan, H., Clarke, S., Rogers, E., & Carton, S. (2022). Maximising Capacity: Bridging the gulf between the spirit and the letter of the law. *The Irish Psychologist*, 48(3), 54-59.

Brennan, E., & Swords, L. (2021). Parenting with a spinal cord injury: A systematic review of mothers' and fathers' experiences. *Rehabilitation Psychology*, 66(4), 404-414.

CONFERENCE PRESENTATIONS

Casey, S.J., Conroy, P., Convery, C., & Carroll, P. (2022). *Golden Slumber: The importance of sleep in stroke rehabilitation*. Poster presented at the All-Island Stroke Conference for Healthcare Professionals 2022, September 2022.

Brennan, E., Keogh, C., Nolan, M., & Swords, L. (2022). "Exploring Adolescents' and Young Adults' Experiences of Living With A Parent With An Acquired Spinal Cord Injury". Oral presentation at the European Spinal Psychologist Association conference, May 2022.



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 2022, Inpatient and Outpatient referrals were still 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.



The Horticultural Therapy Service is very popular with patients and attendance is maintained by working with groups and individual gardening sessions.

Nutrition & Dietetics

KIM SHEIL
DIETITIAN MANAGER

The Department of Nutrition & Dietetics strives to deliver high quality, evidence-based nutritional care to all Inpatients of the NRH. With its small staff complement (5.8WTE) dietitians are required to work across more than one clinical programme. To ensure continuity of service during periods of planned and unplanned leave, all dietitians must be skilled in providing nutritional care to meet the clinical and Programme-specific needs of each patient. Consultation is by referral. In 2022, an average of 90% of the Inpatient population was referred to the dietitian for one-to-one consultation.

Services and New Developments in 2022

In 2022, the main challenge for Nutrition and Dietetics related to staffing recruitment and retention. A large number of new dietetic posts have been created, particularly at community level, in recent years. This has resulted in a challenging recruitment situation and for long periods during 2022 and the full staff complement at the NRH could not be achieved. Despite the challenges posed by the staffing situation coupled by the high referral rate, the department staff worked hard to ensure that all patients referred received some level of service. However, this impacted on the development of some planned initiatives such as Dietetic Outpatient services.

In preparation for the move to an electronic paper record, a 'paper light' initiative for dietetic records was piloted in 2022. This will be fully rolled out to the department in 2023.

STUDENT PLACEMENTS

The department is strongly committed to participating in clinical training of student dietitians. This is seen as key in promoting Nutrition in Rehabilitation as a dietetics speciality. In 2022 the department doubled its number of student placements. Students from the UCD M.Sc. Dietetics Programme and TCD / DUT B.Sc. in Human Nutrition and Dietetics successfully completed placements in the NRH and provided excellent feedback on their experiences.

CONTINUOUS PROFESSIONAL DEVELOPMENT (CPD)

Department members undertook a range of CPD courses and training with a view to enhancing delivery of the service and safe patient care including: UCD Diploma in Leadership & Management; Cochrane reviews workshop; Statistics for Dietitians Workshop in conjunction with SVUH; Update on Ireland's Obesity Strategy and Clinical Guidelines.

Committees and Working Groups

The Dietitians are active participants in the following:

- Diabetes Steering Committee
- Nutrition and Hydration Steering Committee
- Enteral Feeding Working Group
- Research Advisory Group
- Stroke Education Working Group
- Brain Injury Programme Executive

National Participation

The work of the Interest Group for Dietitians Working in Neurorehabilitation continued in 2022. The aim of the group is to develop the speciality of rehab nutrition, to support those working in the area and to develop national patient resources, guidelines and standards of care.



Occupational Therapy

LISA HELD
OCCUPATIONAL THERAPY MANAGER

MICHAEL BROGAN
OCCUPATIONAL THERAPY MANAGER (TO MAY 2022)

EDWINA WALSH
DEPUTY OT MANAGER

Overview of Occupational Therapy Services

The Occupational Therapy Department's mission is to advance NRH services by enhancing patients' participation in meaningful occupations as part of their rehabilitation journey, through evidence-based practice, innovative research, and education. Occupational Therapy (OT) programmes are goal-orientated and designed specifically to meet the unique needs of each patient through individual and or group sessions focussing 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 with provides specialist services to patients from all clinical rehabilitation programmes at the NRH, engaging with Interdisciplinary Teams. These Programmes include; Brain Injury; Stroke Specialty; 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 (NRH Rehabilitation Programmes) of this report. OT services provided across all five Programmes (cross-programmatic) are outlined below:

OT Services Delivered Across All NRH Programmes (Cross-Programmatic Services)

- Assistive Technology
- Discharge Liaison Occupational Therapy (DLOT)
- Driving Assessment and Training
- Horticulture
- Practice Education
- Splinting
- Vocational Service
- Wheelchair and Seating
- Woodwork

ASSISTIVE TECHNOLOGY

The Assistive technology clinic is an interdisciplinary service with SLT and OT and is delivered through a part time clinic to Inpatients and Outpatients. The service to Outpatients and the vocational service was expanded in 2022 with great success. Assessments are carried on in-person and virtually. A total of 144 referrals were made to the service during the year – the breakdown includes: Inpatients – 93; Vocational – 26; Outpatients – 20; Outreach – 5.

DISCHARGE LIAISON OCCUPATIONAL THERAPY (DLOT) SERVICE

The DLOT service received a total of 102 referrals and carried out 220 home assessment visits in 2022. The referrals were received from the following programmes: Spinal Cord System of Care – 51; Brain Injury and Stroke – 38; Prosthetic Programme – 11; and Paediatric Programme – 2. At least 75% of those who received a service were discharged home.

DRIVING SERVICE

Fully licenced drivers across all Inpatient programmes have the opportunity to explore a return to driving. Occupational Therapy coordinate referrals with input from the medical team and the Irish Wheelchair Association (IWA). Office-based pre-driving screens and or on-road functional assessment and driving rehabilitation is available for medically appropriate patients. The IWA is available on-site two days a week for in-car assessments. Patients with visual or cognitive changes can be referred to Outpatients. The IWA have centres nationwide and can focus on teaching patients with physical difficulties to drive. 88 people attended the Outpatient driving service in 2022.

HORTICULTURE

The Horticulture service is ably delivered by horticultural therapist Rachel Gerrard. Sessions are delivered to patients from all Programmes and mostly take place in the therapeutic garden, but also in the potting shed and indoors if weather doesn't allow for outdoor activity. Upgrades of the allotment and general garden area are planned for 2023.

PRACTICE EDUCATION (PE)

In 2022, the service facilitated 26 OT students on placement from Trinity College Dublin, National University of Ireland Galway, and University of Limerick (UL). Our usual commitment is 24 students per year, however one placement offer was not taken up, and we had three additional PE2 students from UL, in line with PE OT funding received.

SPLINTING

Occupational Therapists (OTs) work with patients with SCI to optimise their ability to participate in meaningful everyday activities ranging from personal care, home and community activities to vocational and leisure pursuits. OTs support patients in discharge planning arranging for assessment of the home environment and recommendation of equipment required to maximise independence and safety.

VOCATIONAL SERVICE

The Vocational Service provides vocational interview, assessment, review, advice and recommendations related to vocational needs of NRH Inpatients, Outpatients, and clients from the Rehabilitation Training Unit (RTU) as well as older children in the Paediatric Programme. It includes ergonomic advice, work site visits and ongoing support on return to work. External referrals come through NRH Consultants and from other hospitals and facilities. In addition, the service undertakes medico-legal vocational assessment reports and reviews on behalf of the NRH. Some key developments in 2022 include: All vocational staff are now based in the Outpatients Department which promotes team communication and opportunities to plan for service developments; Review undertaken of processes for waitlist management; fostering links with colleagues in other vocational services such as Step Ahead, Headway, Ability Programme in IWA; Bi-weekly meetings with SII Community Outreach Officers to ascertain progress of patients discharged and follow-up as required; Vocational programme promoted as part of the SCSC programme education series monthly. Issues for the service in 2022 included: limited ability to set up vocational groups due to staff shortages.

WHEELCHAIR AND SEATING CLINIC

The NRH Wheelchair and Seating Clinic (WSC) is an interdisciplinary, cross-programmatic service, run jointly between the Occupational Therapy and Physiotherapy departments. Key developments in 2022 include: recruitment of a second technician to provide cover for sick leave which is hugely beneficial in relation to provision of cover for clinic, support for clinical engineering and peer support to patients; development of a new safety checklist for chairs issued from clinic; reviewed and updated transportation guidelines and documentation in line with best practice guidelines; and increased clinician skills in complex moulded seating. Key issues in 2022 included: increased delays in equipment production and delivery times from suppliers; increased outreach time needed to provide deliveries and complex fitting of seating systems.

WOODWORK

The woodwork service is run on a .5 WTE basis by Senior Woodwork Instructor Feargal McNee who has extensive experience of teaching woodwork to children and adults. The Woodwork service has been developed with an upgrade of the wood workshop and streamlining of processes to provide the most efficient and effective woodwork service for patients from all Programmes.



Outpatient Occupational Therapy Service

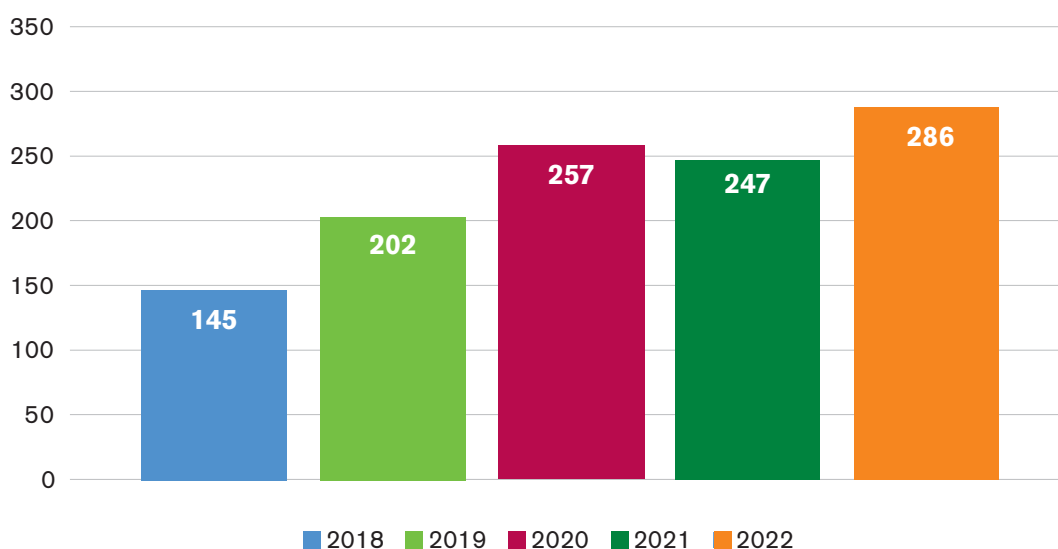
OUTPATIENT OT SERVICES INCLUDE:

- Individual and joint Interdisciplinary Assessment and Treatment offered as in-person or virtual sessions
- Groups interventions: Meet and Teach, GRASP, Making the Most of Your Memory, Open Mic
- Multidisciplinary Clinics
- Driving off-road and on-road assessment

Some Key developments in 2022 include: Developed and delivered a new Fatigue management group-based rehabilitation programme as an interdisciplinary initiative. Programme content was adapted to facilitate delivery via telehealth; Collaboration with Orthoptics and IWA Driving Tuition Service to provide interdisciplinary driving assessment.

Issues in 2022 include: Difficulty accessing reliable technology to deliver the service; inadequate sound-proofing in some clinic rooms; staffing challenges impacted on plans to reduce waiting time for IDT assessment, and absence of ophthalmology service.

Referrals to Outpatient OT Service 2018-2022



Referral Source to Outpatient OT Service

External	122 (43%)
Medical Clinic	106 (37%)
Inpatients	39 (14%)
Other	19 (6%)
Total	286

OT Department Challenges in 2022

The main challenges experienced in 2022 were in relation to staff retention, turnover and unplanned leave. We have seen unprecedented turnover of staff in the Occupational Therapy Department which is associated with a number of factors. The loss of experienced staff has had a significant impact on the OT service and we have relied heavily on remaining experienced OT staff to upskill new starters. We had extremely high levels of unplanned leave, mainly COVID-19 leave, in January to March 2022. The combination of these issues along with no cover for planned or unplanned leave left teams very depleted and impacted our ability to deliver services. We finished 2022 with 3.5 WTE vacancies and it will be difficult for us to recruit in the current healthcare employment environment. It has been particularly difficult in the context of staffing levels to deliver services over an extended week and this is something we will need to consider closely in 2023. Despite these challenges, the OT team have worked tirelessly to deliver a comprehensive and high standard service to our patients.

Developments in 2022 have included expansion of the Assistive Technology Service to Outpatients and the Vocational Service; development of a professional supervision structure across the OT Department, and continuation of activities to promote connectedness in the OT Team.

*The Sports and Exercise
Physiotherapy Team
pictured at the 2022 NRH
Sports Championships.*





Pharmacy

SHEENA CHEYNE
CHIEF II PHARMACIST

Overview of Services

The Pharmacy Department provides a comprehensive pharmaceutical service, ensuring a safe, economic and efficient use of medications throughout the hospital.

Pharmacy Services Delivered Across All Rehabilitation Programmes

THE PHARMACY DEPARTMENT:

- Procures, stores and supplies all medication in a safe, effective, economic and timely manner.
- Provides medication reconciliation of all admission and discharge prescriptions ensuring accurate medication lists at transitions of care.
- Attends Consultant rounds to advise and review proactively on medications at point of prescribing with the patient.
- Many interventions were made to improve patient care and directly reduced harm to patients.
- Participates in a weekly antimicrobial stewardship round with the Consultant Microbiologist ensuring the appropriate use of antimicrobials.
- Dispenses individualised medication for Inpatients and for therapeutic leave home
- 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 help with safe prescribing.
- Answers medical information queries from all members of the staff.
- Liaises with other departments such as Nutrition and Dietetics, Speech & Language Therapy, Sexual Wellbeing Service and Urology.
- Supports nurse prescribers.
- Educates patients and carers on their medications prior to discharge and provides patients with their individual medication list.
- Reports Incidents monthly to the Risk department for inclusion in NIMS (National Incident Management system).
- Dispenses prescriptions to staff for the convenience and cost savings to staff.
- Identifying areas for development of clinical policy and working with members of the Interdisciplinary Team such as Buccal midazolam therapeutic leave form, and policy on supply of methadone for adult patients.



Team Fusion: leading the development of the Electronic Health Record as part of a digital health solution that will enhance the delivery of rehabilitation services within the NRH campus, as well as to influence and contribute to change across the wider rehabilitation and Irish health ecosystem.

Milestones in 2022 include:

- Expansion and updating of Guide Doc content to include: acute behavioural disturbance, enteral feeding guidelines, Vitamin D, COVID-19 and Antimicrobials.
- Sourcing medications or alternatives, linking with HPRA (Health Products Regulatory Authority) as national and worldwide shortages of many medications occurred to ensure patients' continued supply and safety.
- Crystal Clear Award – awarded by NALA (National Adult Literacy Association) for clear medication labels and education.
- Pharmacist intervention audit showing reducing medications as the most common intervention – reducing the medication burden for patients.
- Involvement in Fusion project for electronic prescribing as part of the implementation of an Electronic Patient Record system.
- Annual aggregate report for medication incidents – results showing 98% 'near miss' or 'no harm'.
- Organised successful World Thrombosis Day event – promoting awareness and prevention.
- Antimicrobial information stand incorporating the theme: 'Preventing Antimicrobial Resistance Together'.
- World Patient Safety Day - Medication safety event focusing on 'Medication Without Harm'.
- Participated in intern training for two pharmacists through the APPEL system.
- Facilitated a COVID-19 booster clinic for staff.
- Active involvement in the Drug and Therapeutics Committee and production of Medication Safety Strategy 2022-24.
- Production of policies and procedures including: medication management, medication administration, Vitamin D, intrathecal baclofen refill, and methadone supply for adult patients.
- Audits completed on pharmacy interventions include: medications taken 'out of hours', VTE, Autonomic Dysreflexia and Nifedipine prescribing, nurse prescribing, medication fridge, allergy recording, and Unit MDA compliance.

Future Developments

The Pharmacy Department is planning towards relocating to the new pharmacy when construction is complete; plans are underway for the Phase 2 development of the hospital, and robotic dispensing and electronic prescribing with links to the pharmacy dispensing system, and electronic ordering from Units to dispensary.



Physiotherapy

ROSIE KELLY
CATHY QUINN
PHYSIOTHERAPY MANAGERS

The Physiotherapy Department strives towards best clinical practice and the highest standards of care based on national and international best practice in rehabilitation. The Physiotherapy services are delivered across the Interdisciplinary Teams (IDT) to provide a better patient experience and to maximise patient outcomes.

Specialist Physiotherapy Rehabilitation is delivered by expert staff across core Clinical Programmes as follows:

- Brain Injury Programme including Prolonged Disorders of Consciousness (PDoC)
- Stroke Specialty Programme
- Spinal Cord System of Care including ventilated patients
- Prosthetic Orthotic and Limb Absence Rehabilitation (POLAR) Programme including Inpatients and Day-patients
- Paediatric Family-Centred Rehabilitation Programme

Physiotherapy activity specific to each of the above programmes is detailed in Section Two (NRH Rehabilitation Programmes) of this Report. Physiotherapy Services delivered across all five Programmes (Cross-Programmatic) are outlined below:

Physiotherapy Services Delivered Across All Rehabilitation Programmes

The Physiotherapy Department provides specialist treatment across all programmes and adjunct services engaging with Interdisciplinary Teams, these include:

- Respiratory
- Aquatic Physiotherapy and Sports & Exercise Physiotherapy
- Vestibular Rehabilitation
- Physiotherapy Outpatient Service
- Clinical Practice Tutor
- Therapeutic Recreation Service
- Wheelchair & Seating Clinic
- Splinting
- Patient and Non-Patient Handling Co-ordinator

RESPIRATORY SERVICE

The Respiratory cross-programmatic service is predominantly provided in acute Spinal Cord Injury and Prolonged Disorder of Conscious (PDoC) programmes. The service has a close liaison with SLT for dysphagic and respiratory issues and have attended Fibreoptic Endoscopic Evaluation of Swallowing (FEES) for patients deemed a high respiratory risk.

The service oversees the on-call service which operates 24-7-365. In 2022 there were 20 call-outs at night or weekends and 18 scheduled sessions out of hours. 10 new staff have been trained and are now established on the on-call rota.

This year there were seven tracheostomy patients in the service. Four of those patients were successfully decannulated. The tracheostomy IDT team meet weekly to review tracheostomy patients and complex respiratory cases as well as providing education for staff, including the annual Tracheostomy and Airway Management Day. This year 20 staff were upskilled in the management of patients with tracheostomy and ventilator dependence. The service provided respiratory training to physiotherapists, nursing, NCHDs and other IDT colleagues this year. Respiratory physio was also involved in staff training in the new NRH Oral Healthcare project.

Challenges experienced during 2022 included running the service with a staff grade vacancy. There was also a high turnover of staff post-COVID-19 in addition to several new nursing staff which impacts on the volume of training, teaching and competency review required. Other challenges include the notable increase in supply of Cough Assist to patients. Some challenges were experienced with handover to community teams for overview, servicing and maintenance of cough assist machines with community teams reporting a lack of staff and competency. We provide training and upskilling where necessary and work closely with the CNMII in Respiratory Management SCI, Spinal Liaison nurse, Siobhan O'Driscoll and the IDTs as we prepare for additional ventilated patients in 2023 as part of the development of the National Trauma Strategy.

AQUATIC PHYSIOTHERAPY AND SPORTS & EXERCISE PHYSIOTHERAPY

Sports, Exercise and Aquatic Physiotherapy provide a cross-programmatic service including both adults and children from all programmes. In 2022, challenges adapting to changes in COVID-19 restrictions and fluctuating staff levels continued. Sports, Exercise and Aquatic Physiotherapy responded to enable the services to maximise patient contacts in such challenging times.

Aquatic Physiotherapy focused on providing 1:1 treatment to facilitate social distancing during pool sessions and in the changing spaces. As restrictions eased, group sessions returned including relaxation sessions, swimming sessions, aqua aerobics, staff swim sessions and functional training groups. Sports and Exercise Physiotherapy focused on increasing access to more sports, improved strength and conditioning programmes in the gym and inclusivity with a music and movement group in conjunction with the music therapy team. Both departments provide education to improve awareness of the benefits of physical activity and provided knowledge to access community gyms, pools and national sports bodies.

The Sports and Exercise Physiotherapy team has focused on increasing links to National governing bodies this year, starting projects with Paralympic Ireland, Cara, Table Tennis Ireland and Irish Pickleball. This was alongside an open sports event and strength and conditioning group running weekly. The Aquatic Physiotherapy Team welcomed several new members of staff and invested substantial time in training and pool maintenance. Our swim coaching service for patients expanded into group swim sessions. An exciting pilot commenced in the lap pool in October with a 9-week trial period of staff swimming sessions three times a week. This proved to be very popular with staff and was subsequently carried forward into 2023. New links were formed with Swim Ireland and local swimming facilities, with the aim of improving engagement in lifelong swimming for secondary prevention and maintenance of wellbeing.

VESTIBULAR REHABILITATION

The 0.5 Senior in Vestibular Rehabilitation commenced in 2022, aligning with the 'Expert Staff' NRH strategic pillar and providing a cross-programmatic physiotherapy vestibular rehabilitation service. Vestibular rehabilitation involves an exercise-based programme for reducing symptoms associated with poor balance and dizziness or vertigo. The NRH is a unique healthcare setting for rehabilitation of complex neurological cases and vestibular rehabilitation, education and research is a core service component for this cohort. Patients were referred from all programmes as Inpatients, Outpatients and from Occupational Health. 83 patients were seen, with many requiring multiple visits. Challenges include managing the Outpatient waitlist to ensure that patients receive prompt treatment of their symptoms and avoid problems associated with chronic symptoms.

OUTPATIENT PHYSIOTHERAPY

The OPD Physiotherapy service comprises three part time Physiotherapists. In 2022, an additional part-time therapist assisted with management of the IDT waiting list until December. The team carries a part time staff grade therapist vacancy. The service is delivered both in-person and virtually as required. During 2022, new developments included: production of Pilates videos for patients who have completed the online classes; Re-introduction of the Wellness Day programme; Received the Tyromotion technology-based rehabilitation devices equipment. Future plans include: New balance class and or upper limb IDT Programme; Increased number of Wellness Days; Webinar on inducting new staff; creating a video to share stretching exercises.



CLINICAL PRACTICE TUTOR

In 2022 the NRH facilitated approximately 45 students placements from UCD and TCD, across all hospital Programmes. The physiotherapy tutor has provided external lectures, neurological practical sessions and exam assessments in Trinity College and UCD. The predominant challenge has been Physiotherapy staff shortages which led to difficulty finding educators available to take a student with ongoing pressures in work caseload. Educators may have had to change from one programme to another during the student's placement to ensure adequate staffing and provision to service users. Part-time cover was provided during times when the CPT post was vacant to facilitate induction and final CAF marking. Other than a brief period of shortage in cover, lectures, practical sessions and onsite tutorials and induction were facilitated as normal this year. The CPT works closely with the IDT team to enhance the student experience. This year there was a surge of requests for clinical placements electives and internships via the website. The CPT works closely with the Academic department and participated in the successful Transition Years student's week.

THERAPEUTIC RECREATION SERVICE

Therapeutic Recreation Service (TRS) focuses on intervention for all adult Inpatients who face specific challenges engaging in recreational pursuits. The aim is to improve patients' functional independence, social participation and community integration. 2022 highlights include: An increase in weekend recreational outings in response to patient feedback; Introduction of .5WTE administrative support to the TRS service through a Tús Southside Partnership placement; An increase of 25 activity volunteers; Participation in the organising and facilitation of events including the NRH Inter-Agency Forum 'Life Beyond the NRH' event and the 'Staff BBQ & Celebrate Life Through Music' event; New working partnerships established with external support organisations including Golf Ireland, Table-Tennis Ireland and PEATA Dog Therapy.

WHEELCHAIR & SEATING CLINIC

The NRH Wheelchair and Seating Clinic (WSC) is an interdisciplinary, cross-programmatic service, run jointly between the Occupational Therapy and Physiotherapy Departments.

Some challenges through the year were: Lack of cover for unplanned leave; Increased delays in equipment delivery

Some key developments in 2022 were: Revision to scope of service and referral pathway to seating clinic; Revision of Seating Clinic referral form; Staffing uplift of OT staff grade from 9 hours per week to 0.5 WTE; New pressure mapping equipment received; Presented at Spinal Injuries Ireland conference; Attended webinars and product training on moulded seating.

SPLINTING

Splinting is a cross-programmatic service which operates one morning a week, receiving referrals from NRH Inpatient and Outpatient services, Community Services and self-referrals from past patients. During 2022, the team provided Inpatient and Outpatient services in separate buildings to comply with COVID-19 restrictions. Collaboration with external stakeholders was ongoing to achieve timely person-centred services including NRH Outpatient therapists, Peamount Hospital, Ability Matters Ltd and individual Outpatients, and their families and carers. Seniors' Programmatic roles were impacted while attempting to flexibly provide appropriate services to outpatients with extended periods of reduced staffing whilst maintaining high standards and delivery of care.

PATIENT AND NON-PATIENT HANDLING

The Patient Non-Patient Handling service was regularised as a 1.0WTE post in 2022 with 0.5 being assigned to Occupational Safety & Education Co-ordinator running concurrently to the Manual Handling service. The development of this role allowed the service to expand into a Staff Musculoskeletal Physiotherapy service and commence staff injury rehabilitation classes and wellbeing initiatives. An ongoing vacancy of 0.5 of the role through the year restricted the availability of the service to meet all the demands. Staff can also avail of a back rehabilitation class which is held weekly onsite for ongoing injury prevention and management. Work was also completed with the Health and Safety department to focus on specific training and physiotherapy education for highlighted high risk manual handling tasks including working with catering and transport teams. We welcomed the arrival of a second HoverJack to assist with the safe transfers of patients.

Milestones and Issues for the Physiotherapy Service 2022

The Physiotherapy service experienced another dynamic and turbulent year with the challenge of COVID-19 for a third consecutive year. The Physiotherapy staff proved exemplary in providing essential treatment to patients despite the challenges presented with the continued pandemic resulting in frequent episodes of unplanned leave and critical staffing levels to sustain a service. The Physiotherapy staff responded by providing treatment and rehabilitation care to all patients within the NRH in spite of recruitment and retention issues which is the current climate nationally and internationally.

The Physiotherapy team continued to partake in the Max Rehab project team with Saturday working and will focus on the Extended Day in 2023 in line with organisational objectives. Senior Physiotherapy staff are also contributing to organisational projects such as Fusion EPR project and Trauma Pathway project, and the IDT goal setting processes, as well as planning for Phase 2 of the new hospital. Our staff also participated in outreach, presentations at conferences and hosting or teaching at seminars. Claire Hickey (SCSC Physiotherapy) won the poster competition at MASCIP for her poster entitled **A qualitative study exploring the experiences and perspectives of using fitness apps by wheelchair users with spinal cord injury in Ireland**. Alice Wainwright completed a **Staff Injuries Clinical Audit** as part of the NRH Clinical Audit & Quality Improvement event.

Throughout 2022, high levels of unplanned leave continued. This, coupled with a high rate of staff turnover with people taking the opportunity post-COVID-19 to travel or relocate or switch careers, has been difficult to manage with teams and services under immense pressure to maintain service provision. The current national concern with therapy recruitment has had a dramatic impact on our ability to fill our vacancies in a timely manner. We have been fortunate in accessing agency physiotherapy staff which is a new venture for us as a department. Through all these difficulties, the Physiotherapy team have remained committed and dedicated as a team to respond flexibly and responsively to ensure a continuity of service as required. This year in particular the Physiotherapy Department experienced a loss of several long-term senior staff with a dual loss of senior skill mix knowledge and expertise. We wish Jane Lynch, Kate Curtin, Paul Griffin and Agnes Michalkiewicz well in their new roles within the hospital and would like to extend our thanks for their contribution and hard work as part of the Physiotherapy team over the years.

We would like to take this opportunity to thank the Physiotherapy Team for their dedication, perseverance and flexibility in their commitment to work in challenging circumstances throughout 2022.

The easing of restrictions throughout 2022 allowed more social events and staff gatherings to occur which allowed for a better work-life balance and helped to improve staff morale. The social occasions within the hospital and outside of work such as the BBQ lunch and the Christmas parties allowed us to reconnect with one another once more to foster social relations like we did pre-COVID-19.

A particular highlight of 2022 is the NRH Sports Championships which was aired on national TV on the RTE Nationwide programme. The episode portrayed the superb teamwork (internally & externally), the vast opportunities for patient engagement and the fantastic facilities of the new hospital. Another highlight of 2022 is the pilot staff swim initiative which is facilitated by staff coming onsite early to offer this service.

We welcome all new staff to the Physiotherapy team! We would like to acknowledge our appreciation to members of wider team within the NRH such as Occupational Health, TSD, IPC, IM&T, Risk, Security, Catering and Senior Management and especially Therapy Admin and HR as we rely heavily on for their support and expertise to ensure a smooth working experience.



Psychiatry – Liaison Service

DR MARIA FRAMPTON
CONSULTANT PSYCHIATRIST

The Consultant Liaison Psychiatrist provides same-day access to comprehensive assessment, evaluation and management of adult inpatients with mental health difficulties. Referrals come from three programmes: Brain injury, Spinal Cord Injury and Prosthetic Programme. The model of care is biopsychosocial which is the integration of biological, psychological and socio-cultural bodies of knowledge in relation to health. Each patient's dignity and value as a human being is always respected. The care approach is patient-centred and evidence based with a commitment to best practice.

The number and complexity of referrals continues to grow year on year, in part, due to increased awareness of mental health issues amongst staff, patients and carers, improved survival rates following complex trauma, increasing incidence of psychiatric co-morbidity, increasing numbers of non-nationals needing the presence of an interpreter for consultation and rising rates of homelessness among inpatients.

Nature of psychiatric illness in NRH patients

Anxiety, depression and adjustment reaction are the most common psychiatric diagnoses seen across all programmes. Additionally, personality change and behaviour disturbance may occur following brain injury. The prevalence of psychiatric sequelae in the aftermath of both brain and spinal injury can be up to 60%. A significant proportion of patients have more than one psychiatric diagnosis, for example, mood disorder may coexist with alcohol or substance misuse, and or personality disorder. Suicide risk following traumatic brain injury is three to four times greater than the risk in the general population. Suicide is the third leading cause of death in persons with spinal cord injury. Mental illness significantly impacts on a patient's ability to engage in therapies, impeding rehabilitative outcome. Early identification and treatment of mental health symptoms is therefore essential for progress in rehabilitation.

Reasons patients may be referred to psychiatry

- Previous history of mental illness
- New onset illness in coming to terms with trauma of injury and new life circumstances
- New onset illness as a direct result of brain injury
- Self-harm, suicide risk or risk to staff or other patients
- Psychotropic medication review
- Capacity assessment

Treatment approach and interventions offered

- 1:1 biopsychosocial assessment, diagnosis formulation and treatment management plan for duration of a patient's stay
- Liaison with Primary Care, Community Mental Health Teams, Voluntary Organizations (ABII, IWA, Headway, Focus Ireland and Addiction services) during hospitalisation and following discharge
- Family and carer meetings
- Joint assessments with members of the IDT, including Speech & Language Therapy, Occupational Therapy, Physiotherapy, Social Work and Psychology
- Liaison with chaplaincy, HCAs, Nursing staff, Art and Music Therapists as hugely valuable contributors to person-centred care
- Psychiatric and medico-legal reports

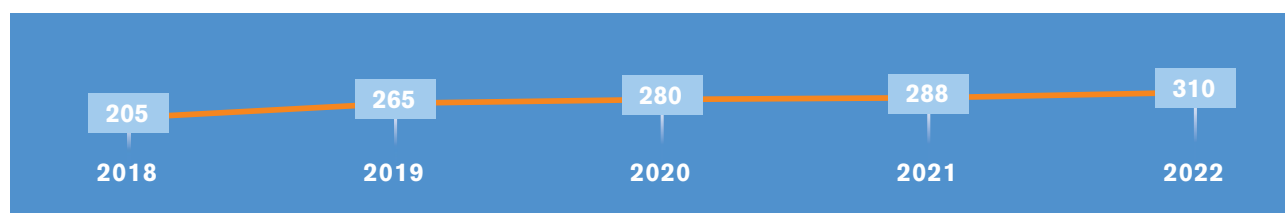
Service Developments and Initiatives

- Protocols - Compilation of guidelines on Pharmacological Management of Acute Behaviour Disturbance and Responding to Talk about Suicide
- Audit of Liaison Psychiatry Service examining annual referral patterns by programme, gender, diagnosis, review and initial consultation figures
- Development of a Suicide Awareness and Prevention Toolkit for staff, patients and carers in the NRH
- Psychology-Psychiatry Colloquia meetings to discuss jointly managed complex cases
- Teaching programme participant in NRH and St Vincent's Hospital. Topics include: Introduction to Psychiatry, Management of Psychiatric Emergencies, Drug Treatment in Psychiatry, Resilience after Trauma, Personality Disorder

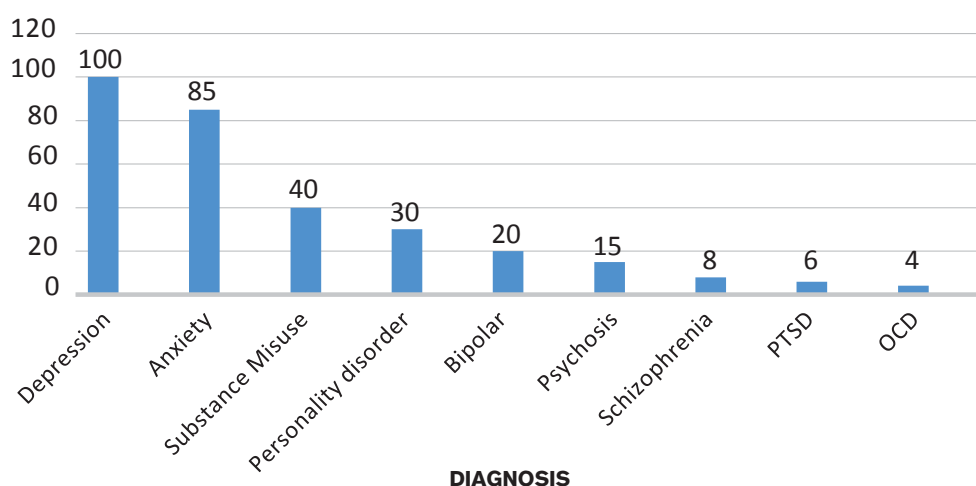
Additional Activities

- Patient Experience Project - Video on suicide awareness
- Magic Minds Podcast: Stories that have the power to inspire - Interview on mental health
- Presentation to Hospital Board
- Member of Suicide Awareness Group, speaker at annual Suicide Awareness Day

Liaison Psychiatry Consultations 2018-2022



Consultation by Diagnosis 2022





Radiology

ROSIE CONLON
RADIOGRAPHY SERVICES MANAGER

Radiology Staffing and Services

In keeping with the mission of the NRH, the Radiology Department strives to provide high quality care and treatment to patients irrespective of background or status, but on the basis of clinical need. We aim to be sensitive and responsive to each person who avails of the service, ensuring that services are provided in a warm, welcoming, and caring environment. In 2022, service delivery was adapted to ensure adherence to local and national infection control guidelines.

Diagnostic imaging services were provided by an expanding team, comprising of a part-time Consultant Radiologist, a Radiology Services Manager, two Clinical Specialist Radiographers, a Senior Radiographer and two part time Radiology HCAs.

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) Programme and Paediatric Programme:

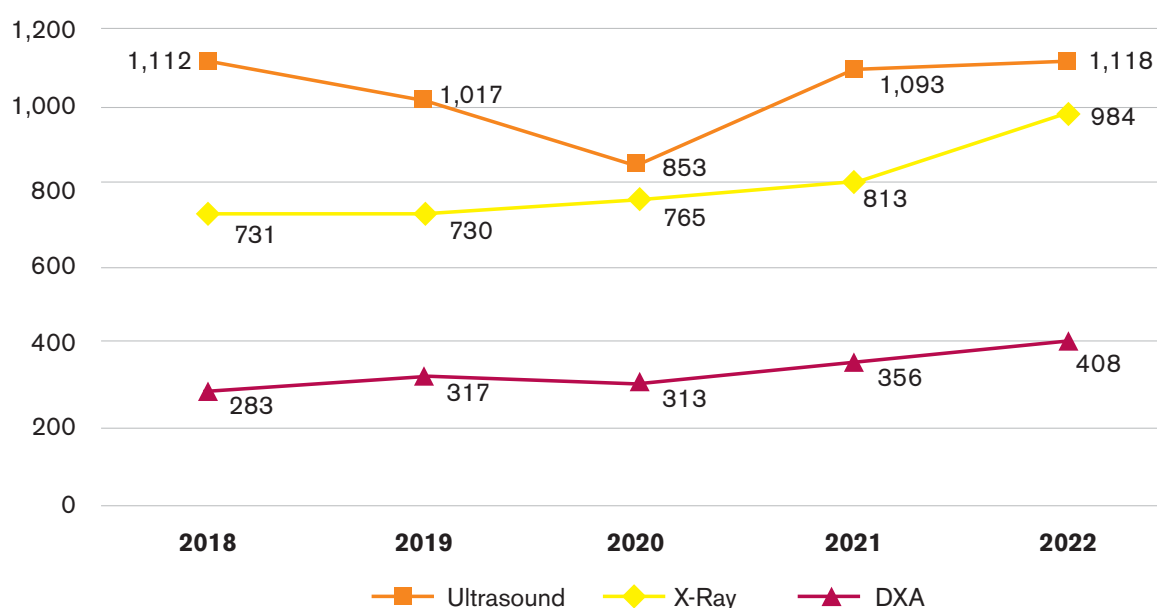
- General radiography, ultrasound (portable service also now available), mobile radiography, special procedures, and Dual-energy X-ray Absorptiometry (DXA) scanning.
- CT scanning service at St. Columcille's Hospital, Loughlinstown.
- MRI available locally at Blackrock Clinic.
- 24-7 On-call radiography service at the NRH.

Activity Data

Radiology activity data for 2022:

- **Ultrasound** - 1118 examinations were performed, an increase from 2021.
- **General X-Ray** - 984 examinations were performed, a significant increase from 2021.
- **DXA scans** - 408 were performed, again a significant increase from 2021.

Radiology Annual Statistics 2018 – 2022



Services and Developments

DXA: A locum Clinical Specialist DXA Nurse is employed one day per week. She is involved in DXA service development and planning at the NRH and 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: The introduction and provision of a welcome gynaecological ultrasound service at the NRH is ongoing. A new Clinical Specialist Sonographer has been appointed with advanced clinical skills and a Musculoskeletal ultrasound service is now more readily available with plans for further advancing the usage of ultrasound at the NRH. In 2022, an increasing number of specialised interventional procedures were performed under ultrasound guidance such as intramuscular, joint injections and salivary gland botulinum toxin injections.

A portable Ultrasound machine is in use for specific patients to deliver point of care diagnostics at the bedside where indicated. This is particularly advantageous to patients for whom it is more challenging to leave the Unit environment.

X-Ray: The state-of-the-art portable digital x-ray machine installed and operational in the new hospital and has allowed an increased number of portable examinations as required - this has been particularly helpful during the pandemic.

Nurse prescribing: Nurse prescribing of ionising radiation at the NRH continues successfully within the nurse-led Urology service.

NIMIS: A national NIMIS upgrade to NIMIS (CHEV) 2.0 was successfully completed in June 2022. The upgrade to NIIMS CHEV allows users to search and review patient imaging more efficiently across the hospital. BEAM (image sharing) continues to be operational with more non-NIMIS hospitals going live – making the sharing of patient imaging more efficient between the NRH and other healthcare providers.

Key Milestones and Issues

Most of the recommendations from the Radiographer Staffing Review have now been implemented.

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.

RADIATION SAFETY

The Radiation Safety Committee (RSC) chaired by Dr Brian McGlone convened twice in 2022 as required, via a combined in-person and MS Teams format. The role of the RSC is 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 ionising radiation in the NRH. Internal QA programmes continued throughout 2022 as well as participation in the National Radiology QI Programme of the RCPI. The policy on Ionising Radiation: 'Protection of the Unborn Child' was updated.

All local (NRH) Diagnostic Reference Levels (DRL) were reviewed and compared with national DRLs for all X-Ray procedures, including portables and for DXA.

The high quality and large numbers of Clinical Audits carried out by the Radiology Team in 2022 was commended, including a new 'Staff Radiation Safety Survey 2022' and an audit of 'NRH Portable Chest X-rays 2022', as well as a 'Justification Audit' and an audit of NCHD Radiation Safety training. New recommendations arising from these were adopted for clinical practice. The regular annual audits on patient ID, staff doses, QA compliance and pregnancy declaration carried out during the year were also presented to the RSC.



The NRH Assistive Technology Service has recently expanded to provide assessments to Outpatients and there is now a link with the Vocational Assessment service as required.

The annual audit of the practice of both Urology Nurse referrers for ionising radiation at the NRH confirmed excellent compliance with referral criteria. Radiation safety training for new NRH employees is delivered at NRH Induction and online radiation training continues for NCHDs. Radiation safety training for Porters, Security and TSD has also been carried out by Carmel Kelly.

Improvements were made in how patients attending Radiology are informed of the radiation dose of their procedure to meet HIQA requirements. Radiation incident reporting including near misses were reviewed. An update on radiation safety is provided to the monthly Radiology Departmental meetings.

Under the Service Level Agreement with SVUH, assistance and expertise were received again during 2022 from Dr Julie Lucey as Radiation Protection Adviser (RPA) and from the newly appointed Medical Physics Expert (MPE), Ms. Danielle Maguire, Senior Physicist, SVUH. Carmel Kelly, Clinical Specialist Radiographer continues as the Radiation Protection Officer (RPO) for the NRH and presented to the QSR Committee in December of behalf of the RSC. The RPO and the undertaking (CEO of the NRH) now meet annually to discuss updates in legislation and discuss radiation safety at the NRH as advised under the Code of Practice Guidelines from the Environmental Protection Agency (EPA).

Social Work

ANNE O'LOUGHLIN
PRINCIPAL SOCIAL WORKER

Service Provision

Social Work is a practice-based profession and an academic discipline that promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance wellbeing. Social Workers work alongside people to assist them to make positive change in their lives in order to improve their wellbeing. We work in a way that takes account of all parts of a person's life whilst striving to keep them at the center of decision making.

The services offered by the Social Work Department include: psychosocial assessment of the patient and family situation, counselling and support to patients and families, carer training programmes, care planning; complex discharge planning, advocacy 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 2022

The team has continued with a series of planning meetings to restructure the Departmental processes around increased staffing and the move to staff being mainly based on the Units. Priorities now include reestablishment of in-person or hybrid groupwork for families and carers. There are several key developments which will affect how services are developed and delivered including the Assisted Decision-Making Act (ADMA), the implementation of the Wasted Lives report and the national housing crisis.

Assisted Decision-Making (Capacity) Act 2015 (ADMA): The full commencement of the ADMA 2015 is planned for early 2023, now that key amendments to the legislation have been passed by the Oireachtas. The Act establishes a new legal framework for supported decision-making and will be relevant to many NRH patients. The ADMA protects the right of individuals to be assisted to make decisions with legally recognised supports, regardless of disability, or any condition which may affect their decision-making capacity. The ADMA establishes a legal framework for how we apply policies, standards, and practice guidelines. The functional approach to decision making outlined in the Act will mean that assessment of capacity needs to be time and issue specific and patients recovering from acquired brain injury and other neurological conditions may require multiple assessments over time. This will also impact on our pre-admission, outpatient and outreach services and has implications for how we carry out research with our patient cohort. A group chaired by the Safeguarding Officer Phil Butler and Dr Sarah Casey, Senior Neuro- Psychologist, has developed training and is raising awareness of the Act among staff. An implementation committee is being established to oversee an implementation plan and report to IEHG in this regard.

Complex Discharge Co-ordinator: The continued development of the Complex Discharge Co-ordinator has been instrumental in supporting the Government policy shift towards discharging patients home and increasing timely and appropriate discharge outcomes. The NRH is working in collaboration with Roisin Maguire, General Manager, Services for Older People and Community Operations, HSE. At an operational level, this involves enhanced planning and engagement with service providers as early as possible in the rehabilitation journey, preferably from the pre-admission phase. The allocation of approximately €2m nationally to support home discharges for patients with complex needs is utilised for patients requiring 56 or more hours of in-home care. At a strategic level, meetings will commence in early 2023 with the HSE, IEHG and the

Clinical Lead for the Rehabilitation Medicine Programme to work towards a pathway approach to high complexity cases. Claire Convery and Anne O'Loughlin are members of the HSE working group on decanting people under 65 in Nursing Homes with a view to preventing further inappropriate referrals and admissions.

The increased complexities in terms of social challenges including addiction, mental health, poverty, homelessness and more recently, those arriving with war related injuries has resulted in requiring stronger links with Inclusion Social Work services in the Mater and other hospitals.

Delayed Transfers of Care remain a major challenge due to the ongoing national shortage of professional carers, difficulty accessing nursing care for patients with neurogenic bowel and bladder management, and lack of funding for specialist placements for patients with complex behavioural needs. The single biggest issue however is the lack of accessible and affordable housing which will remain a major block for many years to come. Patients who need to move to new accommodation



or who require housing adaptations can wait many months or even years for a suitable home and many of those who are homeless, or refugees are unable to access suitable accommodation and or support services.

Safeguarding: The Social Work Department continues to offer Designated Person support and intervention in relation to child and adult safeguarding issues. The Safeguarding and Patient Rights Committee (SPRC) has continued to work towards promoting the safety and rights of all NRH patients. In 2022, there were 27 cases referred to the Safeguarding Officer relating to Vulnerable Adults. A series of Unit based training sessions were facilitated on the Units to increase awareness of safeguarding and 'Children First' and these will continue throughout 2023. Since joining the IEHG, the hospital has access to a Children First Training and Development Officer who will provide advice and support to the hospital. Anne O'Loughlin attends relevant update meetings with IEHG to report on compliance with Children First and is an external member of the SJH Safeguarding Committee.

Research: The guidelines for family meetings in the NRH will be launched in 2023 based on feedback from research on patient, family, and staff experiences. A research project with Dr Paul Carroll, Consultant in Rehabilitation Medicine on how staff interact with distressed families is ongoing. It is hoped that this research will inform enhanced training and supports for staff. Phil Butler is completing her PhD on the lived experiences of mothers with acquired brain injury.

Supports for Child Relatives: The final booklet in the resource pack developed by Phil Butler for child relatives of patients with a brain injury has been completed. A similar resource being developed for parents with a spinal cord injury by the social work staff and IDT colleagues will be launched in 2023. It is hoped that these resources can raise awareness among patients, extended family, teachers and other relevant persons in the child's life and enhance coping through access to child friendly information and advice.

Activity for 2022

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

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

- National Clinical Programme for Rehabilitation Medicine 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
- International Social Workers in Acquired Brain Injury (INSWABI) Committee
- HSE Expert Advisory Group on the Disabled People on 65s in Nursing Home Project

Education and Training

The Social Work Department provides placements 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.

The Department is involved in the following research Projects:

1. Stress and distress associated with working with families in a healthcare context: a preliminary exploration of staff and team experiences at a national rehabilitation hospital (with Dr Paul Carroll)
2. Phil Butler is completing a PhD on "Supporting mothers with an acquired brain injury and their families"

Publications:

1. Phil Butler: 'Social Work and Brain Injury Rehabilitation', Irish Social Worker journal

I would like to thank all the Social Work Staff for all their hard work and dedication throughout 2022.

Speech & Language Therapy

ROISÍN O'MURRAY

SPEECH AND LANGUAGE THERAPY MANAGER

ALICE WHYTE

A/SPEECH AND LANGUAGE THERAPY MANAGER

The Speech and Language Therapy (SLT) Department is driven to provide best practice based on national and international standards. We aim to empower patients with the skills to eat, drink and communicate to the best of their abilities. We work together with patients, their families and IDT members to optimise the person's recovery of communication and or swallowing skills.

Education is a fundamental part of our service. We aim to share our knowledge, skills, and experience with stakeholders internal and external to the NRH.

Programme-specific Speech and Language Therapy Services

The SLT Service is delivered across all NRH Clinical Programmes, with the Interdisciplinary Teams (IDT), to maximise patient outcomes.

Specialist SLT is delivered by expert staff to patients admitted to the following Programmes:

- Brain Injury Programme including Prolonged Disorders of Consciousness (PDoC)
- Stroke Specialty Programme
- Spinal Cord System of Care
- Prosthetic Orthotic and Limb Absence Rehabilitation (POLAR) Programme
- Paediatric Family-Centred Rehabilitation Programme

SLT services which were specific to each of the above Programmes are detailed in Section Two (NRH Rehabilitation Programmes) of this Report.

Cross-Programmatic SLT (services delivered across all Rehabilitation Programmes)

The SLT Department provides specialist treatment to patients from across all NRH Clinical Programmes (Cross-Programmatic Services), these include:

- Fibreoptic Endoscopic Evaluation of Swallowing (FEES)
- Assistive Technology (AT) Clinic
- Audiology
- Tracheostomy
- Practice Education

FEES: A total of 86 FEES procedures were carried out in 2022.

Assistive Technology (AT) Clinic: In 2022, 144 patients accessed Alternative and Augmentative Communication (AAC), Computers and Environmental Control systems through the AT clinic. Outreach and telehealth continues to be a key aspect of the service.

Audiology: 43 Audiology screens were completed in 2022, which is an increase from 34 screens in 2021. This service provides important information to patients, their families, and IDTs. We also facilitate onward referrals to HSE audiology services for expert assessment and hearing aid provision.



Tracheostomy: The SLT Department provides specialist tracheostomy input to inpatients across all programmes. In 2022, tracheostomy practices in the Prolonged Disorders of Consciousness (PDoC) population over the past five years were audited. The results revealed growing numbers of admissions of patients with tracheostomies and patients who had their tracheostomy removed during their admission.

Practice Education: The SLT Department offers practice education placements to 13 SLT students from TCD, UL and NUIG.

Milestones and Issues for the Speech and Language Therapy Service in 2022

There were a number of exciting milestones for the SLT Department during the year which included;

- A dedicated 0.5 Clinical Specialist resource contributing to the development of the Paediatric Outpatient and Outreach Service.
- Acquiring the first Phagenyx machine in the ROI to provide specialist rehabilitation to patients with dysphagia.
- Strengthening links with the Volunteer Service and facilitating several volunteer placements within the department.



Patients from all Rehabilitation Programmes participated in the annual Sports Championships in November.

Key NRH Developments and Initiatives

Project Fusion

Project Fusion is developing an electronic patient record (EPR) for the NRH. This is a joint project between the NRH, the HSE, InterSystems (ISC), and the National Forensic Mental Health Service (NFMHS). It aligns with the hospital's Organisational Strategy, National Strategies (eHealth and Clinical) and international evidence.

The aim of the project is to deliver a digital health solution that will enhance the delivery of rehabilitation services within the NRH campus, as well as to influence and contribute to change across the wider rehabilitation and Irish health ecosystem. This will be achieved by developing and implementing the secure, electronic patient record.

Benefits of an electronic information system are:

- Access to near real-time patient information is faster and safer.
- Improved communication and transfer of information supports Interdisciplinary Team (IDT) Working.
- Improved efficiency and co-ordination of processes across the patient journey.
- Improved application of data protection regulations.
- Access to information has potential to engage patients in their care and promote increased self-management.
- Clearer picture of rehabilitation pathways and opportunities for improvements in Integrated Care.
- More accurate and reliable data required for organisational and national reporting.

Documentation workshops, in collaboration with clinical staff, have been ongoing to build the required documents into the system. At Go-Live, the NRH will be a paper-lite organisation – some form of paper charts will be in use while the building of clinical documents on the system continues to completion. The documentation of clinical information will Go-Live on a phased basis, by Programme. Clinical Go-Live is targeted for autumn 2023.

The NRH Sports Championships

The NRH sports championships is an annual event which is open to participants from all adult rehabilitation programmes in the NRH. The event takes place over a number of days. It is a friendly competition where participants can take part in a number of competitive events and also try out some other sports that may interest them. This event has been run successfully for the past nine years and the NRH Sports and Exercise Physiotherapy Team are delighted to showcase the world class sports and exercise facilities during the event. The NRH are pleased to partner with external organisations for the Championships, including: Archery Ireland, Acquired Brain Injury Ireland, Dún Laoghaire Rathdown Sports Partnership, Irish Wheelchair Association, Spinal Injuries Ireland, Swim Ireland, Table Tennis Ireland and Tennis Ireland. The event provides excellent opportunities for people of all abilities to begin or continue sports that they may have been exposed to for the first time while staying in the NRH. From recreational sport to highly competitive sport, we encourage all patients in the NRH who would like to try a new or familiar sport in a different way to do so while they are an Inpatient, and our links with community organisations will then facilitate these activities to be continued after discharge. In 2022, over 100 patients attended the Championships.

National Rehabilitation Hospital Clinical Audit & Quality Awards

All NRH programmes, departments, teams and committees were invited to submit details of their Audit or Quality Improvement Initiative for the inaugural NRH Clinical Audit and Quality Awards. The Awards were initiated by the Quality, Safety and Risk Committee. The awards were based on projects that excelled in the development of any new pathways of care; introducing changes that enhance patients' experience; introducing new information for patients; or any projects that helped staff wellbeing. A total of over 40 submissions of extremely high quality were received from across the hospital and the inaugural Awards event was held in December.



IDT Quality Care

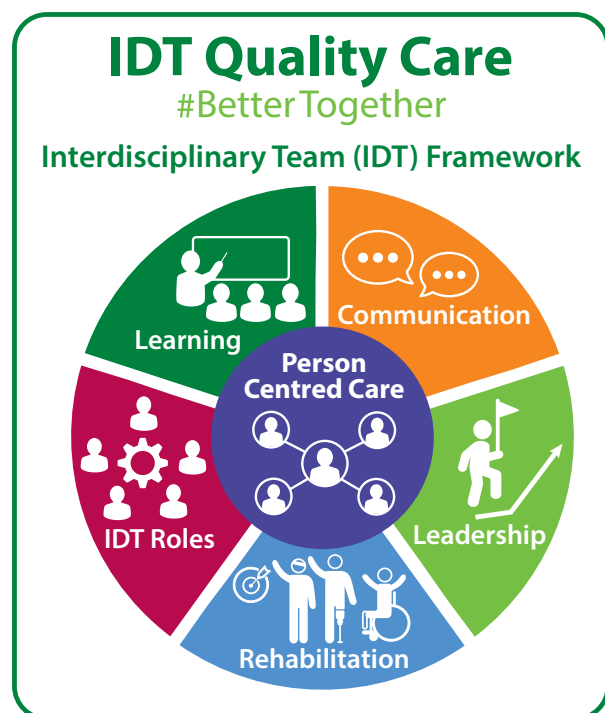
'BUILDING A FRAMEWORK AND CULTURE OF INTERDISCIPLINARY TEAM WORKING IN THE NRH'

This hospital-wide initiative is focussed on the continuous development of Interdisciplinary Team (IDT) working in line with the hospital's overall strategy to deliver safe and effective rehabilitation services in the new state-of-the-art hospital environment.

Benefits of IDT Working

- IDT Working is the gold standard in rehabilitation
- IDT Working has positive outcomes for patients, staff and the organisation
- A shared understanding of IDT Working and individual roles within the IDT team
- Developing a common language around the provision of rehabilitation through IDT working

The NRH IDT Framework **was developed with staff and patients** through the integration of research, staff and patient experiences. The core components of the IDT Framework are shown in the symbol below.



The framework describes what each component is and isn't, why it's important and what it means from the perspectives of different team members. The IDT Framework provides a common reference for IDT working. It is a prompt for all staff to think about:

- individual role(s) within a team,
- the knowledge and skills brought to a team,
- the impact of behaviours or actions on others in a team,
- how everyone can integrate their knowledge and skills with those of colleagues, the patient and their family to achieve the best outcomes for everyone.

IDT GOAL SETTING PROCESS

NRH is changing the way we approach goal setting. Unit Teams are keen to make the process more patient centered and collaborative. The Person centered goal setting is an integral component of IDT working. A group of representatives have come together from across the NRH community to share ideas and their experience of our current goal setting process. This is with the view to signposting an improved process and new way forward. A significant amount of information has been gathered from as many stakeholders as possible over a number of months. Suggested changes to the process have been drafted and some Unit teams have trialled different aspects of this revised process. Working is ongoing to select Unit teams to commence trial of the entire process with a view to providing a quality goal setting process for all of our patients.

The ROSIA Project

The NRH is one of the 12 partners in the European funded ROSIA Project, as well as being a lead procurer and one of three Pilot Sites for the project.

ROsia (Remote Rehabilitation Service for Isolated Areas) is a European Commission Horizon 2020, Pre-commercial Procurement (PCP) project, consisting of 12 partners across five countries (Ireland, Spain, Portugal, Netherlands and Denmark).

ROsia's main objective is to address healthcare provision shortcomes 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 (telerehabilitation) and disruptive technologies (virtual-augmented reality, depth cameras, sensors, IoT, or artificial intelligence) as part of a new and comprehensive service delivery for patients across Europe.

The project has a planned duration of 54 months, from January 2021 until August 2025.

ROsia PROCURERS AND TEST SITES

ROsia buyers' group represents three different European healthcare systems: the **National Rehabilitation Hospital, Ireland; SALUD**, a regional authority from **Aragon, Spain**; and **Coimbra Univ. Hospital** from **Portugal**. Validation will take place in two shires or localities per country. These public procurers plan to acquire, through the Public Procurement of Innovation instrument (PPI), the design of the future's tele-rehabilitation services for remote areas.

The ROsia project aims to accomplish a triple victory: Patients, Healthcare and Entrepreneurship. Patients in rural areas will be empowered; they will be able to work through their rehabilitation programmes from home. The healthcare system will be empowered; it will be able to meet its patients' needs without requiring them to travel long distances. And the European business community will be empowered; it will have a chance to invest in new ideas and to find a way to market them.

INSPIRE-NRH - An Innovative, Specific People Initiated Research Evaluation

The INSPIRE-NRH project follows an embedded research model, and the academic researchers work collaboratively with a team of multi-disciplinary clinicians within the hospital (the IDT Quality Care Team) and two former patients on a co-research team. Together, the co-research team identify, and pursue research questions related to interdisciplinary teamwork and patient-centred care within the NRH. Through a mixed-methods, co-research approach we aim to explore ways to facilitate quality improvement in interdisciplinary teamwork within the hospital. Data collection is currently underway for a study focused on the new IDT goal setting process, from the perspective of both staff and patients – the protocol for this study can be found on HRB Open (<https://doi.org/10.12688/hrbopenres.13700.1>). The INSPIRE-NRH project team consists of Lauren Christophers postdoctoral researcher, and Zsafia Torok, research assistant, working under the supervision of Professor Áine Carroll.



Section 4 Corporate and Support Services



June Stanley
Deputy Chief Executive



Liam Whitty
Catering Manager



John Fitzgerald
Materials Manager
(to April)



Olive Keenan
Human Resources Manager



Liz Maume
Patient Experience and
Healthcare Data Manager



Elayne Taylor
Risk Manager



Rosemarie Nolan
Communications Manager



Jason Farrell
A/Materials Manager
(from April)



Dr Cara McDonagh
Chairperson, DDMBA
(to December)



Fr Michael Kennedy
Chaplaincy



Aoife Mac Giolla Rí
School Principal



Sarah Kearney
Interim Academic Lead
(to February)



John Maher
Information Management
and Technology Manager



Rose Curtis
Occupational Health Nurse



Brendan Martin
Payroll and Superannuation
Manager



Peter Byrne
Technical Services Manager



Ruth Maher
Academic Lead
(from February)



Daragh Bolton
Head of Security
Services

Academic Department

RUTH MAHER
ACADEMIC LEAD

The Academic Department has an expanded role in supporting research activity within the NRH, through three discrete functions, namely:

- Research Support – supporting NRH Staff and external applicants with research concept proposals and submissions to the NRH Research Ethics Committee
- Operational Research Governance – ensuring that operational requirements are met as part of research applications
- Delegated role in supporting the running of the NRH Board Sub Committee on Research Ethics

In addition, the Ivy Building, hosts a number of research staff and coordinators who are employed through the NRH or our Academic Partner, University College Dublin on specific research projects under the direct supervision of a NRH Consultant Principal Investigator.

RESEARCH STAFF

In May 2022 the NRH welcomed Dr Lauren Christophers, UCD Post Doc Researcher and Dr Zsafia Zorok, UCD Researcher to their roles as the first NRH Embedded Researchers. Both Lauren and Sofia are based in the NRH as part of the INSPIRE Research Project (Principle Investigator (PI) Prof Aine Carroll). In July the NRH said goodbye to Alli MacLean, ROSIA (Remote Rehabilitation Service for Isolated Areas) Coordinator and in September welcomed Rajni Mamgain to her new role as ROSIA Coordinator (PI Prof Aine Carroll).

UCD CLINICAL RESEARCH CENTRE

In May 2022 the UCD Clinical Research Centre had an Information Stand on World Clinical Trials Day. In December the Department welcomed Kate Traynor, UCD Clinical Research Centre Coordinator (UCD CRC Lead Prof Aine Carroll). Work is currently underway to identify and develop a UCD CRC Research Facility in the NRH to support clinical research in advance of the Phase II development of the Hospital.

HEALTH RESEARCH BOARD (HRB) SUMMER SCHOLARSHIP

We were delighted to welcome UCD Medical School Student and HRB Summer Scholarship Recipient, Aisling O'Keeffe, to the NRH to undertake her research project 'An Exploration into the Use of Patient Experience to inform improvement in a National Rehabilitation Hospital'

Principal Investigator: Prof Áine Carroll, Lead Researcher: Aisling O'Keeffe, Supervisor: Dr Andrew Darley, UCD

INAUGURAL NRH CLINICAL AUDIT AND QUALITY IMPROVEMENT AWARDS

The second place in the Category 'Use of Information' was awarded to the research project 'An Exploration into the Use of Patient Experience to Inform Improvement in a National Rehabilitation Hospital' (details as outlined above).

Research Ethics Committee (REC)

Prof Richard Reilly stepped down from his role as a member of the NRH Research Ethics Committee in February 2022. The Committee would like to thank Prof Reilly for his unfailing work as a member of the Committee over many years. In February, the new Academic Lead, Ruth Maher, joined the committee.

During 2022, the NRH REC held five meetings and returned to in-person meetings following the COVID-19 pandemic. The Committee approved five new research studies and received the final reports for five additional studies. In addition, five research studies had amendments approved, and eleven research studies provided interim study updates.



5 RESEARCH STUDIES APPROVED:

The Experience of Parenting with an Acquired Brain Injury

Principal Investigator - Dr Sabrina McAlister

Lead Researcher - Jean Harrington

Supervisor - Clare Hornsby, University of Plymouth

Supporting Mothers with Acquired Brain Injury and Their Families.

Principal Investigator - Dr Kinley Roberts

Lead Researcher - Phil Butler

Prosthetic use in individuals with lower limb amputations who need help to walk: A qualitative study on perceived enablers and barriers.

Principal Investigator - Dr Jacqui Stow

Lead Researcher - Lorraine Dunne

An Exploration into the Use of Patient Experience to Inform Improvement in a National Rehabilitation Hospital*

Principal Investigator - Prof Áine Carroll

Lead Researcher - Aisling O'Keeffe

Supervisor - Dr Andrew Darley, UCD

* The above study was completed and the final report presented to the REC in 2022 also.

Practice-based Interprofessional Education in Healthcare – an exploration of the experience of practice educators

NRH Principal Investigator - Prof Áine Carroll

Principal Investigator - Dr Emer McGowan (TCD)

NRH Co-Investigators - Ruth Maher, Marie Cox

RESEARCH STUDIES FINAL REPORT AND OR PRESENTED TO THE REC:

PROMPT: Ethical Decision-Making Tool for Pandemics

Principal Investigator - Prof Áine Carroll

Lead Researchers - Dr Cliona McGovern and Dr Edelweiss Aldasoro

Preparing for Discharge: A qualitative, thematic analysis of the experiences of patients with spinal cord injury prior to discharge from rehabilitation

Principal Investigator - Dr Cara McDonagh

Lead Researcher - Natalie Kavanagh

An exploration of patient safety culture in a neuro-rehabilitation hospital setting through an evaluation of the attitudes and perceptions of healthcare professionals

Principal Investigator - Prof Áine Carroll

Lead Researcher - Elayne Taylor

School life following a Traumatic Brain Injury: experience of adolescents, their parents and teachers in the Irish context.

Principal Investigator - Dr Susan Finn

Lead Researcher - Elizabeth Lane, UL

Co-Investigator - Dr Sarah O'Doherty

Updates on Key NRH Research Projects

Exploring the black box of interdisciplinary (IDT) working in a National Rehabilitation Hospital during a transition to a new hospital facility.

Principal Investigator and Lead Investigator, Prof Áine Carroll

Post-Doctoral Researcher, Dr Lauren Christophers

Research Assistant, Dr Zsafia Torok

The study aims to examine the impact of an intervention to improve interdisciplinary working and explore the relationship between team working and impact on staff and patients. An extension to this study, initially eighteen months in September 2019, for an additional twenty-four months was approved by the NRH REC in July 2022, with some modifications to the methodology and as the study had been hampered due to the COVID-19 pandemic.

ROSIA (Remote Rehabilitation Service for Isolated Areas) is a European Commission Horizon 2020 funded, Pre-commercial Procurement (PCP) project, consisting of 12 partners across five countries – Ireland (the NRH) Spain, Portugal, Netherlands, Denmark from January 2021 – August 2025.

ROSIA's main objective is to address healthcare provision shortcomings and advance innovative digital solutions with development of devices and applications enhancing community care services for patients in their rehabilitation journey.

The NRH Principal Investigator - Prof Áine Carroll

The NRH ROSIA Project Team Members are:

Prof Aine Carroll, Rajni Mamgain, Project Coordinator, Sam Dunwoody, Dr Amanda Carty, Rosemarie Nolan, John Maher, Orla McEvoy, Dr Cara MacDonagh, Patrick Noonan, Kate Traynor (joined December 2022), George Dunwoody (Research Innovation & Business Development - International Development)

The ROSIA Project abstract was accepted for an oral presentation at the All-Ireland Conference of Integrated Care, Alli McClean presented on 10th March 2022. NRH hosted a stand in the Exhibition Hall for the AICIC conference with a view to increasing awareness and engagement in the ROSIA project. The ROSIA Project was also presented at the Acquired Brain Injury Seminar in May 2022.

IDT Quality Care leads and Researchers from the Academic Department at the NRH are working collaboratively on a study to examine the impact of an intervention to improve interdisciplinary working and explore the relationship between team-working and its impact on staff and patients.





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 2022 was €808,500 (excluding wages) and the income was €441,872. I am proud to say that the staff in the Catering Department met the challenges of providing a high quality service with professionalism and dedication to our patients and colleagues who avail of the catering service.

Highlights in 2022

In 2022 the catering service were awarded with the **Irish Happy Heart Award – Silver Plate** and **Accreditation distinction in Food Safety, from the Food Safety Authority of Ireland**

The catering department held International themed days, such as Indian, Mexican, Chinese and Italian food, all of which were a great success. Other events held during 2022 include the Staff Summer BBQ and Annual Christmas Parties for Patients and Staff. All COVID-19 regulations were met and these events were greatly appreciated by all.

Central Supplies

JASON FARRELL
A/MATERIALS MANAGER

The settling-in period after the move to the new hospital environment provided some challenges for Central Supplies in ensuring orders of new equipment were ordered and delivered in a timely manner. The upgraded purchasing and inventory control logistics software programme has been successful for the department and the hospital.

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. The Supplies Manager assists 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 2022 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; maintaining 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.

Central Supplies managed preventative maintenance contracts for medical equipment to reduce costly repairs and downtime on essential medical equipment for hospital Units and therapy departments. In this regard, Central Supplies works collaboratively with the Clinical Engineering Department.

End of year stock count was successfully completed with optimum stock value and quantity accuracy to provide efficient and effective service.

In addition, during 2022, the Central Supplies Department worked collaboratively with hospital departments to ensure compliance with HSE, HIQA and CARF accreditation standards. The Department sourced the most cost-efficient products for the Infection Prevention and Control Department, the Wheelchair and Seating Clinic and all services across the hospital.

Chaplaincy

FR. MICHAEL KENNEDY, CSSP

The Chaplaincy Service 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. It also provides a space for prayer and worship in the hospital chapel and in the multi-faith room. Fr Michael Kennedy is the full-time Chaplain.

The Reverend John Tanner is the appointed chaplain from the Church of Ireland to the NRH. Ministers of other faiths can be contacted as requested. Eileen Roberts is part time sacristan. St. Vincent De Paul Society meet each week at the NRH and offer pastoral, listening and financial assistance to patients and their families.

VISITING PATIENTS

The Chaplain is on call 24/7 and the hospital provides onsite accommodation to facilitate the chaplain's availability to patients at all times of the day and night. 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, the NRH Staff Induction Programme, and the Dublin Chaplaincy Association.

HOLISTIC APPROACH

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

MILESTONES AND KEY ISSUES IN 2022

The Chaplaincy Department appreciates the support of the Information Technology Department and the CEO for the successful installation of the chapel streaming service which is in operation. This very important milestone allows patients who are unable to come to the chapel to watch Holy Mass on the TV in their rooms. I wish to acknowledge my appreciation to Fr Michael Simpson for his availability to help with Holy Mass during times of annual leave.



Communications

ROSEMARIE NOLAN
COMMUNICATIONS MANAGER

During 2022, the requirement continued for rapid response communication to patients, families and staff due to the changing restrictions, guidelines and operational adjustments imposed by COVID-19. 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. A range of information posters, leaflets and booklets for patients, staff and visitors were produced by the Communications Department and these were available on the hospital website. The Communications Department launched the hospital's new Website just before the pandemic began, and in collaboration with the IM&T Department and the Intranet Governance Group, the hospital Intranet also went live. The Department looks forward to returning to the development plan for digital communications now that the demands of the pandemic are beginning to lessen.

The Communications Department supported our colleagues from across the hospital in keeping staff informed about major projects, initiatives and events throughout the year. Some of these include:

EVENTS AND POLICY UPDATES RELEVANT TO PATIENTS, STAFF AND FAMILIES OR CARERS:

- Revised National Consent Policy 2022
- Annual 'Life beyond the NRH' information day providing patients with an opportunity to meet representatives of external agencies that provide support services and peer support following their discharge from the NRH
- Information for patients and staff and families about 'Woodpark' pre-discharge Unit Coordinator Training
- Aphasia Awareness Days
- Raising awareness of the JAM (Just A Minute) Card which is designed to allow people with a communication barrier to ask others for their patience some extra time and privacy to enable them to communicate
- Providing a list of outdoor spaces that are available to all patients and visitors of the NRH
- Brain Awareness Week
- Accessibility Awareness Day focussing on emergency power outage planning for people who use electricity and battery dependent assistive technology and medical devices
- NRH Annual Sports Championships
- NRH Annual Farmers' Day
- NRH Ladies' Day run by the SCSC Programme
- NRH PAEDS-POLAR Patients and Family Day
- World Patient Safety Day focussing on 'Medication Without Harm' and raising awareness of what we do in the NRH to minimise medication harm in high-risk situations, transitions of care and polypharmacy
- Launch of the NRH Hospital Major Emergency Plan
- New Technical Services Department Ticketing System
- New staff ID card system that will now be issued by the Security Department

- Celebrating Life through Music at the NRH
- Staff BBQ Event (followed by a swim in Seapoint for those staff who wish to participate)
- Launch of new Staff Swim Initiative where staff can access the lap pool in the Aquatic Therapy Department at certain hours outside of patient treatment times
- 'Walktober' Step Challenge for staff during the month of October
- Announcement of our colleagues Derrycourt's success at the Irish Contract Cleaning Association's independently judged awards for Best Operative, Best Supervisor, and Best Overall Site for the NRH, from 66 sites.
- Launch of IDT Quality Care Portal
- NRH 'State of the Organisation' review – carried out by the research team from IFIC (International Foundation for Integrated Care)
- NRH Clinical Audit and Quality Awards celebrating Quality Improvement Initiatives in the NRH throughout the year

MAJOR PROJECT UPDATES IN RELATION TO:

- The ROSIA (Remote Rehabilitation Services for Isolated Areas) Project – Funded by the European Commission 'Horizon 2020' fund
- Interdisciplinary Team (IDT) Quality Care Initiative
- Max Rehab (Maximising Rehabilitation Opportunities for Patients) initiative
- Project Fusion - developing an electronic patient record (EPR) for the NRH

INVOLVEMENT IN THE FOLLOWING PATIENT AND STAFF INFORMATION PROJECTS:

- Pre-admission Patient Information Booklet (across all Programmes)
- Pre-admission Patient Information Booklets for individual Programmes
- SCSC Suite of Patient Information Booklets for People with Spinal Cord Injury
- Suicide Awareness Toolkit designed for the NRH Intranet

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. The Department looks forward to returning to the development plan for digital communications now that the demands of the pandemic have eased – the plan was interrupted due to the demands of COVID-19 and also due to staffing shortages in 2022.

*Physiotherapy Manager
Rosie Kelly being
interviewed for the
RTÉ programme
'Nationwide' dedicated
especially to the NRH
Sports Championships
in November.*





Health Planning

EMMA MULHALL – FACILITIES AND PROJECTS ADMINISTRATOR

JAMES WITHERO – CLERK OF WORKS

The Health Planning Team (HPT) functions as the client's (NRH) representative on the New Hospital Project team (a three-phase development project). The primary responsibility of the HPT is to capture on an ongoing basis, the requirements of our stakeholders both internal and external, and act as facilitators working in partnership with the technical team to translate those clinical, operational, and human requirements into a fit-for-purpose, accessible-for-all design for all three phases of the new hospital development. The new hospital has been designed to create that specific environment to facilitate the delivery of rehabilitation by an integrated, interdisciplinary 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 is fully operational and the development is working very well for patients and staff. Patient accommodation comprises 120 specifically designed patient bedrooms and integrated rehabilitation-specific treatment spaces, in ten Units, over four levels. The building also includes a state-of-the-art Sports and Exercise Therapy Department and Aquatic Physiotherapy Facilities. As the COVID-19 restrictions eased somewhat, hospital tours were provided to small groups of retired staff, and past board members and employees who were involved in planning for the new facility over many years. The new hospital building main structure links into clinical and support services that will remain in the Cedars building pending completion of Phase Two

DEVELOPMENT OF PHASES 2 AND 3

The Health Planning Team are in the process of developing a brief to include 60 – 80 Inpatient beds for Phase Two. A schedule of accommodation and hospital requirements have been received by the Health Planning Team, from all Programmes and Departments and these have been submitted to HSE Estates. A design team has been appointed for a feasibility study which will commence following completion of the Suitability Assessment Report (SAR) by HSE Estates in 2023. The completion of Phases Two and Three will increase the bed and service capacity of the hospital.

CURRENT AND FUTURE DEVELOPMENTS AND PROJECTS

Current Minor Capital Projects include: Addition of IDT Treatment Rooms to the Spinal Injury Gym; addition of an external lift with access to additional outdoor spaces; and relocation of the hospital Pharmacy Department. The Health Planning Team are also working on a traffic management and additional car parking plan with key stakeholders, and work continues on the upgrade of spaces in the Cedars Building.

Memorial Garden Sculpture - The Positive Working Environment Group (PWEG) and Staff of the hospital participated in workshops to discuss their experiences of working during COVID-19 which resulted in staff expressing their wish to acknowledge the personal and collective loss suffered by staff during the Pandemic, while also commemorating the collective resilience, determination, commitment to others and hope in the face of a sudden and prolonged crisis. As a result, the Health Planning Team developed a brief and completed a tender document to commission a sculpture to mark the impact of COVID-19 on NRH staff members. The sculpture is due to be installed by Q3, 2023.

Human Resources

OLIVE KEENAN

DIRECTOR OF HUMAN RESOURCES

The HR Department provides a range of 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 HR Department is also involved in a number of corporate initiatives and projects across the hospital. It endeavours to provide a professional and effective service to the NRH and support all staff through the lifecycle of their employment, in an environment where they can work well and thrive in their role.

COVID-19

The challenge of living and working alongside COVID-19 continued in 2022. Our staff responded admirably and demonstrated great resilience and agility in the face of the ongoing challenges and unpredictability of the pandemic. The HR Department continued to support the hospital in its efforts and actions to respond to the crisis. HR had significant involvement processing the COVID-19 Pandemic Special Recognition Payment for those that met the eligibility criteria set out by the HSE.

Recruitment and Staffing

The biggest challenge for HR professionals continues to be staff recruitment and retention against a backdrop of shortages in Healthcare Professionals nationally. 2022 saw a significant increase in recruitment, selection and onboarding activity, coupled with challenges around the retention of current staff with new job and promotional openings within other environments as well as relocation opportunities nationally and abroad. The HR team have capably responded to an increase and complexity in HR transactional activities across the hospital, despite depleted staffing resources at times. HR has been involved with Health Sector Recruitment Fairs and International recruitment campaigns, as well engaging with new recruitment websites, including overseas websites for targeted recruitment campaigns, and participating in the NRH Recruitment and Retention Working Group. Our staffing ceiling further increased to 632 WTEs (712 Headcount).

HR Information Management System

Work has been ongoing to scope out requirements for an upgrade or replacement HR System project in 2023 as we are in legacy support with the current system and running multiple releases behind current production software. Successful procurement of an integrated and fit for purpose HR Information Management System (HRIS) will enhance available workforce information for managers and provide valuable reports to assist with decision-making processes.

Absenteeism

Staff absence rate for 2022 was 4.74% against a national target of 4.0%. This achievement demonstrates overall staff commitment and effective absence management. A broad spectrum of health and wellbeing initiatives are available to support staff and also to mitigate against work related illness and injury. The focus on absence management remains one of prevention, and health and wellbeing promotion.



*Members of the NRH Medical Team,
Dr Raymond Carson, Dr Leena
Abdelmoti and Dr Eoghan Sharkey.*

Employee Relations and Change Initiatives

The HR Department plays a key role in helping shape the NRH through organisational change and development plans in the achievement of its strategic and operational goals and objectives.

The HR Department continued to play a central role in supporting the 'Maximising Rehabilitation' Project during 2022, working with the Project Leads, Managers, Staff and their Union to implement necessary changes required for a more flexible service delivery and expanding rehabilitation opportunities for patients within a culture of 24-7 rehabilitation and Interdisciplinary Team working. Phase 1 of the project has been implemented and provides a more flexible therapy service over a six-day week, including Saturdays. Phase 2 of the project is supporting the implementation of an extended 8.00am to 8.00pm working day. It is acknowledged that this is a significant change for the staff involved and we continue to work together to embed new ways of working to use our NRH specialist resources in the most optimal way possible for patient benefit. I would like to take this opportunity to acknowledge the contributions, collaborations and commitment of all stakeholders involved in the project.

The Ireland East Hospital Group (IEHG) is facilitating a Nursing Review which is a tripartite process between the NRH, IEHG, and INMO. It is being overseen by a Local Implementation Group (LIG) led by the Chief Director of Nursing and Midwifery, IEHG and has the support and expert advice of the National Lead for Safe Nurse Staffing and Skill Mix. I would like to sincerely acknowledge the work and commitment given to this process to date by all the stakeholders.

Employee Engagement

The department works to foster a positive working environment and supportive culture within the hospital whereby staff can feel happy, healthy and well at work and in doing so are able to thrive and provide the best care and service to our patients. Staff engagement helps to encourage innovation, collaboration and partnership at all levels, and to create awareness of the challenges facing staff which ultimately can affect patient care and outcomes. Some of the many health and wellbeing initiatives available for all staff from our Occupational Health service include COVID-19-related wellbeing resources and activities offered through various channels such as coaching and psychotherapy.

The Positive Working Environment Group (PWEG) has a cross representation of staff on its membership and has monitored and responded to the needs of staff during a continued period of change and challenge in 2022. The subgroups of PWEG, namely the LGBTQ+ group and Diversity, Equality and Inclusion Group continue to increase staff awareness and promote inclusivity. Equality and inclusion in the NRH is fundamental to the hospital ethos. The PWEG Staff Wellbeing Framework was awarded 1st place in the Workforce category at the inaugural NRH Clinical Audit and Quality Improvement Awards 2022. The Framework was also the basis for the NRH submission to the Irish CX Impact Awards 2022, which was shortlisted in two categories:

- **CX Impact in Government and Public Sector**
- **CX Impact in Pharmacy/Health**

Key Department Developments and Achievements in 2022

Some of the HR Departmental highlights include:

- The HR Team continued to attract and recruit talented professionals to the NRH across the disciplines, despite the challenges encountered with shortages of healthcare professionals nationally.
- Improved recruitment processes including further exploring online recruitment platforms and software & candidate management systems with the IEHG. These initiatives will help to build our brand and profile as an Employer of Choice.
- Two HR Team members, Olive Keenan and Nicola Bell successfully achieved Professional Certificate in Process Improvement in Healthcare (Lean Green Belt), UCD / Mater Lean Academy, alongside our colleagues Aoife Langton, Programme Manager and Edwina Walsh, OT Manager. The NRH project was related to Joiners, Mover, Leavers (JML). Opportunities to lean out and automate some HR processes and HR forms were identified. IM&T have been supporting this work and have developed a prototype form and process to automate the Request to Hire and Post Approval procedure. Once these forms are rolled out, we will work on automating other HR forms in the JML process.
- Continued development of the HR Portal site on the NRH Intranet.
- The Educational Assistance Steering Group (EASG) supported 237 educational assistance applications in 2022. EASG continues to forge stronger links and collaborative working with our Academic and Research Department as part of a more strategic approach to educational assistance supports for staff.

Staff retirements

During 2022, 11 members of staff retired from the NRH with a collective 256 years of loyal and dedicated service. I thank each and every one for their hard work and commitment to the NRH and the contributions made through their knowledge, expertise and professionalism. Every best wish is extended for a long, healthy and happy retirement and future as our colleagues enter this new chapter of their lives.

I sincerely thank the HR team for all their unstinting work, support and commitment during 2022. It was another year of both unprecedented challenges and opportunities. I would like to commend the team and their response to the increased work demands and service pressures against the backdrop of a diminished HR team during periods of the year. A special word of appreciation also to our Occupational Health department who diligently continued their work in the promotion of health and wellbeing and in supporting and keeping all staff safe.



Information Management and Technology (IM&T)

JOHN MAHER

HEAD OF INFORMATION MANAGEMENT AND TECHNOLOGY (IM&T)

The Information Management and Technology (IM&T) Department is subdivided along service delivery lines with teams delivering,

- IM&T Operations and Service Desk
- Data Analytics
- Application Support

IM&T Operations: The IM&T Operations and Service Desk team is responsible for ensuring the hospital's IT infrastructure is functioning and providing end-user technical support. Daily this team oversees the hospital's considerable, networking, server, and end user computing infrastructure, and managing the deployment of devices to staff, a role that has grown considerably since the onset of COVID-19 and hybrid working. The team utilises an ITIL compliant Service Management solution to manage end-user support tickets and service request.

Data Analytics: The Data Analytics team provides data insights which are used by management and heads of departments to inform strategic planning and decision making. In addition, this team uses low code development tools to provide the hospital with growing numbers of productivity tools such as the hospital's Intranet, departmental timetables, Patient Status at a Glance (PSAG) application as well as a variety of departmental portals.

Application Support: The Application Support team provides support to users of the Patient Administration System (PAS) while also compiling month end activity reports used by the hospital's Programme Managers. This role and team will expand with the introduction of TrakCare, the hospital's new Electronic Patient Record System, which is being build and deployed by the Project Fusion team.

Year in Review

2022 has been an exciting year for the IM&T Department as we consolidate changes in work practices caused by the COVID-19 pandemic while providing operational and project support, along with the department's own desire for continuous improvement. The year has stretched the teams as considerable departmental resources, by necessity, have been diverted to support Project Fusion the hospital's Clinical Change Management project, which is currently implementing an Electronic Patient Record system, and to a lesser degree the ROSIA project. The pull on resources has been achieved without any real impact to the delivery of services, at a time when we experienced a 21% increase in ticket volumes.

During 2022, the support desk managed a total of 5766 user generated requests, 742 of which were Service Requests. Service Requests cover a large and growing range of requests such as hardware and software provisioning, Office 365 licence provisioning, new starter requests, threshold assessments and data analytics. In addition, the department utilises a remote monitoring system which can detect and resolve a variety of infrastructure network, server, IOT, print and broadband without the need for manual intervention. This system actively monitors a total of 743 devices, utilising over 6700 probes which run over 9,000,000 sensor scans every 24 hours. During the year a total of 6662 alerts were generated by this system with only 175 requiring any intervention from the Operations team.

IM&T deploys a range of Cyber Security tools and has undertaken a series of unannounced simulated attacks with an aim to identify vulnerabilities and test the hospital's cyber security measures. The results of these simulations have shown a steep rise in user awareness and cyber-positive behaviour amongst staff.

Occupational Health

DR JACINTHA MORE O'FERRALL
CONSULTANT IN OCCUPATIONAL HEALTH MEDICINE

There was a welcome increase in staffing in 2022 with the appointment of Zanele Bhebhe as Occupational Health Administrator and Arlita Patalinghug, Clinical Nurse Manager 1, joining Rose Curtis, CNM2 in the department. The team work closely with Dr Jacintha More O'Ferrall who continued to carry out monthly on-site visits and offered ongoing supports through phone and other media. Referrals, when required, took place virtually or in-person in Medmark, Baggot St.

Consultations in 2022

There were 1,410 COVID-19-related queries and follow-up consultations with staff, and 1008 PCR tests were carried out in 2022.

In addition to the extensive range of employment related assessments and reviews available to staff, the Occupational Health Department provides services including: Sharps Injury follow-up and Sharps Injury Awareness Training; Health Promotion events; Smoking Cessation support; Contact Support Person for 'Dignity in the Workplace' programme; Vaccinations for Hepatitis B, Varicella, Measles, Mumps and Rubella; DXA Bone density programme and Staff Physiotherapy for work related issue or injuries; Stress Management, Blood Pressure and other Blood Tests, Employment Assistance (EAP) referrals; Coaching, and After Action Review

COMMITTEE PARTICIPATION BY OCCUPATIONAL HEALTH STAFF

- NRH COVID-19 Working Group
- Behaviour Forum.
- Hygiene, Infection Prevention and Control Committee.
- Positive Working Environment Group.
- Suicide Awareness Group
- Emergency Planning Group
- Quality, Safety and Risk
- Safeguarding and Patients' Rights Committee

Key Milestones for Occupational Health in 2022

The biggest milestone this year was the increase in Occupational Health staff, bringing a wealth of clinical experience and previous occupational health experience to the department, and also many years of administrative, clinical and non-clinical expertise. The new appointments are most welcome and will transform the support available to NRH staff.

While Occupational Health continues to offer supports to all staff in the NRH, there is also ongoing vital support from HR, Risk Management, Infection Prevention and Control, Executive Committee, Departmental Heads and staff throughout the organisation for which the department is very grateful.

Occupational Health continues to offer core support to all NRH staff through a wide variety of proactive and reactive strategies.



Patient Experience and Healthcare Data Management

LIZ MAUME

PATIENT EXPERIENCE AND HEALTHCARE DATA MANAGER

Stakeholder engagement is a vital part of providing quality patient-centred care. Stakeholder feedback increased by 20% in 2022.

Stakeholder Feedback	Source	No. Received
Comments & Suggestions	Comment & Suggestion boxes	122
Patient related complaints	Written, verbal	10
Other stakeholder complaints	Documented	0
Post discharge patient feedback	uSPEQ questionnaires	224
Verbal feedback	Patient Forum	280
Total Feedback Items Received		636

Feedback is received through various means, these include:

Comments, Suggestions, Compliments: Feedback is received and welcomed from patients, family members, carers, staff and volunteers through suggestion boxes, letters, email or verbally submitted. Positive feedback is shared with the team, and where necessary, corrective action is taken.

uSPEQ Questionnaires: Questionnaires are sent to patients three months post discharge in line with CARF (Centre for Accreditation of Rehabilitation Facilities) accreditation standards. Responses enable Clinical Programmes to review satisfaction levels 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 settings.

Patients' Forum: Patient Forum meetings are held weekly, this allows each Unit to have a Forum every 8 weeks. These meetings are an opportunity for patients to provide feedback on their experience of NRH services. All feedback received is shared with the Unit IDT team and Heads of Services. Actions as a result of feedback received is made available to patients through subsequent Patient Forum meetings, via Patient Newsletter (a quarterly publication), or directly to the commenter. The Patient Forum Newsletter highlights ways in which feedback has resulted in changes in the hospital. The chair of the Patient Forum is Tim Rice – a former patient of the NRH. In 2022 a total of 145 patients attended.

Parents' Forum: In 2022, the frequency of the Parents' Forum was increased to six-weekly meetings, enabling parents 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 external agencies who provide information, support and services for patients, both while in the 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' Information Day was held in December.

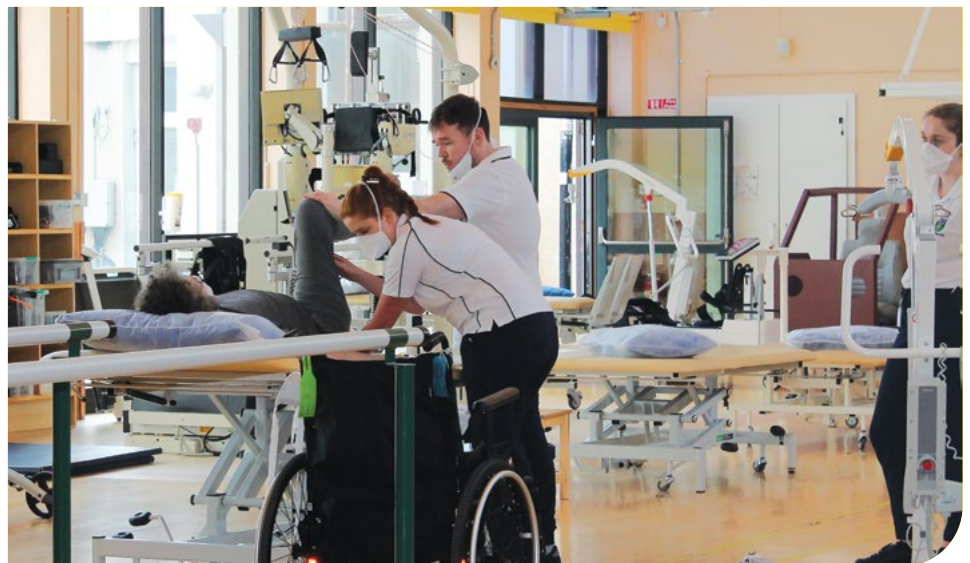
Complaints: The NRH values complaints both as a learning exercise to resolve issues and bring about corrective action, but also as an invaluable tool for planning future services. In line with the complaints policy, the NRH aims to resolve as many complaints as possible at point of contact. All complaints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

Other services overseen by the Patient Experience and Healthcare Data Manager include: Admissions Administration, in collaboration with Nursing and Medical teams; Urology Administrative support provided for Consultant and Nurse-led Urology Clinics; Healthcare Records (HCR) – the HCR Steering Group is working closely with the Electronic Patient Record Project Team.

CORPORATE DATA MANAGEMENT

Bed Occupancy and Delayed Transfers of Care (DToC) 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. The department continues to review delays in transfers of care and highlight the number of bed days lost as a result. The increase in bed occupancy to 96% in 2021 was maintained in 2022. Ongoing review of DToC helps in managing waiting list numbers to ensure delivery of quality services and patient safety.

Physiotherapists deliver high quality patient-centred services to patients from all Rehabilitation Programmes at the NRH.





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 within 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. The department provides advice with regards to best practice in risk management, patient safety and environmental, health and safety issues and 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 we 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 Executive Management Committee. These reports are also made available to all staff.

The NRH promotes a proactive health and safety culture by encouraging the reporting of all adverse and 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 supported by the HSE Incident Management Framework. All reported incidents were reviewed following submission by the reporting person and the service manager. The review type selected was based on both the category of incident and the severity rating of the incident. The review processes allows the NRH to learn from incidents and initiate change that will ultimately facilitate improvements in our standards of care. There were also several external inspections which took place during 2022 and quality improvement plans were developed in response to all recommendations made.

2022 continued to present many challenges due to the pandemic. The department continued to support the organisational-wide approach in the management of COVID-19 during 2022. This included the reporting of all COVID-19 related incidents in line with legislative requirements and supporting the implementation of COVID-19 policies. The department also launched a number of quality initiatives during the year including patient safety notices and quarterly patient safety and risk newsletters. This was led by the newly appointed Quality Improvement and Accreditation Officer. In December 2022, the NRH held its inaugural Quality Improvement and Clinical Audit Awards Day to celebrate the high-quality work that staff undertake regularly which supports the delivery of high-quality safe person-centred care.



Pictured at the inaugural NRH Clinical Audit and Quality Awards in December:

L-R: Louise Grimes, Patient Safety and Risk Manager, IEHG, Lorenza Cafolla, QI and Accreditation Officer, Mary Connolly, Dir. Healthcare Risk Management, AON, Eilish Macklin, NRH Board Member, Prof Jacinta Morgan, Clinical Director, Elayne Taylor, Quality and Risk Manager, Derek Greene, CEO.

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. Figure 1 details the number and type of such requests processed in 2022.

Figure 1: Subject access requests 2022

Type of Request	Number of Requests 2022
Freedom of Information	66
Data Protection - GDPR	44
Freedom of Information & Data Protection Access	9
Routine Administrative Access Requests	250
Total Requests for Access to Records	369

We will continue to develop and monitor key performance indicators relating to patient safety, incident reporting and health and safety standards. In 2023, we will focus on providing ongoing support and advice to all staff to ensure the safety of all who provide and access the services in the organisation.

Minister Stephen Donnelly meeting with patients and staff during his visit to the NRH in December.





School Report

AOIFE MAC GIOLLA RÍ
PRINCIPAL

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) admitted to the National Rehabilitation Hospital (NRH).

School Management

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 provided to young people recovering from acquired spinal injury, 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 the report-work and results of any educational diagnostic tests administered while in the NRH, to the pupil's base school.

Key Developments

The school classroom is located in Daisy Unit complete with interactive whiteboard, height adjustable and assistive classroom furniture to cater for students' 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 Cedars Building is open for pupils from other Units. The school's main focus has been on wellbeing – something that has been widely incorporated into group activities and sessions. A part-time secondary school teacher has now been appointed to our Lady of Lourdes School.



Interdisciplinary Team (IDT) working has positive outcomes for patients, staff and the organisation.

Security

DARAGH BOLTON
HEAD OF SECURITY

2022 was quite a challenging year for the front of house services and the combination of the three teams (Security, Porters and Reception) has resulted in an efficient synergy bringing a professional service to all visitors. Each team operates independently but with a combined daily huddle to ensure clarity on the daily operations and interdepartmental support where required. Microsoft Teams and associated apps are used widely across the teams and 2023 will see further development aiming towards a paperless department with an increased use of technology to enable simpler more effective procedures and metric tracking. In 2022, over 500 visitors arrived onsite weekly and the need to process and manage visiting in a timely manner in line with the restriction guidelines posed a unique challenge; the combination of the team's dedication, professionalism, and above all else patient care shone through.

Security Team

Security maintained and managed access control ensuring ease of access for authorised persons and aiming to create a positive visitor and contractor experience upon arrival. New procedures were implemented and were measured during the year, giving us a clear picture of the functionality of security and its performance.

Access control is one of the most important areas of security with a multitude of sub-sections which can facilitate a breach including asset management of keys and electronic devices or access control cards. Effective management of these is a crucial element of physical security operations. A new ID Card system was successfully implemented in 2022.

Incident Response is a vital function that the security team carries out to ensure the safety and security of all persons on campus 24 hours per day, 365 days per year. This is monitored and coordinated from our Security Operations Centre (SOC) or control room which monitors the 320+ cameras and 240+ access-controlled doors on site. The security team have responded to many calls throughout the year and regularly conduct live drills to test their response times and capability. To date the average response time to have a security officer arrive at an incident is under two minutes from the call receipt.

Porter Team

2022 saw the expansion of the Porters Department, a team designed to support the staff and patients in assisting with transfers to and from therapy sessions and appointments on campus. Also supporting the facilities, medical records and clinical engineering departments, the team has quickly become a vital part of our day-to-day patient care. Operating on a task basis from patient movements, deliveries, post, equipment, and event support, most of which were ensuring patients were transferred on time from point to point. Porters completed almost 32,000 tasks in 2022. We are trialing a new porters app to make bookings and metrics easier to follow with two-way communication back to the staff member making the booking.

Reception Team

Reception is a central point of contact for many patients and staff, and the team provide front-of-house functions in a professional welcoming environment. The new reception staff uniform portrays the professionalism and service expected by our stakeholders.

The staffing has increased by a full-time and a part-time role to enable service continuity in the extremely busy area of the main reception.



Technical Services Department

PETER BYRNE - TECHNICAL SERVICES MANAGER

DAVID DONOGHUE - TECHNICAL SERVICES DEPARTMENT

Many major projects were completed in 2022 by the Technical Services Department (TSD) and many are still underway. It was a very busy, productive and disruptive year for the team, with many upgrades and developments carried out throughout the hospital campus, while adhering to national COVID-19 guidelines. Some areas of the Cedars building are still occupied and works are ongoing to re-occupy the remaining areas of the building. TSD will continue to improve the buildings and grounds, and continue to work closely with all departments in the hospital to provide a safe and comfortable environment for patients, staff and all stakeholders using our facilities.

Projects and Developments in 2022 included the following:

Lighting Upgrades: Lighting upgrades in the Cedars building included both internal and external lighting. TSD with the HSE Energy Manager have secured funding for all lighting upgrades and carbon saving upgrades in the current buildings. Avenue lighting was also upgraded, making the campus safer and accessible for all.

Snagging for the New Hospital: TSD along with the Health Planning Team have closed out the snagging list for Mechanical & Electrical issues in the new hospital.

Nurse Call Upgrades: A new nurse call system was installed in the POLAR Outpatients Department.

Staff Changing Areas: The upgrade of staff changing, toilet and shower facilities was completed in 2022.

Fire Repeater Panels: Three new fire alarm repeater panels have been installed to enable easy access for staff to review any potential activations on the fire alarm system.

Sports Hall Wheelchair Storage: Space was created in the sports hall to install shelving for storing sports wheelchairs.

Pharmacy Relocation & Spinal Treatment Room Projects: Planning for relocation of the Pharmacy Department; new treatment rooms in the Spinal Gym; and the Lift access to the gardens.

Energy Management: TSD are very active in working on energy management projects to ensure the hospital remains well-lit and well heated during the current energy crisis. Dave Donoghue and the NRH Energy Management Team are working alongside the HSE Energy Management Team and the Sustainable Energy Authority of Ireland (SEAI), aiming to reduce our use of energy which in turn reduces our carbon footprint. As part of this initiative, regular information is circulated providing staff with hints and tips on how to save energy.

NRH Vehicles: TSD manage the NRH road fleet ensuring our vehicles are maintained to the highest standards ensuring they are roadworthy and that the tie-down Parfit safety system is in place. A vehicle booking system has also been developed.

Soundproofing Works in Outpatients Department: A soundproofing project was completed in the Outpatients Department which has the added benefit of insulating the rooms.

Maintenance Management System: The New TSD support desk ticketing system went live in March. During the year, 2,561 tickets were raised for TSD support and of these, 2,502 were closed.

Other Projects completed in 2022 include: Renovation of former St Camillus Ward as a base for the Project Fusion team as they develop the Electronic Patient Record (EPR); Renovation of former St Agnes Ward to relocate Occupational Health; Upgrades to the Ivy Building; Installation of bumper stops in car parks; Installation of ceiling roof access hatches; Ongoing painting projects; Water flushing programme to combat legionella in the water system; Road marking for emergency vehicles; Installation of collapsible bollards at the pedestrian entrance from Rochestown Avenue to the hospital main entrance; TSD worked with HPT and HSE Estates to develop the tender document for maintenance of the NRH Grounds; Installation of signage and wayfinding; Upgrading of the training room in the former prosthetics workshop area; Fencing around the perimeter of the hospital grounds.

In conclusion, I thank all the Technical Services Staff for their invaluable support and assistance which was vital in one of the busiest years we have experienced. Thanks also to the Health Planning Team who have worked alongside the TSD team on some major projects, and senior management for their continued support over the past year.

Patient education is a core part of rehabilitation; technology enables people who are not within travelling distance of the NRH to access key educational and peer support events.





Volunteer Service

JENNIFER GLANSFORD
VOLUNTEER CO-ORDINATOR

During 2022, NRH Volunteers along with volunteers from St Vincent de Paul, Children in Hospital Ireland and Peata Dog Therapy Service totalled 84 active volunteers donating approximately 5,000 hours of volunteering. There is also an additional group of volunteers on our database who are available for events when required. Alongside our regular volunteers, we have had support from corporate volunteers to assist, in particular, at the NRH Sports Championships in November with AIB providing over 40 volunteers.

We have volunteer roles in our Assistive Technology Clinic, Occupational Therapy, Sports Physiotherapy and Speech & Language Departments. Almost 25% of volunteers support the Therapeutic Recreational Service with different activities and our Music and Arts Therapy Department is also supported by volunteers. We have a number of administrative volunteers assisting in various departments and the Chairperson of the Patient Forum is also a volunteer. Not forgetting that our Board Members give their time on a voluntary basis too!

We have Unit-based volunteers who visit and chat to patients and who also provide mealtime assistance if required. Units with volunteer support currently include: Paediatrics, Brain Injury and Spinal Injury Units. As well as their regular volunteering roles, volunteers have given extra time to ad-hoc projects such as Music in the Café, Positive Work Environment Group (PWEG) events, Training Weekends with the Paediatric Service and Transition Year (TY) Careers events.

All volunteers complete an eight-step application process including Garda Vetting and mandatory training and we ask new volunteers to make a commitment for at least six months to the NRH.











Some of the highlights of 2022 included receiving a financial donation specifically to purchase new Volunteer Polo Shirts. This has raised the visual profile of volunteers at the NRH. We were delighted to be able to hold an in-person Volunteer Appreciation Evening to say "Thank You" to our amazing volunteers. There are plans in place to further expand the NRH volunteer service during 2023.

We are immensely grateful to all our volunteers who freely offer their valuable time, energy, skills and good will to the patients and staff of the NRH. Many activities could not happen without their valuable contribution.



Patients are always delighted to welcome and spend time with our Peata therapy dogs, Púca and Bruce, when they come to the NRH.

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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