

The Incorporated Orthopaedic Hospital of Ireland
Annual Report 2018



2018

HOSPITAL BACKGROUND

The Incorporated Orthopaedic Hospital of Ireland (IOH) was founded in 1876 by Dr Robert Lafayette Swan. The original hospital was located at 11 Usher's Island on Dublin's quays and specialised in orthopaedic surgery, in particular the treatment of children with congenital orthopaedic abnormalities such as club foot and dislocated hips. In 1883, due to increasing demands on the service, the hospital moved to two buildings in Great Brunswick Street, formerly known as Hoods' Hotel and the hospital's capacity increased from six beds to 35 paediatric beds.

In 1902, the hospital moved again to a house at 22 Upper Merrion Street, at the time considered to be one of the largest private mansions in Dublin and formerly occupied by Captain Godrich Shedden. Considerable renovations were necessary to enable the building to function as a hospital with an operating theatre, sterilising room, anaesthetic room and up-to-date medical and non-medical facilities. Once renovated, the hospital could accommodate up to 75 paediatric inpatients.

The hospital moved to its present location in Castle Avenue,

Clontarf on 29 June 1942, where the bed complement rose to 120. In 1972, the hospital changed from paediatric orthopaedics to adult orthopaedic rehabilitation with 104 beds. In the early 1990s, plans were put in place to move the wards from the main house to a state-of-the-art hospital facility. The new hospital building was completed in 2009.

The hospital now consists of five wards with a total complement of 160 beds. The hospital, whose entrance is on Blackheath Park, off Castle Avenue and leads into the landscaped gardens, continues to provide orthopaedic rehabilitation treatment. However, in recent years it has extended its services to include an 80-bed Active Rehabilitation Unit for older people.



CLONTARF HOSPITAL

President

The Hon. T.C. Smith SC

Board of Governors - 2018

Ms Marcella Higgins

Chairperson to 17 July 2018

(resigned 17 July 2018)

Dr Gerard O'Connor

(Elected Chairperson 17 July 2018)

Prof Regina Connolly

(Elected Deputy Chairperson 17 July 2018)

Ms Denise Brett

(resigned 10 October 2018)

Mr John Cantwell

(resigned 17 July 2018)

Ms Catherine Mac Daid

(resigned 31 August 2018)

Ms Estelle Feldman

(resigned 21 November 2018)

Ms Ciara McCabe

(resigned 18 September 2018)

Dr James Mahon

(resigned 1 October 2018)

Mr Les Sibbald

(resigned 17 July 2018)

Mr Frank Davis

Ms Emma Horgan

(appointed 18 September 2018)

Ms Geraldine Regan

(appointed 18 September 2018)

Ms Mary O'Halloran

(appointed 16 October 2018)

Mr Aidan Gleeson

(appointed 16 October 2018)

Ms Pauline Harrison

(appointed 18 December 2018)

Mr Anthony O'Connor

(appointed 18 December 2018)

Senior Hospital Staff

Chief Executive Officer

Ms Michelle Fanning

Finance /Administration

Ms Bernadette Saunders

Attending Consultant Geriatricians

Dr Elizabeth Callaly,

Dr Carmel Curran

Consultant Radiologist

Prof Martina Morrin

Attending Registrars

Dr Azhar Omar, Dr Stuart Lee

Director of Nursing

Ms Sharon Trehy (appointed 5 June 2018)

Assistant Directors of Nursing

Ms AnnMarie McGovern

Ms Elaine Hannigan

Risk Management Officer

Ms Ciara Palmer (resigned September 2018)

Quality Improvement Officer

Ms Bernadette Conolly

Human Resources Officer

Ms Louise O'Gorman

Chief Pharmacist 2

Ms Linda Murnane

Physiotherapy Manager

Ms Grainne O'Hara

Principal Medical Social Worker

Ms Mary Duffy

Occupational Therapy Manager

Ms Monica Devine

Senior Radiographer

Ms Gillian Rice

Senior Dietician

Ms Sinead Shanley

Pastoral Care

Ms Miriam Molan

Chaplains

Fr Power, Fr McManus,

Fr Hogan, Fr White,

Rev Leslie Robinson,

Rev Conrad Hicks



Back Row Left to Right: Stephen O'Beirne (Scribe), Aidan Gleeson, Anthony O'Connor, Frank Davis.

Front Row Left to Right: Mary O'Halloran, Emma Horgan, Gerard O'Connor, Pauline Harrison and Patricia Egan.

Not in picture: Regina Connolly and Geraldine Regan.

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SECTION 1

YEAR IN REVIEW



Dr Gerard O'Connor

CHAIRMAN'S STATEMENT ANNUAL REPORT 2018

As Chairman of the Board of Governors, I welcome you to the Incorporated Orthopaedic Hospital of Ireland (IOH's) Annual Report for 2018. We are of course more affectionately known as Clontarf Hospital (CH), the name under which we trade.

The IOH is a secular, voluntary hospital that has provided healthcare services since 1876. It is a company limited by guarantee under the Companies Act 2014, and a charitable organisation under the Charities Act 2009. With 160 beds, an annual income of €14.9million, and a staff of 251 whole-time equivalents, IOH is the largest provider of rehabilitation medicine services in Ireland. The hospital delivers both orthopaedic rehabilitation and rehabilitation for older people, thus enabling its patients to return to a useful, fulfilled life at home and work.

The management, clinical and hospital staff provide high-quality services to its patients in a caring and professional manner. Those in receipt of this care consistently attest to the positive experience during their time at IOH. The Board of the hospital actively supports this care delivery and meets regularly with executive management to assess both ongoing performance and to encourage ongoing development through its governance arrangements. Additionally, one of the more interesting aspects of the Board's work involves periodic visits by members to clinical areas, where they have the opportunity, first-hand, to meet and interact with staff and patients, the latter always being keen to share their experiences of the hospital. These visits overwhelmingly confirm the high standard of care delivered throughout the institution.

Thus, the Board is honoured to acknowledge and thank all the staff for the great efforts and high standard of work in looking after its patients.

As Chair, I wish to express my gratitude to the Board of Governors, Chief Executive Officer, management, and staff for their commitment and contribution to the excellent

performance of the hospital. I would also like to acknowledge and thank the IOH president, the Hon. T.C. Smith SC, for his guidance and support throughout the year.

IOH is governed by a voluntary Board of Governors. The Board delegates authority to the Chief Executive Officer to manage the hospital activities and affairs, while retaining reserved powers in subjects specified in the Code of Governance. Board members serve on various sub-committees, together with senior clinicians and management, principally in the areas of finance, audit, risk and governance. During 2018, policies and procedures covering all aspects of board business and conduct were completed. These build on previous frameworks and improve compliance, thus strengthening the support given to management. At all times, the patient is central to its activities and changes to governance and structures are intended to support continued improvement in all aspects of quality service delivery and risk reduction.

The board in improving its governance arrangements benefits from a diverse range of members' societal experiences, to ensure that the hospital continues its proud tradition of operating to the highest pluralistic and ethical standards in delivering medical care and services. Voluntarism involves citizens in achieving desirable goals for society in general. Having voluntary hospital members and board members included in decision-making is desirable for fresh input into public administration and political decision-making. It enhances transparency in health expenditure and systems, with oversight provided by citizens from outside the public administration and political system.

Significant change to Board membership occurred in 2018 and

we acknowledge the great commitment and service given to the hospital by members who have now retired. They have provided freely their commitment and time and represent shining examples of voluntarism in action as a commitment to civic society. After distinguished service, our chairperson Ms Marcella Higgins retired from the Board in July 2018. Other directors resigned their positions later in the year, after completing their period of service. They include Deputy Chair, Ms Catherine Mac Daid, Ms Denise Brett SC, Mr John Cantwell, Ms Estelle Feldman, Ms Ciara McCabe, Dr James Mahon, and Mr Les Sibbald. It was a privilege for me to serve with and learn from these distinguished members and we thank them and wish them ongoing success with their endeavours.

In building the new Board, we had the continued support of our Director, Mr Frank Davis, together with the Deputy Chair, Professor Regina Connolly. In the final quarter of the year, we welcomed the following new directors to the Board, all of whom were elected prior to 31st December 2018: Ms Emma Horgan, Ms Patricia Egan, Ms Geraldine Regan, Ms Mary O'Halloran, Ms Pauline Harrison, Mr Aidan Gleeson and Mr Anthony O'Connor. I look forward, as Chair, to working with the new team of directors, as the hospital enters this exciting new phase of development and delivery for rehabilitation medical services.

Section 38 of the Health Act 2004 authorises the Health Service Executive (HSE) to enter a service arrangement for the provision of services on its behalf. Each year, the HSE and IOH agree a level of provision. Approximately 75% of the hospital's income is received from the HSE through the service arrangement, while the other 25% is received from income paid on behalf of patients by medical and other insurance providers. Financing IOH's services continues to present many challenges and I wish to acknowledge in a special way the endeavours of the Chief Executive and her senior finance team, together with the Board Finance Committee.

In 2018, we welcomed a new Director of Nursing to the hospital, Ms Sharon Trehy. She brings considerable experience from major academic teaching hospitals and we wish her every success in managing the nursing services for the patients.

Important new initiatives also began in 2018. A strategic plan covering the next five years is in the final stages of development, together with a business development plan,

to support a more secure resource base for the hospital, as we face continued expansion in service demand and scope. Rehabilitation medicine is a rapidly evolving field and the provision of state-of-the-art services will bring significant improvements to patients, together with enhanced patient flow from the major acute hospitals.

New modalities of care delivery and medical training are essential and we support the proposed development of outpatient-based service delivery. With regard to the proposed initiatives, I acknowledge the excellent work and dedication of the lead Consultant, Dr Elizabeth Callaly, and the medical team.

Another major development during the year was the finalisation of the report of the Independent Review Group (IRG), which was tasked with examining the role of voluntary organisations in the delivery of health and personal care services. The IOH has engaged fully with the initiative from the start and the report from the IRG is expected to be published in early 2019. It is anticipated that it will be very supportive of continued investment and development of voluntary service provision, acknowledging both the legacy and opportunity that a hybrid model based on mutually respectful alliances will deliver.

Two future, system-wide developments are worth noting. Firstly, IOH is presently exploring options with regard to developing the green and ecological footprint of the institution as an example of what can be achieved concerning healthcare delivery. Secondly, work is commencing on a programme of accreditation to accepted international standards in rehabilitation medicine and it is hoped that a plan for this will be published within the next 12 months.

Finally, the year 2018 was one of development, challenge and change for the Board of the hospital. In acknowledging the work of our directors, staff, volunteers and the community of support and goodwill that the hospital experiences, the Board confirms its commitment to supporting and developing the institution to the highest standards for the benefit of our citizens.

Dr Gerard O'Connor

**Chairman
Board of Directors**

ATTENDANCE SCHEDULE FOR EACH BOARD MEMBER - 2018

Surname	First Name	Jan	Feb	Mar	April	May	June	July	Sept	Oct	Nov	Dec	ATTENDANCE		
													Attended	Possible	%
Brett	Denise	X	X	X	X	X	X	X	X	X	X	X	0	11	0%
Cantwell	John	✓	✓	X	✓	✓	✓	✓	n/a	n/a	n/a	n/a	6	7	86%
Connolly	Regina	✓	X	X	X	X	X	✓	✓	✓	X	✓	5	11	45%
Davis	Frank	X	X	✓	X	✓	X	✓	X	✓	✓	X	5	11	45%
Feldman	Estelle	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	n/a	9	10	90%
Higgins	Marcella	✓	✓	✓	✓	✓	X	✓	n/a	n/a	n/a	n/a	6	7	86%
Mac Daid	Catherine	✓	X	✓	X	X	✓	✓	n/a	n/a	n/a	n/a	4	7	57%
Mahon	James	✓	✓	✓	✓	✓	✓	✓	✓	n/a	n/a	n/a	8	8	100%
McCabe	Ciara	✓	X	X	✓	✓	✓	X	n/a	n/a	n/a	n/a	4	7	57%
O'Connor	Gerard	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11	11	100%
Horgan	Emma	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	✓	✓	✓	3	3	100%
Sibbald	Leslie	X	✓	X	✓	✓	✓	✓	n/a	n/a	n/a	n/a	5	7	71%
Gleeson	Aidan	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	✓	✓	2	2	100%
O'Halloran	Mary	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	✓	✓	2	2	100%
Egan	Patricia	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	✓	✓	2	2	100%
O'Halloran	Mary	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	✓	✓	2	2	100%
Regan	Geraldine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	✓	1	1	100%





Michelle Fanning,
Chief Executive Officer

CHIEF EXECUTIVE'S REPORT

The *Annual Report* provides an opportunity to reflect and report on the hospital's achievements and challenges throughout the year. I hope that this year's Annual Report provides you with a flavour of all that the hospital achieved, as well as the challenges faced in 2018.

HOSPITAL SERVICES

The IOH is the largest and busiest purpose-built rehabilitation hospital in Ireland, with 160 inpatient beds and just over 1,200 patients admitted annually. Its dedicated staff are patient centred and focused on overcoming trauma, illness, frailty and disability, so that patients can be discharged home to live as independently as possible. Many of the patients who are discharged home are supported by the hospital's community colleagues and by home-care packages.

Every day, staff provide patients with nursing, medical and rehabilitation care that assists them in maximising their independence. Rehabilitation services require the expertise and skills of each member of the nursing, medical and multidisciplinary team working together to maximise each person's independence. The majority of patients admitted to the hospital are over 65 years of age, with nearly half of those over 80 years (Activity Report Appendix 1).

Staff are aware of the complex care needs of older people and continuously worked throughout the year to identify procedures and processes to improve patient care. By using audits and their clinical skills, innovative pathways of care to maximise each patient's functional, psychological and social independence, wellbeing and safety were introduced in many

areas. The *Annual Report* for each department will provide more information on the care and quality improvement initiatives introduced by staff during the year.

REHABILITATION SERVICES

In Ireland and around the world, rapidly ageing populations are resulting in increased demand for health and social care services, which presents significant challenges for national healthcare systems. It is now recognised that Ireland's overdependence on acute hospital services is unsustainable and that alternative innovative, safe care pathways need to be identified and funded.

The launch of the Sláintecare Implementation Advisory Council (SIAC) was announced by the Minister for Health, Simon Harris TD, in October 2018 and the hospital is hopeful that rehabilitation and day-care non-acute hospital services will be recognised as key to moving older people's care away from acute hospitals and closer to their homes and communities. To do this effectively requires investment in non-acute services such as IOH.

The hospital believes it is well situated and experienced in both hospital and community healthcare settings to be part of the development of innovative pathways of care away from

the acute hospital system and closer to patients' homes and communities.

CHALLENGES

It was a difficult year financially, as the hospital's annual allocation was cut on the previous year. Most of the finance team's time was spent securing funding and working creatively to save costs, so that the hospital's services were maintained, while remaining within budget. The Health Service Executive (HSE) made additional funding available in December and the hospital balanced the budget at year end (Appendix 2 Financial Report).

In February and March, Storm Emma arrived with falling temperatures and unprecedented snowfalls that made travel impossible throughout the country. The hospital's emergency plan was implemented and the Crisis Team met daily to ensure that staffing and supplies reached the hospital, so that there would be no impact on patient care and that staff would be safe. I would like to thank the dedicated Crisis Team and all the staff who rallied to the cause of keeping hospital services going successfully throughout the four days of crisis.

Managing infection prevention and control is becoming more challenging with the increasing number of infectious diseases causing outbreaks in referring hospitals. This impacted on patient flow from the acute hospitals to IOH and the nursing staff worked closely throughout the year, to avoid delays in patient flow, while controlling and preventing infectious outbreaks in the hospital.

FUTURE DEVELOPMENTS

Some minor capital works commenced on replacing the maintenance sheds with a new workshop, including office and storage space. The works will also incorporate a new enclosed

waste storage building. The preliminary works and drawings were completed and, once planning permission is granted, it is expected that the buildings will be completed by summer 2019. Other minor capital works commenced to improve the electrical and fire safety in the old building, and these are expected to be completed in 2019.

Late in the year work began, with the assistance of external expertise from BDO on completing a business plan for submission to Minister Harris on developing hospital services, in line with national healthcare policy. We welcomed a visit from Minister Bruton TD in November, so that the benefits of the hospital's rehabilitation services and the need for investment could be highlighted. The business plan should be completed and ready for submission to Minister Bruton TD and Minister Harris TD in early 2019.

THE HOSPITAL BOARD

The hospital operates in a heavily regulated and compliance-driven environment, which places an ever increasing workload on its voluntary Board of Directors. The Board worked extremely hard throughout the year in many areas, to strengthen the hospital's governance structures and in safely directing hospital services.

There were changes to the board of directors during the year, and I would like to thank the outgoing board directors for their support throughout their time on the Board. I also welcome the new board directors, with whom I look forward to working with over the coming years. It is a privilege to work with such highly skilled and dedicated voluntary directors.

FINALLY

I know from my walks through the hospital and speaking with patients that our services are hugely beneficial. This is only made

possible through the dedicated teams of doctors, nurses, allied health professionals, support and administration staff working hard and compassionately every day. I offer my sincere thanks to all our staff for their continued dedication and hard work in an ever-changing and demanding healthcare service.

Michelle Fanning

Chief Executive Officer



Richard Bruton Minister for Education
Sharon Trehy and Breda Mangan



Dr Gerard O'Connor Richard Bruton Minister for
Education and Marie Dowling CNM2



Left to Right Back Row: Pawel Sikora, Linda Knott, Adrian Palage
Left to Right Front Row: John Murnane, Joseph Hoey

HUMAN RESOURCES DEPARTMENT

The Human Resource (HR) within IOH has evolved significantly from that of administrative “doer” to strategic facilitator. The department has been transitioning from a traditional “personnel” function with a focus on activities that are largely transactional and administrative to becoming a more strategic support to managers at all levels. The expectations associated with this transition require an operational and cultural shift to support management and staff in delivering on their objectives. The department now plays a central role in helping to shape IOH through key organisational changes and development plans, thereby ensuring that the hospital successfully meets local and national key performance indicators.

HR ACTIVITY DURING THE YEAR

HR activity during 2018 was focused on recruitment and retention of staff, decreasing the hospital’s reliance on agency staff; compliance with Garda Vetting, in line with the amendments to the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012-2016; compliance with changes in employment legislation (shown below); improving people management; and supporting staff in accordance with the hospital’s mission, vision and values.

The national recruitment and retention challenges experienced by IOH in recent years were successfully managed during the year, with a targeted campaign in collaboration with recruitment agencies and direct employment. This initiative has alleviated a number of staffing pressures and augurs well not just for 2019 but for the future in IOH.

There was a drive within the department to reach 100% compliance with our Garda Vetting procedures and it reached its target early in the year. Changes in employment legislation

were acknowledged and implemented into HR policy and in our employment processes and procedures. The main legislative changes included the following:

- Public Service Superannuation (Age of Retirement) Bill 2018
- Industrial Relations (Amendment) Bill 2018
- General Scheme of the Gender Pay Gap Information Bill 2018
- Shared Maternity Leave and Benefit Bill 2018
- Industrial Relations (Collective Action) Bill 2018
- Prohibition of Bogus Self-Employment Bill 2018
- Maternity Protection (Members of the Houses of the Oireachtas) Bill 2018
- Protection of Employment (Measures to Counter False Self-employment) Bill 2018
- Trade Union Representation (Miscellaneous Provisions) Bill 2018.

Staff were supported by the HR Department through a variety of measures that included:

- Encouraging lifelong learning and development opportunities for staff, including supporting participants participating in the Health Service Leadership Programmes
- Promoting and developing initiatives aimed to encourage staff engagement
- Regularly engaging with trade unions and staff representative bodies
- Supporting diversity and social inclusion
- Producing a comprehensive induction programme and staff booklet
- Organising and scheduling staff training and education
- Chairing the Health and Safety Committee.

HEALTH AND SAFETY

The department has responsibility for staff safety, health and wellbeing and HR remained committed to supporting staff to improve and enhance their own health and wellbeing throughout the year.

The Health and Safety Committee met quarterly and continued to be proactive in the management of health and safety in IOH. There was good staff representation and engagement in keeping the hospital facilities safe and in implementing safe systems of work. The Environmental and Fire Safety Audits enabled the committee to monitor and report on any non-compliance or poor housekeeping that could impact negatively on health and safety. Action plans were put in place to address any concerns reported.

The hospital has a statutory obligation to complete two dangerous goods audits annually and these audits were completed in July and December by its external dangerous goods auditors. There were no non-compliances identified. Observations reported were addressed through action plans and the main observations centred on the semi-closure of sharps bins, when not in use, and keeping the departmental Chemical Risk Assessments up to date.

The Health and Safety Committee also addressed the following:

- Chemical Awareness and Safety Training
- Access to drinking water dispensers
- IOH Smoking Policy
- Slings and Hoists Policy
- Linen and Laundry Policies
- Pharmacy Deliveries
- Catering Department SOP's
- Adverse Incidents
- Fire Safety Audits.

RECRUITMENT AND RETENTION

HR's successful recruitment campaign provided new and successful leadership in the hospital in the Nursing, Catering and Dietetic Departments and recruited nursing staff, catering staff and healthcare assistant staff. We were delighted to welcome everyone to IOH.

With the high level of demands on today's healthcare providers, it is important for the hospital to recruit staff with the appropriate skills and expertise to safely care for patients and to support it in the administration and behind-the-scene services. Compliance with good corporate governance and increasing regulation places extra demands on the administration staff, with no additional funding to increase resources. The HR Department works to support these services and to maximise the resources available.

Despite these pressures, the HR team, in collaboration with line managers, worked tirelessly throughout the year to ensure that IOH succeeded in minimising vacancies and filling posts expediently.

In order to maintain a safe and timely delivery of service to patients, the recruitment team has implemented a number of process improvements, including online efficiencies that have dramatically reduced hiring times, thus enabling and supporting the hospital in delivering on its mission to provide excellence in patient care.

ABSENCE MANAGEMENT

HR continued to support managers and worked closely with Occupational Health, Health & Safety, Health Promotion, Staff Counselling, Learning & Development, line managers and trade unions in improving levels of attendance and staff morale. Absence management focused on prevention and rehabilitation.

RETIREMENTS

Every year sees people leaving to begin a new life in retirement and we wished a happy and healthy retirement to Rosemary McGreevy, Mary Keogh, Breda McCormack, Brenda Furness, Fergus Fitzpatrick and Stephen Harrington.

EDUCATION AND DEVELOPMENT

In 2018, IOH, aligned with University College Dublin and the Mater Misericordiae University Hospital, invested in staff education and development, most particularly in respect of clinical and allied professional staff. HR also coordinated and delivered a wide range of in-house and external training programmes for all hospital staff, including:

- National Stroke Nursing Conference
- Postgraduate Diploma in Gerontology
- Safeguarding
- Open Disclosure
- CPR
- Dementia Awareness
- FETAC Level 5 Healthcare
- Manual Handling

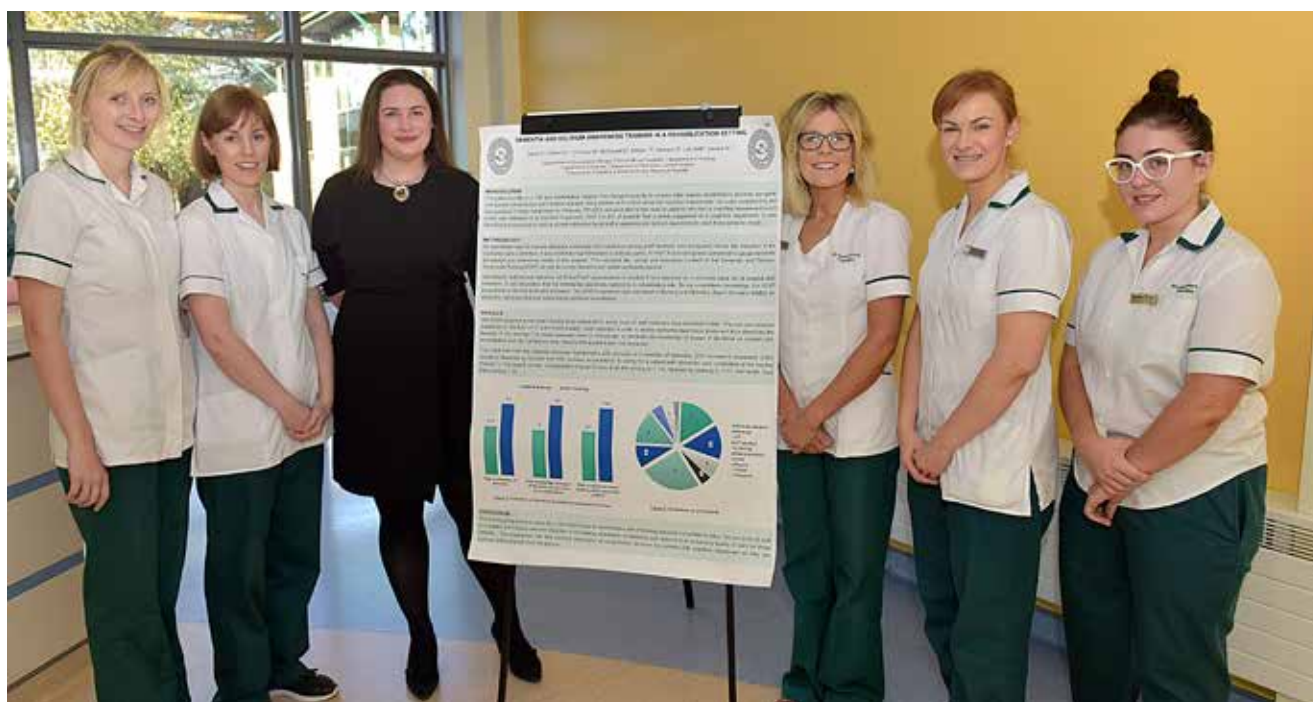
- Infection Control
- Challenging Behaviour/Recognising and Responding to Elder Abuse
- Fire Marshall & Fire Awareness
- Fire Evacuation
- Introduction to Children First
- COMPASS
- Pension Training.

CONCLUSION

The HR Department will continue to provide support to, and work with, hospital managers and staff in the provision of a safe, quality-driven rehabilitation health service, in line with the hospital's strategic direction, and mission, vision and values. While HR will always be challenging, we will continue to provide innovative ideas, expertise and compassion, to ensure that we continue to rise to future challenges. I wish to thank all staff for their continued commitment and loyalty to IOH.

Louise Gorman

Human Resources Officer



Left to right: Ediel O'Grady, Emma Gannon, Monica Devine, Aisling Davis, Cara Webster, Caoimhe O'Connor.



SECTION 2

DEPARTMENT REPORTS

QUALITY, SAFETY AND RISK MANAGEMENT DEPARTMENT

INTRODUCTION

The Quality, Safety and Risk Management Department (QSRMD) is responsible for the management of the hospital's risk management framework, which underpins its system of internal control, and the assurance framework that enables it to fulfil corporate and clinical governance responsibilities. The assurance framework also facilitates reporting key information to the Board of Directors (Board). The risk management framework is maintained as a dynamic document operating within the hospital's risk management structures and the hospital's strategic objectives, mission, vision and values.

Quality improvement is responsible for leading and coordinating quality improvements in the delivery of the hospital's healthcare services, so that patients receive a quality-driven safe service throughout their stay. Quality improvement is often identified through risk management and clinical audit reporting, and by clinical staff who identify how our services can be improved to meet emerging patient care needs. Corporate risks are identified by internal audit and external financial audits procedures and areas identified by administrative personnel.

The QSRMD interfaces with all departments across the hospital, to ensure uniformity of approach, to manage risk, and assure compliance with the hospital's Service Arrangement with the Health Service Executive (HSE) and other statutory and regulatory obligations. The management of risk and quality improvement includes clinical, financial, strategic and compliance risk.

MANAGING RISK

The department recognises that risk is inherent in all corporate, clinical and personal activities and that everyone continuously manages risk. Having embedded risk management into the hospital over recent years, the department aimed, throughout 2018, to keep risk management high on everyone's agenda to the extent that it becomes second nature' to all staff.

Staff are proactive in reporting and managing incidents contributing significantly to a good risk management culture in the hospital. The department is happy to report full compliance with the new National Incidents Reporting Forms and the inputting of these forms into the National Incident Management System.

The Clinical Governance Committee (a subcommittee of the Board) and Terms of Reference (ToR) were reviewed and updated. The committee was reconfigured to become the Quality, Safety and Risk Management Committee and a new agenda was drafted and approved to ensure that all areas of risk within the hospital are addressed.

RISK REPORTING

Through incident reporting, the hospital was able to identify high-risk areas. The main risks identified were patient falls and medication management. Specific groups and committees met regularly throughout the year to address these issues and quality improvement initiatives were implemented to reduce the number of such incidents, and to ensure that the hospital is meeting national standards in the provision of services.

QUALITY IMPROVEMENTS

The hospital's quality improvement plan in 2018 included the following areas:

- Implementation of the National Healthcare Record
- Implementation of new Multidisciplinary Meeting Documentation
- Introduction of Patient Status at a Glance Boards
- Beaumont Hospital Medical Record transfer to the IOH
- Safeguarding Training
- Open Disclosure Sessions
- Audits for evaluation of patient care, i.e. Pressure Sore Audit, Patient Food Survey, Falls Audit, Medication Incident Audit, Patient Hoist Audit, and Bare Below the Elbow Audit

In driving improvements, the department were represented in many of the hospital committees during the year including the following:

- Nutrition and Hydration Committee
- Drugs and Therapeutic Committee
- Quality Safety and Risk Management Committee
- Health and Safety Committee
- Healthcare Records and Information Committee
- Radiation Safety Committee
- Fall Prevention and Management Committee
- Education and Training Committee

FREEDOM OF INFORMATION

The department has responsibility for the management of Freedom of Information and Data Protection and can report that in 2018 the following requests were processed:

Category	Number
Freedom of Information	19
Data Protection	1

Solicitor Request	10
Family Request	1
Personal Request	2
Total	33

CONCLUSION

The department would like to thank Ms Michelle Fanning CEO for her support and help in the management and development of the department over the last year and would like to take this opportunity to acknowledge the support and commitment of all staff for providing a safe and quality environment for patients and staff. We look forward to working with everyone next year in the management of risk and quality improvement.

Ciara Palmer

Risk Officer

Ms Bernadette Conolly

Risk /Quality Improvement Manager



DEPARTMENT OF REHABILITATION MEDICINE FOR OLDER PERSONS

The Department of Rehabilitation Medicine for Older Persons cares for 80 patients in the Active Rehab Unit from an age range of 65 years. Its aim is the provision of the highest standards of clinical care in an integrated, effective, and timely manner in a community-based inpatient setting. It is a patient-centred, evidence-led department that delivers safe, effective, and high-quality care. The key strategic priorities include building on current strengths, expanding the range of services, ensuring the highest quality of care to patients, and encouraging a research-led and evidence-based process of care.

The aims of the department are: to ensure that older people are in hospital for the least possible time for comprehensive geriatric assessment and multidisciplinary team (MDT) review; to improve discharge planning to minimise the likelihood of readmission; to provide adequate support for independent living following completion of hospital care; to promote access to appropriately supported safe discharge home.

Building on the current provision of rehabilitation services, while considering the increased need for rehabilitation services in the national clinical programmes, the department aims to configure services that contribute significantly to the rehabilitation needs of its patients. It aims to provide a wider continuum of rehabilitation care to orthopaedic older people and trauma patients by developing day hospital diagnostics, and outpatients and community outreach integrated services. It works to contribute to the appropriate clinical governance and risk management required to provide the highest quality of care to patients. The department aims to develop its research capabilities to improve care to patients of the IOH.

ACHIEVEMENTS

- Clinical activity within the department continues to grow, providing post-acute care to older patients, including care related to memory, falls, and syncope, bone health and cardiovascular disease, along with frailty. It is teamwork that remains the ultimate competitive advantage and, along with the inter- and trans-disciplinary teams, the department aims to meet the challenges of the aging population with frail older people in larger numbers and more complex needs. There is a need for increasing complexity of skills and knowledge, along with increasing specialisation while maintaining continuity and quality of care.
- Among key developments, the department prepared to open an outpatient clinic for the assessment of patients requiring admission. It developed proformas for assessing these patients communicating with general practitioners and families, along with an outpatient's MDT meeting at the end of each clinic.
- The department undertook audits, including those related to frailty, incontinence and falls.
- The department audited the team's working procedures, including MDT meetings and NCHD training; and developed an induction pathway for non-consultant hospital doctors and an accompanying information booklet.
- We aim to work in line with national clinical programmes in older persons care and rehabilitation care along with strategies including dementia, trauma and rehabilitation.

FUTURE DIRECTIONS

- The IOH community-based services are expected to expand and increase the number of staff positions in 2019. The Active Rehabilitation Unit is expected to provide additional rehabilitation services to community patients, as well as to inpatients for medical and orthopaedic diagnosis.
- The department will continue to audit its practice against best practice, including that related to admission, diagnosis, discharge destination, length of stay, effectiveness and efficiency of MDT meetings, and audits of its outpatient services, along with patient feedback on same.

CONCLUSION

The Medical Department at IOH aims to increase our high-quality rehabilitation services to a wider group of patients in a wider range of settings, in the form of a day hospital,

outpatient community outreach, and step-up from the community services. It holds itself accountable and strives for operational and clinical excellence. It will continue to examine opportunities and implement, as appropriate, new developments and service expansions to support its patients in the community and the community it serves.

I am very thankful to those who have worked in the department within the past year, offering their hard work, dedication, passion, high-quality care and a commitment to excellent patient outcomes. Despite the resource challenges faced by the healthcare industry nationwide, we continue to demonstrate strong performance through our delivery of responsible compassionate and high-quality care across the organisation.

Dr Elizabeth Callaly

Consultant Geriatrician Physician



DEPARTMENT OF PHARMACY

The Pharmacy Department provides pharmaceutical care for patients, ensuring the safe, economic and appropriate use of medicines. The pharmacy staff work closely with the medical, nursing and allied health professionals to provide quality-care desired therapeutic outcomes and ensures that patient safety is of uppermost importance.

DISPENSARY

The Pharmacy Department is responsible for the purchase, storage and distribution of controlled and non-controlled medicines within the hospital. Stock shortages with the wholesalers posed a problem again this year, requiring sourcing alternatives or unlicensed products. Generic medicines are supplied, when appropriate, in order to contain costs. Staff can have prescriptions dispensed for themselves and their dependants in the Pharmacy Department and this service has grown annually.

CLINICAL SERVICE

Medicines Reconciliation

Prescriptions for active rehabilitation and orthopaedic patients are sent to the Pharmacy prior to admission to the IOH. This allows for a preliminary medicines reconciliation and any variances can be resolved before the patient leaves the referring hospital. Non-stock items are labelled, bagged and sent to the ward and the medicine is available as soon as the patient arrives at IOH. This ensures continuity of pharmaceutical care and prevents missed doses.

On the older people's active rehabilitation units, after admission, the Pharmacist conducts in-depth medicines reconciliation and ensures that the correct medicines have been transcribed from the admission prescription onto the Kardex. Transcribing is a known risk for medication incidents

and can occur particularly at transition of care, for example at admission and on discharge. When resources permit, discharge prescriptions are reviewed prior to a patient's discharge.

Medicines Information

Information on medicines is provided to clinical staff as well as patients. A series of 10-15-minute "Med-Ed" sessions for nursing staff was held on each ward, in conjunction with the clinical nurse facilitator. During the year, the department introduced its medication safety newsletter and circulated medication alerts.

Audit

The Pharmacy Department must complete a Pharmacy Assessment System for the Pharmaceutical Society of Ireland (PSI). This is a self-audit tool for pharmacies to critically review their practice, validate and record good practice, and identify areas where improvements are required. It provides evidence, both to the public and to the PSI, of the commitment of all the pharmacy team to ensuring patient safety and quality of care.

Medication Incident Review

The Medication Incident Review has reverted to the risk management office, with the introduction of the National Incident Report Form (NIRF), and a Medication Incident Review Group has been established, which includes a pharmacist. Medication incidents are reviewed monthly by the group.

DRUG AND THERAPEUTICS COMMITTEE

The Drug and Therapeutics Committee met twice in 2018. Sub-committees were set up to manage specific issues and included the Medication Incident Review Group.

QUALITY IMPROVEMENTS

- Introduction of new tablet crushers
- HSE antimicrobial guidelines in primary care are on all desktops on wards
- Medication safety newsletters included information on hay fever, Sound Alike Look Alike drugs (SALADS), sodium content of soluble paracetamol products, diabetes ketoacidosis factsheet, and safety alerts – DOACs and Don't Rush to Crush – medicines that should not be crushed
- Introduction of supplementary labels – expiry, cytotoxic, and date opened labels .

INFLUENZA VACCINATION

Healthcare workers should get the flu vaccine to protect themselves, their families and their patients. Elderly and at-risk patients cannot generate the same level of protection from the flu vaccine and these vulnerable patients rely on the immunity of those who care for them to keep them safe. Flu is highly transmissible and those who are infected can spread the disease from one day before symptoms begin (while asymptomatic) and for five to seven days after developing

symptoms. Ms Niamh Murnane, Senior Pharmacist, held a flu vaccine clinic to assist with the staff vaccination programme.

CONTINUOUS PROFESSIONAL DEVELOPMENT

As part of the registration process as a pharmacist with the PSI, each member must submit details of their professional development with the Irish Institute of Pharmacy (IIOP) and these are reviewed annually. Our pharmacist, Ms Sarah Maxwell, is in her final year of a Master's in Advanced Clinical Pharmacy Practice at Queen's University Belfast. Pharmacy staff also participated in the hospital's mandatory training programmes, which included fire safety, hand hygiene, and manual handling.

I would like to thank all the staff who support us in our work, in particular the general operatives who transport the pharmacy requisitions daily to and from the Pharmacy Department.

I would also like to take this opportunity to thank Niamh Murnane and Sarah Maxwell in the Pharmacy Department for their enthusiasm, unwavering support, and commitment to quality pharmaceutical care of our patients.

Linda Murnane
Chief Pharmacist



PHYSIOTHERAPY DEPARTMENT

The Physiotherapy Department is committed to achieving excellence in patient care in an environment of mutual respect and continuing education.

INTRODUCTION

The Physiotherapy Department is committed to achieving excellence in patient care in an environment of mutual respect and continuing education. It aspires to create a service that is dynamic, effective, patient-centred and appropriate and that enables patients to achieve the highest quality of life their condition allows. The department aims to both educate its patients and to encourage participation in their care management, in order to formulate plans that encompass both social and environmental factors. It endeavours to ensure that an evidence-based approach is central to our service delivery

through promoting and supporting continuing professional development and research.

PHYSIOTHERAPY SERVICE AND DEPARTMENTAL ACTIVITY

There is a blanket referral system in place for physiotherapy. All 160 in-patients are assessed by a physiotherapist and a treatment plan initiated within 24 hours of admission. The current staffing is six senior and five staff grade physiotherapists and a physiotherapy manager. Activity for the year is shown in the diagram box below.

Activity	2018
New patient admissions	1,260
Total physiotherapy treatment sessions	46,503
Gym-based treatment sessions	11,628
Ward-based individual treatment sessions	20,756

There was a slight decrease in the overall activity levels in the department, due to restrictions caused by infection control and prevention that affected patient flow. However, gym-based treatment sessions peaked in October, with an average of 58 sessions per day (range 0-70). The department is grateful to the porters for their assistance in facilitating this high volume of traffic to the gym. Overall physiotherapy treatments (gym and ward-based sessions) peaked in June at 200 treatments per day. Additional items of small physiotherapy equipment, such as dumbbells and cuff weights, were procured to facilitate the high demand for ward-based group exercise classes.

SERVICE UPDATES

Frailty Working Group

Frailty is a multi-factorial syndrome associated but not defined by ageing, which has been strongly associated with a greater risk of developing adverse outcomes, such as institutionalisation, decline in function, disability, and mortality. The gold standard for management of the frail patient, as outlined in the National Clinical Programme for Older People (NCPPOP), is early identification and comprehensive geriatric assessment. Since 2015, all patients aged over 65 years admitted to the hospital are screened for frailty during their initial physiotherapy

assessment, using the Rockwood Clinical Frailty screen and the Frailty Phenotype Model.

In order to meet national standards of care for this vulnerable patient cohort, Ms Lisa Kavanagh and Ms Sophie Gardner, Senior Physiotherapists, convened a Multidisciplinary Frailty Working Group at the end of 2017, to drive positive change for this cohort within the organisation. There has been a shift in focus towards the concept of frailty as a chronic long-term condition, which is hard to define but easy to recognise. With the increasing demands and expectations on our healthcare systems, due to an increasing ageing population and the prevalence of frailty, the time is right to improve the quality and delivery of our older people's services.

The group aims to improve the quality and delivery of our older people's services and to empower a change in attitude, focus and approach to improving care and outcomes for frail, older people in the IOH. The group has linked in with the National Frailty Education Programme and is scheduled to attend education sessions next year. It also hopes to be included in the Train the Trainer Programme, so that frailty education programmes can be organised on site for staff.

Staff from the Physiotherapy Department attended the following seminars during the year:

- Chartered Physiotherapists in Neurology and Gerontology "Falls and Frailty" Study Day (February)
- The Ireland East Frailty Masterclass (March)
- The 4th "Transforming Care of Older People in Ireland" conference (May)
- The Irish Gerontological Society "Transforming Ageing Across Borders" conference (September)
- The "Shifting the Curve in Frailty – Integrating Services for Older People" conference in the Mater Hospital (November)
- Beaumont Hospital Frailty Study Day (November).

Falls Prevention and Management

The Hospital Falls Prevention and Management Committee reconvened in September and agreed on actions to review the Falls Prevention and Management Policy and other current practices.

The Physiotherapy Department arranged for an advisor from the Quality Improvement Division (QID) of the Health Service Executive (HSE) to come to the hospital in November, to guide the committee regarding current best practice and research in the area. In advance of the meeting, the Physiotherapy Department coordinated an audit of its current service, to benchmark it with recommended standards. Based on the audit and suggestions from this session, it is hoped that the committee will work with the QID to progress a quality improvement initiative for falls prevention and management that will involve engagement with all hospital staff in 2019.

The Falls Prevention Education talks remained an important component of the rehabilitation programme of care for patients admitted following a fall, or those at risk of falls, and the Physiotherapy Department maintained the regularity of the afternoon and morning sessions throughout the year. It included some additional dietary and bone health information in the "Don't Fall for It" patient information leaflet and the updated version was available for circulation in the latter part of the year.

The department was delighted to see the inclusion of the IOH Falls Prevention Programme in the HSE Excellence Awards Directory. The directory provides a short synopsis of projects submitted for excellence awards, in order to facilitate the transfer of learning from these projects nationally and to further embed best practice.

The physiotherapy department was represented at:

- “The Major Trauma Audit Report” launch, Royal College of Surgeons Ireland (RCSI) (January)
- “The 4 F’s (Frailty, Falls, Fragility, Fractures)” conference in St. Vincent’s University Hospital (April)
- “Review Guides for Falls and Pressure Ulcer Incidents” launch, St. James’s Hospital (April)
- Cappagh Hospital Orthopaedic Study Day (April)
- Chartered Physiotherapists in Neurology and Gerontology Spinal Study Day, Mater Hospital (July)
- The 7th Fragility Fracture Network Global Congress Pre-Congress Physiotherapy Workshop, RCSI (July)
- AFFINITY Falls & Bone Health Symposium (October)
- National Clinical Programme for Trauma and Orthopaedic Surgery and the National Clinical Programme for Rheumatology “Integrating Musculoskeletal Care” conference (October)
- The Irish Hip Fracture Database meeting (November).

Manual Handling

Ms Ger Matthews, Senior Physiotherapist, facilitated 10 days of manual handling training for staff and was an active member of the hospital’s Health and Safety Committee. She continued in an advisory role for staff with patient and/or manual handling concerns and liaised with the Human Resources Department and the Risk Manager to address manual handling concerns as they arose. Two more staff members from the Physiotherapy and Nursing Departments trained as manual handling instructors during the year and will be able to deliver staff manual handling training sessions next year.

Dementia Care

Ms Ger Matthews continued to represent the physiotherapy team on the Dementia Care Committee and was particularly involved in the ward signage and in the “Acti-tea” and Alzheimer’s Tea Day initiatives.






Temporary way-finding signs were trialled throughout the hospital and, following the success of this project, a design and format for permanent signage was put out to tender. It is expected that the new signage will be in place early next year. Physiotherapy, occupational therapy, healthcare assistant, dietetics and nursing colleagues worked together to encourage patients on Kincora Ward to go to the dayroom for afternoon tea. This new activity was aimed at promoting mobility, along with increasing social interaction, for all patients.

The department organised a very successful fundraising event for the Alzheimer’s Society in May. Baked goods and treats, along with raffle and quiz prizes, were offered to staff, visitors and patients, in return for much appreciated donations.

QUALITY IMPROVEMENT PROJECTS

Discharge Planning

In February, the physiotherapy team on Gracefield Ward led the introduction of a multidisciplinary team (MDT) board round on Monday afternoons (in addition to the weekly MDT meetings on Thursdays), in order to facilitate early communication, continuity of care, and timely discharges. Senior Physiotherapist Ms Aoife Crowe coordinated the template for the whiteboard on the ward for members of the MDT to record relevant patient information. The information on the board is shown below:

Bed no.	Patient name	Length of stay	Mobility status	Goal Status	Cognitive screen	Goal Status	Date of referral / Date of assessment	Goal Status			Estimated Discharge Date
A1	XXXX	10	Assist of 2 people Table top frame		MOCA 24/30		20/3/18 21/3/18				24/3/18

Patient progress with rehabilitation, their length of stay, and referrals to other team members were discussed at the board round and rehabilitation goals were set for the week. The whiteboard is updated during the meeting and used as a communication tool for all staff. A traffic light system is used to indicate the status of patient goals for each of the disciplines, i.e. green (ready for discharge), amber (ongoing intervention) and red (not assessed).

The aim of the data collected is:

- To create a patient flow bundle to improve patient flow
- To use the patient flow bundle to reduce unnecessary waiting for patients
- To improve the quality of care delivered to the patient, thereby improving patient experience
- To audit the statistics collected from the patient bundle flow to identify internal and external factors influencing patients' lengths of stay.

Brace and Support Application Education

The Physiotherapy Department audited the confidence of staff in the use of all orthopaedic braces and supports worn by patients in the hospital. From 12-13 March, approximately 50 surveys were completed by staff across all wards. Feedback from the surveys showed that all staff requested formal training and education on the use of braces.

A subgroup of the physiotherapy team designed information posters detailing the steps involved in the application of 10 of the most regularly used braces, e.g. don joy braces, dictus splints, shoulder immobilisers, and ankle-foot orthoses. When a patient is identified as requiring a brace, the relevant poster with instructions is displayed on their locker, in order to ensure that all braces and supports are used correctly.

Physiotherapy-led workshops were also held at regular intervals on each ward, to familiarise staff with the application of the braces.

Exercise Posters

In January and February, the physiotherapists surveyed patients on their confidence and ability to continue self-directed exercises/home exercise programmes outside therapy time. The results indicated that more instruction was needed to facilitate this important aspect of rehabilitation.

In order to promote increased activity and safer mobility for the patient cohort, a subgroup of the physiotherapy team designed and formatted posters detailing a series of 10 exercises (5 chair-based and 5 rail-based). The posters are displayed on each ward in areas where patients can continue their rehabilitation on their own or with the assistance of family/carers, as required. Initial feedback has been positive, with patients reporting that they enjoyed meeting up in the dayroom at the weekend to continue their exercises together. Friends, family members/carers also reported that they enjoyed being involved in the rehabilitation programme and have requested copies of the exercises to continue the activity on discharge home.

CLINICAL EDUCATION

The Physiotherapy Department continued to provide undergraduate student placements for final year students from Trinity College Dublin (TCD.) It facilitated clinical placements for physiotherapy graduates from Singapore, as part of their overseas immersion programme with the Dublin School of Physiotherapy (TCD).

The Physiotherapy Department was represented at the interdisciplinary Practice Educator study day organised by the allied health faculties of TCD and University College Dublin (UCD) in June and the Introduction to Practice Education study day hosted by the RCSI, TCD and UCD Schools of Physiotherapy in September.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD) AND NETWORKING

Palliative Care Workshop

Last year, the department identified the physiotherapy rehabilitation management of palliative care patients as a learning need for its service. We are grateful to our colleagues in St. Francis Hospice, Raheny, who welcomed us to their Centre of Education in November for a very informative workshop, which they had tailored to our specific requirements.

Vestibular Rehabilitation

In response to the increasing numbers of patients presenting with vestibular problems, the department received CPD funding for two physiotherapists to attend a two-day Basic Vestibular Rehabilitation course in Mullingar Hospital in November. Evidence has shown that vestibular rehabilitation can be effective in improving symptoms related to many vestibular (inner ear/balance) disorders. People with vestibular disorders often experience problems with vertigo, dizziness, visual disturbance, and/or imbalance. These are the problems that rehabilitation aims to address. Other problems can also arise that are secondary to vestibular disorders, such as nausea and/or vomiting, reduced ability to focus or concentrate, and fatigue.

Symptoms of vestibular disorders can diminish quality of life and impact all aspects of daily living. They contribute to emotional problems such as anxiety and depression. Additionally, one of the consequences of having a vestibular disorder is that symptoms frequently cause people to adopt a sedentary lifestyle, in order to avoid bringing on, or worsening, dizziness and imbalance. As a result, decreased muscle strength and flexibility, increased joint stiffness, and reduced stamina can occur. Treatment strategies used in vestibular rehabilitation can also be beneficial for these secondary problems.

Ms Fiona O'Dwyer, Staff Grade Physiotherapist with an

interest in the management of lymphoedema, attended a Lymphoedema Masterclass in October.

The Physiotherapy Manager, Gráinne O'Hara, attended regular meetings of the Chartered Physiotherapists in Management (CPM) throughout the year.

OPPORTUNITIES AND CHALLENGES FOR 2019

Following on from last year's challenges, the department will continue to work with management to advocate for increased physiotherapy staffing levels, in order to align itself with the National Clinical Care Programme for Older People physiotherapy staffing guidelines.

The department's business case for additional physiotherapy staffing details the benefits of increased physiotherapy resources for both patients and staff. A core deficit identified by physiotherapy staff was that there is no protected time for personal development planning, staff appraisal, CPD, peer supervision and mentoring/coaching. While patient care remains a priority, it is imperative that we address this need for both staff grade and senior physiotherapists in the coming year.

Priority areas identified by the physiotherapy department for CPD include:

- Physiotherapy treatment approaches for patients presenting with neurological conditions
- Health informatics.

The department will continue to keep abreast of current best practice for falls prevention and management and will follow and participate in the progress of the National Clinical Programmes for Older Persons and for Trauma and Orthopaedic Surgery (including the Hip Fracture Database).

It aims to strengthen our links with the referring hospitals, our community care colleagues and the universities and hopes to

collaborate with them for research and quality improvement initiatives.

It would also welcome the opportunity to work with the HSE e-health group, the hospital's Medical Records Committee and DMF™ systems to enhance and update the current data management system. This will help to increase physiotherapy treatment times for patients in IOH by improving efficiency of patient documentation, as well as facilitating the intra- and inter-hospital multidisciplinary transfer of patient information.

I look forward to working with colleagues throughout the hospital in the coming year and thank them for their

continuing support and advice. I would also like to thank all my physiotherapy colleagues for their continued commitment, energy, enthusiasm and support. Their positivity, innovation and conscientiousness make them a pleasure to work alongside.

*"... the secret in the care of the patient lies
in the care for the patient"*

(Francis Peabody, MD, 1880-1927)

Gráinne O'Hara
Physiotherapy Manager



DEPARTMENT OF NURSING

Welcome to the *Annual Report 2018* for the Nursing Department at the IOH. The Nursing Department strives to provide the highest standard of care to all patients. Nurses and healthcare assistant staff are a key element of the hospital's multidisciplinary team, providing a 24/7 service, and are placed at the centre of the care provided.



Sharon Trehly

NURSING SERVICES

There was significant change within the department throughout 2018, which included the departure of Ms AnnMarie Mc Govern as Temporary Director of Nursing, after many years of service, and her replacement with Ms Sharon Trehly, in June. The focus throughout 2018 has been to further develop, strengthen and lead the nursing workforce to be adaptable, proactive and ambitious in their approach to patient care.

The Nursing Department saw a decrease in staffing turnover rates during the year. This is a clear indicator of the high level of investment in its recruitment and retention procedures and targeted campaign, and the purposeful engagement with staff at all levels within the hospital. The stability in the workforce opens up greater possibilities to enhancing quality of care, seeking role expansion opportunities to improve the patient experience, and expanding its capabilities for participating in quality improvement initiatives. The commitment of the nursing and healthcare assistant staff and the high standard of care provided must be commended and we acknowledge the hard work and dedication of the Assistant Director of Nursing, the nursing administration staff, clinical nurse managers, staff nurses and healthcare assistants.

EDUCATION AND TRAINING

Integral to enhancing patient outcomes and safe delivery of care is having a highly educated and skilled workforce. The Nursing Department recognises the importance of investment in the continued personal and professional development of its nursing and healthcare workforce. The role of the Clinical Practice Support Nurse (CPSN) centres on the identification, support and provision of learning opportunities in clinical nursing practice.

In 2018 there was an increase in education activity, with three members of the nursing staff undertaking a module in the Postgraduate Diploma in Gerontology, two nurses undertaking a degree in leadership, and nursing staff attending multiple education days and conferences. Other education programmes introduced into the service included Peer to Peer Flu Vaccination, Support for Vulnerable Adults, and Open Disclosure.

QUALITY IMPROVEMENT

In collaboration with many of their colleagues in other departments throughout the hospital, nursing and healthcare assistant staff were involved in many of the quality improvement initiatives implemented and piloted during the year. Through their engagement with the Dietetic, Catering, General

Operative and Allied Health Professional Departments, nursing and healthcare assistant staff made significant changes to work practices to improve nutrition and hydration for patients, as well as improving mealtime experience and moving breakfast time to later in the morning.

In collaboration with colleagues from the Occupational Therapy Department, significant work was undertaken in the introduction of a SKIN Bundle, which will be introduced in early 2019. This is part of a national quality improvement initiative, Pressure Ulcer to Zero (PUTZ), of the Health Service Executive (HSE). This will ensure that best practice is achieved in pressure ulcer prevention for patients. Other quality improvement initiatives included discussions with the Nursing Midwifery Professional Development Unit in relation to the introduction of Quality Care Metrics, which will commence in April 2019.

The nursing team is also involved and proactive in many hospital committees, including the Dementia Care Committee, the Frailty Working Group, the Falls Committee, the Drugs and Therapeutic Committee, the Health and Safety Committee, and the Nutrition and Hydration Committee. Strengthening and building links with the referring hospitals is of huge importance to the Nursing Department: it welcomes student nurses from the Mater Hospital/University College Dublin (UCD) and is pleased to facilitate, support and mentor them.

PATIENT FLOW MANAGEMENT

The Patient Flow Manager collaborates with many hospitals and across the IOH. There have been many changes in this area, including the introduction of a new referral form and the introduction of the “visual hospital” board – a tool that provides a representation of the bed status in real time and delivers additional realtime data on the patient’s journey. There has been a revision of the admission, transfer and discharge policies and the introduction of regular meetings with ward management and other allied health professionals within the

hospital, to establish a more holistic approach to admissions and discharges.

INFECTION PREVENTION AND CONTROL (IP&C)

The Infection Prevention and Control (IP&C) Nurse, supported by staff, had a busy year and worked hard and diligently to minimise the risk of patients acquiring healthcare-associated infection. The workload included outbreak management, delivery of education, review of policies, procedures, guidelines, auditing, information leaflet development, and the provision of expert advice at corporate and local level. The IP&C Nurse had a vital role in preventing the development of transmission of disease, which includes surveillance of healthcare associated infections and resistant organisms and the prevention of infection and control of existing infection. The objective is to engage staff at all levels, in order to maintain a culture that supports IP&C practices across the entire hospital.

The IOH continues to actively screen patients on admission for infection such as Methicillin-resistant *Staphylococcus aureus* (MRSA) (see Figure 1). Other IP&C screening includes Carbapenemase Producing Enterobacterales (CPE) (see Figure 2), which is carried out as per the risk spectrum in the referring hospital. There is a risk assessment process on admission for all patients referred to IOH.

Figure 1: MRSA Surveillance 2018

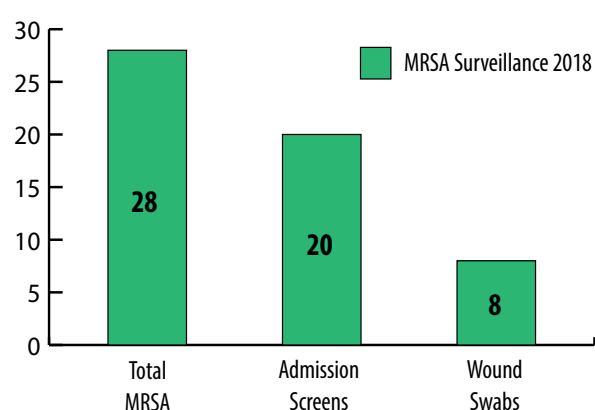
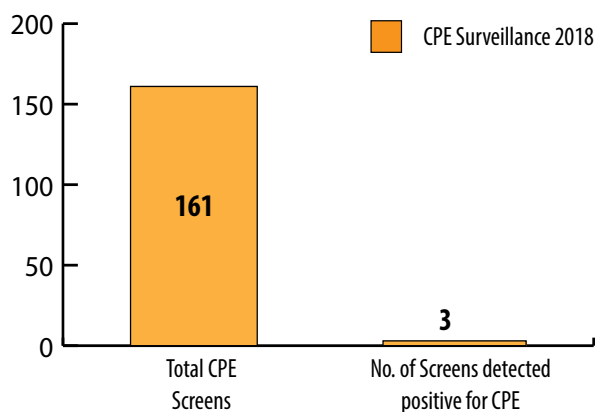


Figure 2: CPE Surveillance 2018



Other IP&C surveillance included infection such as Vancomycin Resistant Enterococci (VRE) (see Figure 3) and Extended Spectrum Beta-Lactamase (ESBL) (see Figure 4).

Figure 3: VRE Surveillance 2018

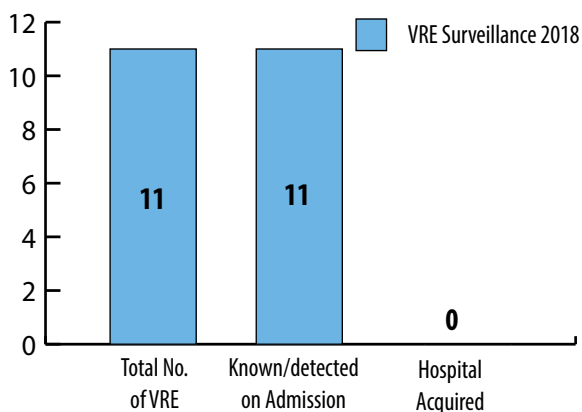
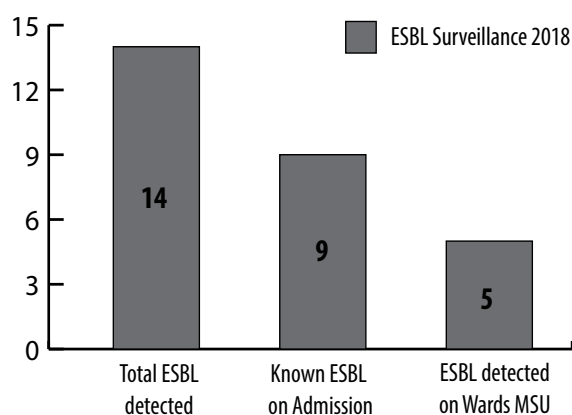
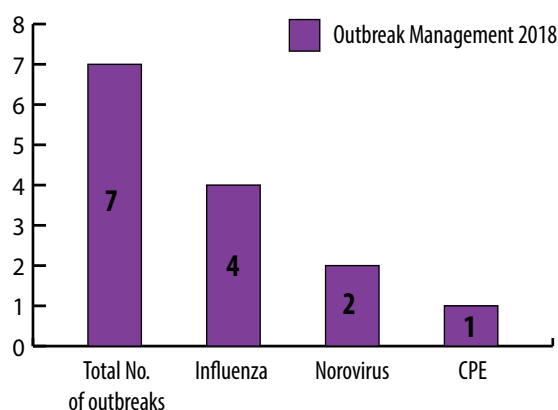


Figure 4: ESBL Surveillance 2018



Other IP&C surveillance included infection such as Vancomycin Managing outbreaks has been challenging in 2018 and Figure 5 gives an indication of the level of IP&F outbreak management that has occurred at the hospital.

Figure 5: Outbreak Management 2018



RETIREMENT

On behalf of all of the nursing and healthcare assistant staff I would like to take this opportunity to wish Ms Brenda Furness and Ms Breda McCormack, senior staff nurses who retired in 2018, a long happy and healthy retirement. I thank them for all their hard work and dedication over many years.

CONCLUSION

The annual report for 2018 provides me with an opportunity to thank all the staff who have welcomed and assisted me since my arrival in June 2018. I offer my deep appreciation to the entire Nursing Department, for their hard work, dedication and support in 2018. I extend a warm welcome to our new colleagues who joined the Nursing Team in 2018. Many thanks to all the staff throughout the hospital for their continued support in providing excellent, high-standard patient care. We look forward to continually improving the care and the service we provide.

Sharon Trehy
Director of Nursing

DEPARTMENT OF OCCUPATIONAL THERAPY

INTRODUCTION

In 2018, the Occupational Therapy (OT) Department continued to build on service delivery improvements that were achieved in 2017 to enhance the patient experience of OT in IOH. These improvements required significant investment from the OT team, and I am very thankful for the hard work of all the team members. The department is supported in our service delivery by our colleagues. We are thankful for their support.

The OT team currently consists of one OT Manager, two Senior OTs and three Staff Grade OTs (all whole-time equivalents).

SERVICE DELIVERY

The OT Department provided service delivery improvements in four key areas in 2018:

1. In 2017, the department audited the OT needs of the patients attending IOH for rehabilitation and identified that they all required OT services. It began the delivery of its blanket referral services and maintained this in 2018. All patients are now seen by an OT during their rehabilitation period. This is a very significant service delivery improvement, as all patients benefit from being seen by an OT during their admission.
2016 Patients referred but not seen by OT = 45 patients
2017 All patients seen by OT. A blanket referral system was established. An extra 97 patients were seen in 2017, compared to 2016.
2018 All patients (1260) seen by an OT. A blanket referral system was consolidated. An extra 92 patients were seen in 2018, compared to 2017.
2. The OT department operates a priority-based system secondary to OT resourcing. All admissions are screened

on day one of admission and all Priority 1 Patients (P1s) are assessed within 24 hours. For 2018 our main service delivery goal with regard to Priority 2 Patients (P2s) was to reduce access (wait) time for P2s to be assessed by an OT. The department aimed to reduce this from the five-day average wait in 2017 to a three-day average wait in 2018.

This goal was difficult to achieve in 2018, due to periods of staff vacancies and staff changes and also due to the fact there was no increase in OT resourcing. However, the department managed to achieve this goal by implementing a cross-cover system across the OT team for patients waiting more than three days.

The longest waiting period for a P2 patient to see an OT in 2018 was four days, when an OT vacancy was on the team, and our shortest waiting period was one day, during the period when we had a full OT team and an additional OT Assistant (OTA) on the team.

2016 Average wait time for a P2 patient to be seen by OT: 8.7 days
2017 Average wait time for a P2 patient to be seen by OT: 5.1 days
2018 Average wait time for a P2 patient to be seen by OT: 2.5 days.

3. Home Visit Assessments involve two types of visits to the home: access visits and home visits. Access visits are where



Monica Devine

the OT completes a home environmental assessment to prepare for discharge without the patient present.

Home visits are where the OT completes a home assessment with the patient in preparation for discharge home. In IOH this is often done in conjunction with another member of the multidisciplinary team (MDT), depending on the complexity of the patient. In 2018:

- 50% of OT home visits were completed in conjunction with a Medical Social Worker (MSW)
- 25% of OT home visits were completed in conjunction with a second OT or with an OTA
- 20% of OT home visits were completed in conjunction with a Physiotherapist
- 5% of OT home visits were completed in conjunction with an MSW and Physiotherapist, when this was clinically indicated.

There was an increase of 17.8% in the number of OT home visits completed in 2018, in comparison to 2017. The biggest spike was during the nine-week period when the OTA was available, as this improved the efficiency of completing Home Visit Assessments when a second clinician was not clinically indicated for the visit.

Home Visit Assessments are one of the main quality indicators in a rehabilitation setting, so this is a significant service delivery improvement

4. In 2018, the department consolidated the delivery of two key group-based OT interventions – Stress Management & Relaxation, and Home Safety Education groups.

Stress Management and Relaxation groups were introduced by the OT department in 2017, in an effort to enhance patients' understanding of stress and to teach

self-management skills. When patients' stress levels are improved, they can participate more effectively in the rehabilitation process, as being relaxed improves our ability for new learning and to engage with other people. Patients who benefit from this group are identified by the MDT using the group inclusion criteria and are then referred to the group by their OT. All patients come to a Stress Management group initially to improve their understanding of what stress is and how they can improve their coping strategies. This is followed by weekly relaxation sessions where patients practise different relaxation exercise led by the OT and learn how they can continue this practice at home. In 2018, the department delivered approximately 700 patient sessions via these groups. Patient benefit is assessed using a pre- and post-group Likert scale, which shows significant patient benefit. One patient's feedback was: "I feel calmer after the group and better able for the rest of the day."

Home Safety groups were introduced in April 2018 as part of our service goals to be able to offer Home Safety and Falls Safety education in the evening time to patients, alongside their family members, to help with consolidation of information and potential improvements being implemented in the home environment. From April 2018 to December 2018 the department hosted a total of 16 groups and assessed the impact of the group using a pre- and post-group Likert scale.

Total numbers attended: 311 (167 patients and 144 family members).

Average increase in knowledge per question (Likert scale):

- Understanding of risk factors for falls = 27% increase in knowledge
- Understanding how to make home environment

- safer = 25% increase in knowledge
- Understanding how to react to a fall = 30% increase in knowledge
- Knowledge of where to go for further support or information = 35% increase in knowledge.

Each patient and family member gets a take-home information pack at the end of this group to enable them to complete a home safety assessment in their own environment and to make general safety improvements. The take-home pack includes details of further community supports available. Each patient is offered follow-up advice on their home environment with their OT while they are in IOH, as well as a Home Visit Assessment, if required.

Patient and family member feedback includes: "This session was extremely informative; a very professional presentation and I feel confident regarding my older mother and her needs. Thanks" (October 2018); "The content is very good and best quality presentation. It was great seeing the extra aids I could get" (August 2018).

The above service delivery gains were achieved by ongoing work systems analysis and improvements: there was no increase in staffing in the department in 2018.

SERVICE DELIVERY PLANS FOR 2019

The OT Department aims to maintain the service delivery improvements gained in 2018 and plans to further improve service delivery, dependent on staffing resources. Goals for 2019 include:

- To maintain a blanket referral system where all patients are seen by OT during their admission
- To maintain average access times (wait times) for P1 patients to within 24 hours, and average access times (wait times) for P2 patients to less than 3 days
- To increase the frequency of rehabilitation sessions offered

by OT to patients during an admission to maximise their rehabilitation potential, by increasing resourcing

- To maintain the delivery of our current group programme for patients
- To broaden our group programme for patients, to include Memory Rehabilitation groups in 2019, where resourcing allows
- To establish the role of the OTA in the OT Department.

SERVICE DEVELOPMENTS AND QUALITY IMPROVEMENTS

Testing of an OTA in IOH

During a period when we were carrying an OT vacancy, we had a nine-week trial of an OTA in the department. This trial proved extremely beneficial to both the running of the department and the rehabilitation of the patients. Under the supervision of an OT, the OTA delivered an additional 50 rehabilitation sessions (as prescribed by the OT) per week to the patients, greatly enhancing their rehabilitation gains during their stay. The OTA also played a supportive role in facilitating the OT to carry out Home Visit Assessments, where a second clinician was not indicated.

Cognitive Audit 2018

In February 2018, the department completed the second hospital-wide cognitive audit to capture a snapshot of the cognitive patient profile in the hospital on a single day. This audit was published at the Irish Gerontological Society (IGS) 66th Annual and Scientific Meeting in September 2017 and was significant in influencing service delivery and confirming the need to tailor the rehabilitation service to meet the needs of patients with cognitive impairments.

Dementia and Delirium Awareness Committee

In March 2017, the department led out in setting up a hospital wide Dementia Awareness Committee and worked closely

with hospital colleagues in establishing working subgroups on a range of topics. In 2018, it delivered monthly Dementia and Delirium Awareness Training (NMBI accredited) to all hospital staff on behalf of the Dementia Committee. To date, the department has provided this training to 97 staff members. In 2018 it also continued to work closely with our physiotherapy colleagues to enhance the dementia friendliness of the hospital environment, both the physical and social environment.

Links with Referring Services

The department completed the first external staff grade OT rotation between Beaumont Hospital and Clontarf Hospital to enhance professional development opportunities for the OTs who completed the rotation and also to build on professional relationships between the sites. This rotation was very successful on both fronts and the aim is to run this again in 2019.

EDUCATION AND NETWORKING

The department presented at a number of national and international conferences, as follows:

- The OT manager delivered a platform presentation Royal College of Occupational Therapists (RCOT) international conference in June 2018, entitled "Occupation-based Lifestyle Interventions for Older adults"
- The OT Manager delivered a platform presentation at the Irish Gerontological Society's 66th Annual and Scientific Meeting in September 2018 and also at the HSE Health and Social Care Professionals' conference, in October 2018, entitled "Thriving not just Surviving: An Occupational Therapy Lifestyle Programme for Older Adults Living in Long-Term Care"
- The Department published two posters at the Irish Gerontological Society's 66th Annual and Scientific Meeting in September 2018 and the HSE Health and Social Care Professionals' conference in October 2018,

entitled "Dementia and Delirium Awareness Training in a Rehabilitation Setting" and "Understanding Rehabilitation Patient Profiles: A Snapshot Audit Of Cognitive Impairment in a Rehabilitation Setting"

- The department published a poster at the Association of Occupational Therapists of Ireland Older Person's Advisory group meeting in November 2018 entitled "Delivering Patient and Caregiver Home Safety Education in a Rehabilitation Facility".

The department facilitated undergraduate student Occupational Therapy placements for Trinity College Dublin and plans to continue this practice in 2019.

The department delivered in-house training on Dementia-specific Technology, Workload Planning, Cognitive Rehabilitation, the Functional Independence Measure, and Complaints Management.

The department has committee members on both the national advisory group of OT Managers and the national advisory group of OTs for older people, both of which are affiliated to the Association of Occupational Therapists of Ireland.

PLANS FOR 2019

The department's plans for 2019 include:

- Maintaining current service delivery and offering further service improvements (resource dependent)
- Increasing the number of OTs (whole-time equivalents), in line with national recommendations and benchmarking of similar rehabilitation services
- Establishing the role of the OTA, to increase the frequency of OT rehabilitation sessions offered to patients. The OTA follows an OTA rehabilitation programme as prescribed by the OT
- Maintaining our participation in the hospital-wide

Dementia Awareness Committee and continuing to deliver the Dementia and Delirium Awareness training to all staff on a monthly basis

- Completing the second external staff grade OT rotation with Beaumont Hospital, to offer clinical experience opportunities to the team and also to build working relationships with one of IOH's main referring hospitals
- Continuing our workload measurement with the development of patient clinical trackers in 2019, to improve efficiency
- Establishing a Pressure Ulcer to Zero (PUTZ) Working Group with IOH's nursing colleagues
- Participating in the Frailty MDT Working Group.
- Presenting at conferences, including the Irish Gerontological Society's 67th Annual and Scientific Meeting in September 2019 and the HSE Health and Social Care Professionals' Research conference in November 2019.

CONCLUSION

I would like to express my thanks to members of the OT team for their hard work, dedication, enthusiasm and flexibility, enabling us to maintain and enhance service delivery throughout the year.

I would like to thank all our hospital and community colleagues for their continued support with our service delivery. I look forward to continuing our interdisciplinary work in service developments and quality improvements, as we all work together to provide the best possible rehabilitation services.

I would also like to thank all the patients and families with whom we work with in IOH: we are inspired by you to improve our service delivery every day.

Monica Devine

Occupational Therapist Manager



DEPARTMENT OF DIETETICS

STAFFING

I was appointed to the half-time position of Senior Dietician in the IOH in June 2018. As there is only one dietitian, staffing is well below the rate recommended in the National Clinical Care Programmes. Consequentially, dietetic referrals are prioritised in terms of patients' nutritional risk.

There was collaboration between the Dietetic Department and the Chief Executive Officer in completing a business plan for the funding and recruitment of extra dieticians, for submission to the Health Service Executive (HSE) CHO 9 Management Team. The business plan is to be submitted in early 2019 and the department is hopeful that extra resources will be made available to meet the nutritional care needs of patients admitted.

SERVICE DEVELOPMENTS

Due to an extended gap in the dietetic service in IOH, a large amount of work has been aimed at further developing and advancing the department. A Nutrition and Hydration Committee has been established (September 2018) and is represented by all hospital disciplines. A Health Information and Quality Authority (HIQA) self-assessment tool was completed to determine the following actions and in turn outcomes:

Staff Training

- Worked with the Director of Nursing to coordinate MUST training for all nursing staff, weekly in November 2018
- There has been ongoing development of training programmes on therapeutic diets for both clinical and support staff. A catering manual is now available for reference to all pantry staff.

OPERATIONAL ACTIONS

- The department is on target to introduce an internationally recognised Nutrition Care Process and Model into the hospital in the first quarter of 2019. The process provides a framework for demonstrating how nutritional care improves patient outcomes
- A new online dietetic referral system has been introduced. This includes guidelines on prioritising referrals
- A revised format of the Daily Diet Request Form was completed to help to streamline specific dietary requests for patients
- The Pharmacy and Dietetic Departments collaborated to ensure that equivalent oral nutrition supplement products are available to all inpatients at all times. The latest audit suggests that 37% of patients are on oral nutrition supplements during admission.

CATERING

- Worked with the Catering Manager and Director of Nursing to improve meal times for patients. Breakfast is now served on all wards at a later time of 8.00 am. Audits undertaken identified that >84% of patients in IOH are "happy" with the new later time
- A new breakfast menu for all patients now offers more individualised choice
- A Patient Satisfaction Survey on food quality was completed and the majority of respondents rated the food in the hospital as "very good"
- An Audit of Therapeutic Dietary Types was completed in October. It showed that 47% of our patients are on therapeutic diets. These include, renal, diabetic and texture-modified diets

- A nutritional software programme was purchased to help with the challenging task of standardising hospital recipes and menus
- The need was identified for training chefs in all areas with modified consistency diets and the training is planned for April 2019.

MALNUTRITION UNIVERSAL SCREENING TOOL (MUST) NUTRITIONAL SCREENING

MUST Nutritional Screening allows for the identification of patients at risk of malnutrition and in turn earlier dietetic intervention, thus ensuring better patient outcomes. Nutritional screening is a requirement of HIQA in long stay units.

There were four MUST training sessions in 2018 (two-hour sessions) open to all nursing and healthcare staff. The MUST Nutritional Screening Tool has been modified for local use in IOH and is linked to a care pathway to ensure no delays in intervention for patients at high risk of malnutrition, in the absence of an adequate dietetic service.

A pre-training audit carried out in October 2018 highlighted that while patients' BMI was recorded in over 90% of cases, MUST scores were not. One in four patients admitted to Irish hospitals are malnourished and 25% of those are in a high-risk category (Russell & Elia 2012).

Subsequent MUST training for all nursing staff in November anecdotally shows that MUST scores are now routinely recorded on admission. Malnourished patients over 65 years are five times more likely to be malnourished than those younger (IRSPEN 2013).

EDUCATION AND TRAINING

- Training for pantry staff on breakfast service delivery on

Swan Ward from September to October 2018

- MUST training provided for hospital staff for the month of November 2018
- Presentation to staff at ward level for "Acti-Tea Time" – a social experience and daily occasion for patients to gather for afternoon tea in the ward day room
- Journal club attendance and planned presentation on "ESPEN Guideline on Clinical Nutrition and Hydration in Geriatrics", for February 2019
- Completion of safeguarding training
- Completion of Children First training
- Appointed Chairperson to the Older Person Dementia Group of the Irish Nutrition and Dietetic Institute.

PLANS FOR 2019

As current dietetic resources are extremely limited, plans for 2019 will be restricted until the number of dietetic hours in the department have increased. Having sufficient dietetic input will enable patients to have better nutritional and general health outcomes throughout their admission in IOH and allow more patients access to rehabilitation services.

PLANS INCLUDE

- To increase the number of dietetic hours/positions in the department
- To complete the Nutrition & Hydration Policy guided by the Nutrition and Hydration Committee
- To hold quarterly meetings of the Nutrition and Hydration Committee, informed weekly by the subcommittee members
- To have a presence and shared input in multidisciplinary teams, if staffing levels improve
- To audit the MUST Nutritional Screening Tool beyond the Dietetic Department
- To work with catering in standardising menus, recipes and

training of chefs on therapeutic diets

- To implement a new trolley system to allow for more patient choice, and to introduce a ward menu system
- To implement revised hospital food choice and recipes, to improve the nutritional composition and patient meal experience, particularly for those on therapeutic diets
- Ongoing Continuing Professional Development (CPD).

Finally I would like to thank all my colleagues for their help in improving patient nutrition during 2018. To provide a successful dietetic service requires the support and collaboration of many of the hospital services. I look forward to continuing the good work with you all in 2018.

Sinead Shanley

Senior Dietician



DEPARTMENT OF MEDICAL SOCIAL WORK

INTRODUCTION

The Medical Social Work (MSW) Department provides a wide range of services to patients and their families under the care of the IOH on a referral basis. Services include psychosocial assessments; future care planning/discharge planning (specifically Home Care Package applications and the Nursing Home Support Scheme); and assisting families and patients in adjusting to their illness, and the impact of this for their future care.

Medical Social Workers (MSWs) act as a liaison between the patient, family and members of the health care staff. They also work with the patients and their families to address the personal, social and environmental challenges that come with ageing and disability. Social work interventions are directed at enhancing dignity, self-determination, and quality of life.

ACTIVITY

Working closely as part of the multidisciplinary team (MDT), the MSW Department has a particular role in providing assessments and support to patients and families around a range of practical and psychosocial issues. These include working directly with patients, families and carers and providing emotional support and practical guidance. The relationship with the MDT extends to weekly ward meetings, facilitating family meetings (care planning meetings) and joint home visits. The MSW Department also maintains strong relationships with professionals in the community and other agencies

In 2018, there was also a high level of support provided to patients identified as requiring long-term care. This involved MSWs in planning meetings and corresponding with the families involved, to discuss the practical aspects around the Nursing Home Support Scheme. From a delayed discharge perspective, given the complexity of some of the financial concerns raised for patients and families, the process took

longer to resolve. Highly complex issues were identified around the legal aspects of Fair Deal. Capacity and complicated financial issues also contributed to several patients being delayed for over 150 days. The team worked well in continuing to liaise with the Nursing Home Support Office and with the designated nursing homes involved. It also supported the patients and families throughout the process.

One of the main challenges faced by the MSW Department was the lack of funding available for Home Care Packages from May to December. From the 770 referrals received in the department, more than three quarters of those referred required home supports prior to discharge home. To ensure a safe discharge home for the patients, access to funding for home supports is vital. The MSWs continued to support patients and their families through this process. The management and coordination of Home Care Packages and community supports remained a primary provision of the service during the year. It is also worth noting that most of interventions by the MSW team required the management of one or more community supports upon the patients' discharge from hospital.

NATIONAL POLICIES

Throughout the year, the MSW Department had a key role in responding to and investigating allegations of abuse, in line with the National Safeguarding Vulnerable Persons at Risk of Abuse Policy. The Department was successful in negotiating onsite training for the hospital and was delighted to complete three on-site sessions (well attended), along with several off-site sessions. Currently, up to 66% of staff members are trained in safeguarding. This will continue in 2019, with a target of 100% of staff being trained.

Following on from the hospital training provided by the CHO 9 safeguarding team, an increase in referrals was noted from the previous year. The MSW Team was committed to ensuring

that a good service was made available to assist and support vulnerable adults in IOH. MSWs worked sensitively, engaging with vulnerable patient/s in discussing allegations of abuse and referring on to the appropriate agencies. Preliminary screenings were completed by the MSW and a safeguarding care plan was implemented. The majority of the referrals highlighted financial abuse as the main type of abuse, followed by psychological abuse. The MSW Department continues to work closely with the Community Safeguarding Teams in adhering to national policies and procedures. In terms of influencing policies and procedures, the hospital also sent in a formal written submission in relation to the HSE's Review of Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures 2014. The hospital policy on safeguarding was also completed by the Principal Medical Social Worker and the Quality & Risk Manager.

In relation to the Children First National Guidelines 2017, a child safeguarding statement and risk assessment were completed. While IOH does not provide health services to children, children visit relatives who are admitted for a period of rehabilitation. The hospital is committed to promoting the wellbeing of vulnerable adults and children and to safeguarding them from abuse. Under the Children First guidelines, a safeguarding statement is currently in place. For the MSW Department, and working with adult patients, the referrals received in 2018 centred on retrospective abuse.

PLANS FOR 2019

The department plans to review the operating procedures and policies to reflect changes that have been implemented in the department at operational level. The review will also ensure that the department's policies and procedures are compliant with national, medical social work policies. Plans are in process to submit business cases for senior and main grades to cover the increasing complexities in Medical Social Work.

The patient profile is becoming more socially complicated and, at times, more legally complex, and the MSW Department is aware of the negative impact this can have on a patient's recovery and participation in their rehabilitation treatment. I wish to thank all my staff who worked diligently throughout the year in successfully meeting the social care needs of all patients referred to the department.

Funding and resources will continue to be a challenge in 2019, but I am confident that MSWs will continue to advocate for their patients and ensure that needs are identified at the early stage of their admission into hospital.

Finally, I would like to take this opportunity to thank all the clinical and support staff with whom we worked closely in the care of patients admitted to IOH in 2018. I look forward to the opportunities and challenges in 2019.

Mary Duffy

Principal Medical Social Worker



DEPARTMENT OF CATERING AND SUPPORT SERVICES

Welcome to the Catering Department's *Annual Report*, my first at the IOH. There were many changes in the Catering Department throughout 2018, largely made to take catering service standards to a higher level.

INTRODUCTION

The Catering Department is responsible for providing food and catering services to patients, staff and visitors, and for corporate events as they arise throughout the year.

The hospital has a responsibility to provide the highest level of care possible for all patients and this, without question, includes the quality and nutritional value of the food that is served and eaten.

QUALITY IMPROVEMENTS

The IOH continuously strives to drive quality improvements that benefit patient care. IOH patients are elderly, bringing significant challenges for the Catering Officer and her staff. Many older people either suffer from being malnourished or require specialised diets. The Catering Officer, chefs, and catering assistants worked in close collaboration with the hospital's Senior Dietician and nursing staff to address the nutritional needs for patients, to ensure that mealtimes are an enjoyable experience, as well as being nutritionally appropriate to each patient's dietetic needs.

In the middle of the year, along with colleagues in Nursing and Dietetics, the department piloted a quality change initiative on Swan Ward. A working group was established to bring together a multidisciplinary team to change the provision of mealtime services. The pilot included the elimination of non-nursing

staff in delivering meals to patients; moving breakfast time to a later time; and introducing a menu card option for breakfast. A Patient Satisfaction Audit was carried out prior to both stages and we engaged with patients regularly. A Post-pilot Patient Survey was completed and the results were overwhelming in favour of the new service. This provided the confidence to roll out the new service fully in 2019.

The change within the department could not have been achieved without the full cooperation and engagement of the catering staff. The *Annual Report* is an ideal opportunity to acknowledge the commitment of the catering staff to improving patient care, along with their clinical colleagues. Their positive attitudes towards making IOH a centre of excellence is to be commended.

AWARDS

The hard work and the commitment to making IOH's food service one of the best in the country is recognised not only by positive patient comments but also in the receipt of the Food Safety Assurance Award for 2019-2020, from the Food Safety Professional Association. The department hopes to achieve higher awards into the future.

SUPPORT SERVICES

The staff of the General Services and Maintenance Departments play an important role in the delivery of patient services, keeping operations running smoothly and maintaining the hospital estates and infrastructure. They support clinical and administrative staff in the smooth and efficient running of the laundry and linen service, waste management, supply chain, patient transport, deliveries and post.

Members of the Support Services participate in various hospital committees, including the Health and Safety Committee and the Infection Control and Hygiene Committee. Maintenance staff ensure that the hospital and maintenance of equipment and plant machinery are compliant with our statutory and legislative obligations.

The importance of the upkeep of the hospital's buildings and gardens is reflected in the complimentary comments received from patients and visitors to the hospital. These areas are bright, clean and welcoming, but they also need to be maintained, so that we provide a safe and secure hospital environment for patients and staff.

EDUCATION AND TRAINING

Catering staff were active in Continuing Professional Development (CPD) and attended all the training opportunities provided by the hospital, including:

- Manual and Patient Handling
- Hand Hygiene
- Menus and Standardising Diets
- Children First
- Safeguarding
- Dementia Training
- Radiation Training
- Fire Training.

IN CONCLUSION

I would like to take this opportunity to wish a happy and healthy retirement to Fergus Fitzpatrick and Stephen Harrington, after many years of dedicated work at the hospital. We also said goodbye to Orla Breen and Alan Murphy from our catering team, both of whom went on to take up new careers in other areas, and we wish them the very best of luck.

I am looking forward to 2019, as the Catering Department has some very ambitious goals to achieve. The Health Information and Quality Authority (HIQA) has set standards for each patient's nutritional and hydration care needs, and I know that we can meet them all.

I would like to express my gratitude to all the catering staff, general service operatives and maintenance staff for their hard work throughout the year, and look forward to working with all my colleagues in 2019.

Helena Reffell

Catering Manager

X-RAY DEPARTMENT

The department provides both inpatient and non-urgent outpatient general X-ray services.

ACTIVITY

There was a large increase in the number of inpatients x-rayed in the hospital during 2018. This enabled many patients to continue their treatment in the IOH without having to return to their referring hospital. Orthopaedic teams can follow the progress of their patients in IOH on NIMIS and this prevents the patient having to return for outpatient appointments to the main hospitals, thus saving time and costs (full x-ray activity levels can be found in Appendix 1).

RADIATION SAFETY

The X-ray Department ran a series of lectures on Radiation Safety during the year. The lectures were provided by Dr Lesley Malone, attending Physicist and Radiation Safety Officer, and each session was well attended by staff, who found them very informative.

RADIATION SAFETY COMMITTEE

The X-ray Department runs a twice-yearly radiation safety meeting to discuss any problems encountered and to consider any new legislation or rules pertaining to the department. The Senior Radiographer attends the quarterly Radiation Safety meetings in Beaumont Hospital.

Over the last 10 years, the Senior Radiographer has assisted with the running of a conference on radiation safety, organised by Dr Malone. The lectures are given by physicists and radiographers and cover a wide range of subjects pertaining to the topic. The attendance has increased over the years. While it began with 12 attendees the figure is now up to 100, with attendees coming from all over Ireland. This is beneficial for improving radiation safety nationally and keeping radiographers up to date with changes related to the topic.

FUTURE DEVELOPMENT

In 2019, new regulations governing radiation safety for staff, patients and the public will be introduced, as the Health Information and Quality Authority (HIQA) is due to take over the role from Meru for regulating medical exposure to ionising radiation. The new law covers all x-rays, dental x-rays, hospital CT scans, mammograms, and radiotherapy received as part of cancer treatment.

A national pregnancy policy is now in place covering all females from the ages of 12 to 55. This policy is to ensure that no pregnant female receives an abdominal x-ray examination, unless urgently needed.

The department submitted a business plan to the Health Service Executive (HSE) Medical Devices Unit for funding for new DR equipment. The DR equipment reduces patient's exposure to ionising radiation by approximately 40%.

I would like to thank all the staff who helped in the smooth running of the X-ray Department throughout the year: my colleagues Dr Martina Morrin and Dr Lesley Malone; those in Beaumont Hospital X-ray Department; administration and nursing staff here in IOH; and especially the General Services Department, whose staff so willingly take patients up and down from the wards to the X-ray Department every day. I look forward to working with you all in the new year.

Gillian Rice

Senior Radiographer

AUDITORS REPORT

INCORPORATED ORTHOPAEDIC HOSPITAL OF IRELAND

(A Company Limited by Guarantee Operating as Clontarf Hospital)

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF INCORPORATED ORTHOPAEDIC HOSPITAL OF IRELAND

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

OPINION

We have audited the attached financial statements of Incorporated Orthopaedic Hospital of Ireland, (a company limited by guarantee) (the 'charitable company') for the year ended 31 December 2018, which comprise the Statement of Financial Activities incorporating Income and Expenditure account, the Balance Sheet, the Statement of Cash Flows and the notes reporting framework that has been applied in their preparation is Irish Law and Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (FRS 102) issued by the Financial Reporting Council and the Accounting and Reporting by charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with FRS 102.

In our opinion the financial statements:

- give a true and fair view of the assets, liabilities and financial position of the charitable company's affairs as at 31st December 2018 and of its loss for the year then ended;
- have been properly prepared in accordance with Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' issued by the Financial Reporting Council and the Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with FRS 102.

- Have been prepared in accordance with the requirements of the Companies Act 2014.

BASIS FOR OPINION

We conducted our audit in accordance with International Standards on Auditing (Ireland) (ISAs (Ireland)) and applicable law. Our responsibilities under those standards are further described in the Auditors responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of financial statements in Ireland, including the Ethical Standard issued by the Irish Auditing and Accounting Supervisory Authority, (IAASA), and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

CONCLUSIONS RELATING TO GOING CONCERN

We have nothing to report in respect of the following matters in relation to which the ISAs (Ireland) require us to report to you where:

- The Directors use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- The Directors have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the charitable company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

OTHER INFORMATION

The Directors are responsible for the other information. The other information comprises the information included in the management information, other than the financial statements and our Auditors report thereon. Our opinion on the financial statements does not cover the information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

OPINION ON OTHER MATTERS PRESCRIBED BY THE COMPANIES ACT 2014

In our opinion, based on the work undertaken in the course of the audit;

- The information given in the Directors Report for the financial year for which the financial statements are prepared is consistent with the financial statements.
- the Directors' report And the strategic report have been prepared in accordance with the Companies Act 2014.

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

Based on the knowledge and understanding of the charitable company and its environment obtained in the course of the

audit, we have not identified material misstatements in the Directors' Report.

The Companies Act 2014 requires us to report to you if, in our opinion, the disclosures of director's remuneration and transactions required by sections 305 to 312 of the Act are not made. We have nothing to report in this regard.

RESPECTIVE RESPONSIBILITIES RESPONSIBILITIES OF DIRECTORS FOR THE FINANCIAL STATEMENTS

As explained more fully in the Director's Responsibilities Statement, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors either intends to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

AUDITORS RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an Auditor's Report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (Ireland) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if,

individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the Financial statements is located on the IAASA'S website at [https://www.iaasa.ie/Publications/ISA-700-\(Ireland\)](https://www.iaasa.ie/Publications/ISA-700-(Ireland)).

The description forms part of our Auditors Report.

USE OF OUR REPORT

This report is made solely to the directors in accordance with the Companies Act 2014. Our audit work has been undertaken

so that we might state to the Directors those matters we are required to state to them in an Auditor's Report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Directors for our audit work, for this report, or for the opinions we have formed.

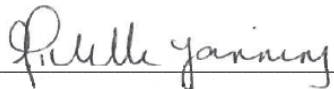
David Marsh for and on the behalf of
Ormsby & Rhodes
Chartered Accountants and Statutory Audit Firm
9 Clare Street
Dublin 2


INCORPORATED ORTHOPAEDIC HOSPITAL OF IRELAND OPERATING AS CLONTARF HOSPITAL

CERTIFICATION OF CHIEF EXECUTIVE OFFICER AND CHAIRPERSON FOR THE YEAR ENDED 31ST DECEMBER 2018

We hereby certify that the financial statements of The Incorporated Orthopaedic Hospital of Ireland (Operating as Clontarf Hospital) for the year ended 31st December 2018 as set up herein are in Agreement with the books of account and have been drawn up in accordance with generally accepted accounting practices and with the accounting standards as laid down by the Minister for Health.

These financial statements and the statement of accounting policies give the true and fair view of the state of affairs of the hospital at 31st December 2018 and of its income and expenditure and cash flow for the year then ended.

SIGNED: 
Chief Executive Officer
DATE: 21st May 2019

SIGNED: 
Chairperson
DATE: 21st May 2019



APPENDICES

APPENDIX 1

PATIENT ACTIVITY 2018

Admissions by Source:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2018	2017
Cappagh	18	13	12	18	20	14	14	19	13	13	14	17	185	140
Mater	8	4	10	5	4	5	2	5	7	5	3	2	60	58
Mater Rehab	52	27	39	32	21	27	29	25	23	25	33	19	352	361
Tallaght	5	0	4	10	12	8	9	14	7	10	12	13	104	99
St. Vincents	0	0	2	1	0	1	2	1	2	3	3	0	15	23
Beaumont	9	5	6	7	16	14	17	12	3	10	4	3	106	105
Beaumont Geriatric Rehab	29	22	22	28	20	16	17	22	14	9	15	14	228	289
St. James's	4	2	9	8	3	7	4	8	5	12	13	11	86	100
Connolly	2	2	2	3	4	3	4	4	4	5	4	6	43	28
Connolly Interim Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other														
Other - Blackrock Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other - Mater Private	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other - Vincent's Private	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other - Beacon Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	8	3	12	8	4	8	6	6	6	7	6	7	81	90
TOTAL	135	78	118	120	104	103	104	116	84	99	107	92	1260	1293

PATIENT ACTIVITY 2018

In-Patients	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2018	2018	2017
Available Beds	144	144	144	144	144	144	144	144	144	144	144	144	144	144	144
Bed Days	4464	4032	4464	4320	4464	4320	4464	4464	4320	4464	4320	4464	52560	52560	54020
Bed Days Used	3726	3472	3971	3889	4307	4029	3979	3989	3955	4048	3812	3493	46670	46670	48126
% Occupancy	83%	86%	89%	90%	96%	93%	89%	89%	92%	91%	88%	78%	89%	82%	89%
Total Admissions	135	78	118	120	104	103	104	116	84	99	107	92	1260	1260	1293
X-Rays Taken	101	63	82	69	75	69	74	74	81	87	83	70	928	928	864
Social Work Referrals - New	64	66	72	61	67	61	71	70	58	54	84	42	770	770	881
Occupational Therapy Referrals - New	102	72	109	111	99	85	96	103	85	77	96	76	1111	1111	1168
Physiotherapy Treatments	3710	3467	3472	3789	4320	3960	4048	4314	3802	4343	4073	3205	46503	46503	48867
Out-Patients															
X-Rays Taken	176	141	162	175	194	174	208	188	164	178	159	147	2066	4132	2113



APPENDIX 2

STATEMENT OF FINANCIAL ACTIVITIES INCORPORATING INCOME AND EXPENDITURE ACCOUNT FOR YEAR ENDED 31ST DECEMBER 2018

	Unrestricted funds 2018 €	Restricted funds 2018 €	Total funds 2018 €	Total funds 2017 €
INCOME FROM:				
Charitable activities	14,941,382	-	14,941,382	15,028,493
Investment	-	-	-	105
TOTAL Income	14,941,382	-	14,941,382	15,028,598
EXPENDITURE ON:				
Charitable Activities	15,319,726	-	15,319,726	15,545,345
Governance	25,971	-	25,971	25,766
Total Expenditure	15,345,697	-	15,345,697	15,571,111
Net Income / (expenditure) before Transfers	-404,315	-	-404,315	-542,513
Transfers between funds	12,658	-12,658	-	-
NET EXPENDITURE BEFORE OTHER RECOGNISED GAINS & LOSSES	-391,657	-12,658	-404,315	-542,513
NET MOVEMENT IN FUNDS	-391,657	-12,658	-404,315	-542,513
RECONCILIATION OF FUNDS				
Total Funds brought forward	19,324,810	1,233,552	20,558,362	21,100,875
TOTAL FUNDS CARRIED FORWARD	18,933,153	1,220,894	20,154,047	20,558,362

All activities relate to continuing operations

Dr Gerard O'Connor
Chairperson/Director

Frank Davis
Director

NOTES TO THE FINANCIAL STATEMENTS FOR YEAR ENDED 31ST DECEMBER 2018

STAFF COSTS

Staff Costs were as follows:

Payroll and Agency Costs

Social Security Costs

Superannuation

TOTAL

2018 €	2017 €
10,175,692	10,206,043
974,912	930,338
1,149,877	1,342,426
12,300,481	12,478,807

Number of Employees

300 302

The number of higher paid employees was:

€60,000 - €70,000

13 9

€70,000 - €80,000

4 6

€80,000 - €90,000

2 0

€90,000 - €100,000

0 1

€100,000 - €110,000

1 0

€110,000 - €120,000

1 1

TOTAL

21 17

All staff are paid as per the HSE Pay Scales

Additional note regarding Board Members - No member of the Board received any payments during the year



2018



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