



The Incorporated Orthopaedic Hospital of Ireland

Annual Report 2020

www.ioh.ie



HOSPITAL BACKGROUND

Dr Robert Lafayette Swan founded the Incorporated Orthopaedic Hospital of Ireland (IOH) in 1876. The original hospital was located at 11 Usher's Island on Dublin's quays, specialised in orthopaedic surgery, in particular the treatment of children with congenital orthopaedic abnormalities such as clubfoot, 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 was incorporated on 29th April 1899 and now trades as Clontarf Hospital since 29th July 2011. The hospital will be called Clontarf Hospital hereafter. It 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. Smyth SC

BOARD OF GOVERNORS - 2020

Dr Gerard O'Connor

Chairperson

Prof Regina Connolly

Deputy Chairperson

Ms Emma Horgan

Ms Patricia Egan

Ms Geraldine Regan

Ms Mary O'Halloran

Mr Aidan Gleeson

Mr Pauline Harrison

Mr Anthony O'Connor

Mr Desmond Stark

Ms Sinead Murray

Mr Ian O'Keeffe

SENIOR HOSPITAL STAFF

Chief Executive Officer

Ms Michelle Fanning

Head of Administration/

Estates & Information Systems

Ms Bernadette Saunders

Interim Chief Finance Officer

Mr Billy Mulcahy

(appointed November 2020)

Consultant Radiologist

Prof Martina Morrin

Consultant Microbiologist

Prof Edmond Smyth

Attending Consultants

Dr Carmel Curran

Dr Jacinta Morgan

Dr Adriana O'Halloran

Dr Wilby Williamson

Dr Eva Gaynor

Dr Patricia Guilfoyle

Attending Registrars

Dr Azhar Omar

Dr Stuart Lee

Dr Con Kavanagh

Dr Filipa Aguiar

Director of Nursing

Ms Sharon Trehay

(resigned July 2020)

Ms Ciara Dowling

(appointed October 2020)

Assistant Director of Nursing

Ms Elaine Hannigan

Physiotherapy Manager

Ms Grainne O'Hara

Principal Medical Social Worker

Ms Mary Duffy

Chief Pharmacist II

Ms Linda Murnane

Occupational Therapy Manager

Ms Monica Devine

Interim Occupational Therapy Manager

Ms Emma Gannon

Senior Radiographers

Ms Gillian Rice

(resigned July 2020)

Ms Roma English

(appointed July 2020)

Ms Michelle O'Regan

(appointed August 2020)

Senior Dietitians

Ms Sinead Shanley

Ms Kara Cullen

(appointed July 2020)

Speech & Language Therapist

Ms Sheelagh Jennings *(appointed*

September 2020)

Human Resources Officer

Ms Tanya Howley

Interim Human Resources Officer

Ms Jennifer Rafferty

Catering Officer/

General Services Officer

Ms Helena Reffell

Risk Management Officer

Ms Catherine O'Reilly

Quality Improvement Officer

Ms Bernadette Conolly

Pastoral Care

Ms Miriam Molan

Chaplains

Fr Power, Fr McManus,

Fr Hogan, Fr White

Rev Leslie Robinson



Dr Gerard O'Connor
(Chairperson),
Prof Regina Connolly
(Deputy Chairperson)

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SECTION 1

YEAR IN REVIEW



MISSION

OUR MISSION

Clontarf Hospital's mission is to deliver an excellent interdisciplinary rehabilitation service for patients to enable them to achieve their optimum level of independence, health and wellbeing.



VISION

OUR VISION

Clontarf Hospital's vision is to operate as a centre of excellence for rehabilitation while maintaining its voluntary hospital status.



VALUES

OUR VALUES

The values that underpin the ethos and work of the hospital are:

- | | |
|------------------|--|
| Integrity | Believe in high standards of care for all our patients. |
| Trust | Rely upon and be confident and secure in the care provided at the hospital. |
| Respect | Mutual regard and esteem between staff, patients and all who visit the hospital. |



Dr Gerard O'Connor

CHAIRMAN'S STATEMENT ANNUAL REPORT 2020

As Chairman of the Board of Governors, I welcome you to the Incorporated Orthopaedic Hospital of Ireland (IOH's) Annual Report 2020.

IOH is a secular, voluntary hospital that has been providing 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 €15 million, and a staff of 208 whole-time equivalents, the IOH is the largest rehabilitation provider in Ireland. The hospital delivers both orthopaedic rehabilitation and medical rehabilitation for older people, thus enabling their timely return to active life in the community.

The team at IOH delivers high-quality services to patients in a caring and professional manner. This outstanding work is noted by the Board not only through performance reports and committee sessions, but also through regular Governor visits to clinical areas, where patients and staff can recount their experiences first-hand.

IOH is governed by a voluntary Board of Governors and has as its President, Mr T.C. Smyth. The Board delegates authority to the Chief Executive Officer to manage the hospital's activities and affairs, while retaining reserved powers in subjects specified in the Code of Governance. The year 2020 started as another year of promise for the hospital. It was anticipated that plans and initiatives begun in the previous 12 months would continue, along with further anticipated changes for 2020.

However, it quickly became apparent, once January had passed, that this year would be like no other in modern times. By mid-February, news was coming through that a SARS-like infection originating in China had become

established in northern Italy. Little did we know that this new infection would turn into a major respiratory pandemic and severely restrict all transnational interaction, to the present day.

The new infection, designated SARS COVID-2 gave rise to COVID-19 disease, requiring our national public health system to declare a major emergency with a fundamental impact on both Irish society and our health system. The first of three waves of the contagion hit by late March, with daily public health updates dominating all news channels. The Government rapidly moved to close the country for the first of three lockdowns. This move, together with an array of protective measures, facilitated the gradual reassertion of control on the infection and the protection of vital health resources in our hospitals. However, the economic, social and cultural cost to Irish society was enormous in this effort.

From the start of the pandemic, IOH rapidly implemented emergency measures, such as PPE and restrictive access, to protect patients and staff from COVID-19. The respiratory nature of the disease required staff to strictly adhere to all infection control procedures. In this regard, we must acknowledge the guidance and support of our Infection Control Team, under the direction of Professor E. Smyth.

Hospital management addressed challenging issues in readying the hospital for the expected pressures in caring for COVID-19 positive patients. The Board gave full support, throughout, and recognised the extraordinary

dedication shown by our staff in meeting the crisis and adjusting work practices to cope with the emergency.

I must particularly acknowledge, on behalf of the Board, the managerial leadership of our Chief Executive Ms Michelle Fanning and the Executive Management Team (EMT), together with the clinical leadership shown by our Consultant Medical staff members Dr Adriana O'Halloran, Dr Eva Gaynor, Dr Carmel Curran, Dr Eamon Dolan, Dr Jacinta Morgan and Dr Wilby Williamson, Directors of Nursing Ms Sharon Trehy and Ms Ciara Dowling, and leaders in our Allied Health Professions. As I write in March 2021, the emergency continues, but with the arrival of effective vaccination and the ongoing impact of control measures, the third wave of the pandemic is showing hopeful signs of abeyance.

The Board adjusted its programme of work for 2020 in line with public health guidelines and transferred to virtual meetings via Zoom.® This move was ably supported by Ms Siobhan Comerford, PA to the Chief Executive. Governor visits to the hospital were suspended for the duration and the Board gave full support to the range of measures, including capacity and visitor restrictions necessitated to control the contagion.

In recognition of the outstanding professionalism and fortitude of all our staff during the most acute phase, the Board commissioned a piece of art and sculpture. A service medal was presented to staff. The designated commemorative day was very well received and will remain a semaphore in the history of the hospital.

During the year, continued support was provided to the EMT in both the implementation of business plans and meeting strategic objectives. Notwithstanding, it is fair to say that the dominant requirement of dealing with the COVID-19 challenge impacted on all programmes.

Towards the end of 2020, we welcomed the interim appointment of a new Chief Financial Officer (CFO) Mr Billy Mulcahy. The previous incumbent, Ms Bernadette Saunders, will now assume the lead role in Estates and Information Systems. I wish to acknowledge Bernadette's excellent work in the role of financial officer.

The charitable arm of the Board (the hospital Friends) was reconfigured during 2020, with the cessation of the Friends. Work has begun on a new arrangement, which we expect to be launched by late 2021. On behalf of the Hospital, I wish to acknowledge the contribution made to IOH by all the Friends.

Finally, on behalf of the Board, I wish to express our gratitude to the Chief Executive and all Staff at the IOH for the dedicated and professional care that they provided throughout the year to all our patients.

Dr Gerard O Connor
Chairman of the Board

ATTENDANCE SCHEDULE FOR EACH BOARD MEMBER 2020

| Surname | First Name | Jan | Feb | Mar | May | June | Sept | Oct | Nov | ATTENDANCE | | |
|------------|------------|-----|-----|-----|-----|------|------|-----|-----|------------|----------|------|
| | | | | | | | | | | Attended | Possible | % |
| Connolly | Regina | X | ✓ | n/a | ✓ | ✓ | ✓ | ✓ | ✓ | 6 | 7 | 86% |
| O'Connor | Gerard | ✓ | ✓ | n/a | ✓ | ✓ | ✓ | n✓ | n/a | 7 | 7 | 100% |
| Horgan | Emma | ✓ | ✓ | n/a | ✓ | ✓ | ✓ | ✓ | ✓ | 7 | 7 | 100% |
| Gleeson | Aidan | ✓ | ✓ | n/a | ✓ | ✓ | ✓ | ✓ | ✓ | 7 | 7 | 100% |
| O'Halloran | Mary | ✓ | ✓ | n/a | ✓ | ✓ | X | ✓ | X | 5 | 7 | 71% |
| Egan | Patricia | ✓ | ✓ | n/a | ✓ | ✓ | ✓ | ✓ | ✓ | 7 | 7 | 100% |
| Regan | Geraldine | ✓ | X | n/a | ✓ | ✓ | ✓ | ✓ | ✓ | 6 | 7 | 86% |
| Stark | Desmond | ✓ | ✓ | n/a | X | ✓ | ✓ | ✓ | ✓ | 6 | 7 | 86% |
| Harrison | Pauline | ✓ | ✓ | n/a | ✓ | ✓ | ✓ | ✓ | ✓ | 7 | 7 | 100% |
| O'Connor | Anthony | ✓ | ✓ | n/a | ✓ | ✓ | ✓ | ✓ | ✓ | 7 | 7 | 100% |
| Murray | Sinead | ✓ | ✓ | n/a | ✓ | ✓ | ✓ | X | ✓ | 6 | 7 | 86% |
| O'Keeffe | Ian | ✓ | ✓ | n/a | ✓ | ✓ | ✓ | ✓ | ✓ | 7 | 7 | 100% |



*Michelle Fanning,
Chief Executive Officer*

CHIEF EXECUTIVE'S REPORT

Welcome to the 2020 Annual Report –
A year that brought unforeseen changes to all our lives

INTRODUCTION

From early 2020, healthcare services throughout the world were dominated by the COVID-19 pandemic. For healthcare staff it brought unprecedented challenges not seen for generations. The reports in this year's Annual Report highlight how staff overcame the challenges of providing rehabilitation services despite an inhospitable work environment. Staff resilience and determination to keep services going was remarkable. I express my sincere appreciation to all our staff for their efforts in what proved to be an extremely difficult year.

REHABILITATION SERVICES

The benefits of rehabilitation services in improving health outcomes, reducing disability and improving quality of life are well recognised. Having access to well-resourced post-acute rehabilitation services has the added benefit of relieving pressure on our acute hospital beds. This was never more important when, in March 2020, the country experienced the first outbreak of COVID-19. This raised serious concerns nationally regarding the acute hospital system's ability to cope with a surge in demand. As a post-acute rehabilitation hospital, we were pleased to be able to offer an effective solution to these concerns.

In April, due to the demands of COVID-19, the hospital quickly reconfigured services to provide a post COVID-19 pathway of rehabilitation care for patients most severely affected by the virus. Many of these patients had survived considerable lengths of time battling the virus in intensive care and high dependency units. Through an effective, co-ordinated cross-system approach we were able to increase patient access while, alleviating pressure on our acute hospitals at a time of crises in our healthcare services.

In May, the hospital worked closely with Dr Jacinta Morgan, Consultant in Rehabilitation Medicine at the National Rehabilitation Hospital and Beaumont Hospital

and with Dr Carmel Curran, Consultant in Geriatric Medicine, at Beaumont Hospital to introduce a service that allowed patients with more specialist rehabilitation needs to be admitted. These included patients requiring neurosurgical and limb absence rehabilitation as well as those with neurodegenerative disorders. These services allowed earlier discharge from acute hospital beds and more equitable, earlier access to post-acute rehabilitation.

The development of these services is in line with the hospital's strategic objectives to build on current strengths, expand services and engage with key stakeholders. It also meets the requirements of national healthcare policy to move care away from acute hospital settings and closer to patients' homes and communities.

QUALITY SAFE SERVICES

Providing a quality safe healthcare service is a key priority for all healthcare providers. The hospital's first Health Information and Quality Authority (HIQA) Inspection Report was published in March following an unannounced inspection in October 2019. I am pleased to report that the inspection concluded that the hospital was compliant in the areas of Person-Centred Care and Support, Safe Care and Support and substantially compliant in the area of Clinical Governance Arrangements. It confirmed that the hospital was actively endeavouring to fully implement the National Standards for Safer Better Healthcare and the National Standards for Infection Prevention and Control in Community Services. The hospital was commended for its programme of universal screening for Carbapenemase-Producing Enterobacterales (CPE). An action plan was implemented to address the area of clinical governance which is expected to be fully addressed in 2021. The report also noted that the hospital requires the support of the Health Service Executive (HSE) Community Healthcare Organisation 9 (CHO 9) to facilitate full compliance with the standards.

ACTIVITY LEVELS

Activity levels were affected by the pandemic with a decrease in the overall beds days used. This was due to a reduction in the number of beds available in multi-occupancy patient rooms to reduce the risk of virus transmission. Despite the reduction in bed days, the hospital experienced only a small reduction in overall patient admissions (Activity Report is available in Appendix 1). The introduction of the new services enabled activity to be maintained and the hospital welcomed the support of the HSE CHO 9 management team in implementing the post COVID-19 rehabilitation service.

FUNDING

The funding of services is always difficult and for part of the year, this came under increased pressure due to the cessation of private healthcare services. This had significant effects on the hospital's income. However, through engagement with our principle funders, the HSE we were able to breakeven at year end. The financial statements are set out in Appendix 2. The hospital will continue to seek sufficient funding levels to meet the increasing rehabilitation healthcare needs here in Dublin North City and County as well as those required to meet our strategic objectives.

STRATEGIC PLANS

Our five year Strategic Plan was launched in 2019 and we are working towards implementing our strategic objectives by 2024. I am satisfied with progress to date. We have successfully extended services and shown our responsiveness to meeting new healthcare demands, while building on our current strengths. We have made changes to our organisational structure, which has strengthened the Executive Management Team. We have submitted business cases to our funders for the development of services and for an increase in our workforce. We have achieved this by engaging effectively with key external stakeholders and by the combined efforts of the Board, the Executive Management Team and staff at the hospital. The importance of the hospital's independent voluntary status remains central to all that we do.

One of our strategic objectives is to become an internationally accredited rehabilitation service and, although some work had begun in 2019 on identifying a suitable programme of accreditation, it was put on hold during 2020 due to the operational demands of COVID-19. It is hoped that in 2021, if we can return to a post pandemic recovery phase, we can work toward introducing an accreditation programme.

Over the next three years, we will continue to expand and direct our post-acute rehabilitation services to where they are most needed. We will do this by continuing to engage with key stakeholders and making the necessary infrastructural changes that will be needed to meet

emerging healthcare demands into the future especially around infection prevention and control, post trauma and higher dependency rehabilitation. For the immediate future, we plan to continue to embed our new services and respond to the ongoing needs of COVID-19.

APPRECIATION

Finally, the Annual Report provides an ideal opportunity to thank people for their hard work and support throughout the year.

The hospital's achievement to keep services operational and adapt services to meet the demands of COVID-19 is testament to the hard work and commitment of staff at the hospital. I sincerely thank every member of staff for their support in keeping a quality, safe service operational, despite the challenges.

I am extremely grateful to our support staff who managed good, early access to high quality personnel protective equipment. This was particularly important in keeping our frontline staff as safe as possible.

To our local communities who provided teas, coffees, buns and good wishes through the hardest times. These kind gestures lifted spirits and made staff feel less isolated. We are especially indebted to our kind and generous neighbour, Mr Louis O'Carroll, who, despite the dangers, provided patient transport during the early days of the outbreak: many thanks on behalf of the hospital.

I pay a particular thank you to Ms Sharon Trehy, former Director of Nursing, who was very much at the forefront in the management of COVID-19 during the year and was a leading member of the COVID-19 Management Team. I wish Sharon all the best in her new position.

I extend my appreciation to the Board of Governors for their unstinting support to me personally and to the hospital. Their advices were very much appreciated during what was a difficult year. To the Chairman and Deputy Chair a special word of thanks for your attendance at the staff commemoration day. Through a short respite in restrictions, they were able to personally thank staff on behalf of the Board for their amazing work throughout a year of pandemic.

Importantly, my sincere thanks to my PA, Ms Siobhan Comerford, who keeps the office running smoothly and calmly despite the constant demands. Your steadfast work throughout the year is much appreciated.

Michelle Fanning
Chief Executive Officer



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 and Quality Management Framework, which underpins its system of internal controls and the assurance framework that enables it to fulfil its corporate and clinical governance responsibilities.

The Risk and Quality Management Framework facilitates the reporting of key information to staff, the Executive Management Team and the Board of Governors. It is maintained as a dynamic document operating within the hospital's risk management structures and within the strategic objectives, mission, vision and values of the hospital.

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 the hospital's services can be improved to meet emerging patient care needs. Corporate risks are identified by internal/external audits and inspections, risk assessments and national surveys, as well as external financial audits and risks identified by administrative or other personnel.

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

MANAGING RISK

COVID-19 has had a significant impact on the way that we live our lives, how we interact with others, how we work, and how we maintain our health and safety. Risk

from COVID-19 has had a major impact on the hospital, how it operates, and how all members of staff complete their work. Measures were taken to protect all staff and service users, which have resulted in essential and fast-paced changes in how the hospital functions.

The QSRMD recognises the significant contribution by all staff in the management of risk and COVID-19 over the past year. In line with government guidelines, the COVID-19 Response Plan was developed, including numerous additional policies, risk assessments and changes in practices to make our hospital a safe place for patients and staff.

This culminated in the appointment of the New Health and Safety Officer as the COVID-19 Response Manager, which was an extremely positive addition to the Quality, Safety and Risk Management Team at the end of the year.

INCIDENT REPORTING

Staff members are proactive in reporting and managing incidents, which contributes significantly to a good risk-management culture in the hospital. High incident reporting across a range of severities of injury by a healthcare service is generally associated nationally and internationally with a strong patient-safety culture. The department is happy to report full compliance with the National Incident Reporting Form (NIRF) and the inputting of these forms onto the National Incident Management System (NIMS).

A total of 526 incidents occurred (456 related to people) in 2020. These include incidents involving patients, staff and member of the public. This is a 13% decrease on the number of incidents that occurred in 2019. All reported incidents are reviewed by the QSRMD. A preliminary assessment may be required depending on the severity of the incident. This review process allows the hospital to learn from incidents and feeds into the quality improvement process for improving our standards of care and overall safety culture within the hospital.

We know from our incident reporting that slip, trip and falls and medication incidents are risk areas. As a result, we progressed a number of targeted quality improvement initiatives aimed at reducing the number of such incidents during the year. Monthly Incident Reports were produced and provided to each department/ward.

In addition, in 2020, COVID-19 incidents were in the Top 3 in terms of incidents reported. Our COVID-19 Managers' Meeting was held regularly to manage and action any issues identified from the incidents reported. Specific groups and committees continued to address and progress issues throughout the year, to ensure that the hospital is meeting national standards in the provision of services.

RISK REGISTER PROCESS

In 2020, the implementation of the Risk Assessment and Risk Register Policy was progressed. A review of the policy was undertaken. Taking into consideration feedback received from key stakeholders, the policy was updated, and a Risk Appetite Statement was developed. The new policy will include a more devolved process, whereby risks that can be managed at a local level are actioned at that level, and a structured process for escalating risks that cannot be managed will be put in place.

QUALITY IMPROVEMENT

Quality Improvement (QI) is the combined and unceasing efforts of everyone in the organisation working together to make changes that will lead to the following outcomes:

- Better patient outcomes
- Better patient experiences of care
- Continued development and support of staff in delivering quality care.

The hospital operates a continuous QI programme across all departments. The following provides a listing of the Quality Improvement Plans (QIPs) undertaken during 2020 by staff and departments across the hospital.

PROJECTS COMPLETED IN 2020

- Introduction of Mealtimes Matter Policy
- Change of mealtimes to meet HIQA standards
- Introduction Red Tray for patients who need assistance
- Implementation of new Mobile Food Trolleys for patients' meals
- Wayfinders Hospital Signage Implementation across the hospital
- Visitor Policy and introduction of a register at reception
- Review of Medication Prescription and Administration Record (MPAR)
- Review of the Children's Statement for the hospital
- Review of Early Warning Score (EWS) with inclusion of the Glasgow Coma Scale
- Development and introduction of COVID-19 Discharge Booklet
- Pilot project using Edmonton Frailty Score
- Introduction of the Bartel Patient Index (Patient Dependency Score)
- Introduction of Intentional Rounding at Ward Level
- Transfer of Beaumont Hospital Patient Medical Records to the IOH
- Introduction of iPads at ward level for patient communication during COVID-19
- Message Facility for Families to communicate with patients sendinglove@ioh.ie

PROJECTS ONGOING

- Retrofit of Equipment in the X-ray Department
- Patient Information Booklet
- Transfer of Mater Hospital Medical Records to IOH

- Nursing Assessment and Care Planning, applying Roper Logan & Tierney Model Documentation
- Introduction of Multifactorial Falls Assessment Form
- Introduction of Patient Food Menu Card System
- Open Disclosure Review
- Safeguarding Review.

NEW SERVICES

The following services were introduced in 2020:

- Outpatient Antimicrobial Therapy (OPAT) to patients transferred for rehabilitation
- Speech and Language Service
- Chiropractic Service.

FREEDOM OF INFORMATION/SUBJECT ACCESS REQUESTS

The department has responsibility for the management of Administration Requests for data and requests for data under the Freedom of Information and Data Protection Acts. In 2020, the following requests were processed:

Table 1: Data Requests 2020

| Request Type | Number of Requests |
|---------------------------------|--------------------|
| Freedom of Information | 7 |
| Subject Access Requests | 14 |
| General Administration Requests | 16 |
| Total | 37 |

COMPLIMENTS, COMPLAINTS AND COMMENTS

The department has responsibility for capturing compliments and comments, and co-ordinating the resolution of complaints received.

In 2020, the following compliments, complaints and comments were processed:

Table 2: Compliments, Complaints and Comments

| Type | Number |
|-------------|--------|
| Compliments | 62 |
| Complaints | 14 |
| Comments | 4 |

CONCLUSION

The department would like to thank Ms Michelle Fanning, Chief Executive Officer, for her support and help in the management and development of the department over the last year. We would like to take this opportunity to acknowledge the support and commitment we received from all staff in providing a safe environment for patients, staff and all who visit the hospital. We look forward to working with everyone next year in managing risk and quality improvement.

Catherine O'Reilly
Risk Officer

Bernadette Conolly
Quality Improvement Manager

MEDICAL DEPARTMENT

The year 2020 was a year like no other.

The emergence of COVID-19 changed both our personal and professional lives. The challenges COVID-19 brought affected all of our patients, as well as their families and ourselves as healthcare workers. We had to learn about this new virus, adapt our infection prevention and control measures, and implement safe working and treatment practices.

Our patients remained at the centre of everything we did. We continued to provide a high quality consultant-led multidisciplinary Rehabilitation Team that worked closely with all members of the extended Multidisciplinary Team.

Our aim is the provision of the highest standards of clinical care in an integrated, effective and timely manner, in a post-acute hospital-based in-patient setting. We aim to deliver a comprehensive Geriatric Assessment and a Multidisciplinary Rehabilitation Team Review to all older people under our service in a timely manner, and to avoid prolonged hospital admissions. We aim to improve discharge planning to minimise the likelihood of readmission and to implement adequate support for independent living for those who have completed hospital care. We work to contribute to the appropriate clinical governance and risk management required to provide the highest quality of care to patients.

ACHIEVEMENTS

We continued to practice evidence-based medicine, focusing on rehabilitation of older adults, post-acute hospitalisation, with various medical conditions, such as frailty, fractures, cognitive impairment, and other complex medical issues.

The medical complexity was ever increasing due to COVID-19. We faced the challenge of managing patients with an acute COVID-19 illness, as well as post COVID-19 patients who required extended periods of rehabilitation, while recovering from critical care myopathy and lung injury.

We expanded on our teaching practice and welcomed medical students from University College Dublin (UCD) for their rotations in community, geriatric medicine. We received overwhelmingly positive feedback from students, as well from their clinical lecturers. This has led to the development of an affiliation with UCD Medical School for years to come.

The department led and actively participated in local committees, including the Dementia Care Committee, the Delirium Group and the Frailty Committee, which championed hospital-wide education for staff in the syndrome of frailty and raised an awareness of the diagnosis and management of delirium.

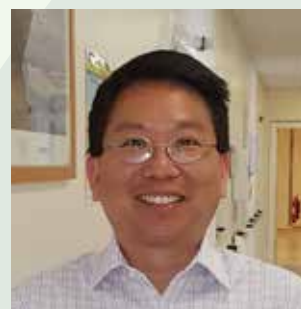
Together with our pharmacy and nursing colleagues, we developed our Local Pain Policy, updated the Venous Thromboembolism (VTE) Policy, and led various clinical audits in relation to VTE, frailty and bone health. We also worked with the Drugs and Therapeutics Committee and nursing colleagues to expand on our Antimicrobial Policy. We developed an agreed pathway on prolonged antimicrobial delivery via PICC lines, in conjunction with our infectious diseases colleagues. These new developments have allowed us to expand our admissions criteria and afford more opportunities for patients to avail of rehabilitation services.



DR AZHARUL OMAR



DR CON KAVANAGH



DR STUART LEE

FUTURE DIRECTIONS

The Active Rehabilitation Unit is expected to provide additional rehabilitation services to community patients with support from the Community Integrated Team.

Teaching is very important to us and we look forward to supporting UCD medical students during their rotations in Community Geriatric Medicine in the IOH as well as welcoming UCD General Practice Trainees from July 2021.

We will continue to audit our practices against best practice, including those related to admission, diagnosis, discharge destination, length of stay and other clinical audits related to delirium, dementia, frailty and falls.

We intend to reopen our Outpatient Clinic, which had to close due to COVID-19, with an emphasis on developing specialist clinics for memory, falls and bone health.

We aim to develop a standardised electronic discharge pro-forma for all patients. We are currently working on developing a rehabilitation-specific, tailored discharge summary to capture pertinent information relevant to our patient population.

We also aim to develop the research and quality improvement projects within the department, geared towards improving patient care.

We will continue to examine opportunities and implement, as appropriate, new developments and service expansions to support our patients in the community and the community we serve.

CONCLUSIONS

The Department of Rehabilitation Medicines for Older Persons continues to work according to the highest standards, as set out in the National Clinical Programmes in Older Persons Care and Rehabilitation Care. We hold ourselves accountable and strive for operational and clinical excellence.

Our Non-consultant Hospital Doctors (NCHDs) are exemplary, and we wish to thank, sincerely, all the NCHDs who rotated through the hospital in 2020 for their hard work, dedication, and professionalism. We would not be able to provide such a high level of quality care without them and without all of our multidisciplinary colleagues.

The year 2020 highlighted the importance of excellent teamwork and the strong work ethic that exists among all our staff. Our staff displayed their resilience and compassion in their delivery of care to all our patients, especially to those who were most vulnerable.

Dr Adriana O'Halloran and Dr Eva Gaynor

**Consultant Geriatricians on behalf of the
Department of Rehabilitation of Older Persons**

DEPARTMENT OF NURSING

The World Health Organisation (WHO) designated 2020 as the Year of the Nurse and Midwife. This landmark year was nominated, not just to celebrate the 200th anniversary of the birth of Florence Nightingale, but to celebrate the nursing contribution to health care and to highlight the risks associated with nursing shortages around the world. Little did we expect 2020 to become the year of a pandemic, were nurses all over the world battled on the front line against COVID-19. In the IOH, the Nursing Team professionally and tirelessly, provided care, compassion and commitment to patients suffering and rehabilitating from COVID-19.

I would like to take this opportunity to sincerely thank all members of the Nursing Team for their valuable contribution throughout the year, in particular to Sharon Trehy, former Director of Nursing, for her outstanding leadership.

WORKING THROUGH THE PANDEMIC

ELAINE HANNIGAN

ASSISTANT DIRECTOR OF NURSING

Working in the IOH as an Assistant Director of Nursing in 2020, during a global pandemic, was the biggest challenge of my 34 years as a nurse. It was stressful, frightening and overwhelming at times. At the start of 2020, COVID-19 was unknown to us all and every day we were learning something new. Maintaining safe staffing levels, while also providing high-quality patient

care was a daily battle and priority. The fear among staff of catching COVID-19 was palpable. Staff feared giving it to their patients and taking it home to their families. It was impossible to switch off, even when off duty. The exhaustion, both physical and mental, took its toll on everyone, including myself. It would have been impossible to get through, had it not been for the hard work and support of the Nursing Department, whose members rose to every challenge and surpassed all my expectations.

The pandemic united Nursing, Health, and Social Care Professionals as a team and empowered nursing to meet the new challenges that presented themselves on a daily basis. I am very proud to have been part of the Nursing Team under the leadership of Sharon Trehy (former Director of Nursing) and Ms Ciara Dowling (Director of Nursing), both of whom guided and supported us every step of the way.

HELENA CURRY

STAFF NURSE

Working during COVID-19 meant that what we were hearing about in the media was now our reality. The hospital was physically changing, with yellow and black signage and the smell of disinfectant everywhere. It was a huge transition from working on an orthopaedic ward to working with acute COVID-19 positive patients who were often unstable and whose condition could change



ELAINE HANNIGAN



HELENA CURRY

very quickly. At times, it felt like working in a minefield or a war zone. There were difficult days wearing full PPE working under pressure to care for patients and trying to communicate with them, while wearing masks and visors. This was a new experience for all. Sometimes, patients had lost spouses, who had not survived COVID-19, and we tried our best to support them in coming to terms with their loss. Other patients were traumatised post ICU and very deconditioned and debilitated.

There was the feeling that everyone was in this together – all staff supporting each other through our fears and anxieties, being exposed to COVID-19, worrying about our families and friends at home and abroad, sometimes dealing with tiredness and exhaustion and not being able to do more for patients.

Staff in Nursing Administration were always supportive sourcing equipment, additional staff and on many occasions donning scrubs and lending a hand.

At least we had the knowledge that our jobs were secure in these turbulent Times and for that, we remain grateful.

EMMA DOYLE **HEALTH CARE ASSISTANT**

I felt so anxious and fearful of COVID-19 and more so when it spread within the country. As it took hold of the patients and staff in the hospital, it became more

real and scary. As a team, primarily we had to do the best we could for our patients for their physical and mental wellbeing, even while getting in and out of full PPE, which was draining. There was always a sense of teamwork and camaraderie among all staff to look out for each other and to be strong. Even when I contracted the virus, I felt lucky that it was mild. I was nervous coming back into work, but I knew I had to do my best and stand tall against it.

BEENA ABRAHAM **CLINICAL NURSE MANAGER 2**

COVID-19 was and still is very stressful for the Irish healthcare system. Healthcare workers were challenged with new working conditions, exhaustion due to heavier workloads, and the fear of being infected or infecting others. Being a Ward Manager was a huge responsibility for me to guide my team, to ensure safe patient care and the wellbeing of my team itself.

I believe that, with the support of Management, we were able to handle the pandemic safely and efficiently in the hospital. With staff working closer and taking their breaks together, Blackheath ward staff members built an even closer relationship with each other. This resulted in excellent team-working skills, which lead to Blackheath Ward even winning the Christmas door competition.

A lot of hard work was done during the last year, but it



EMMA DOYLE



BEENA ABRAHAM

was all worth it to see the patients recovering to good health, learning new skills (PPE, etc.) and teams working in great harmony.

NURSING OUTCOMES

Nursing Quality Care Metrics

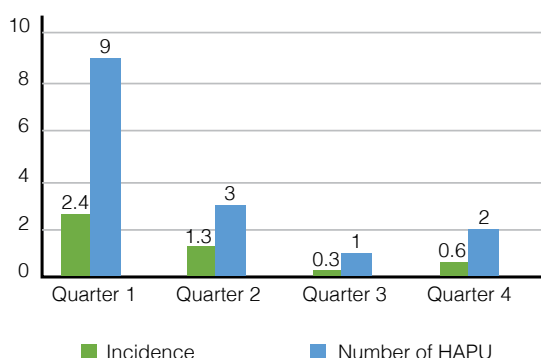
- Following the implementation of Nursing Quality Care Metrics (QCM) in April 2019, training in collecting QCMs continued throughout 2020

- Action plans were developed to implement changes, in order to meet standards
- Trends were analysed over the year and findings were presented in a monthly QCM report
- QCM has helped promote staff engagement and accountability for the quality of care delivered. It promotes openness and transparency, as results are displayed at ward level.

| All Group All Locations | Jun 2020 | Jul 2020 | Aug 2020 | Sep 2020 | Oct 2020 | Nov 2020 | Dec 2020 |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Patient Monitoring and Surveillance | 97% → | 97% → | 96% ↓ | 93% ↓ | 97% ↑ | 94% ↓ | 98% ↑ |
| Healthcare Associated Infection Prevention & Control | 92% → | 94% ↑ | 86% ↓ | 95% ↑ | 87% ↓ | 80% ↓ | 95% ↑ |
| Pain Assessment and Management | 87% → | 63% ↓ | 94% ↑ | 100% ↑ | 100% → | 100% → | 100% → |
| Nutrition and Hydration | 93% → | 99% ↓ | 96% ↓ | 89% ↑ | 100% → | 89% → | 96% ↓ |
| Continence Assessment and Management | 100% → | 92% → | 89% → | 100% ↓ | 100% ↑ | 100% ↑ | 94% ↓ |
| Care Plan Development and Evaluation | 96% → | 96% ↓ | 96% ↓ | 91% ↑ | 97% → | 98% → | 93% ↓ |
| Care Plan NMBI Guidance | 96% → | 95% ↓ | 94% ↓ | 97% ↑ | 96% ↓ | 92% ↓ | 88% ↓ |
| Medication Safety | 97% → | 98% ↑ | 98% → | 98% → | 99% ↑ | 96% ↓ | 95% ↓ |
| Medication Storage and custody | 99% → | 100% ↑ | 100% → | 100% → | 100% → | 100% → | 99% ↓ |
| Falls and Injury Management | 100% → | 100% → | 97% ↓ | 99% ↑ | 100% ↑ | 99% ↓ | 91% ↓ |
| Delirium Prevention and Management | | 0% → | 67% ↑ | | | 100% ↑ | 100% → |
| Wound Care Management | 100% → | 100% → | 100% → | 100% → | 100% → | 100% → | 100% → |
| Pressure Ulcer Prevention and Management | 96% → | 99% ↑ | 94% ↓ | 97% ↑ | 100% ↑ | 97% ↓ | 97% → |
| TOTAL | 96% → | 97% ↑ | 96% ↓ | 96% → | 98% ↑ | 96% ↓ | 95% ↓ |

INCIDENCE OF PRESSURE ULCERS

- There was a reduction of more than 50% in Health Acquired Pressure Ulcers (HAPU) in 2020, with an incident rate of 1.2% compared to a 2.8% incident rate in 2019.



NURSING EDUCATION

CATHERINE MCDONNELL

CLINICAL NURSE SPECIALIST

In 2020, many of our mandatory training and study days were delayed or deferred due to restrictions and regulations relating to the COVID-19 pandemic. However, with every crisis, there is an opportunity; and a higher acuity of patient care and increased work pressures for all staff disciplines hastened a move towards expansion of the role of the nurse within the scope of the Nursing and Midwifery Practice Framework (2015), for example, Cannulation and Care and Management of PICC (Peripherally Inserted Central Catheter) lines.

The withdrawal of the Community Intervention Team delivering the Outpatient Parenteral Antimicrobial Therapy (OPAT) service to the hospital resulted in our nurse's upskilling in the care and management of PICC line/Midlines. Workshops were held in October and 40 nurses attended a theoretical and practical education session in PICC Line Care and Management. Competencies are followed up and signed off at ward level. Key nursing personnel have now gained valuable skills and experience in PICC Line Care and the hospital continues to accept patients for admission from the acute hospitals under the OPAT programme.

In April, nurses with previous cannulation experience attended a workshop to update their knowledge and practice. A new cannulation policy was approved. Nurses with certified experience are now authorised to cannulate, working within their scope of practice.

CPR training was held in September, October and November. Fifty-eight staff attended for mandatory CPR training.

The Falls Committee (MDT) developed a Falls Prevention Education Session for all staff. This education commenced in November and will continue on a monthly basis. The Dementia Committee (MDT) held a two-hour Dementia Awareness Training Session for staff in August and October. A Delirium Sub Group is working on developing a Delirium Pathway for the hospital. A Delirium Awareness Stand was held in December to launch the new Delirium Awareness Newsletter.

The Frailty Group (MDT) worked on a project and pilot scheme to implement a frailty scale for all patients over 65 years.

Two staff nurses attended specialised Gerontological courses:

- Five-day foundation programme in Gerontological nursing in St. James's Hospital in February. This is a category 1 NMBI course approved for 35 CEUs.
- A Postgraduate Diploma in Gerontological Nursing (level 9) in the Royal College of Surgeons in Ireland (RCSI).

New nursing documentation was implemented in June. The new documentation is in booklet form and provides nurses with a comprehensive patient assessment section and capacity to document care plans and evaluation in a clear and structured format. Nursing documentation and evaluation is audited through nursing metrics on a monthly basis.

The EWS (Early Warning Score) form was revised to incorporate a GCS (Glasgow Coma Score) scale. A Sepsis 6 Pathway is clearly identified. This was implemented in August.

A new booklet was developed to document Health Care Assistant Intentional Rounds. The Intentional Rounds initiative was introduced in 2019 and fully implemented in April 2020. This initiative is aimed at promoting regular checking of every patient, to ensure that essential care is delivered.

INFECTION CONTROL REPORT

COVID REPORT:

| PATIENTS | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Total |
|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|
| SWABBED | 40 | 85 | 18 | 16 | 35 | 18 | 112 | 139 | 120 | 132 | 715 |
| POSITIVE | 6 | 35 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 44 |
| NOT DETECTED | 34 | 50 | 17 | 16 | 35 | 18 | 112 | 139 | 120 | 130 | 671 |
| AWAITING RESULT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| STAFF | | | | | | | | | | | |
| SWABBED | 18 | 215 | 34 | 25 | 4 | 16 | 20 | 35 | 6 | 76 | 449 |
| POSITIVE | 6 | 43 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 51 |
| POSITIVE COMMUNITY | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 4 | 6 |
| NOT DETECTED | 12 | 172 | 32 | 24 | 4 | 16 | 19 | 35 | 6 | 72 | 392 |
| AWAITING RESULT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| HOSPITAL ACQUIRED INFECTIONS | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 |
|------------------------------|-----------|-----------|-----------|-----------|-----------|----------|----------|-----------|----------|-----------|-----------|----------|
| COVID-19 POSITIVE | | | 6 | 35 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| CPE | 1 | 1 | | | 1 | | | 2 | | 1 | | |
| CPE CONTACTS | 8 | 6 | | | | | | 5 | | 3 | | |
| CPE CONTACT ON ADMISSION | | 1 | | | | 1 | | | 1 | 1 | | |
| CRE | | | | | | | | | | | | 1 |
| VRE | 4 | 3 | 3 | | 4 | 1 | | 1 | 4 | 5 | 4 | 2 |
| MRSA | 2 | 2 | 3 | 2 | 4 | 1 | 2 | 2 | 2 | | 4 | 1 |
| ESBL | 3 | 1 | | | | 1 | 1 | | 1 | | 3 | 3 |
| C-DIFF | | | | | | | | | | 1 | | |
| METAPNEUMO VIRUS RNA | | 2 | 5 | | | | | | | | | |
| RHINO ENTRO VIRUS | | | 1 | | | | | | | | | |
| TOTAL | 20 | 16 | 18 | 37 | 10 | 4 | 3 | 10 | 8 | 11 | 11 | 9 |

RETIREMENTS

I wish to thank Deirdre Doherty, Mary Rice and Annemarie Close for their care and dedication shown to the patients and their colleagues during their time in the IOH. I wish them all the very best in their retirement.

Ciara Dowling
Director of Nursing



Ann Gaffney CNMII



*Mary Coogan CNMII
Patient Flow Manager*



*Left to Right:
Emma Cullen-Gill
Tissue Viability Nurse
Specialist, Robyn Gill
Healthcare Assistant*

PHARMACY DEPARTMENT

The Pharmacy Department provides pharmaceutical care for patients, ensuring the safe, economic and appropriate use of medicines.

DISPENSARY

The Pharmacy Department is responsible for the purchase, storage and distribution of medicines within the hospital. The first wave of COVID-19 in March caused disruption to the supply chain of medicines. There was a worldwide shortage of commonly used items such as inhalers and generic products for a few weeks, as panic buying and stockpiling occurred. Alternate medicinal products or unlicensed products had to be sourced to fill the gap.

The challenge of keeping ward stocks of medicines increased significantly during COVID-19, as the normal procedures had to be changed to prevent the spread of the virus. The usual medicine boxes and requisition books could not be used and instead the supply of medicines to wards became a one-way system. The wards scanned/faxed their orders to the pharmacy, which supplied the items in disposable bags or boxes. Medicines returned to the pharmacy were quarantined before being replaced into stock.

CLINICAL SERVICE

Medicines Reconciliation

Pharmacy clinical activity on the wards was significantly curtailed when the wards were under lockdown due to COVID-19. However, pre-admission prescription checks continued, and prescriptions received in the pharmacy prior to admission were reviewed for dose, frequency, route of administration and interactions. This allowed any variances to be resolved before patients were transferred from the referring hospital.

MEDICINES INFORMATION

Information on medicines is provided to clinical staff as well as patients. Medication safety newsletters circulated throughout the year included 'Guidance on Paracetamol Medications' and two newsletters entitled 'Shared Learning – Report on Medication Incidents'.

A Medication Safety Folder, accessible on the share drive, was kept updated. This folder contains information on all aspects of medication safety, for example guidance on the administration of antimicrobials used in the hospital, high alert medicines, medication policies, newsletters,

patient information leaflets, available resources and references.

HIQA REPORT

The report by HIQA on the unannounced visit to the hospital in October 2019 was published in March 2020. The purpose of the inspection programme was to monitor compliance against relevant standards and to promote quality improvement in service provision in rehabilitation and community inpatient healthcare services. The inspectors acknowledged that processes were in place for the safe use of medicines and that practices were reviewed and monitored regularly. I am happy to report that the hospital was found to be compliant in every aspect of the safe use of medicines.

AUDIT

The Pharmacy Department must complete a Pharmacy Assessment system annually for the Pharmaceutical Society of Ireland (PSI). This is a self-audit tool for pharmacies to critically review their pharmacy's 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 the whole pharmacy team to ensuring patient safety and quality of care.

In December, the hospital's internal auditors were appointed to carry out an in-depth internal audit on all aspects of the pharmacy's service. The report is due in early 2021.

A dangerous goods audit was carried out and Safedoc was updated.

MEDICATION INCIDENT REVIEW

The Medication Incident Review Group includes members from the Medical, Nursing, and Pharmacy Departments and reports to the Drug and Therapeutics Committee. This group monitors reviews and audits medication incidents that occur in the hospital. All staff are encouraged to report medication incidents, as analysis and feedback of these can prevent future incidents from occurring.

The appointment of a 0.5 whole-time Pharmacy Technician in July allowed us to expand our clinical service to the wards.



*Left to Right:
Laura Darling,
Sarah Maxwell and
Linda Murnane
Chief Pharmacist II*

DRUG AND THERAPEUTICS COMMITTEE

The Drug and Therapeutics Committee met four times in 2020.

QUALITY IMPROVEMENTS

- **MPAR (Medication Prescription and Administration Record) Project**

This project commenced in 2019 to review and improve patient safety in response to medication incidents that had occurred. Changes were made to the MPAR and an updated version, adapted from the national templates and guidance was piloted on Kincora and Swan wards in February and May. After auditing the pilot and amending issues that arose, we introduced the updated MPAR throughout the hospital in October. Improvements include the addition of more space to clearly write the prescription, and for antimicrobials and anticoagulants to have their own sections. The MPAR will be re-audited in 2021

- **Emergency trolley medication review and update**

Medications on the emergency trolley were reviewed with the medical staff, in line with current recommendations

- **Hyperkalaemia Policy**

An algorithm for the treatment of hyperkalaemia was developed and the policy circulated to all clinical staff

- **Venous Thrombo-Embolism (VTE) Policy Update**

The VTE Risk Assessment Form and Policy were

updated to include COVID-19 as a risk factor and was approved by an external consultant haematologist

- **Antimicrobials Administration Guidelines Poster**

The Antimicrobials Administration Guidelines Poster, available on each ward and in the Medication Safety Folder on the share drive, was expanded to include all the antimicrobials administered in the hospital. A poster on restricted antimicrobials was also developed for antimicrobials that require approval by a consultant microbiologist or infectious disease team before use.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

As part of a pharmacist's registration with the PSI, each member must submit details of their professional development with the Irish Institute of Pharmacy. Every couple of years, a pharmacist is selected to submit at least six cycles from their ePortfolio for review, and our Senior Pharmacist successfully completed this review in 2020.

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 Ruane and Sarah Maxwell for their enthusiasm, unwavering support, and commitment to quality pharmaceutical care of the patient. I also welcome Laura Darling, our Pharmacy Technician, to the team.

Linda Murnane
Chief Pharmacist II

PHYSIOTHERAPY DEPARTMENT

"In the midst of chaos there is still opportunity"
(Sun Tzu)

INTRODUCTION

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

We aspire to create a service that is dynamic, effective, patient-centred and appropriate, and which enables patients to achieve the highest quality of life their condition allows.

We aim to both educate our patients and to encourage them to participate in their care management, in order to formulate plans that encompass both social and environmental factors.

We endeavour to ensure that an evidence-based approach is central to our service delivery, through promoting and supporting continuing professional development and research.

PHYSIOTHERAPY DEPARTMENT ACTIVITY

There is a blanket referral system in place for physiotherapy. A physiotherapist assesses all patients and a treatment plan initiated within 24 hours of admission. The staffing increased to six Senior and six Staff Grade Physiotherapists and a Physiotherapy Manager in April 2020. Following this, in response to the COVID-19 pandemic, we also received additional funding to recruit a Senior Grade, a Staff Grade and a Physiotherapy Assistant on a temporary basis.

Despite the gym closure from 6 April to 18 May, and sporadic closures throughout the year for infection control purposes, 26% of patient treatments were still gym-based and benefitted from using the purpose-built facilities in the gym.

Ward-based group exercise classes ceased in March 2020, leading to a 78% decrease in this type of activity from previous years. This had implications on the physiotherapists' workload, as all treatment sessions/

exercise programmes from then on had to be one-to-one treatment.

Table 1: Physiotherapy Activity List 2020

| | |
|-----------------------------------|----------------------------------|
| Number of patients treated | 3,205 |
| Number of new referrals | 1,171 |
| Number of treatments | 32,095 |
| Gym treatments | 8,321 (26% of all treatments) |
| Ward-based group exercise classes | 4,550 (20,068 in 2019) |

Gym-based treatment sessions peaked at the end of January, with up to 76 sessions per day. Following lockdown, a new standard operating procedure for gym sessions was introduced. This took into account updated infection control measures, including the introduction of sanitising equipment, PPE for staff and patients, and social distancing. Gym capacity was capped at 40 patients per day, to maintain these safety standards. We are very grateful to our porter colleagues, who ensured a regular, safe flow of patients to the gym throughout the day.

SERVICE UPDATES

On World Physiotherapy Day (September 2020), the team focused on helping both patients and staff to "Get active; stay active" in our "new normal". There was a quiz for staff, with spot prizes and an information stand. The aim was to remind staff about the importance of physical activity for themselves and for our patients. The wards were pitted against each other for a step challenge – the physiotherapists provided pedometers to staff on the wards, with the winning ward clocking up the most steps as a team. Finally, we encouraged our patients to take part in an "active hour" at their bedside, to encourage increased activity levels despite the restrictions. Patients were also provided with activity packs and the physiotherapists held a "sit-to-stand" competition with the patients.

To keep the impetus going, Ms Ger Matthews also organised a 30-day step challenge for staff, which was

also well supported with teams of 10 competing for group and individual awards.

The Physiotherapy Team worked with their multidisciplinary colleagues to embrace the challenge of new patient cohorts throughout the year, in particular from the COVID-19/post COVID-19 stream, the influx of elderly patients who were deconditioned post-cocooning, or through the delays to surgery/interventions due to lockdown and the complex rehabilitation (including neurological, amputee and post-ICU admission) patients.

Caroline Daly, Senior Physiotherapist and Dearbhla Burke, Staff Grade Physiotherapist, lectured to undergraduate students in University College Cork (UCC) in June on their experience and learning from treating COVID patients earlier in the year, as well as presenting to physiotherapy colleagues in Bantry General Hospital and Cork Community Physiotherapy Services during the year.

Fiona Brazil, Senior Physiotherapist, set up a post-discharge follow-up service for patients who were discharged between April and August, when community services were not operating or were curtailed. Patients identified by the team were referred to the service and were contacted regarding support needed to expedite discharge and to ease the transition to home. This involved advice on progressing exercises, mobility and pacing, oxygen prescription and saturations monitoring, and support and onward referral for any new issues or anxieties reported in the weeks following their discharge.

The Physiotherapy Team also compiled a Discharge Physiotherapy Booklet for COVID-19 patients, which was requested for use by the National Clinical Care Programme for Respiratory Medicine in the development of a COVID-19 Patient Webpage.

An Amputee Patient Care Pathway was set up between the hospital and the National Rehabilitation Hospital (NRH), to enable amputee patients to be admitted to the IOH without requiring admission to the NRH.

QUALITY IMPROVEMENT PROJECTS

The Wayfinding Project, in collaboration with the Occupational Therapy Team, the Quality Improvement Manager and the Maintenance Team, culminated in the installation of dementia-friendly signage, with both patient and visitor requirements. The project was initiated to improve orientation on the wards and therapy areas, as this has a marked effect on function and performance of activities of daily living and is therefore an important factor for rehabilitation settings. The aim was to also improve the dementia friendliness of the hospital environment, in preparation for the future projections of our ageing population. The signage follows guidelines for dementia-friendly signage – high colour contrast, including pictures and wording, easily legible font and signs, and being installed at the recommended height of 1.2m from the floor.

A repeat audit that was undertaken after the installation of all of the signs, clocks and orientation boards found that there was a 23% improvement in orientation and a 9% improvement in promotion of continence and personal hygiene.

RESEARCH

The Physiotherapy Team, led by Aoife Crowe, Senior Physiotherapist, carried out research to explore the functional health and the experience of patients diagnosed with COVID-19 following a period of inpatient rehabilitation.

One hundred and fourteen COVID-19 patients were rehabilitated at the hospital and the Physiotherapy Team collected data and outcome measures on these patients. The research team contacted those who were eligible for inclusion and consented to a follow-up interview. The team has completed transcription of the interviews in preparation for qualitative analysis and is liaising with Royal College of Surgeons in Ireland (RCSI), to assist with quantitative and statistical analysis of the data.

As Covid-19 is a novel disease, the functional deficits and rehabilitation needs of these patients has not been widely



Front Row Left to Right:

*Vicky Mc Mahon,
Louise Mc Collum,
Ger Matthews*

Middle Row Left to Right:

*Anne-Marie Seddon,
Rachel M Murphy,
Rachel Murphy,
Pauline Sheeran*

Back Row Left to Right:

*Grainne O'Hara
(Physiotherapy
Manager), Naoise
Doran, Sophie
Gardner, Dearbhla
Burke, Sam Rice*

reported globally and there is no known data available in the Irish setting. It is not known if the current model of care in Ireland is optimal to promote the recovery of these patients, in terms of their functional and physical, social and emotional needs. It is expected that further evaluation of the functional outcomes in patients with COVID-19, following a period of inpatient rehabilitation, will provide the physiotherapy and wider healthcare community with valuable information about this disease and how best to manage these patients in the short, medium, and long term.

CLINICAL EDUCATION

The Physiotherapy Department continued to provide undergraduate student placements for final year students from RCSI and Trinity College Dublin (TCD). The RCSI School of Physiotherapy offered funding for an in-house tutor role for their students, and this has proven beneficial both to the hospital and to the RCSI. It has enabled us to continue student placements during a challenging and difficult period, when most other rehabilitation sites were not in a position to do so. We can also provide placements for second- and third-year physiotherapy students with the additional resource.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD) AND NETWORKING

In response to the coronavirus outbreak and the change in patient profile, two senior respiratory physiotherapists from Beaumont Hospital came to the IOH on 21 April to lead an Advanced Respiratory Workshop and to share their experience of treating COVID-19 patients in the acute setting.

A Clinical Specialist Physiotherapist from the Mater Hospital also liaised with the team and both departments have collaborated on research, which followed COVID-19 patients from the Mater Hospital to the IOH for rehabilitation.

Naoise Doran, Acting Senior Physiotherapist, began a master's degree in Neurology and Gerontology in RCSI and has shared her knowledge with the team, on current best practice for neurological rehabilitation, through workshops and presentations.

IN CONCLUSION

Throughout the year, my physiotherapy colleagues remained committed to providing patient care of the highest possible standard, with endless energy and enthusiasm, despite the many challenges COVID-19 presented throughout 2020. Their positivity, innovation and resilience made them a pleasure to work alongside. Never has there been a time when support from colleagues was more crucial.

I sincerely thank our colleagues across the Multidisciplinary and Administration Teams for their help, guidance and understanding throughout the year.

"Tough times don't last, tough people do"
(Robert H. Schuller)

Gráinne O'Hara
Physiotherapy Manager

OCCUPATIONAL THERAPY DEPARTMENT

INTRODUCTION

The Occupational Therapy (OT) Department is committed to providing the highest possible standards of care and service. The OT Team aims to maximise the “fit” between what each individual wants and needs to be able to do and their abilities to achieve this. This involves empowering our patients to improve or maintain their independence and satisfaction with life in the areas of self-care, productivity and leisure.

In 2020, the OT Department continued to enhance the patient experience of OT in the hospital. These ongoing improvements required significant commitment and dedication from the OT Team, which continued to deliver these improvements, even in the context of COVID-19. This service delivery was supported by all our colleagues in the hospital and we are very grateful for their support. The OT Team was enhanced in 2020 in line with COVID-19 funding. The OT Team currently consists of one whole-time equivalent (WTE) OT Manager, 3 WTE Senior OTs, five WTE Staff Grade OTs and one WTE OT Assistant. Three of these WTE posts are specified purpose. The OT Team is very grateful for the support in obtaining these posts.

SERVICE DELIVERY

The OT Department provided service delivery improvements in four key areas in 2020:

1. The OT Department utilises a priority based referral system. Within this system, all Priority 1 (P1) patients are assessed and seen by an OT within 24 hours. Our service delivery goal for 2020 was to maintain access (wait) times to two days for Priority 2 (P2) patients to be assessed and seen by an OT.

The OT Team achieved this goal for 2020 by implementing a daily morning cross-cover meeting, where team members highlighted or delegated patients waiting more than one day for initial assessment.

Table 1: Average Wait Time for P2 to Be Seen (Days)

| Year | Average wait time for a P2 |
|------|----------------------------|
| 2016 | 8.7 days |
| 2017 | 5.1 days |
| 2018 | 2.5 days |
| 2019 | 0.65 days |
| 2020 | 0.28 days |

2. In 2020, the OT Department focused on the number of patient sessions they could offer per month. Targets were set for patients to be seen four to five times per week on the High-Intensity Rehabilitation Wards {1 OT: 12} and for patients to be seen twice per week on the General Active Rehabilitation Ward {1 OT: 24}.

The increase in OT staffing has led to an average increase of 428 OT individual patient sessions per month (see below table). From March, group sessions were ceased due to infection control restrictions and only individual treatment sessions could be carried out.

Table 2: Average Number of OT Sessions per Month

| Month | Average Number Of OT Sessions |
|-----------|---|
| January | 793 (individual and group) |
| February | 976 (individual and group) |
| March | 824 (individual and group) |
| April | 697 (individual sessions only for rest of year) |
| May | 938 (individual and 2 WTE staffing increase) |
| June | 1,118 (1 WTE increase) |
| July | 1,156 |
| August | 1,024 |
| September | 1,085 |
| October | 1,180 |
| November | 1,160 |
| December | 1,148 |

SPECIALIST REHABILITATION UNIT

Since May 2020 specialist rehabilitation patients received an average of 39 direct units (one unit = 15 minutes) and 35 indirect units over an average LOS of 33 days. They also individually received an average of 10 additional OT Assistant sessions. Targets for this cohort to be seen by OT are five times per week. These sessions entail OT specialised treatments including upper limb rehabilitation, cognitive rehabilitation, perceptual rehabilitation and on ward Multi-Disciplinary Team (MDT) and caregiver training.

GRACE FIELD REHABILITATION UNIT

Since August 2020, OT staffing has increased to two WTE OTs on Gracefield Rehabilitation Unit. This is to facilitate a small number of more heavily dependent patients (requiring assistance of 2) and patients with more complex OT needs. These patients have received an average of 15 sessions in comparison to other active rehabilitation wards {OT 1:24} who received an average of 10 sessions over a longer length of stay. Targets for Gracefield ward are for patients to be seen four times per week by an OT.

3. HOME VISIT ASSESSMENTS

Home visits involve three types of OT assessments: Home Visit Assessments, Access Visits and Discharge Home Assessments.

Home Visit Assessments were significantly impacted in 2020 by COVID-19. A standard operating procedure and policy was completed in April, which included strict infection prevention and control procedures. Each Home Visit Assessment was completed following an individual risk assessment.

There were 112 home visits in 2020, with 46 completed before the pandemic. There were no home visits completed in April 2020, due to acute outbreak conditions of COVID-19. The remaining 66 home visits were completed with individual risk assessments.

4. SERVICE DEVELOPMENTS AND QUALITY IMPROVEMENTS IN 2020

Use of Trackers to Inform Care Pathways and Rehabilitation Input

All OT input for new patients from April 2020 was tracked using an audit system. Relevant information was collated and inputted into an audit tool, including access time to OT, length of stay, diagnosis, baseline functional level, discharge functional level, and type and amount of input received by OT. This data is used to highlight the increased complexity of patients and higher dependencies on admission during the year. It is also used to highlight frequency of OT input on higher dependency wards and impacts on length of stay. The information will also be valuable for establishing effective and efficient patient care pathways in 2021, based on diagnosis and functional level on admission.

Additional care pathways developed during the year include Post-amputee Rehabilitation Pathways and Individual Cognitive Rehabilitation Pathways.
Hospital Cognitive Audit

A hospital-wide Cognitive Audit was completed on all patients in February. Results indicated that 65% of patients assessed had a score on a cognitive assessment indicative of a cognitive impairment. There were 117 patients assessed across five wards (see Table 3 below).

Table 3: Cognitive Audit Summary

| | Number | Percentage | Length of stay |
|-------------------------|--------|------------|----------------|
| No Cognitive Impairment | 42 | 36% | 31* |
| Mild | 42 | 36% | 41* |
| Moderate | 24 | 21% | 49* |
| Severe | 9 | 8% | 55* |
| Total | 117 | | |

Despite 65% of patients presenting with a cognitive

impairment, only 9% had a formal diagnosis of dementia, with 3% of patients suspected of having delirium.

The OT Department's goal was to set up a Cognitive Rehabilitation Group for patients with mild cognitive impairment. A Departmental Working Group was set up to achieve this goal. However, due to COVID-19 restrictions, this goal was adjusted, and an OT Cognitive Rehabilitation Pathway was completed for individual rehabilitation for active rehabilitation patients.

DEMENTIA CARE COMMITTEE

The OT Department continued to lead on dementia care through the Dementia Awareness Committee. During the year, the department, in conjunction with our nursing colleagues, delivered bimonthly Dementia and Delirium Awareness Training (Nursing and Midwifery Board of Ireland (NMBI) accredited) to hospital staff. To date, training has been provided to 161 staff members and students. However, training was postponed for six months, due to the pandemic.

We continued to work closely with our physiotherapy colleagues to enhance the dementia friendliness of the hospital environment. During the year, all dementia equipment recommended by the Dementia Care Committee, and funded by the hospital Board, was purchased, and installed throughout the hospital, including orientation clocks and a wayfinding system. A repeat environmental audit was completed in October 2020. This audit found that there was a 23% improvement in orientation and a 9% increase in promotion of continence after implementation of the environmental changes.

A Delirium Awareness day was held in December, with plans to establish a Delirium Pathway in 2021.

PRESSURE ULCER TO ZERO (PUTZ) COMMITTEE

The department was involved in rolling out pressure care education with Emma Cullen Gill (Tissue Viability Nurse (TVN)).

- Nursing/Healthcare Assistant (HCA) sessions: six in

total (July 2020, August 2020 x two, October 2020, November 2020 and December 2020): 42 attendees in total

- Health and Social Care Professionals (HSCP) Sessions: two in total (September 2020 and November 2020): 19 attendees in total.

The Pressure Ulcer Awareness day was held on 19 November 2020.

FRAILTY WORKING GROUP

The OT Department was actively involved in the Frailty Working Group, in conjunction with nursing, physiotherapy, the medical teams, medical social work, and dietetics and pharmacy colleagues.

The Edmonton Frail Scale (EFS) was piloted across three wards over a three-month period, from November 2020 to February 2021. This multidisciplinary frailty-screening tool identifies a patient's level of frailty on admission. The aim of the pilot project was to establish a pathway of generating early referrals to the full MDT, based on a patient's frailty level. It was anticipated that early referral for mild-moderate and severely frail patients would have a positive effect, reducing length of stay and improving patient outcomes.

Preliminary analysis of the data suggests that approximately one-third of patients each in the vulnerable, mild and moderate categories had a reduced average length of stay (30 days) for Active Rehabilitation Patients (ARP) patients, and timelier assessment by MDT members, when compared with previous practices.

The group plans to make submissions to relevant professional conferences once the data has been fully analysed.

EDUCATION AND NETWORKING

External conferences and networking were affected by COVID-19 in 2020. The team did engage externally through virtual means and will continue to do so in 2021. During the year, the team participated in PhD research

looking at the role of the OT in Decision-making Capacity, in conjunction with Trinity College Dublin (TCD) and University College Cork.

The team completed virtual platform presentations at the International Dementia Conference on Dementia & Delirium Awareness Training (Emma Gannon) and on Wayfinding (in conjunction with our physiotherapy colleagues)

The department facilitated undergraduate student OT placements for TCD and will continue this practice in 2021.

The department has committee members on both the National Advisory Group of Occupational Therapist Managers and the National Advisory Group of Occupational Therapists for Older People, both of which are affiliated to the Association of Occupational Therapists of Ireland.

Conclusion

We would like to express our gratitude to all members of the OT Team whose commitment, motivation, enthusiasm and flexibility over the past difficult year continued to

ensure excellent standards of service provision and patient-centred care.

We would also like to thank our hospital colleagues for their continued support in our service delivery. I look forward to our continued collaboration in our integrated working projects and in our determination to provide the best possible patient care.

We would also like to thank our external hospital and community colleagues for their ongoing and continued support.

To each of our patients and their family members we would like to express our sincere thanks. We are inspired by all of you to enhance our service delivery every day.

Monica Devine

Occupational Therapist Manager

Emma Gannon

**Interim Occupational Therapy Manager
(December 2019-January 2021)**



Back Row Left to Right:
Caoimhe O'Conner,
Cara Webster,
Monica Devine.

Middle Row Left to Right:
Marianne Gaule,
Lisa McKeon,
Emma Gannon.

Front Row Left to Right:
Joanne Murphy,
Edel O'Grady,
Laoibhse Branagan.

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 assisting patients and families in adjusting to their illness, completing psychosocial assessments, and exploring the impact of rehabilitation on their future care and discharge planning.

SERVICES

The MSW Psychosocial Assessment addresses the patient's situation in the hospital, at home and in their community. The assessment identifies the need for care supports and other community services, such as day care, pendant alarm, or meals on wheels. Medical Social Workers (MSWs) identify any risks to discharge that can include areas, such as addiction, mental health, safeguarding concerns, and domestic violence. The assessment also focuses on practical aspects, such as benefit advice and support.

Part of the role of the MSW is discharge planning and organising care planning meetings, applications for funding for care packages, and applying for Fair Deal under the Nursing Home Support Scheme (NHSS). Confidentiality plays a key role in how MSWs engage with patients and families, and how they manage sensitive information.

MSWs also act as a liaison between the patient, family and members of the Multidisciplinary Team. They work with the patients 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

The MSW Department accepts referrals at the Multidisciplinary Team Meetings and directly from patients/relatives. In 2020, the department received 998 referrals with 918 of those referrals deemed to be complex. In January 2020, just before the pandemic, we received 119 referrals; and for the first three months of the pandemic, we received 220 referrals and continued to work with the COVID-19 and post COVID-19 patients throughout the year.

The MSW Department had to adapt to a new way of working, moving away from the normal face-to-face interactions to dealing with very sensitive and confidential interactions over the telephone, which took time for staff to adjust to. In addition to this new way of working, the nature of COVID-19 increased the complexity of the patients' care needs.

As the hospital admitted patients with more specialised rehabilitation cases (for example, patients with stroke, brain injuries, amputations), each patient presented with their own unique situation. MSWs worked with patients who exhibited unprecedented levels of fear, anxiety, grief and trauma.

The issues needed to be addressed while the patients engaged in rehabilitation. Despite the pandemic, and its impact on staff and the hospital, the IOH was keen to support the health service and admit patients affected by COVID-19, and later in the year worked closely with the post-COVID-19 patients from the Acute Hospitals. The MSWs supported these patients throughout their time in the hospital and also followed up post-discharge. The follow-up work also involved information-sharing around bereavement support/counselling, addiction services, carer support groups; and assistance with emotional wellbeing and mental health, as well as information on COVID-19 supports available in the community, was given to the patients on discharge.

One of the many challenges faced by the MSW Department during the pandemic was discharge planning. Because many of the communities supports on which our patients relied were closed, the MSWs were innovative in accessing and negotiating other services that were set up and finding solutions to the issues raised. The MSWs also assessed the vulnerability of the patient and whether there was a need for further care supports and community referrals. The challenges in service provision for those under 65 years presented major issues that were reflected in the time spent with the patients, and time spent contacting families explaining the processes. This work proved to be very time-consuming, to ensure a safe discharge home for the patients.



*Left to Right:
Joanne Byrne,
Aoife Brennan,
Michelle Walsh,
Niamh Whelan,
Suzanne Quirke*

Throughout the year, the MSW Department managed the increased referrals for home-care packages and provided a high level of support to patients identified as requiring long-term care. This involved MSWs planning online meetings and liaising with families to discuss the practical and, at times, complex aspects around the NHSS. The work was further complicated by not being able to have direct contact with families to discuss the relevant information required for the financial aspects of Fair Deal. The team worked well in liaising with the NHSS Office, legal teams, and the designated nursing homes involved. The team also supported the patients and families throughout this stressful process.

NATIONAL POLICIES

The MSW Department assisted the hospital in its commitment to promoting the wellbeing of vulnerable adults and children and to safeguarding them from abuse. The department has a key role in responding to allegations of abuse, in line with Safeguarding Vulnerable Persons at Risk of Abuse, National Policy and Procedures. The hospital completed a policy in line with the national policies.

Safeguarding referrals were investigated by the MSW Team and follow-up liaison work was carried out with the local Safeguarding Team, in line with the procedures set out in the national policy. The team worked sensitively in engaging with vulnerable patients, discussing allegations of abuse and referring them to the appropriate agencies. The MSWs completed preliminary screenings, as well as devising Safeguarding Care Plans. The MSW Department continued to work closely with the Community Safeguarding Teams. A Senior MSW is the Designated Officer in the hospital and a further two staff members will be trained as Designated Officers in the future.

The MSW Team working with adult patients in the IOH

received referrals under Children First legislation, which centred mainly on retrospective abuse. Mandated people are listed in the Children's First Policy and the roles and responsibilities of these people are vital for ensuring that all referrals are being dealt with sensitively and appropriately.

EDUCATION AND NETWORKING

Throughout 2020, COVID-19 also changed the way we engage with patients/families and the way we attend training sessions. Virtual meetings, teleconferences and webinars became the new normal. The Principal MSW continued to attend the meetings with the CHO 9 Safeguarding Committee virtually.

In November 2020, the MSW Department held a Mental Health Awareness morning for staff addressing the impact of the pandemic, the change in work processes, and stress and anxiety levels, along with how to manage these, given the unpredictable nature of the virus on the hospital and frontline workers now and into the foreseeable future.

The team plans to arrange a follow-up to this in early 2021, to focus on positives and to addressing staff wellbeing.

Finally, I would like to take this opportunity to thank the MSWs and the clinical and support staff for their resilience and hard work in 2020, which was one of the most challenging that the staff and hospital has ever encountered. We look forward to the roll out of the vaccines and getting our patients and staff through the pandemic and back to some kind of normality in 2021.

Mary Duffy
Principal Medical Social Worker

DEPARTMENT OF NUTRITION AND DIETETICS 2020

The aim of the Department of Nutrition and Dietetics in rehabilitation is to optimise the nutritional status of our patients. We aim to provide evidence-based nutritional support and dietary advice as part of our multidisciplinary approach to patient care. Malnutrition prevalence in patients entering rehabilitation is often higher than for those entering hospital from the community. Factors affecting nutritional intake in a rehabilitation setting can include early satiety, multiple medication use, oral health, dysphagia, pain, inability to feed oneself, decreased sense of taste and smell, depression, constipation, infections and dementia.

STAFFING

The department is delighted to have secured funding from its HSE business case submission in March 2020. This allowed for a 0.75 WTE newly appointed, permanent senior dietitian position and an increase from 0.5 WTE to 0.75 WTE for the existing permanent senior dietetic

post. In addition, CHO 9 COVID-19 funding ensured a subsequent 0.2 WTE dietetic position for the department. Although the dietetic staffing has significantly increased, staffing levels remain below the rate recommended in the Specialist Geriatric Services model of Care. Therefore dietetic referrals are prioritised in terms of each patient's nutritional risk on admission.

ACTIVITY

On average each month the dietitians complete about 185 patient consultations with about 55% of patients admitted requiring nutrition intervention by dietitians.

SERVICE DEVELOPMENTS

The Department of Nutrition & Dietetics introduced many improvements during 2020. These include:

- Established a comprehensive data recording database
- Implemented a priority rating system for dietitians
- Implemented a ward catering manual



*Left to Right:
Sorcha Mc Namara,
Sinéad Shanley,
Kara Cullen and
Sheelagh Jennings*

- Implemented a pictorial snack lists for all hospital diets
- Implemented a COVID-19 nutrition pathway
- Introduced an oral nutrition supplement IDDSI compliant thickening guideline
- Attended and participated in Hospital committees such as the Frailty Working Group, the Dementia Care Group, and the Delirium Working group.

The dietitians also organise and chair the hospital Nutrition and Hydration Steering Committee. This committee, represented by all hospital disciplines, continued to meet quarterly in 2020. A project plan, informed by the HSE's National Food Nutrition and Hydration Policy 2019, was developed by the Committee and highlights of the committee's actions during the year are listed below.

- The Malnutrition Universal Risk Screening Tool (MUST) is a hospital requirement and critical method of identifying patients who are malnourished or at risk of malnutrition. The annual MUST training for staff was delayed due to COVID-19 restrictions. As an interim measure, HSEland ensures staff has online access to MUST training. We hope to have onsite staff training complete in 2021.
- Hospital staff received training on the updated Red Tray Policy developed by the Nutrition and Hydration Steering Committee. The red tray is designed to notify carers of patient's specific additional requirements.
- The Nutrition and Hydration Steering Committee reviewed its Terms of Reference (TOR) in November

2020 and welcomed new representation from Catering Assistant Staff and Health Care Attendants. The committee will complete the self-assessment component of the National Nutrition and Hydration Policy for Acute Hospitals in the first quarter of 2021.

- Following the procurement process new mobile food trollies were introduced to all five wards. Our patient experience survey showed 71.8% of patients rate the hospital food as 'very good'. This is an increase of 27% on the 2019 survey. In addition almost 90% of patients were offered a food choice which showed a 43% increase when compared to the previous year. Better outcomes for food quality, safety and patient choice have been achieved.
- The hospital's protected mealtime policy was updated and implemented with an official launch in line with the new food trolley system. A duty of care to provide an optimum food service to patients at mealtimes is a central focus for the hospital in line with the HSE National Food and Nutrition Hydration Policy, 2019.

Finally, we look forward to developing the department in 2021 in line with national standards. As a small department our successes could not be achieved without the commitment of all hospital staff members. Our joint efforts to meet the needs of our most vulnerable patients ensure that their needs remain the core focus of our duties.

Sinead Shanley, Kara Cullen
Senior Dietitians

X-RAY DEPARTMENT

INTRODUCTION

The past year saw several changes to the X-ray Department and COVID-19 brought about many adjustments to its operations. Ms Gillian Rice, Senior Radiographer, retired and two new Senior Radiographers began work during the summer.

ACTIVITY

COVID-19 resulted in a reduction in the number of outpatient referrals, as outpatients were restricted. However, the reduction in the number of outpatients X-rays was offset by a slight increase in the number of inpatients requiring X-ray.

New heightened infection control and cleaning protocols were introduced during the year, to prevent and minimise the spread of COVID-19 within the department, which meant that the time allocated per patient increased significantly and PPE became the norm.

OPERATIONS

The changeover of staff provided a good opportunity to update and organise all department policy folders. Two new folders were introduced on Hygiene Management and Risk Management.

Works on new policies, which will be introduced in Q1 2021 include:

- The Optimisation Policy
- The Justification Policy
- The Reporting of Significant Events Policy
- The Policy for Outside Workers.

The department also began work with the HR Manager to ensure that staff have procedures in place for locum cover when permanent staff are on leave. Extra protocols for locum workers were noted, as they now have to be Category B workers and any extra radiation received by them must be recorded by the hospital. This will be reflected in the new policy.

RADIATION SAFETY

Radiation Safety is a priority for the department and we are delighted to confirm that in 2020, despite the pandemic, Michelle O'Regan completed the Radiation Safety course in University College Dublin (UCD) and is now the Radiation Protection Officer for the hospital. Staff in the department have now joined a nationwide Radiation Protection Officer Group, which circulates



*Michelle O'Regan
Senior Radiographer*

any alerts via email. It is also a very useful forum to exchange information on radiation safety matters.

With regard to Radiation Safety, the department:

- Submitted a national Diagnostic Reference Level (DRL) Survey requested by HIQA at the end of the year.
- Updated all Health Information and Quality Authority (HIQA) and Environmental Protection Agency (EPA) portals
- Introduced a weekly cross-over meeting between the Senior Radiographers for continuity of care, as they work opposite each other
- Reviewed and aligned the new HIQA regulations
- Displayed the Environmental Protection Agency (EPA) certificate outside the main X-ray Department door
- Updated the radiation protection posters in the main X-ray areas and changing cubicles. The posters are one. Practitioner to Patient Explanation; two. About X-rays in a form that patients will understand and three. Pregnancy posters, in different languages.

Continuing Professional Development (CPD) was ongoing during the year, but some courses such, as

Cardiopulmonary resuscitation (CPR), were difficult to get access to due to COVID-19 restrictions.

SERVICE DEVELOPMENTS

- Work continued on the completion of the new Digital Radiography (DR) Equipment Project, which is expected to be installed in Q1 2021
- Update NIMIS training
- The introduction of a first aid box, emergency call bell and a clinical audit is planned for 2021
- Follow-up on the health and safety checklist that was completed in 2020.

Many thanks to our support team during a most challenging year: Professor Martina Morrin, Dr Lesley Malone and Ann Ryan; and to Bernie Connolly, who has been a great support to both of us.

We also wish to thank Ms Gillian Rice, who assisted greatly with the handover of the department during the year, and we wish her a pleasant retirement.

Michelle O Regan and Roma English
Senior Radiographers



Left to Right:
John Murnane,
Pawel Sikora,
Joseph Hoey,
Linda Knott, and
Adrian Palage

CHAPLAINCY DEPARTMENT

The hospital recognises the importance of pastoral care and is committed to providing a holistic approach to all patients

Chaplaincy is a ministry of accompaniment, where the Chaplain assesses and addresses the spiritual concerns of a patient – what brings meaning and purpose to the life of a person, who is often feeling vulnerable and uncertain, as they enter the hospital environment.

This vulnerability is reflected not only in a person's physical condition, but also at an emotional and spiritual level. It is in this context that the chaplaincy service in the IOH offers a space for patients to be heard, thereby putting a face and listening ear to this healing ministry.

Of immense importance also is that pastoral care recognises the value of other people's belief systems, respecting individual traditions and ethics in a developing multicultural society, with access to prayer and other faith resources. The department offers services to patients of faith and none, respecting the dignity of each individual. A pastoral/chaplaincy service is provided every week for six hours and this service has developed over the years, with the help of volunteers and the Legion of Mary and assisted by our local priests and Revd Lesley Robinson, Rector of the Church of St John the Baptist here in Clontarf.

Unfortunately, on the 12 March 2020, we went to sleep in one world and awoke in another. While the virus may change how the Chaplain works, the core skills and practice of professional chaplains remain the same. A pandemic is a time to review one's knowledge, skills and interactions. COVID-19 challenged the Chaplaincy Department to do things differently and creatively and to change in line with best practice in a combined effort to slow the spread of the disease.

The Chaplain and Revd Robinson conducted socially restricted Remembrance Services for staff and for staff members who had died during the year. These were carried out with the assistance of technology. Unfortunately, our Volunteers were unable to visit due to COVID-19 restrictions. This was for their safety and the safety of our patients.

Fr Martin Hogan, during the early phases of the pandemic, was of immense value to our patients, as was Fr Cosgrove from Manresa, who visited patients at end of life. We are fortunate in having the support of Revd Robinson and Fr Martin Hogan, who are a huge support to our hospital.

PLANS FOR THE FUTURE

A multid denominational approach, through technology, facilitated liturgical events for our patients.

The resumption of the distribution of the Blessed Eucharist in the latter half of the year was of immense importance to our patients recovering in a time of restricted contact with family – their core values and faith coming to the fore in coping with difficult times.

The Chaplaincy Department works as part of the multidisciplinary teams at the hospital in the care of our patients in body, mind and spirit. The relational process is key to the work the Chaplain carries out. Chaplains are trained to provide a compassionate presence during a patient's time in hospital. We may have to change and adapt the way in which we provide chaplaincy services during times of pandemic and infectious outbreaks, so that we can continue our ministry to patients into the future.

Miriam Molan
Chaplain

MAINTENANCE DEPARTMENT

The Maintenance Department is responsible for ensuring that the hospital's grounds and facilities are in full working order.

INTRODUCTION

The department has two staff members who provide seven-day cover and act as the first point of contact for all maintenance requests. Members of the department participate in the Health and Safety Committee, the Infection Prevention and Control and Hospital Hygiene Committee, and the Green Committee. Staff are supported by external builders and mechanical and electrical contractors, as well as by external expertise in water safety controls and fire and electrical safety.

A significant amount of maintenance time is taken up with preventative maintenance and meeting the hospital's statutory and regulatory obligations. Maintenance staff ensure that equipment and machinery is operating efficiently and effectively.

PROJECTS 2020

During 2020, maintenance staff:

- Oversaw the demolition and removal of the old maintenance workshop and the building of a new workshop, office space and storage area; and look

forward to moving into the new building in January 2021

- Participated in the tendering process for fire and electrical safety works in the administration building – works to begin in 2021
- Working closely with risk management, made adaptations to the hospital premises necessary to reduce the transmission of COVID-19 in the workplace. This required a significant amount of signage, measuring for social distancing, and the installation of partitions, to name but a few adjustments
- Oversaw the reconfiguring of the food decanting area and the installation of a new service door in the delivery area.

ACKNOWLEDGEMENTS

The maintenance staff would like to take this opportunity to thank all their colleagues throughout the hospital for their support during 2020.

Tony Kerrisk & Pat Tyrrell
Maintenance Staff



Back Row Left to Right:
Catherine Byrne, Michell Millar, Jennifer Rafferty, Wayne Oldfield, Billy Mulcahy, Marie Finnegan, Catherine O'Reilly
Middle Row Left to Right
Bernadette Conolly, Tina Deegan, Caroline Donnelly, Susan Mc Mahon, Ann Quigley
Front Row Left to Right
Siobhán Comerford, Bernadette Saunders, Irene Fagan, Ann Ryan, Tony Kerrisk.

HUMAN RESOURCES DEPARTMENT

INTRODUCTION

In March 2020, the outbreak of the COVID-19 pandemic caused unprecedented disruption to workplaces across Ireland.

The Human Resources (HR) Department function quickly pivoted to develop and implement a wide range of policies, programmes, and procedures to respond to the impact that the pandemic was having on the workforce and the workplace across the hospital. HR played a primary role in creating and supporting COVID-19 policies to cover the anticipated impact of the virus on staff and work practices.

Despite the significant disruptions caused by COVID-19 to the hospital's normal operations, we continued to deliver a high level of patient care as a post COVID-19 facility. Of course, none of this would have been possible without the dedicated contributions of the hospital's diverse workforce. A key area for HR was to support staff health and wellbeing, while maintaining workforce rosters, so that the hospital continued to provide vital services. Working closely with the hospital's managers we were able to provide rosters to keep services operating smoothly. The superb culture and ethos at the hospital enabled us to work as a single team united to keep both patients and staff safe.

COMPLIANCE

The year also brought about a number of key changes to the area of employment law, because of COVID-19.



Tanya Cannon-Howley

New introductions and amendments to Irish Employment legislation were implemented, in order to stabilise the growing instability across all employment sectors. The biggest changes were seen following the introduction of the Preservation and Protection and other Emergency Measures in the Public Interest Bill 2020, which gave way to the Temporary Wage Subsidy Scheme.

The following list presents some of the non-COVID-19 amended legislation addressed by the HR Department:

- **Gender Pay Gap Reporting:** the introduction of gender pay gap reporting pathway in Ireland
- **Bullying at Work:** a new Code of Practice for employers and employees on the management of bullying at work is being jointly developed by the Health and Safety Authority and the Workplace Relations Commission
- **Parental Leave:** a further extension on 1 September 2020 brought parental leave entitlement up to 26 weeks (from 22 weeks)
- **EU Directive on Work-life Balance:** the EU Work-Life Balance Directive contains a number of provisions on work-life balance, including a right for parents and carers to request flexible working arrangements

The HR team interpreted a large number of government legislation and state circulars to assist Hospital Management in addressing complicated issues that arose due to COVID-19, in order to support the workforce through the pandemic.

RECRUITMENT AND RETENTION

As ever, recruitment and retention was a priority for the HR Department, to ensure that any modifications to work practices were met with the correct resources. With the opening of a new Specialist Rehabilitation Ward in early 2020, the HR department endeavoured to work collaboratively with Beaumont Hospital to recruit staff with the appropriate skills and expertise, to establish the new service.

In late March, the hospital successfully secured HSE funding for additional, interim COVID-19 staff supports across a number of key departments. This funding was imperative for meeting the increased healthcare demands of patients following COVID-19 infection.

Staff retention levels remained stable, and we continued to develop new retention strategies as the year progressed. The HR Department place a strong focus on internal progression and works closely with department heads and line managers to upskill and develop our current staff to transition into senior positions in the future.

EDUCATION, TRAINING AND DEVELOPMENT

Providing statutory training was more challenging during the year, due to social distancing restrictions brought about by COVID-19. The hospital worked hard to uphold its compliance obligations with statutory training requirements throughout the year, with the introduction of new methods of delivery, and online virtual training sessions quickly became the new modus operandi.

Due to the pandemic, all-face-to-face, mandatory Fire Training and Manual Handling/People Handling was replaced with additional online training as an interim measure. This will be periodically reviewed, and risk assessed, in line with social distancing requirements and infection control guidelines. A positive reflection of staff commitment is that department managers have continued to be proactive in increasing the number of staff training compliance rates.

The hospital also supported staff across a number of departments to take part in a Team Leadership QQI Level 6 Online Programme, which took place between September and November. All staff successfully completed the programme, achieving outstanding results.

HEALTH AND SAFETY

The Health and Safety Committee was established to

plan, manage and monitor organisational compliance with statutory health and safety requirements. The committee reports into the Executive Management Team, which, in turn, provides reports to the Board on all matters related to staff health and safety. In this way, compliance with external organisational requirements such as the HSE and the Health and Safety Authority (HSA) are managed. The Health and Safety Committee receives reports from its subcommittees and ratifies policies approved at subcommittee level. Due to the increased risk of COVID-19, and legislative and mandatory requirements for healthcare workers, the hospital welcomed the appointment of a designated Health and Safety Office in the latter part of the year.

The Health and Safety Committee met quarterly throughout 2020 and work was undertaken to revise and update its Terms of Reference. New members of staff were welcomed onto the committee to improve communication and staff representation.

In line with the hospital's statutory obligations, two Dangerous Goods Audits were undertaken during the year, from which no infringements were identified. Any observations made, or non-conformances identified in the report, were addressed.

STAFF HEALTH, WELLBEING AND ENGAGEMENT

The COVID-19 outbreak presented the hospital with several challenges in providing support to staff, particularly in relation to their physical health, while working more intensively at the height of the outbreak and supporting psychological health during and after the peak of activity. A number of services within the hospital extended their scope of operations to provide support to staff around the clock. This included the provision of hot meals and refreshments and a seven-day supportive programme from the hospital's Occupational Health service.

The HSE Workplace Health and Wellbeing Unit launched a new, free, online mental health and wellbeing programme called Minding Your Wellbeing in 2020. This evidenced-based programme focused on the promotion

of mental wellbeing, while adapting from a face-to-face programme into a series of online videos for everyone during the pandemic. This initiative provided a unique opportunity for all staff throughout the hospital to learn and practice key elements of mental wellbeing, such as mindfulness, gratitude, self-care and resilience.

The hospital is fully committed to supporting staff to improve and enhance their own health and wellbeing. The HR Department will continue to build on current health and wellbeing initiatives to support staff at all times.

RETIREEES IN 2020

The HE department sent best wishes for a very happy retirement during the year to:

- 1) Gillian Rice – Senior Radiographer
- 2) Mary Rice – Staff Nurse
- 3) Deirdre Doherty – Staff Nurse
- 4) Ann Marie Close – Staff Nurse

CONCLUSION

As I write this report, COVID-19 continues to be an evolving situation and one that will continue to challenge

the HR Department and the hospital's dedicated workforce into the future. The HR Team will continue to support staff wellbeing and build on current initiatives in 2021, to promote a positive work environment that brings our staff together as a team and takes care of each other. By working together, we will get through this difficult time.

The HR Department wishes to express its appreciation to all staff throughout the hospital for their continued support, hard work and dedication in the provision of excellent patient care throughout 2020. Be assured that the HR Department remains committed to supporting employees throughout the hospital. 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. Thank you again to all staff for your continued commitment and loyalty to the hospital.

Tanya Cannon-Howley & Jennifer Rafferty
Human Resources Department



Left to Right:
Jennifer Rafferty, Ludmila Cataraga

CATERING DEPARTMENT AND SUPPORT SERVICES DEPARTMENT



Back Row Left to Right:

Inga Kazemere, Yvonne Nash, Shauna Smullen, Mariana Grunzacy

Front Row Left to Right:

Helena Reffell, David Mushunah, Grazyna Polak, Nicoleta Boghian

INTRODUCTION

The Catering Department provides essential support in the delivery of patient-centred rehabilitation and firmly believes it is fundamental to provide food and nutrition that meet the needs of all our patients.

Providing appropriate nutrition and hydration in the hospital setting is particularly challenging due to the diverse dietary needs of our patients. The department works closely with our colleagues in the Dietetic and Speech and Language Departments, as well as with nursing and medical staff to ensure our patients' dietary requirements are met. It is important that food served to patients optimises the clinical management of their rehabilitation treatment, as well as meet their cultural, religious and individual dietary care needs.

QUALITY IMPROVEMENTS

The department completed several Quality Improvement Projects during the year, which included the introduction of new food trolleys, a new stock taking system and a Meal Times Matter Policy. This policy is essential, as it emphasises the importance of mealtimes for patients

throughout their time at the hospital. The report from the Patient Satisfaction Survey also provides an opportunity to reflect on what the department does well and where improvements are needed. Time-focused action plans were set to ensure that any recommendations from the survey were implemented.

The department was delighted to receive a merit award 2020-2021 from the Food Safety Professional Association.

CHALLENGES

The year brought some unexpected challenges when COVID-19 arrived in the country and affected services throughout the hospital. Staff worked closely with management to seek ways to prevent the transmission of the virus within the hospital and to keep patients and staff safe. I am proud of how well the catering staff responded to the changes required and their contribution to minimising the effects of the virus in the hospital.

GENERAL SERVICES DEPARTMENT

The General Services Department is a key support in the smooth running of all hospital departments and services.

Their key focus is on providing a professional, efficient patient-centred service.

Staff in the department have responsibility for transferring patients safely between wards and departments and bringing vital supplies to wards, including linen, medical equipment and laboratory samples. They also have responsibility for removing clinical and non-clinical waste as well as supporting main reception staff.

The General Services Staff were a key support for all hospital staff and services throughout the year. I acknowledge their commitment in meeting the additional demands that COVID-19 brought to keeping services running smoothly.

ACKNOWLEDGEMENTS

It was a sad year when the department saw the untimely passing of our colleague Mr James McCall in February. James was a valued member of the catering team for many years, and he is sadly missed.

Finally, I would like to take this opportunity to thank all the staff in the Catering and General Services Departments for their hard work and commitment to the hospital during the year.

Helena Reffell

Catering Manager

INCORPORATED ORTHOPAEDIC HOSPITAL OF IRELAND (A COMPANY LIMITED BY GUARANTEE) 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 CLG (the 'Company') for the year ended 31 December 2020 which comprise of the Statement of Cash Flows and the notes to the financial statements, including a summary of significant accounting policies set out in note 2. The financial 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' (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 the end of its Statement of Financial Activities including income and expenditure;
- 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; and
- have been properly 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 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

In auditing the financial statements, we have concluded that the Director's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubts on the company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibility and the responsibilities of the Directors with respect to going concern are described in the relevant sections of this report.

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

Based solely on the work undertaken in the course of the audit, we report that:

- in our opinion, the information given in the Directors Report is consistent with the financial statements; and
- in our opinion, the Directors' report has been prepared in accordance with the Companies Act 2014.

We have obtained all the information and explanations, which we consider necessary for the purpose of our audit.

In our opinion the accounting records of the Company were sufficient to permit the financial statements to be readily and properly audited, and the financial statements are in agreement with the accounting records.

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

Based on the knowledge and understanding of the 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 on page 2, 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 Company's 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 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 Company's Directors either intend to liquidate the 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/ISA700\(Ireland\)](https://www.iaasa.ie/Publications/ISA700(Ireland)). The description forms part of our Auditors Report.

THE PURPOSE OF OUR AUDIT AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Company's Members as a body. Our audit has been undertaken so that we might state to the Company's Members as a body 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 Company's Members as a body, 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 31 DECEMBER, 2020

We certify that the financial statements of The Incorporated Orthopaedic Hospital of Ireland (Operating as Clontarf Hospital) for the year ended 31st December 2020 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 2020 and of its income and expenditure and cash flow for the year then ended.

Signature: _____

Michelle Fanning
Secretary

Signature: _____

Anthony O'Connor
Director

Michelle Fanning
25 May 2021

Anthony O'Connor
25 May 2021



APPENDIX 1

ACTIVITY REPORT

PATIENT ACTIVITY 2020

| Occupancy Level | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | 2020 | 2019 |
|-------------------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Available Beds | 144 | 144 | 144 | 144 | 144 | 144 | 144 | 144 | 116 | 116 | 116 | 116 | 1616 | 1728 |
| Actual Bed Days Available | 4464 | 4176 | 4464 | 4320 | 4464 | 4320 | 4464 | 4464 | 3480 | 3596 | 3480 | 3596 | 49288 | 52560 |
| Bed Days Used | 4307 | 4097 | 3880 | 2132 | 2188 | 2624 | 3423 | 3276 | 3040 | 2981 | 3139 | 2734 | 37821 | 47722 |
| % Occupancy V Available Days | 96% | 98% | 87% | 49% | 49% | 61% | 77% | 73% | 87% | 83% | 90% | 76% | 77% | 91% |
| Total Admissions | 144 | 117 | 108 | 54 | 79 | 85 | 128 | 94 | 121 | 103 | 117 | 92 | 1242 | 1524 |
| Total Discharges | 136 | 120 | 157 | 80 | 65 | 68 | 110 | 102 | 118 | 120 | 100 | 124 | 1300 | 1482 |

| Admissions by Source: | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | 2020 | 2019 |
|--------------------------|------------|------------|------------|-----------|-----------|-----------|------------|-----------|------------|------------|------------|-----------|-------------|-------------|
| Cappagh Hospital | 18 | 20 | 12 | 0 | 0 | 0 | 15 | 18 | 28 | 14 | 17 | 11 | 153 | 239 |
| Mater Hospital | 6 | 6 | 2 | 0 | 1 | 0 | 3 | 1 | 2 | 3 | 4 | 3 | 31 | 70 |
| Mater Rehabilitation | 26 | 27 | 24 | 16 | 27 | 30 | 30 | 25 | 34 | 24 | 39 | 28 | 330 | 352 |
| Tallaght Hospital | 7 | 5 | 9 | 0 | 1 | 2 | 13 | 7 | 7 | 1 | 2 | 2 | 56 | 104 |
| St. Vincents Hospital | 1 | 4 | 1 | 0 | 0 | 2 | 0 | 0 | 0 | 2 | 0 | 0 | 10 | 20 |
| Beaumont Hospital | 28 | 15 | 17 | 1 | 10 | 7 | 9 | 8 | 11 | 12 | 17 | 7 | 142 | 142 |
| Beaumont Geriatric Rehab | 31 | 21 | 27 | 27 | 26 | 28 | 31 | 23 | 26 | 35 | 23 | 27 | 325 | 276 |
| St. James's Hospital | 9 | 5 | 3 | 0 | 4 | 5 | 10 | 7 | 3 | 3 | 4 | 5 | 58 | 112 |
| Connolly Hospital | 5 | 4 | 3 | 2 | 0 | 1 | 3 | 2 | 2 | 1 | 1 | 4 | 28 | 47 |
| Connolly Rehab Care | 3 | 0 | 6 | 8 | 9 | 5 | 7 | 2 | 3 | 3 | 3 | 1 | 50 | 0 |
| Other | 10 | 10 | 4 | 0 | 1 | 5 | 7 | 1 | 5 | 5 | 7 | 4 | 59 | 162 |
| TOTAL | 144 | 117 | 108 | 54 | 79 | 85 | 128 | 94 | 121 | 103 | 117 | 92 | 1242 | 1524 |

| Physiotherapy Department | | | | | | | | | | | | | | |
|----------------------------|------|------|------|------|------|------|------|------|------|------|------|------|-------|-------|
| Number of Patients Treated | 269 | 249 | 232 | 139 | 149 | 162 | 214 | 207 | 219 | 209 | 202 | 194 | 2445 | 2960 |
| Number of Treatments | 4303 | 4020 | 3225 | 1598 | 1729 | 2271 | 2897 | 2474 | 2575 | 2393 | 2470 | 2135 | 32090 | 46664 |

| Social Work Department | | | | | | | | | | | | | | |
|------------------------|-----|----|----|----|----|----|----|----|----|----|----|----|-----|------|
| Referrals - New | 111 | 87 | 76 | 68 | 72 | 73 | 89 | 76 | 84 | 87 | 97 | 74 | 994 | 1041 |

| Occupational Therapy Department | | | | | | | | | | | | | | |
|---------------------------------|-----|-----|-----|----|----|----|-----|----|-----|-----|-----|----|------|------|
| Referrals - New | 132 | 114 | 104 | 50 | 78 | 85 | 123 | 96 | 113 | 116 | 117 | 94 | 1222 | 1460 |

| Radiology Department I-Patients | | | | | | | | | | | | | | |
|---------------------------------|-----|----|-----|-----|----|----|-----|-----|-----|-----|----|----|------|------|
| Number of Patients X-rayed | 130 | 78 | 100 | 113 | 72 | 72 | 119 | 96 | 94 | 110 | 83 | 69 | 1136 | 1075 |
| Number of Procedures | 142 | 84 | 113 | 127 | 93 | 84 | 136 | 110 | 108 | 122 | 89 | 76 | 1284 | 1243 |

| Out-Patients | | | | | | | | | | | | | | |
|----------------------------|-----|-----|----|---|---|---|---|---|---|---|---|---|-----|------|
| Number of Patients x-Rayed | 138 | 144 | 51 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 3 | 1 | 339 | 1858 |
| Number of Procedures | 181 | 194 | 70 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 3 | 2 | 452 | 2582 |



APPENDIX 2

FINANCIAL REPORT

APPENDIX 2

STATEMENT OF FINANCIAL ACTIVITIES INCORPORATING INCOME AND EXPENDITURE ACCOUNT FOR YEAR ENDED 31ST DECEMBER 2020

| | Unrestricted funds 2020 € | Restricted funds 2020 € | Total funds 2020 € | Total funds 2019 € |
|------------------------------------|------------------------------------|----------------------------------|-----------------------------|-----------------------------|
| INCOME FROM: | | | | |
| Charitable activities | 17,422,196 | 153,667 | 17,575,863 | 16,220,289 |
| TOTAL INCOME | 17,422,196 | 153,667 | 17,575,863 | 16,220,289 |
| EXPENDITURE ON: | | | | |
| Charitable Activities | 18,591,578 | 18,307 | 18,609,885 | 16,639,808 |
| TOTAL EXPENDITURE | 18,591,578 | 18,307 | 18,609,885 | 16,639,808 |
| NET(EXPENDITURE)/INCOME | -1,169,382 | 135,360 | -1,034,022 | -419,519 |
| Transfers between funds | 243,441 | -243,441 | | |
| NET MOVEMENT IN FUNDS | -925,941 | -108,081 | -1,034,022 | -419,519 |
| RECONCILIATION OF FUNDS: | | | | |
| Total Funds brought forward | 18,504,646 | 1,188,670 | 19,693,316 | 20,112,835 |
| Net movement In funds | -925,941 | -108,081 | -1,034,022 | -419,519 |
| TOTAL FUNDS CARRIED FORWARD | 17,578,705 | 1,080,589 | 18,659,294 | 19,693,316 |

All activities relate to continuing operations

Dr Gerard O'Connor
Chairperson/Director

Mr Anthony O'Connor
Director

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2020

PAYROLL COSTS

Staff Costs were as follows:

| | 2020 € | 2019 € |
|-----------------------------|-------------------|-------------------|
| Payroll and Agency Costs | 11,933,799 | 10,957,991 |
| Employers PRSI Contribution | 1,226,227 | 1,106,673 |
| Other pension costs | 1,180,199 | 1,130,595 |
| TOTAL | 14,340,225 | 13,195,259 |

The number of employees whose employee benefits
(excluding employer pension costs) exceeded €60,000 was:

| | 2020 No. | 2019 No. |
|--|-------------|-------------|
| The number of higher paid employees was: | | |
| In the band €60,000 - €70,000 | 31 | 17 |
| In the band €70,000 - €80,000 | 4 | 2 |
| In the band €80,000 - €90,000 | 4 | 2 |
| In the band €90,000 - €100,000 | 1 | 0 |
| In the band €100,000 - €110,000 | 2 | 1 |
| In the band €150,000 - €160,000 | 0 | 1 |
| TOTAL | 42 | 23 |

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





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