



The Incorporated Orthopaedic Hospital of Ireland

Annual Report 2021

2021

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 and 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 Hood's Hotel and the hospital's capacity increased from 6 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 on 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 29 April 1899 and now trades as Clontarf Hospital since 29 July 2011. The hospital will be called Clontarf Hospital hereafter. It now consists of 5 wards with a total complement of 160 beds. The hospital, the entrance of which 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 - 2021

Chairperson

Dr Gerard O'Connor

Deputy Chairperson

Mr Aidan Gleeson

Prof Regina Connolly

Ms Patricia Egan

Ms Pauline Harrison

Ms Emma Horgan

Mr Ken Jordan

(appointed from 16/02/21)

Ms Sinead Murray

Mr Anthony O'Connor

Ms Mary O'Halloran

(retired on 15/6/21)

Mr Ian O'Keeffe

Ms Geraldine Regan

Ms Ailish Sherlin

(appointed from 16/02/21)

Mr Desmond Stark

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

Consultant Radiologist

Professor Martina Morrin

Consultant Microbiologist

Professor Edward Smyth

Attending Consultants

Dr Carmel Curran

Dr Adriana O'Halloran

Dr Eva Gaynor

Dr Elizabeth Calally

Dr Filipa Aguiar

Attending Registrars

Dr Azharul Omar

Dr Stuart Lee

Dr Conall Kavanagh

Dr Ahmed Ibrahim

Director of Nursing

Ms Ciara Dowling

Assistant Director of Nursing

Ms Elaine Hannigan

Mr Rajesh Sharma

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

Senior Radiographers

Ms Roma English

Ms Michelle O'Regan

Senior Dietitians

Ms Sinead Shanley

Ms Kara Cullen

Senior Speech & Language Therapist

Ms Sheelagh Jennings

Human Resources Manager

Ms Tanya Howley

Interim Human Resources Manager

Ms Jennifer Rafferty

Catering Manager

Ms Gillian McKeown

General Services Manager

Mr Will Judge

(appointed November 2021)

Risk Management Manager

Ms Catherine O'Reilly

Health & Safety Manager

Ms Helen Kieran

Quality Improvement Manager

Ms Bernadette Conolly

Pastoral Care

Ms Miriam Molan

Rev Leslie Robinson, Fr Hogan

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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 2021

As chairperson of the Board of Governors, I welcome you to the Incorporated Orthopaedic Hospital of Ireland (trading as Clontarf Hospital's) Annual Report 2021.

Clontarf Hospital (hereafter the Hospital) is a secular, voluntary hospital (Section 38) 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 operating cost of €19.6m (2021) and a staff of 270 whole-time equivalents, the Hospital is the largest rehabilitation provider in Ireland. It delivers both orthopaedic rehabilitation and medical rehabilitation for older people, thus enabling their timely return to active life in the community. Continued research and development is underway to ensure that modalities of treatment and care are in line with the latest developments in rehabilitative medicine.

The team at the Hospital delivers high-quality services to patients in a caring and professional manner. This outstanding work is acknowledged and supported 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. While this latter valuable activity was temporarily suspended during the pandemic, it is hoped to resume it with the full lifting of public health restrictions.

The Hospital is directed 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 2021 experienced further outbreaks of SARS COVID-19 and its variants and, throughout this time, hospital activities were periodically restricted in line with public health measures.

From January, the Hospital continued to implement additional biosafety measures, including extended use of Personal Protective Equipment (PPE), restrictive access to protect patients and staff, and a detailed programme of SARS COVID-2 testing and tracing. Our staff maintained the highest level of professional care throughout. In this regard, we must acknowledge the magnificent work of all our medical, nursing, allied health, administrative and support staff in meeting the challenges resulting from the pandemic, and the excellent guidance and support of our Infection Control Team under the direction of Professor E. Smyth. We should also acknowledge and thank visitors and contractors to the Hospital for their forbearance and adherence to guidelines.

The leadership provided by hospital management has been exemplary in readying the Hospital for the expected additional pressures and in the efficient way in which they were managed. The Board provided full support throughout, and I wish to acknowledge the continued dedication and work effort provided by the governors of the Hospital.

In early 2021, the national effort against SARS COVID-19 resulted in the widespread availability of effective vaccination against the virus. The programme was completed in the Hospital with exceptional efficiency

under the overall guidance of our Chief Executive Officer, Ms Michelle Fanning, and Director of Nursing, Ms Ciara Dowling.

After another tumultuous and challenging year, we exited 2021 quietly in December with finances in good shape, operations systems and management working well, and the prospect of securing much needed additional medical consultant positions.

The Board adjusted its programme of work for 2021 in line with public health guidelines and continued the use of virtual meetings via Zoom.®

During the year, support was provided to the Executive Management Team (EMT) in implementing business plans and meetings with strategic objectives. A full programme of Board committee meetings took place with a number of resulting developments, including the modernisation of financial reports, the implementation of a Corporate Risk Register, agreement on a capital building programme, and the acceptance of the outline plan for participation in the National Trauma Programme, which is now underway in the Mater Misericordiae University Hospital (MMUH).

The financial and risk profile of the Hospital remain as significant challenges and much ongoing work continues through the committees of the Board and the EMT. During 2021, the Board also received an external appraisal report on its activities. The conclusion of the report is that the Board and its committees are exercising its governance role effectively in the Hospital. Some actions identified are being assessed and implemented, where appropriate. In September 2020, Government set a requirement for gender balance on Boards with a minimum 40%

female representation. I am pleased to report that a review of the composition of the Board confirms that it meets Government targets, with 56% female and 46% male membership. The Board of Governors adheres to its recruitment and skill mix policy, which provides for appropriate skill mix, gender balance and diversity when nominating and electing new board members.

During the first half of 2021, the Hospital suffered the full impact of the nationwide cyberattack on its health systems. This affected operations to a significant degree, and it was thanks to the exceptional efforts of Ms Bernadette Saunders and Mr Ken Jordan, board member, that systems and data were restored for clinical and administrative purposes in such a timely and secure manner. However, significant work remains such that reliability and security into the future is ensured, and the necessary funding for this work-programme is currently being sought.

The Hospital continued with its participation in the Voluntary Health Forum (<https://www.voluntaryhealthcareforum.ie/>). It is expected that the future work of this forum will have a major impact on the positioning and governance of the public voluntary sector in Irish health care.

Finally, on behalf of the Board, may I express our sincere gratitude to the Chief Executive Officer and all staff at Clontarf Hospital for their dedication and for the high quality of care provided throughout the year to all our patients.

Dr Gerard O Connor
Chairman of the Board

ATTENDANCE SCHEDULE FOR EACH BOARD MEMBER 2021

Surname	First Name	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	ATTENDANCE		
														Attended	Possible	%
Connolly	Regina	✓	✓	✗	n/a	✓	✓	n/a	n/a	✗	✗	✓	n/a	5	8	63%
Egan	Patricia	✗	✓	✓	n/a	✓	✓	n/a	n/a	✓	✗	✓	n/a	6	8	75%
Gleeson	Aidan	✓	✓	✓	n/a	✗	✓	n/a	n/a	✗	✓	✓	n/a	6	8	75%
Harrison	Pauline	✓	✓	✓	n/a	✗	✓	n/a	n/a	✓	✓	✓	n/a	7	8	88%
Horgan	Emma	✓	✓	✓	n/a	✓	✓	n/a	n/a	✓	✓	✓	n/a	8	8	100%
Jordan	Ken	n/a	n/a	✓	n/a	✓	✓	n/a	n/a	✓	✓	✓	n/a	6	6	100%
Murray	Sinead	✓	✓	✓	n/a	✓	✓	n/a	n/a	✓	✓	✓	n/a	8	8	100%
O'Connor	Anthony	✓	✓	✓	n/a	✓	✓	n/a	n/a	✓	✓	✓	n/a	8	8	100%
O'Connor	Gerard	✓	✓	✓	n/a	✓	✓	n/a	n/a	✓	✓	✓	n/a	8	8	100%
O'Halloran	Mary	✓	✗	✓	n/a	✗	✗	n/a	n/a	n/a	n/a	n/a	n/a	2	5	40%
O'Keeffe	Ian	✗	✓	✓	n/a	✓	✓	n/a	n/a	✓	✓	✗	n/a	6	8	75%
Regan	Geraldine	✓	✓	✓	n/a	✓	✓	n/a	n/a	✗	✗	✗	n/a	5	8	63%
Sherlin	Ailish	n/a	n/a	✓	n/a	✓	✓	n/a	n/a	✓	✓	✓	n/a	6	6	100%
Stark	Desmond	✓	✓	✓	n/a	✓	✓	n/a	n/a	✓	✓	✓	n/a	8	8	100%



*Michelle Fanning,
Chief Executive Officer*

CHIEF EXECUTIVE'S REPORT

Welcome to the 2021 Annual Report

INTRODUCTION

The delivery of Clontarf Hospital's health services continued to be dominated, in the early part of the year, by the ongoing impact of COVID-19. However, the success of the Hospital's vaccination programme and infection prevention and control procedures allowed us to move to pro-actively managing services within the context of the ongoing pandemic.

Of course, none of this could have happened without the hard work of all our staff. Despite the fatigue of working through a second year of pandemic conditions, services continued to be delivered uninterrupted due to staff commitment to patient care.

REHABILITATION SERVICES

The benefits of rehabilitation are well recognised in overcoming the obstacles of disability, major trauma, chronic disease, frailty and other debilitating conditions. Having early access to rehabilitation services, without delay, plays an important role in achieving good patient outcomes. Post-acute rehabilitation hospitals are vital in providing early and equitable access to these services. They also, importantly, relieve pressure on acute hospital beds.

Patient care demands for post-acute rehabilitation is increasing year on year as the population ages and acute care improves, particularly around major trauma, neurosurgery and the management of chronic diseases. Appropriately resourced post-acute rehabilitation services will be needed to meet these rehabilitation care needs.

STRATEGIC OBJECTIVES

Government healthcare policy is focused on integrated care and providing the right care at the right time in the right place. Post-acute rehabilitation is very much delivering on these policies and taking care away from

acute hospitals closer to older people's homes and communities.

Despite the challenges the pandemic presents, the Hospital remained focused on its strategic objectives, which are very much aligned with government plans. Throughout 2021, the Hospital engaged with key external stakeholders in developing services in several areas. There was keen engagement with the Mater Misericordiae University Hospital (MMUH) in defining the level of post-acute rehabilitation capacity and resources required for implementing the Dublin Major Trauma Centre. Work continued in collaboration with Beaumont Hospital to further develop more specialist rehabilitation, so that patient needs for post-acute rehabilitation can be met without delay once they are identified in Beaumont Hospital for rehabilitation. Clontarf Hospital was also well supported by the National Rehabilitation Hospital (NRH), who provided prosthetic expertise and support during the year.

There was engagement with Community Healthcare Organisation 9 (CHO 9) and the MMUH in preliminary discussions on implementing an integrated care team at the Hospital which, under consultant geriatric lead, will reach out to older people in our communities to manage care in their homes, as well as aiming to prevent/minimise attendance at emergency departments in local acute hospitals.

Workforce planning remains a key strategic objective and in 2021 Hospital departments began to identify current gaps, as well as planning for the future development in both clinical and support services. Demands on support and clinical staff are rising year on year, due to increasing legislative and mandatory compliance requirements, as well as increasing patient care needs. The Hospital has submitted business cases to CHO 9 to fund both clinical

and non-clinical resources that are essential to meeting regulatory compliance, as well as patient care needs.

QUALITY AND SAFETY

A quality-driven, safe, patient-focused service remains at the centre of all that we do. To this end, awareness and monitoring of risk management processes are central to keeping patients, staff and visitors to the hospital safe. Key areas of risk identified at the Hospital when caring for older patients centre around slip, trips and falls, medication management, and the safe transfer of patients.

Continuous quality improvement initiatives were implemented by departments during the year, culminating in the Hospital's first Quality Improvement Day held on 17 December. This event saw many of the Hospital's departments showcasing the significant work they have undertaken to improve services and service delivery. Further details of these activities are found throughout the various departmental reports and provide interesting reading.

In May, the national Health Service Executive (HSE) Information Communication Technology (ICT) system was cyberattacked and the Hospital's ICT personnel were fortunate to have access to expertise from both the HSE and the Hospital's Board of Governors. This made it possible to minimise the effects operationally by moving promptly to an independent ICT system and manual operations. I extend my appreciation to Ms Bernadette Saunders for her hard work during those trying days of the unprecedented cyberattack. On the positive side, it brought forward ICT projects and work began in earnest during the latter part of the year to update, upgrade and improve the ICT security and the ICT system.

ACTIVITY LEVELS

I am happy to confirm that services continued uninterrupted despite the effects of COVID-19. Staff readjusted admission criteria continuously for the safe transfer of patients from the acute hospital system, always cognisant of outbreaks of COVID-19 and the importance of maintaining patient flow and safe pathways of care. It is through these constant adjustments and risk management processes that the Hospital was able to maintain a high level of service provision during COVID-19. There were 1,220 admissions for the year, with the majority admitted from our local acute hospitals, namely Beaumont Hospital and the MMUH. Full details of Clontarf Hospital's activity are available in Appendix 1.

FUNDING

Among the many challenges COVID-19 presents is the increased cost of service delivery while also decreasing

some of the hospital's income streams. In particular, the private health insurance income and canteen receipts which were severely affected. The Hospital has been supported by CHO 9 and are grateful for their support. It is hoped that ongoing funding support by CHO 9 will enable us to develop our services and meet the healthcare standards set down nationally. I refer especially to the National Standards for Safer Better Healthcare, the National Standards for the Control and Prevention of Healthcare Associated Infection, and the standards set by the HSE in the National Clinical Programmes for Rehabilitation Medicine and Older People's care. The Hospital's audited accounts are available on the website and a summary is set out in Appendix 2.

CONCLUSION

I write this report as we move into early 2022 and yet another year of delivering services in a pandemic environment. I recognise the additional challenges this presents for staff, and I reiterate my sincere thanks to each and every staff member for their contribution in providing quality safe care to all our patients throughout the year.

I extend my thanks to the Executive Management Team for their support and dedication in managing services so ably and for their ongoing commitment to service development, despite scarce resources to do so; their achievements are exceptional.

Finally, I take this opportunity to acknowledge the work of the Board in guiding and directing the Hospital through these difficult times. For their unstinting ability to ensure the highest standards of probity in governing the organisation, and their support of my work here in the Hospital, I offer my sincere thanks.

Before signing off, I would particularly like to mention Dr Gerard O'Connor, Chairperson of the Board of Governors, who will retire in June 2022 after five years in office. The position of chairperson is one full of responsibility and accountability and yet the work remains largely unseen by many. As Chief Executive Officer (CEO), I can vouch for the amazing work Dr O'Connor has provided on behalf of Clontarf Hospital and the Board of Governors. His wealth of knowledge and expertise on all things related to healthcare services guided and directed the Hospital through unprecedented times for healthcare providers. On behalf of myself, the Executive Management Team and all the staff at the Hospital, I offer my sincere thanks. It has been a privilege to work beside him in his role as chairperson.

Michelle Fanning
Chief Executive Officer



SECTION 2

DEPARTMENT REPORTS

MEDICAL DEPARTMENT



Dr Azharul Omar and Dr Eva Gaynor demonstrating the HSE Hand Hygiene 'Bare Below Elbow' initiative

INTRODUCTION

The Department of Rehabilitation Medicine for Older Peoples (active rehabilitation care for patients over the age of 65) aims to provide the highest standards of clinical care in an integrated, effective and timely manner in a community-based inpatient setting. Despite the ongoing challenges faced in 2021, with the persistence of COVID-19, we have continued, in the Medical Department, to adapt and deliver high-quality post-acute rehabilitation care to our patients. As we all learn to live with COVID-19, the need for flexibility, resilience and teamwork has never been so central in our daily working lives.

Throughout the year, we continued to deliver a comprehensive geriatric assessment and an interdisciplinary rehabilitation team review to all older people within our service. We aimed to complete this in a timely manner, to ensure that older people were in hospital for the least possible time. In addition, we aimed to improve discharge planning to minimise the likelihood of readmission; to provide adequate support for independent living, following completion of hospital care; and to promote access to appropriately supported safe discharge home.

In addition, we have continued to contribute to all aspects of clinical governance with a particular focus on risk management to promote safe practices to deliver high-quality care to patients.

ACHIEVEMENTS

Some of our achievements for the year in review are

listed here:

- 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.
- During the year in review, we began to see a greater number of frailer patients with complex medical conditions coming through our doors in need of rehabilitation. The department aims to meet the challenges of the ageing population and engages in increasing the complexity of skills and knowledge, along with increasing specialisation, while maintaining continuity and quality of care.
- We continued to welcome a large number of post-COVID-19 patients in need of post-acute rehabilitation in the last year, especially those with critical care myopathy and post-COVID-19 lung injury. We also expanded our admission criteria for post-COVID-19 rehabilitation in those younger than 65 years on a case-by-case basis.
- Our department supported the delivery of COVID-19 vaccination clinics, facilitating the safe delivery of vaccines to both patients and staff.
- The department contributed actively to the Hospital's clinical data collection project and this will continue into 2022.
- Within the department, we have a strong focus on continuous education and teaching. We were delighted to maintain our teaching affiliation with University College Dublin (UCD) and we continued to welcome our undergraduate medical students to the Hospital for their community geriatric teaching placements.
- Importantly, we continued to deliver weekly non-consultant hospital doctor (NCHD) teaching and were delighted to take part in communications workshops for the department, organised by the Hospital.
- We welcomed the first UCD General Practice Trainees from July. They were a great addition to our department and we have received very positive feedback from our trainees to date.
- Our department undertook various audits throughout the year with a focus on medication safety and prescribing, bone health and venous thromboembolism prophylaxis.
- We represented the Hospital at national meetings,

including the 2021 Irish Osteoporosis meeting.

- The department audited the team's on-call working procedures and secured funding for an off-site, on-call registrar at the weekends. This is an important additional support to our in-house senior house officers, who provide senior medical advice when required out of hours and has improved the quality of patient care.
- We successfully developed the chart transfer policy to allow for the movement of medical files between the MMUH and the Hospital. This has resulted in significant improvements with regard to communication between sites on patient care and improved efficiencies in information gathering.
- The department led and actively participated in local committees, including the Dementia Care Committee, the Drugs and Therapeutics Committee, the Falls Committee, the Frailty Committee and the Delirium Working Group. In collaboration with our multidisciplinary colleagues, we developed numerous quality improvement projects, including the introduction of (a) a new frailty screening tool on a pilot basis, to aid detection and early multidisciplinary team (MDT) referral for high-risk patients, and (b) a delirium screening tool (4AT) for all patients on admission.

FUTURE DIRECTIONS

- The Active Rehabilitation Unit (ARU) is expected to provide additional rehabilitation services to community patients with support from the Community Integrated Team. We hope to welcome our integrated care colleagues to the Hospital in 2022.
- We intend to reopen our outpatient clinic, which had to close due to COVID-19. This outpatient clinic was developed for the assessment of patients requiring admission and helps to provide access to a broader group of patients, while also increasing the total number of admissions.
- The medical team will continue to engage with MMUH on their implementation of the Dublin Major Trauma Centre. Clontarf Hospital hopes to build on its current established reputation in orthopaedic and frail, elderly rehabilitation and to support MMUH in rolling out this important national initiative in improving trauma care throughout Ireland.
- We aim to develop a standardised electronic discharge proforma for all patients. We are currently working

with the information communication technology (ICT) providers on developing a rehabilitation specific, tailored discharge summary to capture pertinent information relevant to our patient population.

- In conjunction with the Falls Committee, we aim to introduce a standardised post-falls proforma, in order to improve the assessment of all patients post in-patient falls.
- We also aim to develop the research and quality-improvement projects within the department, geared towards improving patient care.

CONCLUSIONS

The department continues to work according to the highest standards, as set out in the National Clinical Programmes for Older Peoples Care and Rehabilitation Care. We hold ourselves accountable and strive for operational and clinical excellence. We will continue to look at service expansion and service improvement opportunities whenever the opportunity arises.

We would like to offer our sincere gratitude to all our NCHDs, nursing and MDT members who continued to work tirelessly throughout the pandemic to deliver high-quality care to all our patients throughout 2021. Their hard work and dedication are greatly appreciated. We look forward to the opportunities that 2022 will bring for the department.

*Dr Eva Gaynor, Dr Elizabeth Callaly
& Dr Adriana O'Halloran*
Consultant Geriatricians



Dr Eva Gaynor

NURSING DEPARTMENT



Ciara Dowling, Director of Nursing

INTRODUCTION

The year 2021 was another challenging year in terms of COVID-19. Our Nursing Team continued to face the challenges head on, collaborating and adapting to ensure that patients were provided with high-standard quality care, while continuing to maintain services. It was also a year of firsts. In May, we celebrated a Dignity at Work Day, followed by Pride celebrations in June, a Multicultural Day in August, the Hospital's first Wound

Care Conference in September, and our first Quality Improvement Conference in December.

The aim of our department is firstly to ensure that our patients received best-practice, evidence-based care and secondly to promote a safe supportive working environment for our staff. I am proud of all my colleagues and would like to acknowledge and thank all members of our Nursing Team for the care, commitment and compassion that they continue to demonstrate on a daily basis.

NURSING OUTCOMES

Nursing metrics continued to be collected and measured on a monthly basis. Staff members from each ward collect data using the Health Service Executive (HSE) Information Communication Technology (ICT) package Test Your Care. Action plans for areas of improvement are developed by the nursing managers, based on the monthly results. I would like to congratulate the Nursing Team on their excellent results for the year, demonstrating the delivery of high-quality nursing care.

NURSING CARE METRICS

All Group All Locations	Feb 2021	Mar 2021	Apr 2021	May 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021
Patient Monitoring and Surveillance	96% ➡	93% ⬇	95% ⬆	94% ⬇	95% ⬆	95% ➡	100% ⬆	94% ⬇	98% ⬆
Healthcare Associated Infection Prevention & Control	93% ➡	89% ⬇	96% ⬆	100% ⬆	87% ⬇	91% ⬆	97% ⬆	98% ⬆	89% ⬇
Pain Assessment and Management	87% ➡			100% ⬆			100% ➡	94% ⬇	73% ⬇
Nutrition and Hydration	95% ➡	92% ⬇	96% ⬆	99% ⬆	93% ⬇	93% ➡	90% ⬇	96% ⬆	98% ⬆
Continence Assessment and Management	83% ➡	100% ⬆	100% ➡			100% ➡	100% ➡	100% ➡	100% ➡
Care Plan Development and Evaluation	94% ➡	95% ⬆	88% ⬇	98% ⬆	91% ⬇	92% ⬆	98% ⬆	95% ⬇	99% ⬆
Care Plan NMBI Guidance	96% ➡	91% ⬇	93% ⬆	97% ⬆	91% ⬇	95% ⬆	98% ⬆	100% ⬆	98% ⬇

Medication Safety	99% →	97% ↓	99% ↑	98% ↓	100% ↑	98% ↓	99% ↑	99% →	100% ↑
Medication Storage and custody	99% →	100% ↑	100% →	98% ↓	100% ↑	100% →	100% →	100% →	100% →
Falls and Injury Management	99% →	100% ↑	98% ↓	100% ↑	98% ↓	97% ↓	95% ↓	97% ↓	98% ↑
Delirium Prevention and Management			100% →						
Wound Care Management	100% →	93% ↓	100% ↑	100% →	100% →	100% →	100% →	100% →	100% →
Pressure Ulcer Prevention and Management	98% →	92% ↓	99% ↑	98% ↓	100% ↑	96% ↓	99% ↑	98% ↓	100% ↑
TOTAL	97% →	95% ↓	96% ↑	98% ↑	96% ↓	96% →	98% ↑	98% →	97% ↓

Fig 1: Table Demonstrating the Hospital's Overall Nursing Metric Results 2021 – Test Your Care HSE

PRESSURE ULCER REPORT

Continuous improvement can be seen in the pressure ulcer incidence rate across 2021. Ongoing education and training were carried out with all nursing staff and new starters by the tissue viability nurse. Pressure ulcer safety crosses are displayed in all clinical areas.

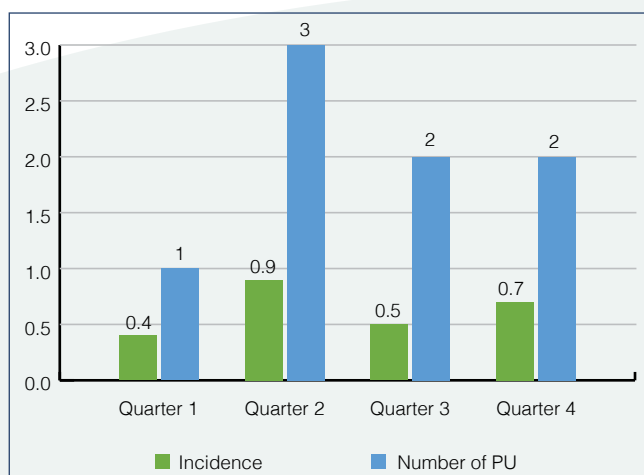


Fig. 2: Pressure Ulcer Incidence 2021

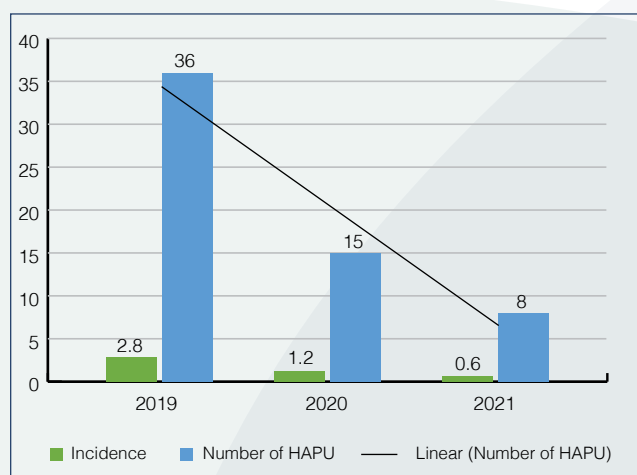


Fig. 3: Pressure Ulcer Incidence Rate 2019, 2020 & 2021

INFECTION CONTROL REPORT



Fig. 4: Mr Philip Doyle Health Care Assistant demonstrating Hand Hygiene

Alert Organism	Jan-Dec 2021	Known on Transfer	Identified on Admission	Clontarf Hospital Acquired
CPE	5		5	
CRE				
VRE	53	52	1	
MRSA	31	1	29	1
ESBL	16	11	1	4
D-diff	4			4
Total	109	64	36	9

Fig. 5: Alert Organism Surveillance Chart 2021

COVID-19

The biggest challenge for Infection Prevention and Control in 2021 was one that we will continue to face in 2022: namely, the COVID-19 pandemic. During 2021, the IPCT at the Hospital managed four COVID-19 outbreaks. All four outbreak codes were issued by the Department of Public Health.

Table 1: Overview of Covid-19 Outbreaks 2021

OUTBREAK CODE	DATE	WARD	NUMBER OF + PATIENTS	NUMBER OF + STAFF	PATIENT DEATHS
E92021CPVD83	16/01/21-24/02/21	All wards	35	27	2
E92021COVID257	22/03/21-25/04/21	Kincora	2	0	0
E9COVID2021763	01/10/21-08/11/21	Kincora	9	3	0
E9COVID2021792	08/11/21-06/12/21	Swan	4	2	0
Total			50	32	2

Below is a list of the data collected:

- 3,269 COVID-19 patient Polymerase chain reaction (PCR) tests taken from January/December 2021
- 59 COVID-19 positive patients in total from January/December 2021 (9 outside outbreaks)
- 2,508 COVID-19 staff PCR tests taken from January/December 2021
- 48 COVID-19 positive staff detected through Clontarf Hospital testing (additional staff tested positive through community testing)
- 147 post-COVID-19 patients admitted from the acute hospitals.

QUALITY IMPROVEMENT

Together, the Nursing Team was focused on continuous quality improvement. A number of staff in the department attended White Belt Lean Training and currently a Green Belt Lean Project is being championed by the Director of Nursing. Included among the quality improvement projects driven during 2021 were: a project on Continence Promotion, which focused on the role out of an education programme for patients; the Nursing Handover Project, which saw the introduction of ISBAR3 to the nursing handovers; and infection prevention and control (IPC) quarter 1 (Q1) projects, which focused on the introduction of scheduled Hydrogen Peroxide Vaporisation, improved IPC signage, and the introduction of disposable curtains.

In Q4, an Operations Daily Huddle was implemented with the aim of improving communication to ensure effective, efficient and safe processes in the day-to-day operations throughout the Hospital. Department heads or deputy heads attend the huddle each morning at 9.45am. Staff feedback showed an improvement in hospital communication.

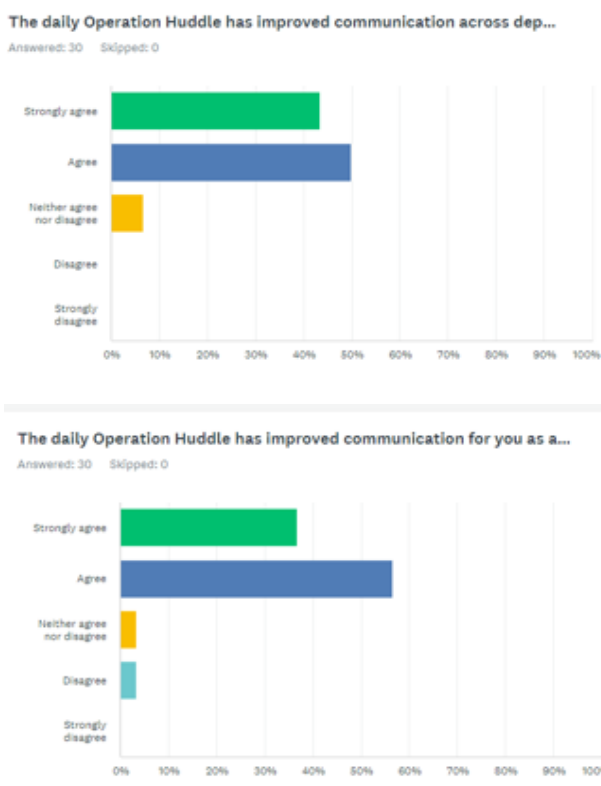


Fig. 6: Staff survey on evaluation of Operations Daily Huddle

PRACTICE DEVELOPMENT, EDUCATION AND TRAINING PRACTICE DEVELOPMENT

A new nursing documentation booklet was developed, entitled Nursing Point of Care Booklet. The booklet includes risk assessment tools such as the Malnutrition Universal Screening Tool (MUST), the Waterlow Pressure Ulcer Risk Assessment, the Bed Rails Risk Assessment Matrix and the Barthel Index of Functional Independence. Alongside this, the Nursing Admission Assessment & Documentation of Care Booklet was revised and updated.

EDUCATION AND TRAINING



Fig. 7: Ms. Anna Siewierska CNM1 preparing IV Fluids

A training needs analysis was carried out and a programme for 2021 was established. Mandatory training was completed throughout the year: training in oxygen care, urinary catheter care, and intravenous (IV) medication administration. Nursing staff were trained and assessed in the administration of IV antibiotics via peripherally inserted central catheter (PICC) lines for patients admitted under the Outpatient Parenteral Antimicrobial Service (OPAT). Regular falls training sessions and dementia training were carried out with all staff.



Fig. 8: Ms. Phil Irving CNM2 completing wound care management

A Nursing Journal Club was held on a monthly basis and provided an opportunity for nurses to present a topic of interest in an informal and educational forum. Topics presented in 2021 included: Malnutrition (Mealtimes matter), delirium in older patients, Parkinson's Disease and falls and care and management of arterial and venous leg ulcers.

UNDERGRADUATE BSC AND POSTGRADUATE DIPLOMA NURSING STUDENTS

The Nursing and Midwifery Planning and Development Unit (NMPDU) Dublin North, sponsored three of our nurses to undertake specialist postgraduate diplomas (level 9) in the Royal College of Surgeons in Ireland (RCSI). Congratulations to Ann Gaffney (IPC), Littymol Mani (tissue viability) and Beata Bialy (gerontological nursing) on completion of their courses and graduation in November 2021.

First and second year student nurses from University College Dublin (UCD)/the Mater Misericordiae University Hospital (MMUH) attended clinical placements. The first-year students learned about the fundamentals of nursing in patient-centred care, while the second-year students learned about multidisciplinary rehabilitation teams and the value of this service for patients.

A new pathway for pre-nursing students from Dunboyne College of Further Education (DCFE) was established. The students spent two weeks on work experience placement, where they gained valuable experience. The students enjoyed their placement and engaged very well with patients and staff.

Ciara Dowling
Director of Nursing



Left to Right:

Phil Irving CNM2, Ciara Dowling DON, Anna Siewierska CNM1, Marie Louise Roden CNM1, Elaine Hannigan ADON, Littymol Mani CNM1, Esnath Chinembiri CNM2, Deepthi Edamapadath CNM1



Back Row: Left to Right:

Sonia Babu Staff Nurse, Krysztof Dubarek HCA, Louise Leonard HCA, Marie Louise Roden CNM1, Catherine Naughton HCA, Anna Siewierska CNM1, Sarojani Rajapaksha HCA, Jaison Jose HCA, Esnath Chinembiri CNM2

Front Row Left to Right: Cyni Mani RGN, Phil Irving CNM2, Littymol Mani CNM1,

Jacob Paul Staff Nurse, Deepthi Edamapadath CNM1, Emma Doyle HCA

PHYSIOTHERAPY DEPARTMENT



Grainne O'Hara - Physiotherapy Manager

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 also enables patients to achieve the highest quality of life their condition allows. We aim to 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 (CPD) and research.

ACTIVITY

A blanket referral system is in place for physiotherapy. All inpatients are assessed by a physiotherapist and a treatment plan initiated within 24 hours of admission. The Physiotherapy Department continued to receive funding for additional physiotherapy posts throughout 2021. The School of Physiotherapy, Royal College of Surgeons Ireland (RCSI) also funded clinical tutor hours to support undergraduate students.

Despite the gym closures throughout the year for infection control purposes, 25% of treatments were still gym based with patients benefitting from using the purpose-built facilities.

Ward-based group exercise classes were not possible but smaller bay-based groups were re-instated towards the end of the year. By necessity, the physiotherapists' workload consisted predominantly of 1:1 treatment sessions. This, together with the infection control measures required for safe treatment, continued to effect activity levels.

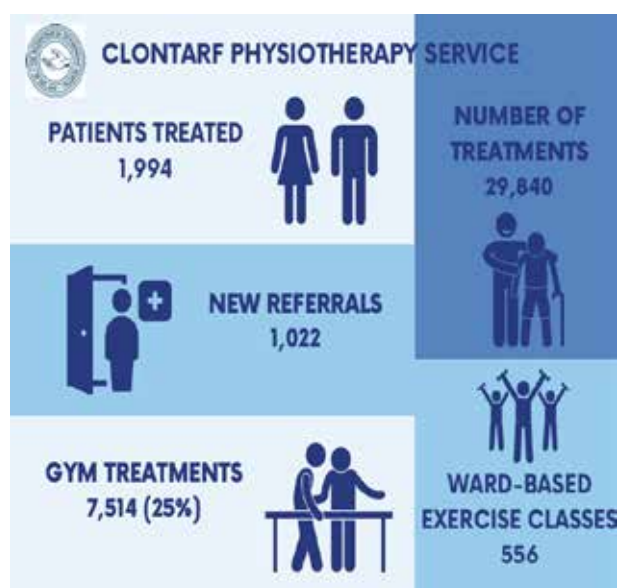


Fig. 1: Physiotherapy Activity 2021

Gym-based treatment sessions peaked, at the end of September, towards 44 sessions per day. Gym capacity was capped at 40 patients per day to comply with infection prevention and control 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

Taskforce Planning Initiative

In order to streamline the physiotherapy service, and to direct resources where most needed, Senior Physiotherapist Claire Fagan introduced changes to the daily morning meeting in December to make it more efficient. The meeting now begins slightly later at 8.15am, giving the Physiotherapy Teams on each ward a chance

to review their caseload, as well as any non-clinical commitments for the day in advance. A representative from each team attends the daily central hub in the gym, which is led weekly by each ward on a rotational basis. Each team indicates whether they are red (needing help to manage the caseload for that day), amber (not needing help to manage the caseload for that day but not in a position to offer help to other wards) or green (not needing help to manage the caseload for that day and in a position to offer help to other wards if required). The lead for the week then coordinates and gets agreement on a plan for how physiotherapy resources can be directed to manage the caseload for that day. Feedback on the traffic-light system from the physiotherapists has been very positive. As well as offering a supportive environment and generating team-building, it is felt that this forum assists the Physiotherapy Department in proactively directing our resources to where they are most needed at the time.

Post COVID-19 Rehabilitation

Following on from their research into COVID-19 rehabilitation, Senior Physiotherapists Aoife Crowe and Rachel Murphy were successful in their applications for the Post-Covid Syndrome Rehabilitation Module (Level 9) in the School of Nursing, Psychotherapy and Community Health at Dublin City University (DCU). The start date for the course was deferred to January 2022.

Oxygen Pathway

In response to the number of patients presenting at the Hospital requiring supplemental oxygen post COVID-19, a subgroup of senior physiotherapists drew up standard operating procedures for (a) patients requiring oxygen during their hospital admission and (b) patients requiring oxygen on discharge.

Senior Physiotherapist Anne Marie Seddon was the lead on multidisciplinary staff education on oxygen therapy.

Senior Physiotherapist Aoife O'Connor joined her on the Hospital Medical Gases Working Group. Anne Marie was also successful in attaining a place on the Post-Covid Syndrome Rehabilitation module at DCU.

Staff Wellness

Due to popular demand, Senior Physiotherapist Ger Matthews organised another hotly contested Step Challenge for hospital staff in February.

We also held two very successful Wellness Mornings in the Physiotherapy Department. In October, the focus was on mindfulness and in November we had a Pilates session.

Sarcopenia

Anne Marie Seddon and Aoife Crowe, Senior Physiotherapists on Gracefield ward, collaborated with the Dietetics Department to set up a sarcopenia screening pathway. The group hosted a multidisciplinary sarcopenia education stand on International Day of Older Persons, in October.

Clinical Education

The Physiotherapy Department continued to provide undergraduate student placements for final-year students from the RCSI. The School of Physiotherapy, RCSI reported a high level of satisfaction with the practice education provided by the Hospital and formalised our onsite clinical tutor arrangement based on a successful pilot.

QUALITY IMPROVEMENT PROJECTS

Hip Fracture Audit

A subgroup of the Physiotherapy Department, led by Anne Marie Seddon, carried out a retrospective audit of hip fractures admitted to the Hospital in 2019 and 2020, based on the relevant standards of the Irish Hip Fracture Database.

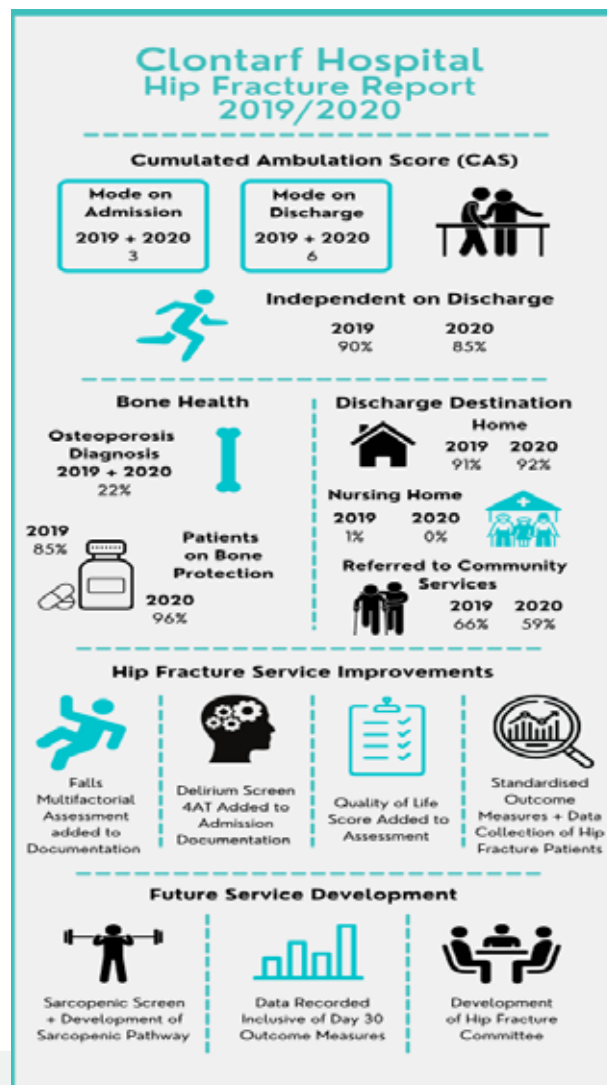
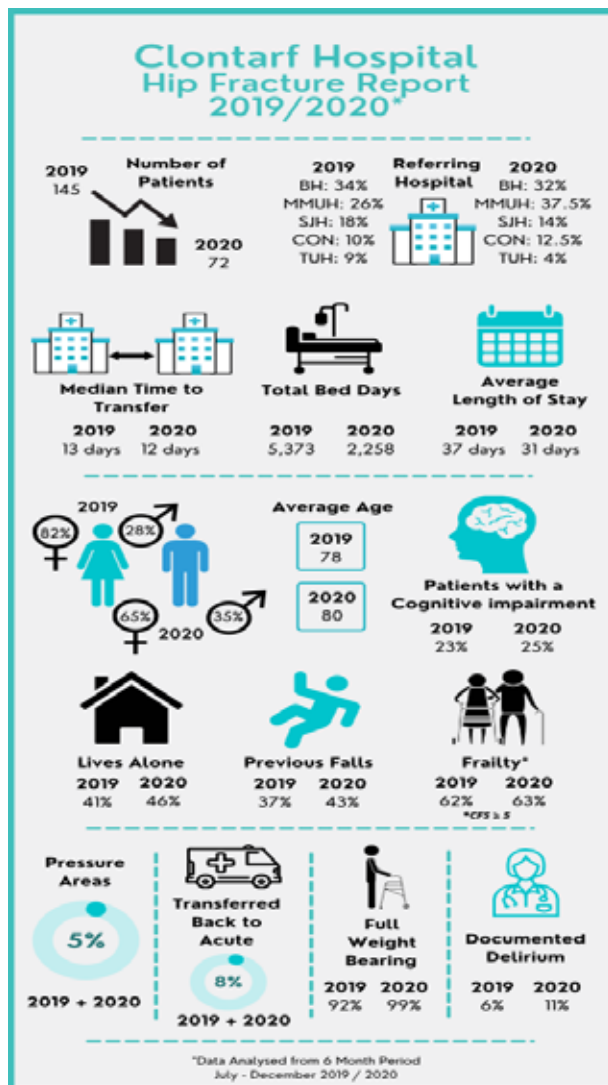


Fig. 2: Hip Fracture Audit Clontarf Hospital 2019/2020

RESEARCH

Aoife Crowe and Rachel Murphy were invited to present on their novel research into COVID-19 rehabilitation at the Irish Society of Chartered Physiotherapists (ISCP) Conference in October. The study has also been submitted as a research paper for journal publication.

Physiotherapist Sinead Kiernan was also invited to speak, in the Inclusion Health section of the ISCP conference, about her MSc study exploring and profiling physical function and performance in inpatient adults experiencing homelessness at St James's Hospital.

Aoife O'Connor and an occupational therapist (OT) colleague assisted a research team in Beaumont Hospital with their participation in the COGER Study. The COGER Study, designed by members of the Special Interest Group for Geriatric Rehabilitation of the European Geriatric Medical Society (EuGMS), collected data to gain insight into the course of functional and medical recovery in older people affected by COVID-19 participating in rehabilitation across Europe.

Ger Matthews submitted a poster entitled "Improving Wayfinding and Orientation in a Rehabilitation Setting - A Dementia Friendly Approach", which was accepted

for the National Quality, Clinical Risk and Patient Safety Conference which was held virtually in May 2021. The poster outlined a collaborative project completed with the OT team in 2020.

PUBLICATIONS

Dearbhla Burke, Staff Grade Physiotherapist collaborated with our Beaumont Hospital physiotherapy colleagues to publish a paper describing the emerging rehabilitation needs and the transition of care of COVID 19 patients along the pathway from the Intensive Care Unit in Beaumont Hospital to Clontarf Hospital for specialised rehabilitation and discharge to home.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Senior Physiotherapist Naoise Doran continued her MSc in Neurology and Gerontology (RCSI). She formulated a research project "Moving on Up" to investigate the feasibility of a ward-based intensity intervention to increase ward-based activity during inpatient neurological rehabilitation.

In September, Ger Matthews commenced the Professional Diploma in Positive Health at the RCSI. This is a new accredited, interdisciplinary postgraduate programme designed for allied health professionals in the rapidly developing area of positive health.

OPPORTUNITIES AND CHALLENGES FOR 2022

Following on from last year's challenges, we will continue to work with management to maintain the additional physiotherapy staffing levels required to align ourselves with the National Clinical Care Programme for Older People's physiotherapy staffing guidelines. A core deficit identified by physiotherapy staff is that there is no protected time for personal development planning, staff appraisal, CPD, peer supervision and mentoring/coaching. While patient care remains a priority, it is imperative that we continue to address this need for both staff grade and senior physiotherapists in the coming year.

Priority areas identified by the Physiotherapy Department for CPD include:

- Health informatics

- Integration of services with the community and acute hospitals
- Vestibular rehabilitation – pathway and visit to external sites.

We continue to strengthen our links with the referring hospitals, our community care colleagues and the universities, and hope to collaborate with them for further research and quality improvement initiatives.

We would also welcome the opportunity to work with the Health Service Executive (HSE) e-health group and the DMF Systems to enhance and update the current data management system.



Sinead Kiernan Physiotherapist, Claire Fagan Senior Physiotherapist, Vicky McMahon Senior Physiotherapist, Sophie Keddie Physiotherapist, Caroline Daly Senior Physiotherapist, Katie O'Keeffe Physiotherapist, Sinead Quigley Physiotherapist, Sophie O'Connell Senior Physiotherapist

My physiotherapy colleagues remain committed to providing patient care of the highest possible standard, with endless energy and enthusiasm, despite the challenges the Hospital may face. Their positivity, innovation and resilience make them a pleasure to work alongside. Support from colleagues was crucial again this year and I would also like to sincerely thank our colleagues across the multidisciplinary and administration teams for their continued help, guidance and understanding.

Gráinne O'Hara

Physiotherapy Manager

Honorary Clinical Lecturer, RCSI University of Medicine and Health Sciences

OCCUPATIONAL THERAPY DEPARTMENT



Niamh McCormack Occupational Therapist, Joanne Murphy Senior Occupational Therapist, Monica Devine Occupational Therapy Manager, Lisa McKeon Senior Occupational Therapist, Emma Harte Occupational Therapy Assistant

INTRODUCTION

The Occupational Therapy (OT) Department is committed to providing the highest possible standard of service. The OT Department aims to maximise the “fit” between what each patient 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 2021, the OT Department worked hard to maintain service delivery in the context of COVID-19 which continued to affect services at the Hospital. The OT team introduced innovative improvement measures to keep the delivery of OT services safe for patients. These improvements required significant commitment and dedication from the OT team. This service delivery was supported by all our colleagues in the Hospital and we are very grateful for their ongoing support.

The OT Department maintained enhanced staffing levels for 2021 due to additional specified purpose COVID-19 funding, which was sourced in 2020. One of our goals for 2021 was to gather data to prove the effectiveness of the additional OT staffing. This was successful and the enhanced staffing was retained for all of 2021.

Staffing for the OT department for 2021 consisted of:

- One whole-time equivalent (WTE) occupational therapist manager
- Three WTE senior occupational therapists
- Six WTE staff grade occupational therapists
- One WTE occupational therapy assistant

SERVICE DELIVERY

The OT Department provided service delivery improvements in four key areas in 2021. The improvements were enabled by the increase in OT staffing levels in the department

1. IMPROVING ACCESS TIMES

(how quickly a patient is seen by an OT)

The OT Department utilises a priority-based Blanket Referral System. Within this system all priority 1 patients (P1s) are assessed and seen by an OT within 24 hours. Our service delivery goal for 2021 was to improve access (wait) times for priority 2 (P2) patients to be assessed and seen by an OT within 24 working hours of admission. This goal was successfully met in 2021 and now all patients in the Hospital are seen by an OT within 24 hours of admission. Maintaining a daily morning cross-cover meeting for the department in 2021 was key in ensuring this service improvement. Cross cover for planned leave is organised at our monthly OT Team Meeting and cross cover for any unplanned leave or additional cover needed is organised at our daily 8am meeting.

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
2021	Consistently within 24 hours

2. IMPROVING SESSION DELIVERY

(how often a patient is seen by an OT and targeting who needs to be seen most often)

The OT Department focused on maximising the number of patient sessions they could offer per month. An additional 2,552 patient sessions were delivered in 2021 compared to 2020. This was despite limiting factors including only being able to deliver individual sessions for 2021 due to infection control limitations, many periods of COVID-19 leave, and when carrying a vacancy on the team. Pre-COVID-19 we accommodated approximately 80 patients a month in group sessions (Stress Management, Relaxation & Home Safety groups); COVID-19 limited our ability to deliver in-person group intervention, so individual sessions only were delivered in 2021.

Table 2: Average Number of OT Sessions per Month

Month	Number of OT Sessions 2020	Number of OT Sessions 2021
January	793 (individual & group)	985 (all individual for 2021)
February	976 (individual & group)	737 (team vacancies)
March	824 (individual & group)	965
April	697 (individual only for rest of 2020)	998 (OTA vacancy filled)
May	938 (2 WTE staffing increase)	1099
June	1118 (1 WTE increase)	1278
July	1156	1544
August	1024	1338
September	1085	1451
October	1180	1466
November	1160	1540
December	1148	1250
Total sessions PA	12,099	14,651

Increase of 2,552 sessions delivered in 2021 compared to 2020

3. TARGETTING SESSION DELIVERY IN 2021

The OT Department weighted service delivery towards patients who most required OT during their admission.

As our OT to patient ratio is low in comparison to national recommendations for OT/patient ratio levels, this is the most equitable method to deliver our occupational therapy service. Our benchmarked rehabilitation services have an average OT to patient ratio as follows; specialist rehab 1:7 (our ratio is 1:13), older persons rehab 1:10 (our ratio is 1:20), orthopaedic rehab 1:15 (our ratio is 1:24).

Specialist Rehabilitation Unit – in 2021 we continued to deliver specialised OT treatments for our patients in the specialised rehabilitation streams. These streams include amputee rehabilitation, brain injury rehabilitation and neurological rehabilitation.

The specialised OT treatments included upper limb rehabilitation, cognitive rehabilitation, perceptual rehabilitation, complex wheelchair/equipment prescription, wheelchair training skills, community re-integration, on-site caregiver training, and complex home assessment/joint home visits with community agencies such as early supported discharge (ESD) teams, primary care OTs, and care agencies. For our amputee stream, our OTs have a new role in major home modifications, and we are working closely with local councils and primary care OTs to enable this process.

In 2021 this patient stream received an average of 19 OT sessions and an average of 16.8 hours of direct OT clinical time per patient over an average length of stay (LOS) of 33.8 days.

Older Person Rehabilitation Units – in 2021 we continued to deliver our core OT treatments for our patients in the geriatric rehabilitation streams admitted to us from Beaumont Hospital, the MMUH and Connolly Hospital for rehabilitation prior to discharge home. The types of core OT treatments here included seating and pressure care assessment, functional rehabilitation for all activities of daily living, such as washing, dressing and meal preparation, cognitive and perceptual assessment, home assessment, equipment assessment & provision, and discharge planning.

In 2021, this patient stream received an average of 12 OT sessions and an average of 9.05 hours of direct OT clinical time per patient over an average LOS of 30 days.

Orthopaedic Rehabilitation Units – in 2021 we also continued to deliver our core OT treatments for our patients in the orthopaedic rehabilitation streams admitted to us from acute hospitals all over the Dublin region for rehabilitation prior to discharge home. The types of core OT treatments here include seating and pressure care assessment, functional rehabilitation for all activities of daily living including washing, dressing and meal preparation, cognitive and perceptual assessment, home assessment, equipment assessment & provision, and discharge planning.

In 2021, this patient stream received an average of 8.15 OT sessions and an average of 5.7 hours of direct OT clinical time per patient over an average LOS of 22.38 days.

Table 2: OT Sessions & Treatment Time per each specialised patient stream in 2021

Month	Specialist REHAB	Older person REHAB	Ortho REHAB
Average OT sessions	19 sessions	12 sessions	8.15 sessions
Average OT treatment time per admission	16.8 hours	9.05 hours	5.7 hours
Average LOS	33.8 days	30 days	22.38 days
OT WTE: patient ratio	1 OT: 13 patients	1 OT: 20 patients	1 OT: 24 patients
Benchmarked Service OT ratios	1 OT: 7 patients	1 OT: 10 patients	1 OT: 15 patients

4. HOME VISITS ASSESSMENTS

Include three types of OT assessment in the home; Home Assessments, Access/Equipment Visits and Discharge Home Assessments. These are an essential part of the rehabilitation process, and a priority system is in place to ensure that Home Assessments are offered to the

patients who would benefit most from them.

Home Visit Assessments were impacted significantly by COVID-19. Each Home Visit Assessment was completed with an Individual Risk Assessment and adhered to a COVID-19 standard operating procedure which was developed in 2020.

There were 101 Home Visit Assessments completed in 2021. Of these, 61 were Home Assessments, 29 were Access/Equipment Visits and 11 were Discharge Visits. Depending on patient needs, Home Assessments are completed either by OT alone or by interdisciplinary visits with medical social workers (MSWs) and/or physiotherapists (PTs). For enhanced discharge planning for more complex patients, our community colleagues are invited to join the visit – primary care OTs, public health nurses, care agency managers and carers.

Here is a breakdown of this:

- 52% of Home Visits were completed by OT alone
- 23% of Home Visits were jointly completed by an OT and an MSW
- 19% of Home Visits were jointly completed by an OT and a PT
- 6% of Home Visits were jointly completed by an OT, an MSW and a PT for complex patient discharges.

Virtual Home Assessments – due to the limitations on being able to complete Home Assessments secondary to COVID-19, in 2021 the OT Department introduced the practice of Virtual Home Assessments. These offered four different ways in which a patient could give more information to an OT, who could then begin to assess their home environment from the Hospital and enhance discharge planning.

These four ways were in the form of:

- Home heights forms (where the caregiver gave detailed descriptions around common environmental details; bed and chair heights, steps, front door access, etc.)
- Photographs/videos of the home environment
- Walk around video calls of the home environment

with the caregiver, where the OT could ask detailed questions about the physical environment.

This practice enabled more individualised-based discharge planning by giving more in-depth knowledge of the patient's home environment and helped to prioritise patients who required an in-person Home Assessment.

There was an average of 25 Virtual Home Assessments per month in 2021 and, due to their success, it is planned to continue with them in 2022. This practice helped us to identify early potential barriers to discharge, resulting in earlier OT interventions, and thus reducing LOS, for example earlier equipment orders and the installation of environmental modifications.

The department is currently involved in research on the virtual home assessment practice in conjunction with University College Cork (UCC).

SERVICE DEVELOPMENTS AND QUALITY

IMPROVEMENTS IN 2021:

DATA COLLECTION AND ANALYSIS

Use of OT Trackers to Inform Care Pathways and Rehabilitation Input

OT treatment and care for all patients admitted in 2021 was tracked using an audit system to access time to OT, length of stay, diagnosis, baseline functional level, discharge functional level and type and amount of input received by OT. During the year in review, the audit was extended to include cognitive assessment information. This data was used to highlight increased complexity and higher dependency levels among patients and to highlight the frequency of OT input on high dependency wards and its impact on LOS. The information was also used for establishing effective and efficient patient care pathways based on diagnosis and the functional level on admission. Care pathways consolidated in 2021 included amputee rehabilitation and individual cognitive rehabilitation pathways.

Hospital-wide Data Collection Working Group

A hospital-wide Data Collection Working Group was established in April and is chaired by OT. It is the first

time that an interdisciplinary working group has sought to gather clinical data together across the whole Hospital. The aim of the working group is to provide data to retain and expand clinical staffing levels, evaluate the effectiveness of care, and define patient complexity levels.

The working group uses a shared database to include common patient demographics and rehabilitation complexity scores. It has discipline-specific patient clinical descriptors and treatment time given per patient. The working group members include members of the Medical, Nursing, Physiotherapy, Occupational Therapy, Medical Social Work, Speech and Language Therapy, Nutrition and Dietetics, and X-ray Departments. The working group has input from the Finance and ICT Departments and in 2022 will welcome our colleagues from the Pharmacy Department.

Dementia Care Committee (DCC)

Throughout the year, the OT department continued to lead dementia care in collaboration with our MDT colleagues through the Dementia Care Committee (DCC).

Dementia and delirium awareness training recommenced in June. This was presented by OT and the clinical nurse manager for nursing education facilitator. The training was completed on a monthly basis from June to December to facilitate increased staff attendance. It is hoped that this training will become an item in the Hospital's induction programme for all new staff in 2022. A dementia ID symbol has been approved for use by the Healthcare Records Committee. A focus group is to be completed with healthcare assistants and members of the Nursing Department in 2022 to decide optimal implementation and to identify a pilot ward for the project.

An Alzheimer's Awareness Day was held in September with a display stand, education videos, puzzles, an information leaflet and a raffle. It was well attended, and good interaction and discussion were generated with staff.

Pressure Ulcer to Zero (PUTZ) Committee

In 2021, the OT department continued in the rolling

out of pressure care education with Clinical Specialist Nurse Manager in Tissue Viability Ms Emma Cullen Gill. Attendance at this training was primarily by members of the Nursing Department and Healthcare Assistants (HCA), but also by members of the OT, Physiotherapy, MSW and Nutrition and Dietetics Departments.

Pre- and post-Likert scales were used to gather data on the impact of the education across the attendees. A significant improvement in knowledge in pressure care was demonstrated post-training.

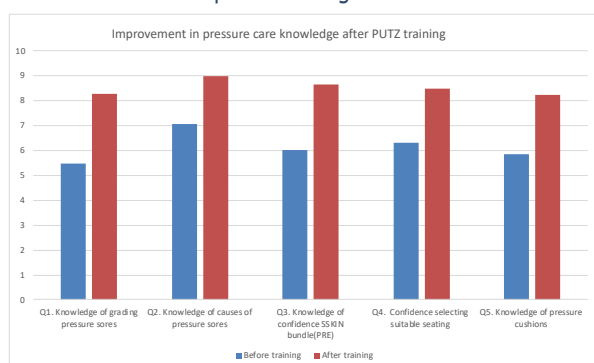


Fig. 1: Improvement in Knowledge in Pressure Care after PUTZ Training

The PUTZ Committee is in the process of analysing the research and submitting an abstract to the Irish Gerontological Society (IGS) in 2022, based on the above data. Limited education sessions were completed in 2021 due to COVID-19 restrictions. The aim is to restart monthly education sessions early in 2022.

DELIRIUM WORKING GROUP

The OT Department continued to lead in the area of delirium in collaboration with our MDT colleagues through the Delirium Frailty Working Group. A bimonthly Delirium Committee Newsletter commenced in December 2021. The aim of the newsletter is to raise awareness around the topic of delirium and provide education to staff about assessment, treatment and prevention.

The OT Department is completing – jointly with the Medical Team – a Clinical Audit: Delirium Assessment on Admission at a Rehabilitation Hospital. An analysis of the findings will be presented in Quarter 2 (Q2) 2022 in

the Hospital's medical newsletter to raise awareness on the importance of completing the delirium assessment as part of the medical admission proforma.

Key Worker Initiative

In July, the OT Department proposed a trial of a Key Worker Initiative on Kincora ward. This key worker initiative was prompted by the communication difficulties with families due to COVID-19 visiting restrictions. It was agreed to run a three-month trial of the Key Worker Initiative on Kincora ward to give caregivers a named point of contact on the ward to improve communication. The three-month trial included 50 active rehabilitation unit (ARU) patients admitted to Kincora ward in that period, with an average LOS of 25 days. During the trial the average number of phone calls made by the key worker per patient was 3. The average time spent as key worker was 45 minutes over the patient's LOS. 26% of the patients had a care planning meeting. Follow-up phone calls to the MDT requested via the key worker by family members were as follows: Medical (25%), OT (58%), MSW (47%).

The OT Department presented on this quality initiative at the Hospital's inaugural interdisciplinary Quality Improvement Day organised by the Nursing Department in December.

Falls Committee

The OT Department was actively involved in the Falls Committee, with MDT members facilitating the training and rollout of the Multifactorial Falls Assessment and staff falls prevention education. The OT Department also acts as one of the risk coordinators for one of the three significant risks identified for increasing risks of falls: namely, slipping from chairs.

Frailty Working Group

The OT Department participated in the Frailty Working Group in conjunction with colleagues from the Departments of Nursing, Physiotherapy, Medical, MSW, Nutrition and Dietetics, and Pharmacy.

The Edmonton Frail Scale (EFS) was piloted across three wards over a three month period. 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 of reducing length of stay and improving patient outcomes.

Analysis of the data suggests that the LOS for the ARP patients involved in the pilot was reduced to an average of 30 days following timelier assessment by MDT members when compared with previous practices. The abstract from the EFS pilot study in the development of a frailty care pathway has been accepted for poster presentation at the All-Ireland Integrated Care Conference in March 2022 and the British Geriatric Society Spring Meeting in April 2022.

EDUCATION AND NETWORKING

Under our specialist rehabilitation services, the OT Department is building links with external services to improve patient flow and communication for our amputee, brain injury and neurological patients. Links have been established with the National Rehabilitation Hospital (NRH) Outpatient Team and the POLAR Team, as well as with Beaumont hand therapy and vascular OTs and the acquired brain injury (ABI) nurse in Beaumont Hospital.

The OT Department is collaborating on a telehealth research initiative with UCC to explore the use of Virtual Home Assessments as an adjunct to in-person Home Assessments.

External conferences were affected by COVID-19 during the year. Where possible, the OT Department engaged externally in a virtual way and attended education days and conferences online. The department presented virtually to the Irish Lung Fibrosis Association (IFLA) in September on the OT role for patients with lung fibrosis. The department facilitated undergraduate student OT placements for Trinity College Dublin and for University College Galway and will continue this practice in 2022.

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.



Niamh McCormack Occupational Therapist

CONCLUSION

We would like to express our gratitude to all members of the OT Department whose commitment, motivation, enthusiasm and flexibility, despite the challenges, continued to ensure excellent standards of OT service provision and patient-centred care.

On behalf of the OT Department, we would like to thank our hospital colleagues for their continued support in our service delivery. We look forward to our ongoing collaboration in our integrated working projects and in our determination to provide the best possible patient care.

Thanks are also due to 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,

**Deputy Occupational Therapist Manager
(from January – December 2021)**

PHARMACY DEPARTMENT

INTRODUCTION

The Pharmacy Department provides pharmaceutical care for patients at Clontarf Hospital, promoting 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. COVID-19 continued to have an impact on the supply chain and medicine shortages were more frequent than usual. Alternate medicines or unlicensed products had to be sourced to fill the gap. The use of high-tech medicines increased as more complex patients were being admitted towards the latter half of the year, resulting in cost implications for the Hospital.

The Hospital also undertook to run COVID-19 vaccination clinics not only for its own staff but for over 1,000 healthcare workers during the first half of 2021. The Pharmacy Department was involved in ensuring the correct storage, supply and recording of vaccines. Furthermore, in collaboration with Nursing Administration, it developed vaccination record forms for the preparation, administration and reconciliation of COVID-19 vaccines. These were used in conjunction with the information technology (IT) system.

The Health Service Executive (HSE) cyberattack that occurred in May affected the Pharmacy Department in that there was no access to the internet for ordering medicines, and medicines information sites were unavailable. However, our pharmacy Cliniscript dispensing system was not connected to the HSE system, so we could continue to dispense and generate labels for products, leaving our dispensing history intact.

The pharmacy continues to monitor the expenditure on medications, producing monthly statistics on supply, returns, and out-of-hours and out-of-date medicines.

CLINICAL SERVICE

MEDICINES RECONCILIATION

Pharmacy clinical activity on the wards was greatly curtailed during periods when the wards were under lockdown due to COVID-19. However, preadmission prescription checks continued: prescriptions received in the pharmacy prior to admission are reviewed for dose, frequency, route of administration, and interactions. This allows any variances to be resolved before the patient leaves the referring hospital. The Pharmacy Department focused on medicines reconciliation on discharge, to ensure the patient was discharged on the correct list of medication.

MEDICINES INFORMATION

Information on medicines is provided to clinical staff as well as patients.

Medication safety newsletters circulated throughout the year included:

- Gabapentin and Opioids
- SALADS (Sound-Alike Look-Alike Drugs)
- Denosumab
- Restricted Antimicrobials Poster – New
- Updated VTE Risk Assessment on Medical Admission Form for COVID-19
- Management of Hypokalaemia and IV Potassium Chloride Administration Protocol –New

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 practice, validate and record good practice, and identify areas where improvements are required. It provides evidence, both to the public and to the PSI, of the commitment of all the Pharmacy Team to ensuring patient safety and quality of care.

The Hospital's internal auditors submitted their final report on the internal audit on all aspects of the pharmacy service, from ordering to supplying and including clinical service. A Dangerous Goods

Audit was carried out and Safedoc was updated. An external company, Health Care Informed (HCI), which develops quality and safety management systems, was appointed to audit medicines management within the Hospital.

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 on medication incidents can prevent future incidents occurring. After the Medication Incident Review had been completed, shared learning notices were circulated to clinical staff.

DRUG AND THERAPEUTICS (D&T) COMMITTEE

The Drug and Therapeutics (D&T) Committee met three times in 2021. Policies and protocols developed and/or updated by the committee include the following:

- Pain Management Policy 2021 – New
- Medicines Reconciliation Policy – Updated 2021
- Management of Hypokalaemia – and IV Potassium Chloride Administration Protocol – New
- Prescribing and Transcribing Guidelines 2021 – New
- Restricted Antimicrobials Poster – New
- Updated VTE Risk Assessment on Medical Admission Form for COVID-19
- Updated Medication Prescription and Administration Record (MPAR) – April 2021

QUALITY AND RISK

- The Pharmacy Department participated in the Quality Improvement Day, presenting a talk on auditing, updating, and launching the new patients' MPAR.
- It developed outpatient parenteral antibiotic therapy (OPAT) pathways for patients from the Mater Misericordiae University Hospital (MMUH) and Beaumont Hospitals.

- It ensured that a copy of the current version of the British National Formulary (BNF) book was located on each medication trolley on the wards.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

As part of registration as a pharmacist with the PSI, every member is obliged to 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. Two members of staff from the Pharmacy Department successfully completed this review in 2021.

I would like to wish Sarah Maxwell the best of luck in her new job in Beaumont Hospital and congratulations on the birth of her baby girl Sophie. I would also like to take this opportunity to welcome Gillian Hennessy to the Pharmacy Team.

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

Linda Murnane
Chief Pharmacist



Gillian Hennessy Pharmacist, Linda Murnane Chief Pharmacist, Niamh Ruane Senior Pharmacist

MEDICAL SOCIAL WORK DEPARTMENT

INTRODUCTION

The Medical Social Work (MSW) Department provides a wide range of services to patients and their families under the care of the Hospital on a referral basis. Services include completing psychosocial assessments, assisting patients in adjusting to their illness, and exploring the impact of this on their future and on their families.

The psychosocial assessment addresses the patient's situation in the hospital, at home and in their community. It explores the patient's experience in hospital, their views, their goals for rehabilitation and their home situation, as well as identifying the need for care supports and other community services. Medical social workers (MSWs) also identify any risks to discharge, including areas such as addiction, mental health and any safeguarding concerns. Part of the role of the MSW is discharge planning, negotiating supports, facilitating care planning meetings, managing applications for funding for care packages, and applying for Fair Deal under the Nursing Home Support Scheme. Confidentiality plays a key role in how MSWs engage with patients and their families and how they manage sensitive information.

MSWs liaise between the patient, family and members of the multidisciplinary team (MDT). They work with the patients to address the personal, social and environmental challenges that come with ageing and disability. Follow-up work may also involve information sharing around bereavement support counselling, addiction services, carer support and information on supporting emotional wellbeing and mental health. Social work interventions are directed towards enhancing dignity, self-determination and quality of life.

IMPACT OF COVID-19

Early in 2021, the impact on patient health and wellbeing became more evident. Due to COVID-19 restrictions, the closure of community services, including day care and primary care, and the impact of social isolation on the older and younger patients, all played a significant role in the changing needs, as highlighted from the MSW assessment.

Prior to the pandemic, patients may have received community therapy on discharge from the acute settings, or they may have attended day care, which is vital for their emotional wellbeing. As these services were closed,

we soon began to see the impact on their health. Fear, anger, sadness and disbelief were some of the emotions expressed by patients.

The initial psychosocial assessment was amended to assess this change further, and to address the issues raised, along with linking patients into the appropriate services. In 2021, MSWs assessed a higher number of frailty patients and managed the increase in the number of applications for long-term care. MSW assessments became more focused on identifying the patients' concerns: their fears of contracting the virus, the impact on them, and what it would mean for their families. Patients spoke of their fears around going out, of meeting people, and of their hesitancy in attending accident and emergency. Social isolation became a way of living.

Patients raised other issues in assessment around pre-existing health issues and longer waiting lists for treatment, which were aggravated further by COVID-19. They also raised concerns around the impact of not being able to attend services, as well as discussing how they had to deal with trauma and loss on their own. Patients talked about people they knew who had the virus, and some discussed relatives who had not survived. Some patients with pre-existing mental health issues that were manageable prior to COVID-19 found that they were now more overt and unmanageable. Patients also spoke about their fears of returning to the community and how they found a sense of safety in the hospital setting.

The effects of all this led to some patients fearing that they were becoming marginalised. The very vulnerable patients became more at risk of mental health concerns. For some, an increase in domestic violence referrals highlighted the challenges of lockdown in the home; and for others, addiction concerns or financial and emotional abuse became more widespread. This also impacted greatly on family expectations, future planning and their own coping mechanisms. As a result, this led to more complicated discharge planning for the MSW Department.

Psychosocial assessments and interventions became more time-consuming, as families were unable to visit as regularly. The impact of the visiting restrictions for some families led to a disbelief that the patients' needs had changed. MSWs advocated strongly on their behalf and negotiated care planning meetings to allow families visit

in exceptional circumstances. Families were then able to observe some therapy sessions and meet the patient and the MDTs.

Further direct impacts of the pandemic are staff shortages in the community and challenges for the care provider agencies in recruiting staff. This is now a national issue, with staff shortages and disruption to services remaining a challenge for the teams working with the patients.

MSWs worked tirelessly to manage both the direct and indirect impacts of COVID-19 on patients and families, as well as having to learn to adapt to a new way of working. MSWs continued to adhere to the COVID-19 guidelines throughout 2021 and again rethinking procedures around these guidelines, in order to provide high standards of care to meet the needs of patients and family expectations, and to facilitate discharges.

ACTIVITY

MSWs work on a referral basis accepting referrals at the MDT meetings and also directly from patients/relatives. In 2021, we received 968 new referrals of which 56 long-term care applications were made (an increase of 1.5 % on the previous year). 15 safeguarding referrals were received, representing a further increase on 2020.

As discussed earlier, the nature and complexity of patient needs also changed. MSWs' indirect hours increased with the levels of complexity included in assessments. Statistics for the MDT data collection included direct and indirect hours spent on each patient. The Hospital admitted patients for more specialised rehabilitation (related to strokes, acquired brain injuries and amputations), who needed more intensive MSW interventions. This required additional time to spend on negotiating services and reassuring patients. This particular cohort of patients (under 65 years) suddenly found themselves with a disability and their needs were further complicated by post COVID-19 infection. Some found it difficult to manage their emotional responses to COVID-19 and their mental health. MSW interventions included providing emotional support and managing anger and low mood.

The coordination of Home Care Packages and Community Supports remained a primary provision of the service in 2021. The MSW Department has established good working relationships with HSE Managers of Older Person's Services and is in regular contact with community support services.

Some of the main challenges in 2021 faced by the MSW Department is ensuring that funding and availability of home care packages are ready for patients on discharge. To ensure a safe discharge home for patients, access to funding for home supports is vital, along with appropriately trained carers.

There was also a high level of support provided to patients identified as needing long-term care. The MSWs continued to support patients and their families through this process. MSWs planned several meetings and corresponded with the families involved, to discuss the practical aspects around the Nursing Home Support Scheme. From a delayed discharge perspective and, given the complexity of some of the financial concerns raised for patients and families, the process took longer than normal to resolve. Highly complex issues were identified around the legal aspects of Fair Deal. Capacity concerns, legal issues and complicated finances also contributed to patients being delayed in transfer to long term care. The MSWs worked well in continuing to liaise with the Nursing Home Support Office, legal teams and the designated nursing homes involved. The MSWs also supported the patients and families throughout this stressful process.



*Aoife Brennan
Medical Social Worker*

NATIONAL POLICIES

The MSW Department is committed to adhering to all hospital and national policies and procedures including:

- National Safeguarding Vulnerable Persons at Risk Policy; National Policy & Procedures 2014
- Children First
- COVID-19 guidelines.

SAFEGUARDING

The MSW Department had a key role in responding to and investigating allegations of abuse in line with the National Safeguarding Vulnerable Persons at Risk of Abuse.

A total of 15 referrals were received for 2021 and followed up by the MSWs. They worked sensitively, engaging with the vulnerable patients in discussing allegations of abuse and referring on to the appropriate agencies. The MSWs completed preliminary screenings, as well as devising safeguarding care plans. The majority of the referrals highlighted financial abuse as the main type of abuse, followed by emotional and verbal abuse. Referrals were also received for physical abuse and neglect. The MSW Department continues to work closely with the community Safeguarding Team. One MSW is the designated Safeguarding Officer at the Hospital and a further two members of staff in the Hospital will be trained as designated officers in 2022. Due to COVID-19 restrictions, off-site training was not available. However, in 2022 it is expected that training will resume with the lifting of restrictions.

EDUCATION AND TRAINING

- In 2021, MSWs continued to work jointly with the occupational therapists (OTs) in delivering the stress management and relaxation group to patients in the Hospital. MSWs and OTs co-worked and completed Home Assessments Visits. The MSW liaised with the family during the visit, ensuring that there was support for the patient when they returned home. Any risks were assessed and identified that might prevent discharge home and alternative options were discussed with the patients/families. The MSW also assessed the vulnerability of the patient in their own home, and whether there was a need for further care supports and community referrals. Following the home visit, recommendations were made, applications for funding were applied for, and referrals were sent to community services.
- The MSW Department supported staff in reflecting on COVID-19 in 2020 by holding an Inservice Morning on Wellbeing in March 2021. Staff views and thoughts on this were shared and highlighted in

a collage in early summer, 2021.

- A domestic violence stand was held for staff to raise awareness and education about violence against women.
- A Quality Improvement Day was held in December by the Nursing Department and MSWs gave a presentation on "Trauma-informed Care".
- MSWs continue to adhere to CORU regulations upholding their professional standards. However, with less external training offered in the pandemic, the MSWs attended webinars, Zoom meetings, team meetings, skills club and 1:1 supervision, throughout the year.

CHALLENGES AND PLANS FOR 2022

The department's Standard Operating Procedures are in the process of being reviewed and will be completed in 2022. Funding and resources will continue to be a challenge in 2022, as with the changed needs of both older and younger patients, who are presenting with more social complexities than has been the case in previous years. However, I am confident that MSWs will continue to advocate for their patients and ensure that their needs are identified at the early stage of their admission to the Hospital.

Finally, I would like to take this opportunity to thank all the clinical and support staff with whom we have worked closely in the care of the patients in the Hospital in 2021. It was a challenging year for all staff: trying to come to terms with new ways of working and also dealing with the impact of the pandemic for a second year. We, in the MSW Department, will continue to commit to supporting our patients and colleagues and we look forward to seeing an end to COVID-19 in 2022.

Mary Duffy

Principal Medical Social Worker



*Michelle Walsh Medical Social Worker and Aoife Brennan
Medical Social Worker*

NUTRITION AND DIETETICS DEPARTMENT

INTRODUCTION

The Nutrition and Dietetics Department at the Hospital provides evidence-based nutrition assessment, nutrition interventions and dietary advice as part of the its multidisciplinary approach. Our aim is to optimise the nutritional status of our patients to aid recovery. Malnutrition prevalence in patients entering post-acute rehabilitation is often higher than for those entering hospital from the community. This is due to the effect of acute illness on a patient's nutritional status. Factors affecting nutrition intake in a rehabilitation setting can include early satiety, multiple medication use, poor oral health, swallowing problems (dysphagia), pain, inability to feed oneself, decreased sense of taste and smell, depression, constipation, infections and dementia.

STAFFING

The department is delighted to have increased the number of dietitians from 2 x 0.75 whole-time equivalents (WTE) (1.5 WTE) in 2020 to 3 WTE in 2021. Although dietetic staffing levels have increased, staffing levels remain significantly below the rate recommended for post-acute rehabilitation services. Therefore, dietetic referrals are prioritised based on each patient's nutritional risk on admission. This is done using the Malnutrition Universal Screening Tool (MUST) and the department referral criteria. The dietitians provide services to the older persons' rehabilitation, specialist neuro-rehabilitation, orthopaedic rehabilitation and post-COVID-19 rehabilitation.

SERVICE DELIVERY

On average each month the dietitians collectively completed about 300 patient consultations in 2021, with approximately 55% of patients admitted requiring nutrition intervention by dietitians. In some services, up to 75% patients admitted will require nutrition intervention. This increase in monthly consultations was made possible due to the increase in staffing levels in the department.

Patients receive nutrition assessment and interventions

for a variety of reasons, including malnutrition, dysphagia, wound healing, Parkinson's disease, diabetes, cardiovascular disease, kidney disease, liver disease, COVID-19, obesity, gastrointestinal illnesses, post-surgical interventions and nutritional deficiencies.

Food service dietetics is also a large part of the dietitian's work in the Hospital. The year in review saw the development of a new Catering Working Group, where the dietitians worked with the Catering and the Speech and Language Therapy Departments to ensure that all therapeutic and texture modified diets were in line with recommendations from the Health Service Executive (HSE) Food, Nutrition & Hydration Policy, and the International Dysphagia Diet Standardisation Initiative (IDDSI)

SERVICE DEVELOPMENTS

The department introduced many improvements during 2021. The increase in staffing facilitated the:

- Introduction of a regular continuing professional development (CPD) in-service for dietitians
- Introduction of a hospital nutrition education newsletter entitled Nutrition Bytes
- Commencement of a quality improvement project of assessment and management tools for sarcopenia assessment in collaboration with the Physiotherapy Department
- Organisation and delivery of a sarcopenia education stand for staff for the International Day of Older Persons
- Completion of the Gap Analysis for Food, Nutrition & Hydration Policy, in collaboration with members of the Nutrition & Hydration Working Group
- Introduction of a Feeding, Eating, Drinking and Swallowing (FEDS) communication tool, in line with the HSE Food, Nutrition & Hydration Policy and the Department of Health (DoH) Clinical Guidance on Communication on two wards
- Introduction of a hospital Catering Working Group
- Introduction of a department induction, clinical supervision and appraisal system for the staff grade

dietitian

- Scoping project on Investigation of Introduction of Enteral Feeding
- Contribution to the Hospital Data Management Group
- Attendance at hospital committees, such as the Frailty Working Group, the Dementia Care Group, the Green Committee and the Delirium Working Group

CLINICAL EDUCATION

The year in review continued to offer student placements for students from the UCD MSc in Clinical Nutrition & Dietetics. Students were also facilitated to complete their two-week catering placement in the Hospital.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

CPD is an essential aspect of a dietitian's work. Due to the variety of patient types referred for nutritional interventions in the Hospital, CPD this year was undertaken by the dietitians in many areas of dietetic. This included the:

- Irish Nutrition & Dietetic Institute (INDI) Nutrition Diagnosis webinar
- INDI Renal Disease in Older Persons update
- INDI Eating Disorders webinar
- INDI Pancreatic Disease webinar
- INDI/Fresenius Kabi Virtual Research Symposium
- Irish Society for Parenteral and Enteral Nutrition (IrSPEN) Conference entitled "Repositioning Nutrition in Health Care"
- British Dietetic Association (BDA) Nutrition Requirements webinar
- BDA webinar – "Anorexia of Aging & the Obesity paradox"
- BDA Diabetes & Malnutrition
- BDA Sarcopenia, Frailty & Malnutrition webinar
- Abbott Nutrition & Health Institute (ANHI) webinar – "Estimating Adult nutritional Requirements Using the PENG Pocket Guide to Clinical Nutrition: Putting Theory into Practice"
- Food Safety Authority of Ireland (FSAI) webinar on FSAI Food Based Guidelines for Older Adults

- HSE Older Persons Impacted by COVID webinar
- Nutricia Congress "Bridging Science and Practice in Paediatric and Adult Nutrition"
- European Society for Clinical Nutrition and Metabolism (ESPEN) webinar – "Enteral Accesses for Enteral Nutrition in Adults"
- ESPEN webinar on "Nutrition in Patients with Kidney Disease"
- Mater Misericordiae University Hospital (MMUH) Lean Academy White Belt Training
- Presentation of FEDS Quality Improvement project at the Hospital's inaugural Quality Improvement Day

FUTURE PLANS

Finally, we look forward to the ongoing development of the department in 2022. As a small department our successes could not be achieved without the commitment and contribution of all hospital staff members. Our joint efforts to meet the needs of our most vulnerable patients ensure that this remains the core focus of our duties.

Sinead Shanley, Kara Cullen, Deirbhile Sherry
Dietitians



*Kara Cullen Senior Dietitian,
Deirbhile Sherry Dietitian*

SPEECH AND LANGUAGE THERAPY DEPARTMENT



Sheelagh Jennings

Senior Speech and Language Therapist

INTRODUCTION

The aim of the Speech and Language Therapy (SLT) Department in Clontarf Hospital is to provide assessment, diagnosis and treatment for patients with speech, language, communication, voice and eating/drinking/swallowing difficulties.

STAFFING

Staffing levels remain well below the rate recommended in National Clinical Care Programmes and therefore the SLT Department cannot meet the clinical needs of the current patient population. As a result, all referrals to SLT are prioritised according to risk.

A business case for an additional 1.0 whole-time equivalent (WTE) senior speech and language therapist was submitted in December 2021. The Hospital's SLT Department welcomed our new 0.5 WTE speech and language therapist (SLT) on 29 December.

Staffing compliment for 2021:

- 1 WTE: January 2021
- 0.5 WTE: February to April 2021
- 1 WTE: April to November 2021 with 5 months only 0.5 WTE on site, 0.5 WTE on site
- 1 WTE: December 2021 to present.

SERVICE DELIVERED

Below is a list of the services delivered by the SLT Department in 2021:

- Provided intervention to 107 in patients.
- 8 Videofluoroscopies and 1 Fibreoptic Endoscopic Evaluation of the Swallow (FEES) were completed by referring hospitals for Clontarf Hospital patients referred by SLT.

SERVICE DEVELOPMENTS

Below is a list of the service developments undertaken by the SLT Department in 2021:

- Delivered virtual dysphagia intervention to one patient following acute deterioration when no on-site SLT service was available. This prevented readmission to acute services. The patient's SLT rehabilitation was also delivered virtually in an effective manner; as a result, the patient was able to return to eating normal dinners. Without a virtual service this patient would not have achieved rehabilitation and would have continued on a heavily modified diet on discharge, impacting nutrition and quality of life, and reducing their potential for recovery further down the line. It would also have resulted in referral to primary care services, thus increasing the burden of another service.
- Implemented standard triage and prioritisation system based on risk and adapted from the Kate Malcomess Care Aims Framework. This allows for safer, equitable and transparent service delivery.
- Established an internal method for capturing departmental statistics and intervention outcomes, in order to track the efficiency and efficacy of the service.
- Commenced an outcome measures system for all patients seen (i.e., Australian Therapy Outcome Measures, The Functional Oral Intake Scale, and the Therapy Dependency Scale).
- Completed ongoing risk assessments to assess the risks within the service and escalated this to management, as appropriate.

- Completed a full SLT Department business case based on the risk assessments, and submitted a business case for an additional 1.0 WTE senior SLT in December 2021.
- Attended the Hospital Data Group and contributed to the development of the data collection system design.
- Contributed to Blackheath Multidisciplinary Team (MDT) and Rehabilitation Working Group to progress rehabilitation on the ward, in line with national and international practices.
- Contributed to the Nutrition and Hydration Working Group and ongoing projects to ensure that the Hospital is in line with national and international practice. Commenced a texture-modified diets menu development project with the Catering and the Nutrition and Dietetics Departments.
- Set up regular meetings with the SLT managers from the main referring hospitals, in order to facilitate seamless services for patients transferring to Clontarf Hospital.
- Contributed to the development of the Feeding, Eating, Drinking and Swallowing (FEDS) handover system, which was piloted successfully on Kincora ward and is now rolling out on Blackheath ward.

CHALLENGES

Due to service capacity, the SLT Department has to continually risk assess patient management to ensure safe SLT care. With current SLT resources, the department is unable to treat all patients requiring SLT who are referred to the service. A priority system is in place so that the SLT Department can see those with the most urgent SLT care needs. Those who cannot be seen by the SLTs at the hospital are referred to the community SLT on discharge or referred back to the referring hospital for SLT treatment.

Throughout what has been a difficult year, from a staffing and pandemic perspective, the SLT Department received invaluable supervision and support from its line manager, Michelle Fanning, and from the HR Department, and are very grateful for this.

We would also like to thank the health and social care profession (HSCP) managers and staff who offered great support to SLT throughout the year, as well as staff from the Medical, Nursing, Healthcare Assistants (HCA), Nutrition and Dietetics, and Catering Departments for all their support in providing the SLT service to our patients: It would not be possible without all your work.

Sheelagh Jennings

Senior Speech and Language Therapist

X-RAY DEPARTMENT

INTRODUCTION

This year was another busy one for the X-ray Department, not in terms of patient numbers but due to COVID-19 restrictions, the cyberattack on the national hospitals' National Integrated Medical Imaging System (NIMIS) systems and the Digital Radiography (DR) retrofit. The ongoing COVID-19 restrictions heightened infection controls, which impacted the length of time it took to provide the correct X-ray protocols for patients. It has placed limitations on people visiting the department. Our outpatient services were closed at the time of writing, which helped to reduce infection rates and enabled us to manage the inpatient workload safely and efficiently.

ACTIVITIES AND CHALLENGES

The cyberattack in May caused significant disruption to the X-ray service. The main impact was that we had to revert to paper referrals and manually register each patient. The referring doctors and radiographers had no access to previous X-rays and reports, which were necessary for the justification process. In addition, the radiologist had to visit the Hospital in order to review and issue reports instead of doing it remotely, which took more time to organise. The inhouse doctors were unable to order X-ray requests on the ward or view images or reports on NIMIS.

There were several delays in the time required for an X-ray to be taken and the final report to be issued to the ward. Hard copies of all handwritten requests/reports and doctors' notes within the department were maintained. A lot of time was spent afterwards making sure that all the X-rays were sent over to Picture Archiving and Communications Systems (PACS) and that all the necessary paperwork (referrals, dose, triple identification (ID) check) was scanned and sent on. The cyberattack led to delays in retrieving information from the NIMIS system.

RADIATION SAFETY

The new DR equipment was installed in November. We had a couple of minor start-up teething issues, which have since been resolved. The old computerised (CR)

equipment was removed from the back room and disposed of. With the new DR equipment, we noticed a significant reduction in radiation doses for the patient, higher quality images, and a shorter wait time for the patient. The patient doses are now recorded on the images, which will help with future diagnostic reference level (DRL) surveys and dose monitoring services.

A number of new policies were reviewed and approved by the Radiation Safety Committee. These were as follows:

- Optimisation and Radiographer Scope of Practise
- Reporting Incidents and Significant Events
- Outside Workers
- Referral and Justification
- NIMIS Shutdown
- Establishment and Use of DRLs
- Local Rules Overview.

Michelle O'Regan and Roma English performed two audits on patient numbers for Dr Lesley Malone, Radiation Protection Advisor, and random sampling of correct procedures on justification, patient ID, MRN identification etc.

All routine safety checks were carried out and completed during the year except the screening of the lead aprons as we have not been using the aprons over the last year so a visual inspection and cleaning was completed instead.

X-rays from 2014 were pulled and packed to be disposed of from the old X-ray room. X-rays from 2015 will be disposed of next year.

SERVICE DEVELOPMENTS

Below is a list of the service developments undertaken by the X-ray Department in 2021:

- The major service development was the installation of the new DR system, which has greatly improved image quality, reduced patient doses, and decreased the time that the patient is in the X-ray room. This is a major advantage when dealing with COVID-19 positive patients.

- Due to potential radiographer cover issues, staff agreed with HR to work a more flexible working hours system through the day, so as to ensure that the department is adequately covered at all times.

We wish to express our thanks to Ms Anne Ryan, Professor Martina Morrin, Dr Lesley Malone and Mr Johannes Tsagae

for their continued support and guidance throughout the year.

Michelle O'Regan and Roma English
Senior Radiographers



Michelle O'Regan
Senior Radiographer

CHAPLAINCY DEPARTMENT

As part of its holistic approach to patient care, the Hospital is committed to, and fully recognises the importance of, chaplaincy/pastoral care. Management and chaplaincy acknowledge that the vulnerability of the patient is not only reflected in their physical condition, but also at the emotional and spiritual level. It is in this context that the chaplaincy service in the Hospital offers a space for patients to be heard, thereby putting a face and listening ear to this healing ministry.

While COVID-19 changed how chaplaincy worked, the core skills and practice of chaplaincy remained the same. It became a time for people to continuously review their knowledge, skills and interactions to help bring meaning to sometimes hopeless situations. The transmissibility of the virus imposed limitations on our direct contact with patients and alternative means of communication were introduced. Gatherings in the sacred space, the Oratory, were curtailed as the wellbeing of patients and staff remained paramount.

Chaplaincy had to develop artistry through technology. As we look back on the previous year, it is my belief that the goodness in people always comes to the fore in times of distress. Working alongside healthcare professionals, and all the staff of the Hospital, is truly a very humbling experience – one of care, kindness and compassion.

While society has changed dramatically in the last two years, and continues to change, the chaplain is called and trained to minister in circumstances where families no longer have a familiar faith base, but whose members nonetheless suffer spiritual and/or soul distress. Our society is also increasingly multi-racial and multi-faith. During the month of November, a Jesse Tree – a tree of Remembrance – was placed at the reception. Staff wrote the name of the deceased family member on a card and then placed it on the tree.

On 17 November, we had a Service of Light in the Board Room. Revd Lesley Robinson (Church of Ireland, Clontarf) and the chaplain conducted this service in memory of deceased patients and deceased relatives of

staff members. It brought great comfort to our staff. A Christmas carol service was held in the garden on 23 December, beside the tree of life. The Hindi tradition was well represented at this event, by our Assistant Nursing Director, Rajesh Sharma, and Staff Nurse Rohit Sharma, who prayed the Vedas Scripture, which is regarded as the oldest text in Hinduism and is a tradition of remembering all our loved ones. Patients were brought to the Hospital garden area for this Christmas carol gathering. It was a success, and the weather was kind to us. Mr Shane Hawthorne, our activities coordinator, also joined us at this gathering providing background music.

There is a value and comfort in a silent presence, when one is with a patient who cannot express their feelings. There also is the administrative dimension to the role of chaplain in the Hospital, where procedures/policies/protocols, preparation of service (albeit changed) are maintained.

Communion continues to be distributed throughout the Hospital every Wednesday for those who wish to receive the Eucharist. Fr Martin Hogan (St John the Baptist Church, Clontarf) and Revd Robinson are available in the event of a patient requiring end-of-life care, which provides comfort to patients and their families at a sad and difficult time.

The Chaplaincy Department works closely with the nursing staff, Chief Executive Officer (CEO) and Director of Nursing, who all encourage the clinical teams to make referrals for pastoral care, as the need arises.

I would like to thank the Board of Governors and the CEO for their committed approach to providing pastoral care to the patients at the Hospital. There is a compassion for patients from the Board of Governors, CEO and throughout the Hospital, thus making the role of chaplaincy possible, and this support invariably has an impact on patients at a time of recovery.

Finally, I would also like to thank all my colleagues from every department and discipline for the cooperation and

support in helping me in my ministry during the past year, in particular Revd Robinson (Church of Ireland in Clontarf).

Miriam Molan
Chaplain



Miriam Molan
Chaplain

QUALITY, SAFETY AND RISK MANAGEMENT DEPARTMENT

INTRODUCTION

The Quality, Safety and Risk Management (QSRM) Department has three main pillars: quality, safety and risk management. Our objective is to embed a culture of quality, safety and patient-centred care in Clontarf Hospital. We aim to do this by promoting continuous improvements in care, safeguarding patient and staff safety, and by proactively managing incidents, decreasing potential risks, and learning from incidents.

The QSRM Department facilitates the reporting of key information to staff, the Executive Management Team and the Board of Governors. Its framework 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.

RISK MANAGEMENT

In 2021, a review of the risk management processes was undertaken, and the following policies were completed and approved:

- Risk Management Strategy
- Incident Management Policy
- Risk Appetite Statement

RISK REGISTER

The Risk Assessment and Risk Register Policy was also reviewed and the Risk Register structure was changed to the following (see Table 1) for more effective management:

Table 1: Risk Register Type and Responsibility

Type	Responsible/Accountable
Corporate Risk Register	Board
Hospital Risk Register	Chief Executive Officer (CEO)
Departmental Risk Register	Departmental Head

The State Claims Agency provided training to heads of departments on the management of risk assessment and the risk register. This new structure allows for the escalation and de-escalation of risks with defined responsibility and accountability.

INCIDENT REPORTING

The QSRM Department can report that in 2021 there was continuous proactive reporting and management of incidents at the Hospital. This provides assurance in the driving of a strong patient-safety culture.

A total of 522 incidents were reported in 2021, 355 related to patients, 92 to staff, 2 to visitors and 73 to other incidents. Overall, when compared to 2020, there was a 5% decrease in incidents. The top three incidents for 2021 are displayed in Table 2:

Table 2: Top Three Incidents Reported for 2021

Top	Incident	Number
1	Slips, Trips & Falls	214
2	Bio-hazard COVID-19	111
3	Medication Incidents	32

Slips, trips & falls remain in first place, with Bio-hazards increasing to second place because of COVID-19. Medication incidents remains in third place. Of note, there was an increase in the number of incidents reported by staff relating to violence, aggression and harassment from patients and the public. This may reflect the changing environment and the challenges in which staff currently find themselves working and will be a focus for staff education and training in 2022.

PRESSURE ULCER INCIDENT MANAGEMENT

The QSRM Department is responsible for registering the information of all pressure ulcers developed "on site" and "off site" for the Hospital. The pressure ulcer incident rate in the Hospital for pressure sores developed on site

decreased from 2.1% (n=15) in 2020 to 0.4% (n=7) in 2021. This significant decrease can be attributed the interventions of the Multidisciplinary Team (MDT) of Tissue Viability Nurse, Nursing, Occupational Therapists and Dietitians. Pressure ulcers developed "offsite", whereby patients were admitted with pressure ulcers, increased from 42 in 2020 to 46 in 2021.

FREEDOM OF INFORMATION/ SUBJECT ACCESS REQUEST

In 2021, the QSRM Department saw an increase in the number of data requests. Table 3 outlines the number of data requests for 2020 and 2021 for comparison.

Table 3: Number and Type of Data Requests for 2020/2021

Request Type	2020	2021
Freedom of Information	7	10
Subject Access Request	14	0
General Administration	17	30
Total	38	40

DATA PROTECTION

In 2021, 11 data protection incidents were recorded. Table 4 displays the number and type of data protection incidents recorded in 2021:

Table 4: Data Protection Incidents

Type	Number
Internal	9
External	2
Total	11

Of the total incidents, 9 were internal and 2 were external. The most common incident was related to the wrong email addresses being selected. Corrective action has now been implemented for these.

COMPLIMENTS, COMPLAINTS AND COMMENTS

The QSRM Department continues to collect and register all compliments, complaints and comments. Table 5 outlines the number of compliments, complaints and comments registered in 2020 and 2021:

Table 5: Compliments, Complaints and Comments

Type	2020	2021
Compliments	62	45
Complaints	14	17
Comments	4	1

QUALITY IMPROVEMENT PROJECTS COMPLETE 2021

Quality improvements are carried out by all departments throughout the year. The following lists some of the quality improvements which were supported by the QSRM Department in 2021:

- Retrofitting of the X-ray equipment from computerised (CR) to digital (DR) format
- Transfer of Mater Misericordia University Hospital (MMUH) healthcare records to Clontarf Hospital for seven days
- Review of the Medications Prescription Administration Record (MPAR)
- Implementation of GP rotation to Clontarf Hospital
- Review of Business Continuity Plan Clontarf Hospital 2021
- Introduction of new National Incident Management System (NIMS) reporting form for slips, trips & falls
- Introduction of new NIMS reporting form for medication incidents
- Review of Healthcare International (HCI) medication management in Clontarf Hospital
- Introduction of cashless system to the staff canteen
- Review and update of Medical Admission Form
- Review and update of Patient Information Booklet
- Inclusion of patient forename, surname, consultant and expected date of discharge over bed

- Review of nursing documentation – Nursing Admission Assessment and Continuation Booklet

PATIENT EXPERIENCE SURVEY 2021

The Annual Patient Experience Survey was carried out in the Hospital in August 2021. The survey is adapted from the National Patient Experience Survey carried out in April 2021 by the Health Information and Quality Authority (HIQA)/HSE. At the time of the survey, there were 116 beds open (due to COVID-19) with an occupancy of 93% (n=109). The survey return rate was 67% (n=73), which is acceptable. In summary, the survey showed an overall 3.52% improvement in the hospital experience, with ward cleanliness receiving a particularly high score.

While the majority of areas scored well, areas identified for improvement included staff wearing name badges, the need for patient privacy while discussing patient information, and the choice and temperature of food. The survey, despite the restrictions and challenges due to COVID-19, reported that most patients had a positive experience of care.

QSRM STAFF CHANGES

In 2021, the QSRM Department expanded and saw a number of staff changes throughout the year. In December, we said goodbye to Risk Manager Catherine O'Reilly, who had been instrumental in supporting and setting up the risk management system and structures in the Hospital.

A new post of Health & Safety Manager was developed to support the management of COVID-19 in the hospital. We welcomed Margaret Connelly, who commenced in January 2021 and was replaced by Helen Kieran in September 2021.

A new post of Data Protection Officer was also developed and we welcomed Molly O'Brien to this position in October 2021.

Finally, the QSRM Department would like to thank Michelle Fanning, CEO, for her guidance and support throughout the year.

Bernadette Conolly

Quality Improvement Manager



Grazyna Polak, Catering Assistant

HUMAN RESOURCES (HR) DEPARTMENT

INTRODUCTION

The Estates and Maintenance Department provides Moving into 2021, COVID-19 continued to challenge hospital services with new variants causing ongoing disruption of healthcare services. Maintaining staffing rosters became particularly problematic as staff were affected by new variants.

The Human Resources (HR) Department supported Nursing Administration and the Infection Prevention and Control Departments in the vaccine rollout across the Hospital, with more than 95% of staff receiving their first and second vaccines in the first quarter of 2021 alone. This provided additional protection for staff and patients, and in conjunction with Personal Protective Equipment (PPE) protocols, helped alleviate the impact of the virus on the safe delivery of our post-acute rehabilitation service.

In the midst of tackling the challenges of the pandemic, the ransomware attack on the Health Service Executive (HSE) Information and Communications Technology (ICT) system in May 2021 presented hurdles in the day-to-day operations in the HR Department, leaving staff unable to access email and online training resources. The ICT Department was quick to react, providing support and guidance and ensuring that the HR service disruption was minimised.

The HR Department continued to assist department managers in workforce planning and rostering and advising on new and updated COVID-19 protocols as they emerged, and doing all it could to assist in recruiting staff and maintaining adequate staffing levels.

COMPLIANCE

Along with changes to COVID-19 protocols, the following list presents some of the non-COVID-19 amended legislation addressed by the HR Department:

- The Code of Practice on the Right to Disconnect: was enacted, effectively reiterating many existing obligations, such as providing clear hours of work; adhering to the organisation of working time act; and facilitating work-

life balance by way of discouraging staff from routinely working over and above their contracted hours.

- Parental Leave: increased from two weeks to five weeks for each parent for any child born or adopted on or after 1 November 2019. This leave can be taken during the first two years of the child's life (or two years from adoption). July 2022 will see a further increase to seven weeks.
- The Code of Practice on Workplace Bullying: was updated with new provisions to alleviate flaws and reduce complexity in the process.
- The Gender Pay Gap Information Act 2021: was signed into law in July 2021 and the enactment of this is awaited. This will require employers to publish information relating to the remuneration of their employees by reference to gender and will establish if there are differences in remuneration levels between the genders in the organisation, and the reasons for any such differences.
- The Right to Request Remote Work Bill 2021: was published. Once enacted, it will give employees the right to request remote working.

The HR Department continued to advise on national circulars to assist hospital management in addressing matters that arose due to COVID-19, particularly in the area of COVID-19 leave and isolation periods for Healthcare Workers (HCWs).

RECRUITMENT AND RETENTION

One of the largest aspects of work for the HR Department in 2021 related to staff recruitment and retention. Proactive oversight and management from the Hospital's Board of Governors and the Executive Management Team saw a number of essential posts created in order for the Hospital to adapt to business challenges, as well as meet its statutory obligations. These posts included Health and Safety, Payroll and Pensions, and ICT Security.

Complementing these posts, and thanks to the successful extension of HSE funding, our interim COVID-19 staff supports helped maintain service levels in some of our

most important patient-facing areas, despite the ongoing pandemic.

Thanks to the supportive and engaging nature of our heads of department, staff retention levels were largely positive throughout the year. Our goal is to now build on this, particularly given the competition for talent in what can often be a difficult market for employers in the healthcare sector, something which has particularly come to the forefront given the events of the past two years.

EDUCATION, TRAINING AND DEVELOPMENT

The increased transmission associated with the COVID-19 Omicron variant had a considerable effect on the Hospital's ability to conduct in-person training, especially in the areas of fire training and manual and patient handling, both of which have been earmarked for the first half of 2022.

Places were secured for a number of staff, from a range of specialities, on the Green Lean Belt course, which is expected to feed into process improvement projects at the Hospital in 2022.

STAFF HEALTH, WELLBEING AND ENGAGEMENT

To assist staff in the ongoing challenges of providing healthcare services during the pandemic, the HR Department was cognisant of the need to support the health and wellbeing of all staff. To this effect, the HR Team engaged with a new provider for the Employee Assistance Programme – Inspire Wellbeing, which was made freely available to all hospital staff. Despite these challenges, staff made great efforts in championing several well-deserved organisations and raised funds for:

- Blood Bikes Ireland
- Healthy Choices
- Brain Function

RETIREEES IN 2021

The HR Department sent best wishes for a very happy retirement during the year to:

- Rosaleen Treacy – Healthcare Assistant
- Cathy Neagh – Medical Social Worker

CONCLUSION

In much the same way as the preceding year, enormous resilience and adaptability were required in 2021, in order for the work of the Hospital's mission to continue. The various challenges that emerged were met head-on by staff across the Hospital and the HR Department thanks all employees for their commitment, drive and ability to overcome obstacles, while never losing sight of the patients under their care.

It is vital that the coming year is treated as an opportunity to build on this commitment by way of strategy and continuing to improve the way we do things in the HR Department. This, in turn, will provide staff with the support they need to focus on their development at the Hospital and the most vital aspects of the work they do every day.

*Kieron Ward, Tanya Howley
and Jennifer Rafferty*

Human Resources Department



Jennifer Rafferty Interim HR Manager

ESTATES AND MAINTENANCE DEPARTMENT



*Bernadette Saunders
Head of Administration,
Estates and ICT*

INTRODUCTION

The Estates and Maintenance Department provides a wide range of services relating to all aspects of the Hospital, from infrastructural, grounds, waste management, mechanical and electrical services to systems and services associated with telephony and Information Communications and Technology (ICT). The

services are provided by a combination of inhouse staff and the engagement of specialist services from relevant contractors. A significant amount of maintenance time is taken up with preventative maintenance and meeting the Hospital's statutory and regulatory obligations.

PROJECTS 2021

In 2021, the Hospital benefitted from capital funding, which allowed for a number of priority issues to be completed. The projects were managed by the Estates Team and included the following key achievements:

- Completion of the maintenance building (January 2021)
- Upgrade of Vernon ward (ward and shower areas)
- Upgrade of Kincora and Swan wards (viewing panels on ward doors)
- Improvement of Catering facilities (office & food trolley storage)
- Commencement of fire and electrical works (August 2021).

Staff in the Maintenance Department participated in various Hospital committees including the Health and Safety Committee, the Infection Control and Hygiene Committee and the Green Committee.

ACKNOWLEDGEMENTS

The maintenance staff would like to thank all their colleagues throughout the Hospital for their support throughout 2021.

*Bernadette Saunders,
Pat Tyrrell and Tony Kerrisk*
Estates and Maintenance Department



Susan King Payroll, Michelle Millar Accounts Administration, Bernadette Saunders Head of Administration, Estates and ICT

CATERING DEPARTMENT

INTRODUCTION

The Catering Department is passionate in the belief that food is a treatment and, as such, are committed to providing all the nutritional needs of our patients and staff. Our food is prepared on site, fresh every day, by our professional chefs. Fulfilling all patient dietary needs is an essential part of patient care and we believe it is a fundamental factor in aiding recovery. It is imperative that not only do we provide nutritionally balanced meals for all individual dietary requirements, but that we also meet any preferential, cultural and religious needs.

QUALITY IMPROVEMENTS

Several quality improvement projects were introduced into the department during the course of 2021:

- We introduced a labelling system across the department that will ensure we are compliant with all current legislation regarding traceability. This is especially important due to the vulnerability of our

patients. The system is part of our Hazard Analysis Critical Control Point (HACCP) plan that helps us to maintain the quality of our food, as well as ensuring that food safety is prioritised. We had a very successful inspection by the Environmental Health Officer this year and we are keen to continue to build on this success.

- We completed a standardised recipe book and worked in partnership with the Department of Nutrition and Dietetics and the Department of Speech and Language Therapy, in order to adapt our menus to facilitate the many different dietary requirements of our patients. This brings the patient food menus and ordering system in line with the International Dysphagia Diet Standardisation Initiative (IDDSI) and the Nutritional & Hydration Guidelines.
- We launched our new canteen menu, which offers variety every day. Alongside the daily meal options, the menu lists the allergens present and the



Megan Staunton Catering Assistant, Philip O'Connell Senior Chef, Liam Carthy Hendrick Catering Assistant, Lucy Smith Catering Assistant, Gillian McKeown Catering Manager

calorific count of each dish, thus ensuring that we are compliant with current legislation. The menu is displayed in the canteen and also emailed to staff throughout the building, so that they are aware of what is on offer on a daily basis.

- We introduced a sandwich bar once a week with an advanced ordering system which has proved very popular with all staff.
- We hosted theme days in the staff canteen for the 4th of July, St Patrick's Day and Pride Day. These days were enjoyed by all staff, and we hope to continue this tradition in the future.
- COVID-19 continues to have a profound effect on everyone, and it is important to embrace any new technology that will promote the safety of patients, employees and visitors. However, it is essential that we do this while maintaining a high level of customer service and satisfaction. To this end, the department was delighted to announce the successful introduction of a new cashless payment system. We now offer our customers three different methods of payment, which includes the option of Tap and Go, so we can assure them that their safety is of the utmost importance to us.
- The department continues with its commitment to staff training, with another of our chefs completing the Quality and Qualifications Ireland (QQI) Level 5 certificate in food safety this year.

We look forward to 2022 when we hope to improve on our 2021 certification of merit awarded by the Food Safety Assurance Award Scheme, which audits our food safety management system annually.

In the ongoing prevention of the spread of COVID-19 and other transmissible diseases we will make changes to our catering procedures as required. We will continue to liaise closely with the Clinical Teams and the Health and Safety and Human Resources Departments, so that we can continue to protect all our staff and patients in the delivery of quality food throughout the hospital.

ACKNOWLEDGEMENTS

Finally, we would like to take this opportunity to thank all departments for the help and support they have afforded us. We would also like to thank all the staff in the Catering Department for their continued hard work and dedication this past year. The new year will no doubt bring new challenges and we will strive to keep improving and building on our success.

Gillian McKeown
Catering Manager

GENERAL SERVICES DEPARTMENT

The General Services Department consists of a number of divisions that give support to a multidisciplinary array of services within the Hospital. Our aim is to make the patient experience as easy and comfortable as possible, and we adopt a patient-centred approach in all areas of our service delivery.

The Portering Department provides a 24-hour service all year round and is responsible for all types of patient transfer, be it for treatment, admission, discharge, transfer to wards or outpatient appointments. Some of the other duties that they perform are:

- Collecting and segregating of all waste types both healthcare and non-healthcare
- Collecting and segregating linen for wards
- Manning reception, including administrative duties and enforcing visiting policy
- Collecting and delivering medicines throughout the day to the Pharmacy Department
- Fogging of wards and changing rooms on a daily basis
- Cleaning of various area internally and externally

Portering staff also sit on various committees throughout the hospital, including the Falls Committee and the Green Committee, which was launched in December. A fund-raising event for Blood Bikes Ireland, which provides a vital voluntary transport service to the hospital, was organised by the staff in December and raised a total of €925.

The Stores Department is solely responsible for providing healthcare and non-healthcare supplies to all departments

within the Hospital. Along with procurement, it has been doing an excellent job in keeping all areas and wards supplied with the appropriate Personal Protective Equipment (PPE) throughout the pandemic and dealing with all daily supply requests.

The management of the cleaning and waste disposal contracts, which are undertaken by external companies, also come under the remit of the General Services Department and both the hospital and the external companies worked well together throughout the year in keeping the hospital clean and hygienic with regular hygiene audits and monitoring of the various waste disposal areas located on the hospital site.

In December, the General Services Department, along with other divisions, took part in Dangerous Goods Safety Advisor (DGSA) Compliance Audit, the results of which will be due in early 2022.

This year saw the departure of David Caldwell, who along with all the other portering staff, provided an excellent service throughout the year, despite the adverse and unpredictable times we were in. We wish David well in all his future endeavours.

The manager and staff in the General Services Department would like to thank all hospital staff for their support in carrying out our work throughout 2021.

Will Judge

General Services Manager



*Patrick Kelly Porter, Pawel Sikora Porter,
Gerry Scurry Porter*



*Will Judge General Services Manager, Helen Kieran H&S
Manager, Nelson Figueroa ICT*

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 financial statements of Incorporated Orthopaedic Hospital of Ireland CLG (the 'Company') for the year ended 31 December 2021 which comprise the Statement of Financial Activities, the Balance Sheet, 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 of Ireland' (FRS 102) issued by the Financial Reporting Council and the Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with FRS 102.

In our opinion the financial statements:

- give a true and fair view of the assets, liabilities and financial position of the Company's affairs as at and 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 Directors' 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 doubt 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 purposes 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 directors' 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 Directors' 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 Auditors' Report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (Ireland) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the IAASA's website at: [https://www.iaasa.ie/Publications/ISA 700 \(Ireland\)](https://www.iaasa.ie/Publications/ISA_700_(Ireland)). The description forms part of our Auditors' Report.

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 Auditors' 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.

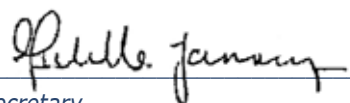
David Marsh
for and on behalf of
Ormsby & Rhodes
Chartered Accountants and Statutory Audit Firm
9 Clare Street
Dublin 2


OVERALL CERTIFICATE FOR FINANCIAL STATEMENTS COMPANIES ACT 2014

COMPANY NAME: INCORPORATED ORTHOPAEDIC HOSPITAL OF IRELAND
COMPANY NUMBER: 2346
FINANCIAL YEAR: 31 DECEMBER 2021

CERTIFICATE

WE HEREBY CERTIFY that all documents which are required under Part 6 of the Companies Act 2014 to be annexed to this annual return, have been so annexed, and that they are true copies of the originals laid or to be laid before the relevant general meeting, or presented to the member(s).

Signature: 
Secretary

Signature: 
Director

Michelle Fanning
24 May 2022

Gerard O'Connor
24 May 2022



APPENDIX 1

ACTIVITY REPORT

PATIENT ACTIVITY 2021

Occupancy Level	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2021	2020
Available Beds	116	116	116	116	116	116	116	116	116	116	116	116	1392	1616
Actual Bed Days Available	3596	3248	3596	3480	3596	3480	3596	3596	3480	3596	3480	3596	42340	49288
Bed Days Used	2656	2010	2681	2249	2941	3047	3566	3419	3628	3283	3329	3341	36150	37821
% Occupancy V Available Days	74%	62%	75%	65%	82%	88%	99%	95%	104%	91%	96%	93%	85%	77%
Total Admissions	62	62	96	115	105	120	123	125	133	83	106	90	1220	1242
Total Discharges	61	61	100	97	102	106	131	110	123	114	93	103	1201	1300
Admissions by Source:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2021	2020
Cappagh Hospital	3	0	5	18	13	19	17	14	18	6	14	8	135	153
Mater Hospital	4	1	0	0	3	2	1	5	4	0	2	0	22	31
Mater Rehabilitation	23	31	47	33	27	44	41	40	35	26	29	28	404	330
Tallaght Hospital	0	0	0	4	2	5	2	7	8	1	1	0	30	56
St. Vincents Hospital	0	0	0	0	0	0	1	0	0	0	0	0	1	10
Beaumont Hospital	11	11	11	28	19	12	19	22	19	25	24	10	211	142
Beaumont Geriatric Rehab	16	18	26	25	26	19	23	23	24	17	21	32	270	325
St. James's Hospital	0	0	1	2	2	1	3	4	8	0	0	1	22	58
Connolly Hospital	2	0	3	0	2	2	1	1	3	3	3	5	25	28
Connolly Rehab Care	2	1	0	2	3	1	1	1	3	2	8	3	27	50
Other	1	0	3	3	8	15	14	8	11	3	4	3	73	59
TOTAL	62	62	96	115	105	120	123	125	133	83	106	90	1220	1242
Physiotherapy Department														
Number of Patients Treated	130	130	154	182	195	205	207	216	221	187	167	0	1994	2445
Number of Treatments	2124	1837	2390	1989	2266	2576	2959	2657	3038	2417	2588	2999	29840	32090
Social Work Department														
Referrals - New	76	47	68	80	81	98	98	101	97	65	91	64	966	994
Occupational Therapy Department														
Referrals - New	65	57	98	109	108	119	115	119	128	82	103	88	1191	1222
Radiology Department I-Patients														
Number of Patients X-rayed	92	86	94	72	68	78	73	53	135	90	102	110	1053	1136
Number of Procedures	106	89	101	80	68	87	82	61	157	102	110	127	1170	1284
Out-Patients														
Number of Patients x-Rayed	0	0	1	0	2	0	0	2	1	0	0	1	7	339
Number of Procedures	0	0	1	0	2	0	0	2	1	0	0	1	7	452



APPENDIX 2

FINANCIAL REPORT

APPENDIX 2

STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING INCOME AND EXPENDITURE ACCOUNT) FOR THE YEAR ENDED 31 DECEMBER 2021

	Unrestricted funds 2021 €	Restricted funds 2021 €	Total funds 2021 €	Total funds 2020 €
INCOME FROM:				
Charitable activities	19,595,130	3,002	19,598,132	17,575,863
TOTAL INCOME	19,595,130	3,002	19,598,132	17,575,863
EXPENDITURE ON:				
Charitable Activities	20,104,827	651	20,105,478	18,609,885
TOTAL EXPENDITURE	20,104,827	651	20,105,478	18,609,885
NET(EXPENDITURE)/INCOME	(509,697)	2,351	(507,346)	(1,034,022)
Transfers between funds	408,947	(408,947)	-	-
NET MOVEMENT IN FUNDS	(100,750)	(406,596)	(507,346)	(1,304,022)
RECONCILIATION OF FUNDS:				
Total Funds brought forward	17,578,705	1,080,589	18,659,294	19,693,316
Net movement In funds	(100,750)	(406,596)	(507,346)	(1,034,022)
TOTAL FUNDS CARRIED FORWARD	17,477,955	673,993	18,151,948	18,659,294

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 2021

PAYROLL COSTS

Staff Costs were as follows:

	2021 €	2020 €
Payroll and Agency Costs	13,929,994	11,933,799
Employers PRSI Contribution	1,445,276	1,226,227
Other pension costs	1,156,652	1,180,199
TOTAL	16,531,922	14,340,225

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

	2021 No.	2020 No.
The number of higher paid employees was:		
In the band €60,000 - €70,000	41	31
In the band €70,000 - €80,000	8	4
In the band €80,000 - €90,000	5	4
In the band €90,000 - €100,000	1	1
In the band €100,000 - €110,000	-	2
In the band €110,000 - €120,000	2	-
TOTAL	57	42

During the year an amount of €594,162 was paid to Key Management personnel (2020 - €420,926).





Castle Avenue
Clontarf
Dublin 3

T: 01 833 2521

F: 01 833 3181

www.ioh.ie