



The Incorporated Orthopaedic Hospital of Ireland

Annual Report 2022

2022

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 - 2022

Chairperson, retired 28/06/22

Dr Gerard O'Connor

Chairperson, appointed 28/06/22

Mr Aidan Gleeson

Deputy Chairperson, appointed 28/06/22

Mr Anthony O'Connor

Prof Regina Connolly

Ms Patricia Egan

Ms Pauline Harrison

Ms Emma Horgan

Mr Ken Jordan

Ms Sinead Murray

Mr Ian O'Keeffe

Dr Geraldine Regan

Ms Ailish Sherlin

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 Edmond Smyth

Attending Consultants

Dr Eva Gaynor

Dr Carmel Curran

Dr Filipa Aguiar

Dr Adriana O'Halloran

Dr Elizabeth Calally

Dr Sanja Malosevac

Dr Roisin Purcell

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 Therapists

Ms Sheelagh Jennings

Ms Orla Gilheaney

Human Resources Manager

Ms Tanya Howley

Catering Manager

Ms Gillian McKeown

General Services Manager

Mr Will Judge

Risk Management Manager

Ms Milcent Chinyemba

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.



Aidan Gleeson

CHAIRMAN'S STATEMENT

As the new chairman of the Board of Governors, I welcome you to the Incorporated Orthopaedic Hospital of Ireland (trading as Clontarf Hospital's) Annual Report 2022. The Annual Report provides an opportunity to reflect on the year gone by and to acknowledge the dedication of staff to achieving our strategic objectives and delivering services.

On behalf of the Board of Directors I would like to start by expressing profound thanks to the outgoing Chair, Dr Gerard O'Connor. Dr O'Connor's commitment in leading the Board and his support of staff, especially throughout the harsh and difficult pandemic years, has enabled the uninterrupted delivery and expansion of Clontarf Hospital's quality rehabilitation services to the people we serve.

The Hospital is a secular, voluntary institution (Section 38) that has provided healthcare services since 1876. It is a company limited by guarantee under the Companies Act 2014 and a charitable organisation under the Charities Act 2009. With 160 beds, an annual operating cost of €19.6m (2022) and a staff of 277 whole-time equivalents, the Hospital is the largest rehabilitation provider in Ireland. The Hospital is directed by a voluntary Board of Governors and has as its president Mr T.C. Smith. 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.

A full programme of board committee meetings took place with several resulting developments. These included consideration of the development of hospital services into the future, maintaining the Hospital's Corporate Risk Register to ensure the safety and quality of the healthcare services we deliver and providing oversight to the external financial and internal audit programme, which provides assurances to the Board that there are robust systems of governance in place to protect the Hospital's assets.

Our patients remain at the centre of all that we do and this is reflected in the excellent patient care reported in our patient satisfaction survey year on year. This outstanding work is acknowledged and supported by the Board not only through performance reports and committee sessions, but also through governor visits during the year to clinical areas, where patients and staff can recount their experiences first-hand to Board directors.

Patient care and hospital business systems are increasingly being supported through digital and data-based technologies and the imperative to improve the Hospital's Information and Communications Technology (ICT) infrastructure and systems came to the forefront at the start of the pandemic and following the cyberattack on the national healthcare system in May 2021. To this end the Board supported the Hospital in improving its ICT security during the year, as well as developing an ICT strategy that should meet the Hospital's ICT needs for many years to come.

The financial risk profile of the Hospital remains challenging, and much work was undertaken by the Board, its subcommittees and the Executive Management Team (EMT) to increase the annual allocation. The Board was gratified to see that some of the hard work resulted in a slight increase in the annual allocation from the Health Service Executive (HSE), although further funding is required to meet all our obligations fully and to develop our rehabilitation services in order to meet increasing patients care needs.

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, I express sincere gratitude to all the staff at the Hospital for their commitment and hard work in providing exceptional care to all our patients throughout the year. I look forward to working with the Board and all the staff in 2023.

Mr Aidan Gleeson
Chairman of the Board

ATTENDANCE SCHEDULE FOR EACH BOARD MEMBER 2022

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



*Michelle Fanning,
Chief Executive Officer*

CHIEF EXECUTIVE'S REPORT

Welcome to the
2022 Annual Report

INTRODUCTION

While the challenges of COVID-19 remained in 2022, we achieved much and have plenty to be proud of. We continued to provide timely, uninterrupted post-acute quality-driven rehabilitation services to all our patients.

REHABILITATION SERVICES

According to the World Health Organisation (WHO), rehabilitation can reduce the impact of a broad range of health conditions, including diseases (acute and chronic), illnesses or injuries, and can help to achieve the best possible outcomes. It is estimated that, globally, 2.4 billion people are currently living with health conditions that benefit from rehabilitation treatment and this need for rehabilitation is predicted to increase. Here in Clontarf Hospital, we see this increasing need for post-acute rehabilitation services as the population ages and acute care improves, particularly around major trauma, neurosurgery and the management of chronic diseases in older people.

Having early access to rehabilitation services, without delay, plays an important role in achieving good patient outcomes, while also reducing demands on acute hospital beds and frontline services. Throughout the year the Board and Executive Management Team of the Hospital advocated on behalf of patients for appropriate funding to meet these increasing rehabilitation care needs and met with Health Service Executive (HSE) managers with some success.

STRATEGIC OBJECTIVES

National healthcare policy is in line with the Hospital's strategic objectives of developing high-quality, post-acute rehabilitation services at community level. To this

end the Hospital remained focused on looking at service development. Three project teams were established to consider areas for development, namely (1) post-acute trauma rehabilitation, (2) specialised rehabilitation, and (3) older peoples' rehabilitation - all areas considered appropriate to service development and in line with national healthcare strategy.

The teams made significant progress in defining service development, the resources required, and the funding needed. There was engagement with external stakeholders in these areas including the Mater Hospital Trauma Team for Post-acute Rehabilitation and the National Office for Trauma Strategy, Community Healthcare Organisation 9 for the Integrated Care Programme for Older People (ICPOP), with Beaumont Hospital and the National Rehabilitation Hospital for more specialised rehabilitation pathways of care. The appointment, during the year, of Dr Roisin Purcell, Consultant Geriatrician, provides a strong lead in developing the ICPOP at the Hospital. The CEO, ably supported by staff, will continue to progress these areas for development in 2023 to meet patient care needs and to achieve the Hospital's strategic objectives.

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 all who visit the Hospital safe. Key areas of risk identified at the Hospital when caring for older patients centre around slips, trips and falls, medication management, and the safe transfer of patients and staff work tirelessly to reduce incidence arounds these areas as well as finding ways to improve care.

Quality improvement initiatives were implemented by various departments during the year, and this culminated in submitting three initiatives to the Irish Healthcare Awards 2022. Staff were delighted that they won in the category of Nursing Project of the Year and received two commendations on the other two projects submitted. This is a true reflection of the hard work and commitment to delivering quality care by all staff. More on those quality improvement initiatives are found throughout the departmental annual reports.

During the year the Hospital drafted a Sustainability Policy, which as I write in early 2023, will go before the Board for approval in 2023. Much work has been undertaken by the Estates and Green Team and more information on their work, to date, is available in annual reports from the Estates and Maintenance Department.

ACTIVITY LEVELS

Services continued uninterrupted despite the ongoing effects of COVID-19. Staff adjusted admission criteria for the safe transfer of patients from the acute hospitals and complied with advice from Public Health Services and the Infection Prevention and Control Team to minimise and prevent the transfer of COVID-19 and other transmissible conditions. COVID-19 vaccination was promoted and available to patients and staff in line with national vaccination guidelines making the Hospital a safer place for all.

It is through these constant adjustments and risk management processes that the Hospital was able to maintain the high level of service provision. There were 1,072 admissions for the year, with the majority admitted from our local acute hospitals, namely, Beaumont Hospital and the Mater Hospital, 1,100 discharges, and a total of 40,043 bed days utilised. Full details of the Hospital's activities are available in Appendix 1. As the risks of COVID-19 decreased the Hospital gradually increased the number of operational beds, moving from 116 to 130 by December 2022. It is hoped it will move closer to pre-COVID-19 admission rates and bed occupancy rates in 2023.

FUNDING

Funding services is always a challenge as the cost-of-service delivery increases when patients' care needs become more complex. Loss of private healthcare insurance income due to COVID-19 and other transmissible diseases has been significant and the

Hospital has been supported by the HSE CHO 9 in covering this deficit. Importantly, the Hospital requires the support of the CHO 9 for funding to develop services that meet patient care needs and the requirements of the National Standards for Safer Better Healthcare, the National Standards for the Control and Prevention of Healthcare Associated Infection, and those set down by the HSE in the National Clinical Programmes for Rehabilitation Medicine and Older People's care and in our annual HSE Service Arrangement. More detail on the Hospital's audited accounts are available on the website and a summary is set out in Appendix 2.

IN CONCLUSION

Everything we do at the Hospital is dependent on our staff. To each and every one I offer my sincere thanks for their hard work and commitment to delivering a quality-driven service during the year to all our patients. I look forward to continuing the good work in 2023.

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.

Michelle Fanning
Chief Executive Officer



SECTION 2

DEPARTMENT REPORTS

MEDICAL DEPARTMENT

INTRODUCTION

The Department of Rehabilitation Medicine for Older People (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 in-patient setting.

Despite the ongoing challenges presented by Covid-19 we continued to adapt and deliver high-quality post-acute rehabilitation care to our patients. Throughout the year, we delivered comprehensive geriatric assessments and interdisciplinary rehabilitation team reviews to all older people admitted to our service. Completing these assessments in a timely manner is essential for ensuring that older people are in hospital for the least possible time. In addition, we aimed to improve discharge planning in order 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. We also aimed to include patients in their own discharge planning to ensure that their will and preference were always respected.

In addition, we continued to contribute to all aspects of clinical governance with a particular focus on risk management, in promoting safe practices in delivering high-quality care to patients. We also aimed to promote further medical education and learning opportunities for all doctors and medical students in the department.

ACHIEVEMENTS

To follow is a list of some of our achievements for the year in review:

- 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 associated with ageing.
- Following the emergence of the COVID-19 pandemic we established a well-defined pathway for post-COVID-19 rehabilitation. This continued in 2022, as we saw further effects of COVID-19 on our patient populations. We continued to welcome many post-COVID-19 patients in need of post-acute rehabilitation in 2022.
- We supported the delivery of COVID-19 vaccination clinics, facilitating the safe delivery of vaccines to both patients and staff.
- We welcomed our Integrated Care of Older People (ICPOP) colleagues in 2022. Dr Róisín Purcell, Consultant Geriatrician, has become a valuable addition to the department. With the development of the ICPOP pathway we support suitable frail, older adults from the Emergency Department in the Mater Hospital and directly from the community, thereby avoiding acute hospital admissions in line with the vision outlined in the Enhanced Community Care Programme and Sláintecare.
- Undergraduate teaching remains a strong focus within our department. We were delighted to maintain our teaching affiliation with University College Dublin (UCD), and we continued to welcome our undergraduate medical students to Clontarf Hospital for their community geriatric teaching placements.
- We were delighted to acquire a UCD tutor post in 2022 to assist and direct our students during their placement in the Hospital, in addition to providing clinical support within our department.
- Post graduate continuous education and career development among Non-consultant Hospital Doctors (NCHDs) is strongly promoted within our department. Throughout 2022 we continued to deliver weekly NCHD teaching, and we were delighted to take part in various speciality workshops and training around consent and capacity, particularly in the area of the Assisted Decision Making (Capacity) Act 2015, which is expected to be implemented in early 2023.
- Developing specialist training pathways among trainee doctors is a strong focus for further development in the Hospital. We welcomed the first UCD General Practice (GP) Trainees in 2021, and in 2022 we were delighted to extend our training capacity to include GP trainees

from the Royal College of Surgeons (RCSI). They were a great addition to our department, and we have received very positive feedback from our trainees to date.

- We undertook various audits throughout the year with a focus on falls, delirium, surgical site wound infection, medication safety and prescribing, bone health, and venous thromboembolism prophylaxis.
- We represented the Hospital at national meetings - through our involvement with the frailty committee and alongside our multidisciplinary colleagues. The results of our frailty project were presented by our Occupational Therapy Department colleagues at the Irish Geriatric Society (IGS) meeting in 2022. This pilot project looked at the introduction of a new frailty identification scoring system for our older patients.
- We are keen to develop increased awareness and promotion of bone health and protection within our department and to increase awareness and education among our patient group. In 2022 we worked on the development of a bone health information leaflet for patients, which we hope to launch in 2023.
- We developed and implemented guidance for the management of a patient following a fall with head injury. This has been a very useful guidance tool for all staff to consult when assessing a patient post fall.
- We successfully developed policies and procedures along with our Pharmacy colleagues to extend the number of medication therapies that can be delivered in the Hospital, including intravenous electrolyte replacement.
- A strong focus within the department has been in falls prevention and post-falls review, we conducted an audit in 2022 looking into this area. With the support of our Falls Committee we developed a new Post-Falls Review Proforma in 2022, which is ready to be launched in 2023.
- We 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.



Dr Ahmed Abraham

FUTURE DIRECTIONS

- We aim to meet the challenges of the ageing population while also responding to the demands of our acute hospitals by accepting increasing numbers of patients with multiple comorbidities and complex social issues that we can care for safely.
- We aim to develop an outpatient clinic for the follow-up and review of post-rehabilitation patients when appropriate. This will focus mainly on bone health, falls and memory.
- Our medical team will continue to engage with the Mater Hospital on its implementation of the Dublin Major Trauma Centre. The Hospital hopes to build on its current established reputation in orthopaedic and frail, elderly rehabilitation and to support the Mater Hospital in rolling out this important national initiative for improving trauma care throughout Ireland. We hope to develop a post trauma rehabilitation pathway with the support of the trauma team.
- We aim to obtain funding to extend our admission criteria to include patients who require an assistance of two for mobility. This will expand the admitting criteria to increase access for these patients to avail of rehabilitation in a timely fashion.
- We aim to develop a standardised electronic discharge proforma for all patients and we are currently working with the information communication technology (ICT)

providers to develop a rehabilitation-specific, tailored discharge summary to capture pertinent information relevant to our patient population.

- We aim to develop our antimicrobial stewardship programme alongside our microbiology, pharmacy and infection control colleagues.
- We aim to further increase our senior medical support cover for out of hours, which will hopefully improve overall patient care and safety.
- We also aim to develop the research and quality improvement projects within the department, which are 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. As a department we are always looking for further opportunities to develop and expand our services, to further improve patient accessibility and quality of care.

We would like to offer our sincere gratitude to all our NCHDs, nursing and multidisciplinary team members, who continued to work tirelessly to deliver high-quality care to

all our patients throughout 2022. Their commitment and hard work are greatly appreciated. We look forward to the opportunities that 2023 will bring for the department.

*Eva Gaynor,
Adriana O'Halloran,
Sanja Malosevac*

Consultant Geriatricians



Dr Eva Gaynor

NURSING DEPARTMENT

INTRODUCTION

The year 2022 brought many exciting developments and accomplishments to the Nursing Department at Clontarf Hospital. The last three years were massively challenging and will be remembered in history. I would like to acknowledge and thank all members of our nursing team for the hard work, dedication and compassion that they show every day.

NURSING OUTCOMES

As Director of Nursing it is of key importance to be able to measure the quality of the nursing care undertaken by the nursing team here in the Hospital. In 2022 we used the national nursing and midwifery quality care-metrics on a monthly basis to provide an indication of the quality of nursing care provided throughout the year. I would like to congratulate the Nursing Team on their excellent results for the year demonstrating the delivery of high-quality nursing care. Other key areas of that are monitored by nursing are detailed below.

NURSING CARE METRICS

All Group All Locations	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022
Patient Monitoring and Surveillance	96%	100%	95%	94%	93%	95%	93%	100%	97%	92%	100%	100%
Healthcare Associated Infection Prevention & Control	83%	100%	80%	92%	81%	80%	100%	85%	86%	95%	95%	93%
Pain Assessment and Management	81%	79%	81%	84%	91%	84%	100%	98%	91%	91%	92%	93%
Nutrition and Hydration	96%	98%	95%	95%	97%	97%	100%	97%	99%	98%	97%	98%
Continence Assessment and Management	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Care Plan Development and Evaluation	96%	89%	96%	95%	95%	95%	100%	98%	98%	97%	99%	96%
Care Plan NMBI Guidance	98%	99%	95%	97%	97%	98%	98%	98%	98%	99%	98%	100%
Medication Safety	99%	98%	96%	99%	99%	98%	98%	99%	98%	99%	100%	100%
Medication Storage and custody	100%	100%	100%	99%	99%	100%	100%	100%	99%	100%	99%	100%
Falls and Injury Management	100%	100%	99%	99%	100%	97%	100%	100%	100%	99%	96%	100%
Wound Care Management	100%	100%	88%	100%	100%	97%	100%	100%	100%	100%	100%	100%
Pressure Ulcer Prevention and Management	98%	96%	97%	95%	99%	99%	97%	100%	98%	94%	100%	100%
TOTAL	97%	96%	95%	96%	97%	96%	99%	98%	97%	97%	98%	98%

Figure 1. Table illustrating the Hospitals Overall Nursing Metric Results 2022 – Test Your Care HSE

PRESSURE ULCER REPORT

Hospital Acquired Pressure Ulcers (HAPU's)

There was a steady decline in our Hospital Acquired Pressure Ulcers from 36 in 2019 to 8 in 2022, a reflection of the availability of a Tissue Viability Nurse (TVN) and the attendance to skin care by the nursing teams in all wards.

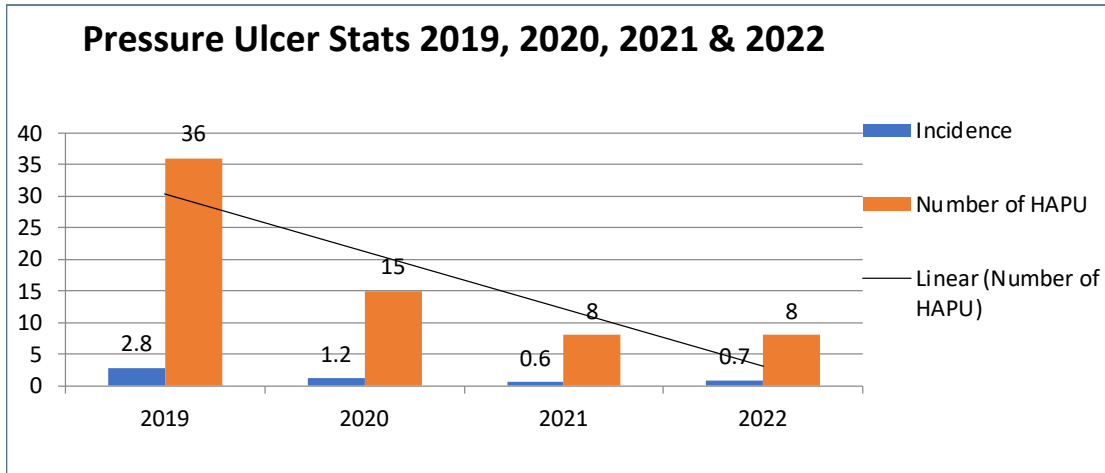


Figure 2. Chart Illustrating the Statistics for Pressure Ulcers, 2019-2022

The number of patients reviewed by the TVN from January-December 2022 was 412, an increase in referral rate of 35% from 2021. This increase was due to the number of patients admitted with Community Acquired Pressure Ulcers (CAPUs), infected orthopaedic and surgical wounds, and complex surgical wounds, that is, amputations requiring complex wound dressings, including topical negative pressure and maggot debridement therapy.

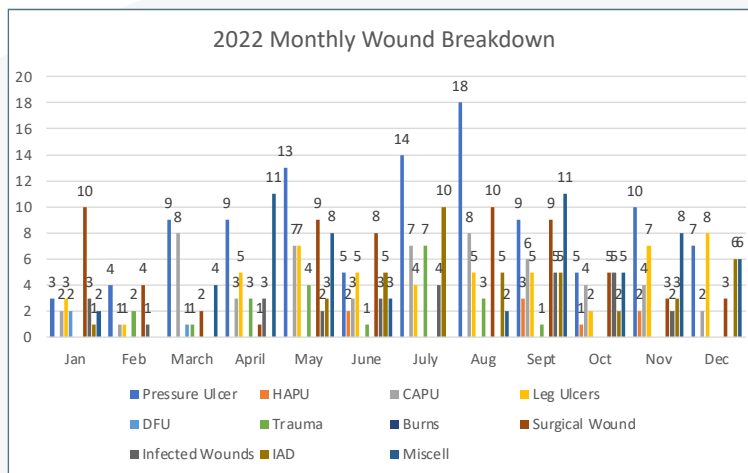


Figure 3. Graph Illustrating the Monthly Wound Breakdown for 2022



Back Row: Left to Right:

Sonia Babu Staff Nurse, Krzysztof 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

INFECTION CONTROL REPORT

The hospital continued to manage the effects of COVID-19. All appropriate procedures were in place to reduce the risk of COVID-19 during and after outbreaks such as:

- Introducing additional cleaning hours
- Staff education and training
- Implementing safe patient placement (both COVID and non-COVID patients)
- Managing the red zone Vernon ward
- Checking the vaccination status of all new admissions
- Arranging booster vaccinations for patients
- Patient surveillance testing
- Staff PCR/antigen testing



Emma Cullen Gill, Tissue Viability Clinical Nurse Specialist.

QUALITY IMPROVEMENT

In 2022, the Nursing Team remained very focused on continuous quality improvement. Several projects were initiated and completed during the year:

- Lean Green Belt Project on Store Rooms
- TVN Clinical Photography Introduced
- Sepsis Box introduced to each ward area
- Bare Below the Elbow Project
- Initiation of Patient Flow Dash Board Implementations
- Improved Patient Flow Pathways and Efficiencies
- Completion of Bed Rail Policy
- Introduction of Audit of the Intentional Rounds
- Use of Dipsticks Urinalysis

WORKFORCE PLANNING

A full workforce review of the department was completed in 2022. We continue to liaise with the HSE and the Department of Health (DOH) to ensure safe staffing levels. Services and roles introduced to the Hospital this year include 0.5 whole-time equivalent (WTE) Continence Nurse CNS. Thanks to our colleagues in the Nursing and Midwifery Practice Development Unit (NMPDU) at HSE Dublin North, who supported this development and position for 12 months.

Congratulations to Marie Dowling, Phil Irving and Marie Francis on their recent retirements.



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

PRACTICE, DEVELOPMENT, EDUCATION AND TRAINING

Postgraduate Education

All nurses are supported and encouraged to develop their knowledge and skills. The department were supported in this by the funding received from the NMPDU at HSE Dublin North and for which we were grateful. In 2021/2022 several nurses availed of postgraduate education to enhance the skills of the Nursing Team and to enable them to meet the changing patient care needs. Five nurses enrolled in the following postgraduate programmes in 2021/2022:

- Postgraduate Diploma in Gerontological Nursing
- Postgraduate Diploma in Infection, Prevention and Control
- Master of Science (MSc) in Nursing
- Postgraduate Diploma in Respiratory Nursing

EDUCATION AND TRAINING

In addition to mandatory training and our Nursing Journal Clubs, the following training sessions were facilitated in 2022 and staff also attended external conferences and study days throughout the year including:

- Falls Awareness/Prevention Training (MDT)
- Dementia and Delirium Awareness Training (in collaboration with Occupational Therapists)
- White LEAN Belt Training

- Malnutrition Universal Screening Tool 'MUST' Training
- Oxygen therapy awareness training
- Cappagh Orthopaedic Nursing Conference
- Beaumont Hospital Neuroscience Nursing Conference

Poster presentations were also delivered at the NMPDU Conference and the Irish Gerontological Society Conference.

STUDENT NURSES

The Hospital continues to link with University College Dublin and the Mater Hospital to provide clinical placements for General Nursing Students. In 2022, we facilitated 31 student nurses in their first-year placements and second-year student nurses in their community placements. Student nurses are supported and encouraged in the clinical learning environment and their contribution is important and valued in the Hospital.

HEALTHCARE ASSISTANT CONFERENCE

The first ever Healthcare Assistant (HCA) Conference for the Hospital was held in Clontarf Castle on 6 October 2022 and was attended by 68 participants from many other hospitals and community services. The Theme "Caring" was determined by our HCA Team. HCAs from the Hospital presented on Falls Awareness as well as exploring Intentional rounds and the new roles of Occupational Therapy and Physiotherapy Assistant. Post-evaluation showed that 100% of the participants felt the

content was "Absolutely Relevant". The Conference was a huge success and showcased the important contribution of HCA staff in delivering fundamental patient care in our hospital.

Finally, I wish to congratulate the Nursing Team and Emma Cullen Gill, TVN, who won the Irish Healthcare Award Nursing Project of the Year award on 1 December 2022 for their project "Preventing leaks – Continence Promotion". This project resulted in positive patient outcomes and improved quality of life for our patients.

Ciara Dowling
Director of Nursing





Grainne O'Hara
Physiotherapy Manager

PHYSIOTHERAPY DEPARTMENT

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 that 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 patients admitted are assessed by a physiotherapist and a treatment plan is initiated within 24 hours of admission.

Smaller ward or bay-based group exercise classes and Falls Prevention and Management Education talks for patients were cautiously re-introduced. However, physiotherapy programmes continued to be predominantly 1:1 treatment sessions due to the increasing complexity of presentations.

Gym-based treatment sessions peaked in November and December with up to 45 patients 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 the porters and nursing and healthcare assistant (HCA) teams who ensured a regular, safe flow of patients to the gym from early morning and throughout the day. Despite gym closures aimed at minimising the spread of infection, 22% of all physiotherapy treatments were gym based with patients benefitting from access to the purpose-built facilities.

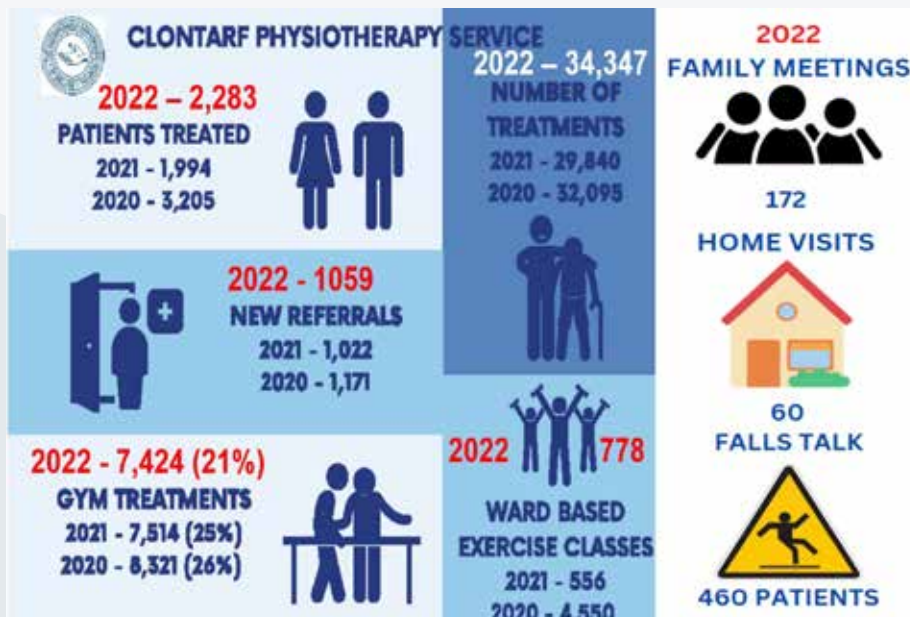


Figure 1 Physiotherapy Activity 2020 to 2022



Figure 2 Physiotherapy Departmental Overview 2022

STAFFING

As a result of the permanent allocation of funding for the posts that were sanctioned in 2020, we looked forward to increased stability, improved scope for planning, and enhanced support for patients as well as team members. The School of Physiotherapy, Royal College of Surgeons Ireland (RCSI) continued to fund a 0.4 whole-time-equivalent (WTE) clinical tutor post to support undergraduate physiotherapy placements. We facilitated two students per six-week placement throughout the year. Feedback from RCSI staff and students and from our own tutors and educators continued to be very positive.

The introduction of reduced working hours in July due to the Haddington Road Agreement impacted on the physiotherapy workforce and caseloads, as the team is down one WTE physiotherapist as a result. Clontarf Hospital Management team continues to advocate for restoration of the post.

SERVICE UPDATES

Project teams

Michelle Fanning, CEO, convened a project team tasked with identifying areas of development of hospital services in line with Clontarf Hospital's strategic objectives. Three senior physiotherapists (nine in total) collaborated and contributed to each of the three sub-teams throughout the year. The three objectives were as follows:

- Major Trauma
- Integrated Care Programme for Older People
- Specialist Rehabilitation/Prosthetic Orthotic and Limb Absence Rehabilitation (POLAR)

As part of the Major Trauma project physiotherapists contacted international centres of excellence to benchmark our service. The project group then carried out a gap analysis and identified staffing and environmental resources required to provide rehabilitation for this cohort of patients.

Physiotherapists in the Specialist Rehabilitation/POLAR Group led to the establishment of an amputee pathway. This involved close liaison with the National Rehabilitation Hospital (NRH) POLAR team including site visits. The group aims to progress the amputee pathway to a pathway of care in 2023.

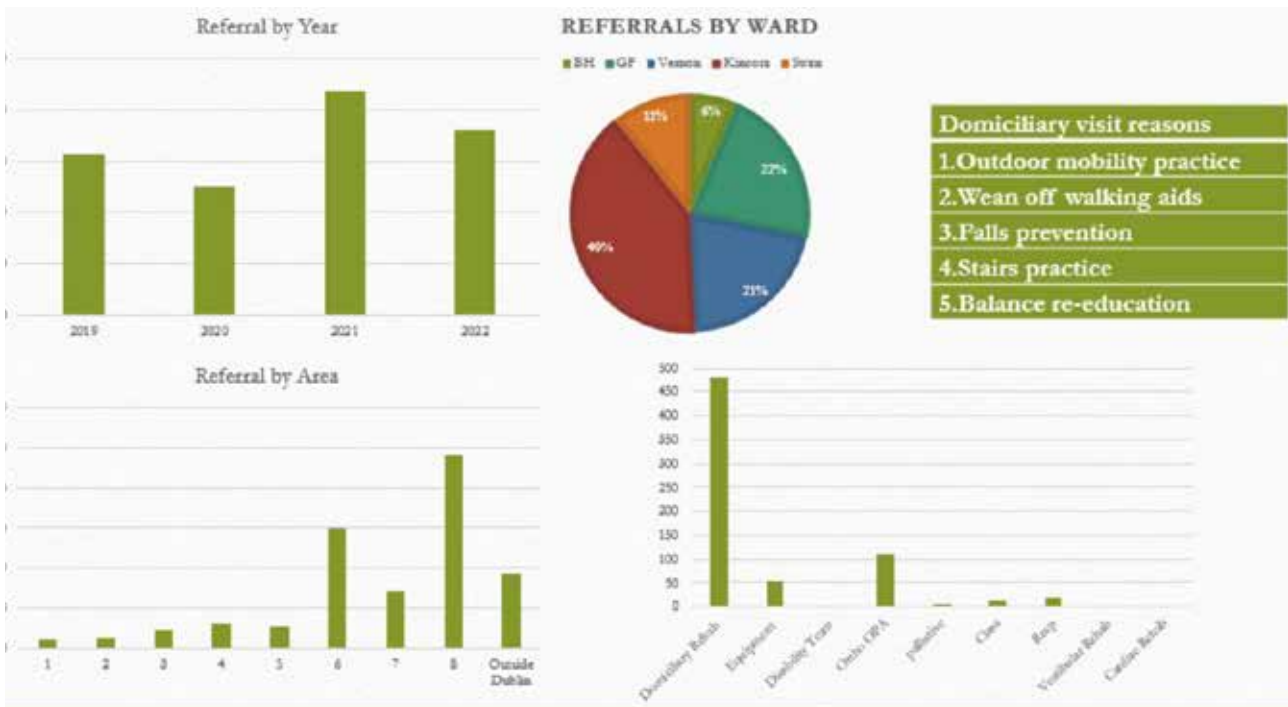


Figure 3. Community Physiotherapy Referrals Audit Results

The Physio Team also collaborated with the Multi-disciplinary Team (MDT) on Blackheath ward to pilot the use of the Goal Attainment Scaling (GAS) for Specialist Rehabilitation patients from September to November. GAS is an individualised method of scoring the extent to which a patient’s individual goals are achieved during intervention. In effect, each patient has their own outcome measure, but this is scored in a standardised way to allow statistical analysis. Anecdotally, this has proved a beneficial development, but formal analysis is ongoing.

Older patient outcomes post Intra-Medullary (IM) nail insertion.

Senior physiotherapist, Aoife Crowe began research into Beaumont Hospital patients admitted to Gracefield ward post IM nail insertion surgery. The study will investigate the level and duration of pain experienced by these patients as well as their ability to return to baseline function. For comparative purposes the same parameters will be measured for patients admitted to the ward who have had alternative surgical procedures, such as Hemiarthroplasty insertion for proximal femur fractures. Based on the observations of the physiotherapists at the Hospital, providing rehabilitation for hip fracture patients, the hypothesis is that IM nail group patients

experience more prolonged pain and a reduction in return to baseline function compared to controls.

Community physiotherapy referrals audit

Senior physiotherapist, Fiona Brazil carried out an audit of community physiotherapy referrals made by the Hospital between 2019 and 2022. The audit provided a snapshot of 680 referrals made in the previous four years, since the introduction of an email referral system, and specifically looked at our referral areas and patient requirements on discharge.

Key Findings

- Many of the patients from Swan ward fell into the reablement/Community Rehabilitation teams (CRT) areas, which may explain the reason for the lower Primary, Community and Continuing Care (PCCC) referral rate.
- Most patients required Domiciliary Rehabilitation (70%). The average waiting lists in these areas is six months.
- A total of 8% of referrals requested the provision of three- or four-wheeled walkers. This may be an area that we could examine in terms of procurement directly on site, rather than placing these patients on the waiting lists or delaying discharge.

Clontarf Adm Date	Clontarf Adm Date	Clontarf Adm Date	Clontarf Adm Date	Referral Source	Sex	DOB	Age	MRN	IP Type	Surgeon	Surgery Date	Self ID	Time to Transfer	MR status	Previous Falls	Distal Fracture	OP As	Base Protection	Pressure Area	Wetness	Continuity/M	
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	19/01/1951	71	24221	80	Right at hip left peritrochanteric	Right femoral	24221	17	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24222	80	Right at hip left peritrochanteric	Right femoral	24222	9	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24223	80	Right at hip left peritrochanteric	Right femoral	24223	11	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24224	80	Right at hip left peritrochanteric	Right femoral	24224	12	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24225	80	Right at hip left peritrochanteric	Right femoral	24225	13	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24226	80	Right at hip left peritrochanteric	Right femoral	24226	14	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24227	80	Right at hip left peritrochanteric	Right femoral	24227	15	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24228	80	Right at hip left peritrochanteric	Right femoral	24228	16	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24229	80	Right at hip left peritrochanteric	Right femoral	24229	17	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24230	80	Right at hip left peritrochanteric	Right femoral	24230	18	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24231	80	Right at hip left peritrochanteric	Right femoral	24231	19	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24232	80	Right at hip left peritrochanteric	Right femoral	24232	20	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24233	80	Right at hip left peritrochanteric	Right femoral	24233	21	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24234	80	Right at hip left peritrochanteric	Right femoral	24234	22	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24235	80	Right at hip left peritrochanteric	Right femoral	24235	23	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24236	80	Right at hip left peritrochanteric	Right femoral	24236	24	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24237	80	Right at hip left peritrochanteric	Right femoral	24237	25	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24238	80	Right at hip left peritrochanteric	Right femoral	24238	26	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24239	80	Right at hip left peritrochanteric	Right femoral	24239	27	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24240	80	Right at hip left peritrochanteric	Right femoral	24240	28	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24241	80	Right at hip left peritrochanteric	Right femoral	24241	29	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24242	80	Right at hip left peritrochanteric	Right femoral	24242	30	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24243	80	Right at hip left peritrochanteric	Right femoral	24243	31	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24244	80	Right at hip left peritrochanteric	Right femoral	24244	32	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24245	80	Right at hip left peritrochanteric	Right femoral	24245	33	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24246	80	Right at hip left peritrochanteric	Right femoral	24246	34	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24247	80	Right at hip left peritrochanteric	Right femoral	24247	35	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24248	80	Right at hip left peritrochanteric	Right femoral	24248	36	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24249	80	Right at hip left peritrochanteric	Right femoral	24249	37	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24250	80	Right at hip left peritrochanteric	Right femoral	24250	38	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24251	80	Right at hip left peritrochanteric	Right femoral	24251	39	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24252	80	Right at hip left peritrochanteric	Right femoral	24252	40	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24253	80	Right at hip left peritrochanteric	Right femoral	24253	41	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24254	80	Right at hip left peritrochanteric	Right femoral	24254	42	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24255	80	Right at hip left peritrochanteric	Right femoral	24255	43	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24256	80	Right at hip left peritrochanteric	Right femoral	24256	44	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24257	80	Right at hip left peritrochanteric	Right femoral	24257	45	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24258	80	Right at hip left peritrochanteric	Right femoral	24258	46	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24259	80	Right at hip left peritrochanteric	Right femoral	24259	47	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24260	80	Right at hip left peritrochanteric	Right femoral	24260	48	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24261	80	Right at hip left peritrochanteric	Right femoral	24261	49	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24262	80	Right at hip left peritrochanteric	Right femoral	24262	50	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24263	80	Right at hip left peritrochanteric	Right femoral	24263	51	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO
2022-01-01	2022-01-01	2022-01-01	2022-01-01	Community	Female	24/01/1951	71	24264	80	Right at hip left peritrochanteric	Right femoral	24264	52	W&AT	Y	NO	NO	NO	NO	NO	NO	22/NO

Figure 4. Clontarf Hospital Hip Fracture Database Page 1

- A total of 16% of referral requests involved patients who could attend a health centre or out-patients department for follow-up. Again, this may be an area that may alleviate waiting lists in the community if we were to accommodate these patients in some capacity within the Hospital as out-patients.

Recommendations

In the long term the formation of an out-patient rehabilitation service within the Hospital, including an exercise class and equipment procurement service, would remove 30% of our community referrals. This number would likely increase as many of the domiciliary visit patients may fall into this category when redefined. This may help to remove some pressure placed on the community waiting lists and ensure that our patients receive continued and consistent care on discharge, while reducing our overall length of stay at the Hospital.

Hip Fracture Audit

The Physiotherapy Hip Fracture Database Group continued to collect information for its 2022 and 2023 audits. The Irish Hip Fracture Database (IHFD) coordinators requested our assistance in completing 30-day post-surgery data including outcome measures

such as the EQ-5D-5L (a self-assessed, health-related, quality-of-life questionnaire) and other relevant standards. An internal pathway was implemented, to ensure the timely capture of this data across the wards.

QUALITY IMPROVEMENT (QI) PROJECTS

Senior physiotherapist and Certified Professional in Healthcare Quality, Claire Fagan opened our in-service education year with a stimulating overview of quality in relation to healthcare, a review of Performance Improvement Models, advice on the selection and use of QI tools, and how to understand variance including practical applications.

University College Dublin (UCD) Improving Processes in Health Services Course (Green Belt)

Monica Devine (Occupational Therapy) and Michelle Millar (Procurement), along with Claire Fagan and Grainne O’Hara (Physiotherapy), were sponsored to complete a Lean methodology quality improvement for the Hospital and opted to focus on improving the efficiency of the weekly Multi-disciplinary Team meetings.

Post COVID-19 Rehabilitation

Senior Physiotherapists Aoife Crowe, Anne Marie

Seddon and Rachel Murphy all earned distinctions for their projects and coursework as part of the Post-Covid Syndrome Rehabilitation Module (Level 9) in the School of Nursing, Psychotherapy and Community Health at Dublin City University (DCU).

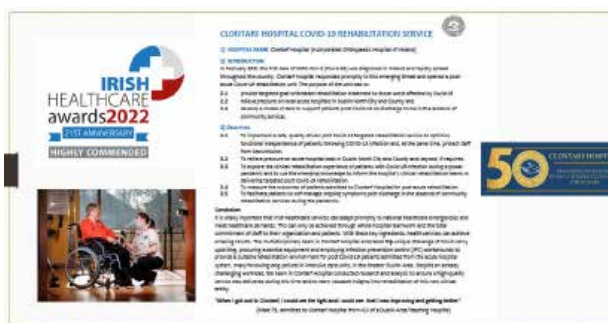


Figure 5. Snapshot of the Physiotherapy Department Irish Healthcare Awards Submission

The novel research undertaken by the physiotherapists and the innovation and collaboration evidenced throughout the entire Hospital in facilitating vital rehabilitation services for COVID-19 patients during the height of the pandemic was recognised at the Irish Healthcare Awards. "The Implementation of a responsive COVID Rehabilitation Pathway at the Outset of the Coronavirus Pandemic March 2020" was one of three submissions shortlisted for the final in the "Response to COVID-19 by a Hospital, Patient Group, Doctor or Institution" category and was highly commended at the awards night.

Team Effectiveness Survey

Senior Physiotherapist, Claire Fagan carried out a team effectiveness survey that looked at the 10 domains below and were rated as:

- 70% effective or ■
- 50-70% effective /in development ■

Our overall team score was 72%. Opportunities for improvement were identified as above and appropriate action plans were formulated to maximise our potential in these three domains.

Creative Therapy Proposal

Senior Physiotherapist, Caroline Daly identified an opportunity to improve the range of services provided by the Hospital by including a creative therapy element. There is a wealth of research and anecdotal evidence showing that the arts can have a positive effect on health outcomes, which is in line with the Hospital's mission statement of enabling patients to achieve their optimum level of health and wellbeing. Having consulted relevant centres, the next steps for the research will be to conduct other site visits and undertake a pilot project on Swan ward.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD) Staff Development

Senior Physiotherapist, Anne-Marie Seddon worked on:

- Formalising the structure for staff supervision within the physiotherapy department
- Developing staff grade rotation objectives
- Compiling a Physiotherapy Mandatory Training Passport.

Post-graduate Courses

Senior Physiotherapists, Naoise Doran and Ger Matthews graduated from RCSI in October with a Master's Degree in Gerontology and Neurology and a Professional Diploma in Positive Health, respectively. As part of her programme Naoise completed a research project "Moving on Up" which investigated the feasibility of a ward-based intensity intervention to increase patient activity levels during inpatient neurological rehabilitation. She was invited to present

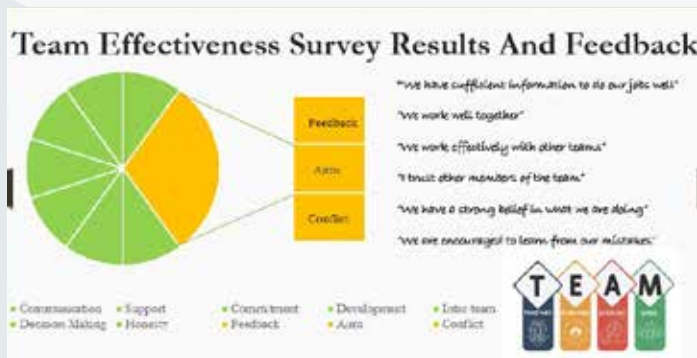


Figure 6. Physiotherapy Team Effectiveness Survey and Statements

her findings at the Irish Gerontological Society and the Irish Society of Chartered Physiotherapists Conferences. Physiotherapist Felix Moon is currently studying for the Master's in Gerontology and Neurology (RCSI). Senior Physiotherapist, Claire Fagan studied Management Essentials on the Health Management Institute of Ireland (HMI) programme.

Three members of the physiotherapy team attended an Amputee and Prosthetic Rehabilitation course in University College Cork. The two-day workshop included a full day in the Prosthetic, Orthotic and Limb Amputation Rehabilitation Clinic at Mercy University Hospital. The contact days consist of lectures, workshops, group discussion and directed study. The remainder of the learning was self-directed, based on the student's own learning goals, such as topics introduced in the lectures that the student could explore in more depth, and background reading for the written assignment.

Beaumont Hospital organised a two-day introductory level neurodevelopmental techniques (NDT) course. Senior Physiotherapist Sophie O'Connell used this opportunity to gain an understanding of the basic principles of contemporary NDT and how it is applied to clinical practice to promote the recovery of function in individuals with neurological impairments.

Physiotherapist Sophie Finlay participated in a Vestibular Rehabilitation Course with a view to establishing a pathway of care for patients presenting with primarily vertigo and dizziness, gaze instability, and/or imbalance and falls.

OPPORTUNITIES AND CHALLENGES FOR 2023

Work streams

Our team effectiveness survey and service planning brainstorm prompted the establishment of several working groups to address our priorities for 2023.

Staffing

We will continue to work with Management to secure 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 remains for physiotherapy staff in that there is still 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 persevere in addressing this need in 2023 across each physiotherapy grade.

Priority areas identified by the Physiotherapy Department for development also include:

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

Collaborations

We continue to strengthen our links with the referring hospitals, our community care colleagues and the universities, and we hope to collaborate with them for future projects, for example, providing rehabilitation to support the Major Trauma Centre in the Mater Hospital and Integrated Care Programme for Older People (ICPOP) initiatives, as well as in research and quality improvements. We would also welcome the opportunity to work with the Health Service Executive (HSE) e-health



Figure 7 Physiotherapy Department Workstreams for 2023



Cillian Kirwan, Physiotherapist, Eva-Marie Elliot, Physiotherapist, Vicky McMahon, Senior Physiotherapist, Aoife O'Connor, Physiotherapist, Claire Fagan, Senior Physiotherapist, Abby Daly, Physiotherapist, Sinead Quigley, Physiotherapist, Sophie Keddie, Physiotherapist, Nikita Polakovs, Physiotherapy Assistant, Sinead Kiernan, Physiotherapist, Leire Ruiz de Apodaca, Physiotherapy Assistant

Group and our data management and data analysis partners to enhance and develop our current repository of collected data.

Gym Refurbishment

A further goal for 2023 is to reconfigure and update the gym facilities to maximise efficiency and to optimise treatment options for our patients. Site visits and costings are already underway and will tie in with Workstreams 1 and 2 (Figure 7), as well as the Creative Therapy Pilot.

CONCLUSION

The physiotherapy team remains committed to providing safe patient care of the highest possible standard, with energy and enthusiasm, despite

challenges the Hospital may face. The positivity, innovation and resilience of its members make them a pleasure to work alongside. Support from our co-workers hospital-wide was crucial again this year. I would like to sincerely thank our colleagues across the Multi-disciplinary, Administration and Support 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

INTRODUCTION

The Occupational Therapy (OT) Department is committed to providing the highest possible standard of service. This involves empowering our patients to improve or maintain their independence and satisfaction with life in the areas of self-care, productivity and leisure. We aim to maximise the “fit” between each individual patient’s OT needs and the OT Department’s capability and skills to meet these needs.

Throughout 2022 we worked solidly to maintain service delivery in the context of the ongoing effects of COVID-19. To this end we continued to be innovative in OT service delivery as well as seeking to improve services where possible. We worked closely with all our colleagues in Clontarf Hospital and we are thankful for their ongoing support in our service delivery.

We maintained enhanced staffing for 2022 due to additional specified purpose COVID-19 funding, which began in 2020. The consolidation of this funding was our primary service goal for 2022 and we were delighted to have been successful in securing this based on our service delivery and evidenced-based OT practice.

Staffing for the OT Department for 2022 consisted of:

- One whole-time-equivalent (WTE) Occupational Therapist Manager
- Four WTE Senior Occupational Therapists
- Six WTE Staff grade Occupational Therapists
- One WTE Occupational Therapy Assistant.

We are very thankful for the support of management in consolidating the enhanced staffing, which was essential for improving OT rehabilitation services offered by the department.

SERVICE DELIVERY

In 2022 we provided service-delivery improvements in the following four key areas:

1. Maintaining Access Times (the speed at which a patient is seen by an occupational therapist OT)

We utilise a priority-based blanket referral system. Within this system all Priority 1 (P1) patients are assessed and seen by an occupational therapist within 24 hours. Our goal for 2022 was to consolidate access (wait) times for Priority 2 (P2) patients so that they are seen by an OT within 24 working hours of admission. This goal was successfully met despite the challenges of COVID-19 on staffing levels, and I am happy to report that **all** patients in the Hospital continue to be seen by an OT within 24 hours of admission.

Maintaining a daily morning cross cover meeting for the OT Team throughout the year was key to maintaining these service improvements. Cover for planned leave is organised at monthly OT Team Meetings and cross-cover for any unplanned leave or additional cover needed is organised at our daily 8am meetings.

Table 1: Average Wait Time for Priority 2 (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
2022	Consistently within 24 hours

2. Improving Session Delivery (frequency with which a patient is seen by OT and targeting those who need to be seen most often)

In 2022 we focused on maximising the number of patient sessions we could offer per month. An additional 2,426 patient sessions were delivered in 2022 compared to 2020. We achieved this despite limiting factors, such as only being able to deliver individual sessions for 2021 and 2022, due to infection control limitations; many periods of COVID-19 leave; and at times having departmental vacancies. Pre COVID-19 we accommodated approximately 80 patients per month in group sessions (Stress Management, Relaxation and Home Safety groups). COVID has limited the ability to deliver in-person group intervention with the result that in 2022 only individual sessions were delivered.

Table 2: Average Number of OT Sessions per Month

Month	Number of OT Sessions 2020	Number of OT Sessions 2021	Number of OT Sessions 2022
January	793	985	1367
February	976	737	1344
March	824	965	1312
April	697	998	1156
May	938	1099	1081
June	1118	1278	1244
July	1156	1544	1084
August	1024	1338	1267
September	1085	1451	1228
October	1180	1466	1243
November	1160	1540	1209
December	1148	1250	990
Total sessions PA	12,099	14,651	14,525

Increase of 2426 sessions delivered in 2022 compared to 2020 - service maintained for 2021

3. Targeting Session Delivery in 2022

We continued to weight our service delivery towards those patients with the greatest OT care needs. As our OT to patient ratio is still not as high as national

recommendations this is the most equitable way to deliver our OT service. Making comparisons with other benchmarked rehabilitation services we find that we are significantly lower. OT ratios; Specialist Rehabilitation 1:7 (our ratio is 1:13), Older Person Rehabilitation 1:10 (our ratio is 1:20), Orthopaedic Rehabilitation 1:15 (our ratio is 1:24).

We delivered our highest proportion of OT services to our specialist rehabilitation stream, followed by our older person rehabilitation stream and then our orthopaedic rehabilitation stream (majority less-complex cases but allowing for variance for more complex cases).

Specialist Rehabilitation Unit

This stream includes amputee rehabilitation, brain injury rehabilitation and neurological rehabilitation.

The types of specialised OT treatment here include 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 teams (ESD), 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 2022 this patient stream received an average of 23 OT sessions and an average of 17.1 hours of direct OT clinical time per patient over an average length of stay (LOS) of 44.3 days. We delivered an additional 4 OT sessions per admission for this patient stream in 2022 compared to 2021, making maximum effectiveness of OT times and patient sessions available within the department.

Older Person Rehabilitation Units

During the year we continued to deliver our core OT treatments for our patients in the geriatric rehabilitation streams admitted from Beaumont, the Mater and Connolly Hospitals for rehabilitation prior to discharge home. The types of core OT treatments included 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 and provision, and discharge planning.

In 2022 this patient stream received an average of 15 OT sessions and an average of 10.4 hours of direct OT clinical time per patient over an average LOS of 41.5 days. We delivered an additional 3 OT sessions per admission for this patient stream in 2022 compared to 2021.

Orthopaedic Rehabilitation Units

During the year we 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 treatment 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 and provision, and discharge planning.

In 2022 this patient stream received an average of 8.3 OT sessions and an average of 6.1 hours of direct OT clinical time per patient over an average LOS of 25.8 days. We maintained the same number of OT sessions per admission for this patient stream in 2022 compared to 2021.

Table 3: OT sessions & treatment time per each specialised patient stream in 2021

Month	Specialist REHAB	Older person REHAB	Ortho REHAB
Average OT sessions	23 sessions	15 sessions	8.3 sessions
Average OT treatment time per admission	17.1 hours	10.4 hours	6.1 hours
Average LOS	44.3 days	41.5 days	25.8 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. Providing Three Types of Home Visit Assessments

The three types are: 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 the patients who are likely to most benefit from home assessments are offered them. Home visit assessments were impacted significantly in 2022 again by COVID-19. Each assessment was completed with an individual risk assessment and adhered to the COVID-19 standard operating procedure, which was developed in 2020.

A total of **141** in person home visit assessments were completed in 2022. This is an increase of 71% compared to 2021. Of these, 94 (66.6%) were home assessments, 37 (26.3%) were access/equipment visits and 10 (7.1%) were discharge visits. Depending on patient need, these home assessments were completed either by OT alone or as interdisciplinary visits with Medical Social Workers (MSWs) and/or Physiotherapists (PTs). For enhanced discharge planning for more complex patients our community colleagues - Primary Care OT, Public Health Nurses, Care Agency Managers and Carers are invited to join the visit.

- 44% of home visits were completed by OT alone
- 23.4% of home visits were jointly completed by OT and MSW
- 23.4% of home visits were jointly completed by OT and PT
- 9.2% of home visits were jointly completed by OT, MSW and PT, where the patient complexity required this

Virtual Home Assessments

Due to the limitations on being able to complete home assessments on account of COVID-19, in 2021 the OT Department introduced the practice of virtual home assessments and this continued in 2022. These virtual home assessments offer four different ways in which a patient can provide further information to enable an OT assess a patient's home environment, in order to enhance discharge planning and prevent delays to discharging them from the Hospital. These four ways were:

1. Completion of a Home Heights Form (where the caregiver gave detailed descriptions around common environmental details; bed and chair heights, steps, front door access, etc.)
2. Photographs of the home environment
3. Video of the home environment
4. Walk-around video call of the home environment with the caregiver, where the OT could ask detailed questions about the physical environment.

This practice enables discharge planning virtually on an individualised patient basis as the occupational therapist has a more in-depth knowledge of the patient's home environment. It also helps to prioritise which patients requires an onsite home assessment for more complex patient discharges.

We completed an average of **25** virtual home assessments a month and this practice has greatly enhanced our home assessment practice and we plan to continue this process in 2023. An additional benefit of the virtual home assessment process is the fact that it has helped OTs identify potential barriers to discharge, with the result that they can act on these sooner (through equipment orders or installation of environmental modifications, etc.) thereby reducing LOS in hospital.

In 2022 we participated in research on our virtual home assessment practice in conjunction with the school of Occupational Therapy in University College, Cork (UCC).

SERVICE DEVELOPMENTS AND QUALITY IMPROVEMENTS IN 2022: the Use of OT Trackers to Inform Care Pathways and Rehabilitation Input:

OT input for all patients admitted in 2022 was tracked using an audit system. Relevant information (including access time to OT, LOS, diagnosis, baseline functional level, discharge functional level and type and amount of input received by OT) was collated and inputted into an audit tool.

In 2022 we broadened our audit to include relevant cognitive assessment information. This data was used to highlight increased complexity of patients and higher dependencies on admission. It was also used to highlight frequency of OT input on high-dependency wards and

impacts on length of stay. The information will also be valuable for establishing effective and efficient patient-care pathways in 2023 based on diagnosis and functional level on admission. Care pathways that were consolidated this year include post-amputee rehabilitation pathways and individual cognitive rehabilitation pathways. New care pathway introduced in 2022 included the Integrated Care of Older People (ICPOP) pathway in conjunction with the Mater Hospital.

Hospital-wide Data Collection Working Group

A hospital-wide Data Collection Working Group was established in April 2021 and is chaired by the OT Manager. This is the first time 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, expand and improve clinical staffing and to gather data to best describe patient complexity in the Hospital. The working group utilise a shared database to include common patient demographics and rehabilitation complexity scores, as well as having discipline-specific patient clinical descriptors, sessions and treatment times given per patient. The working group members include staff from various departments including Medical, Nursing, Physiotherapy, OT, MSW, Speech and Language Therapy (SLT), Nutrition and Dietetics, Radiography, and Pharmacy. Data from this working group was utilised to consolidate the COVID-19-funded positions across the Hospital in mid-2022. In 2023 this group will be working towards streamlining the data being collected and outsourcing the data analytics to develop a hospital dashboard.

Dementia Care Committee (DCC)

We continued to lead out on dementia care in the Hospital with our Multi-disciplinary Team (MDT) colleagues through the DCC in 2022. Bi-monthly meetings were held in 2022. Dementia and Delirium Awareness Training was also conducted every two months. This was presented by OT and the Clinical Support Practice Nurse. The training was completed on a bi-monthly basis. It is hoped to continue the training in 2023 and to complete it on specific wards, if required, to facilitate staff attendance.

We trialled a "Restaurant/ Come Dine with Me Initiative"

for two weeks on Blackheath ward which allowed each patient to eat lunch in the day room once per week. The initiative was very well received by patients and it is hoped to roll out the initiative to other wards.

We held a Brain Health Day on 15 March and staff were invited to visit a stand outside the staff dining room, where information and educational leaflets were available on the day. Tips for Brain Health were also incorporated onto screen savers by the ICT department to provide further awareness. An Alzheimer's Awareness Day was held on 21 September, providing education for numerous staff, patients and visitors. Information also included education around local resources, including a Dementia Friendly café providing Cupán Tae in the Naomh Bharrog GAA Club, The Alzheimer's Society, and a new service in Coolock involved in "Social Prescribing" for people with dementia.

Patient Goal Setting Initiative

We were actively involved in the pilot of Goal Attainment Scaling (GAS) goals for a three-month period on Blackheath ward, for patients in the specialist rehabilitation stream. This process was completed by the patient with a key worker within 10 days of admission, with the role being rotated between OT, Physiotherapy and MSW departments. Fourteen patients were suitable for inclusion in the trial with 10 fully completing the process. The average admission rehabilitation complexity scale extended (RCSE) was 11. Scores equal to or higher than 11 are indicative of high complexity. On average the overall percentage difference in baseline status and goals achieved was a 46% increase. Team members felt that the process was valuable for complex patients and helped to increase their sense of control in their rehabilitation, making services more patient centred. Going forward with the initiative nursing and healthcare assistant (HCA) involvement will need to be increased, with family members being included in the goal-setting process for patients with communication or cognitive impairment.

Pressure Ulcer to Zero (Putz) Committee

We continued to roll out the Pressure Care Education with

Ms Emma Cullen Gill, Tissue Viability Nurse. Attendance at this training has been primarily Nursing and HCA staff but it has also been well attended by staff from the OT, Physiotherapy, MSW and Nutrition and Dietetic Departments. Plans for 2023 include having the Pressure Care Training Module as part of the induction training for all new nursing staff to the Hospital.

Delirium Working Group

We continued to lead out on Delirium Training in the Hospital with our MDT colleagues through monthly meetings of the Delirium Working Group which were well attended. The Delirium Working Group hosted a Delirium Awareness Day highlighting the challenges of recognising and treating older patients and delirium. The theme this year was "Delirium is Everyone's Business". We aimed to highlight the role that all staff must play in the prevention and management of delirium in the hospital environment. OT completed the quarterly newsletter earlier this year, which focused on the prevention and management of delirium from an OT perspective on how the environment can be adapted/modified and the importance of sleep hygiene.

Falls Committee

We were actively involved in the Falls Committee with MDT members facilitating the training and roll-out of the Multifactorial Falls Assessment and Staff Falls Prevention Education. We also supported the Fall Awareness Day for the Hospital in March and plan to resume the Home Safety Workshops for patients and their families early in 2023. We have also supported the drafting of the new Falls Prevention and Management Hospital Policy and the Fall Prevention Strategy, which will be rolled out in early 2023.

Frailty Working Group

We were actively involved in the frailty working group in conjunction with Nursing, Physiotherapy, Medical Staff, MSW, Nutrition and Dietetics, and Pharmacy colleagues. The Early Feasibility Studies (EFS) pilot study in the development of a Frailty Care Pathway was presented via a poster at the All-Ireland Integrated Care Conference in March and the British Geriatric Society Spring Meeting

in April. A platform presentation of the study was completed at the Irish Gerontological Society Annual Scientific Meeting in November. The aim of the working group remains to prompt early identification of frailty and timelier MDT input for our patients to bring about better outcomes.

EDUCATION AND NETWORKING

Under our Specialist Rehabilitation Services, the OT Team is building links with external services to improve patient flow and communication for our amputee, brain injury and neurological patients. We have also established links with the National Rehabilitation Hospital's outpatient team and POLAR Team as well as Beaumont Hand Therapy and Vascular OTs and the Acquired Brain Injury Nurse in Beaumont Hospital. We have also participated in clinical research with University College Cork (UCC). This research explored our use of virtual home assessments as an adjunct to our in-person home assessments.

Our work on virtual home assessments was submitted to the Irish Healthcare awards in October 2022. The project entitled: Establishing a virtual home assessment process – 'Innovation at the virtual front door' was shortlisted for an award we were delighted to be "Highly Commended" by the Irish Healthcare Awards judges on the night.

External conferences and networking continued to be affected by COVID-19 in 2022. However, there was a gradual return to some in-person conferences. We presented at the All-Ireland Integrated Care Conference in March 2022, the British Geriatric Society Spring Meeting in April, and the Irish Gerontological Society Annual Scientific Meeting in November.

Our OT Assistant, Ms Emma Harte, presented at the inaugural Clontarf Hospital HCA conference in October 2022 on the role of the OT Assistant, which was held in Clontarf Castle. The department also facilitated undergraduate student OT placements for Trinity College Dublin (TCD) and for University College Galway (UCG) and these placements will continue in 2023.

The department has committee members on both the National Advisory Group of Occupational Therapist Managers (NOTMAG) and the National Advisory Group of

Occupational Therapists for Older People (OPAG), both of which are affiliated to the Association of Occupational Therapists of Ireland (AOTI).

CONCLUSION

I would like to take this opportunity to express my gratitude to all the members of the OT Team whose commitment, motivation, enthusiasm and flexibility over the past difficult year continued to ensure excellent standards of service provision and patient-centred care. On behalf of the OT Department, I would also like to thank our colleagues, throughout the Hospital, 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. I would also like to thank our external hospital and community colleagues for their ongoing and continued support.

To our patients and their families, I would like to express my sincere thanks. Through our work with you we are inspired to deliver the best rehabilitation service every single day.

Monica Devine,

Occupational Therapist Manager



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

PHARMACY DEPARTMENT

INTRODUCTION

In the Pharmacy Department we provide pharmaceutical care for patients at Clontarf Hospital, promoting the safe, economic and appropriate use of medicines.

DISPENSARY

We are responsible for the purchase, storage and distribution of medicines within the Hospital. Medicine shortages have been a global issue for some time, and they have increasingly affected Ireland with an impact on patient care and total healthcare costs. Approved alternate medicines or unlicensed products must be identified and sourced to fill the gap. The use of high-tech medicines increased in 2022 as more complex patients were admitted towards the latter half of the year, resulting in cost implications to the Hospital. High-tech medicines are typically expensive medicines that have been produced by biotechnological means, or which contain new drugs with significant new therapeutic uses, and require prescribing by a consultant in a hospital setting.

CLINICAL SERVICE

Pharmacy Clinical Activity Includes:

Medicines reconciliation

Medication reconciliation is the process of creating and maintaining the most accurate list possible of all medications a person is taking – including drug name, dosage, frequency and route. Medication reconciliation aims to provide patients and service users with the correct medications at all points of transfer within and between health and social care services.

We carry out medicines reconciliations in the Hospital as follows:

- A pre-admission prescription check is carried out on day of admission, when the patient's prescription is reviewed. This facilitates any variances to be resolved before the patient leaves the referring hospital. Non-stock items are supplied to the ward so that medicines are available when the patient arrives at the Hospital. In 2022 a total of 97% of

prescriptions were checked prior to admission.

- A post-admission check is carried out once the medicines prescription and administration record (MPAR) has been written up, to ensure that all medicines are correctly transcribed. In 2022 a total of 95% of prescription were reconciled on admission.
- A medicines reconciliation is carried out on discharge prescriptions, to ensure that the patient is discharged on the correct list of medication. In 2022 a total of 64% of prescription were reconciled on discharge.

Medicines Information

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

New Non-Consultant Hospital Doctors (NCHDs) attended the Pharmacy Department as part of their induction training to the Hospital. This provided the Chief Pharmacist II with an opportunity to explain the Hospital's pharmacy services and the procedures in place for the safe prescribing of medications. Pharmacy staff also presented to NCHDs at the Journal Club about Medication Safety and Incident Reporting

We held a Medication Safety Day in September, aligned with the World Health Organisation (WHO) World Patient Safety Day, on which we launched the updated high alert poster, the new medication incident report form and the HSE "Know, Check, Ask" initiative. On this occasion we distributed posters and lanyards promoting the A PINCHS acronym for high alert drugs (anti-infective agents, anti-psychotics, potassium, insulin, narcotics and sedative agents, chemotherapy and heparin and other anticoagulants).

In November, on European Antibiotic Awareness Day, we placed an interactive poster stand outside the canteen to highlight the indications, or not, for antibiotic prescribing.

MEDICATION SAFETY COMMITTEE

The Medication Safety Committee includes members from the Medical, Nursing and Pharmacy Departments

and reports to the Drug and Therapeutics Committee. This group meets monthly and monitors, reviews and audits medication incidents that occur in the Hospital. All staff are encouraged to report medication incidents as analysis and feedback of medication incidents can prevent the occurrence of future incidents. The year 2022 saw an improvement in the number of medication incidents reported. Higher levels of reporting are welcomed and encouraged as detailed and timely reports are used to influence changes in practice and to prevent similar incidents from occurring. Medication incidents arising onsite accounted for 51% of all reports; 43% of reports related to issues arising offsite; and 5% of reports related to incidents that originated in an external location but followed through to manifest locally. No incidents required escalation as a Serious Reportable Event. After medication incident review, shared learning notices were circulated to clinical staff. The Medication Safety Committee also updated the medication incident report form to a more user-friendly format.

Medication safety newsletters/ shared learning included the following titles:

- *Ordering Methotrexate*
- *Watch the Decimals*
- *Treatment for COVID-19 with Paxlovid©*
- *Delirium Newsletter – Pharmacological Treatment*

DRUG AND THERAPEUTICS COMMITTEE

The Drug and Therapeutics (D&T) Committee met twice in 2022. Policies and protocols developed and/or updated by the committee include the following:

- Supply and Management of Methotrexate
- Guidelines for the Management of Warfarin Therapy
- Guidelines for the Management of Hyperkalaemia
- Management of Hypoglycaemia
- Venous Thrombi-embolism VTE Prevention and Management Policy
- High Alert Medicines Poster
- Restricted Antimicrobials - IV administration guidelines
- Medicines Management Policy Review – introduction of oral syringes

AUDIT

In October 2022 a study was undertaken to demonstrate the pharmaceutical care needs and medication safety

risks of patients within the Hospital. The average number of medications per patient was 15.5 (11.5 regular and 4 as required), with 88% of patients prescribed one or more high-alert medications. All the patients reviewed met the criteria for polypharmacy (5 or more medications prescribed).

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

As part of registration as a pharmacist with the Pharmaceutical Society of Ireland (PSI) each pharmacist in the department submitted details of their professional development with the Irish Institute of Pharmacy (IIOP) Team.

There were some changes to the department during the year and I would like to take this opportunity to welcome Ms Anne Marie Cushen, Senior Pharmacist, to the team. Anne Marie has brought valuable experience in all areas pharmaceutical, especially medication safety, and has assumed the role of Chair of the Medication Safety Committee. I would also like to welcome Ms Jenny Hoare, Pharmacy Technician, and thank Ms Laura Darling who left us during the year. I would like to thank all the Pharmacy Team, Niamh and Gillian, and all the staff who support us in our work, particularly the general operatives who transport the pharmacy requisitions daily to and from the 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. Services include completing psychosocial assessments, assisting patients in adjusting to their illness and exploring the impact of this on their life in the future, and their family's lives.

The psychosocial assessment addresses the patient's situation in Clontarf 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. Importantly, the assessment identifies the need for care supports and other community services following discharge. The Medical Social Workers (MSWs) act as a liaison between the patient, family and members of the Multidisciplinary Team. They work with 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. MSWs interventions are directed at enhancing dignity, self-determination and quality of life.

Importantly, MSWs identify any risks to discharge including areas such as addiction, mental health, safeguarding concerns and domestic violence. MSWs seek ways to resolve these challenges through discharge planning, negotiating supports, facilitating care, planning meetings, applying for funding for care packages, and applying for Fair Deal under the Nursing Home Support Scheme. Confidentiality plays a key role in the engagement of MSWs with patients and their families and ensure the appropriate management of sensitive personal information.

CONTINUING IMPACT OF COVID-19

Early in 2022 the impact of COVID-19 restrictions on patient health and wellbeing became evident. The closure of a variety of community day-care services contributed to social isolation especially among older patients and this was evident from the MSW assessments.

Prior to the pandemic patients, on discharge, had the opportunity to receive community therapy within their locality, which prevented social isolation. As these

services were closed, we began to see the impact this had on people's mental health. Anger, sadness, anxiety and disbelief were some of the emotions expressed by patients. This was complicated for patients who were recovering from COVID-19 and had experienced long spells of loneliness, and who expressed fear and a lack of confidence of re-entering society. The ongoing impact of COVID-19 in 2022 continued with an increased amount of time spent by MSWs with patients discussing these life-changing situations and the impact on their future.

Other social issues addressed by the MSWs included hoarding, homelessness and capacity issues. The MSWs addressed these through creating a trusting relationship with patients, creating a safe environment in which patients could successfully resolve these difficult personal issues.

ACTIVITY

MSWs receive referrals at the multidisciplinary meetings and directly from patients and relatives. In 2022 a total of 926 new referrals was received, of which 56 long term-care applications were made. This was a slight increase on the previous year, with 21 safeguarding referrals were received. As part of the Multidisciplinary Team the MSWs and Occupational Therapists (OTs) completed home assessments visits. The MSW liaised with families on the visits ensuring that appropriate supports were in place following the patient's discharge from the Hospital. It also addressed any risks identified to a safe discharge and offered options to families in an attempt to reduce/eliminate any such risks.

Statistics for the MSW Department included the number of direct and indirect hours spent on each patient and we saw an increase in MSW time spent with patients to address the additional complexities due to COVID-19, as discussed above.

As the Hospital admitted patients for more specialised rehabilitation (stroke, acquired brain injuries, amputees) the MSWs reported more requirements for psychological and behavioural interventions as well as more time spent discussing and negotiating for services on discharge. This was especially the case for patients admitted under 65 years, who experienced life-changing injuries/illnesses and who were experiencing heightened emotions including anger and low mood. The MSW was particularly

involved with these patients, to allow them and their families adjust to their new life-altering circumstances.

The co-ordination of home-care packages and community supports remained a primary provision of the service during the year. The MSW Team established good working relationships with HSE Managers of Older Persons' Services and remained in regular contact with all community support services.

To ensure a safe discharge home for patients access to funding for home supports is vital, along with appropriately trained carers. Some of the main challenges for the department during the year was ensuring that funding for home-care packages was approved in a timely manner. Staff shortages and recruitment issues is a challenge for the care-provider agencies in the community.

There was also a high level of support provided to patients and their families requiring long-term care. The MSWs planned meetings and corresponded with families to discuss the practical aspects around the Nursing Home Support Scheme (NHSS) so as to expedite the process as smoothly and promptly as possible. However, highly complex issues identified during the year around the NHSS included capacity and legal concerns, as well as complicated financial affairs, which contributed to patients being delayed in going to long-term care under the NHSS. The team worked well in continuing to liaise with the Nursing Home Support Office, legal teams and the designated nursing homes involved. The MSW Team also supported the patients and families throughout what can be a stressful process.

NATIONAL POLICIES

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

- The National Safeguarding Vulnerable Persons at Risk Policy; National Policy & Procedures 2014
- Children First.

SAFEGUARDING

The 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 21 referrals was received in 2022 and followed up by the MSWs. The team worked sensitively engaging with vulnerable patients in discussing allegations of abuse and referring on to the appropriate agencies. Preliminary screenings were completed by the MSWs, as well as the devising of 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. In addressing these matters the department works closely with the CHO9 Safeguarding Team. One MSW is the Designated Officer in the Hospital and a further three MSWs will be trained as Designated Officers in 2023, along with two of our Nursing colleagues. Due to COVID-19 restrictions off-site training was not available, although in 2023 we are hopeful that with the lifting of restrictions the training will resume. The department held a staff awareness session on safeguarding concerns in May.

PROJECT GROUP WORK

Project group work started in April 2022 with the Trauma Project Team being established by the Chief Executive Officer (CEO). Two MSWs were members of the project team and attended weekly meetings initially. The aim of the Trauma Project Team was to establish the resources needed to provide post-acute rehabilitation to patients from the Mater Hospital Major Trauma Centre when it is established in 2023. The team completed a literature review and engaged in networking, which included zoom and in-person meetings with various external stakeholders in other trauma rehabilitation sites. The group gathered information from other rehabilitation hospitals in various parts of the world. This information-gathering exercise provided a good insight into the additional equipment, staffing and changes that would need to be considered and made in order to facilitate the more complex patient with multiple injuries. This work culminated in a presentation to the Board of the Hospital by the Senior MSW at the end of October. The MSW Department organised a meeting with the complex discharge co-ordinator from the National Rehabilitation Hospital (NRH) to give a presentation on their role and issues that arise for complex discharge.

The second group project, that included one Senior MSW, was the Specialist Rehabilitation Project Team whose aim was to consider the resources needed to provide services for patients with more specialised rehabilitation and under the age of 65. The patient profile included neurological rehabilitation, acquired brain injury, stroke, spinal cord injury, Guillain Barre syndrome, neurosurgery, ICU neuropathy/myopathy and amputee rehabilitation services. The Senior MSW attended meetings and participated in presentations for the CEO and other project teams from April to December 2022. Work will continue with this project team into 2023 with the support of the Mater Hospital.

MSWs in conjunction with the Multi-Disciplinary Team (MDT) engaged in Goal Attainment Scaling (GAS) sessions with patients (and occasionally with families). The MSW role was very valuable with assisting in advocating for meaningful personal goals with patients and assisting them in adapting to life-changing circumstances by setting realistic goals due to patient's brain injury or amputee and planning for the future. The MSW Department also assisted with other mixed categories of patients including general medical, orthopaedic, over 65s and under 65s.

The third project group held in 2022 included the Mater Integrated Care Programme for Older Persons (MICPOP project group). The MICPOP Group met in April and discussed the integrated care programme and how the Hospital could support this pathway for patients. The aim of the MICPOP is to develop and implement integrated services and pathways for older people with complex health and social-care needs, shifting the delivery of care away from acute hospitals towards community-based, planned and coordinated care.

The group reviewed the integrated standards including quality of service delivery, safe patient-centred care and equitable, timely and efficient service. Admissions were accepted from home, the Frailty Intervention Therapy Team (FITT), the Mater Hospital Emergency Department and inpatients from the Mater Hospital. From July to December, of the 48 patients admitted, 45 were referred to the MSW Department. MSWs engaged well with these patients, completing assessments and setting up supports in the community including applications for home-care packages, community services and support for main carers.

EDUCATION AND TRAINING

The MSWs continued to work jointly with the Occupational Therapists (OTs) in delivering the Wellbeing & Relaxation Group Work for Patients in wards due to ongoing restrictions. MSWs and OTs plan to continue this in 2023 focusing the group work away from the wards.

MSWs continued to adhere to CORU regulations upholding their professional standards, attending webinars, zoom meetings, team meetings and 1:1 supervision throughout the year.

CHALLENGES AND PLANS FOR 2023

Funding and resources will continue to be a challenge in 2023 along with the changing needs of both older and younger patients. It is anticipated that as patient complexity increases, so too will their requirements for MSW in coming years.

Plans for 2023 include restarting the Patient Wellbeing and Relaxation Group Work, which proved so beneficial to all those who attended, and as reported in the Patient Satisfaction Survey completed after the sessions. The review of the department's Standard Operating Procedures, which began in 2022, will be completed in early 2023.

MSWs will continue to advocate strongly for patients and promote the positive aspects of working with older and younger people with disabilities in a hospital setting, as well as preparing patients for discharge home. We will continue to ensure that patient needs are identified at the earliest stage of their admission and engage with the patients throughout their rehabilitation journey.

Finally, I would like to take this opportunity to thank all the clinical and support staff with whom we have worked so closely in the care of the patients in 2022.

Mary Duffy

Principal Medical Social Worker



Michelle Walsh Medical Social Worker and Aoife Brennan Medical Social Worker



Sinéad Shanley
Senior Dietician

NUTRITION AND DIETETICS DEPARTMENT

INTRODUCTION

The Nutrition and Dietetics Department provides dedicated, evidence-based nutritional care to all patients referred to our service. Malnutrition risk increases in those entering rehabilitation, due mainly to post-acute illness. Patients often experience continued nutrition-related issues such as decreased appetite, reduced intake, swallowing difficulties (dysphagia), pain, wounds, and dementia. The dietitian works as part of the wider multi-disciplinary team to promote an understanding of the negative impacts of poor nutritional status on all patient disease management.

STAFFING

The current dietetic team, at full complement comprises two Senior Dietitians and one Staff Grade. The department carried significant staff vacancies from the second quarter of 2022, which negatively affected on the provision of a prompt dietetic service. However, all Priority 1 (P1) patients were seen during admission and all patients were referred to an appropriate community service on discharge. While the level of dietetic staffing remains significantly below the rate recommended for post-acute rehabilitation services a prioritisation pathway is in place to determine each patient's nutritional risk on admission. This is completed by using the Malnutrition Universal Screening Tool (MUST) and the department's referral criteria, which are audited and reviewed annually. The dietitians continue to provide a hospital wide service to the areas of older persons' rehabilitation, specialist neuro-rehabilitation, and orthopaedic rehabilitation.

SERVICE DELIVERY

Despite staff fluctuations in the first quarter of 2022, due to COVID-19, the number of patient consultations per month increased by 2% to 306, from March to May, at full staffing. Department referral rates increased again by 3% to 57%, with the neuro- rehabilitation service referring up to 70% of its patient admissions. The highest number of review sessions per patient was also seen within this

service, reflective of patient complexity. However, due to staffing level restrictions in quarter 3, the department minimised its service development duties to help ensure that all P1 patients were seen.

The Catering Working Group took precedence among all other working groups for the department in the final quarter of the year. In collaboration with the Catering Manager and senior staff from the Speech and Language Therapy Department we worked progressively 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 the following improvements in the first half of 2022:

- We completed the Gap Analysis for Food, Nutrition & Hydration Policy, using the HIQA descriptors framework, in collaboration with members of the Nutrition & Hydration Working Group. This resulted in the initiation of work streams/groups in the areas of Service Developments, Education and Training.
- In collaboration with the Director of Nursing (DON), Speech and Language Therapy and Catering Departments we implemented a Feeding, Eating, Drinking and Swallowing (FEDS) communication tool hospital wide. All clinical and non-clinical ward staff now have daily access to patients' individual fluid and dietary requirements. In addition, FEDS captures supervision levels required at mealtimes. This process significantly reduces patient risk of receiving incorrect therapeutic and texture modified meals, as well as enhancing their mealtime experience and optimising their nutritional intake. This is in line with the HSE Food, Nutrition & Hydration Policy and the Department of Health (DoH) Clinical Guidance on Communication.

- We continued to represent Dietetics on the Catering Working Group. Key accomplishments for 2022 include:
 - A review of the three-week regular menu cycle and relevant adjustments in line with the National Nutrition and Hydration Policy. Standardising the regular menu, allows for its reliable adaption to meet the needs of all further therapeutic and texture-modified diets required in Clontarf Hospital.
 - The design and creation of a coloured, illustrated Catering Manual by the Dietetic team, to meet the training requirements for food-service Catering Assistants at ward level. With the assistance of the Catering Manager and Senior Speech and Language Therapist (SLT), we also developed and delivered a training video to all Catering Staff.
 - The introduction of Food Fortification standards to increase energy and protein content of the Energy Dense Diet, in line with National Guidance.
- We presented to the Beaumont Hospitals Dietetic Department's Journal Club in April 2022. Highlights included sharing of service development initiatives and strengthening pathways for patient continuity of care.
- We liaised with the Department of Nursing (DON) to allocate mandatory status to Malnutrition Universal Screening Tools (MUST) HSEland remote training in the absence of onsite training due to COVID-19 restrictions.
- We developed a Sarcopenia Assessment tool in conjunction with Senior Physiotherapists.
- We contributed to Dietetic representation at preparation meetings for monthly Executive Management Team (EMT) meetings.
- We liaised with and contributed to the Occupational Therapy (OT) led Hospital Data Management Group, with an emphasis on broadening nutrition-related categories (MUST scores, Diabetes, etc).
- We completed a departmental induction manual as a standalone piece for specified purpose dietetic cover of the department.
- We circulated 2 further editions of the Hospital's Nutrition Education Newsletter, entitled Nutrition Bytes.
- We contributed to the newly-formed Dietetics in Rehabilitation Working Group, attended by more than 18 rehabilitation member hospitals and facilitated by Dietitian Managers from Peamount and St Marys

Hospitals.

- We attended hospital committees - such as the Frailty Working Group, the Dementia Care Group, the Green Committee, and the Delirium Working Group up to May 2022.

CLINICAL EDUCATION

In the absence of adequate department staffing, it was not possible to host clinical student placements for UCD, MSc in Clinical Nutrition & Dietetics students. However, we facilitated two students in completing their two-week catering placement in the Hospital with great success.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Essential CPD continued in all relevant areas of our dietetic practice and included:

- Providing in-service training for all department staff rotated quarterly on updates in relevant clinical areas.
- Recognising and Managing Medical Emergencies in Eating Disorders HSE Older Persons.
- Running an Older Persons Interest Group, INDI, Frailty through the perspective of the Multidisciplinary Team.
- Attending BDA, OPSG & AGILE Webinar Series: Engagement and Innovation in Practice.
- Completing a leadership qualification in Quality and Qualifications Ireland (QQI) Managing People Level 6 Component Certificate.

FUTURE PLANS

In 2023 we will focus on the ongoing recruitment and development of a progressive and patient-centred Department of Nutrition and Dietetics. We continue to further collaborate in advancing our catering service training and education in conjunction with the Department of Speech and Language Therapy. We aim to expand of our data collection categories to capture nutrition-related disease states, which will further inform the needs of our service.

Finally, as members of the Multi-disciplinary Team, we wish to thank all our colleagues across the Hospital who assist us in our daily work and for their full commitment and contribution to informing the dietetic care needs of our patients.

Sinead Shanley (Senior Dietitian)

Kara Cullen (Senior Dietitian)

Deirbhile Sherry (Staff Grade Dietitian)

SPEECH AND LANGUAGE THERAPY DEPARTMENT

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 in 2022 remained significantly below the rate recommended in National Clinical Care Programmes. As a result, all referrals to SLT were prioritised according to risk. In the past 12 months the Hospital's rehabilitation team has intermittently had 0.5 Senior SLT for 4 months and 1.0 whole-time equivalent (WTE) Senior SLT cover for 8 months to meet the care needs of all patients admitted to the Hospital. Staffing levels fluctuated depending on COVID-19 leave and annual leave. At the end of November the department was delighted to welcome a 1.0 WTE Staff Grade SLT (fixed 6-month specified purpose contract).

SERVICE DELIVERED

Referrals are accepted from all hospital consultants across three different clinical areas (Care of Older Person, Complex Rehabilitation, and Orthopaedics) covering 160 beds at maximum capacity (typically 120 beds operational). The Hospital caters to a cohort of patients with high dysphagia and communication needs. Overall, we provided intervention to 139 individual patients in 2022 (with statistics collected over the period of February 2022-December 2022).

Throughout 2022 the SLT caseload averaged 23.8 patients per month (range: 7-50) peaking in November at 50 patients in total. The average age of these patients was 79.8 years. Swallowing difficulties (dysphagia) were the primary concern for most patients (85.61%; n=119), while communication issues were the main complaint for a smaller cohort (28.77%; n=40). Almost a fifth of these patients (17.7%) experienced both communication and swallowing difficulties. The majority of these patients were referred via the Beaumont Hospital pathway (33.09%), closely followed by the Mater (30.93%), and Rehabilitation pathways (23.74%).

A total of 815.25 hours was spent with patients across 868 total episodes of care in 2022. On average, SLTs had 3.6 monthly contacts with individual patients for an average of 3.58 hours each month.

SERVICE DEVELOPMENTS

The department was involved in many areas of service development in 2022, as follows:

- Establishing a clinical education relationship with Trinity College Dublin (TCD) in order to offer clinical placements to students enrolled in the MSc (Dysphagia) Programme. This involved providing learning opportunities for advanced dysphagia practice, ongoing supervision, and reflective feedback to promote clinical development.
- Senior SLTs continuing their contribution to the Nutrition and Hydration Working Group and ongoing projects within the Catering Working group, as follows:
 - o Completing a full audit of the three-week menu cycle for texture modified diets.
 - o Developing the Catering Manual in conjunction with the Senior Dietitian and Catering Manager. This was rolled out to all pantry staff.
 - o Contributing to the development of the Feeding Eating Drinking & Swallowing (FEDS) handover system which was successfully rolled out across the Hospital.
 - o Designing, developing and delivering specific online training in conjunction with the Dietetics Department on the topic of texture modified diets.
- Collaborating with the Director of Nursing (DON) to allocate mandatory status to International Dysphagia Diet Standardisation initiative IDDSI HSeLanD online training for all nursing and healthcare assistant (HCA) staff in 2022.
- Developing dysphagia training for nursing, HCA, catering staff and chefs - ready for roll-out in 2023 first quarter.
- Developing departmental policy and continuing the development of a hospital-wide Dysphagia Policy.
- Reviewing and re-designing (by Senior SLTs) an internal method for capturing departmental statistics

and intervention outcomes in order to track and ultimately improve the efficiency and efficacy of the service, with protocols developed to guide staff in the use of this system.

- Implementing a new internal documentation system for keeping SLT-specific continuation notes, which facilitated safer and more efficient sharing of the caseload.
- Due to staffing limitations, the completing of ongoing risk assessments to assess the risk within the service and escalating this to Management as appropriate.
- Contributing to the ongoing collection of Department Specific MDT statistics to monitor and enhance service delivery into the future.
- Contributed, through Senior SLTs, to specialist hospital projects such as the POLAR/Specialist Rehabilitation stream to map current care delivery and to plan for future developments in advanced rehabilitative service provision.

DEPARTMENTAL CHALLENGES

Due to the multiple and complex SLT needs of patients admitted to the Hospital, and the low levels of staffing, service delivery has been designed to manage urgent risk only. As a result, there are limitations to implementing the admission of patients with communication and dysphagia needs. Currently, while the SLT service must prioritise Priority 1 (P1) patients regarding assessment and the provision of advice, it is unable to provide active rehabilitation. This significantly impedes patient flow and the ability for patients to transfer from acute services to the Hospital, thus increasing pressure on acute hospitals. Evidently, additional SLT resources are needed in the Hospital to safely meet the care needs of patients who are eligible for transfer to this Hospital from acute hospitals, in order to maintain optimal patient bed flow and quality of care.

National standards, position papers and clinical care programmes outline the integral role of SLT in the management and rehabilitation client groups. SLT intervention supports favourable functional outcomes, reduced length of stay and health-care costs, reduced hospital re-admission, and reduced mortality. Specialist dedicated rehabilitation teams, with early and frequent intervention, patient-centred goal planning, multidisciplinary team (including SLT's) working, patient advocacy, and family education are all outlined in national and international rehabilitation guidelines in order to

produce favourable rehabilitation outcomes. To this end the SLT Department and the Management Team at the Hospital have submitted Business Cases to the HSE for additional funding to meet these SLT patient care needs.

With appropriate levels of staffing in 2023, the department, improve access to rehabilitation services and improve the quality of the rehabilitation services at the Hospital with additional SLT posts. This would also have the benefit of providing earlier transfer from our local acute hospital beds and relieving pressure on frontline services, Primary Care, and Community SLT services alike.

CONCLUSION

As a developing department we look forward to ongoing service and departmental developments in 2023. Throughout what has been another challenging year from staffing and pandemic perspectives, we have received invaluable supervision and support from our Line Manager, Michelle Fanning, and support and guidance from the HR Department, for which we are very grateful.

We would like to thank the Health and Social Care Professions (HSCP) managers in the Hospital, who have offered great support to SLT throughout the year, and the Medical, Nursing, HCA, and Catering Staff for all their support in providing the SLT service to inpatients. It would not be possible without all their work and we look forward to working with them again in 2023.

Speech and Language Therapy Team

Orla Gilheaney, Senior SLT

Sheelagh Jennings, Senior SLT

Andrew Keegan, Staff Grade SLT



Andrew Keegan, Speech & Language Therapist, Orla Gilheaney, Senior Speech & Language Therapist, Sheelagh Jennings, Senior Speech & Language Therapist.

X-RAY DEPARTMENT

INTRODUCTION

This year has seen the reopening of our Radiography Department to outpatients once again. During the COVID-19 pandemic we paused our outpatient referrals from local general practitioners (GPs). We have since reopened and all local GPs were contacted to inform them that the service was resuming.

ACTIVITIES AND CHALLENGES

- For radiation safety education in Clontarf Hospital the Medical Physics Expert (MPE)/Radiation Protection Adviser (RPA) Lesley Malone usually holds in-hours study days to educate staff on radiation safety (this is a legislative requirement). However, due to COVID-19, and having insufficient numbers of people together at once, we decided to hold a radiation safety day for staff in February. It was delivered by the two radiographers, Michelle O'Regan and Roma English, and consisted of a pop-up information stand with general information leaflets on radiation safety and protocols within the X-ray Department. We had posters and print-outs of the PowerPoint presentation used by the MPE/RPA, as well as our local rules and standard operating procedures. It was well attended, and many staff requested extra information on other services such as BreastCheck and DEXA scans. We followed up on the day holding a 1:1 demonstration of safety protocols in the X-ray room with the porters and cleaners who visit it the most. They were also required to read through the Radiation Safety Training Manual for staff.
 - The LMP/Pregnancy Forms were translated into different languages and circulated to staff for all patients whose first language was not English.
 - In preparation for the reopening of the GP outpatient service a plan was set in place to resume services. Several of the GP addresses and contact details had to be updated and we now have additional information to record, such as doctors' General Medical Council (GMC) numbers and contact sources in line with new Health Information and Quality Authority (HIQA) and Environmental Protection Agency (EPA) guidelines.
- Several test runs were conducted to ensure a smooth pathway for all external referrals and proper reporting methods. We are now accepting appointments and the adopted process ran smoothly on resumption of the service during the year.
- New EPA guidelines were introduced in 2022 and these require some adjustments to our protocols such as adequate recording of dose readings for locums and ensuring that these locums are in the correct category for employment. This was done with the help of our MPE who categorised them. A document was drafted and approved for the locum to sign. The guidelines also meant that we were required to draw up a new document for an induction and training schedule for all staff, which became operational during the year.
 - **REVIEW OF OUR LOCAL RULES** - These rules were updated, reviewed and amended.
 - **NIMIS UPGRADE 2022** - We had a National Integrated Medical Imaging System (NIMIS) upgrade during the year. There were a few teething problems initially with the configuration of the NIMIS platform, which affected our workflow, but these were addressed promptly, and operations returned to normal once the configuration had been corrected.
 - **NEW EQUIPMENT TO REPLACE OLD SIEMENS EQUIPMENT** - We were informed early in the year that Siemens could no longer guarantee spare parts beyond the end of 2022 for the X-ray equipment. This was discussed at the two Radiation Safety Committee Meetings during the year and an agreed action plan with Quality Control is to be forwarded to the Health Service Executive (HSE) for funding.
 - **HIQA INSPECTION CHECKLIST** - Time was spent during the year working through a pre-inspection check-list with our MPE/RPA to ensure that all protocols and policies were in order if an unannounced HIQA Ionising Radiation Inspection should arise. This involved reviewing local Diagnostic Reference Levels (DRLs), Quality Assurance (QA) results, staff training and CORU certificates from staff, etc. We are satisfied that all the protocols and

- policies are up-to-date and are ready for inspection.
- Going forward we will have an Annual Radiation Safety Review as an ongoing education requirement with our MPE/RPA in September, to inform us of any updates or requirements with the legislation, to ensure that all our policies and procedures are in order, and to review any radiation safety changes that have been made during the year. This will form part of our on-going continuing professional development (CPD) practice.
- RISK REVIEWS - The main issues we had this year was with identity (ID) bracelets missing from patients coming down from the wards. We raised this matter with the Nursing Staff and Porters and it is something we will include in our Radiation Safety Training day next year.
- SERVICES DATES FOR ALL EQUIPMENT - These were reviewed during the year and adjusted as necessary. We resumed checking the lead aprons annually rather than sending them externally for screening as agreed with our MPE.
- We had several DRL audits during the year to review our radiation doses and record patient numbers. We still have a low reading of numbers for Thoracic and Cervical spine views, but we expect this to increase as out-patient numbers rise. Other audits were completed such as the Patient Identification and Justification Audits.
- All the 2015 X-rays that are kept in the old X-ray room have been removed and recycled. This completes the elimination of the old X-ray files and the area is now available for other hospital storage.
- All mandatory training, such as Fire Safety and Basic Life Support (BLS) were completed by the X-ray Department staff and are now up to date.

X-RAY DEPARTMENT PLANS 2023

- Subject to funding, it is expected that the main X-ray equipment will be replaced during the year. A procurement tender will be drafted in early 2023 for its replacement.
- A Radiation Safety Day will be scheduled in 2023 to include broader information for staff, so that they can have more self-care information on breast screening and DEXA scans.
- The Annual Physics Meeting with the physicist (MPE/RPA) will be scheduled.

- Audits will be completed in areas such as DRLs, Pregnancy, Triple ID and Justification, as well as any other areas that may be identified through risk management.
- Departmental staff will attend the bi-annual Radiation Safety Committee meetings.
- The department will regularly review and update the HIQA/EPA pre-inspection worklists.
- Departmental staff will complete all mandatory training and attend study days as appropriate and ensure that all CPD requirements are met (CORU).
- Training will be scheduled in the ADT hospital system so that the radiographers can book patients for X-rays in the absence of administrative support, to ensure that there are no patient delays for X-rays.
- The department will implement online radiation safety training for its inhouse doctors.

We wish to express our sincere thanks to Ms Anne Ryan, Professor Martina Morrin, Dr Lesley Malone and Mr Johannes Tsagae for their continued support and guidance throughout the year and to all our colleagues at the hospital for their support of the department.

Michelle O'Regan and Roma English
Senior Radiographers



CHAPLAINCY DEPARTMENT

As part of its holistic approach to patient care Clontarf Hospital is committed to ensuring the importance of chaplaincy and pastoral care. Hospital Management and the Chaplaincy Department acknowledge that the vulnerability of the patient is reflected not only in their physical condition, but also in their emotional and spiritual wellbeing. 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 – a response to God’s love.

While COVID-19 changed how Chaplaincy works, its core skills and practice remain the same and the wellbeing of the patient remains paramount. Understanding a patient’s vulnerability when in hospital is important. The Chaplain is called and trained to minister in circumstances where patients and their families are in distress. The interaction of the Chaplain, who has good listening skills, helps to bring meaning to difficult situations.

In 2022 the Chaplaincy Department attended patients referred by nursing and medical staff. The Chaplain provided skilled and compassionate pastoral, spiritual and religious support to patients who, at times, were facing difficult decisions and stressful situations. There is a growing body of evidence that appropriate spiritual care has an immediate and enduring benefit for those utilising Chaplaincy in these situations.

In recent years the Chaplain has noted an increase in the diversity of religions, beliefs and cultures within the Hospital population. Patients, regardless of their background, experience the same sense of vulnerability and apprehension while in hospital and the Chaplain was available during the year to provide support to all. Patient care is enhanced by ensuring either the availability of religious or non-religious pastoral support.

There is also the administrative dimension to the role of Chaplain in the Hospital, where procedures/policies/protocols and preparation of services (albeit changed) are maintained. While the return of volunteers to

the department was monitored during the year but, outbreaks of COVID-19 led to the suspension of the service until Infection Prevention and Control deems it safe to resume.

Rituals and Services and Liturgical Feasts continued during the year both in person and virtually, as follows:

- On 2 March (Ash Wednesday) ashes were distributed throughout the Hospital.
- In February, with the onset of the War in Ukraine, a Prayer Table was set up in the reception area to highlight the compassion the Hospital has for the people of Ukraine, and mindful of the many staff who came from countries surrounding Ukraine.
- On 26 November a Candlelight Service in the Oratory was held, with the usual social distancing observed under the watchful eye of our Health & Safety Manager, Ms Helen Kieran. Revd Lesley Robinson assisted the Chaplain in conducting this service for deceased patients and deceased relatives of members of staff – a service that brings comfort to all who have lost loved ones during the year.
- The Eucharist continued to be distributed to patients throughout the Hospital every Wednesday.
- Fr Martin Hogan, from the parish of St John the Baptist, ably supported the Hospital during the year, particularly during the COVID-19 restrictions. However, he has since left the parish and we wish him well in his new ministry. In his place we welcomed Fr Killian, who will be available to the Hospital for those of the Catholic faith.
- Revd Lesley Robinson (Church of Ireland) continued to offer her services to the Hospital for those of the Church of Ireland faith, also facilitating ecumenical services during the year.

The Chaplaincy has close communication with the staff, the CEO and the Director of Nursing and encourages all staff to make referrals for pastoral care as needs arise. We work very much in tandem with other professionals, in the care of our patients.

PLANS FOR THE FUTURE

It is hoped that we may be able to reopen the Oratory as a place of worship and contemplation, if COVID-19 restrictions are eased in 2023.

It is envisaged, with the support of Management, to hold a staff presentation in 2023 to highlight the Chaplaincy service at the Hospital and its important role in enhancing patient care.

Finally, I would like to thank the Board of Governors and the CEO for their committed approach to providing

pastoral care support to the patients in the Hospital. On behalf of Chaplaincy, I would also like to thank all my colleagues from every department and discipline for their co-operation and support in helping me in my ministry during the past year, in particular Revd Lesley Robinson (Church of Ireland in Clontarf). To be working alongside health-care professionals and the staff at the Hospital is a truly humbling experience - one of care, kindness, and compassion.

Miriam Molan
Chaplain



QUALITY, SAFETY AND RISK MANAGEMENT DEPARTMENT

INTRODUCTION

The Risk Manager liaised closely with all departments to ensure that the Risk Management (QSRM) Department is involved in a range of functions to promote and support safe patient care, quality improvements, staff safety health and welfare, and corporate compliance.

The department sits within the Administration Department and covers all areas throughout Clontarf Hospital and its remit includes both clinical and non-clinical risk. The department reports into the Executive Management Team (EMT) monthly and quarterly to the Board Subcommittee for Quality Safety and Risk Management (QSRM).

ROLES

The role of the department is to effectively manage risk, staff safety health and welfare and support quality improvement through proactive risk management and inclusion of all staff within the Hospital's QSRM Framework. Members of the department work closely together to ensure uniformity of policy and for the effective use of resources and intra-professional collaboration.

WORK PROGRAMME 2022

Risk Management

The Risk Manager liaised closely with all the departments to ensure that the Risk Management Policies were updated and implemented throughout the Hospital and daily liaised with staff in the management of risk and risk assessments.

Detailed monthly and quarterly incident reports were provided to the EMT and the QSRM Committee on incidents and any associated investigations required were managed in line with the QSRM Framework. The National Incident Management System (NIMS) was used to report and review all incidents in line with the Hospital's corporate arrangements.

The Risk Manager maintained the Corporate Risk Register and made the necessary changes as risks diminished or

were eliminated and when other risks were identified and escalated. The Corporate Risk Register enables the Board to identify and prioritise risk and provides an integrated approach to clinical and non-clinical risk.

As with previous years, falls prevention remained high on everyone's agenda, particularly for the Risk Manager and all incident reviews completed in 2022 related to falls. Recommendations made relating to the falls reviews were implemented and overseen by the Quality Improvement Officer.

SAFETY, HEALTH AND WELFARE

The Health and Safety Officer plays an important role in ensuring that there are safe systems of work in place and in promoting a safe work environment for employees and those affected by the activities within the Hospital. To this end, based on the existing safety and health management systems, in 2022, there was a focus on continuous improvement in conjunction with the ongoing management of COVID-19 in the Hospital.

A review of the Hospital's Safety Statement was undertaken and it was approved by the Board in October 2022. Departmental Occupational Risk Assessments were reviewed and are expected to be completed in 2023, to address specific hazards and the associated risks in each department. The Hospital Waste Management Policy and the Smoke Free Policy were also revised and updated.

The Health and Safety Committee met on a quarterly basis. The committee includes representatives from the various departments on site and there is active and ongoing participation in this committee.

To protect staff health and welfare, and in association with Public Health Guidelines and hospital policy, COVID-19 precautions were monitored and implemented on site, as appropriate, as the COVID-19 pandemic continued and evolved. As the pandemic had significantly impacted the provision of onsite training in 2020 and 2021, following

appropriate assessment and planning in 2022, onsite training resumed for staff, including manual handling and patient handling, fire awareness, chemical safety, and transport of patient specimens.

In line with legislation, the Hospital provided the required information for the Dangerous Goods Safety Advisor (DGSA) Annual Report for 2021 to be prepared. The DGSA Auditor also completed two DGSA Audits in June and December. There were no non-conformances found during either audit and all observations and recommendations made by the DGSA Auditor were actioned and completed.

QUALITY IMPROVEMENT

Throughout 2022 the Quality Improvement Officer remained committed to supporting staff in quality improvement projects and quality improvement initiatives. An important role for the Quality Improvement Officer at the Hospital is to continuously monitor and oversee the implementation of any improvements recommended from risk reviews.

The department takes a proactive role in supporting and sometimes managing quality improvement initiatives that staff wish to take. The Quality Improvement Officer did the following in relation to quality improvements in 2022:

- Introduced a patient Chiropody Service and Hairdressing Service
- Introduced a pathway for the inter-hospital transfer of patient healthcare records
- Assisted the Radiology Department in installing a new DR system from the old CR system
- Supported the Radiotherapy Department in implementing radiation safety policies to meet compliance obligations for radiation safety and to prepare for onsite inspections
- Supported the Pharmacy Department in reviewing the Medication Administration and Prescribing Record (MPAR)
- Supported the implementation of the Reporting Escalation Medication Pathway and Governance
- Supported the HR Department in introducing the

Swipe Card System into the Hospital

- Supported the Catering Department in introducing a cashless system in the Dining Room
- Supported the Nursing Department in introducing a "Daily Huddle" communication meeting.

A highlight for the Quality Improvement Officer during 2022 was the submission of three quality improvement awards to the Irish Healthcare Awards. Winning one and receiving two commendations is a true reflection of staff commitment to continually striving to improve patient care.

From all the staff in the QSRM Department we take this opportunity to offer our sincere appreciation to all our colleagues for their fulsome support to quality and risk management throughout 2022.

Bernie Conolly

Quality Improvement Officer

Milcent Chinyemba

Risk Officer

Helen Kieran

Health and Safety Officer



Grazyna Polak, Catering Assistant

HUMAN RESOURCES (HR) DEPARTMENT

INTRODUCTION

Throughout 2022 the Human Resources (HR) Department provided support to staff through effective engagement and by actively promoting staff education, training and development, as well as staff wellbeing initiatives - both internally and externally.

Clontarf Hospital employs a diverse range of staff across areas such as Medical, Nursing, Health and Social Care Professionals, Clerical and Administrative, Catering, General Services, and ICT. It was therefore the role of HR to facilitate optimum recruitment, induction and retention of staff in achieving the Hospital's primary objective of delivering a quality post-acute rehabilitation service to all patients.

HR remained fully committed to achieving appropriately skilled expertise across all areas despite national shortages and a highly competitive healthcare recruitment environment. To this effect the HR Department developed a constructive HR Strategy Plan to assist in the further development of recruiting and retaining staff within a positive workplace culture that enhances the respect and dignity of all staff and patients within the Hospital.

CHANGES IN EMPLOYMENT LEGISLATION AND POLICY DEVELOPMENT

HR strengthened its position across the organisation with a revised and updated suite of HR policies, including those related to staff wellbeing, learning and career development. The impact of COVID-19 remained significant for the Hospital's workforce and for maintaining adequate 24-hour rosters. Staff were supported by HR in the maintenance of rosters and the management of Covid-19 leave. Preparations were also made for the new HR Strategic Plan 2022-2025 where the HR Department will be tasked with implementing the ambitious "People and Culture" goals.

The year brought about several key adjustments in the area of employment law that affected HR policies and procedures, including:

- **The Statutory Sick Pay Scheme:** under the Act,

employees are entitled to be paid sick pay by their employer for a maximum of three days per year in the first year. The Minister has increased the number of days on a yearly basis, up to three days a year. The payment in the first year will effectively fill the gap in coverage caused by illness benefit waiting days. The entitlement is subject to the employee having worked for their employer for a minimum of 13 weeks.

- **Whistleblowing:** the Minister for Public Expenditure and Reform signed an order for the Protected Disclosures (Amendment) Act 2022. The HR Department has established new procedures in anticipation of its implementation on 1 January 2023.
- **Parent's Leave:** from July 2022 the Hospital amended its Parent's Leave Policy to reflect the additional statutory changes available to staff from 5 to 7 weeks' leave for children born or adopted after 1 July 2022. Parents can claim the additional 2 weeks Parent's leave if their child was under the age of 2 on 1 July 2022 or if an adoption had been placed with a family less than 2 years on 1 July 2022.
- **Probationary Periods:** the HR Team applied the new regulations into policy for a six-month time limit on probationary periods. Longer probation periods are permitted in exceptional cases, with a maximum extension being up to twelve months.
- **New Work Life Balance and Miscellaneous Provisions Bill 2022:** this Bill introduces a range of measures to improve family-friendly work practices and is also aimed at supporting women in the workforce. The proposed legislation will give the parents and carers of children under 12 the right to request flexible work, introduce 5 days' unpaid leave for medical care reasons and extend paid entitlement to breastfeeding breaks from 6 months to 2 years. The Bill will also see the introduction of paid leave for victims of domestic violence.

EMPLOYEE WELLBEING AND ENGAGEMENT

The HR Team facilitated staff workshops to create an understanding of the services provided by INSPIRE Ireland as part of the Hospital's Employee Assistance Programme. This was to ensure that staff are being well

supported in looking after their own health and wellbeing. The sessions provided a detailed breakdown of the services available. Feedback from the sessions was used to improve overall policy and procedural development in supporting staff in the workplace. It is hoped that by offering appropriate support to staff in maintaining their own health and wellbeing will build staff resilience when unexpected challenges - like the pandemic - arise in the hospital work environment.

Other initiatives offered to staff by the HR Department were the excellent Health Service Executive (HSE) tools around staff wellbeing, as follows:

- HSE' "Love Life Love Walking" Day
- HSE Choirs - How to set-up a Choir
- Healthy Ireland at your HSE Library
- Steps to Health Challenge
- Mindfulness Based Interventions Guidance for HSE staff.

Staff continued their fundraising efforts for several worthy causes including the charity sea swim in aid of Ronald McDonald House and "Movember" in aid of men's health issues.

RETIREES IN 2022

Best wishes for a very happy retirement to:

- Ms Marie Dowling – Department of Nursing
- Ms Phil Irving – Department of Nursing
- Ms Maria Francis – Department of Nursing

During the year we held a reception to thank and acknowledge Mr Tony Kerrisk from the Maintenance Department and Ms Edel Breen from the Nursing Department for their longstanding contribution to delivering services at the Hospital.

EDUCATION, TRAINING AND DEVELOPMENT

The ability to conduct in-person training was severely impacted throughout the pandemic. Following a considerable reduction in case numbers with the aid of public health guidelines, a large body of work was undertaken to ensure that key modules such as Manual and Patient Handling and Fire Training were tackled as a priority. It is hoped that in 2023 we can return to more

normal sessions.

The White Belt Programme in the fundamentals of process improvement in health systems was attended by a cross-section of employees, building on the great work championed by the Hospital's Lean Committee and delivered by the Mater Hospital Lean Academy on site.

In addition, training in Falls, Dementia, Cardiopulmonary Resuscitation (CPR), Chemical Safety Awareness, and Transport of Patient Specimens were all conducted.

CONCLUSION

Now that the worst of the pandemic is hopefully behind us, the HR Department will prioritise its work in strengthening and improving HR policies, procedures, and services to the staff of the Hospital.

We consider ourselves fortunate to be in an environment with such committed and dedicated colleagues who have demonstrated time and time again their ability to adapt to unforeseen challenges and maintain a patient-focused and quality service.

Jennifer Rafferty, **HR Manager**
Kieron Ward, **Senior HR Generalist**
Leanne Dowling, **HR Generalist**



Jennifer Rafferty HR Manager



Bernadette Saunders

ESTATES AND MAINTENANCE DEPARTMENT

INTRODUCTION

The Estates and Maintenance Department is responsible for Clontarf Hospital's facilities and estates development. The services provided by the Maintenance Team are responses to routine work requests, planned preventative maintenance, and the management of external maintenance contracts. All aspects are covered - from infrastructural, grounds and waste management to mechanical and electrical services.

PROJECTS 2022

The following projects were completed in 2022:

- The Upgrade of Fire and Electrical Works in the old house, which included all LED lighting and PIRs (Passive Infrared Sensors)
- Repairs to Emergency Lighting (Gracefield/Blackheath wards)
- Repairs to Roof (Blackheath ward)
- Refurbishment of Shower Room
- Refurbishment and utilisation of rooms in old house
- Refreshed painting of public areas

Staff in the department participated in various hospital committees including the Health and Safety Committee, the Infection Control and Hygiene Committee, and the Green Committee.

Along with specific projects identified during the year, the maintenance team ensured that the daily requests from staff were addressed and attended to promptly.

ENERGY AND SUSTAINABILITY

The department, in collaboration with the Green

Committee, established in 2021, worked towards making the Hospital more energy efficient and to this end completed the following work:

The Sustainability Strategy: a draft Sustainability Strategy was completed towards the end of the year and is ready to go to the Board for approval in January 2023. The strategy is aligned to the UN Sustainable Development Goals and the Public Sector Climate Action Mandate, which aspires to reducing Ireland's greenhouse gas emissions by 51% by 2030. The Sustainability Strategy will act as a strong foundation for embedding a culture of sustainability in all our activities in a tangible and measurable way.

To achieve our Vision, Green Objectives and Targets in the Sustainability Strategy the Hospital identified several energy and sustainability opportunities for saving energy and reducing the Hospital's carbon admissions in 2022.

Staff Energy Awareness Programme: the Green Committee continued to encourage staff awareness throughout the year and actively promoted the Government's Reduce Your Use campaign with regular staff awareness newsletters and promotions days.

LED Projects: the cost of lighting can be reduced by an LED upgrade including the use of occupancy sensors in non-essential locations throughout the Hospital.

Photo Voltaic Panels: a feasibility survey for installing Photo Voltaic Panels on the roof of the main Hospital is due to be carried out in January 2023.

ACKNOWLEDGEMENTS

The department was extremely proud to honour one of the Hospital's longest-serving staff members, Mr Tony Kerrisk, for his outstanding commitment and dedication to the organisation. The maintenance staff would like to thank all their colleagues throughout the Hospital for their support during 2022.

Bernadette Saunders, Tony Kerrisk and Patrick Tyrrell
Estates and Maintenance Department



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



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

CATERING DEPARTMENT

INTRODUCTION

The Catering Department at Clontarf Hospital is fully committed to providing safe, nutritious, high-quality fresh food to all our service users. Our focus as always is the well-being of our patients and we strive to facilitate all their dietary requirements along with their preferential, cultural and religious food needs.

QUALITY IMPROVEMENTS

We have made several quality improvements in the last 12 months:

- We invested in new equipment for the main kitchen, namely a bratt pan, fat fryer and food mixer, so that we can continue to offer high-quality food to our patients, staff and customers. We also acquired a new coffee machine for the staff canteen.
- We hosted several theme days in the staff canteen, such as St. Patrick's Day, Pride Day and Halloween. This is something we hope to continue to do in the future.
- We ran a staff survey to give a voice to our customers and we hope to use this information to improve our service in 2023.
- We hosted two UCD master dietetic students whose project involved the calculation of the energy and protein content of our therapeutic menus. This will help us to build on the ground-work from the previous year, which was completed in partnership with the Hospital's Department of Nutrition and Dietetics and the Department of Speech and Language Therapy, to bring our menus in line with the international Diet Standardisation Initiative (IDDSI) and the Nutrition and Hydration Policy. Additional items have been added to our patient menus at each meal service to expand our offering and nutritional content.
- We introduced to our Food safety management system a new Product Recall Policy and an Allergens Policy. These policies will allow us to monitor and improve our food safety standards. We continue to audit the kitchen and ward pantries to ensure that our standards are met and maintained.
- We welcome back hospitality to the Hospital with the return of the Annual Board Christmas Dinner, which was a huge success, and I would like to congratulate everyone involved in organising this.

EDUCATION, TRAINING AND DEVELOPMENT

The department is steadfast in its commitment to staff training and development. Another of our chefs has completed the Quality and Qualifications Ireland (QQI) Level 5 Certificate in Food Safety and by the end of 2023 we hope to have all our chefs trained to this level. We have also completed the following training with staff members:

- Chemical Safety Training
- Food Safety Training Level 2
- Manual Handling
- Fire Training
- Catering Manual on feeding, eating, drinking & swallowing (FEDS)

CONCLUSION

We would like to take this opportunity to thank all the departments for their help and support over the past year and we look forward to building on this in the year to come. We would also like to thank all the staff in the Catering Department for their continued dedication and hard work.

Gillian McKeown

Catering Manager

GENERAL SERVICES DEPARTMENT

The General Services Department comprises several divisions that give support to a delivery of services at Clontarf 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 patient care.

The Portering Department provides a 24-hour service all year round and is responsible for all types of patient transfer, whether for treatment, admission, discharge, transfer to wards or outpatient appointments. Its other duties include:

- Collecting and segregating all waste types both healthcare and non-healthcare
- Collecting and segregating of linen for wards
- Manning the Reception, including undertaking administrative duties and enforcing the Visiting Policy
- Collecting and delivering medicines throughout the day between the Pharmacy Department and wards
- Fogging the wards and changing rooms daily
- Cleaning the various areas of the hospital campus internally and externally.

Portering staff also sit on various committees throughout the Hospital, including the Falls Committee and the Green Team Committee. The department continued its fund-raising activities this year by participating in "Movember" and raised €1,500 for the Irish Cancer Society.



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



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

The Stores Department is solely responsible for providing healthcare and non-healthcare supplies to all departments. The department, along with Procurement, 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. In this regard the department liaised closely with external contractors to ensure that cleaning and waste disposal operations ran smoothly during the year.

The General Services Department is part of a multi-disciplinary team that takes part in various audits throughout the Hospital, including the Ward Hygiene audits, which are carried out in conjunction with the Infection Prevention and Control (IPC) Department and Dangerous Goods Safety Advisers (DGSA) compliance audits. The last DGSA Report, carried out in December 2022, resulted in zero non-conformances and we hope to continue this into 2023.

As part of the team providing rehabilitation services at the Hospital I would like to take this opportunity to thank all colleagues who supported the General Services Team in its daily work throughout the year. We look forward to working with everyone in 2023.

Will Judge
General Services Manager

INCORPORATED ORTHOPAEDIC HOSPITAL OF IRELAND INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF INCORPORATED ORTHOPAEDIC HOSPITAL OF IRELAND (THE 'COMPANY')

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

OPINION ON THE FINANCIAL STATEMENTS OF INCORPORATED ORTHOPAEDIC HOSPITAL OF IRELAND ("THE COMPANY")

In our opinion the financial statements:

- give a true and fair view of the assets, liabilities and financial position of the company as at 31 December 2022 and of the net movement in funds for the financial year then ended; and
- have been properly prepared in accordance with the relevant financial reporting framework and, in particular, with the requirements of the Companies Act 2014.

The financial statements we have audited comprise:

- the Statement of Financial Activities (incorporating an Income and Expenditure Account);
- the Balance Sheet; and
- the related notes 1 to 21, including a summary of significant accounting policies as set out in note 2.

The relevant financial reporting framework that has been applied in their preparation is the Companies Act 2014 and FRS 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' issued by the Financial Reporting Council ("the relevant financial reporting framework").

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 described below in the "Auditor's 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 the financial statements in Ireland, including the Ethical Standard issued by the Irish Auditing and Accounting Supervisory Authority, 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 responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report.

OTHER INFORMATION

The other information comprises the information included in the Annual Report and Audited Financial Statements, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information contained within the Annual Report and Audited Financial Statements. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

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.

RESPONSIBILITIES OF DIRECTORS

As explained more fully in the Directors' Responsibilities Statement, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view and otherwise comply with the Companies Act 2014, and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (Ireland) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs (Ireland), we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain

audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of the auditor's report. However, future events or conditions may cause the entity (or where relevant, the group) to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that the auditor identifies during the audit.

REPORT ON OTHER LEGAL AND REGULATORY REQUIREMENTS

OPINION ON OTHER MATTERS PRESCRIBED BY THE COMPANIES ACT 2014

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

- 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.
- The financial statements are in agreement with the accounting records.
- In our opinion the information given in the directors' report is consistent with the financial statements and the directors' report has been prepared in accordance with the Companies Act 2014.

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

Based on the knowledge and understanding of the company and its environment obtained in the course of the audit, we have not identified material misstatements in the directors' report.

OVERALL CERTIFICATE FOR FINANCIAL STATEMENTS COMPANIES ACT 2014

Company Name: Incorporated Orthopaedic hospital of ireland
company number: 2346

Financial Year: 31 December 2022

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 original laid or to be laid before the relevant general meeting, or presented to the member(s).

Signature: _____

Secretary

Michelle Fanning

20 May 2023

Signature: _____

Secretary

Anthony O'Connor

20 May 2023

We have nothing to report in respect of the provisions in the Companies Act 2014 which require us to report to you if, in our opinion, the disclosures of directors' remuneration and transactions specified by law are not made.

USE OF OUR REPORT

This report is made solely to the company's members, as a body, in accordance with Section 391 of the Companies Act 2014. Our audit work has been undertaken so that we might state to the company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company and the company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Keith Doyle

For and on behalf of PKF O'Connor, Leddy & Holmes Limited

**Chartered Accountants and Statutory Audit Firm
Century House,
Harold's Cross Rd,
Harold's Cross,
Dublin, D6**



APPENDIX 1
ACTIVITY REPORT

PATIENT ACTIVITY 2022

Occupancy Level	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2022	2021
Available Beds	116	116	116	116	120	120	120	120	130	130	130	130	1464	1392
Actual Bed Days Available	3596	3248	3596	3480	3720	3600	3720	3720	3900	4030	3900	4030	44540	42340
Bed Days Used	3091	2850	2930	3385	3654	3499	3507	3614	3573	3782	3312	2846	40043	36150
% Occupancy V Available Days	86%	88%	81%	97%	98%	97%	94%	97%	92%	94%	85%	71%	90%	85%
Total Admissions	71	46	74	93	104	106	109	108	105	96	105	55	1072	1220
Total Discharges	63	60	65	75	106	111	108	100	106	107	102	97	1100	1201
Admissions by Source:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2022	2021
Cappagh Hospital	6	3	4	15	12	14	12	12	12	18	11	5	124	135
Mater Hospital	2	0	2	2	9	10	8	8	10	6	16	4	77	22
Mater Rehabilitation	28	17	25	27	28	25	22	19	22	17	25	11	266	404
Tallaght Hospital	0	0	0	2	2	7	1	5	7	2	5	1	32	30
St. Vincents Hospital	0	0	0	0	2	0	0	0	0	0	0	0	2	1
Beaumont Hospital	2	4	16	6	15	7	19	9	13	10	7	5	113	211
Beaumont Geriatric Rehab	32	19	20	29	28	32	29	37	23	28	28	21	326	270
St. James's Hospital	0	2	2	4	1	3	5	7	9	3	7	3	46	22
Connolly Hospital	0	1	4	3	2	1	3	2	5	1	0	3	25	25
Connolly Rehab Care	0	0	0	1	0	1	2	3	0	1	0	0	8	27
Other	1	0	1	4	5	6	8	6	4	10	6	2	53	73
TOTAL	71	46	74	93	104	106	109	108	105	96	105	55	1072	1220
Physiotherapy Department														
Number of Patients Treated	158	143	158	173	216	218	210	217	222	206	202	160	2283	1994
Number of Treatments	2658	2724	2579	2716	3049	3062	2887	3253	3130	2929	3025	2335	34347	29840
Social Work Department														
Referrals - New	68	57	69	63	81	96	71	109	77	92	82	58	923	966
Occupational Therapy Department														
Referrals - New	71	45	75	92	105	104	108	108	105	93	106	54	1066	1191
Radiology Department I-Patients														
Number of Patients X-rayed	87	90	80	70	84	84	76	93	88	82	91	74	999	1053
Number of Procedures	97	100	86	79	91	93	82	107	96	92	107	81	1111	1170
Out-Patients														
Number of Patients x-Rayed	2	0	1	1	0	0	0	9	33	37	34	14	131	7
Number of Procedures	2	0	1	1	0	0	0	10	40	46	41	18	159	7



APPENDIX 2

FINANCIAL REPORT

APPENDIX 2

INCORPORATED ORTHOPAEDIC HOSPITAL OF IRELAND

(A COMPANY LIMITED BY GUARANTEE)

STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING INCOME AND EXPENDITURE ACCOUNT)

FOR THE YEAR ENDED 31 DECEMBER 2022

		Restricted funds 2022 €	Unrestricted funds 2022 €	Total funds 2022 €	Total funds 2021 €
INCOME FROM:					
Charitable activities	4	22,069,004	984	22,069,988	19,598,132
TOTAL INCOME		22,069,004	984	22,069,988	19,598,132
EXPENDITURE ON:					
Charitable Activities	5, 6	22,006,977	4,043	22,011,020	20,105,478
TOTAL EXPENDITURE		22,006,977	4,043	22,011,020	20,105,478
NET INCOME (EXPENDITURE)	15	62,027	(3,059)	58,968	(507,346)
Transfers		(264,888)	264,888	0	0
NET MOVEMENT IN FUNDS		(202,861)	261,829	58,968	(507,346)
RECONCILIATION OF FUNDS:					
Total Funds brought forward	15	833,455	17,318,493	18,151,948	18,659,294
Net movement In funds		(202,861)	261,829	58,968	(507,346)
TOTAL FUNDS CARRIED FORWARD		630,594	17,580,322	18,210,916	18,151,948

The Statement of financial activities includes all gains and losses recognised in the year. All income and expenditure derive from continuing activities. The notes on pages 18 to 31 form part of these financial statements.

Mr Aidan Gleeson
Chairman/Director

Mr Anthony O'Connor
Director

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022**

	2022	2021
	€	€
PAYROLL COSTS		
Payroll and Agency Costs	15,457,240	13,929,994
Employers PRSI Contribution	1,551,896	1,445,276
Other pension costs	1,214,880	1,156,652
TOTAL	18,224,016	16,531,922

The average number of persons employed by the Company during the year was as follows:

	2022	2021
	No.	No.
Employees	311	309

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

	2022	2021
	No.	No.
The number of higher paid employees was:		
In the band €60,000 - €70,000	46	41
In the band €70,000 - €80,000	15	8
In the band €80,000 - €90,000	0	5
In the band €90,000 - €100,000	2	1
In the band €100,000 - €110,000	0	2
In the band €110,000 - €120,000	1	2

During the year an amount of €563,922 was paid to Key Management personnel (2021 €594,162).





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