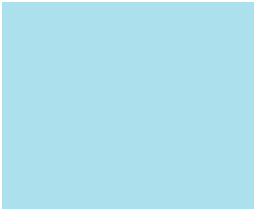




ANNUAL REPORT 2010



www.ioh.ie

HOSPITAL BACKGROUND

The original Orthopaedic Hospital and dispensary was founded in 1876 by Dr. Robert Lafayette Swan. It was located at 11 Usher's Island on Dublin's Quays.

It specialised in orthopaedic surgery, in particular the treatment of children with congenital orthopaedic abnormalities such as club foot and dislocated hips. In 1883, due to increasing demands on the service, the hospital moved to 2 buildings in Great Brunswick Street formally known as Hoods' Hotel, its capacity increased from 6 beds to 35 paediatric beds.

In 1902, the hospital moved 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 Sheddon. Considerable renovations were necessary to enable the building to function as a hospital with operating theatre, sterilising room, anaesthetic room and up-to-date medical and non-medical facilities. Once adapted the hospital could accommodate 75 paediatric in-patients.

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

The hospital now consists of 5 wards with a total bed compliment of 160 with 128 beds currently in use. The hospital entrance is now on Blackheath Park off Castle Avenue, and leads into the landscaped gardens to a large and open hospital entrance. The hospital continues to specialise in orthopaedic rehabilitation but also provides a respite bed service to the local communities. Beds are also allocated to the Mater Misericordiae and Beaumont hospitals as interim care rehabilitation beds.

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President

Dr. F. J. O'Reilly

Chairman

Mr. Justice, T. C. Smyth (to July 2010)

Dr. Ciarán Craven (from July 2010)

Deputy Chairman

Mr. Tony Condon (to July 2010)

Mr. Charlie Scott (from July 2010)

Members

Mrs. Rosalind Andrews RIP (to Nov 2010)

Ms. Mary Barnard

Ms. Denise Brett

Mr. John Cantwell (from Jan 2010)

Mr. Tony Condon (resigned Nov 2010)

Mr. Cecil Geelan (resigned June 2010)

Mrs. Florence Hickson

Ms. Marcella Higgins

Mr. Terence Horgan

Mr. Nial Mulvihill (resigned June 2010)

Ms. Ann Power

Mr. John Rowden

Mr. Les Sibbald

Ms. Elma Sweetman

Mr. Brian Thornes

Mrs. Rosemary Tierney

SENIOR HOSPITAL STAFF**Chief Executive**

Ms. Teresa Ayres (to Dec 2010)

Ms. Michelle Fanning (from Dec 2010)

Director of Nursing

Ms. Lorna Nangle

Assistant Directors of Nursing

Ms. Noreen Browne

Ms. Michelle Fanning (to Dec 2010)

Finance / Administration Manager

Ms. Bernie Saunders

Physiotherapy Manager

Ms. Gráinne O'Hara

Senior Social Worker

Ms. Imelda Morris

Ms. Carol O'Connor (from April 2010)

Radiologist

Dr. Martina Morrin

Senior Radiographer

Ms. Gillian Rice

Senior Pharmacist

Ms. Linda Murnane

Senior Occupational Therapist

Mr. Frank D'Easaille-Sutcliffe

Ms. Aileen Murray

Catering Officer

Ms. Marie O'Gorman

General Services Officer

Mr. Jorge Pereira

Visiting Physicians

Dr. Elisabeth Kronlage

Dr. Ailish Leavy

Chaplains

Rev. M. Hastings

Rev. Derek Sargent

Rev. Conrad Hicks

Pastoral Care

Mr. Cathal O'Sullivan



The past year has been one of development and change for the hospital. The final phase of the building development was completed in mid-2010 with two new wards, comprising 64 beds, increasing the hospital's capacity to 160 beds, 128 of which, became operational in June. The official opening, at which Mr. Seán Haughey T.D. officiated, and which was attended by other local representatives, friends of the Hospital, members of staff and the Board of Governors, took place on 30th June 2010.

At the Annual General Meeting, held in July, the Honorable Mr. Justice T.C. Smyth retired as chairman of the Board of Governors. A particular debt of gratitude is owed to him for his unstinting service to the hospital over very many years and, in particular, his stewardship of the hospital's recent development and expansion.

During the course of the year, a number of members of the Board retired: Mr. Niall Mulvihill, Mr. Cecil Geelan and Mr. Anthony Condon. All had committed long years of dedicated service to the efficient administration and governance of the hospital and had given freely of their expertise and good counsel. For all they contributed, over a very long time, sincerest thanks are due. On the other side of the balance, the Board was happy to welcome a new member, Mr. John Cantwell, in January 2010.

At the end of 2010, the Chief Executive Officer (since 2002), Ms. Teresa Ayres, retired and, on behalf of the Board, and on my own behalf, I wish her well in a long and happy retirement. The impact and effect of the loss of members of staff, at the end of 2010, through the Government's voluntary early retirement/voluntary redundancy schemes present particular challenges for the hospital, in the configuration and provision of its services, and will, no doubt, be the subject of much discussion and ongoing work and review throughout 2011.

On a positive note, the hospital continued to provide the highest standards of care and treatment for all patients admitted in 2010; as always, this was focussed on helping them to achieve an optimum standard of health and promoting independent living. Thanks to the executive management of the hospital, this was achieved within the allocated budget.

The Board's Clinical Audit Committee, Audit Committee and Medical Ethics Committee continued (and continue) to work tirelessly to ensure proper clinical and corporate governance of the hospital. The Friends of the Incorporated Orthopaedic Hospital adopted new Rules in 2010 to enable them to pursue their activities for the benefit of patients. I am grateful to all of the members of the Board of Governors for their continued commitment to the hospital and their diligence and unremitting hard work on the Board and its time-consuming committees. Thanks are similarly due to the Friends for their continued dedication.

Finally, it is necessary to express a special word of appreciation to the staff and management of the hospital for all their work throughout the year, their dedication to the patients, as is clearly evident from the monthly reports of the Visiting Governors, and also, but by no means least, for all the extra and additional effort that was required – and happily provided – at the time of the opening of the new hospital beds in July 2010.

Dr. Ciarán Craven
Chairman of the Board



Welcome to the Chief Executive's report for 2010. On the 30th June, the Minister for Lifelong Learning, Mr. Seán Haughey T.D. officially opened the new hospital building. December saw the refurbishment of the gardens and the placement of the sculpture "The Plane Tree" by artist Elizabeth O'Kane in the main courtyard. These two occasions concluded the new hospital build.

On an operational level the Executive focused on extending the service whilst remaining within budget. I am happy to report that this was achieved on both levels.

Ms. Teresa Ayres, Chief Executive Officer, retired on the 30th December after a very successful eight years in the position. During this time Ms. Ayres oversaw the new hospital build and the extension of the service to 128 beds. I would like to wish her every success in her retirement and for the future.

Clinic Services

Patient Activity

In June, the opening of a fourth ward increased bed capacity by 32 beds bringing the total number of beds to 128. Total admissions for 2010 were 1,909 an increase of 17.5% from 1575 in 2009. Bed occupancy was at 90% an increase of 5% on 2009. The average length of stay was 20 days.

Pharmacy

June also saw the pharmacy move to its new location on the ground floor with a new state-of-the-art Pharmacy Department.

General Services

Work commenced on the provision of a new Supply Chain Management and Ledger System. Mr. Coleman Kelly spent 9 months in the hospital leading the project and we extend our thanks to him on all the hard work involved.

Financial Activity

The hospital is pleased to announce that it achieved the provision of services within its allocated budget. Financial Report appendix 2.

Health & Safety

The hospital ensured compliance with the Health & Safety Act 2005.

Hospital Hygiene

Hygiene remains a top priority for the hospital. Regular hygiene audits were carried out throughout the year in line with the Draft National Baseline PCCC Hygiene Services Audit. I am happy to report that an overall result of 90% was recorded.

Infection Control

Infection control remained an important component of patient care throughout 2010. MRSA surveillance saw a drop of 1%, with no reported cases of Norovirus, throughout 2010.

In conclusion, I would like to take this opportunity to thank the Board of Governors and Ms. Teresa Ayres for their support and assistance in my new role as Chief Executive.

My thanks to all the staff for their continuing dedication and commitment in providing a high standard of care to all patients and adapting to the changes that 2010 brought.

To Ms. Ann Furlong who retired in December following 39 years with the hospital – I wish her every success for the future.

Michelle Fanning
Chief Executive



Pictured from left to right: 1 The Project and Design Team, *back row:* Tom McConnell, John Meade, Eddie Egan, Tom McNamara, Denis McCarthy, Paul Ryan, Wilf Higgin, Peter Finnegan, Peter Duffy, *front row:* Minister Seán Haughey, Teresa Ayres, Mr. Justice T.C. Smyth, Mary Barnard, Les Sibbald, Des Fitzgerald, Ann Baldrey; A selection of pictures from the official opening day, 30th June 2010, with special guests, staff and Board members.



2010 was a very exciting year for the Incorporated Orthopaedic Hospital. On May 31st our fourth ward opened, increasing the patient complement from 96 to 128.

A week long orientation programme was held for all new nursing staff prior to the opening of the additional beds. This ensured that new staff had the opportunity to familiarise themselves with the hospital and gave us the opportunity to provide the compulsory training which was required.

New Appointments

We are pleased to welcome all the new staff who joined us in May 2010.

Claire Lawrie was appointed liaison nurse with responsibility for interim care patients. She is responsible for liaising with the acute hospitals to arrange admissions. Her appointment has helped to streamline this service.

Retirements

Catherine Coogan, Clinical Nurse Manager 2 and Staff Nurse Mary Costello, both retired following 19 and 20 years of service respectively. They contributed immensely to the care of our patients and education of junior staff. The Nursing Department would like to wish both Catherine and Mary many happy years of retirement.

Current Staff

The nursing establishment at the end of 2010:

Assistant Directors of Nursing

Ms. Noreen Browne
Ms. Michelle Fanning

Clinical Nurse Managers 2

7.5 WTE

Clinical Nurse Managers 1

3.72 WTE

Staff Nurses

31.99 WTE

Health Care Assistants

54

Continuing Education

We are very grateful to the Centre for Nurse Education, Mater Misericordiae University Hospital for providing education and training for our nursing staff in venepuncture and intravenous cannulation and PEG feeding and gastrostomy tube replacement. Thanks are also due to Ms. Mary Day, Director of Nursing, Mater Hospital, for facilitating these courses.

Other study days, workshops and seminars attended throughout the year include:

- Patient Lifting and Manual Handling
- Cardiopulmonary Resuscitation
- Preceptorship Course
- National Orthopaedic Nurses' Conference
- Waste Management
- Segregation & Safe Management of Clinical Waste in Hospital
- Clostridium Difficile Study Day
- HSE 'A Fair Deal'

Congratulations are due to the following Health Care Assistants who obtained a Certificate in Health Care Support (FETAC):

Reina Balneg
Jhoana Canta
Sandra Gibson

37.5 Hour Week for Nurses

I am pleased to report that the 37.5 hour week was implemented on May 31st, 2010 in line with the requirements of the National Implementation Body i.e. the "**reduction in working hours must be implemented on a cost neutral basis and without diminution of service to patients**" – (HSE EA 2007).

Infection Prevention and Control

Surveillance of infection is carried out on all patients who are referred from the Dublin Academic Teaching Hospitals.



On admission they are screened for MRSA. The colonization prevalence rate was 5% in 2010; down from 6% in 2009. Education continues to focus on hand hygiene for all healthcare workers with frequent demonstrations for all new staff. Audits for sharps, spillages and hand hygiene are carried out on a regular basis and reported to the Hospital Hygiene Committee.

Susan McGovern (Infection Control, CNM2) is a member of the Hospital Hygiene Committee, the Infection Prevention Society and the Infection Control Committee, Dublin North Central, PCCC.

Liaison with Referring Hospitals

Close liaison was maintained with our colleagues in the referring hospitals and relevant statistics were circulated to them on a biannual basis outlining:

1. The number of patients admitted from each hospital.
2. The number of patients who returned to each hospital for out-patient appointments.
3. The number of times that the orthopaedic registrar from each hospital carries out ward rounds in the hospital.

Regular visits from the registrars are vital as they provide ongoing assessment of the patients' injuries and offer medical support to the multidisciplinary team. Frequent reviews on site minimise the need for our patients to return to very busy outpatient clinics in the acute hospitals.

In 2010, 1,909 patients were admitted; of these, 195 (10.2%) required transfer back to the Emergency Department of the referring hospital. The vast majority of these patients (84%) required re-admission to the acute hospital. Table 1 shows the breakdown of these numbers.

Table 1

Total number of returns to acute hospitals	Reviewed in A/E and returned to Clontarf	Required readmission for medical treatment	Required readmission for long term care
195	31	137	27
	15.89%	70.25%	13.84%

Interim Care Beds

This service is aimed at those patients whose acute phase of treatment has been completed and who are **certified medically fit for discharge from the acute hospital**.

A total of 615 patients were transferred from Beaumont, Connolly and the Mater hospitals during the year. Table 2 illustrates the number of admissions from each hospital, the readmission rate to the referring hospital and the average length of stay.

Table 2

Hospital	No of admissions	Readmission rate	Average length of stay
Mater	296	8.44%	17.47 days
Beaumont	297	11.44%	17.8 days
Connolly	22	31.8%	16.1 days

This service can only operate smoothly with the cooperation of our colleagues in the referring hospitals and the existence of honest and trusting relationships with all members of the multidisciplinary team. For the success of this arrangement, it is vital that the referring hospital readmits the patients when additional medical care is required.

Chaplaincy

The chaplaincy team continue to provide spiritual and pastoral support for the patients. This is an integral part of the holistic care we strive to provide. The work of the team is invaluable to patients and staff alike. We are also very grateful to the Eucharistic ministers who assist Fr. Hastings on Sunday mornings.

Conclusion

I would like to thank my nursing colleagues for their loyalty and support during the past year. I would like to take this opportunity to acknowledge their dedication to duty and the excellent quality of care which they deliver to our patients. I am very proud of the nursing team and of the tradition of quality nursing care associated with the Incorporated Orthopaedic Hospital of Ireland.

Ms. Lorna Nangle
Director of Nursing



Our mission is to provide safe, high quality patient care in an atmosphere of professionalism, respect and effective communication. The Pharmacy Department is committed to fostering an environment that promotes the safe, efficacious and cost effective use of medication.

2010 brought great advances to the Pharmacy Department. In June the pharmacy re-located from a small office upstairs in the old building, downstairs to where the old canteen used to be. The new pharmacy consists of an office and dispensary area with a central island unit. The shelving system is manufactured by Syntek and provides easy access and visibility of medication on sloping shelves. The pharmacy is very bright and spacious and a very pleasant area to work in.

We also welcome Niamh Ruane, Senior Pharmacist to the Pharmacy Department. Niamh came from the Mater hospital pharmacy where she worked for four years and has a varied experience working in the dispensary, also as clinical pharmacist on the wards and in the aseptic compounding unit and medicines information. She also completed her MA in Healthcare Management with the Institute of Public Administration shortly after arriving with us. Niamh has been a great asset to the Pharmacy Department.

Services

The Pharmacy Department is responsible for the purchasing, distribution and dispensing of medication to 128 in-patients at present.

An extensive range of ward stock is topped up twice weekly by pharmacy and non-stock items are ordered by the wards on a daily basis with two deliveries daily to the wards. Patients already on 'High Tech' medication and insulin are requested to bring in their own supply. Respite patients must supply all their medication for the duration of their stay. The pharmacy is also responsible for the safe disposal of all unused and out-of date medication within the hospital.

Clinical services include:

Prescription/Kardex review: It is well documented that medication errors can occur due to transcription. We check prescriptions for interactions, dosage, strength, duration of therapy, and adverse reactions. The Pharmacy Department liaises with the parent hospital to ensure continuity of pharmaceutical care for patients. The increase in Interim care patients has brought an increased workload as these patients are generally more complex medically than our orthopaedic patients

The pharmacy is the centre for drug information and we provide advice on any query relating to medication from staff or patients.

Infection control is a priority and the Pharmacy Department has developed Antimicrobial Guidelines to ensure the proper use of antibiotics within the hospital.

Education

Lectures attended include:

- Women's Health (part 1+2),
- Cardiovascular Disease,
- Skin Cancer,
- Respiratory Conditions,
- Medication Errors,
- 'Anti-Coagulation the X Factor' hospital pharmacists annual pharmacy conference.

Pharmacy Hours

8.30am – 4.30pm Monday to Friday

Linda Murnane
Chief Pharmacist

Niamh Ruane
Senior Pharmacist



The Physiotherapy Department aspires: To the establishment of the highest quality service, which is sensitive to the needs of the individual, the hospital and the community and which, demands of staff a level of expertise and skill commensurate with the highest standards of the profession. To the cultivation of an environment, which fosters and stimulates a spirit of enquiry and analysis, creating a service, which is dynamic, effective and appropriate. To enable patients to achieve the highest quality of life, which their condition allows, by educating and encouraging patient participation in care management and by ensuring that the formulation of care plans encompasses both social and environmental factors. To the promotion and support of continuing professional development, education and research.

In early February we began working with DMF Systems to devise a physiotherapy database management system appropriate to the service here. The physiotherapists are now inputting patient information and treatment records daily into the system for research and statistical purposes. We plan to expand on the reports available from the system to further maximise its potential.

We were very sorry to say goodbye to Maria O'Brien, Senior Physiotherapist in March, when she retired after nearly 2 decades working with us on the Vernon ward. We were delighted that Eimear Murphy, Senior physiotherapist joined us later in April.

In May 2010 we welcomed the opening of the Gracefield ward and the arrival of 2 new staff grade physiotherapists Ger Gill and Lisa Conlon. We received funding for new equipment which we used mainly to purchase further equipment for the morning gym classes and gait belts to assist when mobilising patients on the wards. We were also allocated an extra hour of portering service in the afternoons which enabled the physiotherapists to work individually in the gym with patients requiring more intensive input than ward based treatment alone.

In June 2010 Pauline Sheeran, Gráinne Duffin and Gráinne O'Hara travelled to Belfast City Hospital to attend the annual Association of Chartered Physiotherapists (UK) National Course. This year they focussed on recent developments in surgical

techniques, physiotherapy management following surgery, upper and lower limb surgery and rehabilitation and back surgery.

In July 2010 Claire Fagan joined us from the Mater Hospital as Senior Physiotherapist on Gracefield ward and both patients and staff have benefitted from the experience she has brought with her from the acute hospital setting.

We continued to keep up-to-date with our colleagues around the country through attendance at the quarterly in-patient Orthopaedic Network Group meetings.

The January meeting was held in Cappagh Hospital where an educational talk was given by an orthotist from IDS, the specialist prosthetics/orthotics/footwear provider based in the hospital.

At the June meeting held in Tallaght Hospital Dr. Brendan O'Daly (Specialist Registrar in Orthopaedics) presented on proximal humeral fractures.

The September meeting was hosted by the Beacon Clinic Physiotherapy Department. The fact that it was an evening meeting meant that more of us were able to attend from the Department.



Presentations included:

- Mr. Turlough O'Donnell, Consultant Orthopaedic Surgeon: *Unicondylar Knee Replacement Surgery – What? Why? Who?*
- Mr. John Lunn, Consultant Orthopaedic Surgeon: *Shoulder Reconstructive Surgery: What's New?*
- Mr. Maurice Neligan, Consultant Orthopaedic Surgeon: *When ACL Reconstruction and High Tibial Osteotomy should be combined.*

As a group we are currently making preparations to become recognised as a clinical interest group of the Irish Society of Physiotherapists (ISCP) which should both raise the profile and open up the group to a further audience nationally.

We continued to facilitate more 4th year undergraduate placements from Trinity College and also agreed to take on 2nd year physiotherapy students for observational placements as of last year.

Unfortunately it was a sign of the times that the number of applications we received for volunteer physiotherapy placements from newly graduated physiotherapists unable to secure jobs in the profession and wishing to maintain their clinical skills rose dramatically. We were fortunate enough to be in a position to offer placements of 6 to 12 weeks to 3 exceptional new graduates in the latter half of the year – one of whom, Diane O'Gorman, returned in December to take up a locum staff grade physiotherapist position with us.

We were delighted that Caroline Daly was able to return to work with us as a volunteer physiotherapy attendant during the summer break between the 3rd and 4th years of her undergraduate physiotherapy degree in UCD. We also continued to facilitate work experience for transition year students and also for a number of students considering physiotherapy as a second degree.

Gráinne O'Hara, Physiotherapy Manager continued to represent the hospital on a monthly basis on the overseas accreditation sub-committee (OASC) of the ISCP. She also attended the quarterly educational and business meetings of the Chartered Physiotherapists in Management (CPM) and also the Physiotherapy Managers in voluntary hospitals and PCCC group. The CPM held a continuing

professional development day in March entitled 'Coping under Pressure, Understanding Personality Type and stress' which Gráinne O'Hara attended.

We look forward to the coming year, the possible expansion of the hospital and the opportunities and challenges that the year will bring. We have identified some of our priorities so far:

1. Enhancement of reports from the Physiotherapy Data Management System (PDMS) in order that the information recorded can be used for research and audit purposes.
2. Personal development planning for all physiotherapy staff and supervision and competency assessment for newly appointed staff grades.
3. Continue to increase knowledge base and improve physiotherapy skills in the areas of cardio-respiratory and neurological conditions in order to address in particular the diverse needs of the interim care patients referred to us and the co-morbidities of the orthopaedic in-patients.
4. Development of the physiotherapy section of hospital website.
5. We would also like to strengthen the links with our colleagues working in the community setting and also with those in the main referring hospitals. We hope to collaborate to work on documentation and outcome measures to ensure a seamless transfer of patient care.

As always we are indebted to our colleagues throughout the hospital for their help and support in the smooth running of the Department.

I would personally like to thank Vicky McMahon (gym), Gráinne Duffin (Vernon ward), Pauline Sheeran and Sarah Branagan (Swan ward) Sonia Gamble (Kincora), Claire Fagan (Gracefield ward) Eimear Murphy, Catherine Cradock and staff grades Ger Gill, Lisa Conlon and Diane O'Gorman for their hard work and dedication throughout 2010 and for being a proactive and enthusiastic team to work with.

Gráinne O'Hara
Physiotherapy Manager

REPORT OF THE CATERING DEPARTMENT

11



During 2010 the Department continued to provide a quality service for all the patients, visitors and staff of the Incorporated Orthopaedic Hospital. Dietary requirements of patients are becoming more specialised. Coeliac, diabetic, renal, high protein, low salt diets mean the Department needs to facilitate a lot of special requirements.

During 2010 all catering staff involved in the distribution of food continued to receive hand hygiene and food safety training.

I would like to thank the staff of the Catering Department for a service to be very proud of.

Marie O'Gorman
Catering Manager

REPORT OF THE GENERAL SERVICES DEPARTMENT



The porter contingent and household staff continue to play an important quality role in delivery of patient care and service to other hospital departments.

I would like to thank all porter contingent and household staff for their hard work and appreciated co-operation during the year.

2010 was a very busy year for our central stores with patient numbers increasing. Stocks of a broader range of requirements were made available. The Department took possession of a most needed newly refurbished and larger fitted out store room half way during the year. Also, the improvement on the set up of the weekly ward requisitions allows for a more efficient and planned approach to stock management, storage and purchasing of goods. This was previously not possible.

On a sad note, the Department lost one of our dear colleagues Mr. Stephen Kavanagh in March 2010. Stephen is very sadly missed by all who knew and loved him. May he Rest In Peace.

Jorge Periera
General Services Officer

12 REPORT OF THE SOCIAL WORK DEPARTMENT



The medical Social Work Department provides support, advice, practical assistance and counselling, (if necessary), to all in-patients of this hospital.

We provide a broad range of services to patients and their families. Where necessary we refer to appropriate statutory / voluntary services / agencies within the community to assist patients in returning to independent living or alternative options. The Social Work Department respects the dignity and individuality of each patient, adhering to professional standards and ethics while acknowledging the ethos of this hospital.

Services provided by the medical Social Work Department:

- Psychosocial assessments;
- Supportive intervention, i.e. elder abuse, homelessness, crisis management;
- Individual counselling;
- Bereavement counselling;
- Care planning / Discharge planning;
- Advocacy and mediation;
- Networking / liaising with statutory and voluntary services / agencies on behalf of both patients and their families;
- Facilitating family meetings / Case conferences;
- Home visits in conjunction with the Occupational Therapy Department;
- Educational input to new members of staff.

This mainly involves completing a thorough psychosocial assessment with the patient to assess their needs and safety prior to discharge, referring patients to their local community supports and services, primarily the public health nurse or community nurse and to their local home help organiser. These services are an essential part of enabling many patients to return to their own homes. The services of the district care teams / community rehabilitation units and primary care teams are also very important to patients who require the continued support of a multi-disciplinary team intervention on their discharge from hospital.

Social work continues to have a special role with regard to working with family members, in

particular, being a link for the multidisciplinary team in communication with the family, in assessing the family's ability to cope with the patient's special needs and ensuring that they are linked into the appropriate community services. This can involve basic social work support, brief therapy, counselling, crisis management, conflict management and mediation, as well as advocacy and assistance in navigating the increasingly bureaucratic systems supporting older people.

The Social Work Department continues to carry out joint home visits with the Occupational Therapy Department to ensure safe and appropriate discharge planning.

The Social Work Department has designed and piloted an information leaflet on the role of the Department and the services and support available for patients and families.

Social Work Referrals

Most referrals are made at the multidisciplinary team meetings on each ward. Members of the multidisciplinary team are also welcome to discuss potential referrals with the allocated social worker outside of the meeting. Patients are also entitled to self refer. Medical social workers endeavour to check new admissions daily as early intervention is often essential with interim care patients who come with fixed discharge dates.

During 2010, approximately 1,155 new patients were referred to and assessed by the Social Work Department. This indicates an increase in the volume of work for the Social Work Department from the previous year. This is due partly to the opening of the new ward and increase in patients, but also as a result of limited community resources and increase home care package applications.

New Staff

The Social Work Department saw many changes in 2010. With the opening of the new ward, the Social Work Department saw the arrival of an additional Senior Medical Social Work post filled by Carol O'Connor in April 2010. This brought the complement to two full-time senior posts and two full-time basic grade posts. There was a further change in staff which saw the departure of Phil Butler in January 2010 and the arrival of Deirdre McLoughlin in July 2010.



Multidisciplinary Meetings

The Social Work Department continues to attend weekly multi-disciplinary ward meeting on all wards to review patient progress and to ensure that an appropriate discharge plan is in place for the patient following discharge.

Links with the Community

In Community Care Area 7, the Social Work Department continues to be represented on two of the four primary care networks which meet four times a year.

Imelda Morris SMSW, continued to attend the monthly meetings of the Irish Association of Social Work Special Interest Group on Ageing (SIGA) which provides us with up-to-date issues relevant to our patients and our work.

Education / Training / Ongoing Professional Development

The Social Work Department is committed to ongoing professional development and continued education. The team attended a number of information seminars, conferences and courses during and outside work hours to inform and improve our service.

February and May 2010: staff completed Manual Handling and CPR training.

September 2010: the Social Work Department organised training and information in conjunction with the HSE for their department and hospital staff on *The Fair Deal* – Nursing Homes Support Scheme.

Carol O'Connor SMSW, attended:

- A three day practice teacher training programme and call-in day in UCC.
- Completed the first year of her Masters in Psychotherapy and went on to her final year of study. This was outside of working hours and at her own expense.
- A two day SPARC CAP Conference, *Becoming Visible: Older People as Active Participants in the Community and in Long-term Care Settings* in Dublin Castle. Funding provided by the IOH.
- Carol successfully completed the two day ASSIST workshop in *Suicide First Aid* and received a certificate for same.

Deirdre McLoughlin MSW, attended:

- *Ageing, Health and Quality of Life of People with Intellectual Disability: Preparing for Policy and Service Responses in Ireland* in Trinity College Dublin.
- The first national social work education conference in NUIG.
- And completed a certificate course: *Harm-Reduction Approach to Self-Injury* in TCD outside of working hours and at her own expense.

Cathy Neagh MSW, attended:

- *Contemporary Perspectives in Social Work Practice* – an evening course in TCD. This was outside working hours at her own expense.
- A three day practice teacher training programme in Trinity College Dublin.

Imelda Morris attended:

- Irish Association of Social Workers Conference, Dublin.

The Social Work Department was successful in organising a day of activities for patients on all wards to celebrate the UN International Day for Older Persons. The day proved to be a great success and a collection / coffee morning raised €420 in aid of Age Action, Ireland.

As a result of the tragic death of a staff member and colleague, the Social Work Department was involved in providing debriefing and support to all staff members and family. A special word of thanks to Mr. Oliver Barbar, counsellor and specialist in critical incident stress debriefing for all his assistance to us during this sad time.

On behalf of the Social Work Department we would like to thank Ms. Phil Butler for all her hard work and support during her time here, to congratulate her on the birth of her daughter Emilie, and to wish her well in her new position in Loughlinstown Hospital. We would also like to thank Ms. Maeve Kenny who provided locum cover and to Ms. Marie Towell for all her dedication and commitment in providing administration support to the Department.

Imelda Morris & Carol O'Connor
Medical Social Work Department

REPORT OF THE OCCUPATIONAL THERAPY DEPARTMENT

The primary goal of occupational therapy is to enable people to participate in the activities of everyday life (World Federation of Occupational Therapists 2005). Occupational therapists seek to maximise the patient's independence in chosen activities of daily living and where necessary modify their environment to facilitate this.

Staffing

In June 2010, with the opening of the new ward, the Department was allocated a basic grade post. We were delighted to welcome Noreen Barry into the Department. Noreen is a 2010 graduate from Trinity College, Dublin and had been a student here in 2009. Both senior therapists continue to have one and a half wards each, with the basic grade therapist assigned to one ward.

Location and Details of the Department

The Department is located in the out-patient department of the hospital alongside Social Work and Physiotherapy departments. The Department contains kitchen, bedroom and bathroom where assessment and training in activities of daily living can take place.

Referrals are received from:

- Members of the multidisciplinary team in the Incorporated Orthopaedic Hospital.
- Occupational therapists from referring hospitals.

Prioritisation of Caseload

Referrals are assessed and prioritised in accordance with patients needs and resources.

Service Developments 2010

- A computer based system of occupational therapy note-keeping was introduced which is linked to the existing ADT system in the hospital and has allowed for quicker and easier access to notes and improved statistic reporting.
- A home visit policy for the Department was finalised.
- Aileen Murray attended the Association of Occupational Therapists in Ireland (AOTI) Annual Conference in Croke Park, Dublin in May and is a member of the AOTI Advisory Group for Older People.
- The Department attended the Elite Healthcare Seminar on Seating in July.

- In September, a new graduate Barbara Ringwood offered to do two days volunteer work in the Department. (While it enabled her to keep up-to-date with occupational therapy and gain some experience, it had a benefit for the Department in that the Department could facilitate more frequent intervention for patients as well as assisting in the administration of the Department. It highlighted to the Department the potential benefit an occupational therapy assistant or basic grade occupational therapist could offer). Barbara spent four months in the Department and we wish her well in her new position.
- Noreen and Barbara attended a two day impetus wheelchair course ran by Healthcare 21.
- Noreen and Aileen attended a community education half day in Clontarf. The study day allowed an opportunity to meet with company representatives and learn about their new products as well as liaise with our community colleagues.
- A number of in-services on seating and pressure relief to healthcare assistants and nursing staff were facilitated for hospital staff.
- Noreen attended a one day seminar on meningitis looking at early diagnosis and treatment and recent developments.
- Continued facilitation of student education occurred with Aileen supervising a first year student in January 2010. Noreen also attended the Practice Educators Course in Trinity College, Dublin in September 2010 to enable her to facilitate the practice education of students in the future.
- The introduction of two new standardised cognitive assessments to the Department – the Middlesex Elderly Assessment of Mental State and the Rivermead Behavioural Memory Test – helps provide more in-depth assessment.



Service Developments 2011

- Engagement in postgraduate education and research has commenced with Frank D'Easaille-Sutcliffe starting a masters in Trinity College, Dublin.
- Introduction of a falls prevention group.
- Continued facilitation of student education.
- Completion of assessment kitchen and to allow more complex intervention to be carried out.
- Introduction of a journal club in the Department.
- Continuation of liaison with Occupational Therapists and Community Occupational Therapists in referring hospitals and monitoring of service developments.

In summary, the occupational therapy department would like to thank our colleagues in the multidisciplinary team for their continued help and support throughout the year.

Ms. Aileen Murray, Mr. Frank D'Easaille
Senior Occupational Therapists

“

The primary goal of occupational therapy is to enable people to participate in the activities of everyday life

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REPORT OF THE X-RAY DEPARTMENT



Throughout 2010 the x-ray department provided a service to both in-patients and out-patients. Patients are admitted to the hospital under the care of orthopaedic consultants in the referring hospitals

and are referred by general practitioners (GP's). Ms. Martina Morrin is the consultant radiologist and x-ray transcription was provided by Ms. Ann Ryan.

Gillian Rice
Senior Radiographer

REPORT OF THE MEDICAL SERVICES DEPARTMENT



Dr. Ailish Leavy and Dr. Elisabeth Kronlage provide daily medical cover throughout the year. They attend to the general medical needs of all in-patients. Many thanks to both of them for their contribution.

The Orthopaedic patients admitted to the hospital remain under the care of their Orthopaedic Consultant in the referring hospital. Both hospitals liaise closely throughout the patient's rehabilitation. Orthopaedic patients are visited weekly by the attending orthopaedic registrar patients of this hospital.

APPENDIX 1

STATISTICS REPORTS

APPENDIX 2

FINANCIAL REPORTS

PATIENT ACTIVITY 2010

Occupancy Level	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	2009
Bed Days Used	2,830	2,563	2,765	2,516	2,854	3,421	3,576	3,429	3,534	3,502	3,412	3,401	37,803	31,446
% Occupancy	95%	95%	93%	87%	96%	89%	90%	86%	92%	88%	89%	86%	90%	90%
Total Admissions	116	121	138	149	131	194	180	166	179	159	209	167	1,909	1,575
X Rays Taken	15	26	22	12	17	0	25	24	27	25	31	17	241	272
Social Work Referrals New	66	66	64	77	81	114	107	110	118	111	140	101	1,155	1,099
Occupational Therapy Ref New	75	27	77	58	83	113	128	115	109	103	133	91	1,112	845
Physiotherapy Treatments	2,068	2,040	2,143	2,004	1,950	2,729	2,888	2,607	2,865	2,433	2,855	2,238	28,820	22,705
Out Patients														
X-rays Taken	168	168	201	163	147	0	127	193	177	210	227	102	1,883	3,292

IN-PATIENT ACTIVITY 2010

Admissions by Source	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Cappagh	10	14	21	20	20	20	19	21	19	14	27	13	218
Mater	10	5	7	5	7	7	13	10	13	10	4	13	104
Mater Interim Care	15	13	16	15	9	36	35	26	30	33	40	27	295
Tallaght	13	16	10	16	18	21	15	16	22	13	16	16	192
St. Vincents	6	13	10	12	11	14	12	11	7	11	12	12	131
Beaumont	18	8	18	18	12	13	10	7	13	9	15	20	161
Beaumont Interim Care	13	6	10	13	14	40	28	37	37	29	43	27	297
St. James's	10	15	7	9	8	6	4	7	10	11	10	12	109
Connolly	4	4	3	2	5	6	2	2	3	0	2	1	34
Connolly Interim Care	1	3	2	2	0	1	3	0	5	2	3	2	24
Other	16	24	34	37	27	30	39	29	20	27	37	24	344
– (Blackrock Clinic)	1	2	4	2	3	2	4	7	1	2	4	0	32
– (Mater Private)	2	0	2	4	2	3	5	3	0	3	1	1	26
– (Mount Carmel)	0	2	4	0	3	1	2	0	1	2	1	3	19
– (Bon Secour)	2	5	3	11	2	8	6	5	5	1	0	6	54
– (Vincents Private)	0	0	0	0	0	0	0	1	0	0	0	0	1
– (St Michaels)	0	0	1	0	0	0	0	0	0	0	0	0	1
– (Respite)	6	8	11	9	10	6	9	7	7	9	10	10	102
– (Merlyn Park)	0	0	0	0	0	0	0	0	0	0	0	0	0
– (Our Lady of Lourdes)	1	0	0	0	0	0	0	0	0	0	0	0	1
– (Other)	4	7	9	11	7	10	13	6	6	10	21	4	108
Total	116	121	138	149	131	194	180	166	179	159	209	167	1,909

We have audited the attached financial statements which have been prepared under the historical cost convention modified to include the revaluation of certain fixed assets, and the accounting policies stated.

Respective Responsibilities of Directors and Auditors

The company's directors are responsible for the preparation of the financial statements in accordance with applicable law and Generally Accepted Accounting Practice in Ireland including the accounting standards issued by the Accounting Standards Board and published by the Institute of Chartered Accountants in Ireland.

This report is made solely to the company's members, as a body, in accordance with Section 193 of the Companies Act, 1990. 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.

Our responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

We report to you our opinion as to whether the financial statements give a true and fair view, in accordance with Generally Accepted Accounting Practice in Ireland, and are properly prepared in accordance with the Companies Acts, 1963 to 2009. We also report to you whether in our opinion: proper books of account have been kept by the company; and whether the information given in the directors' report is consistent with the financial statements. In addition, we state whether we have obtained all the information and explanations necessary for the purposes of our audit and whether the company's balance sheet and its income and expenditure account are in agreement with the books of account.

Basis of Opinion

We conducted our audit in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment

of the significant estimates and judgements made by the directors in the preparation of the financial statements, and of whether the accounting policies are appropriate to the company's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

Opinion

In our opinion the financial statements give a true and fair view, in accordance with Generally Accepted Accounting Practice in Ireland, of the state of the company's affairs at 31st December 2010 and of its surplus for the year then ended and have been properly prepared in accordance with the Companies Acts 1963 to 2009.

We have obtained all the information and explanations we consider necessary for the purposes of our audit. In our opinion proper books of account have been kept by the company. The financial statements are in agreement with the books of account.

In our opinion, the information given in the chairman's report is consistent with the financial statements.

Ormsby & Rhodes
Chartered Accountants

CERTIFICATION OF THE
**CHIEF EXECUTIVE OFFICER
& CHAIRPERSON**

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Extracts from the Auditors Report for the year ended 31st December, 2010.

I / we certify that the financial statements of the Incorporated Orthopaedic Hospital of Ireland for the year ended 31st December 2010 as set up herein are in agreement with the books of account and have been drawn up in accordance with generally accepted accounting practices and with the accounting standards as laid down by the Minister for Health & Children.

Ms Michelle Fanning
Chief Executive Officer

These financial statements give the true and fair view of the state of affairs of the hospital at 31st December 2010 and of its income and expenditure and cash flow for the year then ended.

Dr Ciarán Craven
Chairman

NON-CAPITAL INCOME & EXPENDITURE ACCOUNT

	Year to 31/12/2010	Year to 31/12/2009
Pay expenditure	€	€
Administration	547,962	538,843
Medical & dental*	121,723	114,637
Nursing & allied	4,254,370	3,678,960
Paramedical	870,232	740,355
Catering & housekeeping**	1,104,873	1,099,742
Maintenance	96,710	102,261
Pensions	711,164	704,933
Lump sums and gratuities	387,838	84,874
PRSI	592,187	531,483
Total gross pay	8,687,059	7,596,088
Non-pay expenditure		
Drugs & medicines	231,833	195,278
Blood & blood products	-	-
Medical gases	13,687	9,064
Medical & surgical supplies	109,090	65,194
Medical equipment	136,795	173,474
Medical equipment supplies /contracts on	-	-
X-ray equipment	-	-
X-ray supplies / contracts on	33,337	25,324
Laboratory equipment	-	-
Laboratory supplies / contracts on	54,851	48,163
Catering equipment	15,302	29,256
Catering provisions / contracts on	290,618	274,956
Heat, power, light	212,426	207,629
Laundry equipment	(70)	9,697
Cleaning & washing supplies / contracts on	369,751	341,971
Furniture, crockery, hardware	15,149	4,112
Bedding and clothing	13,575	6,796
Maintenance equipment	2,059	8,889
Maintenance materials supplies / contracts on	346,037	347,543
Farm & garden equipment	18,922	11,063
C/F	1,863,362	1,758,409

* Note Line 2 (1) NCHD Med. & Dent.
(2) Common Contract Med. & Dent.

** Catering & Housekeeping includes Porters

NON-CAPITAL INCOME & EXPENDITURE ACCOUNT

	Year to 31/12/2010	Year to 31/12/2009
Non-pay (continued)	€	€
C/F	1,863,632	1,758,409
Farm supplies contract on	-	-
Travel subsistence	15,116	15,531
Transport of patients	5,377	4,277
Vehicles purchased	-	-
Vehicles supplies/contracts on	-	-
Bank loan, capital repayment	-	-
Bank interest & charges	1,443	1,781
Insurance, audit, legal costs	86,006	95,943
Office equipment	81,516	58,181
Office supplies/contracts on		
Computer equipment	89,492	23,090
Computer supplies/contracts on	21,665	65,449
Professional services	138,165	133,899
Staff training	2,929	14,630
Bad debts	-	-
Adjustment to provision		
Doubtful debts	54,799	20,075
Miscellaneous	21,646	17,035
Total non-pay	2,381,516	2,208,300
Total gross expenditure (10 + 48)	11,068,575	9,804,388
Income		
Patient income	2,534,222	2,195,297
Canteen receipts	-	-
RTA (receipts)	78,661	114,213
Deduction from payroll superannuation	714,411	588,593
Payroll emoluments / canteen receipts	94,292	57,849
Charges for services to external agencies	-	-
Income from shops, farms etc.	-	-
ESF (Receipts, revenue application)	-	-
Miscellaneous	10,560	40,684
Total income	3,432,146	2,996,636
Total net expenditure (49-59)	7,636,429	6,807,752

CAPITAL INCOME & EXPENDITURE ACCOUNT

	Year to 31/12/2010	Year to 31/12/2009
Expenditure*	€	€
Projects (specify):		
Development of new hospital	483,668	4,439,393
Equipment (specify):		
Kitchen equipment	-	-
Physiotherapy and hospital equipment	-	-
Office equipment & security system	-	-
Miscellaneous fittings – generator	-	-
Repairs and refurbishment	-	-
Windows	-	-
Ceilings	-	-
Other (specify):		
Total expenditure	(483,668)	(4,439,393)
Income	-	-
Disposal proceeds / (loss)	-	-
Subtotal	-	-
Capital grant (HSE)	512,247	4,598,506
Total income	512,247	4,598,506
Balance (unfunded) / unspent	28,579	159,113
Balance b/f from previous year	577,481	418,368
Cumulative balance – (unfunded) / unspent	606,060	577,481

* Expenditure should include acquisitions from all sources of funding except Non-Capital Allocation



The Incorporated Orthopaedic Hospital of Ireland
Castle Avenue, Clontarf, Dublin 3

telephone 01 833 2521 **facsimile** 01 833 3181 **website** www.ioh.ie
