

The Incorporated Orthopaedic Hospital  
of Ireland operating as Clontarf Hospital  
**ANNUAL REPORT**

12



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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 complement of 160 with 128 beds currently in use. The hospital entrance is 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 has extended its service over recent years to include rehabilitation of older persons while it also continues to provide respite beds to the local community.

## MISSION STATEMENT

IS TO PROVIDE A HIGH STANDARD OF  
TREATMENT FOR ALL PATIENTS REFERRED  
TO ENABLE THEM TO ACHIEVE THE GOALS  
OF HEALTH AND INDEPENDENT LIVING



OF CARE AND  
RRED TO THE HOSPITAL  
OPTIMUM STANDARD  
NG



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# SENIOR HOSPITAL STAFF

## Incorporated Orthopaedic Hospital of Ireland

### Chief Executive

Ms. Michelle Fanning

### Director of Nursing

Ms. Lorna Nangle

### Assistant Directors of Nursing

Ms. Noreen Browne  
Ms. AnnMarie McGovern

### Finance /Administration

Ms. Bernie Saunders

### Physiotherapy Manager

Ms. Grainne O'Hara

### Senior Social Worker

Ms. Imelda Morris  
Ms. Carol O'Connor

### Radiologist

Dr. Martina Morrin

### Senior Radiographer

Ms. Gillian Rice

### Senior Pharmacist

Ms. Linda Murnane

### Senior Occupational Therapist

Mr. Frank D'Easaille  
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 (*R.I.P August 2012*)  
Rev. Conrad Hicks

### Pastoral Care

Ms. Miriam Moylan



# BOARD OF GOVERNORS

## Incorporated Orthopaedic Hospital of Ireland

### President

Dr. F.J. O'Reilly (*resigned 18th July 2012*)

Mr. T.C. Smyth (*elected July 2012*)

### Board of Governors - 2012

#### Chairman

Dr. Ciarán Craven

#### Deputy Chairman

Mr. Charlie Scott

#### Members

Ms. Mary Barnard  
(*resigned 18th July 2012*)

Ms. Ann Power

Mr. John Rowden  
(*resigned 18th July 2012*)

Mr. Les Sibbald

Ms. Elma Sweetman  
(*resigned 18th July 2012*)

Mrs. Rosemary Tierney  
(*resigned 16th April 2012*)

Mr. Brian Thomes  
(*resigned 17th August 2012*)

Ms. Denise Brett

Ms. Marcella Higgins

Mr. Terence Horgan

Ms. Mary Coffey  
(*appointed 18th September 2012*)

Ms. Catherine MacDaid  
(*appointed 16th October 2012*)

Ms. Estelle Feldman  
(*appointed 16th October 2012*)

Mr. Daragh Kavanagh  
(*appointed 17th July 2012*)

Dr. Regina Connelly  
(*appointed 17th July 2012*)

Dr. Paul MacMullan  
(*appointed 16th October 2012*)

Mr. John Cantwell







**Dr. Ciarán Craven**  
CHAIRMAN OF THE BOARD

## CHAIRMAN'S REPORT

In 2012, despite further cuts in the Hospital's budget allocation over and above those already imposed in previous years, services were maintained at a comparable level. This was only possible because of the prudent oversight and management of the Hospital's finances and service delivery by the Chief Executive Officer and her teams. To her, and them, the Board's sincerest thanks are due.

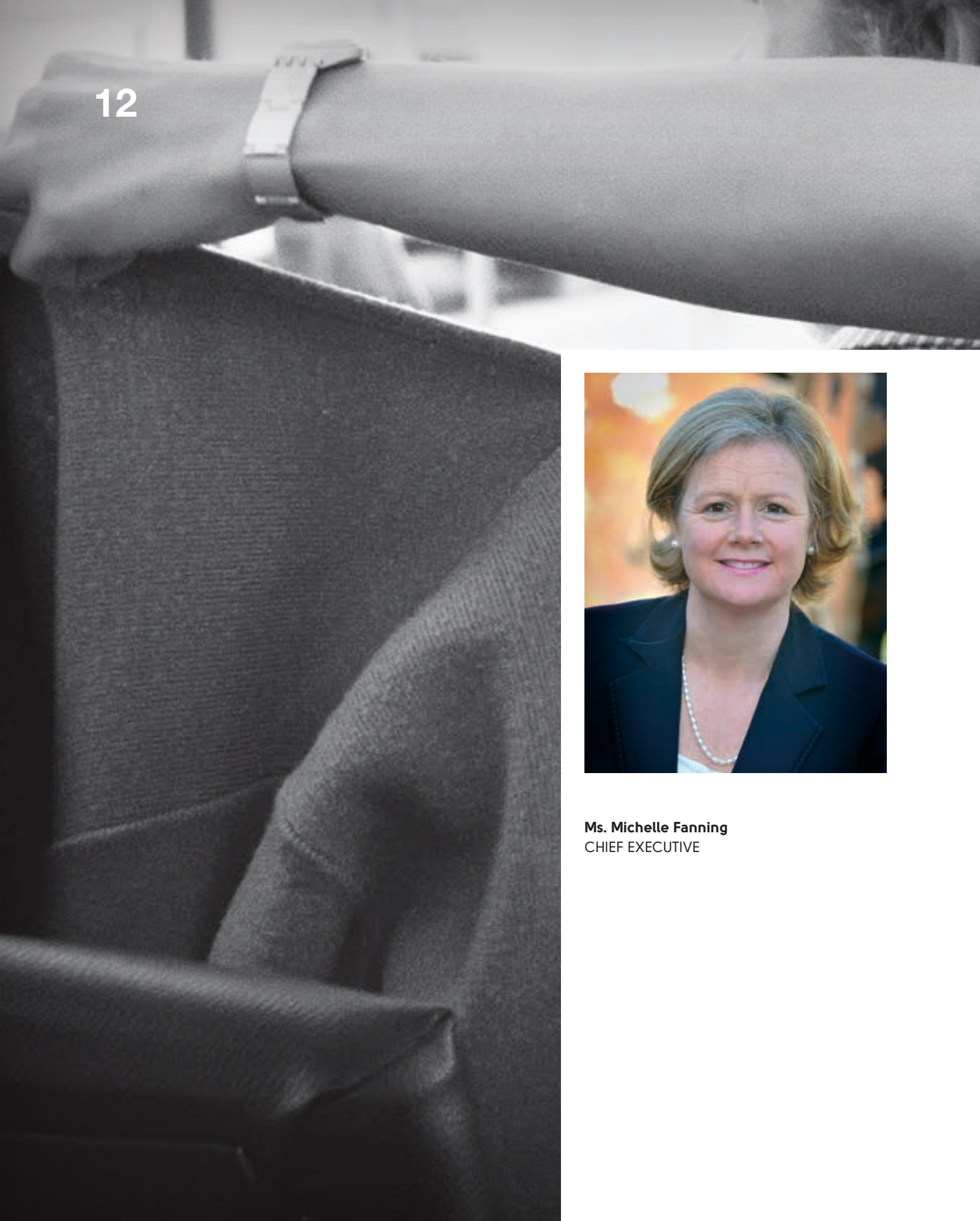
Following on from the 2011 independent review of the Hospital's governance structures, 2012 saw the establishment of the following formal Board Committees: Finance and General Purpose, Audit, Clinical Governance and Ethics. Chairs of each Committee were nominated and approved and Terms of Reference are expected to be completed and approved in early 2013, with full implementation of the review recommendations immediately thereafter.

During the course of the year, Dr. Francis O'Reilly, President of the Association of the Incorporated Orthopaedic Hospital of Ireland, retired after many years of committed service. The Board and the Hospital owe Dr. O'Reilly a huge debt of gratitude and it is with sadness that we acknowledge his decision to retire, and wish him well for the future. In July, the immediate past Chairman of the Board of Governors, Mr. Justice TC Smyth, was unanimously elected as the new President and the Board looks forward to his ongoing input and assistance, over the coming years, being mindful of his vast experience and careful stewardship of the Board as Chairman, including his superintendence of the building of the new Hospital, a testament to his organisational skills and tenacity.

Also, during 2012, the composition of the Board changed significantly. Mr. John Rowden, Mrs. Rosemary Tierney, Ms. Mary Barnard, Ms. Elmah Sweetman and Mr. Brian Thomes all retired. Between them their years of service are countless and I am personally grateful for their support and loyalty, and help, over that time, and for their tireless work on behalf of the Hospital. New members appointed to the Board were Mr. Daragh Kavanagh, Dr. Regina Connolly, Ms. Catherine MacDaid, Ms. Mary Coffey, Ms. Estelle Feldman and Dr. Paul MacMullan. That their immediate contribution to the Hospital and the Board was both marked and remarkable augurs well for the future and I look forward to working with them, and all the other members of the Board, into 2013.

The publication of the HIQA National Standards for Safer Better Health Care in June 2012, following approval by the Minister for Health on 16 May 2012, provides a template against which the Hospital's performance will be measured. As they are implemented, over the coming years, it can be confidently expected that, based on its tradition and proven record of providing the highest standards of care and treatment for all its patients, the Hospital will not be found wanting. This will be possible only because of the recognised and ongoing commitment and dedication of all its staff. To them the Board says: "Thank you".

**Dr. Ciaran Craven**  
CHAIRMAN OF THE BOARD



**Ms. Michelle Fanning**  
CHIEF EXECUTIVE



# CHIEF EXECUTIVE'S REPORT

I am pleased to welcome you to Clontarf Hospital's 2012 Annual Report. I hope you find the account of the Hospital's activities and performance both informative and interesting.

## Rehabilitation Services

Rehabilitation services for older persons continued to be a priority for the Minister for Health and Children throughout 2012. Clontarf Hospital's mission statement aimed at providing a high standard of care and treatment for all patients to enable them to achieve the optimum standard of health and independent living actively supports the Ministers objectives.

During 2012 important links were established with local hospitals to discuss the continued development of rehabilitation services in Clontarf that best suit the needs of older persons within our communities. The extension of rehabilitation services in Clontarf while primarily aimed at improving older persons independence and quality of life also has the advantage of reducing demands on acute hospital beds and long term care facilities into the future.

## Financial Activity

Despite a difficult first half of the year, I am pleased to announce the Hospital came in close to budget at year end, an important achievement in the face of reducing financial resources. Many thanks to the finance team for the effective management of the Hospital finances, a full financial report is available at Appendix 1.

## Clinical Services

There were 2229 admissions and 2220 discharges in 2012, with an overall occupancy rate of 92%, slightly down on the previous year. The biggest monthly drop in activity levels were due to outbreaks of Winter Vomiting Virus. The majority of admissions were composed of 908 Interim Care Patients and 1006 orthopaedic admissions. The outpatient x-ray service continues to show an annual increase in activity levels. A full Activity Report is available at Appendix 2.

## Quality & Risk

As safe, high quality patient care remains the first priority for the Hospital, the official publication of the National Standards for Safer Better Healthcare in June was welcomed by all. Senior managers attended educational days in the offices of the Health Information and Quality Authority to better facilitate their implementation throughout the Hospital.

The Hospital's commitment to providing a safe and secure Hospital environment was underpinned by a risk management review. Implementation of the recommendations made from the review continue to drive improvements in patient care and risk management.

## Health & Safety

The Health & Safety Committee met quarterly to attend to health and safety issues raised by staff. Review of the Committee and the drafting of new terms of reference and new membership was undertaken and due for approval in early 2013.

Health & Safety Training undertaken in 2012 included:

- Manual Handling.
- Basic Life Support.
- Fire Evacuation and Fire Drills.
- Medical Gas Pipeline Systems.
- Safedoc and Chemical Risk Assessment.

## **Infection Control & Hospital Hygiene**

The Infection Control & Hygiene Committee continued throughout 2012 to work on creating and maintaining a hospital environment compliant with nationally recognised standards of infection control and hospital hygiene. To this end the National Standards for the Prevention and Control of Healthcare Associated Infection have been adopted and the Committee continue to monitor their implementation. The Standards are designed to promote an environment that maximises safety, quality and accountability; qualities which Clontarf Hospital believes are paramount to the delivery of safe quality patient care.

The Infection Control & Hygiene Committee met quarterly to oversee, monitor and audit infection control and prevention and hospital hygiene. Quarterly hospital and hand hygiene audits were undertaken by the Committee and training and education was provided to hospital staff in Hand Hygiene, Waste Management, Sharps and Spillages.

The Hospital's MRSA surveillance programme reported a prevalence rate of 4.4% in 2012, a 1.6% reduction on the

previous year. Despite continuous vigilance there were three outbreaks of Norovirus in January, March and November which interfered with the overall Hospital activity levels.

## **Dangerous Goods Report**

In line with the European Communities regulations on the segregation, handling, storage and transport of dangerous goods the Hospital underwent two dangerous goods audits in 2012 in which there were no infringements and the overall level of compliance with the regulations was found to be very good. Several observations were identified which were addressed and attended to. Education and training in chemical management and risk assessment is ongoing.

## **Energy Team**

The Hospital continues to make progress in achieving energy efficiencies in line with our public service obligations. The Energy Team, established in 2011, to raise energy awareness among staff and reduce energy consumption reported several successful achievements throughout 2012 with the most impressive being a 10% reduction in electricity usage.



Initiatives undertaken by the Energy Team included, light audits, an Energy Awareness Day in December (a time of high energy usage), newsletters and energy awareness posters, while the Pantry Staff are commended as the winners of the first energy saving competition.

I would like to thank Ms. Linda Murnane and the Energy Team for their enthusiasm and commitment to reducing energy consumption in the Hospital.

## **Hospital Board**

2012 saw several retirements from the Hospital Board and I would like to take this opportunity to offer my sincere gratitude and appreciation to Mr. John Rowden, Mrs. Rosemary Tierney, Ms. Mary Barnard, Ms. Elmah Sweetman, Mr. Brian Thornes and to past President Dr. Francis O'Reilly for the remarkable contribution all have made to Clontarf Hospital over many years.

It is with pleasure that I welcome the new members, Ms. Mary Coffey, Mr. Daragh Kavanagh, Dr. Regina Connolly, Ms. Catherine Mac Daid, Ms. Estelle Feldman, and Dr. Paul MacMullan, I look forward to working with all in the future.

## **Gratitude**

My sincere thanks to Mr. Gerry McCarthy who retired in 2012 for his years of dedication and hard work in the general administration offices, I wish him a well deserved retirement. It is with sadness and regret that we saw the untimely passing of Reverend Derek Sargent, we offer his wife and family our sincere condolences.

The annual report is an ideal opportunity for me to thank Hospital staff and volunteers for their commitment and hard work throughout the year. I look forward to continuing to work with all in providing high quality safe patient care.

**Ms. Michelle Fanning**  
**CHIEF EXECUTIVE**





**Ms. Lorna Nangle**  
DIRECTOR OF NURSING

## DEPARTMENT OF NURSING

The Department of Nursing remains appreciative of the commitment and professionalism of all staff who strive to provide the standard of care to which our mission statement refers: **"a high standard of care and treatment for all patients referred to the hospital to enable them to achieve the optimum standard of health and independent living"**.

### Orthopaedic Patients

Patients with a wide range of orthopaedic injuries and disabilities, including fractures, joint replacement surgery and neck and lower back disorders, are admitted for orthopaedic rehabilitation. Each patient receives a personalised rehabilitation plan to meet their individual needs.

Close liaison is maintained with our colleagues in the referring hospitals. We are dependent on weekly visits from the orthopaedic registrars as they provide ongoing assessment of our orthopaedic patients and offer medical support to the multidisciplinary team. Regular reviews on site minimise the need for our patients to return to very busy outpatient clinics in the acute hospitals.

### Interim Care Patients

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. In practise the vast majority of these patients are over 75 years of age, are quite frail and have significant medical problems. Many also have major socioeconomic concerns.

A total of 908 interim care patients were transferred from Beaumont, Connolly and the Mater hospitals during the year. The readmission rates to all three hospitals decreased in 2012.

### Respite Care Patients

The hospital has continued to work closely with the public health nurses in Dublin North City to provide respite care for patients from the local community. This is a very valuable service that provides a reprieve for families who are caring for loved ones at home.

### Continuing Education

In-service education continued in cardiopulmonary resuscitation, manual handling and fire safety training.

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

- Preceptorship Course.
- National Orthopaedic Nurses' Conference.
- Pain Management.
- Bone & Joint Infections.
- Falls Alert Mattress.
- Diet following gastric surgery.
- Discharge Planning for Vulnerable Adults.
- Early Warning Score.
- Healthcare Infection Society – UK Conference.



### Diploma Student Nurses

Clontarf Hospital continues to provide clinical placements for first year Diploma student nurses from University College Dublin and the Mater Misericordiae University Hospital. Feedback from the students and from the Mater Hospital is very positive. The students enjoyed their placements and were very grateful for the guidance and assistance provided by the staff in Clontarf.

### Community and Work Experience Placements

Throughout 2012 twenty four transition year students from local secondary schools spent a week on community placement in the hospital. This is very valuable for the students as it exposes them to the needs of the sick and elderly. While the students spend most of the week on the wards under the supervision of nursing staff they also get the opportunity to visit different departments within the hospital.

In addition we provide clinical experience for students who are undertaking a post leaving certificate course in nursing studies in Coláiste Dhúlaigh.

### Conclusion

I would like to thank my secretary, Rosemary McGreevy and my colleagues in Nursing Administration for their support and dedication. I would also like to acknowledge the professionalism and commitment of all the nursing staff during the past year.

**Ms. Lorna Nangle**  
DIRECTOR OF NURSING







# PHARMACY DEPARTMENT

The aim of the Pharmacy Department is to meet the needs of Clontarf Hospital patients by providing Pharmaceutical Care and developing comprehensive Medicines Management processes, i.e. – to provide safe, effective and economical use of medicines for all our patients.

## Dispensary Service

Pharmacy service in Clontarf Hospital is primarily a dispensary based service. All wards are 'topped-up' twice weekly by pharmacy. A ward stock of the top 50 medicines in use is available at all times on the wards. This list is reviewed on a regular basis. Nursing staff can order non-stock items twice a day, morning and afternoon via the green pharmacy box. The Pharmacy department receives prescriptions for Interim Care Patients before admission, and any discrepancies/errors can be detected and resolved before the patient leaves the acute hospital. We send non-stock items from these prescriptions to the admitting ward. Medications for Orthopaedic Patients are ordered as they are admitted.

## Service Developments

- The Pharmacy became registered with the Pharmaceutical Society of Ireland in 2012 – this was a lengthy process and involved fulfilling criteria and legal requirements laid down by the Pharmaceutical Society of Ireland and involved a site inspection by 2 members of the PSI.
- Review and development of Pharmacy Policies.
- Keeping costs down is a continual challenge, this has been helped by several new generic medications available in particular atorvastatin.
- Staff are also using the Pharmacy department for staff prescriptions.

## Clinical Activity

Clinical duties include prescription/kardex reconciliation, adverse drug reaction monitoring, and medication incident reporting, within the time constraints of the Pharmacy Department. We liaise with acute hospitals and community pharmacies to ensure seamless pharmaceutical care. We encourage all staff to fill in medication

incident reports whenever an incident, near miss or adverse event occurs with a medication. Only through reviewing these reports can we determine possible cause and develop preventative strategies to minimize recurrence. Each ward has MIMS and BNF medical reference books, however pharmacy is always available to answer any queries staff or patients may have about medication.

## Professional Development

Lectures attended include:

- Thyroid disorders.
- Benzodiazepines – a clinical update.
- Medicines in pregnancy.
- Dermatology.
- New oral anticoagulants.
- Medication management in children.
- Hospital Pharmacists of Ireland 2 day Conference Lectures and Workshops.

I would like to take this opportunity to congratulate our Senior Pharmacist Niamh on the birth of her baby girl Daniella in Dec 2012.

## Pharmacy Staff

**Ms. Linda Murnane**  
CHIEF PHARMACIST

**Ms. Niamh Ruane**  
SENIOR PHARMACIST

## PHYSIOTHERAPY DEPARTMENT

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 that also enables patients to achieve the highest quality of life their condition allows.

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

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

### Physiotherapy service

There were 31,228 physiotherapy patient treatments recorded during 2012. This figure represents a 75% increase in activity since 2006 when there were 17,828 physiotherapy treatments. During this time the complexity and dependency of the patients has also increased with many requiring twice daily treatment, 1:1 physiotherapy rehab in the gym and a second therapist to assist with treatment.

There is a blanket referral system for physiotherapy. All 128 in-patients are assessed by a physiotherapist and a treatment plan is initiated within 24 hours of admission.

The current staffing is 4 senior and 3 staff grade physiotherapists and a Physiotherapy Manager.

### Service Development

As a result of a SWOT (strengths, weaknesses, opportunities and threats) analysis of our service facilitated a number of initiatives aimed at improving our efficiency were undertaken as follows:

- Standardised assessment forms for Orthopaedic and Interim care Patients were agreed by the team and are currently in use.
- Prioritisation criteria for patient treatment were also agreed and documented in order to aid decision making for heavy patient caseloads.
- Quarterly Documentation audit initiated;  
*To facilitate patient management and to satisfy legal requirements, every patient who receives physiotherapy must have a record that includes information associated with each episode of care (European Core Standards of Physiotherapy Practice). In 2001 the Dublin Area Teaching Hospitals (DATHs) agreed on core data that must be included in a physiotherapy chart. The physiotherapy chart audit is in place to ensure that an acceptable level of mandatory fields, specified by the DATHs Core Data fields list is completed.*
- A research proposal to look at factors that determine length of stay after hip replacement is currently awaiting ethical approval.
- Ger Gill, acting Senior Physiotherapist successfully completed the "Occupational Physiotherapy Solutions" manual handling instructor course in September and October 2012 and is now competent to facilitate mandatory training for hospital staff and to advise on manual handling queries that arise.
- The Gym Group format was improved and modified to incorporate elements of bone health and psychology of pain into the sessions, the classes remain very popular with patients aiming to improve their balance and function in a group environment.



### Continuing Professional Development

The following education and study days were attended by physiotherapy staff;

- Prosthetic, Orthotic & Limb Absence Rehabilitation (POLAR) Study Day in the National Rehabilitation Hospital in May.
- Joint Training study day organised by the Schools of Physiotherapy (TCD, RCSI and UCD) for Practice Educators in Trinity College in June.
- Shoulder Study Day in Cappagh Hospital on Saturday 9th June which was organised by the Chartered Physiotherapists in Orthopaedics (a specialist interest group of the Irish Society of Chartered Physiotherapists).

- A 2 day Vestibular rehabilitation course in the Royal College of Surgeons in September.
- Workshop on Clinical Governance for Health and Social Care Professionals facilitated by the HSE in Stewarts Hospital.
- Medical Exercise Therapy for Older Patients in UCD.
- Cognitive Rehabilitation Therapy Course in UCD in October.

*"No one can whistle a symphony.  
It takes a whole orchestra to play it"*

**H. E Luccock**



## External links

Based on a training needs analysis we were delighted to work with a private cardiac rehabilitation clinic "Heart 2 Heart Cardiac Physiotherapy" for a tailored education programme consisting of an evening cardiac rehab workshop for the physiotherapy team in May.

Having facilitated an orthopaedic workshop here for the Royal Hospital Donnybrook (RHD) in October 2011 the physiotherapy and occupational therapy departments were invited for a return visit to RHD in July for a neurology educational session and workshop.

The Chartered Physiotherapists in Orthopaedics held 2 further study evenings at which the physiotherapy department was represented.

- January meeting , The Hermitage Clinic , Mr. David Borton- Ankle and Foot surgery: an update of research.
- October meeting, Cappagh Hospital, David Fitzgerald MISCP- Lumbar spine rehabilitation: a biomechanical approach.

The Chartered Physiotherapists in Management group of the ISCP held two meetings in 2012 which the Physiotherapy Manager Ms. Grainne O'Hara attended,

- February – Good models for managing between PCCC and acute services.
- April – Behavioural insights into Clinical Management in a climate of economic constraints.

- Ms. O'Hara attended the Voluntary Hospitals and PCCC Physiotherapy Managers group which met in Stewarts Hospital in February and in St. Luke's Hospital in October.

## Practice Education

Throughout the year the Department facilitated eight volunteer requests for placements from qualified physiotherapists who were keen to maintain and update their skills whilst seeking paid employment. Six of the volunteers were successful in attaining physiotherapy positions following their work experience with us, one of them in New Zealand. Another volunteer returned to College to pursue a post graduate Masters course.

In May, Mr. Stuart Garrett, one of our volunteers, returned to Kisiizi Hospital in Uganda and the Physiotherapy Department organised a fundraising coffee morning in aid of this worthy cause which was well supported by staff.

The Department also facilitated undergraduate physiotherapy students from Trinity College, Dublin, and work experience students undertaking the Exercise Science Programme in the University of Tampa, Florida.

It was a very busy year for transition year student placements. Unfortunately this particular volume of work experience is not sustainable to facilitate in the future due to competing service demands and pressures on therapists' time.



## Opportunities

We look forward to working with our colleagues throughout the hospital in the coming year and thank them for their continuing support and advice.

We have identified a number of key working areas and challenges that we hope to prioritise in the near future:

- Respiratory care workshop to be organised in order to address the training need in this area.
- Total Hip replacement LOS (length of stay) study to commence pending ethical approval.
- Work with TCD to facilitate placements for Diploma of Physiotherapy students from Nanyang Polytechnic, Singapore who are converting to BSc Physio. The health services in Singapore are almost exclusively based in the acute hospitals with very little community and primary services. TCD have requested 2 placements with us in order for the students to understand how acute services interface with community and primary care.
- Staff Appraisal/ Performance Review is working well informally for staff grade physiotherapists and students and a challenge for this year is to roll out the process in conjunction with the Human Resources department and to also include senior physiotherapists.

- Work in collaboration with the administration department and DMF in order to extrapolate statistical information on trends, activity and outcomes from physiotherapy data that has been inputted.
- Continue to facilitate separate staff grade and senior grade meetings as able, in order to focus on service development and to identify and address areas of need in our service.
- Senior physiotherapists keen to become involved in/chair relevant committees of the integrated quality and safety team such as Falls intervention and Health and Safety.
- Office space, designated desk space and computer access in the out-patient area for physiotherapy staff continues to be a high priority in order that we can improve intra- and inter-departmental communication, work on the initiatives above and improve the overall cohesiveness of the department.

I would like to take this opportunity to also thank each member of the physiotherapy team for their support, ongoing motivation and enthusiasm and for their commitment to quality patient care.

**Ms. Grainne O'Hara**  
PHYSIOTHERAPY MANAGER







## CATERING DEPARTMENT

The Quality of Food provided to patients to aid with their recovery continues to be high on the priority list for the Catering Department. The excellent quality of service for all the patients, visitors and staff is a regular topic of conversation for patients and visitors alike. All patients Dietary requirements Coeliac, Diabetic, Renal, High Protein, Low Salt diets of patients are attended to.





### Service Developments

The Catering Department extended the opening hours of the restaurant to visitors in 2012.

### Continuing Education & Training

Staff participated in the following training & education programmes:

- Hazard Analysis and Critical Control Point (HACCP).
- Infection Control – Hand Hygiene & Waste Management.

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

**Ms. Marie O’Gorman**  
CATERING MANAGER



## GENERAL SERVICES DEPARTMENT

The role of the General Services Department is to support the clinical services in providing safe high quality patient care. The list of services include, linen supplies, waste management, hospital laundry, supervision of contract cleaners, and portering services. The Department also provided support to the administration and catering departments throughout the year.

Staff work closely with all Departments and participate in the Infection Control & Hygiene Committee. Much work was undertaken with the new Contract Cleaners in 2012 in consolidating compliance with the National Standards for the Prevention and Control of Healthcare Acquired Infection to ensure the Hospital had a safe and clean environment for patients, staff and visitors to the Hospital.

### Staff Training

#### Staff participated in the following training:

- Fire Safety and Evacuation.
- Hand Hygiene.

- Waste Management.
- Chemical Risk Assessment.
- Chemical Safedoc.
- Manual Handling.
- Medical Gas Pipeline Training.

Finally, I would like to take this opportunity to say a word of thanks to all staff in the department for their commitment to their work throughout 2012.

**Mr. Jorge Periera**  
GENERAL SERVICES OFFICER





## MAINTENANCE DEPARTMENT

The Maintenance Department staff work to make sure the hospital and its facilities are in top shape when it comes to building repairs, mechanical and electrical systems, grounds-keeping, and a myriad of other behind-the-scenes services.

Maintenance Staff also ensure compliance with the many and increasing number of statutory regulations governing maintenance of the hospital's equipment and buildings. Everything is documented and forms are completed for regular inspections from various outside inspections agencies. Some of the services that are contracted to outside companies but overseen by maintenance include the elevator maintenance, medical equipment and pest control.

**Maintenance Staff participate in the Health & Safety Committee and participated in the following training in 2012:**

- Medical Gas Pipeline training.
- Hand Hygiene.
- Infection Control.

The Maintenance Staff would like to thank all the Hospital staff who assist them throughout the year.

**Mr. Tony Kerrisk**  
**Mr. Pat Tyrell**





## SOCIAL WORK DEPARTMENT

The Social Work Department provides a range of services to patients and families attending Clontarf Hospital. This includes support, advice, practical assistance and counselling to those coping with their illness, a trauma, bereavement, addiction, abuse and/or other crisis in their lives.

Services provided by the Medical Social Work Department:

- Psychosocial Assessments.
- Care planning/Discharge Planning in collaboration with the Multi-Disciplinary Team.
- Individual Counselling / Emotional Support following Bereavement, Trauma, Change of Life Stresses, Brief Therapy Counselling, Crisis Management and Conflict Management.
- Elder abuse, Domestic Violence, Crisis Intervention Work.
- Liaison with Community Services / Supports on behalf of patients and their families.
- Preparation and facilitation of Family Meetings, Care Planning Meetings and Case Conferences.
- Home Visits in conjunction with the Occupational Therapy Department.
- Advocacy Work in keeping with Social Work Code of Ethics.
- Social Work Welfare information/finances/advice.
- Educational input to new members of staff.

The Social Work Department continues to have a special role with regard to working with family members, in particular being a link for the Multi-Disciplinary Team, in communicating with the patient and family, assessing the family's ability to cope with the patient's special needs. We endeavour to ensure that patients are linked in to the appropriate community services to achieve a safe transition from hospital to home.

The Medical Social Work Department continue to attend and prioritise weekly Multi-Disciplinary Meetings on Vernon, Kincora, Gracefield and Swan Wards.

The Medical Social Work Department consists of one full time Senior Social Worker, two full-time and one locum Professionally Qualified Social Workers and administrative support.

The Social Work Department respects the dignity and individuality of each patient adhering to professional standards and ethics while acknowledging the ethos of the hospital.

### Social Work Referrals.

In 2012, 1268 referrals were made to the Social Work Department indicating a slight decrease in the volume of referrals made in 2011. The Department witnessed a decrease in the number of patients referred, closer examination revealed that there was a significant increase in the units of time spent on these cases / referrals. This shift is attributed to the following:

- Complex discharges involving HCP Applications.
- Cutbacks in community services.
- Service Provision.

### Home Care Packages

Following the introduction of the National Guidelines and Procedures for the Standardised Implementation of Home Care Package Scheme, (HCP), the original means test was removed and approval was granted solely on the basis of need. This led to a substantial increase in the demand on the HCP system.

Because of the complex process, each HCP application is now actively managed by a Medical Social Worker which in turn is reflected in the extremely high level of additional activity for the Social Work Department and which continues to cause significant delays in dealing with our day to day service delivery.

## **Vulnerable Adults**

Other contributing factors for the Social Work Department is the extra length of time involved with adults with a cognitive impairment or mental ill-health diagnosis, and adults with physical or intellectual disabilities.

## **Community Services**

The Social Work Department commends itself on the level and depth of Social Work intervention provided to our patients and their families. The outcomes from thorough assessments and interventions resulted in increased disclosures of Elder Abuse, Domestic Violence, and Family Meetings as well as successful Home Care Package applications resulted in increased safe discharges and better outcomes.

## **Policies and Procedures in the Social Work Department**

As outlined in the 2011 Annual Report one of the aims for 2012 was to consolidate and finalise policies and procedures for the Department in line with Hospital Policy.

They include policies on: Recording of Case Notes, Home Visits, Elder Abuse, Domestic Violence, Mental Health Concerns / Suicidal Ideation and are now in draft form waiting to be finalised. Work is also continuing on the Governance of the Medical Social Work Dept and Clinical Audits.

## **Professional Supervision/Social Work registration**

On May 31 2013 all Social Workers will be required to be registered. This will have implications for Continuous Professional Development as Social Workers must now show evidence of CPD points achieved each year. Senior Social Worker Imelda Morris continues to supervise all Social Work staff on a monthly basis, ensuring accountability, governance and risk management in Social Work practise.

## **Continuous Professional Development**

The Medical Social Work Department is committed to on-going Professional Development and education. Members of the team attended the following courses / seminars:

- World Elder Abuse Conference, UCD in June 2012.
- Role of the Data Commissioner with reference to Social Work practice and the HSE complaints process.



- Best Practice on Recording and Report Writing Conference in 2012 in light of the Data Protection Act, Registration and the use of the Social Media.
- Care Planning Meetings within a hospital context and promoting best practice in person centred care planning for older people, Tallaght Hospital.
- Information talk on the National Standards for Safer Better Health Care organised by HIQA.
- Legal seminar on the impact of the new Children's Rights.
- Workshop *"Integrating knowledge and skills into a conceptual map of practice"* Dr. Pamela Trevithick.
- In service training with general hospital staff on fire evacuation drill.
- MSW Deirdre McLoughlin is her second year of her M.S. in Applied Social Research at TCD.
- Staff also engaged in evening courses on their own time and at their own expense in areas of Social Work Practice and CPD.

## Social Work Department Future Planning

The main aims of the Social Work Department for 2013 is:

- To continue to facilitated timely and safe discharges of patients while maintaining effective high standards of care and service to all patients and families,
- Complete all draft policies and procedures as outlined above;
- To continue to foster strong links with our Social Work colleagues in the community and other acute hospitals.
- Continuous Professional Development and Social Work education.

On behalf of the Social Work Department, I wish to thank the Medical Social Work Team for their dedication in providing an excellent Social Work service to patients of the hospital in 2012, to Ms. Marie Towel for her administration support, and to the members of the Multi-disciplinary team for their support in our work.

**Ms. Imelda Morris**

SENIOR MEDICAL SOCIAL WORKER



# 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 2010). Occupational Therapists seek to maximize the patient's independence in chosen activities of daily living and where necessary modify their environment to facilitate this.

## Staffing

In 2012, our department consisted of 2 Senior Therapists and a staff grade therapist.

## Service developments 2012

- Monthly departmental meetings were maintained and provided a useful forum for discussion and review of practice.
- The department continued to facilitate student education by supervising a second year student from University of Dublin, Trinity College from April to June.
- Occupational Therapy staff provided a number of in-service training sessions on seating, pressure relief and equipment for healthcare assistants.
- Staff set up the Breakfast Group in May which involved 2-5 patients attending every Friday morning to prepare their own breakfast. This group allowed the patients to practice kitchen skills while using appropriate walking aids or kitchen aids. The feedback from those attending was very positive with most saying it improved their confidence for discharge. Many also stated they enjoyed the social element to the group which is evident in the photograph from our group at Christmas.

- Staff continued department meetings with increased focus on continuing professional development.
- Liaison with Occupational Therapists in referring hospitals and Community Occupational Therapists, including; monitoring of service developments and the introduction of integrated service areas and dealing with likely increasing difficulty obtaining equipment essential for discharge.

## Professional Development

- Members of staff continued their involvement on the committee of the Association of Occupational Therapists of Ireland (AOTI) and as a Communication Officer with the Advisory Group for Older People during 2012. Included in this role during 2012 was assisting in the organisation of a Dementia study day held in the School of Occupational Therapy, Trinity College on 2nd March 2012 and the recruitment of new members.
- Staff attended the Primary Care Advisory Group study day.
- The department attended an in-service education in the Royal Hospital Donnybrook on neurology in July 2012.



- Staff attended the training day on the Well Elderly Study in St. Patrick's Hospital, Dublin as well as the Elite Healthcare Seminar on Seating in May.
- A Member of staff completed a week long course on the Assessment of Motor and Process Skills (AMPS) in November. The course involved becoming competent in completion of standardised functional assessments and will aid the department in completing more thorough assessments.

- Members of Staff continued membership of the British Association of Occupational Therapists which gave the department access to the monthly journal. During the year various articles from the journal were discussed at the monthly department meetings.

Finally the Department of Occupational Therapy would like to thank all the staff in the hospital for all their support throughout the year.

**Ms. Aileen Murray and Mr. Frank D'Easaille**  
SENIOR OCCUPATIONAL THERAPISTS







## X RAY DEPARTMENT

The x ray department consists of a Senior Radiographer, Consultant Radiologist, Radiation Safety Advisor and clerical support. The department provides both inpatient and outpatient non-urgent radiological services.

Inpatients are referred through either the orthopaedic teams from referring hospitals or through the hospital's medical doctors, while outpatients are referred by General Practitioners.

### Activity Level

2012 was a busy year with an a total of 3806 outpatient procedures and 453 in patient procedures carried out.

### Service Developments

Most of the service developments throughout 2012 focused on quality and risk management with emphases on reviewing and updating departmental policies and procedures.

The department also participated in the National Clinical Audit of Medical Radiological and Radiotherapy Practices 2012 and the Patient Radiation Incident Returns 2012.

### Professional Development

The Senior Radiographer attended the following courses and conference:

- Irish Institute of Radiography and Radiation Therapy Annual Conference in October.
- Radiation Safety Refresher Course for Radiation Safety officers in February.

I would like to thanks my colleagues Ms. Martina Morrin and Ms. Ann Ryan for their support and assistance throughout the year.

**Ms. Gillian Rice**  
SENIOR RADIOGRAPHER

## CHAPLAINCY/ PASTORAL CARE DEPARTMENT

Clontarf hospital is committed to providing a holistic approach to patient care and recognises the importance of pastoral care programmes.

### Chaplaincy Service

The Chaplaincy service in Clontarf offers a space for patients' spiritual needs to be heard, assessed and addressed, putting a face and listening ear to this healing ministry. It also recognises the value of other people's belief systems, respecting individual traditions and ethics, in a developing multi-cultural society, with access to prayer and other faith resources.

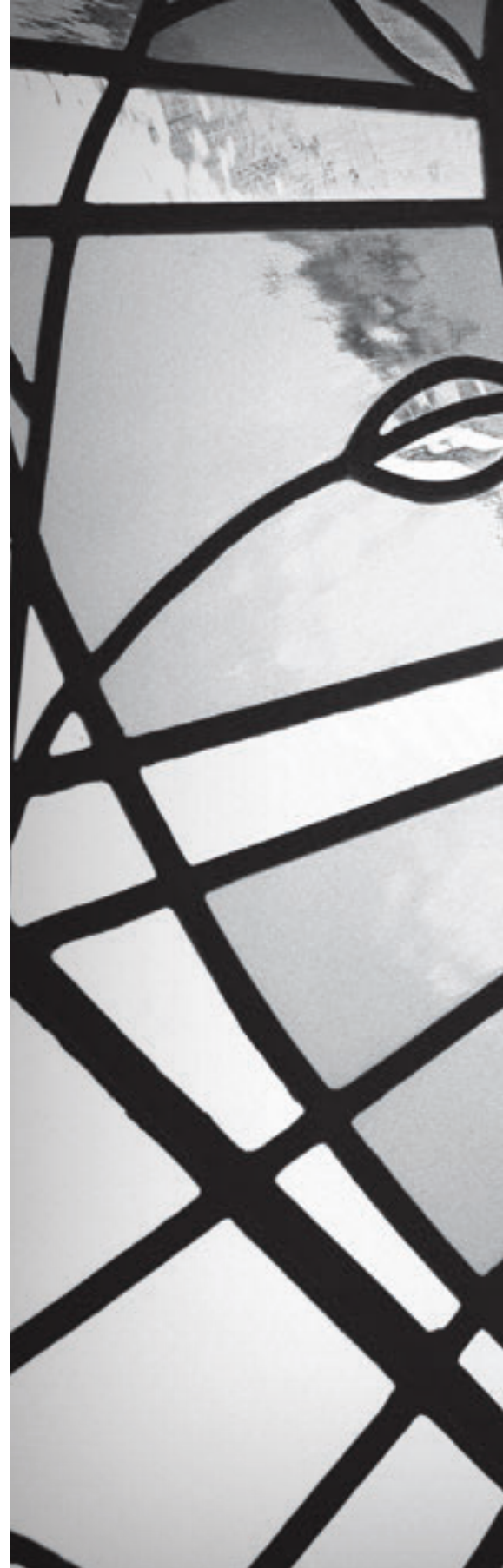
The Chaplaincy Department consists of Father Míceál Hastings and Ms. Miriam Molan who attended to patients' spiritual care, Reverend Marchant also assists the department when necessary. An integral part of the pastoral service are the core group of volunteer Eucharist Ministers who provide a daily Eucharist service throughout the year.

Throughout 2012 the hospital chapel continued to provide a focal point to patients, families and staff through its Liturgies, Prayers, Masses and Ecumenical Services. 2012 also saw the first Remembrance Service in the Hospital for Board members, Hospital staff and their families, bringing great solace to those who attended, it is hoped to make this an annual event. We thank all those who worked to make this such a memorable event.

I would like to thank on behalf of the Chaplaincy Department in Clontarf Hospital, the Board of Management and all our colleagues from every department and discipline for their cooperation and support during the past year.

**Rev. M. Hastings**  
CHAPLAIN

**Ms. Miriam Molan**  
CHAPLAIN







## APPENDIX 1

# NON-CAPITAL INCOME & EXPENDITURE ACCOUNT

	Year to 31/12/2012	Year to 31/12/2011
<b>Pay expenditure</b>	<b>€</b>	<b>€</b>
Administration	506,241	494,174
Medical & Dental*	127,927	88,879
Nursing & Allied	4,696,649	4,736,496
Paramedical	974,543	989,447
Catering & Housekeeping**	1,167,529	1,162,894
Maintenance	94,251	95,706
Pensions	861,847	793,618
Lump Sums & Gratuities	142,363	183,152
PRSI	689,851	698,805
Total gross pay	9,261,201	9,243,171
<b>Non-pay expenditure</b>		
Drugs & Medicines	222,349	264,928
Blood & Blood Products	-	-
Medical Gases	11,189	14,375
Medical & Surgical Supplies	162,998	117,828
Medical Equipment	75,931	58,730
Med. Eq. Supplies/Contracts On	-	-
X-Ray Equipment	-	-
X-Ray Supplies/Contracts On	39,760	50,794
Laboratory Equipment	-	-
Lab. Supplies/Contracts On	88,737	93,311
Catering Equipment	32,556	-5,854
Catering Provisions/Contracts On	289,513	280,150
Heat, Power, Light	258,224	238,282
Laundry Equipment	1,244	3,550
Cleaning & Washing Supplies/Contracts On	395,262	398,171
Furniture, Crockery, Hardware	7,507	8,283
Bedding And Clothing	10,076	604
Maintenance Equipment	823	2,906
Maintenance Materials Supplies/Contracts On	502,915	56,230
Farm & Garden Equipment	17,456	15,281
C/F	2,116,540	1,597,569

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

\*\* Catering & Housekeeping includes Porters



	Year to 31/12/2012	Year to 31/12/2011
Non-pay (continued)	€	€
Farm Supplies Contract On	-	-
Travel Subsistence	11,048	14,024
Transport Of Patients	13,674	14,688
Vehicles Purchased	-	-
Vehicles Supplies/Contracts On	-	-
Bank Loan, Capital Repayment	-	-
Bank Interest & Charges	2,152	1,551
Insurance, Audit, Legal Costs	66,644	85,919
Office Equipment	-	-
Office Supplies/Contracts On	98,758	86,400
Computer Equipment	42,413	29,095
Computer Supplies/Contracts On	43,692	60,501
Professional Services	220,969	187,203
Staff Training	19,173	30,359
Bad Debts	-	-
Adjustment To Provision		
Doubtful Debts	-16,495	-3,829
Miscellaneous	18,455	22,027
Total Non-Pay	2,637,023	2,125,507
Total Gross Expenditure (10 + 48)	11,898,224	11,368,678
<b>Income</b>		
Patient Income	3,562,114	3,390,951
Canteen Receipts	-	-
Rta (Receipts)	121,137	63,561
Deduction From Payroll Superannuation	760,637	759,814
Payroll Emoluments/Canteen Receipts	93,064	65,216
Charges For Services To Extenal Agencies	-	-
Income From Shops, Farms Etc.	-	-
E.s.f. (Receipts, Revenue Application)	-	-
Miscellaneous	18,978	16,288
Total Income	4,555,930	4,295,830
Total Net Expenditure (49-59)	7,342,294	7,072,848







## APPENDIX 1

# CAPITAL INCOME & EXPENDITURE ACCOUNT

	Year to 31/12/2012	Year to 31/12/2011
Expenditure*	€	€
<b>Projects</b> (specify):		
Development of new hospital	15,358	208,519
<b>Equipment</b> (specify):		
Kitchen equipment	-	-
Physiotherapy and hospital equipment	-	-
Office equipment & security system	-	-
Miscellaneous fittings – generator	-	-
Repairs and refurbishment	-	-
Windows	-	-
Ceilings	-	-
<b>Other</b> (specify):		
Total expenditure	(15,358)	(208,519)
Income	-	-
Disposal proceeds / (loss)	-	-
Subtotal	-	-
Capital grant (HSE)	-	365,502
Total income	-	365,502
Balance (unfunded) / unspent	(15,358)	156,983
Balance b/f from previous year	763,043	606,060
Cumulative balance – (unfunded) / unspent	747,685	763,043

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

# INDEPENDENT AUDITORS' REPORT

We have audited the financial statements on pages 10 to 29 of the "Incorporated Orthopaedic Hospital of Ireland (Operating as Clontarf Hospital)" for the year ended 31 December 2012 which comprise of the Balance Sheet, the Cashflow Statement, the Non-Capital Income and Expenditure Account, the Capital Income and Expenditure Account and the related notes. These financial statements have been prepared under the historical cost convention and the accounting policies set out on page 10.

## Respective Responsibilities of Directors and Auditors

As described in the statement of directors' responsibilities on page 5, 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 2012. 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.

We report to you if, in our opinion, any information specified by law regarding directors' remuneration and directors transactions is not disclosed and, where practicable, include such information in our report.

We read the directors' report and consider the implications for our report if we become aware of any apparent misstatement within it.

## 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 2012 and of its deficit for the year then ended and have been properly prepared in accordance with the Companies Acts 1963 to 2012.

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  
AND REGISTERED AUDITORS



CERTIFICATION OF THE

## CHIEF EXECUTIVE OFFICER & CHAIRPERSON

Extracts from the Auditors Report for the year ended 31st December, 2012.

I/We certify that the financial statements of the Incorporated Orthopaedic Hospital of Ireland (Operating as Clontarf Hospital) for the year ended 31st December 2012 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.

**Ms. Michelle Fanning**  
CHIEF EXECUTIVE OFFICER

These financial statements, which comprise pages 10 to 29 and the statement of accounting policies page 10, give the true and fair view of the state of affairs of the hospital at 31st December 2012 and of its income and expenditure and cash flow for the year then ended.

**Dr. Ciarán Craven**  
CHAIRMAN



## Patient Activity 2012

### In-Patients

Available Beds
Bed Days
Bed Days Used
% Occupancy
Total Admissions
X-Rays Taken
Social Work Referrals – New
Occupational Therapy Referrals – New
Physiotherapy Treatments

### Out Patients

X Rays Taken
--------------

## Monthly In-Patient Statistics 2012

### Admissions by Source

Cappagh
Mater
Mater Interim Care
Tallaght
St. Vincent's
Beaumont
Beaumont Interim Care
St. James's
Connolly
Connolly Interim Care

### Other

Other – Blackrock Clinic
Other – Mater Private
Other – Mount Carmel
Other – Bon Secour
Other – Vincent's Private
Other – Respite
Other – Merlyn Park
Other – Our Lady of Lourdes
Other

### TOTAL

STATISTICS REPORTS

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL	2011
	128	128	128	128	128	128	128	128	128	128	128	128	128	128
	3,968	3,712	3,968	3,840	3,968	3,840	3,968	3,968	3,840	3,968	3,840	3,968	46,848	46,720
	3,592	3,558	3,742	3,492	3,713	3,528	3,833	3,595	3,671	3,706	3,324	3,173	42,927	43,672
	91%	96%	94%	91%	94%	92%	97%	91%	96%	93%	87%	80%	92%	93%
	175	186	191	181	208	186	198	200	178	189	177	160	2,229	2,241
	33	57	52	59	27	44	39	44	31	23	28	16	453	552
	114	114	114	99	119	85	130	110	99	119	103	56	1,262	1,402
	122	131	131	119	132	120	136	133	132	115	107	107	1,485	1,453
	2,602	2,778	2,586	2,329	2,839	2,559	2,759	2,628	2,570	2,861	2,632	2,085	31,228	32,500
	265	311	402	322	230	320	318	265	320	398	390	265	3,806	3,417

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL	2011
	16	18	28	21	27	23	21	18	23	27	20	15	257	214
	13	6	7	13	13	13	9	12	10	2	12	3	113	136
	41	38	39	39	42	37	37	46	38	41	37	41	476	486
	14	24	16	15	23	20	22	21	15	23	15	13	221	195
	9	7	7	4	5	4	4	13	7	4	12	13	89	90
	12	12	8	10	16	8	12	14	14	12	11	10	139	124
	32	42	26	36	35	36	44	34	35	39	31	26	416	472
	9	12	20	3	6	15	8	7	11	4	10	8	113	141
	4	2	7	12	7	7	6	6	2	6	3	12	74	67
	0	0	4	2	5	0	0	1	2	0	2	0	16	9
	1	0	1	1	1	0	0	0	1	0	1	0	6	22
	1	0	1	0	2	1	0	0	0	1	0	1	7	11
	0	2	8	1	1	1	4	2	1	1	0	1	22	11
	2	4	0	2	3	3	2	3	0	3	1	0	23	61
	0	0	0	0	0	0	1	0	0	0	0	0	1	1
	8	8	7	10	8	5	6	6	5	7	5	7	82	72
	0	0	0	0	0	0	0	0	0	0	0	0	0	5
	0	0	0	0	0	0	3	0	0	0	0	0	3	2
	13	11	12	12	14	13	19	17	14	19	17	10	171	122
	175	186	191	181	208	186	198	200	178	189	177	160	2,229	2,241

















[www.ioh.ie](http://www.ioh.ie)

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

telephone 01 833 2521 facsimile 01 833 3181 website [www.ioh.ie](http://www.ioh.ie)