

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

13



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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 formerly 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 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 it's 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
TREATMENT FOR ALL PATIENTS REFER
HOSPITAL TO ENABLE THEM TO ACH
STANDARD OF HEALTH AND INDEPE



OF CARE AND
REFERRED TO THE
ACHIEVE THE OPTIMUM
INDEPENDENT LIVING



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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

Radiologist

Dr. Martina Morrin

Senior Radiographer

Ms. Gillian Rice

Chief Pharmacist

Ms. Linda Murnane

Senior Pharmacist

Ms. Niamh Ruane

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. Micheál Hastings
Rev. Leslie Robinson
Rev. Conrad Hicks

Pastoral Care

Ms. Miriam Moylan



BOARD OF GOVERNORS

Incorporated Orthopaedic Hospital of Ireland

President

Mr. T.C. Smyth

Board of Governors - 2013

Chairman

Dr. Ciarán Craven

Deputy Chairman

Mr. Charlie Scott *(to 23rd July 2013)*

Ms. Marcella Higgins *(elected July 2013)*

Members

Ms. Ann Power

Mr. Les Sibbald

Ms. Denise Brett

Mr. John Cantwell.

Mr. Terence Horgan

Ms. Mary Coffey

Ms. Catherine Mac Daid

Ms. Estelle Feldman

Mr. Daragh Kavanagh

Dr. Regina Connelly

Dr. Paul MacMullan





Dr. Ciarán Craven
CHAIRMAN OF THE BOARD

CHAIRMAN'S REPORT

Healthcare provision and budgeting are always challenging in times of financial cutbacks. Despite the difficulties posed by the Hospital's financial allocation in 2013, however, and again through prudent oversight and management of the Hospital's finances by the Chief Executive Officer and her teams, services were maintained at levels comparable to previous years, with only the most minor of year-end deficits. This is a remarkable achievement, more particularly given that significant steps were also made in the provision of senior clinical oversight and care for interim care patients in the Hospital.

In 2012, it was reported that formal Board Committees had been established, following a review of governance structures in the Hospital. Terms of Reference were approved in early 2013 and the Committees were fully operational shortly thereafter. Each scheduled its own programme of work, and reported on an ongoing basis to the full Board. Given the number of Committees and the relatively small size of the Board, it is readily acknowledged that the workloads can be challenging but, nevertheless, by year's end, it was clear that the structures were working well.

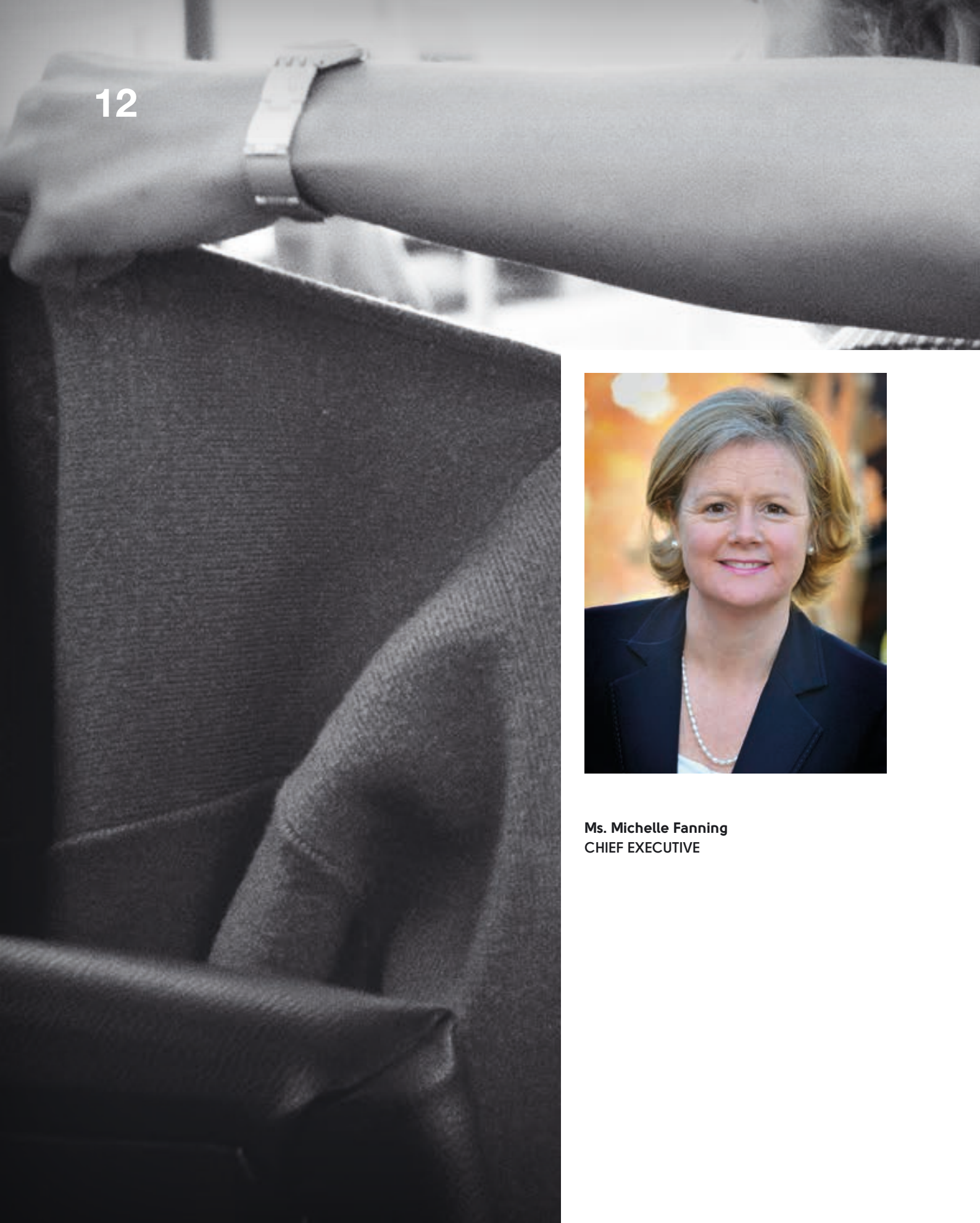
Sadly, during the course of the year, Dr Francis O'Reilly, the immediate past President of the Association of the Incorporated Orthopaedic Hospital of Ireland, died. He had only retired as President at the July 2012 Annual General Meeting and it is with great sadness that we record his passing. Ar dheis lámh Dé go raibh a anam dílis.

During 2013, the composition of the Board was fairly constant, following the significant change in membership the previous year. In late 2013, Ms Ann Power resigned, and the Board thanks her for her support and service over the years. Next year, it is anticipated, some further appointments to the Board will be made, to complement its current skills and personnel mix.

Towards the end of 2013, significant political and media concerns arose in relation to the pay and remuneration of some senior managers employed in the voluntary hospital (and disability service-provider) sector, resulting in a proposal by the Health Service Executive that the board of each voluntary public hospital, such as Clontarf Hospital, would sign an annual statement of compliance with the terms of the service level agreement between the Executive and the hospital, and that that statement would be returned with the hospital's audited annual accounts. At year's end, the precise terms and content of the Compliance Statement had not been finalised and 2014 will see what form it is in, and what will be required, in that context.

Suffice it to say, for present purposes, that I am happy to report that Clontarf Hospital is, and was before this issue even arose, fully compliant with public sector pay policy for all of its staff, being one of only a very small number of so-called "Section 38 Agencies" in the State who were.

Dr. Ciaran Craven
CHAIRMAN OF THE BOARD



Ms. Michelle Fanning
CHIEF EXECUTIVE

CHIEF EXECUTIVE'S REPORT

Welcome to Clontarf Hospital's Annual Report for 2013.

Introduction

Although the Healthcare environment remains challenging I am proud to confirm that the Hospital continued to provide rehabilitation services at the same level as previous years, while remaining within budget.

Hospital Services

The Hospital provided orthopaedic rehabilitation services to Cappagh Hospital and the Acute Dublin Teaching Hospitals. The older people's rehabilitation service (Interim Care Patients) provided beds to the Mater Misericordiae University Hospital, Beaumont Hospital and Connolly Hospital while respite beds were available to local community areas.

Developing Services

In line with present and predicted healthcare demands for older people in Dublin North City the Hospital remained committed, throughout 2013, to developing the older person's rehabilitation service.

Recognising the importance of the National Clinical Programme for Older Persons Care Clontarf Hospital continued to develop strong working relationships with the Mater Misericordiae University Hospital and Beaumont Hospital and their emerging clinical programmes for the care of older people. It is hoped, despite the difficult healthcare environment, Clontarf Hospital can build on this important work to develop and deliver rehabilitation services in line with the National Clinical Programme for Older People for off acute hospital site rehabilitation care.

The Hospital continued to invest in improving facilities and work commenced to convert and refurbish the ground floor of the nurses' residence into a state of the art changing facility in October.

Hospital Activity

The overall bed occupancy rate for 2013 was 92% with 2295 admissions and 2258 discharges. There were 963 patients admitted under the older peoples rehabilitation service. There were 1048 orthopaedic admissions.

X-ray and Physiotherapy departments showed increased activity on the previous year. A full Activity Report is available at Appendix 2.

Financial Report

The Hospital is happy to report that through astute financial management and exacting cost containment the Hospital remained within budget for 2013. Further extracts from the Hospital's Annual Financial Statements are available at Appendix 1.

Quality & Risk

The Hospital remained focused on embedding a culture of quality and safety and a significant amount of work went toward compliance with the National Standards for Safer Better Healthcare.

The launch of the Hospital's Risk Management Strategy and associated policies commenced in May 2013. It was supported with follow-up training and education sessions for both clinical and non-clinical staff. Further training in Clontarf Hospital was undertaken by Heads of departments, Line Managers and Senior Members of Staff.

The redesign of the Hospitals Committee structure in 2013 enabled improved reporting and communication throughout the Hospital on risk management. Further Risk Assessment training and the development of an overall Hospital Risk Register will continue into 2014.

Health & Safety

The Health and Safety Committee met quarterly throughout 2013 and work was undertaken to revise and update the Committee's Terms of Reference. New members of staff were welcomed onto the Committee to improve communication and staff representation.

Health & Safety Training in 2013 included:

- Manual Handling Training
- Fire Safety Training
- Adverse Incident Reporting
- Risk Management & Risk Assessment
- HACCP Training

In line with the hospitals statutory obligations two Dangerous Goods Audits were undertaken, no infringements were identified and several observations made in the audit report were addressed.

Infection Control & Hospital Hygiene

The Infection Control and Hygiene Committee (ICHC) had a busy year in ensuring a clean hygienic hospital environment and in proactively controlling and preventing infection.

The Committee met quarterly, reported on hygiene audits, made recommendations for improvements and oversaw remedial/corrective actions to ensure the full audit cycles were completed. The Hospital was ably supported by the contract cleaners who worked closely with the Hospital ICHC to ensure a high standard of hygiene throughout the Hospital premises. The Cleaning Contractors and the Hospital were pleased to secure a Gold Award from the Irish Accommodation Services who inspect hospitals nationally.

On infection prevention and control the Committee continued throughout 2013 to implement the National Standards for the Prevention and Control of Hospital Associated Infection. In line with the National Standards the Committee circulated the Hospital's Infection Control Strategy and revised infection control policies and guidelines.

The Committee was happy to report, that despite several infectious outbreaks in the referring acute hospitals throughout 2013, the Hospital reported just one infectious outbreak which under strict management was contained to one ward.



MRSA surveillance continued in 2013 and saw a small decline in incidence on 2012. There were monthly reporting on infection rates and training and education continued with emphasis on hand hygiene. New initiatives included quarterly circulation of an infection control newsletter, hand gels at the end of patient beds to improve compliance and the introduction of safety sharps devices.

The Hospital continues to be proud of the appreciation expressed by patients in the patient satisfaction survey on the overall cleanliness of the Hospital environment.

Energy Team

The energy team continue to work to reduce energy costs and create awareness throughout the Hospital.

Gratitude

As always, the annual report provides an opportunity to thank staff and volunteers for their continued commitment and support throughout the year. I would like to convey my appreciation to staff for responding to the challenges faced throughout 2013.

The high level of patient satisfaction expressed in the patient satisfaction survey is a good reflection of staff commitment and dedication. I look forward to continue working with all over the coming year.

I acknowledge the increasing demands placed on the Chairman and the Board of Governors due to changes in our statutory obligations and ongoing financial constraints. Despite these challenges I thank the Governors for their continued focus on the key issues of proper governance, patient safety and the provision of a quality rehabilitation service. My sincere thanks to the Board for their support and assistance throughout the year.

Finally, I would like to thank the Lord Mayor of Dublin, Councillor Naoise Ó Muirí, who took time out of his busy schedule to visit the hospital in June. Patients were able to share their hospital experience with him and staff had an opportunity to explain the nature of the hospitals rehabilitation service.

Ms. Michelle Fanning
CHIEF EXECUTIVE





Ms. Lorna Nangle
DIRECTOR OF NURSING

DEPARTMENT OF NURSING

On behalf of the Director of Nursing, Ms. Lorna Nangle I would like to report on the Annual Nursing Administration Report for 2013. The report highlights the achievements and work accomplished by the nursing staff within the department in 2013.

Introduction

Nursing staff in Clontarf Hospital remain committed and 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.** The care and well being of our patients has always been the highest priority of our nursing team.

Rehabilitation Services

The hospital continued to provide rehabilitation services to Orthopaedic patients, Interim Care Patients from The Mater, Beaumont and Connolly Hospitals and Respite patients from Community Care Area 7 with quality and patient safety being our primary priority.

In 2013, a total of 2,295 patients were admitted to Clontarf Hospital.

Professional Development

In 2013 many staff attended external and hospital run in-service courses. Mandatory training continued in Cardiopulmonary resuscitation, manual handling and fire safety.

- Nursing participated in the implementation of the new Falls Policy for the Hospital in December 2013. This involved the training of all staff throughout the hospital.
- Nursing Administration led the Clinical Working Group on The National Standards for Safer Better Healthcare.

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

- National Orthopaedic Nurses' Conference
- Preceptorship Course
- Mentors workshop for FETAC Level 5 Health Care Assistant Course
- INMO workshop on Tools for Safe Practice
- NMBI workshop on Draft Code of Professional Conduct
- NHS Patient Safety Team Webinar – In-patient Falls
- Falls Staff Training
- Venepuncture & IV Cannulation
- Risk Management – Assessment and Incident Reporting
- Infection Prevention Society Northern Ireland & Ireland Conference
- Hand hygiene & Infection Control



Congratulations are due to the following Health Care Assistants who obtained a Certificate in FETAC Level 5 Health Service Skills in 2013;

Ms. Michelle Clarke
Ms. Nancy Rivera
Ms. Siobhan Ryan

We are very grateful to the Centre for Nurse Education, Connolly Hospital for providing education and training to our Health Care Assistants and to the Centre for Nurse Education, Mater Misericordiae University Hospital for their ongoing education and support.

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. The students enjoyed their placements and were very grateful for the support and guidance provided by the staff in Clontarf.

Community and Work Experience Placements

In 2013 twenty transition year students from local secondary schools spent a week on community placement in the hospital, primarily on the wards under the supervision of the nursing staff with visits facilitated to the different departments within the hospital.

The department of Nursing also provided clinical experience for students who are undertaking a post leaving certificate course in nursing studies in Coláiste Dhúlaigh.

The Lord Mayor's Visit

The Lord Mayor Mr Naoise Ó Muirí visited the hospital on 26th June 2013. He visited patients in all the wards. The patients loved the visit and had plenty of conversations with the Mayor. The visit was enjoyed by patients and staff.

Conclusion

I would like to thank my colleagues in Nursing Administration for their ongoing support and dedication.

I would also like to acknowledge the professionalism and commitment of all the nursing staff during the past year. Sadly we lost a dear nursing colleague, Ms. Sheila O'Reilly RIP on the 29th June 2013, whom we miss dearly.

Ms. Ann Marie Mc Govern
ACTING DIRECTOR OF NURSING



PHARMACY DEPARTMENT

The Pharmacy department provides pharmaceutical care for patients ensuring the safe, economic and appropriate use of medicines. While conscious of the constrained resources under which we are operating, there is a significant emphasis on the need for value for money while safe-guarding patient safety and quality pharmaceutical care.

Dispensary

The Pharmacy department is responsible for the purchase, preparation, assembly, storage and distribution of up to 3,000 different Pharmaceutical products. Orders are delivered twice daily to the wards and ward stock is topped twice a week. The challenge is to keep costs down while the number of items being dispensed are steadily increasing. Stream-lining the ordering process has lead to the cost of items returned to Pharmacy by the wards decreasing by almost 30% in the last two years. In 2013 there were several prolonged stock shortages which meant liaising with medical staff regarding an alternate product or unlicensed medicine. Clontarf Hospital has always used appropriate Generic medication to cut costs, now available with reference pricing in community Pharmacies, both staff and patients are aware of savings to be made with generic substitution. In the year since we became registered with the Pharmaceutical Society of Ireland and this has become a busy service. The number of staff using the Pharmacy department has increased.

Clinical

Clinical duties include prescription/kardex reconciliation, adverse drug reaction monitoring, and medication incident reporting. The Pharmacy receives Interim Care Patient's prescriptions by fax before the patient is admitted to Clontarf Hospital, this allows any queries or discrepancies to be corrected before the patient leaves the discharging hospital. Also the ICP medication arrives in the ward either before or at the same time as the patient therefore ensuring continuity of care.

Medication Information and Audit

Information is provided on drug doses, administration, mode of action, storage, side-effects and drug interactions to nursing and medical staff and patients. Audits were carried out on antibiotic prescribing and Karez review and budgetary information provided to Hospital management.

Drug and Therapeutics Committee

The D+T committee met four times in 2013, addressed medication Incident reporting, antibiotic stewardship and policy and procedure development.

Medication Incident reporting is promoted by the D+T committee, with a non-punitive approach to incident reporting; only by reporting errors and near misses can systems be analyzed and improved for patient safety. Pharmacy staff met with staff nurses and CNMs to outline the benefits of medication incident reporting. A monthly report on medication incidents is circulated so staff can be aware of incidents occurring and discuss them at ward level. Guidelines on Antimicrobial prescribing in primary care were circulated to all wards and have superseded previous guidelines. Safety alerts such as Single use of Insulin pens, New oral anticoagulants and warnings on use of Diclofenac were also circulated.

Continuous Professional Development

The Pharmacy is committed to education and training as it ensures pharmacy staff are up-to-date with their knowledge and the changing needs in medicine. Pharmacy have taken students on work experience as part of their training, and we also speak with Nursing and transition year students. Lectures attended – Annual Hospital Pharmacy Association of Ireland two day Conference and European Anti Microbial Awareness day.

In conclusion I would like to thank all nursing and medical staff for their continued support in ensuring safe and effective medication use whilst cognizant of cost savings and cost avoidance.

I would like to thank all staff that worked with me in 2013.

Ms. Linda Murnane
CHIEF 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 31,677 physiotherapy patient treatments recorded during 2013. The complexity and dependency of the patients continues to increase with many requiring twice daily treatment, 1:1 physiotherapy treatment in the gym or 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 5 senior and 2 staff grade physiotherapists and a Physiotherapy department Manager.

Service Development

- Senior Physiotherapist chaired the Multidisciplinary Hospital Falls Prevention Committee. The Falls Committee launched the Hospital Falls Prevention Strategy in December and continues to monitor and audit same. The Occupational Therapy and Physiotherapy departments worked together to implement regular Falls Education sessions for patients and carers. These weekly sessions have proven very popular and feedback from attendees has been very positive. The committee is represented on the Forever Autumn Community of Practice, a resource for healthcare staff to network, offering support, guidance and continued education from experts in the area of Falls Prevention.

- Senior Physiotherapist facilitated mandatory manual handling training for over 150 staff throughout the year and advised on manual handling queries that arose within the hospital.
- In order to improve intra- and inter-departmental communication, service planning and to improve the overall cohesiveness of the department. Towards the end of this year we welcomed the decision to allocate an office in the out-patient area for physiotherapy use. We are continuing to work with Hospital Management to improve our computer access and to locate further office space for the remaining 6 physiotherapy staff in order to facilitate staff and student appraisals, to capture more accurate statistical information regarding the service, for continuing professional development for staff and to support the role of senior physiotherapists involved in hospital committees and training.

Departmental Activity

The implementation of the Haddington Road Agreement in July led to an additional 2 working hours per week per whole time equivalent physiotherapist. Following this increase in working hours the number of gym treatments rose from 890 in the first 6 months (January to July) to 1469 in the latter 6 months of the year (July to December). This represented an increase of 65% in gym treatment sessions. This significant rise in numbers attending the gym reflects an improvement in the quality of care for patients as more were able to access 1:1 treatment in the purposely designed gym rather than only ward based group treatment sessions as previously.

The increase in gym capacity was also greatly facilitated by the assistance and flexibility of our porters as well as our nursing and allied health colleagues. The available treatment area in the gym was greatly enhanced by Hospital Management facilitating an alternative storage area for equipment adjacent to the gym.



Continuing Professional Development

- All the physiotherapists in the department travelled to Navan to attend an Orthopaedic surgery study day hosted by the North Eastern Branch of the Irish Society of Chartered Physiotherapists on Saturday 13th April. Speakers included:

Mr. Alan Walsh: *"Revision total hip replacement and the ASR phenomenon".*

Mr. Paul Harrington: *"Current Trends in rotator cuff repair and implications for physiotherapy".*

Mr. Adi Zubovic: *"Elective spinal surgery and implications for rehabilitation".*

Mr. Anant Mahapatra: *"Enhanced recovery after orthopaedic surgery programme".*

Ms. Brenda Monaghan MISCP: *"New research-Functional exercise after total hip replacement".*

Mr. Nasir Awan: *"Complex fractures of the foot and ankle and current stabilisation technique".*

- Physiotherapy department staff participated in the Joint Training study day organised by the Schools of Physiotherapy (TCD, RCSI and UCD) for practice educators in UCD in June.

- Physiotherapy department staff attended a study day *"Making an Impact – more effective and strategic influencing"* run by Thrive Consulting facilitated by the Chartered Physiotherapists in Management Group of the Irish Society of Chartered Physiotherapists (ISCP).
- Other courses attended;
 - The Irish Gerontological Society's Annual Conference in September.
 - The ISCP Annual Conference in Killarney in November.

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

H. E Luccock

External Links

The Physiotherapy department was represented at a number of education sessions hosted by The Chartered Physiotherapists in Orthopaedics special interest group of the ISCP:

Sports Medicine and Orthopaedic Study Evening
Beacon Hospital, April

- Mr. Maurice Nelligan, Consultant Orthopaedic Surgeon: "Practical Sporting Knee Assessment".
- Dr. Alan Byrne, Consultant Sports Medicine Physician: "Practical Sporting Groin Assessment".

Study Day, Cappagh Orthopaedic Hospital, June

- Lumbar Spine: Pathology, diagnosis and management.

Hermitage Clinic Orthopaedic Study Evening, September

- Mr John Lunn, Consultant Orthopaedic Surgeon "Advances in Shoulder Surgery & Rehabilitation".
- Dr. John Sheehan, Consultant Radiologist "Radiological imaging of the Shoulder".

The Chartered Physiotherapists in Management group of the ISCP held meetings throughout the year which the Physiotherapy department Manager attended. Presentations included:

- "Leading and Managing Generation Y" by Dr Mary Collins, Senior Executive Development Specialist RCSI Institute of Leadership.

- Update on Orthopaedic National Clinical Programme including National Hip Fracture Database.

The Manager continues to be involved in the Voluntary Hospitals and PCCC Physiotherapy department Managers group which met in St. Francis Hospice, Raheny in January, Stewarts Hospital in April and in Our Lady's Hospice, Harold's Cross in December.

Practice Education

We facilitated a further two volunteer requests for placements from qualified physiotherapists who were keen to maintain and update their skills whilst seeking paid employment this year.

The department worked with the School of Physiotherapy department in Trinity College Dublin to facilitate two five week placements for Diploma of Physiotherapy students from Nanyang Polytechnic, Singapore who were converting to BSc. Physiotherapy. The health services in Singapore are almost exclusively based in the acute hospitals with very little community and primary services and students placed with us learned to understand how acute services interface with community and primary care. Following this year's success we hope to facilitate further placements next year.

It was a very busy year again for transition year student placements and work experience requests. Due to the volume of requests along with competing service demands and pressures on therapists' time we are unfortunately not in a position to continue to facilitate work experience and volunteer placements next year.



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:

- We are continuing to review and update our prioritisation criteria and treatment schedules in order to optimise patient care and to aid decision making and efficiency, given the blanket physiotherapy referral system and current physiotherapist: patient ratios compared to recommended caseload guidelines.
- In anticipation of the opening of further beds on Blackheath ward we are up-skilling and enhancing our treatment skills in areas outside of our traditional core area of musculoskeletal physiotherapy. We hope to build on our skills in the core area of neurological physiotherapy by enrolling a senior physiotherapist on the Bobath /Normal Movement modules planned for the first quarter of 2014. Following the success of the Cardiac Rehabilitation workshop last year we hope to organise a similar Respiratory Care workshop in order to address our training needs in the third core area of cardio-respiratory physiotherapy.

- 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 and to facilitate research of the care we are providing.

I would like to take this opportunity to thank each member of the Physiotherapy department team for their support, ongoing motivation and enthusiasm and for their commitment to quality patient care. I appreciate their positivity and initiative in taking on the responsibilities of leading committees and training within a busy work environment.

Ms. Grainne O'Hara
PHYSIOTHERAPY MANAGER

“The strength of the team is each individual member. The strength of each member is the team”

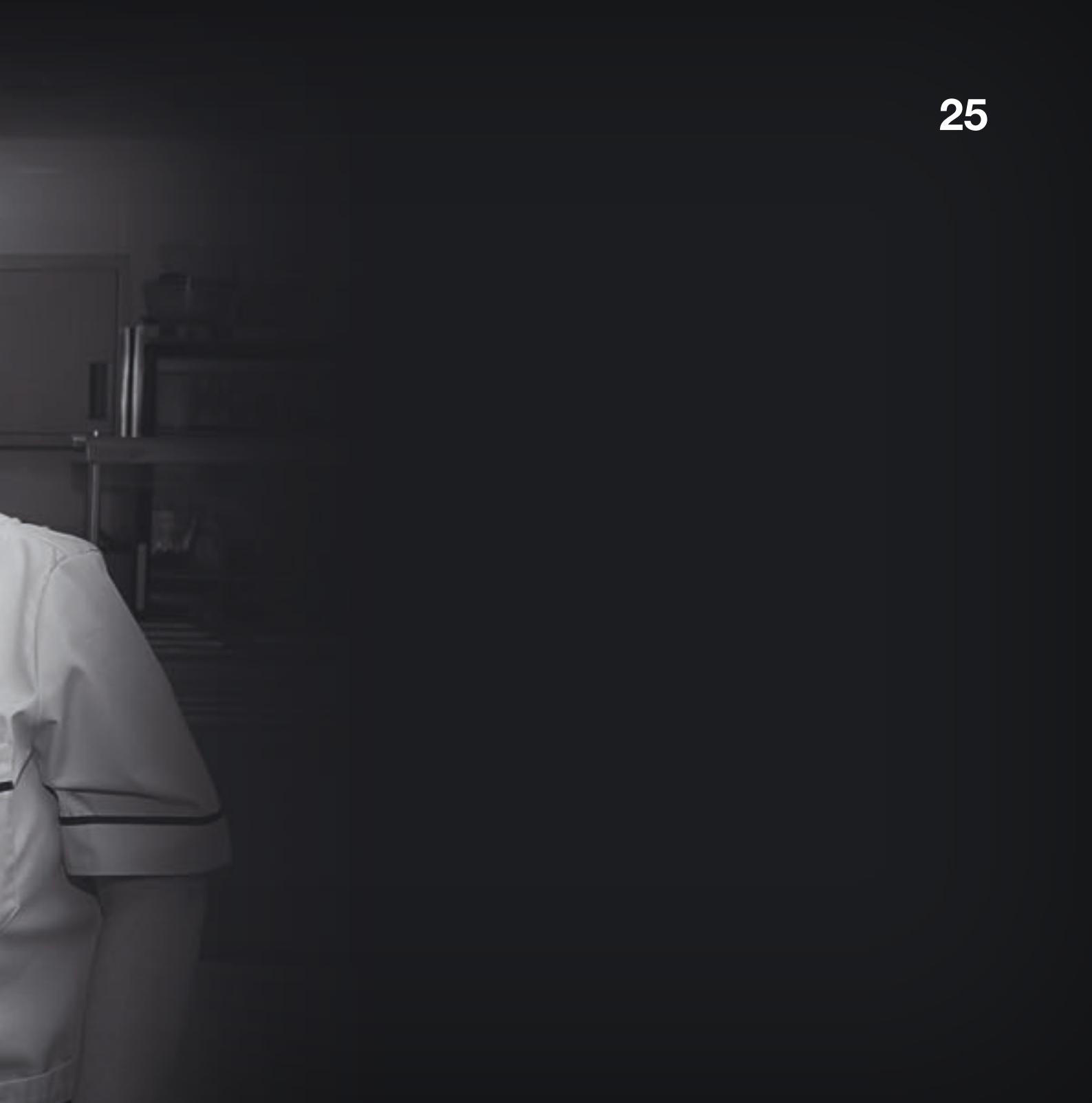
Phil Jackson





CATERING DEPARTMENT

During 2013, the Catering department continued to provide a quality and effective service for all our patients, colleagues and visitors. All dietary requirements including coeliac, diabetic, renal, high protein, low salt are met with a view to assisting with on-going recovery.



We continued to review customer feedback with a view to constantly reviewing and striving to improve the standard of service provided.

All catering team members were provided with further training including HACCP, Hand Hygiene, Food Safety and Risk Management. Additional training is being scheduled in 2014 to enable us to provide the highest levels of safety and service.

We plan to continue in 2014 with our on-going improvement and development and to ensure a safety and quality driven cost effective catering service.

I would like to thank the staff of the Catering department for their continued hard work and commitment and the other departments who work with us on a daily basis.

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.

The staffs participate in the Infection Control & Hygiene Committee. The staff worked closely with the Contract Cleaners 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
- Manual Handling
- Medical Gas Pipeline Training

My thanks to all staff in the department for their commitment to their work throughout 2013.

Mr. Jorge Periera
GENERAL SERVICES OFFICER



MAINTENANCE DEPARTMENT

The Maintenance department staff work continually around the hospital. Responding to day to day repair work, building repairs, and ensuring mechanical and electrical systems, grounds-keeping, and security. The security of the hospital and the grounds were enhanced this year with the introduction of a CCTV system throughout the hospital.

The Maintenance Staff ensure compliance with the a 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 relevant staff training days.

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 Care Package Applications and support and information to patients and families regarding Nursing Home Support Scheme (Fair Deal).
- 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 specific needs. We endeavour to ensure that patients are linked in to the appropriate community services to achieve a safe transition from hospital to home.

In 2013, The Medical Social Work department continued to attend and prioritise weekly Multi-Disciplinary Meetings on Vernon, Kincora, Gracefield and Swan Wards.

In 2013, The Medical Social Work department consisted of one full time Senior Social Worker, 2 full time Social Workers, one locum professionally qualified Social Worker 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 2013, 1,141 referrals were made to the Social Work department indicating a slight decrease in the volume of referrals made in 2012. While the Social Work department witnessed a decrease in the number of patients referred to them, closer examination revealed that there was:

- A significant increase in the amount of Home Care Package assessment and applications made by the Social Work department to the Health Service Executive.
- An increase in referrals for community supports.
- Increased family meetings.
- Increase in the actual amount of time spent with patients and families in ensuring safe discharges.
- The increasing time spent by the MSW Team assisting patients and their families to navigate a system which is becoming more and more bureaucratic.

Professional Supervision/ Social Work Registration

On May 31 2013 all Social Workers were required to be registered. This now has implications for Continuous Professional Development as Social Workers must now show evidence of CPD points achieved each year.

Senior Social Worker Imelda Morris continued to supervise all Social Work staff on a monthly basis, ensuring accountability, governance and risk management in Social Work practise.

On behalf of the Social Work department, I would like thank all who have worked in Social Work department in 2013.

Ms. Imelda Morris
SENIOR MEDICAL SOCIAL WORKER

OCCUPATIONAL THERAPY DEPARTMENT

Our goal is to enable our patients to participate in the activities of daily living and to maximise their independence in their performance of their chosen activities of daily living, adapting their environment to facilitate this as appropriate.

Service Developments

- New group activities were initiated or maintained including a regular breakfast group where patients practice their self care skills in a controlled kitchen environment.
- A new Falls prevention programme of weekly lectures and demonstrations which is presented on each of the wards in turn with Physiotherapy department colleagues was initiated and has been running successfully.
- Occupational Therapy Students both undergraduate and post graduate were facilitated and presentations on the role of OT were given to Nursing, visitors from other hospitals, care teams and Transition year students. Candidates for post graduate entry to OT through Masters' programmes were also facilitated by shadowing and education sessions.
- Occupational Therapy team meetings take place weekly and this has also provided an opportunity for in service training and education.
- Occupational Therapy continued to be represented on hospital committees and contribute to their workings.
- The department has maintained a close working contact with other OT departments in linked hospitals and care teams in the community and has been working on developing systems for provision of discharge equipment to shared patients.
- OT participates in weekly ward meetings and contributes to the MDT effort through joint treatment and interventions for our patients.
- The implementation of the Haddington Road Agreement saw an increase in opening hours allowing for new service developments and extended opening hours.

Professional Development

- Ms Phil Dunne has taken over Professional Supervision for Senior Grade staff, this has been a very positive development for the department.
- Membership of special interest groups such the OT Housing advisory group and attendance at their study day, membership of other groups such as the Older persons advisory group and Neurological group were followed up.
- Attendance at day seminars on seating and seminars on topics of value to the care of older patients have been shared by all OT staff members during the year.
- Membership of Irish and overseas professional associations have continued, facilitating access to a wide range of professional knowledge both at home and abroad.

The department would like to thank all former staff members.

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





X-RAY DEPARTMENT

The x-ray department continued to provide both inpatient and non-urgent outpatient x-ray services throughout 2013. The department continued to prioritise quality and safety throughout the department.

Activity Level

The department reports the 2013 activity levels as 2284 outpatients and 239 inpatients x-rayed. The overall number of procedures increased on the previous year to 4287.

Service Developments

The department continued to implement the National MERU Standards and revise departmental policies. The Risk Management and assessments were undertaken and staff training in these areas was also completed.

Continuous professional development was prioritised.

The smooth running of the department is only achieved through the combined effort of all the departmental staff, so I would like to take this opportunity to thank Dr Martina Morrin Consultant Radiologist, Ms Ann Ryan Clerical Officer and Ms. Leslie Malone Consultant physicist for their combined contribution and support throughout 2013.

Ms. Gillian Rice
SENIOR RADIOGRAPHER

CHAPLAINCY/PASTORAL CARE

The hospital continues to provide a holistic approach to patients in Clontarf Hospital, and recognises the importance of pastoral care, where regular church services are provided.

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

This vulnerability is not only reflected in the physical condition, but also at the emotional and spiritual level. It is in this context that the Chaplaincy service in Clontarf offers a space for patients to be heard, thereby putting a face and listening ear to this healing ministry. Of immense importance also is that pastoral care 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. Accompanying patients of faith and none, respecting the dignity of each individual. Mass is celebrated weekly by Father Michael Hastings, Communion Prayer Services are conducted weekly, along with the Rosary being recited on Tuesday by the Legion of Mary and Wednesday by Miriam.

A Candle Light Service of Remembrance for staff and their families was held in November.

A Christmas Carol Service was held much to the enjoyment of patients and staff, where spirits were lifted with the beautiful voice of Nicola (currently studying in the College of Music) and the Principal and Children of Green Lanes National School Clontarf who sang to the delight of all.

The Eucharistic Volunteers continue to be an integral part of the pastoral service to our patients, bringing the Eucharist to those who wish to receive the Eucharist daily. A number of new people have joined the group. Unfortunately we have lost a very valuable volunteer, Sr. Angela who regularly came to Clontarf Hospital over many years, as a Eucharistic Minister has sadly passed away – may she rest in peace.

The hospital chapel continues to be the focal point whereby recovering patients, their families and staff can find support through its liturgies and spending quiet reflective time in peaceful surroundings.

Finally, I would also like to thank on behalf of Chaplaincy/ Pastoral Care in Clontarf Hospital, all who worked effortlessly to bring these events about.

Rev. M. Hastings
CHAPLAIN

Ms. Miriam Molan
CHAPLAIN



INDEPENDENT AUDITORS' REPORT

We have audited the financial statements of "Incorporated Orthopaedic Hospital of Ireland (Operating as Clontarf Hospital)" for the year ended 31 December 2013, 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. The financial reporting framework that has been applied in their preparation is Irish law and accounting standards issued by the Financial Reporting Council and promulgated by the Institute of Chartered Accountants in Ireland (Generally Accepted Accounting Practice in Ireland).

This report is made solely to the company's members as a body in accordance with Section 193 of the Companies Acts, 1990. Our audit work has been undertaken so that we might state to the company's members those matters that we are required to state to them in the audit 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 or the company's members as a body for our audit work, for this report, or for the opinions we have formed.

Respective Responsibilities of Directors and Auditors

As explained more fully in the Directors' Responsibilities Statement, the directors are responsible for the preparation of the financial statements giving a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with Irish law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the Audit of the Financial Statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the directors; and the overall presentation of the financial statements.

In addition, we read all the financial and non-financial information in the Directors' report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit.

If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on Financial Statements

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 as at 31 December 2013 and of its surplus for the year then ended.
- Have been properly prepared in accordance with the requirements of the Companies Acts 1963 to 2013.

Matters on Which We are Required to Report by The Companies Act 1963 to 2013

- We have obtained all the information and explanations which 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 Directors' report is consistent with the financial statements.

Matters on Which We are Required to Report by Exception

We have nothing to report in respect of the provisions in the Companies Acts 1963 to 2013 which require us to report to you if, in our opinion the disclosures of directors' remuneration and transactions specified by law are not made.

Ormsby & Rhodes
CHARTERED ACCOUNTANTS AND REGISTERED
AUDITORS

CERTIFICATION OF THE

CHIEF EXECUTIVE OFFICER & CHAIRPERSON

Certification of Chief Executive Officer and Chairperson for the year ended 31st December, 2013.

I/We certify that the financial statements of the Incorporated Orthopaedic Hospital of Ireland (Operating as Clontarf Hospital) for the year ended 31st December 2013 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

The financial statements give a true and fair view of the state of affairs of the hospital at 31st December 2013 and of its income and expenditure for the year then ended.

Dr. Ciarán Craven
CHAIRMAN

APPENDIX 1

NON-CAPITAL INCOME & EXPENDITURE ACCOUNT

	Year to 31/12/2013	Year to 31/12/2012
Pay expenditure	€	€
Administration	468,434	506,241
*Medical & Dental	128,066	127,927
Nursing & Allied	4,630,347	4,696,649
Paramedical	1,002,084	974,543
** Catering & Housekeeping	1,151,092	1,167,529
Maintenance	94,462	94,251
Cadet Salary	-	-
Pensions	851,127	861,847
Lump Sums And Gratuities	148,308	142,363
PRSI	690,242	689,851
Total gross pay ^{Note 4}	9,164,162	9,261,201
Non-pay expenditure		
Drugs & Medicines	226,574	222,349
Blood & Blood Products	-	-
Medical Gases	14,589	11,189
Medical & Surgical Supplies	122,121	162,998
Medical Equipment	138,718	75,931
Med. Eq. Supplies/Contracts On	-	-
X-ray Equipment	-	-
X-ray Supplies/Contracts On	51,862	39,760
Laboratory Equipment	-	-
Lab. Supplies/Contracts On	95,127	88,737
Catering Equipment	17,474	32,556
Catering Provisions/Contracts On	314,064	289,513
Heat, Power, Light	243,222	258,224
Laundry Equipment	769	1,244
Cleaning & Washing Supplies/Contracts On	403,975	395,262
Furniture, Crockery, Hardware	9,075	7,507
Bedding & Clothing	1,133	10,076
Maintenance Equipment	11,612	823
Maintenance Materials Supplies/Contracts On	219,697	502,915
Farm & Garden Equipment	15,736	17,456
C/F	1,885,748	2,116,540

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

(2) Common Contract Med. & Dent.

** Catering & Housekeeping includes Porters

	Year to 31/12/2013	Year to 31/12/2012
Non-pay (continued) C/F	€ 1,885,748	€ 2,116,540
Farm Supplies Contract On	-	-
Travel Subsistence	11,324	11,048
Transport Of Patients	15,034	13,674
Vehicles Purchased	-	-
Vehicles Supplies/Contracts On	-	-
Bank Loan, Capital Repayment	-	-
Bank Interest & Charges	1,464	2,152
Insurance, Audit, Legal Costs	73,918	66,644
Office Equipment	-	-
Office Supplies/Contracts On	127,237	98,758
Computer Equipment	19,829	42,413
Computer Supplies/Contracts On	55,050	43,692
Professional Services	150,623	220,969
Staff Training	13,631	19,173
Bad Debts	-	-
Adjustment To Provision Doubtful Debts	(19,397)	(16,495)
Miscellaneous	12,868	18,455
Total Non-Pay	2,347,329	2,637,023
Total Gross Expenditure (10 + 48)	11,511,491	11,898,224
Income		
Patient Income	3,454,849	3,562,114
Canteen Receipts	82,712	93,064
Rta (Receipts)	144,142	121,137
Deduction From Payroll Superannuation	744,032	760,637
Payroll Emoluments	-	-
Charges For Services to External Agencies	-	-
Income From Shops, Farms Etc.	-	-
E.s.f. (Receipts, Revenue Application)	-	-
Miscellaneous	10,085	18,978
Total Income	4,435,820	4,555,930
Total Net Expenditure (49-59)	7,075,671	7,342,294

APPENDIX 1

CAPITAL INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 DECEMBER 2013

	Year to 31/12/2013	Year to 31/12/2012
	€	€
Expenditure*		
Projects (specify):		
Development of new hospital	-	15,358
Equipment (specify):		
Kitchen equipment	-	-
Physiotherapy and hospital equipment	-	-
Office equipment & Security system	-	-
Miscellaneous Fittings - Generator	-	-
Repairs and refurbishment	-	-
Windows	-	-
Ceilings	-	-
Other (specify):		
Total expenditure	-	(15,358)
Income	-	-
Disposal proceeds/(loss)	-	-
Fundraising	-	-
Investment	-	-
Donations	-	-
Bequests	-	-
Proprietor funds	-	-
Lottery funding	-	-
Esf grants	-	-
Loan capital	-	-
Finance leases	-	-
Other sources	-	-
Subtotal	-	-
Capital grant (HSE)	850,000	-
Total income	850,000	-
Balance (unfunded) / unspent	850,000	(15,358)
Balance b/f from previous year	747,685	763,043
Cumulative balance (unfunded)/unspent	1,597,685	747,685

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

APPENDIX 1

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 DECEMBER 2013

Summary Pay Analysis	Year to 31/12/2013	Year to 31/12/2012
	€	€
Basic Pay	7,474,485	7,567,140
Employers PRSI	690,242	689,851
Superannuation	999,435	1,004,210
Total	9,164,162	9,261,201
Superannuation includes:	2013	2012
Pension payments	851,127	861,847
Lump sums and gratuities	148,308	142,363
VER/VRS Lump Sums	-	-
Total	999,435	1,004,210
The number of higher paid employees was:*	2013	2012
€60,000 - €70,000	9	8
€70,000 - €80,000	3	3
€80,000 - €90,000	2	2
Total	14	13

Insurance, Audit, Legal	Year to 31/12/2013	Year to 31/12/2012
	€	€
Insurance	51,698	46,823
Audit	22,220	19,821
Legal	-	-
Total	73,918	66,644

Miscellaneous Income	Year to 31/12/2013	Year to 31/12/2012
	€	€
Sundry	8,781	16,041
Bank and other interest	1,304	2,937
Total	10,085	18,978

* This includes all payroll costs, excluding only employer's PRSI contributions.
All employees are paid in line with HSE approved payscales.



Patient Activity 2013

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 2013

Admissions by Source

Cappagh
Mater
Mater Interim Care
Tallaght
St. Vincents
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 - Our Lady of Lourdes
Other

TOTAL

APPENDIX 2

STATISTICS REPORTS

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL	2012
	128	128	128	128	128	128	128	128	128	128	128	128	128	128
	3968	3584	3968	3840	3968	3840	3968	3968	3840	3968	3840	3968	46720	46848
	3492	3287	3494	3572	3700	3458	3661	3546	3631	3797	3711	3547	42896	42927
	88%	92%	88%	93%	93%	90%	92%	89%	95%	96%	97%	89%	92%	92%
	201	185	184	184	217	174	212	180	192	203	185	178	2241	2229
	27	26	37	38	47	38	42	14	33	22	26	30	380	453
	115	89	78	87	91	89	109	98	96	112	106	71	1141	1262
	110	94	101	110	111	101	146	108	107	106	110	100	1304	1485
	2715	2564	2282	2705	2775	2371	2885	2573	2689	2871	2767	2473	31670	31228
	311	300	376	321	366	251	321	287	382	401	349	242	3907	3806

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL	2012
	17	13	17	26	25	11	20	22	15	20	17	17	220	257
	8	13	15	11	9	11	16	16	7	10	13	8	137	113
	47	35	44	40	47	41	45	37	38	42	43	44	503	476
	21	18	17	10	14	16	11	13	25	17	14	22	198	221
	9	9	5	8	9	9	7	8	12	10	8	10	104	89
	16	10	9	14	18	11	16	14	18	14	9	16	165	139
	39	32	29	33	43	31	43	43	42	48	39	31	453	416
	13	15	7	6	7	11	15	10	4	11	14	15	128	113
	12	10	15	7	10	10	6	3	7	7	5	4	96	74
	2	1	1	0	0	0	1	0	1	1	0	0	7	16
	0	1	1	0	1	0	1	0	1	1	0	0	6	6
	0	2	1	2	1	0	0	0	2	0	1	0	9	7
	1	1	1	0	1	0	1	1	0	0	1	0	7	22
	0	5	1	2	4	3	6	0	2	4	4	3	34	23
	3	1	0	1	0	1	2	1	0	1	2	0	12	1
	4	6	7	7	5	5	9	6	8	7	5	6	75	82
	4	0	0	1	0	0	0	0	0	0	0	0	5	3
	5	13	14	16	23	14	13	6	10	10	10	2	136	171
	201	185	184	184	217	174	212	180	192	203	185	178	2295	2229



www.ioh.ie

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