

The Incorporated Orthopaedic Hospital
of Ireland operating as Clontarf Hospital

ANNUAL REPORT



2014

HOSPITAL BACKGROUND

The Original Orthopaedic Hospital and dispensary was founded in 1876 by Dr. Robert Lafayette Swan and was located at 11 Usher's Island on Dublin's Quays. The hospital 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 two buildings in Great Brunswick Street formally known as Hoods' Hotel and the hospital's capacity increased from 6 beds to 35 paediatric beds.

In 1902, the hospital moved again to a house at 22 Upper Merrion Street, at the time considered to be one of the largest private mansions in Dublin and formerly occupied by Captain 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 renovated the hospital could accommodate up to 75 paediatric inpatients.

The hospital moved to its present location in 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 compliment of 160 beds. The hospital entrance is on Blackheath Park off Castle Avenue, this leads into landscaped gardens and on to a large and open hospital entrance. The hospital's rehabilitation services have been extended in recent years to include 80 rehabilitation beds for older people.

MISSION STATEMENT

IS TO PROVIDE A HIGH STANDARD OF
PATIENTS REFERRED TO THE HOSPITAL
THE OPTIMUM STANDARD OF HEALTH



OF CARE AND TREATMENT FOR ALL
AL TO ENABLE THEM TO ACHIEVE
TH AND INDEPENDENT LIVING



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Swan Ward - Nurses station





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Dr. Stuart Lee, Senior Registrar,
Geriatric and Stroke Medicine

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

Mr. Yoichi Hoashi

General Services Officer

Mr. Jorge Pereira

Visiting Attending Consultants

Dr. Dermot Power

Dr. Alan Martin

Dr Linda Brewer

NCHD Senior Registrar

Dr. Stuart Lee

Dr. Estelle Ogbemor

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

Back Row (L- R); **Dr. J. Mahon, Prof R. Connolly, Mr. C. Scott, Mr. D. Kavanagh, Ms. D. Brett, Mr. J. Cantwell**

Front Row (L -R); **Mr. T. Horgan, Ms. M. Higgins, Dr. C. Craven SC, Ms. C. Mac Daid, Mr. L. Sibbald**

BOARD OF GOVERNORS

Incorporated Orthopaedic Hospital of Ireland

President: Mr T.C. Smyth

Board of Governors - 2014

Chairman: Dr Ciáran Craven SC

Deputy Chairperson: Ms. Marcella Higgins

Members:

- Mr. Les Sibbald
- Ms. Denise Brett
- Mr. J. Cantwell
- Mr. Terence Horgan
- Ms. Mary Coffey
- Ms. Catherine Mac Daid
- Ms. Estelle Feldman
- Mr. Daragh Kavanagh
- Prof. Regina Connelly
- Dr. Paul MacMullan - resigned July 2014
- Ms. Ann Power - resigned August 2014
- Dr. James Mahon - appointed October 2014

CHAIRMAN'S REPORT



Dr. Ciaran Craven S.C.

**The Original Stainglass in the hallway of
Blackheath House, today Clontarf Hospital**

CHAIRMAN'S REPORT

During 2014 there was considerable public comment and controversy in relation to compliance with public sector pay policy by voluntary hospitals whose funding comes largely from the State (so-called "Section 38 Agencies" of which Clontarf Hospital is one). In 2013, when the issue first arose, I reported that Clontarf Hospital was, even before any public controversy existed, fully compliant. That remained the position in 2014 and the Hospital signed and returned the Annual Compliance Statement required by the Health Service Executive with its audited Annual Accounts in July 2014. Although the Annual Compliance Statement also seeks confirmation of particular arrangements, viz. in relation to (a) governance generally, (b) risk management, (c) HR/remuneration, (d) finance and (e) subsidiary or associated companies or entities, because of funding restrictions resulting from the HSE annual allocation, the Hospital was unable to confirm appropriate compliance specifically in the area of risk management, an issue that it is anticipated will be addressed in 2015.

At an operational level, 2014 marked a significant evolution, if not frank transformation, of Clontarf Hospital. In early 2014, the Hospital was requested by the HSE to extend the services it was providing for frail elderly patients referred from the Mater Misericordiae University Hospital and Beaumont Hospital. The Hospital, having made the appropriate governance and other technical and logistical arrangements, enthusiastically set about the provision of the new services and, in the course of implementation, gradually replaced the "interim care" service that had been provided for a number of Dublin hospitals for the past few years, a service which had raised concerns for the Board of Governors in relation to appropriate clinical governance. The new arrangements provide a consultant geriatrician-led rehabilitation service for frail elderly patients in accordance with the terms of the National Clinical Programme for Older People; in addition (and for the first time) 24-hour on-site medical cover is also provided for all patients in the Hospital. The fifth (and unopened) ward was opened as part of this new service and, by September 2014, the Hospital was operating with its full complement of 160 beds open with very high occupancy rates. However, this having been done, unexpected and unannounced funding restrictions by the HSE resulted in the scaling back, towards year's end, of the number of available beds to a level at which safe and appropriate care could be delivered

within resources. A further funding deficit, an unintended consequence of the provisions of the Health (Amendment) Act 2013 on the level of remuneration from private beds, compounded the financial difficulties in 2014. As the end of the year approached the funding situation was largely restored and, therefore, in 2015 it is anticipated that the Hospital will scale up again, to providing more services with a full bed complement.

During all of this, as in other years, the Board of Governors maintained constant and active oversight of the quality and safety of care the Hospital provides, and which it continuously seeks to improve. In addition, two Governors, continuing a long tradition, visited the Hospital regularly (bi-monthly) and took the opportunity to speak with patients, hear their views (on any matter from clinical care to food and facilities), and visit any part of the Hospital they wished (from wards to laundry areas, offices to kitchens) and ask questions of any person they met; thus, the Governors could directly access any part of the Hospital and satisfy themselves on, and raise, any matters of concern.

To assist the Board, its subcommittees met regularly to ensure appropriate governance of the Hospital's various activities with emphasis on finance, internal audit, clinical governance and ethical policies.

Unfortunately, during the course of the year, Dr Paul MacMullan resigned from the Board as he was leaving Ireland to take up a position in Canada. His contributions to both Board and subcommittee meetings, and his insights and expertise, will be truly missed. The Hospital was fortunate, however, that Dr James Mahon joined the Board immediately on Dr MacMullan's departure, bringing invaluable fresh insights and expertise that have assisted, and I expect will continue to assist, the Governors in their tasks.

On a somewhat lighter, but no less important, note, in October 2014, the Friends of Clontarf Hospital organised a delightful fund-raising concert that was held locally in the Church of St John the Baptist. To the Friends, as always, the Board extends its heartfelt thanks.

In healthcare provision, something new always arises. And, so, at year's end, the HSE required that Clontarf Hospital – along with all the other so-called "Section 38 Agencies" – sign a new Service Arrangement, the draft terms of which were markedly different from previous Service Level Agreements pursuant to which services were provided for the HSE. The final version of the Service Arrangement was awaited as the year closed and, no doubt, will be revealed in due course in 2015.

Finally, it would be wholly remiss of me not to acknowledge very specifically the central roles of the Chief Executive Officer and her executive management team, and the Temporary Director of Nursing and her team, in their stewardship of the Hospital and its services, during the year. They implemented and managed the very significant

ATTENDANCE SCHEDULE FOR EACH BOARD MEMBER JULY 2013- JUNE 2014

Surname	First Name	2014					2013			
		June	May	April	March	Feb	Jan	Dec	Nov	Oct
Cantwell	John	n	y	y	y	y	y	n	y	y
Brett	Denise	y	y	y	y	y	y	y	y	y
Coffey	Mary	n	n	n	y	n	y	y	n	y
Connolly	Regina	n	y	n	y	n	y	n	y	y
Craven	Ciáran	y	y	y	y	y	y	y	y	y
Feldman	Estelle	y	n	n	y	y	y	y	y	y
Higgins	Marcella	n	y	y	y	y	y	y	n	y
Horgan	Terence	y	y	y	n	y	y	y	y	y
Kavanagh	Daragh	y	y	y	y	n	y	y	n	y
Mac Daid	Catherine	y	n	y	y	y	y	y	y	y
MacMullan	Paul	y	y	n	n	y	n	n	y	y
Mahon	James *	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Power	Ann	n/a	n/a	n/a	n/a	n/a	n/a	n	n	n
Scott	Charles	n	y	y	y	y	n	y	y	y
Sibbald	Leslie	y	y	y	y	y	y	y	y	y
Smyth	T.C.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

* James Mahon not appointed until Oct 2014

changes in service provision and re-configuration that took place from April onwards with a quiet and remarkable efficiency. The Board sincerely appreciates, and thanks them for, their commitment to providing for the care our patients need and to ensuring that they are safe while they are receiving it – and for doing so with commendable financial prudence and management in a difficult and fluid policy environment.

Dr Ciáran Craven
Chairman of the Board

ATTENDANCE

Sept	July	Attended	Possible	%
y	y	9	11	82%
n	y	10	11	91%
n	y	5	11	45%
n	y	6	11	55%
y	y	11	11	100%
y	n	8	11	73%
y	y	9	11	82%
y	y	10	11	91%
n	y	8	11	73%
y	y	10	11	91%
y	n	6	11	55%
n/a	n/a	0	0	n/a
n	n	0	5	0%
y	y	9	11	0%
y	y	11	11	82%
n/a	y	1	1	100%

CHIEF EXECUTIVE'S REPORT



Michelle Fanning CEO

**The Original Stainglass in the hallway of
Blackheath House, today Clontarf Hospital**

CHIEF EXECUTIVE'S REPORT

Introduction

2014 was an extremely important year for the Hospital. Through collaboration with our local acute hospitals and the Health Service Executive (HSE) the hospital was able to reconfigure and extend our frail elderly rehabilitation service in line with the principles set out in the National Clinical Programme for Older People.

Services

The hospital had 144 beds operational at year end providing orthopaedic and frail elderly rehabilitation. The x-ray service provided an inpatient x-ray service and a significant amount of non-urgent outpatient x-rays to the local community (see further details of the Hospital's Activity Levels in Appendix 1).

Service Developments

Frail Elderly Rehabilitation Service

The growing number of older people with multiple long term health conditions presented challenges for health services in the Dublin North City area and in early 2014 the hospital accepted a proposal from the Health Service Executive to extend the frail elderly rehabilitation service to meet increasing demands.

The new service provides improved rehabilitation access for frail older patients, in the Dublin North City area, who have completed their acute treatment in the local acute hospitals. In line with the National Clinical Programme for Older People the service is led by a consultant geriatrician which improves the patient experience while also strengthening the clinical leadership in the hospital and sets a roadmap for developing this service into the future.

Financial Report

Following receipt of a supplementary allocation from the HSE at year end; the hospital came in on budget for 2014. The hospital's financial statements are available at Appendix 2.

Quality and Risk Management

The hospital places patient care at the centre of all that we do, and to this end, we continued to work towards full compliance with the National Standards

for Safer Better Healthcare. The Integrated Quality and Safety Committee met quarterly to oversee risk management and report on matters related to patient safety and quality improvements.

As part of our Quality Improvement Framework staff remained busy introducing and rolling out a range of new patient safety initiatives in 2014. In particular the establishment of the Falls Prevention Committee and Falls Prevention Programme with a very successful Falls Awareness Day held in October.

Health and Safety

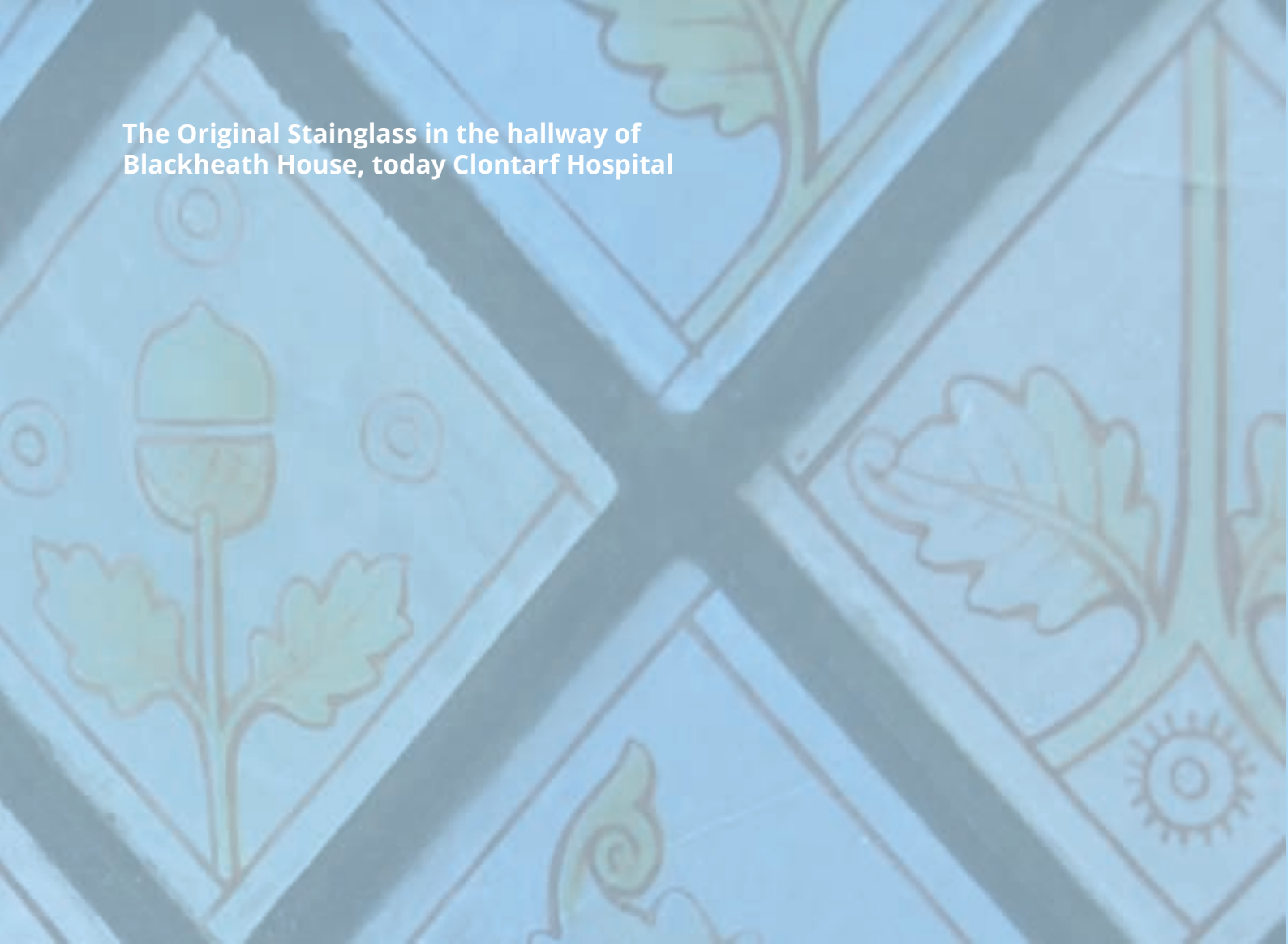
The Health and Safety Committee remained active and continued to meet quarterly throughout 2014 in addressing staff welfare issues.

The Hospital, in line with our statutory obligations, had two Dangerous Goods Audits in June and December 2014. There were no infringements and any non-compliances and observations were addressed, with the outstanding Chemical Agent Risk Assessments expected to be completed by quarterly one 2015. Training in manual and patient handling and medical gas pipeline systems was also completed by staff.

The refurbishment of the Staff changing rooms was completed and provides state of the art locker and changing room facilities. A feasibility study to install a lift in the administration building was also undertaken to reduce the burden of manual handling for staff in this area and it is hoped to have a lift installed in 2015.

Infection Control & Hospital Hygiene

The Infection Control and Hospital Hygiene Committee continued to oversee the cleanliness of the hospital environment and the control and



The Original Stained Glass in the hallway of Blackheath House, today Clontarf Hospital

prevention of hospital associated infections. The Committee met quarterly and undertook the hospital hygiene audits and reported on the effectiveness of the hospital's infection control and MRSA surveillance programmes.

Hospital Hygiene

The hospital was delighted to receive a Gold Award from the Accommodation Services for overall hospital hygiene, following an unannounced inspection; this is the second successive year to receive this award. The hospital appreciates and acknowledges the work of Derrycourt cleaning staff in keeping the hospital clean.

The Hygiene Audits proved satisfactory in monitoring the hospital environment, equipment, clinical waste management, sharps/spillages, laundry management and satisfactory results were recorded and remedial actions were taken when required.

Hand Hygiene remained a priority and the availability of regular hand hygiene training sessions at ward level improved staff attendance at training sessions considerably in 2014 with four departments reaching 100% attendance. A new target of 100% for the hospital will be set for 2015.

Infection Control

The Infection Control Programme reported no infectious outbreaks throughout 2014 despite several outbreaks of norovirus throughout 2014 in referring hospitals. A small increase in MRSA surveillance rates from 4% in 2013 to 4.4% in 2014 was recorded and patients were nursed in line with the hospital's MRSA control policy.

Formal access to a consultant microbiologist service remains outstanding and is being addressed through the local HSE Area Managers Office.

In Conclusion

The annual report provides an excellent opportunity to thank the Board, staff and volunteers in Clontarf Hospital.

The service changes in 2014, which enhance and improve patient care, could not have been achieved without the willingness, hard work and cooperation of hospital staff, for this I offer my sincere thanks and appreciation.

We look forward to further develop and extend our rehabilitation services in line with best practice. I look forward to working in cooperation with all in 2015.

Michelle Fanning
Chief Executive

Ms. Ger Matthews,
Physiotherapist

Ms. Mary Chapman





Ms. Ann Marie McGovern,
Temporary Director of Nursing

DEPARTMENT OF NURSING

As Temporary Director of Nursing, I would like to report on the Department of Nursing Annual Report for 2014. The report highlights the achievements and work accomplished by the nursing staff within the department.

2014 was a very busy and challenging year as we endeavoured to develop our rehabilitation services in a time of national nursing manpower shortages. In spite of this, the hospital continued its expansion with the successful opening of Blackheath ward.

Introduction

The Department of Nursing is indebted to the commitment of our team of nursing and health care assistant staff who continued to embrace change so that we can 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 wellbeing of our patients remains the departments highest priority. Thanks to the dedication and professionalism of our nursing and health care assistant staff we have a strong track record in this area but the department is never complacent and we continually look to adopt best practice, drive innovation and most importantly learn and improve when we do not meet the high standards we have set for ourselves.

The Department of Nursing remains appreciative of the commitment and professionalism of all staff who worked with great flexibility and co-operation which enabled us to maintain optimum staffing levels.

Service Development

The hospital continued to provide rehabilitation services to Orthopaedic patients, Respite patients from Community Care Area 7 and in early 2014 Interim Care Patients from Beaumont, Connolly and the Mater Misericordiae University Hospitals.

From February 2014, the hospital continued to build on the important work necessary to develop and deliver rehabilitation services in line with the National Clinical Programme for Older People for off acute hospital site rehabilitation. In collaboration with the acute hospitals on Dublin's North side, the hospital continued to develop rehabilitation services for Older People transferred from Beaumont and the Mater Misericordiae University hospitals.

In April, the hospital completed its third phase of development with the opening of Blackheath ward which expanded the hospitals in patient bed capacity to 160 beds, thereby providing 80 Older People rehabilitation beds. With these developments, the hospital has 24/7 on site Non Consultant Hospital Doctor cover, two Registrars, two Consultant Geriatricians and visiting Orthopaedic Registrars from the Acute Dublin Teaching Hospitals. The new service remains a work in progress and I know that with the assistance of the nursing and health care assistant staff and our colleagues throughout the hospital we will continue to improve in delivering the best possible rehabilitation service for our patients, their families and carers. I am confident that the nursing department can meet the challenges ahead if we stay focused on providing patients with safe quality driven care.

In 2014, the overall bed occupancy rate was 92%, with 1,841 admissions and 1,827 discharges.

Innovations

During 2014 we built on our strong nursing foundations and the following innovations highlight where we have improved even further the care and experience our patients receive.

Good Management and leadership is at the heart of high quality patient care and the hospital invested in developing management skills with a four day DIT College of Business course in management which many of the Clinical Nurse Managers attended and received certification.

Reducing risk and improving patient safety remained high on the nursing agenda. Nursing staff continued to participate in the implementation of the hospital's Falls Prevention Programme. The Temporary Director of Nursing as chair of the falls committee from October 2014 continued to drive improvements to reduce the



L- R; Ms Edel Breene, Ms Ann Marie Freeney, Ms Mary McGuaran and Dr Elisabeth Kronlage

number of falls with the implementation of KPIs, increase staff involvement and awareness.

Nursing established a working group to monitor medication incidents and review procedures in an effort to deliver quality safe patient care in line with best practice.

The nursing department continued to review and up-date nursing policies and procedures and nursing documentation.

Continuous Professional Development

In 2014 many staff attended external and hospital run in-service courses. Mandatory training continued in Cardiopulmonary Resuscitation and Manual Handling.

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

- Care of the Older Person
- Palliative Care Multidisciplinary
- Managing people programme
- National Orthopaedic Nurses Conference
- Preceptorship Course
- Clinical Nurse Manager workshop
- Staff Nurse workshop
- Health Care Assistant workshop
- Hand hygiene
- Falls Prevention staff training
- ECG training
- Policies, procedures, protocols and guidelines
- Prevention of sharp injuries in healthcare
- Risk management – Risk Registers
- Segregation of healthcare risk waste
- Chemical safety awareness
- Legionella awareness training
- Stoma Care and Colorectal nursing

The introduction of E learning programmes proved to be popular and staff completed elearning programmes in:

- Medication management
- Hand hygiene
- Venepuncture and IV cannulation
- Medical Gases for Nurses

Congratulation is due to Ms. Sony Paul, Staff Nurse who completed her BSc in Nursing in 2014. Also congratulations are due to the following Health Care Assistants who obtained a Certificate in Fetac Level 5 Health Service Skills in 2014;

Mr. David Carrick

Mr. Kryzstof Dubarek

Mr. Marcin Rowny

Ms. Kathleen Hammond

Ms. Louise Keating

Ms. Maja Chodorowska

We are very grateful to the Centre for Nurse Education in Connolly and the Mater Miseri-

cordiae University hospitals for providing education and training to our Health Care Assistants and also, for their ongoing education and support to nursing.

Degree Student Nurses

The hospital continued to provide clinical placements for First Year Degree 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 all staff in Clontarf.

Community and Work Experience Placements

In 2014 twenty-one 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 to the different departments within the hospital.

The Department of Nursing also provided clinical placements for students who are undertaking a post leaving certificate course in nursing in Colaiste Dhulaigh and Portobello College in 2014.

Personnel

Ms. Maura Walsh, Staff Nurse retired in December 2014 after many years of dedicated service to the hospital. On behalf of all the nursing staff I wish Maura a long and healthy retirement.

I would also like to welcome all the new staff who joined us in 2014.

Conclusion

On a personal note, I would like to thank my colleagues in Nursing Administration for their ongoing support and dedication, and nursing and health care assistant staff for their commitment, co-operation and support during the past year. The level of dedication, team spirit and sense of pride staff display is evident to all patients and visitors alike. The patient is clearly at the centre of our care and it is my objective to ensure that we continue to deliver a quality service with patient safety being paramount.

Ann Marie McGovern

Temporary Director of Nursing



L- R; Cristi Parcon, Cathy Breslin

PHARMACY DEPARTMENT 2014

The Pharmacy department provides a comprehensive range of Pharmaceutical services to patients and staff. The principle objective of the Pharmacy Department is to provide patient focused care ensuring the safe, economic and appropriate use of medicines.

Dispensary

2014 was a challenging year for the Pharmacy department. In the second half of the year the change in patient profile brought about a change in the range and type of medications being used. Drug regimes were more complex and the average number of medications prescribed per patient increased. More expensive medications, for example 'Hi-Tech' medications and medications with no generic equivalent were prescribed. Added to this was the world-wide shortage of certain medications which meant alternatives and unlicensed products had to be procured; all of which also had cost implications.

However, a high standard of service was maintained. The five wards received a twice daily order in the mornings and afternoons.

Medications requested were delivered on the day of request or at the latest the following morning. Geriatric Rehabilitation Patient (GRP) prescriptions were received in the Pharmacy prior to admission; this enabled the GRP medication to be available on the ward as patients arrived in the Hospital. This also resolved any medication queries promptly.

Staff prescriptions were also dispensed with an increasing number of staff availing of the service.

Clinical

The addition of a third Pharmacist to the team late in 2014 enabled the Department to expand its clinical service. Kardex review and prescription reconciliation, adverse drug reaction monitoring and medication incident reporting became part of the department's clinical service. Pharmacists also provided medication information and promoted cost effective use of medication to staff and patients.

The Pharmacy Department developed the new staff vaccination clinic following training and a very successful Influenza Vaccination Clinic was held in the Autumn, with over 50 hospital staff receiving vaccinations.

Pharmacy staff attended the ward multidisciplinary meetings when possible. To facilitate continuity of pharmaceutical care the department liaised with community pharmacies to ensure supply problems did not arise on patient discharge.

Drug and Therapeutics Committee

The Drug and Therapeutics committee met twice last year addressing issues such as medication safety, antimicrobial stewardship, clinical audit, medication policy and procedures. The addition of Dr. Stuart Lee to the committee was very welcome.

Medication Safety

Safe use of medication is paramount to the Pharmacy Department and several new safety initiatives were introduced which included:- A Controlled Drug book for the wards combining requisition and record-keeping. Medication incident reports i.e. medication errors, near misses, and adverse drug effects were reported to the Pharmacy Department. Monthly reports were returned to both Nursing administration and the wards. The report consists of a brief description of the error, the type of error, the action taken and a recommendation when appropriate. A Clontarf Hospital Medication incident report (MIR) book was developed to facilitate reporting and encourages staff to continue reporting even if incidents appear insignificant. By examining and analysing incidents we can improve medicine

management and prevent incidents occurring. Updated information and Medication alerts on the safe use of cytotoxics, Insulin, Warfarin and Domperidone were circulated.

Pharmacy staff also have representation on the steering committee on medication Safety for Nursing and participated in the induction day for new Doctors in July 2014.

Continuous Professional Development

Visits to the Mater Misericordiae University Hospital and Cappagh hospital were undertaken during the year to meet with colleagues and discuss related matters.

Courses undertaken included:

- Cardiology in Clinical Pharmacy Practice Module TCD,
- Influenza Vaccination,
- Managing Pain in Palliative care,
- Healthcare Waste Management
- Hand Hygiene.

The Pharmacy participated in the "Falls Awareness Day" in October presenting a talk to patients and staff. Two Pharmacy students were facilitated with work experience as part of their training and time was also allocated to speak with nursing and transition year students.

I would like to take this opportunity to commend my Pharmacy colleagues and Hospital staff on their continued support, dedication and enthusiasm and I would like to welcome Sarah Maxwell our new Pharmacist to the team.

Linda Murnane
Chief Pharmacist



L- R; Deirdre Morris Lynch, Teresa O' Regan



Ms. Gráinne O'Hara,
Physiotherapy Manager

PHYSIOTHERAPY DEPARTMENT

Annual Report 2014

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 and Departmental activity

There is a blanket referral system in place for physiotherapy and all 160 inpatients are assessed by a physiotherapist and a treatment plan is initiated within twenty four hours of admission.

The Department has six senior and three staff grade physiotherapists and a physiotherapy manager.

The commencement of a consultant led geriatric service in Gracefield ward in February and in Swan and Kincora wards in April, led to changes in the format of the department's gym sessions. It soon became apparent that the new patient profile required increased 1:1 gym treatment sessions. In collaboration with our nursing and portering colleagues an additional hour of gym access was facilitated for the geriatric rehabilitation patients from 8:00 to 9:00 allowing for 1:1 treatment sessions. The additional beds on Blackheath ward in April put further demands on gym capacity.

There were 37,130 physiotherapy patient treatments recorded during 2014, an increase of 17% on the previous year's activity. The complexity and dependency of the orthopaedic patients continues to increase with many requiring twice daily treatment, i.e. 1:1 physiotherapy treatment sessions in the gym or a second therapist to assist with treatment. The number of 1:1 gym treatment sessions rose to 5,985 this year which represents a significant 154% increase on last year's activity.

Gym activity peaked in November at 945 treatments indicating that on average 47 patients were attending the gym per day. This rise in numbers attending the gym reflects an improvement in the quality of care for patients who were able to access the purposely designed gym. The acquisition of a Moto-med movement trainer further enhanced the gym facilities.

Service Development

The Hospital Falls Prevention and Management Committee

The Falls Prevention and Management Committee was set up in 2014 to address the needs of the geriatric rehabilitation patients who were at a high risk of falls. The Physiotherapy Department staff agreed to Chair and run the Committee. In preparation for the Committee physiotherapy staff attended the inaugural meeting of the Forever Autumn Community of Practice Working Group in St. Mary's Hospital, Phoenix Park in January 2014. This working group provides a platform for the development of falls prevention and an online support network across the continuum of care for older adults. A further workshop at the end of August provided the opportunity to contribute to the development of the group's online area and also facilitated liaison with other health care professionals with specialist knowledge in falls prevention.

The Chair of the Hospital's Falls Committee also attended a two day international NHS Conference

on Falls Prevention and Management in London. It was a great opportunity to get useful information and advice from centres in the UK with well established falls prevention programmes and to source useful contacts for falls prevention equipment and systems.

The Chair of the Committee designed and implemented a falls audit proforma. The audit was designed to extrapolate information on all falls that occur in the hospital in a given quarter of the year. The data is collected from incident report forms, falls case reviews and medical charts of the fallers and data was analysed for each quarter of the year. The results have been very informative in identifying trends and areas that need to be targeted in order to reduce and prevent falls in the hospital. The number of falls per bed days and number of serious outcomes from falls are also calculated in order to monitor the progress of the falls prevention programme.

Physiotherapy staff also took on the challenge of launching the hospital's inaugural "Falls Awareness Day" on Wednesday 8th October. The day proved very successful with an attendance of 84 patients and their families and over 60 staff at the various lectures and events. Activities included an early morning breakfast lecture by Dr Estelle Ogbemor, afternoon lectures in the physiotherapy gym by Dr Stuart Lee, Hillary Devlin of the National Council for the Blind of Ireland, Gerard Scully of Age Action and Niamh Ruane, Pharmacist. There were also two falls training sessions for staff and a demonstration stand by HomeCare Technologies. The overall response from patients and staff was extremely positive. The event proved to be a great learning experience and it is hoped that the Falls Awareness Day will continue as an annual event.

The introduction of the Falls Prevention Programme for the Hospital included weekly fall prevention talks for patients and their carers by the physiotherapy and occupational therapy departments. The positive feedback was encouraging from the large numbers attending. Interest from other hospitals was also received and St James's Hospital have requested to attend sessions in 2015 with a view to improving the content of their own falls programme.

The Physiotherapy Manager and staff met with two post doctoral researchers, from Dublin City University and Dundalk Institute of Technology in

January, to advise them on their research project into the development of a technology-based system to support management of falls in older populations by assisting clinicians to review patient falls data.

The physiotherapy department was also represented at the 3Fs conference: Falls, Fragility and Fracture in the Education & Research centre, St. Vincent's University Hospital and the first hip fracture database conference in RCSI. This provided an excellent opportunity to have rehabilitation hospitals included in the programme and this was noted in the post conference review.

Manual Handling

Ms. Ger Matthews, senior physiotherapist facilitated two further mandatory manual handling and people training sessions for staff in April and May and advised on manual handling queries that arose within the hospital throughout the year. Therese Kelly who joined our team in June is also a manual handling instructor and is keen to work with Ger in developing the manual handling training we provide for staff across all disciplines.

Geriatric Rehabilitation

In anticipation of the Care of the Elderly profile of patients a senior physiotherapist was funded to participate in three weekend modules of the Bobath normal movement /neurodevelopmental techniques course. On completion of the course three workshops were provided for staff to up-skill in this area.

Another senior physiotherapist developed a group exercise programme for geriatric rehabilitation patients on Swan ward. This morning group session was greatly facilitated by the assistance and flexibility of the General Operative staff as well as our nursing colleagues. The sessions focus on functional rehabilitation and balance re-education as well as education about relevant conditions, health promotion and advice. The classes cater for up to twelve patients at a time and self-management of conditions is also encouraged.

The physiotherapy manager undertook site visits to the MedEl directorate in St. James's Hospital and the Royal Hospital Donnybrook during the year and liaised with both departments regarding Care of the Elderly competencies for physiotherapists. Weekly departmental in-service schedules

continued throughout the year but changed from Mondays to Wednesdays to accommodate attendance at multidisciplinary ward meetings.

The physiotherapy manager joined the healthcare records and information committee in January and is involved in updating the medical healthcare record charts with colleagues from other departments. The physiotherapy manager continued to be actively involved in the hospital's infection control and hygiene committee and the national standards for safer better healthcare working group.

Continuing Professional Development

Physiotherapy staff were successful in attending the following:

- The HSCP (Health and Social Care Professionals) funded Parkinson's disease workshop which was run in conjunction with the CPNG (Chartered Physiotherapists in Neurology and Gerontology) and the ISCP (Irish Society of Chartered Physiotherapists). The aim of the workshop was to provide training to physiotherapists regarding the new European Guidelines for Physiotherapy in Parkinson's Disease and to promote best practice.
- The Introduction to Practice Education Study Day 'Fostering an effective and reflective learning environment' in Trinity Health Sciences Centre, St James Hospital September
- The in-house People Management training programme in April.
- The National Standards for Safer Better Healthcare Conference in Dun Laoghaire. Rheumatology study day organised by the Northeastern branch of the ISCP in April.

Following on from the priorities identified in last year's annual report Ms. Joanne Dowds, clinical specialist physiotherapist in respiratory care in St. James's Hospital facilitated an excellent respiratory workshop for all physiotherapy staff in September. Joanne consulted with us prior to the workshop to establish our main concerns and tailored a workshop around the commonest conditions and scenarios that we meet daily in our geriatric rehabilitation patients. Feedback from the programme was very positive. It was noted how well the facilitator related and adapted her experiences in the acute setting to the challenges we experience in the intermediate rehabilitation

setting. Joanne's emphasis on, and her evidence base for, reaping the benefits of exercise for respiratory patients reinforced our own practice of functional based rehabilitation and all physiotherapists reported improved confidence in managing patients presenting with respiratory compromise following the workshop.

External links

The physiotherapy manager continued to represent the hospital at the voluntary hospitals and PCCC physiotherapy managers' group meetings and also attended a number of study days organised by the Chartered Physiotherapists in Management (CPM) group of the ISCP throughout the year.

Topics included:

- Update on Orthopaedic National Clinical Programme
- "Leading and Managing Generation Y" - Dr Mary Collins, Senior Executive Development Specialist, RCSI Institute of Leadership
- Performance Improvement – Where do we fit it? - Ann Marie Keown, National Programme Manager Performance Improvement, SDU
- Open Disclosure /Patient Charter -June Boulger, HSE National Lead for Service User Involvement
- Update on the National Aids and Appliances Project
- Community Healthcare Organisations Document
- Belbin Team Roles – Find out more about how you work in a team -Emma Stokes, Associate Professor TCD, Vice President WCPT (World Congress of Physiotherapy)

The Chartered Physiotherapists in Orthopaedics held a number of educational sessions at which the physiotherapy department was represented. We also joined the Chartered Physiotherapists in Neurology and Gerontology special interest group of the ISCP and attended all relevant education sessions.

We welcomed the opportunity to work with our physiotherapy colleagues in the Central Remedial Clinic for joint treatment sessions and discharge planning when a number of their clients presented to us as orthopaedic in-patients throughout the year.

The physiotherapy manager was invited by the physiotherapy department of St. James's Hospital to attend a series of presentations in the Trinity

Health Sciences Centre celebrating ten years of research and innovation in their department in December.

Practice Education

We worked again with the School of Physiotherapy in Trinity College Dublin to facilitate two five week placements for Diploma of Physiotherapy students from Nanyang Polytechnic in 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 the students placed with us learned to understand how acute services interface with community and primary care. Another area that was new to them was the manual and people handling training and the schools were appreciative of the fact that they benefitted from attending one of our training days. Following this year's success we have been asked to facilitate a further four placements next year.

The Department also facilitated final year clinical placements for Trinity College School of Physiotherapy undergraduates. We were delighted to have been approached by the School of Physiotherapy in Royal College of Surgeons in Ireland, as well, to facilitate clinical placements for their

students and we look forward to working with them again 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, the pressures on therapists' time and our commitment to both TCD and now RCSI schools of physiotherapy 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 welcome the Hospital Communication strategy and policy as it aligns itself well with our information technology needs. We look forward to working towards a data management system where we can record all relevant patient

The Physiotherapy Team

Back row L-R; **Rachel Pollock, Pauline Sheeran, Caroline Daly, Therese Kelly, Sophie Garner**

Middle Row (L-R); **Rachel Murphy, Claire Fagan** Front Row L- R; **Aoife Crowe, Emma Dunne, Lisa Kavanagh**



“THE STRENGTH OF THE TEAM IS EACH INDIVIDUAL MEMBER. THE STRENGTH OF EACH MEMBER IS THE TEAM”

information and generate reports on trends, activity and outcomes for statistical and research purposes. We continue to work with hospital management to improve office space and computer access for physiotherapy staff in order to facilitate staff and student appraisal, continuous professional development, more timely and accurate input of patient information and to support the roles of senior physiotherapists involved in hospital committees and training.

- We have identified a number of small research proposals for the geriatric rehabilitation service such as a frailty index, early warning scores and outcome measures that we would like to work on with our MDT colleagues here and in the referring hospitals and the universities that we are affiliated to.
- We continue to work on increasing gym capacity and, pending availability of porters, hope to open up more time slots from 2:00 to 4:00 in the afternoons. We also have requested a number of items of gym equipment to further enhance the facility.
- We will also focus on quality improvement in 2015. A new member of staff is trained up in Lean 7 principles and we would like to access similar training for the physiotherapy team to

streamline our services. As part of this process we aim to introduce a comprehensive patient satisfaction survey to get valuable insight into the service we provide and areas for improvement.

- Following the success of the falls prevention talks we would like to extend our health promotion talks and group exercise sessions to include specific conditions and issues of concern to our patients e.g. weight management, cardiac rehabilitation. By encouraging self-management of conditions and healthy exercising we hope to reduce the number of readmissions to the hospital.

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

Gráinne O'Hara

Physiotherapy Manager



Yoichi Hoashi,
Catering Officer

CATERING DEPARTMENT

During 2014, the Catering Department continued to provide a quality driven, safe and effective service for all our patients, colleagues and visitors. The Department continued to be approved by the Irish Heart Foundation with its "Happy Heart " award and, for the first time, the department was successful in receiving the Food Safety Assurance Award by the Food Safety Professionals Association.

All dietary requirements including coeliac, diabetic, renal, high protein and low salt are met with a view to assisting with on-going recovery. Customer feedback was monitored with a view to constantly reviewing and improving the standard of service provided.

All catering personnel continued to be supported with on-going education and training including Hand Hygiene, Food Safety and Risk Management.

We plan to continue in 2015 with our on-going improvements and developments to ensure a safe 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.

Yoichi Hoashi
Catering Officer



Bryan Curran - General Operative

GENERAL SERVICES DEPARTMENT

The Portering Staff and Household Staff continue to play an important role in delivery of patient care.

The General Services Department 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 Department 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 2014.

Mr. Jorge Pereira

General Services Officer

MAINTENANCE DEPARTMENT

Everyone values safe attractive surroundings and patients enjoy a bright welcoming environment which can have a positive impact on their wellbeing and recovery.

The Maintenance Department is responsible for maintaining a safe hospital environment for patients, staff and visiting public and recognise proper maintenance contributes towards the overall safety and efficiency of our hospital while maximising the life of an asset at minimum cost. The department has two staff manned seven days a week and acts as the first point of contact for all maintenance requests for the Hospital.

Maintenance Staff ensure compliance with a number of statutory regulations governing maintenance of the hospital's equipment and buildings and participate in the Health and Safety

Committee and the Infection Control and Hygiene Committee. Maintenance staff also oversee some of the hospital's external contracts in maintaining hospital equipment and hospital property.

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

Mr. Tony Kerrisk

Mr. Pat Tyrell



**L- R; Ms. Deirdre McLoughlin, Medical Social Worker
Ms. Imelda Morris, Senior Medical Social Worker**

SOCIAL WORK DEPARTMENT.

“The Social Work Department is committed to delivering an effective and competent Social Work Service which facilitates optimum social and emotional well-being among patients and those affected by their illness”

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 Service.

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

The Social Work Department provides a range of services to patients and families admitted to Clontarf Hospital. This includes support, advice, practical assistance and counselling to those coping with their illness, 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
- Fair Deal / Nursing Home Support Scheme Applications as well as ongoing education, support and information to patients and families regarding same.
- Home Visits in conjunction with the Occupa-

tional Therapy Department

- Advocacy Work in keeping with Social Work Code of Ethics
- Social Welfare information/finances/advice
- Educational input to new members of staff, student nurses and transition year students.

The Social Work Department continued 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 rehabilitation needs. Here, we endeavoured to ensure that patients are linked in to the appropriate community services in achieving a safe transition from hospital to home /or other appropriate discharge destinations.

Social Work Referrals.

The Social Work Department is aware of the predicted increases in the number of people aged 85+ by 2021. CSO 2013 predicated an increase of 46% by 2021. The Social Work Department have seen this growing demographic reflected in the age profile of the patients admitted to the hospital which in turn means that there is a lot more complexity in discharge planning.

There were 1,153 referrals made to the Social Work Department in 2014. Due to changing nature of our patient profile as previously outlined and the development of rehabilitation beds for frail and older persons which began in March 2014, the Social Work Department witnessed a

significant increase in workload and interventions for patients due to:

- "Complex" discharges particularly with our frail and elderly patients due to the nature of their illnesses, disabilities and social circumstances.
- The education and implementation of the Nursing Home Support Scheme / Fair Deal Process for some of our frail and elderly patients which was an additional and substantial increase in the workload for the social work department this year.
- Allocating time to patients and families in ensuring safe discharges including increased number of family meetings and case conferences.
- The amount of Home Care Package assessment and applications.
- Referrals for community supports, which has become increasingly difficult and time consuming due to the social and economic constraints.

Continuous Professional Development.

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

Since May 2013 all Social Workers are now required to be registered with CORU. This now has implications for Continuous Professional Development as all Social Workers must now show evidence of CPD points achieved each year. The Social Work Department is committed to ongoing professional development and continuous education. Social Work Staff attended courses / workshops appropriate to their work over the course of the year as outlined below:

- Suicide Prevention Conference
- HSE National Consent Policy Training
- Social Work Practice with Older People with Cognitive Impairment
- Healthcare Records and the Vulnerable Adult
- Dementia Education Workshop
- Elder Abuse Conference
- Mental Health Reform Conference
- Bridging the Gap - Social Workers in Primary Care
- Irish Association of Social Work Conference.
- Staff also engaged in attending evening courses / seminars relevant to their Social Work Practice on their own time and expense indicating their commitment to their practice.

Senior Social Worker also attended

- 4 day (in house) Management Training "Managing People Programme"
- Head Medical Social Workers Conference.

External Links.

In 2014, the Senior Medical Social Worker was invited to join the National Head / Principle Social Work Group. This group meets on a bi-monthly basis in St. James's Hospital and is attended by Head Medical Social Workers/Principal Social Workers from Hospitals and Hospices nationwide. The group's purpose is to provide a forum for the development and implementation of best standards among medical social workers in Ireland. It also functions as an information exchange, to lobby on issues relating to our client group and as a peer support group.

The Social Work Department also continue to develop links with its Social Work Colleagues in our referring hospitals and gave a presentation on the "Role of Medical Social Worker in Clontarf Hospital" to hospital and community staff in Mater Misericordiae University Hospital.

The Social Work Department is committed to providing students placements, and in conjunction with UCD and TCD, staff member attended a three-day Practice Teacher Training course to equip Social Work Staff in providing quality student placements. We also avail of opportunities in continuing to build our relationships with the University's School of Social Sciences and Social Work.

As discharge planning is a crucial part of the Social Work role, the Social Work Department continues to foster excellent working relationships on a daily basis with our colleagues in the community support services. These included PHN's, Home Help Services, Meals on Wheels, Mental Health and Disability Services, Community Rehabilitation and Reablement Teams, HSE personnel who assist with Home Care Package Applications, Fair Deal (NHSS) applications, Elder abuse allegations and referrals, and, our Social Work Colleagues in the referring/ acute hospitals by way of ensuring and supporting adequate and practical support for our patients on discharge from hospital.

Future Planning.

The Social Work Department remain committed to Vulnerable Adult and Elder Abuse Education, providing consultation to staff and, are designator officers within the Multidisciplinary Teams on this issue. Two members of our Social Work staff have completed a "draft" Elder Abuse Awareness and Training Programme which will be mandatory for all hospital staff to attend. When completed, it is hoped training will commence in mid-2015.

The Social Work Department in conjunction with IT Dept., have set up systems to monitor statistics within the Dept. It is hoped that this information will provide us with a more accurate account of the activity and outcomes of our interventions and assist us in measuring the effectiveness of our service now and in the future.

As the smooth running of the Department is only achieved through the combined effort of the staff, I would like to thank all of the members of the Social Work Department for their commitment, support and dedication in providing an excellent

Social Work Service to our patients and their families. Special thanks also to the members of the multidisciplinary team, colleagues and hospital staff for their support throughout the year.

Imelda Morris,

Senior Medical Social Worker.





Patients attending the
Physiotherapy Gym Class



OCCUPATIONAL THERAPY DEPARTMENT

Staffing

With the opening of Blackheath ward and the introduction of the geriatric rehabilitation service, the Occupational Therapy Department grew to 2 Senior and 2 Staff Grade Therapists.

Service Developments 2014

With the introduction of the geriatric rehabilitation patients, an increase need for cognitive assessments carried out by the department was observed. The Montreal Cognitive Assessment is widely recognised as an effective cognitive screening method and an in-service was held for physiotherapy and social work staff by the occupational therapy department on cognitive screening methods.

The breakfast group re-commenced in October with 2-5 patients being taken down on a Friday morning. This group allowed the patients to practice kitchen skills while using appropriate walking aids or kitchen aids and develop physical and/or psychosocial skills.

Senior OT staff met with Community Occupational Therapy Managers from the north side of Dublin in August and discussed upcoming issues facing OT services.

A new prioritisation policy was developed and introduced and a draft study leave and pressure cushion cleaning policy was made.

Senior members of staff received professional supervision which will become mandatory when the Occupational Therapists Registration Board becomes statutory on the 31st March 2015.

Education & Training

In-services and/or journal clubs were held regularly on topics including the Assessment of

Motor Process Skills, Addenbrooke's Cognitive Examination, Upper Limb Assessment, Pain Management, the Role of Primary Falls Prevention in the Community, Guidelines for OT in Parkinson's Disease, demonstration of equipment by LC Seating, and Acceptance and Commitment Therapy for Chronic Pain.

Two members of staff became certified in the use of the Functional Independence Measure and training to other OT staff on the measure was held with an in-service on the measure given to physiotherapy staff.

The department continued to facilitate student education by supervising a fourth year student from, Trinity College, Dublin and a third year student from Germany.

- Monthly departmental meetings were held throughout 2014 to discuss issues including departmental duties and continuing professional development.
- The department attended education sessions in the Falls Prevention Day which was run by the Falls Committee on October 8th and found the day very useful and informative.
- Senior OT Staff completed the 4 day IBEC Managing People Course.
- OT staff attended the National Clinical Programme for Acute Medicine Health and Social Care Professionals Forum in November 2014.
- In their own time, OT Staff attended study days on Arthritic Conditions and Appropriate Occupational Therapies and Podiatry Interventions and Acceptance and Commitment Therapy for Chronic Pain respectively, feedback was provided to staff
- A number of department staff completed an online course entitled "Understanding Dementia"

by the University of Tasmania.

- Staff attended the Tissue Viability & Seating Pressure Care Study Day organised by Dublin North City Community OTs in June 2014 and the Feeding and Positioning Study Day organised by Dublin North Community OTs in December 2014
- The risk register for the department was completed in October 2014.

Plans for 2015

- From 31st March 2015, the Occupational Therapists Registration Board will open and occupational therapists will have 2 years to register.
- Installation of a stair lifts assessment facility. This will be very beneficial in allowing OT staff assess patients in functioning safely and independently at home utilising modern equipment.
- Completion of an audit on use of the Functional Independence Measure on the geriatric rehabil-

itation wards.

- Finalisation of study leave and pressure cushion cleaning policies.
- Training in memory rehabilitation.
- Continued review of risk register.
- Continue to improve links with the Mater and Beaumont Hospital occupational therapy departments regarding patients transferred to the hospital's geriatric rehabilitation service.

Aileen Murray

Senior Occupational Therapist



Patients attending the
Physiotherapy Gym Class



**Alicia Griffith,
Occupational Therapist**

**Jennifer McDonald,
Occupational Therapist**



Out Patients Department

X RAY DEPARTMENT

The x ray department provided both inpatient and non-urgent outpatient x ray services throughout 2014. Quality and patient / staff safety continued to be prioritised throughout the department.

Activity Level

The reconfiguration and extension of the Geriatric rehabilitation service in 2014 saw a dramatic change in the x ray activity levels with inpatient x ray activity level increasing by 102% with a subsequent small 4% decrease in outpatient activity. This trend is expected to increase in 2015 with the increasing number of geriatric rehabilitation beds.

Service Developments

The Department continued to implement the National MERU Standards and revise departmental policies. Risk Management continued with the completion of risk assessment training and the Departmental Risk Register.

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 and Radiation Protection Officer for their combined contribution and support throughout 2014.

Gillian Rice

Senior Radiographer



Jacqueline Connolly,
Human Resources Officer

HUMAN RESOURCE DEPARTMENT

I am delighted to have been recently appointed as the Human Resources Manager for Clontarf Hospital and report on the work of my predecessor in 2014.

2014 saw the formal development of Human Resources (HR) within the hospital's corporate structure. My predecessor formally integrated the Human Resource Department into the hospital's administration department to build on the existing workforce structures so they are robust enough to meet the hospital's developing needs into the future.

The national employment moratorium was lifted for part of 2014 to allow the hospital expand and reconfigure services to facilitate the opening of the new older peoples rehabilitation service to meet the needs of older people in the Dublin North City area and assist our colleagues in the local acute hospitals with demand. The recruitment saw an increase in the number of staff employed throughout the hospital. Non-Consultant Hospital Doctors and Registrars were recruited for the first time in July 2014. I would like to thank Dr Dermot Power, together with the NCHD's and Registrars for their continued support in medical HR matters.

In April of 2014 a Managing People Programme was delivered by the College of Business in DIT. The course was rolled out over four full days and enabled front-line managers' refresh and update their management skills.

In September 2014, the HR Department recruited for and hired three JobBridge candidates. The scheme has been a great success for the candidates involved as they have gained invaluable experience and training across various departments.

In September 2014, staff of Clontarf Hospital were introduced to the Time and Attendance Management System (TMS). Staff training was provided and HR continues to support staff with the smooth integration of the system. HR policies and procedures were implemented and will continually be revised and updated in line with employment law and best practice. We continue to send monthly reports to the HSE including reporting on headcount, absence percentage rates, new starters and leavers.

On 5th November 2014, the hospital hosted a remembrance service for the families of staff members who were sadly lost in the 2004 Indian Ocean tsunami. The service was welcomed by all staff and afforded the opportunity to pay respects and remember the victims lost in the tragedy.

In conclusion, 2014 was a busy and exciting time for the HR department. I would like to thank my colleague here in the HR department and the staff throughout the hospital for their support, hard work and commitment which enables the hospital provide an excellent standard of patient care.

Jacqueline Connolly
Human Resources Officer



Ms. Mary Chapman

INCORPORATED ORTHOPAEDIC HOSPITAL OF IRELAND OPERATING AS CLONTARF HOSPITAL

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF THE INCORPORATED ORTHOPAEDIC HOSPITAL OF IRELAND (OPERATING AS CLONTARF HOSPITAL)

We have audited the attached financial statements of the "Incorporated Orthopaedic Hospital of Ireland (Operating as Clontarf Hospital)" for the year ended 31 December 2014, 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 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.

Respective Responsibilities of Directors and Auditors

The company's directors are responsible for the preparation of the financial statements giving a true and fair view. Our responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the

Auditing Practices Boards' 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

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 2014 and of its surplus for the year then ended and have been properly prepared in accordance with the Companies Acts 1963 to 2013.

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.

Neil Payne

for and on the behalf of
Ormsby & Rhodes
Chartered Accountants and Registered Auditors
9 Claire Street
Dublin 2

The Original Stainglass in the hallway of
Blackheath House, today Clontarf Hospital

INCORPORATED ORTHOPAEDIC HOSPITAL OF IRELAND OPERATING AS CLONTARF HOSPITAL

CERTIFICATION OF CHIEF EXECUTIVE OFFICER AND CHAIRPERSON FOR THE YEAR ENDED 31ST DECEMBER, 2014

I/we certify that the financial statements of The Incorporated Orthopaedic Hospital of Ireland (Operating as Clontarf Hospital) for the year ended 31st December 2014 as set up herein are in agreement with the books of account and have been drawn up in accordance with generally accepted accounting practices and with the accounting standards as laid down by the Minister for Health & Children.

These financial statements and the statement of accounting policies give the true and fair view of the state of affairs of the hospital at 31st December 2014 and of its income and expenditure and cash flow for the year then ended.

SIGNED:



Chief Executive Officer

DATE 16/06/2015



Chairperson

DATE 16/06/2015

APPENDIX 2

NON-CAPITAL INCOME & EXPENDITURE ACCOUNT

APPENDIX 2 non-capital income & expenditure account

	Year to 31/12/2014	Year to 31/12/2013
PAY EXPENDITURE	€	€
Administration	470,760	468,434
Medical & dental*	493,771	128,066
Nursing	5,203,843	4,630,347
Allied Paramedical	1,096,007	1,002,084
Catering & housekeeping**	1,189,748	1,151,092
Maintenance	95,152	94,462
Cadet Salary	-	-
Pensions	869,371	851,127
Lump sums and gratuities	118,698	148,308
PRSI	750,371	690,242
TOTAL GROSS PAY	10,287,721	9,164,162
NON-PAY EXPENDITURE		
Drugs & medicines	288,055	226,574
Blood & blood products	-	-
Medical gases	20,701	14,589
Medical & surgical supplies	136,430	122,121
Medical equipment	218,530	138,718
Medical equipment supplies /contracts on	-	-
X-ray equipment	-	-
X-ray supplies / contracts on	44,616	51,862
Laboratory equipment	-	-
Laboratory supplies / contracts on	120,216	95,127
Catering equipment	36,397	17,474
Catering provisions / contracts on	339,030	314,064
Heat, power, light	254,315	243,222
Laundry equipment	1,904	769
Cleaning & washing supplies / contracts on	402,726	403,975
Furniture, crockery, hardware	4,960	9,075
Bedding and clothing	6,038	1,133
Maintenance equipment	6,885	11,612
Maintenance materials supplies / contracts on	262,579	219,697
Farm & garden equipment	13,046	15,736
Farm supplies contract on	-	-
Travel subsistence	8,757	11,324
Transport of patients	15,367	15,034
Vehicles purchased	-	-
Vehicles supplies/contracts on	-	-
Bank loan, capital repayment	-	-
Bank interest & charges	1,524	1,464
Insurance, audit, legal costs	74,215	73,918

OFFICE EQUIPMENT	-	-
Office supplies/contracts on	104,203	127,237
Computer equipment	37,630	19,829
Computer supplies/contracts on	5,712	55,050
Professional services	127,900	150,623
Staff training	13,220	13,631
Bad debts	-	-
Adjustment to provision		
Doubtful debts	58,399	(19,397)
Miscellaneous	21,158	12,868
TOTAL NON-PAY	2,624,513	2,347,329
TOTAL GROSS EXPENDITURE	12,912,234	11,511,491

INCOME

Patient income	2,975,117	3,454,849
Canteen receipts	101,421	82,712
RTA (receipts)	86,706	144,142
Deduction from payroll superannuation	749,109	744,032
Payroll emoluments / canteen receipts	-	-
Charges for services to external agencies	-	-
Income from shops, farms etc.	-	-
ESF (Receipts, revenue application)	-	-
Miscellaneous	27,737	10,085
TOTAL INCOME	3,940,090	4,435,820
TOTAL NET EXPENDITURE	8,972,144	7,075,671

*NCHD Medical and Dental

** Catering & Housekeeping includes Porters

Notes to the accounts

Summary Pay Analysis	Year to 31/12/2014	Year to 31/12/2013
	€	€
Basic Pay	8,549,281	7,474,485
Employers PRSI	750,371	690,242
Superannuation	988,069	999,435
TOTAL	10,287,721	9,164,162
	Year to 31/12/2014	Year to 31/12/2013
Superannuation includes:		
Pension payments	869,371	851,127
Lump Sums and gratuities	118,698	148,308
VER/VRS Lump Sums	-	-
TOTAL	988,069	999,435
The number of higher paid employees was:		
€60,000- €70,000	9	9
€70,000- €80,000	1	3
€80,000- €90,000	2	2
TOTAL	12	14

All staff are paid as per the Health Sector Consolidated Pay Scales

Additional note regarding Board Members - No member of the Board receives payment.



Bernadette Saunders
Head of Finance

APPENDIX 2

CAPITAL INCOME & EXPENDITURE ACCOUNT

FOR THE YEAR ENDED 31 DECEMBER 2014

APPENDIX 2 capital income & expenditure account

	Year to 31/12/2014	Year to 31/12/2013
EXPENDITURE*	€	€
Projects (specify):		
Development of new hospital	6,605	-
Equipment (specify):		
Kitchen equipment	-	-
Physiotherapy and hospital equipment	-	-
Office equipment & security system	-	-
Miscellaneous fittings – generator	-	-
Repairs and refurbishment	-	-
Windows	-	-
Ceilings	-	-
OTHER (SPECIFY):		
TOTAL EXPENDITURE	6,605	-
INCOME	-	-
Disposal proceeds / (loss)	-	-
Subtotal	-	-
Capital grant (HSE)	-	850,000
TOTAL INCOME	0	850,000
Balance (unfunded) / unspent	(6,605)	850,000
Balance b/f from previous year	1,597,685	747,685
Cumulative balance – (unfunded) / unspent	1,591,080	1,597,685

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

APPENDIX 1

STATISTICS REPORTS

Patient Activity 2014

In-Patients	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Available Beds	128	128	128	134	146	152	156	160	153
Bed Days	3968	3584	3968	4020	4526	4560	4836	4800	4590
Bed Days Used	3753	3419	3769	3582	4029	4013	4495	4357	4378
% Occupancy	95%	95%	95%	89%	89%	88%	93%	91%	95%
Total Admissions	179	168	146	146	151	152	187	147	139
X-Rays Taken	45	56	56	46	51	43	63	60	41
Social Work Referrals - New	123	99	104	92	105	87	129	82	107
Occupational Therapy Referrals - New	123	113	133	99	106	106	109	65	74
Physiotherapy Treatments	2968	2610	2649	2585	2624	3000	3724	3032	3611
Out-Patients									
X-Rays Taken	261	351	341	278	248	335	413	231	346

Admissions by Source:

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Cappagh	13	16	21	12	9	12	15	13	13
Mater	12	10	11	10	7	7	24	16	18
Mater Rehab	43	35	26	36	42	43	38	43	33
Tallaght	15	18	13	13	15	6	15	18	15
St. Vincents	8	7	4	7	9	1	6	2	1
Beaumont	14	9	12	9	15	17	17	17	10
Beaumont Interim Care	41	38	25	0	0	0	0	0	0
Beaumont Rehab	0	5	13	31	30	30	41	25	22
St. James's	13	15	7	11	5	17	12	6	7
Connolly	11	2	2	4	4	6	3	3	3
Connolly Interim Care	0	0	1	0	0	0	0	0	0
Other									
Other - Blackrock Clinic	0	0	0	0	0	0	0	1	0
Other - Mater Private	1	2	2	1	1	0	2	1	6
Other - Bon Secour	2	6	4	4	5	4	6	2	6
Other - Vincent's Private	0	0	0	0	0	0	0	0	0
Other - Respite	4	5	5	5	5	2	2	0	2
Other - Our Lady of Lourdes	0	0	0	1	0	0	6	0	0
Other	2	0	0	2	4	6	0	0	3
TOTAL	179	168	146	146	151	152	187	147	139

Oct	Nov	Dec	2014	2013
144	144	144	144	128
4464	4320	4464	52100	46720
4253	4120	3913	48081	42896
95%	95%	88%	92%	92%
169	122	135	1841	2295
67	56	67	651	380
76	75	74	1153	1141
77	99	78	1182	1304
3503	3202	3173	36681	31670
313	309	291	3717	3907

Oct	Nov	Dec	2014	2013
12	12	13	161	220
11	12	8	146	137
49	34	34	456	503
20	16	15	179	198
9	4	4	62	104
11	9	16	156	165
0	0	0	104	453
28	21	28	274	0
6	6	8	113	128
4	2	1	45	96
0	0	0	1	7

1	0	0	3	6
2	3	4	25	9
8	1	2	50	33
0	0	0	0	12
4	1	1	36	75
0	0	0	7	5
4	1	1	23	144
169	122	135	1841	2295



L- R; Margaret Quirk Ger Matthews



Board Members L- R;
Mr. C. Scott,
Mr J. Cantwell,
Mr. J. Mahon



Board Members L- R;
Mr. D. Kavanagh
Ms. Denise Brett



Board Members L- R;
Professor R. Connolly,
Mr L. Sibbald,
Mr T. Horgan



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