

Clontarf Hospital

ANNUAL REPORT



2016

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, and leads into the landscaped gardens. The hospital's rehabilitation services have been extended in recent years to include an Active Rehabilitation Unit of 80 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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Catherine Daly
Receptionist



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Paula Plunkett Staff Nurse, Edel Breen CNM2 and Neena Punnoose Staff Nurse

SENIOR HOSPITAL STAFF

Incorporated Orthopaedic Hospital of Ireland

Chief Executive Officer:

Ms. Michelle Fanning

Director of Nursing:

Ms. Lorna Nangle

Assistant Directors of Nursing:

Ms. Noreen Browne

Ms. Ann Marie McGovern

Finance /Administration:

Ms. Bernadette 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

Occupational Therapy Manager:

Ms. Monica Devine

Senior Dietician:

Ms. Teresa Stenson

Human Resources Officer:

Ms. Jacqueline Connolly

Catering Officer:

Mr. Robert McCluskey

General Services Officer:

Mr. Jorge Pereira

Risk Officer:

Ms. Ciara Palmer

Medical Consultants:

Dr. Elizabeth Callaly

Dr. Linda Brewer

Non Consultant Hospital Doctors:

Dr. Stuart Lee

Dr. Azhar Omar

Pastoral Care:

Ms. Miriam Molan

Chaplains:

Rev. Tony Power

Rev. Leslie Robinson

Rev. Conrad Hicks



Hospital Board

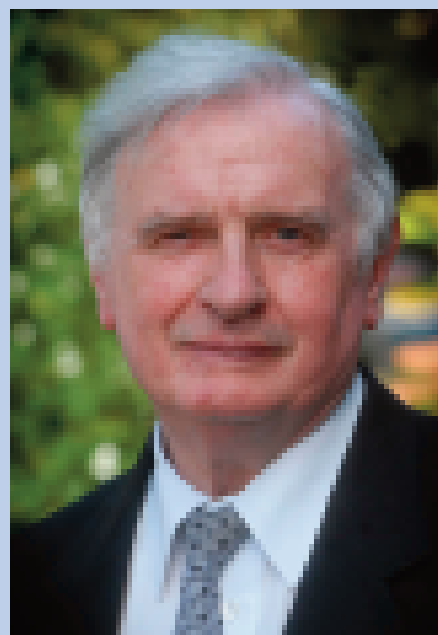
Back Row (L- R) **Mr. L. Sibbald, Dr. J. Mahon, Mr. G. O'Connor, Ms. C. McCabe**

Front Row (L-R) **Prof. R. Connolly, Ms. C. MacDaid, Ms. M. Higgins, Mr. F. Davis**

Not in picture **Ms. D. Brett, Ms. E. Feldman, Mr. C. Scott, Mr. J. Cantwell, Mr. T. Horgan and Mr. D. Kavanagh**

BOARD OF GOVERNORS 2016

Incorporated Orthopaedic Hospital of Ireland



President: The Hon. T. C. Smyth, S.C.

Board of Governors - 2016

Chairperson: Ms. Marcella Higgins

Deputy Chairperson: Ms. Catherine MacDaid

Members:

- Ms. Denise Brett
- Mr. John Cantwell
- Prof. Regina Connolly
- Mr. Frank Davis
- Ms. Estelle Feldman
- Mr. Daragh Kavanagh
- Mr. Terence Horgan
- Dr. James Mahon
- Ms. Ciara McCabe
- Dr. Gerard O'Connor
- Mr. Charles Scott
- Mr. Les Sibbald

CHAIRMAN'S REPORT



Marcella Higgins

**The original stainglass in the hallway of
Blackheath House, today Clontarf Hospital**

Chairman's Statement Annual Report 2016

On behalf of the Board of Governors I am introducing the 2016 Annual Report of the Incorporated Orthopaedic Hospital of Ireland, also known as Clontarf Hospital. During 2016 the Hospital provided in-patient and physiotherapy, occupational therapy, social work, and rehabilitation to orthopaedic patients and older people recovering from surgery and treatment provided by acute hospitals. These services are mainly provided under the terms of a Service Level Agreement with the Health Service Executive (HSE) through which the Hospital receives three quarters of its annual income. The balance of income comes from other sources, including health and other forms of insurance. The Hospital delivered these services within budget, while achieving value for money in terms of cost, quality of service, effectiveness and beneficial impact for patients and their families. This performance is due to prudent and effective management, the dedication of all staff working in the various departments and services at the Hospital and efficiency in the use of financial, human, and other resources.

The Hospital is a company limited by guarantee. In 2016 the Board of Governors took the opportunity of ensuring compliance with the Companies Act 2014 and commence a revision and up-dating of the Constitution of the Hospital. The revised Constitution will be adopted during 2017.

Mr Terence Horgan retired from the Board of Governors on 31 December 2016 having served as a Governor since July 2008. Mr Horgan made a valuable contribution to the Hospital, especially through membership of the Board Finance Committee.

Mr Frank Davis, Ms Ciara McCabe, Dr Gerard O'Connor were appointed to the Board of Governors in July 2016. They bring specialised insights and skills from their respective qualifications and career experiences that blend and balance well with the attributes of existing Governors.

Governors contribute generously their time, expertise and experience on a voluntary basis and do not receive any fees or expenses for preparing and attending Board, Board Committee and other meetings or undertaking work on behalf of the Hospital. They are committed to advancing the interests of the Hospital and patients welfare and

willingly give advice, support and suggestions on matters that require attention in between formal meetings. The contribution of the Friends of the Incorporated Orthopaedic Hospital is also acknowledged with gratitude.

The Chief Executive, staff and management of the Hospital are unstinting in their efforts to deliver high quality services to patients in a caring and professional manner. This excellent work is seen and noted throughout the year at Board meetings. It is more vividly recognised by Visiting Governors on regular visits to see the Hospital's services in action when patients invariably express fulsome praise for the commitment and care by staff and the high quality of services provided.

I look forward to working with the Board of Governors, management, and staff in 2017 to ensure that the Hospital continues to serve patients to the high standards demonstrated through a long history of proven excellent performance.

Marcella Higgins
Chairman

ATTENDANCE SCHEDULE FOR EACH BOARD MEMBER - 2016

Surname	First Name	Jan	Feb	March	April	May	June	July	August	Sept
Brett	Denise	y	y	y	y	y	y	y	none	y
Cantwell	John	y	y	y	y	y	y	y	none	n
Connolly	Regina	y	y	n	y	y	y	y	none	n
Davis	Frank	n/a	n/a	n/a	n/a	n/a	n/a	n/a	none	y
Feldman	Estelle	y	y	y	y	y	y	y	none	y
Higgins	Marcella	y	y	y	y	y	y	y	none	y
Horgan	Terence	y	y	n	y	y	y	y	none	y
Kavanagh	Daragh	y	y	n	y	n	n	y	none	y
Mac Daid	Catherine	y	y	n	y	n	y	y	none	y
Mahon	James	y	y	y	y	n	y	y	none	y
McCabe	Ciara	n/a	n/a	n/a	n/a	n/a	n/a	n/a	none	y
O'Connor	Gerard	n/a	n/a	n/a	n/a	n/a	n/a	n/a	none	y
Scott	Charles	y	y	y	y	y	y	y	none	y
Sibbald	Leslie	y	y	y	y	y	y	y	none	y
Smyth	T.C.	n/a	n/a	n/a	n/a	n/a	n/a	y	none	n/a

Patient Kay Kelly

ATTENDANCE

Oct	Nov	Dec	Attended	Possible	%
n	y	y	10	11	91
n	y	n	8	11	73
n	y	y	8	11	73
y	n	y	3	4	75
y	y	y	11	11	100
y	y	y	11	11	100
y	y	y	10	11	91
n	n	n	5	11	45
y	y	y	9	11	82
y	y	y	10	11	91
y	y	n	3	4	75
y	y	y	4	4	100
n	n	y	9	11	82
y	y	y	11	11	100
n/a	n/a	n/a	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

The Annual Report provides an opportunity to highlight the hospital's achievements and the work undertaken by our staff here at Clontarf Hospital throughout 2016.

Clontarf Hospital provides rehabilitation healthcare services for orthopaedic and older people transferred from the acute hospitals. The aim of our care is to allow people overcome injury, surgery, frailty, disability and illness so that they can be discharged home to live independently in their own homes for as long as possible.

Despite the challenging healthcare environment that we work in I am pleased to report that through the commitment and hard work of all our staff we continued throughout 2016 to develop our services and remain within budget at year end.

Services

Our hospital beds are equally divided between rehabilitation for orthopaedic and frail older patients. The hospital also provides an inpatient and non-urgent general outpatient x ray service to our local community.

In 2016 Clontarf Hospital worked closely with our external stakeholders to provide people requiring rehabilitation access to our services. In continuing the development of our services we welcomed the appointment of Consultant Geriatrician Dr Elizabeth Callaly who in collaboration with her colleague Dr Linda Brewer lead out on our older person's rehabilitation service. Our orthopaedic rehabilitation service continued to provide people who have undergone elective or post-traumatic orthopaedic surgery with individualised goal-orientated rehabilitation programmes of care.

The success of our rehabilitation programme is based on the patient centeredness, goal orientated approach achieved most effectively by our team of health care professionals, working collaboratively, to meet the unique goals of each individual patient and their family.

Further information on the hospital's 2016 activity levels is available in Appendix 2 at the back of the Annual Report.

Healthcare Standards


Throughout 2016 the hospital continued to focus

on implementing quality improvements and managing risk. To this end we continued to prioritise areas of high risk as they were identified through our risk management procedures. Our Risk and Quality Improvement Officer worked closely with heads of departments and line managers in establishing departmental and the corporate risk registers as well as overseeing quality improvement initiatives.

Here in Clontarf Hospital we believe Infection control and a clean hospital environment is a fundamental building block to providing a safe healthcare service. To this end the hospital committed resources and worked tirelessly throughout the year with our contract cleaning providers and Infection Control and Hospital Hygiene Committee to keeping the hospital clean, hygienic and free from outbreaks of infection. The hard work was rewarded by the high number of positive comments from our patient satisfaction survey on hospital hygiene as well as the containment of outbreaks of norovirus and influenza in the early spring and late winter months.

Financial Report

Through the hard work, diligence and commitment of the hospital's finance officer and finance staff the Hospital operated within budget. The total net expenditure in 2016 was €14m. However, rehabilitation is an underfunded area



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

within the Irish healthcare system despite the effectiveness of providing services away from the acute hospital system and providing care closer to the home. Additional funding is needed to enhance the hospital's rehabilitation services in all areas. It is hoped that with the Health Service Executive's Reform Plans and Integrated Care Programmes that rehabilitation care will see an increase in funding in the future. Further details of the hospital's financial statements can be found at Appendix 1.

Health and Safety

Health, Safety and wellbeing for all our staff remained high on the agenda and managed through the combined efforts of staff, management and the Health and Safety Committee. The hospital remains committed to providing a safe work environment and to minimising risks and incidents of fire and staff injuries. Staff related incidents were reported in line with the hospital's incident reporting

procedures and remedial actions were implemented where appropriate. Health and Safety walkabout audits were also completed and corrective measures taken where indicated.

In line with our statutory obligations the Hospital had two dangerous goods audits in July and December 2016 and the overall level of compliance with regulations and guidelines associated with the segregation, packaging, transportation and disposal of dangerous goods in the hospital was found to be good. There were no infringements with one non-conformance and 38 observations. Action Plans were implemented to address the non-conformance and the observations.

Energy Consumption

The hospital continues to seek and introduce energy saving measures to meet the challenges set by the Sustainable Energy Authority of Ireland (SEAI) for organisations who receive public funds.

The hospital reports savings to date of 50.7% in energy consumption since 2009 with our energy usage improved by 8.8% since 2015.

The Board of Governors

The hospital is extremely privileged to have a committed and hardworking voluntary Board of Governors. The work of voluntary Boards has never been more onerous. The Board manage this workload through Board Committees who oversee corporate and clinical matters as they arise and to ensure proper governance of the hospital's business. Governance and compliance were at the top of the Board agenda this year with work nearing completion on a new Constitution that is cognizant of recent changes in governance obligations for publically funded organisations. I would like to thank the Board for their work on behalf of the hospital and for their support to me throughout the year.

In Conclusion

Our successes over the past year are the result of working together and everybody playing their

part. During the year a number of staff retired and I would like to thank them for the years they have given to the hospital and our patients. I would also like to acknowledge the departure of Maurice and May Whelan who for over 40 years provided the hospital shop service. Maurice and May's long association with the hospital will possibly never be replicated and I thank them most sincerely for their years of service and wish them well in their well-deserved retirement.

Finally, our staff work together every day to provide the best possible care and I would like to thank them and all our volunteers for their commitment and dedication to providing a quality driven rehabilitation service to all our patients throughout 2016.

Michelle Fanning

Chief Executive

Nursing Staff, Phil Irving and Shincy Joseph





Bernadette Saunders
Head of Finance

FINANCIAL REVIEW

The Annual Financial Statements for the year ended 31 December 2016, comply with the current statutory requirements, the requirements of the hospital's governing document and the provisions of the Statement of Recommended Practice (SORP), applicable to charities preparing their accounts in accordance with the Financial Reporting Standard (FRS102).

Income

Total income for 2016 was €14m

- Clontarf Hospital is funded by the HSE as a Section 38 agency and received funding of €10m
- The 12 designated Private Rooms with a private room occupancy level of 88% generated €3.2m
- RTA receipts €0.3m
- Superannuation deductions €0.6m
- Canteen receipts/other income €0.1m

Expenditure

Total expenditure (less depreciation) in 2016 was €14m

- Pay Costs €11.6m
- Non Pay Costs €2.6m

In 2016, Clontarf Hospital worked to control expenditure delivering a value-for-money service within the funding level set by the HSE.

Appendix 1 provides further details on the hospital's 2016 financial statements.

Bernadette Saunders

Head of Finance



Jacqueline Connolly
Human Resources Officer

HUMAN RESOURCE DEPARTMENT

Introduction

Clontarf Hospital is a small multifaceted organisation that employs a diverse range of staff including medical, nursing, clinical health professionals, therapists, management, clerical/ administrative, catering, household, technical, crafts and support staff. Payroll costs represent approximately 80% of total hospital costs. The role of Human Resources is to facilitate the optimum selection, deployment, engagement and retention of staff in the delivery of quality patient care and to support and partner managers in meeting their service objectives. The year under review saw a number of new initiatives and consolidation of previous efforts in meeting the exceptional HR challenges presenting in the current healthcare environment. The hospital's HR planning for the future is to prioritise areas for improvement. Human Resources are responsible for Employment, Recruiting, Benefits, Wellness, Payroll, Training and Development, and Employee Relations and Employee engagement.

Again in 2016 our staff showed outstanding commitment, professionalism and dedication as they continued to deliver a high quality service. The on-going efforts, cooperation and support of department heads and all staff during the continuation of the Haddington Road Agreement and the Lansdowne Road Agreement are truly appreciated. The hospital continues to support staff as best it can within budgetary and staffing constraints on education, training and development courses, both internally and externally.

HR is fully committed to sustaining the positive outcomes found in proactively addressing the challenges we face. The maintenance of a positive workplace is a key organisational objective that will ensure Clontarf Hospital continues to deliver a high quality service. As such, HR is committed to enabling the hospital to develop a constructive action plan to assist in the further development of a positive workplace culture that enhances the Respect and Dignity of all staff and patients within the Hospital. In support of a positive workplace initiative the Hospital hosted a Staff Summer Barbeque in August 2016 and held a Christmas Staff Dinner. Both events were very successful and enjoyable for all.

Changes in Employment Legislation 2016

The hospital complied with new legislation from the Department of Social Protection. From

September 2016 Paternity Benefit was introduced. It is paid leave for 2 weeks and is available following the birth of any child born or adopted on or after 1 September 2016.

Since 2016 the hospital is affiliated with the National Vetting Bureau who provides Garda Vetting applicants with the ability to apply online using an E-Vetting facility. Vetting applies to any work or activities, carried out by a person, a necessary and regular part of which consists mainly of the person having access to or contact with children or vulnerable persons.

Workforce Planning

Workforce planning for the Clontarf Hospital continued in 2016. Throughout the year, HR provided support, guidance and advice in relation to the talent needs of Clontarf Hospital. Throughout the year HR was involved in advising on recruitment strategies through to participating in the selection of the right candidate for a number of key positions and assisting with on boarding of new employees.

Clontarf Hospital welcomed

Elizabeth Callaly	Consultant Geriatrician
Adrian Newman	Physiotherapist
Dominic Gilmore	SHO
Louise Sherry	Physiotherapist
Mercedes Ortega	SHO
Edel O Grady	Occupational Therapist

Monica Devine	OT Manager
Sinead Lavelle	Occupational Therapist
Rosalind O Connor	Clinical Nurse Facilitator
Lorna Maughan	Occupational Therapist
Elaine Hannigan	CNM 11
Caoimhe O'Connor	Occupational Therapist
Annie Shabu	CNM11
Aoife Brennan	Medical Social Worker
Robert McCluskey	Catering Officer
Denise Miley	Medical Social Worker
Louise Gorman	HR Manager
Veronica Early	Staff Nurses
Jessy Mathews	Staff Nurses
Neena Punnoose	Staff Nurses
Babymole Thomas	Staff Nurse

Retirements 2016

Best wishes for a very happy retirement to:
Claire O Neill and **Claire O Sullivan**.

Employee Development

A wide range of training and development programmes were provided during 2016, to ensure employees and management were equipped with the skills and abilities to achieve the hospital's objectives. The following training and development opportunities were offered across all staff grades in 2016

Training and Development 2016

January	Manual Handling
March	Food Hygiene
April	Manual Handling
June	Fire Marshall Training
October	Health and Safety Awareness Training
May	Fire Safety Training
August	Conflict resolution training

Health and Safety 2016

Clontarf Hospital is committed to managing and conducting work activities in such a way as to ensure, so far as is reasonably practicable, the safety, health and welfare at work of all Hospital employees, service users and those affected by our activities at the place of work (nonemployees). In accordance with the Safety, Health and Welfare at Work Act 2005 Section 19, the Hospital's Risk Management Programme requires that hazard identification and risk assessment is a vital component of the Hospital's safety procedures. These procedures provide clear direction with regard to the planning, management and implementation of appropriate resources to address the identified risks across the Hospital's services.

While all employees have a role to play in the

successful implementation and operation of the Hospital's Risk Management Processes and Procedures the Chief Executive Officer has delegated day- to-day operational management of risk, health, safety and welfare to department heads, line managers, relevant officers and senior members of staff all of whom have responsibility for ensuring that suitable and sufficient safe systems are in place in their areas of responsibility.

Ms. Rosalind O'Connor and **Ms. Ciara Cullen** were appointed onto the Health and Safety Committee.

Conclusion

The HR Department wishes to express appreciation to all staff throughout the hospital for their continued support, hard work and dedication in the provision of excellent patient care.

HR is committed to supporting staff to:

- Act with integrity, honesty and truthfulness at all times
- Manage resources creatively, equitably and fairly
- Be patient advocates through the promotion of the hospital's Vision, Mission and Values

Jacqueline Connolly

Human Resources Officer



Swan Ward - Nurses station



Ciara Palmer
Risk Officer

RISK MANAGEMENT DEPARTMENT

Clontarf Hospital is committed to providing high quality safe patient care throughout our rehabilitation service. We do this within a culture that actively manages risk, encourages organisation wide learning and continuously identifies, assesses and minimises risk.

Key Objectives:

- The promotion of patient safety through the delivery of a quality driven risk management service throughout the hospital.
- Ensuring the Hospital's risk management processes provide a standardise approach to the identification, analysis, evaluation, treatment, communication and monitoring of risk.
- Learning through investigation and analysis of reported incidents in order to identify risks and implement change to reduce risk and avoid harm to patients, staff, the visiting public and damage to hospital premises.

Achievements in 2016:

- Review of Falls Prevention and Management Policy, monitoring and auditing of falls, Launch of Call. Don't Fall Campaign
- Falls rate of 3.6/1000 bed days in 2016
- Full reporting into National Incident Management System (NIMS)
- Training to staff during 2016 was provided in the following areas:
 - Manual & Patient Handling;
 - Fire Safety Training;
 - Segregation of Clinical Waste Training
- The Hospital's Integrated Quality & Safety Committee met quarterly and reported on matters related to patient safety and quality improvements.

Conclusion:

Finally, I would like to commend staff and management for their continued hard work in ensuring that the Hospital has a culture of risk management and patient safety. I look forward to working with them in 2017 and supporting them in their work.

Ciara Palmer

Risk Officer



Ms. Ann Marie McGovern
Temporary Director of Nursing

DEPARTMENT OF NURSING

As Temporary Director of Nursing, I am delighted to present the Annual Department of Nursing Report for 2016. The report reflects our highlights, milestones and key challenges of 2016 in an ever evolving healthcare system. I am very proud of the achievements and work accomplished by the Nursing and Health Care Assistant staff within the department.

Introduction

2016 was a very busy and challenging year as we endeavoured to continue to develop our rehabilitation services in a time of continued national nursing manpower shortages. Recruitment for nursing staff remains a challenge for the hospital despite ongoing recruitment campaigns.

Our Nursing and Health Care Assistant staff continued to respond admirably with the redeployment of staff as needed to ensure that safe levels of care are maintained. The Department of Nursing remains appreciative of the commitment and professionalism of all Nursing and Health Care Assistant staff who worked with great flexibility.

The voice of the patient

Providing patient care is a dynamic process which is constantly changing and many people admitted to hospital today have increasingly complex health care needs. The strength of our nursing and health care assistant staff is their ability to adapt and improve practice to meet these emerging care needs. Our nursing staff are committed to placing the patient at the centre of all that we do and through ongoing education and training we continuously seek to improve our nursing care so that we achieve the best patient outcomes and make a stay in Clontarf Hospital a positive one.

I am happy to report that a review of our 2016 patient satisfaction surveys confirms that patients express a high level of satisfaction with the nursing care they received. We will continue to keep our focus in providing safe quality care at every stage of our patients' journey through Clontarf Hospital.

Development in Services

Our Clinical Nurse Facilitator, CNM2, Ms Rosalind O'Connor, who joined our nursing team in July 2016, has implemented a number of changes in practice to deliver high quality, evidence based patient care.

Early Warning Scoring System

This initiative was successfully implemented throughout the hospital in 2016. This project required extensive education and support for nursing and medical staff and this has been provided by the Centre for Nurse Education, Mater Misericordiae University Hospital and our Clinical Nurse Facilitator.

Intravenous Medication Management

This ongoing project aims to facilitate the safe administration of intravenous medication to our patients in Clontarf Hospital. With the educational support provided by the Centre for Nurse Education, Mater Misericordiae University Hospital and the support provided by our Clinical Nurse Facilitator many of our nursing team are now administering intravenous medications.

Nursing Documentation

The nursing department continues to review and update nursing policies and procedures and remains committed to the development of such policies. Hospital policy workshops facilitated by our Clinical Nurse Facilitator was welcomed by nursing and healthcare assistant staff as it gives an opportunity to openly discuss policies.

The introduction of an improved patient centred care plan in line with the National standards for Safer Better Healthcare and best nursing practice has been implemented throughout the hospital.

Risk Management

Reducing risk and improving patient safety remains high on the nursing agenda. I am confident that the nursing department can meet the challenges ahead by staying focused on providing patients with safe quality driven care.

Nursing staff continues to participate in the implementation of the hospital's Falls Prevention Programme. The Temporary Director of Nursing as chair of the falls committee continues to drive improvements to reduce the number of falls with the



Gracefield Ward

Helena O'Curry, Marie Gilligan, Litha Elizabeth Ulahannan and Beena Abraham

implementation of KPIs, increase staff involvement and awareness. On 17th June the hospital launched a "Call Don't Fall Campaign" to increase patient and family awareness in the prevention of falls, with many patients and staff participating.

Continuous Professional Development

Nursing and Health Care Assistant education and training continued in 2016.

Clinical Nurse Facilitator, CNM2, Ms Rosalind O'Connor, co-ordinated mandatory training such as Cardiopulmonary Resuscitation, Manual Handling and Fire Training, and auxiliary training in areas such as Medicine for The Elderly, which was delivered by external speakers experts in their fields.

In 2016 nursing education and training focused on the following topics:

- IV Administration via peripheral cannula device
- Early Warning Score
- Nursing documentation.

Study days, workshops and seminars attended throughout the year include:

- Administration of Intravenous Medication
- Bone Health
- Bulk Oxygen
- Cardiology
- Care of the Older Person
- Chemical safety awareness
- Community Infection Control Forum
- Community Infection Prevention Control Networking Conference
- Early Warning Score
- Diabetes
- ECG training
- Falls Prevention
- Hand Hygiene

- Hoist Training
- Human Resources
 - Conflict Resolution
- Infection Control – First National Sepsis Summit
- MUST Training
- National Orthopaedic Nurses Conference
- National Osteoporosis Conference
- Nursing Documentation Workshops
- Omega Project workshops - MMUH
- Palliative Care Multidisciplinary
- Policy / Procedure / Guidelines workshops
- Preceptorship Course
- Pressure Ulcer Prevention
- Radiation Awareness
- Respiratory
- Risk management
 - Challenging Behaviour
 - Risk Register Workshops
- Safeguarding Vulnerable Adults
- Segregation of healthcare risk waste
- Sharps Safety Training
- Stroke
- Systems Analysis Training
- Transforming Care of the Older Person in Ireland
- United Kingdom - Wound Conference

E-learning programmes also completed by staff in 2016 were as follows;

- Medication management for Nursing staff
- Hand hygiene for Nursing and Health Care Assistant staff
- Breaking the chain of infection for Nursing and Health Care Assistant staff
- Medical Gases for Nursing and Health Care Assistant staff

Post Graduate Nurse Training Programmes 2016/2017

- A/CNM2 is undertaking second year of a

- Two year Diploma in Health Service Management, IPA, which will complete in 2017.
- CNM1 is undertaking final year of
- MSc Nursing Management, UCD, which will complete in 2017.
- CNM1 undertaking a one year
- Diploma in Gerontology, RSCI, which will complete in 2017.
- Staff Nurse undertaking a one year
- Diploma in Gerontology, RSCI, which will complete in 2017.

Congratulations are due to the following Health Care Assistants who obtained a Certificate in Fetac Level 5 Health Service Skills in 2016;

- Ms. Patricia Lim
- Ms. Desiree Mulligan
- Ms. Rhodora Yamongan

Health Care Assistants commenced the Certificate in Fetac Level 5 Health Service Skills Course in 2016.

We are very grateful to the Centre for Nurse Education in the Mater Misericordiae University Hospital 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 continues 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 Hospital.

Community and Work Experience Placements

In 2016, thirteen 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 two students who are undertaking a post leaving certificate course in nursing in Colaiste Dhulaigh in 2016.

Personnel

Ms. Claire O'Sullivan, Night Clinical Nurse Manager 2 retired in September 2016 and Ms. Clare O'Neill, Clinical Nurse Manager 1 retired in November 2016 after many years of dedicated service to the hospital. On behalf of all the Nursing and Health Care

Assistant staff I wish them both a long and healthy retirement.

I would like to welcome all the new Nursing and Health Care Assistant staff who joined us in 2016.

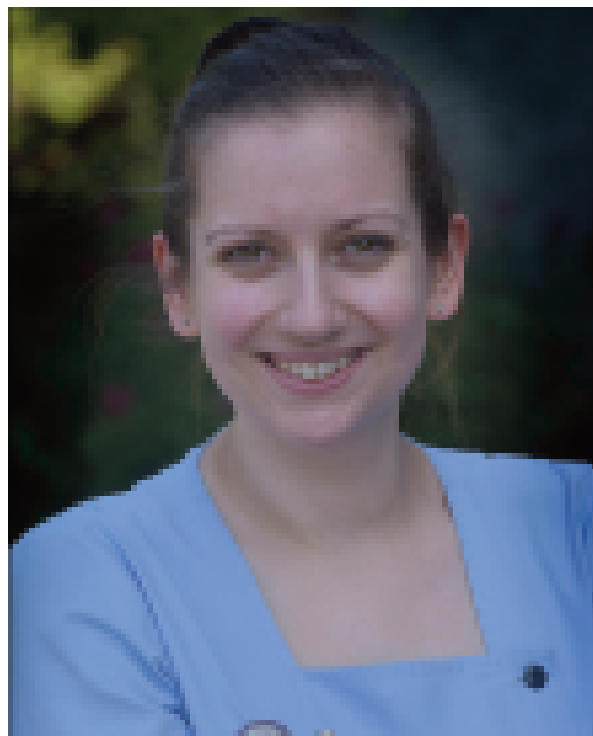
Conclusion

My heartfelt thanks to all Nursing and Health Care Assistant staff for their dedication, hard work and commitment throughout the year in providing the best possible patient care and doing so in a manner in keeping with our hospital mission statement and ethos.

On a personal note, I would like to thank my colleagues in Nursing Administration for their ongoing support and dedication, and all the Nursing and Health Care Assistant staff for their commitment, co-operation and support in ensuring that Clontarf Hospital is a welcoming, safe and efficient rehabilitation hospital. It has been a busy and challenging year for us all and the response to these circumstances has been exceptional.

Ann Marie Mc Govern

T/ Director of Nursing



Rosalind O'Connor CNM2



OCCUPATIONAL THERAPY DEPARTMENT

The OT department respects the dignity and individuality of each patient adhering to professional standards and ethics while maintaining the ethos of the hospital. Occupational Therapy is a client centred health profession concerned with promoting health and well-being through occupation. The primary goal of occupational therapy is to enable people to participate in their activities of daily living. Our interventions include maximising the patient's functional independence, for example with washing, dressing and preparing food, making recommendations for services, prescribing assistive devices and home adaptations which are required to ensure the desired performance and participation outcomes in their daily activities.

Staffing

2016 brought about a significant change in the structure of the Occupational Therapy Department in Clontarf hospital in line with Clontarf Hospital's strategic goals.

I was delighted to be appointed as the first Occupational Therapy Manager in Clontarf Hospital in August 2016. Since appointment, my primary departmental staffing goal has been to create staffing stability and retention. We have been successful in achieving this goal to date and I am very happy to be leading such a highly motivated team who are keen to strive for positive change in the department and across the hospital. We have now achieved a staffing model where we have an Occupational Therapist in place on each ward; this has improved service access and service delivery for all our patients. For 2017, we aim to retain this staffing model and to look to where this model can be enhanced to bring us in line with best practice service delivery.

Quality Service Development

The Occupational Therapy Department completed several quality service initiatives in 2016. Equipment based audits were completed on small aids, cushions and wheelchairs. The wheelchair audit is the most significant for the impact on the hospital and the patients as a whole. There have been significant purchasing and servicing recommendations from this audit which we are currently awaiting completion to enhance patient services.

Creating a communal Occupational Therapy Team

Base was a primary goal for 2016 to make for more efficient team working. This has now been achieved with five Occupational Therapists based in one office space and a separate office space for individual team member supervision and coaching. Our Activities of Daily Living Assessment suite is an asset to the department and provides a good environment for functional patient assessments. Space for individual patient cognitive assessments and also large group intervention spaces are a priority for the department's development in 2017.

The Occupational Therapy Department has been delighted to be involved with Clontarf Hospital's move towards integrated patient charts from a planning, implementation and auditing perspective. The department has prepared for moving all documentation into the integrated format by developing standardised OT documentation and by adhering to HSE best practice documentation guidelines.

For 2017 we plan to broaden the current Occupational Therapy Group programme to include other group interventions such as Anxiety Management, Memory Rehabilitation and Wellbeing. The development of this group programme would be dependent on staffing resources. It would however greatly add to the patient experience in Clontarf Hospital if we were to introduce such evidence-based group intervention.

Also for 2017 the Occupational Therapy Department plans to work closely with other key

stakeholders in the hospital to develop a Dementia Committee which will aim to enhance our services to cater for our patients with mild Cognitive Impairment.

Education

- In 2016 the Occupational Therapy Department was represented at national conferences including the Irish Gerontological Association.
- We delivered in-house training on Memory and Cognition to staff members at Clontarf Hospital.
- Three members of the staff have been accepted to present at the 2017 Association of Occupational Therapists Ireland National Conference in April on different topics. Two members of the department have been accepted to present at the ICIC17 in May of 2017.

External Links

The Occupational Therapy Department is represented on the AOTI Advisory Group for Older People which keeps us abreast of and involved with National and International Occupational Therapy and Health Service development.

Ms. Monica Devine

Senior Occupational Therapist



Occupational Therapists
Edel O'Grady, Aisling Davis and Lurna Maughan



Gráinne O'Hara
Physiotherapy Manager

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 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.

Activity and Service Delivery

All patients admitted to the hospital are referred for physiotherapy and a treatment plan is initiated within twenty four hours of admission (working days). Current staffing is six senior and five staff grade physiotherapists and a physiotherapy manager.

Table 1 below provides a synopsis of the department's activity and service levels in 2016 and provides a comparison to our 2015 service delivery.

Gym based treatment sessions peaked in June with an average of 62 gym based treatment sessions per day (range 51 to 70). We are grateful to the porters for their assistance in facilitating this volume of traffic to the gym. Overall physiotherapy treatments (gym and ward based sessions) peaked in February at 228 treatments per day. The purchase of additional seating including bariatric chairs for the gym and ward concourse areas enhanced the physiotherapy group exercise classes in both locations.

Table 1

Activity	2015	2016	Variation	Comments
Total physiotherapy treatment sessions	48,110	51,421	7% increase	There was a further 7% increase in overall physiotherapy activity this year indicating a further increase in the number of patients requiring more than 1 physiotherapy treatment session per day
Total Gym based individual physiotherapy treatment sessions	9,730	11,364	7% increase	There was a further 17% increase in patients requiring 1:1 gym based physiotherapy treatment this year indicating increased complexity and dependency of patients.
Total Gym based group exercise treatment sessions	3,607	1,773	51% decrease	There was a significant decrease in gym based group exercise treatment sessions indicating that patients now presenting to us are not group appropriate in terms of their treatment need due to their dependency levels.

Service Development

Physiotherapy Falls Prevention and Management subgroup

The physiotherapy department recognise that falls is a leading cause of concern for patients safety in the hospital and participate in the hospital's falls prevention programme. The department's participation is reflected in the following activities:

- Management of the Physiotherapy Falls Prevention and Management Subgroup
- The department was represented at the 3 Fs (falls, fragility and fractures) conference in St. Vincent's University Hospital in March.
- Audit;- An audit carried out by the physiotherapy working group found that access to the Falls Prevention and Management education sessions was inconsistent.
- The falls prevention presentation material was updated based on peer-review research and evidence based best practice. The Subgroup plan to re-audit the effectiveness of the service in 2017.
- A key performance indicator (KPI) has been set by the subgroup requiring all patients admitted with a falls risk assessment score (FRASE) of 9 or higher to attend a Falls Prevention and Management talk during their in-patient stay.

Manual Handling

I am pleased to report that Physiotherapy Staff trained in manual handling instruction facilitated:

- Manual handling training for 32 staff members in January and provided an advisory role for staff with patient/manual handling concerns
- Liaised with the Hospital Risk Manager and collaborated with management in developing the Hospital Manual Handling policy
- The appointment of the Physiotherapy Manual Handling Trainer onto the Hospital's Health and Safety Committee in August.

Care of the Elderly rehabilitation

The physiotherapy department was represented at the following conferences:

- The National Clinical Care Programme for Older People conference, RCPI (June)
- The HSE "Frailty and the Older Person" Master class (April)
- The Beaumont Hospital Annual Frailty

conference (November) and

- The Irish Gerontological Society conference in Killarney (September)

Quality Improvement

• Frailty Register

The department co-ordinated the compilation of a hospital frailty register. Over a four week period in August inpatients over 65 years of age had a frailty screen completed and anonymised data recorded and analysed on both rehabilitation services (n=180). The collated data provides the multidisciplinary team with quantitative data specific to both the care needs of the patient, the demands on the service providers and the burden on hospital resources. The data also allows for the development of local protocols and pathways of care for older people presenting with frailty and will aid in the understanding of health care interventions at a local and population level and improve patient care by directing and utilising resources more effectively and efficiently

• Outcome measurement

Outcome measurements although extremely important are often neglected in healthcare organisations. A multidisciplinary outcome measurement database on Swan ward was implemented by the department which is used to benchmark and monitor key performance indicators for patients progress throughout their rehabilitation programme.

• Care of Older People

Physiotherapy staff were also active members of the Working group for Physiotherapists in Care of Older people and presented on the active rehabilitation physiotherapy service in Clontarf Hospital at the inaugural April meeting. Staff presented on Frailty at a subsequent meeting of the group in May.

• Dementia care

Physiotherapy staff presented on person centred care for dementia patients at the hospital's multidisciplinary journal club in December and reported the results of the implementation of dementia friendly signage in Clontarf Hospital to improve "way finding" for patients with early cognitive impairment. Data was collated on incidents of "way finding" difficulties prior to and

after the introduction of the specialised signage on two Care of the Elderly wards. Evaluation of the new signage from patient and staff questionnaires supported the implementation of the signage throughout the hospital.

- **Referral Form**

As part of our risk management initiative physiotherapy staff developed an orthopaedic referral form template for referring orthopaedic centres to complete prior to the transfer of patients to Clontarf Hospital. This is to ensure essential preadmission patient clinical information is provided to physiotherapy staff. The department had a very positive response to this important development with compliance from the majority of centres, with one centre requesting permission to use this template as a component of their own paperless system for patient notes.

- **Quality Improvement Workshops**

The physiotherapy department completed a series of nine quality improvement workshops run by the Royal College of Physicians of Ireland from September 2015 to May 2016. Topics included: using data for improvement, patient safety, patient centred care, patient flow, change management models, governance models and leading for improvement. Each workshop involved the practical application of tools and techniques. The faculty consists of international and national professionals from the areas of quality improvement, patient safety and leadership. The workshops are intended to guide participants through the key skills and knowledge required for improving quality in healthcare. As a requisite of the course the physiotherapy manager prepared a quality improvement project proposal to increase physiotherapy treatment times for patients in Clontarf Hospital by improving efficiency of patient documentation. The proposal involved reducing the duplication of patient notes by developing the capability of data management to minimise the need for additional manual entries.

The physiotherapy department continued to participate in the Mater Hospital OMEga (Ongoing Management of the Elderly for Discharge) project, a lean project relating to the discharge process and pathways from the Mater Hospital to three rehabilitation sites (including Clontarf Hospital). The project encompasses all steps of the pathway, including referral, assessment and transfer

documentation. Representatives from the physiotherapy department were nominated on to three of the five working groups: the generic referral form development group, the communications group and the patient centre off-site access group and continue to contribute to the research of these groups.

Clinical Education

The physiotherapy department continued to provide undergraduate student placements for final year students from TCD and was delighted to welcome two of the students back to join the physiotherapy team when vacancies arose over the summer months.

Throughout the year physiotherapy staff were involved in advising final year product design students on the development of two products: an ankle support for dancers (September) and a wearable solution to reduce the risk of falls/improve the reaction in regaining balances (October).

Physiotherapy staff made recommendations to a group of mechanical engineering students from Trinity College Dublin (TCD) regarding the development of a product to help elderly people with their i.e. mobility, based on their needs and the difficulties and challenges they face such as, preventing falls, muscle deterioration and getting in and out of chairs.

Continuing Professional Development and Networking

The physiotherapy manager attended regular meetings of the Chartered Physiotherapy Managers (CPM) and Voluntary Hospitals Physiotherapy Managers groups throughout the year. The physiotherapy manager also undertook Systems Analysis training with the Director of Nursing and the Risk Manager and used the methodology to conduct investigations and provide reports and recommendations on adverse events occurring in the hospital.

A senior physiotherapy staff member with a special interest in amputee rehabilitation attended a study day, in the National Rehabilitation Hospital Dun Laoghaire, facilitated by a Senior Lecturer and Clinical Co-coordinator from St George's Hospital University of London.

In order to address complex co-morbidities that

“THE STRENGTH OF THE TEAM
IS EACH INDIVIDUAL MEMBER.

THE STRENGTH OF EACH
MEMBER IS THE TEAM”

Phil Jackson



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**

present in the orthopaedic in-patient group the physiotherapy department liaised with a clinical specialist physiotherapist in neurosciences in Beaumont Hospital regarding the respiratory management of Motor Neurone Disease (MND) patients and attended a MND study day in Beaumont Hospital in November.

Physiotherapy staff attended the National Hip Fracture Database conference in November, the Irish Osteoporosis Society conference in October and the annual Tallaght Hospital Orthopaedic Conference also in October.

The physiotherapy department assisted a geriatric registrar and clinical researcher from the Mater/UCD with a hip fracture rehabilitation study by following up Mater Hip Fracture patients in Clontarf Hospital.

Opportunities and Challenges for 2017

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 will continue to work with management to advocate for increased physiotherapy staffing levels in order to align ourselves with the National Clinical Care Programme for Older People physiotherapy staffing guidelines in the subacute rehabilitation setting.

We have identified a number of key working areas and challenges that we hope to prioritise in 2017:

- A patient satisfaction survey specific to the physiotherapy service has been compiled and will be carried out during the year to identify areas for development.
- We hope to get an opportunity to expand on our frailty research in order to benchmark the service offered by the hospital to measure patient outcomes. We also aim, with the support of our consultant geriatrician, to promote the active rehabilitation service in Clontarf Hospital by presenting our findings at the Irish Gerontological Society conference.
- We will continue to strengthen our links with referring hospitals, our community care colleagues, local universities and hope to collaborate with them for research and quality improvement initiatives.

- Repeat audit of falls prevention KPI regarding patient education and access to falls talk.

Priority areas identified by the physiotherapy department for continuing professional development include:

- palliative care physiotherapy
- physiotherapy treatment approaches for patients presenting with neurological conditions
- Masters in Care of the Older Person rehabilitation.

We will continue to keep abreast of current best practice for falls prevention and management and will follow and participate in the progress of the national clinical programmes for older people, trauma and orthopaedic surgery (including the hip fracture database) and rehabilitation medicine.

We also welcome the opportunity to work with the HSE e-health group, Clontarf Hospital medical records committee and DMF systems. It will enhance and update the current data management system in order to increase physiotherapy treatment times for patients in Clontarf Hospital. It will improve efficiency of patient documentation and to facilitate intra and inter hospital multidisciplinary transfer of patient information.

The department were delighted for Ms. Sophie Lang staff grade physiotherapist who was awarded a Master of Science degree by the Royal College of Surgeons Ireland in November for her research thesis entitled *"A Profile of Elderly Fallers attending the Emergency Department and their Patterns of Healthcare Utilisation"*.

Finally, I would like to thank all of my physiotherapy colleagues for their continued commitment, energy, enthusiasm and support. Their positivity, initiative and diligence make them a pleasure to work alongside.

Gráinne O'Hara

Physiotherapy Manager



Pharmacy Dept
Joan Dockery, Linda Murnane and Sarah Maxwell

PHARMACY DEPARTMENT

The Pharmacy Department services includes the supply of medication to patients within the hospital, but also associated aspects of medicines governance to ensure that medicine use throughout the hospital, for patients and healthcare professionals, is delivered in a safe, rational and cost-effective manner. The Pharmacy Department is proud of its record of managing its budgetary costs for medicines and keeping them to a minimum.

Dispensary Services

The Dispensary Service is responsible for the procurement and supply of medication to the hospital ensuring compliance with legislative requirements for safe storage and supply of all medicinal products and controlled drugs. The Pharmacy department also ensures that all records are maintained in accordance with the requirements of the relevant medicines and pharmacy legislation.

Clinical Pharmacy Services

A systematic routine for medication reconciliation can minimize errors, thereby preventing adverse drug events and improving patient safety. Medication errors are common during transitions of care such as hospital admission and discharge. The aim of the Clinical pharmacy service is to review all medication, as prescribed, on the inpatient drug kardexes shortly after admission and ensure that medications from the referring hospitals prescription are accurately transcribed onto the kardex. Discharge prescriptions are also reconciled before patient leaves the hospital to ensure continuity of pharmaceutical care.

Medication Safety

There is ongoing promotion and education about medication safety: medication incidents are reported on a medication incident report form and sent to Pharmacy where they are collated and a report is issued monthly to the board members, nursing and medical staff. Medication incidents are reviewed by the Drug and Therapeutics Committee. Reporting errors is fundamental to error prevention. Reporting reduces the adverse effects of errors and effectively helps to avoid future errors that can cause patient harm. It is important to note that a hospital with a higher reporting rate and higher incident reporting levels reflects a good safety and reporting culture rather

than indicative of a high error rate in a particular clinical area.

Flu Vaccination

A successful seasonal influenza vaccination clinic was run in the Pharmacy department with 30 staff attending in October.

I would like to take this opportunity to thank my colleagues - Niamh and Sarah, and Joan who provided locum cover, for all their support, hard work and dedication throughout 2016.

Linda Murnane

Chief Pharmacist II

“A very calm and positive atmosphere with staff who are very caring and professional. Nothing is too much trouble. I would have no hesitation in recommending Clontarf Hospital”.

Kay Kelly

Patient Kay Kelly and her husband Jim Kelly



DIETETIC DEPARTMENT

Dietitians are a key part of the healthcare team and also have an important training and advisory role

Dietitians work with people who require a specific diet as part of their treatment such as people who suffer from food allergies, kidney disease, diabetes and eating disorders, amongst other things. They also inform patients about general nutrition and take part in the diagnosis and dietary treatment of disease. The bulk of dietetic work here in Clontarf Hospital is to provide nutritional and specialised diet support to inpatients.

Activity

The dietetic department currently consists of a half time senior dietitian post which falls well below the recommended staffing levels for dietetic support in hospitals. However in 2016 the department provided a dietetic service to 93 new patients with 92 follow up review appointments.

Service Developments

The dietetic department is a new and developing service within the hospital and works closely with the catering and nursing departments in managing specialised diets and patient menus. We welcomed a new catering manager in January 2016 and briefed him on work completed to date and plans for the future.

Specialised Diets

Following an audit of specialised diet requirements in the hospital work commenced with the catering department in developing and introducing an improved patient menu for specialised diets. Once the menu has been implemented fully plans to re-audit in Q2 2017 to look at compliance and patient satisfaction will be undertaken.

The new menu cycles are Speech and Language Therapist compliant and I have agreement from the catering manager to incorporate the new specialised diet meals into the hospital menu cycle.

Improved Communication

The roll out of white magnetic boards in all ward pantries which acts as a communication hub for ward staff regarding patient's special dietary requirements has been successfully implemented. All patients who require a special diet have a magnet beside their name on the board which denotes their specific dietary needs.

Dietetic Folders

Nutrition folders have been developed for each ward with up to date information for staff regarding the new menu cycles, new dietetic resources available, food thickening guidelines, MUST instructions and linked pathways of care. This folder is available on the hospital shared drive as well as the actual physical folder on each ward.

Risk register developed

Risk register developed in 2015 and meeting with risk manager 3 monthly in 2016 to review and update the risk register.

Training and Education

Training and education regarding patient dietetics, nutrition and hydration is an important element in the dietitian's role and is especially important for hospital staff when a new service is introduced into a hospital. The following training and educational sessions were completed in 2016:-

- Training on the dietetic magnetic communication white boards in the ward pantries
- Educational sessions and staff resources on the 3 week menu cycle for patients on a renal diet and a soft diet

MUST Screening (Malnutrition Universal Screening Tool)

MUST nutritional screening allows for identification of patients at risk of malnutrition and in turn earlier dietetic intervention ensuring better patient outcomes. Nutritional screening is a requirement of HIQA in long stay units and in the acute setting.

- MUST training was carried out in Q4 2016, for all nursing and health care staff. The MUST tool has been modified for use in Clontarf Hospital and is linked to a care pathway to ensure no delays in intervention for patients at high risk of

malnutrition. I plan to complete a MUST compliance audit in Q1 2017

Students

For the first time in Clontarf Hospital a student dietitian was welcomed to undertake a two week placement as part of the UCD MSc in Clinical Nutrition and Dietetics. Whilst a thoroughly enjoyable experience, it added to an already busy workload. However, it is important that dietetic student clinicians are exposed to the rehabilitation setting to better understand its role in patient recovery.

Audits

National Audit of Nutrition & Hydration practices
To mark Nutrition & Hydration week in March 2016, Clontarf Hospital participated like most hospitals in the country in this national audit looking at nutrition and hydration practices in the older population.

Audit of nutritional supplement usage in Clontarf Hospital Q1 2016 :-

- 20% of our patients hospital wide were prescribed a nutritional supplement.
- Fortisip Compact was the most commonly used supplement.

Professional Development

The following professional development courses and attendances were undertaken in 2016:-

- Type 1 Diabetes Mellitus course and certification
- Business case workshop (AOTI)
- Change management workshop (HSE)
- Attended NCPOP meeting May 2016
- Conflict management (Clontarf Hospital)
- Nutrition & Aging Symposium (evening event)
- Online renal tutorial (INDI)
- Irish Management Institute annual refresher as part of certificate in leadership and management.

I was delighted to chair the National Older Persons & Dementia Special Interest Group (OPDIG) for dietitians. The group is of particular interest and involved in improving nutrition for older people and people with dementia. Some of the projects undertaken in 2016 include:-

- launched a booklet for carers entitled Nutrition & Dementia this year. This was shortlisted for the dementia elevator innovation awards 2016.
- Developed a module for the National Dementia Training Programme

As the hospital's dietitian I was also involved in regular attendances at CNM meetings to provide information /updates on patients nutrition integrated in the healthcare record pilot on Kincora Ward as well as contribution to quarterly newsletter.

Plans for 2017

Plans for 2017 are resource dependant and increasing the number of dietitians is a priority. This will allow the department to provide a more comprehensive dietetic service to all our patients. Other areas that will be targeted in 2017 include:-

- Audit of MUST nutritional screening tool, new menu cycles and specialised diets
- Policy development
- Quarterly education sessions for staff on MUST
- New menu cycles for diabetic and coeliac patients

Finally, I would like to thank hospital staff for their assistance and support in the development of dietetic services in the hospital and I look forward to working with all in 2017.

Teresa Stenson

Senior Dietician

X RAY DEPARTMENT

The department provides both inpatient and non-urgent outpatient general x ray services.

The Hospital welcomed the installation of the National Integrated Medical Imaging System (NIMIS) in late 2015 and 2016 saw the embedding of the system into the work stream in the department. This improved the patient safety parameters as it provides improved reporting times, better x ray image access for clinicians as well as providing access to a patients previous x rays in other hospitals on NIMIS.

Activity

The department treated a total of 2,601 patients and a total of 3,435 x ray procedures. The breakdown is shown in Table 1 below.

Table 1 2016		
Number of Inpatients x rayed	2016	628
Number of inpatient procedures	2016	727
Number of outpatients x rayed	2016	1973
Number of outpatient procedures	2016	2708
Total x patients x rayed	2016	2,601
Total Procedures	2016	3,435

Department Services

The department accept x-ray requests from authorised referrers (you cannot refer yourself) and it is important that all requests contain enough information to make sure the most appropriate x ray examination is being requested. Authorised referrers include hospital doctors, orthopaedic registrars and General Practitioner referrals in the area. The department has one full time radiographer and a part-time radiologist with clerical support and is open Monday to Fridays.

Quality & Safety

The department prioritizes patient and radiation safety and participates with national standards and best practice. This includes participating and agreeing to implement practical quality improvement measures, as outlined in the Guidelines for the Radiology National Quality Improvement Programme as well as meeting our statutory and regulatory obligations. Ms Leslie Malone our Consultant Physicists and Radiation Protection Officer provides the department with guidance and assistance in all matters related to radiation safety.

Finally

I would like to take this opportunity to thank the hospital's portering staff, clerical support staff, radiologists and our Radiation Protection Officer for all their support and assistance throughout the year and without which the department could not run smoothly.

Gillian Rice

Senior Radiographer



Dr. Azahrul Omar



Dr. Elizabeth Callaly

THE MEDICAL DEPARTMENT

Department of Medicine for the Older Person

The Department of Medicine for the Elderly has 80 beds under its remit, 48 under the care of Dr Elizabeth Callaly and 32 under the care of Dr Linda Brewer. It provides admission, rehabilitation and multidisciplinary services to patients on an inpatient attendance basis.

Developments in 2016

- Clinical activity within the Department continues to grow including inpatients post-acute care to older patients including memory, falls and syncope, bone health, cardiac and vascular diseases along with frailty syndrome.
- Research projects include frailty database with the Physiotherapy in conjunction with the Physiotherapy Department. Audit of intravenous line policy, and audit projects in conjunction with the Pharmacy Department.
- Dementia Services including signage and development of activities continue to expand in line with the expected dementia strategy.
- A new NCHD rotation was set up in conjunction with University College Dublin with expansion of the NCHD compliment.
- A weekly Journal Club was set up and ran very successfully in line with continuous professional development for all staff. This also very successfully included some outside speakers.
- Clontarf Hospital Geriatric Medicine Department managed to continue to expand to provide alternative pathways of care in line with the National Clinical Programme for Older People.

We look forward to working with our colleagues throughout the hospital and in the coming year and thank them for their continuing support, ongoing motivation and enthusiasm, and a commitment to quality patient care. The success of the departments part played in the National Programme for Older Persons is dependent on every member on of this multidisciplinary team.

Doctor Elizabeth Callaly.

Admissions to Clontarf Hospital per month for the Mater and Beaumont Hospitals 2016

JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
42	40	54	64	62	58	50	54	50	57	69	53



**Members of the Medical Social Work Team,
Ms Imelda Morris, Ms Denise Ryan, Ms Cathy Neagh and Ms Louise O'Dwyer**

MEDICAL SOCIAL WORK DEPARTMENT

The Medical Social Work Department (MSW) provides a wide range of services to patients and their families under the care of Clontarf Hospital on a referral basis. Services include: Psychosocial Assessments, Future Care Planning / Discharge Planning including Home Care Package Applications, Nursing Home Support Scheme, and assisting families and patients with Nursing Home Support Scheme / Fair Deal Scheme, Safeguarding for the Protection of Vulnerable Persons, Statutory Service for Suicidal Ideation, Domestic Violence, Child Protection & Homelessness; Counselling for Patients and their Families following traumatic life events, Patient Advocacy Services, Crisis Intervention and Advice surrounding Financial/ Welfare Entitlements

Working closely as part of the interdisciplinary team, the Medical Social Work Department has a particular role in providing assessments and support to patients and families around a range of practical and psychosocial issues. This includes working directly with patients, families and carers and providing emotional support and practical guidance.

The relationship with the Multi-Disciplinary Team extends to weekly Ward Meetings, facilitating Family Meetings and joint Home Visits. The MSW Department also maintains strong relationships with external professionals in the community and other agencies.

Some of the challenges in 2016 faced by the Medical Social Work Department were the lack of carers available to the Care Provider Agencies in supporting patients to return home which in some cases resulted in delayed discharges. Medical Social Workers continued to support patients and their families through this process.

Social Work Referrals

A total of 914 new patients were referred to the Social Work Department in 2016. The Department's workload continued to expand in line with the complexities of the patients referred and the amount of time spent with patients and families.

The management and co-ordination of Home Care Packages and Community Supports remained a primary provision of the service in 2016. There was also a high level of support provided to Long

Term Care referrals which also involved practical advice for families applying to the Nursing Home Support Scheme. It is also worth noting that most interventions by the MSW Team required the collaboration of one or more community agencies upon the patients discharge from hospital.

Continuous Professional Development

All in-house mandatory training was completed by members of the MSW Team.

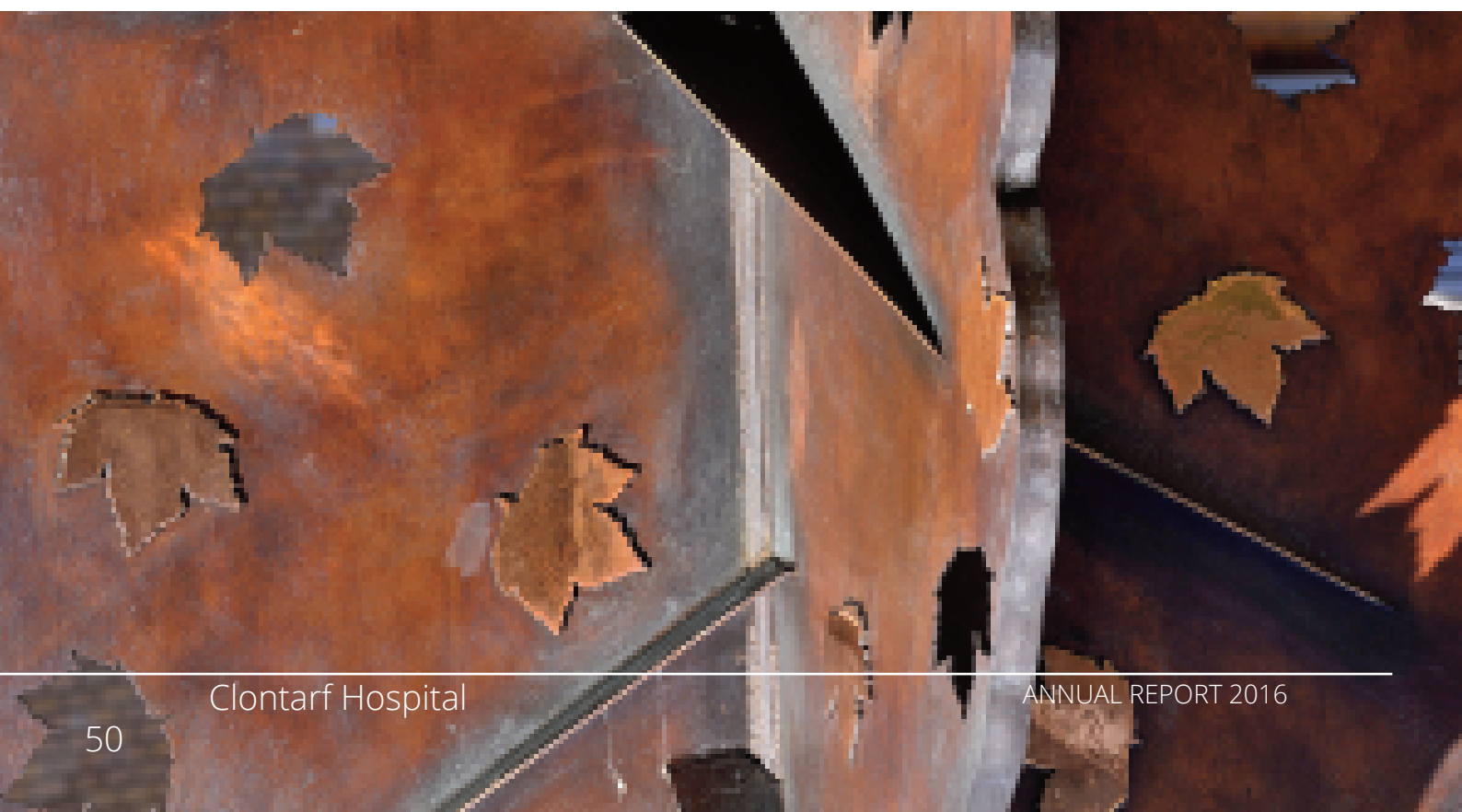
The Senior Medical Social Worker attended the HSE's Training on the National Policy on "Safeguarding Vulnerable Persons at Risk of Abuse" and The National Clinical Programme for Older People Conference. One member of staff began first year Masters in Mindfulness Based Interventions in UCD. Other members of staff attended Conflict Management Training; Challenging Behaviour Training, Capacity Training. MSW staff also presented and attended in-house weekly Journal Club.

Imelda Morris,

Senior Medical Social Worker



Health Care Assistants
Anna Borges Campos, Krystian Szmul and Madeline Mulvaney



CHAPLAINCY/PASTORAL CARE

The hospital is committed to providing a holistic approach to patients in Clontarf Hospital, and recognises the importance of pastoral care.

Chaplaincy Services

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 often feeling 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 Hospital 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. I accompany patients of faith and none, respecting the dignity of each individual.

Activity

Unfortunately we do not have an ordained Chaplain the past year. However we have been fortunate with the help of Fr. Martin Hogan who has come to our aid in establishing a rota of priests in order to have the Eucharist celebrated weekly. This is a temporary situation, until Bishop Field appoints a Priest to Clontarf Hospital. However our patients continue to be able to attend Mass here in the hospital.

We have been very fortunate in having the support of Rev. Leslie Robinson, fully established Rector of St. John the Baptist Church here in Clontarf. Rev. Leslie and the chaplain regularly hold Ecumenical Services, recognising the importance of the Church of Ireland denomination – these Ecumenical Services provide inclusiveness.

A Christmas Carol Service was held by our local primary school Greenlanes much to the enjoyment of patients and staff and spirits were lifted by their wonderful festive carols. I would like to thank the children and their teachers for their wonderful performance.

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. 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.

I would like to thank the Board of Governors and Chief Executive for being able to provide chaplaincy pastoral care support to the patients and families, at a time of recovery where many experience loss of independence and mobility.

Miriam Molan

Chaplain – Clontarf Hospital



Robert Mc Cluskey
Catering Officer

CATERING DEPARTMENT

During 2016, the Catering Department continued to provide a patient centred catering service that ensured all patients, staff and visitors had access to nutritious food safely prepared, cooked and served.

Catering staff are trained to ensure compliance with Food Safety Regulations and the department works closely with the Dietetics Service to ensure that the special dietary requirements of patients are met.

The staff restaurant has had somewhat of a makeover this year. Aiming to improve the ambience and bring down the decibel level during busy periods. We have hung new canvases and window blinds along with purchasing some indoor plants. The feedback has been very positive.

The Catering Department yet again received the Food Safety Assurance Award until 2018 from the Food Safety Professionals Association (FSPA) achieving a merit in the process.

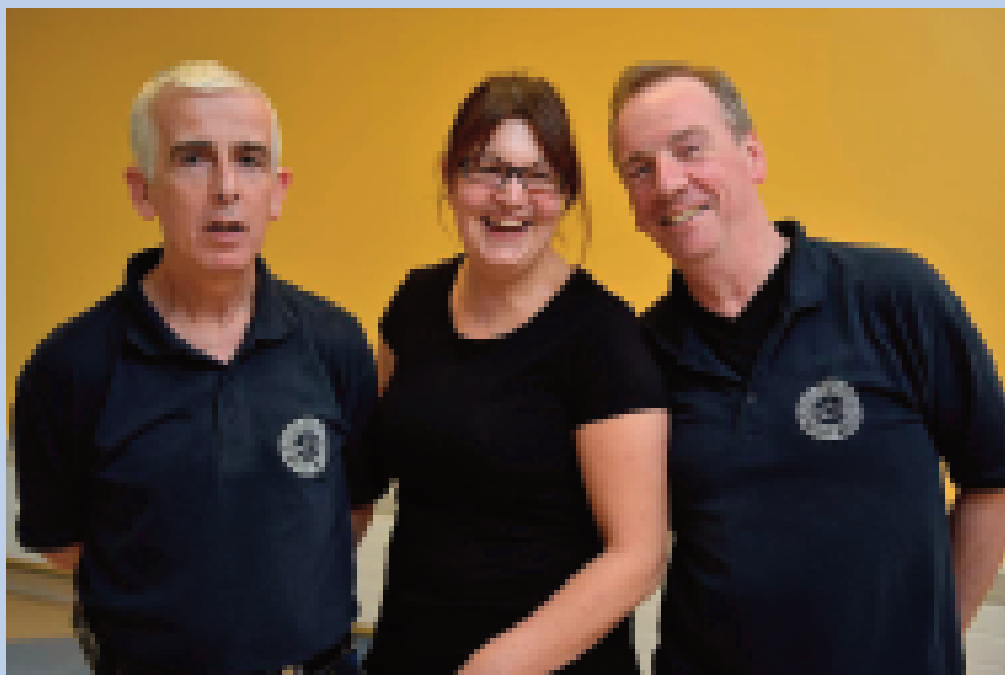
Patient satisfaction surveys have yielded a number of compliments in relation to food quality and I would like to pass on sincere thanks to all staff involved both in food production and food service at ward level.

In the year ahead we aim to maintain our current high standards and strive to improve on them by constantly monitoring and reviewing our practices and procedures throughout the department.

I would like to take this opportunity to thank the staff of the Catering Department and the Health Care Assistants involved in the patient food service for their continued dedication and hard work here at Clontarf Hospital.

Robert Mc Cluskey

Catering Officer.



Joe Hoey, Linda Knott and John Murnane
General Services Department

GENERAL SERVICES DEPARTMENT

The General Services Department provide a vital service throughout the hospital and undertake a variety of duties including general portering, utility, postal, and pharmacy portering, linen supplies, internal laundry service as well as supply chain and stores deliveries ensuring the smooth operation of hospital services.

The General Services staff provide a 24 hour service 7 days a week throughout the hospital and ably support frontline clinical staff. Most of the Department's work is patient related but the Department also provided support to the administration and catering departments throughout the year.

The Department worked closely and participated in the Infection Control & Hygiene Committee and also work with the Contract Cleaners in consolidating compliance with the National Standards for

the Prevention and Control of Healthcare Acquired Infection to ensure the Hospital is a safe and clean environment for patients, staff and visitors to the Hospital.

Staff Training

- Fire Safety and Evacuation
- Hand Hygiene
- Waste Management
- Chemical Risk Assessment
- Manual Handling
- Medical Gas Pipeline Training

Mr. Jorge Pereira

General Services Officer

MAINTENANCE DEPARTMENT

The operations and maintenance function is provided by an in-house team supported by external expertise. In 2016 the Maintenance Department continued to make a significant contribution to the upkeep of the hospital complex and helped to provide a safe and suitable environment for patients, visitors and staff to live, visit and work in.

Apart from efficiently dealing with an ever increasing routine maintenance workload, the Maintenance Department was also involved in upgrading and refurbishment works throughout the hospital. This included:

- Painting of interior offices in the Administration Building
- Refurbishment of disused store rooms to facilitate the accommodation of Administration Personnel

- Assisting ward staff when maintenance problems arose

Maintenance Staff ensured compliance with a number of statutory regulations governing maintenance of the hospital's equipment and buildings and participated in the Health and Safety Committee and the Infection Control and Hygiene Committee. Maintenance staff oversees some of the hospital's external contracts in maintaining hospital equipment and hospital property.

Mr. Tony Kerrisk

Mr. Pat Tyrell



Meeting of the Board Clinical Governance Committee and Executive Representatives

L-R Dr. James Mahon, Ms. Ciara Palmer, Ms. Catherine MacDaid, Ms. Denise Brett and Ms. Ann Marie McGovern

INCORPORATED ORTHOPAEDIC HOSPITAL OF IRELAND (A Company Limited by Guarantee Operating as CLONTARF HOSPITAL)

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF THE INCORPORATED ORTHOPAEDIC HOSPITAL OF IRELAND

We have audited the attached financial statements of the "Incorporated Orthopaedic Hospital of Ireland for the year ended 31 December 2016. This report is made solely to the directors in accordance with Section 391 of the companies Act 2014. Our Audit work has been undertaken so that we might state to the directors 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 directors 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 director's responsibilities statement, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law 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 consis-

tently 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 Financial Statements

In our opinion the financial statements:

- give a true and fair view of the state of the company's affairs as at 31st December 2016 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with Generally Accepted Accounting Practice in Ireland; and
- Have been prepared in accordance with the requirements of the Companies Act 2014.

Matters on which we are required to report by the companies Act 2014

- 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 director's 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 provision in the Companies Act 2014 which requires us to report to you if, in our opinion, the disclosures of directors remuneration and transactions specified by law are not made.

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

**Children from Green Lane's Junior School Clontarf at the
Annual Christmas Carol Service for patients.**



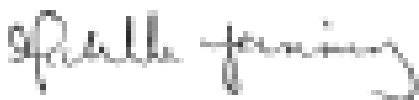
OVERALL CERTIFICATE FOR FINANCIAL STATEMENTS COMPANIES ACT 2014

Company Name: **Incorporated Orthopaedic Hospital of Ireland**
Company Number: **2346**
Financial Year: **Year ended 31st December 2016**

CERTIFICATE:

We hereby certify that all documents which are required under Part 6 of the Companies Act 2014 to be annexed to this annual return, have been so annexed, and that they are true copies of the originals laid or to be laid before the relevant general meeting, or presented to the members.

SIGNED:



Michelle Fanning
SECRETARY

DATE:

18th July 2017

SIGNED:



Charles Scott
DIRECTOR

DATE:

18th July 2017

APPENDIX 1

STATEMENT OF FINANCIAL ACTIVITIES for year ended 31st December 2016

Statement of Financial Activities Incorporating Income and Expenditure Account for year ended 31st December 2016

	UNRESTRICTED	RESTRICTED	TOTAL
	FUNDS	FUNDS	FUNDS
	2016	2016	2016
	€	€	€
Income From:			
Charitable activities	14,191,353	33,363	14,224,716
Investment	184	-	184
TOTAL Income	14,191,537	33,363	14,224,900
EXPENDITURE ON:			
Charitable Activities	14,726,955	-	14,726,955
Governance	25,971	-	25,971
Total Expenditure	14,752,926	-	14,752,926
Net Income / (expenditure) before Transfers	-561,389	33,363	-528,026
Transfers between funds	117,350	-117,350	-
NET EXPENDITURE BEFORE OTHER RECOGNISED GAINS & LOSSES	-444,039	-83,987	-528,026
NET MOVEMENT IN FUNDS	-444,039	-83,987	-528,026
RECONCILIATION OF FUNDS			
Total Funds brought forward	20,296,784	1,332,118	21,628,902
TOTAL FUNDS CARRIED FORWARD	19,852,745	1,248,131	21,100,876

All activities relate to continuing operations

Marcella Higgins
Director

Charles Scott
Director

APPENDIX 1

NOTES TO THE FINANCIAL STATEMENTS for the year ended 31st December 2016

TOTAL

FUNDS

2015

€

14,001,910

4,473

14,006,383

14,511,056

25,971

14,537,027

-530,644

-

-530,644

-530,644

22,159,546

21,628,902

Notes to the financial statements

for year ended 31st December 2016

2016

2015

STAFF COSTS

€

€

Staff Costs were as follows:

Wages and salaries	9,826,426	9,444,982
Social Security Costs	888,574	836,093
Other pension Costs	893,541	1,013,344
	11,608,541	11,294,419

Wages and salaries above include agency costs

The average monthly number of employees was 300 (2015:291) and the average monthly number of employees during the year expressed as full time equivalents was as follows (including casual and part-time staff)

	2016	2015
Staff Costs	No.	No.
Employees	300	291
The number of higher paid employees was:		
in the band €70,000- €80,000	3	3
in the band €80,000- €90,000	1	2
in the band €90,000- €100,000	1	0
in the band €120,000- €130,000	1	0

All staff are paid as per the HSE Pay Scales

No member of the Board of Directors receives any payment during the year.

APPENDIX 2

ACTIVITY REPORTS

Patient Activity 2016

In-Patients	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Available Beds	160	160	160	160	160	160	160	160	160
Bed Days	4960	4640	4960	4800	4960	4800	4960	4960	4800
Bed Days Used	4615	4341	4547	4568	4512	4417	4055	3998	4113
% Occupancy	93%	94%	92%	95%	91%	92%	82%	81%	86%
Total Admissions	110	104	120	141	138	129	107	103	125
X-Rays Taken	63	63	30	62	43	41	58	70	71
Social Work Referrals - New	102	60	78	78	68	89	60	80	63
Occupational Therapy Referrals - New	102	96	87	90	88	111	95	85	76
Physiotherapy Treatments	4341	4557	4007	4400	4434	4541	4116	4321	4404
Out-Patients									
X-Rays Taken	174	216	152	237	215	219	248	240	317

Admissions by Source:

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Cappagh	8	12	7	15	3	3	7	3	11
Mater	7	3	0	1	2	4	2	6	3
Mater Geriatric Rehabilitation	21	23	37	37	41	33	27	29	26
Tallaght	11	12	16	21	23	19	15	14	18
St. Vincents	4	5	3	6	2	6	2	5	4
Beaumont	12	10	10	7	18	7	12	8	10
Beaumont Geriatric Rehabilitation	21	17	17	28	25	25	24	24	24
St. James's	10	7	8	7	10	10	7	3	13
Connolly	6	3	9	5	4	4	2	3	4
Connolly Interim Care	0	0	0	0	0	0	0	0	0
Other									
Other - Blackrock Clinic	0	0	0	0	0	0	0	0	0
Other - Mater Private	6	6	6	5	6	8	7	6	6
Other - Bon Secour	3	5	4	8	2	0	1	2	0
Other - Vincent's Private	1	0	2	0	2	10	1	0	3
Other - Respite	0	0	0	0	0	0	0	0	0
Other - Our Lady of Lourdes	0	0	0	0	0	0	0	0	0
Other	0	1	1	1	0	0	0	0	3
TOTAL	110	104	120	141	138	129	107	103	125

Oct	Nov	Dec	TOTAL	2015
160	160	160	160	160
4960	4800	4960	58560	57105
4407	4193	4085	51851	52078
89%	87%	82%	89%	93%
111	133	111	1432	1663
79	74	73	727	711
78	82	70	908	1067
74	81	86	1071	1077
4106	4485	3709	51421	48110
239	216	235	2708	2610

Oct	Nov	Dec	2016	2015
8	13	10	100	150
4	1	0	33	83
36	44	31	385	423
7	9	6	171	208
6	2	1	46	30
12	11	9	126	131
22	25	23	275	386
6	0	18	99	95
3	0	5	48	41
0	0	0	0	0

0	1	0	2	3
4	2	4	59	25
2	7	2	41	50
1	0	0	5	0
0	0	0	0	36
0	0	0	0	7
0	1	2	9	23
111	133	111	1432	1663



L- R; Margaret Quirk and 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



**Ms. Breeda Mangan Clinical Nurse Manager and
Ms. Noreen Browne Assistant Director of Nursing**





www.ioh.ie

Clontarf Hospital
Castle Avenue, Clontarf, Dublin 3
telephone 01 833 2521 facsimile 01 833 3181 website www.ioh.ie