

The Incorporated Orthopaedic Hospital of Ireland
Annual Report 2017



2017

HOSPITAL BACKGROUND

The Incorporated Orthopaedic Hospital of Ireland (IOH) was founded in 1876 by Dr Robert Lafayette Swan. The original hospital was located at 11 Usher's Island on Dublin's quays and 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, formerly known as Hoods' Hotel and the hospital's capacity increased from six 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 Godrich Shedden. Considerable renovations were necessary to enable the building to function as a hospital with an 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 on Castle Avenue, Clontarf on 29 June 1942, where the bed complement rose to 120. In 1972, the hospital changed from paediatric orthopaedics to adult orthopaedic rehabilitation with 104 beds. In the early 1990s, 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 five wards with a total compliment of 160 beds. The hospital, whose entrance is on Blackheath Park, off Castle Avenue and leads into the landscaped gardens, continues to provide orthopaedic rehabilitation treatment. However, in recent years it has extended its services to include an 80-bed Active Rehabilitation Unit for older people.



CLONTARF HOSPITAL

President

Mr T.C. Smyth

Board of Governors - 2017

Ms Marcella Higgins

(Chairperson)

Ms Catherine Mac Daid

(Deputy Chairperson to July 2017)

Dr Gerard O'Connor

(Deputy Chairperson from July 2017)

Ms Denise Brett

Mr John Cantwell

Prof Regina Connolly

Mr Frank Davis

Ms Estelle Feldman

Ms Ciara McCabe

Dr James Mahon

Mr Charles Scott

(Resigned 31 December 2017)

Mr Les Sibbald

SENIOR HOSPITAL STAFF

Chief Executive Officer

Ms Michelle Fanning

Finance /Administration

Ms Bernadette Saunders

Attending Consultant Geriatricians

Dr Elizabeth Callaly, Dr Siobhan Foreman,

Dr Carmel Curran

Radiologist

Dr Martina Morrin

Attending Registrars

Dr Azhar Omar, Dr Stuart Lee

Director of Nursing

Ms Lorna Nangle *(Retired October 2017)*

Assistant Directors of Nursing

Ms AnnMarie McGovern

(Acting Director of Nursing)

Ms Noreen Browne

(Retired September 2017)

Ms Elaine Hannigan

(Appointed September 2017)

Physiotherapy Manager

Ms Grainne O'Hara

Principal Medical Social Worker

Ms Mary Duffy

Chief Pharmacist 2

Ms Linda Murnane

Occupational Therapy Manager

Ms Monica Devine

Senior Radiographer

Ms Gillian Rice

Senior Dietician

Ms Teresa Stenson

Human Resources Officer

Ms Louise O'Gorman

Catering Officer

Mr Robert McCluskey

General Services Officer

Mr Jorge Pereira

Risk Management Officer

Ms Ciara Palmer

Quality Improvement Officer

Ms Bernadette Connolly

Pastoral Care

Ms Miriam Molan

Chaplains

Fr Power, Fr McManus, Fr Hogan, Fr White

Rev Leslie Robinson

Rev Conrad Hicks



Back Row (L-R): Mr L. Sibbald, Dr J. Mahon, Dr G. O'Connor, Ms C. McCabe. Front Row (L-R): Prof. R. Connolly, Ms C. Mac Daid, Ms Marcella Higgins, Mr F. Davis
Not in picture: Ms D. Brett, Ms. E. Feldman, Mr. J. Cantwell and Mr C. Scott.

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SECTION 1
YEAR IN REVIEW



Ms. Marcella Higgins Chairperson

CHAIRMAN'S STATEMENT ANNUAL REPORT 2017

As Chairman of the Board of Governors, I welcome you to the Incorporated Orthopaedic Hospital of Ireland (IOH) Annual Report for 2017.

The IOH is a secular, voluntary hospital that has been providing healthcare services since 1876. It is a company limited by guarantee under the Companies Act 2014, and a charitable organisation under the Charities Act 2009. With 160 beds, an annual income of €15m, and a staff of 208 whole-time equivalents, the IOH is the largest rehabilitation provider in Ireland. The hospital provides orthopaedic rehabilitation, and rehabilitation for older people, to enable them to return home. Management, clinical and non-clinical hospital staff of the IOH deliver high-quality services to patients in a caring and professional manner. This outstanding work is noted by the Board, not only through performance reports at meetings, but more tellingly on Governor visits, when patients invariably express fulsome praise for the commitment, care, and quality of service received from staff.

I express my gratitude to the Board of Governors, Chief Executive, management, and staff for their commitment and contribution to the excellent performance of the IOH. With that commitment and contribution, the IOH is well set to continue the high standards of service that have been delivered for more than 140 years. Mr Charles Scott retired from the Board of Governors on the 31 December 2017, having served as a Governor since June 2008. Mr Scott made

a valuable contribution to the hospital, especially through his membership of the Board Finance Committee.

The IOH is governed by a voluntary Board of Governors. The Board delegates authority to the Chief Executive Officer to manage the IOH activities and affairs, while retaining reserved powers in subjects specified in the Code of Governance. During 2017, to strengthen governance foundations, the IOH adopted a new Constitution and Code of Governance, and updated the Board Committees' structure and terms of reference. The IOH is finalising a rolling strategic plan. The purpose of this is to ensure that the IOH continues to provide an excellent service by doing things right, while enabling it to be agile in its thinking and implementation, and to respond to changing circumstances, challenges and opportunities.

In 2017, the Government of Ireland established an Independent Review Group to examine the role of voluntary organisations in the operation of health and personal social services. The IOH welcomes the review and has made a submission to the Independent Review Group.

The IOH, in improving governance arrangements and the development of its strategic plan, is seeking to build on the

strengths and benefits of voluntarism. IOH governance and planning brings a diverse range of societal experiences to ensure that the IOH continues in its proud history of operating to the highest pluralistic and ethical standards in delivering medical care and services. Voluntarism involves citizens in achieving desirable goals for citizens and society. Having voluntary hospital members and Board members involved in decision-making is desirable for fresh input into public administration and political decision-making. It gives greater legitimacy to health expenditure, as the expenditure is being overseen by citizens from outside the public administration and political system.

Section 38 of the Health Act 2004 authorises the Health and Safety Executive (HSE) to enter a service arrangement for the provision of services on behalf of the HSE. Each year, the HSE and the IOH enter a service arrangement for a defined level of service. About 70% of the IOH income is received from the HSE through the service arrangement, while the other 30% is received from income paid on behalf of patients by medical and other insurance providers.

In an era where substantial Government financing and funding of voluntary hospitals is inevitable, there is a need to develop a new form of relationship between the Government and the voluntary sector. The discussion on the relationship between voluntary hospitals and the Government should not be narrowly based on issues such as the ownership of assets, which are of limited alternative use by not-for-profit, charitable organisations.

Voluntary hospitals and government payments towards facilities and operations should be viewed as a modern, hybrid form of organisation and alliance. A policy and framework for this hybrid form of organisation and alliance can ensure that

the Government's interests are safeguarded, that the beneficial impact of voluntarism is promoted, and that the problems of singularity, uniformity and over-bureaucracy in centrally owned and controlled organisations are avoided.

The scope for the voluntary hospitals to be innovative, outward-looking, and progressive in setting objectives and deciding strategy that meets national health goals needs to be promoted. An overemphasis on standardised controls can undermine and replace individual and collective responsibility, governance, and innovation with compliance reporting. There can be a deflection of attention from the primary goal of efficiently and effectively delivering quality services that are fit for purpose, whereby compliance reporting comes to be an end in itself.

The IOH believes in the diversity of hospital ownership, and in governance arrangements in healthcare provision operating within a structured, policy-driven collaborative network. This network can promote positive relationships between the Government's responsibilities and citizen rights, duties, and responsibilities in the health sector, whereby voluntary health providers can continue to play a unique and substantial role.

Marcella Higgins

Board Chairperson



ATTENDANCE SCHEDULE FOR EACH BOARD MEMBER - 2017

Surname	First Name	Jan	Feb	Mar	April	May	June	July	Sept	Oct	Nov	Dec	ATTENDANCE		
													Attended	Possible	%
Brett	Denise	X	✓	X	✓	✓	✓	X	X	✓	✓	X	6	11	55
Cantwell	John	X	✓	✓	✓	✓	X	X	X	X	✓	✓	6	11	55
Connolly	Regina	X	✓	✓	✓	X	✓	X	X	✓	✓	✓	7	11	64
Davis	Frank	✓	✓	✓	✓	✓	✓	X	X	✓	✓	✓	9	11	82
Feldman	Estelle	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	10	11	91
Higgins	Marcella	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11	11	100
Mac Daid	Catherine	✓	✓	✓	✓	✓	✓	✓	X	✓	X	✓	9	11	82
Mahon	James	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	10	11	91
McCabe	Ciara	X	✓	✓	✓	✓	✓	✓	✓	✓	X	X	8	11	73
O'Connor	Gerard	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11	11	100
Scott	Charles	✓	✓	✓	✓	X	✓	✓	✓	X	✓	✓	9	11	82
Sibbald	Leslie	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	10	11	91



Michelle Fanning, Chief Executive Officer

CHIEF EXECUTIVE'S REPORT

Welcome to the IOH *Annual Report 2017*. I am happy to report that the hospital continued in its mission to provide a high standard of care and treatment to all patients, to enable them to achieve the optimum standard of health and independent living.

REHABILITATION SERVICES

Rehabilitation hospitals and their services are important to people of every age to overcome the obstacles of disability, frailty, illness and chronic diseases, so that they can return to living independently. The importance of rehabilitation in the provision of healthcare services is being recognised and included in national healthcare policy. Many of the National Clinical Care Programmes and Integrated Care Programmes being implemented across the country now include rehabilitation as part of the continuum of care.

While rehabilitation is aimed at overcoming disability, it has the additional benefit of facilitating early discharge from our acute hospital system and reducing pressure on front-line hospital services. Rehabilitation provides care at the lowest level of complexity, in the most appropriate setting, and at the lowest cost. Proper funding of rehabilitation services is vital to improve patient access and to move care away from the acute hospital system into purpose-built rehabilitation facilities like the IOH.

IOH REHABILITATION SERVICES

Our previous annual reports have articulated the successful developments in the IOH's rehabilitation services. The IOH is now the largest rehabilitation hospital in Ireland, with a total

capacity of 160 beds. Referrals are accepted from across three hospital groups, with the majority of patients referred from our local acute hospitals, i.e. the Mater Misericordiae, University Hospital (MMUH), and Beaumont Hospital.

The hospital's expansion and service improvements were driven by increasing demands, and to facilitate early discharge from front-line hospital services. Our rehabilitation service is delivered by multidisciplinary teams supported by consultants trained in medicine, medicine of the elderly, and orthopaedic surgery. The hospital is experiencing pressure to admit patients with more complex rehabilitation and medical care needs, as well as those who are more physically dependent. It is important that rehabilitation services are resourced appropriately, so that patients have early access to rehabilitation services and are given every opportunity to achieve their true potential.

The hospital welcomes the current Health Information and Quality Authority (HIQA's) national review of older people's services, including rehabilitation, which will provide clarity regarding the quality and monitoring of rehabilitation services for older people. It is my belief that every effort should be made to enable patients to be discharged home to live as independently as possible for the longest time.

The hospital's clinical staff worked tirelessly throughout the year to provide rehabilitation care in their area of expertise. Staff presented, and had poster presentations accepted, at several healthcare conferences in 2017. This sharing of information benefits all those involved in rehabilitation teams. Nursing staff continued their great work on falls prevention, falls auditing, and falls documentation, thereby maximising patient safety.

Keeping a hospital running smoothly and effectively requires both the assistance and hard work of our support and administration staff, who take care of everything from preparing salaries and healthcare records to laundry, maintenance, catering and patient transport, to name but a few. The hospital was ably supported by these staff throughout the year.

Full details of the hospital's activity levels and financial statements are available in Appendix 1 and 2 at the back of the *Annual Report*.

CHALLENGES

From an administrative point of view, much of 2017 was spent overcoming financial challenges. Increasing operational costs and decreasing income streams led to the introduction of cost-containment measures, to reduce a rising deficit. This was achieved by a small reduction in bed capacity and by containing non-pay spend – some minor projects were put on hold. It is hoped that we will be able to complete these projects in early 2018. Following meetings with primary funders, the HSE, the hospital received additional funding and managed to operate within budget by year end.

Purchasing and procurement also provided challenges. Ensuring compliance with public procurement obligations

requires extra administrative resources that are currently not available. It is hoped that we can address these shortages in 2018.

FUTURE DEVELOPMENTS

The hospital workshop on the Future Healthcare Environment, in October 2017, provided an ideal opportunity for both the Board of Management and hospital staff to discuss the hospital's future direction and delivery of services. The workshop and the follow-on discussions between the Board of Management and staff provided ample information and material to help inform our hospital strategy for the next five years.

Preparation on the implementation of the new General Data Protection Regulation (GDPR) by 25 May 2018 began in earnest during the year with the establishment of a project plan. A gap analysis to identify areas that need to be updated is set for January 2018 and the recommendations will be included in the project plan for completion by May 2018.

The implementation of the National Clinical Programme for Trauma and Orthopaedic Surgery is moving forward. It is expected that one of these trauma centres will be located in Dublin. The aim of these specialist centres is to increase the safety and accessibility of trauma and orthopaedic care to patients through robust, streamlined care implemented consistently across the country. The provision of rehabilitation is a vital component of the programme and the hospital, with additional resources, is ably positioned to assist in the roll out of this programme.

Through ongoing clinical audit and review, further development of services will be considered in 2018.

The hospital remains committed to maintaining the high standards of its buildings, gardens and facilities. Areas

requiring upgrading in 2018 include the maintenance workshops, roofing repair, reviewing office, and storage space depending on funding levels.

IN CONCLUSION

The work of the hospital, and the high standard of care delivered, do not happen without a hardworking team of clinical, administrative and support staff. Without exception, all our staff remained committed to continually improving care for our patients and for this, I express my sincere thanks and appreciation. To our volunteers, who freely give of their time to support our chaplaincy department, I also give sincere thanks. During the year, several staff retired. I would like to thank them

for their years of service to the hospital and our patients and wish them well in their retirement.

Last but not least, I offer my sincere thanks to the Board Members for their support throughout the year and for their dedication to the ever-increasing workload of voluntary hospital boards.

The following sections below will provide you with further information on our services.

Michelle Fanning

Chief Executive Officer



Ms. Michelle Fanning CEO, Dr Aine O Carroll National Director for Clinical Strategy HSE & Ms. Marcella Higgins Chairperson

HUMAN RESOURCES DEPARTMENT

The Human Resources (HR) Department provides a strategic and coherent approach to the recruitment support and development of the IOH's most important asset – its people. We are committed to ensuring that the culture, style and structure of the hospital and the quality and commitment of its staff contribute to continuously improving patient care and making a real difference to those we serve together.

RECRUITMENT

HR continued to lead and support the hospital in meeting recruitment challenges across all departments and disciplines, against the backdrop of an increasingly competitive labour market. During 2017, in tandem with our colleagues in Nurse Management, we devised a recruitment strategy to ensure that the hospital could recruit and retain nursing staff in the face of increased competition. This proved to be very successful and ensured the continued high standard of service-user care across the hospital.

EDUCATION AND DEVELOPMENT

In 2017, the IOH aligned with University College Dublin (UCD) and MMUH and invested heavily in staff education and development, most particularly in respect of clinical and allied professional staff. HR also coordinated and delivered a wide range of in-house and external training programmes for hospital staff. Some examples include: CPR, Manual Handling, Infection Control / Hand Hygiene, Challenging Behaviour / Recognising and Responding to Elder Abuse, Fire Safety Awareness, and Introduction to Child First through HSeLand and COMPASS training.

ABSENT MANAGEMENT

In 2017, the HR Department continued to support managers in improving staff levels of attendance, staff health and staff

morale by working closely with Occupational Health and Health and Safety. HR will continue to support line managers in proactively managing absenteeism and assisting employees back into the working environment.

STAFF HEALTH & SAFETY COMMITTEE

The primary method of communication in respect of hospital-wide health, safety and welfare issues is the Staff Health & Safety Committee. This committee is well established and plays an important role in a consultation arrangement under the Safety, Health and Welfare at Work Act 2005, Part 4 Section 26. The committee has multidisciplinary membership (Staff Safety Representatives) who raise and discuss workplace health and safety issues, conduct safety and fire audits, report findings to the committee, and provide feedback to their represented divisions. The committee's aim is to proactively improve health and safety at work for all staff and maintain a safe and healthy work environment.

The hospital undertook two dangerous goods audits in 2017. I am glad to report that there were no infringements reported and that the observations and non-conformities have all been attended to.

CHANGES TO EMPLOYMENT LEGISLATION IN 2017

There were several changes to employment laws in 2017 affecting the hospital.

1. The Employment Permit Regulations 2017 consolidate a number of individual regulations into one set to make them easier to understand and use. They prescribe specific criteria for the granting and renewal of employment permits.
2. The HSE applied pay adjustments effective from April 1 2017, in accordance with the Financial Emergency Measures in the Public Interest (FEMPI) Act 2015 and the Public Service Stability Agreement 2013-2018 Lansdowne Road Agreement (LRA).
3. The National Vetting Bureau (Children and Vulnerable Persons Act 2012 Section 21) provides for the retrospective vetting of employees who are carrying out "relevant work or activities" and who had not previously been vetted. The Regulations (SI No. 223 of 2016) provided that applications for retrospective vetting disclosures should be submitted no later than 31 December 2017.

HR STRATEGIES 2018

The HR Department's plans for 2018 include:

1. Assessing an employee group model and creating a partnership forum
2. Creating a culture of accountability, by implementing a hospital-wide performance system for all employees
3. Creating an online library and providing access to information resources from all training courses undertaken by employees for professional and personal development that is accessible to all staff
4. Acquiring the technology needed to automate security access and name-badge functionality
5. Reviewing and gathering data necessary to enhance the hiring process and provide consistency and structure to part-time hiring practices.

PROTECTED DISCLOSURE

The HR Department manage the Hospital's procedures on protected disclosure. The hospital is required, under our Service Arrangement with the HSE and under the Protected Disclosure

Act 2014, to declare the number of protected disclosures that are made by staff each year. The HR Department confirm that there were no protected disclosures made in 2017.

RETIREES

The HR Department wishes a long and enjoyable retirement to the following staff who retired in 2017: Ms Lorna Nangle, Ms Marie Towell, Ms Noreen Browne, Ms Marie Gilligan and Ms Danuta Wisniewska.

THANKS

A big thank you to all our colleagues for their support throughout the year: we look forward to working together with them in 2018.

Louise Gorman

Human Resources Officer





Board Members and Senior Managers at Workshop



Senior Managers at Workshop



SECTION 2

DEPARTMENT REPORTS

RISK MANAGEMENT DEPARTMENT

STAFF

Ms Ciara Palmer, Risk Manager WTE
(maternity leave until October 2017).

Ms Bernadette Conolly, Interim Risk Manager
(January 2017 to October 2017).

KEY PERFORMANCE INDICATORS

- The promotion of patient safety through the delivery of quality risk management service within the multidisciplinary team
- The investigation and learning from incident reporting to identify possible vulnerabilities to the hospital and to implement change within the hospital when such vulnerabilities are identified.

ACHIEVEMENTS IN 2017

- The hospital's Integrated Quality & Safety Committee met quarterly and reported on matters that related to patient safety.
- Development and introduction of the Nutrition and Hydration Committee.
- Introduction of the National Incident Reporting Forms (n=4) across the hospital, with training for the development and introduction of Open Disclosure and Safeguarding to Vulnerable Adults policies in the IOH, based on the national policies.

AUDITS

- Patient Satisfaction Survey
- Introduction of medication management storage standards monthly audits

- Audit of the raised toilet seats, with recommendations for replacement
- Audit of drop rail, with recommendations for replacement.

POLICIES

- Introduction of Protected Mealtime Policy
- Introduction of signature bank, for documentation across the hospital
- Introduction of Venous Thromboembolism Policy and Protocol
- Introduction of Multidisciplinary Team Meeting documentation.

REVIEWS

- Review and replacement of emergency resuscitation equipment
- Review of hairdressing service and introduction of standards
- Review of governance structures.

VOLUNTARY HOSPITAL GROUPS

The IOH through the Risk Management Department, is represented on the AON Voluntary Hospital Risk Managers' Group.

CHALLENGES IN 2018

GENERAL DATA PROTECTION REGULATION

The IOH is the data controller for patient and staff information and all requests for information are managed in line with relevant legislation. In 2018, the hospital will face challenges

in ensuring that it meets the provisions as set out in the General Data Protection Regulation (GDPR) 2016, when they commence on 25 May 2018. The hospital has been working to ensure its compliance with the GDPR since the last quarter of 2017 and an implementation plan has been developed to see that it meets all the requirements when the regulation comes into effect.

INCIDENT REPORTING

The IOH will continue to work with the State Claims Agency and staff in prompting the importance of reporting adverse incidents in order to ensure patient and staff safety.

PUBLICATION SCHEME (FOI ACT 2014)

The IOH, under the Freedom of Information Act 2014, is required to routinely publish certain information in an open

and accessible manner. The hospital aims to upgrade its website in order to allow the publication of such information in early 2018.

CONCLUSION

The Risk Department would like to take this opportunity to acknowledge and thank the CEO, Ms Michelle Fanning, for her continued support and commitment to risk management within the hospital.

The department would like to commend staff and management for their continued hard work in ensuring that the hospital maintains a culture of risk management and patient safety.

Ciara Palmer

Risk Officer



MEDICAL DEPARTMENT

DEPARTMENT OF REHABILITATION MEDICINE FOR OLDER PERSONS

The Department of Rehabilitation Medicine for Older Persons looks after the care of 80 patients over the age of 65. Our aim for older persons is the provision of an integrated, effective and timely service to rehabilitation, older-age care and community care services in a community-based, inpatient setting. Our key strategic priorities include:

- Ensuring that older persons in hospital await the least possible time for comprehensive assessment by a multidisciplinary team led by a consultant geriatrician. This helps with the safe discharge home with appropriate support, or access to appropriately supported residential accommodation.
- Improving discharge planning to minimise the likelihood of readmission or inadequate support for independent living, following completion of hospital care.
- Ensuring that access is consistent with clinical need, is timely, and that community-based services are in place to better provide for the acute and post-acute healthcare needs of the community. Our department aims to improve the quality and accessibility of services to patients. It promotes continuum of care, covering the range of problems, including prevention, assessment, diagnosis, treatment support, rehabilitation and maintenance. To this end, our department works closely with others in conjunction with the MMUH and Beaumont Hospital, to improve the communication between primary, acute, subacute and community healthcare services, while fostering professional development and promoting best practice in rehabilitation and community care for older patients across the interface.

ACHIEVEMENTS

- Clinical activity within the department continues to grow, providing post-acute care to older patients including memory, falls and syncope, bone health, cardiac and vascular diseases along with frailty. It is team work that remains the ultimate competitive advantage and, along with the inter- and trans-disciplinary teams, we aim to meet the challenges of an ageing population, with frail older people in larger numbers and with more complex needs. There is a need for an increasing complexity of skills and knowledge, along with an increasing specialisation, whilst maintaining continuity and quality of care.
- Among key developments, we developed and implemented the use of an admission proforma to standardise all admissions to IOH. We also developed a proforma for valuation of need for Deep Venous Thrombosis Prophylactics, a system in use in other jurisdictions, which is to be implemented in 2018 at IOH.
- We undertook work in conjunction with the Society for Quality in Healthcare with the Royal College of Physicians of Ireland, with the aim of improving the efficiency of the service at IOH.
- We worked in line with the Omega Project at MMUH, to improve and streamline the referral, assessment, transfer and admission of patients to IOH. Following work done with the Omega Project, a new role was developed in MMUH for a rehabilitation coordinator, which has improved the efficiency of the service and reduced the length of stay.
- We aim to work in line with the dementia strategy and the new rehabilitation strategy to develop services at IOH. We look forward to meeting the challenges for 2018.

FUTURE DIRECTIONS

- IOH community-based services are expected to expand and increase the number of staff positions in 2018. The Active Rehabilitation Unit is expected to provide additional rehabilitation services to community patients, with both medical surgical and orthopaedic diagnoses.
- We will continue to audit our practice against best practice including those related to admission diagnosis, discharge destination, length of stay, the effectiveness and efficiency of multidisciplinary team meetings, and finally audit of the use of the admission proforma.

CONCLUSION

Working together with the multidisciplinary team, we aim to meet the challenges of the current health system to provide appropriate care to appropriate patients in the appropriate

setting. We hold ourselves accountable and strive for operational and clinical excellence.

We are very thankful to those who transitioned through the department within the past year, offering their hard work, high-quality care and a commitment to excellent patient outcomes. Despite the physical challenges faced by the healthcare industry nationwide, we continue to demonstrate strong performance through the delivery of responsible medical care across our organisation.

In pursuit of excellence, sincerely yours,

Dr Elizabeth Callaly

Consultant Geriatrician Physician



DEPARTMENT OF NURSING

Welcome to the *Annual Report 2017* for the Nursing Department. Nursing staff remained committed to providing the highest standards of patient care during the year, through continuous professional development and implementation of evidence-based nursing practice.

NURSING SERVICES

Nursing and healthcare assistant staff are a key element of the hospital's multidisciplinary rehabilitation team. Through team work, we set out to address a patient's rehabilitation care needs and implement a patient-specific rehabilitation care plan. By working together and placing patients at the centre of our care, we maximise their rehabilitation and shorten the road to recovery. As part of a 24/7 service, nursing and healthcare assistant staff are placed at the centre of care.

The department's proud tradition of providing quality, safe nursing care was evident in the many quality improvement initiatives implemented throughout the year. Working closely with the hospital's quality improvement and risk officers, it contributed to the successful implementation and piloting of new quality improvement initiatives. Some notable improvements included: the updating of the falls audit and falls prevention documentation; commencement of medication management workshops; the auditing and updating of emergency equipment and emergency trolleys; and the introduction of a Patient Transport Policy.

The department contributed to several new hospital policies and reviews, including: the referral form, the Safeguarding Policy and the training schedule. Children's First online training was commenced, in line with national policy

and all nursing and healthcare assistant staff were encouraged to complete this.

The clinical nurse facilitator, who has a background in tissue viability, worked closely with the nursing team to develop care plans, and provided training in pressure ulcer prevention. A Pressure Ulcer Prevention Policy and a Skin Integrity Policy were approved and circulated. Monitoring of pressure ulcer care continues under the supervision of the clinical nurse facilitator and the hospital's risk manager. Malnutrition Universal Screening Tool (MUST) training in the nutritional assessment of patients at risk of malnutrition continues and will greatly assist the dietician in the early identification of patients requiring dietetic intervention.

EXTERNAL AGENCIES

Nursing management was involved in preparations for the announced HIQA visit in October. The visit was welcomed by the nursing and healthcare assistant staff and the department awaits the report.

The State Claims Agency provided onsite training and education on the National Incident Report Forms (NIRF 01-04).

EDUCATION AND TRAINING

Emphasis on Continuous Professional Development (CPD) to enhance nursing services and promote personal development

was evident in the large number of nursing and healthcare assistants who participated in training and education programmes throughout the year. This was enabled by the Clinical Nurse Facilitator, Ms Rosalind O'Connor, who continued to promote evidence-based best practice in nursing care. Ongoing training in the Early Warning Score, Intravenous Medication Management and mandatory training in manual handling, resuscitation, hand hygiene and fire safety was also completed by staff. Nursing and healthcare assistant staff also provided occupational first aid services, and refresher courses in occupational first aid were completed.

POSTGRADUATE NURSE TRAINING PROGRAMME

An acting CNM 2 completed a two-year Diploma in Health Service Management, IPA.

The hospital was delighted to be able to continue providing placements to first-year student nurses from UCD and the MMUH. Since September, we introduced the facilitation of both second and third year nursing students on their community placements. Feedback from our students has been positive, citing the fact that the IOH provides a positive clinical learning environment.

We were pleased to be able to continue to facilitate Transition Year students from local secondary schools on community placements in the hospital, primarily on the wards, under the supervision of the nursing staff, with visits to the different departments within the hospital.

Congratulations are due to healthcare assistants Ms Dalia Gali, Ms Julietta Illiscupidez and Ms Malgorzata Wisniewska, who each obtained a Fetac Level 5 Certificate in Health Service Skills.

CHALLENGES

INFECTION CONTROL

The Department of Nursing played a key role in the management of infection prevention and control and maintaining a clean and hygienic hospital environment throughout the year. Preventing and controlling infection is a challenge within all healthcare environments. The hospital continued with universal MRSA screening and screening for other infections such as CRE and VRE was implemented for patients when indicated by referring hospitals.

Despite the monitoring and completion of hygiene audits, the hospital experienced two infectious outbreaks in January and December. The outbreaks were confined to wards and hospital-wide spread was prevented through good hand-washing and the effective work of the "Outbreak Team".

The department welcomed the new infection control CNM 2, Mr Madan Sharma, in July.

RECRUITMENT

The year started with the ongoing development of a recruitment campaign to improve our competitiveness in the face of the ongoing national nursing manpower shortages. The recruitment drive proved successful and recruitment of nursing staff improved as the year progressed.

RETIREMENT

On behalf of all the nursing and healthcare assistant staff, I would like to take this opportunity to wish Ms Lorna Nangle, Director of Nursing, Ms Noreen Browne, Assistant Director of Nursing and Ms Marie Gilligan, CNM 2, who retired in 2017 a long, happy and healthy retirement. I thank them all for their hard work, dedication and professionalism.

PROMOTION

Ms Litha Ulahannan, CNM 1, Gracefield Ward

Ms Cora Abbott, CNM 1, Blackheath Ward

Ms Elaine Hannigan, Assistant Director of Nursing

I wish them all every success in their new roles and look forward to working with them.

CONCLUSION

The *Annual Report* provides me with the opportunity to thank everyone who has assisted me throughout the year.

To all my staff in the nursing department I offer deep appreciation for your support and hard work throughout the year. Looking back, we can see how much we have accomplished, and I look forward to continuing the good work. I extend warm welcome to the new staff who joined us in 2017 and look forward to working with you all.

Many thanks to my colleagues throughout the hospital who supported me in so many ways in keeping our patients safe and for continually striving to improve services.

Ann Marie Mc Govern

Temporary/ Director of Nursing



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 which also enables patients to achieve the highest quality of life allowed by their condition. 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. All inpatients are assessed by a physiotherapist and a treatment plan is initiated within 24 hours of admission. The current staffing is six senior and five staff grade physiotherapists and a physiotherapy manager.

Gym-based treatment sessions peaked in January, with an average of 60 treatment sessions per day (range 51 to 70) and 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 March at 210 treatments per day. Additional items of light physiotherapy equipment, such as dumbbells and cuff weights, were procured to facilitate the high demand for ward-based group exercise classes.

FALLS PREVENTION AND MANAGEMENT

Falls prevention and management is a vital component of care in keeping patients safe. The Physiotherapy Falls Prevention and Management Subgroup continued to meet throughout the year to work on several quality improvement initiatives. This included the continuation and improvements of the patients' Falls Prevention Educational Talks, which form an important component of the rehabilitation of patients who have been admitted with a fall, or who are at risk of falls.

Based on 2016 audit results, which showed that accessibility to the talks was a reason for non-attendance, the timing of the talks was changed to take place every two weeks per ward and to be delivered by both the Physiotherapy and Occupational Therapy Departments.

Activity	2017	2016	Variation	Comments
Total physiotherapy treatment sessions	48,867	51,421	5% decrease	There was a 5% decrease in overall physiotherapy activity this year, which correlated with patient activity on the Blackheath ward, a period of unfilled leave from February to May, and no Summer locum cover this year.
Total gym-based individual physiotherapy treatment sessions	11,769	11,364	3.6 % increase	Despite the above, there was a further 3.6 % 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	1,684	1,773	5% decrease	There was a further 5% decrease in gym-based group exercise treatment sessions again this year, indicating that a significant number of patients now presenting to us are not group appropriate in terms of their treatment needs, due to their dependency levels.

The Physiotherapy Department conducted a repeat audit in November 2017, which showed that the percentage of patients attending the talks had improved from 63% to 84%. We aim to further increase attendance at the falls prevention education sessions and to maintain the regularity and efficiency of the sessions in 2018.

FALLS PREVENTION & KEY PERFORMANCE INDICATORS (KPIs)

The Falls Prevention and Management Group revised the criteria for screening patients for falls risk. The previous KPI was based on all patients with a Falls Risk Assessment Scale for the Elderly (FRASE) greater than or equal to 9 attending the education talk. However, international guidelines on falls prevention advise that falls prediction tools should not be used. Therefore the updated KPI is:

- Patients admitted with a fall, aged over 65 or considered at risk of falls secondary to medical history to attend falls prevention educational talk.

The group plans to introduce other KPIs, including:

- Patients admitted with a fall, aged over 65 or considered at risk of falls secondary to medical history to receive an individual falls risk screen (by the multidisciplinary team), identifying and addressing individual falls risk factors.
- This KPI takes into account the distinction between falls prediction tools and falls risk screening and aims to ensure that all patients receive patient-centred and appropriate falls prevention management.

FALLS PREVENTION PATIENT INFORMATION LEAFLET

The falls prevention patient information leaflet was also updated in July 2017, to include additional bone health and dietary advice.

The Physiotherapy Department was represented at the 4 F's (Frailty, Falls, Fragility, Fractures) conference in St Vincent's University Hospital, the Forever Autumn Community of Practice, in St Mary's Hospital, Phoenix Park, and the Falls, Frailty & Bone Health Conference, 2017

PATIENT-EXPERIENCE SURVEY

The National Advocacy Unit highlights the need for patient involvement to be meaningful and embedded in each service. The HIQA Standards for Safer, Better Healthcare identify patient-centred care as a central theme in service delivery and commit to ensuring that the views of key stakeholders, and in particular the perspectives of service users, are at the heart of the decision-making process.

The Physiotherapy Department embarked on a Patient-experience Survey with a representative sample of service users in February, to monitor performance and assess quality. In total, 93 patients completed the survey from across all five wards in the hospital. The survey consisted of multiple-choice questions about the service, two open-ended questions to explore one good thing about the service, and things we could improve.

The physiotherapy staff met following the survey to brainstorm how the views expressed could be used constructively to improve the service. A number of quality initiatives were then proposed and prioritised based on need.

REHABILITATION FOLDERS

Following feedback from the Patient-experience Survey carried out by the Physiotherapy Department, a patient rehabilitation folder is being piloted on the Kincora ward. The folder is provided to each patient on admission, is located at their bedside, and all members of the multidisciplinary team file any handout information provided.

The aim of the folder is to:

- Improve patient input and ownership of their rehab goals
- Improve patient education
- Safely store relevant information in an easy-to-assess place for the patient.

The folder includes:

- Patient-agreed and signed goals for the admission
- The ward's ethos, with a specific emphasis on rehabilitation
- General information sheet for patient-specific conditions
- How to recognise / distinguish different members of staff
- The physiotherapy section includes individualised exercise programme, class exercise sheet, falls education, and any relevant advice sheets

The relevant patient information will be removed from the folder and given to the patient as part of a discharge pack. The Physiotherapy Department also created a self-management discharge advice template for patients. The concept of self-management of conditions is promoted, throughout their hospital stay, to facilitate continued health and wellbeing on discharge home and to help prevent further hospital readmissions.

The physiotherapists also designed mobility and exercise advice sheets and condition-specific advice sheets for several commonly presenting diagnoses, to further educate patients on how they can self-manage at home.

ORTHOPAEDIC PATIENT RETURN TO OUTPATIENT CLINIC FOR ASSESSMENT DOCUMENTATION AUDIT

In October, the Physiotherapy Department carried out a retrospective audit of information documented by orthopaedic teams from the referring hospitals and communicated back to IOH from outpatient appointments. It was found that changes in weight-bearing status were not being routinely documented

and communicated back to the Multi Disciplinary Team (MDT) in the IOH.

To address this risk and the potential delay in progress for orthopaedic patients, the progress letters completed by the orthopaedic teams at outpatient appointments were amended to include headings and tick boxes to indicate weight-bearing status for the patient. A follow-up audit in November / December found increased compliance with documentation of changes in weight-bearing status in progress letters received back from outpatient clinics. Staff also reported improved efficiency, as less clinical time was spent tracking down orthopaedic teams in the referring hospitals to access the information.

MATER HOSPITAL OMEGA (ON-GOING MANAGEMENT OF THE ELDERLY FOR DISCHARGE) PROJECT

The Physiotherapy Department continued to participate in this Lean project relating to the discharge process and pathways from the Mater Hospital to three rehabilitation sites (including IOH). The project encompassed all steps of the pathway, including referral, assessment and transfer documentation. Representatives from the Physiotherapy Department were nominated to three of the five working groups: the Generic Referral Form Development Group, the Communications Group, and the Patient Centre Off-Site Access Group.

A patient information leaflet detailing the facilities in the IOH, the rehabilitation ethos of the hospital, what to expect and what to bring is now available on the rehabilitation section of the Mater Hospital website. A generic referral form and template for transfer information has been agreed between both sites and relevant members of the multidisciplinary team in the IOH can now access clinical information on patients referred to our service by remotely accessing the Mater Hospital Patient Centre database under an agreed data sharing policy.

QUALITY IMPROVEMENT

The Physiotherapy Department welcomed the establishment of a Quality Improvement (QI) role in the IOH in October and is working closely with the QI lead on a number of initiatives.

MANUAL HANDLING

Ger Matthews, senior physiotherapist, collaborated with hospital management in developing the Hospital Manual Handling Policy, and was an active member of the Hospital Health and Safety Committee. She continued in an advisory role for staff with patient or manual handling concerns and liaised with the hospital risk manager towards the end of the year to address manual handling concerns as they arose.

DEMENTIA CARE

Ger Matthews also represented the IOH at the Irish Gerontological Society conference in the poster presentation section, with a poster entitled “Developing a Care Committee for Dementia Patients in a Rehabilitation Setting” The poster was a joint collaboration with the Occupational Therapy Department and described the joint initiative to promote dementia awareness in the IOH. Ger elaborated on her previous change project (the implementation of dementia friendly signage in the IOH to improve wayfinding) with the help of the committee. Having evaluated the impact of the new signage via patient and staff questionnaires, and collected evidence in support of same, she designed and coordinated the implementation of further signage throughout the hospital.

CLINICAL EDUCATION

The Physiotherapy Department continued to provide undergraduate student placements for final-year students from Trinity College Dublin (TCD). We also welcomed back physiotherapy graduates from Singapore for clinical placements as part of their Overseas Immersion Programme with Dublin School of Physiotherapy (TCD).

In September, the Physiotherapy Department was represented at the interdisciplinary Practice Educator study day organised by the allied health faculties of TCD and UCD in June, and the Introduction to Practice Education study day hosted by the RCSI, TCD and UCD Schools of Physiotherapy.

CONTINUING PROFESSIONAL DEVELOPMENT AND NETWORKING

The Physiotherapy Department welcomed the invitation from the Board of Management to input into the future development of the IOH through participating in the October workshop, exploring ideas for the hospital’s Strategic Plan 2018-2022.

Ms Rachel Pollock, Staff Grade Physiotherapist, was successful in securing a place on the MSc in Older Person Rehabilitation course in University College Cork. Physiotherapy staff also attended the following events:

- The National Orthopaedic Conference in Cappagh Hospital
- The National Clinical Programme for Rheumatology and the National Clinical Programme for Trauma and Orthopaedic Surgery 1st Annual National MSK Conference – “New Models of Musculoskeletal Disease Care”
- Consent training workshop – La Touche Legal Training.

The physiotherapy manager attended regular meetings of the Chartered Physiotherapists in Management (CPM) and the Voluntary Hospitals Physiotherapy Managers groups throughout the year, as well as the Executive Leadership Summit in March.

The physiotherapy manager continued the Systems Analysis Training Programme run by the HSE National Incident Management Learning Team, with the director of nursing. Topics included training in Clinical Audit, Human Factors in Healthcare, and Finding the Evidence to support Systems Analysis investigations.

OPPORTUNITIES AND CHALLENGES FOR 2018

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

DISCHARGE PLANNING

The physiotherapy team on the Gracefield ward is leading the introduction of a multidisciplinary board round (Mondays) in addition to the weekly MDT meeting (Thursdays) to facilitate early communication and timely discharges. It is intended to discuss patient progress with rehabilitation and patient length of stay; make referrals to other team members; and set goals for the week. The whiteboard will be updated during the meeting and used as communication tool for all staff.

Aoife Crowe has presented to the Physiotherapy Department on a proposed quality improvement initiative involving a traffic lighting system for the Gracefield ward, which is based on the information recorded on the whiteboard by all the members of the MDT. It is hoped that the data collected will:

- Create a patient flow bundle to improve patient flow
- Use the patient flow bundle to reduce unnecessary waiting for patients
- Improve the quality of care delivered to the patient, thereby improving the patients' experience
- Audit the statistics collected from the patient bundle flow to identify internal and external factors influencing patients' length of stay.

We look forward to piloting this initiative with our colleagues in 2018.

The physiotherapists on Gracefield ward are also currently collaborating, with Dr Curran, Consultant Geriatrician, and Dr Stuart Lee, Specialist Registrar, regarding a common assessment tool for patients admitted to the ward. They are in the initial stages of a design, which they hope to present to the multidisciplinary team for their input and review in January.

CARE OF THE ELDERLY REHABILITATION THE IRISH GERONTOLOGICAL SOCIETY CONFERENCE

The Physiotherapy Department was honoured to be invited to present at this prestigious event. The department welcomed the opportunity to network with experts in care of the elderly rehabilitation, to update our knowledge on best practice and advances in this field, to explore options for further research and quality improvements, and to promote and raise the profile of the IOH.

Ms Sophie Gardner, Senior Physiotherapist, presented to a large audience in the main conference suite a paper on the frailty research carried out by the Physiotherapy Department over the last two years. The presentation received very positive feedback from the floor, including the Clinical Lead of the National Clinical Programme for Older Persons, who commended the work that had been done and acknowledged the implications on resources for the National Clinical Programme.

Physiotherapy staff also attended the:

- National Clinical Care Programme for Older People conference, RCPI (June)
- "Think Home First" workshop, Beaumont Hospital
- Beaumont Hospital Frailty Intervention Therapy Team Workshop.

SERVICE PLANNING

As requested, a business case was submitted to the CEO in August for additional physiotherapy staffing, which detailed the benefits of increased physiotherapy resources for both patients and staff. A core deficit identified by physiotherapy staff was that there is no protected time for personal development planning, staff appraisal, continuous professional development, or peer supervision and mentoring / coaching. While patient care remains a priority, it is imperative that we also address this need, in the coming year, for both staff grade and senior physiotherapists. 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 – post acute care - physiotherapy staffing guidelines.

We aim to strengthen our links with the referring hospitals, our community care colleagues and the universities, and hope to collaborate with them for research and quality improvement initiatives.

We would also welcome the opportunity to work with the HSE e-health group, the IOH medical records committee, and DMF systems to enhance and update the current data management system. The aim would be to increase physiotherapy treatment times for patients in the IOH by improving efficiency of patient documentation and facilitate intra- and inter-hospital multidisciplinary transfer of patient information.

Areas for staff professional development include:

- Palliative care physiotherapy
- Physiotherapy treatment approaches for patients presenting with neurological conditions
- Health informatics.

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 Persons and for Trauma and Orthopaedic Surgery (including the Hip Fracture Database).

We look forward to working with our colleagues throughout the hospital in the coming year and thank them for their continuing support and advice. I would like to thank all my physiotherapy colleagues for their continued commitment, energy, enthusiasm and support. Their positivity, initiative and diligence make them a pleasure to work alongside.

***“The strength of the team is each individual member,
The strength of each member is in the team”***

Phil Jackson

Grainne O’Hara
Physiotherapy Manager



OCCUPATIONAL THERAPY DEPARTMENT

In 2017, we made significant changes in how we deliver our occupational therapy (OT) services in the IOH. These changes have required investment from all the OT Team and we have worked hard to improve our service delivery. We have been supported in our service delivery by all our hospital colleagues and are very thankful for this support. The OT Team consists of an OT manager, two senior OTs and three staff grade OTs.

SERVICE DELIVERY

The OT Department provided service delivery improvements in three key areas in 2017:

1. We moved from a referral-based service to a blanket referral service. All patients are now seen by an OT during their rehabilitation period in the IOH. This is a very significant service delivery improvement, as all patients now benefit from being seen by an OT during their stay in the hospital.

2016: patients referred but not seen by an OT=45 patients.

2017: all patients seen by an OT=142.

2. The OT Department operates a priority-based system. All admissions are screened on day one of admission and all Priority 1s are seen within 24 hours. For 2017, our main service delivery goal with regard to Priority 2 patients was to reduce their access (wait) time to be seen by an OT. This was successfully reduced by 3.5 working days and all Priority 2s were seen within 5 working days in 2017.

2016: average wait time for a Priority 2 patient to be seen by OT=8.7 days.

2017: average wait time for a Priority 2 patient to be seen by OT=5.1 days.

3. Home visit assessments include two types of visits to the home: home visits and access visits. Home visits are where the OT completes a home assessment with the patient in preparation for discharge home. In the IOH, this is often done in conjunction with another member of the Multidisciplinary Team (MDT), most often the medical social worker. Access visits are where the OT completes a home environmental assessment to prepare for discharge without the patient present.

The number of home visit assessments completed by the OT Department in 2016 was (n=36), whereas the number in 2017 was (n=115), which represents an increase of 220% in the number completed (including access visits). Home visit assessments are one of the main quality indicators in a rehabilitation setting, so this is a significant service delivery improvement.

These service delivery gains were achieved based on workforce planning audits and work systems analysis and improvements. Further service delivery gains will require an increase in OT staffing levels in the department.

SERVICE DELIVERY PLANS FOR 2018

The OT Department aims to maintain the service delivery improvements gained in 2017 and plans to further improve service delivery, dependent on staffing resources. Goals for 2018 include:

- To continue to operate a blanket referral system where all patients are seen by an OT
- To reduce average access times (wait times) for Priority 2 patients from 5 days to 3 days by end of 2018
- To increase the frequency of rehabilitation sessions offered by an OT to patients during an admission to maximise their rehabilitation potential.

SERVICE DEVELOPMENTS

OCCUPATIONAL THERAPY DOCUMENTATION

In 2017, we standardised all OT documentation. The new documentation will be reviewed every six months to monitor effectiveness. We moved completely to documenting all occupational therapy input into the unified healthcare records, which are now in place across the hospital. This is in line with HSE documentation guidelines and best practice recommendations.

WORKFORCE PLANNING

We completed a three-month audit in the summer, looking at how we use our clinical time as OTs. The audit considered the type of rehabilitation we offer to patients and the frequency of sessions offered. This audit has influenced our working practices to improve our service efficiency and delivery.

STRESS MANAGEMENT AND RELAXATION GROUPS

We introduced Stress Management and Relaxation Groups to our patients. We currently deliver the Stress Management Group on a fortnightly basis and the Relaxation Group on a

weekly basis. Patients are referred by their OT and there are two OTs involved in organising and delivering the groups.

COGNITIVE AUDIT 2017

In February, we completed the first hospital-wide cognitive audit to capture a snapshot of the cognitive patient profile in the organisation on one day. This audit was published as a poster presentation at the Irish Gerontological Society (IGS) 65th Annual and Scientific Meeting in September, and has been significant in influencing service delivery and how to best offer rehabilitation service to patients who have cognitive impairments.

DEMENTIA AWARENESS COMMITTEE

In March, the OT Department led out in setting up a hospital-wide Dementia Awareness Committee and worked closely with hospital colleagues in establishing working subgroups on a range of topics. We worked together with our physiotherapy colleagues on an environmental subgroup, which audited how "Dementia Friendly" the hospital environment is; and in 2018 we will focus on following through with the audit's recommendations. We worked with the MDT group to develop hospital-wide Nursing and Midwifery Board of Ireland accredited Dementia and Delirium Awareness Training, and in 2018 the OT department will deliver and offer this training to all staff.

HOSPITAL ENVIRONMENTAL IMPROVEMENTS

We were influential in auditing and making recommendations on the patient bathroom environments in the hospital to improve patient comfort and safety.

OT PORTERING SERVICE

Working with the General Services Department, we established a portering service for patients to access OT in the OT Activities

of Daily Living (ADL) suite. This suite includes a kitchen, bathroom, stair lift, car pod and group space. We would like to thank our colleagues in portering for their support in helping us provide this valuable service to our patients.

EDUCATION AND NETWORKING

We presented at a number of national and international conferences on topics including cognition, home assessments, lifestyle programmes and pressure care, as follows:

- We delivered three platform presentations at the national Association of Occupational Therapist of Ireland (AOTI) conference in April.
- We published two poster presentations at the 5th World Congress on Integrated Care (WCIC5) in May.
- We published three poster presentations at the 65th IGS Annual and Scientific meeting in September.
- We presented a poster presentation at the 1st European Congress on Falls, Frailty & Bone Health (FFBH) in November.

We facilitated undergraduate student OT placements for TCD and will continue this practice in 2018. We facilitated in-house training on cognition, pressure care and home assessments.

We have committee members on the National Occupational Therapy Advisory Group for older people and also have membership of the National Occupational Therapy Managers Advisory Group both of which are affiliated to the Association of Occupational Therapists of Ireland.

PLANS FOR 2018

We plan to maintain current service delivery and offer further service improvements (resource dependent) in 2018. We are currently testing the effectiveness of having an OT Assistant (OTA) as part of our OT team to increase the frequency of OT

rehabilitation sessions offered to patients. The OTA follows an OTA rehabilitation programme, as prescribed by the OT.

We aim to maintain our participation in the hospital wide Dementia Awareness Committee and will deliver the Dementia and Delirium Awareness training to all staff from the first quarter of 2018.

We will complete our first external staff grade OT rotation with Beaumont Hospital, to offer clinical experience opportunities to our team and also to build working relationships with one of our main referring hospitals.

We aim to repeat the organisation-wide cognitive audit completed in 2017, compare results, and influence services developments based on this research.

We plan to establish falls prevention and home safety educational sessions during the evenings, for family members to attend. This will provide information to families on improving home safety, how best to prevent falls, and how to assist their family member on a safe discharge home.

We aim to present at a number of conferences in 2018 including the Royal College of Occupational Therapists (RCOT) international conference in June, the Irish Gerontological Society 66th Annual and Scientific Meeting in September, and the HSE Health and Social Care Professionals' conference in November.

CONCLUSION

I would like to express my thanks to the OT Team for their hard work, dedication, enthusiasm and flexibility, which have enabled us to enhance service delivery in 2017.

We would like to thank all our hospital and community colleagues for their support with our service delivery and their engagement with our service developments and quality improvements, as we all work together to provide the best rehabilitation services possible.

We would also like to thank all the patients and families whom we work with in the IOH: we are inspired by you to improve our service delivery every day.

Monica Devine

Occupational Therapist Manager



PHARMACY DEPARTMENT

The Pharmacy department provides pharmaceutical care for patients, ensuring the safe, economic and appropriate use of medicines. The Pharmacy staff work closely with the medical, nursing and allied health professionals to provide quality care desired therapeutic outcomes and ensures that patient safety is of the upmost importance.

DISPENSARY

The Pharmacy department is responsible for the purchase, storage and distribution of controlled and non-controlled medicines within the hospital. Stock shortages with the wholesalers yet again posed a problem this year requiring sourcing alternatives or unlicensed products. Generic medicines are supplied when appropriate in order to contain costs. Staff can get prescriptions dispensed for themselves and their dependants in the Pharmacy department and this service has grown annually.

CLINICAL SERVICE MEDICINES RECONCILIATION

Prescriptions for active rehabilitation and orthopaedic patients are sent to the Pharmacy prior to admission to IOH. This allows a level 1 medicines reconciliation and any variances can be resolved before the patient leaves the referring hospital. Non- stock items are labelled, bagged and sent to the ward and the medicine is available as soon as the patient arrives in IOH. This ensures continuity of pharmaceutical care and avoids missed doses.

On the active rehabilitation units, after admission, the Pharmacist conducts more in-depth medicines reconciliation and ensures that the correct medicines have been transcribed from the admission prescription onto the kardex. Transcribing is a known risk for medication incidents and can occur

particularly at transition of care, for example, at admission and on discharge.

MEDICINES INFORMATION

Information on medicines is provided to clinical staff as well as patients. A series of 10 -15 minute 'Med – Ed' sessions for nursing staff were held on each ward in conjunction with the clinical nurse facilitator. During the year we introduced our monthly medication safety newsletter and circulated medication alerts. A monthly medication incident report was also circulated to wards and medical staff.

AUDIT

The Pharmacy Department must also complete a Pharmacy Assessment system for the Pharmaceutical Society of Ireland (PSI). This is a self-audit tool for pharmacies to critically review their pharmacy's practice, validate and record good practice and identify areas where improvements are required. It provides evidence, both to the public and to the PSI, of the commitment of all the pharmacy team to ensuring patient safety and quality of care.

Audits were also carried out on the following: - Updated Hospital Kardex, Antimicrobial use, Pharmacy out- of - hours supply and Medication incidents occurring at night.

DRUG AND THERAPEUTICS COMMITTEE

The Drug and Therapeutics committee met twice in 2017. Sub-Committees were set up to deal with specific issues and included the Medication Safety Committee and the Medication Incident Review group. The medication safety committee in turn reviewed the emergency trolleys and venous thromboembolism policy.

QUALITY IMPROVEMENTS

- New medication prescription and administration record MPAR (kardex)
- Pharmacy out of hours/ emergency supply ward requisition book
- Medication safety newsletters
- Patient stickers for Insulin, warfarin, NOACs, unlicensed and once weekly medicines
- Location and standardisation of emergency trolleys
- Venous thromboembolism risk assessment form for all patients admitted to IOH.

INFLUENZA VACCINATION

Health care workers should get the flu vaccine to protect themselves, their families and their patients. Elderly and at risk patients are not able to generate the same level of protection from the flu vaccine and these vulnerable patients rely on the immunity of those who care for them to keep them safe. Flu is highly transmissible and those who are infected can spread the disease from one day before symptoms begin (while asymptomatic) and for 5 to 7 days after developing symptoms. A flu vaccination clinic was run by Niamh in the Pharmacy and over 50 staff members received the vaccine.

CONTINUOUS PROFESSIONAL DEVELOPMENT

As part of registration as a pharmacist with the Pharmaceutical Society of Ireland (PSI) each member must submit a detail of their professional development with the Irish Institute of Pharmacy (IIOIP) and this is reviewed annually. Sarah is in her second year of a Masters in Advanced Clinical Pharmacy Practice by Queens University.

I would like to thank all the staff that support us in our work, nursing staff and in particular the general operatives who transport the orders and requisitions daily to and from the Pharmacy Department.

I would also like to take this opportunity to thank Niamh and Sarah in the Pharmacy Department for their enthusiasm, unwavering support, and commitment to quality pharmaceutical care of the patient.

Linda Murnane

Chief Pharmacist

X-RAY DEPARTMENT

X-RAY SERVICES

The X-ray Department had another busy year, with both inpatient and outpatient numbers rising. There were 2,977 patients X-rayed and a total of 3,913 procedures. The number of attendances is rising due to an increase in medical cover in the hospital, as well as the increasing number of GP practices using our outpatient service – some from as far afield as Balbriggan.

RADIATION SAFETY

The x ray department commenced lectures on radiation safety for all staff in 2017. Dr Leslie Malone, Hospital Physicist, presented the lectures over the course of two days and each lecture ran for 45 minutes. The aim of the lectures is to increase staff radiation safety awareness for both themselves and patients. These lectures will be run annually going forward and we expect staff to attend every two years.

The IOH X-ray Department runs twice-yearly Radiation Safety Committee meetings. The committee, up to now, has consisted of Professor Martina Morrin, Consultant Radiologist; Dr Lesley Malone, the hospital's Physicist and Gillian Rice, Senior Radiographer. We have been joined this year by Ms Bernie Conolly, Quality Improvement Officer, who represents hospital management.

The committee's remit is to keep up to date with statutory and regulatory changes governing radiation; review the department's safety and risk management procedures; and identify and address any issues that have arisen since the previous meeting. The department also attends the quarterly Beaumont Hospital Radiation Safety Committee meetings, which provides an ideal opportunity to meet with peers and exchange information.

FUTURE DEVELOPMENTS

There are many changes heralded for 2018 regarding the laws governing the use of radiation in Irish hospitals and we will see the Medical Exposure Radiation Unit (MERU) disbanded and replaced by HIQA. With the assistance of my colleagues, I am confident that the X-ray Department will satisfactorily address any new statutory and legislative requirements and maintain its quality-driven service to all service users.

I would like to thank all the staff who helped me in the smooth operation of the X-ray Department in 2017.

Ms Gillian Rice
Senior Radiographer

MEDICAL SOCIAL WORK DEPARTMENT

MEDICAL SOCIAL WORK SERVICES

The Medical Social Work Department provides a wide range of services to patients and their families under the care of the IOH.

Medical social workers act as a liaison between the patient, family and members of the healthcare staff. Social work interventions are directed at enhancing dignity, self-determination, personal fulfilment and quality of life. We also assist families through the transition from hospital to home and in some cases to long-term care.

The department focuses on finding solutions for patients and families to address the personal, social, psychological and environmental challenges that come with ageing, illness and disability. Working closely as part of the multidisciplinary team, the Medical Social Work Department has a particular role in providing assessments that includes working directly with patients, families and carers, and providing emotional support, as well as practical guidance.

The relationship with the MDT extends to weekly ward meetings on the five rehabilitation wards; facilitating family meetings; and joint home visits. The Medical Social Work Department also maintains strong relationships with professionals in the community and other agencies.

Discharge planning is also a part of the medical social worker's role and securing funding from the HSE for home supports is a large part of the work. To ensure a safe and timely discharge from hospital, the medical social worker coordinates the necessary community-based services where a patient is

returning to the community. In the event of the patient being unable to return to the home, making the decision to move to long term-care can be distressing for patients and families. The medical social workers play a key role in providing them with information and support in applying for the Nursing Homes Support Scheme (NHSS).

The Medical Social Work Department plays a vital role in responding to and investigating allegations of abuse in line with the Safeguarding Vulnerable Persons at Risk of Abuse National Policy (2014). The policy states that each service setting, such as the IOH, must have a designated officer. Responding to allegations of abuse has to be prioritised. Medical social workers continue to work closely with the Community Safeguarding Teams in adhering to these policies and procedures.

In relation to training undertaken in 2017, in November the team attended the Safeguarding and Awareness Raising Training and the Safeguarding Overview Policy Training programmes provided by the local Community Healthcare Organisation 9 Safeguarding Officers. Some external training included workshops on suicide intervention, loss and bereavement, and alcohol & substance abuse. The Medical Social Work Team also participated in in-house training opportunities.

CHALLENGES AND PLANS FOR 2018

Some of the challenges faced in 2017 by the Medical Social Work Department were around the lack of carers available to the care provider agencies in supporting patients to return

home. Getting access to home care packages and providers is important to enable patients to return home at the earliest opportunity and to prevent delay in discharges. Medical social workers continued to support patients and their families through this process.

The department's operating procedures, systems and processes will be reviewed in 2018 and brought into line with international best practice.

The Medical Social Work Department assisted the Safeguarding Project Team in the reviewing and redrafting of the hospital's Safeguarding Policy and will provide further assistance in the roll-out of the new policy in the first quarter of 2018. The department was also able to secure places for staff training in safeguarding and hopes to be able to extend this into 2018, as safeguarding is a mandatory requirement.

In relation to Children First: National Guidelines for the Protection and Welfare of Children (2017), a child safeguarding statement and risk assessment will need to be completed. Whilst the IOH does not provide health services to children, children visit relatives who are admitted for a period of rehabilitation. The hospital is committed to promoting the wellbeing of vulnerable adults and children and safeguarding them from abuse.

Plans are in process to submit further business cases for senior grade posts. As the patient profile is becoming more socially complicated, more resources are needed to ensure best practice and safe discharge home.

Funding and resources will continue to be a challenge in 2018, but I am confident that medical social workers will continue to advocate for their patients and ensure that needs are

identified at the early stage of their admission into hospital. Training opportunities will be required to provide staff with opportunities for continuous professional development.

Finally, I would like to take this opportunity to thank the Medical Social Work Team for all their hard work and support in 2017 and we look forward to all the opportunities and challenges that 2018 brings.

Mary Duffy

Principal Medical Social Worker



CATERING DEPARTMENT

During 2017, the Catering Department continued to provide a set menu for patients, as well as catering for staff and visitors. Other events catered for included the summer barbecue, the annual Board dinner, and educational and other meetings that were scheduled throughout the year.

There was close liaison with the dietician, catering staff and chefs on special diets and the implementation of a Nutrition and Hydration Committee. All menus list allergens, in compliance with the Food Safety Authority of Ireland regulations.

The Catering Department was delighted to receive a Merit Certificate from the Food Safety Assurance Award from the Food Safety Professionals Association in November 2017 and hopes to improve on this in 2018.

A year-end Patient Satisfactory Survey showed encouraging comments to the effect that patients enjoyed the food provided and reported the friendliness of the staff in the Catering Department.

Catering staff were active in their continuous professional development and attended hospital training in fire safety, manual handling as well as hazard analysis and critical control points (HACCP).

NEW DEVELOPMENTS FOR 2018

As with our colleagues in other departments, we look to continuously improve the quality of the service we provide to patients, staff and visitors. Plans are afoot in 2018 to:

- Review the catering service to ensure we meet the needs of the patients, staff, and visitors, as well as complying with our statutory and regulatory obligations
- Standardise menus to provide allergens and calorie counting
- Provide more menu options for patients at meal times and review specialised and textured diets and menus
- Structure meal times and monitor the Protected Meal Times Policy
- Actively participate in the Nutrition and Hydration Committee
- Bring back the Happy Heart Award.

CONCLUSION

As this is my last annual report (heading for new horizons), I would like to take this opportunity to thank the staff in the Catering Department and the General Services Department, with whom I worked closely, for their support and hard work over the last two years. I hand over to my successor, Ms Helena Reffell, whose capable hands will lead the department over coming years. I wish her all the best.

Robert McCluskey

Catering Officer

SUPPORT SERVICES

The general services staff along with maintenance staff worked closely together throughout the year to support both clinical and non-clinical hospital staff in providing safe patient care in a clean well run hospital.

The General Services Department provided key services that included: linen supplies and laundry facilities; waste management; portering services; and cleaning to name but a few.

The Maintenance Department kept the hospital and its grounds in top shape when it came to building repairs, mechanical and electrical systems, grounds keeping and a myriad of other items they were called to attend to throughout the year. They were assisted by external contractors to ensure compliance with our statutory safety obligations regarding equipment and buildings.

Maintenance and general services staff participated in training and attended sessions on manual handling, hand hygiene and fire safety. Staff also participated and contributed at the hospital's Health and Safety and Infection Control and Hygiene Committees. They provided valuable contributions in keeping the hospital clean and hygienic for both patients and staff and for maintaining a safe and healthy work environment.

Staff from the general services and maintenance departments would like to take this opportunity to thank all their colleagues in the hospital for their assistance and support throughout the year. We look forward to working with you in 2018.

Robert McCluskey

Catering Officer

Temporary General Service Officer

Tony Kerrisk

Maintenance Department

AUDITORS REPORT

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

OPINION

We have audited the financial statements of the Incorporated Orthopaedic Hospital of Ireland (a company limited by guarantee) (the Charitable company) for the year ended 31 December 2017, which comprise the Statement of Financial Activities incorporating Income and Expenditure account, the Balance Sheet, the Statement of Cash Flows and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is Irish Law and Financial Reporting Standard 102 "The Financial Reporting Standard applicable in the UK and the Republic of Ireland" (FRS 102) issued by the Financial Reporting Council and the Accounting and Reporting by Charities: Statement of Recommended Practice applicable to Charities preparing their accounts in accordance with FRS 102.

In our opinion the financial statements:

- Give a true and fair view of the assets, liabilities and financial position of the charitable company's affairs as at 31 December 2017 and of its loss for the year then ended;
- have been properly prepared in accordance with Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and the Republic of Ireland' issued by the Financial Reporting Council and the Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with FRS 102.

- Have been properly prepared in accordance with the requirements of the Companies Act 2014.

BASIS FOR OPINION

We conducted our audit in accordance with International Standards on Auditing (Ireland) (ISAs (Ireland)) and applicable law. Our responsibilities under those standards are further described in the Auditors responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of financial statements in Ireland, including the Ethical Standard issued by the Irish Auditing and Accounting Supervisory Authority (IAASA), and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

CONCLUSIONS RELATING TO GOING CONCERN

We have nothing to report in respect of the following matters in relation to which the ISAs (Ireland) require us to report to you where:

- The Directors use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- The Directors have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the charitable company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

OTHER INFORMATION

The Directors are responsible for the other information. The other information comprises the information included in the Annual Report other than the financial statements and our Auditors report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements our responsibility is to read the other information and in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed we conclude, that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

OPINION ON OTHER MATTERS PRESCRIBED BY THE COMPANIES ACT 2014

Based solely on the work undertaken in the course of the audit, we report that:

- In our opinion, the information given in the Directors Report is consistent with the financial statements,
And
- In our opinion The Directors' report has been prepared in accordance with 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 the accounting records of the charitable company were sufficient to permit the financial statements to be readily and properly audited, and financial statements are in agreement with the accounting records.

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

Based on the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Directors' Report.

The Companies Act 2014 requires us to report to you if, in our opinion, the disclosures of directors remuneration transactions required by sections 305 to 312 of the Act are not made. We have nothing to report in this regard.

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 and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the charitable company's members, as a body, in accordance with Section 391 of the Companies Act 2014. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an Auditors 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 charitable company and the charitable company's members, as a body, for our audit work, for this report, or for the opinions we have formed.

AUDITORS RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an Auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (Ireland) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the financial reporting council's website at [https://www.iaasa.ie/Publications/ISA-700-\(Ireland\)](https://www.iaasa.ie/Publications/ISA-700-(Ireland)) This description forms part of our Auditors Report.

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

INCORPORATED ORTHOPAEDIC HOSPITAL OF IRELAND OPERATING AS CLONTARF HOSPITAL

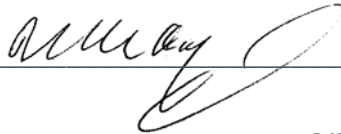
CERTIFICATION OF CHIEF EXECUTIVE OFFICER AND CHAIRPERSON FOR THE YEAR ENDED 31ST DECEMBER, 2017

We certify that the financial statements of The Incorporated Orthopaedic Hospital of Ireland (Operating as Clontarf Hospital) for the year ended 31st December 2017 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.

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 2017 and of its income and expenditure and cash flow for the year then ended.

SIGNED: 

Chief Executive Officer
DATE: 17th July 2018

SIGNED: 

Chairperson
DATE: 17th July 2018



APPENDICES



APPENDIX 1

STATEMENT OF FINANCIAL ACTIVITIES INCORPORATING INCOME AND EXPENDITURE ACCOUNT FOR YEAR ENDED 31ST DECEMBER 2017

	Unrestricted funds 2017 €	Restricted funds 2017 €	Total funds 2017 €	Total funds 2016 €
INCOME FROM:				
Charitable activities	15,028,493	-	15,028,493	14,224,716
Investment	105	-	105	184
Total Income	15,028,598	0	15,028,598	14,224,900
EXPENDITURE ON:				
Charitable activities	15,545,345	-	15,545,345	14,726,955
Governance	25,766	-	25,766	25,971
Total Expenditure	15,571,111	-	15,571,111	14,752,926
Net Income / (expenditure) before Transfers	-542,513	0	-542,513	-528,026
Transfers between funds	14,579	-14,579	-	-
NET EXPENDITURE BEFORE OTHER RECOGNISED GAINS & LOSSES	-527,934	-14,579	-542,513	-528,026
NET MOVEMENT IN FUNDS	-527,934	-14,579	-542,513	-528,026
RECONCILIATION OF FUNDS				
Total Funds brought forward	19,852,745	1,248,131	21,100,876	21,628,902
TOTAL FUNDS CARRIED FORWARD	19,324,811	1,233,552	20,558,363	21,100,876

All activities relate to continuing operations

Marcella Higgins
Director

Frank Davis
Director

**NOTES TO THE FINANCIAL STATEMENTS
FOR YEAR ENDED 31ST DECEMBER 2016**

	2017	2016
	€	€
STAFF COSTS		
Staff Costs were as follows:		
Wages and salaries	10,206,043	9,826,426
Social security costs	930,338	888,574
Other pension costs	1,342,426	893,541
	12,478,807	11,608,541

Wages and salaries above include agency costs

The average monthly number of employees was 302 (2016 300) and the average monthly number of employees during the year expressed as full time equivalents was as follows(including casual and part-time staff)

	2017	2016
	No.	No.
STAFF COSTS		
Employees	302	300
The number of higher paid employees was:		
in the band €60,000- €70,000	9	10
in the band €70,000- €80,000	6	3
in the band €80,000- €90,000	0	1
in the band €110,000- €120,000	1	1
in the band €120,000- €130,000	1	1

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

PATIENT ACTIVITY 2017

In-Patients	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2017	2016
Available Beds	148	148	148	148	148	148	148	148	148	148	140	128	148	160
Bed Days	4588	4144	4588	4440	4588	4440	4588	4588	4440	4588	4200	3968	53160	58150
Bed Days Used	4196	3948	4308	4137	4204	3951	4128	3955	4045	4208	3731	3315	48126	51851
% Occupancy	91%	95%	94%	93%	92%	89%	90%	86%	91%	92%	89%	84%	91%	89%
Total Admissions	130	102	128	76	120	117	99	113	115	110	108	75	1293	1432
X-Rays Taken	75	92	101	80	80	57	61	61	56	70	72	59	864	532
Social Work Referrals - New	90	77	87	87	71	76	61	76	70	60	88	38	881	908
Occupational Therapy Referrals - New	110	88	115	66	101	94	97	115	100	106	104	72	1168	1071
Physiotherapy Treatments	4061	4179	4615	3729	4455	4033	4231	4033	4095	4166	4196	3074	48867	51421
Out-Patients														
X-Rays Taken	166	169	203	174	182	179	170	193	174	167	190	146	2113	1973

PATIENT ACTIVITY 2017

Admissions by Source:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2017	2016
Cappagh	7	14	18	7	5	12	13	13	14	17	12	8	140	100
Mater	2	2	3	2	4	2	1	1	19	14	7	1	58	33
Mater Rehab	42	28	36	24	39	33	23	34	26	27	30	19	361	385
Tallaght	10	5	9	7	9	11	7	10	8	7	8	8	99	171
St. Vincents	5	2	2	0	1	3	2	1	4	1	2	0	23	46
Beaumont	12	14	12	7	13	6	4	4	9	11	6	7	105	126
Beaumont Geriatric Rehap	24	21	26	15	32	29	24	26	27	23	23	19	289	250
St. James's	16	6	9	4	10	9	11	10	6	8	7	4	100	99
Connolly	1	1	6	3	2	1	3	3	2	1	4	1	28	48
Connolly Interim Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other														
Other - Blackrock Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other - Mater Private	10	7	5	6	4	0	10	11	0	1	8	0	62	59
Other - Vincent's Private	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Other - Beacon Hospital	1	1	2	1	1	1	1	0	0	0	1	0	9	0
Other	0	1	0	0	0	10	0	0	0	0	0	8	19	68
TOTAL	130	102	128	76	120	117	99	113	115	110	108	75	1293	1390



2017



Castle Avenue
Clontarf
Dublin 3

T: 01 833 2521

F: 01 833 3181

www.ioh.ie

