Annual Report
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Peamount Healthcare is an independent voluntary organisation that provides rehabilitation services to adults.

Peamount Healthcare seeks to provide an environment, which encourages and develops an improved quality of life for all of its clients characterised by independence, self-determination and dignity.

This mission statement reflects our decision to focus our direction and service delivery on rehabilitative care for all adults. The mission confirms our desire to deliver high quality, person-centred services, while striving to ensure the independence and dignity of each client is always respected.
Peamount Healthcare is an independent voluntary organisation that has been providing health and social care services to the community since 1912. Peamount Healthcare is a registered charity and is directly funded by the HSE under section 38 of the Health Act 2004.

Our services include:

**Rehabilitation Services** for older people and those with respiratory conditions

**Residential Services** for people with a neurological disability, people with an intellectual disability and older people

**Community Services** which include day care for older people, outpatients and the provision of a range of diagnostic tests to the community

Peamount seeks to provide an environment which encourages and develops an improved quality of life for all its service users characterised by independence, self determination and dignity.

“Our vision is that Peamount Healthcare will be an international leader in delivering and promoting rehabilitation and continuing care services enabling adults to live more independently.”

The Board of Peamount Healthcare has collective responsibility for promoting the success of Peamount Healthcare by leading and directing the activities of the organisation. There is a code of Governance and Code of Conduct for all Board Members. All elected members of the Board are volunteers. The Board meets at least 6 times per year. The Board takes responsibility for compliance with all statutory obligations applicable to Peamount Healthcare. Significant effort was put into reaching compliance with the new governance standards published by the HSE in December 2013. There is a comprehensive committee structure with the following Board committees:

- Quality and Risk Committee
- Nominations Committee
- Audit Committee
- Development Committee
- Finance Committee

### Board of Directors
- Mr John Delaney, Chair
- Mr Colm Hyland, Vice Chair
- Mr Jill Long, Vice Chair
- Mr Edward Crotty
- Mr John Simington
- Mr Peter Law
- Mr Brendan Barrett
- Mr Michael Tutty
- Ms. Rozanne Barrow
- Mr. Derek Montgomery
- Mr. Jerry O’Dwyer, Outgoing Chair

### Management Team
- Mr Kevin McNamee, Acting CEO
- Catherine Slattery, Director of Rehabilitation
- Ms. Joan Guinan Menton, Interim Director of Nursing
- Michael Power, Financial Controller
- Ana Gutierrez, Human Resources Manager

### Consultants
- Prof Stephen Lane, Consultant in Respiratory Medicine
- Dr Eddie Moloney, Consultant in Respiratory Medicine
- Prof Des O’Neill, Consultant in Geriatric Medicine
- Dr Ronan Collins, Consultant in Geriatric Medicine
- Dr Tara Coughlin, Consultant in Geriatric Medicine
- Dr Jacinta McEligott, Consultant in Rehabilitation Medicine
- Dr Eugene Wallace, Consultant in Rehabilitation Medicine
- Dr. Jerome Fennell, Consultant Microbiologist

### General Practitioners
- Dr Brian Blake
- Dr Aisling O’Sullivan
2016 was a challenging year for the organisation. Costs increased significantly. The HSE allocation increased also, but at a lower rate. Hence, Peamount incurred an overall deficit in 2016.

Our end of year position for 2016 can be summarised as follows:

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pay costs</strong></td>
<td>€25,448,847</td>
<td>€24,263,908</td>
</tr>
<tr>
<td><strong>Non pay costs</strong></td>
<td>€4,733,265</td>
<td>€4,603,345</td>
</tr>
<tr>
<td><strong>Total Expenditure</strong></td>
<td>€30,182,112</td>
<td>€28,867,253</td>
</tr>
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<td><strong>Less Income</strong></td>
<td>€8,466,644</td>
<td>€7,684,716</td>
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<tr>
<td><strong>Net Expenditure</strong></td>
<td><strong>€21,715,468</strong></td>
<td><strong>€21,182,537</strong></td>
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<tr>
<td><strong>Allocation for year</strong></td>
<td>€21,451,236</td>
<td>€21,242,202</td>
</tr>
<tr>
<td><strong>(Deficit)/Surplus for year</strong></td>
<td>-€264,232</td>
<td>€59,665</td>
</tr>
</tbody>
</table>

Our pay and non-pay expenditure for the year can be shown over the different expenditure headings as follows:

**Pay Costs:**

![Pie chart showing distribution of pay costs by category]
Non-Pay Costs

Comparison of Expenditure and Income for 2015 and 2016 can be seen below

Summary:

Increased expenditure as a result of HIQA inspections resulted in a deficit for the year.
AGE RELATED REHABILITATION UNIT (ARRU)

ARRU is a 25 bed rehabilitation unit which utilises the Productive Ward model to provide the most efficient care. The unit delivers Consultant Geriatrician led multidisciplinary team (MDT) rehabilitation to older people. The service provides rehab with the aim of maximising independence and facilitating return home. This is achieved through a comprehensive MDT with weekly meetings to set rehabilitation goals and map progress for each service user. There are also regular strategy meetings and working groups such as nutrition working group and the Bridges stroke support group.

The team consists of Consultant Geriatricians, Registrars, SHOs, Nurses, and Healthcare assistants, Physiotherapists, Occupational Therapists, Speech and Language Therapists, Dieticians, Social Worker and Pharmacist.

Where discharge home is not possible the team supports and assists the patient in considering other care options.

2016 saw work completed on the unit to enhance patient experience with an improved garden area and also to enhance services with ongoing audits to tackle delayed discharge, bed vacancy, hand hygiene and nursing metrics.

Ongoing staff development continues in all areas including dementia care and sepsis.

Patients are given the opportunity to complete satisfaction surveys as their feedback is invaluable in continuing to provide high quality standards of care. To date feedback is mainly positive in the unit.

Vision for the future is to continue to provide quality patient care to improve their experience and flow.
RESPIRATORY REHABILITATION

Respiratory is a 25 bedded unit dedicated to the care of patients with respiratory and sleep conditions. It provides consultant led care from 2 consultants, 1 SPR, 3 SHOs, CNM2, CNM 1 and the multidisciplinary team. Patients are admitted from home and transferred from acute care. The service is aimed at assessing and rehabilitating patients to maximise independence. This includes a comprehensive MDT assessment including sleep studies, TOSCA, PFTs and exercise testing. There are weekly MDT meetings to discuss patient goals and rehabilitation.

Achievements for 2016 included the renovation and redesign of the nurses’ station, improved signage and wayfinding, new TOSCA machine and the introduction of Wi-Fi onto the unit.

Ongoing developments including maintaining a relationship with Tallaght hospital to expedite the transfer of patients between hospitals, use of MUST tool and PREP programme, perceptorship programme student nurses affiliated with DCU.

2016 saw the appointment of a CNM1 in the unit. Ongoing education included leadership skills, healthcare management, respiratory care updates, dementia training.

The unit took part in the National HOLT survey.

Patients are given the opportunity to complete satisfaction surveys as their feedback is invaluable in continuing to provide high quality standards of care. To date feedback is mainly positive in the unit.

Future visions for development- improve IT, appointment of a CNS respiratory, commence health promotion workshops for patients, streamline sleep care pathway.
Mary Doyle, our Clinical Nurse Specialist in Older persons works between St Patrick’s and St Ciarans units. Her role includes clinical focus education and training, patient advocacy, audit and research. She is also involved in falls, meaningful activities, restraint, dementia, responsive behaviour and training in all these areas.

In 2016 Mary facilitated 57 site visits for families and potential residents and 29 pre-admission assessments for continued care/rehabilitation.

**ST. PATRICKS**

This is a 24 bedded unit providing care to both males and females over 65 who can no longer live in their own home. Over 70% of residents have a diagnosis of dementia with other co-morbidities including stroke, diabetes, respiratory and orthopaedics. 2016 saw 3 admissions and 4 deaths in the unit.

The focus in the unit is on enhancing and maintaining quality of life for each resident by ensuring physical, social, psychological and spiritual needs are met, within a safe and comfortable environment.

The team continue to use the HIQA National Quality Standards to guide practice, developments and initiatives. Staffing includes CNM2, Nursing, HCA, Household and members of MDT.

The activities team provides meaningful recreational activities for residents, one to one and in groups.

2016 had a summer celebration of the 1916 anniversary, a Christmas party for residents and families, trips to Christmas lights in Dublin city, Kildare village and the National Concert Hall. There were also regular afternoon tea sessions commenced for residents and families with trips to Bray, Carton house and Cuisle in Roscommon with a pilgrimage to Knock included.

The MDT action group worked to improve the dining experience for residents with dementia with improvements to decor carried out.

Ongoing education included: management course, cognitive stimulation therapy for dementia, developing an active programme for older person in residential setting, falls and dementia.

Research was completed and presented by staff at the Nursing and Midwifery Planning and Development Unit conference with a poster on the reduction of bedrail usage in residential care setting for older person.

2016 saw the first MDT falls exercise and education programme completed which showed improved balance in service users. OT also introduced a pilot cognitive stimulation group.

Ongoing audits include nursing metrics, pain management, dementia care mapping, infection control, residential satisfaction surveys

There is ongoing facilitation of residents and relatives committee meetings with SAGE in attendance.

**ST CIARANS**

This is a 24 bedded unit providing care to both male and female over 65 who can no longer live in their own home. There is also 1 respite bed.
The focus in the unit is on enhancing and maintaining quality of life for each resident by ensuring physical, social, psychological and spiritual needs are met, within a safe and comfortable environment.

The team use the HIQA National Quality Standards to guide practice, developments and initiatives. Staffing includes CNM2, nursing, HCA, household and members of MDT. In 2016 the activities team increased with 2 part-time staff allocated to the unit.

The activities team facilitated social trips, baking group, men’s shed commenced and social evenings weekly, social Sundays. There is also a forum for relatives 2 monthly basis and residents 4 monthly basis. Education included a diploma in management. Ongoing audits include nursing metrics, pain management, dementia care mapping, infection control, residential satisfaction surveys.
ST BRIDS

This is a residential unit providing continuing care services for 19 residents who have prolonged disorder of consciousness or complex medical needs associated with neurology disorders and require 24 hour nursing care.

There is a consultant led MDT working with patients, families and carers to deliver high quality patient centered care to all residents. The focus is on enhancing and maintaining quality of life for each resident.

Staff include CNM, nursing, HCA, Physiotherapy, OT, Dietician, SLT, recreational therapist, pharmacy, Social Work, psychology, chiropody. Care on the unit is guided by HIQA standards.

In 2016 there were no new admissions.

2016 saw the unit refurbished to high standards and is now able to provide single rooms all residents in a home like environment.

Pathways around the grounds have also been widened and wheelchair access improved with the car park areas reformed into outdoor seating areas for residents and families.

Education included social care course, PDOC education and 7 residents participated in a personal effectiveness course.

Audits include nursing metrics, personal plans and infection control.
The Intellectual Disability Service in Peamount Healthcare provides long-term residential care for people with an intellectual disability. Residents live in the local community and on Campus.

Significant work was done in 2016 to achieve compliance with HIQA standards for residential services with disabilities.

Helping Live Richer, Fuller Lives
The Service provides an improved quality of life for its residents aimed at helping to maximise independence, self-determination and dignity. Peamount’s Intellectual Disability Service encourages people to develop their living and social skills, empowers them to lead richer, fuller lives and to integrate within the community. The service is driven by values of equality, the right of individuals to be part of the community, to plan for their own lives and to get the personal supports they require. This is consistent with public policy to support initiatives to move people with disabilities from congregated settings.

Care and Support Tailored to Service User’s Needs
On-campus accommodation is provided in residential bungalows and two high dependency units for those with more complex needs. Community accommodation is offered by Peamount Housing Ltd. in houses and apartments in nearby towns. A highly qualified multi-disciplinary team that includes nursing, physiotherapy, occupational therapy, social work, pharmacy, speech & language therapy, dietetics and an independent advocate works with the Service Users. The Service is also supported by a Consultant Psychiatrist with a special interest in intellectual disability and a local GP service.

Specialist High Dependency Unit
Palliative and end of life care is a particular expertise of the Service. The high dependency unit has a specifically trained Palliative Care Nurse working with staff to ensure the comfort and dignity of residents who are nearing end of life. This is greatly appreciated by relatives of Service Users.

Integration in the Community
Day Services are the main focal point for most Service Users’ activities. Service Users develop practical skills here such as cookery, household management, shopping, health and hygiene, computer and telephone skills to help them integrate within the wider community. Other activities include horticulture, pottery, woodwork, photography, art, drama, various crafts, sports, dancing and outings.

Advocacy Group
The Service has its own Advocacy Group, supported by the National Advocacy Service, and developed and designed by the Service Users and supported by staff from Day Services and Speech and Language Therapy.

Allied Health Input
In 2016 this included:

- Joint SLT/Dietetics/OT FEDS training and introduction to multidisciplinary mealtime placemats to Hollybank
- Health Promotion IDS Group
- OT/Physio Falls education
RANISKEY DAY CARE

The day centre facilitates 100 clients over 65 from the local community. It provides an essential community service through supporting patients living at home.

It covers Clondalkin, Lucan, Newcastle, Celbridge and Straffan. There are 20 places available each day and a bus service can support 14 daily for transport.

Staffing consists of 2 HCAs, household support and a bus driver.

2016 saw 87 clients attend the centre.

The centre focuses on promoting clients independence, health and well being. The staff have fostered a strong working relationship with local community services which helps to ensure patients are given all possible assistance to maintain independent living and good quality of life.

2016 introduced more activities such as a baking group, arts and crafts, and reminiscence groups. Two local groups - The Retired Active Mens Group and the Brightside of Life Choir regularly entertain clients in the building. Clients also attended a tea party organised by gars in rathcoole. The service is linking more with the Intellectual Disability service in the same building this year saw the introduction of joint activities such as sonas exercise program and a joint Christmas party.

A pilot 6 week Physiotherapy led falls prevention group demonstrated a marked improvement in client’s balance and mobility. This was an exercise session followed by education sessions which were provided by MDT - OT, CNS, Pharmacy and Dietician

Staff completed training in Creative Exchanges with Age & Opportunity, first aid and meaningful activities. A survey was carried out to get feedback from clients on service, all feedback was positive.
OPD services cater for a wide variety of clients including:

- Daily phlebotomy service which caters for 50-60 patients.

Weekly:

- Sleep clinic
- COPD/respiratory clinic
- Asthma allergy clinic
- Immunotherapy clinic
- Smoking cessation clinic
- Nurse led clinic skin prick test
- Mantoux testing
- Occupational health clinic
- Optician clinic

**OUTPATIENT ACTIVITY 2016:**

In 2016 the following developments were made

- The phlebotomy service was extended
- Commenced a weight management programme for OSA patients with dietician
- Immunotherapy resumed
- Improved staff uptake of influenza vaccination
- Plans to improve waiting area with additional seating

Ongoing education is organised by OPD staff with 3 journal clubs meetings per month with different topics including internal and external speakers. Ongoing audits include venepuncture, environmental, infection control.

Patients are given the opportunity to complete satisfaction surveys as their feedback is invaluable in continuing to provide high quality standards of care. To date feedback is mainly positive in the unit.
The IP&C team produced an annual programme for 2016 approved by the IP&C committee that applies to the activities of all services within Peamount.

The IP&C committee meet quarterly and incorporates the hygiene services and environmental committee and reports to the quality and risk committee.

Staffing consists of 1 Infection Prevention and Control Clinical Nurse Manager with consultation (0.1WTE) from a consultant microbiologist.

Statistics are maintained on surveillance of:

- Alert organisms,
- Measurement of alcohol gel usage
- Attendance at mandatory IP&C education and training

In 2016 there was:

- Revision of information leaflets
- WHO hand hygiene day
- Participation in European health care association infection in long term facilities survey
- Development of medical equipment folder with standard operating procedures for the management of equipment
- Revision and development of guidelines and policies
- Increase in staff influenza vaccination figures for the 2016/2017 flu season
- Ongoing development of IP&C link nurse programme and staff influenza vaccination strategy 2016/2017

Education included sepsis management conference, healthcare associated infections in long term care facilities, IPCI professional development forum, new European products standards and HCAI AMR Clinical program IPCN QI network events.

Ongoing audits include:

- IP&C hygiene audits in Intellectual Disability on campus & community accommodation and also in rehabilitation services
- Management of patient equipment
- Management of urinary catheters
- Hand hygiene observational audit in rehabilitation and long stay residential
- Hand hygiene policy audit in IDS & community

Staff are given the opportunity to complete feedback forms after IP&C training to evaluate training. This is invaluable in continuing to provide high quality standards of care.

Future developments include implementation of national hygiene train the trainer programme, IP&C link nurse programme, increase staff influenza vaccination uptake.
QUALITY AND EDUCATION

It is through training and education that we equip our staff with the necessary skills to deliver excellent quality care. Our programmes are developed and tailored to the needs of the services that we provide. Experienced professionals bring their practical experience of working at the frontline to their training activities.

The development and delivery of education programmes in Peamount are informed by the standard requirements set out by HIQA and the mandatory training required to run a safe service. Our current focus is on Person Centred Care, Meaningful Engagements with Residents, Behaviours that Challenge & Restraint. The delivery of this programme is supported by the Multidisciplinary team that includes Occupational therapy and Speech & Language therapy. We plan for the future that all education programmes will reflect the learning that is required to meet quality standards.

Peamount Healthcare continued its focus on improving the quality of life for residents with dementia by its commitment to facilitate staff to attend the National 3 Day Dementia Course “Enhancing and Enabling Wellbeing for the Person’s with Dementia” throughout the year. Over 45 staff completed this 3 day training in 2016. The course is delivered on site by members of the Peamount Multidisciplinary team. This training also facilitates staff from other Healthcare organisations within in the Dublin and Kildare areas.

The Early Warning System that was implemented in on the Respiratory Unit in 2013 and rolled out on the Age Related Rehabilitation Unit in 2014 continues to support both Doctors and Nurses in managing patients that show early signs of deterioration. The training programme for staff on the Early Warning System can now be completed on line at HSEland.ie.

2016 saw Peamount participate in the Stop & Watch national pilot for identifying deterioration in Older Persons. This pilot was undertaken in St Ciarans unit over a period of 6 weeks.

2016 saw the continued rollout of training in the Prevention and Management of Violence & Aggression this is a follow on program to the training in Positive Behaviour Strategies.

We have continued delivering training to healthcare staff in the Safe Administration of Medication (SAMS) this allows to staff to support service users to administer their own medication in community settings.

Training on the Policy for the Protection of Vulnerable Adults has become mandatory for all staff. This training is delivered by the Social work Department. This training will be ongoing in 2017.

2016 saw the continued implementation of nursing metrics. The implementation of nursing metrics generates real time data to monitor nursing care and promotes a culture of quality and patient safety. Nursing metrics ensures appropriate methodology to monitoring compliance with legislative professional standards and quality indicators.

Ongoing implementation of mandatory training for all staff in Hand Hygiene and Basic Principles of Infection Prevention and Control was conducted by Infection Prevention and Control nurse. In 2016 our identified link nurses for infection control in each unit undertook further training in infection control at the Royal College of Surgeons

Peamount maintained close links with Trinity College and the Dublin Institute of Technology in relation to the facilitation of undergraduates and post graduate students in nursing. In 2016 we accommodated up to 29 nursing students from these universities. This would not be possible without the ongoing support from the Unit Managers and preceptors in each area. We continue our links with the Education Centre in ANMCH regarding the provision of FETAC Level 5 in Health Service skills. We had 3 staff member who were successful in achieving this award in 2016 and will have 8 staff undertaking the FETAC Level 5 certificate in 2017.
The Healthcare Charter was launched in Peamount in April 2016 with a launch event and presentation to staff and service users in the Education Centre. There were over 100 attendees and the event was co-presented with June Boulger, HSE Lead, National Patient Experience Survey Programme.

AIMS OF THE HEALTHCARE CHARTER WORKING GROUP

1. That the National Healthcare Charter becomes part of the culture of Peamount Healthcare – implementation within all levels of the organization.
2. To contribute to improvement of service quality and service user safety
3. To improve methods and range of service user feedback

2016 ACHIEVEMENTS

1. Completion of an awareness campaign – 1 week April 2016
3. Development of a process to analyse feedback and improve the feedback loop
4. Implement “You said We did” initiative – See below a sample of feedback from 2016
5. Healthcare Charter as a focus for new hire induction - Achieved
6. Develop/Improve policies – Achieved
YOU SAID, WE DID INITIATIVE

Listening to Service User Feedback

Service Users highlighted that chairs were uncomfortable at Peamount Respiratory Empowerment Programme (PREP)

What you told us
- Service Users highlighted that chairs were uncomfortable at Peamount Respiratory Empowerment Programme (PREP)
- Relative was not aware of the reason for use of orange alginate bags for SU laundry and resulted in a negative experience
- Want more sessions with my physiotherapy on inpatients
- Service Users highlighted poor choice of modified food

What we did
- Bigger more suitable chairs ordered and put in place
- Patient Information leaflet for ARRU was updated to include info on use of orange alginate bags & washing guidelines
- Classes started on inpatients in 3 areas focusing on falls, balance and general exercise
- Menu cycles were analysed by a multi disciplinary team with input from service users, as a result created a menu choice for all modified food

POSITIVE FEEDBACK 2016

Thank you for your feedback – here are some of the positive comments received in 2016

- "From not being able to lift a beaker to grilling or frying, that was amazing and I was so proud of myself"
- Everything was on time
- It stops me seizing up, keeps me out of hospital has given me great hope for the future
- I am listened to carefully when explaining how I feel and it is acted upon
- Therapist was friendly and welcoming and gave me confidence
- I have learned a lot that I didn’t know, lots of different education, great class
- Thorough - efficient, respectful and taught me my limits

COMPLAINTS PROCEDURE 2016
COMPLAINTS SUMMARY 2016

27 complaints have been received directly to the complaints officer year end 2016. This is on a par with the number of complaints in 2015. Each Dept/Unit continues to receive and record informal verbal complaints at local level. All complainants during 2016 have expressed their satisfaction with Peamount Healthcare’s complaints procedure.
“Client-centred health profession concerned with promoting health, well-being and quality of life through occupation. “

The Occupational Therapy Department is made up of: Occupational Therapy Manager, 4 Senior Therapists and 3 Staff Grade Therapists.

Referrals 2016

<table>
<thead>
<tr>
<th>Referral Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Related rehab</td>
<td>25%</td>
</tr>
<tr>
<td>Respiratory rehab</td>
<td>7%</td>
</tr>
<tr>
<td>Age related continuing care</td>
<td>25%</td>
</tr>
<tr>
<td>Neuro-disability unit</td>
<td>10%</td>
</tr>
<tr>
<td>Intellectual disability</td>
<td>33%</td>
</tr>
</tbody>
</table>

**EDUCATION**

- Senior Therapist successfully completed her Masters in Older Person Rehabilitation
- IPMN(Posture & Mobility-Day of Shared Learning),Research Skills training – 3 day course
- Assistive Technology (Enable Ireland),Promobility Trainer Training Programme
- Stroke Rehabilitation & Recovery Conference, Pressure Ulcer Prevention & Management
- Health & Social Care Professional – Interdisciplinary Conference 2016
- Best Practice in Recording and Report Writing for Health and Social Care Professionals (La Touche Training), Enriched Dementia Care Planning (Harrison Training)
- National Dementia Conference (Sonas), Postural Care Train the Trainer Course (Enable Ireland)
- Continued to facilitate student OT placements from Trinity College Dublin and NUI Galway

**DEVELOPMENT**

- Senior OT chaired the *Prolonged Disorders of Consciousness Working Group*
- OT and physiotherapy set up and delivered a pilot *Falls Prevention Education and Exercise Programme* for long-term elderly residents.
- OT and physiotherapy developed and delivered an *Accessible Falls Prevention Education Programme* for service users within the Intellectual Disability service.
- OT contributed to and provided recommendations regarding bathroom upgrades and signage project.
- OT contributed to a path upgrade project in conjunction with the maintenance team.
- OT initiated and led a project to develop an internal garden in the Age Related Rehabilitation Unit in conjunction with the maintenance team.
- Senior OT in ARRU developed and piloted a *Driving Assessment Pathway*.
- OT’s initiated a pilot *Cognitive Stimulation Group* for service users with mild to moderate dementia on St. Patrick’s and St. Ciaran’s ward.
• Ongoing audits in Falls Prevention Education seating / Wheelchair Documentation and FIM/FAM

COMMITTEES

• **National Clinical Care Programme for Rehabilitation Medicine Working Group** – OT Manager is one of 3 Health & Social Care Manager representatives on this working group.
• **National Occupational Therapy Managers Advisory Group (NOTMAG - AOTI)** – OT Manager – Treasurer role.
• **Neurology Advisory Group (AOTI)** – Senior OT – Communications Officer role
• **Older Persons Advisory Group (AOTI)** – Acting Senior OT – Communications Officer role

VISION FUTURE DEVELOPMENT

With additional staffing there would be opportunities to deliver:

• Neurorehabilitation outpatient/outreach service, Stroke Support Group for carers.
• 45 minutes of OT treatment/intervention **daily** for stroke patients as per National Clinical Guidelines. Increased group based interventions.

PHYSIOTHERAPY AND OCCUPATIONAL THERAPY FALLS PREVENTION GROUP

OCCUPATIONAL THERAPY WOODWORK/FURNITURE RESTORATION GROUP 2016
In 2016 the dietetics service underwent change in relation to staffing including new manager and a new complement of dieticians. The service underwent a review, and posts were developed to be more specialist in care of the older person, respiratory and intellectual disability—nutrition support, weight management and behaviour change.

Staffing for year ending 2016 was a Dietician Manager and 2 seniors

### NUTRITION AND DIETETICS ACTIVITY LEVELS 2016

#### Number attended

- **ARRU**: 38%
- **Resp inpatients**: 16%
- **PREP**: 3%

#### DEVELOPMENTS:

- Evolution of PREP programme from Peamount Education Programme to Peamount Empowerment Programme. Continuation of IDS weight management programme
- Lead out Health Promotion working group
- Consolidating food fortification
- Development of dietetic role in the older person
- FEDS folders for older person residential
- Policy audits & surveys
- Audit tool for Management of ETF

#### EDUCATION AND PROFESSIONAL DEVELOPMENT:

- HSE supervision course, Behaviour change level 2 and 3, O’Loughlintown weight management education programme, Food and nutrition working group, Nutrition steering group, ARRU strategy committee, IDS health promotion group

#### EXTERNAL GROUP INVOLVEMENT:

- Dieticians manager group, Older person and dementia interest group, Weight management interest group
Main focus of department is on procurement and supply of medication, provision of clinical pharmacy and attendance at MDT meetings along with a medicines information service.

In 2016 2 pharmacy interns successfully completed their training through placements with Peamount healthcare. There was a department extension to allow for patient specific dispensing.

Jenny Lydon was shortlisted as National Young Pharmacist of the year

DEVELOPMENTS:

- Department supported increased patient specific dispensing to include self administration for a number of service users.
- Increased collaboration with RCSI to provide training to undergraduates on site.

EDUCATION:

- Attendance at 4th national medicines forum
- Irish institute of pharmacy - standard compulsory CPD for pharmacists
- 8th National pharmacy forum

COMMITTEES:

INTERNAL:

- Coordinate Drugs and Therapeutics Committee
- Input into mediation events, health and safety and infection control

EXTERNAL:

- Irish medication Safety network
- AMNCH Drugs and Therapeutics Committee
PHYSIOTHERAPY

With a staff team consisting of Physiotherapy manager, 5 seniors, 5 basic grades and 3 physiotherapy assistants, Physiotherapy continued to provide a high standard of rehabilitation to all clinical areas as follows: respiratory rehab, age-related rehab, outpatients MSK, neurology, intellectual disability and care of the elderly. The team continued to maintain high standards with internal and external CPD working towards CORU registration in 2017.

2016 NEW AND UPDATED SERVICES:

- Hosted annual PCCC/Tallaght Hospital/SJH/OLH & CS seminar in October 2016. The theme was “The role of Physiotherapy in Chronic Disease Management” and was attended by over 50 physiotherapists from different areas.
- Promoted World Physiotherapy Day in September called ‘Add Years to Life’.
- Hosted a Christmas party for 35 Pulmonary Rehab clients with an education session on Mindfulness followed by discussion and chat amongst service users.
- High and low level mobility classes were started ARRU following feedback from Your Service Your Say questionnaire.
- Physiotherapy manager, began work with risk manager to enter falls data onto NIMIS system. This allows for completion of a detailed monthly report on falls in each unit with information on number falls, times falls, types falls, cause, injury and outcomes.
- Senior Physiotherapist respiratory, developed a Peamount home exercise program diary
- A new fortnightly oxygen clinic commenced by the Physiotherapy Manager in conjunction with Prof. Lane and Dr. Maloney and their medical teams. In 2016 31 new patients were seen with 14 clinics. Conditions
included COPD, ILD, and Muscular Dystrophy. With the continued implementation of the clinic Peamount complies with NICE Quality statements 8&9 (COPD).

- St Brids -PDOC established in association with WHIM assessments. Integrated seating clinics and bed positioning in physiotherapy room are ongoing.
- Care of Elderly First MDT Falls prevention exercise and education program completed.
- OT and Physio completed 9 sessions falls education in IDS.
- Falls prevention class in Raniskey for 6 weeks with 10 patients who are deemed moderate to high risk faller - including education, physiotherapy, occupational therapy, pharmacy, dietician, CNS.
- Direct access GP outpatient service developed in 2016 to include 4.5km radius.
- Staff service self referral and GP/ Occupational health referrals.
- Assisted community care area 5 with their 6 month waiting list by taking referrals within our 4.5 catchment area over a 4 month period. This was a total of 100 referrals.
- In Oct 2016 basic grade post upgraded to senior post. Over this time this has allowed the service to establish and develop links with Tallaght with BPSC, orthopaedic triage service. Also joint collaboration with in-services and training and staff CPD and education.
- Back to fitness class: ran for 6 weeks including 40 minutes Pilates based exercise, relaxation and education.
- Mobility clinic commenced

**PHYSIOTHERAPY SESSIONS 2016**

**EDUCATION AND PROFESSIONAL DEVELOPMENT:**

- RCSI practice educator provided 2 workshops focusing on clinical reasoning and competency for students and the role of the clinical educator.
- Other training by staff included: Resilience training, Dementia training, palliative care, ITS and ISCP conference, Buteyko, role physio in chronic pain management, falls in stroke, lumbars spine.

**AUDITS COMPLETED:**

- Documentation
- Oxygen clinic

**EXTERNAL COMMITTEES:**

- Manager communications officer CPM
- Staff members of CPMT, CPSEM
A team consisting of SLT manager, 3 seniors, 1 basic grade and an SLT assistant provide a timely and effective SLT service focussing on communication and/or swallowing difficulties as part of a multidisciplinary care team to all units in Peamount.

ALL UNITS:

- Introduction of Nutilis Clear and related training to all units in Peamount

REHAB:

- Introduction of Bridges Self Management Group on ARRU
- Introduction of accessible signage on respiratory ward and updating of accessible sign on ARRU

OLDER PERSONS:

Introduced:

- Visual Menus
- Dementia Friendly signage
- Orientation boards/Accessible staff boards
- Dementia friendly activities board
- Contributed to Dementia Friendly dining environment with OT/dietetics
- Life Story Project
- Signage and Wayfinding Project

INTELLECTUAL DISABILITY:

- High levels of compliance with communication outcomes identified in HIQA inspection reports in IDS
- Reviewed and updated 45 communication passports in IDS and setting up review system to ensure all passports are reviewed at least annually
- Manager represented Allied Health Professionals on IDS/HIQA working group and led out on the development of new personal and social care needs assessment, audit calendar, accessible contracts of care, accessible financial information, transition policy, giving information to residents policy
- Contributed to Health Promotion Group for IDS and housing committee in IDS

DEVELOPMENTS:

- Introduction of Bridges Self Management Group
- Continued development of Intensive Neuro-disability Outpatient Service
- With social work and OT – re-establishment of the Speak Up Group
Revision and re-launch of Communication Access training

EDUCATION AND PROFESSIONAL DEVELOPMENT:
- DCU Person-Centred Dementia Care course
- VFSS course
- IALP conference
- Sonas training

COMMITTEES & WORKING GROUPS (INTERNAL AND EXTERNAL):
- Health Promotion IDS
- Housing Committee
- HIQA working group IDS
- AHP documentation review group
- Dementia Steering group (older persons)
- Meaningful activities working group (older persons)

BRIDGES GROUP
“Delivering service in a timely and cost effective manner without compromising on our reputation as a friendly department. Maintaining a high standard with best practice in a safe working environment for staff and service users.”

The X-ray Department consists of a single general x-ray room staffed by a radiographer/RSM/RSO supported by one clerical officer. Assisted by ambulance and household staff.

**Highlights:**

- CORU registration mandatory for radiographers.
- NIMIS updates in situ.
- Student radiographers attending radiology department.

**Education and Professional development:**

- IAMP workshop how pregnancy guidance and policy is applied nationally.
- RSC meeting recorded and write up minutes with Tallaght radiology.
- Policy development in radiation safety with Tallaght radiology.
- Oversee and assess student radiographers from UCD.

**Courses attended:**

- Radiation Safety Refresher Course for RSO’s
- IAPM workshop how pregnancy guidance and policy is applied nationally
- Vulnerable Adults Awareness Programme
- RSC meeting/record/write up minutes
- Introduction to Risk Assessments
- Pregnancy policy workshop
- Fire training course on line
- Basic Principles of Infection Prevention and Control