



Leopardstown Park Hospital Board

Annual Report

2016



Contents

Leopardstown Park Hospital Board Members 2

Audit Committee Non Executive Members 2

Finance Sub Committee Non Executive Members 2

Integrated Quality & Safety Sub Committee Non Executive Members 2

Senior Hospital Staff 2

Bankers 2

Solicitors 2

Auditors 2

Leopardstown Park Hospital Audit Sub Committee of the Board – Attendance 4

Leopardstown Park Hospital Finance Sub Committee of the Board – Attendance 4

Leopardstown Park Hospital Integrated Quality & Safety Sub Committee of the Board – Attendance 5

Chairman’s Report 7

NURSING 13

Human Resources 16

Nutrition and Dietetic Department 18

Speech & Language Therapy 19

Pharmacy Department 21

Occupational Therapy 25

Physiotherapy Department 26

Chaplaincy/Pastoral Care 28

Information Communications Technology (ICT) 29

Appendix 1 - Income & Expenditure Accounts 32

Appendix 2 - Overview of Services 33

Appendix 3 - Glossary 34

[Leopardstown Park Hospital Trust](#) 34

[Friends of Leopardstown Park Hospital](#) 34

[Leopardstown Park Hospital Foundation](#) 34

Leopardstown Park Hospital Board Members

Chairman:	Mr. Eugene F. Magee
Members:	Mr. Dermot Magan
	Ms. Diane Duggan
	Ms. Elizabeth Cogan
	Prof. Helen O'Neill
	Ms. Frances Ní Fhlannchadha
	Mr. Denis Duff

Audit Committee Non Executive Members

Chairperson:	Mr. Martin Cowley (External)
Members:	Ms. Christine Long
	Mr. Dermot Magan
	Mr. Peter O'Leary
	Mr. Eugene Halley

Finance Sub Committee Non Executive Members

Chairperson:	Mr. Anthony Morris
Members:	Mr. Dermot Magan
	Ms. Frances Ní Fhlannchadha
	Mr. Denis Duff

Integrated Quality & Safety Sub Committee Non Executive Members

Members:	Ms. Elizabeth Cogan
----------	---------------------

Senior Hospital Staff

Chief Executive Officer	Ms. Ann Marie O'Grady
Hospital Accountant	Mr. Nicholas Kelly
Director of Nursing	Ms. Elaine Flanagan
Assistant Director of Nursing	Mr. Gerard McEntee
Medical Staff	Dr. Joseph Yazbeck

Bankers: Ulster Bank Ltd. Blackrock, Co. Dublin

Solicitors: Hayes Solicitors, Earlsfort Terrace, Dublin 2

Auditors: The Comptroller & Auditor General,
Dublin Castle, Dublin 2

Telephone: (01) 2955055

Website: www.lph.ie

Email: info@lph.ie

Leopardstown Park Hospital Board - Attendance

Name	Board Meetings attended in 2016	
	Expected No. of meetings to attend 2016	No. of Meetings attended 2016
Mr. Eugene F. Magee – Chairman	9	8
Mr. Dermot Magan	9	8
Ms. Diane Duggan	9	4
Ms. Elizabeth Cogan	9	6
Prof. Helen O’Neill	9	7
Ms. Frances Ní Fhlannchadha	9	7
Mr. Denis Duff	9	7

Leopardstown Park Hospital Audit Sub Committee of the Board – Attendance

Name	Audit Meetings attended in 2016	
	Expected No. of meetings to attend 2016	No. of Meetings attended 2016
Mr. Martin Cowley - Chairman	6	5
Mr. Dermot Magan	6	5
Ms. Christine Long	6	0
Mr. Eugene Halley	6	5
Mr. Peter O'Leary	6	4

Leopardstown Park Hospital Finance Sub Committee of the Board – Attendance

Name	Finance Meetings attended in 2015	
	Expected No. of meetings to attend 2016	No. of Meetings attended 2016
Mr. Anthony Morris - Chairman	4	4
Ms. Frances Ní Fhlannchadha	4	3
Mr. Dermot Magan	4	4
Mr. Denis Duff	4	4

Leopardstown Park Hospital Integrated Quality & Safety Sub Committee of the Board – Attendance

Name	IQS Meetings attended in 2016	
	Expected No. of meetings to attend 2016	No. of Meetings attended 2016
Ms. Elizabeth Cogan	4	2

History & Development of the Hospital

Leopardstown Park Hospital was established in 1917, when Lady Gertrude Power Dunning donated her estate to the British Ministry of Pensions for use as a hospital for disabled ex-servicemen. In 1979, discussions between Irish and British officials led to the Leopardstown Park Hospital Board (Establishment) Order (1979), where the running of the Hospital transferred to a newly established Board, whilst maintaining the principle that ex-servicemen would remain the principle beneficiaries of the Trust.

Since the establishment of the Board, the Hospital has expanded its range of services and has developed into a specialist Hospital for the care of older persons and provides a broad range of services including sub-acute rehabilitation, respite care, residential care, welfare home (supported living for clients with low dependency needs) and day care services. The Hospital sits at the interface between the acute and community sectors and supports older persons and the two sectors in this context.



Chairman's Report

I am pleased to present the Annual Report for Leopardstown Park Hospital for the year 2016. In essence we can report that the hospital fulfilled its obligation to the Department of Health, the Health Service Executive and maintained our traditional service to former members of Her Majesty's Forces. We are pleased to report that we did this within the restraint and terms of our budget.

There are issues around board governance and these would need a revision of the terms of the 1979 Establishment Order which we will be asking the Minister to address in due course. In the meantime I wish to record my appreciation to the members of the Board for their excellent commitment to the mission of the Hospital. I welcome Mr. Denis Duff and Ms. F. Ní Fhlannchadha, appointed to the Board in 2016.

Everyone in Leopardstown Park Hospital was pleased to learn that our Hospital has been included in the HSE's 5 year Capital Plan to the tune of €12m. Whereas this funding would not meet the cost of a complete new unit, it allows us to begin to plan for such a unit. I am pleased to report that work has begun on the process to develop a new "state of the art" facility on this site with the aspiration to open early 2020s.

In the meantime to satisfy the HIQA standards we are forced to invest significant funding in the temporary modification of the Nightingale Wards (Tibradden, Kilgobbin, Enniskerry and Kiltiernan) to improve the privacy and dignity for our residents.

The Board wish to acknowledge the great contribution of the Hospital staff in all departments in creating and maintaining a safe, friendly, efficient and caring environment for all those entrusted to our care. In that regard I would like to acknowledge the collaboration and support of the families and friends of our residents, patients and clients.

We are fortunate too to have the support of the Friends of Leopardstown Park Hospital who volunteer help in so many areas. It is quite true to say that without this help we could not function as we do.

Finally we enjoy a valuable working relationship with the Leopardstown Park Hospital Trust. Our good relationship ensures that at all times our focus is jointly on the good of our residents, patients and clients. We and the residents, patients and clients are very grateful to the Trust for this support.

Eugene F. Magee
Chairman



Chief Executive's Report

The Hospital continued to provide high quality care in services for older persons in 2016, both those in the community, acute services and those requiring residential care.

Our 12 rehabilitation beds continued to provide an essential service to St. Vincent's University Hospital (SVUH) patients. In 2016 we engaged with SVUH to develop a more streamlined transfer process, with the aim of enhancing patient safety at handover from acute to subacute care. In 2016 we were delighted to welcome the involvement of the Outreach Geriatrician service delivered by Dr. Graham Hughes and Dr. Caoilfhionn O'Donoghue, consultant geriatricians. The initial involvement is targeted at the rehabilitation patients with a view to extend input to residential clients at a later date. This has been a significant enhancement of the care and support for our rehabilitation patients. Patient and SVUH feedback remains very positive, particularly as we have been in a position, due to our expertise in this field, to accept patients very early into their acute hospital stay, including on occasion from the Emergency Department. This has supported improvements in patient flow and ultimately enhances the patient journey.

Demand for respite and day care continued unabated in 2016 and the provision of these services and the close interaction with our HSE community colleagues has allowed many older persons, even those with significant care needs, to remain in their homes as they desire. Our day services provide far more than social day care, with many accessing our medical and Health and Social Care Professionals (HSCPs), which can pre-empt difficulties that could lead to acute hospital admission or deterioration to the point of requiring residential care.

The Clevis Welfare Home continued to have a steady demand for beds from the community sector for low dependency supports for those unable to manage within the community but with low nursing care needs.

The residential component of the service struggled to get back to full occupancy following the bed closures in 2015 due to HIQA requirements at that time. Options for potential clients

to go to alternative settings, in the main with better physical infrastructure such as single rooms, resulted in a lower demand for beds. However the Hospital continued to provide options for those with complex care needs that were unable to be addressed in other residential settings. It will be essential in 2017 to optimise bed occupancy.

Key Challenges

In 2015 there were a range of very significant challenges that the Hospital faced in order to ensure the ongoing viability of the Hospital as a key provider of services to older persons within the region. These included:

- Funding remained very challenging across the year as funding levels were lower than total funding provided in 2015. While the Hospital had an ongoing cost containment programme in place, the ability for the Hospital to deliver on this was difficult in the context of delivering safe and appropriate care. Tight financial stewardship, deferred spending, procurement initiatives, conversion of agency staffing to direct employ, along with many other initiatives looked to deliver value for money/savings throughout 2016. However difficulties recruiting to nursing posts, limited savings from procurement initiatives and critical maintenance and equipment replacement requirements contributed to the challenges. There was ongoing and detailed engagement throughout the year at local and national level between Hospital Management/Hospital Board and the HSE. This resulted in additional funding being made available to allow for a close to break-even position in the last quarter. It will be critical to ensure a sustainable and realistic funding allocation in 2017 otherwise it is likely that there will be similar difficulties. Many areas of deferred spending will need to be addressed in 2017.
- Recruitment and retention of nursing staff was an ongoing difficulty for the Hospital and replicated the national shortage of nursing staff. Some progress was made towards the end of 2016 following significant work by Nursing and HR to try to address this key area.
- As part of the HIQA conditions of registration a refurbishment project of the nightingale units is required to be completed by October 2017. Significant collaborative work took place in 2016 with HSE Estates to develop a draft design brief. Unfortunately due to circumstances outside the control of the Hospital there has been drift of the timelines for delivery on this project, however the tender for the design team was completed at the end of 2016 and will commence at the start of 2017. A HSE Estates project manager for same will commence in early 2017, with the aim of progressing this as a matter of urgency. This will be an interim improvement in environment prior to full replacement with a fully compliant infrastructure.
- Under the Health Act (2007) and subsequent regulations there is a requirement to replace the Hospital with a fully compliant infrastructure by the end of 2021. The first

stage of this is the development of a Protective Development Control Plan for the site. The Leopardstown Park Hospital Trust has commissioned this work and the tender for this was completed in 2016. The aim would be for completion of this in Quarter 2 2017. This will inform the Hospital redevelopment project and is a priority project for the Hospital in 2017. A project group consisting of LPH Trust, LPH Board, key Hospital staff and representatives from HSE Estates has been established.

Environment and Sustainability



Following significant preparatory work over the previous year, the Hospital achieved EcoMerit Certification by completing a major lighting upgrade and installing LED lights throughout the site. Insulation improvements were also made to the oldest parts of the buildings in order to conserve heat and improve comfort. Between these two measures, the Hospital will reduce its carbon emissions by up to 39 tonnes. The EcoMerit programme is endorsed by the Environmental Protection Agency and supported by Dún Laoghaire Rathdown County Council. It assists organisations to prevent waste, conserve water and increase energy efficiency, thus reducing their carbon footprint and making them more sustainable.

The Hospital has also committed to ongoing monitoring of its performance and ensuring that future refurbishments/capital developments will be carried out to the highest environmental standards in compliance with its environmental policy.

The Hospital engaged with the Office of Public Works and established an *Optimising Power @ Work* programme. It is expected that this will further improve our environmental performance in 2017.

Corporate Social Responsibility

The Hospital staff were involved in a number of initiatives in 2016. Margaret Hegarty, CNM1 Day Centre coordinated the Hope Shoebox Appeal at the end of the year. Mary George, Catering Manager, along with the catering team led out on our own Alzheimer's Tea Day in support of the Alzheimer's Society. Staff, residents, patients, clients and families were very supportive of these important charitable initiatives.

I would like to pay tribute to all members of staff who, each in their own way, contributed to delivering these essential services to older persons with expertise, but also importantly with care and compassion, a core value and ethos of the Hospital. This has been reflected in the many letters of compliment from residents, patients and families that are received throughout the year.

The support and great contribution made by all our volunteers continues unabated and they are a core part of Leopardstown Park Hospital, who contribute in so many ways to the activities and the quality of life of our residents.

I would like to thank the Board and Board Subcommittee non-executives who give of their time, knowledge and expertise so generously and on a completely voluntary basis. Their support and guidance has been invaluable.

Finally I would like to thank Ger Lee in my office for her tireless work, support to me and others and her great patience under pressure.

Ann Marie O'Grady
Chief Executive

NURSING

The Nursing Department is responsible for the provision of Nursing and care services to our residents and includes resident/patient and staff safety, risk management. The Department works with colleague departments to provide a high standard of evidence based care and support to all our residents.

Staffing

Throughout 2016 the recruitment of staff continued in a very challenging environment and a new Director of Nursing was recruited together with 1 Clinical Nurse Manager, 7 staff nurses and 11 health care assistants. Total staffing expressed in WTE is 61.82 Nurses and 69.9 HCAs. The use of Agency staff continues to be a necessity to cater for vacancies, sick leave etc. and is closely monitored.

The Director of Nursing is a member of the Hospital senior management team and a member of the Hospital IQS subcommittee.

Training

Training throughout the year was again provided by our own staff in areas such as:

- CPR
- Manual Handling
- Infection Control
- Recognising and Responding to Elder Abuse
- Towards a Restraint free environment
- Palliative Care
- COMPASS

In total there were 383 attendances at training organised by the Nursing Department. External trainers provided training in Fire Prevention and related issues and evacuation drills were held.

In 2016, 52 student nurses from UCD/ TCD were facilitated for their clinical placements in the main hospital and Day centres and in autumn 2016 collaboration was commenced with Bray Institute of Further Education and Loughlinstown College to facilitate the placement of students from their CQI (FETAC) level five health and social care course.

A number of nurses have continued with their advanced studies and post graduate awards.

Staff Engagement

In 2016 a number of groups continued or were re-energised to extend the level of staff participation.

- Dementia Care
- Continence
- Nurse prescribers
- Restraint
- Metrics
- CEOL group
- Infection Control

A consultative Forum was established with representatives of management and representative bodies continued to meet to provide a forum for the exchange of ideas, proposals and discussion concerning areas of mutual concern.

Influenza Programme

In 2016 we again held our annual Influenza awareness and immunisation campaign and we had a marked increase of uptake amongst staff (137 staff which represents 57.9 %). Viral swabbing and Tamiflu was provided for staff and residents who required it.

Challenges

The recruitment of suitably qualified staff continues to be a challenge, however in 2016 we were successful in recruiting a significant number of permanent employees in a very competitive environment.

The physical infrastructure militates against meeting the exacting standards of privacy, dignity we would like to deliver and, indeed, to meet the standards required under legislation. Progress was made in 2016 with the appointment of a design team to plan the refurbishment of the current multi occupancy wards (The Nightingales) and work on their design continues together with their temporary replacement.

Achievements

The metrics project which has been running since 2014 continues to have a positive impact in the hospital, by allowing performance be measured against recognised standards using locally collected and collated data. The reports are monitored monthly and discussed with staff and areas of deficit identified and measures introduced to improve performance.

Staff from the Hospital undertook a research project on the use of hypnotics and had their paper presented at an RCSI conference. The authors were Florence Hogan, Michelle Anderson and Dr. Joseph Yazbeck.

External Linkages

The Nursing Department continues to forge links with neighbouring Acute Hospitals and sister older people's services and mental health services. The Director of Nursing attends meetings and events organised by the HSE Older Peoples services and works closely with the NMPDU, in developing learning events suitable for LPH staff. Links were also developed with the Voluntary Hospital Risk management groups. Links with third level institutes and colleges were further strengthened during the year.

Adrian Ahern

Director of Nursing/Person in Charge

Human Resources

Description

The Human Resources Department provides a strategic and coherent approach to the support and development of the Hospital's most important asset – its people. We are committed to ensure that the culture, style and structure of the Hospital and the quality and commitment of staff, contribute to continuously improving Resident care and make a real difference to those we serve together.

The HR function is working to support all areas of the Hospital by focusing on five key themes, which represent the major challenges ahead of us all for the next few years and beyond.

The five key themes are as follows:

- ☐ - Attracting and Retaining the Best
- ☐ - Engaging and Communicating
- ☐ - Supporting Hospital Performance
- ☐ - Continuously Improving Human Resources in Leopardstown Park Hospital
- ☐ - Changing and Developing the Organisation

2016 Activity

2016 proved to be extremely busy for the HR Department. This was a year of significant change and the HR team supported this through its various activities. Much of what HR does to support the Hospital goes unseen and the list below provides a 'flavour' of what we do.

2016 Headlines

- **12** recruitment campaigns completed
- **590** candidate CVs processed
- **64** candidates interviewed
- **96** reference requests processed
- **32** people Garda vetted
- **32** new staff employed
- **9** staff retired
- **26** Mandatory Training sessions coordinated (non-nursing)

The number of staff in post at December 2016 was 249 (219.92 whole-time equivalents (wte)) as set out in the table below. It should be noted that we have seen a 14% increase in levels of

nursing staff since 2011, bringing numbers of WTE back to numbers employed in 2009, before the moratorium on recruitment was declared.

Category	WTE (Dec 16)
Medical	1
Nurses & Health Care Assistants	143.51
Health & Social Care Professionals	10.44
Management / Administration	20.86
General Support Staff	44.11
Total	219.92

Work commenced to improve how we communicate with each other and we began the process of introducing a Communications Framework. This Framework includes regular engagement with the Hospital’s Trade Union Representatives and bi-annual CEO Town-Hall meetings. Further development of this Framework continues into 2017.

In addition to the coordination of Mandatory Training, HR also worked with The Dublin Region Education and Training Board and 17 people participated in the Skills for Work Programme. This 12 week programme was designed to assist people to improve their communication and computer skills.

In April, 43 members of staff participated in Effective Conflict Management training. This training is designed to increase self-awareness about we deal with conflict and to learn new skills with which to manage it more effectively when it does occur. The ultimate ambition is to create a ‘conflict competent’ organisation where, if disagreement does occur, it leads to positive outcomes for Residents and Employees.

When someone retires they may stop working with us at the Hospital but the work of HR continues. The HR Department administers both the Local Government Superannuation Pension Scheme and the new Single Public Service Pension Scheme for all employees.

A great deal of work continued in the background to improve and develop our processes and systems. Further progress was made in updating the Hospital’s Human Resource Information System (HRIS) as we move towards rolling this out to all departments.

Following Auditor feedback, HR and Finance refined their HR/payroll processes and a review of our policies and procedures was undertaken.

The Mindfulness@LPH series continued throughout 2016 with two sessions per week being delivered. The opportunity for staff to take a few minutes out of their busy day has been extremely well received.

LPH Social Committee continued its work and in 2016 two main events were organised. These were the summer Sports Day & BBQ and the staff Christmas Party.

Jason Denman
H.R. Manager

Nutrition and Dietetic Department

Description

Provides dietetic assessment, advice and management on a prioritised referral basis to residents, rehab patients and respite clients in the hospital. Professional advisor for the organisation on matters relating to nutrition and dietetics. Contributes as an active member of the Health and Social Care Professional (HSCP) group and contributes as a senior manager within the organisation. Ensures that all relevant ward staff have a basic knowledge of nutrition in the care for older people. Advises and provides evidence based dietetic specific guidelines and policies for LPH. Liaises with catering, nursing and hospital management in the provision of good nutrition practices for residents and patients in LPH.

2016 Activity

- New referrals received by dietetic department from January 2016-December 2016. Note some residents may have been previously known to dietetics or re-referred if a change in condition.
 - Rehabilitation referrals: 54
 - Resident (LTC) referrals: 77
 - Respite Referrals: 17
- Number of residents/ clients on active dietetic caseload (December 2016): 75
- Engaged with nursing management and obtained agreement for change of current MST screening tool to MUST screening tool to ensure in line with other hospitals currently using MUST for streamlining of care on transfer to and from LPH.
- Developed chairmanship skills to ensure Nutrition and Catering Group meetings have suitable objectives and deliver on these.

- Supported catering management in implementation of Calorie Posting requirements within the staff canteen.
- Updated Nutrition for Older People Policy
- Organised and facilitated two sets of dietetic student training at LPH for periods of 3 weeks and 4 weeks respectively.

Ruth Maxwell
Dietitian

Speech & Language Therapy

Description

Provision of a high quality Speech and Language Therapy service to the residents of Leopardstown Park Hospital. Engagement with the multidisciplinary team in the management of the residents of Leopardstown Park Hospital. Provision of insight into the service provision in the hospital from a Speech and Language Therapy aspect. Supporting and educating staff in areas of Speech and Language Therapy that may be relevant to their daily practices.

2016 Activity

Continued to engage in regular meetings of the Nutrition and Catering committee in conjunction with catering and ward staff. Addressing any arising issues with food and fluid provision, clarification on appropriateness of certain food in relation to food consistencies and engaging with Dietetic students to work on picture based menus.

Continued to work with Resident Services to try and recruit more individuals for the Plate Pals initiative. We are still awaiting Garda clearance for some volunteers prior to them commencing

In 2016, 135 new referrals encompassing the long term residential residents, residents from the Clevis and respite and rehabilitation residents.

All residents who are on any modified food and fluids are reviewed. These residents are all reviewed at three monthly intervals. At end of December 2016 there are 81 residents on modified food and fluids. This is an increase from 62 last year.

The Speech and Language Therapist attended several CPD events, including the launch and discussion of the newly developed Irish Association of Speech and Language Therapy (IASLT) position paper on the role of the Speech and Language Therapy in Dementia care.

Development of the communication service took place with communication therapy blocks with 7 of the residents ranging from direct therapy to augmentative and alternative communication.

A reminiscence and communication board has been developed for the centenary of the 1916 rising for residents to engage with.

Aisling McEntee

Speech and Language Therapist

Pharmacy Department

Pharmacy Mission Statement

The Pharmacy department at Leopardstown Park Hospital is dedicated to providing a high quality pharmacy service that results in optimal medication outcomes for our residents. The pharmacy team is committed to meeting the needs of our residents by providing efficient, caring, professional and cost-effective services in an environment that encourages excellence, teamwork, innovation and continuous improvement.

Role of Pharmacy Department

The Pharmacy Department provides a comprehensive range of pharmaceutical services to our residents, patients and staff at Leopardstown Park Hospital. The pharmacist works closely with the Doctors and Nursing staff and other Health Care Professionals to ensure that the residents get the best pharmaceutical care possible. The Chief Pharmacist chairs the bimonthly Medicines Management and Therapeutic Committee meetings and is an active member of both the Infection Control and The Prevention of Falls Committee.

Medicines Information

The Medicines Information Service promotes the safe, effective and economical use of medicines by the provision of up-to-date, accurate and comprehensive information and advice.

Resident Dispensary Service

The dispensary plays a pivotal role in the activities of all pharmacy staff and ensures that medicines are procured, stored and supplied promptly, safely and cost effectively. The Pharmacy Department is responsible for dispensing medications daily in a timely, safe and efficient manner for an average resident population of 170 residents and staff at a cost of €236,000 up from €229,000 in 2015. There is a software system, (Touchstore) in place, which supports the pharmacy dispensing process. The Kardex Electronic System provides the clinical support which permits medications to be prescribed electronically on an individual basis by the Medical Officer.

“Step Down” Dispensary Service

Medications are supplied on an individual basis to each person admitted from St. Vincent’s University Hospital (SVUH) for rehabilitation in LPH. The pharmacy team liaise with the Pharmacy Team in SVUH to ensure that there is a seamless transfer of care with regard

to the availability of the correct medication. During 2016, the cost of supply of medications and dressings was €21,925 as detailed in table 2 below.

Staff Dispensary Service

A prescription and over the counter medicines service is provided to all hospital staff. During 2016, 915 prescriptions were dispensed. The income generated from both prescriptions and over the counter medication purchases are shown in table 1 below. This represents an increase from 2015, when 343 prescriptions were presented.

Table 1:

Category	Amount
Income from Staff Prescriptions	€7,619
Income from Staff Purchases(Over the Counter Medications)	€1,995

Dispensing Statistics to Wards

Table 2 below displays the cost of medications dispensed to each ward in decreasing order of cost (excluding VAT) along with the cost of medications supplied to other areas as shown.

Table 2

Location	Cost	No of prescriptions in 2016	No of residents	Cost per resident/year
Glencree	€58,214	2133	27 (4 are SDU)	€2,156
Glencullen	€45,185	2015	27	€1,673
Enniskerry	€29,181	1783	17	€1,716
Tibradden	€24,114	1192	17	€1,418
Kilgobbin	€23,344	1062	17	€1,373
SDU	€21,927	2225	12	€1,827
Kiltiernan	€16,128	1342	17	€948
Respite	€2,462	385	10	€246
Djouce	€2,447	267	2	€1,223
Out of Hours Pharmacy Press(Cost)	€763			
Emergency Trolley	€259			
Out of Date Medication	€3,653			

Medication Safety

The pharmacy team foster an environment that promotes the safe, efficacious, and cost-effective use of medications. We constantly identify risks to the resident's safety associated with the use of all prescribed medication and recommend measures to reduce this risk. The appropriate use of Medications within LPH is monitored and reviewed constantly in line with current HIQA Guidelines.

Interdisciplinary Team/Rehabilitation Meetings

Two types of meetings are held weekly and are attended by a Pharmacist whose role is to ensure that all medications prescribed for each resident being discussed are appropriate in terms of safety and their individual requirements.

Education

Further education is encouraged by the Senior Management Team at LPH. This has enabled one of the pharmacy team to undertake a Diploma in Clinical Pharmacy. Continuous Professional Development is now a mandatory requirement from the Pharmaceutical Society of Ireland. Each pharmacist employed at LPH is responsible for ensuring that this is completed in an effective and timely manner.

IT Updates

The current electronic kardex system is continuously modified and improved as the need arises to ensure an acceptable level of safety.

Patient Safety

The identification, classification and reporting of medication errors and near misses in LPH is reviewed on a regular basis and forms the basis for change if, and when, appropriate.

Initiatives in 2016

1) Quality Initiative to Promote Appropriate use of Hypnotic Medication

In August 2016, a Programme for the Discontinuation of Hypnotic Medication in our residents was initiated. This programme was a joint venture between Pharmacy, Medical Officer, Nursing, Night CNM's and the QPS Department.

The results of this project culminated in a significant decrease in the use of Hypnotic Medication in LPH. The Nursing Midwifery Planning and Development Unit (NMPDU) invited LPH to present the study via a poster presentation which was displayed at the NMPDU

Conference at Dublin Castle in September 2016, where it was commented on by many interested parties.

- 2) Review dates of P.R.N. Psychotropic Medication.

The Medication Safety and Therapeutics Committee along with the QPS department initiated a new process for the administration of this type of medication. Time limits on the use of this medication were introduced. The purpose of which was to enable its supervised and timely reduction or discontinuation on an individual basis.

- 3) Initiation of implementation of Protocol for the management of Diabetes.

This process began in 2016 and is on-going.

- 4) Medication/ Tablet Crushers were introduced onto each ward.
- 5) Medication Safety: To improve the safety of medication dispensing to residents, posters were introduced and placed on each medication trolley to request that the nursing staff are not disturbed during the medication round.
- 6) Falls Risk Medication: In order to assist the nursing staff to recognise the type of medication which pose a higher risk of falls in our residents a hand-out was produced and placed in all locations throughout the hospital.
- 7) A green coloured pharmacy folder was produced for each ward for the purpose of filing important information on medication relevant to each specific ward.



Michelle Anderson
Chief Pharmacist

Occupational Therapy

Occupational Therapy (OT) involves empowering and enabling individuals and groups to do things that they need and want to do in everyday life, and assists people to develop and maintain a meaningful lifestyle. Occupations are anything (tasks and activities) that people engage in i.e. the way in which they spend their time.

Occupational Therapy Service is available to the Long Term Residents in Leopardstown Park Hospital, residents of the Clevis, Short Term Rehab clients and the Glencairn Day Centre Clients.

There is a strong focus in the Occupational Therapy Department on enabling the resident/patient to achieve as good a quality of life as they want and we can facilitate in Leopardstown Park Hospital. Examples of OT intervention include retraining in activities of daily living, recommending equipment and adaptations to an older person's home, addressing seating and posture needs, wheelchair training, training in the use of computers. We also provided a number of therapeutic individual and group activities including baking, newspaper and discussion groups, movement to music sessions, sports reviews, gardening, and activities on the Wii.

2016 Activity

2016 saw changes in staffing within the OT department with the retirements of Senior Occupational Therapist, Maeve Crean and Activity Coordinator, Vera Lynch. Niamh Galvin, was promoted to Senior Occupational Therapist and Grace Kelly joined our team as a Staff Grade Occupational Therapist.

OT staff participated in study days hosted by;

- AOTI Older Persons Advisory Group Study Days
- National OT Managers Advisory Group
- In-service training on Communication and Responsive Behaviours.

The Occupational Therapy Department during 2016 continued to be actively involved in the following hospital committees;

- Equipment Management Committee
- Health and Safety Committee
- Prevention and Management of Falls and Fall Related injuries Committee
- Integrated Quality and Safety Committee (as Health and Social Care Representative)
- CEOL Committee (Compassionate End of Life) which is a Hospice Foundation programme
- Leopardstown Park Hospital Social Committee.

Mary O'Toole,
Occupational Therapy Manager

Physiotherapy Department

The Physiotherapy Departments at Leopardstown Park Hospital adopt a holistic approach to health and well-being and strive to involve the resident/client in their own care through education, awareness and active participation. Residents/clients are reviewed regularly at interdisciplinary team meetings. We maintain links with Physiotherapists in the Community to facilitate follow-up on discharge home from Short Term Rehab and review of clients availing of Day Centre Facilities.

Department provides treatment for

Short Term Rehab clients from SVUH

Long Term Residents from LPH and Clevis

Day Centre clients (Glencairn and Carman Day Centres)

Respite/Intermittent respite clients (currently attending Glencairn and Carman Day Centres)

Undergraduate experience is facilitated via links with UCD

Physiotherapy Staff are members of the following Hospital Committees

- Senior Management Team (HSCP rep)
- Health and Safety Committee
- Prevention and Management of Falls and Fall Related Injuries and Promotion of Bone Health
- CEOL (Compassionate End of Life Committee)
- Moving and Handling Instructors Group

All Physiotherapy Staff are members of the Irish Society of Chartered Physiotherapists and are involved in clinical interest groups such as Chartered Physiotherapist in Neurology and Gerontology and Chartered Physiotherapist in Palliative Care and Oncology.

The Physiotherapy Manager is also involved in the VHRMF Falls Management Sub-committee and Physiotherapy Managers from Voluntary Hospitals Falls Management Sub-committee.

Key areas of focus 2016

Falls Awareness week April 25th-29th 2016

The Prevention and Management of Falls and Falls Related Injuries held a week long initiative to promote Falls Awareness amongst staff (clinical and non-clinical), residents, families and volunteers. Presentations in concert hall included guest speakers from the Irish Osteoporosis Society and Ophthalmologist Dr Emer Burke (Community Ophthalmic Physician). Invitations were extended to our colleagues in the community. The educational material produced for Falls Awareness week remains available on LPH intranet site.

World Physiotherapy Week September 5th-9th 2016

“Adding Life to years” – Improve mobility and quality of life
Walk the Wicklow Way 132km and Cycle to Cork 252km

Residents/clients and staff submitted kilometres covered on foot or bicycle/pedals to the Physiotherapy Departments. Progress was updated daily and displayed on the corridor and the LPH intranet site.

We cycled 523.36km and walked 342.12km

Moving and Handling Training

The Physiotherapy Department remain involved in the delivery of Moving and Handling and People Handling Training in the workplace.

Short Term Rehab Services

Continued involvement in discussions to improve communications and discharge planning and streamline admissions to the Short Term Rehab service.

Ruth Lordan
Physiotherapy Manager

Chaplaincy/Pastoral Care

Leopardstown Park Hospital as part of its holistic approach to resident care, continues to provide an Ecumenical Chaplaincy Service which recognises and supports the spiritual and religious needs of the residents.

The Chaplaincy Team

The Chaplaincy team is made up of two part time Chaplains, who cover the Hospital on site, five and a half days a week; one Church of Ireland Minister, also part-time and the priests of Sandyford Roman Catholic Parish who provide regular services and visits when possible and when required.

2016 Activity

Mass was celebrated twice weekly and on the First Fridays of the month and Holy Days. Church of Ireland Services were celebrated twice monthly. The Sacrament of the Sick was offered four times during the year, throughout the hospital for all who wished to avail of the Sacrament. On many other occasions, the priests attended residents who were dying or who requested a visit. Confession was available on request. The Chaplains held Prayer Services three times a week. Two Ecumenical Services were conducted:

- One commemorating those who lost their lives in Wars.
- The second for residents who had died during 2016, including Day Centre clients, (Family members of staff were also remembered).

Funeral Masses/Services

The onsite Chaplaincy presence enabled a significant number of these to be celebrated here. This included Celebration Funeral Services in the Chapel and afterwards in Mount Jerome, for families of residents who asked requested this. Preparation and fulfilling family wishes were facilitated on these occasions, with very positive feedback.

Facilitation the Waking of the Body for family members and friends and short prayer services were offered for those who were having the funeral Mass/Service elsewhere. Rev. John Tanner conducted some of the funerals in other churches. As far as possible either Chaplain attended funerals held in other locations. This is part of our on-going service of care to the residents and their families. Pastoral Care services on Saturdays afternoons were facilitated also.

Church Services were greatly helped by our volunteers:

- Eucharistic Ministers who take Communion to the Wards;
- Readers;
- Volunteers
- Margaret, our Flower Arranger.

Visiting Residents

Visiting residents and having regular on-going contact with them continues to be the essential part of the Ministry and where we spent most of our time. The Chaplains endeavoured to make contact with any new residents at the earliest opportunity, after their move to the hospital. We also provided support to them and their families through, what is often a sad, bewildering and frightening time for them. The steady support we offer builds up trust and friendship. Knowledge of our visits to their loved ones gives some comfort to the families.

Chaplaincy Support

Chaplaincy support is also available to staff. During the past year we were able to be there for different members of staff who were experiencing difficult situations in their life.

We are members of the CEOL Group and End of Life reviews, and the weekly IDT meetings.

Sr. Annette Byrne and Miriam Molan
Chaplaincy

Information Communications Technology (ICT)

Description

ICT department manages the day to day of ensuring network and application services are available such as email, Maxims (patient admin system) and Clockwise (time management).

The department also helps to manage access to systems and help protect the hospitals information and services.

2016 Activity

There has been a drive in 2016 to upgrade core systems and services in the hospital. Removal of older operating systems such as Windows XP/Windows Server which will help to reduce the exposure and vulnerability to external factors.

ICT has introduced a new virtual server environment to help add redundancy and replace an existing aging infrastructure. It is very important to remove single points of failure in the hospital environment.

Additional security measures have been added across the compute environment (desktops & servers) to help mitigate against new virus attacks such as Ransomware which have crippled businesses throughout the globe.

Resident services have been working closely with ICT to bring additional services to the residents such as the Internet PCs and digital display boards.

ICT is currently upgrading systems and applications, but also working with the Hospital management to streamline processes and procedures. Currently there are a number of projects in progress or being evaluated, including Policy Management, Clocking In and Records Management, introduction of managed print Services and replacing of printers in the Hospital, making Wi-Fi available throughout the hospital to the residents, visitors and staff members, upgrading our telephone systems, reducing phone costs for both landline & mobile, testing new PAS systems.

Overall the activities achieved in 2016 will set the platform to help enable technology and services in the years to come.

2016 Headlines

- Library has now been equipped with a PC & Laptop with access to the Wi-Fi to facilitate all Residents staying in the Hospital
- A TV has been installed at the Reception Area, displaying Important Information on Services & Events to the Visitors, Residents and Staff Members.
- Introduction & implementation of an ICT Helpdesk & Ticketing System, Asset Management, Inventory, Stats & Reporting for all staff members using the ICT Services
- Meeting Room in Djouce has been fully equipped with a: Wireless TV, Printer, and Laptop to facilitate meetings in a free Wi-Fi Zone.
- Reducing the number of XP Machines from over 60 in 2014 and 2015 to less than 14 in 2016

- Upgraded to a new Fast E Fibre Line capable of Speeds for up to 100mbps from our previous 10 mbps.
- A Managed Patching Solution Has been designed & implemented for all the Machines in The hospital
- Moved from a Tape Backup Solution to A Cloud Based Backup Solution for Our Core Services & Applications
- Physio Tools is now available as a SaaS facilitating the Physiotherapy Department & residents
- Our Primary Patient Administration System Maxims has been upgraded to a new Hosted Platform
- Decommissioning of Redundant Servers & Applications
- Implementation of a New Virtualized Hosting Platform managing our Systems and Applications

Appendix 1 - Income & Expenditure Accounts

A summary of the Consolidated Revenue Income & Expenditure Account 2015 is as follows:

Consolidated Revenue I & E	2016	2015
		€ '000s
Deficit/(Surplus) Fwd.	(167)	(476)
Pay Costs	14,021	13,462
Non-Pay Costs	2,736	2,828
Gross Expenditure	16,590	15,814
Less Income	(16,571)	(15,981)
Deficit/(Surplus)	19	(167)

The Board complies with the standard accounting format and standards as set out by the Department of Health publication "Accounting Standards for Voluntary Hospitals" published on 01.01.1999. In common with many publicly funded voluntary bodies, the Board does not comply with FRS 17. The financial statements are audited by the Comptroller & Auditor General.

In accordance with Sec 1.8.1 of the Accounting Standards for Voluntary Hospitals, Leopardstown Park Hospital Foundation is consolidated with the financial statements of Leopardstown Park Hospital Board."

Appendix 2 - Overview of Services

Rehabilitation

The Hospital provides a rehabilitation service for patients requiring rehabilitation post-acute hospital stay and prior to discharge home. Strong working relationships with the community sector and discharge planning is key to the success of this service which is critical to support the acute hospital sector and ensures that patients are treated in the most appropriate of settings for their needs.

Residential Care

The Hospital provides a total of 118 residential beds which are accessed under the Nursing Home Support Scheme (Fair Deal)

Respite Services

The hospital provides 10 respite beds, including one which is dementia specific. The service provides home carers with an opportunity for short breaks, family holidays or temporary respite during family crises and is critical to support older persons remaining at home in their communities.

Welfare Home – Clevis

The Clevis is a residential facility for older persons with low dependency needs who no longer feel they can manage at home. Maintaining clients' independence is a key aim of the service. The Home caters for up to 30 residents.

Glencairn Day Centre

The Glencairn Day Centre provides scheduled social day care services over seven days to approximately 200 clients a week. From Monday to Friday, clients can avail of therapy review and input, coagulation clinic, blood pressure checks and dressings.

Carman Day Centre for Older Persons with Dementia

The Carman Day Centre is a dementia specific day care service which provides scheduled social day care services to approximately 50 clients over five days a week.

Appendix 3 - Glossary

Leopardstown Park Hospital Trust

The Board operates the hospital under licence from the Leopardstown Park Hospital Trust. The Trust continues to provide valuable assistance to ex service personnel in both the Hospital and the community. The Board has a close working relationship with the Trust and acknowledges the support and encouragement provided to the Board in its aims and objectives.

Friends of Leopardstown Park Hospital

The Friends of Leopardstown Park Hospital are people who volunteer their time and services in a variety of ways to assist and improve the quality of care afforded to our residents. The Board acknowledges the great contribution made by volunteers to the life of the hospital.

Leopardstown Park Hospital Foundation

The Leopardstown Park Hospital Foundation is the vehicle where proceeds of fundraising, donations and bequests are administered. It is a charity registered with the Revenue Commissioners (CHY 16425) and the Charities Regulatory Authority (20059132).