



Leopardstown Park Hospital Board

Annual Report

2017



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 3

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

Leopardstown Park Hospital Integrated Quality & Safety Sub Committee of the Board – Attendance 4

Chairman’s Report 6

NURSING 10

Human Resources 12

Nutrition and Dietetic Department 14

Speech & Language Therapy 15

Pharmacy Department 16

Occupational Therapy 21

Physiotherapy Department 22

Chaplaincy/Pastoral Care 23

Information Communications Technology (ICT) 25

Appendix 1 - Income & Expenditure Accounts 29

Appendix 2 - Overview of Services 30

Appendix 3 - Glossary 31

[Leopardstown Park Hospital Trust 31](#)

[Leopardstown Park Hospital Volunteers 31](#)

[Leopardstown Park Hospital Foundation 31](#)

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:	Mr. Dermot Magan
	Prof. Helen O'Neill
	Mr. Ray Henry

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	Mr. Adrian Ahern
Assistant Director of Nursing	Gerard McEntee – Resigned May 2017
	Ms. Louise Faherty – Commenced September 2017
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 2017	
	Expected No. of meetings to attend 2017	No. of Meetings attended 2017
Mr. Eugene F. Magee – Chairman	10	10
Mr. Dermot Magan	10	9
Ms. Diane Duggan	10	8
Ms. Elizabeth Cogan	10	9
Prof. Helen O'Neill	10	8
Ms. Frances Ní Fhlannchadha	10	9
Mr. Denis Duff	10	10

Leopardstown Park Hospital Audit Committee of the Board – Attendance

Name	Audit Meetings attended in 2017	
	Expected No. of meetings to attend 2017	No. of Meetings attended 2017
Mr. Martin Cowley - Chairman	7	7
Mr. Dermot Magan	7	7
Prof. H. O'Neill	7	6
Mr. Ray Henry	7	7
Mr. Eugene Halley – retired March 2017	N/A	0
Mr. Peter O'Leary – resigned November 2017	7	3

Leopardstown Park Hospital Finance Committee of the Board – Attendance

Name	Finance Meetings attended in 2017	
	Expected No. of meetings to attend 2017	No. of Meetings attended 2017
Mr. Anthony Morris - Chairman	6	5
Ms. Frances Ní Fhlannchadha	6	6
Mr. Dermot Magan	6	5
Mr. Denis Duff	6	5

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

Name	IQS Meetings attended in 2017	
	Expected No. of meetings to attend 2017	No. of Meetings attended 2017
Ms. Elizabeth Cogan	4	3

History & Development of the Hospital

Leopardstown Park Hospital was established in 1917, when 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 2017. 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.

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 in the early 2020s.

In the meantime to satisfy the HIQA standards we are forced to invest significant funding in the temporary modification of the Nightingale Units (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.

In the course of the past year we marked the centenary of our foundation as a result of the donation of Leopardstown House and lands by Gertrude Power Dunning for a hospital with a Gala Band Recital and the publication of a history by Dr. Eoin Kinsella. It is hoped that by highlighting our noble tradition of dedication and service we encourage our current staff in all departments in their work in service of today's cohort of residents.

Eugene F. Magee
Chairman



Chief Executive's Report

The Hospital continued to provide high quality care in services for older persons in 2017, in the community, acute services and those requiring residential care.

Our ongoing desire to improve the environment to support care was a key focus in 2017. The Leopardstown Park Hospital Trust, who own the Leopardstown Park Hospital site, commissioned a *Protective Development Control Plan* with the aim of preparing a masterplan for the development of the Leopardstown Park Hospital site, which included the identification of a location for the development of a new Hospital. This masterplanning exercise involved the LPH Trust, LPH Board, Hospital Management and HSE Corporate Estates and was finalised in 2017. This detailed report allowed the Hospital to further engage with the HSE to progress with the new Hospital development. The proposal to proceed with the design phase of the new Hospital build will go to the HSE for approval in early 2018.

In addition, from the start of 2017, a design team, project led by a HSE Estates Project Manager, worked on the refurbishment of the open plan nightingale residential units, with the aim of improving privacy and dignity by segregating the unit into 2 bedded rooms. This was not going to bring the units into regulatory compliance but would have enhanced somewhat the environment for residents. Unfortunately prior to going to tender in August 2017 it was identified that the costs had increased dramatically to an unviable level for temporary works that would not bring the area into compliance. Also the additional funding required would have had to come from the allocated funds for the new hospital build. A decision was made not to proceed with the refurbishment works. The focus remained on the Hospital redevelopment

The support and expertise of the HSE Estates, both corporate and local, has to be formally recognised and our sincere appreciation noted, in relation to the above and we look forward to working with them further in 2018 and beyond to progress the new Hospital.

The re-registration process with HIQA commenced in early 2017 with an announced inspection in March. There were two further unannounced inspections in 2017 as part of the process. Areas for improvement were identified and action plans developed and improvements made. While some aspects were able to be addressed as part of the quality

improvement processes internally, many of the non-compliances identified were directly related to the out of date infrastructure. As part of the engagement with HIQA the Hospital voluntarily reduced its bed capacity by 16 in order to provide additional space to support privacy and dignity. This resulted in the loss of beds to 3 of our services: residential (11), rehabilitation (4) and respite (1). In addition to the bed reduction, cosmetic refurbishment of the areas was completed. The feedback from residents and staff has been very positive. The Hospital expects further inspections in 2018 prior to reregistration.

Funding remained very challenging across the year. 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 2017. 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 between the Hospital 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 2018 otherwise it is likely that there will be similar difficulties. Many areas of deferred spending will need to be addressed in 2018.

Recruitment and retention of nursing staff remained an ongoing difficulty for the Hospital and replicated the national shortage of nursing staff. However the Hospital continued to actively recruit to vacant posts over the period with the aim of significantly reducing the dependency on agency staff. This will require ongoing focus in 2018.

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 Committee 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. This Department also incorporates Household and Laundry Services. The Department works with colleague departments to provide a high standard of evidence based care and support to all our residents.

Employment Matters

The Hospital continues to recruit nursing and care staff during the year. A new Assistant Director of Nursing commenced duty in September. All new Care staff are required to have achieved at least FETAC/CQI level 5 in Care of the older person. A number of staff are availing of sponsorship schemes from the Centres for Nurse Education to develop their careers. Staff appraisals are a core part of our system.

A review of the attendance policy has led to improved management of sick leave absence and staff welfare.

A number of general staff /management meetings were held during the year to update staff on developments and to provide a listening opportunity.

New staff rosters were introduced following engagement with staff representative associations and management to provide for staff rotation between units and shift patterns.

All volunteers are required to submit satisfactory Garda clearance, and to be aware of their obligations as set out in our Volunteering Policy.

Staffing

2 Clinical Nurse Managers 9 staff nurses and 15 health care assistants were recruited.

The hospital is staffed by nurses and care staff over the twenty four hours and all staff are Garda Vetted and must supply evidence of current up to date registration annually.

All of our nurses are fully qualified and some have specialist qualifications and experience in mental health, learning disability, care of the older person, wound care and infection control.

The use of agency staff continues to be a necessity to cater for vacancies, sick leave etc. and is closely monitored. During 2017 a new system of agency approval and a new rostering system for nurses and health care assistants were introduced.

The number of staff on duty is based on a recognised staffing tool which uses the number of occupied beds and dependency levels in the calculation.

The Director of Nursing is a member of the Hospital senior management team and a member of a number of Hospital groups and committees.

Training

All staff are required to participate in training, internal and external, to ensure high standards are met and maintained with the most current information and best practice for the area.

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

Responding to Fire	Malnutrition Universal Screening Tool (MUST)	Infection Control
Clinical Audit	People Handling	Medication errors
HACCP	Behaviour that Challenges	Complaints Handling
Wound care	Dysphagia Training	Data Protection
First Aid/C.P.R	Medication Management	Gerontology
Care of the Dying	Protection of Vulnerable Adults	Dementia care
Attendance at Coroners Court	Report writing	Risk Management
Falls Management	Incident Reporting	

We also facilitated nursing studies with students from UCD and TCD with their clinical placements.

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

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
-

2017 Activity

Once again, 2017 proved to be extremely busy for the HR Department. 2017 was a year of major change and the HR team supported the operational departments 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.

2017 Headlines

- **13** recruitment campaigns completed
- **582** candidate CVs processed
- **67** candidates interviewed
- **111** reference requests processed
- **37** people Garda vetted
- **37** new staff employed
- **3** staff retired
- **34** Mandatory Training sessions coordinated (non-nursing)

The number of staff in post at December 2017 was 258 (227.44 whole-time equivalents (WTE)) as set out in the table below. It should be noted that following significant recruitment in recent years, our number of WTE is back to numbers employed in 2009, before the moratorium on recruitment was declared.

Category	WTE (Dec 17)
Medical	1
Nurses & Health Care Assistants	149.80
Health & Social Care Professionals	10.75
Management / Administration	20.68
General Support Staff	45.21
Total	227.44

Work continued to improve how we communicate with each other and we implemented the LPH Communications Framework. This Framework includes regular engagement with the Hospital's Trade Union Representatives, Heads of Department Meetings and bi-annual CEO Town-Hall meetings. Additionally, HR facilitated a presentation by Eilish McAuliffe who is the Head of UCD Health Systems Group and Lead Investigator on the Collective Leadership and Safety Cultures research project. Collaborating with the UCD team in the future remains on the LPH agenda.

As part of our ongoing ambition to create a 'conflict competent' organisation, we continued with our philosophy of seeking to manage conflict in a positive way. When dealing with interpersonal conflict, a key objective is to help those involved to increase their understanding and self-awareness about how they deal with conflict and to learn new skills with which to manage it more effectively.

In November 2017 Town-Hall Meetings, the Senior Management Team launched its plan for creating an even better LPH which included key projects focusing as Medication Management, Planned Rostering and Documentation. Additionally, a series of staff engagement workshops to discuss the culture of LPH in 2021 and also employee health and wellbeing were also announced.

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.

The Mindfulness@LPH series continued throughout 2017 with two sessions per week being delivered. Staff are encouraged to take the opportunity to have few minutes downtime during their busy days.

LPH Social Committee continued its work in 2017 which included the staff Christmas Party

Jason Denman
H.R. Manager

Nutrition and Dietetic Department

Description










Provide dietetic assessment, advice and management on a prioritised referral basis to residents, rehabilitation patients and respite clients in the hospital. Professional advisor for the organisation on matters relating to nutrition and dietetics. Contribute as an active member of the Health & Social Care Professional (HSCP) group and contribute as a senior manager within the organisation. Ensure all relevant unit staff have a basic knowledge of nutrition in the care for older people. Advise and provide evidence based dietetic specific guidelines and policies for LPH. Liaise with catering, nursing and hospital management in the provision of good nutrition practices for residents and patients in LPH.

2017 Activity

- New referrals received by dietetic department from January 2017 - November 2017 (No dietetic cover in Dec 17). Note some residents may have been previously known to dietetics or re-referred if a change in condition.
 - Rehabilitation referrals: 16
 - Long Term Care resident referrals: 92
 - Respite Referrals: 9
- Number of residents/ clients on current active dietetic caseload at year end: 74
- Prepared material for “MUST” (Malnutrition Universal Screening Tool) training.
- Dietitian chairs Nutrition and Catering Group meetings
 - Worked with catering and speech and language therapy to devise a 4 week pictorial menu for residents to help with meal choices (See overleaf for example).
- Organised and facilitated one set of dietetic student training at LPH.

Ruth Maxwell
Dietitian

Lunch Menu

	Chicken & Broccoli Bake 	
OR		
	Poached Fish (Healthy Option)  	
OR		
	Poached Chicken (Healthy Option) 	
Vegetables		
		Carrots & Mash Potato

Week 1, Tuesday Lunch

Speech & Language Therapy

Description

The speech and language therapy service provides assessment, diagnosis and management of both FEDS (Feeding, Eating, Drinking and Swallowing) and communication (speech, language, voice, cognitive-communication) to hospital residents. The goals of this service are to:

1. Maximise safe oral intake of food and fluids for residents, while ensuring quality of life.
2. Augment each resident’s ability to communicate (verbally or nonverbally using, speech, sign-systems, gesture or assistive devices).

3. Ensure that all relevant staff are given adequate information and training in relation to the management of FEDS and communication
4. Participate as an active member of the multidisciplinary team
5. Advise senior management on all aspects of FEDS and communication care, in order to ensure best practice. All assessments and treatment provided are evidence based and in-line with current best practice, which is achieved through ongoing professional development. Additionally, in order to maintain a high standard of service provision to all residents, speech and language therapy practices are evaluated and audited in-line with professional and registration guidelines.

2017 Activity

- FEDs training to staff, 46 staff members across all units & catering department in May 2017.
- FEDS information binders provided on each unit (containing guidelines for modified food and drink textures as well as “thickening guidelines for all fluid types using Nutilis Clear” in line with the current Irish consistency descriptors for modified fluids and food (2011.)

Aisling McEntee

Speech and Language Therapist

Pharmacy Department.

Pharmacy Mission Statement

The Pharmacy Department at Leopardstown Park Hospital (LPH) 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, nursing staff and other health care professionals to ensure that all our 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 our resident population of approximately 153 residents and patients at an 18% decrease in cost from 2016 as detailed in the table 1 below. There is a software system in place, which supports the pharmacy dispensing process. A Kardex Electronic System provides the clinical support which permits medications to be prescribed electronically on an individual basis by the medical officer.

Table 1

Pharmacy	2016	2017
Drugs & Medicine	€188,253	€154,749
Medical and Surgical Supplies	€25,859	€19,803

Rehabilitation Dispensary Service

Medications are dispensed 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 2017, the cost of supply of medications and dressings to our rehabilitation patients was €17,249.

Staff Dispensary Service

A prescription and over the counter medicines service is provided to all hospital staff. All staff appreciate this confidential service. During 2017, approx. 928 prescriptions were

dispensed to our staff. The income generated from both prescriptions and over the counter medication purchases is shown in table 2 below. This represents an increase from 2016.

Table 2:

Category	2016	2017
Income from 928 Staff Prescriptions and Over the Counter Medicines	€9,614.47	€10,929.47

Dispensing Statistics to Units

Table 3 below displays the cost of medications dispensed to each unit along with the cost of medications supplied to other areas as shown. It can be noted that the cost of supply decreased from 2016 and the number of prescriptions dispensed decreased by 866.

Table 3:

Unit	Cost 2016	Cost 2017	No of prescriptions dispensed in 2016	No of prescriptions in 2017
Glenree	€58,214	€37,689	2133	2239
Glencullen	€45,185	€29,509	2015	1843
Enniskerry	€29,181	€25,963	1783	1781
Tibradden	€24,114	€15,552	1192	1018
Kilgobbin	€23,344	€19,355	1062	969
Woodview	€21,927	€17,429	2225	1892
Kiltiernan	€16,128	€12,696	1202	1202
Respite	€2,462	€693	385	151
Djouce	€2,447	€2068	267	303
Out of Hours Pharmacy Press(Cost)	€763	€470		
Emergency Trolley	€259	€232		
Out of Date Medication	€3,653	€3,206		
Total no of prescriptions			12,264	11,398

Medication Safety and Optimisation

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.

Medicines optimisation looks at the value which medicines deliver, making sure they are clinically efficient and cost-effective. It is about ensuring our residents get the right choice of medicines, at the right time. The goal of medicines optimisation is to help patients improve their outcomes, take their medicines correctly, avoid taking unnecessary medicines, reduce wastage of medicines, and improve medicines safety. Medication Reviews are carried out by the clinical nurse manager, the pharmacist and/or medical officer as per HIQA Guidelines to enable this process to occur.

Interdisciplinary Team/Rehabilitation Unit Team and / Falls Interdisciplinary Team Meeting

Three 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. A review of medications that pose a falls risk to our residents are highlighted at the weekly Falls Interdisciplinary Team Meeting and the Medical Officer is asked to subsequently review, if appropriate.

Education

Continuous Professional Development (CPD) 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. Training for the nursing staff in the use and effects of Hypnotic and Psychotropic medication began in 2016 and has continued throughout 2017.

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 2017

- 1) Quality Initiative to Promote Appropriate use of Hypnotic Medication

This programme began in August 2016, and is on-going. It is a joint venture between Pharmacy, Medical Officer, Nursing, and the Quality & Patient Safety (QPS) Department. Following on from the significant decrease in the use of Hypnotic Medication in 2016, this year saw a further decrease in the use of this class of medication.

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

In 2016 the Medication Safety and Therapeutics Committee along with the QPS department initiated a new process for the administration of this class of medication. Time limits on the use of this medication were introduced. This process is on-going in 2017 and has resulted in a very proactive and effective input by all parties.

The above two initiatives resulted in a 25.4% decrease in the use of Hypnotic Medication and a 24% decrease in the use of Psychotropic Medication to date. A poster presentation displaying results of both initiatives was presented at a Nursing Conference in the RCSI in 2017

This result has demonstrated that nursing staff can effect a real and meaningful change for the older person in relation to the use of the above two classes of medication.

- 3) Initiation of implementation of protocol for the management of hypoglycaemia. This process began in 2016 and is now complete. A standard operating procedure for the treatment of hypoglycaemia in our residents is now available to view on the LPH Intranet.
- 4) New MDA regulations were published in May 2017 which resulted in a change in practice for the dispensing and recording of the new category of Schedule 4 Part 1 medications which include Benzodiazepines and Z drugs.
- 5) In September 2017, a new MDA book was introduced to improve the safety of administration of MDA medications. An individual record of receipt from Pharmacy, administration and a running stock balance can now be carried out for each resident.
- 6) Due to restrictions imposed by the HSE in 2017 on the reimbursement of Versatis® (Lignocaine) Patch, this medication is no longer prescribed or administered in LPH except in the case of one resident. The cost to supply this medication has decreased, from approx. €950/month to €120/month



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 (LPH), 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 LPH. 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.

2017 Activity

2017 saw changes in staffing within the OT department with the resignation of Grace Kelly, Staff Grade Occupational Therapist and with Eimear McEneaney joining our team as a Staff Grade Occupational Therapist.

As part of reviewing the service we provide and to ensure we are working within best practice the OT staff reviewed the cognitive assessments being conducted in similar settings and the acute services in Ireland as well as recent research into the various cognitive assessments being used

OT staff participated in study days or sessions hosted by;

- AOTI Older Persons Advisory Group Study Days
- National OT Managers Advisory Group
- ECHO – part of the Compassionate End of Life (CEOL) pain management for older people

The Occupational Therapy Department continued to be actively involved in hospital committees and working groups; Examples of some include

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

OT staff also participated in the following advisory groups within the hospital and nationally:

- Dementia Advisory Group
- Skin Hygiene & Tissue Viability Advisory Group
- Continence Advisory Group
- National OT Managers Advisory Group's Sub group working on position papers and guidance documents in relation to OTAs.

Mary O'Toole,
Occupational Therapy Manager

Physiotherapy Department

The Physiotherapy Department at Leopardstown Park Hospital (LPH) is committed to delivering a service that is effective, person centred and appropriate.

We aim to support the maximum level of independence and to enhance the quality of life for each individual client.

Physiotherapy treatment is available to long term Residents of LPH and the Clevis, Short Term Rehab clients and clients attending both Glencairn and Carman Day Centres.

We maintain links with physiotherapists in the community to facilitate follow up on discharge home from Short Term Rehab and for review of clients availing of the Day Centre services where necessary.

All physiotherapy staff are members of the Irish Society of Chartered Physiotherapists and are involved in clinical interest groups. We remain committed to Continuing Professional Development.

Physiotherapy staff are actively involved in Interdisciplinary team meetings as well as fulfilling roles on the Senior Management Team, Health and Safety Committee, Prevention and Management of Falls and Fall Related Injuries Committee and Compassion at End of Life Committee.

Key areas of focus 2017

- Prevention and Management of Falls and Fall Related Injuries: Development and introduction of a Targeted Risk Factor Falls Prevention Bundle to weekly Falls Specific Interdisciplinary Team Meetings. This has allowed individual risk factors to be addressed at Unit level.
- Moving and Handling / People Handling Training: Janice Soncuya continued to deliver moving and handling training and people handling training to LPH staff.

Ruth Lordan
Physiotherapy Manager

Chaplaincy/Pastoral Care

Leopardstown Park Hospital (LPH) 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. We are available to people of faith and none, in the milieu of the multicultural environment in LPH.

The Chaplaincy Team

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

2017 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 2017, 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 requested this. Preparation and fulfilling family wishes were facilitated on these occasions, with very positive feedback. The priests from Sandyford celebrated some of these Masses, when they could.

Facilitating the Viewing of the Body for family members and friends and short prayer services were offered for those who were having the funeral in other churches. As far as possible the Chaplains attended Funerals held in other locations. This is part of our on-going service of care to the residents and Church Services were greatly helped by our volunteers.

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 endeavour 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 following the death of a resident, with whom they had built up a relationship with, sometimes over many years.

Members of the Compassionate End of Life (CEOL) Group and End of Life reviews, and the weekly Multi-Disciplinary Team (MDT) meetings.

Wider Chaplaincy Involvement

The two Roman Catholic Chaplains attended National, Diocesan and Eastern area Chaplains Conferences and Gatherings.

Sr. Annette Byrne and Miriam Molan
Chaplains

Resident Services

Resident Services encompasses a large number of different areas. These are volunteers, reception, security, porters, transport, activities, events, medical records, clerical support, chaplaincy, complaints, freedom of information, residents' forum and involvement with the Veteran Support Group.

2017 Activity

In Resident Services we have continued to build on our roles within Leopardstown Park Hospital and have worked on many new and interesting projects as well as balancing the everyday tasks which are just as important.

Whilst care, comfort, and security are important for our residents these are not what makes life satisfying. To make life worth living requires a lot more than these basics and is something very personal and individualistic. Here in Leopardstown Park we do not provide the answers to this enigmatic question or even try to. Where we do like to be involved is providing the tools for individuals to ensure they have the opportunity to do this for themselves. We do not measure ourselves against other organisations but rather let our residents measure us through continuing feedback and suggestions.

We have our creative space where people come together to paint, to listen to the music, to chat with friends. It is not about the end product, it is about the journey. Our art based activity co-ordinator takes a non-directive approach that encourages our residents to express and derive their own understanding and meaning from the art work they are creating. It could be a way to connect to past memories or it could be a way of accessing personal and cultural history not available through verbal means.

We have regular music performances and whilst sing-a-longs are always popular we have extended our offering to include different musicians to cater for more tastes. We have an activity co-ordinator who is a professional singer and who regularly sings for us accompanied by a pianist and when music bingo is played it is always popular.

We have sound healing sessions with the magical Tibetan bowls and other wonderful instruments. This is especially good for those who might not like to go to the Concert Hall or even into the sitting rooms and who like to sit quietly and let the music wash over them. We have found a tenor with a beautiful voice who came to sing for an hour and stayed for two as he was enjoying himself so much. His beautiful voice was such a hit that he also sang for us at our Ballroom of Romance evening.

We now have three members of staff certified in Imagination Gym which is focused on *imagination exercises*, creative activities and a set of rules and principles in the way that the methodology is implemented. The *imagination exercises* are audio based and designed to stimulate the listener in multiple ways. Not everybody is stimulated in the same way

because everybody is different but the multiple layers designed into the exercises usually provide some sort of positive stimulation for everybody. This has proven popular by not only our residents but also staff members who have undergone a session so they would have greater understanding of its use.

Through facilitation by our Veteran Support Group we were honoured to be entertained by the “Not Forgotten Association” musicians from the UK who also carried a special recorded message from Dame Vera Lynn. It was a truly amazing event which was thoroughly enjoyed by all our residents. It was especially fitting during our centenary year.

Complaints, Compliments and Comments

Much work has been done in conjunction with the Units to ensure management of complaints at local level. The Director of Nursing and Assistant Director of Nursing have engaged in leading this change and their support is much appreciated by the Resident Services Manager (RSM).

RSM completed Systems Analysis and Data Protection training.

Whilst it may appear that complaints are negative feedback to the hospital it is actually a benefit as we have the opportunity to reflect on how we do things and if there a better way to do it. All complaint reports come with recommendations which are reviewed regularly. During 2017 we received eight formal complaints. We also received 54 compliments and a number of comments. HIQA have also asked for and reviewed documentation to ensure recommendations were in place and had been reviewed.

We have, on each Unit and in reception, feedback boxes to ensure that we capture feedback in a timely way as possible. The Resident Services Manager (RSM) since commencement in 2015 has had the full support of the Senior Management Team in relation to all recommendations.

Our volunteers have also been a source of important feedback and suggestions. During 2017 we had a number of volunteers retire and they are sadly missed. Our volunteers have many different roles and play an important part in Leopardstown Park Hospital. The areas our volunteers help with are the Church, Coffee Dock, both on Wednesday and Saturday, Wednesday social evening, veteran outings, befriending, Liana magazine, plate pals, wheelchair pushers, hosting at special events, library, music, hand care and ad hoc events.

Training was well received and more is planned for 2018. We always welcome more volunteers to lessen the burden on our current volunteers. We have engaged with a local organisation who have supplied a large number of volunteers on a given day as part of their Corporate Social Responsibility. They have helped in the grounds and helped also with painting. The new reception colours gave rise to much debate. It is interesting to see how people have opinions at totally opposite ends of the spectrum.

A number of boxes were found on the grounds with old surgical instruments. These are displayed in reception in two new glass cabinets.

The Veterans Support Group is very active within Leopardstown Park Hospital. Regular outings and events take place. The Veterans are very appreciative of the planning that goes into all these occasions and the quality of these. The CEO and RSM attended the Veteran Support Group AGM and a valuable exchange of information was undertaken.

Paula Carraher
Resident Services Manager

Engineering

Description

The department looks after the maintenance and upkeep of the hospital buildings. This includes electrical, mechanical and daily maintenance requests from the site. The department has closed 2000 maintenance tickets since we started using an online ticketing version in 2017.

Energy usage is monitored on site along with taking on upgrade projects to improve same. New initiatives have been set up including “Optimising Power at Work” programme to get staff around the site involved.

Engineering assisted the hospital with Eco merit environmental certification which the site is certificated until September 2019.

Adherence to relevant Health & Safety Authority, HIQA, local authority, building/fire regulations in relation to the hospital infrastructure is a matter for the Department.

Colm Sorohan
Engineer

Grounds

Our mission is to maintain and enhance the hospital grounds for the benefits of the residents, visitors and staff.

2017 Activity

- Major necessary tree surgery to make areas safe
- Creation of avenue Fairy ring with new matching Lutyens benches
- New Rockery seating area with benches at side of admin building
- Back of concert hall seating area with new in-house made benches
- Glen garden extension with new in-house made benches and raised vegtrugs
- Carman centre patio extension with raised vegtrugs

- New Grotto seating and patio area with raised beds.
- Reinstated the Glen roundabout fountain & hospital entrance water feature
- Completion of daycentre courtyard water garden revamp
- Completion of Tibbradden/Kilgobbin courtyard garden revamp
- New stores yard waste management & recycling area and introduction of Healthcare Waste Management Operational Policy No.7
- Creation of LPH Men's Shed beside Clevis
- Weekly gardening club for residents
- Christmas reindeers to raise funds for hospital & Christmas spirits
- New adverse weather safety initiative. Weather watch, pre salting/snow

James Egan
Head Groundsman

Appendix 1 - Income & Expenditure Accounts

A summary of the Consolidated Revenue Income & Expenditure Account 2017 is as follows:

Consolidated Revenue I & E	2017	2016
Deficit/(Surplus) Fwd.	19	(167)
Pay Costs	14,021	14,021
Non-Pay Costs	2,733	2,736
Gross Expenditure	16,773	16,590
Less Income	(16,643)	(16,571)
Deficit/(Surplus)	130	19

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

No. admissions in 2017	No. discharges in 2017	No. deaths in 2017	No. Respite admissions in 2017	No. Rehab admissions
100	231	47	175	72

OCCUPANCY RATE

The average bed occupancy rate for 2017 was 87% across all bed types, long term care beds had an occupancy rate of 95%.

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 107 residential beds which are accessed under the Nursing Home Support Scheme (Fair Deal)

Respite Services

The hospital provides 9 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 29 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 Leopardstown Park Hospital Volunteers 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. This includes the Veteran Support Group who have a particular focus on our veterans. 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).