REPORT OF A WORKING GROUP, "TO CONSIDER HOW THE ROYAL HOSPITAL, IN ASSOCIATION WITH ST VINCENT'S HOSPITAL, COULD PROVIDE SERVICES IN THE AREAS OF EXTENDED MEDICAL AND NURSING CARE AND REHABILITATION OF THE ELDERLY AND CARE OF THE YOUNG CHRONIC SICK".
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1. **INTRODUCTION**

1.1 For some time, the Board of Management of the Royal Hospital, Donnybrook has been considering its future role in the provision of services for geriatric and chronic sick patients. It became quite clear from this consideration that in the hospital's proposed future role it was essential that the services provided should be properly linked with the overall organisation of services in the area. Consequently it was agreed that the hospital's proposals should be examined in detail involving the Royal Hospital, the Department of Health, St Vincent's Hospital and the Eastern Health Board.

1.2 A small working group was established, representative of the four bodies with the following remit:

"To consider how the Royal Hospital, in association with St Vincent's Hospital, could provide services in the areas of extended medical and nursing care and rehabilitation of the elderly and care of the young chronic sick".

1.3 **Membership of the Working Group**

The Membership of the Working Group was as follows:

**Representing the Royal Hospital**

- Dr M McXiernan, Medical Officer
- Miss M Foxe, Matron
- Mr J R Darlington, Secretary/Manager

**Representing St Vincent's Hospital**

- Dr D Keating, Consultant Geriatrician
- Dr B Bresnihan, Rheumatologist
- Br Mary Magdalen, Secretary/Manager
Representing the Eastern Health Board

- Dr V Barry, Director of Community Care
- Mr P J Swords, General Administrator
- Mr P A Sheehan, Senior Executive Officer

Representing the Department of Health

- Dr N Tierney, Senior Medical Officer
- Mr J A Enright, General Hospital Services Division
- Mr A Aylward, General Hospital Services Division

Ms D Crossan and Mr G Byrne, General Hospital Services Division, acted as Secretaries to the Group.

1.4 Number of Meetings

The group held its first meeting on 28th April, 1983, and met on five occasions
2. **FUTURE ROLE OF THE ROYAL HOSPITAL**

2.1 The future role of the Royal Hospital is seen as providing for the care and maintenance of seriously medically dependant persons. The Hospital is seen as a significant unit, having a well defined relationship within the range of institutions providing services in close co-operation in the South-East Dublin area. It is recognised that in keeping with such relationship, the hospital will retain its traditional role.

2.2 The Hospital's main areas of activity would be as follows:

   (i) Extended medical and nursing care of the elderly
   (ii) Rehabilitation of the elderly
   (iii) Respite admission facilities for the elderly
   (iv) Care of the young chronic sick
   (v) Day centre.

2.3 The group recognised that for all categories of extended care patient, considerable benefit will derive from a continuation of the significant input of voluntary visitation and activity which the Royal Hospital currently enjoys.

2.4 An imaginative and forward-looking programme of staff development should be pursued by the hospital authorities. In this context, it is recommended that the Hospital should seek to be designated as an institution appropriate for engagement in geriatric nurse training.
EXTENDED MEDICAL AND NURSING CARE FOR THE ELDERLY

1 Definition

For the purposes of its deliberations, the group defined extended medical and nursing care for the elderly as being:

"Care of elderly persons, who can neither support themselves or be supported in a non-institutional setting and who are in need of regular medical and nursing attention as well as other services such as physiotherapy, occupational therapy, counselling, pastoral care, speech therapy etc."

2 Catchment Area

The group considered that to ensure the orderly development of services it was necessary to define a catchment area from which the great majority of patients would be referred to the Royal Hospital for extended medical and nursing care. The group noted the present organisation of services in the Eastern Health Board area which, on the one hand, involved the division of the area into a number of community care areas for community based services and, on the other hand involved the division of the area into catchment areas based on the proposed six major general hospitals for hospital services. The group, while recognising that a flexible approach was essential, considered that, basically, the catchment area of the Royal Hospital should be primarily that of the catchment area of St Vincent's Hospital within Dublin i.e. South-East Dublin.

3 Level of Provision

The group agreed that the number of extended medical and nursing care beds for the elderly in the Royal Hospital should be of the order of 120 beds (or six wards).
3.4 Admission Procedures

The group noted that the existing admission procedures to the Royal Hospital involved the completion of an application form on behalf of the patient. The patient is then assessed by the Hospital's Medical Officer. If the patient's doctor is of the opinion that he/she needs institutional care and this is agreed by the Medical Officer as meeting the Royal Hospital's criteria for admission, the Patient's name is put on a waiting list. It was further noted that the Royal Hospital's policy on admissions recognised that the present facilities were not suitable for psychiatric or blind patients.

The group considered that the admission procedures to the hospital should be reviewed, and recommended that extended medical and nursing care patients admitted to the hospital should be processed through the St Vincent's Hospital Geriatric Assessment Services (in association as appropriate, with the over-all structure of geriatric assessment services in the South East Dublin/Wicklow area), with due recognition of the traditional responsibilities of the Board of the Royal Hospital.

3.5 Staffing Requirements

The group agreed, in the light of the changing role of the Royal Hospital that the staffing requirements of the hospital need reviewing.

With regard to medical staffing, the group considered that it would be essential that a consultant geriatrician attached to St Vincent's Hospital be appointed on a sessional basis to the Royal Hospital. It was considered that such an arrangement would lead to a more co-ordinated service. In such circumstances, it was accepted that the medical officer would continue to be responsible for the provision of medical cover for these patients.
RESPITE ADMISSIONS

At the moment there is no specific accommodation for the dependant elderly ill who are cared for in the community and who require hospitalisation on a temporary basis in order to give short-term relief to those who look after them. The group noted that the Royal Hospital proposed to assign a number of (not less than ten) beds for such cases on a trial basis in conjunction with the new day centre at the hospital. The group recommended that consideration should be given by the hospital authorities to increasing the number of such places within the hospital as needs dictate. The duration of stay of such respite admission would be short, the maximum stay being about six weeks. The group recommended that, in the main, admission should be co-ordinated through St Vincent's Hospital geriatric assessment services (in association as appropriate, with the over-all structure of geriatric assessment services in the South East Dublin/Wicklow area) and the director of community care concerned.
REHABILITATION

Definition

The group considered that inherent in a geriatric assessment unit is the provision of first stage rehabilitation. Continuing or secondary rehabilitation was seen as more long-term, not necessarily provided as an integrated part of an assessment unit even though there has to be a close association with it. The group considered that secondary rehabilitation should be provided in the Royal Hospital.

The group noted that in the report of the working group on Geriatric Services in South Dublin, Kildare and Wicklow, rehabilitation was defined as "involving the treatment of disability and is carried out with an expectation of improvement and the aim of making the patient as independent as possible. Patients requiring physical rehabilitation are predominantly suffering from stroke, Parkinsonism and arthritis in its various forms, together with those recovering from fractures of the femur. However, the whole spectrum of disabling disease is dealt with in the rehabilitation."

The psychological and social problems which respond to rehabilitation can vary from the loneliness and helplessness of an elderly person who suddenly finds himself or herself alone after the death of a spouse to the problem of educating elderly persons to perform the activities of daily living with the restricted freedom of movement from which many of them suffer."

Catchment Area

The group agreed that, in respect of the rehabilitation services to be provided by the Royal Hospital, the catchment area should be broadly that defined for extended medical and nursing care.
5.3 Level of Provision

The group noted that it was estimated that about 120 rehabilitation beds would be required to serve the needs of the St Vincent's Hospital catchment area. It was also noted that these beds would be provided in a number of hospitals. Consequently, the group considered that it would be appropriate that a total of 40 rehabilitation beds should be provided in the Royal Hospital.

5.4 Admission Procedures

The group considered that, in the main, admissions to the rehabilitation unit at the Royal Hospital should be through the assessment units attached to the general hospitals within the designated catchment area, with due recognition of the traditional responsibilities of the Board of the Royal Hospital.

5.5 Staffing Requirements

The group considered that the rehabilitation staffing requirements of the Royal Hospital should be fully assessed by the hospital and the Department of Health. The group considered the medical staffing requirements of the hospital's rehabilitation service. The consultant geriatrician appointed (see paragraph 3.5) should be responsible for the overall clinical management of the Rehabilitation Unit. In the interests of promoting continuity of medical care, the group considered that it was essential that non-consultant hospital doctor staff, as part of the geriatric assessment team, should be based in the Royal Hospital.
6. CARE OF THE YOUNG CHRONIC SICK

6.1 Definition

There is no ready definition of a young chronic sick patient. The group did not see much purpose in attempting a precise definition, and rather, it considered that for its purposes it would define the term as meaning any chronic sick person under 65 years of age who might suffer from one or more of a variety of pathologies resulting in disability and dependancy.

6.2 Catchment Area

The group considered that it would be desirable to define a catchment area for young chronic sick patients as family support is very important for this category of patient and they should be cared for if possible in centres near their own homes, for visiting purposes. However, accepting that at present there was a significant short-fall of such places, it would be difficult initially to designate a defined area in respect of the Royal Hospital. The group envisaged that with the development of over-all services for the young chronic sick, the catchment area for the Royal Hospital would ultimately be that of the catchment area of St Vincent's Hospital within Dublin i.e. South-East Dublin.

6.3 Level of Provision

The group considered that 40 beds for the young chronic sick should be provided in the Royal Hospital.

6.4 Admission Procedures

At present young chronic sick patients wishing to be admitted to the Royal Hospital complete an application form and are seen by the Hospital's Medical Officer. If they come within the terms- of reference of the hospital's charter and are considered capable of being properly catered for by the hospital,
they are admitted. Most applications come from acute hospitals. Some come from the National Medical Rehabilitation Centre, Dun Laoghaire, and a few M.S. cases are referred to the Hospital by the patients' general practitioners. An essential element in the consideration of applications is the social environment of the person.

The group considered that, in future, admissions to the young chronic sick wards at the Royal Hospital should be processed as far as possible through the regional rehabilitation services.

6.5 Staffing Requirements

The group noted that St Vincent's Hospital have carried out a study on the need for a comprehensive rehabilitation service and on the development of their rehabilitation centre at St Anthony's Unit.

This study reinforced the view that continuity in treatment was of paramount importance. It was considered that the care of the young chronic sick should be examined in the context of the overall development of rehabilitation services. The group considered that the creation of a post of a Consultant in Rehabilitation who would oversee the rehabilitation unit in St Vincent's Hospital and would also have a commitment at the Royal Hospital would result in an important development in the services. This consultant would be responsible for monitoring the patient's progress from the acute hospital phase to the extended care phase and would be specially trained to recognise and deal with the psychological problems of the young chronic sick. This would ensure the continuity of treatment for young chronic sick patients which has been lacking up to the present. The group also considered that the Directors of Community Care should be more involved in the co-ordination of care for young chronic sick patients.

The need for counselling services for young chronic sick was seen as an essential component of the service. The group recommended that the involvement of a
clinical psychologist in helping the young chronic sick should be pursued.

The group also considered that further examination should be carried out on the hospital's requirements in other areas of staffing.

Facilities Required

The group recommends that while it is not feasible to provide single bedrooms in view of the heavily dependant patients the Royal Hospital proposes to cater for, when designing wards for young chronic sick, special areas should be set aside to allow patients to have privacy for counselling etc. The group considered in particular that the provision of day space, suitably equipped for occupational therapy should be a priority. The group also considers that the Royal Hospital should seek to achieve a greater development of recreational facilities and activities for young chronic sick patients than obtains at present.

Respite Facilities for the Young Chronic Sick

As part of the 40 beds provided for the young chronic sick, the group recommended that the Royal Hospital should assign a number of beds to cater for respite admissions for this category of patient. This would be a new service and admission to these beds should be strictly on a short-term basis. The group recommended that consideration should be given by the hospital authorities to varying the number of such places within the hospital as needs dictate.
7. **DAY CARE**

The group noted that part of Phase 1 of the development of the Royal Hospital will involve the provision of day facilities. The group welcomed this development which they felt would facilitate the establishment of closer links between the hospital and the community services.