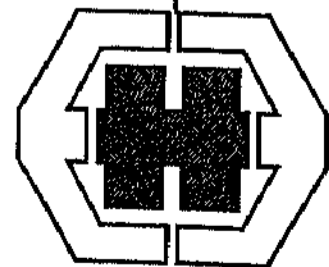


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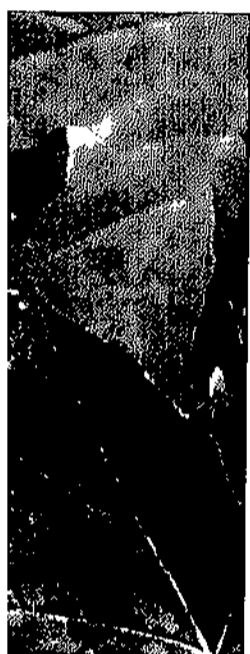
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Acute Hospital and Services for the Elderly Programme Committee
Hospital Management

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 MANAGEMENT TEAM

CHIEF EXECUTIVE OFFICER

Mr PJ. Fitzpatrick

PROGRAMME MANAGER ACUTE HOSPITALS AND SERVICES FOR THE ELDERLY

Mr Seamus O'Brien

PROGRAMME MANAGER COMMUNITY SERVICES

Mr Michael Walsh

PROGRAMME MANAGER SERVICES FOR PERSON WITH DISABILITIES

Ms Maureen Windle

PROGRAMME MANAGER MENTAL HEALTH, ADDICTION AND SOCIAL DEVELOPMENT

Mr Pat McLoughlin

PROGRAMME MANAGER CHILDREN AND FAMILIES

Ms Brid Clarke

FINANCE OFFICER

Mr Martin Gallagher

PERSONNEL OFFICER

Ms Mary Kelly

MANAGEMENT SERVICES OFFICER

Ms Mary Crowe

TECHNICAL SERVICES OFFICER

Mr Jim Curran

DIRECTOR OF PUBLIC HEALTH

Dr Brian O'Herlihy

ESTATE MANAGEMENT OFFICER

Mr Philip Doyle

COMMUNICATIONS DIRECTOR

Ms Maureen Browne



 ACUTE HOSPITALS AND SERVICES FOR THE ELDERLY PROGRAMME COMMITTEE

Mr Gerry McGuire Chairperson
 Cllr Betty Coffey Vice Chairperson
 Cllr Gerry Brady
 Cllr Michael McWey
 Cllr Roisin Shortall T.D.
 Dr Ray Hawkins
 Ms Maria Hoban
 Dr Marie Laffoy
 Cllr Jim Reilly



Human Dignity

Like the moon

their kindness is

if kindness I may call

What has no comprehension in't

But is the same for all

GENERAL HOSPITAL CARE PROGRAMME
COMMITTEE MEETING AT ST. MARY'S HOSPITAL

16TH JULY 1998

REPORT ON SERVICES
1997

Director of Nursing	-	Mrs Vera Manning-Barrett
Hospital Manager	-	Ms Breege Carroll
Consultant Physician in Geriatric Medicine	-	Dr Joe Duggan
Consultant Physician in Geriatric Medicine	-	Dr Jacques Noel
Consultant Physician in Geriatric Medicine	-	Dr John Lavan
Medical Officer (Cuan Aoibhean & Mobile Day Hospital)	-	Dr Frances Pidgeon
Engineering Officer	-	Mr Anthony Quinn

1. O V E R V I E W

St. Mary's Hospital has a bed complement of 345 beds, of which 297 are dedicated to care of the older person. The services provided for the older person at St. Mary's Hospital are organised taking cognisance of our Board's objectives for the provision of services for the older person outlined in its policy document 'Services for the Elderly' (1989) which have also been re-affirmed in the Health Strategy 'Shaping a Healthier Future'. In implementing the policy objective to maintain older people in their own home environment for as long as possible, a number of key services have been developed at St. Mary's Hospital to help achieve this objective. These include day hospital care, intermittent and respite care. A continuing care programme of rehabilitation is also provided for the older person requiring medical supervision who, because of physical and psychological disabilities, may require physiotherapy, occupational therapy and social interaction. Secondary rehabilitation is also offered to the older person who has completed the initial phase of his treatment in an acute hospital setting. When community and hospital-based intermittent care is no longer feasible, extended care beds are available to the older person.

A total of 48 beds are allocated to a residential facility for the young physically disabled adult who can no longer be cared for at home. Residents at *Cuan Aoibhean* (Haven of Peace) are encouraged to live a full and dignified life as unique individuals.

In striving to provide the most comprehensive range of client centred care for the older person and the young physically disabled, the tremendous commitment and dedication of the staff at St. Mary's in meeting this objective throughout the year has not gone unnoticed and I would like to thank all staff for their full co-operation and support.

Breege Carroll,
Hospital Manager.

2. STATISTICAL REVIEW

2.1 BED COMPLEMENT

Respite Care	6 beds
Intermittent Care	6 beds
Rehabilitation	52 beds
Welfare	16 beds
Long Stay Care	215 beds
Dental	2 beds
Sub Total:	297 beds
Young Physically Disabled	48 beds
Sub Total:	48 beds
Total:	345 beds

2.2 HOSPITAL ACTIVITY

Patient Activity	1996	1997
Admissions	986	920
Discharges	840	775
Deaths	142	144
Bed Days:	117,114	117,167
Bed Occupancy:	93%	93%
Average Daily Occupancy	321	321

2.3 SOURCE OF ADMISSIONS

	1996	1997
Acute General Hospitals	142	160
Community	*840	*744
St. Clare's	1	4
Ashgrove House/Clarehaven	3	12
TOTAL	986	920

* Includes respite and intermittent beds

2.4 DISCHARGED TO

	1996	1997
Acute General Hospitals	29	28
Community	*770	*707
St. Clare's	23	20
Ashgrove House	2	-
Clarehaven	7	1
Private Nursing Home	9	13
R.I.P.	142	144
Other	-	**6
TOTAL	982	919

* Includes respite and intermittent beds.

** Includes St. Vincents Hospital, Fairview, Our Lady's Hospice, Harold Cross.

2.5 AVERAGE LENGTH OF STAY FOR PATIENT DISCHARGE/RIP

	1996	1997
0-3 months	873	797
3-6 months	34	36
6-12 months	14	18
1-2 years	26	20
2-4 years	12	22
4-6 years	11	13
6-10 years	10	9
10 years+	2	4
Total	982	919



2.6 PATIENT AGE PROFILE AS AT 31ST DECEMBER 1997

Unit	25-40	40-50	50-65	65-80	80-90	90+
A	0	0	0	20	11	1
B	0	0	0	9	18	5
C	0	0	0	9	13	6
D1	0	0	0	6	12	5
D2	0	0	0	5	8	5
E1	0	0	0	7	15	4
E2	0	0	0	7	6	5
F1	0	0	0	5	17	7
Phoenix Unit	0	0	0	2	10	4
H	0	0	0	12	16	10
Cuan Aoibhean	8	24	12	0	0	0
O	0	0	0	7	4	4
TOTAL	8	24	12	89	130	56

2.7 PATIENT DEPENDENCY STUDY

On admission to St. Mary's each resident in the Hospital has been assessed by nursing staff on the basis of:

1. Psychological needs
2. Mobility needs
3. Hygiene needs
4. Pressure area care
5. Nutritional and Hydration needs
6. Dressing ability
7. Continence needs
8. Social needs

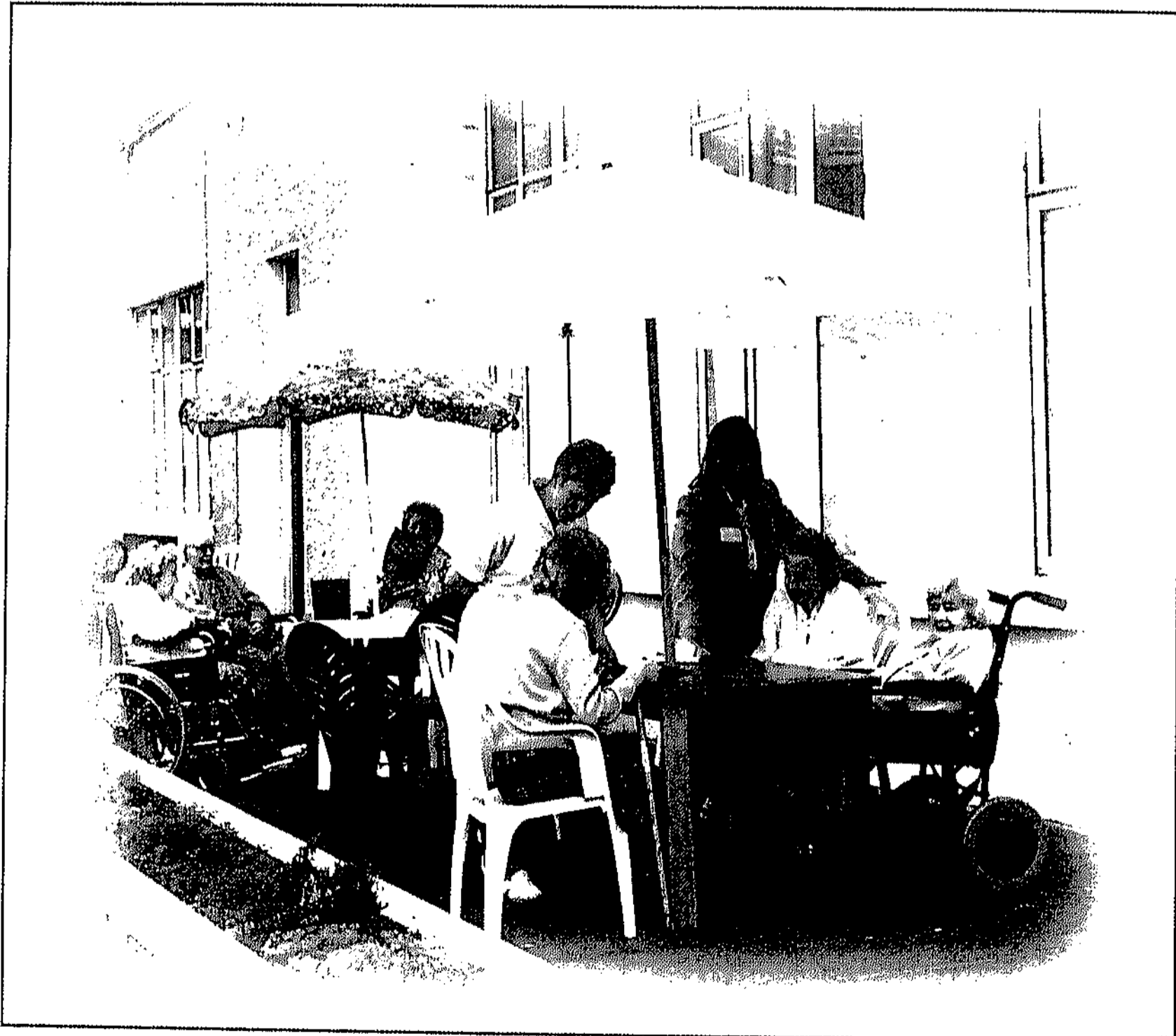
Residents are then allocated to one of four care groups ranging from minimum care assistance (Care Group 1) to maximum care assistance (Care Group 4 – where the patient is totally dependant on another for care and needs) based on their level of dependency.

ANALYSIS OF DEPENDENCY FIGURES AT 31/12/97

Unit	Care Groups				Total
	1	2	3	4	
A	4	4	13	11	32
B	0	10	15	7	32
C	0	5	12	11	28
D1	1	14	4	4	23
D2	0	8	4	6	18
E1	1	10	5	10	26
E2	0	0	9	9	18
F1	0	0	0	29	29
Phoenix Unit	0	0	5	11	16
H	1	6	23	8	38
Cuan Aoibhean	0	2	5	37	43
O	1	4	8	2	15
TOTAL	8	63	103	145	319

2.8 FINANCIAL OUT TURNS

	1996	1997
Pay	7,472,709	7,264,623
Non-Pay	1,631,048	1,542,000
Gross Total	9,103,757	8,806,623
Less Income	(1,505,167)	(1,075,000)
NET TOTAL	7,598,590	7,731,623



3. CURRENT SERVICES

3.1 DAY CARE SERVICES

This service, available five days per week on a day care basis, offers vital support to the older person in the community. Comprehensive multi-disciplinary assessments and follow-up treatment for new patients. A programme of rehabilitation is initiated when required.

In 1997 there was a total of 4,270 attendances at the Day Hospital, of which 148 were new attendances.

3.2 REHABILITATION - 52 beds

The objective of the rehabilitation service is to provide a programme of care which enables individuals with an impairment to reach their optimum level of health gain before returning home. St. Mary's Hospital provides a slow-stream or secondary rehabilitation service for the older person who has completed the acute phase of their treatment in an acute hospital.

In 1997 there were 168 admissions to the service and bed occupancy was 84%.

3.3 EXTENDED CARE - 215 beds

Older persons requiring extended care are assessed by a Consultant Geriatrician in the appropriate Department of Medicine for the Elderly prior to admission. They usually present with a combination of severe physical and psychological impairment requiring a high level of medical and nursing care. Alternative care options, both community and hospital-based, are no longer appropriate. In St. Mary's Hospital every effort is made to continue to provide as homely an environment as possible for the residents.

In 1997 there was 36 admissions to the extended care service and bed occupancy was 93%.

3.4 RESPITE CARE/INTERMITTENT CARE - 12 beds

Referrals to the respite care service are made via the patient's General Practitioner. There is a flexible approach to the number of beds available for respite care at any given time in order to meet the demand for the service. The availability of respite care has proven to be of great value to older persons and their relatives and has enabled them to remain in their own home for longer than would otherwise be possible.

Carers can avail of planned breaks for themselves with the reassurance that, in their absence, their elderly relative is being adequately cared for in St. Mary's.

The intermittent care service is provided for the older person who have been medically assessed to be in need of regular in-patient care every two weeks for short periods of time on a planned basis. This service enables the dependent older person to continue to live at home in dignity whilst receiving a planned programme of care via St. Mary's Hospital.

In 1997 there was 654 admissions to respite/intermittent care service and bed occupancy was 94%.

3.5 WELFARE - 16 beds

Older persons assessed as requiring a minimum level of medical and nursing support, but who are unable to continue to live independently in the community, are accommodated in our Welfare Unit. Residents are encouraged to continue to perform the activities of daily living to the best of their ability.

In 1997 there was 3 new admissions to the unit and bed occupancy was 90.07%.

3.6 YOUNG PHYSICALLY DISABLED - 48 beds

Services for Young Physically Disabled Adults are provided in Cuan Aoibhean (Haven for Peace). This specialised unit, established in 1987, provides both long-term residential and short-stay respite care for young physically disabled adults who are unable to cater for themselves in their home environment. Every effort is made to encourage residents to develop their personal skills to the maximum. Care is provided by a multidisciplinary team of a Medical Officer, Nursing, Attendant and Para-medical staff. Programmes of care including Art Therapy, Aromatherapy and Recreational Therapy are also in place.

The concept of 'Snoezelen', originally developed in the Netherlands, is now being developed in a single room in Cuan Aoibhean. Snoezelen creates an environment which makes the best use of the primary senses of touch, smell, sight and sound. Stimulating these senses facilitates rest and overcomes fatigue which has a direct effect on lessening the impact of stress on the individual's life. An important factor associated with the use of the Snoezelen approach is the involvement of the staff (enablers) within this environment. These enablers experience the sensations and emotions with the individuals by participating in the activities, thus breaking down conventional patient/carer barriers.

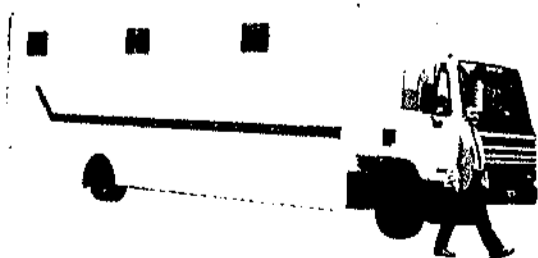
In 1997 there were 14 long stay admissions and 32 respite admissions to Cuan Aoibhean.
Bed occupancy was 93%.

3.7 MOBILE DAY HOSPITAL

The Mobile Day Hospital was introduced to help reduce the need for patients to travel long distances to hospital and to, consequently, reduce the long waiting period in General Hospital Outpatients Department. This service overcomes a huge psychological barrier for many patients who would, otherwise, have to travel to what they perceive as the impersonal environment of the city hospital. Many patients have developed good relationships with staff and have confidence in the advice and treatment strategies offered to them.

PATIENT CARE

Each patient is referred to the Mobile Day Hospital by their G.P., Public Health Nurse, Consultant Geriatrician or other hospital consultant. There are no self-referrals. Following initial assessment a report is prepared, a copy of which is sent to the patient's G.P. Follow-up reports are also made.



The multi-disciplinary team (Doctor, Registered General Nurse, Student Nurse, Chiropodist, Nutritional Advisor) on the Mobile Day Hospital maintains a very good liaison with both the Public Health Nurses in each area and the District Care Units, where they exist.



The chiropody service is up and running and the changeover of staff in 1997 worked quite efficiently. The addition of the Dietitian to the service has also been very positive and this is working consistently and effectively.

A Day Centre, operating one day a week in Carbury, has developed out of the Mobile Day Hospital service. A number of the patients coming to the Mobile Day Hospital attend the Day Centre - which shares the facility at the Health Centre in Carbury used by the Mobile.

Voluntary groups come to three of the centres to provide meals or light snacks for the patients. A meals-on-wheels service is available at two centres.

St. Mary's Hospital is indebted to the teams of volunteers and meals-on-wheels providers for their service which is of great benefit to the patients.

	New Patients		Review Patients	
	1996	1997	1996	1997
Carbury	15	18	595	603
Swords	15	19	617	465
Balbriggan	21	13	527	403
Maynooth	24	14	255	219
TOTAL	75	64	1994	1690

3.8 DENTAL SERVICES - 2 beds

St. Mary's Hospital, in conjunction with the Dublin Dental Hospital, provides a dental theatre service for all age groups. This includes the provision of two in-patient beds for those patients who may require post operative care.

	1996	1997
Total number of Procedures	983	1,196
Patients admitted	10	16

3.9 DENTAL CLINIC

The Dental clinic provides treatment for in-patients and day patients on a monthly basis. Patients from other hospitals and homes in our Board's area are also catered for.

	1996	1997
Total number of patients treated	120	221

3.10 OPHTHALMOLOGY

This service, which commenced in 1990, and which is provided by a Consultant Ophthalmologist continues to operate successfully.

	1996	1997
Number of Sessions	46	32
Number of Treatments	140	112

3.11 CHIROPODY SERVICES

Chiropody is recognised as being an important element in the total care of the older person. The service is of great benefit to patients in improving their quality of life and maximising their mobility.

	1996	1997
Total Number of Treatments	950	796

3.12 DIVERSIONAL/RECREATIONAL THERAPY

The role of Diversional/Recreational therapy in St. Mary's is vital in stimulating resident orientation by providing activities of a physical, social and educational nature.

The Diversional Therapist works in conjunction with participants of the Community Employment Project. Nursing staff also play an active role in the provision of diversional activities.

Diversional/Recreational activities include: reminiscence therapy, reality orientation, sonas therapy, coffee mornings, sing-alongs, bingo, indoor bowls, quizzes, barbecues, card games, hand massage, aromatherapy.

Residents are also taken on visits to the concert hall, cinema and on shopping outings.



3.13 PEATA

Research at Southampton University's, Department of Anthrozoology, has confirmed the therapeutic patient benefits of using animals with patients. While much of the evidence of improving patients' psychological health using animals may be anecdotal and easily dismissed, we were prepared to introduce Pet Therapy (PEATA) on a trial basis for our residents. This innovation allows for the visiting of domestic pets, under supervision, to further stimulate residents at St. Mary's Hospital. Due to the success of the initial phase of this project to date, further development is planned.

4. MEDICAL SERVICES

The Medical Team at St. Mary's is lead by the Consultant Physicians in Geriatric Medicine. These Consultants have a team of Registrars and Senior House Officers who provide a comprehensive medical service seven days per week on a twenty four hour basis.

The Medical Service at Cuan Aoibhean is provided by the Medical Officer with specific responsibility for Cuan Aoibhean and the Mobile Day Hospital.

5. NURSING SERVICES

The Nursing Team of the Ward Sisters and Staff Nurses, together with Nursing Attendants work closely in the delivery of patient care. Led by the Director of Nursing, Assistant Director of Nursing and Night Superintendent, nursing personnel continue to provide a valued resource to the totality of the services available for day patients and residents in St. Mary's Hospital.

5.1 STUDENT NURSE TRAINING

Traditionally, St. Mary's Hospital has played, and continues to play, an important role in the training and education of student nurses from the Meath, Adelaide, Mater and Beaumont Hospitals.

St. Mary's is delighted to be involved in nurse training at this exciting period of transition to university-based nurse education, and will continue to play an active role in training the nurses of the future.

5.2 IN-SERVICE EDUCATION

Great efforts continue to be made in maintaining a continuous learning environment for staff within St. Mary's Hospital. Evidence of this can be seen from the education programme completed by nursing staff during 1997. Included in this programme were topics such as:

Management of Continence.	Attitudes to the older person.
Health Promotion.	Reflection on our interaction with others.
Parkinson's Disease.	Elder Abuse.
Hypertension.	Manual Handling techniques.
Infection Control.	Standard Setting.
Pharmacology in the Elderly.	Truth Telling.
Oral Hygiene in the Elderly.	Preceptorship Training.
Nutrition in the Elderly.	Team Building.

Staff are also encouraged to avail of extra curricular activities outside of the hospital.

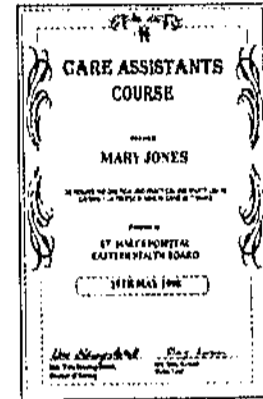
5.3 CARE ASSISTANTS TRAINING

In keeping with its recognised role in the past, in the area of education, great emphasis continues to be placed on the development of the skills and professionalism of the Care Assistant.

To this end, St. Mary's Hospital has instituted and undertaken the running of a 'Care Assistant Course' for staff of the Eastern Health Board. This was the first time such training was undertaken, and, because of its successful completion, it is planned to provide further similar courses to Care Assistant staff. This course aims to develop communication, practical and caring skills to enable the participants to respond effectively and with empathy to the needs of those people in their care. It is also hoped to empower the participant to use initiatives and imagination in order to develop ideas and good care practice.

The Attendants education programme included:

- Quality Assurance
- Caring for dying patients
- Infection control
- Helping older people mobilise
- Elder abuse



A link was formed with Whitehall Senior College to further the education of our Attendants. This has led to the development of National Vocational Qualification training. These educational initiatives aim to provide the participants with the necessary knowledge and skills to enable them, as members of a multi-disciplinary care team, to perform their duties effectively.



5.4 NURSING DEVELOPMENT UNIT

This Unit has succeeded in receiving annual accreditation from the Department of Nursing Studies, University College Dublin. Staff at this Unit strive to continuously implement further developments. In looking at ways of developing older people's participation in the planning and delivery of services which impact on their daily lives, St. Mary's Hospital is proud to be involved in the Advocacy Project, co-ordinated by Age Action Ireland, and funded by the European Commission. It is anticipated that the service will benefit, in particular, those residents who do not have a natural advocate i.e. no spouse, relative or friend to speak up for them. Residents who may want an independent party to act for them will also gain from the service. Volunteer advocates will undergo a training programme as part of the selection process. The training programme will cover topics such as advocacy, communication, the ageing process, services and information resources.

6. PARAMEDICAL AND SUPPORT SERVICES

6.1 PHYSIOTHERAPY

The physiotherapist assesses changes in patient mobility, the need for appropriate footwear and specialised seating. Her role is vital in ensuring the rehabilitation, progressive recovery and discharge home, where possible, of patients. Initiation of an appropriate treatment plan is done in consultation with the patient and/or relatives and the members of the Hospital's multi-disciplinary team. Home visits are carried out jointly with the Occupational Therapists to prepare for successful patient discharges and to ensure a safe environment. Discharge planning is co-ordinated with the community Physiotherapists.

	1996	1997
Number of In-patient Assessments	907	644
Number of In-patient Treatments (incl. Group Treatments)	4,652	5,553
Number of Day Hospital Assessments	177	295
Number of Day Hospital Treatments	1,648	725
Number of Domiciliary Visits	-	43

STAFF DEVELOPMENT

- Continuous professional development through Special Interest Group meetings and courses.
- Post Graduate Diploma in Safety, Health and Welfare at Work (Physiotherapy).

Hospital staff training facilitated by physiotherapists included lectures on

- Mobility and seating needs
- Manual handling and lifting techniques

The Physiotherapy Department continues to have links with University College Dublin School of Physiotherapy and facilitates students' clinical placements in St. Mary's.

6.2 OCCUPATIONAL THERAPY

The Occupational Therapist, through assessment and rehabilitation, concentrates on the skills the person has and how these can be developed. Where absent skills become an obstacle to progress, there is scope for resource and creative planning in overcoming these difficulties. The ultimate aim is to achieve the maximum level of independence in all the basic functional activities of daily living. Areas of Occupational Therapy intervention include:

Seating, hand function, mobility, self-care, perception, communication, social skills and access.

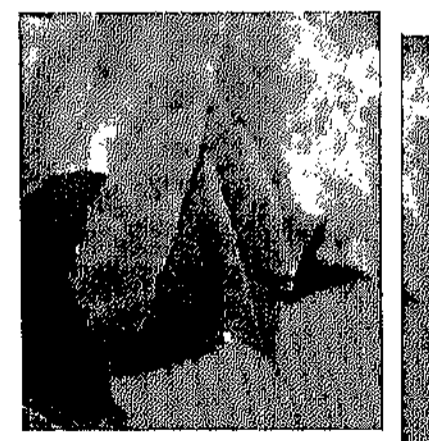
Home visits are conducted to assess and prepare for successful discharge of the older person. This may necessitate recommending the adaptation of the home environment to suit the client's needs. The Occupational Therapy service liaises with community services in co-ordinating discharge planning, working closely with the multi-disciplinary team to ensure the provision of a quality service.

	1996	1997
Number of In-patient Assessments	1,476	986
Number of In-patient Treatments	1,845	1,733
Number of Day Hospital Assessments	240	255
Number of Day Hospital Treatments	121	126
Number of Group Treatments	3,019	1,869
Number of Home Visits	54	43

STAFF DEVELOPMENT

Continuous professional development is achieved through meetings/study groups for Senior E.H.B. Occupational Therapists.

St. Mary's Occupational Therapy Department continues to have links with both the School of Occupational Therapy at the University of Ulster and Trinity College, with whom clinical placements are arranged.



6.3 SOCIAL WORK SERVICES

The Social Worker at St. Mary's Hospital assesses the impact of social and environmental factors on the diagnosis, treatment, rehabilitation and discharge, where appropriate, of patients. The department also provided a service to patients in Cherry Orchard Hospital in 1997.

	1996	1997
In-Patients:		
New Cases	245	240
Continuing Cases	346	250
Day Hospital:		
New attenders	183	105
Continuing cases	328	295
Domiciliary Visits	123	84

STAFF DEVELOPMENT

Continuous professional development is maintained through

- Participation in the Special Interest Group on Ageing (Irish Association of Social Workers).
- Involvement in the preparation of submissions to Government on social work with older people.

The hospital's Senior Social Worker has been commissioned to prepare for publication a report to the Minister for Health on the Abuse and Neglect of Older People in Ireland.

Students at University College, Dublin, undertaking their Masters in Social Work, are facilitated for practice placements in St. Mary's.

6.4 RADIOLOGY DEPARTMENT

The X-Ray department provides an on-site diagnostic facility which prevents patient disruption and staffing difficulties associated with attendance at off-site facilities.

PATIENT CARE

Patients availing of Long Stay care, Respite/Intermittent Care and Day Hospital Care service are referred by the Consultant Geriatrician or his medical team to X-Ray Department. Residents from the unit for Physically Disabled Young Adults are referred by the Medical Officer attached to the Unit. Residents in the Cara Cheshire Home are referred to the X-Ray Department by their G.P.'s. Referrals are also received from St. John of God's, Islandbridge, for children prior to their referral to Orthopaedic Consultants.

	1996	1997
Number of Examinations	2,392	1,713
Number of Films	3,089	2,393

6.5 DEPARTMENT OF NUTRITION AND DIETETICS

The appointment of two Nutritional Advisors to the Elderly population in our Board's area has enhanced the capacity to provide a clinical, teaching and advisory service in dietetic care to our residents at St. Mary's. The clinical work of the Nutritional Advisor involves a critical review of hospitals needs, including:

- The educational needs of staff.
- Individual consultation for referred patients.
- Review of new patients and return patients.
- Ongoing communication with medical, nursing and catering staff.

There has been a marked decrease in the number of problems associated with artificial feeds and patients with poor nutritional status.

STAFF DEVELOPMENT

Conferences Attended By Nutritional Advisor:

- Royal Irish Academy - Nutrition in the Elderly, December, 1997.
- The Older Consumer - A Challenge for the Health Services, November, 1997.
- National Council on Ageing and Older People, September, 1997.
- Irish Gerontological Society, Annual General Meeting, Sept. 1997.
- The Older Consumer - Towards the Millennium and Beyond, Sept. 1997.
- Irish Nutrition and Dietetic Institute, Annual Study Conference, April, 1997.

7. GENERAL SUPPORT SERVICES

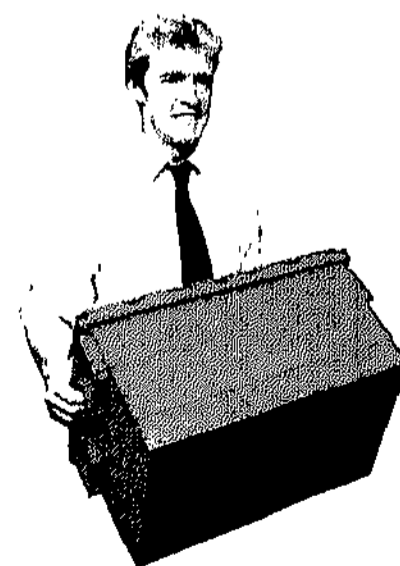
7.1 CHAPLAINCY DEPARTMENT

Fr. Lorean O'Toole, the resident hospital chaplain, co-ordinates the Roman Catholic religious services in the hospital. Mass is celebrated in the hospital on a daily basis. Rev. Sydney Laing visits the Church of Ireland residents in the hospital on a regular basis. Clergy of all other denominations are available to patients, on an on-call basis. Facilities are available for all religious services.

7.2 PORTERING AND TELEPHONISTS

The portering staff, in fulfilling their duties, have continued during 1997 to support the provision of a comprehensive hospital service.

The Hospital Telephonists, situated at the main entrance of the hospital, have continued to efficiently manage the switchboard, and courteously attend members of the public, providing assistance with enquiries relevant to the hospital.



7.3 CATERING SERVICE

During 1997 the Catering Department catered for 345 residents and 25-30 clients attending the day hospital. The Department also provided a total of 6760 meals via a meals-on-wheels service to River Court, Chapelizod and Island Bridge. The staff restaurant provides a 7 day breakfast, lunch and afternoon tea and self service to all Hospital staff, visitors, conference attendees, participants at the National Ambulance Training School, Central Pharmacy staff and all other groups on the campus. The 24 hour food vending service, available from the Catering Department, is also very popular.

The Banqueting service is engaged continuously by various conference groups, retirement parties, in-service presentations and interviews boards. In 1997 over 6,000 meals were provided through this hospitality service.

It is the policy of the Department to provide safe wholesome food to all clients and customers. 'Healthy Eating' is also a key factor. In 1997 we had a high profile Healthy Eating week which was very successful. It is planned to work towards a further development of the Healthy Eating policy in 1998 by applying for the 'Happy Heart at Work Award'. This award recognises the commitment of the catering staff to ensure the food in the staff restaurant meets the healthy eating guidelines stipulated by the Irish Heart Foundation and the Department of Health.

STAFF DEVELOPMENT

The Catering staff attend on-going courses in Hygiene & Food Handling. At present there are two staff members attending Chef day release courses in Cathal Brugha St. D.I.T.

7.4 HOUSEHOLD SERVICES DEPARTMENT

The Household Service Department in St. Mary's strive to upgrade the standards which exists in the hospital. The hospital is aware of the contribution that a properly trained, properly equipped workforce can make to the overall care team and, therefore, plan the introduction of specific training courses in 1998 for the Household Staff.

7.5 MAINTENANCE

During the year the Maintenance Department continued to make a significant contribution to the upkeep and improvement of the hospital. Apart from efficiently dealing with an ever increasing routine maintenance workload, the Maintenance Department was also involved in upgrading and refurbishment works in Unit A, B, C, Cuan Aoibhean, Pharmacy and Administration buildings.

The provision of maintenance services in an old hospital like St. Mary's is a challenging task and Mr. Tony Quinn, Engineering Officer, Mr. Tommy Gavin, Maintenance Officer and their hardworking staff are to be complimented on their success in meeting this challenge.

7.6 CLERICAL/ADMINISTRATION

The success of the medical, nursing, para-medical and ancillary services is largely dependent on full co-operation of the Hospital's clerical/administration personnel. Their continued support and assistance contributes greatly to the provision of a quality service to both patients and residents at St. Mary's.

STAFF DEVELOPMENT

Courses successfully completed in 1997 include:

- Certificate in Health Services Management (I.H.S.M.I.)
- Microsoft Excel (facilitated by Management Services at Dr. Steeven's Hospital).

7.7 FUND RAISING

The Hospital Fund Raising Committee ('The Friends of St. Mary's') comprises of members drawn from staff, relatives and interested friends of the hospital.

Fund raising events include the annual race night, table quizzes, karaoke, a parachute jump and a golf marathon. The weekly lotto is also a great success. The fund raising activities provide additional financial resources towards comforts for residents together with theatre and cinema outings and social occasions. St. Mary's Hospital is, therefore, indebted to the assistance given both by event organisers and those who support the events.

8. SERVICE NEEDS

The continuation of the programme of refurbishment.

The replacement of essential ward equipment such as beds and hoists.

The replacement of X-Ray equipment.

The appointment of a Head Occupational Therapist and Basic Grade Social Worker.

The development of a pastoral care service for patients and relatives.

The creation of a continuous learning environment for all staff.

The further development of the Advocacy project.

Breege Carroll,
Hospital Manager.



HISTORICAL BACKGROUND

St. Mary's Hospital was built in 1769 as the Royal Hibernian Military School. The school provided care and education for the children of members of Irish Regiments who had been orphaned or whose parents had been posted abroad. The Royal Hibernian Military School continued to operate until 1922 when the building was handed over to the Free State Government.

The building was subsequently developed as a hospital by the Irish Army and continued as a hospital for the Defence Forces until 1948.

In 1948 the Hospital transferred to the Dublin Health Authority and was developed for use as a Chest Hospital including the care of TB patients until 1964 when the hospital's role changed to a facility for the care of the elderly.

