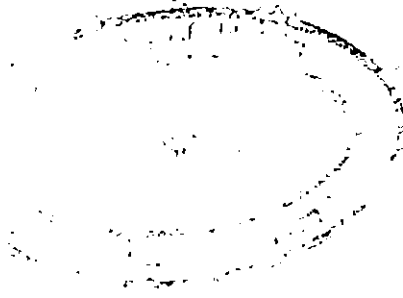


# *Residential Services for the* Elderly



MID

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HEALTH

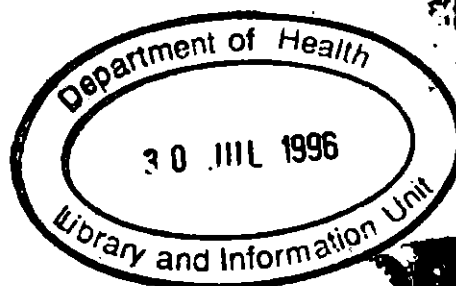
BOARD

Annual Report 1995

95



# *Residential Services for the* Elderly



MID

WESTERN

HEALTH

BOARD



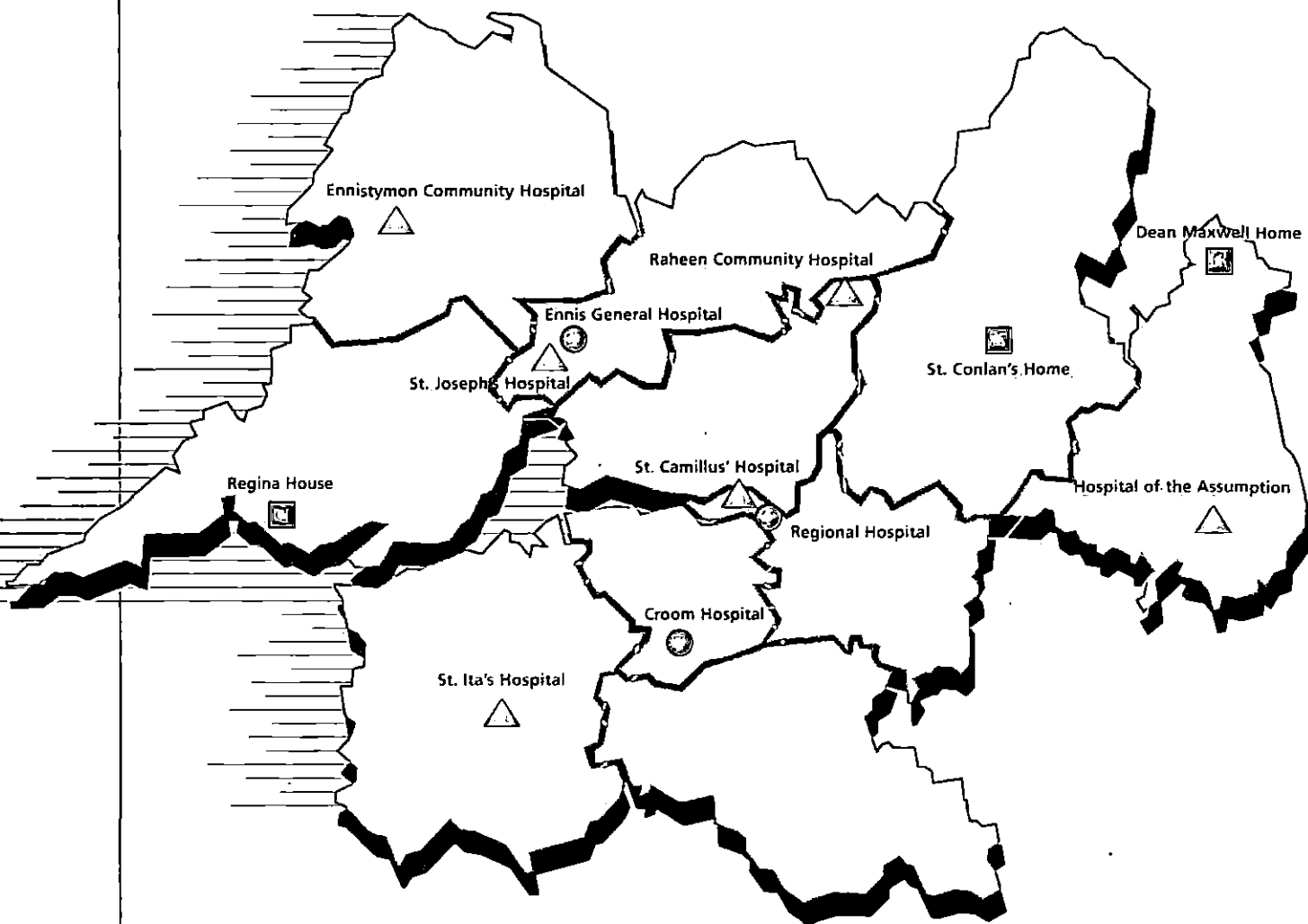
**Annual Report 1995**

Mid-Western Health Board,  
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# Sectors

## Mid-Western Health Board Sectors

### *Services for the Elderly*



#### TYPE OF SERVICE

△ Hospital for the Elderly

☒ Welfare Home

⊙ General Hospital

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# Preface

**C**urrent Health Board policy on the provision of comprehensive services for the elderly is based on "The Years Ahead" (DOH, 1988) and the Board's response to that document (MWHB, 1990). The publication of the National Health Strategy, "Shaping a Healthier Future" (DOH, 1994), the Health Board's Corporate Strategy (MWHB, 1994) and Corporate Quality Statement (MWHB, 1994) herald a new approach to the delivery of care. The implications of a Health and Social Gain Strategy are significant.

Service performance for the future will be assessed on the basis of impact on the health and social status of the population. The provision of evidence based performance data which can demonstrate quality and outcome in a complex health care system, is a major task. New skills, competencies and organisational arrangements and practices are required. The level of involvement and participation by key stakeholders is being enhanced through the present strategy development process.

A realignment of Elderly Care Services to ensure patient-centredness, comprehensiveness and continuity has been initiated. The process of change will require restructuring through accountable individuals and teams. Emphasis will be based on sector population units with access to a range of services. Priority will attach to optimising care of the older person in the Community. The issue of imbalance in care arrangements will have to be addressed at Catchment Area and Sector levels.

Clinically based information systems need to be developed to support quality decision making and to provide essential data to demonstrate service impact. Throughput data is not sufficient. Cost effectiveness cannot be evaluated on the basis of current data sources.

Quality initiatives are in evidence in a limited number of areas e.g. BIOMED - Clare. Quality committees are being established in all service units in Residential Care. Over time, a whole system approach will have to be developed.

Research interests need support and encouragement, particularly those which are multi-disciplinary, quality and outcome based. Further investment in staff education and development in the various facets of elderly care is essential. This will have to include a major commitment to organisational development and learning.

The data in this report should offer a basis for discussion and review of current services. Comments and suggestions on reshaping the service and on improving its performance are invited.

Stiofán de Búrca

*Assistant Chief Executive Officer*

March, 1996.

# Introduction & Overview

This report reviews activities and developments in the Board's Residential Service for the Elderly during 1995. Summary data is included in respect of Private Nursing Homes and Acute Services for the Elderly. The in-patient service elements are treated separately. Each part has a summary of key points which are followed by the relevant activity data.

At year end 1995, there were 32 Acute Assessment Beds for the Elderly in the General Hospitals. The Special Hospitals provided 53 Rehabilitation Beds, 35 Respite Care beds, 824 Extended Care Beds and 128 Beds designated for Social Needs. The number of approved Private Nursing Homes Beds was 1,191.

Overall, admissions to Residential Services increased. Short-stay and Respite Care contributed significantly to this change. This is reflected in the number of persons discharged with less than three months stay in care.

The largest in-patient group is in the 75-84 yrs age band. There is an increase in the number of patients who are 85 years and over.

Differences in assigned patient status in the Hospitals and Homes suggest the need to standardise the definition of classifications.

Day Hospital attendances decreased in the Elderly Care Hospitals. There was a reduction in Occupational Therapy activity in St. Camillus' and St. Ita's Hospitals due to staff replacement difficulties. Physiotherapy treatments increased in St. Camillus' and St. Joseph's Hospitals and decreased in St. Ita's and the Hospital of the Assumption.

New services commenced during the year. Old Age Psychiatry, which focuses on Organic and Functional Mental Illness in the elderly population, was initiated as a start-up service in Limerick. Acute in-patients psychiatric care is provided at the Regional Hospital, Limerick and short-stay dementia care at St. Camillus' Hospital. Day Hospital and outreach services are also provided. Due to resource limitations, the service is largely restricted to the Limerick Area at present.

A Day Care Service was introduced at Regina House, Kilrush. Occupational Therapy was extended to St. Conlon's, Nenagh.

The construction of the short-stay units at Ennistymon and the short-stay unit and day hospital at Raheen Community Hospital continued during 1995.

# Part II

## Service Activity

**C**hange in activity indicators for 1994 and 1995 is summarised for Elderly Care Hospitals, Community Hospitals and Homes for the Elderly. The general indicators are:

- Admissions
- Discharges and Deaths
- Length of Stay
- In-Patient Profile at year end (Age and Gender).

### KEY POINTS

## Hospitals for the Elderly

1. Admissions increased in three of the Hospitals. The profile of admissions to St. Camillus' Hospital changed.
2. Discharges are relatively unchanged.
3. The overall increase in the number of patients discharged, with less than a 3 month stay, is significant.
4. The 75-84-yr age group accounts for the largest number of residents. The 85 yr+ group is increasing.
5. The number of female residents greatly outnumber male residents.

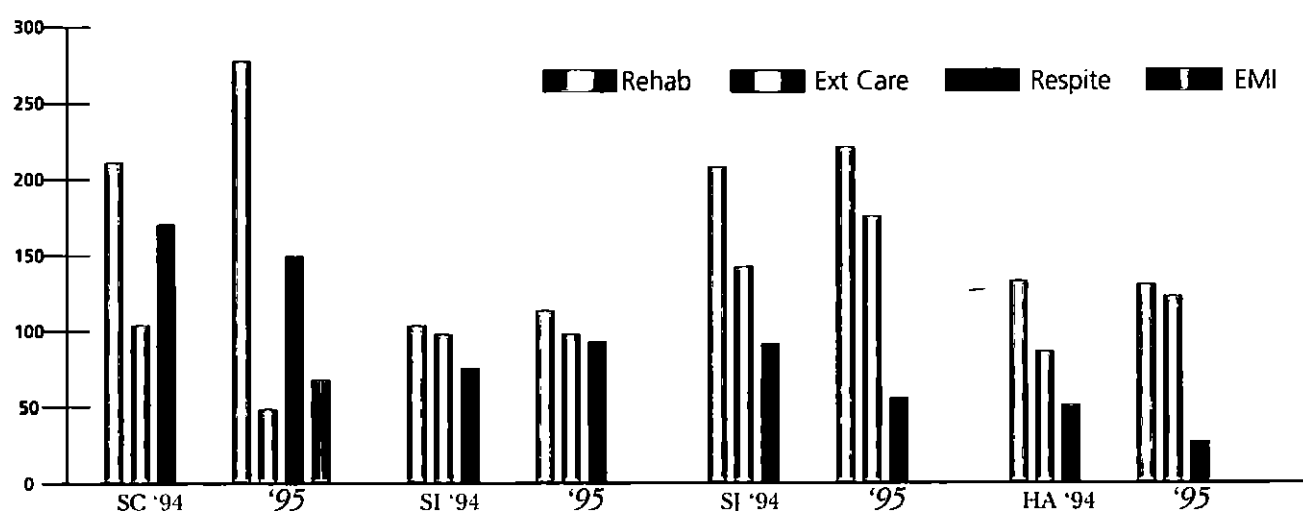
## Community Hospitals and Homes for the Elderly

1. Overall admissions have increased. This reflects the increasing use of Respite Care.
2. Discharges, with less than 3 months stay have increased significantly, again, reflecting Respite Care.
3. The 75-84-yr age group is the largest group of residents but declining. The 85 yr+ group is increasing.
4. The number of female residents is almost double that of the male residents.

# Hospitals for the Elderly - St. Camillus, St. Ita's, St. Joseph's & Hospital of the Assumption

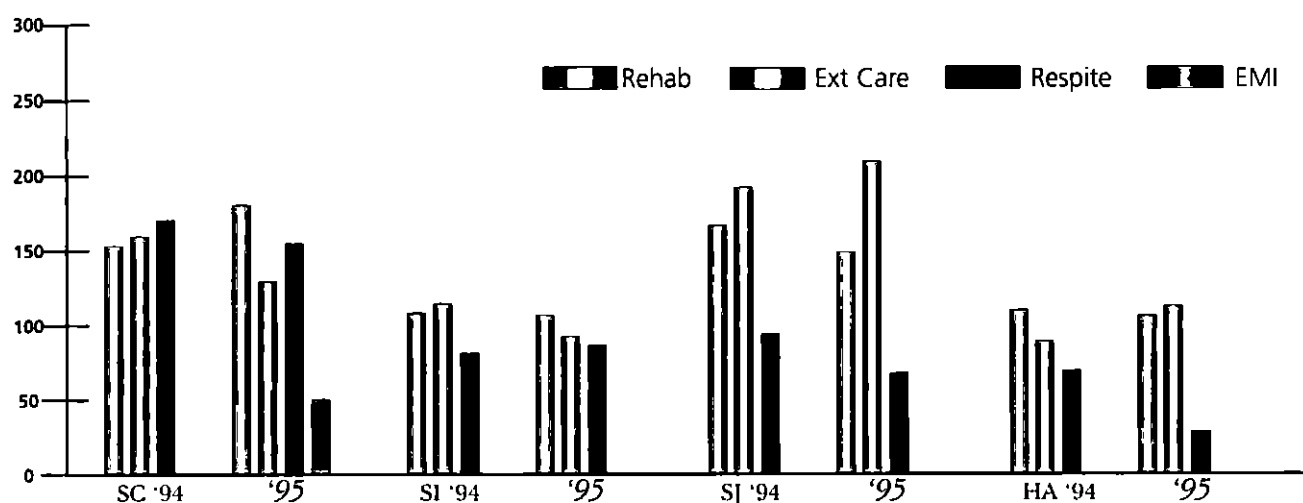
## ADMISSIONS

Admissions to three of the Hospitals for the Elderly increased between the two years under review with the exception of St. Joseph's Hospital in Ennis which reduced by 3. The profile of admissions to St. Camillus' Hospital has altered significantly in Rehabilitation, Extended and Respite Care. The decrease in admissions to Extended Care is influenced by the provision of beds for the Elderly Mentally Infirm Unit which came on stream in March '95.



## DISCHARGES AND DEATHS

Discharges for each of the 4 Hospitals for the Elderly are unchanged or have decreased slightly except in the case of St. Camillus' which increased from 460 in '94 to 475 in '95. The number of deaths in the Hospitals overall have increased from 371 in '94 to 387 in '95. Discharges overall increased from 1,362 in '94 to 1,368 in '95.

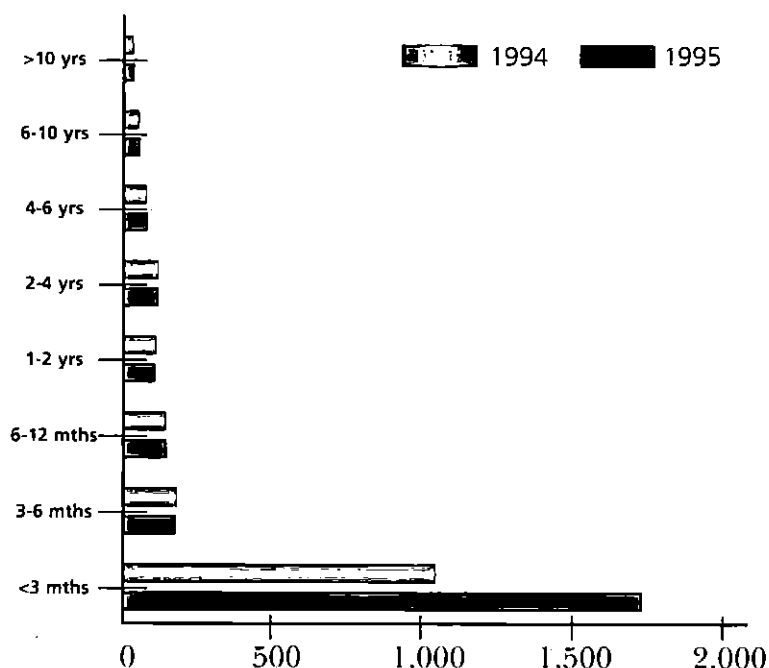




## SERVICE ACTIVITY

### LENGTH OF STAY

There was a very noticeable increase in the overall number of in-patients whose length of stay on discharge was less than 3 mths; 1,095 in '94 to 1,703 in '95. The 3-6 mths (length of stay group) varied slightly; the 6-12 mth (length of stay group) increased by 7. The number discharged after 10 yrs increased from 11 (1994) to 16 (1995).

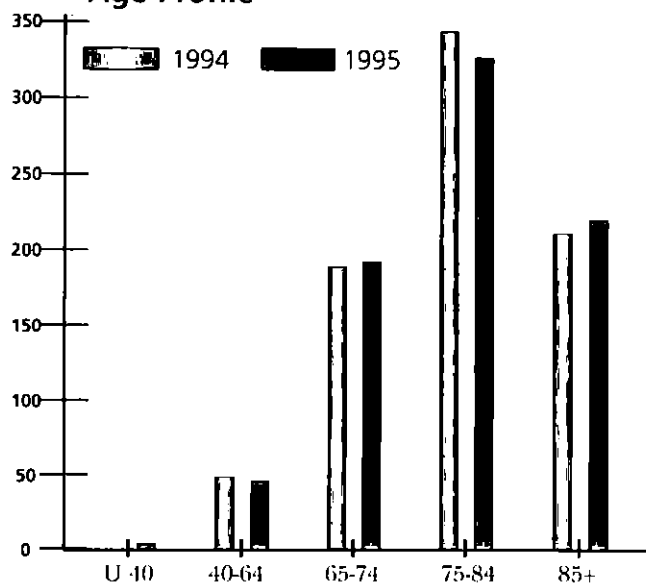


### IN-PATIENT POPULATION

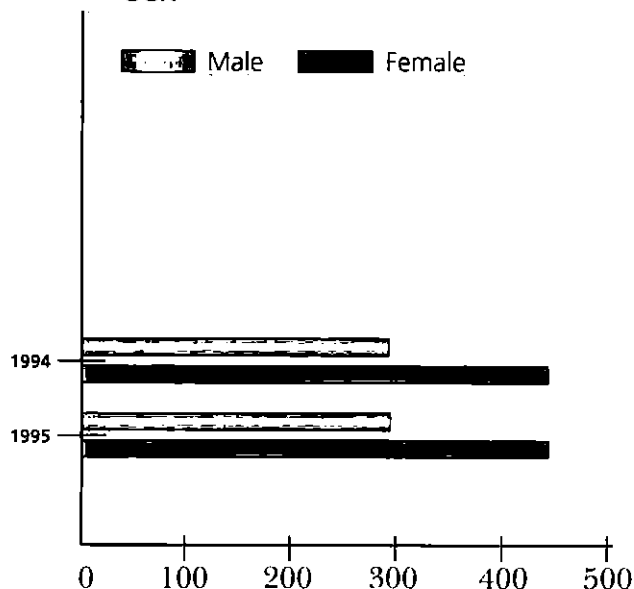
There is one person resident in St. Camillus Hospital who is less than 40 years old. Of note is the decrease in the number of in-patients in the 75-84 yrs age category: 329 in '94 and 317 in '95. This group still accounts for the largest number of residents in all four hospitals although the group in the age category 85+ has increased: 208 ('94) to 219 ('95).

All four hospitals continue to have a significantly larger female (446) than male (298) population.

#### Age Profile



#### Sex

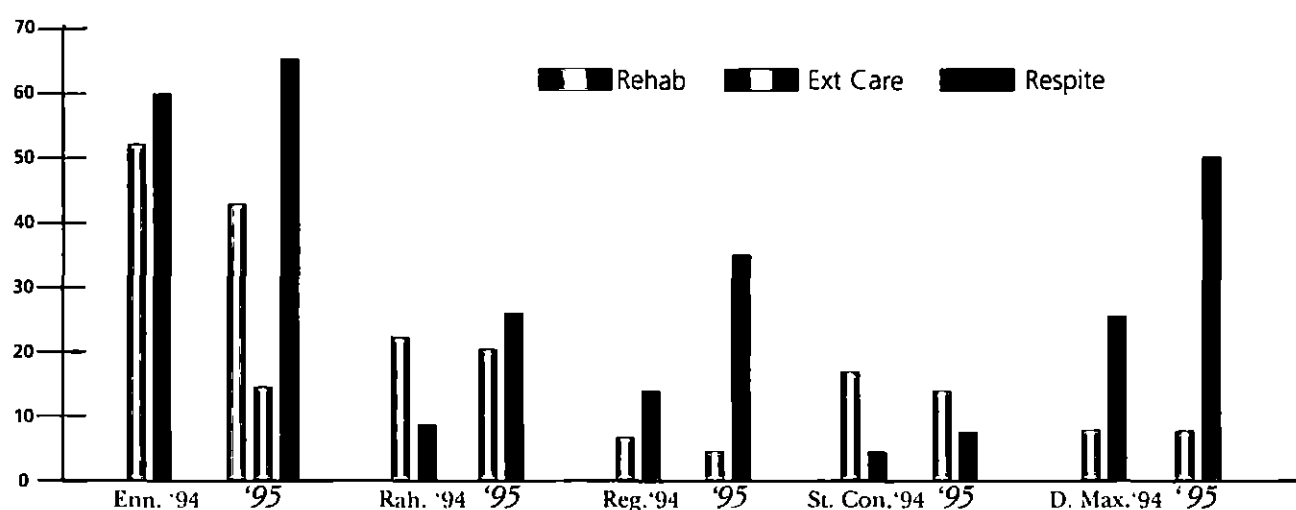


# Community Hospitals and Homes for the Elderly -

Ennistymon & Raheen Community Hospitals, Regina House, St. Conlon's & Dean Maxwell Homes

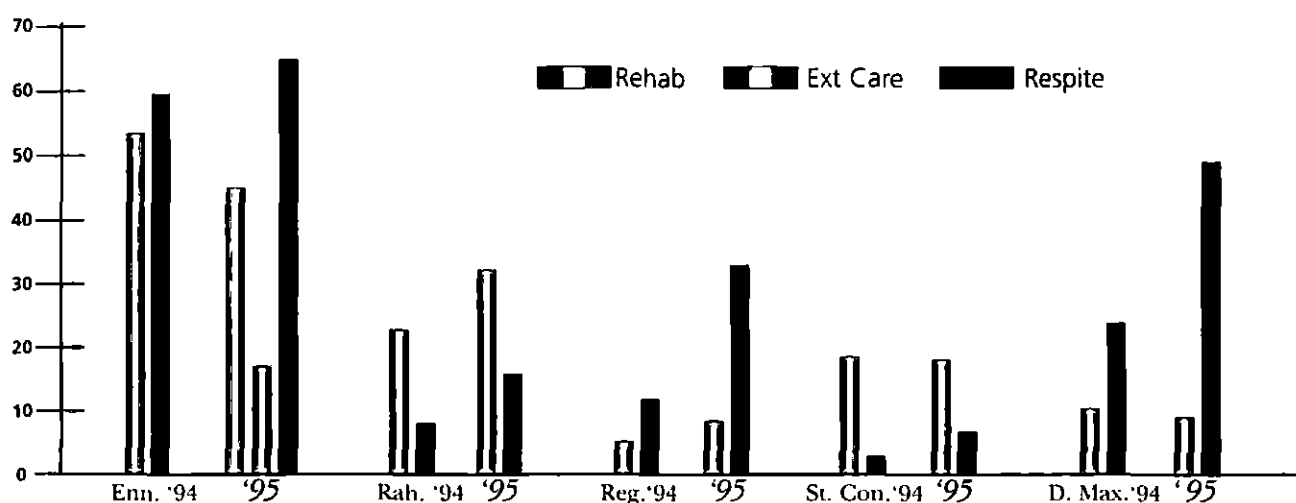
## ADMISSIONS

Admissions to the Community Hospitals and Homes reflect increasing use of Respite Care which is most marked in Dean Maxwell Home, Nenagh and Regina House, Kilrush. Admissions overall increased from 210 in '94 to 280 in '95. Admissions to Extended Care reduced from 98 in '94 to 53 in '95.



## DISCHARGES

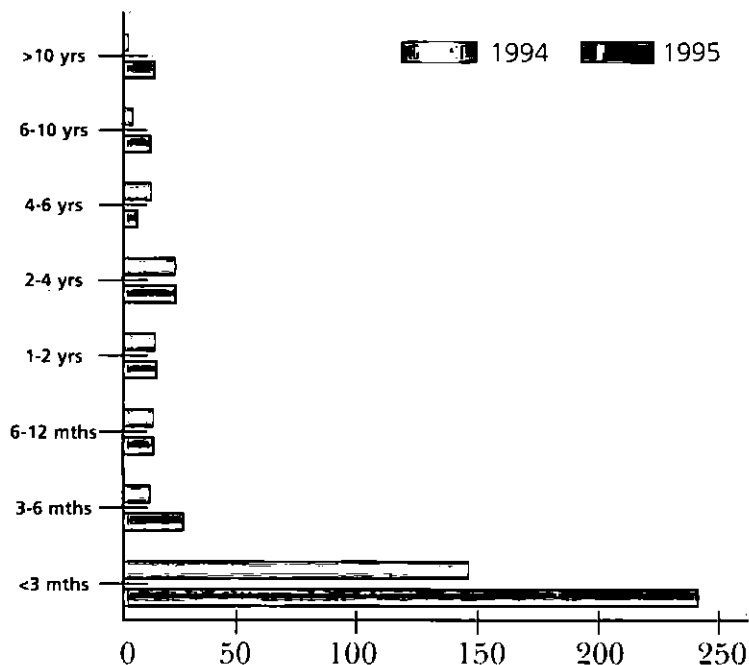
As with admissions, discharges overall have increased 211 in '94 to 297 in '95. The increase is most evident in the discharges from Respite Care 103 in '94 to 168 in '95. There has been a small increase in the number of deaths 44 in '94 and 49 in '95.



## SERVICE ACTIVITY

### LENGTH OF STAY

The majority of discharges from these hospitals and homes had a length of stay of less than 3 mths, 146 in '94 to 240 in '95. The 3-6 mths and the 2-4 yrs account for the next largest groups. Discharges after 10 yrs length of stay is the lowest group.

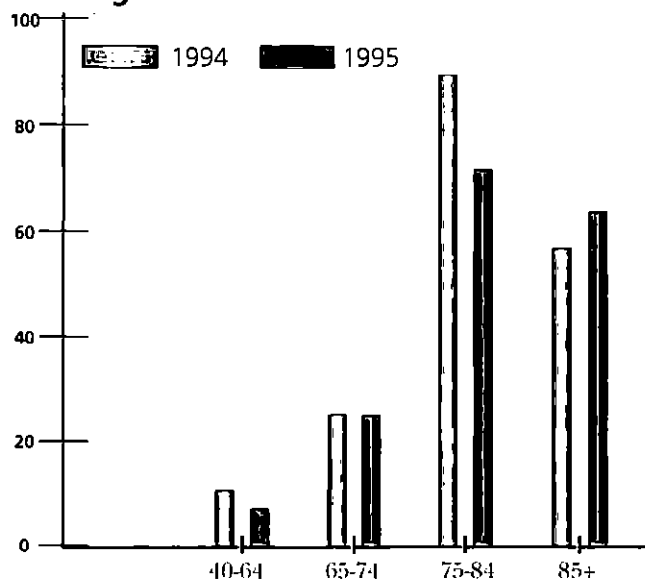


### IN-PATIENT POPULATION

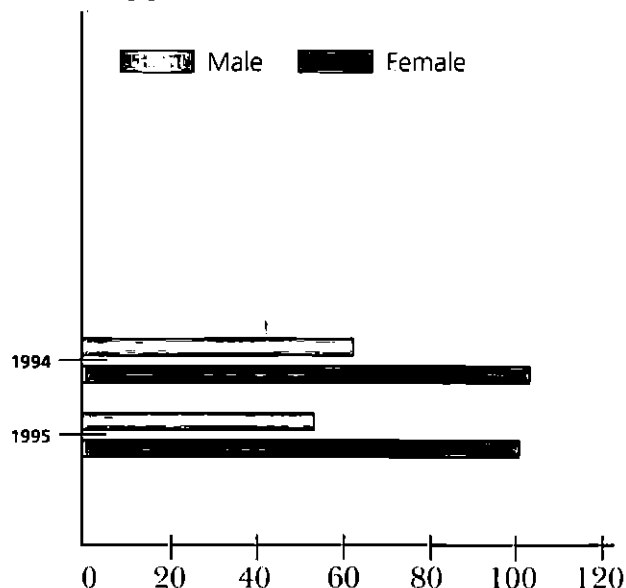
The 75 - 84 age group accounts for the largest group of residents although the numbers have declined (93 in '94 to 73 in '95). The 85+ yrs group has increased by 10 while the 65-74 yrs age group remains the same. The 40-64 yrs age group has reduced by 3.

The female in-patient population is almost double that of the male in-patient population, overall there has been a reduction in the numbers in each group, 65 males in '94 to 55 in '95 and 105 females in '94 to 102 in '95.

#### Age Profile



#### Sex



# Hospitals for the Elderly

**E**ach of the four Hospitals is reviewed relative to:

- Activity Overview
- Development
- Profile 1995
- Comparative Data (1994 & 1995)

*No. and Gender of patients at y/e*

*Age Profile*

*Medico/Social Status*

*Admissions/Discharges/Deaths*

*Source of Admission*

*Discharge Destination*

*Length of Stay*

*Adms./Dish./Death: Rehab/Short Stay,*

*Extended Care,*

*Respite,*

*(E.M.I. Unit)*

- Day Hospital Usage (1994 & 1995)
- Occupational Therapy Department Activity
- Physiotherapy Department Activity

**A** summary statement of activity in the Old Age Psychiatry Service is included with the St. Camillus' Hospital data.



## HOSPITALS FOR THE ELDERLY

### KEY POINTS

1. The number of Day Hospital attenders increased in respect of St. Camillus' and decreased at St. Ita's, St. Josephs and the Hospital of the Assumption. Attendances decreased at St. Camillus', St. Ita's, St. Josephs and the Hospital of the Assumption.
2. Activity in the Occupational Therapy Departments at St. Camillus' and St. Ita's Hospitals reduced significantly arising from the resignations of the Senior Occupational Therapists in early 1995 and replacement difficulties.

The activity at St. Joseph's and the Hospital of the Assumption was relatively unchanged.

3. Physiotherapy treatments for In-patient and Day Hospital patients increased except in the Hospital of the Assumption where treatments for day patients reduced.
4. Patient % distribution by Medico/Social status is quite variable between the hospitals. Convalescence/Rehabilitation is similar in St. Camillus' and St. Ita's (4.6, 4.8); Hospital of the Assumption, 6.47 and St. Joseph's 17.74. Chronic Physical Illness ranges from 25.7 in St. Camillus' to 53.2 in St. Ita's. This group, when aggregated with Physical Disability, shifts the range from 25.7 in St. Camillus' to 59.2 in St. Joseph's. The combination of Mental Illness and Dementia Groups gives a range of 22.6 in St. Joseph's to 45.7 in St. Camillus' (includes E.M.I.). The Social Reasons group ranges from 2.15, in the Hospital of the Assumption to 23.8 in St. Camillus'.
5. The developments, during 1995, included ongoing refurbishment programmes (fire prevention, lifts, upgrades). A significant service initiative for the elderly mentally ill and infirm commenced at St. Camillus' Hospital. The first stage of site clearance at the Hospital of the Assumption took place with the demolition of the Convent. New catering equipment was purchased in anticipation of the Central Catering project at St. Joseph's. The administrative services for the Clare Mental Health and Residential Services for the Elderly were integrated on that site. The BIOMED Q.A. projects were established in Clare. The Certificate Programme in psycho-social aspects of elderly care commenced.

## MEDICO/SOCIAL STATUS OF PATIENTS Y/E 1995 (% DISTRIBUTION)

Hospital	Chronic Physical Illness	Physical Disability	Convalescence/ Rehabilitation	Terminal Illness	Mental Infirmity/ Dementia	Chronic Mental Illness	Mental Handicap	Social Reasons	Other
St. Camillus' Limerick	25.7	-	4.6	-	36.9	8.8	-	23.8	-
St. Ita's Newcastle West	53.2	1.6	4.8	3.2	14.5	12.9	6.45	3.2	-
St. Joseph's Ennis	38.0	21.2	17.74	-	-	22.6	-	8.14	-
Hospital of the Assumption, Thurles	41.7	10.07	6.47	2.15	18.7	11.5	6.47	2.15	0.72

## HOSPITALS FOR THE ELDERLY

# St. Camillus' Hospital Limerick

### ACTIVITY

The number in residence at y/e '95 was slightly up on y/e '94, 256 to 259. Patient numbers in the various age groups varied slightly. The 75-84 age group decreased from 126 in '94 to 120 in '95 while correspondingly the 85+ age group increased from 70 in '94 to 76 in '95. The Medico/Social Status of patients remain almost consistent. The largest category is Mental Infirmity/Dementia (96) followed by Chronic Physical Illness (67) and Social Reasons (62).

Admissions and discharges have increased in the last two years, 459 to 481 admissions, and 460 to 475 discharges, in '94 and '95 respectively. The largest number of admissions and discharges came from and were discharged to the Community. The majority of patients, 394 out of 475, were discharged within three months of admission. Admissions to Extended Care and Respite Care have decreased while admissions to the Rehabilitation Short-Stay Unit have increased. The Elderly Mentally Infirm Unit came on stream in March '95 and had 47 admissions and 41 discharges during 1995.

Day Hospital attenders have continued to increase: 1,170 in '94 and 1209 in '95. Attendances have decreased from 2,626 in '94 to 2,471 in '95. Activity for the Occupational Therapy Unit refers to the months of January and February only, due to the resignation of the Senior Occupational Therapist in February '95 and replacement difficulties. The Physiotherapy Department provided 3,722 treatments for 700 patients at the day hospital and 5191 treatments for in-patients in the Rehabilitation Unit and Extended Care.

### DEVELOPMENT

A new Old Age Psychiatry Service commenced in March '95, with the opening of the Elderly Mentally Infirm Unit in St. Camillus' Hospital. An out-patient service consisting of a weekly clinic for new referrals of patients with a functional mental illness and for follow-up care was also established. A Day Hospital service provides separate arrangements for patients with functional mental illness or dementia.

Major refurbishments in Units 1A, 1B, 1C and the Rehabilitation Unit have begun and will continue in '96. The lift shaft and lift for Unit 8 is almost completed and will enable access to that unit. The ongoing window replacement programme continued. Fire Safety Doors were installed in many of the units.

# Spital Limerick

## PROFILE 1995

### B E D T Y P E

Extended Care	159
Psycho Geriatric	24
Short-stay/Rehab	12
Respite	10
Welfare	67
Elderly Mentally Infirm (EMI)	10
<b>TOTAL</b>	<b>282</b>

### D A Y H O S P I T A L

Places	15
Total Attendances	2,471
1st Attenders	527
Total Attenders	1,209
Discharges	522

### E X P E N D I T U R E

(Estimated)

Pay	£3,712m
Non-pay	£802m
<b>TOTAL</b>	<b>£4,514m</b>



## ST. CAMILLUS' HOSPITAL LIMERICK

## POSITION AT 31st DECEMBER

Year	No. of Beds	No. in Residence 31st Dec.	Male (M) Female (F)
1994	305	256	87(M)=169(F)
1995	282	260	92(M)=168(F)

## AGE PROFILE OF PATIENTS

Year	Under 40	40-64	65-74	75-84	85 & Over
1994	1	9	50	126	70
1995	1	11	52	120	76

## MEDICO/SOCIAL STATUS OF PATIENTS

Year	Chronic Mental Illness	Chronic Physical Illness	Convalescence/ Rehabilitation	Mental Infirmary/ Dementia
1994	21	68	9	95
1995	23	67	12	96
	Physical Disability	Mental Handicap	Social Reasons	Terminal Illness
1994	-	-	63	
1995	-	-	62	

## ADMISSIONS/DISCHARGES/DEATHS

Year	Admissions	Discharges	Deaths
1994	459	350	110
1995	481	357	118

## SOURCE OF ADMISSION

Year	No. of Admissions	Acute Hospital	Community	Other Longstay	Other
1994	459	219	235	5	
1995	481	214	263	4	

## DISCHARGE DESTINATION

Year	No. of Discharges	Acute Hospital	Community	Deaths	Other Longstay	Other
1994	460	28	299	110	23	
1995	475	21	294	118	42	

## LENGTH OF STAY OF PATIENTS DISCHARGED OR DIED

Year	< 3 Months	3-6 Months	6-12 Months	1-2 Years	2-4 Years	4-6 Years	6-10 Years	> 10 Years
1994	374	19	23	12	14	8	6	4
1995	394	24	15	15	14	3	6	4

## TOTAL ADMISSIONS/DISCHARGES/DEATHS

Year	Admissions	Discharges	Deaths
1994	459	350	110
1995	481	357	118

## REHABILITATION/SHORT STAY UNIT

Year	Admissions	Discharges	Deaths	Transferred to Extended Care
1994	203	137	6	39
1995	261	162	7	98

## EXTENDED CARE

Year	Admissions	Discharges	Deaths
1994	94	54	100
1995	38	15	103

**ST. CAMILLUS' HOSPITAL LIMERICK****RESPIRE**

<b>Year</b>	<b>Admissions</b>	<b>Discharges</b>	<b>Deaths</b>
<b>1994</b>	162	159	4
<b>1995</b>	135	140	7

**ELDERLY MENTALLY INFIRM UNIT**

<b>Year</b>	<b>Admissions</b>	<b>Discharges</b>	<b>Deaths</b>
<b>1995</b>	47	40	1

**OLD AGE PSYCHIATRY SERVICE (E.M.I. UNIT)**

This new service commenced in March 1995, with the opening of the Elderly Mentally Infirm (E.M.I) Unit in St. Camillus' Hospital. A Consultant Psychiatrist (Old Age Psychiatry) a Senior House Officer in Psychiatry, five nurses and one part time secretary have been appointed and are providing a service initially to Limerick City and environs. The aim is to provide a regional service eventually.

*The following is a breakdown of activity for the Unit to y/e '95.*

**E.M.I. - SOURCE OF ADMISSION 1995**

<b>Acute Hospital</b>	<b>Community</b>	<b>Other Longstay</b>	<b>Other</b>	<b>Total</b>
15	26	4	2	47

**E.M.I. - DISCHARGE DESTINATION 1995**

<b>Acute Hospital</b>	<b>Community</b>	<b>Death</b>	<b>Other Longstay</b>	<b>Other</b>	<b>Total</b>
2	24	1	14	-	41

**E.M.I. - CLINICS 1995**

<b>No. of Clinics</b>	<b>New</b>	<b>Return</b>	<b>Other</b>
25	24	46	70

**E.M.I. - DAY HOSPITAL 1995**

<b>Places Available</b>	<b>New</b>	<b>Return</b>	<b>Other</b>
6	88	18	18

## REHABILITATION DAY HOSPITAL

Year	Places Available	Total Attendances	First Attenders	Discharges	Total Attenders
1994	15	2626	477	466	1170
1995	15	2471	527	522	1209

## OCCUPATIONAL THERAPY

	Day Hospital		In-Patients		Total	
	1994	1995*	1994	1995*	1994	1995*
Attenders	159	22	295	64	454	86
Treatments	321	53	1376	221	1697	274
New Referrals	67	8	183	47	250	55
Discharges	56	1	152	23	208	24
Deaths	1	0	1	2	1	2
Home Visits	18	1	40	9	58	10

*\*Occupational Therapy Services Data available only to February 1995 as the Occupational Therapists resigned and has not yet been replaced.*

## PHYSIOTHERAPY DEPARTMENT - In Patients

Year		Treatments	No. Treated	Admissions	Discharges
1994*		3708	445	275	266
1995	Extended Care	1300	-	101	184
	Rehab	3891	-	261	249

*\*Figure is an overall total for Extended Care, Rehab Unit.*

## PHYSIOTHERAPY DEPARTMENT - Day Hospital

Year	Treatments	Attenders	Admissions	Discharges
1994*	2425	543	138	110
1995	3722	700	170	148

*\*Data only available from April.*

## HOSPITALS FOR THE ELDERLY

# St. Ita's Hospital Newcastle West

### A C T I V I T Y

The number of patients in residence at y/e '95 has decreased by 2 on y/e '94. The age profile of patients has remained largely unchanged except in the 65-74 yrs age group, which has increased from 23 in '94 to 30 in '95 and the 75 - 84 yrs group reduced by 6. The dominant Medico/Social Status of patients is Chronic Physical Illness at 66 followed by Mental Infirmity at 18.

Admissions and discharges have increased. Admissions rose from 240 in '94 to 254 in '95 which is reflected in increased admissions for Respite Care and Short-Stay Rehabilitation. Admissions from the Community have remained similar for the two years under review, but admissions from Acute Hospitals have increased by 20. Deaths have decreased by 16.

Day Hospital attendances have decreased from 575 in '94 to 438 in '95. The Physiotherapy Department provided 2,352 treatments for 563 patients i.e. 302 in-patients and 261 out-patients. A limited Occupational Therapy service was maintained after the resignation of the Senior Occupational Therapist in February. 451 groups were held, catering for 615 in-patients.

### D E V E L O P M E N T

A number of developments have taken place in St. Ita's during 1995. Fire escapes serving Wards 3 and 10 have been replaced, and a fire door and ramp have been provided at Ward 6. Work has commenced on the provision of a lift shaft and lift to service the upper floors of Wards 3 and 10, and the window replacement programme is now almost complete. A number of wards were redecorated as part of the ongoing refurbishment in the hospital.

# Newcastle West

## PROFILE 1995

### B E D T Y P E :

Extended Care	141
Psycho Geriatric	9
Short-stay/Rehab	8
Respite	2
<b>TOTAL</b>	<b>160</b>

### D A Y H O S P I T A L

Places	12
Total Attendances	438
1st Attenders	49
Total Attenders	181
Discharges	43

### E X P E N D I T U R E

(Estimated)

Pay	£1.990m
Non-pay	£.494m
<b>TOTAL</b>	<b>£2.484m</b>

## ST. ITA'S HOSPITAL NEWCASTLE WEST

## POSITION AT 31st DECEMBER

Year	No. of Beds	No. in Residence 31st Dec.	Male (M) Female (F)
1994	160	126	48(M)=78(F)
1995	160	124	45(M)=79(F)

## AGE PROFILE OF PATIENTS

Year	Under 40	40-64	65-74	75-84	85 & Over
1994	-	6	23	60	37
1995	-	5	30	54	35

## MEDICO/SOCIAL STATUS OF PATIENTS

Year	Chronic Mental Illness	Chronic Physical Illness	Convalescence/ Rehabilitation	Mental Infirmary/ Dementia
1994	18	69	7	12
1995	16	66	6	18
	Physical Disability	Mental Handicap	Social Reasons	Terminal Illness
1994	2	10	6	2
1995	2	8	4	4

## ADMISSIONS/DISCHARGES/DEATHS

Year	Admissions	Discharges	Deaths
1994	240	174	82
1995	254	190	66

## SOURCE OF ADMISSION

Year	No. of Admissions	Acute Hospital	Community	Other Longstay
1994	240	89	145	6
1995	254	109	144	1

## DISCHARGE DESTINATION

Year	No. of Discharges	Acute Hospital	Community	Deaths	Other Longstay
1994	256	13	157	82	4
1995	256	10	178	66	2

## LENGTH OF STAY OF PATIENTS DISCHARGED OR DIED

Year	< 3 Months	3-6 Months	6-12 Months	1-2 Years	2-4 Years	4-6 Years	6-10 Years	> 10 Years
1994	207	9	10	9	7	2	7	5
1995	210	11	12	9	7	3	1	3



## ST. ITA'S HOSPITAL NEWCASTLE WEST

## TOTAL ADMISSIONS/DISCHARGES/DEATHS

Year	Admissions	Discharges	Deaths
1994	240	174	82
1995	254	190	66

## REHABILITATION/SHORT STAY UNIT

Year	Admissions	Discharges	Deaths
1994	90	77	14
1995	95	84	7

## EXTENDED CARE

Year	Admissions	Discharges	Deaths
1994	86	41	57
1995	82	26	59

## RESPITE

Year	Admissions	Discharges	Deaths
1994	64	56	11
1995	77	80	

## DAY HOSPITAL

Year	Places Available	Total Attendances	First Attenders	Total Attenders	Discharges
1994	12	575	58	179	53
1995	12	438	49	181	43

## OCCUPATIONAL THERAPY - GROUPS

Year	No. of Groups	In-Patients	Day Hospital	Total Attendance
1994	415	715	2563	3278
1995*	451	615		

\*The Senior Occupational Therapist resigned in early '95 and has not yet been replaced.

## PHYSIOTHERAPY DEPARTMENT

Year	Treatments Given		Attenders	
1994	2636		482	
1995	2352		563	
	In-Patients	Out-Patients	In-Patients	Out-Patients
	1653	699	302	261

## HOSPITALS FOR THE ELDERLY

# St. Joseph's Hospital Ennis

### ACTIVITY

**P**atients in residence at y/e '95 in St. Joseph's Hospital have decreased over the last two years. 224 to 221 in '94, and '95 respectively. There was a decrease of 6 in the number of residents in the 65-74 yrs age category and an increase of 8 in the 75-84 yrs age category. The 85 yrs+ age category reduced by 4. The Medico/Social Status of the largest group of patients was Chronic Physical Illness, 84, followed by Chronic Mental Illness, 50.

Admissions and discharges reduced marginally during '95 but there is still a marked emphasis on rehabilitative care and to a lesser extent respite care. The source of admission for the majority of patients is from Acute Hospitals and the majority of discharges are to the Community.

Day Hospital attendances and attenders reduced from 1,153 to 1,061 and 325 to 319 in '94 and '95 respectively. Out-patient clinic attendances increased from 556 in '94 to 579 in '95.

During the year, 372 persons availed of Occupational Therapy Services and had a total of 1859 treatments; a slight reduction from the previous year. The number of treatments given and attenders at the Physiotherapy Department increased from 3,355 to 3,449 and 671 to 723 in '94 and '95 respectively.

### DEVELOPMENT

A major programme of internal re-decoration was completed during 1995. This included the connecting corridors throughout the hospital and the dining and recreation area. The curtains in Unit 2 were fully replaced. A number of items of ward furniture were replaced, and 50 new beds were purchased.

A significant investment was made in the purchase of catering equipment to facilitate the centralisation of catering services in St. Joseph's during 1996.

The planned replacement of fascias and soffits was continued during the year, and an intruder alarm system was installed in the pharmacy.

A programme of staff training in lifting techniques commenced in the latter part of 1995 in keeping with the Board's policy on Health & Safety. Two hoists were purchased for use at ward level.

The amalgamation of administrative functions supporting the Mental Health and Residential Services for the Elderly in Co. Clare took place in July, 1995. This service is now located at St. Joseph's Hospital.

St. Joseph's Hospital is a participant in the Second Concerted Action Programme on Quality Assurance in Hospitals, (European Union - BIOMED). A Quality Assurance Committee has been formed to implement the Biomed Project and quality systems throughout the hospital.

*The current topics are:*

- Clinical Records
- Pressure Sores Management

# hospital Ennis

## PROFILE 1995

### B E D T Y P E :

Extended Care	150
Welfare	35
Short-stay/Rehab	22
Respite	8
Psycho Geriatric	50
<b>TOTAL</b>	<b>265</b>

### D A Y H O S P I T A L

Places	12
Total Attendances	1061
1st Attenders	84
Total Attenders	319
Discharges	88
Deaths	1

### E X P E N D I T U R E

(Estimated)

Pay	£2.842m
Non-pay	£.600m
<b>TOTAL</b>	<b>£3.442m</b>

## ST. JOSEPH'S HOSPITAL ENNIS

## POSITION AT 31st DECEMBER

Year	No. of Beds	No. in Residence 31st Dec.	Male (M) Female (F)
1994	265	224	97(M)=127(F)
1995	265	221	98(M)=123(F)

## AGE PROFILE OF PATIENTS

Year	Under 40	40-64	65-74	75-84	85 & Over
1994	-	10	62	84	68
1995	-	9	56	92	64

## MEDICO/SOCIAL STATUS OF PATIENTS

Year	Chronic Mental Illness	Chronic Physical Illness	Convalescence/ Rehabilitation	Mental Infirmary/ Dementia
1994	47	130	20	4
1995	50	84	22	
	Physical Disability	Mental Handicap	Social Reasons	Terminal Illness
1994	4	3	15	1
1995	47	-	18	

## ADMISSIONS/DISCHARGES/DEATHS

Year	Admissions	Discharges	Deaths
1994	400	287	122
1995	397	254	146

## SOURCE OF ADMISSION

Year	No. of Admissions	Acute Hospital	Community	Other Longstay	Other
1994	400	211	151	30	8
1995	397	266	120	6	5

## DISCHARGE DESTINATION

Year	No. of Discharges	Acute Hospital	Community	Deaths	Other Longstay	Other
1994	409	12	236	122	38	1
1995	400	15	203	146	36	

## LENGTH OF STAY OF PATIENTS DISCHARGED OR DIED

Year	< 3 Months	3-6 Months	6-12 Months	1-2 Years	2-4 Years	4-6 Years	6-10 Years	> 10 Years
1994	327	38	12	12	10	7	2	1
1995	314	24	20	12	14	8	5	3

## TOTAL ADMISSIONS/DISCHARGES/DEATHS

Year	Admissions	Discharges	Deaths
1994	400	287	122
1995	397	254	146

## REHABILITATION/SHORT STAY UNIT

Year	Admissions	Discharges	Deaths	Transferred to Extended Care
1994	197	129	24	51
1995	202	128	16	54

## EXTENDED CARE

Year	Admissions	Discharges	Deaths
1994	127	84	94
1995	153	79	126

## ST. JOSEPH'S HOSPITAL ENNIS

## RESPITE

Year	Admissions	Discharges	Deaths
1994	76	74	4
1995	42	39	12

## DAY HOSPITAL

Year	Places	Total Attendances	Total Attenders	1st Attenders	Discharges	Deaths
1994	12	1153	325	86	75	2
1995	12	1061	319	84	88	1

## OUT PATIENT CLINICS

Year	Total Attendances	1st Attenders	Reviews
1994	556	171	385
1995	579	176	403

## OCCUPATIONAL THERAPY - INDIVIDUALS

	Day Hospital		Rehab		Respite		Extended Care		Total	
	'94	'95	'94	'95	'94	'95	'94	'95	'94	'95
Attenders	48	34	246	243	138	93	10	2	442	372
Treatments	67	47	1568	1607	314	203	23	2	1972	1859
New Referrals	34	26	155	152	100	68	6	2	295	248
Discharges	34	24	156	143	94	64	8	1	292	232
Deaths	1	1	4	4	6	6	1	1	11	11
Home Visits	1	1	79	62	20	6	1	1	99	68

**OCCUPATIONAL THERAPY - GROUPS**

Year	No. of Groups	In-Patients	Day Hospital	Total Attenders	New	Discharges	Deaths
1994	495	558	140	698	55	42	4
1995	533	535	81	616	50	66	5

**PHYSIOTHERAPY DEPARTMENT**

Year	Treatments Given		Attenders	
1994	3355		671	
	3449		723	
1995	In-Patients	Out-Patients	In-Patients	Out-Patients
	2803	646	491	232



## HOSPITALS FOR THE ELDERLY

# Hospital of the Assumption Thurles

### A C T I V I T Y

The number of residents at y/e '95 increased by 2 on y/e '94. The age profile of patients has remained broadly similar over the last two years except in the 75-84 yrs age category which decreased by 8. The 85 yrs+ category increased by 11. Chronic Physical Illness remains the dominant Medico/Social Status of patients.

Admissions have increased from 232 in '94 to 251 in '95. Discharges and deaths are exactly the same for the two years '94 and '95. Admissions to the Rehabilitation Unit and Respite Care have reduced for the same period. There was an increase of 43 in admissions to Extended Care. The major source of referral was from the Acute Hospital. The major discharge destination was to the Community.

Attenders and attendances in the Day hospital decreased from 44 to 42 and 3,028 to 2,228 in '94 and '95 respectively. Attenders increased and treatments given in the Physiotherapy Department decreased. Attendances and units of treatment in '95 in the Occupational Therapy Department remained similar to '94.

### D E V E L O P M E N T

In Mid-Summer, the Minister for Health announced that £4m had been allocated for the replacement of the Hospital of the Assumption. His approval was given, to proceed to Design Stage. This a most welcome development and marks a very satisfactory outcome to the Boards' sustained efforts to have this 150 year old hospital replaced.

As part of the initial site clearance works, the Convent, which had been vacated by the Sisters of Mercy during 1994 was demolished.

At year end the Department of Health indicated that the appointment of Consultant expertise to a Design Team is subject to the European Procurement Regulations.

The appointment of the Consultant Physician in Medicine for the Elderly at Nenagh General Hospital has not as yet impacted on non-acute services for the elderly. This is due primarily to her workload in Nenagh General Hospital and time and distance constraints. It is hoped that these difficulties will be addressed during 1996.

As this hospital is due to be replaced, refurbishment was largely decorative although the fire alarm system was upgraded to meet the requirement of the Fire Authority.

Four Staff Nurses are undertaking the Psycho Social Care of the Older Adult Course in UCC. This is the first year that this Certificate Course has been available to nurses in the Elderly Care Service.

# Assumption Thurles

## PROFILE 1995

### B E D T Y P E

Extended Care	129
Short-stay/Rehab	11
Respite	4
<b>TOTAL</b>	<b>144</b>

### D A Y H O S P I T A L

Places	12
Total Attendances	2,228
1st Attenders	18
Total Attenders	42
Discharges	24

### E X P E N D I T U R E

(Estimated)

Pay	£1,933m
Non-pay	£456m
<b>TOTAL</b>	<b>£2,389m</b>

## HOSPITAL OF THE ASSUMPTION THURLES

## POSITION AT 31st DECEMBER

Year	No. of Beds	No. in Residence 31st Dec.	Male (M) Female (F)
1994	150	137	63(M)=74(F)
1995	144	139	63(M)=76(F)

## AGE PROFILE OF PATIENTS

Year	Under 40	40-64	65-74	75-84	85 & Over
1994	-	16	29	59	33
1995	-	15	29	51	44

## MEDICO/SOCIAL STATUS OF PATIENTS

Year	Chronic Mental Illness	Chronic Physical Illness	Convalescence/ Rehabilitation	Mental Infirmary/ Dementia	
1994	18	72	6	24	
1995	16	58	9	26	
	Physical Disability	Mental Handicap	Social Reasons	Terminal Illness	Others
1994	2	11	2	2	
1995	14	9	3	3	1

## ADMISSIONS/DISCHARGES/DEATHS

Year	Admissions	Discharges	Deaths
1994	232	180	57
1995	251	180	57

## SOURCE OF ADMISSION

Year	No. of Admissions	Acute Hospital	Community	Other Longstay	Other
1994	232	125	99	6	2
1995	251	166	82	3	

## DISCHARGE DESTINATION

Year	No. of Discharges	Acute Hospital	Community	Deaths	Other Longstay	Other
1994	237	31	131	57	18	
1995	237	49	121	57	10	

## LENGTH OF STAY OF PATIENTS DISCHARGED OR DIED

Year	< 3 Months	3-6 Months	6-12 Months	1-2 Years	2-4 Years	4-6 Years	6-10 Years	> 10 Years
1994	187	10	9	8	11	4	7	1
1995	181	14	14	11	4	3	4	6

## TOTAL ADMISSIONS/DISCHARGES/DEATHS

Year	Admissions	Discharges	Deaths
1994	232	180	57
1995	251	180	57

## REHABILITATION/SHORT STAY UNIT

Year	Admissions	Discharges	Deaths
1994	119	95	11
1995	116	96	7

## EXTENDED CARE

Year	Admissions	Discharges	Deaths
1994	68	39	44
1995	111	61	47

## RESPIRE

Year	Admissions	Discharges		Deaths
		Home	Extended Care	
1994	45	45	1	2
1995	24	23	-	3

## HOSPITAL OF THE ASSUMPTION THURLES

## DAY HOSPITAL

Year	Places	First Attenders	Discharges	Total Attenders	Total Attendances
1994	12	19	23	44	3028
1995	12	18	24	42	2228

## PHYSIOTHERAPY DEPT. - TOTAL TREATED

Year	Total Attenders	In-Patients	Day Hospital	O.P.D.
1994	501	79	32	390
1995	528	96	32	400

## PHYSIOTHERAPY DEPT. - TREATMENTS

Year	Total Treatments	In-Patients	Day Hospital	O.P.D.
1994	9335	1812	1337	6186
1995	8449	2016	1079	5354

## OCCUPATIONAL THERAPY - ATTENDANCES

Year	Total Attendances	Long-Stay	Short-Stay	Day Hospital
1994	5320	1859	1043	2418
1995	5433	2426	896	2111

## OCCUPATIONAL THERAPY - UNITS OF TREATMENT

Year	Treatments	Long-Stay	Short-Stay	Day Hospital
1994	34682	8964	8223	17495
1995	35910	12667	6654	16589

# Community Hospitals

**T**he review format used for the Hospitals for the Elderly is applied to Ennistymon and Raheen Community Hospitals (ref. p11).

## KEY POINTS

1. Admissions and discharges increased due to Short-Stay and Respite Care.
2. The number of **Chronic Physical Illness** patients increased from 6 to 10 in Ennistymon and reduced from 26 to 2 in Raheen Hospital.
3. The construction of the Short-Stay Rehabilitation Units on both sites, and, the Day Hospital in Raheen is ongoing
4. Both hospitals are participating in the BIOMED Q.A. programme.

COMMUNITY HOSPITALS

# Ennistymon Community Hospital

## ACTIVITY

The number of residents in Ennistymon Community Hospital at y/e '95 has reduced from 27 to 23 in '94 and '95 respectively. The number of patients in the 75 - 84 age group reduced by 8 and in the 85 yrs + age group increased by 6. The only notable feature in the Medico/Social Status of patients is in the Chronic Physical Illness group which increased from 6 in '94 to 10 in '95.

Admissions and discharges have increased particularly to Rehabilitation and Respite Care and reflects the increasing emphasis in these care areas. In line with this trend, 68 out of 121 admissions came from the Community, and 97 of 126 discharges returned to the Community.

240 people attended the Day Centre and had a total of 3,514 attendances which was slightly less than the previous year.

The number of Physiotherapy treatments increased to 235 and Chiropody treatments were 251.

## DEVELOPMENT

Construction work on the Short Stay Rehabilitation Unit continued throughout 1995. The unit is scheduled for completion by 31st March, 1996. A planning application for further development work at the hospital has been lodged. This includes the construction of a link corridor between the main hospital and the day care centre; the development of an oratory, and the provision of day room facilities. It is intended that work will commence on these projects on completion of the Short Stay Rehabilitation Unit.

The Friends of Ennistymon Hospital continued to provide invaluable support through their fund raising efforts. FÁS has provided a Youth Employment Training Scheme to facilitate the construction work on the short stay rehabilitation unit.

A number of items of equipment were purchased and alterations were carried out to the existing building to comply with the requirements of the Fire Authority, including compartmentation, the replacement of doors and the upgrading of the fire alarm system. The replacement of a number of windows and doors in the main hospital was completed in 1995. The existing toilet facilities were completely upgraded and expanded. The area at the back of the hospital was landscaped, and walk-ways, shrubberies and seating was provided.

The implementation of the Quality Assurance Programme has continued during 1995. It is envisaged that an audit to comply with the I.S.O. Standard will take place in the hospital during the early part of 1996. Ennistymon is also participating in the Second Concerted Action Programme on Quality Assurance in Hospitals (European Union-BIOMED).

*The Projects selected are:*

- Pressure Sores Management
- Medical Records

# Community Hospital

## PROFILE 1995

### B E D   T Y P E :

Extended Care	29
Respite	4
<b>TOTAL</b>	<b>33</b>

### D A Y   H O S P I T A L

Places	20
Total Attendances	3514
1st Attenders	10
Total Attenders	240

### E X P E N D I T U R E

(Estimated)

Pay	£466m
Non-pay	£158m
<b>TOTAL</b>	<b>£624m</b>



## ENNISTYMON COMMUNITY HOSPITAL

## POSITION AT 31st DECEMBER

Year	No. of Beds	No. in Residence 31st Dec.	Male (M) Female (F)
1994	33	27	13(M)=14(F)
1995	33	23	11(M)=12(F)

## AGE PROFILE OF PATIENTS

Year	Under 40	40-64	65-74	75-84	85 & Over
1994	-	1	7	15	4
1995	-	1	5	7	10

## MEDICO/SOCIAL STATUS OF PATIENTS

Year	Chronic Mental Illness	Chronic Physical Illness	Convalescence/ Rehabilitation	Mental Infirmity/ Dementia
1994	3	6	3	4
1995	-	10	3	3
	Physical Disability	Mental Handicap	Social Reasons	Terminal Illness
1994	6	1	3	1
1995	5	2	-	-

## ADMISSIONS/DISCHARGES/DEATHS

Year	Admissions	Discharges	Deaths
1994	111	93	20
1995	121	109	17

## SOURCE OF ADMISSION

Year	No. of Admissions	Acute Hospital	Community	Other Longstay	Other
1994	111	38	65	8	-
1995	121	49	68	3	1

## DISCHARGE DESTINATION

Year	No. of Discharges	Acute Hospital	Community	Deaths	Other Longstay	Other
1994	113	7	84	20	2	-
1995	126	8	97	17	1	3

## LENGTH OF STAY OF PATIENTS DISCHARGED OR DIED

Year	< 3 Months	3-6 Months	6-12 Months	1-2 Years	2-4 Years	4-6 Years	6-10 Years	> 10 Years
1994	98	3	2	3	5			2
1995	115	4	-	1	5	1		

## TOTAL ADMISSIONS/DISCHARGES/DEATHS

Year	Admissions	Discharges	Deaths
1994	111	93	20
1995	121	109	17

## EXTENDED CARE

Year	Admissions	Discharges	Deaths
1994	51	34	19
1995	10	6	8

## RESPIRE

Year	Admissions	Discharges	Deaths
1994	60	59	1
1995	65	64	1

## REHAB

Year	Admissions	Discharges	Deaths
1995	42	38	6

## TERMINAL CARE

Year	Admissions	Discharges	Deaths
1995	4	1	2

## DAY CARE CENTRE

Year	Places Available	1st Attenders	Total Attenders	Total Attendances
1994	20	10	240	4020
1995	20	10	240	3514

## PHYSIOTHERAPY/CHIROPODY TREATMENTS

Year	Physiotherapy Treatments	Chiropody Treatments
1994	178	270
1995	235	251

COMMUNITY HOSPITALS

# Raheen Community Hospital

## ACTIVITY

There were 28 residents at y/e '95 in Raheen Community Hospital, a reduction of 2 on y/e '94. The age profile indicated an increase of 2 in the 85 yrs+ category. The Medico/Social Status of patients shifted significantly. In the Mental Infirmity/Dementia category: 1 in '94 to 14 in '95; and in the Chronic Physical Illness category: 26 in '94 to 2 in '95.

Admissions and discharges increased. The most significant change was in respect of Respite Care: 8 Adms./8 Disch. in 1994 to 26 Adms./16 Disch. in 1995. The under 3 mths length of stay of patients discharged was 35 out of 48 discharges, reflecting the changing emphasis to Short-Stay Care.

## DEVELOPMENT

The construction work on the Short-Stay Rehabilitation Unit and Day Hospital, which commenced during December, 1994 is ongoing. It is envisaged that construction work will be completed by the end of the current year. FÁS has provided a Youth Employment Training Scheme to facilitate the construction work on the Short-Stay Rehabilitation Unit and Day Hospital.

10 beds were replaced at the Hospital during '95 and a hoist was provided in keeping with the Board's policy on Health & Safety in the workplace.

Raheen Hospital Support Group continues to provide invaluable support through their fund raising efforts.

This hospital is also participating in the Second Concerted Action Programme on Quality Assurance in Hospitals (European Union - BIOMED). A Quality Assurance Committee has been formed to implement the BIOMED Project and quality assurance systems throughout the hospital.

*The Projects are:*

- Clinical Records
- Pressure Sores Management

# Community Hospital

## PROFILE 1995

### B E D   T Y P E

Extended Care	28
Respite	2
Rehab	4
Terminal Care	2
<b>TOTAL</b>	<b>36</b>

### E X P E N D I T U R E

(Estimated)

Pay	£451m
Non-pay	£120m
<b>TOTAL</b>	<b>£571m</b>

## RAHEEN COMMUNITY HOSPITAL

## POSITION AT 31st DECEMBER

Year	No. of Beds	No. in Residence 31st Dec.	Male (M) Female (F)
1994	36	30	8(M)=22(F)
1995	36	28	7(M)=21(F)

## AGE PROFILE OF PATIENTS

Year	Under 40	40-64	65-74	75-84	85 & Over
1994	-	4	2	16	8
1995	-	1	3	14	10

## MEDICO/SOCIAL STATUS OF PATIENTS

Year	Chronic Mental Illness	Chronic Physical Illness	Convalescence/ Rehabilitation	Mental Infirmity/ Dementia
1994	1	26	1	1
1995	2	2	-	14
	Physical Disability	Mental Handicap	Social Reasons	Terminal Illness
1994	-	1	-	-
1995	1	1	1	7

## ADMISSIONS/DISCHARGES/DEATHS

Year	Admissions	Discharges	Deaths
1994	29	19	11
1995	46	31	17

**EXTENDED CARE**

Year	Admissions	Discharges	Deaths
1994	21	11	11
1995	20	15	17

**RESPIRE**

Year	Admissions	Discharges	Deaths
1994	8	8	
1995	26	16	

**SOURCE OF ADMISSION**

Year	No. of Admissions	Acute Hospital	Community	Other Longstay	Other
1994	29	13	9	6	1
1995	46	21	16	9	

**DISCHARGE DESTINATION**

Year	No. of Discharges	Acute Hospital	Community	Deaths	Other Longstay	Other
1994	30	9	8	11	2	
1995	48	14	17	17		

RAHEEN COMMUNITY HOSPITAL

LENGTH OF STAY OF PATIENTS DISCHARGED OR DIED

Year	< 3 Months	3-6 Months	6-12 Months	1-2 Years	2-4 Years	4-6 Years	6-10 Years	> 10 Years
1994	17	4	4	-	2	2	1	
1995	35	4	-	3	3	2	1	

# Homes for the Elderly

**T**he review format is similar to that used for the Hospitals for the Elderly and the Community Hospitals.

## KEY POINTS

1. Admissions and discharges increased significantly particularly in Regina House, due to Respite Care.
2. Patients-status change is reflected in the increase in the Chronic Physical Illness numbers in St. Conlon's, Nenagh and Dean Maxwell, Roscrea. Social Reasons are indicated for most of the residents in Regina House.
3. Day Care services were provided at Regina House which catered for 225 attenders in 1995. Dean Maxwell Home Day Hospital had 38 attenders.
4. The new Day Centre in Kilrush opened on a part-time basis and extended to a full-time (5 day) service during 1995. Occupational Therapy services were extended to St. Conlon's, Nenagh. Nursing cover on night-duty was improved in Regina House.
5. A window replacement programme was completed in the Nenagh and Roscrea Homes.



HOMES FOR THE ELDERLY

# Regina House Kilrush

## ACTIVITY

There were 37 residents in Regina House at y/e '95 i.e. 1 less than y/e '94. The age profile has remained fairly constant over the last 4 years. Social Reasons (at 29) is still the dominant Medico/Social Status of patients followed by Mental Infirmary/Dementia (at 6).

Admissions have more than doubled and discharges have almost trebled between the two years under review. This is reflected in increased admissions and discharges to Respite Care. 30 of 37 admissions came from the Community. 30 of 41 discharged patients returned to the Community. There were 31 discharges with less than a 3mths length of stay.

The Day Centre provided a service for 225 people who had total attendances of 2,999. 37 Speech Therapy Sessions and 46 Chiropody Sessions were also provided.

## DEVELOPMENT

The Day Care Centre became operational on a part-time basis on 30th January, 1995 and is now operating on a full-time basis. It is anticipated that a Physiotherapy Service will be initiated at this unit in the early part of 1996.

A number of items of equipment were replaced during '95, including 10 beds, catering equipment and furniture.

The fire alarm systems was upgraded in keeping with the requirements of the Fire Authority.

The staffing levels on night duty were increased resulting in the availability of "round the clock nursing cover".

# Irish

## PROFILE 1995

### B E D T Y P E :

Extended Care	98
Respite	2
<b>TOTAL</b>	<b>40</b>

### D A Y C A R E C E N T R E

Places	15
1st Attenders	225
Total Attenders	225
Total Attendances	2,999

### E X P E N D I T U R E

(Estimated)

Pay	£308m
Non-pay	£67m
<b>TOTAL</b>	<b>£375m</b>

## REGINA HOUSE KILRUSH

## POSITION AT 31st DECEMBER

Year	No. of Beds	No. in Residence 31st Dec.	Male (M) Female (F)
1994	40	38	13(M)=25(F)
1995	40	37	10(M)=27(F)

## AGE PROFILE OF PATIENTS

Year	Under 40	40-64	65-74	75-84	85 & Over
1994	-	-	3	21	14
1995	-	-	2	19	16

## MEDICO/SOCIAL STATUS OF PATIENTS

Year	Chronic Mental Illness	Chronic Physical Illness	Convalescence/ Rehabilitation	Mental Infirmity/ Dementia
1994	-	4	-	6
1995	-	1	-	6
	Physical Disability	Mental Handicap	Social Reasons	Terminal Illness
1994	6	-	22	-
1995	1	-	29	-

## ADMISSIONS/DISCHARGES/DEATHS

Year	Admissions	Discharges	Deaths
1994	18	11	4
1995	37	37	4

## EXTENDED CARE

Year	Admissions	Discharges	Deaths
1994	5	-	4
1995	3	5	4

## RESPITE

Year	Admissions	Discharges	Deaths
1994	13	11	
1995	34	32	

## SOURCE OF ADMISSION

Year	No. of Admissions	Acute Hospital	Community	Other Longstay	Other
1994	18	10	8		
1995	37	4	30	3	

## DISCHARGE DESTINATION

Year	No. of Discharges	Acute Hospital	Community	Deaths	Other Longstay	Other
1994	15	-	6	4	5	
1995	41	4	30	4	3	

## LENGTH OF STAY OF PATIENTS DISCHARGED OR DIED

Year	< 3 Months	3-6 Months	6-12 Months	1-2 Years	2-4 Years	4-6 Years	6-10 Years	> 10 Years
1994	9	-	-	1	1		3	1
1995	31	3	1	-	3	1	2	

## DAY CARE CENTRE

Year	Places Available	1st Attenders	Total Attenders	Total Attendances
1995*	15	225	225	2999

\*Opened 30th January 1995

## SPEECH THERAPY/CHIROPODY SESSIONS

Year	Speech Therapy Sessions	Chiropody Sessions
1995	37	46

## HOMES FOR THE ELDERLY

# St. Conlon's Home

## St. Conlon's Home Nenagh

### ACTIVITY

There were 33 residents in St. Conlon's Home at y/e '95, a reduction of 5 on y/e '94. The age profile of patients has not varied over the past 2 years. The Medico/Social Status of patients has almost doubled in the Chronic Physical Illness category, 10 in '94 to 19 in '95. The Social Reasons halved, i.e. 14 in '94 to 7 in '95.

Admissions and discharges to and from Respite Care have increased and show a corresponding decrease in activity in Extended Care. The majority of admissions came from the Community, while discharge destination was divided between Acute Hospital (7) and Community (8).

Occupational Therapy services were extended to St. Conlon's during the year and 2,461 units of treatment were provided.

### DEVELOPMENT

The policy of upgrading St. Conlon's Home to a Community Nursing Unit has to be accelerated, arising from the Department of Health's sanction to proceed to the Design Stage on the replacement for the Hospital of the Assumption, Thurles.

Initial drawings are being prepared for the required development works. It is expected that these will be finalised and planning permission sought during the first quarter of '96.

As part of the ongoing programme of refurbishment further structural and decorative projects were undertaken during 1995.

All windows in the Home were replaced during the latter part of the year, thereby greatly enhancing the external appearance. It is expected that this project will contribute to savings on energy costs through a major reduction in heat loss.

Replacement floor covering, new curtains and bedlinen were provided resulting in an upgrade of two thirds of the patient areas over a two year period.

A number of internal changes have been made to meet the requirements of the Fire Authority.

Externally, floodlighting and tarmacadam were provided as part of the ongoing enhancement to the quality of the environment.

# ne Nenagh

## PROFILE 1995

### B E D . T Y P E :

Extended Care	39
Respite	1
TOTAL	40

### E X P E N D I T U R E

(Estimated)

Pay	£220m
Non-pay	£74m
TOTAL	£294m

## ST. CONLON'S HOME NENAGH

## POSITION AT 31st DECEMBER

Year	No. of Beds	No. in Residence 31st Dec.	Male (M) Female (F)
1994	40	38	12(M)=26(F)
1995	40	33	8(M)=25(F)

## AGE PROFILE OF PATIENTS

Year	Under 40	40-64	65-74	75-84	85 & Over
1994	-	1	3	22	12
1995	-	1	3	18	11

## MEDICO/SOCIAL STATUS OF PATIENTS

Year	Chronic Mental Illness	Chronic Physical Illness	Convalescence/ Rehabilitation	Mental Infirmity/ Dementia
1994	3	10	1	5
1995	-	19		5
	Physical Disability	Mental Handicap	Social Reasons	Terminal Illness
1994	3	-	14	2
1995	2	-	7	-

## ADMISSIONS/DISCHARGES/DEATHS

Year	Admissions	Discharges	Deaths
1994	20	19	2
1995	19	19	5

## EXTENDED CARE

Year	Admissions	Discharges	Deaths
1994	17	17	2
1995	13	13	5

## RESPITE

Year	Admissions	Discharges	Deaths
1994	3	2	-
1995	6	6	-

## SOURCE OF ADMISSION

Year	No. of Admissions	Acute Hospital	Community	Other Longstay	Other
1994	20	11	5	4	-
1995	19	4	12	2	1

## DISCHARGE DESTINATION

Year	No. of Discharges	Acute Hospital	Community	Deaths	Other Longstay	Other
1994	21	11	2	2	6	-
1995	24	7	8	5	1	3

## LENGTH OF STAY OF PATIENTS DISCHARGED OR DIED

Year	< 3 Months	3-6 Months	6-12 Months	1-2 Years	2-4 Years	4-6 Years	6-10 Years	> 10 Years
1994	2	-	1	2	3	3	4	6
1995	13	-	4	1	-	4	1	1

## OCCUPATIONAL THERAPY DEPARTMENT

Year	Total Attendances	Units of Treatment
1995	525	2461



## HOMES FOR THE ELDERLY

# Dean Maxwell Home Roscrea

## ACTIVITY

There were 36 people resident in the Dean Maxwell Home at y/e '95, (1 less than the previous year). The age profile of patients was relatively unchanged except in the 75-84 age category which reduced by 4. 18 of the residents were in the Chronic Physical Illness (Medico/Social Status) category and there were 9 in the Chronic Mental Illness category.

Admissions increased from 32 in '94 to 57 in '95 which is reflected in increased admissions to Respite Care. Admissions to Respite Care doubled during '95. Sources of admission were mainly Community (48) and Acute Hospital (5). Most of the discharges were to the Community i.e. 48 out of 58 discharges.

38 attenders at the Day Hospital had a total of 1,327 attendances. Occupational Therapy units of treatments increased to 2,852 and total attendances were 696.

## DEVELOPMENT

As with St. Conlon's Home the policy of upgrading Dean Maxwell Home to a Community Nursing Unit must be accelerated arising from the Department of Health's sanction to proceed to the Design Stage for the new Hospital of the Assumption, Thurles.

Initial drawings for the required development works are being prepared. It is intended that these drawings will form a basis for discussion on the upgrading of Dean Maxwell Home with detailed planning scheduled to begin in early '96.

The ongoing programme of refurbishment continued with further structural and decorative projects during 1995.

All windows in the Home were replaced during the latter part of the year thereby greatly enhancing the external appearance. Replacement floor covering, new curtains and bedlinen were provided resulting in an upgrade of two thirds of the patient areas over a two year period.

Internal changes have been made to meet the requirements of the Fire Authority.

Discussions were initiated with Milford Hospice with a view to providing two Terminal Care beds in the Home. Agreement has been reached in principle and Milford Hospice has made a submission to the Department of Health regarding the Revenue implications. Detailed planning of the necessary structural alterations will begin in early '96.

# ome Roscrea

## PROFILE 1995

### B E D T Y P E :

Extended Care	38
Respite	2
TOTAL	40

### D A Y H O S P I T A L

Places	12
Total Attendances	1,327
1st Attenders	2
Total Attenders	38
Discharges	7

### E X P E N D I T U R E

(Estimated)

Pay	£272m
Non-pay	£95m
TOTAL	£367m

## DEAN MAXWELL HOME ROSCREA

## POSITION AT 31st DECEMBER

Year	No. of Beds	No. in Residence 31st Dec.	Male (M) Female (F)
1994	40	37	19(M)=18(F)
1995	40	36	19(M)=17(F)

## AGE PROFILE OF PATIENTS

Year	Under 40	40-64	65-74	75-84	85 & Over
1994	-	2	6	19	10
1995	-	2	8	15	11

## MEDICO/SOCIAL STATUS OF PATIENTS

Year	Chronic Mental Illness	Chronic Physical Illness	Convalescence/ Rehabilitation	Mental Infirmity/ Dementia
1994	6	15	2	3
1995	9	18	-	4
	Physical Disability	Mental Handicap	Social Reasons	Terminal Illness
1994	1	1	9	-
1995	-	-	5	-

## ADMISSIONS/DISCHARGES/DEATHS

Year	Admissions	Discharges	Deaths
1994	32	25	7
1995	57	52	6

## EXTENDED CARE

Year	Admissions	Discharges	Deaths
1994	7	4	6
1995	7	4	5

**RESPIRE**

Year	Admissions	Discharges	Deaths
1994	25	21	1
1995	50	48	1

**SOURCE OF ADMISSION**

Year	No. of Admissions	Acute Hospital	Community	Other Longstay
1994	32	14	17	1
1995	57	5	48	4

**DISCHARGE DESTINATION**

Year	No. of Discharges	Acute Hospital	Community	Deaths	Other Longstay
1994	32	7	15	7	3
1995	58	3	48	6	1

**LENGTH OF STAY OF PATIENTS DISCHARGED OR DIED**

Year	< 3 Months	3-6 Months	6-12 Months	1-2 Years	2-4 Years	4-6 Years	6-10 Years	> 10 Years
1994	20	-	-	3	4	-	3	2
1995	46	5	3	-	2	-	1	1

**DAY HOSPITAL**

Year	Places Available	Total Attendances	Attendees		Discharges
			New	Return	
1994	12	1960	10	22	6
1995	12	1327	2	36	7

**OCCUPATIONAL THERAPY DEPARTMENT**

Year	Total Attendances	Units of Treatment
1994	316	1912
1995	696	2852

# Part V Community Care

## Nursing Homes

There are 1191 beds approved in 41 Nursing Homes under Section 7 of the Health (Nursing Homes Act) 1990. Subventions were paid to 512 persons, 41.4% of whom were in the maximum dependency category. In addition, 259 persons received Section 54 payments under the Health Act 1970. A further 57 were subvented outside of this Health Board's area. The total number of subvented patients were 828.

### SECTION 7 - HEALTH (NURSING HOMES ACT) 1990

Area	No. of Nursing Homes	No. of Beds Approved	No. of persons receiving subvention	Dependency Category		
				Med	High	Max
Limerick	15	334	154	33	60	61
Clare	9	421	167	38	65	64
Tipperary	17	436	191	41	63	87
Total	41	1,191	512	112	188	212

No. of Nursing Homes in receipt of Payments outside MWHB Area	No. of persons receiving subvention	Dependency Category		
		Med	High	Max
27	48	16	22	10

## SECTION 54 - HEALTH ACT 1970

Area	No. of Nursing Homes	No. in Payment
Limerick	4	59
Clare	4	123
Tipperary	8	77
Total	16	259
Total Outside MWHB Areas	4	9

		No. Occupied by Subvented Patients at y/e '95		
No. of Approved beds in MWHB Area		Section 7	Section 54	Total
Limerick	334	154	59	213
Clare	421	167	123	290
Tipperary N.R.	436	191	77	268
Total	1,191	771		

Subvented Patients Outside MWHB Area-

Section 7 48

Section 54 9

Total: 57

Total Subvented Patients MWHB Area and Outside-

 $771 + 57 = 828$

# Acute Services for the Elderly - Summary Data

## Regional Hospital, Limerick

### ALL ADMISSIONS

Year	Admissions	Day Cases	Discharges	Average Length of Stay	Bed Days Used
1995	21,131	5,046	21,104	5.47 days	116,026

### ADMISSIONS 65yrs+

Year	Admissions	Day Cases	Discharges	Average Length of Stay	Bed Days Used
1995	6,067	1,087	6,068	8.16 days	49,530

### ADMISSIONS - Dept. of Medicine for the Elderly

Year	Admissions	Day Cases	Discharges	Average Length of Stay	Bed Days Used
1995	658*	-	656*	8.6 days	5,643

\*Includes transfers to and from other wards.

Admissions of people age 65yrs+ to the Regional Hospital account for just 29% of all admissions and is much lower than for Ennis (50%) and Nenagh (47%) General Hospitals. Bed Days used by the group are almost 43% again significantly lower than either Ennis (65%) or Nenagh (67%). The length of stay at 8.16 days for those over 65yrs is 2.69 days longer than that for all admissions. This is comparable to length of stay in the other two general hospitals: 8.87 in Ennis and 7.51 in Nenagh.

## Ennis General Hospital

### ALL ADMISSIONS

Year	Admissions	Day Cases	Discharges	Average Length of Stay	Bed Days Used
1995	4,772	2,001	4,756	5.76 days	32,239

### ADMISSIONS 65yrs+

Year	Admissions	Day Cases	Discharges	Average Length of Stay	Bed Days Used
1995	2,382	469	2,361	8.87 days	20,939

### ADMISSIONS - Elderly Care Unit

\*Includes transfers to and from other wards.

Year	Admissions	Day Cases	Discharges	Average Length of Stay	Bed Days Used
1995	448*	1	445*	9.91 days	3,848

Admissions of people age 65yrs+ to Ennis General Hospital account for almost 50% of all admissions and is slightly higher than Nenagh General Hospital at 47%. % Bed days used by this group is 65%, and the average length of stay, at 8.87 days, is 3.11 days longer than that for all admissions, and 1.36 days longer than the over 65yrs+ admission group in Nenagh General Hospital.

## Nenagh General Hospital

### ALL ADMISSIONS

Year	Admissions	Day Cases	Discharges	Average Length of Stay	Bed Days Used
1995	4,331	1,491	4,316	5.32 days	22,995

### ADMISSIONS 65yrs+

Year	Admissions	Day Cases	Discharges	Average Length of Stay	Bed Days Used
1995	2,024	470	2,014	7.51 days	15,117

### ADMISSIONS- Elderly Care Unit (Opened 18/12/95)

Year	Admissions	Day Cases	Discharges	Average Length of Stay	Bed Days Used
1995	16*	-	12*	6.22 days	56

Admissions of people age 65yrs+ to Nenagh General Hospital account for almost 47% of all admissions. The bed days used by this group account for almost 67% of all bed days used and the average length of stay is 7.51 days which is 2.19 days longer than the length of stay for all admissions.

## Croom Orthopaedic Hospital

### ALL ADMISSIONS

Year	Admissions	Day Cases	Discharges	Average Length of Stay	Bed Days Used
1995	1,634	803	1,623	12.75 days	20,426

### ADMISSIONS 65yrs+

Year	Admissions	Day Cases	Discharges	Average Length of Stay	Bed Days Used
1995	628	61	625	18.10 days	11,314

\*Includes transfers to and from other wards.

Admission of people 65yrs+ to Croom Hospital account for almost 39% of all admissions. The bed days used by this group account for 55% of bed days used and their average length of stay is 18.10 days, i.e. 5.35 days longer than the corresponding length of stay for all admissions which is 12.75 days.



# RESIDENTIAL SERVICES FOR THE ELDERLY - EXPENDITURE 1994/95

Hospital	1994			1995		
	£ Pay	£ Non-Pay	£ Exp	£ Pay	£ Non-Pay	£ Exp
St. Camillus'	3.876m	.639m	4.987m	3.712m	.802m	4.514m
St. Ita's	1.926m	.453m	2.379m	1.990m	.494m	2.484m
St. Joseph's	2.529m	.601m	3.130m	2.842m	.600m	3.442m
Hospital of the Assumption	1.861m	.461m	2.322m	1.933m	.456m	2.389m
<b>Total</b>	<b>10.192m</b>	<b>2.154m</b>	<b>12.818m</b>	<b>10.477m</b>	<b>2.352m</b>	<b>12.829m</b>
Ennistymon	.443m	.168m	.611m	.466m	.158m	.624m
Raheen	.430m	.115m	.545m	.451m	.120m	.571m
<b>Total</b>	<b>.873m</b>	<b>.283m</b>	<b>1.156m</b>	<b>.917m</b>	<b>.278m</b>	<b>1.195m</b>
Regina House	.229m	.045m	.274m	.308m	.067m	.375m
St. Conlon's	.174m	.035m	.209m	.220m	.074m	.294m
Dean Maxwell	.249m	.054m	.303m	.272m	.095m	.367m
<b>Total</b>	<b>.652m</b>	<b>.134m</b>	<b>.786m</b>	<b>.800m</b>	<b>.236m</b>	<b>1.036m</b>
<b>Total Expenditure</b>	<b>11.717m</b>	<b>2.571m</b>	<b>14.76m</b>	<b>12.194m</b>	<b>2.866m</b>	<b>15.06m</b>

App. R.S.E. (I)



*Prepared by the REGIONAL DEVELOPMENT UNIT, SPECIAL HOSPITAL CARE,  
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