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## Chairman's Review

The new Day Services Centre allows us to develop meaningful day programmes for our residents, with the overall aim being to promote personal independence and integration from a campus-based setting to supported living in the community.



The development of our new Rehabilitation Centre, which was officially opened by the Minister for Health and Children, Mary Harney, T.D., in March, represented a significant step in modernising and expanding our services to patients and residents at Peamount and allows us to further develop all our rehabilitation services.

Minister Harney made a second official visit to Peamount later in the year when she opened the new Day Services Centre for intellectually disabled residents in November. This building was funded in partnership between the HSE, the Dormant Accounts Fund and Peamount. The wide range of activities that are available for the residents in this Centre is very impressive and includes horticulture, pottery, woodwork, visual arts, drama, literacy and cookery.

The launch of our new corporate identity at the beginning of the year was another step in the further development of Peamount. This new identity reflects the areas of expertise and the specific services now provided by Peamount. The new logo also represents the balance that has been struck between the need to communicate change while retaining Peamount's established reputation for excellence. I also believe it reflects the values of Peamount such as friendliness, care and humanity in the delivery of our services.

The Board engaged Prospectus Strategy Consultants to assist us in the development of the next five-year strategy for Peamount which will run for the period 2008-2013. This strategic process, which has already commenced, with input from management, staff and external stakeholders, will build on the work completed under the 2003-2008 Strategic Plan, and will help Peamount deliver on this vision over the next five years.

We have ambitious plans for the future – new buildings and facilities are badly needed to replace all of our out-dated accommodation. As part of our strategic plan for 2008-

2013, discussions and negotiations will continue with a number of stakeholders, including the HSE and South Dublin County Council, and the Board will continue to examine the future potential development of our lands.

The Farm had another very successful year, particularly in relation to our grain harvest and turf grass operations.

There was no change in Board membership during the year and all members were re-elected at the Annual General Meeting held on 26th June 2007.

I wish to sincerely thank all my colleagues on the Board for their generous contribution during the year, their helpful advice, and their representation and leadership on the various Committees.

I also wish to especially thank Mr Robin Mullan, Chief Executive, our management team and all staff throughout Peamount, for their wonderful dedication and care to patients and residents. Peamount is in very good and safe hands.

**Graham Crisp,**  
Chairman

## Chief Executive's Review

Looking ahead, considerable progress has already been achieved in developing our new strategy for 2008-2013 and the coming years promise to be a very exciting period for everyone associated with Peamount.



The year marked further significant development in our range of services at Peamount, commencing with the official opening of our Rehabilitation Centre on 26th March, 2007. That represented the culmination of a huge amount of hard work and commitment by the Board, management and staff in Peamount. The background to this major service innovation can be traced back to the development and successful implementation of the Peamount Strategic Plan, 2003-2008.

Our focus is on providing rehabilitation and continuing care services to older persons, adults with neurological disability, individuals with an intellectual disability and people with chronic respiratory conditions. In addition, we are continuing to develop our primary diagnostic services, and to strengthen our links and develop partnerships with our colleagues in the acute healthcare services within the broader Dublin/Kildare areas.

Significant progress continued to be made in providing a range of high quality health and social care services that enable patients/residents to live more independently. This new direction, based on rehabilitation and independent living in the community, rather than the provision of institutional care, is focused on the needs of the individual.

We continued to improve and build on our existing services, such as respiratory out-patients, as well as developing therapy out-patient services within the Rehabilitation Centre. We have also been able to provide extensive community diagnostic services through the upgrading our Radiology Department during the year.

I am glad to report that with the assistance of the Department of the Environment, Heritage and Local Government, and South Dublin County Council, under the Social & Affordable Housing Scheme, Peamount commenced the process of acquiring a number of social housing units for residents with an intellectual disability in a new development called 'Castleyon', in the heart of Newcastle village.

The completion and official opening of the new Day Services Centre for residents with an intellectual disability was another major development in 2007. This new building allows us to continue to develop meaningful day programmes for residents, with the overall aim of promoting personal independence, and the ability to move from a campus-based setting to supported living in the community.

The year also saw the completion and publication of a major research project on GPs & Primary Care within the Peamount catchment region which we commissioned Prof. Tom O'Dowd and his team at the Department of Public Health & Primary Care, Trinity College, to undertake. The report was launched by the Minister for Health & Children, Ms. Mary Harney, T.D., on 1st October.

The main objectives of this survey were:

- to establish general practitioner rates of awareness and usage of current diagnostic and therapeutic services provided by Peamount;
- to gauge likely GP usage of new and planned services;
- to seek feedback on further potentially useful services being considered by Peamount and,
- to enhance relationships with GPs and primary care in the catchment area of Peamount.

The report, which is available on our website – [www.peamount.ie](http://www.peamount.ie) – was circulated to all GPs in our catchment area, thereby helping to make them more aware of the services available at Peamount.

Looking ahead, considerable progress has already been achieved in developing our new strategy for 2008-2013 and the coming years promise to be a very exciting time for everyone associated with Peamount.

A number of new staff joined us during the year, and I wish to express a very warm welcome to them as they help us to enhance the service we provide to patients and clients in

the new Peamount. I am delighted to say that, with the expansion and development of our services, two new additional medical consultants, in Age Related Healthcare and Respiratory Medicine, also joined us during the year.

I would like to extend best wishes to all staff who retired during the year, particularly those who had long service. We thank all of them for their outstanding dedication and commitment to Peamount.

I also wish to extend our gratitude to all volunteers for their generous support and valuable help to Peamount during the past year.

The support of the Board of Peamount was critical to our success and all our achievements, and I would like to thank the Chairman and all the Board members for their support and advice.

Finally, I would like to sincerely thank my colleagues on the management team, and all staff in Peamount, for their individual and collective contribution, for embracing many changes, and for their continued commitment and professionalism in caring for residents and patients.

**Robin Mullan**  
Chief Executive



Age-related services at Peamount offer a range of health and social care services for older adults. The services offered include: Rehabilitation; Continuing Care; Respite and Day Care.



# Age Related Services

## Rehabilitation Services

Rehabilitation is a dynamic process aimed at providing coordinated interventions to overcome or reduce disability following illness or injury. Rehabilitation of older adults differs from that of younger persons in that many older patients suffer from multiple conditions that interact to produce disability.

During 2007 our post-acute rehabilitation provided rehabilitative services and medical care to reduce disability and illness burden. This programme is delivered by an expert multidisciplinary team in a purpose-built 25 bed unit under the clinical governance of Dr. Tara Coughlan and Dr. Ronan Collins.

Since opening in November 2006, the number of admissions has steadily increased. In total 150 patients with complex rehabilitative and medical needs have been treated. The average client age is 80, and 75% of patients have been able to return to independent living.

The service now operates at maximum capacity, with a short waiting list in operation. The main source of referrals is The Adelaide & Meath incorporating the National Children's Hospital (AMNCH) but patients have also been accepted from all other acute Dublin/Kildare Hospitals.

During 2007 the rehabilitation client group expanded considerably, as has the team's expertise.

Peamount now caters for the following:

- Stroke.
- Orthopaedic conditions: Fracture/joint replacements.
- Chronic neurodegenerative conditions: Parkinson's disease.
- Chronic musculoskeletal conditions: Osteoarthritis/Rheumatoid arthritis.
- Critical care myopathies.
- Post-operative de-conditioning.

During the year a new assessment and outcome tool was introduced, which will facilitate benchmarking against progress. Initial results are now being audited. In addition a patient satisfaction survey has been developed and will be implemented in early 2008.

During 2007 services within the Age Related Rehabilitation Unit were provided by a multi – disciplinary team from the areas of Nursing, Medicine, Physiotherapy, Speech and Language Therapy, Nutrition and Dietetics and Social Work.

## Continuing Care Services

Continuing Care Services are offered at Peamount for both male and female patients in St. Patrick's and St. Ciaran's Units, both of which have 23 continuing care beds.

Admissions to continuing care are referred from a number of acute hospitals, including St. James and Tallaght. Completed application forms are forwarded to the Director of Nursing and are prioritised and listed by the admissions team.

## Respite and Day Care

Raniskey Day Care Centre provides respite care on a daily basis for people over 65 years of age living in the Lucan, Clondalkin, Rathcoole, Celbridge and Newcastle areas. The aim of the Day Care Centre is to provide health and social services to older people and give respite to their care givers.

The programmes aim to maximise the existing self-care capacity of the older person while preventing further limitations; thereby maintaining family, social and peer group relationships outside the healthcare setting.

A new health promotion initiative began during the year, with special guest speakers discussing topics such as home security, healthy eating, falls prevention, oral health, communication and swallowing, hearing loss and care of hearing aids.



The Intellectual Disability Service at Peamount provides residential accommodation for 134 service users on the Peamount campus, and an additional 11 places are available off-site in the community.

# Intellectual Disability Services

The Intellectual Disability Service provides care and support for service users with needs spanning the range of intellectual disability:

- Residential/Community Care for adults with diverse changing needs.
- A day service which provides educational, vocational, social and leisure activities for Peamount residents; 48 places are available per week.
- Care of the older person with complex needs and those who are medically fragile.
- Care for persons with Alzheimer's, dementia and high dependency needs.
- Services for people with behaviours that challenge.

## **New Developments in Intellectual Disability Services in 2007**

With the assistance of Allied Health Professionals and the staff of the Occupational Therapy Department, "Daily Living Programmes" were implemented in 2007. These programmes include community integration and advocacy. Various classes such as Health & Safety and Travel Training encourage greater independence among residents.

The Day Services Centre provides a new centre for service users to participate in Third Age development which includes learning and leisure. In 2007 it began to develop a programme of personal development, supported employment and lifelong learning through community access for its service users. The life coaching classes include health and safety and travel training. It is about providing people with enabling skills that help them to lead as independent lives as possible.

## **Ré Nua**

Part of the day service initiative has been to re-connect people with their communities. One such service is called Ré Nua, which is part of St. Raphael's in Celbridge. This involved organising alternate visits to each of the centres, initially for music and art sessions. They now meet up monthly in the local pubs and clubs for a drink or lunch. One of the aims for 2008 is for the group to have its own camera club.

## **Other Activities**

A Pottery/Arts programme commenced in 2007. The drama group took part in a Community Arts Performance in the Riverbank in Newbridge and a number of trips were organised throughout the year.

Some residents enjoyed a weekend trip to Wexford while other trips included a visit to a pantomime in Citywest, and an outing to the Point Depot. Wyeth, a multinational company based in our locality, carried out a makeover of the dining room/recreation room, which was a great success.



Peamount's Neurological Disability Service consists of two units, St. Mary's and St. Bríd's, which cater for persons who are under 65 years with acquired brain injuries or progressive neurological illnesses.

# Neurological Disability Services

Peamount's Neurological Disability Service consists of two units, St. Mary's and St. Bríd's, which cater for persons who are under 65 years with acquired brain injuries or progressive neurological illnesses.

The Service philosophy aims to provide a holistic, client centred approach and promotes enablement for every individual.

## **New Developments in Neurological Disability Services in 2007**

St. Mary's provides continuing care for clients with neurological disabilities. There are currently 13 patients in the unit; this number decreased during 2007, in preparation for the total replacement of this building.

St. Bríd's unit consists of twenty beds, seventeen of which are allocated to extended care residents. During 2007 three beds were allocated to Neurological Rehabilitation. This was a great achievement and the unit adjusted very well to offering rehabilitation services along with extended care.

The Day Service operates from Monday to Friday from 9.30 to 4.30. It also supports social events at weekends and provides quality driven, appropriate activities for the individual.

Collaborative art is encouraged through festival work and work in partnership with many community groups e.g. The West County Dublin VEC, Central Remedial Clinic in Clontarf, Maynooth College, and Head Office of the Library Service Dublin South, Head Way, Create, Sonas and Crooked House Theatre Company.

The education program has continued to grow with Co. Dublin VEC. Eight clients achieved a distinction in level 4 communications.

## **2008 Developments Planned:**

- New Library Area for all residents.
- Summer Collaborative Art Festival.
- Welcome new Advocate for our residents.
- Ongoing staff professional development.

During 2007 there was ongoing liaison with a number of community services; for example, the Peter Bradley Foundation, West Dublin Disability Services, Headway Ireland and the Irish Wheelchair Association.



Overall respiratory inpatient activity continues to increase annually. There were 609 respiratory admissions in 2007. The average length of hospital stay was 9 days. This represents 2,753 bed days saved in the acute hospital sector.

# Respiratory Services

During 2007, services within Respiratory were provided by a multi-disciplinary team from the areas of Nursing, Medicine, Physiotherapy, Speech & Language, Occupational Therapy, Nutrition & Dietetics, and Social Work. Medical Leadership was provided by Dr Eddie Moloney and Dr Stephen Lane, Consultant Respiratory Physicians.

Overall respiratory inpatient activity continues to increase annually. There were 609 respiratory admissions in 2007. The average length of hospital stay was 9 days. This represents 2,753 bed days saved in the acute hospital sector.

The majority of respiratory admissions were patients transferred from Tallaght Hospital, and patients requiring admission from Peamount OPD.

## Inpatients

All patients are admitted under five cohorts;

- Active Inpatient Respiratory Care - patients with Chronic Obstructive Pulmonary Disease (COPD) exacerbations. Such patients are transferred or admitted on Day 1-4 of their acute exacerbations.
- Chronic Lung Infection - patients for this service are elective admissions for three monthly rotational antibiotics therapy for treatment of their bronchiectasis.
- Chronic Hypoventilatory Respiratory Failure - admitted for overnight Tosca Monitoring and commencement on appropriate treatment.
- Sleep-Patients admitted electively from OPD or Referral for overnight polysomnography and commencement of appropriate treatment.
- Respiratory - patients who are admitted with problems relating to their respiratory illness such as COPD, Asthma, Lung Fibrosis but are not within day 1-4 of their exacerbation, or are admitted for MDT input.

## New Developments in Respiratory Services in 2007

### Sleep Diagnosis and Treatments

This service continues to expand with diagnostic full polysomnography being performed 7 nights a week.

Patients needing treatment are admitted for initiation and titration of CPAP therapy, and full MDT input. Patients are subsequently followed up at OPD for monitoring of compliance, effectiveness, and troubleshooting

### Active Inpatient Respiratory Care

This multi-disciplinary team programme for COPD patients continues to save acute hospital beds, as well as improving quality of life, exercise capacity, and reducing exacerbations in COPD patients. An audit of this care pathway is currently ongoing. The majority of these patients on discharge, where geographically possible, are enrolled in the OPD Pulmonary Rehabilitation Programme.

### Chronic Lung Infection

This service for patients with bronchiectasis and chronic lung infection continues to expand with patients admitted on a cyclical basis for intravenous and inhaled antibiotic therapy, instruction on airway clearance techniques, and flutter valve advice.

### Chronic Hypoventilatory Respiratory Failure (CHRF)

This service for patients with ventilatory failure due to neuromuscular and chest wall weakness is beginning to expand, and exciting developments include a planned real-time, non-invasive, carbon dioxide monitoring unit, allowing real-time initiation and titration of non-invasive ventilation.

Dr Eddie Moloney, Consultant Respiratory Physician, joined the service in September 2007.

Respiratory OPD activity continues to increase annually. In 2007, 393 new patients, and 2,141 return patients, were seen; totalling 2534 Respiratory OPD patients seen in 2007.

Three OPD clinics are held per week. These include:

Monday pm:	Sleep & Ventilatory disorders;
Wednesday pm:	COPD;
Friday am:	Asthma & Allergy

# Diagnostics & Community

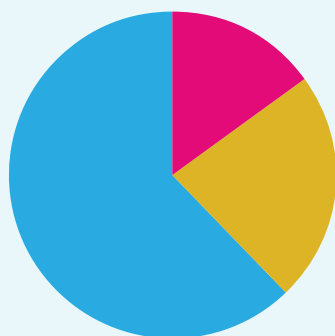
## Outpatient Respiratory Services.

The aim of the Out-Patient Department is to work in liaison with General Practitioners focusing on primary care by providing a respiratory outpatient service that identifies the need for health promotion, health education and general assessment.

The outpatient strategy is to focus on areas where we can be most effective in meeting the healthcare needs of as wide a population as possible. These areas are asthma/allergy, sleep disorders and COPD. The clinics can take a regional, if not national, lead in service delivery, teaching and research. Our aim is that the Wednesday clinic will evolve over time to the COPD Clinic, the Friday to Asthma/Allergy and the Monday will encompass sleep and ventilatory disorders. This specificity is already being achieved. General respiratory patients are seen at each clinic and referred/admitted as appropriate.

## Radiology

A chest x-ray service is provided to inpatient, outpatient and GPs 5 days per week. Total numbers in 2007: GP 520, Inpatient 810, OPD 2210



■ 520 GP  
■ 810 Inpatient  
■ 2210 OPD

## Pharmacy

With the opening of the Rehabilitation Centre, Peamount services allied to health, such as pharmacy, had an increase in activity with an associated cost.

Following an external review of current and future needs of Peamount, work commenced on identifying numbers and skill mix of pharmacy staff required to enhance service provision. The outcomes from this will be seen in 2008.

## Pulmonary Function Laboratory

The Pulmonary Function Laboratory at Peamount is a state of the art facility which came on stream in 2007. It provides diagnostic services to inpatients, out patients and GP referrals.

Services offered include; full pulmonary testing, exercise testing, methacholine challenge testing and sleep study. The service is an important part of the respiratory services jigsaw and is expected to continue to build and expand in 2008.

## The Asthma Allergy Service

This service is in a position to directly influence regional healthcare management since 440,000 people in Ireland have asthma. This is the fourth highest prevalence worldwide. Of this number 90,000 people do not have their symptoms controlled and Irish adults on average lose 12 days from work per annum. Specific skills being developed at the clinic are focused skin prick allergen testing to the common aero-allergens, as well as peanuts, and bee and wasp venom.

The outpatient staff are skilled in the use of domiciliary peak flow monitoring and interpretation and have a supply of such monitors and diary cards within the department. Specific issues addressed are diagnosis, establishing initial therapies, compliance, inhaler technique, allergen avoidance and emergency treatment of exacerbations and recognition thereof.

## The COPD Clinic

This Clinic focuses on those patients with milder disease with an overall strategy of preventing disease progression. COPD currently affects approx. 110,000 people in Ireland and accounts for one quarter of respiratory deaths. Without treatment, COPD is generally a progressive disease. This clinic will address key areas that are likely to have a large impact on COPD management. Services provided include smoking cessation, annual monitoring of FEV1, and adherence to GOLD Guidelines stepwise approach to



## Diagnosics & Community (continued)

management. Advice is given on vaccinations, nebulisers, oxygen therapy, recognition and treatment of exacerbations, compliance and inhaler technique.

### Sleep and Ventilatory Clinic

Patients are referred to the Clinic by their GPs and other health care professionals. Assessments completed at the clinic include the completion of a sleep questionnaire, an Epworth Sleepiness Score, and patients are furnished with portable oximeters which they can take home and return the next day when the data is downloaded. BMI is recorded; sleep hygiene advice given and patients referred on for full sleep studies if appropriate. In some instances the oximetry tracing is so diagnostic in severe sleep apnoea syndrome that CPAP therapy can be commenced immediately. Inpatients PSG is carried out in St. Theresa's Ward. The following day, the data from the study is downloaded by the technician and appropriate intervention planned.

The real problem with sleep disorders however is not so much the diagnosis and the initial establishment of CPAP therapy, but is the follow-up management of these patients. Numerous studies demonstrate that these patients have problems with mask discomfort, leak, humidification, etc. A recent study at Beaumont Hospital has shown that the majority of 100 patients on CPAP therapy were having significant problems within the community. The answer to this prevalent problem is to have a designated and focused follow-up service. At Peamount, the focus is on Monday afternoons but nurses are available for 'drop-in' consultations throughout the week.

This service is provided in conjunction with the medical device supply company, and indeed it is very much part of their remit to provide a follow-up maintenance service for these patients. At the clinics, patients' compliance data is downloaded from their CPAP machines and alternations made as appropriate. Advice is given on mask cleaning, replacement and general machine usage. Appointments for PSG are managed by OPD and St. Theresa's ward.

### Nurse Led Clinic

Patients can be referred to this clinic by a GP or consultant. A medical doctor is in attendance. Patients can have many treatments or services e.g. blood tests, nebuliser education, inhaler technique, peak flow demonstration, flutter

demonstration and instruction, assessment for pulmonary rehabilitation, skin allergy testing, use of Anapen and its safety, or spirometry.

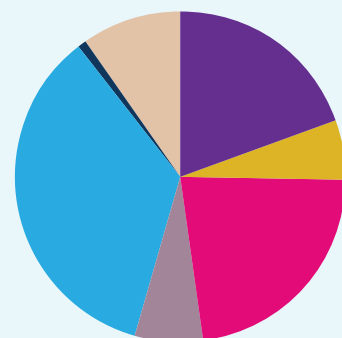
	Level of Activity 2006 Numbers	Level of Activity 2007 Numbers
Respiratory Clinics	2241	2451
New Patients	166	387
OPD	166:2075	387:2064
N:R	0.08	0.18

### Outpatient Diagnostic Service

Phlebotomy/Microbiology walk-in service. This service continues to increase in number and patients and GPs are delighted with the service. As numbers continue to increase, the requirement for an increase in nursing staff will be required.

2006	G.P. Referrals (Laboratory Tests)	2376
2007	G.P. Referrals (Laboratory Tests)	2940
(numbers for April not counted)		
ECG's		
2006	G.P referrals	80
2007	G.P referrals	107

### Other activities in 2007



170	Occupation Health Clinic
306	OPD Bloods
5	ECG's Wards
86	Intellectual Disability Persons
58	Staff Flu Vaccine
187	Ophthalmology Clinic (Mr. Forde)
39	Optician Clinic (Mr. Smithers)

# Allied Health Professionals

## Occupational Therapy Department

Occupational therapy enables people to perform and participate to their full potential in their everyday life activities. The aim of Occupational Therapy is to facilitate a patient's return to maximum functional independence in order to achieve speedy, safe and effective discharge back to independent, community living. There are currently 4 senior Occupational Therapists and 4 basic Occupational Therapists working on a range of initiatives

- Implementation of Neuro rehab-involvement with 4 Neuro rehab clients which is set to continue in 2008.
- Occupational Therapy is playing an important role by treating patients and interacting with other team members in Age related, Intellectual Disability Services and Neuro Continuing Care Unit.
- Development of splinting, seating, positioning and pressure care management service with the involvement of other team members.
- Ongoing home visits and community outings with clients to facilitate their community living.
- Continued professional development: In-service training and attendance at approved external courses and training.

## The Speech and Language Therapy and Audiology Services

The Speech and Language Therapy and Audiology Department provide full hearing, communication, and dysphagia assessment, treatment, and educational services to all units within the hospital.

Senior Speech-Language Therapists have been actively involved in co-coordinating SLT services to the expanded Age-Related Rehabilitation service and the newly initiated Neurological Disability Rehabilitation service.

Communication groups have been participated in by service users in the Neurological Disability Continuing Care, Age-Related Continuing Care, and Intellectual Disability Services. On-going in-service training is provided regarding dysphagia to nursing staff in all units.

During 2007, the Speech-Language Therapy and Audiology Department expanded its outpatient service from clients

with dysphagia referred through the outpatient respiratory clinics to also include clients with hearing loss and clients with communication deficits referred under the care of their GPs.

## Physiotherapy

Physiotherapists in Peamount work with their patients/client group either on an individual basis, or as a component of a multidisciplinary team depending on the model of care being provided at any given time.

During 2007 the department was re-organised into three teams reflecting the specialist areas of service within Peamount; respiratory, neurology and rehabilitation for age related conditions.

A number of stroke patients who have completed their acute and follow-up treatment externally have been referred for ongoing physiotherapy. Prior to commencing their treatment a contract is drawn up between the patient and physiotherapist for a set number of sessions usually between 6-8 treatments, at agreed intervals and with follow-up reviews. To date this arrangement is proving very successful.

## Establishment of a team to work in the Older Persons Rehabilitation Unit

The staffing was increased from one senior and one staff grade to one senior and 2.5 staff grades with one assistant.

The facility and time slot for rehabilitation patients to continue to attend for physiotherapy as outpatients was developed. These time slots are managed in such a manner that they do not impact on inpatient activity.

Four post acute neurology patients were admitted for varying periods of ongoing re-habilitation with good results. This development was welcomed within the agreed intervals, with follow-up reviews, and is proving very successful to date.

The Outpatient Pulmonary Rehabilitation Programme continues to grow in both numbers and popularity. The throughput in 2007 was almost double that of the previous year; 170 in 2006 to 305 in 2007.

## Allied Health Professionals (continued)

### Social Work

Social Work aims to offer a service to all client groups across the Peamount campus. It is a developing service. It provides practical and emotional support and assistance to people who are experiencing social and/or emotional difficulties in their lives. The service is offered within the context of the multi-disciplinary team structures in Peamount.

It includes direct work with clients and their families regarding emotional and social issues relating to health or social care matters; counselling; social assessments of needs and risks; involvement in discharge planning; financial and welfare information giving and advocacy; liaison with other health and social care services and support regarding housing issues.

The Department participates in the in-service education programmes organised by Peamount. It offers student placements at undergraduate and post graduate levels.

We are also active in the development of Peamount's services.

Activity on the Age Related and Respiratory Rehabilitation Units increased as the year progressed and it is now at a critical point in terms of the resource demands on social work. Aside from the volume of referrals, the cases seen have regularly been complex. It is hoped that this resource issue can be addressed in the coming year.

A high level of engagement with community services continued throughout the year.

### Nutrition and Dietetics

The role of the dietitian in Peamount is multi-faceted, including provision of advice on all aspects of nutrition and diet in health and disease, health promotion and nutrition education. The dietitian is also a member of the multidisciplinary team.

The Department of Nutrition & Dietetics was established in 2006 and offers a comprehensive dietetic service to all in-patients and clients at Peamount. Referrals are seen in order of priority.

### In-patients:

There was a 65% increase in the number of patient contacts made by the dietitian from 2006 to 2007. In 2007 there was a threefold increase in the number of referrals for dietetic input made by the Age Related Service compared to the previous year. Similarly, in Respiratory Services dietetic inpatient contacts doubled during this time period. 100% of Neurological Disability clients and at least 50% of Intellectual Disability clients received nutrition intervention in 2007.

### Objectives for 2008

- Secure additional permanent posts to develop and expand the dietetic service.
- Launch a Nutrition Resource Folder on all units of Peamount.
- Vitamin D status analysis in long term nutrition support.
- Health Promotion.

## Education Centre

2007 was an important year for the Education Centre with its successful accreditation as a centre for the delivery of FETAC programmes. This represents a Quality Assurance mark for Peamount as a provider for FETAC programmes.

The centre continued its delivery of mandatory training courses for Peamount staff, including Induction, Infection control, Basic Life Support, Management of Violence and Aggression (CPI) and Manual Handling. In addition, the FETAC Healthcare Assistants Course was delivered to 20 learners, from Peamount and other agencies in the area.

Some relevant areas of training from a professional development perspective were;

- Recognising Elder Abuse.
- Care Planning Workshop.
- Venepuncture.
- Clinical History Taking and Physical Examination.
- Healthcare Records on Trial.

The weekly Journal Club hosted in the Centre continues to be a valuable forum for education for all disciplines, establishing links with our external networks and ensuring that topics are well researched and relevant to our service delivery.

Organisational training, co-ordinated by the Human Resources Department and delivered at the Education Centre included; Security awareness, Safe Pass training, Fire Marshall Training and Partnership training.

The centre continues to attract bookings for HSE conferences and meetings as the venue is convenient and well equipped and catering is available on site, through Peamount's Catering Department.

2007 saw the resignation of Ms. Roisin Dunne, Quality & Education Facilitator. Her contribution to Education at Peamount will be sorely missed.

# Operational Review - Finance

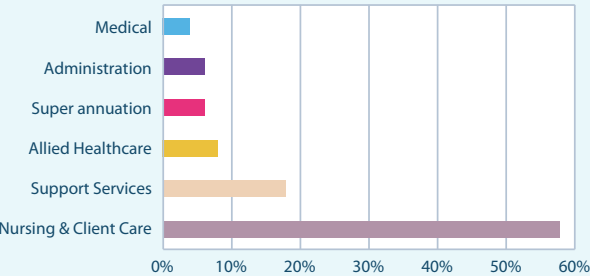
### Financial Overview 2007

Our outturn for 2007 was a deficit of €485,849 based on an allocation of €27,171,923 from the Health Service Executive (HSE). The deficit was predominately due the additional staff costs associated with challenging behaviour in our Intellectual Disability Service.

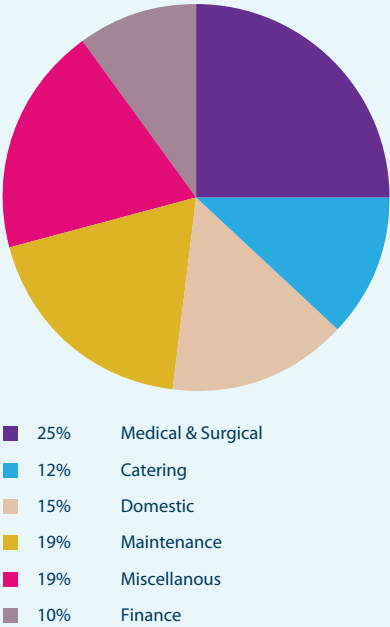
The key operating figures for our health care activities were as follows,

	2007 €	2006 €
Pay Costs	24,230,866	21,159,472
Non Pay Expenditure	6,116,537	5,771,099
Total Expenditure	30,347,403	26,930,571
Income	2,689,631	1,695,912
Net Expenditure	27,657,772	25,234,659
Funding from HSE	27,171,923	25,309,782
(Deficit)/Surplus for year	(€485,849)	€75,123

### Analysis of Pay Costs by category



### Analysis of Non Pay expenditure



### Capital projects

Funding of €65,000 towards the cost of a new accounting system was provided by the HSE. This will greatly enhance the financial management information available to us. The installation also includes a patient monies module for dealing with Patient Property Private Accounts. €665,000 was also provided for Minor Capital and ICT works during the year.



Peamount is committed to delivering quality care to all our service users and recognises that palliative care principles are applicable in all care settings.

# Operational Review - Nursing

## Nursing Review

2007 was an eventful year for the Nursing Department. The opening of the Rehabilitation Centre marked the beginning of a new chapter in health service delivery for the nursing and nursing support staff in the Respiratory and Age Related Rehabilitation units. The service continued to grow in 2007 and was at full occupancy by year end. The initial review of patient outcomes has been extremely positive and we look forward to developing our expertise during 2008.

The industrial action by nursing staff in April 2007 was a difficult time for all involved. However, through the co-operation of all staff and management, disruption was minimised and quality patient care maintained.

Several policies were developed and /or reviewed during 2007, through the Practice Development Committee. These included;

- Management of Clinical Waste.
- Reporting a Death to the Coroner.
- Safe use of Cotsides.
- Control of Norovirus.
- Management of Household Waste.

The development of the Draft HIQA Quality Standards for Residential Care Settings for Older People, and their period of consultation during late 2007, provided nursing and nursing support staff with the opportunity to consider the changes required in future service delivery in the Continuing Care units at Peamount. The environment continues to pose a challenge for the delivery of person centred care; however nursing staff are determined to make all possible improvements and look forward to the publication of the standards and subsequent inspections by HIQA.

In 2007 the Infection Control Committee continued their work in the development of a framework to assist in delivering services in an environment that meets nationally agreed and internationally validated hygiene standards. This work includes formulation of policies and procedures that are evidenced based and regular auditing of all areas.

Peamount has become a member of the Hospice Friendly Hospitals Programme, an initiative of the Irish Hospice Foundation developed in partnership with the HSE, the Health Service National Partnership Forum, Atlantic Philanthropies and the Dormant Accounts Board. The focus of this project is to improve end-of-life care in hospitals. It has three key objectives:

- To develop standards around end of life issues in hospitals.
- To develop the capacity of hospitals to introduce and implement these standards.
- To change the culture of hospitals regarding end-of-life issues.

Peamount is committed to delivering quality care to all our service users and recognises that palliative care principles are applicable in all care settings. This project commenced in 2007 with the setting up of a committee on Dying, Death and Bereavement. This Programme is embraced by all grades of staff.

The opening of the Day Services Centre for adults with an Intellectual Disability in November was a very positive event, providing service users, staff and management with an opportunity to showcase the service users' work and outputs from our new programmes, e.g. woodwork, pottery and life skills coaching, developed since the closure of Peamount Industries in 2006.

The recreation service at St. Kevin's had another very busy year, with several residents completing FETAC programmes, participation by older service users in the Bealtaine Festival and the week long summer festival in June, which was a fantastic event for all involved.

April 2007 marked the retirement of Liam Power, Assistant Director of Nursing in the Intellectual Disability Service. Liam had been in post for over 20 years and saw many changes in the service during that time. His contribution to the service and to Peamount as an organisation will be long remembered and we wish him good health and happiness in his retirement.

We look forward to a busy 2008 and the development and implementation of the 2008-2013 Strategy for Peamount. I would like to gratefully acknowledge the ongoing support during 2007, of all clinical nurse managers, day service managers, staff nurses, care assistants, clerical and household staff and most particularly the enormous contribution by Ms. Joan Guinan Menton, Assistant Director of Nursing.

**Elaine Keane**  
Director of Nursing



Continued professional development and training within the disciplines continues to be a priority in order to meet the rehabilitation needs of the patients/clients.



# Operational Review - Rehabilitation

## Rehabilitation Review

2007 saw further developments within all services provided by Peamount. In March the Rehabilitation Centre was officially opened by Mary Harney T.D., Minister for Health and Children. Within the inpatient rehabilitation service activity levels have gradually increased throughout its first year to reaching optimum capacity in September 2007, which continued through to December 2007. This has been facilitated by the hard work of the multidisciplinary team and increased consultant sessions within the respiratory and age related health care areas. Within the neurological disability area four post acute rehabilitation beds have been piloted since September 2007 to commence a post-acute rehabilitation service for this much needed client group. The initial outcomes for these patients have been very positive and will be built on in 2008.

The multidisciplinary teams continue to be enhanced both from a personnel and skill perspective. Peamount is building on its specialised inpatient rehabilitation skills / programmes and has commenced a limited outpatient therapy service to local general practitioners in physiotherapy and speech and language therapy. Continued professional development and training within the disciplines continues to be a priority in order to meet the rehabilitation needs of the patients/clients. This has included dysphagia, spasticity, SKILL VEC training and one staff member completing a masters programme in Healthcare Ethics and Law. The multidisciplinary team has attended and presented posters and research papers at national and international conferences.

Services allied to health have also progressed in the last year. Within the radiology department funding was received from the Health Service Executive (HSE) in 2006. The department was upgraded to a digital system and the environment reorganized and updated in 2007. This has significantly enhanced the quality of service provided to both inpatients and outpatients. The activity within the laboratory service has continued to grow with the increased referrals from local general practitioners. The hospital pharmacy has also experienced an increased level of activity and following a review of the service the staffing numbers and skill mix will be enhanced in 2008.

Within the intellectual disability services, Mary Harney, Minister for Health and Children, officially opened the Day Services Center. This center provides a person-centered service to existing service users and those individuals that previously attended Peamount Industries. This provides

improved and varied day service programmes previously not available to the service users. Personal Outcome Measures (POMS) has facilitated this person centered approach. Work commenced in 2006 on a number of housing units for individuals with an intellectual disability in Newcastle Co Dublin, and was completed in the last quarter of 2007. It is envisioned that these units will be available to seven service users in 2008.

Relationships with external stakeholders were developed and enhanced in 2007 and some of the main developments are outlined below;

- Building our relationship with the Adelaide Meath and National Children's Hospital (AMNCH) has provided extra consultant sessions within age related health care and respiratory medicine.
- Published findings from a survey of local GPs commissioned by Peamount and conducted by the Department of Public Health and Primary Care based at Trinity College Dublin. This was presented to Mary Harney, Minister for Health and Children in the last quarter of 2007.
- Partnership with the Citizens Information Board, which will provide an independent disability advocate for the intellectual disability service users and the advocacy group in Peamount in early 2008.
- Working with Headway to identify opportunities to enhance services for people with neurological disability.
- Developing partnerships with academic institutions.

2007 has been a very productive year building on previous developments and seizing new opportunities to enhance the patients' journey, as Peamount set out in its strategy 2003-2008. This is due in the main part to the dedication and hard work of all staff within the different areas. I would like to thank staff for their contribution to Peamount in 2007 and look forward to working with everyone in 2008.

## Catherine Slattery

Director of Rehabilitation Services



Peamount aims to be an employer of choice, compliant with legislative requirements and designed to ensure that all of its employees are committed to achieving the highest professional standards possible in all areas of activity.

# Operational Review - Human Resources

## Human Resources Review

This year saw a significant development in the operation of the Human Resources function in Peamount. Ms Marianne Coady and Ms Adrienne Doherty joined the expanding department as Senior Human Resources Officers, bringing with them a broad range of professional experience to their respective roles. Mr Alan Wafer also joined the Department and provides the necessary administrative and IT support required to support a developing function.

The development of a professional and strategic Human Resource approach to managing people provides an opportunity to centralise all of human resources policies and practices relevant to Peamount and its staff, while also affording the opportunity of linking these policies with the overall strategic aims of Peamount.

The potential benefits associated with developing and implementing a strategic focus on Human Resources are as follows:

- Creates a sense of purpose and direction.
- Provides a holistic and integrated approach to people management.
- Realises full value of all employees.
- Offers a framework to ensure that all HR activities are aligned with the organisations Strategic Objectives.
- Anticipates and manages change effectively.
- Motivates and raised the bar on performance..

The challenge for Human Resource leadership in Peamount therefore is to provide both a vision and a sense of direction for continuous change within an organisational setting, renowned for its reliance on continuity.

In the context of Human Resource activities in Peamount, leadership is therefore critical in this transformational process. In this regard Peamount aims to be an employer of first choice, compliant with legislative requirements and designed to ensure that all of its employees are committed to achieving the highest professional standards possible in all areas of activity.

From an operational perspective, the Human Resources Department dealt with over 550 applications for employment in Peamount in 2007 and from these applicants a total of 86 new employees joined the organisation, whilst 67 employees left throughout the year.

Peamount also enjoyed a stable industrial relations climate and we continue to work closely with all of the staff representatives in ensuring that patient care and service delivery are not adversely affected by any industrial relations matters.

A notable development in 2007 in this regard was the establishment of a Partnership Forum aimed at enhancing communications throughout the organisation and providing a mechanism for implementing agreed change management initiatives. A new staff newsletter titled "Sceal Nua" was launched by the Human Resources Department in 2007 and is proving to be very popular mechanism for engaging with staff on a range of interesting news items.

On the staff training and development front, a total of 48 staff received fire warden training and a further 160 staff received training in fire awareness. All new employees were afforded the opportunity to attend induction training and a number of staff received training in managing attendance, developing a partnership approach to managing people effectively as well as training in the best practice human resource model.

I anticipate the coming year will provide further opportunities to build on the current success of the department. I expect to see continuous developments in the areas of enhanced communications and significant improvements in other areas such as health and safety, security developments and attendance management and in this regard I am looking forward to working in close cooperation with all staff in 2008 to achieve our goals.

**Patrick Fitzgerald**  
Director Human Resources

# Operational Review - Support Services

## Catering Department

Working in conjunction with the dietician and all of the staff at ward/unit level, we introduced a menu choice to all patients which includes the happy heart and healthy options range as well as a wider range of fresh fruit and yogurts. In addition, more fresh fish and vegetable options were introduced. Peamount differs from many other hospitals in that we tailor their menu for each individual in so far as it is possible to suit their needs.

New tea/supper menus were introduced, as were new diet and food order sheets. This could not have been implemented without the continuous support and encouragement and help of all the staff at ward level. In the staff restaurant our aim is to provide a friendly and efficient service to all staff and visitors.

In the past year we have introduced new and different choices e.g. carvery, pannini, soya milk and also a fresh fruit and berry yogurt mix which proved to be very popular during the summer months, as was the reaction to new colour/staff uniforms.

In our catering office clerical section the new Agresso system was introduced which incorporates all ordering and delivery of our requirements.

## Purchasing Dept

### Switchboard/reception

This service aims to provide frontline service to the public either in person or by telephone; direct all outpatients and visitors to appropriate departments, and order ambulances and taxis where necessary. During 2007 there was a volume increase of 50%

### Maintenance

Our aim is to upgrade our services to a standard in compliance with the regulations of waste disposal and water safety management.

In 2007 two new members of staff joined the department. These additional staff allowed us to implement an on-call service. This service proved to be very successful in minimising the expenditure on outside contractors.

## Developments in 2007

- Creation of a new pottery workshop facility.
- Upgrade of a heating system.
- Conversion from fuel oil to gas and decommissioning of obsolete oil tanks.
- Upgrade of security HQ at the main gates.
- Major upgrade of toilet and shower facilities at St. Ciaran's.
- Opening of the new Rehab and Day Activation Centre.
- Total refurbishment of the Manor House for office purposes.
- Refurbished Radiology Dept with modern equipment in operation.

## Central Stores

Central Stores have set themselves a number of targets for 2008 to further improve the service in a number of ways.

- Introduction of a new pre-printed requisition.
- Electronic requisition tailored to meet each dept/ward regular requirements.
- Updating of the current requisitions.
- Introduction of new computerised purchasing system.
- Centralisation of the purchasing functions in Peamount.
- The development of purchasing and procurement policies for Peamount.

## I.T.

It provides and maintains the I.T. service within Peamount – this includes the supply, support, training, maintenance and development of the communication infrastructure in the campus.

## Developments in 2007

- Purchase of Agresso System – this system is used in the following areas: accounts, purchasing, catering, maintenance. It can also be used as a monitoring and auditing tool.
- The new Peamount website [www.peamount.ie](http://www.peamount.ie) was launched in 2007 and the development and the maintenance of the site is ongoing.

## Operational Review - Directors



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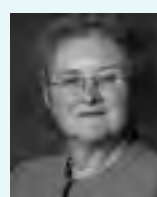
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**1. Dr. Mary Boyd**

FFOM (RCPI)

General Practitioner in Leixlip, Co. Kildare and Lucan, Co. Dublin, with interests in Occupational Health and a Nursing Home.

**2. Donal Collins**

Deputy Chairman

Head of Group Growth and Development, Bank of Ireland.

**3. Diarmuid Connaughton**

Deputy Chairman

Qualified chartered accountant, working in the banking sector for over 20 years; currently Principal, Corporate Investment Banking, Bank of America.

**4. Graham Crisp**

Chairman

Managing Director of meat trading company in Irish meat export sector.

**5. Dr. Mary Henry**

Former Senator (Dublin University Panel). Previous Occupation: Consultant, Varicose Vein and Thromboembolic Clinics, Rotunda Hospital and Adelaide Hospital, Dublin.

**6. Colm Hyland**

Retired self-employed businessman and Company Director.

**7. Prof. Barry F. Leek**

Emeritus Professor of Veterinary Physiology and Biochemistry and Head of Department, UCD, 1972-1998. Former Council Member of the Royal Academy of Medicine in Ireland and President of the Biological Sciences Section.

**8. John Mangan**

Company Director and owner of Mangan Wholesale.

**9. Hugh Millar**

Senior Partner, Crowley Millar Solicitors

**10. Jerry O'Dwyer**

Retired Secretary General, Department of Health and Children

**11. Ann Quinlan**

Retired ESB official, HR and Finance Departments, Head Office.

**12. Dr. Emma Stokes**

Junior Dean and Registrar of Chambers and Lecturer, Department of Physiotherapy, School of Medicine, Trinity College Dublin.

## Contact List

### Nursing - Intellectual Disability Services

Title	Name	Phone
<b>CNM3</b>	Mr. Declan Mulvey CNM 3	6010290
<b>Bungalows A</b>	Ms. Nuala Dignam CNM 2 Mr. Peter Whelan CNM 1	6010345
<b>Bungalows B</b>	Mr. Donal Douglas CNM 2 Ms. Elaine Devine CNM 1	6010364
<b>Fernwood/ Hollybank</b>	Ms. Tracey O'Loughlin CNM 1	6010300 ext 228/342 6010343
<b>St Brendan's</b>	Ms. Annette Lennon CNM1	6010344
<b>St Anne's</b>	Ms. Bridget McGillicuddy CNM 2 Ms. Mary Ramsbottom CNM 1	6010341
<b>Day Services</b>	Ms. Liz Morris	6010300 ext 292
<b>Clinical Nurse Specialist (CNS) Behavioural</b>	Ms. Jacinta Mulhere	6010300 ext 215

# Contact List

## Nursing

Title	Name	Phone
<b>Director of Nursing</b>	Ms. Elaine Keane	6010311
<b>Assistant Director of Nursing</b>	Ms. Joan Guinan-Menton	6010261
<b>Quality &amp; Education Facilitator</b>		6010339/260
<b>CNM 2 Infection Control</b>		6010347
<b>Clinical Nurse Specialist – Respiratory</b>	Ms. Marie Togher	6010423
<b>Night Sisters</b>	Ms. Brid Dervan CNM 2 Ms. Mary Sullivan CNM 2	6010313
<b>Clinical Nurse Specialist – Care of the Older Persons (CNS)</b>	Ms. Mary Doyle	6010300 ext 245
<b>Age Related Services – Rehabilitation</b>	Ms. Deirdre Costigan CNM 2 Ms Catherine Carroll CNM 1 Ms. Breda Preston CNM 1	6010324/272
<b>Age Related Services – St Ciaran’s Unit</b>	Ms. Niamh Fitzgerald CNM 2 Ms. Hazel Madden CNM 1	6010323
<b>Age Related Services – St Patrick’s Unit</b>	Ms. Bernadette Byrne CNM 2 Ms. Tina Peji CNM 1	6010327
<b>Raniskey Day Care Centre</b>	Ms. Rachael Adderley CNM 2 Ms. Caroline Lett CNM 2	6010349
<b>Out Patients Department, Diagnostics</b>	Ms. Fionnuala Mc Mullan CNM 2	6010300 ext 227
<b>Neurological Disability Services St Mary’s Ward</b>	Ms. Nuala Joyce CNM 2 Ms. Mini Mary Paul CNM 2	6010348 6010300 ext 226
<b>St Brid’s Ward</b>	Ms. Josephine Curran CNM 2 Ms. Dolores O’Byrne CNM 1  Ms. Mary Lee Tully	6010322 6010300 ext 253 6010300 ext 278
<b>Respiratory Services - Respiratory Unit</b>	Ms. Susan Malone CNM 2 Ms. Sheila Ashe CNM 1	6010328 6010300 ext 231

## Contact List (continued)

### Rehabilitation Unit

Title	Name	Phone
<b>Director of Rehabilitation</b>	Ms. C. Slattery	6010300 ext 373
<b>Medical Office</b>	Dr. S. Lane Dr. R. Collins Dr. J. McElligott Ms. V. Brady Dr. E. Maloney Dr. T. Coughlan	6010300 ext 312
<b>Reception Desk</b>	Ms. C. Fottrell	6010373
<b>Dietetics</b>	Ms. R. Shirley	6010326
<b>Occupational Therapy Manager</b>	Ms. C. Conlon	6010300 ext 421
<b>O/T Administration Office</b>		6010300 ext 420/427
<b>Physiotherapy Manager</b>	Ms. A. Sheedy	6010359
<b>Physiotherapy Administration Office</b>		6010300 ext 429
<b>Gym</b>		6010300 ext 433
<b>Pulmonary Function Lab</b>		6010300 ext 244
<b>Social Work Manager</b>	Mr. J. Brennan	6010300 ext 425
<b>Speech/Language Therapy and Audiology Manager</b>	Ms. P. Naidoo	6010300 ext 428
<b>S/L Administration Office</b>		6010300 ext 254
<b>Audiology</b>	Ms. J. Sharkey	6010300 ext 430
<b>Main Switch</b>		6010300
<b>CEO</b>	Mr Robin Mullan	6010308
<b>Director of Finance</b>	Mr Kevin McNamee	6010300 ext 306
<b>HR Director</b> Complaints Officer/FOI Officer Health & Safety/Risk Management Co-ordinator Household Manager	Mr Patrick Fitzgerald Ms Rose Cunnane Ms Eleanor Scully Ms Niamh Morrin	6010300 ext 407 6010308 6010300 ext 407 6010331



## Gallery of Events



**1. Peamount Summer Festival**  
Joe Cluxton, Relaxation Facilitator, Jimmy O Connor, Tina Lawlor Music Teacher, Dympna Baker.

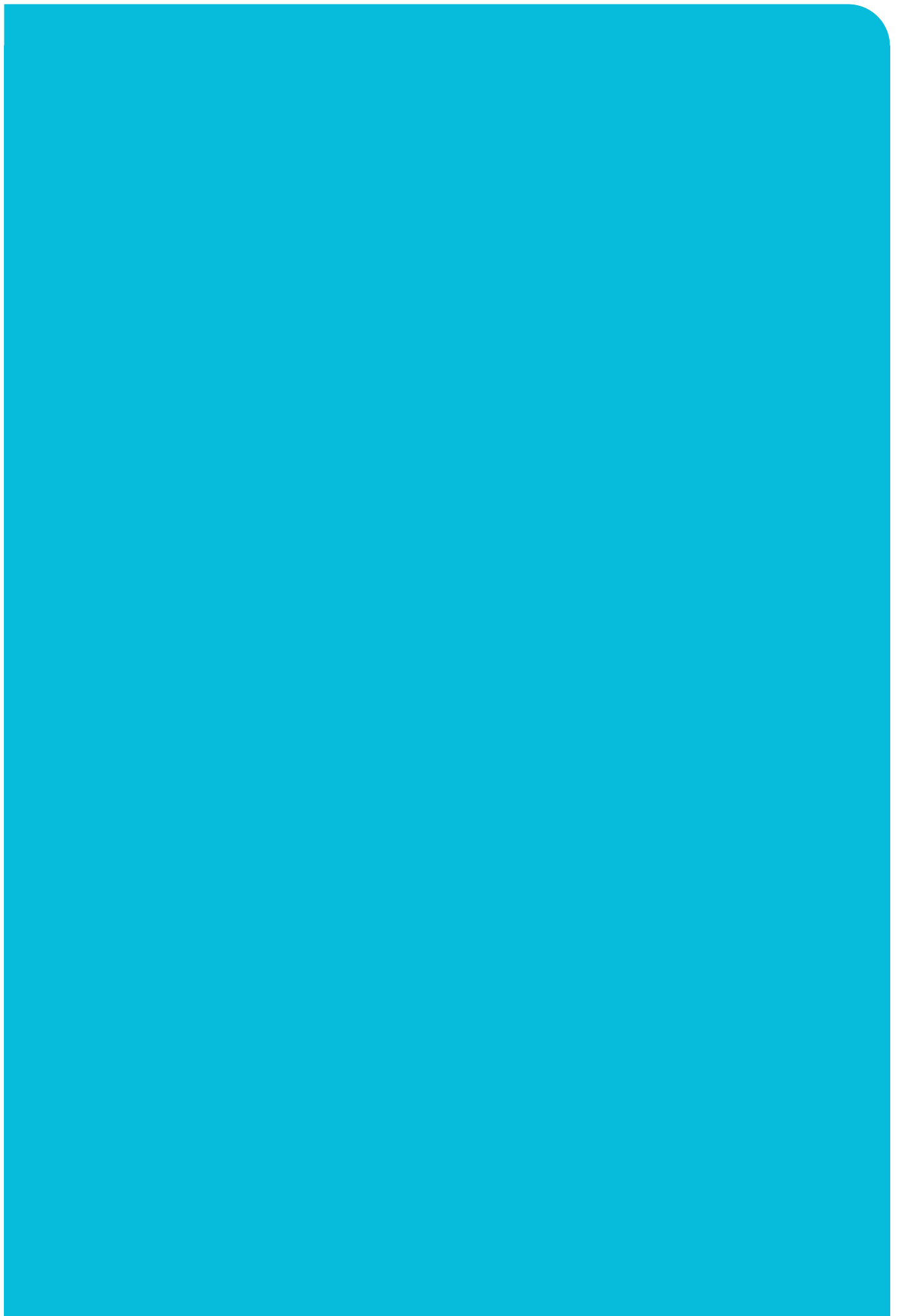
**2. Launch of the GP Annual Report**  
Prof Tom O'Dowd, Dr Aisling Ni Shuilleabhain, Robin Mullan, CEO Peamount.

**3. Opening of the new Day Centre**  
Ms. Mary Harney T.D., Minister for Health and Children, Graham Crisp, Chairman, Elaine Keane, Director of Nursing, Robin Mullan, CEO Peamount.

**4. FETAC Awards Presentation**

**5. Peamount Staff**  
Angela Lyons & Mary Roe





Seirbhísí Bainteach le hAois  
Seirbhísí Míchumais Intleachta  
Seirbhísí Míchumais Néareolaíoch  
Seirbhísí Riospráide

Age Related Services  
Intellectual Disability Services  
Neurological Disability Services  
Respiratory Services

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