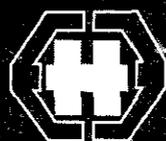


NAAS GENERAL HOSPITAL

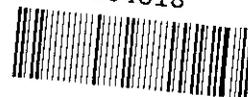
ANNUAL
REPORT
1996



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NAAS GENERAL HOSPITAL

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DUBLIN CORPORATION

Cllr. M. Barrett, 102 Glasnevin Ave. Dublin 11
Cllr. B. Briscoe, T.D., Dail Eireann, Dublin 2.
Cllr. E. Byrne, 32, Ashdale Road, Terenure, Dublin 6W.
Cllr. I. Callely, T.D. Dail Eireann, Dublin 2
Cllr. J. Connolly, 39, Hughes Road South, Walkinstown, Dublin 4
Cllr. R. Shorthall T.D., Chairman, 12 Iveragh Road, Whitehall, Dublin 9

DUBLIN SOUTH COUNTY COUNCIL

Cllr. C.O'Connor, c/o South Dublin Council, P.O. Box 4122, Tallaght, Dublin 24
Cllr. S.Lang, 86 Templeville Rd, Terenure, D6W.
Cllr. P.Upton, T.D, 1 College Drive, Templeogue, D6W

FINGAL COUNTY COUNCIL

Cllr. A. Devitt, Lispopple, Swords, Co. Dublin
Cllr. K. Farrell, c/o Joe Fegan, Channel Rd. Rush, Co. Dublin
Cllr. C. Gallagher, 16, Glasmore Park, Swords, Co. Dublin

DUN LAOGHAIRE/RATHDOWN COUNTY COUNCIL

Cllr. B. Coffey/Rere, 40 Northumberland Avenue, Dun Laoghaire, Dublin
Cllr. O. Mitchell, 18 Ballawley Court, Sandyford Road, Dublin 14.
Cllr. J. Dillon - Byrne, Silchester House, Silchester Rd, Glenageary, Co. Dublin.

KILDARE COUNTY COUNCIL

Cllr. G. Brady, Main Street, Maynooth, Co. Kildare
Cllr. M. McWey, Tower View Park, Kildare, Co. Kildare
Cllr. J. Reilly, Ballinakill, Carbury, Co. Kildare

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Cllr. T. Keenan, 1 Lourdes Crescent, Aughrim, Co. Wicklow
Cllr. T. Cullen, Deepark, Baltinglass, Co. Wicklow

REGISTERED MEDICAL PRACTITIONERS

Dr. J. Fennell, St. Columcille's Hospital, Loughlinstown, Co. Dublin.
Dr. C. Smith, Central Mental Hospital, Dundrum, Dublin 14
Dr. R. Hawkins, 2, Duncairn Tce., Bray Co. Wicklow
Dr. J. Reilly, Fingal House, Lusk, Co. Dublin
Dr. M. Wrigley, James Connolly Memorial Hospital, Dublin 15

REGISTERED DENTIST

Dr. D. Keane, 130 Merrion Village, Dublin 4

Registered Pharmaceutical Chemist

Mrs. B. Bonar, 9 Leopardstown Park, Blackrock, Co. Dublin

REGISTERED GENERAL NURSE

Ms. M. Nealon, 15, Achill Road, Drumcondra, Dublin 9

REGISTERED PSYCHIATRIC NURSE

Mr. G. McGuire, 1 The Strand, New Road, Donabate, Co. Dublin

MEMBERS APPOINTED BY MINISTER FOR HEALTH

Cllr. L. Creaven, 43, St. Fintan's Park, Sutton, Dublin 13.
Sen. D. Roche, 2 Herbert Tce. Herbert Road, Bray, Co. Wicklow
Mr. P. Aspell, 61 College Park, Newbridge, Co. Kildare
Cllr. Dr. W. O'Connell, Vale Road, Arklow, Co. Wicklow
Cllr. M. Whitty, 3 Coolgreany Park, Arklow, Co. Wicklow.
Cllr. R. Lalor, 16 Whitecastle lawn, Athy, Co. Kildare.
Dr. J. Meehan, Magheramoll, Co. Wicklow.

MANAGEMENT TEAM

Chief Executive Officer
Programme Manager General Hospital Care
Programme Manager Special Hospital Care
Programme Manager (H.I.V, Drugs, Homeless)
Programme Manager Community Care
Finance Officer
Personnel Officer
Technical Services Officer
Director of Public Health
Communications Director
Estate Management Officer

Mr. P.J. Fitzpatrick
Mr. Seamus O'Brien
Mr. Michael Walsh
Mr. P. McLoughlin
Ms. Maureen Windle
Mr. Martin Gallagher
Ms. Mary Kelly
Mr. J. Curran
Dr. B. O'Herlihy
Ms. Maureen Browne
Mr. Philip Doyle

GENERAL HOSPITAL CARE

PROGRAMME COMMITTEE

Cllr. Gerry McGuire - Chairperson
Cllr. Roisin Shorthall T.D
Cllr. Michael McWey
Cllr. Ben Briscoe
Sen. Joe Doyle
Mr. Gerry Brady
Ms. Margaret Nealon
Mr. Ray Hawkins
Mrs. Bernadette Bonar
Cllr. Mary Whitty
Cllr. Jane Dillon - Byrne
Dr. John Fennell

HOSPITAL COMMITTEES

Hospital Management
Health and Safety
Medical Ethics
Radiology Service
Library
Drugs and Therapeutics
Out-Patients and Accident and
Emergency Working Group
Radiation Safety
Lakeview Unit Management
Medical Advisory

CONSULTANT STAFF

Dr. J. Power	Consultant Physician
Dr. P. McCormack	Consultant Physician
Mr. B. Hargan	Consultant Surgeon
Dr. B. Kennedy	Consultant Anaesthetist
Dr. J. McDonald	Consultant Anaesthetist
Dr. C. Collum	Consultant Radiologist
Dr. B. Hogan	Consultant Radiologist
Dr. L. Ryan	Clinical Director/West Wicklow Psychiatric Service.
Dr. S. McGauran	Consultant Psychiatrist
Dr. M. Cahill	Consultant Psychiatrist
Dr. A. Byrne	Consultant Psychiatrist
Dr. J. McElwain	Consultant Orthopaedic Surgeon

NURSE MANAGEMENT

Miss. B. Brislane Matron

HOSPITAL MANAGER

Mr. John Leech

REPORT OF HOSPITAL MANAGER

OVERVIEW

1996 has been a very busy and eventful year for the hospital. The year was marked by the announcement by the Minister for Health of a £19 million development plan for the hospital. Demand for inpatient service increased to a level which is 20% in excess of 1994 and 9% in excess of 1995 levels. During the year, a number of service developments were achieved in the context of staffing, accommodation and equipment.



HOSPITAL DEVELOPMENT

In June following a series of negotiations between the Boards Management and the Department of Health, the Minister for Health announced the allocation of £19 million to fund the development of modern facilities to address the immediate and urgent needs of the hospital. The development which will be completed by the year 2000 will address the following areas, Inpatient beds including I.C.U. and C.C.U., Out-patient Department, Accident and Emergency Department, Department of Medicine for the elderly (including Day Hospital), Theatre, Day Services facility, Department of Radiology, Pharmacy and Mortuary service.

The Project Team has been set up and has held regular meetings to advance the development. The Design Team is currently being appointed following advertisement and interview. The Development Planning Brief has been revised to include the recommendations of the Review Group which reported in 1994.

ACTIVITY LEVELS

As previously stated the demand for inpatient services at the hospital showed a further increase in 1996 over previous years. For the past two years in particular the increasing demand for medical and surgical inpatient beds has placed a heavy strain on hospital resources. Over this period, the number of admissions has increased by over 11% and bed days by 7.5%. This has been partly facilitated by a reduction in average length of stay. Furthermore on an increasing number of occasions it has not been possible to provide a bed for every emergency patient requiring admission and patient's have therefore had to be accommodated in the Accident and Emergency Department. In 1996, 83% of Medical and Surgical admissions originated via A + E Department compared to 71% in 1995.

SERVICE DEVELOPMENT

- The second Consultant Radiologist took up duty on 1st February 1996. The post is a joint appointment between Naas General Hospital and the M.A.N.C.H. Group of Hospitals.
- In May 1996, the new Senior Occupational Therapist took up duty. This is a shared post between Naas Hospital, St. Vincent's Hospital Athy and Baltinglass District Hospital. The Naas commitment is 2 days per week.
- A dedicated Day Ward with accommodation for 6 persons was opened during the year.
- The Endoscopy service was upgraded through the purchase of much needed equipment and the improvement of accommodation.
- A new Biochemical Analyser was purchased to replace the existing 12 year old machine.
- Computer hardware and software was purchased to facilitate the further development of the Pharmacy computer system and the computerisation of the Occupational Therapy service.
- Work continued on the development of the Clinical Audit System.
- A Day Hospital for the Elderly is being developed. Accommodation has been provided at the former convent and the following staff have been appointed, Medical Registrar, Ward Sister, Senior Physiotherapist, Senior Occupational Therapist and Secretary.
- An allocation of £27,000 was approved for the upgrading of facilities in the Radiology Department in accordance with Health and Safety requirements.
- A Safe Room was provided in Lakeview Unit.
- A new Conference Room and Clinic Room were provided during year.
- The A + E Department is being upgraded by the addition of an observation room.

DEVELOPMENT OF HOSPITAL STRATEGY

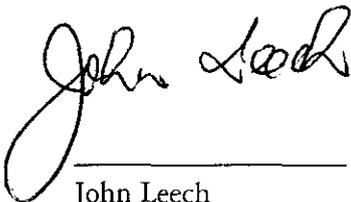
The overall objective over the coming years will be to develop quality facilities to ensure the provision of a quality service to the public of Kildare and West Wicklow.

While the Hospital Development outlined above will have a major impact on our ability to provide facilities there are many other areas which need to be addressed to ensure that Naas General Hospital is positioned to provide an efficient, effective and quality service for the remainder of this century and into the next. Our mission in this regard will be the delivery of high quality care in the appropriate setting, in an equitable and cost efficient manner.

On an annual basis, service plans are submitted to the Department of Health setting out the level of service provision planned for the coming year together with planned new developments. Our service planning should be done in the context of an overall strategy for service provision which takes into account the required role of the hospital over the next ten years. Over the next year, we will be addressing this issue to develop a long term strategy for all our departments identifying the future direction of service provision and the resources required to meet those needs.

CONCLUSION

I would like to take opportunity to thank my colleagues on the Hospital Management Committee and all Department Heads for their advice, assurance and co-operation throughout the year. I would also like to pay tribute to the excellent work carried out by staff at all levels throughout the hospital during the past year.



John Leech
Hospital Manager

Naas General Hospital

**FINANCIAL
REPORTS
& ACTIVITY
STATISTICS**

FINANCIAL REPORTS

Out Turn	1995 £000	1996 Projected £000
Pay	5,869	6,073
Non Pay	1,945	2,089
Gross Total	7,814	8,162
Income	327	335
Net Expenditure	7,487	7,827

ACTIVITY STATISTICS

ADMISSIONS

	1994	1995	1996 Projected
MEDICAL	1,519	1,893	1,950
SURGICAL	1,521	1,551	1,716
INTENSIVE CARE UNIT	146	182	192
CORONARY CARE UNIT	362	393	450
ACUTE PSYCHIATRY	408	393	480
TOTAL	3,956	4,412	4,788

BED OCCUPANCY

	1994	1995	1996 Projected
MEDICAL	94	94	95
SURGICAL	81	85	89
INTENSIVE CARE UNIT	79	84	85
CORONARY CARE UNIT	77	79	100
ACUTE PSYCHIATRY	72	71	88

LENGTH OF STAY

	1994	1995	1996 Projected
MEDICAL	11.3	9.4	9.6
SURGICAL	6.2	6.4	6.1
INTENSIVE CARE UNIT	3.9	3.4	3.2
CORONARY CARE UNIT	3.1	2.7	3.8
ACUTE PSYCHIATRY	19.8	19.8	19.8

PATIENTS ATTENDANCES

SPECIALITY		1994	1995	1996 Projected
MEDICAL	New	307	324	332
	Return	5,992	5,965	6,243
SURGICAL	New	700	737	719
	Return	2,241	2,083	2,086
ORTHOPAEDIC	New	1,126	1,443	1,486
	Return	5,278	4,518	4,232

PROCEDURE STATISTICS

PROCEDURES	1994	1995	1996 Projected
ENDOSCOPIES	900	918	979
MINOR	306	322	298
ORTHOPAEDIC	11	2	2
INTERMEDIATE	306	321	305
MAJOR	153	123	151
TOTAL	1,676	1,868	1,735

LABORATORY

	Total Number of Specimens Received		
	1994	1995	1996 Projected
BIOCHEMISTRY	31,618	35,430	39,013
BACTERIOLOGY	14,979	14,222	15,784
COAGULATION	36,631	40,416	46,986
BLOOD TRANSFUSION	1,475	1,350	1,397
TOTAL PROCESSED IN NAAS	84,433	91,418	103,180
PROCESSED IN CPL ST. JAMES'S HOSPITAL	7,649	8,859	11,593

CASUALTY DEPARTMENT

	1994	1995	1996 Projected
1ST ATTENDANCE	15,468	17,442	17,429
RETURN ATTENDANCE	4,008	3,245	3,629
DRESSINGS	3,203	4,506	3,919
TOTAL	22,678	25,193	25,027
ADMITTED TO NAAS GENERAL HOSPITAL	2,341	2,899	3,574
ADMITTED TO OTHER HOSPITAL	303	412	485

DAY PROCEDURES

	1994	1995	1996 Projected
MEDICAL	797	873	891
SURGICAL	532	636	609
TOTAL	1329	1,509	1,500

PHYSIOLOGY DEPARTMENT

	1994	1995	1996 Projected
INPATIENTS EXAMINED	3,423	3,475	4,088
OUTPATIENTS EXAMINED	21,960	23,141	24,012
NO. OF EXAMINATIONS	34,183	37,180	38,489

PHYSIOTHERAPY DEPARTMENT

	1994	1995	1996 Projected
INPATIENTS TREATED	9,577	9,115	9,174
OUTPATIENTS TREATED	10,616	9,647	10,809
TOTAL TREATMENTS	35,948	34,593	42,568

DEPARTMENT OF NURSING

The visit of the Minister for Health to Naas Hospital in June and the announcement of the £19m allocation was welcomed by nursing staff who look forward to the very positive impact it will have on the future development of patient service.

Our major nursing initiative for 1996 has been the establishment of a total quality management approach with the introduction of quality circles amongst staff. This involves regular meetings to review and develop policy in relation to patient care and will result in constantly improving the quality of care to our patients.

Our Endoscopy Suite has been revolutionised with the purchase of a video system which improves the range of services and examinations available for patients.

The opening of our Day Hospital with its multidisciplinary team will provide a new dimension of care for our patients.

The high level of activity in the hospital continues unabated presenting a constant challenge to the skills of our nursing staff.

A patient dependency study carried out by Sisters Maureen Nolan and Noelle McCormack, to establish nurse patient ratios for the future was submitted to the Eastern Health Board Nursing Research Unit. This Unit works with us in setting standards for patient care and the auditing of Care Plans.

The recent establishment of the Board's Infection Control Committee is a welcome development as is the appointment of two Infection Control Sisters which will also improve the quality of service across the Board.

As part of the Board's No Smoking Policy and as an ongoing Health Promotion initiative a very successful smoking cessation workshop was run for all hospital staff by Sr. Della McCarthy and Nurse Bernie Sweeney. It is planned to run this workshop twice yearly in the future.

Staff are actively encouraged to avail of an ongoing Hepatitis B Immunisation Programme. The Occupational Health Department has provided us with a series of informative lectures.



Ms. B. Brislane, Matron and Michael Noonan T.D., Minister for Health.

In Service Education continues to play a vital role in the development of nurse education. Every effort is made to support and facilitate staff in the pursuit of further studies.

Staff can also avail of personal development programmes which incorporate interpersonal skills and enhance staff morale and coping ability.

The refurbishment of former staff quarters has provided us with an attractive Board Room and Conference/Training facilities.

We are very grateful to the Friends of Naas Hospital who during the year donated valuable items of equipment. The ongoing work of the Friends of Naas Hospital and their contribution to the hospital is very much appreciated.

DEPARTMENT OF GENERAL MEDICINE

1996 was a very busy year for the Department of Medicine. The increased level of demand which surfaced especially in the latter part of 1995 continued throughout 1996. Admissions for 1996 which were 3% up on 1995 level were 28% higher than in 1994. Bed occupancy during the year averaged 95% for general medical admissions and 100% for Coronary Care admissions. As in 1995, surgical beds were used to accommodate medical admissions. This is unsatisfactory as it disrupts the elective work of the Department of General Surgery and reduces the availability of surgical beds for emergencies.

The average length of stay for medical admissions was 9.6 days compared with 11.3 in 1994. The average length of stay in the Coronary Care Unit increased to 3.8 days compared with 2.7 in 1995. The reduced average length of stay in General Medical beds was instrumental in diluting the full impact of the increase in demand for beds, however in the latter part of the year, demand has been such that on an increasing number of occasions, patients are being accommodated overnight in the A + E Department because beds are not available. This places enormous strain on medical and nursing staff and is most

unsatisfactory from the point of view of patient care.

The provision of six dedicated day places during the year helped to alleviate the problem to an extent but the problem has not been totally solved. Options are now being examined to ensure that adequate accommodation is available for all patients requiring admission to inpatient beds.

OUT-PATIENTS

The projected total of out-patients attendances for 1996 is 6775, a 4.5% increase on 1995.

DAY PROCEDURES

A projected total of 891 medical day procedures will be catered for in 1996.

Dr. F. Grogan, Dr. J. Power, Dr. C. Collum, and Dr. P. McCormack



DEPARTMENT OF MEDICINE FOR THE ELDERLY

A Department of Medicine for the Elderly has been developed at Naas General Hospital. The new development includes acute medical assessment, rehabilitation, day hospital service, occupational therapy, physiotherapy, social work and speech therapy.

Assessment and rehabilitation is at present being carried out within the current complement of 54 beds. Secondary rehabilitation is provided at St. Vincent's Hospital, Athy and District Hospital, Baltinglass.

A Day Hospital for the Elderly is currently being developed on the grounds of the hospital. Accommodation consists of a general activity area, examination rooms, kitchen, general office and toilet and bathing facilities. Staffing consists of Medical Registrar, Nursing Officer, Senior Physiotherapist, Senior Occupational Therapist and Secretary.

The Day Hospital will provide a multidisciplinary assessment and rehabilitation service on a day basis, 5 days per week. New patients will receive medical, nursing, occupational therapy and physiotherapy services. It is anticipated that 400 new and 1000 return patients would be reviewed in a year.

The service at Naas General Hospital operates as part of the integrated Kildare/West Wicklow services for the elderly. The Department of Medicine for the Elderly at Naas further enhances and complements the existing services at St. Vincent's Hospital, Athy, District Hospital, Baltinglass, the Mobile Day Hospital and strengthens the level of integration between the hospital and the community.

DEPARTMENT OF GENERAL SURGERY

The case load in the department has shown an increase in admissions, new outpatients, attendances and theatre activity.

The projected number of admissions for 1996 is 1716, an increase of 11% on 1995 activity level. Admissions to the Intensive Care Unit increased by 5.5% in 1996 compared to 1995 figures. Bed occupancy increased to 89% for general surgical and 85% for Intensive Care during 1996. Average length of stay for general surgery decreased to 6.1 days and increased for I.C.U. cases to 3.2 days. The reduction in average length of stay allied to an increase in bed occupancy facilitated the 11% increase in admissions.

The projected case load in theatre for 1996 shows a 4% increase in total workload in 1996 compared with 1995. The development of the Endoscopy service continues with an 7.1% increase in procedures projected for 1996. The number of major operations is projected to increase by 23% in 1996 over 1995 activity.

Day Surgery has decreased in 1996 to a projected 609 cases as compared with 636 in 1995. However the projected activity is still 14% higher than 1994 activity.

Surgical out-patient attendances for 1996 are projected at 2828, a similar level of activity to 1995

DEPARTMENT OF ORTHOPAEDIC SURGERY

There is a weekly three sessional consultant orthopaedic commitment to Naas General Hospital. Elective surgery is carried out in the Adelaide Hospital and trauma surgery is carried out in the Meath Hospital.

The projected total outpatient attendance for 1996 is 5,718.

ACCIDENT AND EMERGENCY DEPARTMENT

1996 has been a busy year for the staff of the A & E Department. The number of first time attendances are relatively unchanged while the number return visits reduced by 3% compared with 1995. Since 1994 however, the number of first time attendances has increased by 13%.

An analysis of the number of patients admitted to Naas and other hospitals via the A & E Department indicated that in 1996 23% of first time attendances were admitted to hospital as against 19% in 1995 and 17% in 1994. Of these patients admitted to hospital via A & E Department 88% were admitted to Naas. This indicates that in addition to an increase in the number of first time attendances in the current year, there is also an increase in the number of patients requiring inpatient treatment.

In 1996, the number of patients admitted to Naas, via A & E Department represented 83% of total Medical & Surgical admissions to the hospital.

A serious problem that has developed during 1996 is the length of time, on an increasing number of occasions, patients wait for beds having gone through a lengthy process of assessment and a decision made to admit them. The A & E Department is not suitable to hold patients for long periods and at times, because of the unavailability of beds, the A & E Department becomes an emergency ward. This situation is unsatisfactory because it makes treatment and monitoring of patients very difficult.

Hospital Management in consultation with Nursing and Medical Management is examining options for dealing with this matter within the resources available to the hospital.

DEPARTMENT OF ANAESTHESIA

The workload of the Department of Anaesthesia was similar to 1995. Anaesthesia was provided for procedures in Theatre, Intensive Care and E.C.T. . The projected number of admissions to Intensive Care for 1996 is 192, an increase of 5.5% on the 1995 figures of 182

DEPARTMENT OF RADIOLOGY

The imaging modalities provided in the Radiology Department are:

- (1) Conventional X-ray Examination
- (2) Ultrasound

Projected activity for 1996 indicates a total of 28,100 patients examined which is an increase of 6% on 1995 activity. At 38,489, the number of actual examinations for 1996 indicates an increase of 4% over 1995 figures of 37,180.

In February 1996, Dr. Brendan Hogan took up duty as a second Consultant Radiologist with a five sessional commitment to the hospital. This position is a joint appointment between Naas General Hospital and the M.A.N.C.H. Group of Hospitals.

A grant of £27,000 was allocated during the year for improvements to the Radiology Department.

DEPARTMENT OF PSYCHIATRY (LAKEVIEW UNIT)

Lakeview Unit is a modern 30 bed unit which is purpose built for acute psychiatric care. The unit is divided into an activation area on the upper floor and the ground floor incorporates the acute treatment facility and bed accommodation. The aim of the unit is to provide short term care for acute psychiatric illness.

Given the acute nature of client's illness during inpatient care, flexibility is the primary factor, necessitating the implementation of individual care programmes. Counselling, Psychotherapy, Social Skills Training, personal development, anxiety management, behavioural modification and medication are some of the main treatments available to patients.

The activation area in the unit offers a wide range of diversional therapies and a programme which is both enjoyable and stimulating.

UNIT IMPROVEMENTS:-

At present the unit is undergoing structural changes which will improve service delivery. The sitting-room is to be expanded to be made more comfortable and our sleeping accommodation is being further enhanced and will include a safe room.



Lakeview Unit

STAFF DEVELOPMENT

Over the past year, a number of courses have been undertaken by the staff in the service and some of these have been organised at a local level in Lakeview unit. Locally, staff have undertaken courses in Group Therapy, Working with Adults who have been sexually abused, and Approach to Challenging Behaviour. Currently a course in Legal Studies is being undertaken by a group of 15 staff and all staff are receiving

training in Cardiac Pulmonary Resuscitation. Among the outside courses completed by staff are Management Bereavement Counselling, Reality Therapy, Research Methodology, Aroma Therapy. All the above courses have further enhanced the skills of our staff and enabled them to deliver an effective and comprehensive service to our patients.

STUDENT NURSE TRAINING

In 1995, the Kildare/West Wicklow Mental Health Services received Board Altranais accreditation for clinical placements for Student Nurse Training. This has been provided a significant boost to our service.

PHARMACY

The hospital/community pharmacy service for the Kildare/West region is currently being reorganised and it is envisaged that the headquarters of the new service will be Naas General Hospital. This will have implications for staffing and accommodation at the hospital. The accommodation requirement has already been identified in the Hospital Development Brief. Interim accommodation requirements have been identified and arrangements are in hand to have this accommodation provided.

1) WARD PHARMACY SERVICE

This service will make a major contribution to the safe and economical use of medication within the hospital by pharmacists reviewing patients prescriptions on a daily basis.

2) DRUG INFORMATION SERVICE

The development of this service to all medical, nursing and paramedical staff at the hospital will result in a more efficient and effective use of hospital drugs.

3) DRUGS FORMULARY

During 1995 a drugs formulary was published and implemented. It is hoped to review the formulary during 1997.

4) CARDIAC-PULMONARY RESUSCITATION TROLLEYS

A programme to review and rationalise C.P.R. drugs on cardiac trolleys is ongoing.

5) THE DRUGS AND THERAPEUTIC COMMITTEE

The membership of this committee includes hospital management, pharmacist, hospital



consultants, nursing administration and general practitioners. The Committee continues to operate as a very valuable forum for the formulation of policies and review of performance in relation to policy implementation.

PATHOLOGY LABORATORY

The Naas Hospital Laboratory commenced operation on 18th November 1985 providing a pathology service to the hospital. Tests not within the scope of the laboratory are sent to the Central Pathology Laboratory at St. James's Hospital. In 1989, the Laboratory service was extended to the Kildare and West Wicklow General Practitioners.



In 1992, the laboratory was computerised in regard to the disciplines of Haematology, Biochemistry and Blood Transfusions. The remaining disciplines of Coagulation and Microbiology are scheduled for computerisation before the end of 1996.

The Naas Laboratory participates in a number of External Quality (control) Assurance Programmes - EQAP. These together with internal quality controls, ensure that the quality and accuracy of our reporting systems are monitored.

Statistics for 1994, 1995 and 1996 projected show an increase in specimens processed at Naas Laboratory of 12.9% between 1995 and 1996 and 22.2% between 1994 and 1996.

DEPARTMENT OF PHYSIOTHERAPY

The Physiotherapy Department serves an in-patient and Out-patient population including referrals from General Practitioners, Hospital Consultants and Physiotherapists in Dublin Hospitals. Activity during 1996 saw an increase of 1% for inpatients and 12% for out-patients treated as against 1995. Total treatments increased in 1996 by 23%.

STAFF

There are six permanent posts and three sessional posts. Baltinglass Hospital is covered by Naas Physiotherapy Staff on a twice weekly basis.

The staff presently employed have experience in the following areas:-

Orthopaedics, Paediatrics, Respiratory Care, Neurology, Neurosurgery, Obstetrics and Gynaecology. This experience is essential to provide an effective, efficient and professional service to these categories of patients.

COMMUNICATION

The physiotherapists believe that good communication with all members of staff is essential and therefore a physiotherapist attends Ward Rounds, Case Conferences and the Orthopaedic Clinic. Discharge letters are also written to General Practitioners who have referred patients for treatment.

PATIENT REFERRAL

A waiting list exists to document the number of patients presently seeking access to the service. Priority is given to the following categories of patients:-

- Recently discharged from other hospitals and still needing physiotherapy (e.g. Stroke/Head Injuries, Fractures and Respiratory Conditions).
- Referred by Consultants within Naas General Hospital, e.g. Medical, Surgical.
- Referred by affiliated Orthopaedic Surgeon (via Meath Hospital)
- Referred by other Orthopaedic Surgeons
- Referred by General Practitioners from within the catchment area.

Students: Physiotherapy Students from U.C.D. and Trinity also have Clinical Placements in Naas and learn from the wide experience of the Physiotherapists.

Back Care and Lifting: An ongoing series of One Day Lectures and Demonstrations are organised through the Physiotherapy Department. The courses are compulsory for existing and new members of staff in Naas General Hospital, Athy, Baltinglass and the Community. These Day Courses are given by two members of staff who are specially trained for this purpose.

SERVICES ALLIED TO NAAS HOSPITAL:

Ante-Natal Care: There are weekly classes in Naas and Newbridge which provide Exercise Classes, Information and Support for Expectant Mothers in the area.

Baltinglass Hospital: Two Physiotherapists attend the Hospital on Tuesday and Thursdays and treat in-patients, Day Care Patients and Out-patients.

Athy Hospital: Four Sessional Physiotherapists attend the hospital daily, covering the Assessment Unit, Out-Patients and Long Stay Patients.

One extra session for the treatment of general practitioner referrals, commenced on the 3rd October, 1995.

COMMUNITY PHYSIOTHERAPY:

The service was introduced in December, 1990 under the supervision of the Physiotherapist in Charge at Naas General Hospital. Currently, there are two sessional therapists employed, 21 hours each, based at our Boards Community Care HQ in Poplar House, Naas.

Within the Community Physiotherapy Service, priority is to patients within the District Care Unit.

OCCUPATIONAL THERAPY DEPARTMENT

The purpose of the Occupational Therapy service is to minimise disability and promote, retain and restore independence, health and emotional well being. The Health Strategy "Shaping a Healthier Future" reinforces the philosophy of the profession in terms of health and social gain.

The Occupational Therapy service was established in Naas General Hospital in May 1996. It is staffed by one full-time Senior Therapist who also provides a service to St.

Vincent's Hospital Athy and Baltinglass District

Hospital. The time allocation is Naas - 2 days, Athy - 2 days and Baltinglass - 1 day. The bed allocation between the three hospitals is 414 with 319 beds dedicated to care of the elderly in Athy and Baltinglass.

A second Senior Occupational Therapist has been appointed in conjunction with the establishment of a Day Hospital for the Elderly at Naas.



Minister for Health with Senior Nursing Staff. Left to right: Ms. E. Dempsey Assistant Matron, Mr. M. Noonan T.D., Minister for Health, Sr. I. Brennan, Sr. M. Behan, Sr. J. Waldron.

DEPARTMENT OF NUTRITION AND DIETETICS

The current level of service is three sessions per week. One session is reserved for inpatients and two sessions are allocated to provide a service for both medical out-patients clinics. On average 4 new patients and 8 reviews are seen per clinic.

The main responsibility of this department is to advise patients regarding therapeutic diet and the implementation of same.

Another important part of

the work of a Nutrition and Dietetics service is the development of policies and protocols in relation to:

- Parenteral Feeding
- Enteral Feeding
- P.E.G. Feeding
- Supplementary Feeding

These duties are currently being attended to by the Pharmacy Department.

SPEECH AND LANGUAGE THERAPY

The service is staffed by one Speech and Language Therapist with a time commitment of two sessions per week.

The service is provided for adults with communication disorders as a result of:-

- acquired neurological disorders.
- progressive neurological disorders.
- E.N.T conditions.

The number of referrals for 1995 was 69 and there is a projected number of 75 referrals for 1996.

GENERAL SUPPORT

ADMINISTRATION

Administration services consist of:

- Finance
- Personnel
- Supplies
- General Services

Work is ongoing in developing policies and procedures in the above areas. The Financial and Management Information and Distribution System is in the process of being introduced to the Supplies and Accounts departments.

The continued development of Risk Management in relation to our insurance arrangements continues to receive a lot of attention in order to minimise claims and reduce insurance costs. The operation of the Health and Safety Committee is an important forum for developing policies and protocols and evaluating the implementation of same.

Given the strict controls that must now be exercised over expenditure and staff levels generally, it is not surprising that during 1996 responsibilities of the Administration Department have increased in relation to monitoring of performance in regard to income collection, expenditure and pay costs.

SUPPLIES

The introduction of the Financial Management and Distribution System (FINMAN) will provide this department with a computerised stock control system. Approximately £375,000 worth of general stock and medical and surgical supplies are processed through the supplies department each year and apart from improving our materials management system, the introduction of the FINMAN system will facilitate costing of stocks issued to individual wards and departments.

TECHNICAL SERVICES

Extensive refurbishment work was carried out during 1996. This included provision of dedicated day ward, new conference room, clinic rooms, day hospital for the elderly, safe

room in lakeview unit and treatment plant for Radiological waste.

Upgrading works were carried out in the Pathology Laboratory, Radiology Department and the Endoscopy Room.

The new combined heat and power unit was installed and commissioned during 1996. The operation of this unit is expected to yield savings of £14,000 per annum in a full year.

Improvement works were carried out in a number of wards i.e. new shower units, medibaths and ward kitchen.

Extensive internal and external painting works were carried out during the year.

Works to improve health and safety were carried out i.e. new security system at reception, emergency lighting on fire escape and ramp at side exit.

Works in progress include, extensive improvements to Radiology, Accident and Emergency and Pharmacy departments.

During the year all day to day maintenance requirement and upkeep of grounds were carried out to a high degree of quality.

INFORMATION TECHNOLOGY

The following systems are currently in operation in the hospital:-

- Patient Administration System
- Laboratory System
- H.I.P.E.
- Outpatient Administration System
- Patient Billing System
- Pharmacy System
- Payroll Management Information System
- General Ledger Information System

Two other systems are currently being installed:

- Clinical Audit
- Financial Management Information and Distribution System

CHAPLAINCY DEPARTMENT

The service of this department is very important in ensuring the provision of pastoral ministry to patients and relations. This pastoral ministry takes the form of ward visitation, pre-theatre visits, bereavement and crises counselling, sacraments and prayer.

CATERING DEPARTMENT

The replacement equipment programme was continued in 1996 enabling a better service to be provided by the catering department.

The principal activity of providing a service to inpatients and staff continued and the Meals-on-Wheels and Day Centre were also facilitated.

A number of special functions were catered for, the largest being the reception for the Minister of Health in June.

The ongoing work of providing a health eating service continues.



Mrs. Peg McGrath greets the Minister watched by Mr. J. O'Brien, Programme Manager and Dr. C. Collum, Radiologist.