



R E S P I T E

R E H A B I L I T A T I O N

R E A S S U R A N C E

**ANNUAL REPORT 2014**



**Harold's Cross  
& Blackrock**

*Respite Rehabilitation Reassurance*

“Here I’m surrounded by love,  
compassion and a desire to help.  
It’s like there’s a rainbow of care  
over the entire place.”

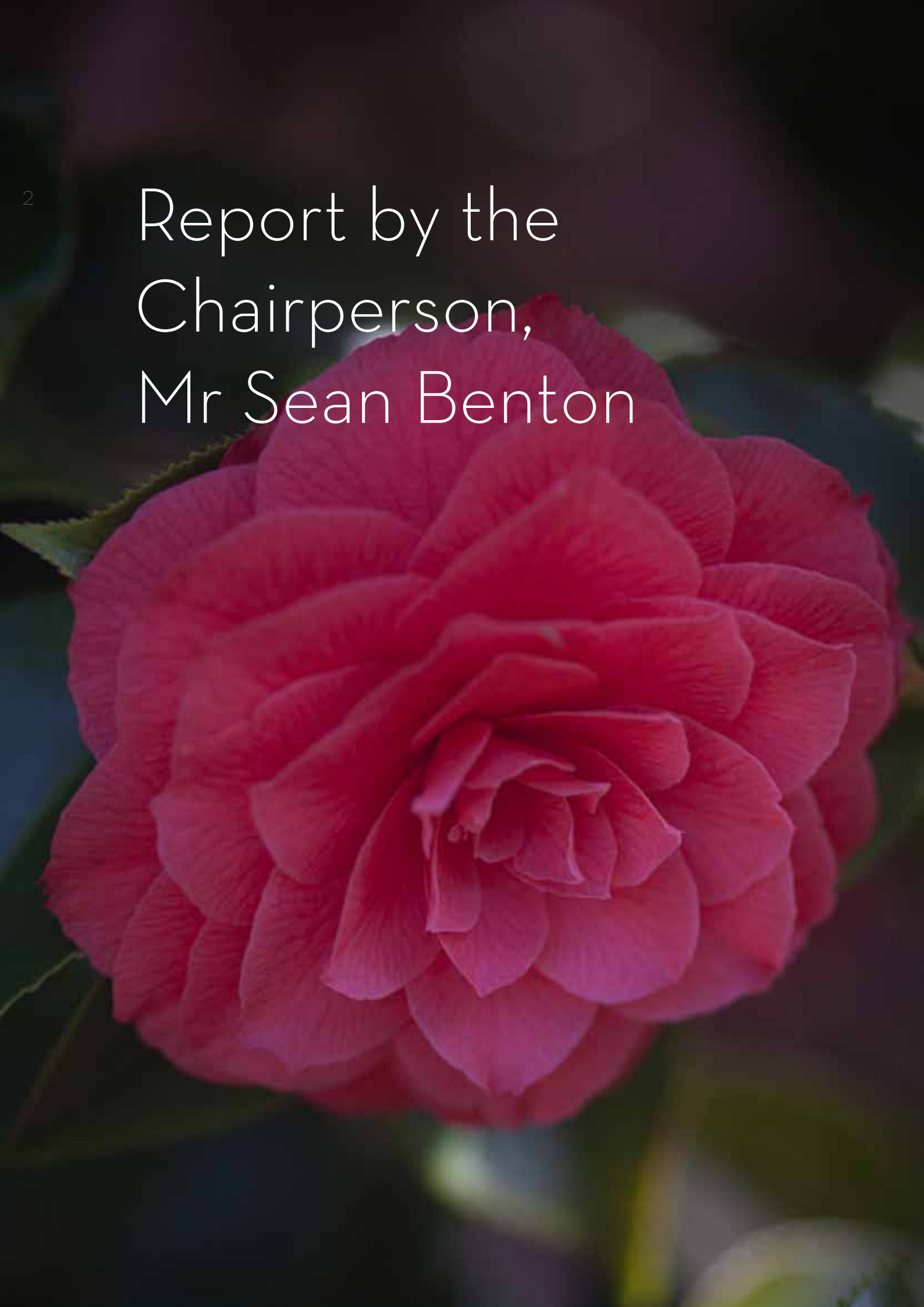
Michael Dormer, Patient



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Report by the  
Chairperson,  
Mr Sean Benton



Firstly, on behalf of our patients and residents I would like to thank our many loyal supporters. While we receive significant funding annually from the HSE it is the financial support we receive from the public that ensures that the level and quality of our services are maintained in these challenging times.

I am very pleased to report that our supporters have continued to be loyal and generous, and there has been minimal impact on our fundraising income over these difficult years. We see this as a reflection of public confidence in our services, the quality of care we provide and our efforts to ensure that the year-on-year budget reductions do not impact on patients. Thank you for making everything so much easier.

As our main service funders, Our Lady's Hospice & Care Services reports regularly to the HSE on activity, quality and finances. In 2014 Our Lady's Hospice & Care Services signed up to the HSE Compliance Statement for Section 38 organisations. The Hospice has also signed up the Charities Act, ensuring compliance in all matters related to fundraising and the use of public monies.

As indicated in last year's report, the Board has agreed to proceed with the development of a new all single-room Palliative Care Unit. Work on this has commenced with the building of a new car park, to replace an existing car park at the rear of the campus, where the Unit will be located. The funding of this Unit will be the focus of a major fundraising initiative, but the benefits of providing a pleasant and private environment for patients and their families will make it a truly worthwhile project.

Our long overdue ICT and telephony update is progressing very well, with very limited interruption to services and we will be future-proofing our systems for developments in the future.

As is the norm each winter, there was a crisis in the Acute Hospital's Emergency Departments and the HSE approached Our Lady's Hospice & Care Services to open 12 beds to provide care to appropriate patients to alleviate the pressure on the acute hospital sector. We were happy to take patients from Tallaght, Connolly and Mater Hospitals to relieve the difficult situation for patients waiting on

trolleys and chairs in the A&E Departments.

Mr. Justice Donal O'Donnell resigned as a Board Director at the 2014 Annual General Meeting. Mr. O'Donnell made an outstanding contribution to Board affairs and we wish him well in his career as a member of the Supreme Court. Ms. Mary Rose Gearty, Senior Counsel, was appointed to replace Mr. O'Donnell.

At the end of 2014 Ms. Mo Flynn, CEO advised that she was leaving to take up the post of CEO at Rehab Ireland. Mo had been CEO of Our Lady's Hospice for eight years and had been a strong leader, overseeing many quality initiatives and effectively steering the organisation through the turbulent years of cut-backs and staffing embargoes. We wish Mo well in her new venture.

Our Lady's Hospice & Care Services is comprised of many staff and volunteers, each and every one of whom contribute in their own unique way to making the Hospice a special place. Evidence of this has been shown in the results of a staff survey conducted in 2014, which reflected very positively on the organisation as a workplace, and validated the Mission and ethos of the organisation. The results of this survey will be further developed to ensure the Mission of the Religious Sisters of Charity will continue to be evident in 2015, the 200th Anniversary of the foundation of their order by Mother Mary Aikenhead, and long into the future.

**Board of Directors**

**Mr Sean Benton, Chair**

**Mr Brian Murray**

**Mr Stephen Walsh**

**Dr Brendan Clune**

**Mr Michael Lyons**

**Sr Angela Kelly**

**Ms Teresa Harrington**

**Mr David Strahan**

**Dr Stephen Higgins**

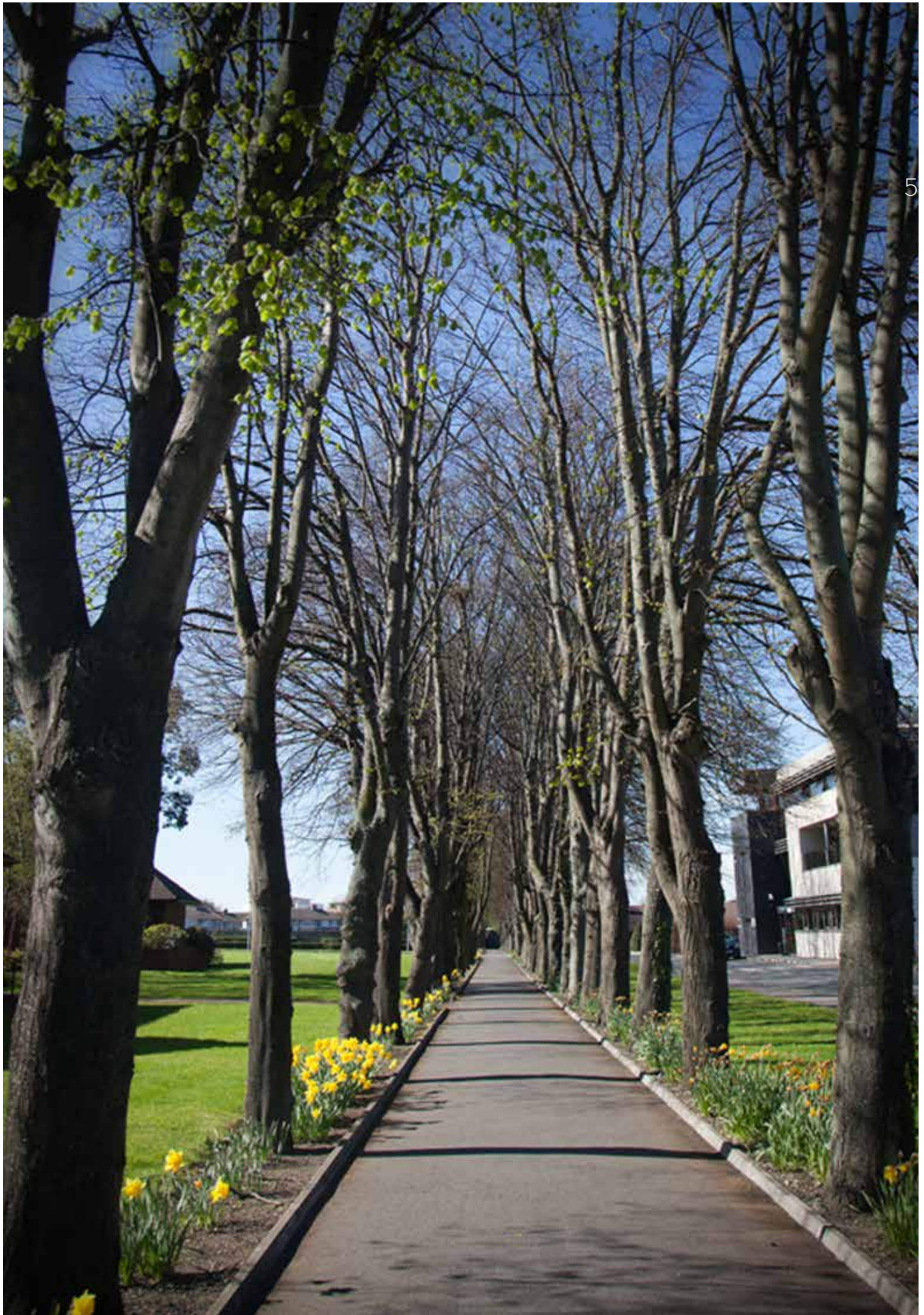
**New additions:**

**Mary Rose Gearty**

Mary Rose Gearty was born in Dublin and educated at Muckross Park College, University College Dublin, the King's Inns and King's College in London. She commenced practice at the Bar in 1993 and became a senior counsel in 2009, specialising in criminal law. Mary Rose has been an elected member of the General Council of the Bar of Ireland since 2010, and was a founding member of the Irish Criminal Bar Association.

**Geraldine McSweeney**

Geraldine McSweeney is a retired nurse who spent 27 years as a nurse tutor, six of them as Principal Tutor, at the Mary Aikenhead School of Nursing, St Vincent's University Hospital, Dublin. She is a Founder Fellow of the Faculty of Nursing and Midwifery, Royal College of Surgeons in Ireland. Geraldine was a member of the International Executive Board of CICIAMS (the International Catholic Committee of Nurses and Medico-Social Assistants) for many years and relinquished the role of Secretary General in September 2014.



Report of the  
Interim CEO,  
Audrey Houlihan





How well Ireland cares for people's physical, emotional and mental health is an important measure of our democracy. How well we care for people at the end-of-life is an even more focused test. When you add into that mix, the challenge of having to achieve all that in the face of severe cutbacks, delivering the highest standards becomes all the more difficult – but all the more crucial too. **Audrey Houlihan, Interim CEO of Our Lady's Hospice & Care Services**, looks back on a busy and exciting year filled with achievements, challenges and change.

Our mission in 2014 was, as ever, to provide our patients and residents with high-quality, person-centred, loving care. We have the privileged opportunity to enhance their lives, to alleviate their pain and to comfort their families. We continue to work to the utmost of our ability to ensure that we always provide the best care possible.

In 2014, we were again faced with the challenge of doing more with less. Since the recession our funding has been reduced significantly, so we must work harder and smarter with our allocation. We've had to depend even more on the generosity of our wonderful donors. We are committed to never letting standards drop and, indeed, throughout the year we strove to exceed them.

At Our Lady's Hospice & Care Services we are dedicated to continually evolving the service that we provide. Despite financial constraints we fostered research and encouraged innovation, replaced outdated systems and buildings, embraced new ways of working and, above all, listened to what our patients had to say.

The Hospice is committed to transparency and openness in all our activities; our supporters and patients deserve nothing less. All donations to our organisation are used for the benefit of our patients – they are used to fund frontline positions, essential

maintenance programmes and major capital projects, such as the upcoming Harold's Cross Palliative Care Unit redevelopment.

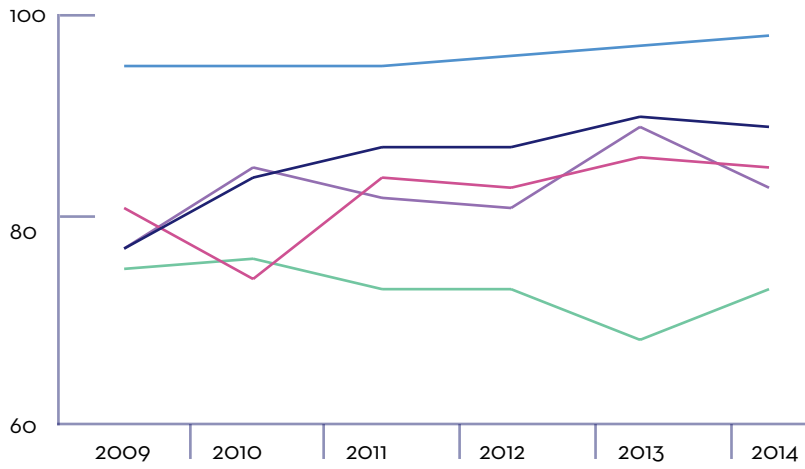
From a management perspective, we were saddened by the resignation of our CEO, Mo Flynn, who has been appointed as CEO at Rehab. Mo ably led the Hospice for the past eight years and has provided excellent leadership to management and staff alike. As Interim CEO, I am challenged to fill those shoes but I am confident that I have learned from a master. I would like to thank Mo personally, and on behalf of all in the organisation, for leaving us with a happy and healthy hospice!

#### **Our Lady's Hospice & Care Services in 2014**

##### **Service Delivery**

As with every year since the economic downturn began, 2014 was focused on maintaining service levels within a very challenging cost-management framework. Many challenges emerged in relation to private patient income and superannuation income, and it was an incredible achievement to break even at end of year

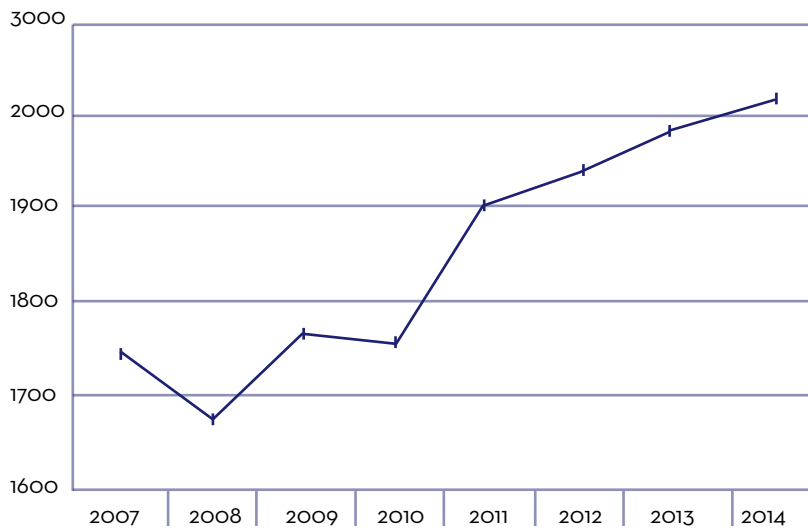
### Annual Occupancy (Yearly Average)



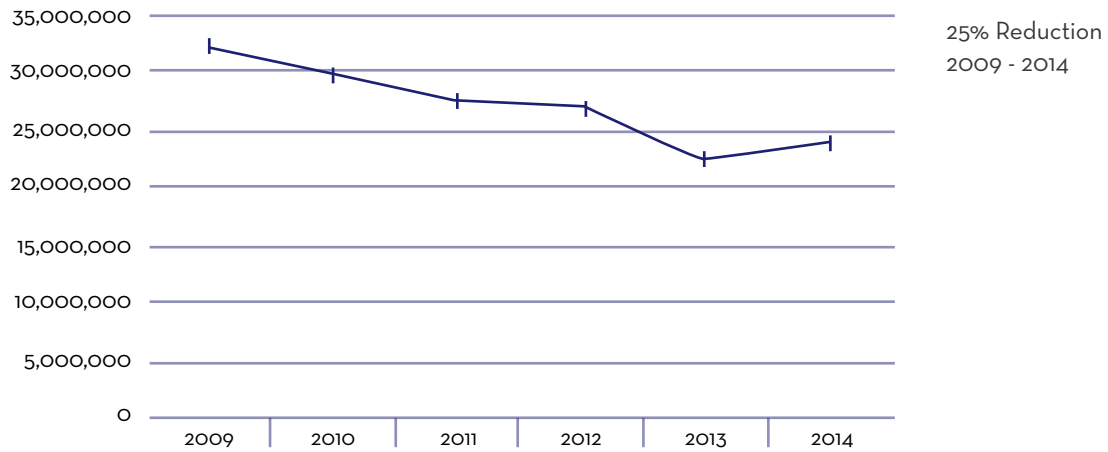
77	84	87	87	90	89	<b>RMDU IPU</b>
81	74	84	83	86	85	<b>Palliative Care - Harolds Cross</b>
77	85	82	81	89	83	<b>Palliative Care - Blackrock</b>
95	95	95	96	97	98	<b>Care of the older person</b>
75	76	73	73	68	73	<b>CRU*</b>

\*Note: CRU is mainly a five-day unit

### Total Admissions (16.8% increase from 2007)



### Funding Allocations 2009-2014



Our Lady's Hospice & Care Services is committed to maintaining the numbers of patients we care for on a par with previous years. However, working with a budget that has reduced by 25% since 2009 proved difficult. 2014 saw our first return to a stable budget.

As a result of previous budget cuts, it was necessary to increase our fundraising commitment for service delivery from €1.6m in 2013 to €2.7m in 2014, in order to maintain service levels. The value of this initiative by the Board of Directors is reflected in the

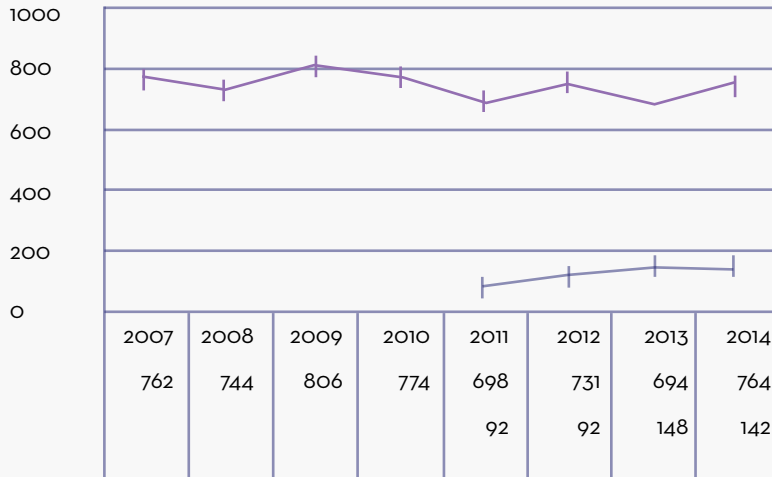
increased activity levels in both our inpatient units and in our community palliative care services, which are shown in the tables below.

However, with the planned Palliative Care Unit redevelopment, this level of commitment will no longer be achievable, as we will need to increase our fundraising support to capital costs. We hope to work with our HSE partners to jointly reach our goals.

### Inpatient Statistics

	2007	2008	2009	2010	2011	2012	2013	2014
Palliative Care HX Admissions	466	421	423	443	521	517	551	591
Palliative Care BRH Admissions	173	189	199	196	207	204	206	214
	2007	2008	2009	2010	2011	2012	2013	2014
RMDU Inpatient Unit	762	744	806	774	698	731	694	764
RMDU Day Case Patients					92	123	148	142
CRU Admissions	300	274	302	317	337	324	334	310
Care of the older Person	45	50	34	23	46	41	50	78

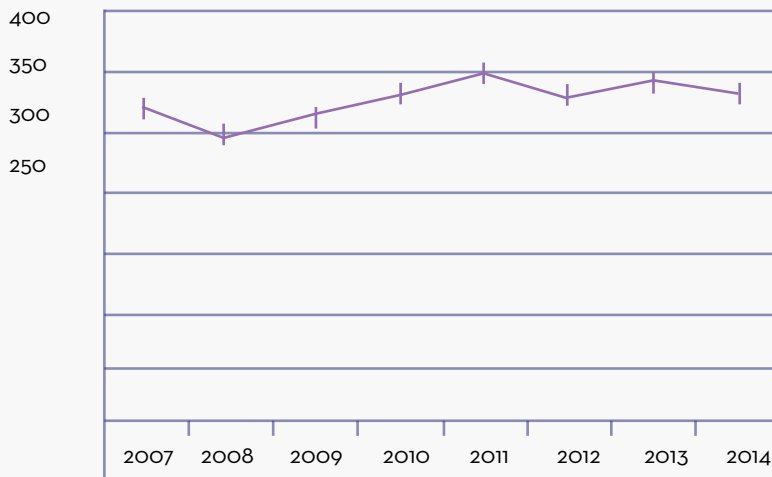
### Rheumatic and Musculoskeletal Unit (RDMU) Admission Analysis



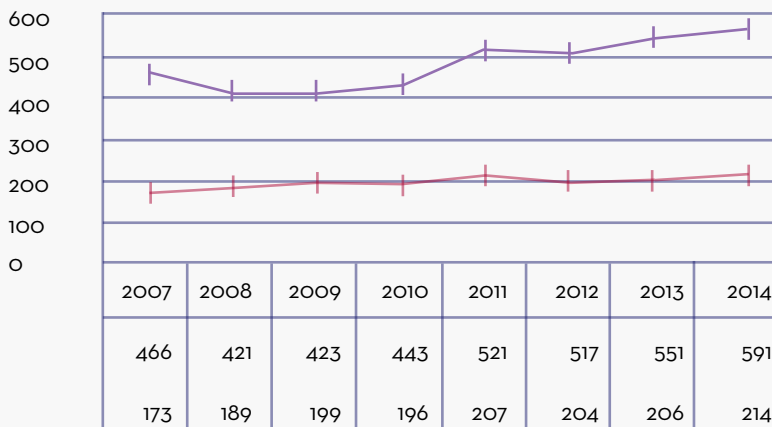
**RMDU IPU**  
**RMDU Day Case Patients**

The decline in IPU Admissions is offset from 2011 with the introduction of the new Day Care Service.

### Community Reablement Unit Admissions



### Palliative Care Admission Analysis



**Harolds Cross Admissions**  
**Blackrock Admissions**

### Community Palliative Care (Home Care) Activity

	2010	2011	2012	2013	2014
Total Patients Seen	973	1,060	1,047	1,151	1,254
Number of Referrals	965	1,074	1,050	1,149	1,177
Number of First Visits	741	825	850	962	1,024
% of Non-Malignant	16%	21%	21%	26%	28%
Total Number of Visits	9,954	10,843	10,435	11,147	11,536
*Increase of 14% in total number of visits from 2010 to 2014					

### Strategic Plan 2013 - 2016

We are at the midway point of our 2013 – 2016 Strategic Plan, which was approved by the Board of Directors in late 2012. It sets out the vision of the Board and the management of Our Lady's Hospice & Care Services for:

- providing high-quality and safe services for older people, for our palliative care and rheumatology clients, which are appropriate to their needs, and
- developing those services in line with best national and international practice and commensurate with the resources made available to the Hospice.

The plan also sets out the shared vision of the directors and the staff to further develop the organisation as a significant provider of services in partnership with the HSE and other service providers. Despite constraints, a great number of initiatives have been achieved. This is thanks to the innovative means used and the willingness of staff to progress the plan.

### Capital

We are proceeding with the development of the new state-of-the-art Palliative Care Unit at our Harold's Cross facility, to replace our existing and dated unit. The new unit will have 36 single bedrooms, ensuring dignity and privacy for patients and their families.

The redevelopment will also see significant investment in facilities for our Day Hospice and will support the further expansion of our palliative care outreach services within the local community. Work commenced in 2014 with the construction of a new car park to replace the one at the rear of the campus, where the new unit will be located. This phase of development was completed by the end of the year, giving scope to commence with the unit's construction in 2015.

### Service Developments

Due to the crisis of patients on trolleys in the A&E departments in the Dublin region, Our Lady's Hospice & Care Services was approached by the HSE in January 2014 with a view to re-opening 12 closed beds in Anna Gaynor House for a period of six months. The selection of suitable patients for palliative care support was undertaken by a senior nursing team, who assessed patients in Tallaght, Connolly and the Mater hospitals. All patients were

admitted on a phased basis within one week, which required considerable flexibility on behalf of all staff members involved.

The transition from pharmacy services that were supervised and facilitated by an external provider to in-house licence provision progressed with great efficiency and success in 2014. Interim Chief Pharmacist Fiona McGrehan and her team continue to progress this development, which has already brought with it huge benefits, both financially and from a quality perspective. In-house pharmacy services have been extended to our Blackrock campus, where we now have our own pharmacist on site.

Our allied health professionals have significantly integrated the provision of their professional services across both our sites, adding to the quality of our delivery of care.

Work is now underway to extend the concept of our patient charter, the Patient Priority Pledge, into a staff charter. We plan to engage with staff on this as a priority in 2015.

## ICT

The Board of Directors approved investment to refresh the ICT infrastructure and in 2014, our ICT strategic plan was fully mobilised. Network, server and telephony systems were selected for upgrading and we chose suppliers to carry out the necessary work through an open and competitive procurement process.

The network and server upgrade programmes were completed in 2014, resulting in a fully resilient infrastructure at Our Lady's Hospice & Care Services. We also selected and developed a new contact relationship management system and a new pharmacy ordering system. As we go into 2015, we are well positioned to continue the modernisation of our infrastructure, bringing great benefits to both staff and patients.

## Governance

The changing structural and funding healthcare model – in relation to inspection, regulation and patient funding – will dictate the resources and governance arrangements required to maintain a

viable organisation.

## Mission & Values

Our Lady's Hospice & Care Services has been given a priceless heritage from our founders, the Religious Sisters of Charity, and it is our privilege and responsibility to carry their ethos long into the future. We do this by living the Hospice's Mission Statement "to provide high-quality, person-centred loving care" on a daily basis and by upholding our Core Values.

## Our Core Values

### Human Dignity

To respect the unique worth of every person.

### Compassion

To empathise with others in their discomfort or suffering and to strive to understand their experience.

### Justice

To act with integrity, honesty, commitment and accountability in everything we do.

### Quality

To strive for excellence in all aspects of our work.

### Advocacy

To represent the needs of those who are unable to speak for themselves.

The aim of the Mission Committee is to promote and enhance the mission of the organisation and to ensure that the Core Values are integrated into everyday practice and all interactions, policy and procedures. These values should form the foundations of all change management programmes adopted by Our Lady's Hospice & Care Services, so that all activity is "value-proofed".

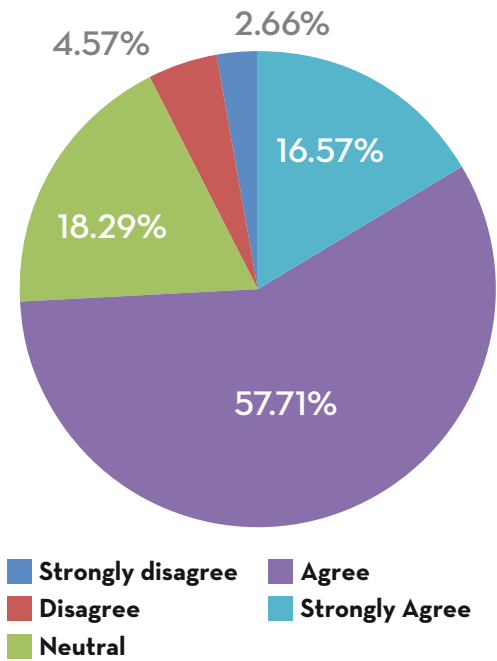
**Mission Committee in 2014**

One of the main achievements of the Mission Committee during 2014 was the staff survey. Conducted in September 2014, it sought the views of staff in relation to work processes, diversity, interpersonal relationships and staff supports. The feedback provided by staff via the survey is invaluable in highlighting areas of concern and areas where good practice and improvement is in evidence. The survey also provided an assessment of the overall level of staff engagement, which will inform the development and implementation of appropriate improvement interventions.

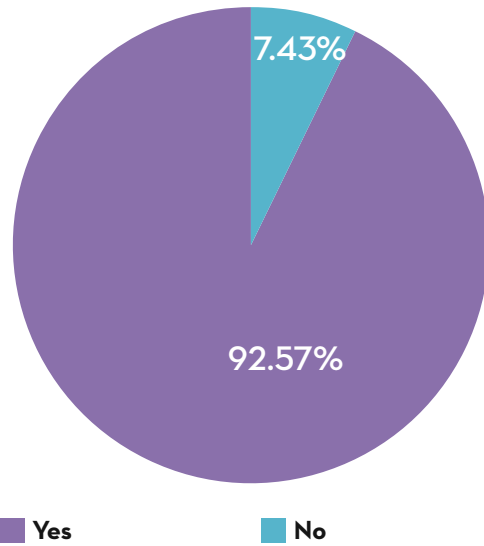
37% of staff invited to participate completed the survey.

**Staff Survey 2014 - Key Results**

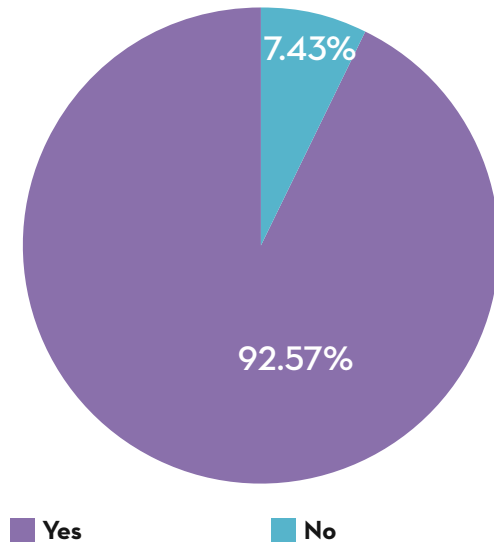
OLH&CS Employees treat each other with respect?



In your view, does OLH&CS adequately support a culture of diversity and inclusiveness for employees?



In your view, does OLH&CS adequately support a culture of diversity and inclusiveness for patients?



The survey invited staff members to tell us in their own words how they think we might adopt better work practices or develop novel ways to respond to the needs of those we serve. It covered four key themes relating to the working environment and their individual experiences of it, namely:

Work Processes – communications, opportunity to utilise skills, chance to make useful contribution to society, opportunity to develop skills, regular feedback and recognition for effort.

### **Diversity – embracing difference.**

Interpersonal Relationships – teamwork and relationships with colleagues/other departments.

Staff Supports – employee assistance/health promotion/spiritual support.

Further analysis of key findings is being undertaken by Mission Committee sub-groups. This work will inform the development and implementation of a response plan that prioritises key areas in which improvements need to be made and establishes appropriate actions and interventions.

It is proposed that we focus on a set number of themes in relation to the key findings – recruitment, empowerment, engagement and staff supports. These themes will be developed through focus groups and we will devise a response plan that includes key issues raised. This will go towards developing a Staff Priority Pledge.



**The Mission Recognition Awards** with Mission Heroes were launched in 2014, and a number of nominations were submitted in advance of the Board of Directors AGM. Awards were presented to the following worthy recipients:

- Aidan Garvey, Connect Manager, for work with patients and residents on ICT training.
- Gabhainn O’Tighearnaigh and Conor Lynam, both transition year students volunteering at Our Lady’s Hospice & Care Services, for their caring and gentle manner with patients and residents.
- Gerry Mulvaney, porter, for demonstration of the Core Values in his everyday interactions with staff, patients and residents.
- Jean Corrigan, volunteer, for her many years of daily involvement with patients with advanced dementia, offering them a chance to socially interact and have human contact through touch and song. Jean embodies the Core Values of human dignity and compassion.
- Michelle Beatty, catering staff member, for her compassionate approach to patients and residents.
- Reception staff, for their high level of care and love for everyone they meet. As they are the first point of contact for many patients and visitors, this is so important.

A group of staff from St Gabriel’s Ward also received a Mission Heroes award, following a nomination from the daughter of a deceased patient. She wrote:

*“My mum spent six months at Our Lady’s Hospice & Care Services, Harold’s Cross. The Hospice became my mum’s home and my family’s home during this time. My time with my mum at the Hospice opened my eyes to a world full of angels, quietly and beautifully caring for people in the last chapter of their lives. The four staff I have nominated for the ‘Recognition of Mission Nomination’ played a very special role in caring for my mum during her time at the Hospice. The dignity, care, kindness and friendship they showed my mum while she was at*





We look forward to planning the event in 2015, when we will join with the Religious Sisters of Charity in celebration of the 200th anniversary of the foundation of their order by Mother Mary Aikenhead. Our Lady's Hospice has a lot to be thankful for and we will always strive to continue to live up to the heritage that the Sisters of Charity have passed on to us.

## HSE

We maintained an excellent working relationship with the HSE throughout the changes of 2014. Regular reporting meetings were held and significant negotiation undertaken with regard to service levels and funding arrangements.

As required, all monthly reports in relation to finance, human resources and activity were submitted. We commenced 2014 having been designated to the HSE Acute Hospitals Directorate. Shortly after, we were reassigned to the Strategic Planning Unit and, finally, in December 2014, we were assigned to the Primary Care Directorate.

*the Hospice, made the last months of my mum's life happy, comfortable and memorable. I will always be in debt to the wonderful experience they gave my mum while she was at the Hospice. I can say with certainty that my mum was truly content there in her final months. I find it difficult to write at this time as my mum has only recently left us, but I wanted to put these nominations forward for 2014. I look forward to visiting the staff at the Hospice before Christmas."*

Congratulations to all of our award recipients for demonstrating that the Hospice's mission and values are truly alive in the everyday delivery of care to our patients and residents.

**Foundation Day**, our annual celebration of Our Lady's Hospice & Care Services, took place on Friday May 23 and was well attended by staff, patients, residents and representatives from a variety of religions. It was a fun day for the young and old, a day that celebrated our diverse culture and our wonderful heritage with song, dance, storytelling and good food. Our world map, highlighting the range of countries that our staff members come from, was also launched on the day.

## Fundraising

As the year commenced, there was much discussion and debate about the adverse publicity that surrounded the charity sector as a whole. I am proud to say that Our Lady's Hospice & Care Services has a proven track record of transparency and integrity. Donations are used for the benefit of our patients, to fund vital frontline positions, essential maintenance programmes and major capital projects.

Charities rely on support and goodwill from the public and the business community and to continue delivering high-quality services, we must commit to excellent governance and accountability. Our Lady's Hospice & Care Services welcomes the formation of the Charities Regulatory Authority and looks forward to working closely with it, to help rebuild trust and confidence in the charity sector as a whole. We have also signed up to the HSE Compliance Statement, and will continue to work in compliance with the many statutory regulations that govern healthcare services.



## HIQA

Our residential care unit, Anna Gaynor House, is subject to formal registration and inspection by Health Information and Quality Authority (HIQA). As part of the licence renewal process, HIQA conducted a two-day inspection in October, which once again validated the staff's commitment to quality performance and resident-centred care.

*"At this inspection, inspectors found the centre had clearly defined lines of authority in place, and there were robust systems to ensure effective operational governance of the centre. Inspectors were satisfied with the ongoing fitness of the person acting on behalf of the registered provider (the provider) and the person in charge.*

*"Overall, inspectors found a high level of compliance with the Regulations. The staff were familiar with the residents and their health care needs. The residents were afforded choice in how they went about their day, and what services they availed of. Staff treated the residents in a kind, patient and dignified manner, and were knowledgeable of their health care needs. The residents were regularly consulted with about the running of the centre. Care was provided to residents in a timely and effective manner, with*

*medical, pharmaceutical and a range of allied health professionals employed directly by the service."*  
[HIQA Inspection Report]

As always, staff and volunteers are to be congratulated on another successful inspection that recognises their commitment to the delivery of high-quality care.

## Performance Management

The introduction of a performance management system was a significant initiative for Our Lady's Hospice & Care Services and was rolled out successfully in 2014. The new system has our ethos and Core Values at its centre.

With it, we can maximise our recognition of how staff contribute to the achievement of our strategic goals and corporate objectives, through an effective professional performance management process. The Hospice is committed to supporting staff in meeting the performance requirements necessary to ensure that our overall objectives are met and to addressing underperformance in a supportive and structured way.

### **Public Sector Agreements**

In 2014, the Haddington Road Agreement resulted in a decrease in overtime in nursing of 66% and a further decrease in agency staff of 45.8%. We coped with these changes through a reduction in flexible working hours, non-cover of short-term absenteeism, a rebalance of skill mix, service restructuring, practice reviews and the further development of clinics and outpatient models of care, along with community service developments.

### **Adult Education Centre**

One of our “hidden” assets onsite at the Hospice was Sr Thomasina Cosgrove’s Adult Education Centre. We were delighted to assist Sr Thomasina and provide her with the space she needed for this very valuable service to adults in the local community, including a growing number of immigrants. Sadly, Sr Thomasina passed away in 2014 and was a great loss to the many people she had provided guidance to and assisted over the years. The Adult Education Centre was closed and the service is now being provided by the local VEC.

The Hospice is a wonderful organisation because of the efforts of so many people. We are extremely lucky to have such motivated, hardworking management and staff, who are united in their commitment to our mission to deliver high-quality, person-centered, loving care to all our patients and residents. Without them, the many successes the Hospice had in 2014 would have been impossible. Thank you so much for your dedication.

I am also grateful to every member of our Board of Directors. Their guiding hands ensure that Our Lady’s Hospice & Care Services stays true to its ethos and continues to evolve.

### **Volunteers**

Behind this great organisation, there is an invaluable support network of volunteers, one of our most precious assets. Their efforts help us cope with major obstacles such as reduced funding and staffing embargoes; because of them, we can maintain the level and quality of our services.

Their commitment is truly extraordinary. More than 80 of our volunteer team have been actively involved

for over 10 years, 26 volunteers have been here for 15 years and ten people have been helping out for over 20 years.

The loyalty of our volunteers remains steadfast as the nature of volunteering continues to change and as the role of the volunteer expands into different areas of the service. Our Lady’s Hospice & Care Services Strategic Report 2013-2016 recommended eleven objectives to enhance the volunteer programme. This includes policies and procedures, updating the database and creating job descriptions for the 22 volunteer roles and developing a Volunteer Handbook.

In addition, a Volunteer Committee was established in December 2014 and will meet regularly to implement initiatives such as the annual Volunteer Day.

Thank you to our volunteer coordinators, Carolyn Roe, Walter Walsh and Niamh Moore, and thank you to every one of our volunteers.

Our Lady’s Hospice & Care Services is hugely dependent on, and grateful for the support of the HSE. However, we will always need the help of our supporters, from our corporate partners to our individual donors. Your generosity makes a real difference and you allow us to provide the special service that we do every single day. On behalf of myself and everyone at Our Lady’s Hospice & Care Services – our patients, their families, our staff and volunteers – thank you.

# Quality and Risk

Quote



Quantity of services provided is meaningless unless strongly underpinned with a high level of quality, and this must be quantified and regularly assessed to ensure standards are being reached and maintained. **Pauline Newnham, Director of Nursing and Allied Healthcare Professionals.**

The Quality & Risk Committee plays a vital part from this perspective, overseeing and monitoring the many audits and assessments carried out and addressing issues as necessary.

The Multidisciplinary Committee implements a Quality & Risk management function in accordance with the HSE Quality, Safety & Risk Framework and international best practice. Quality and risk management are complementary and, together, are key components of healthcare governance.

The Committee also has the role of steering accountability in line with the organisation's emerging clinical governance agenda. The Committee meets on a monthly basis and, in 2014 achieved the following:

- Completion of the healthcare records storage and destruction project
- Developed a Healthcare Records Library
- Implemented Corporate and Local Risk Registers
- Reviewed regular Audits, including Nursing Metrics Assessments, an annual Resident/ Patient Experience Survey, Patient Mealtime Audit, Hygiene Audits, along with Mandatory Training compliance.

2014 also expanded metrics evaluation, as part of the Patient Priority Pledge, to include interdisciplinary engagement and this will continue to be progressed going forward.

The HIQA assessment report provides reassurance that the Quality & Risk framework is robust and gives us confidence in preparing for the national inspection and regulation standards for Safer Better Healthcare.

The Nursing Department received its second innovation award in connection with the Patient Priority Pledge from the Offices of the Nursing & Midwifery Services Director (ONMSD) in 2014, and, as further validation, Dr. Philip Crowley, National Director of the HSE Safety & Quality Division, accompanied by a team from the Royal College of Physicians Ireland (RCPI) visited Our Lady's Hospice & Care Services to look at the quality initiatives implemented. Following this visit the RCPI invited to submit a team application for the National Diploma in Quality & Leadership to progress the Staff Priority Pledge. The Team, led by Pauline Newnham, Director of Nursing & Quality commenced the Diploma in September 2014.

# Palliative Care



## Dr Stephen Higgins, Consultant in Palliative Medicine and Medical Director at Our Lady’s Hospice & Care Services,

reflects on how the Hospice ethos remains steadfast and reassuring – but continues to evolve and improve. He looks back on 2014 as a year of changing needs and new solutions.

“The Hospice” is a long-established part of the fabric of Dublin and has a certain timelessness to it. It is both rich in life and in sadness and can feel, to the rest of the world, quite removed. When you come to our facilities at Harold’s Cross or Blackrock, you can feel as if you are moving to a place immune to the fast-moving world outside, a place that is, in the same moment, quieter and yet more intense.

For many people, the Hospice is a place of powerful memories, of precious moments, of important words, of the holding of hands, of laughter, tears, challenges and achievements. It can feel like it has always been so, but as I look back over the last 15 years since my own first experiences of the Hospice – first with a family member and then as a member of staff – it is clear just how much it has changed and how much it continues to do so.

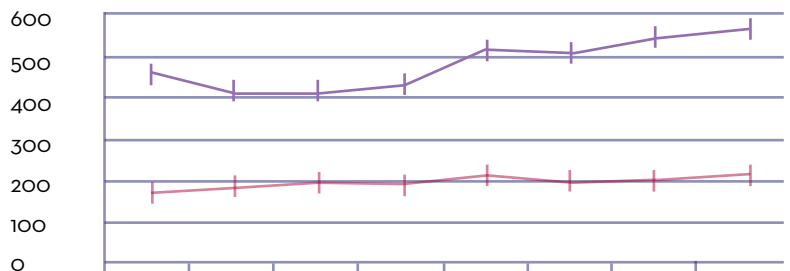
### Palliative Care in 2014

So what is changing? Every year we are a little busier. We see more patients, and their family structures and cultural backgrounds are much more diverse than before. 2014 saw our highest-ever number of admissions. At Harold’s Cross only five or six years ago, we had less than 450 admissions per annum; this year, we had almost 600. In addition to this, our community teams provided care to over 1,000 new patients. The decision of our Board to use donations to fund additional nursing posts in our community team provided a much-needed boost.

### Palliative Care Attendees

	2011	2012	2013	2014
Harold’s Cross	1,255	1,555	1,848	1,635
Blackrock Hospice	1,042	885	1,044	965

### Palliative Care Admission Analysis



	2007	2008	2009	2010	2011	2012	2013	2014
Harold's Cross Admissions	466	421	423	443	521	517	551	591
Blackrock Admissions	173	189	199	196	207	204	206	214

**Harold's Cross Admissions**

**Blackrock Admissions**

### Community Palliative Care Services

	2010	2011	2012	2013	2014	
Total Patients Seen	973	1,060	1,047	1,151	1,254	
Number of Referrals	965	1,074	1,050	1,149	1,177	
Number of First Visits	741	825	850	962	962	
% of Non-Malignant	16%	21%	21%	26%	28%	*National Average 19.9%
Total Number of Visits	9,954	10,843	10,435	11,147	11,536	*Increase of 14% in total number of visits from 2010 to 2014

We also tend to meet our patients earlier in their illnesses and we see a much wider range of diagnoses. While patients with cancer are still the largest group, the needs of those with so many other diagnoses can be just as great. It is wonderful that these patients and new referrers are now looking more frequently to the palliative care services for advice and assistance.

Medical treatments have advanced in recent times and the medical community is achieving things that were impossible only a few years ago. The care we deliver at the Hospice has also become more intensive and complex. We use more antibiotics, give more blood transfusions, carry out more investigations and work more closely with our colleagues in acute hospitals. These changes have been driven by our patients and what they want.

Finding out what an individual patient wants can involve a high level of openness and candour. In our experience, the large majority of people seek a gentle but honest explanation of their condition and the options available to them. How this message is delivered, how hope is maintained and built upon – these are the fine arts of palliative care. We are fortunate in having so many experienced, compassionate and gifted staff members who can carry out this important work.

At our inpatient units at Harold's Cross and Blackrock, we see patients who often have the greatest and most complex needs. The work we do is based strongly on our multidisciplinary model, with input from a wide range of disciplines. Time and time again, we see how much the

care we provide is improved and enriched by the collaboration of professionals with different backgrounds. While for a particular patient a different professional may be the key person – perhaps the physiotherapist, perhaps the chaplain or the nurse – it is the combination of disciplines that makes the difference. However, this is not perhaps what the patients and their families remark upon the most. They are more likely to comment on the kindness of the staff members or the time they give so cheerily or perhaps mention the volunteers and their quiet willingness to look after the small details that matter so much. Palliative care is often about doing the simple things very, very well.

Moves towards the new Palliative Care Unit building at Harold's Cross gather speed. The architects' detailed plans are up on the walls for all to see, to discuss, to like, to dislike and to change. Countless meetings have been held and the involvement of the clinical staff has been a vital part of this process. We want so much from this building. It must be clinical and efficient and meet a myriad of health and safety regulations but it also has to be so much more. We need a building that is welcoming and warm, that is comfortable and flexible, that has quiet spaces and sociable areas, and that has beautiful gardens. The very nature of the building should enrich the experience of staying, visiting or working here. No pressure on our architects so! It's a wonderful privilege to get to build a new hospice and we are very grateful to our supporters and friends who are making it possible. It is a visionary development.



Our research department, under the leadership of Professors Declan Walsh and Phil Larkin, continues to expand and thrive. Our challenge is to make more progress in integrating research into our day-to-day work. Palliative medicine is full of unanswered questions. We must keep pushing the boundaries of our knowledge, finding ways to improve what we do and better ways to use our limited resources to help the people we care for.

One of the many lovely things about working in the Hospice is how warmly people respond when I tell them where I work. This is often followed by the comment “that must be very sad” and yet, strangely, the Hospice is far from being a sad place. Perhaps this is what the Hospice does so well. It takes situations with sadness at their very core but then finds the positives. At a time when perhaps the quantity of life is slipping away, there can still be real quality. That is what we strive for and providing that care remains a privilege and a pleasure.



## A Rainbow of Care

Michael Dormer puts everyone at ease. He's a patient in the hospice in Harold's Cross. Even though he's living with a painful cancer – an illness that will end his life much sooner than it should – he is brimming with love, insight and reassurance. His attitude to life, and 'end-of-life', beautifully mirrors the philosophy of care in Our Lady's Hospice & Care Services.

Michael uses everyday words in a remarkable way. Minutes after meeting him, and without thinking, he describes the hospice as

“an oasis of tranquility in a world of chaos.”

“The night I met my wife, Helen, that was it for me. I saw her. I met her. I fell for her. We danced all night. Waltzes, quicksteps, tangos.”

They married in 1961.

“We had two beautiful daughters – Tanya and Penelope. I'm so proud of them.”

Michael looks back on his life and career with contentment.

“I was a Sales Rep for Jacobs Biscuits. They were so good to me when I got cancer. They were a wonderful employer.”

He doesn't downplay his battle with cancer but his subtle sense of humour is always there.

“When I was diagnosed, I lost my 'get up and go'. My get up and go – got up and went!”

A big part of his stay in Harold's Cross is about expert palliative care. And a major part of that is about managing his severe pain. It's all about precision. Knowing day-by-day, hour-by-hour, just

what treatments, what exact dosage of specialised medicines he needs. He says his quality of life has been transformed because of this.

Michael has no fear of thinking about his mortality. His faith is strong.

He still plays piano. He names and describes all his wonderful grandchildren. He is hugely interested in their lives. You can sense his pride. When he mentions his grandson, Joshua, it's almost as if the past and present are connected by one positive theme – love.

“Joshua went back to Jesus when he was just three years and three months old. He was beautiful. He never knew anything but love.”

Today Michael talks about his experience of hospice in the same way – as one also defined by love.

“Here I'm surrounded by love, compassion and a desire to help. It's like there's a rainbow of care over the entire place.”

“A doctor will come in that door and he or she will hold my hand and look into my eyes and talk with me, not at me.”

Michael speaks passionately about why people should support the hospice.



“It’s very rare to find a place of this quality. Everyone here – they can’t do enough for you. But they desperately need funds.”

Michael is truly inspiring.

“Six months ago I found out the cancer was right through my bones. My doctor gave me a year to fifteen months. I respect his opinion but I don’t accept it. I’ve no intention of going anywhere soon. When I go – it’s between me and the man above. There’s no way I’m dying just yet. My life is still very full.”

“A doctor will come in that door and he or she will hold my hand and look into my eyes and talk with me, not at me.”

# Rheumatic and Musculoskeletal Disease Unit



The Rheumatic and Musculoskeletal Disease Unit – the RMDU – is the only unit in the country that specialises in the management and rehabilitation of patients with primary or secondary rheumatic musculoskeletal disease (RMD). It is a consultant-led, pioneering service with a unique programme of care delivered by a highly skilled, multidisciplinary team. **Professor Oliver FitzGerald, Consultant Rheumatologist and Medical Director of RMDU.**

Our service incorporates the assessment, diagnosis and treatment – including rehabilitation and ongoing disease management – of RMD inpatients, day cases and outpatients. Following a request from the HSE’s Clinical Strategy and Care division, the RMDU developed an internal model of care that has been incorporated into the recently finalised rheumatology national model of care.

The mission of the RMDU is to empower and enable those with RMD to maintain or improve their quality of living. As leaders in the field, we continually upgrade and update our service, our staff training programmes and our facilities to give our patients the best support and care possible.

2014 continued to be a busy year for the RMDU, with nearly 800 day-case and five-day inpatient admissions. We made a number of changes in the year, including the establishment of an admissions committee to ensure that the needs of patients about to be admitted are addressed.

We produced a new referral form that is now in use in all referral locations and developed a business case for the delivery of service to patients with hypermobility disorders. As well as this, we further developed our administrative and clinical quality outcome measures.

Throughout 2014, the Advancing Rheumatology Committee (ARC), which incorporates all members of the multidisciplinary team, continued to work to

#### RMDU in 2014

##### RMDU Admissions 2008 - 2014

Admissions	2008	2009	2010	2011	2012	2013	2014
RMDU Inpatient Unit	744	806	774	698	731	694	764
RMDU Day Case - New Patients	0	0	0	92	123	148	142

(The decline in Inpatient Unit admissions is offset from 2011 by the introduction of the new Day Case Service.)

improve the delivery of care to RMDU patients.

### **Notable Achievements**

As part of the efforts to streamline the admission process, patients requiring urgent admission are now admitted in less than three weeks for their period of assessment and treatment. Progress is also being made for non-urgent patients; many are now admitted within our target of eight weeks.

The introduction of a reproductive health clinic provided by our clinical nurse specialist, Louise Moore, in conjunction with her consultant colleagues, continues to provide an important service for our patients. Inflammatory arthritis commonly begins during the period of life where patients are planning their families. Arthritis and its treatment may impact on the outcome of family planning and it is clearly important that patients are provided with the correct advice.

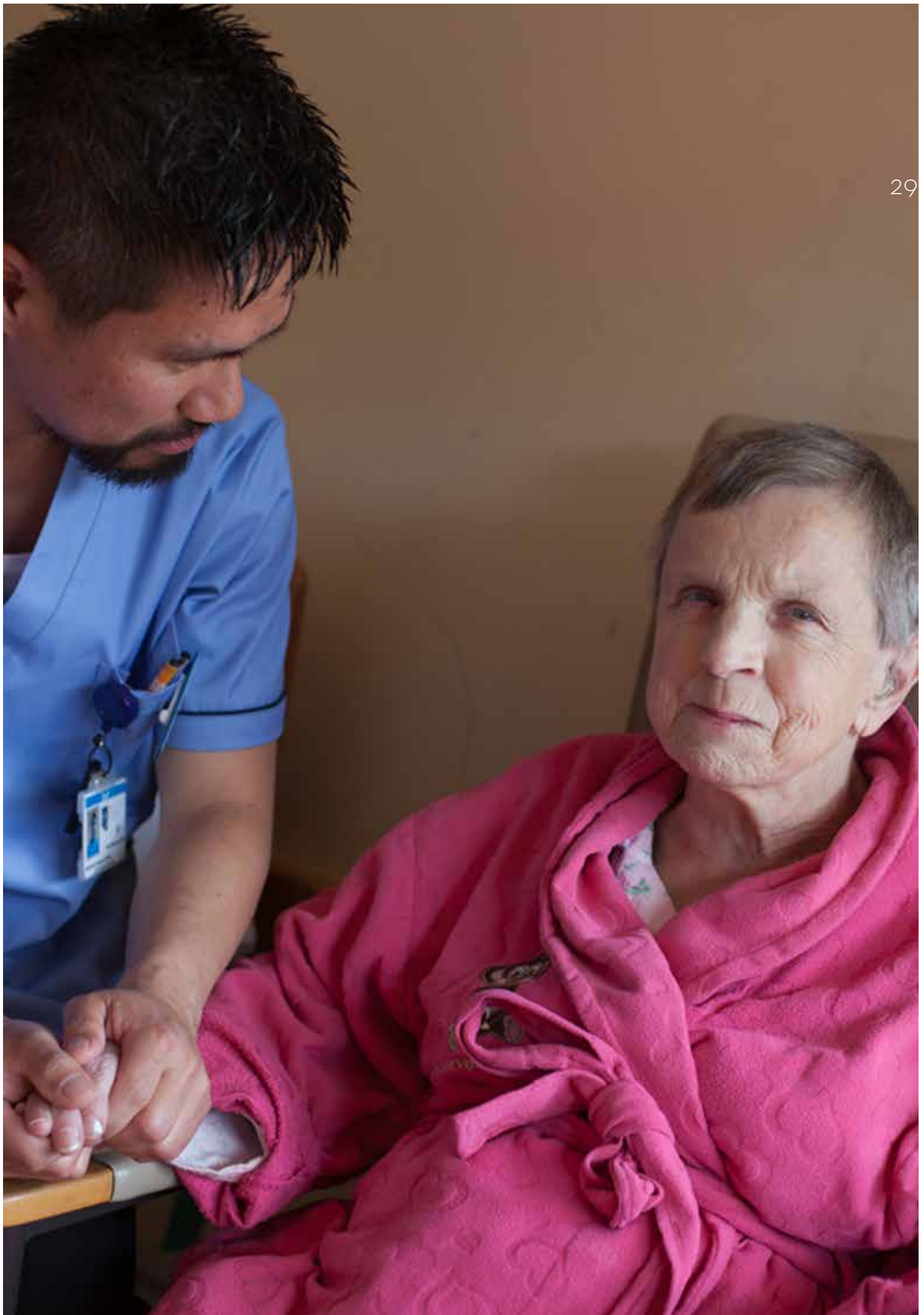
Throughout 2014, Professor Oliver FitzGerald and Assistant Director of Nursing, Christina Doyle, continued to be part of the core team driving

improvements in the delivery of rheumatology services with the HSE's National Rheumatology Programme. Within this context, advanced nurse practitioner, Patricia Minnock, led a team which developed a business case for the delivery of a treat-to-target approach for the management of patients with inflammatory arthritis. Their report was submitted to the programme.

In collaboration with colleagues at Our Lady's Children's Hospital in Crumlin and St Vincents University Hospital, the RMDU won the overall best individual project award (An Duais Mhór) at the Irish Healthcare Awards. The award was given for a project on the adolescence/transition care pathway for inflammatory arthritis.

These achievements, coupled with significant publications in high-quality international rheumatology journals (more than 30 in 2014), highlight the RMDU's commitment to leading change and innovation. It is constantly evolving and is at the cutting edge of "best practice" that is pertinent to patients' needs.





# Care of Older People





The mission of Our Lady's Hospice & Care Services is to provide loving, high-quality care to every patient. The needs of older people offer particular challenges requiring specialist skills, facilities and care giving. We strive to embody the highest quality of care through our Care of Older People services – Anna Gaynor House - and the Community Reablement Unit (CRU). **Dr Denis J Donohoe, Medical Director, Care of Older People**, reports on a challenging yet successful year.

2014 was a busy year for us. Anna Gaynor House had 77 new admissions, while demand for CRU services remained high. I'm proud to say that our staff members rose to meet the challenge. They did more with less and their dedication to providing greater levels of service and comfort never waned.

#### **Anna Gaynor House**

Anna Gaynor House is a 100-bed residential care living unit, based at Harold's Cross. We offer long-term care to elderly people with either chronic disabilities or life-limiting illnesses. The unit is staffed by a dedicated team of professionals including nurses, care assistants and doctors, as well as medical social workers, physiotherapists, occupational therapists, chaplains, pharmacists and complementary therapists.

Anna Gaynor facilitates, wherever possible, the personal empowerment of our residents. To this end, patients have almost complete autonomy within the limits of their illness.

#### **Anna Gaynor in 2014**

The people in our care have a broad range of illnesses, including chronic neurological illnesses such as Motor Neurone Disease, Parkinson's disease and advanced Alzheimer's disease. We also accommodate patients who have suffered dense strokes and are no longer able to live independent lives. Additionally, 50 of our beds are dedicated to Level II Palliative Care. These beds are occupied by people with chronic obstructive pulmonary disease,

as well as breast cancer, brain cancer, liver cancer, ovarian cancer and malignant melanomas.

Our team meets on three days each week to discuss the care of our patients.

Anna Gaynor House had a HIQA inspection in the latter part of 2014 and I am pleased with our wonderful success rate. This is a great testament to those engaged in dealing with patients within the unit but also to the broad community of carers within Our Lady's Hospice, including management and especially the Department of Nursing.

We had one significant personnel change on our team during 2014. Geraldine Treacy, Palliative Care Clinical Nurse Specialist, transferred across to Blackrock Hospice – we wish her well in this new role. Her place was taken by Eimear McCormack, who brings with her a wealth of experience to our team.

A total of 78 patients were admitted to the Anna Gaynor Unit in 2014. This was partially due to a government initiative to relieve acute hospitals of some of their burden of care for patients who no longer need to be maintained in an acute hospital setting.

During the course of 2014, some 72 people passed away in the unit. This gives some indication of the demands placed on the unit and it is a great credit to all of those working within Anna Gaynor that they still manage to care for each and every patient with such sensitivity and grace.

	2008	2009	2010	2011	2012	2013	2014
Care of the Older Person	50	34	23	46	41	50	78
Level 2				L2 31	L2 22	L2 34	L2 56
NHSS (Fair Deal)				FD 15	FD 19	FD 16	FD 22

We continue to enjoy an excellent relationship with our colleagues in general hospitals and I would like to also mention the community psychiatric service run by Professor Lawlor of St James's Hospital; he has been stalwart in his support for the unit.

### Community Reablement Unit (CRU)

The Community Reablement Unit is an innovative intermediate care facility for older people, based in Harold's Cross. The service is now in its 11<sup>th</sup> year and is designed to assist elderly community dwellers who have substantial difficulties maintaining their independence in their homes.

CRU aims to maximise their safety, functional independence and mobility, so that they are able to enjoy continued community living. CRU is the product of cooperation between Our Lady's Hospice, the HSE and St James's Hospital.

Patients are assessed on a multi-disciplinary basis and individualised care plans are drawn up for their time with us. Typically, patients have chronic, disabling conditions and are struggling with mobility difficulties, joint problems, recurrent falls or a recent functional decline in daily activities.

### CRU in 2014

In 2014, 310 patients were admitted to our service, with 168 readmissions and 142 new admissions. There were 210 female admissions and 100 male admissions; the average length of stay of patients in CRU was 24 days. The average age of those patients referred to CRU was 80.4 years.

Referrals to our unit mainly came from General Practitioners (156) and St James's Hospital (95). There were 78 patients who self referred.

The total number of referrals to CRU in 2014 was 437 but only 310 patients were admitted. The majority of those who deemed unsuitable for admission had a level of cognitive impairment which would work against their continued rehabilitation, while others required long-term care. These patients were re-referred by our team in CRU to other services including the Fair Deal office and the Day Hospice service of St. James's Hospital.

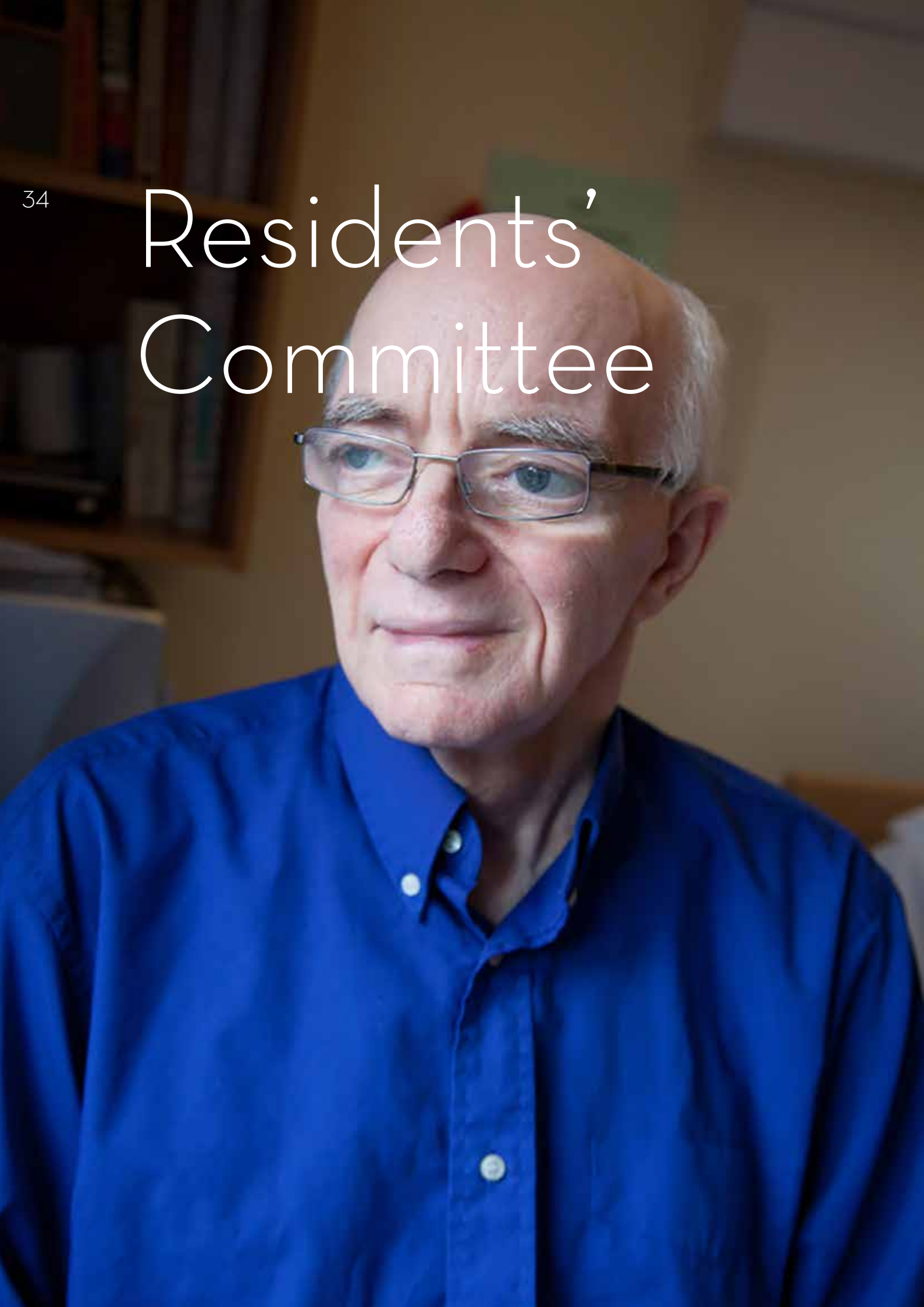
The team in CRU comprises nurses, doctors and care assistants, as well as a geriatrician and a community psychiatrist from St James's. We also have a pharmacist, a medical social worker, occupational therapists, physiotherapists and clinical nurse practitioners. This dedicated team meets twice weekly to discuss both our admissions and the progress of those patients in our care.

One of the challenges we faced in 2014 was the relocation of our dietician to a community setting. Before this move, the dietician had attended rounds and participated deeply in the care of both overweight and underweight patients in our unit. Unfortunately, this move has had a knock-on effect on our patients, especially those with illnesses such as diabetes mellitus. At the present time, they have no ready access to a dietician service within the Unit. The management of the Hospice and myself will meet with the managers for community dietician services in the near future to see if we can correct this omission in our service.

Finally, there are a variety of research projects ongoing within CRU. These include the development of a prevention of falls strategy and research into the impact of occupational therapy on patients with Parkinson's disease. Dr Sheela Perumal also gave an excellent presentation, "An Audit of the Use of Psychotropics in an Extended Care Setting", at the Irish Gerontological Society's Annual and Scientific Meeting in October.



# Residents' Committee



The residents and patients of Our Lady's Hospice & Care Services are the ultimate experts in their own lives and the Residents' Committee gives voice to their views and wishes. It's a crucial way that our mission finds expression and meaning.

The influence and impact of the Residents' Committee can be clearly seen throughout the Hospice. The committee not only identifies issues but it helps implement the changes necessary to resolve them. It produces transformational ideas that affect how care is delivered in Our Lady's Hospice & Care Services both now and in the future.

### Residents' Committee in 2014

#### Membership

The committee welcomed new members Mary Smallwood, Peggy McHugh and Una Duignan. Sadly, the committee lost Martin Freedman and Dermot Perry, who passed away during the year. Mary Smallwood and Peggy McHugh chose to retire from the committee during 2014.

RESIDENTS' COMMITTEE IN EXTENDED CARE MEMBERSHIP 2014	
NAME OF RESIDENT	WARD
Martin Freedman (Joint Chairperson) (Rest in peace) Sarah Doherty	St Michael's
Kathleen Owens Una Duignan	St Benedict's
Sr Ursula Mongey (Joint Chairperson) Anne Bambrick Dermot Perry (Rest in peace) Mary Smallwood	Mary Aikenhead
Kate Davis Peggy McHugh	Marymount
Gabrielle Corbett (Facilitator/Senior Social Worker, ECU) Regina Sanfey (Facilitator/Volunteer)	

#### January/February

Pauline Newnham, Director of Nursing, Quality & Risk, consulted with the committee on issues such as the quality and presentation of food and assistance with mealtimes, and on the personal care services provided in Anna Gaynor House. She advised that a survey would be conducted by nursing staff with the wider resident population to assess their views on these issues. Pauline advised she would attend a future meeting of the committee to give feedback on the survey after a report had

been submitted to the HIQA inspectors.

The committee reviewed the events and activities which had been provided over the Christmas period. They expressed a vote of thanks to all of the staff and volunteers who had been involved in the detailed planning necessary for the provision of a great variety of events for the 12 days of Christmas.

The committee prepared a report in 2013, outlining its suggestions for the revamping of the courtyards adjacent to Anna Gaynor House. Avril Tupas (Person-Centred Care Group) was invited to join the committee to discuss the ongoing development of the courtyards and the proposal that a summer party would be held in the courtyards for all residents and their families.

### **March/May**

Michael Lyons (Board of Directors/Chairperson of the Mission Committee) and Audrey Houlihan (Head of Human Resources/Organisation Development) met with the Residents' Committee to elaborate on the aims and priorities of the Mission Committee.

Sr Ursula Mongey, Anne Bambrick and Kathleen Owens attended these meetings on behalf of the Residents' Committee. They were invited to bring updates on Residents' Committee activities and priorities to the Mission meetings.

Michael and Audrey also met with the committee to outline the detailed plan for 2014's Foundation Day celebrations, which took place on May 23.

### **July**

The committee had reviewed residents' experiences of using the small-print Mass leaflets that are provided in the chapel for Sunday Mass. They asked the volunteers to help by enlarging the print size in the leaflets to make them user-friendly for residents.

Volunteer coordinator Carolyn Roe asked the committee for its opinions and feedback on the enlarged-print leaflets. Members were very pleased with the results and agreed to continue to use the leaflets before giving further feedback.

### **August/September**

The committee gave very positive feedback on the success of the harvest parties which were held in the courtyards of Anna Gaynor House. The volunteer coordinators had organised for a ukulele group to provide music and the weather proved perfect on the day of the event. The committee

would like to thank all of the staff and volunteers who made the event possible.

Occupational therapist Claire O'Brien joined the committee to talk about a video which had been produced to highlight residents' comments and views on the ageing process. 30 residents in Anna Gaynor House had contributed to the video. This project was initiated as part of the activities for Positive Ageing Week.

### **October/November/December**

The committee discussed their experiences of using the current prayer room in Anna Gaynor House. They commented that it was not suitable for its purpose and was not resident-friendly in terms of both visibility and accessibility. Chaplain Liz Coyle was invited to meet the committee to consult on this issue.

A decision was made to write to members of the senior management team (CEO Mo Flynn, Pauline Newnham and Michael Lyons), highlighting the experience of residents. A suggestion was made for an alternative site in Anna Gaynor House, which would be more conducive to the needs of residents. Michael Lyons wrote to Residents' Committee Chairperson, Sr Ursula Mongey, and confirmed that management would consider the issues presented to them.

The committee discussed the current status of the residents' notice boards in Anna Gaynor House and considered a suggestion to create a site for a general notice board. Feedback was sought from residents and the committee decided to complete a full report, which will be sent to management in 2015.



# Education and Research Centre





The Education and Research Centre at Our Lady's Hospice & Care Services plays a vital role in the delivery of a quality service to patients and their families. That's because, through education and training, we equip students with the quality skills and latest learning that enables them to deliver excellent patient care. Our programmes are developed and delivered by dedicated and experienced professionals, who bring the practical experience of working at the coalface of healthcare to all their training activities. **Patricia Hallahan, Director of Education, Research and Training.**

Our research remit is equally important. The work of our researchers not only contributes to the body of knowledge related to our practice but also influences the provision of care now and in the future.

This year, the Education and Research Centre expanded its research, learning, training and development activities. 2014 also saw a significant rise in participant numbers on our education programmes, along with increased income from educational activities and the hire of our facility. We also developed an organisation-wide research strategy and expanded our online learning capabilities.

We continued to provide undergraduate and postgraduate education to students, as well as a variety of in-service courses in palliative care, gerontology, rheumatology, spirituality and complementary therapies. We delivered these in-service courses to our own staff and volunteers across a variety of disciplines, as well as to staff from external organisations and partner institutions.

#### **Achievements in 2014**

#### **EDUCATION**

The collaborative development and design of the

new joint interdisciplinary MSc in Palliative Care programme by University College Dublin (UCD) Trinity College Dublin (TCD), St Francis Hospice and Our Lady's Hospice & Care Services continued. This programme, due to start in 2015, will be the largest and most comprehensive palliative care programme in the country and is expected to attract a wide variety of both national and international students. Our engagement in this endeavour strengthens our leadership position in clinical academic palliative care education.

We provided the specialist modules for the UCD Graduate Diploma in Rheumatology. The course resumed in September with a record number of 15 participants.

The Sister Francis Rose O'Flynn Medal for Academic Achievement on the Graduate Diploma in Palliative Care (delivered with UCD) was awarded to Teresa Cunningham.

We facilitated the delivery of the European Certificate in Essential Palliative Care programme for doctors, nurses and pharmacists, in collaboration with Milford Care Centre, Limerick and Princess Alice Hospice, UK.

The two-year Sacred Art of Living and Dying programme saw participants attend intensive weekend workshops and participate in monthly small group study sessions (Circles of Trust). Due to the programme's success, plans began for a

further delivery of the course in 2015.

The 21st Annual Moving Points in Palliative Care seminar was held in May, in collaboration with All Hallows College, DCU. Facilitated by Professor Harold G. Koenig, renowned expert in spiritual healthcare and religion, this seminar explored spirituality in healthcare and the integration of research into patient care.

We held a series of short courses and masterclasses in the Education and Research Centre and, on an outreach basis, in other education centres and nursing homes. Topics included Medicines Management; Pain and Symptom Management; Care of the Older Person in the Last Days of Life; Complementary Therapies; Meditation; Enneagram, and; Dementia. The series also included syringe pump workshops and a masterclass targeting clinicians practising at a specialist palliative care level.

The Social Work Department delivered a series of five public talks – Caring for Carers; Coping with Reduced Income Due to Serious Illness; Perspectives on Bereavement; Talking to Children About Serious Illness, and From Living at Home to Residential Care.

In March, the new QQI Level 5 Healthcare Support programme was approved and 14 students participated in the programme.

The All Ireland Institute for Hospice and Palliative Care awarded us a grant to develop an all-island online/eLearning training programme. The development of palliative care online teaching opens up new and exciting opportunities for enhancing student experience through blended and standalone eLearning courses.

We continued to provide undergraduate education in the form of lectures and practical sessions to UCD and TCD in the disciplines of medicine, physiotherapy, occupational therapy and nursing.

Physiotherapy and occupational therapy students from Singapore were facilitated on clinical placements.

Palliative Medicine Grand Rounds, weekly postgraduate physician-oriented education meetings, took place throughout the year. Attendees included consultants and non-consultant

hospital doctors from Our Lady's Hospice & Care Services and affiliated institutions including St Luke's, St Vincent's, St James's, Tallaght and Naas General Hospitals along with Milford Care Centre and St Brigid's Hospice.

## RESEARCH

We developed the first Research Strategy for Our Lady's Hospice & Care Services this year. Key stakeholders and a 13-member cross-organisational Research Strategy Group worked together to develop a document that set out the overall objectives for research in Our Lady's Hospice & Care Services, as well as details of the planned projects and activities that will further these objectives over the coming years. The strategic objectives focus on culture and capacity building, leadership, partnership and resources.

The Education and Research Committee considered and approved 16 research proposals during 2014, an increase of 60% over the previous year.

The development of training on Motor Neurone Disease for palliative care staff was implemented thanks to a research grant from the Irish Hospice Foundation.

Research groups provided a forum for research education and the development of research projects. These included the Connected Health Research Group, the Neuropsychology Group and the Cancer Cachexia Research Group.

Psychology research assistants worked with the Palliative Medicine Research Team and undertook a study exploring patient preferences for symptom assessment scales. Undergraduate medical students undertook research with the support of Professor Declan Walsh and the clinical teams. TCD students carried out research projects which looked at key areas of palliative medicine current practice and a UCD student completed a study on orthostatic hypotension as an indicator of autonomic dysfunction in cancer. Results were presented nationally and internationally.

In September, The Atlantic Philanthropies approved a grant to the Trinity Foundation for Palliative Care Cluster: Development of Academic Palliative Medicine in Ireland. Professor Walsh

is the Principal Investigator of this programme, which will strengthen the academic infrastructure of palliative medicine in Ireland by supporting development of academic leaders, incentivising collaboration and promoting academic research nationally and internationally.

Links were further developed with St Vincent's Hospital Group; Trinity Centre for Bioengineering; Department of Physiology, Trinity College Dublin; Institute of Molecular Medicine, Trinity College Dublin; ResMed Ireland, University College Dublin; Department of Medical Informatics, University College Dublin; and Tyndall National Institute, University College Cork.

### Learning, Training and Development

The cross-organisational initiative on Learning, Training and Development continued to progress this year. It aims to create a climate of lifelong learning, build capability and develop the skills, knowledge and attitudes of staff and volunteers. This was facilitated with the launch of a new policy, the rollout of performance management and the initiation of an eLearning programme.

Staff of the Centre continued to work closely with the Quality and Practice Development Team and

clinical staff to meet staff educational needs. Case reviews and education sessions for members of the multidisciplinary team were provided throughout the year.

The multidisciplinary Spiritual Care Working Group continued its work, focusing on education support sessions to facilitate the rollout of a spiritual screening tool.

### Facility & Library

The number of events facilitated increased from 2013, resulting in a rise in revenue generated. A major highlight was the hosting of the International Technology Conference in September.

The Library and Information Service continued to develop its collection of materials (print and online) and now holds well over 3,000 items including books, journals, reports, booklets and audiovisual materials. Education and training was also provided on literature searching using the CINAHL (Nursing & Allied Health) and Medline databases.

In 2014, a range of staff published research articles in academic journals, presented posters and delivered oral presentations at key national and international conferences.

	Publications	Presentations	Total
Palliative Care	20	41	61
Rheumatology	29	3	32
Gerontology	0	3	3
Other	0	1	1
	<b>49</b>	<b>48</b>	<b>97</b>

A full list of staff publications and presentations is available to access on the Our Lady's Hospice & Care Services website at <http://olh.ie/>

# Fundraising Report



Our generous donors are at the heart of all that we do at Our Lady's Hospice & Care Services. Their support makes our good work possible. Thanks to their compassion and commitment, we can provide patients and their families with high-quality, loving care. We can help people cope with what is often the most difficult time of their lives. **Eleanor Flew, Director of Fundraising and Communications.**

**Fundraising in 2014**

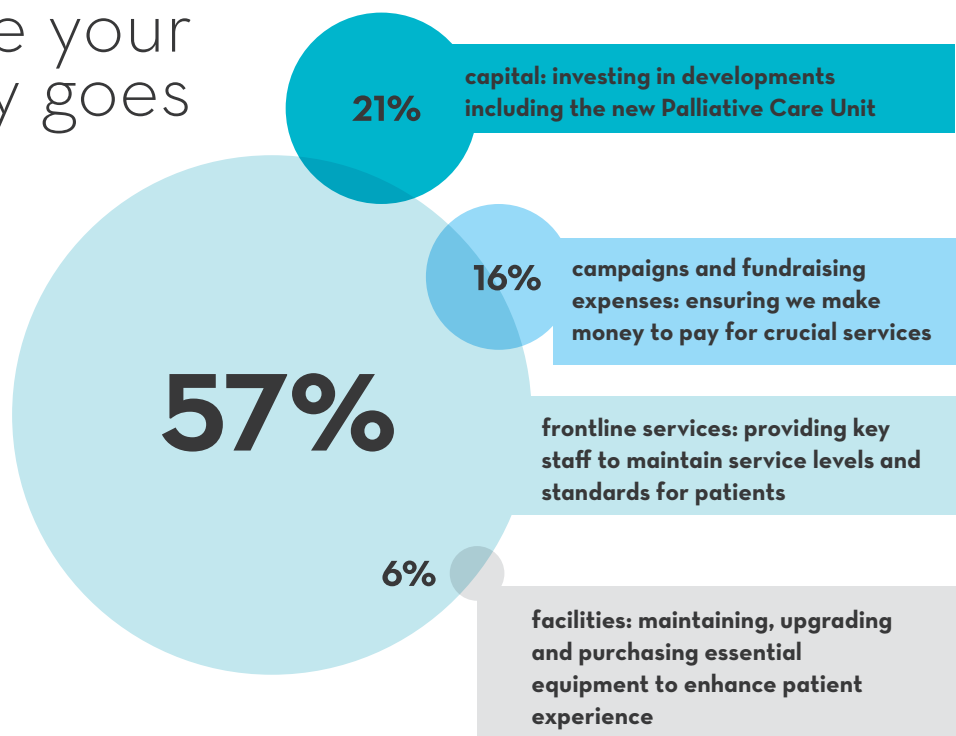
In a tough economic climate, fundraising naturally becomes more difficult. 2014 was an incredibly busy yet challenging fundraising year for Our Lady's Hospice & Care Services and indeed for the fundraising sector as a whole. Despite testing times, we rolled out a number of exciting fundraising activities over the course of the year and, thanks to the generosity of our supporters, raised €4,023,215 to support our vital frontline services.

We directly raised €2,843,411 while €1,179,804 was generated from those who kindly remembered us in their wills. (We had a big year for legacies in 2013 and due to this the total income in 2013 was €5,755,558.) Our directly fundraised

income remained static year on year. Although this demonstrates no growth, it can be seen as a very positive result given the current economic environment. So we are extremely grateful to all our donors who continued to support us throughout 2014.

Our campaigns and events generated €1,145,292, which was slightly down from 2013. We saw strong and loyal support for our three big campaigns: Ireland's Biggest Coffee Morning raised €347,266, Sunflower Days raised €97,803 and our flagship event, Light up a Life, raised €423,833. The Hospice Spring Raffle saw a decline, although it was still profitable and raised €173,780.

Where your money goes





Our regular giving programme continued its strong performance, raising €174,703, a figure slightly down on the previous year.

We are so grateful to all our corporate partners for their support. In 2014, we continued our ongoing partnerships with SuperValu Walkinstown and Blackrock and acquired two new Charity of the Year partnerships in Eirgrid and Baxter.

Our community fundraising saw a 9% growth year on year, raising €372,218 in 2014. Our supporters in the local community organised hundreds of events and we really appreciate all the amazing work that they put in. They organised table quizzes, bake sales, golf events, flash mobs, head shaves, sailing events, walks, runs, hikes and even Zumba-thons. They truly went above and beyond and, in doing so, generated much-needed funds for Our Lady's Hospice & Care Services.

Special mention must be made of some of the longstanding annual events organised by members of the local community. These include Speaking for Hospice – which celebrated its 20th anniversary in 2014, Maytime Melodies – which took place in the Hermitage Golf Club and the annual Garda Boat Club Summer Cheese and Wine Party.

William Tilly's spectacular Christmas lights display on Bath Avenue in Sandymount has delighted the public for the past number of years. In 2014, his hard work raised €11,118 for Our Lady's Hospice & Care Services. Heartfelt thanks must also go to Barbara McKenzie and her team of family and friends, who held a wonderful Thanksgiving Day fundraiser. Their hard work and creativity raised more than €26,000 for our care of the older person services.

We are also thankful to all those who collected their small change or put coin boxes in their shops and offices. All those small coins generated a total of €152,867.12 in 2014, a great return and an increase on 2013.



## Key Highlights of 2014

- 482 women in Our Lady's Hospice & Care Services t-shirts participated in the women's mini marathon in Dublin.  
.....
- Rita Hayes won the Opel Corsa, our top prize in the Hospice Spring Raffle.  
.....
- Over 240 volunteers took to the streets of Dublin in their highly visible yellow sunflower T-shirts and raised funds for Hospice Sunflower Days. Our fundraised income for the campaign was €97,803 – a 20% increase on 2013.  
.....
- Over 900 coffee mornings were hosted in homes, offices, community centres and schools, as part of Ireland's Biggest Coffee Morning in aid of Our Lady's Hospice & Care Services.  
.....
- Over 600 people attended a Rachel Allen Cookery Demo in the Ballsbridge Hotel.  
.....
- Over 300 people attended a theatrical production of 'Some Enchanted Evening' in the Pavilion Theatre, Dun Laoghaire.  
.....
- Some amazing and stunning gardens became part of the Hospice Open Garden Trail. Their generous owners opened them to the public throughout the summer months in aid of Our Lady's Hospice & Care Services.  
.....
- Approximately 8,000 people came to Harold's Cross to be part of our most special remembrance event, Light up a Life, which saw special guest Mario Rosenstock turn on the Christmas lights.  
.....
- We established two new Charity of the Year partnerships – Eirgrid and Baxter.  
.....
- Our community fundraising saw a 9% increase year on year, raising €372,218.  
.....
- We were nominated as a charity recipient in Norma Smurfit's national Change for Charity campaign.  
.....
- Finally, huge and heartfelt thanks to every single one of our volunteers who supported us throughout 2014. They packed T-shirts for our mini-marathon participants, collected on Sunflower Days, answered calls, covered reception, helped in the office and undertook countless other tasks. We are truly grateful for their hard work. We simply couldn't do what we do without the many, many people who so generously give of their time and volunteer with us.





## Learning How To Live

Meet Paddy Downey, one of the longest-serving and most amazing volunteers at Our Lady's Hospice.

Meet Paddy Downey, one of the longest-serving and most amazing volunteers at Our Lady's Hospice.

When you meet Paddy Downey, the first thing that strikes you is the smile on his face and the flower in his lapel.

"I had only started volunteering in the Hospice, and one day I just stuck a flower in my lapel and the reaction it got was phenomenal, so I always do it."

Paddy has been putting a flower in his lapel now for 20 years. Paddy is just one of nearly 300 dedicated volunteers whose hard work and loving care make Our Lady's Hospice such a warm and welcoming place.

Every day this amazing army of volunteers cater to patients' every need – helping with lunches, organising activities and accompanying patients on visits. But most importantly they offer the comfort of companionship and the loving support of a friend. To patients, on what might be their last journey, this is the most valuable gift of all.

"You don't do anything extraordinary. It's just the same simple things you'd do for your own family if they were sick."

When you ask him what has kept him here for all these years Paddy talks about the people he has met, the laughter they have shared and the stories they have told each other. And Paddy has so many stories.

He recalls being in a Sonas session – a wonderful regular therapy session where patients and volunteers share stories and songs.



"I sang my party piece, 'A Group Of Young Soldiers,' and there was this lady beside me from a different ward. I didn't know her but she put her hand on me, and she had a tear in her eye, and she said to me 'I used to sing that song.' I believe they were the first words she had spoken in three or four months."

Paddy keeps the memories of all the people he has met very close to his heart. But some are closer than others. Sean Mooney had advanced Motor Neuron disease when he first came to Our Lady's. But he and Paddy got on like a house on fire.

"Sean was special. He lit up the hospice."

Sean spent just 22 months in Our Lady's Hospice. But in that time he and Paddy built a friendship that would last forever.

"Sean had a great sense of humour. We used to have a great laugh together.

And he became a great painter. I still have some of his Christmas cards that he painted."

Even though Sean had lost the use of his hands, Paddy and he would still play draughts every day. And despite the staff's urging, Paddy refused to simply let Sean win. Paddy laughs when he recalls the day Sean did finally beat him.

“News went round the hospice. And one of the doctors said to Sean, ‘I believe you beat Paddy at draughts, and Sean said, ‘Yeah. And I didn’t even have to use my hands.’”

Paddy’s smile gets even broader at the memory.

More recently Paddy has had his own burden to bear. He was diagnosed with cancer a few years ago. But his treatment is going well and, despite his own troubles, he has never stopped volunteering in the Hospice.

“The only thing that gets me down is that I feel like I’m not doing enough. I can’t push wheelchairs anymore. That annoys me – not being able to do what I once did.”

It’s that dedication and the amazing generosity of wonderful volunteers like Paddy that make Our Lady’s Hospice a truly unique home for so many.

“There’s something special about the Hospice. Sean was here for 22 months, and he always said it was the best 22 months of his life.”

When he recalls his dear friend Sean’s passing, Paddy’s smile is replaced with a tear.

“Sean’s death broke me,” he says. “I didn’t cope for a long time. And then I remembered him saying to

me one time ‘Look around you, there’s a hundred and one more here that needs you.’”

From that moment to this, even through his own battle with cancer, Paddy has never walked into the hospice in bad humour.

“I used to run the Mini Marathon dressed as a nurse, and one day we took Sean down. We’re all sitting in the van on the way down and my leg was showing underneath the nurses uniform and Sean turned to Mary and said, ‘I must be drunk—because Paddy is starting to look very good.’”

And with that, Paddy’s mischievous smile is back.

Paddy’s infectious laughter and never ending trove of stories have meant so much to hundreds of patients and their families over the last 20 years. But Paddy thinks he is the one who has benefited most.

“You have no idea how much I get out of being a volunteer. The patients here” he says, “they teach you how to live.”

To learn more about volunteering please email

[volunteers@olh.ie](mailto:volunteers@olh.ie) or call 01 4068822



# Financial Report



Our Lady's Hospice Limited (trading as Our Lady's Hospice & Care Services) recorded a loss of €349,013 for healthcare activities. This is in addition to a loss of €624,483 in development activities, leading to an overall loss of €973,496 in the year to December 31, 2014. This represents a decrease of €2,795,363 from 2013. (Development activities include voluntary donations and similar income arising from fundraising events, along with legacy/bequest income.)

- Overall, the cost of running healthcare and development activities was €40,276,828, an increase of €1,550,594 on the 2013 figure.
- Payroll expenditure accounted for €32,012,842 (79% of total expenditure), an increase of €1,472,912 or 4.8%. This is primarily as a result of the impact of healthcare salaries paid from fundraising activities in order to maintain the same level of care as previous years, as well as higher

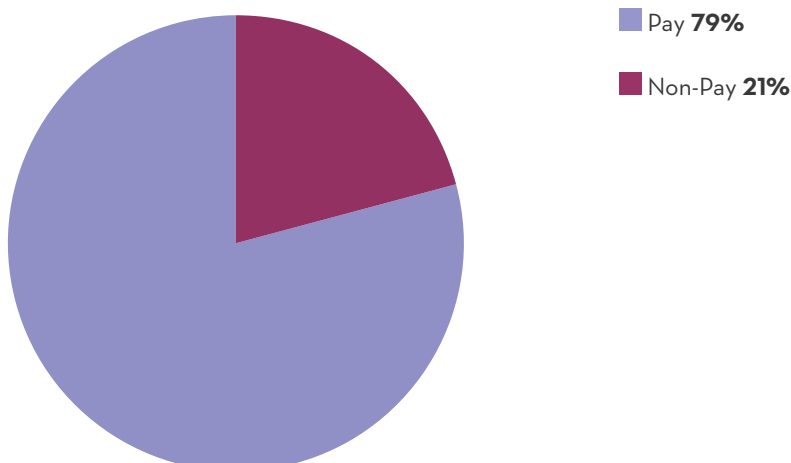
superannuation costs due to an increase in the number of retirements during the year.

- Non-pay expenditure was €8,263,986 (21% of total expenditure), an increase of €77,682 or 0.9%.
- The HSE transferred €12.1m out of its allocation in 2012 in relation to the Nursing Home Support Scheme (Fair Deal income). This resulted in the large decrease in allocation and an increase in income in 2012, as captured by the shift in the graphs above. In 2013, the HSE realigned its allocation by transferring back in €8.9m in relation the NHSS, due to an overestimation made in the previous year concerning potential income. This resulted in an increased allocation for 2013 and decreased income. (NHSS is a government scheme of financial support for people who need long-term nursing care.)

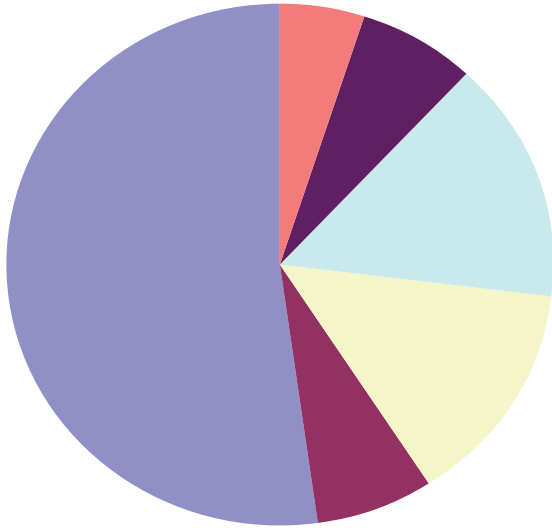
Five Year Financial History



Analysis of Expenditure



## Analysis of Payroll Expenditure



■ Nursing and Care Assistants **52%**

■ Medical **7%**

■ Paramedical **14%**

■ Support Services **15%**

■ Administration/Fundraising **7%**

■ Pensions **5%**

The payroll cost by department remained largely unchanged between 2013 and 2014.

## Analysis of Non-Pay Expenditure



■ Other Expense Equipment **29%**

■ Catering **11%**

■ Maintenance **11%**

■ Security **7%**

■ Energy Costs **9%**

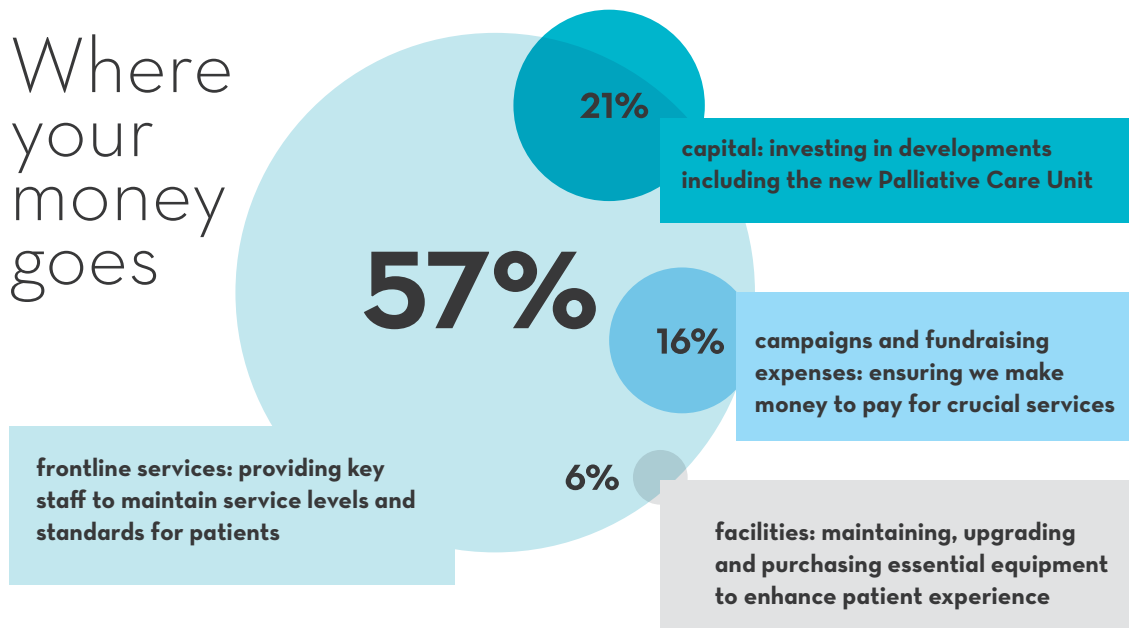
■ Medical Supplies/Equipment **12%**

■ Drug/Medicines **13%**

■ Cleaning/Washing **9%**

The relative spend within the non-pay category remained largely unchanged. There was an increase in the overall non-pay costs of €77,682, equating to less than 1% for the year.

# Where your money goes

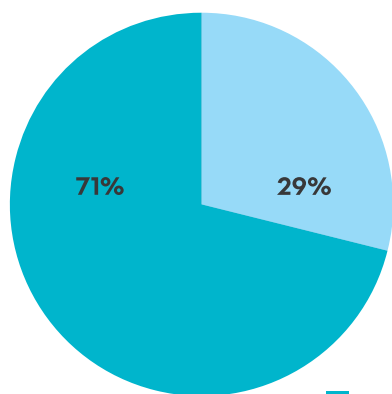


## Donations and Fundraising

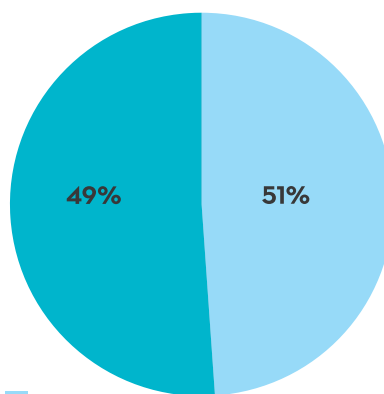
The fundraising receipts in 2014 show a 1% increase in donations, which has been more than offset by a significant fall of 60% in legacy/bequest income. The net effect is that overall income from fundraising reduced by €1,732,343 (30%) in the year to December 2014.

There was a 20% decrease in fundraising costs in 2014, primarily as a result of reduced event costs during the year.

2014 Fundraising Receipts

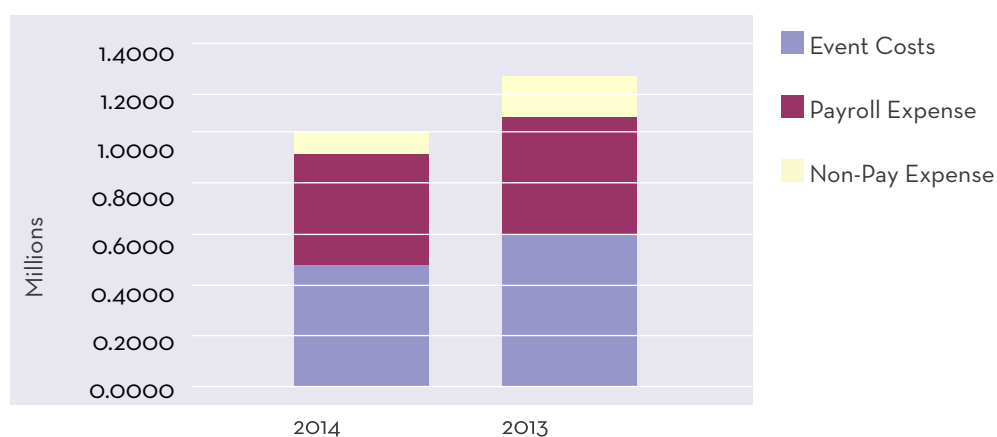


2013 Fundraising Receipts



■ Donations ■ Legacies

## Analysis of Fundraising Expense



## Income and Expenditure Account for the Year Ended 31 December 2014

		Healthcare Activities 2014	Development Activities 2013		
	Notes				
Income	1	32,848,760	4,023,215	36,871,975	37,950,996
Expenditure - Healthcare		( 35,837,505)	( 3,317,616)	( 39,155,121)	( 37,662,325)
- Fundraising		0	( 1,121,707)	( 1,121,707)	( 1,063,909)
		( 2,988,745)	( 416,108)	( 3,404,853)	( 775,238)
Other Income	4	2,992,515	422,358	3,414,873	3,653,818
Operating Surplus		3,770	6,250	10,020	2,878,580
Investment Income	6	0	187,554	187,554	190,638
Interest payable and similar charges	7	( 52,323)	( 15,349)	( 67,672)	( 35,686)
Surplus before taxation		( 48,553)	178,455	129,902	3,033,532
Taxation	8	0	0	0	0
Surplus after taxation		( 48,553)	178,455	129,902	3,033,532
Depreciation	10	( 1,041,860)	( 1,197,861)	( 2,239,721)	( 2,154,064)
Amortisation	15	741,400	0	741,400	763,534
Profit/Loss on sale of investments	6	0	217,969	217,969	( 1,572)
Changes in market value of investments	11	0	176,954	176,954	180,437
Surplus for the year	18	( 349,013)	( 624,483)	( 973,496)	1,821,867



## Balance Sheet as at 31 December 2014

	Notes	2014	2013
<b>FIXED ASSETS</b>			
Tangible Assets	10	75,646,675	76,685,157
Financial Assets	11	4,224,033	2,723,117
		<b>79,870,708</b>	<b>79,408,274</b>
<b>CURRENT ASSETS</b>			
Stocks	12	227,776	244,581
Debtors and prepayments	13	4,811,534	3,986,450
Cash at bank and on hand		10,397,562	13,233,243
		15,436,872	17,464,274
Creditors: (Amounts falling due within one year)	14	( 7,998,492)	( 7,848,564)
Net Current Assets		7,438,380	9,615,710
Total Assets less Current Liabilities		87,309,088	89,023,984
Creditors: (Amounts falling due after more than one year)	15	( 20,347,344)	( 21,088,744)
<b>NET ASSETS</b>		<b>66,961,744</b>	<b>67,935,240</b>
<b>CAPITAL AND RESERVES</b>			
Called up share capital	16	2	2
Share premium	17	38,638,786	38,638,786
Healthcare activities	18	( 10,770,175)	( 10,421,162)
Development activities	18	39,093,131	39,717,614
<b>SHAREHOLDERS' FUNDS</b>	19	<b>66,961,744</b>	<b>67,935,240</b>

## Complaints and Feedback

At Our Lady's Hospice & Care Services, we all strive to do our very best for our patients and residents. They richly deserve this as they cope with what is often the most difficult time of their lives. However, in a cost-constrained, pressured and often emotional environment, occasional problems can happen. When they do, Our Lady's Hospice & Care Services has a transparent, user-friendly complaints process. We investigate the issue, resolve it and make changes to ensure that it doesn't happen again.

Our complaints process aims to make sure that:

- It is as easy as possible to make complaints
- We treat as a complaint any clear expression of dissatisfaction with our operations which calls for a response
- We treat it seriously, whether it is made by telephone, letter, fax, email or in person
- We deal with it quickly and politely
- We respond accordingly – for example, with an explanation or an apology when we have got things wrong, and with information on any action taken
- We learn from complaints, use them to improve and monitor them for our Board
- We welcome feedback, both positive and negative, and it must be said here that the vast majority of feedback we receive is positive. It's crucial to reflect the enormous levels of endorsement and gratitude we receive from patients and their families. We are so grateful for the countless cards, letters and gestures of support we receive. They also help us to improve, by showing us what we have gotten right and what we should do more of.

## Complaints Statistics 2014

National Key Performance Indicator	January to December 2014	Referred for investigation (Conclude 0-30 days / update every 20 days)
Oral (Acknowledge 0-24 hours)	18 (100% achieved KPI target)	nil
Written (Acknowledge 0-5 days)	6 (100% achieved KPI target)	nil

## Complaints and Outcomes 2014

Category	Numbers	Outcome
Access Accessibility / delays / facilities / parking / transfer issues / transport / visiting times / other access issues	3	3 resolved at local level
Dignity and Respect Alleged inappropriate behaviour / care delivery / discrimination/ ethnicity / end-of life care / other dignity and respect	6	2 investigations resolved 4 resolved at local level
Safe and Effective Care Adequate human resources / diagnosis / continuity of care (internal/external) / discharge / health and safety issues / healthcare records / hygiene / infection prevention and control / patient property / medication / treatment and care / other safe and effective care.	6	6 resolved at local level
Communication and Information Communication skills / delay and failure to communicate / diverse needs / information / telephone calls / other communication and information	2	2 resolved at local level
Participation Consent / parental access and consent / patients/ family/relatives / other participation	0	
Privacy Confidentiality / hospital facilities (privacy)/ other privacy	0	
Improving Health Empowerment / holistic care / catering / smoking policy / other improving health	2	2 resolved at local level
Accountability Patient feedback / finance / other accountability	0	
Other	2	2 resolved at local level
Clinical Judgement	1	1 investigation resolved
Complaints withdrawn	2	

## Donors Charter

Our Lady' Hospice & Care Services, founded by the Sisters of Charity in 1879, continues in their Mission through providing with loving care high quality, person-centred health and social care services in the Hospice and in the Community. Our pledge is to treat all our donors with respect, care, honesty and openness, in accordance with our mission statement

- We commit to being accountable and transparent in our fundraising activities.
- We will send a prompt acknowledgement of donations.
- Our fundraisers and volunteers will observe the highest professional standards at all times.
- We will inform our donors about our services and developments and the work that donations help to support.
- We undertake to utilise donations for the purpose for which they were given.
- We will respect the right to privacy of our donors and will comply with the laws relating to fundraising and use of personal data.
- We will keep administration and fundraising costs to a minimum.
- Donations to Our Lady's Hospice & Care Services will be handled responsibly and to the greatest advantage of the beneficiary.
- Where applicable, tax relief on donations will be claimed.
- We will ensure that funds raised in response to an appeal will be used effectively to meet the critical needs of those it was raised for. If it is not possible to expend all funds received in the particular appeal within a reasonable period, we may re-deploy the extra funds to another area of Our Lady's Hospice work. When this occurs, we will detail it in our annual report.
- Our audited financial statements are available from our head office in Harold's Cross and on our website.
- Any queries and complaints will be dealt with courteously and as efficiently as possible.



