The Foundation is a voluntary charitable organisation whose principal Object is to advance healthcare. The Foundation is composed of Life and Annual Governors, the Governors are appointed from the membership of the Foundation. The Governors have the power to appoint Members of the Foundation, which is open to all who wish to support the work of the Foundation. Members pay an annual subscription to the Foundation.

The Foundation nominates students to be admitted to the Adelaide School of Nursing to undertake the BSc Nursing (General) in Trinity College, Dublin and administers a Bursary Scheme for eligible students.

The Foundation provides a means for participation for members of the Protestant Churches in the Irish health service and welcomes support from all who wish to support the work of the Foundation in the development of healthcare since 1839.

The Adelaide Health Foundation is the business name for the Adelaide Hospital Society, which is incorporated as a Company Limited by Guarantee No. 224404 and is a recognised Charity (Charity No: 11153) with its registered office at Tallaght Hospital, Tallaght, Dublin 24.
CHAIRMAN’S REPORT

Dear Friends

It has been a year of change. We debated our strategy, and also how to communicate who we are and what we do. Facilitated by Stephen Franck, we produced an information leaflet to cover these issues, and drafted a new strategic plan.

Certain core issues inform both our information document and our strategic plan:

- Our vision is to be an independent not-for-profit health foundation that seeks to advance healthcare that
  - is centred upon the dignity of every human being
  - treats mind, body and spirit holistically, and
  - provides equal access to healthcare upon the basis of need

These considerations underpin our commitment to social solidarity - the unifying concept that underpins Europe’s best performing healthcare systems. We regard the present situation in Ireland where tax-funded health care is theoretically available to all but is so inaccessible that 40% of the population take out private insurance to gain access to care as morally unjustifiable and ethically indefensible.

The work of the Foundation is based upon 4 pillars:

- Advocacy for better health care through the principle of universal healthcare regardless of means.
- Research, especially applied and operational.
- Education through grants, scholarships and bursaries.
- Support for the Hospital but also for healthcare in our community and beyond.

The word ‘independent’ is critical. We are independent in thought and action - and this is only possible because we are financially independent (thanks to our treasurer Peter Kemp, even your Chair can understand this).

We do not depend on support from any Government, business or other agency. We resist all requests to erode our capital base, arguing that its retention and investment enables us to support healthcare indefinitely.

We welcome the new Professor of Medicine, Seamas Donnelly. Professor Donnelly has a formidable track record in research, is editor of the Quarterly Journal of Medicine- and is already working on behalf of our students. This coincides with the Foundation’s wish to engage with our students. As well as seeking their opinions as to how we can help them in their careers, we have agreed in principle to fund the provision of the Adelaide student common room and also a seminar room.

Health policy work continues apace through Catherine Darker and Lucy Whiston. The unique HANA (Health Assets and Needs Assessment) project has led to the formation of an implementation group to move from knowledge to action. Lucy’s doctoral work deals with patient and family participation in healthcare.

Politically we have been active. Catherine Darker and the Chair met with Minister for Health Leo Varadkar to discuss how to move the agenda on Universal Healthcare on from theory to action. Your Chair led a European Society of Cardiology Summit meeting on Patient engagement in healthcare in Brussels, addressed and enthusiastically supported by Mairead McGuinness, Vice-Chair of the European Parliament and Chair of the MEP Heart Group.

Arising out of this, we note that the new Trinity Institute of Population Health will open this year. We already work closely together and plan a Summit on integrated healthcare with strong community representation next spring.

There have been several notable resignations from the Board of the Foundation in the last year, including Ven Gordon Linney, Michael Knatchbull, Janet Pasley, Alan McCollum. The Venerable Gordon Linney has been a supporter, inspiration, source of wise counsel, and close friend for so many years that we cannot quite let him go, but will call on him for advice when we need wisdom in these difficult times.

We need new blood for our Board and we welcome Dr Hilary Dunne who joined the Board in 2015. We now have a panel of dynamic new people but the door is open. Energy, enthusiasm and engagement are more important than knowledge of health, so please put yourself forward or nominate someone who you feel might share our vision for healthcare now and in the future. Business, legal, scientific, financial, medical and simply get-on-with-it skills are welcome.

Ian M Graham

ADELAIDE HEALTH FOUNDATION ANNUAL REPORT 2015

Ian M Graham
In 2015 the Adelaide Health Foundation continued its work of advancing healthcare in a variety of ways – by means of direct support to Tallaght Hospital and to local community healthcare projects, through evidence-based research and publications, through conferences, through education grants to Tallaght Hospital staff and by contributing to nursing education and development through the Adelaide School of Nursing and the Adelaide Nursing Scholarship and Bursary Programmes.

Throughout this Annual Report you will read about a number of projects and programmes supported by the Foundation.

The Adelaide School of Nursing
Following the changes to the recruitment process in 2014, we issued application forms to the Adelaide School of Nursing to all those who put the Adelaide code on their 2015 CAO form. The application form allows candidates to be evaluated for the following competencies – team skills, leadership skills, aptitude for caring and reasons for applying to the Adelaide School of Nursing.

376 completed application forms were received and 349 applicants were nominated for a place in the Adelaide School of Nursing subject to CAO criteria. 37 Adelaide School of Nursing students (including 5 mature applicants) were admitted in September 2015 to undertake their BSc Nursing Degree in Trinity College. Minimum Leaving Certificate points required in 2015 was 400, although not all applicants with 400 points received an offer of a place. The Foundation has no control over the points required as these are set by the CAO.

Adelaide Nursing Scholarships and Bursaries
Adelaide Nursing Scholarships were awarded in 2015 and you will see elsewhere in this Annual Report, details of the awards.

Bursaries
Bursaries to the value of €63,750 were paid to new and continuing students in 2015. The bursaries awarded by the Foundation are always very gratefully received by our students and their families and we often hear from them about how vital the funds are in enabling a student to take up a place in the Adelaide School of Nursing. A full bursary is valued at €5,000 and awards up to that amount are made to eligible applicants. There is a confidential Bursary Application Form and students allocated to undertake their clinical placements at Tallaght Hospital are entitled to apply for an Adelaide Student Nurse Bursary.

Supporting nursing education and development is a key element of the work of the Foundation and it is gratifying to attend student nurse graduation ceremonies each year in the Hospital and witness the pride of our students as they receive their Hospital badge.

Education Grants to Hospital Staff
The Society awarded grants to a total of €8,300 to staff in a variety of Hospital departments to (1) attend conferences relevant to their work, (2) make presentations at conferences and seminars and (3) undertake relevant educational courses for professional development. To be eligible to be considered for a grant applicants must demonstrate that the use of the funding relates to the Principal Object of the Foundation (the advancement of healthcare) and also specify clearly how patient care will be improved. These education grants are invaluable to staff as they seek to improve their skills and make a positive impact on patient care in the Hospital.

The Adelaide School of Nursing Scholarship and Bursary Programme was put in place the Foundation has supported locally based projects in a variety of healthcare related areas, including bereavement, mental health, women’s health, men’s health, teenage parents-to-be and health promotion. Strengthening links with the local community is a goal of the Foundation and this Scheme allows us to forge links and to assist local organisations in their work.

In addition to the above we also awarded a grant of €2,400 to the Centre for Arts and Health in the Hospital to provide music in the Atrium of the Hospital. These music sessions are enjoyed very much by patients, visitors and staff.

Healthcare Advancement Fund
There are a number of Hospital projects in the pipeline to be funded from the Adelaide Healthcare Advancement Fund, including:

- **Provision of a Simman Advanced Mannequin (co-funded by the Adelaide Health Foundation and the Meath Foundation)**. This mannequin will allow real time simulations to be run in the Hospital. Use of this advanced mannequin in simulation training for nursing and medical staff will help to improve patient safety and delivery of optimum care and will facilitate the development of a training regime that is evidence-based and allows clinical staff to practice in a safe environment.

Since the Community Health Initiative Scheme was put in place the Foundation has supported locally based projects in a variety of healthcare related areas, including bereavement, mental health, women’s health, men’s health, teenage parents-to-be and health promotion. Strengthening links with the local community is a goal of the Foundation and this Scheme allows us to forge links and to assist local organisations in their work.

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In conjunction with the Meath Foundation, we continue to fund support to develop the research capacity of Advanced Nurse Practitioners (ANP) and Clinical Nurse Specialists (CNS), including:

- **Róisín Whiting**
- **Establish the End of Life Coordinator**: In conjunction with the Meath Foundation we are committed to funding this post in the Hospital. This is a very important role and the Coordinator will, among other things, promote an ethical approach to end of life care which is informed by hospice philosophy and principles that seek to maximise and enhance the quality of life at end of life in accordance with the wishes of patients and their families. It is anticipated that this post will commence in 2016.

The Foundation has committed funding to furnish the Bereavement Suite in the new Emergency Department of the Hospital. This will help to create an appropriate environment for bereaved families at a most difficult time.

The former Director of the Foundation, Dr Fergus O’Ferrall, said some years ago that our members and supporters are the lifeblood of the Adelaide and that is no less true today than it was when Fergus made that statement. We are so appreciative of your support and encouragement and you can be sure that, with your help and support, the Adelaide Health Foundation will continue to work to ensure the highest quality of healthcare for all.

With very best wishes,

Róisín Whiting

Róisín Whiting
ADELAIDE HEALTH POLICY UNIT

2015 was a productive year for the Health Policy Unit of the Adelaide.

The Adelaide Health Policy Unit functions and operates within the structure of the Department of Public Health & Primary Care and also within the remit of the Adelaide Health Foundation. There are two specific governance inputs in the form of the Board of Governors of the Foundation and also the Health Policy Steering Committee. The Steering Committee meets approximately every two months and its purpose is to oversee the processes and the implementation of the research and policy plans.

The vision of the Health Policy Unit is to be a leading independent not-for-profit health foundation, which seeks to advance healthcare in Ireland by providing research and health policy analysis. The Unit has three core objectives:

1. To generate and promote the use of research evidence to inform health policy, management and services.
2. To evaluate key health policies which impact on the health and well being of the Irish population
3. To advocate for access to good quality healthcare based upon need and not ability to pay.

The activity of the Health Policy Unit is focused upon the delivery of its identified objectives.

Tallaght as a National Demonstration Site

We believe that Tallaght would make an excellent national demonstration site for both local and national healthcare and policy issues. The upcoming Institute of Population Health will encompass three floors of primary care services and three floors of academic/clinical research in which the Department of Public Health and Primary Care will be the core academic department. Colleagues from the School of Nursing & Midwifery will also be joining us. Discussions are on-going with Tallaght hospital in relation to its relationship with the Institute. Issues relating to integrated care, chronic disease management, prevention of chronic disease risk factors etc could all be further explored and pilot demonstration projects could be put into place. Recent data from the Health Assets and Needs Assessment project can also be utilised and most importantly the roll out of the implementation relating to same.

Universal Healthcare

The WHO definition of Universal Healthcare (UHC) is that all people have access to the health services they need (prevention, promotion, treatment, rehabilitation and palliative care) without the risk of financial hardship when paying for them. Patients and the public have been identified as key enablers for the implementation of UHC with stakeholder analysis key to successful implementation of changes in health policy. Despite this, limited stakeholder analysis has been conducted for UHC. In Ireland, stakeholder analysis has primarily focused on GPs and patients as opposed to the general public. This new research piece will address the following important questions: What level of understanding do the general public have of UHC and how it will be implemented? What level of support exists for UHC? What do the general public think will come from the introduction of UHC? Two sets of surveys with the general public will be conducted, one of which will be based in Tallaght. This research will inform current and future planning for the introduced of universal healthcare in Ireland.

Implementation of recommendations relating to Tallaght Health Needs and Assets Assessment (HANA in Tallaght Project)

As I reported before the ‘HANA’ project was a community-based project, which was jointly funded by the Adelaide Health Foundation and Tallaght Hospital. Partners in the project were South Dublin County Council and the Health Intelligence Unit of the Health Services Executive. The project was based on the needs assessment conducted in 2001 entitled “People living in Tallaght and their health”. Data collection is now complete and we surveyed over 350 households in relation to issues pertaining to lifestyle & family wellbeing; chronic illness and disability; and both primary and secondary health care utilisation of the community. This research has allowed us to determine what needs remain unmet, what new needs have emerged and what needs have been met in the intervening years since the first project. However, it went beyond a simple measurement of health needs and expanded into health and well being asset assessment and mapping.

This community research has helped the hospital and the community to plan for health and well being resources for the Tallaght area. Arising from the research were twelve evidence-based recommendations. For example, the need to focus on the prevention of chronic diseases such as heart disease, diabetes and respiratory problems, which are so prevalent in the community. For a full copy of the report go to (www.adelaide.ie/health-policy/ or hard copies are available from the Adelaide office). Both the research team and the project Steering Committee are very keen to continue to be apart of working with the community and we have formed a Implementation Group to advance these recommendations as best we can to improve the health and wellbeing of the population of Tallaght. Another mechanism in which we are attempting to implement both the recommendations of HANA and also broader health and wellbeing issues in the area is through the ‘Healthy Tallaght’ group (for further details see below).
Chronic Disease Management

Our work in the area of chronic disease management continues. Dr Catherine Darker undertook a major programme of research to identify what elements of the Chronic Care Model, which is the internationally recognised model for chronic disease management, are currently in place in Ireland. The four main chronic diseases are cardiovascular diseases (heart attacks and stroke), cancers (particularly breast, prostate and colorectal cancer), chronic respiratory diseases (chronic obstructive pulmonary disease and asthma) and diabetes. It is expected that there will be a 40% increase in the number of people in Ireland living with chronic conditions such as hypertension, coronary heart disease, stroke and diabetes by 2020.

This programme of research involved surveying the opinions of key stakeholders such as general practitioners, hospital consultants, practice nurses and patients. The aim of this research is to take an overview of the four stakeholder perspectives across key criteria for effective chronic disease management and offer an appraisal of which elements of the CCM are currently in place. This will help to identify strengths and weaknesses within the Irish healthcare system for the management of chronic conditions.

This will provide a baseline measure of chronic disease management for benchmarking against ongoing transformation in the future. This research has informed service delivery. Copies of the reports are available from the Foundation office. We collaborated with a number of partners to conduct this research including the Irish College of General Practitioners, the Royal College of Physicians of Ireland, the Irish Practice Nurses Association and community pharmacists or pharmacies. It is our intention to repeat this stakeholder work again to determine whether any improvements in the management of chronic disease has occurred in the interim time period.

Survey of Risk Factor Management for Cardiovascular Disease in Primary Care

Dr Darker, in conjunction with Prof Graham, piloted the utility of a clinical audit of the management of patients with established cardiovascular disease and patients at risk of cardiovascular disease attending Primary Care. This audit is an adapted version of SURF (SUrvey of Risk Factors), which was conceived as a simple audit of cardiovascular risk factor management within Secondary Care to provide more representative usage to complement detailed audits such as EuroAspire. GPs are faced with an increasing workload in caring for patients of all ages and backgrounds with often complex clinical needs, in a time of decreasing resources. The burden of chronic disease management in general practice is significant. With population disease prevalence trends and the push to move management of many of these conditions into primary care, this is likely to continue. Inherent in many chronic diseases is a level of cardiovascular risk. Many patients have multiple chronic diseases and co-morbidities. Identifying, managing and keeping up with different guidelines can be time consuming and challenging. The Adelaide Health Policy Unit has collaborated with the Irish Primary Care Research Network (IPCRN) and the National University of Ireland, Galway. This project is being funded with an unrestricted grant from MSD. A beta test of the project is currently underway in five primary care practices.

Public and Family Participation in Healthcare Design & Delivery – Adelaide PhD Candidate – Lucy Whiston

Patient and family participation is when the views of patients and family members are sought and taken into account in designing, delivering and improving new and existing healthcare services. Patient and family participation in healthcare design and delivery is espoused as a ‘good thing’. However, there is a mismatch between rhetoric and action in this area due to a lack of consensus in implementation.

The Adelaide Health Foundation and the Irish Research Council are jointly funding a PhD being completed by Lucy Whiston and supervised by Dr Catherine Darker and Professor Joe Barry. The PhD will develop and test an intervention to encourage patient and family participation in healthcare design and delivery in a medical and a mental healthcare service. This will take place over three years concluding in January 2018.

Data collection for Study 1 and Study 2 of the PhD have been completed with analysis underway. Questionnaires were completed with 552 patients and 114 family members in an outpatient type 2 diabetes service and an outpatient adult psychiatric service to identify the current level of patient and family member participation. Focus groups and interviews with patients, family members, clinicians and policy leaders explored understanding and opinions of participation.

Across both services it is evident that there is little to no patient and family participation in healthcare design and delivery. Typically change was reported to occur with limited if any input from patients who were not involved in the decision-making process and rarely informed about changes. For example patients in the diabetes service reported not being alerted to a change that was made in how the appointment system operated ‘Well you weren’t even notified on that [change in appointment system] for a start…’ (Bob, Diabetes, Patient). Greater patient participation at the service level is supported by 75.9% (190/250) of diabetes patients and 80.0% (n=199/249) of psychiatric patients. Greater family participation at the service level is supported by 53.3% (n=33/62) of diabetes service family members and 79.6% (n=35/44) of psychiatric service family members. Positive outcomes identified include improvements in the service, relationships and patient empowerment. A range of positive emotions are identified such as improved self-esteem, dignity and empowerment are also expected. ‘It would give them a bit of a boost that somebody is listening to them and taking them on board what they are saying and that it might have an affect on the final outcome.’ (Declan, Psychiatric, Patient). Difficulties in implementation are acknowledged such as the reality of implementation, recruitment of participants and the capacity of the service and all stakeholder groups.

Future research will develop and test an intervention to encourage patient and participation in service design and delivery in both services. This will be measured in relation to the impact of the intervention on the level of participation, support for participation and treatment satisfaction.
Healthy Ireland

Dr Darker was appointed by Minister James Reilly for a 3 year term to the Healthy Ireland Council. The Healthy Ireland Framework takes a “whole of Government” and “whole of society” approach to improving health and wellbeing. The group has a particular interest in the impact of health reform on healthcare and the values of equality and equity in the provision and funding of healthcare. The group has a particular interest in the impact of health reform on people with chronic conditions and older people. The HRA formally launched in January 2016. Planned May 12th 2016 meeting to grow membership of the HRA amongst charity, NGOs and academics.

Members of the HRA include: Irish Heart Foundation; The Alzheimer Society of Ireland; Age Action; Irish Cancer Society; Neurological Alliance of Ireland; the Samaritans and The Adelaide Health Foundation.

Healthy Tallaght

Healthy Tallaght is a group comprised of membership from South Dublin County Council, the HSE and local stakeholders such as Dr Catherine Darker and Professor Barry from Trinity College. The goal of Healthy Tallaght is to work together to build health and wellbeing into planning and delivery of services locally. The intersectoral and interdepartmental actions called for within Healthy Ireland can, through the Healthy Tallaght group, be energised and focussed in a cohesive way. Key goals of Healthy Ireland can be delivered through the Healthy City model such as delivering on health inequalities and creating an environment where every individual and sector of society can play their part in achieving a healthier Ireland. There are also key national policy recommendations, for example, the new national physical activity plan, and the national alcohol policy which need to be actioned locally and the health community approach is proposed as a way of achieving this. Significant progress has been made in the mapping of health assets and needs by the HANA project (see above). This will be used to inform the workplan of Healthy Tallaght.

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Members of the HRA include: Irish Heart Foundation; The Alzheimer Society of Ireland; Age Action; Irish Cancer Society; Neurological Alliance of Ireland; the Samaritans and The Adelaide Health Foundation.

IPPOSI – Irish Platform for Patients’ Organisations, Science and Industry

Dr. Darker sits on the Board of IPPOSI. The goal of IPPOSI is to provide a structured way of facilitating interaction between scientific and clinical professionals with industry and patient groups. IPPOSI is recognised by the Department of Health as being an organisation contributing towards the overall development of Health Research Policy in Ireland.

TASC Autonomous Group on Health Inequalities

Dr Darker sits on the reformed TASC group on health inequalities. This group is chaired by Prof Joe Barry and was previously responsible for publishing ‘Eliminating Health Inequalities – A Matter of Life and Death’ (2011). The newly reformed group has committed to updating the Health Inequalities report with a view to establishing what recommendations have been met by Government.

Irish Cancer Society Expert Group on Health Inequalities

Dr Darker attended the second meeting of the Irish Cancer Society (ICS) Expert Group on Health Inequalities in November 2014. Terms of Reference for the Group include:

- Provide expertise and advice, from a health, policy, social justice, and medical perspective on ICS work in health inequalities;
- Advise on our policy, research and practice around health inequalities in cancer; and proposed policies and interventions to reduce these inequalities;
- Assist the ICS to decide on research needs in light of the findings of the literature review;
- Assist the ICS to formulate an implementation plan on tackling health inequalities;
- To provide an advisory role. The ICS will advocate on the issues as it sees appropriate;
- To be a resource to the ICS in support of its goals, its strategic plan, and its work towards the next National Cancer Control Strategy in 2016.

NACDA – National Advisory Committee on Drugs and Alcohol

The goal of the NACDA is to advise the Government on problem drug and alcohol use in Ireland in relation to prevalence, prevention consequences and treatment. Dr Darker has also agreed to sit on the Research Advisory Group (RAG) for the NACDA. The RAG governs all research projects that receive funding from the NACDA group to maximise quality and oversight for research outputs.

Dr Catherine Darker, Adelaide Assistant Professor in Health Services Research, Trinity College Dublin

Ms Lucy Whiston, Adelaide PhD Candidate/Irish Research Council Scholar
New Initiatives Funding

The Adelaide New Initiative Scheme provides seed funding for new and developmental initiatives in Tallaght Hospital. The scheme is open to all hospital departments. All initiatives are approved by Executive Management Team. Here are some of the 2015 recipients:

Department: Speech and Language Therapy Department
Initiative: Treating Dysphagia: Progress at Last

Objective measurement of tongue and lip strength

Adequate tongue and lip function are vital for speech and swallowing. Traditionally Speech and Language Therapists have relied on informal clinical tasks to measure tongue and lip function. Thanks to funding from the Adelaide Hospital Society, the Speech and Language Therapy (SLT) department is now able to objectively measure tongue and lip function with the reliable Iowa Performance Instrument (IOPI). This device has enabled the department to improve the standard of evidence-based assessment it can offer to patients. The IOPI also acts as a biofeedback tool during treatment programmes, allowing patients to keep track of their progress and improving motivation for rehabilitation.

Department: Vascular Laboratory Department
Initiative: Transcutaneous oxygen pressure (TCPO2) as a reliable indicator of viable amputation site and wound healing

Transcutaneous oxygen pressure (TCPO2)

Transcutaneous oximetry, TCPO2, is a local non-invasive measurement reflecting the amount of oxygen that has diffused from the capillaries through the epidermis to an electrode at a measuring site.

In 2015 we were delighted to receive funding from The Adelaide Health Foundation to validate information provided by TCPO2 examinations and to look at this information with a view to improved treatment planning and decision making surrounding patients with amputation.

In early 2016 we were able to complete the acquisition; the components were commissioned by the Tallaght Hospital Medical Physics Department and other necessary consumables were purchased. The additional capability of the TCPO2 modality had an immediately positive effect on patients undergoing vascular examinations in the Vascular Laboratory, by allowing for a broader scope of investigation and results. Accurately these results are being utilised by clinicians already. On an ongoing basis the results of TCPO2 examinations are providing valuable information to clinicians, in particular Vascular Surgeons, adding to the knowledge employed in making clinical/surgical decisions. This is benefiting patients of all severity of disease (especially the cohorts of diabetic and ulcerated patients) and none.

Although we are still some way from finishing the project, the ongoing analysis of results has identified some interesting subgroups within the patient cohorts which may need further investigation.

How will this initiative benefit those in need of amputation?

With diabetes come a number of health implications for patients with one of them being peripheral arterial disease or “hardening of the arteries”. This can lead to a reduction in blood supply to lower limbs and depending on the severity of the disease can lead to complications such as ulceration and amputation. Treating these complications can be very difficult and hence a vascular surgeon will look to perform a number of tests to obtain a clear picture of the arterial circulation / perfusion. TCPO2 is one of the tests that a consultant may order. This is a test that measures the oxygen levels at a given site on the body and can be tested over a range of sites in order to acquire information.

TCPO2 values will provide a simple accurate assessment of these patients’ tissue oxygenation and putative wound healing ability allowing for better decision planning and aggressive treatment when required. One of the problems identified in the diabetic with amputation cohort is hospital admissions to provide care. In trying to reduce bed usage in this group of patients it is imperative to adequately decide which patients require intervention and hence need to be admitted to the hospital. Currently, in practice, if there is a question regarding peripheral circulation, patients may need to be admitted for a battery of sometimes invasive examinations over a period of days. TCPO2 can help in identifying the patients that need admission versus patients that can be cared for on an outpatient basis. However, in some cases amputation may be inevitable. It is here that wound healing status information becomes invaluable. It would provide the surgeon with options as to where the best sites of wound healing are. resulting in better post-operative wound healing, less needed for rehosptisation and secondary care for further intervention into wounds with the end result of providing a better end result and quality of life for the patient.

Department: Occupational Therapy
Initiative: Purchase of resources for a perceptual and cognitive activity programme

The following materials were ordered on December 2015 and were delivered to the OT Department on January 2016.

- Brain Injury Visual Assessment Battery for Adults (BiVABA).
- Pre-Reading and Writing Activities
- Brainwave-R: a detailed set of tools that can be used to support an intense cognitive rehabilitation program.

The BiVABA will be used in the thorough assessment of visual perceptual skills. Once assessment is complete, the client will be provided with tailored bedside activity programme to treat the underlying deficit using the Pre-Reading and Writing Activities. This replaces planning a daily intervention for patients with the same deficit. This maximizes direct contact therapy time. The programme has been copied to the main OT Folder and has been used by therapists for patients with perceptual difficulties.

Brainwave-R will be used to support the Occupational Therapist with tailoring an intense cognitive rehabilitation programme after an assessment, by providing graded bedside activities that will remediate the areas of: (1) Attention, (2) Visual Processing, (3) Information Processing, (4) Memory and (5) Executive Functions. With Brainwave-R, the patient will work daily with their rehabilitation, both on their own or with their carers, with little input from the therapists.

Training in the use of some of these programmes will be delivered to the OT staff through an in-service (Clinical Specialty Group). The department will keep a record of the number of patients for whom the programme was used.
Under the Adelaide Community Health Initiative Scheme (CHIS) we aim to assist local community healthcare organizations which specifically provide a service or supports within the healthcare field. Under the Adelaide CHIS grants up to €5,000 can be awarded. This scheme has been running since 2010 and in 2015 a total of 11,320.00 was awarded.

Here is some of the feedback we received from the recipients

ANAM CARA TALLAGHT GROUP 2015-16

Background

Every year, some 2,000 families across Ireland experience the death of a son or daughter. Bereaved parents are among Ireland’s most vulnerable people. Their grief is intense and affects them both emotionally and physically, lasting far longer than society realises. Anam Cara affords bereaved parents a safe and comfortable place where they have an opportunity to meet with other bereaved parents. All services are provided free of charge and are available for as long as they may be needed.

Anam Cara Tallaght

Anam Cara’s South Dublin group is based out of Dominic’s Community Centre, Tallaght. Adelaide CHIS funding covers the programme costs of this group for the period September 2015-June 2016. As planned, we have held two Bereavement Information Evenings, in November 2015 and February 2016. Thanks to CHIS funding, we were able to bring in two distinguished speakers (Peter Hanlon and Brid Carroll) for these talks, which are often attended by the newly bereaved and serve as an introduction to Anam Cara services as well as other bereavement supports in the community. 54 bereaved parents came to these two talks, where they also had the opportunity to chat with one another.

Meanwhile, parents have met monthly in Dominic’s since September 2015, with an average attendance of 13 – an ideal number for this type of group, where more could be difficult to contain. This year we held an extra meeting in February. Usually there is no ‘Parent Evening’ in the same month as an ‘Information Evening’, but we decided to trial this as some parents had reported that they felt the absence of the regular meeting. The extra February meeting was well-attended which confirmed this need, and so, pending further funding in the autumn, we will continue with this new format.

KINGSWOOD/KILNAMANAGH ACTIVE AGE GROUP (MEN)

Again many thanks for the funding for the set up of a monitoring and text messaging system for older people living alone in our community; with the help of the Community Garda from Clondalkin Garda station and the Active Age Clubs.

We purchased a mobile phone for the use of the project and the manager of our Community Centre agreed to be the contact: We have inserted all the mobile numbers into this phone and we can contact all at the one time. We contact all on a Monday and Thursday with a message asking if they are well and if they need to contact us. All they have to do is call back and tell us they are well. We are also able to programme a reply to our mobile for those not familiar with texting by just pressing one on their keypad.

A further advantage for our senior citizens is that we are able to arrange for small household jobs to be done by local tradesmen, who are known to us, and who will not overcharge vulnerable persons. We have identified some persons who are housebound, and need us to pick up prescriptions from our local Chemist. Our Community Manager has agreed to help in this respect.

WELLNESS PROGRAMME

This six week Wellness Programme is to deliver information on health and wellbeing to people living in the Community. It is the aim of the course to facilitate people to experience the benefits of simple changes in lifestyle and diet while also developing an awareness of mind and body.

The programme will explore the concept of ‘being well’ with the participants by discussing attitudes to health as well as self-examination of personal attitudes towards family and community health, and their beliefs and boundaries.

As part of the course, participants will look at nutrition and eating for better health, self-control and how to self-evaluate when identifying challenges and strengths.

The programme also incorporates mindfulness practices as well as an introduction to basic Shiatsu into the sessions, to promote a sense of relaxation in participants when they leave each class.
The Annual General Meeting of the Nurses’ League was held in the Radisson Blu Hotel, Golden Lane, Dublin, 8 on the 10th October, 2015. It was lovely to see many more of our members present at the meeting before lunch. It was great to get such positive feedback regarding the meeting as many were interested to hear details and updates regarding Tallaght Hospital.

Ros Garrett, who had been secretary for 9 years resigned from this position and Sharon Glynne was elected in her place. Many thanks to Ros for all her hard work and for dragging us into the age of technology. She continues as a committee member. Nola Lambert continues as treasurer and thank you to her for all the work she does throughout the year. The other members of the committee are Hilary Daly, Avril Carroll, Anne Deane, Iris Rice, Ruve Stewart, Yvonne Seville and Heather Taylor.

The London Branch will once again host their annual lunch on Thursday 5th May in the Sloane Club and some of our members hope to travel to London for the event. Thank you to Lorraine Dixon who continues to organise this.

The work of the Benevolent Fund is undertaken in the strictest confidence by the committee members. It is used to support and assist our members as required. Thank you to the committee for continuing this good work in distributing this fund.

This is my final year as President of the League. In October I will have served two terms in office consisting of 3 years each. May I take this opportunity to thank both the committee and our members for their support and confidence in me during the past 6 years. It has been an honour and a privilege to be your President.

The AGM for 2016 is to be held on Saturday 8th October in The Tullamore Court Hotel, Tullamore, Co. Offaly and we hope to see many of our members at this event.

Denise Pierpoint
Denise Pierpoint, President

Dorothy & David Mitchell Scholarship was awarded to Ms Patricia Morris to undertake a Graduate Diploma in Diabetes Nursing

2015 Hannah McDowall Scholarship was awarded to Julia Linden for her distinguished performance in her 1st year Trinity College Dublin examinations.

Caroline Sharkey Scholarship was awarded to Ms Fiona McGrane, Research Nurse, Department of Paediatrics to undertake the project ‘Research Nursing for Children with Down Syndrome’

Eileen Mansfield Scholarship was awarded to Ms Thara Sreedharan ‘to investigate the factors influencing dialysis adequacy in patients receiving haemodialysis’
TALLAGHT HOSPITAL PATIENT SURVEY PROGRAMME

As part of its longstanding commitment to patient advocacy and ensuring a high quality patient experience, Tallaght Hospital undertook a Volunteer-Led Patient Survey Programme involving extensive patient surveys of inpatients and outpatients in 2015 to gather patient feedback and use it to improve services.

Between July and November 2015, specially trained members of the Tallaght Hospital Volunteer Service in partnership with the Patient Advocacy Service interviewed 426 patients about their experiences at Tallaght Hospital. Working with the Picker Institute, personalised surveys were designed for each patient that enabled volunteers to generate feedback on their experience of the treatment and facilities at Tallaght Hospital in an atmosphere of comfort and confidence.

The survey results were presented as a special Patient Survey Showcase event, held at Tallaght Hospital on the 20th of January. Guests included Peter Tyndall, Ombudsman, Stephen McMahon of the Irish Patients Association, Dr. Philip Crowley of the HSE, Lisa Yorke of the Picker Institute and representatives of Irish and UK hospitals and local patients’ representatives. Survey results revealed that the vast majority of patients are happy with their experience at Tallaght Hospital, with 94% of inpatients responding that care was good, very good or excellent; 98% saying their hospital room or ward was clean and 95% saying they had confidence in the nurses. Importantly, the survey was designed with the user in mind, to find improvements that are not always obvious to staff and regular visitors.

**The surveys are guiding improvements including:**
- Improved hospital signage to make it easier to navigate the building
- Increased clinics and list validation procedures to reducing outpatient waiting times
- Increased information on departments for patients to review before attending for their outpatient appointment
- A review of Pastoral Care services to increase the number of people available to patients to talk to about their concerns and fears
- New uniforms for volunteers for easier identification by patients looking for information

These improvements should lead to a greater level of patient satisfaction as they use our services and they also provide a base line performance level for future analysis and improvement.

Tallaght Hospital plans to undertake four more surveys with different questions in 2016 in the X-Ray Department, the Emergency Department, Paediatric Inpatients and Paediatric Outpatients.

A copy of the report can be found on the Tallaght Hospital website: www.amnch.ie

VOLUNTEER SERVICES

Tallaght hospital has embraced Volunteering since 1998. When the hospital opened in 1998 we had approximately 10 Volunteers. Today we have around 130.

Our Volunteers are involved in a wide variety of roles including:
- Patient Library
- Coffey Shop
- Pastoral
- Play
- Arts
- Meet and Greet / OPD Check in
- Patient Surveys

I am always keen to develop new volunteer roles that provide added value to the Volunteer and the Hospital and 2015 saw the commencement of a new volunteer initiative, the Patient Survey Programme.

Our CEO is very keen on finding out what our patients really think about the service we provide, and is very supportive of the volunteer programme within our hospital, and to this end the Patient Survey Programme was initiated. To assist in this project the hospital has partnered with the Picker institute.

Using our existing volunteer group I identified 4 members of our volunteer team who agreed to help us with the Pilot.

A training session was held with our volunteers where they were advised on how to approach patients with confidence and to ensure that no bias was introduced whilst conducting the survey as well as training on how to navigate and use the tablets. Our Volunteers were also advised on the importance of asking the question as it was written because these questions are all cognitively tested so we could be confident of patient understanding and thereby receiving accurate feedback.

The initial pilot was a paper based survey on the environment of the hospital atrium. From the outset the Volunteer feedback was very positive. Patients were willing to engage in the survey process and seemed pleased to be asked their opinion.

The paper style questionnaire had some drawbacks; these included being cumbersome. It also meant manually converting the answers onto an excel sheet for uploading to Picker.

Following the pilot it was agreed to move to a hand held device which has proved very successful despite some initial reluctance or even fear by the volunteers in using them. These tablets are really easy to use which is very important as our Volunteer age range is between 16 and 60+.

The transition year students adapted easily to the hand held devices and this made the surveying easy to use which is very important as our Volunteer age range is between 16 and 60 +.

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HOSPITAL NEWS

Our Volunteers are committed to continue to support the Patient Survey Project not only as a means of gathering feedback for the hospital but also an opportunity for patients to have a chat with.

Some of the key findings from the survey are

- 95% of patients surveyed had confidence and trust in the doctor examining and treating them.
- 95% of patients surveyed had confidence and trust in the doctor examining and treating them.
- 36% of patients reported that they were extremely likely to recommend the outpatient department to friends and family needing similar care or treatment.
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I would like to take this opportunity to acknowledge and thank the Volunteers for their hard work and appreciation because the Survey Project would not have been possible without them.

"I enjoyed taking part in the patient survey initiative because it was something different and gave the patients an avenue to have their say about the hospital and the service they experience during their visit." - Feedback from one of our volunteers.

ARTS

May 2015 saw the launch of the Hospital Art Trail the culmination of a residency of Artist and Curator Ms Alison Baker Kerrigan. This new initiative identifies all the artwork of significance in the public areas of the hospital and has proved to be a welcome interlude especially for those with time to spare during visits to the hospital. Adapting a map created in-house by Kerry J Ryder the Art Trail assists patients, visitors and staff in locating the public art on display on the ground floor of the hospital.

This residency has also brought tremendous improvements to our hospital art displays including significant enhancement in the X-ray department with visual art curation incorporating two mini exhibitions within the department. Alison is continuing to standardise and revamp all hospital art signage, to ensure a more professional presentation of our collection.

Every year the National Centre for Arts and Health hold three exhibitions in our gallery space in Hospital Street. The main objective of the exhibitions is to enhance the hospital environment and to bring art to those who cannot access traditional venues. Local, national and community artists are featured, giving a balanced overview of various different art practices from photography to painting to fine art print making. The exhibitions not only support art in a non-traditional space but add a wonderful sense of colour, variety and creativity for the staff, patients and visitors to the hospital.

FOUNDATION NEWS

CHANGE IN BOARD OF GOVERNORS MEMBERSHIP

- Dr Hilary Dunne - New Annual Governor
- Mr Michael Knathdbull - retired
- Ven Gordon Linney - retired
- Mrs Janet Pasley - retired
- Ms Joan Love - retired

Dr Dunne is the Chairperson of the Irish Society for Quality and Safety in Healthcare (tSQSH) and Chief Executive of Patient Opinion.

check out our website for updates and news

www.adelaide.ie

WOMEN’S MINI-MARATHON -2015

Our intrepid joggers braved the wind and rain to raise funds for Palliative Care and the Intensive Care Unit in the Hospital. Well done ladies!

Shahmiya Cassim Rahim (not in picture)
Donations to the Adelaide Health Foundation in lieu of flowers are gratefully accepted. During last year this was done and greatly appreciated. All donations received as a result have been individually acknowledged, but the Board wishes to record its grateful thanks both to the relatives and the donors in question.

Gifts in Memorium
In 2015 the Society received donations in memory of the following:
Mr & Mrs Wally and Fanny Wynn
Grateful thanks to all who donated in this way.

The Adelaide Health Foundation, Tallaght Hospital, Tallaght, Dublin 24.
Tel: (01) 414 2071  Fax: (01) 4142070  Email: info@adelaide.ie
Please return to: The Adelaide Health Foundation, Tallaght Hospital, Tallaght, Dublin 24

I/We wish to join The Adelaide Health Foundation

NAME

Rev Dr Mr Mrs Ms

ADDRESS

PHONE

Membership Subscription Rates (Please circle relevant subscription)

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OPTION A I enclose: Cheque [ ] Postal Order [ ]

(Made payable to Adelaide Health Foundation)

OPTION B I wish to pay by Credit Card: ACCESS [ ] VISA [ ] MASTERCARD [ ]

Please complete as follows. Amount to be paid: €

Expiry Date _______ CVC _______ (last 3 number at back card)

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OPTION C Direct Debit

Please complete instruction form attached and return to our office

OPTION D Bank Transfer

Account Name: Adelaide Health Foundation

Bank: AIB Tallaght Hospital Branch

IBAN: IE12 AIBK 9333 1720 2080 39

BIC: AIBKIE2D

Note: Please indicate your name clearly on the narrative so we can tell where the money came from. Thank you.

For Official Use Only

Unique Mandate Reference

By signing this mandate form, you authorise
(A) The Adelaide Health Foundation to send instructions to your bank to debit your account and
(B) your bank to debit your account in accordance with instructions from The Adelaide Health Foundation.

As part of your rights, you are entitled to a refund from your bank under the terms & conditions of your agreement with your bank.

A refund must be claimed within 8 weeks starting from the date on which your account was debited.

Please complete all the fields marked *

NAME

ADDRESS

Acc No / IBAN*

Bank Identifier Code – BIC *

Postcode / County

Signature/s

Please send this mandate to The Adelaide Health Foundation, Tallaght Hospital, Dublin 24.

Note: Your rights regarding the above mandate are explained in a statement that you can obtain from your bank.