

The Royal Hospital Donnybrook



PATIENT INFORMATION BOOKLET
ADULT REHABILITATION

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Welcome

The Royal Hospital Donnybrook (RHD) is the oldest hospital of its type in Ireland. It was established in inner city Dublin in 1743. The hospital moved to its current choice location of Donnybrook, one of Dublin's most fashionable suburbs, in 1804. Set in thirteen acres of grounds, the hospital now provides continuing care, respite and rehabilitation service to over two hundred people. The hospital is an independent, voluntary charitable organisation. Services are provided on a not-for-profit basis. The RHD Adult Rehabilitation team would like to extend a very warm welcome to you. We hope that by working together, you and the team will achieve your maximum possible potential. Please note: the hospital is seeking to improve staffing ratios in all services. As staffing levels can vary and demand across the hospital can change, some services may at times only be available on a restricted basis. In addition, like all other hospitals, we occasionally have to employ temporary agency nursing and care staff.



Please feel free to ask any questions about any aspect of your care and remember that all staff will be happy to meet with you and/or your family/carers to discuss any aspect of your treatment and progress.

Adult Rehabilitation is one of the many services offered by The Royal Hospital Donnybrook. The normal rehabilitation period is three to six months but this will depend on your individual needs. Discharge is carefully planned and begins early in the rehabilitation process. If you have any concerns about your rehabilitation programme, please discuss these with a member of the multidisciplinary team (MDT).

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Most patients are accommodated in the 12 bed Phoenix Unit that has self catering facilities, helping patients to retain independent living skills. However, care may also be provided in other locations within the hospital.

The purpose of this booklet is to:

- Introduce you to our services
- Introduce and outline the role of the multidisciplinary team members
- Inform you about our approach to your treatment
- Familiarise you with the hospital facilities

RHD and Medical Care

Doctors are present throughout the working day in the hospital. At weekends and on public holidays, doctors are only here for part of the day. After 17:00 hrs they are available on-call. They are not always available immediately in the event of an emergency and so patients may be brought to St. Vincent's A&E. Please do not hesitate to talk to the doctor or to the nursing staff about this aspect of our service.

Patients may also be transferred to St. Vincent's University Hospital for some investigative procedures.

Please read our leaflet on [Cardiopulmonary Arrest and Cardiopulmonary Resuscitation](#).

Rehabilitation and Risk

During rehabilitation patients are expected to try and do things for themselves, such as dressing, going to the bathroom alone or walking with a frame. These skills, which enable all of us to manage independently at home, often need to be

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re-learned and practised during rehabilitation. They are not without risk as there is always a danger of falls, slips or trips. Falls are not uncommon and can be a major cause of injury.

While falls can never be fully prevented the risks can be reduced. Prevention of falls is a priority. On admission you will have a multidisciplinary falls risk assessment; the nursing component is normally completed within hours of admission and the multidisciplinary component completed with seventy-two hours.



The team may recommend mobility aids, hip protectors, bed-side rails or sensor alarms attached to a chair or bed which alert the nurse to movement. The team make recommendations to maintain your safety and your consent will be required for the use of any equipment.

It is essential that you and family/carers follow staff instructions about moving, walking or not walking, at all times. In the event of advice and recommendations not being adhered to, you will be at an increased risk of injury.

Please read our leaflet on Falls Prevention

Hospitals and Infections

It is a reality of modern hospital life that there is always a risk of picking up infections. To prevent spread of infections, all patients may be screened on admission for infection, e.g. MRSA. In the case of outbreaks like the 'Winter Vomiting Virus', additional visiting restrictions may be in effect from time to time. Patients may also be moved to a different part of the hospital, if necessary. Such measures are always in the best interest of patients.

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Please note that alcohol gels for hand sterilisation are located at the entrance to the unit and visitors are requested to wash their hands before entering and leaving a ward area.

How to Access the Service

All RHD services are publicly funded services. Any charges made will be in line with government regulations. Rehabilitation services are provided free of charge to anyone who is entitled to hold a medical card. Patients with private insurance may only access the rehabilitation services as public patients and no charges will be made by the hospital to health insurance companies. Patients who need investigations or procedures provided in another hospital will have these provided; those with insurance are expected to use their cover for such services. Patients are referred by the Consultant in Rehabilitation Medicine who works between the RHD, St. Vincent's University Hospital and the National Rehabilitation Hospital. You may be asked to attend the hospital for a day for assessment by the multidisciplinary team. A decision will be made after this assessment and you will be informed of the result by your Consultant.



If you are being offered a place, your name will be kept on a waiting list and, as beds become available, the Clinical Nurse Manager will liaise with you to arrange transfer to the unit.

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Meet the Team

The multidisciplinary team consists of:

The Nursing Team

The unit is managed at ward level by a Clinical Nurse Manager (CNM).



The nursing team provides a 24-hour service. The deputies to the CNM wear blue tunics. These nurses will ensure that your individual nursing care plan is appropriately devised and implemented.

In addition you will be cared for by:

- Staff Nurses and Enrolled Nurses (white tunics)
- Health Care Assistants (dark blue tops)
- Household Staff (pink tunics for women and navy for men)

Medical Staff

The Consultant in Rehabilitation Medicine is Dr. Áine Carroll. She works between St. Vincent's University Hospital, the National Rehabilitation Hospital and the RHD. She attends the RHD on a Wednesday.

Physiotherapy [PT]

The physiotherapists will thoroughly assess your degree of physical impairment and devise an individualised therapy programme. Your progress will be reviewed on a regular basis.

Occupational Therapy [OT]

The occupational therapists will aim to maximise your potential to carry out as many of your activities of living as possible, e.g. washing, dressing, toileting and meal preparation. They are also involved in preparing your home environment and providing equipment for your discharge.

Medical Social Work [MSW]

The medical social workers will assist you and your family by providing help and support in adapting to illness and change and planning for the future.

Speech and Language Therapy [SaLT]

The speech and language therapists will assess and treat any difficulties you may have with communication and swallowing.

Clinical Psychology

The psychologist will carry out specialised neuropsychological assessments, behavioural and psychotherapeutic interventions and assessments of mood.

Dietitian

The dietitian will assess and monitor your nutritional status and provide individual diet therapy as appropriate.

What to Bring with You

A wardrobe and locker are provided for personal property on the ward. You are encouraged to wear your own clothes during your stay. We do provide a laundry facility; as it can be difficult to keep track of clothes, all items should be clearly labelled with your initials, surname and unit name. We recommend that woollens and other delicates are sent out for cleaning.

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It would be helpful if you had underwear, loose fitting trousers or skirts, cardigan or pullover, slippers, dressing gown, coat and comfortable shoes with a flat broad heel. If you are planning to buy new shoes, please consult with your physiotherapist about the most appropriate type for you.

Please bring your own toiletries, e.g. soap, face cloth, denture tablets and cream, toothpaste, shaving items and tissues.

If you are using any of the following items, please bring them in, clearly labelled with your name if possible:

- Walking aid or stick
- Wheelchair
- Splint or special shoe
- Dentures
- Spectacles
- Hearing aid (with spare batteries)
- Medication prescribed for you in the original box / bottle with prescription label intact
- Items that relate to your own interest or hobbies that may be incorporated into your therapy programme

Valuables

Valuables and excess cash should be sent home with your relatives. Where this is not feasible please arrange with the unit manager for your valuables / money to be placed in the hospital safe. You will receive a receipt for any money / valuables retained in the hospital's safe; please keep this safely. A small sum of money can be kept for your day to day needs. The hospital can take no responsibility for the loss, theft or breakage of personal belongings.

What Happens During Your Stay?

- On admission, you will be assessed by members of the multidisciplinary team, usually starting with the doctor, nurse, OT, PT and MSW. You may also be assessed and treated by other members of the team depending on your specific needs.
- A member of the team will be allocated (who may be referred to as your “Key Worker”) to assist you during your rehabilitation by acting as a link between you and members of the team and by providing information, education and support.
- During your period of assessment, we will encourage you to identify what goals are important to you and what you hope to achieve during your stay.
- The team will identify specific problems and deficits associated with your needs and develop a plan of care.
- After two / three weeks, a meeting will be held with you (if you wish), your family and the multidisciplinary team. During this meeting, joint goals will be set by you and the team.
- These goals will be evaluated within a pre-determined time-frame and new goals are set as appropriate before discharge.
- Your Consultant will regularly review your progress with the multidisciplinary team. Contact Medical Administration if you wish to make an appointment to see the Consultant.

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Your Working Week

This is how days are generally structured

Time	Activity	Comment
08:00 – 09:00	Rise, wash and dress	Following assessment, you will be encouraged to be as independent as possible during this activity
09:30 – 10:00	Breakfast	You may be expected to prepare your own breakfast and other meals with other residents
10:00 – 12:30	Therapy Sessions	Single or joint therapy sessions will be scheduled according to your programme of care
12:30 – 13:00	Lunch	You may be expected to prepare meals as part of your rehabilitation programme
13:00 – 13:30	Rest period	
13:30 – 16:30	Therapy sessions	Single or joint therapy sessions will be scheduled according to your programme of care
17:30	Rest	

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A 24-hour approach to therapy is strongly encouraged. Therapeutic input from the allied health professionals: (Occupational Therapy, Physiotherapy, Speech and Language Therapy, Dietetics, Psychology and Social Work) is provided on weekdays from 08:00 – 16:30. Many of your therapy sessions will be carried out under the supervision of trained assistant therapy staff. Joint therapy sessions with ward staff are also regularly carried out. You are encouraged to incorporate the advice and skills gained during therapy sessions into your daily routine outside therapy times and at weekends to ensure continuity of your rehabilitation programme. The ongoing nursing intervention in matters such as walking, feeding yourself, cooking, etc. ensures the continuity of the rehabilitation programme at weekends.

NB: Whilst we aim to provide each patient with at least one therapy session per day, we cannot always achieve this. We have to prioritise patients within the service.

Transition Lodge

The hospital has a two-bedroom wheelchair accessible bungalow on the grounds, used for training in independent living. You may be invited to use this on your own, or with a carer, so that you can practice skills needed for leaving the hospital.



Whilst in the lodge, you may be expected to be totally responsible for your self care. Depending on demand, the lodge can also be used to spend some time with family in a more homely environment.

Leaving the Hospital

Temporary Leave

Following assessment, if the team are confident that you can manage safely outside the hospital, it may be possible for you to leave the unit for short periods. Please



discuss your intention to leave the unit with a member of the multidisciplinary team and inform a member of the nursing staff before you leave.

Permission to leave the hospital must be documented by the doctor in your medical notes. Please do not leave the

hospital without informing a member of the nursing staff on your ward. The unit is accountable for your safety while you are an in-patient.

We generally advise that a home visit be carried out prior to your going home on temporary leave as there may be unforeseen difficulties; this can be discussed on an individual basis with your occupational therapist or physiotherapist.

Discharge

Discharge is carefully planned and the process of discharge planning begins early in the rehabilitation process. An assessment home visit will be arranged prior to your discharge with certain members of the team. Recommendations will be made by the team on home adaptations which are specific to your needs.

Assistance with minor home alterations may be provided where necessary by the hospital Action Van Service. Alternatively, the team will assist you in contacting the relevant organisations to carry out the necessary adaptations.

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On the day of discharge, a summary regarding your medical condition, treatment plan and a prescription will be completed by your team and given to you for your GP. You are encouraged to attend your GP as soon as possible after discharge. If you are unable to be discharged home, you will be assisted to find care in an alternative location. Patients in rehabilitation services do not have priority access to RHD Continuing Care beds.

Community Services

With your permission and involvement, you may be referred to community services, such as the Public Health Nurse, District Care Unit, Meals on Wheels and Community Physiotherapy, Speech and Language Therapy and Occupational Therapy. Some of these professionals may come to visit you when you return home for follow-up care. You may also be offered a place in our Day Hospital for a period following your discharge. If you require care services at home, the medical social worker will make the appropriate referral and will advise you and your family of more specialised care services, if appropriate.

Useful Information

For general information on facilities in the hospital, please use the Useful Information Booklet.



The Royal Hospital Donnybrook
Morehampton Road, Donnybrook, Dublin 4.