

The Royal Hospital Donnybrook



PATIENT INFORMATION BOOKLET
CONTINUING CARE FOR ADULTS
AND OLDER PEOPLE

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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 Continuing Care Services would like to extend a very warm welcome to you. We hope that by working together, you and the team will achieve the best possible care. We also want to maintain and restore as much of your independence as possible. 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.

Continuing Care is one of the many services offered by The Royal Hospital Donnybrook. Our services are mainly provided in 15 or 16 bed hospital wards, most of which have been recently upgraded to provide for higher levels of comfort and privacy. Residents under 65 years of age may be accommodated in our Adult Disability Unit. This is a relatively modern unit providing a mix of room sizes. However, please note that there are very few single rooms available in the hospital.

Continuing Care implies that your stay may be longer than six months but it does not always mean "forever" care. Over time, and with the input of the team, individuals may regain ability or learn new ways of living. Some people choose to leave, perhaps to go home, to live in sheltered housing or in another care setting. Where this is a realistic option for the individual concerned, they will be supported in every way possible. In some cases, where it is expected that you will be eventually be discharged, the period of admission (three months, six months, one year) may have to be agreed before you come into the hospital.

All patients have access to all the services of the hospital, including rehabilitation, if this is appropriate. As staffing levels can vary and needs across the hospital change, some services may, at times, only be available on a restricted basis. Like all other hospitals, we occasionally have to employ temporary agency nursing and care staff.

The purpose of this booklet is to:

- Introduce you to our services
- Introduce and explain who the team members are
- Tell you about our approach to your care
- 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.***

Independence and Risk

Patients will always be expected to try and do things by themselves, if they can. This might include such activities as dressing, going to the bathroom alone or using a powered wheelchair. These activities are not without risk as there is always a danger of falls, slips, trips. Falls among older people are common and are a major cause of injury among elderly and debilitated patients.

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 team may recommend mobility aids, hip protectors, bed-side rails, sensor alarms attached to a chair or bed which alert the nurse to movement. Your consent is required for the use of any equipment, so please consider the team's recommendations to maintain your safety.

It is essential 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', 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.

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

Places in Continuing Care are allocated on the basis of need, as perceived by the hospital. A simple "First Come, First Serve" policy **does not** apply. The hospital specialises in the continuing care of patients with complex medical needs and it is these patients who are given priority.

All RHD services are "publicly funded" services. Any charges made will be in line with government regulations. We do not take private patients. Patients who need investigations or procedures in another hospital will have these provided; those with health insurance are expected to use their cover for such services.

An application form for Continuing Care must be completed and signed by the individual concerned or their next of kin. A medical practitioner's report is also needed. Applicants over 65 years of age must have been assessed by a geriatrician as being in need of Continuing Care. Younger applicants would normally have been assessed by a consultant such as a Neurologist or Consultant in Rehabilitation Medicine and may be asked to attend the hospital for a day before a decision is made on admission. All information requested by the hospital must be provided before an application can be considered.

As vacancies arise, potential applicants are visited and assessed, firstly by our Medical Director, followed by a member of the nursing team. In practice, most admissions come from another hospital, such as St. Vincent's. Patients are rarely admitted directly from the community.

Respite Service

We offer a respite service to patients under 65 living in the community, either as a break for you or your carer. (Older person's respite is provided in our General Rehabilitation service). Respite is normally for a period of one to two weeks; however, it may be possible to obtain respite two or three times per year depending on your need and availability of beds.

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Respite is geared towards offering you or your carer a break and, unfortunately, we cannot offer therapy input during this time as we are not resourced to do so at present. However, if you have special needs and you, your general practitioner or public health nurse have been in dialogue with us to highlight these, we are open to discussion as to what support we could provide.

If you are admitted for respite, you are requested to please bring:

- Sufficient clothing, both daywear and night attire for the duration of your admission. We would appreciate if your relatives / carers would keep your laundry up to date.
- All aids and appliances you may use on a daily basis – i.e. special mattresses, wheelchair, incontinence products, walking stick or frame, hearing aid, spectacles, etc.
- All medications for the duration of your stay in original boxes with prescription label intact.
- Sufficient toiletries for the duration of your stay.

What Services Are Available?

Those admitted receive the most comprehensive care. All medical, nursing and therapy services (subject to availability) are provided. Medical, dental or other needs that cannot be provided in-house will be arranged elsewhere and transport will be provided. Special armchairs, wheelchairs and pressure relief products may be provided.



Occasionally, it is necessary to move a patient between wards, or from one bed space to another. The ward staff will endeavour to reduce the inconvenience of such a move, should this happen to you.

Meet the Team

You will always be seen by members of the medical team and the nursing team. They are introduced on the following pages. Depending on your specific needs, you may see other members of the multi-disciplinary team (MDT). Other team members have their own information sheets, introducing themselves and giving relevant information. They will give you this when you first meet them.

Please remember, all treatment programmes are individual. This may mean that you may get more or less treatment than another person, even if they appear to have similar needs.



Following admission you will be involved in setting your own individual goals. You, and a family member if you choose, will also be invited to attend a goal setting review meeting with the MDT approximately every three months.

Your individual circumstances are reviewed at MDT meetings and you can always discuss your progress with your individual therapists.

The Nursing Team

The nursing teams are led at ward level by Clinical Nurse Managers (CNMs). CNMs are designated to each unit / ward and together with their nursing and support team provide 24-hour nursing service.

The CNM in your area is called:

The deputies are called:

and

The deputies wear light blue tunics. These nurses will ensure that your individual nursing care plan is appropriately devised and implemented.

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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.).

Please note: At present, like all other hospitals, we often have to use temporary agency staff. These staff wear their own uniforms, which may differ from those described above.

On admission, the registered nurse assesses patients within the first 24 hours. Nursing care is then planned with the patient and, if appropriate, significant others. Care is implemented and reviewed on at least a weekly basis and more frequently as the person's condition dictates. Families and / or significant others are actively encouraged to become involved in the patient's rehabilitation programme.

The Medical Team

The medical team is led by our Medical Director, who is called:

If you or your family wish to meet individually with the Medical Director, please contact her secretary at 01 4066639, or the nurse in charge of your ward, who will arrange an appointment for you.

What to Bring with You

Residents are encouraged to wear their own clothing during their 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 would advise that woollens and other delicates should be sent out for cleaning. Please ensure that you bring any toiletries required.

Both have locks, but any valuables and cash should be sent home with your relatives. A small sum of money can be kept for day to day needs. The hospital can take no responsibility for the loss, theft or breakage of personal belongings or valuables.

Don't Forget...

If you use any of the following, please bring them into the hospital clearly labelled, if possible, with your name:

- Walking frame or stick
- Wheelchair
- Calliper and / or special shoe
- Dentures
- Spectacles
- Hearing aid [with spare batteries]
- Any medication [in original containers] which has been prescribed for you
- Items that relate to your own interest or hobbies that may be incorporated into your therapy programme.

What Happens During Your Stay?

Every patient who comes in for rehabilitation is first assessed by members of the MDT, starting with the doctor and nurse. Other team members will then arrange to meet you individually. After this:

- Each member of the team will propose an individual treatment plan for you, if you require their particular service.
- Your doctor will review this plan at ward rounds.
- The treatment is then provided and your progress is continually reviewed.

Our philosophy is one of shared care and family members are encouraged to be involved.

Your Working Week

Time	Activity	Comment
07:00 – 08:00	Day Starts	
08:00 – 09:00	Wash and dress	You may be encouraged to do as much of this as possible by yourself
09:00 – 09:30	Breakfast	
09:30 – 12:30	Therapy appointments	Porters will bring you to and from your activities or your appointments, or you may be seen in the ward
12:30 – 13:00	Dinner	
13:30 – 16:00	Therapy appointments	As before or activities
16:00 – 17:00	Evening Meal	
18:00 onward		Residents generally go to bed when they wish, staffing permitting

Therapeutic input from the allied health professionals (Occupational Therapy, Physiotherapy, Speech and Language Therapy, Dietetics, Psychology and Social Work) is available on a limited basis throughout the week. Some 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. If you are involved in rehabilitation, you will be encouraged to incorporate the advice and skills gained during therapy sessions into your daily routine and at weekends to ensure continuity of your rehabilitation programme.

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.

There are no appointments in the therapy departments at weekends, but activities are often available on Sundays.

Leaving the Hospital

Temporary Leave

If the team feels that you and / or your family can safely cope outside the hospital for a day, or even overnight, it will be possible to arrange. We would ask that you never leave the hospital without informing a member of the nursing staff on your ward.



Discharge

In the event that your condition improves to such an extent that you no longer require the totality of services provided by the hospital, other possible options will be explored with you and your family. This may mean being discharged home or to another more appropriate care setting.

Useful Information

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



The Royal Hospital Donnybrook
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