

The Royal Hospital Donnybrook



PATIENT INFORMATION BOOKLET
STROKE REHABILITATION

The Royal Hospital Donnybrook

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Contents

Welcome	1
RHD and Medical Care	3
Rehabilitation and Risk	3
Hospitals and Infections	4
How to Access the Service	5
Meet the Team	6
What to Bring with You	8
What Happens During Your Stay?	10
Your Working Week	11
Stroke Rehabilitation Education Sessions	13
Leaving the Hospital	13
Visiting	15

The Royal Hospital Donnybrook

PATIENT INFORMATION BOOKLET STROKE REHABILITATION

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 13 acres of grounds, the hospital now provides continuing care, respite and rehabilitation service to over 200 people. The hospital is an independent, voluntary charitable organisation. Services are provided on a not-for-profit basis.



The RHD Stroke Rehabilitation team would like to extend a very warm welcome to you. We hope that by working together, you and your team will achieve your maximum possible recovery. 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.

Stroke Rehabilitation is one of the many services offered by The Royal Hospital Donnybrook. It was established in 2004 to provide a dedicated, multi-disciplinary and comprehensive rehabilitation service to people diagnosed with stroke and their families. Research shows that stroke patients do better when they are cared for by a separate dedicated team working closely to meet individual goals. The Stroke Unit comprises two rooms with 12 beds, six female and six male. The service is in a bright, modern and pleasant environment with a small but well equipped air-conditioned gym within the unit. However, there are shortages of some professionals. As staffing levels can vary and as patient need across the hospital can change, at times some services may only be

The Royal Hospital Donnybrook

PATIENT INFORMATION BOOKLET STROKE REHABILITATION

available on a restricted basis. Given these limitations, the service is still among the best resourced rehabilitation service in Ireland. Over 80% of patients eventually return home. We aspire to the highest standards and always wish to improve the service we provide.



The normal rehabilitation period is two to six weeks but this will depend on your condition. 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.

In addition, 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 treatment
- Familiarise you with the hospital facilities

The Royal Hospital Donnybrook

PATIENT INFORMATION BOOKLET STROKE REHABILITATION

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 by 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, need to be encouraged during rehabilitation. They are not without risk as there is always a danger of falls, slips or 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 nursing component is normally completed within four hours of admission and the multidisciplinary component completed with seventy-two hours.

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.

The Royal Hospital Donnybrook

PATIENT INFORMATION BOOKLET STROKE REHABILITATION

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', 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.

The Royal Hospital Donnybrook

PATIENT INFORMATION BOOKLET STROKE REHABILITATION

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 (which automatically includes all patients aged 70 years or over, irrespective of means). Patients with private insurance may only access the rehabilitation services as public patients. No charges will be made by the hospital to patients or to health insurance companies. Patients who need investigations or procedures in another hospital will have these provided; those with insurance are encouraged to use their cover for such services.

Patients are referred to us, usually from an acute hospital (St. Vincent's University Hospital, St. Michael's Hospital or St. Columille's Hospital), when a Consultant Physician in Geriatric Medicine and their multidisciplinary team believes you are



medically stable and appropriate for our service. Following referral, your name is placed on a waiting list and, as beds become available, the Clinical Nurse Manager will liaise with the staff in the relevant acute hospital to arrange transfer to the unit.

The Royal Hospital Donnybrook

PATIENT INFORMATION BOOKLET STROKE REHABILITATION

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 twenty-four hour service. There is also a Clinical Nurse Specialist [CNS] in Stroke Rehabilitation, who is responsible for patient/staff education and developing the stroke service in line with best practice.



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

Each Consultant carries out a ward round once a week; in addition there is a Registrar and Senior House Doctor present during weekdays.

Consultants Rounds

Monday	Dr. O'Shea	14:00 hours
Wednesday	Dr. Barry	14:30 hours
Thursday	Dr. Crowe	14:00 hours

Physiotherapy [PT]

The physiotherapists will thoroughly assess your degree of 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 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 interventions and assessments of mood.

Dietitian

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

The Royal Hospital Donnybrook

PATIENT INFORMATION BOOKLET STROKE REHABILITATION

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 ask that your family take care of your laundry; if this is not possible, please speak to the nurse in charge and alternative arrangements can be organised.



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

Respite patients are required to bring sufficient clothing and toiletries for the duration of their stay.

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") who will assist you during your rehabilitation by acting as a link between you and members of the team and 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 review your progress during a weekly ward round with the multidisciplinary team. The Consultants are available (by appointment only) to discuss any concerns with you and your family after these rounds.

The Royal Hospital Donnybrook

PATIENT INFORMATION BOOKLET STROKE REHABILITATION

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	Occasionally, as part of your therapy programme, you will be expected to prepare your own breakfast with the occupational therapist
10:00 – 12:30	Therapy Sessions	Therapy sessions will be scheduled according to your programme of care
12:30 – 13:00	Lunch	No visitors
13:00 – 13:30	Rest period	
13:30 – 16:30	Therapy Sessions	Therapy sessions will be scheduled according to your programme of care
17:30 -	Evening Meal & Rest	No visitors during meals please

The Royal Hospital Donnybrook

PATIENT INFORMATION BOOKLET STROKE REHABILITATION

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.



Rehabilitation is not just what happens “in the gym”. 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, reading newspapers, etc. ensures the continuity of the rehabilitation programme at weekends.

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NB: Whilst we aim to provide each patient with two therapy sessions per day, we cannot always achieve this. We have to prioritise patients within the service. We adopt a flexible approach to daily treatment sessions, rather than providing individual timetables. This enables us to provide the maximum amount of therapy time whilst allowing for the many factors that change daily, e.g. individuals too unwell for therapy sessions, individuals going at short notice for investigation to another hospital an individual having a burst of recovery which must be maximised through additional therapy.

Stroke Rehabilitation Education Sessions

- The multidisciplinary team organise a patient education week every three months, where each team member will give a short informal education session on different aspects of stroke.
- The team also organise a one-day Stroke Awareness for Carers session which is run two / three times a year. The aim of this session is to provide education and support to family members and caregivers.

Leaving the Hospital

Temporary Leave

Temporary leave will depend on your medical condition. It is strongly recommended that you are accompanied at all times when leaving the hospital.



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. 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.

The Royal Hospital Donnybrook

PATIENT INFORMATION BOOKLET STROKE REHABILITATION

Discharge

Discharge is carefully planned and the process of discharge planning begins early in the rehabilitation process. An assessment home visit with certain members of the team will be arranged prior to your discharge. 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.

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 return home you will be assisted to find appropriate care in another setting. Patients in rehabilitation services do not get priority access to RHD continuing care beds.

Community Services

With your permission and involvement, you may be referred to community services, such as Slán Abhaile (seven day, coordinated home support), 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.

The Royal Hospital Donnybrook

PATIENT INFORMATION BOOKLET STROKE REHABILITATION

Visiting

Visiting is currently from 12:00 to 20:30. However, local restrictions may be in place and we always ask that visitors avoid meal times and therapy sessions. The main hospital doors are closed from 21:00 to 07:00, however, a security person is available at all times to greet visitors.

You should always find us welcoming and accommodating, but seeing staff without an appointment will take away from treatment time for patients. If you would particularly like to speak to a member of the team, please ask for an appointment so that we can set aside some time for you. Visitors should not enter the gym in the rehabilitation unit without an appointment.

Useful information

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





The Royal Hospital Donnybrook
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www.rhd.ie