

CONTENTS

Chairperson's Statement	1
Chief Executive's Statement	4
Mission	7
Quality	7
Development Funds 2010	9
Service Activity	10
Specialist Palliative Care	10
Older Persons Services	14
Clinical Services	15
Palliative Medicine	15
Nursing	17
Palliative Care Day Care Liaison	18
Physiotherapy	19
Social Work	20
Occupational Therapy	21
Art	23
Complementary Therapy	25
Pharmacy	25
Music Therapy	26
Nutrition and Dietetics	26
Horticulture	27
Pastoral Care	27
Speech and Language Therapy	28
Community Support Bed Network	28
Non-Clinical Services	30
Education, Research and Professional Development	30
Human Resources	32
Catering	33
General Services	33
ICT	34
Administration	35
Quality and Safety	35
Finance/Fundraising	37



CHAIRPERSON'S STATEMENT

In my role as newly appointed Chairperson, it gives me great pleasure to present this report on behalf of the Board of Directors.

It is a privilege for me to have succeeded Sr. Celine Bourke, L.C.M., who has acted as Chairperson of the Board for many years. Whilst she continues to actively participate as a member of the Board, in her capacity as Chairperson she made a wonderful contribution to the work and mission of Milford Care Centre (MCC) and I would like to both acknowledge and thank her for what she accomplished over this time. I am pleased that she is available to support me in my role.

The primary role of the Board is to ensure that the mission of Milford Care Centre is fully implemented to the highest standards and that the operations of the service are being properly governed. It sets the strategic direction of the organisation and seeks to ensure that we remain true to the ethos / philosophy of our founder and the Little Company of Mary in all that we do and stand for. Key to this, as I see it, is the Board doing all that it can do to support and enable the executive and staff to deliver high quality and patient-centred care to all of our service users throughout the Mid West Region.

Throughout 2010, and in the context of the very difficult prevailing financial environment, all of the MCC service areas witnessed increased demands and, as always, our dedicated staff rose to meet these challenges. Similar to 2009, the Centre experienced a reduction in its HSE budget allocation and this necessitated the executive reducing its cost base across all service departments in order to maintain essential staffing levels, particularly in frontline service areas. This ensured that the Centre's commitment to maintaining adequate patient care levels was not adversely affected.

A very positive development for our Centre was that in October MCC reached agreement with HSE on a 5-year joint funding agreement which allowed for the commissioning of additional community-focused specialist palliative care services, as provided for in the HSE's Service Plan 2010.

These included expanded Day Care provision in Services for Older Persons and Palliative Care. Also, the HSE committed to financially supporting MCC's expanded Hospice at Home service, much of which has previously been dependent on voluntary funding. In addition, approval and funding was agreed for an additional Consultant in Palliative Medicine, who, as part of the MCC team, will provide medical input into St John's Hospital and also provide clinical leadership to MCC's Hospice at Home service.

In the current climate, this was a wonderful development for the people of the Mid West who, I have no doubt, will benefit greatly from these expanded and much needed services. This agreement also represents another significant step in furthering the excellent statutory and voluntary partnership that has developed between the now HSE and Milford Care Centre down through the years.



In late 2010, MCC received confirmation of approval of a capital grant from the JP McManus Pro Am Organising Committee, which will support the development of permanent bases for our Hospice at Home team in both Clare and North Tipperary and which also allows for upgrading of our existing infrastructure and equipment at MCC. Work on implementing all of these very positive developments will continue throughout 2011 and as always we are most grateful to JP McManus and his hard working Committee for their generous financial support.

There is no such thing as a perfect organisation and for this reason MCC fully subscribes to the concept of continuous audit and evaluation of its services and to the process of continuous quality improvement. We often hear feedback of the very positive experiences of service users who have used, or continue to use, our services. In essence, this can only be attributed to our wonderful, professional and committed workforce and I would like to express my sincere gratitude to you all, both on my own behalf and on behalf of the Board of Directors.

I would like to acknowledge the support of our many partners in service provision, in particular the Health Service Executive, the Atlantic Philanthropies, the North Tipperary Hospice Movement, the Irish Cancer Society, the Irish Hospice Foundation and the very many other voluntary organisations and key personnel concerned. This support is very much appreciated and I thank you sincerely for same.

To the people of the Mid West, thank you most sincerely for your generous support for the many fundraising events organised throughout the year and for the hard work and commitment of all of the members of Milford Hospice Friends. Clearly, there are huge financial pressures on all households in the current climate and we are fully aware that in continuing to receive your support there is an onus on us to deliver the type and level of quality service that the people of the Mid West fully deserve.

Throughout the year I worked closely with our Chief Executive, Mr. Pat Quinlan, and I would like to take this opportunity to thank him for his motivation, leadership, ongoing enthusiasm and commitment in delivering on the mission of Milford Care Centre. Pat is fully assisted in his role by the Centre's Management Team and I would also like to acknowledge their dedication and commitment throughout the year.

I wish to acknowledge the input of my fellow Board Directors, who give so freely and unselfishly of their time for the good of MCC, and I wish to thank them for their invaluable contribution and ongoing support.

For 2011 there is huge uncertainty and clearly it will be an even more difficult and challenging year for healthcare service providers such as us. But in all of this we have to think of the difficult plight and circumstances of our very many service users because this is why our services exist in the first instance. For this reason, it is incumbent on MCC to become more resourceful, to ensure we get full value for money and to ensure we are effective in what we do on a



day to day basis. We will have to become even more efficient and to consider new and better ways of responding to ever increasing patient needs.

There is no doubt that 2011 will see further changes but it remains my belief, and that of my fellow Board Directors, that we owe it to the people of the Mid West to continue to deliver the very best services we can, within our available resources. That remains our commitment.

Robert J. Roche, Chairperson, Board of Directors

Directors

Sr. Celine Bourke, L.C.M. (Chairperson)*
Mr. Pat Gilmartin
Sr. Mary Hassett, L.C.M.
Sr. Mary Moran, L.C.M.
Mr. Kevin P. Manning
Mr. Joseph F. Murphy
Mr. R. J. Roche (Deputy Chairperson)‡
Sr. Teresa Ryan, L.C.M.

Company Secretary

Ms. Cathy Sheehan

* Chairperson until December

‡ Chairperson from December



CHIEF EXECUTIVE'S STATEMENT

Despite the many challenges in 2010, the Centre witnessed increased demands across the full spectrum of its service delivery areas, both in Specialist Palliative Care and Services for Older People. Due mainly to the hard work and commitment of all of our dedicated staff, Milford Care Centre (MCC) continued to deliver on its mission to provide high quality services to patients and their families throughout the Mid West Region. On a day to day basis their professionalism and commitment to the ethos/philosophy of care is evident for all to see and experience and I thank you, one and all, for this.

MCC completed its last major capital development in mid-2009 and in October 2010 agreed a 5-year joint funding agreement with the HSE aimed at commissioning the newly built services areas, as committed to in the HSE Service Plan for 2010. This agreement effectively allowed the majority of these additional services to become operational before year end. As a result of this most welcome development the palliative care services in the Mid-West have now been greatly enhanced. Furthermore this region is now in the positive position whereby the vast majority of the recommendations contained in the former Mid Western Health Board's Seven Year Strategic Plan (2004 – 2011) have been fully implemented.

Down through the years the key strategic aim for our services has been to ensure the optimum provision of localised services in Counties Clare, Limerick and North Tipperary, supported by Milford Hospice in Limerick as the "hub" or "nucleus" of specialist palliative care service provision throughout the region.

At the end of 2010, the range of palliative care services operating in the Mid West includes the following:

- 30 bed purpose built Specialist Palliative Care Inpatient Unit in Milford serving the three counties, which is Consultant led and supported by a full multi-disciplinary team
- A multi-disciplinary Hospice at Home Service, operating from bases in Limerick City, Ennis, Nenagh, Thurles and Newcastle West
- Specialist Palliative Care Day Care Centre at Milford
- Education and Research Centre, operating at local and national level
- Network of localised Level 2 Palliative Care Support Bed Units in Kilrush, Ennistymon, Raheen, Ennis, Nenagh, Thurles, Roscrea, Limerick City and a newly built Support Bed Unit in Newcastle West, currently waiting commissioning by HSE
- Fully integrated medical support structure between MCC and the Mid Western Regional Hospital.

In essence, the comprehensive range of high quality palliative care services now on offer for patients and their families in the Mid West is fully recognised, both locally and nationally, as a potential model in service delivery and is clearly no less than the people of the Mid West fully deserve.



The Centre also operates a Nursing Home and Day Care Centre for Older People.

In late 2010, MCC also reached a funding agreement with HSE on our Day Care Services for Older People, which allowed services to expand from 3 days per week to 5 days on a gradual basis up to year end. This has resulted in an additional 70 places becoming available and this development has greatly assisted in reducing the current waiting list and will allow for greater flexibility into the future for meeting individual service user needs.

On a day to day basis, Milford relies very much on the support it receives from its partner organisations and these include the HSE, Milford Hospice Friends, Atlantic Philanthropies, North Tipperary Hospice Movement, Irish Hospice Foundation, Irish Cancer Society and so many others. All of these are valued relationships and clearly without their support MCC would not be able to deliver the services which are currently available and I would like to thank them for their valued ongoing support.

I would like to acknowledge and pay tribute to all our staff, together with our Volunteers and many supporters, who together are responsible in helping to make MCC the Centre of Excellence in Healthcare that it is today and I would like to thank you all most sincerely for your ongoing valuable contribution.

On a day to day basis I am assisted in my role by my colleagues on the Management Team and clearly their support, professionalism and dedication was invaluable to the work of MCC throughout 2010.

I would like to welcome all those new staff members who joined the Centre this year and to wish you well in your respective roles well into the future. I also bid an appreciative farewell to staff who have retired or have resigned during the year and wish them every success for the future.

MCC is very fortunate to have in place a very committed and hardworking Board of Directors, who oversee the strategic direction and governance of our service delivery and who ensure that we remain in compliance with our mission and our legal responsibilities. Thank you most sincerely for all you do for MCC on an ongoing basis and for the valued support you gave me and the Management Team throughout the year.

Special thanks also are extended to Sr Celine Bourke, L.C.M., who resigned as Board Chairperson in late 2010 and I would like to acknowledge her wonderful support and encouragement over the years in this role. Mr Bobby Roche was appointed her successor and I would like to wish Bobby well and to say that I look forward to working closely with him in the years ahead.

Despite a very difficult financial climate in 2010, MCC managed to maintain its service provision and indeed, thanks to the support of the HSE, actually commissioned new services at the end of the year. It would be remiss of me not to acknowledge the major challenges that we will encounter in 2011 but I firmly believe that we will rise to them. This will necessitate achieving greater



efficiency and optimum value for money in everything we do and going the extra mile in the best interests of delivering high quality patient care, which is what the mission of MCC is all about.

Pat Quinlan, Chief Executive

Management Team

Mr. Pat Quinlan, Chief Executive
Dr. Marian Conroy, Consultant in Palliative Medicine
Sr. Brigid Finucane, L.C.M., Mission Development
Mr. Gerard P. Gorey, Head of Human Resources
Ms. Kathleen McLoughlin, Head of Education, Research and Professional Development
Ms. Marian Moriarty, Director of Nursing
Ms. Carol Murray, Head of Non-clinical Support Services
Mr. Jim Rhatigan, Head of Therapy and Social Care Services
Ms. Cathy Sheehan, Head of Finance.



MILFORD CARE CENTRE

Milford Care Centre provides a range of services to older persons and patients with palliative care needs. Since its inception in 1928 the Centre has developed incrementally and now comprises:

- A 47-bed Voluntary Nursing Home
- A Day Care Centre for Older Persons
- A 30-bed Specialist Palliative Care Inpatient Unit
- A Palliative Care Day Care Centre
- A community based, multi-disciplinary Specialist Palliative Care Team, working from bases in Limerick City, Ennis, Nenagh, Thurles and Newcastle West
- An Education, Research and Professional Development Service.

MISSION

In furtherance of the Mission values of Milford Care Centre, Venerable Mary Potter and the Sisters of the Little Company of Mary, the Mission Development Group started collecting reflections from services users, staff and L.C.M. sisters with a view to publishing them in booklet format in 2011.

The DVD recording the beginnings of the Little Company of Mary in Ireland and the life and times of Mary Potter was launched in November. It places a special emphasis on the Sisters coming to Ireland in 1888 and the many people who have made her dream a reality throughout Ireland and further afield.

25 people were presented with Long Service awards at a very enjoyable ceremony which combined the acknowledgement of their contribution with reminiscences of the past.

QUALITY STANDARDS

The Health Information and Quality Authority carried out an unannounced inspection of Milford Nursing Home during July. Their report¹ was very positive and the Inspector's recommendations were addressed during the latter part of the year.

The Specialist Palliative Care service participated in a collaborative project with Marymount Hospice, Cork, to review Family Meetings. The findings of the review will inform further development of Family Meeting protocols to enhance communication with patients and their families.

Ethical approval for the evaluation of the Hospice at Home project was received from the Mid Western Regional Hospital's Ethics Committee and the Research Assistant was appointed early in the year. Work commenced on the literature review and survey questionnaire development. The surveys

¹ See <http://www.hiqa.ie/inspection-reports/milford-care-centre-418-nursing-home-inspection-report-19-july-2010> for July 2010 inspection report.



were issued to patients and families initially with individual interviews held with a representative sample. There were focus groups and interviews held for healthcare professionals during the summer. Data was collated and a draft interim report was forwarded to the Project's Steering Committee in late December.

A Patient Information Leaflet was introduced as part of the initial patient assessment to introduce the Hospice at Home multi-disciplinary team concept to patients and carers.

The Physiotherapy Department is participating in a national survey of physiotherapy interventions and treatments for Motor Neuron Disease patients.

The Vision, Model of Nursing Management and Organisational Chart for the Senior Nursing Team (Nursing Management Structure introduced in 2009) was formally launched and presented in a poster format.

The Wound Management Committee in the Nursing Department developed and launched *Guidelines for Wound Management in Milford Care Centre* which implement the *National Best Practice and Evidence Based Guidelines for Wound Management* (HSE 2009). A poster to aid the identification of the most appropriate dressing choice for specific wounds was also launched for display in all clinical areas.

The National Minimum Data Set Working Group completed work on the data sets for Specialist Inpatient Units and Home Care services and began development work on the data sets for Day Care Centres and Acute Hospitals. Milford Care Centre and the Mid Western Regional Hospital are represented on the Working Groups.

The Quality & Safety Coordinator, in collaboration with a Steering Group, is working half time on a research project; *An Evaluation of the Admission Assessment for Specialist Palliative Care Services*. All senior clinical decision makers are involved on the Steering Group and it is representative of the disciplines working in specialist palliative care. Ethical approval was achieved for the research which will involve interviews/questionnaires with patients and survey of carers. The research design was developed further to extensive consultation with the Steering Group.

Some of the key quality initiatives undertaken included evaluations of care from the perspective of:

- Residents and family in the Nursing Home
- Clients in Day Care
- Bereaved persons' perspective further to receipt of care within the Hospice

Results indicated a high degree of satisfaction from the majority of respondents across all care areas. Suggestions for improvement are being



worked on and we are very grateful to those people who took the time to give us feedback.

In response to feedback received from the evaluations of care surveys it was highlighted that many persons were unaware of the existence or work of the Service Users Forum. Consequently advertising posters were developed in collaboration with the members of the Service Users Forum² and a volunteer graphic designer to help create wider awareness. The posters will be rolled out in 2011.

Our **Environment** is important both from the perspective of our service users, visitors and staff and also in terms of energy efficiency and resource utilisation.

A member of staff undertook a three-day Energy MAP³ programme with the Sustainable Energy Authority of Ireland and an Energy Committee was established in the Centre to promote best practice in energy utilisation.

Milford Care Centre, in conjunction with the University of Limerick, became Consortium Partners in the All-Ireland Institute for Hospice and Palliative Care, which was established during the year. The focus of the Institute is *“to improve the experience of supportive, palliative and end-of-life care on the island of Ireland, by enhancing the capacity to develop knowledge, promote learning, influence policy and shape practice. The aim is to secure best care for those approaching end-of-life”*⁴.

DEVELOPMENT FUNDS 2010

This year saw further consolidation of the Hospice at Home multi-disciplinary team which became fully operational at the end of 2009. The development of this service was made possible by the financial support of The Atlantic Philanthropies (AP) and the HSE.

The AP grant was for a limited period to the end of 2010 and, in the light of the national economic climate, the Centre had concerns regarding the ongoing viability of the service following the cessation of AP's support. Fortunately agreement was reached with the HSE to collaboratively fund this project with MCC over the next 5 years.

This partnership agreement also provided funding for MCC to expand its Day Care Service for Older People from 3 days per week to 5 days and its Palliative Day Care Service from 2 days per week to 3 days per week.

A key element of these new developments relates to the appointment of a third Consultant in Palliative Medicine, who, as part of the MCC Medical Team, will have a weekly commitment to St. John's Hospital, Limerick and an

² The Service Users Forum met three times during the year.

³ Management Action Plan.

⁴ <http://www.aiihpc.org/>



active involvement in the Hospice at Home service. This appointment will also facilitate the commissioning of Out-patient Clinics at MCC. The appointment of additional education personnel has also been provided for in the agreement.

All of these initiatives were included as priorities in the HSE Service Plan 2010 and the HSE's and MCC's funding commitment involves a sliding scale contribution to costs, with the majority input by MCC in the initial years, reaching a point at the end of the period whereby the HSE will contribute 80% of the total costs and MCC the remaining 20%. Over the years, much has been achieved by MCC and the now HSE through its partnership in enhancing the range of services available across the Mid West and this most recent agreement represents another positive step in the strengthening of this excellent working relationship.

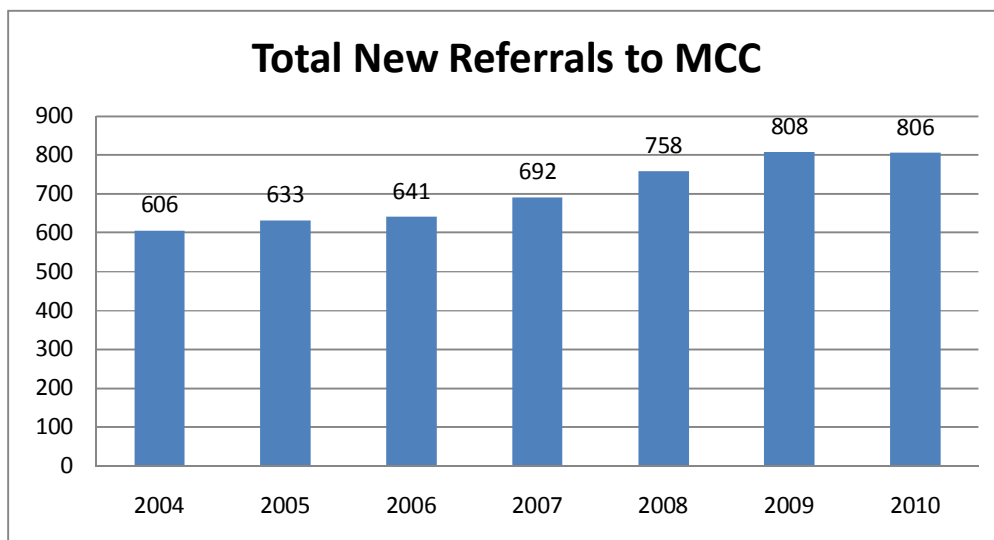
SERVICE ACTIVITY

The overall activity in the Centre is outlined below and some disciplines provide additional information within their summaries.

Specialist Palliative Care

The Specialist Palliative Care service comprises the Specialist Inpatient Unit, Hospice at Home service, Palliative Care Day Care and consultations and an Out-patient Clinic at the Mid Western Regional Hospital.

There were 806 referrals to Milford's Specialist Palliative Care service in 2010, virtually the same as in 2009.

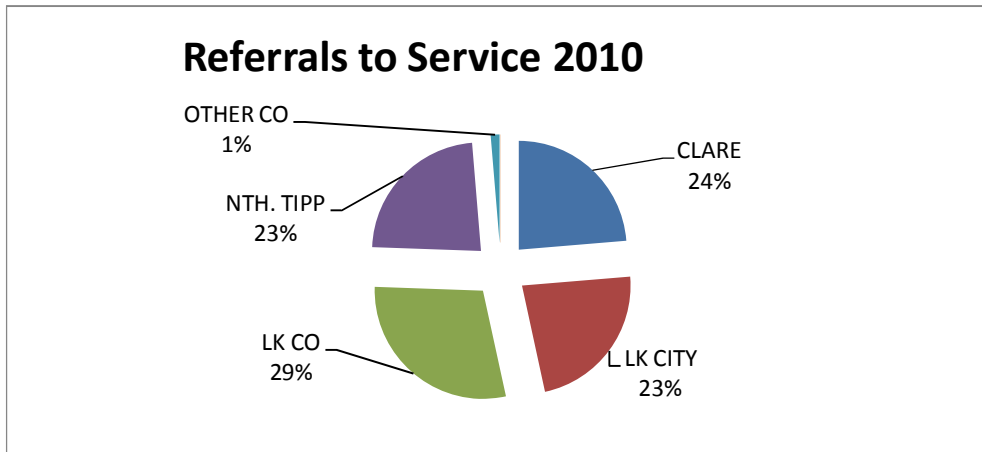


Total referrals to Specialist Palliative Care 2004 - 2010

Referrals were evenly divided across the four counties with a small number (10) being admitted from neighbouring counties⁵.

⁵ Referrals from other counties during 2010: Cork (4), Kerry (1), South Tipperary (4), Waterford (1).





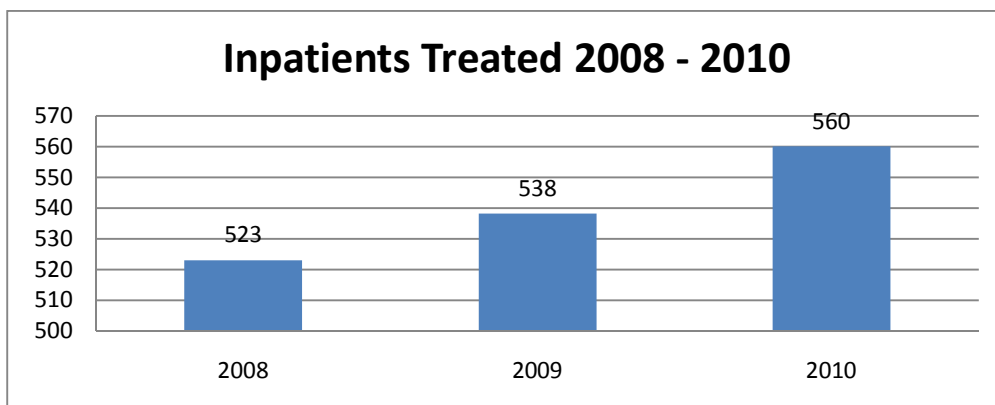
Specialist Palliative Care referrals by county 2010

Specialist Inpatient Unit

There were 560 patients treated⁶ in the Specialist Inpatient Unit, a 4% increase from 2009, 209 of these were re-admissions.

Of the 544 patients discharged 52.4% (285) went home or to another community based setting and 259 patients died in the Unit. The average length of stay increased from 13.04 to 13.78 days and the median length of stay was 8.75 days⁷. The bed occupancy rate was 71.1%, an increase of 3.7%.

Day admissions to the unit increased from 44 to 69.

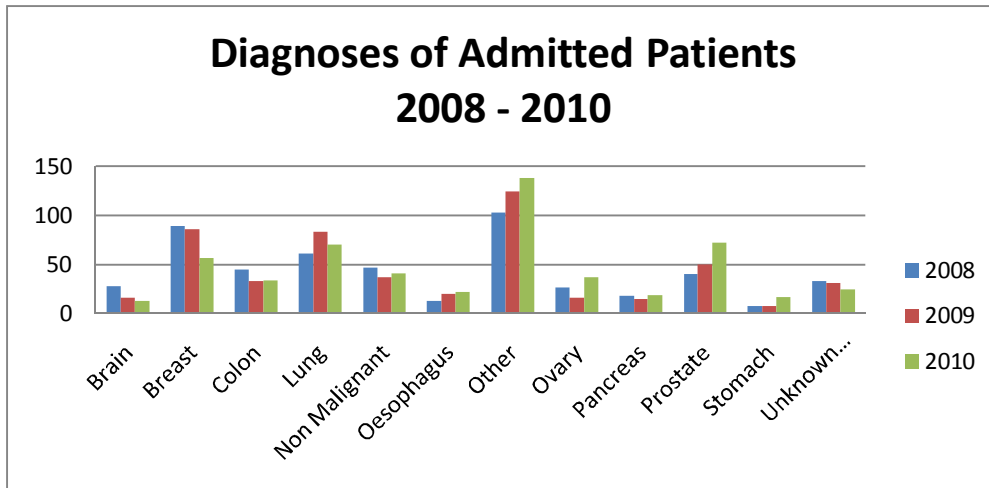


Patients treated in the Specialist Inpatient Unit 2008 - 2010

⁶ "Treated" includes 15 patients in residence on 1st January and admissions during the year.

⁷ Calculation of median length of stay introduced in 2010 as it gives a more accurate picture having taken account of very long lengths of stay.

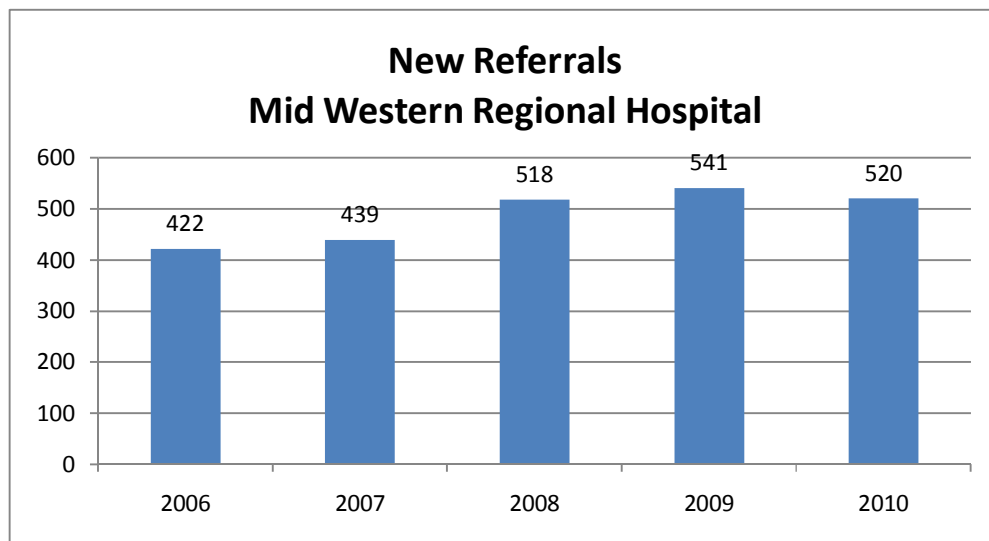




Diagnoses of patients admitted to the Specialist Inpatient Unit 2008 - 2010

Mid Western Regional Hospital

There were 910 referrals at the Mid-Western Regional Hospital with 520 being new referrals.



New referrals in the MWRH to Consultants in Palliative Medicine 2006 - 2010

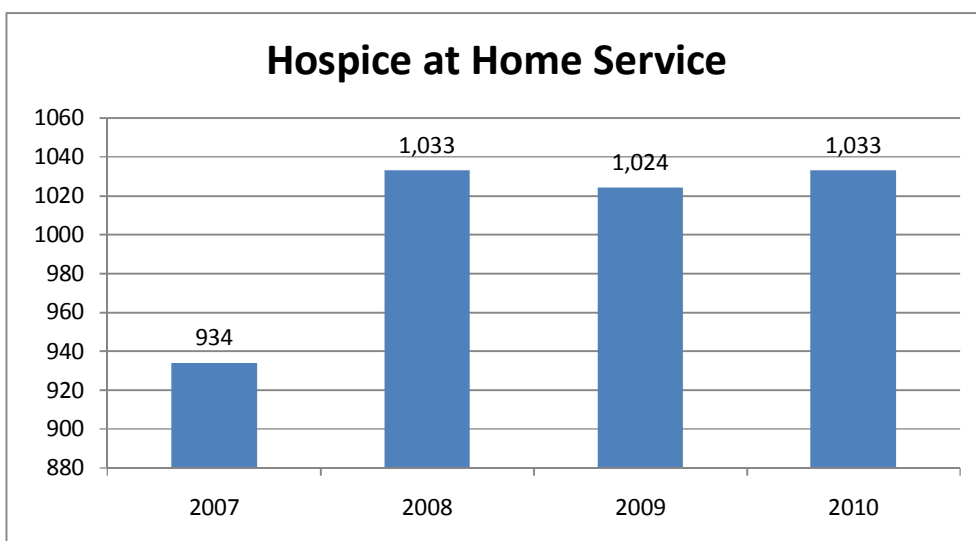
161 patients attended the Palliative Medicine Out-patient Clinic.

Hospice at Home

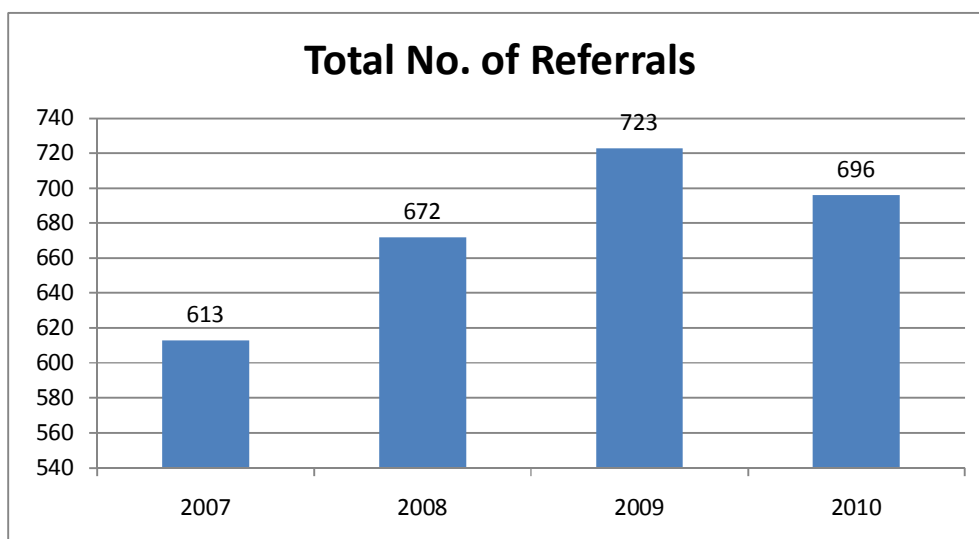
There were 1,033 patients in receipt⁸ of care and support from the Hospice at Home service of whom 696 were new referrals during the year.

⁸ "In receipt" includes existing patients at 1st January and referrals during the year.





Number of patients in receipt of care by the Hospice at Home service 2007 – 2010



Number of referrals to the Hospice at Home service 2007 - 2010

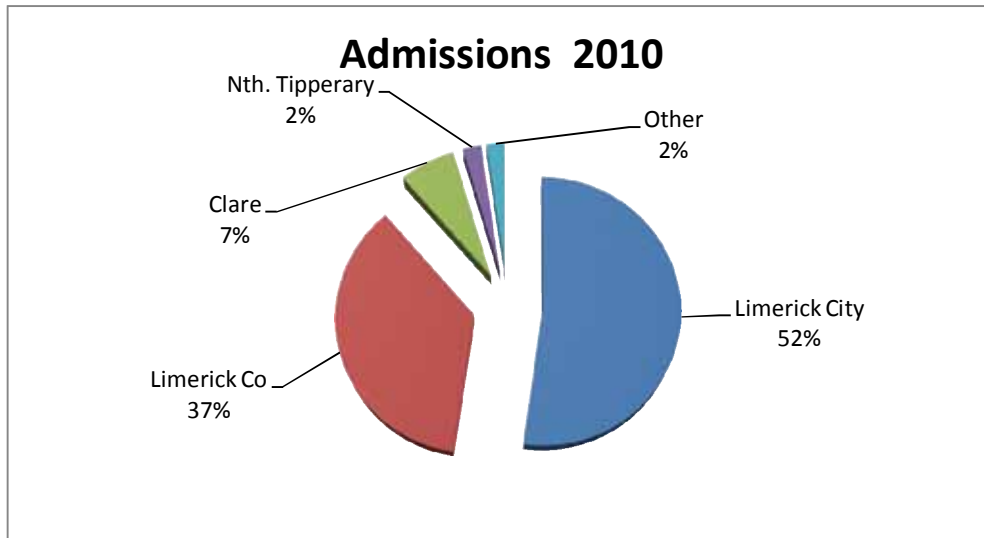
The Night Nursing service funded by the Irish Cancer Society provided 4,933 hours of care over 587 nights.

Palliative Care Day Care

66 patients attended⁹ Palliative Care Day Care, which operates 2 days per week, and the total number of attendances increased by 31.65% (from 714 to 940). 44 new patients attended during the year. Preparatory work was undertaken to expand the service to 3 days per week from January 2011.

⁹ “Attended” includes existing patients at 1st January and admissions during the year.





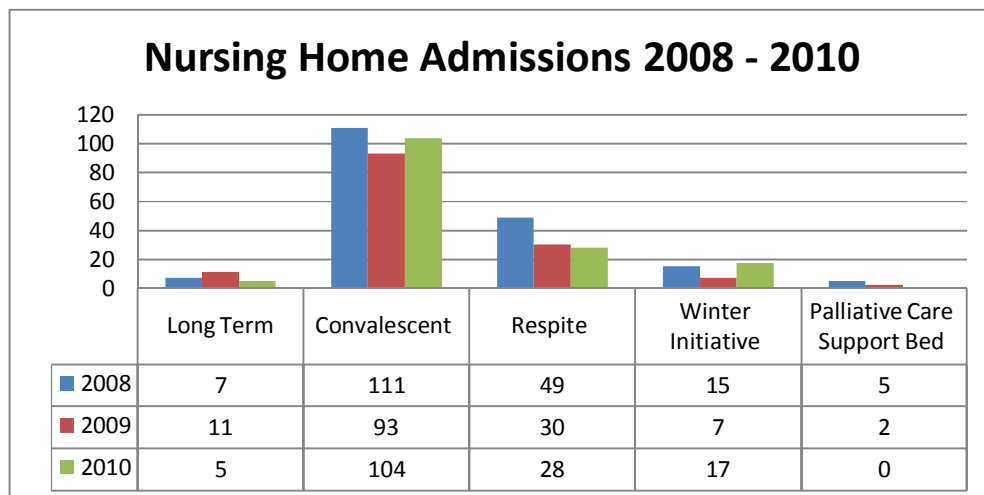
Admissions to Palliative Care Day Care by county 2010

Activity: Older Persons Services

Nursing Home

The Nursing Home has 47 beds including five for convalescent care and two reserved for Level Two palliative care patients.

There were 154 admissions to the Nursing Home which was an increase on 2009 activity (143). The number of admissions to long term care was lower due to few places becoming available. The percentage occupancy rate was down slightly at 95.1% overall (96.7% in 2009).



Admissions to the Nursing Home by category 2008 - 2010¹⁰

¹⁰ The Palliative Care Support Beds are designated beds for palliative care patients who require an intermediate level of Inpatient care and are provided in Community Hospitals/Nursing Units or a nursing home.

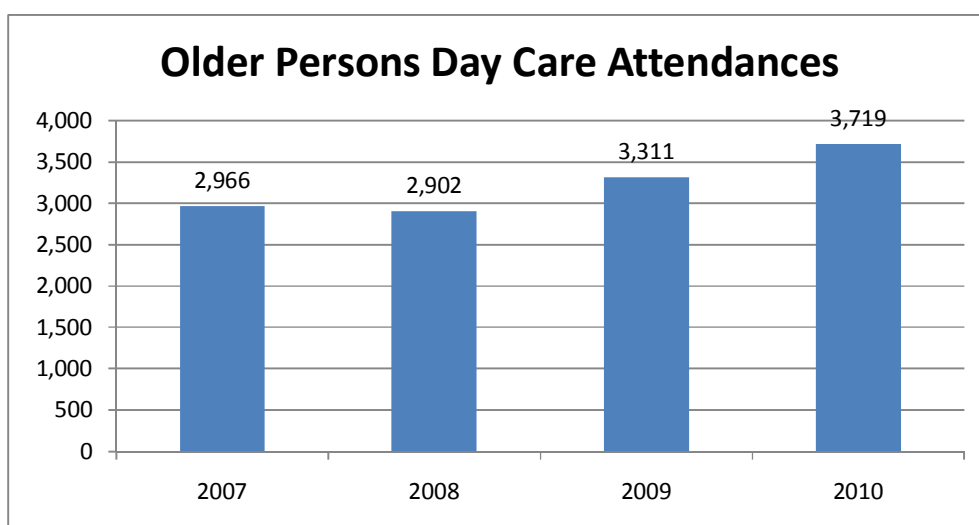


Older Persons Day Care

The Day Care Centre celebrated its 10th anniversary and that milestone was marked by a special Mass in November.

There was a 12.32% increase in the number of attendances (up from 3,311 to 3,719), continuing the trend of increasing attendances at the Centre which was open 3 days per week.

Preparatory work was undertaken to expand the service to 5 days per week as part of the agreement with the HSE under the terms of the Development Funds 2010 allocation.



Attendances at Older Persons Day Care Centre 2007 – 2010

CLINICAL SERVICES

The doctors in the **Department of Palliative Medicine** aim for excellence in clinical care of all of their patients, as well as engaging in education, research, policy and leadership developments. The service continues to be consultant delivered and is an integrated specialist service across three sites – Inpatient Unit, Mid Western Regional Hospital and the community.

The links between our oncology, radiology, psychiatry and anaesthetic colleagues continue to be strengthened.

Milford Care Centre is accredited as a training institution for two Specialist Registrars with the Irish College of Higher Medical Training, Royal College of Physicians. Milford Care Centre is also accredited for Registrar Training, General Professional Training and GP Vocational Training.



Initiatives

The appointment of a third Consultant in Palliative Medicine was approved as part of the Development Fund 2010 allocation. The third consultant will have sessional commitments to St. John's Hospital and Milford Care Centre. This appointment will enhance the ongoing work with the Hospice at Home service to ensure it is a consultant-led, interdisciplinary service offering quality integrated care to patients in a setting of their choice. It will also facilitate planning for a Specialist Palliative Care Day Care service and a dedicated Palliative Medicine Outpatients in Milford Care Centre.

A *Do Not Attempt Cardiopulmonary Resuscitation* policy was developed for the Specialist Palliative Care Unit and presented to the Centre's Board Healthcare and Ethics Advisory Committee. This policy will be introduced with the new admission documentation during the latter part of 2011.

The Consultants in Palliative Medicine are actively engaged with the Palliative Care Programme and with the Acute Medicine Programme at local and national level¹¹.

The department strengthened its links with ICT in the Mid Western Regional Hospital to enable the Centre gain on-line access to blood test reports through their APEX and RIS systems.

The doctors continued their involvement in a number of education initiatives including:

- Facilitating the rotation through Milford Hospice of Medical students (Year 3 and Year 4) from UL's Graduate Entry Medical School as part of their medical attachments. The Palliative Medicine Department continued its involvement in lecturing to Year 1 and Year 2 students
- Involvement of medical staff as facilitators, teachers and examiners in the Princess Alice Certificate of Palliative Care provided by Milford Care Centre
- Milford Hospice now has 2 NCHDs from the GP rotational scheme rotating through the Hospice every 3 months
- An ICGP/Palliative Medicine Seminar was arranged by Dr John Loughnane in October. This is now planned as an annual event.

Research/Audit

Members of the Department were actively involved in research and audit activities including:

- Review of Family Meetings, which is a collaborative project with Marymount Hospice, Cork. This project was submitted to IAPC for poster presentation and to EAPC for oral presentation during 2011
- Antibiotic use audit and guidelines in conjunction with pharmacy and microbiology departments

¹¹ The Acute Medicine Programme provides a framework for the delivery of acute medical services in hospitals which seeks to substantially improve and standardise patient care across the country. It is a collaborative approach with the HSE's Quality and Clinical Care Directorate and the Royal College of Physicians, Ireland.



- Medication audit, in conjunction with Medications Management Team – submitted to IAPC and EAPC for poster presentation
- Bisphosphonates review with introduction of Bisphosphonate Administration Record. This will be presented as a poster presentation at the IAPC and EAPC in 2011
- Ketamine Mouthwash in the Management of Radiation-Induced Mucositis. This has been accepted by IAPC and EAPC for poster presentation in 2011
- The Usefulness of Phlebotomy in the Palliative Care Setting – to be published in Journal of Palliative Medicine in March 2011
- Review of antihypertensive prescribing in a palliative care unit
- Systematic review on UK physicians' attitudes towards euthanasia – accepted for publication to Palliative Medicine, 2011
- Review of primary brain tumours in the Mid West – collaborative study with Oncology Dept, MWRH
- An investigation into the utility of a computerised device for the detection of cognitive failure and delirium in patients from various healthcare settings – HRB grant application
- Exploratory research project with Clare Mental Health Services for Older People – Developing a Framework for Palliative Care Interventions in Dementia Care in Ireland.

A number of reviews were carried out in the **Nursing Department** as part of a continuous programme of review and development. Three reviews centred on the evaluation of the new Nursing management structure implemented in 2009 with a view to informing future developments in these areas. They included the review of:

- The Senior Nursing Team
- The new CNM posts
- Centre Cover arrangements.

In the Specialist Palliative Care service a *Patient Stories* project was started in October to provide patients with an opportunity to tell their story and describe their experience of the Specialist Palliative Care service. This will be completed during 2011.

A Patient's Own Drugs scheme was successfully piloted on Side A of the Specialist Inpatient Unit, in collaboration with the Pharmacy Department.

A review of the Out of Hours Telephone Advisory Service was started which included the handover form introduced for the Out of Hours community services, including Shannondoc.

The Irish Cancer Society's (ICS) Night Nursing service was integrated into the Nursing Team in Hospice at Home from 1st January with day-to-day operational management being provided by MCC. This development proved successful and will be continued in 2011.



The Nursing Home participated in the Healthcare Associated Infection in Long Term Care Facilities study, a European-wide prevalence study funded by the European Centre of Disease Control.

An Activities Liaison post was established to ensure all residents in the Nursing Home have an opportunity to take part in activities of their choice.

Volunteers from O2 provided computer training for Day Care clients and gave computers and a generous donation to Milford Care Centre. These will be used to give patients and residents in the Centre access to computers through the newly installed Wi-Fi system.

Reminiscence Therapy sessions were introduced in the Older Persons Day Care Centre.

Research/Audit

Research and audit activity included:

- A qualitative descriptive research study on the view of Community Specialist Palliative Care Nurses on caring for children and families with palliative care needs
- A range of audits relating to pressure area and wound care, documentation, medication management and infection prevention and control
- Rehabilitation of the Older Person – poster presentation at the Annual All Ireland Gerontological Conference.

The **Therapy and Social Care Departments** provide assessment, treatment and intervention and support across a range of disciplines. While the primary focus is on patients and residents, through individual and/or group work, the departments also support carers and families, both adults and children, depending on particular needs.

In broad terms these departments seek to support those affected by advanced life-limiting conditions by alleviating physical symptoms and maximising independence and coping within the constraints of their situation. They also provide opportunities for understanding, expression, communication, reflection and social engagement through the use of a wide range of methods and media to address each person's physical, emotional, spiritual and social concerns.

Education and training of staff working in the community and other health care settings to enhance their ability to care for palliative patients continued during the year.

As part of Milford Care Centre's Strategic Plan 2004-2011 a **Palliative Day Care Liaison Officer** was appointed in May with a remit to investigate the viability of existing community Day Care Centres for Older Persons accommodating people with palliative care needs living in the community.



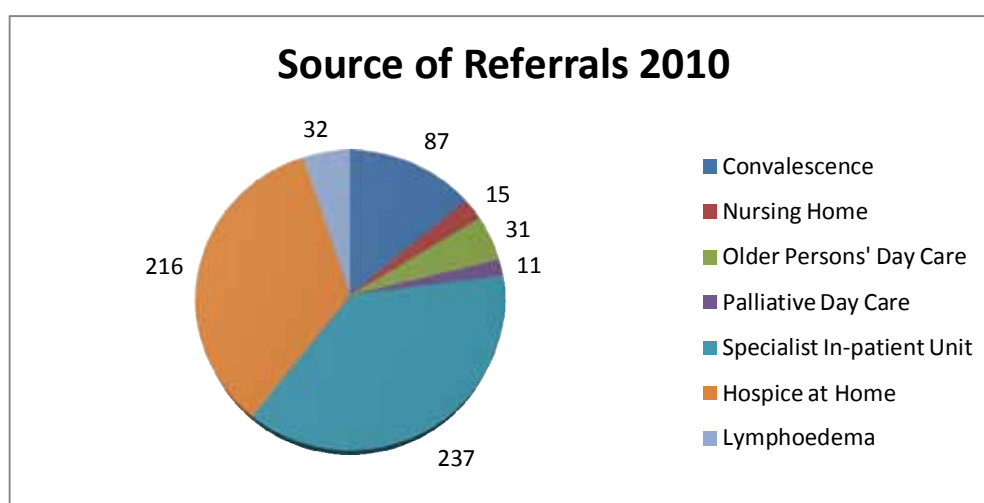
Over the course of the summer 30 Day Care Centres were visited during which an enormous quantity of information was gleaned regarding the excellent services they provide, including meals on wheels and laundry services. As this information would prove very useful to the Hospice at Home staff in assisting them identify the centre closest to their clients' homes which best suited their palliative care needs, a directory containing this data was commissioned and will be circulated to providers in January 2011.

A needs assessment, focus group discussions and joint introductory visits with Hospice at Home team members to the Day Care Centres were some of the other duties completed by the Palliative Care Day Care Liaison Officer.

Palliative care education is planned for delivery to staff and volunteers working in centres located throughout the HSE Mid West, including Clare, North Tipperary and Limerick in 2011.

As a result of this initiative it is hoped that patients in the HSE Mid West region with advanced life-limiting illness will have the additional option of being able to attend a local day care centre, where the staff, with the assistance of the Hospice at Home team, will be available to offer support to them near their home and close to their roots.

Physiotherapy received 629 referrals (643 in 2009) and the pie chart displays the number of referrals from each area of intervention.



Source of Physiotherapy referrals by area of intervention 2010

Two additional physiotherapists were trained in Lymphoedema treatment (supported by the Irish Hospice Foundation) and a 0.5 WTE physiotherapist was appointed in December due to the expansion of the Specialist Day Care Centre.

The following courses were provided in conjunction with Education and other departments:

- Casley Smith Lymphoedema Certification



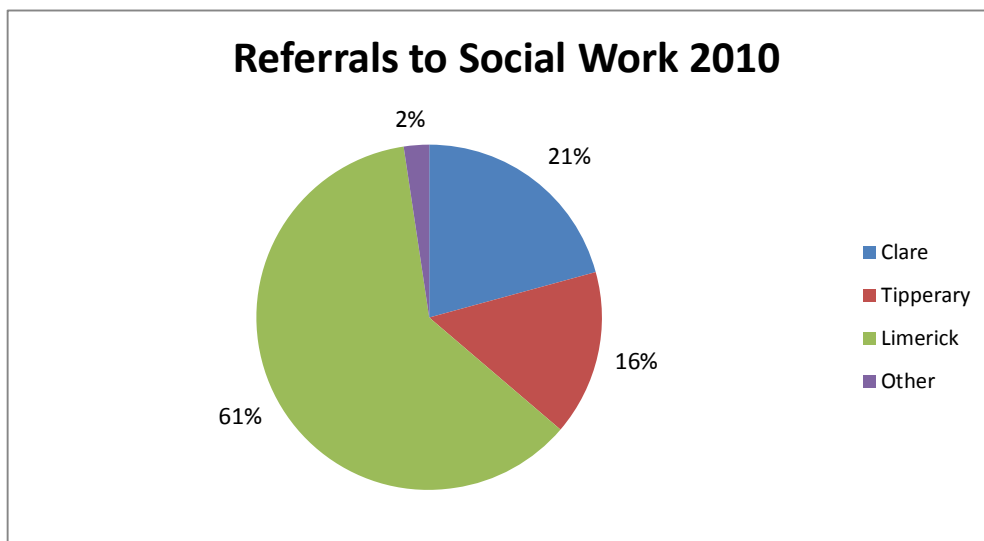
- Motor Neuron study day
- Certificate in Essential Palliative Care for Allied Health Care Professionals
- Palliative care and related symptoms for Primary Care physiotherapists.

The department commenced the use of the Edmonton Functional Assessment Tool to measure the physical function of Hospice at Home patients. It also developed a comprehensive breathlessness evaluation tool to improve symptom assessment and to assist the formulation of care plans.

A VDU risk assessment prioritisation system for staff was developed in conjunction with the Quality and Safety Department and completion of reports commenced.

The **Social Work Department** works with palliative patients and their families in the Specialist Inpatient Unit and community based Hospice at Home service. The social workers also carry an educational role and bereavement caseload in conjunction with service development. An additional 0.5 WTE post was approved late in the year as part of the Specialist Palliative Care Day Care Centre expansion.

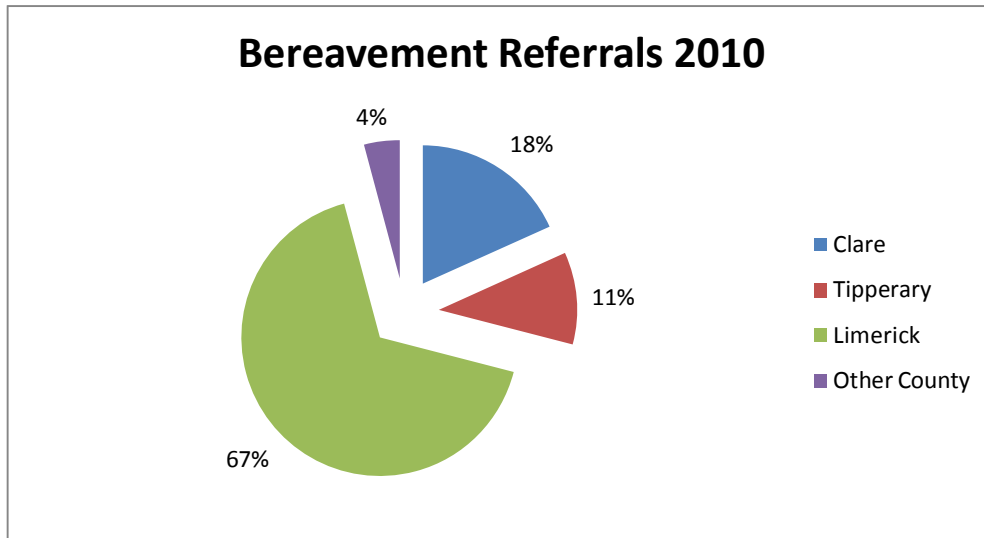
There were 761 referrals to the department during the year.



Total referrals to the Social Work Department 2010

The referral figures include 241 referrals to the Bereavement service, which is a slight increase on 2009 (233), and the chart below shows the areas from which they came.





Bereavement referrals by Local Authority area 2010

There were four Bereavement Information Evenings held with an approximate attendance of 120 people.

There were a number of groups held including:

- A drop-in group, held once a month – 88 attendances
- Adults grieving the death of a parent – 8 attendees
- Partner's support groups – 3 held and 22 people attended
- Children's bereavement group – 6 attendees
- Teenagers' group – 4 attendees

A *Grief without Words* community based, creative workshop for young women was run in conjunction with the Art Department.

Ethical approval was granted for a research project in Managing Domestic Violence in Palliative Care which will form the basis for multi-disciplinary Hospice at Home training and development of best practice models and policy guidelines in domestic abuse.

The department was actively involved in the development phase of the Health Promoting Palliative Care project which will be introduced in a pilot area in Limerick in 2011. A grant was received from the Irish Hospice Foundation for this project.

Funding was received for a member of the department to attend, and present at, the 2nd International Conference on Public Health and Palliative Care in Dhaka, Bangladesh.

Following on process development work introduced in 2009 **Occupational Therapy** introduced a screening process for patients to ensure their therapy needs are met in a timely fashion.



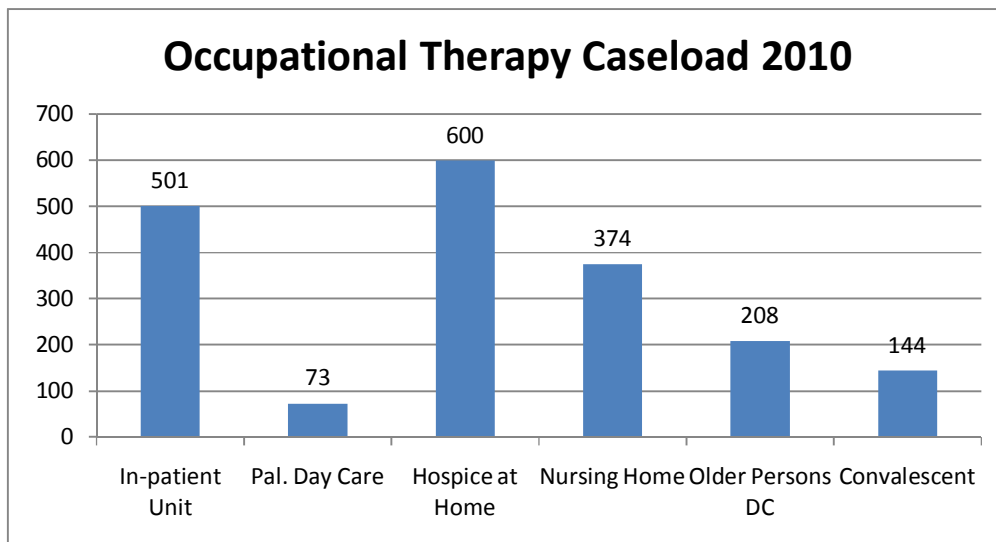
There was consolidation of the range of Older Persons therapeutic groups to include falls management with the Physiotherapy Department and reminiscence therapy with the Music Therapy Department.

A joint initiative with the Nursing Department regarding clinical equipment needs has resulted in patients in the Specialist Inpatient Unit having access to basic comfortable seating.

The splinting room provided as part of the Capital Development Project became fully operational and two staff attended splinting courses.

The department participated in the development of the Equipment Stores which now has facilities to meet the national standards in clinical equipment hygiene.

There was a significant increase in this department's caseload during the year, up from 1,332 patients treated to 1,900 which is an increase of 42.64%.

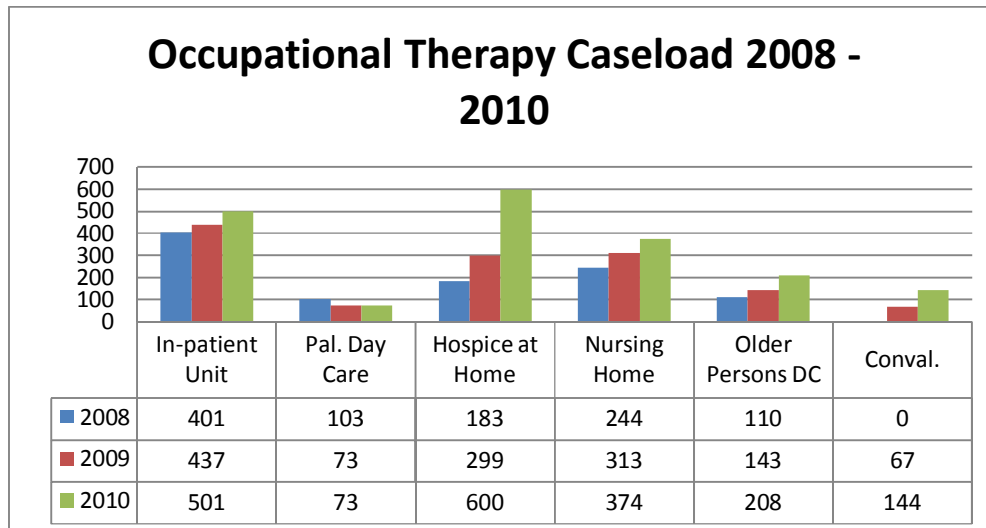


Occupational Therapy caseload 2010¹²

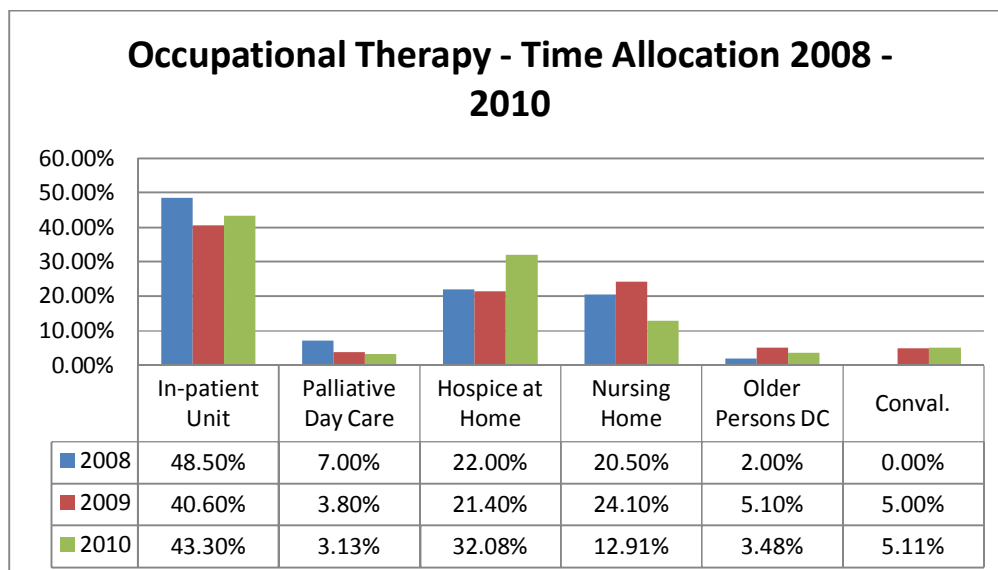
While there were increases in almost all sectors the Hospice at Home caseload doubled due to the continuing development of that service and the additional staff assigned to it.

¹² Caseload indicates number of patients treated during the year.





Occupational Therapy caseload trends 2008 - 2010¹³



Occupational Therapy time allocation breakdown 2008 - 2010

Greater numbers of patients have been able to access the service due to a number of factors including greater use of groups, the screening process for patients on admission to the Inpatient Unit and the embedding of the Hospice at Home OT service.

The **Art Department** contributes to the well-being of people using MCC through positive and meaningful engagement with the visual arts. Depending on a person's interests and needs the department can offer the opportunity to explore new media; continue a lifelong interest that may have been interrupted by illness; or work psycho-therapeutically through Art Therapy.

¹³ Hospice at Home service commenced in 2008.



A total of 186 referrals were made to the Art Department and it worked with 252 clients. The following table shows how these figures break down by clinical area.

CLINICAL AREA	REFERRALS	PATIENTS TREATED
Inpatient Unit	103	108
Older Persons Day Care	64	108
Palliative Care Day Care	18	28
Nursing Home	1	8
TOTAL	186	252

Art Department: Referrals and number of patients treated 2010

Longer-scale work with clients takes place more frequently in Day Care whereas contacts with clients in the Inpatient Unit may often be brief.

The Department also contributes to the visual environment in MCC and links with the local community through involvement in cultural events.

Bealtaine, an arts festival that celebrates creativity in older age, was hosted during May. This year's exhibition included a ceramic mural made by clients of the Older Persons Day Care Centre and was inspired by their memories of Limerick. This is now on permanent display in Day Care and continues to stimulate conversation and sharing.



Older Persons Day Care: Bealtaine Ceramic Project 2010

Clients of Palliative Care Day Care exhibited their art work as part of the Annual Hospice Coffee Morning.



Mental Health Week was celebrated with random canvasses dotted around the Centre on which people were invited to “*Leave their Mark*”.

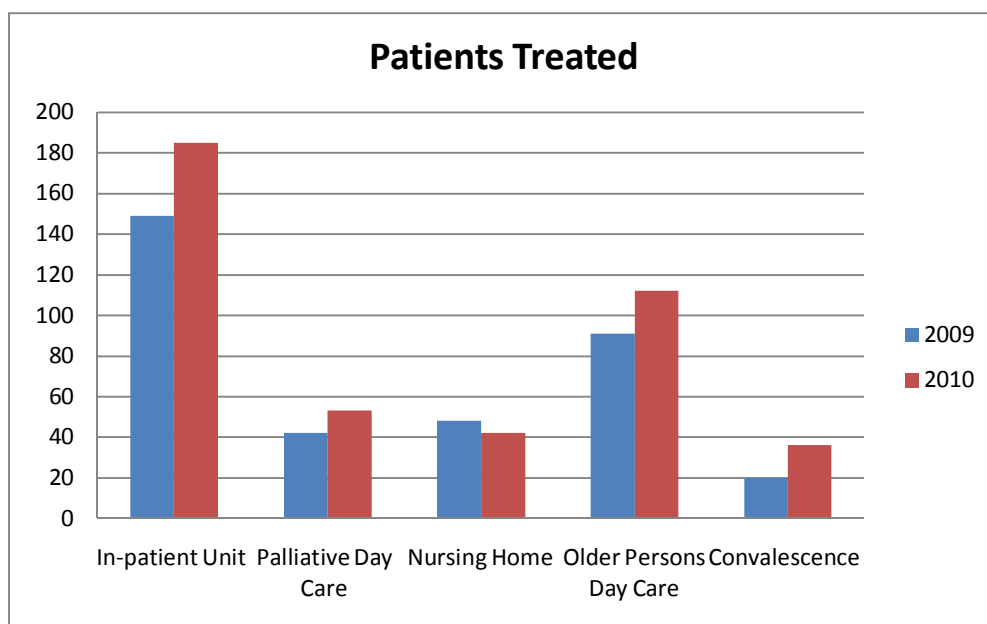
The inaugural Staff Art Exhibition was held in the Restaurant and it is hoped to make this an annual event.

The **Complementary Therapy** Department treated 428 patients, an increase of 22.3% on 2009 (350 patients). This increase was achieved by reducing the number of sessions for a patient so that more people could benefit from the range of therapies available.

The Essential Oils policy was revised to bring it into line with current best practice guidelines and this included the installation of fridges to store unopened oils and two audits.

The therapists held two well attended education workshops specifically aimed at Complementary Therapists working in the cancer care environment:

- Essential oils in the Cancer Care Environment
- Reflexology and Cancer Care



Number of patients treated by the Complementary Therapy Department 2009 - 2010

The department participated in a programme of talks for staff on stress management.

The **Pharmacy** service predominantly provides a service to patients in the Specialist Inpatient Unit. However pharmacy staff also provided information to the Palliative Care Day Care service, the Hospice at Home team and pharmacists, doctors and nurses working in the community.



A trial of a Patient's Own Drugs (POD) scheme continued on the unit at the beginning of the year. This aims to reduce wastage by allowing patients to use their medicines from home, if they wish. The patient's medicines are stored at their bedside, thus reducing time spent on medicine administration, ensuring that medicines are given on time and reducing the risk of errors.

Some of the successes of the scheme are that patients receive their medicines in quarter of the time that the previous system took. The median cost saving on medicines by implementing the scheme was €77.50 per patient and focus groups with staff showed that people preferred working with the POD system.

The following study days were provided in conjunction with Education and other departments:

- Enteral feeding tube
- Motor Neuron
- Syringe driver

Members of the pharmacy participated in a national initiative to update community pharmacists on palliative care issues through the Irish Centre for Continuing Pharmacy Education.

Members of the department had posters accepted for the All Ireland Pharmacy Conference and the European Association for Palliative Care Conference that will take place in 2011.

The pharmacy department also was involved in a Value for Money initiative involving a switchover to cheaper generic medicines with similar efficacy to their branded counterparts.

Music Therapy commenced two handbell choirs during the year; a residential care and a staff handbell choir. The Residential Care Centre Handbell Choir performed at the annual *Grannyolas* concert in December. As well as the enjoyment gained from being part of the choir it also has many therapeutic benefits including exercising cognitive and fine and gross motor skills.

The Staff Handbell Choir performed at the Light up a Memory event in December in conjunction with the Milford Care Centre Staff Choir.

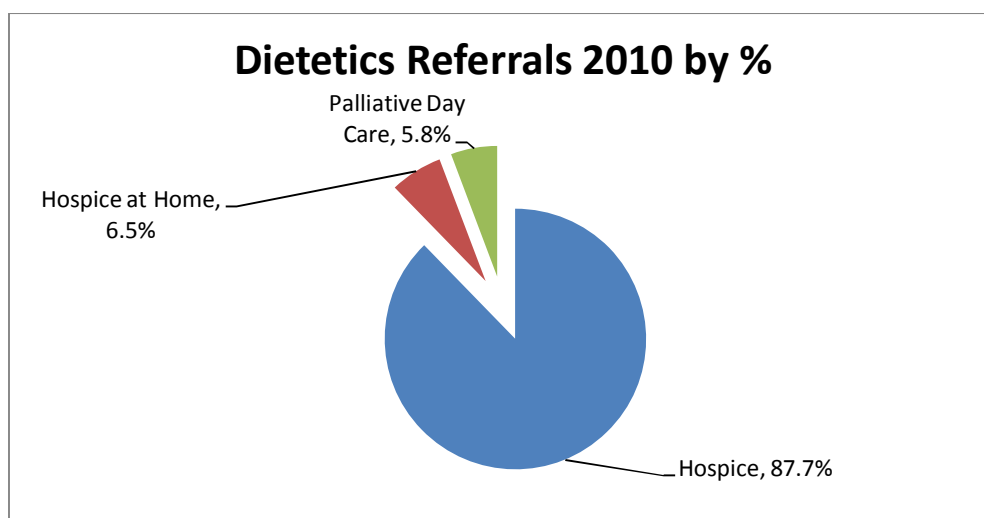
The reminiscence therapy group, established during 2009 for Older Persons Day Care service users, continued in conjunction with the Occupational Therapy and Art Therapy Departments.

Other events included facilitating Music Therapy student placements from the University of Limerick and organising a talent show in celebration of *Bealtaine* and Positive Ageing week.

The **Nutrition and Dietetics** service assists patients and professionals in the management of dietary related problems frequently reported in patients with life-threatening illness. Although working primarily in the Specialist Inpatient



Unit the Dietitian provided information to staff working on the Hospice at Home team and dietitians and health care professionals working in acute and community services.



Breakdown of Dietitian referrals across service elements 2010

In line with the Centre's commitment to education for health professionals practising in palliative care settings and to promote the palliative care ethos generally the dietitian facilitated a number of education sessions:

- Palliative care and the management of dysphagia in progressive neurological conditions (for community dietitians)
- Palliative care issues (TCD/DIT undergraduate Dietetic students)
- Dysphagia management (Speech & Language Therapy students, UL)
- Dietary issues in palliative care (catering managers, chefs and catering assistants).

Horticulture further developed the design for the Mosaic project which will be pattern rather than pictorial and will have gaps for clients to "*Leave their Mark*". There is still some way to go before the final design is agreed, however the journey is also very important.

The staff gardening group again offered their services to prepare the courtyard gardens for the growing season and to clear up before the winter set in.

A revised heating system was installed in the glasshouse which successfully protected the plants during the extremely cold weather during December and despite the freezing temperatures no external planting was lost either.

Pastoral Care held 15 bereavement masses to remember those who died in the Specialist Inpatient Unit during the year. Approximately 200 families attended.

In May the second Interdenominational Remembrance Service was held in Our Lady Help of Christians Church, Castletroy. It remembered and



celebrated the lives of patients who died while under the care of the Centre during 2009 and over 600 families were invited to attend. The musical skills of the Limerick Gospel Choir were greatly appreciated on the day.

Following a training period six people were commissioned as Eucharistic Ministers in October, the first to be appointed.

Pastoral Care organised a week of Remembrance for our Deceased in November, the month of the Holy Souls. On each day those who died in a different section of Milford Care Centre were remembered, including staff and their families, L.C.M. Sisters and Volunteers. Each section was also remembered on a display of Angels which was located on the altar during that week.

In the period January to August¹⁴ the **Speech and Language Therapy Service (SLT)** continued to provide direct service provision to patients in the Specialist Inpatient Unit. Considerable focus was also given to the enhancement of services to patients in the community with both palliative care and speech and language therapy needs.

This involved providing education, support and skill/capacity building within the Specialist Palliative team in terms of:

- Swallowing difficulties (Dysphagia)
- Communication difficulties (Dysphasia/dysarthria/apraxia)
- Developing a 'bank' of Augmentative and Alternative Communication (AAC) resources
- Assisting and advising in the management of complex communication issues and ethical dilemmas.

Attention was also given to improving/creating linkages between the Specialist Palliative Care service and the SLT Community Services by:

- Producing a directory of available SLT services
- Putting in place communication and referral guidelines and pathways
- Providing training, education and support to Community SLTs on the palliative care management of patients with communication and/or swallowing difficulties transferred to their service.

COMMUNITY SUPPORT BED NETWORK

The Community Support Bed Network provides 21 beds for end of life care and respite. Based in HSE and voluntary facilities across the three counties these units provide locally based services for palliative care patients with non-complex symptoms. These beds are located in the following facilities:

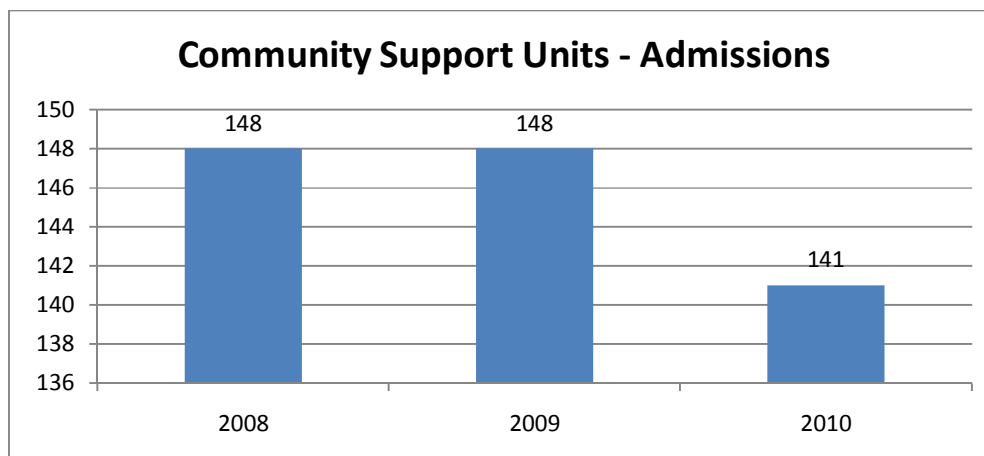
County	Community Support Bed Units
Limerick	Milford Care Centre, Limerick (2)
Clare	Regina House, Kilrush (2), Ennistymon Community Hospital (2), Raheen Community Hospital (2),

¹⁴ SLT service was not available during the latter part of the year due to staff absence.

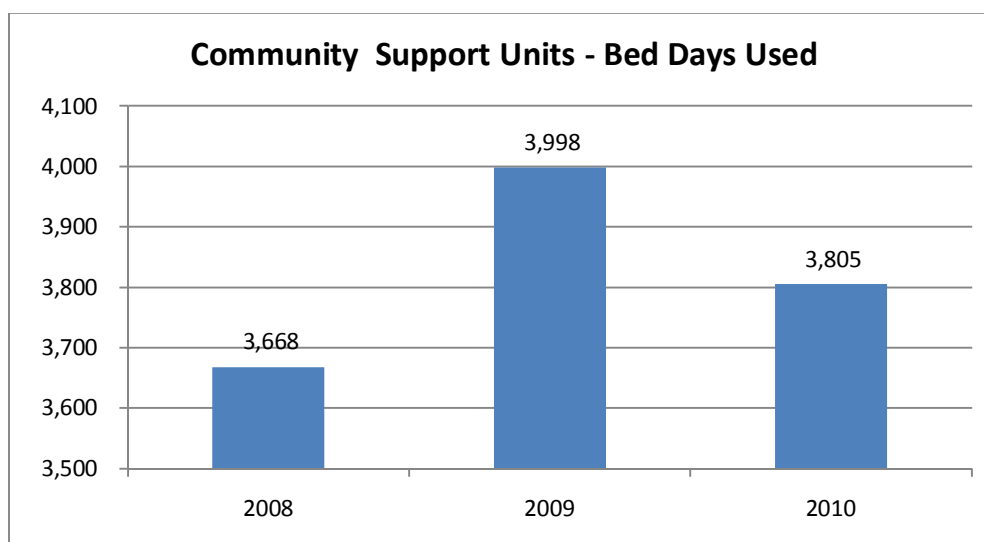


	Cahercalla Community Hospital, Ennis (7).
North Tipperary	Dean Maxwell Community Nursing Unit, Roscrea (2), St. Conlan's Community Nursing Unit, Nenagh (2), Hospital of the Assumption, Thurles (2)

Admissions were slightly down on 2009 levels (141 v. 148) and there was a decrease in the number of bed days used (down from 3,998 to 3,805: a 4.83% reduction). However St. Conlan's was closed to admissions from April 2010 due to staffing constraints.



Community Support Bed Network: Total admissions by year 2008 - 2010



Community Support Bed Network: Bed days used by year 2008 - 2010

NON-CLINICAL SERVICES

Education, Research and Professional Development

In 2010, the **Education, Research and Professional Development** team consolidated many of the new initiatives commenced in previous years.



Activity levels exceeded those for 2009, with over 900 places filled on a wide range of courses. Approximately 80% of these places were filled by non-MCC staff.

Interest in the European Certificate in Essential Palliative Care was particularly high and MCC increased availability from 40 to 55 places in the autumn to meet this demand.

A number of new programmes were introduced, including a 16-week distance learning clinical skills course for nurses and healthcare assistants working in residential care settings. The pilot of this course highlighted the considerable need and benefit of courses such as this to meet a gap in the provision of accessible, practical educational opportunities for staff working in these settings.

In 2010, an application was submitted to FETAC for quality assurance of the education service policies, procedures and guidelines and the service anticipates an inspection visit in the first half of 2011. This development is particularly significant as successful FETAC accreditation will enable further progression in educational opportunities for non-clinical staff working in the region.

Staff assigned to the service successfully secured a number of grants to engage in education, research and service development. Funding was allocated to a research study to explore nursing staff experiences of caring for patients with delirium and to the establishment of a bibliotherapy service between the Library and the Social Work department.

A significant development grant was awarded to the education service from the Irish Hospice Foundation (IHF) to develop a virtual learning environment to support candidates undertaking the European Certificate in Essential Palliative Care. Milford Care Centre is now leading the development of hospice based e-learning in Ireland. The service also supported a number of individual staff and departments to secure funding to develop education initiatives e.g. Lymphoedema training, Masters degree funding and attendance at International conferences.

The education team continued to engage in a number of important national projects and developments. The Head of Education, Research and Professional Development chairs the HSE West Palliative Care Education Forum and is one of a number of applicants who successfully secured funding to develop a Link Nurse education programme for the nursing home sector.

The consortium bid to host the All Ireland Institute for Hospice and Palliative Care (AIHPC) was accepted by the HRB in autumn 2010 and Milford Care Centre is represented on the management team of the AIHPC by the Chief Executive. As part of the focus on the development of AIHPC working relationships between MCC and UL were further strengthened through SLI – the collaborative structure between the two organisations.



The service continued to support a wide range of research and evaluation activities within the organisation, e.g. the evaluation of the Patient's Own Drug scheme and the audit of Family Meetings. It also provided training in SPSS and qualitative research methodologies.

A significant research project formally commenced in 2010 – an evaluation of patient assessment documentation in the Specialist Palliative Care Inpatient Unit. It is anticipated that this project will be of particular importance nationally.

The evaluation of the Hospice at Home service, conducted by the University of Limerick also commenced in 2010; the findings of this evaluation will be available in the third quarter of 2011.

The team published and disseminated findings from the research and evaluation programmes currently taking place, including:

- McLoughlin, K. (2010). Dying to talk: Unsettling assumptions toward research with patients at the end of life. *Palliative and Supportive Care*, 8 (3) p371-375
- Callinan, J., McLoughlin, K. and McCarthy, P. (2010). Analysis of library associated information needs of staff in a specialist palliative and gerontological care centre in Mid-West Ireland. *Health Information and Libraries Journal*, 27 (4) p286-294
- McKay, E., Taylor, A., Armstrong, C., McLoughlin, K., Rhatigan, J., McMahon, E., Conroy, M., Mainstone, P., Bailey, M., Gallagher, M.B. and Graham, M. (2010). Evaluating a 'Hospice at Home' Service - The Case of Milford Care Centre. *National Institute for Health Sciences Bulletin* 5(6) p16-17.

In addition, the service produced a number of internal evaluation reports of the Advanced Communication Skills programme and the European Certificate in Essential Palliative Care. It is anticipated that these will be presented for potential publication in peer reviewed journals in 2011.

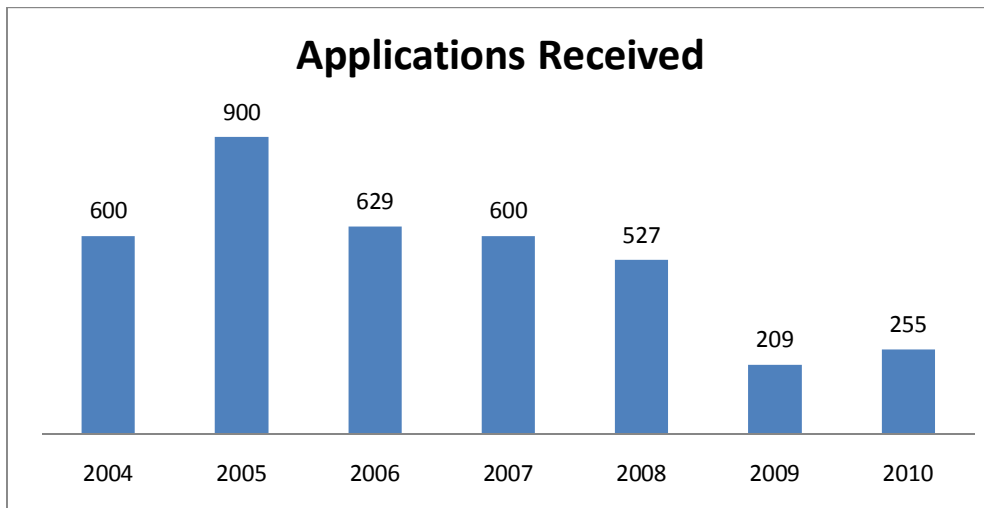
A key focus of development in 2010 centred on health promoting palliative care and funding was secured to commence Ireland's first Compassionate Communities pilot project in January 2011. As part of this focus, the education team lead the development of a bid to host the 3rd International Conference in Public Health and Palliative Care in Limerick in 2013 and secured funding from Bord Failte and IHF to make this bid viable. The bid will be presented by the Head of Therapy and Social Care in Dhaka, Bangladesh in January 2011.

At the end of 2010, a commitment was given to the further development of education and research posts for 2011. This included an additional 0.5 WTE Training Officer, 0.5 WTE Research and Evaluation Coordinator and 0.5 WTE administration support.



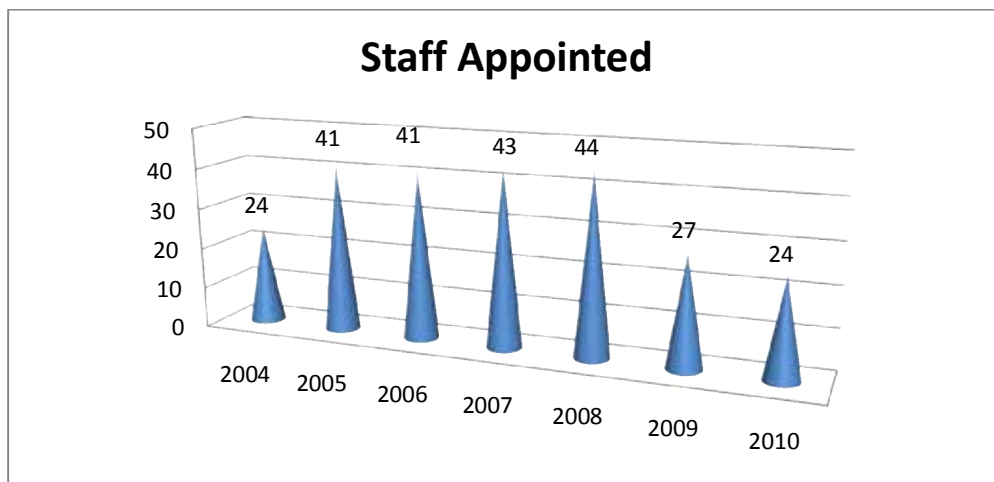
Human Resources

There was a 22% increase in the number of applications received although the number of recruitment campaigns undertaken (24) was the same as in 2009. Although it is not possible to be certain this may be a reflection of the national employment situation generally and the HSE moratorium in particular.



Number of applications received by the Human Resources Department 2004 – 2010

The Centre appointed 24 new staff and the graph below shows recruitment trends since 2004. The drop in appointments reflects the national economic situation and the fall off in new Development Funds.



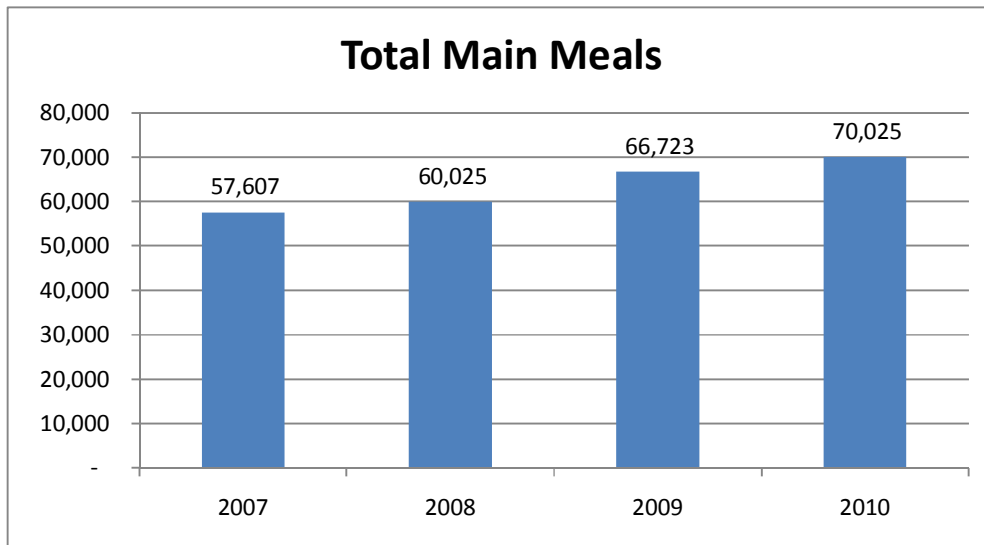
Number of staff appointed to Milford Care Centre 2004 – 2010

The Performance Management Review system, introduced for Heads of Department in 2009, was adapted and rolled-out to Line Managers in mid-year. It is intended to review and evaluate this after the completion of the first year's cycle.



Support Services

The **Catering Department** provided 70,000 main meals, an increase of 5% on 2009 and 16.66% since the Restaurant transferred to its new location.



Number of main meals served 2007 - 2010

The Irish Heart Foundation undertook an initial audit for the Healthy Heart Award and the recommendations will be implemented during 2011.

General Services undertook a number of Value for Money initiatives during the year, primarily in the Laundry and Porter sections.

The throughput of garments in the Laundry during the year averaged 3,684 items per week (191,570 pieces in the year) which was a reduction of 12.9% on 2009. An additional 22kg capacity dryer was installed.

A review conducted during 2009 led to changes to night-time security arrangements with the porters taking over these duties from an external company. The porters received specific training which enabled them to be licensed in accordance with the requirements of the Private Security Authority and the Private Security Services Act 2004. This change resulted in significant savings to the Centre.

The Centre continued to avail of the assistance and advice of the Regional Waste Management Office in its efforts to reduce waste costs.

The implementation of the Waste Management (Food Waste) Regulations 2009 in July had a significant impact on tonnage sent to landfill and reduced our waste costs. A reduction of 15.72 tonnes (22.2% down on 2009) in waste going to landfill, with a consequential 32.05% reduction in costs, was achieved.



Our clinical waste costs were also reduced as a result of training and increased monitoring of our clinical waste streams. There was a 24% reduction in our clinical waste tonnage and a 19.8% reduction in costs.

A decision was taken to replace the 1,000 gallon calorifier in the Inpatient Unit boiler room and to link its replacements to the CHP unit. This work will commence in early 2011.

Our contract cleaning service's national Health and Safety Controller carried out a Health and Safety audit of their processes and practices and they passed with flying colours. New machinery to clean and dry their materials was installed which will assist the Centre's energy and water reduction programmes.

The **Information and Communications Technology Department** had a very busy year due to developments associated with the Capital Project and the updating and linking of software applications.

The *iCare* project begun in late 2009 was completed by year end and the Hospice at Home nursing staff and all Allied Healthcare Professionals have been trained on the system leading to faster inputting of information which can be accessed by all Specialist Palliative Care staff regardless of location and for statistical purposes.

A decision was taken to revamp the Centre's website and work commenced with a web design company to redevelop it and to include an on-line donations module.

A new Distance Learning initiative was undertaken by the Education Department which involved the building and implementation of a new Moodle education website. A new website domain¹⁵ was acquired to enable this. Training in the use and maintenance of Moodle and Adobe software was attended by ICT. It is proposed to expand the use of Moodle to in-house mandatory training in the future.

The Department provided computer skills training to a variety of staff to enable them become familiar with the increasing number of software applications now available.

O2 presented 20 PCs for use by residents, Day Care clients and public throughout the Centre. Each PC had been wiped clean which necessitated a rebuild of the software by ICT. This is ongoing and it is hoped to fully implement these in designated areas throughout the Centre in early 2011. These PCs will be used for browsing and e-mail purposes with perhaps some computer games installed also. They will also be used in Day Care where classes take place for those who want to learn how to use a computer. They will operate from the guest broadband line which will not interfere with the Milford Care Centre broadband or LAN activity.

¹⁵ <http://www.e-life.ie/> (Electronic-Learning in a Friendly Environment).



The printer rationalisation exercise begun at the end of 2009 was completed. This saw a major reduction in the use of colour printing and, together with the re-deployment of network printers, should see a reduction in costs of printer cartridges and toners in the future.

Administration continued to provide a high level of support throughout the organisation and its staff participated on a number of committees including Self Assessment Teams and the Medical Records Committee.

Development work was undertaken by a member of Administration to roll out the *iCare* Patient Administration System to all clinical staff within the Hospice at Home service leading to improved communication and enhanced statistical information. The introduction of SMART Forms¹⁶ and the ability to save letters etc. to *iCare* has made patient information more readily available to staff across the system leading to a reduction in time spent on phone calls and the retrieval of manually stored data.

The Centre's general approach to requests for information from patients and their carers is to respond on a one-to-one basis consistent with patient confidentiality. However this is not always appropriate or possible. On occasions written requests are made and these are responded to in accordance with legislation and the Centre's own policy.

Six written requests were received during the year. In four cases the information requested was released. There was one refusal and in the final case, following consultation and agreement with a third party, the Centre forwarded correspondence between the requester and the third party.

Quality and Safety continued its efforts to support staff striving for the attainment of high standards in service delivery and safety for patients, residents, clients and families.

Some of its key activities included:

- A Risk Management Review was conducted with Heads of Department and a report was published at the end of the year that will provide a framework for the Centre's risk management processes for the next few years
- A gap analysis of existing systems was conducted comparing the Health Information Quality Authority's (HIQA) National Patient Safety Standards and other accreditation systems. The resultant recommendation was not to pursue an alternative form of accreditation but to focus efforts on implementation of recommendations of the Risk Management Review in preparation for possible future licensing.

Phase One of the Saleslogix software application, including document control, repairs/risks and training modules, was completed and rolled out to all staff which involved extensive training. Phase Two will commence in 2011.

¹⁶ SMART Forms are user definable forms for easy patient data recording.



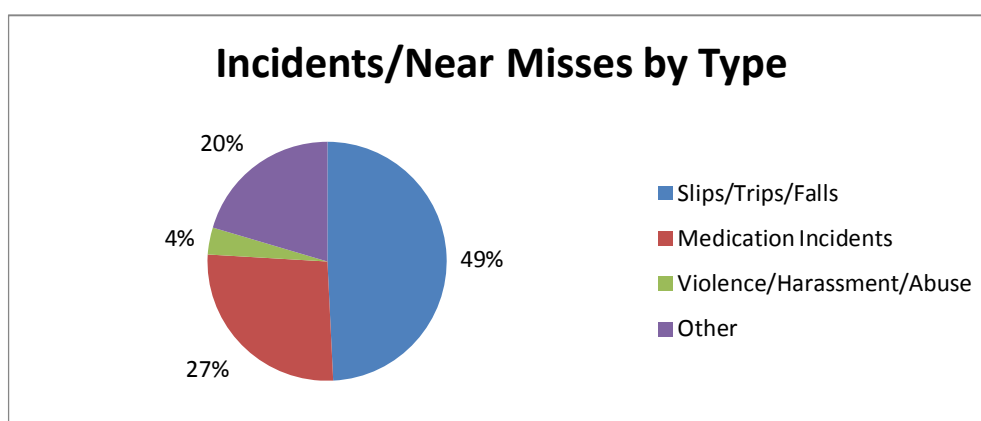
The number of falls continued to reduce overall which is evidence of the focus placed on assessment and use of appropriate assistive technology. The total number of falls was 94, down 8.73% on 2009 and 48% on 2007¹⁷.

	2007	2008	2009	2010
Nursing Home	138	93	63	45
Hospice	43	51	34	43
Day Care		2	3	4
Other		4	3	2
Total	181	150	103	94
% Variance		-17.13%	-31.30%	-8.73%

Number of falls by department 2007 - 2010

The Falls Working Group is reviewing the falls policy to develop a documentation system to ensure that any pattern of near misses or falls can be identified in order to reduce risk of future falls.

There were 191 incidents and near misses during the year of which 110 were in the Specialist Palliative Care service, 71 were in the Nursing Home and the remain 10 were in Support Services.



Breakdown of incidents/near misses by type 2010

There were seven complaints (covering 11 issues) received from service users and seven suggestions for improvement. All complaints were reviewed with the relevant Line Managers and/or Heads of Department and, where the persons raising complaints were known, feedback was provided in respect of follow up action to complainants.

¹⁷ 2007 was the first full year of falls recording.



Treatment/ Service Delivery	Communication	Staff attitude Manner	Facilities, Buildings	Hospital Accommodation/ Food (Excluding Cleanliness, Hygiene)	Nursing Homes / Residential Care for Older People	Total
1	2	3	2	1	2	11

Breakdown of complaints by type 2010

Finance/Fundraising

Finance

Milford Care Centre, similar to other service providers, was again required to operate within an ongoing difficult economic climate throughout 2010. Whilst operational deficits were reported in the management accounts of the service areas incorporating Nursing Home, Hospice and Day Care activities, the financial budget targets approved by the Board of Directors at the commencement of the year for the Centre as a whole were achieved.

Fundraising income streams managed to remain steady whilst outstanding works finalised on the capital development project enabled the project to remain financially on budget at completion stage.

The requisite service level agreement with the HSE governing funding arrangements to support Specialist Palliative Care covering the Inpatient, Hospice at Home and Day Care services was completed. In this regard, we gratefully acknowledge the ongoing support of our partners in the HSE. However, as anticipated, the Centre experienced a downward adjustment in its overall budget allocation under the terms of this contract, necessitating the implementation of related downward adjustments in pay rates within the Centre.

In tandem with these pay adjustments, work continued on reviewing significant non-pay spending areas across all areas by department heads and key budget holders. This has resulted in both relevant renewal of existing contracts and initiation of new contract arrangements as required for supplies of goods and services so as to attain best value for money and achieve the necessary savings. This value for money review is recognised as being an ongoing requirement and will continue throughout the coming year together with ongoing attention to pay budgets and whole-time-equivalent (WTE) complements across all operations within the Centre.

In accordance with annual statutory requirements, the Company Accounts were independently audited by PriceWaterhouseCoopers and the consolidated financial statements were approved at the Company's AGM in September. Work progressed on the implementation of a new financial system for the Centre in preparation for its introduction for the financial year 2011. This will enable integration with relevant related asset and equipment modules of the Centre's Quality & Safety systems.



The Government-led Nursing Home (Fair Deal) Support Scheme, which had commenced in October 2009, came into operation for many residents during the course of 2010 enabling them to gain some financial assistance through their participation in the scheme. Discussions with the National Treatment Purchase Fund to enable ongoing contracts to be continued beyond 2010 were finalised.

A key financial initiative progressed during the year was the successful outcome to negotiations with the HSE for the commitment of Development Funds to enable the planned expansion of the Day Care services and sustain the ongoing development of community services across the Mid-West region.

2010 was clearly a financially difficult and challenging one. We are very grateful to all those organisations who offered funding and financial grant support to the Centre during the year. It seems clear from Government Budget measures announced in late 2010, that 2011 will continue to be a financially challenging year. In this regard Milford Care Centre remains committed to using all of its available resources as efficiently as possible to retain both its current service and employment levels so as to ensure it can maintain its current operational activities subject to availability of resources

Fundraising

Once again in 2010, Fundraising played a key role in the financing of the services and development activities at Milford Care Centre and the success attained in raising these funds was largely due to the enormous generosity of the people of the Mid-West Region who continue to faithfully support our Fundraising events. Fundraising activities are made possible through a combination of the voluntary contribution of the Milford Hospice Friends working together with the support and loyal commitment of many people across the region. All funds raised are essential to the on-going delivery of the Centre's comprehensive range of specialist palliative care services in the Mid-West region which incorporates the Inpatient Unit at Milford and the expanding community services developed across the region.

The Fundraising events calendar for the year commenced in late February with numerous church gate collections in support of Milford Hospice organised and supported by community volunteers throughout Limerick City and County.

Milford Hospice was one of the charities chosen to be directly associated with The Great Limerick Run, a unique trio of runs catering for all ages, organised to coincide with the city's Riverfest celebrations in early May. It was the first time a marathon returned to the city for more than a quarter of a century and gave participants the opportunity to walk, run, or jog while raising valuable funds for their chosen charity.

The 2010 JP McManus Invitational Pro-Am charity event was held in Adare in early July with the event aiming to support charities throughout the mid-west. Ninety-one teams representing local charities from all over Ireland took part in the two day qualifiers. Milford Care Centre fully acknowledges the generous financial support it has received to date from JP McManus Pro-Am initiatives



and the invaluable contribution this has made in allowing Milford to continuously improve both the quality and range of services that provided throughout Counties Clare, Limerick and North Tipperary (Mid West Region).



Lending a hand at the JP McManus Pro Am

Sunflower Days, a national annual event organised in conjunction with the Irish Hospice Foundation, ran over two days in mid-June. In its 20th year and one of the longest running flag days, Irish Pride was welcomed as the main sponsor of the event which was well supported locally throughout the city and county.

The annual Milford Hospice Harvest Fair took place in late August on the grounds of the old Dell site in Castletroy, kindly donated for this purpose by PJ Noonan. The event this year marked the 25th anniversary of the hosting of the inaugural Harvest Fair and, blessed with fine weather and bumper crowds, it was a great success, reflecting the wonderful efforts and commitment of all involved in its organisation. Our thanks are extended to all concerned.



Volunteers helping with the organisation of Harvest Fair

National Coffee Morning event took place in mid-September with well-known sports commentator George Hook joining patients, residents, staff and volunteers at the Centre's own event hosted on the day. We commend the numerous Coffee Morning hosts and their guests across the region who generously responded to this initiative.





George Hook with Fundraising Department staff at Coffee Morning in Milford Care Centre

At year end, many took the opportunity to remember their loved ones in a special way by sponsoring lights on our Light up a Memory Tree which was illuminated in the grounds at a well-attended lighting ceremony in mid-December and which remained lighting throughout the Christmas season.

By year-end, planning had also commenced on updating the Centre's website so as to enable the acceptance of direct on-line donations.



We are cognisant that the economic climate throughout the year posed particular difficulties for fundraising activities with greater constraints being placed on patrons' disposable incomes. Therefore we are especially grateful to everyone who has assisted in any way to raising funds for our Palliative Care services. This includes the numerous individuals and community groups for planning and organising separate and sponsored events within their own area and donating the proceeds directly to the Centre.

Sincere thanks also to the Hospice Friends Association under the chairmanship of Con Enright, and its various sub-committees for their work in organising and assisting with scheduled events throughout the year. The Centre remains deeply indebted to all the volunteers, community services and the public at large for their contribution to our fundraising endeavours in all its facets throughout the past year and hope that this welcome support continues throughout the year to come.







