



Milford Care Centre



ANNUAL REPORT 2017

CONTENTS

Chairperson's Statement	2
Chief Executive's Statement	4
Directors and Management Team Membership	6
Mission	7
Capital Development Project	7
40 th Anniversary Celebrations	8
Quality	9
Service Activity	10
Specialist Palliative Care	10
Older Adults Services	17
Clinical Services	18
Palliative Medicine	18
Nursing, Therapy and Social Care	19
Physiotherapy	20
Occupational Therapy	22
Social Work	23
Art	24
Complementary Therapy	25
Pharmacy	26
Music Therapy	27
Speech & Language Therapy	27
Nutrition and Dietetics	28
Horticulture	29
Pastoral Care	30
Bereavement Support Project	30
Community Support Bed Network	31
Non-Clinical Services	32
Human Resources	32
Education, Research and Quality	33
Risk Management / Health and Safety	35
Catering	35
General Services	36
ICT	37
Administration	37
Finance/Fundraising	37
Complaints	41
Freedom of Information and Data Protection	41
Directors Statement and Accounts	41
Publications/Presentations/Audits	47



CHAIRPERSON'S STATEMENT

It gives me great pleasure to present this report on behalf of the Board of Directors.

MCC's guiding principles overseeing its governance and operations, together with its core values of accountability, compassion, communication, justice and respect are set out in the MCC Mission Statement. The Board does all in its power to support and guide the Executive, Management and Staff in adhering to these principles in the provision of the highest quality patient-centred care and services to patients and their families in the Mid-West region.

MCC is fully cognisant of its statutory obligations under both the Companies Act 2014 and also the Charities Act 2009 and is committed to ensuring that all of our activities are open and transparent. This Annual Report contains a dedicated Financial Section which outlines details of our financial, fundraising and operational activities. Furthermore, our website contains detailed information and assurances to our many supporters on how MCC utilises all of its financial resources. MCC's audited financial statements are filed annually with both the Companies Registration Office and also with the Charities Regulator, in accordance with statutory requirements.

MCC continues to strive at all times to maintain the highest level of service to all service users. This is only possible with the dedicated service, commitment and professionalism of our wonderful staff, and on behalf of the Board, I would like to express my sincere thanks to one and all.

Milford is most grateful for the support it received from multiple agencies and organisations in 2017, primarily the HSE, the Little Company of Mary, the JP McManus Benevolent Fund, JP McManus Pro Am 2010, EI Electronics Shannon, Cook Medical Limerick, the North Tipperary Hospice Movement and the Irish Cancer Society, as well as a number of private donations and bequests. These financial supports are essential in enabling MCC to both deliver the comprehensive range of high quality services which are currently available, as well as engage in appropriate capital development as necessary. I would like to thank all of them for their valued ongoing support.

We also enjoy the loyal support of a great number of volunteers who provide fantastic support to MCC every year. The many volunteers who help out on a daily basis supporting staff in our Hospice and Older Persons services, and also assisting with the many fundraising events held during the year. All of these remain a key resource and on behalf of the Board I would like to express my sincere gratitude to all concerned.

The generosity of the people of the Mid West in supporting our fundraising activities remains constant and is vital to the fundraising effort in supporting our services. Sincere thanks once again to all who have made donations to Milford and have supported our various events during the last year.



Earlier this year we completed the development of a new specialist hospice unit at Milford to serve the entire Mid-West area, which opened last February and is commented further on in the Chief Executive's report. Many thanks to all who assisted in the successful completion of this project, including the builders and professional staff engaged in the project, the various funders who made it possible, and the staff who ensured the smooth transition into the new facility.

The final part of this project is the conversion of the former hospice unit for nursing home use, as well as the upgrading of the existing nursing home facility. We are indebted to the Little Company of Mary for their support in this undertaking, which is scheduled for completion later this year.

I would like to acknowledge the ongoing major contribution of our Executive, led by our Chief Executive, Mr. Pat Quinlan, and I would like to take this opportunity to thank him and the MCC Management Team for their continued dedication and commitment throughout the year.

I would like to extend my appreciation and my gratitude to all our Board Members who give so willingly and so freely of their time and commitment throughout the year. I would also like to reiterate that all do so without remuneration or expenses of any nature whatsoever.

Milford Care Centre remains as committed as ever to continuing as a Centre of Excellence in Healthcare and to delivering the highest quality patient-centred care and services to the people of the Mid-West.

Patrick Gilmartin, Chairperson, Board of Directors
June 2018



CHIEF EXECUTIVE'S STATEMENT

Throughout 2017 Milford Care Centre continued to provide and enhance its range of Older Adult and Specialist Palliative Care services while also completing Phase 1 of the major development project approved by the Board in December 2014.

Our Services

During the year there was an active ongoing demand for our services and despite many pressures and challenges, the aim at all times remained to ensure that we delivered high quality care to our many service users throughout Counties Clare, Limerick and North Tipperary (Mid-West). Milford has long recognised the value and importance of strong partnership and this is particularly so in our working relationship with HSE. We are also very grateful for the ongoing support we receive from the Irish Cancer Society and North Tipperary Hospice Movement.

Celebrations

Milford celebrated two milestones in 2017; the fortieth year of Specialist Palliative Care services in the Mid-West and the 140th anniversary of the foundation of the Little Company of Mary.

Development Project

Phase 1 of the Development Project, building of our new Specialist Palliative Care Inpatient unit, was completed in December and provides 34 single rooms (an increase of four) and four overnight rooms (an increase of two). The target operational date for this new facility is February 2018.

Work is also well advanced on the new Therapeutic Garden area which will be completed by March 2018.

The completion of this project would not have been possible without the support of our many sponsors and donors and in particular the contributions received from the JP McManus Benevolent Fund, JP McManus Pro Am 2010, Little Company of Mary, Health Service Executive, corporate and private donors. In particular we are most grateful to the people of the Mid-West for their ongoing financial support and generosity in contributing towards the cost of this new Hospice facility.

Quality and Standards

The Centre's staff continued to undertake research and evaluation projects with a number of them presenting at conferences and having articles published. Staff presented at the Irish Association for Palliative Care's (IAPC) 16th Annual Education and Research Seminar.

Quality and Safety Walk Rounds and the Safety Pause were implemented during the year. The former gives staff the opportunity to meet senior managers and raise issues that are of concern to them and to identify areas of good practice they have introduced and which might be replicated, in whole or in part, elsewhere in the Centre. The Safety Pause during handover identifies issues



that may give rise to concern during the day's work, e.g. patients of the same name on the ward.

Our People

The Centre's staff, volunteers and supporters have long worked together to provide and enhance our services to patients, residents and those with specialist palliative care needs in the wider community as well as the provision of education and support to other healthcare professionals. I would like to thank you all for your ongoing hard work and efforts on behalf of MCC.

I would like to acknowledge the major contribution of my colleagues on the Management Team and clearly their support, professionalism and dedication was invaluable to the work of MCC throughout 2017.

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 into the future. I also bid an appreciative farewell to staff who retired or resigned and wish them every success for the future. In particular, we remember those who died during the year and our thoughts and prayers remain with their families and loved ones.

Our Supporters

On behalf of the Centre, and on my own behalf, I would like to thank everyone who contributed in any way to our activities. Without our volunteers and those who support us financially we would find it incredibly difficult, if not impossible, to continue our service delivery at its present level.

Board of Directors

Milford Care Centre is indeed fortunate that it has in place such a dedicated and committed Board of Directors, who give so freely of their time and expertise on a voluntary basis. In particular, I would like to acknowledge the significant level of support received throughout the year from our Board Chairperson, Pat Gilmartin.

The Year Ahead

The year ahead, 2018, marks the start, and completion, of Phase 2 of our Development Project. This includes the completion of the Therapeutic Garden, the renovation of the old Hospice for an extension of Milford Nursing Home and the upgrading of facilities in the existing Nursing Home. On completion of these works the Nursing Home will have 69 beds, all in single rooms.

Thank you again to all involved with Milford, in whatever capacity, and to our many supporters, without whose invaluable help we could not achieve what we do in the day to day delivery of the highest quality services to the people of the Mid-West.

Pat Quinlan, Chief Executive
June 2018



BOARD DIRECTORS AND MANAGEMENT TEAM MEMBERSHIP

Directors

Dr. Con Cronin
Ms. Catherine Duffy
Mr. Pat Gilmartin (Chairperson)
Sr. Denise Maher, L.C.M.
Mr. Joe McEntee
Mr. Joseph F. Murphy
Ms. Margaret V. O'Connell
Sr. Teresa Ryan, L.C.M.

Company Secretary

Ms. Cathy Sheehan

Management Team

Mr. Pat Quinlan, Chief Executive
Ms. Kay Chawke, Director of Nursing, Therapy and Social Care
Dr. Marian Conroy, Consultant in Palliative Medicine
Mr. Declan Deegan, Head of Human Resources
Sr. Brigid Finucane, L.C.M., Mission Development
Ms. Carol Murray, Head of Non-clinical Support Services
Ms. Martina O'Reilly, Head of Education, Research and Quality
Ms. Cathy Sheehan, Head of Finance

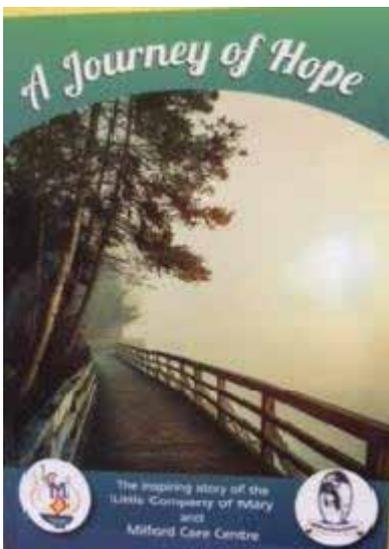


MILFORD CARE CENTRE

Milford Care Centre provides a range of services to older adults 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 Adults
- A 30-bed Specialist Palliative Care Inpatient Unit, serving the entire Mid-West region
- A Specialist Palliative Care Day Unit
- 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 Quality Department.

MISSION



A Journey of Hope: The inspiring story of the Little Company of Mary and Milford Care Centre details the influences of Plassey House and its history on the development of Milford Care Centre from its early days was published in Quarter 4.

It was launched by RTE's Religious and Social Affairs Correspondent, Joe Little, in November and is on sale at a number of locations in the region.

The Little Company of Mary celebrated 140 years since the foundation of the Order by Venerable Mary Potter.

CAPITAL DEVELOPMENT PROJECT

During 2015 the Centre set out its aim of building a new Hospice which would have 34 beds, with single rooms for all patients, and enhanced facilities for families wishing to stay, plus a range of ancillary services including a therapeutic garden, new Reception and additional parking.

Work on site began in October 2016 and the new car park was completed on schedule at the end of January.

The foundations of the Hospice were laid in February and work on the two wards was substantially completed by year end with a projected handover date of the end of January 2018. The handover of the



Lower Ground Floor will happen in late February 2018 but will not delay the transfer of patients to the new units in early February.

Funding for the project is coming from several sources including €9.2m committed by the Centre with the support of the JP McManus Benevolent Fund. A successful application was made to the HSE for €1.5m to fund the balance.

Funding also came from local companies in response to our Support a Room appeal, individual donors and from a variety of fundraising events held specifically for this purpose.

The winner of our 2016 Car Draw, Mr. Brendan O'Mahony, was presented with his prize early in the New Year and we wish him safe driving.



Left to right Michael Slattery, Slattery's Garage, Brendan O'Mahony (winner), Des Canon, Managing Director, Gowan Distributors, Ltd, Peugeot Importers in Ireland, Margaret Slattery, Slattery's Garage and Pat Quinlan, Chief Executive Milford Care Centre

Staff in all departments within the Centre contributed to the Project Brief and have continued to work with the Design Team as the building has progressed.

40TH ANNIVERSARY CELEBRATIONS

Milford Care Centre celebrated 40 years of specialist palliative care provision in the Mid-West region during the year. The first palliative care beds were provided in 1977 by the Little Company of Mary in the old Nursing Home based in Milford House. Since then the number of beds increased, firstly to 20 and then to the current 30 in 2006. Two dedicated hospice buildings were erected during those years and the third is under construction this year. Each construction project improved on the previous one and took into account the lessons learned, the changing times and expectations and the increasing emphasis on privacy for, and dignity of, the patient and support for families.



QUALITY

Milford Care Centre strives to continuously develop and improve the care it provides to the people of the Mid-West through implementation of an audit and quality assurance programme across all clinical and non-clinical aspects of the service.

Quality/Research¹/Audit

As part of Palliative Care Week in September Clare FM ran two interviews; the first was with the parents of a young man who was one of our patients regarding their experience of palliative care services provided to him and to the family. The second was with three members of the clinical staff.

The Centre's theme for the week was "*What have you heard?*" and sought to identify what the public know about palliative care. The basis of this theme comes from the premise that if you don't know what palliative care is – then how would you know how much it could help you or your loved one.

Building on the success at the EAPC in 2016 staff presented on six initiatives at the Irish Association for Palliative Care's (IAPC) 16th Annual Education and Research Seminar.

A multi-disciplinary team (MDT) Reflective Practice pilot was initiated in December 2016 and following feedback the model was rolled out with small groups of clinicians.

This model of Reflective Practice offers teams a way of managing their needs personally and professionally; at the same time facilitating the requirements for registration and ongoing CPD required by CORU and other professional bodies.

The Centre implemented the following in the Specialist Palliative Care Day Unit and Older Adult Day Care:

- Safety Pause
 - This identifies what patient safety issues staff need to be aware of each day
- Quality and Safety Walk Rounds²
 - These are designed for managers to meet frontline staff and hear about environmental challenges, staffing issues and examples of innovative work practices.

Reviews of the Clinical Risk Register have been introduced at ward level which ensures all staff have a knowledge of risks in their areas and what has been/can be done to resolve or ameliorate them. This, combined with the Safety Pause, and the Quality Walk Rounds brings a quality and safety emphasis to the fore

¹ Milford Care Centre's Research output is available online at www.lenus.ie and also on the Library Catalogue

² Quality Walk Rounds are led by a member of the Management Team.



of day to day operations and gives all staff an opportunity to feed into quality improvement plans and bring issues to the attention of senior managers.

A number of surveys were carried out including:

- A mixed method, descriptive, post-bereavement study gathered data retrospectively using a postal survey and focus group with bereaved relatives of patients
- A survey of the Nursing Home residents and family members
- Focus groups were held for Specialist Palliative Day Unit patients to reflect their views and experiences of attending the service.

Clinical audits, evaluations and research studies undertaken during the year included:

- Care plan and admission assessment in the Nursing Home
- Admission assessment in the IPU
- Falls audit in the Nursing Home
- Restraint audit in the Nursing Home
- Medication administration in the IPU
- Discharge from the IPU
- Pre-intervention Admission Assessment audit in Hospice at Home
- Post-intervention Admission Assessment audit in community based services
- Development of an audit tool for End of Life Care.

Nine abstracts were submitted to the IAPC's 17th Annual Education and Research Seminar which will be held in 2018. Two were selected for oral presentation and seven were selected for poster presentation.

Planning was initiated for the Advanced Pain and Symptom Management Conference in Palliative Care which will be hosted by Milford Care Centre on 27th April 2018.

SERVICE ACTIVITY

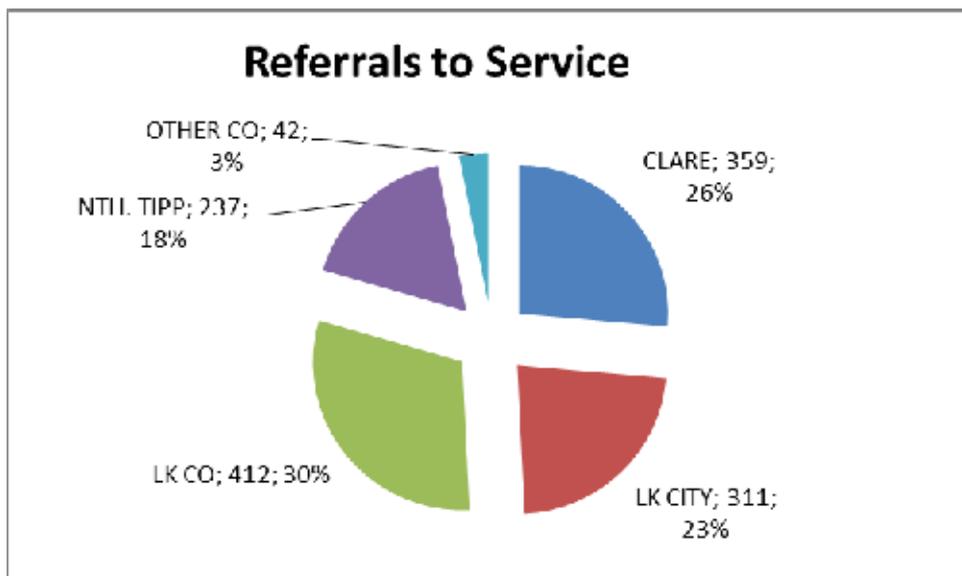
The overall activity in the Centre is outlined below and some disciplines provide additional information within their summaries.

Specialist Palliative Care

The Specialist Palliative Care service comprises the Specialist Palliative Care Inpatient Unit, Hospice at Home service, Specialist Palliative Care Day Unit, Acute Hospital consults and Out-patient Clinics at University Hospital Limerick and MCC.

The service treated a total of 1,717 individual patients across the geographical spread of the Mid-West. There were 1,361 referrals (up 0.6% on 2016) during the year.

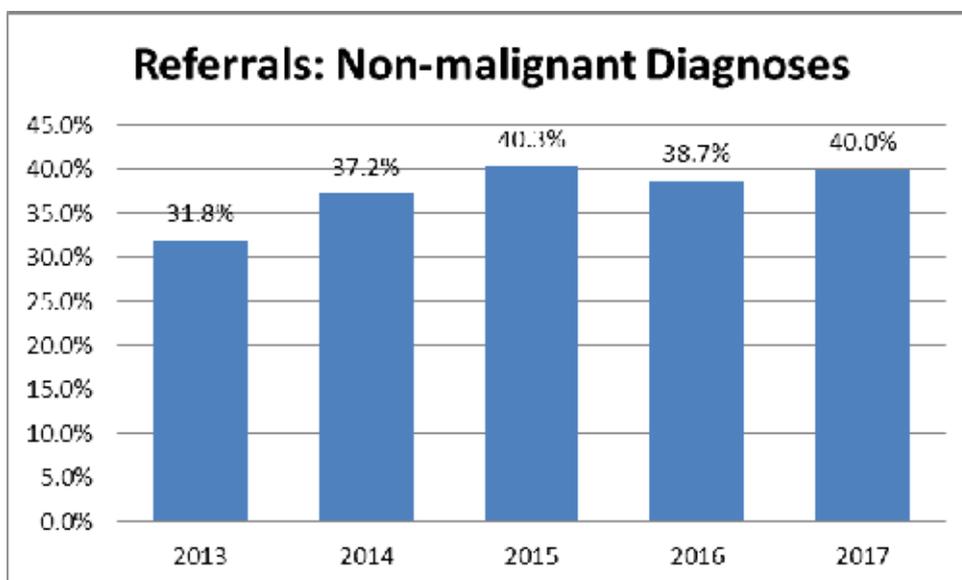




Referrals to Specialist Palliative Care 2017: By County

As in previous years over 54% of referrals came from the Limerick City and County area while referrals from Tipperary were down slightly (22) and Clare’s referrals increased by 33. 42 people were referred from neighbouring counties (32 in 2016).

60% of the referrals presented with a malignant diagnosis and 40% had non-malignant conditions (61.3% and 38.7% respectively in 2016).



Referrals to Specialist Palliative Care 2013 - 2017: Non-malignant Diagnoses

1,136 patients who were in receipt of care from the Centre died during the year, a decrease of 6%. The majority (51%) of these died either at home or in another community based setting, e.g. nursing home. 27% died in the Specialist



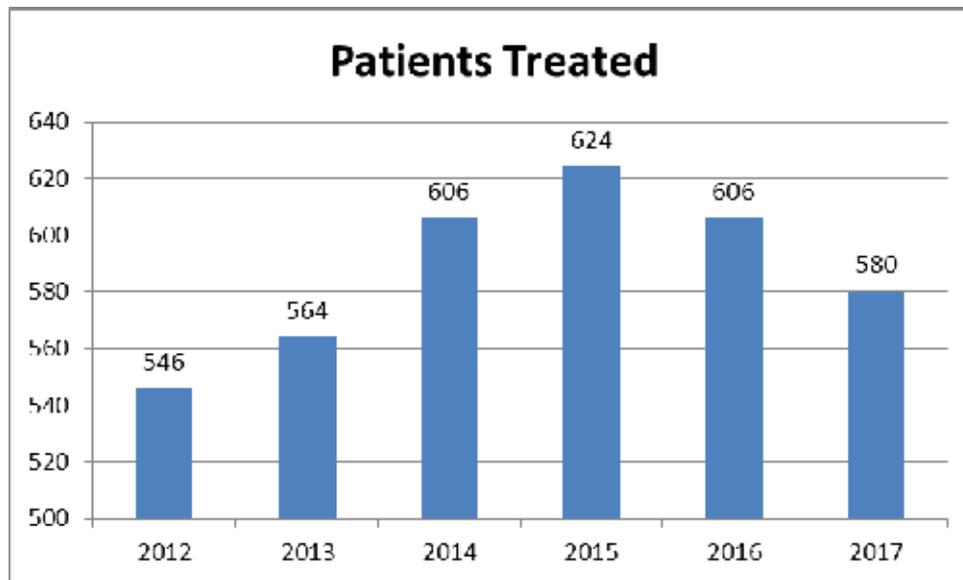
Palliative Care Inpatient Unit. Around 22%³ of patients died in an Acute Hospital.

Location of Death	No.	%
Home	351	30.9
IPU	306	26.9
Acute Hospital	253	22.3
Nursing Home	226	19.9
	1,136	

Location of death of Specialist Palliative Care patients 2017

Specialist Palliative Care Inpatient Unit

There were 580 patients treated⁴ in the Specialist Palliative Care Inpatient Unit, a 4.29% decrease on 2016.



Patients treated in the Specialist Palliative Care Inpatient Unit 2012 – 2017

There were 554 admissions of which 183 were re-admissions. 87.7% of admissions had a malignant diagnosis and 12.3% were non-malignant.

255 (45.5%) patients were discharged home or to another community based setting and 306 (54.5%) patients died in the Unit.

The average length of stay increased from 15.17 to 16.84 days and the median length of stay remained at 10 days⁵. The bed occupancy rate (based on 30

³ The number who are recorded as dying in an Acute Hospital include those patients under the care of the Specialist Palliative Care Service and those seen by Consultants in Palliative Medicine at the request of Consultants in other specialities on a consult basis.

⁴ "Treated" includes 26 patients in residence on 1st January and admissions during the year.

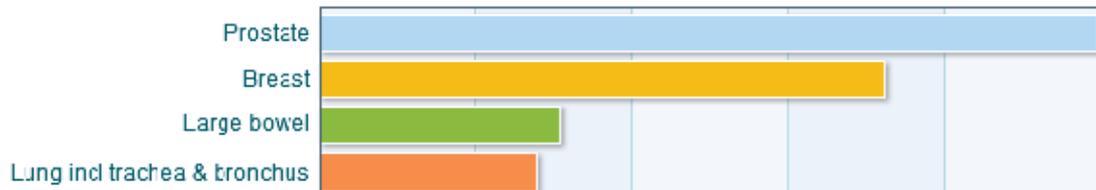
⁵ Calculation of median length of stay introduced in 2010 as it gives a more accurate picture having taken account of very long lengths of stay.



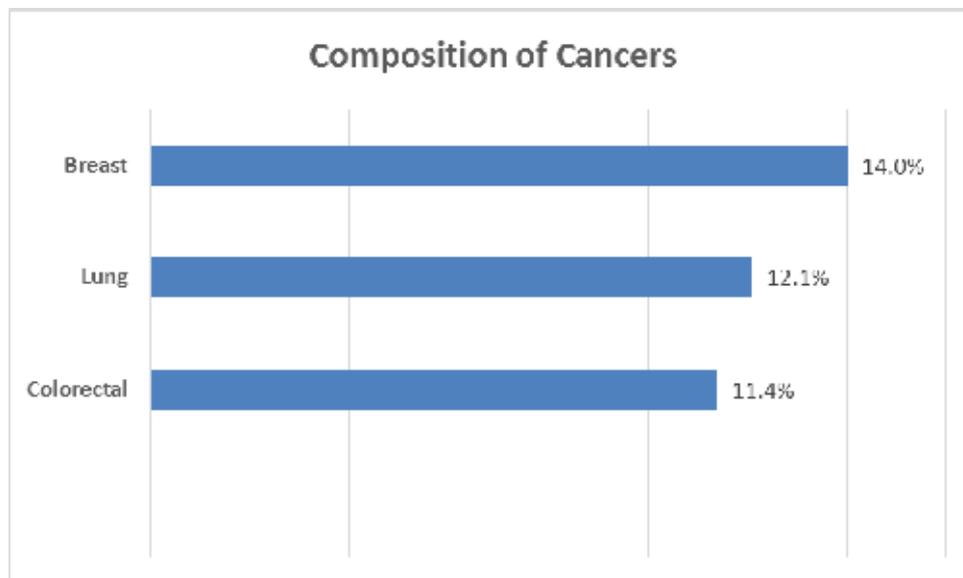
beds⁶) was 83.7% (up from 83.29% in 2016. 19 patients were in residence at 31st December 2017.

The top four malignant diagnoses were cancers of the lung, breast, colon, and prostate⁷, which is in keeping with national statistics⁸.

Estimated incidence for both sexes in Ireland, 2012



Extract from: Most frequent cancers in both sexes, 2012⁹



Adapted extract from: Key facts most common cancers 2012 – 2014 averages¹⁰

Acute Hospital Service

There were 902 first referrals (up 8.9% from 828) at University Hospital Limerick.

⁶ The IPU bed complement was reduced to 28 from 1st January 2012 and increased to 30 from 1st January 2014.

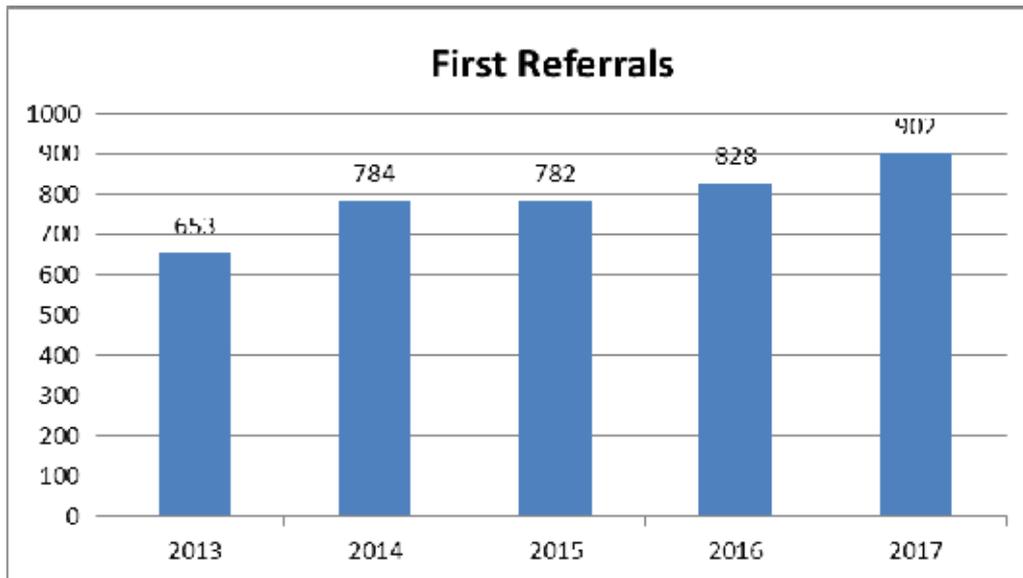
⁷ The same as 2015.

⁸ <http://eco.iarc.fr/EUCAN/Country.aspx?ISOCountryCd=372> accessed 21/08/2018. Latest available

⁹ <http://eco.iarc.fr/EUCAN/Country.aspx?ISOCountryCd=372> accessed 21/08/2018. Latest available

¹⁰ https://www.ncri.ie/sites/ncri/files/factsheets/all%20cancers_0.pdf accessed 21/08/2018. Latest available. NCRI's male and female data combined in above table. Average of incidences in Ireland 2012 – 2104.





UHL: new referrals to Consultants in Palliative Medicine 2013 – 2017

There were 92 first referrals and 17 review referrals to the Palliative Medicine service at St. John’s Hospital and 75% of patients had a non-malignant diagnosis.

There were 123 referrals at University Hospital, Ennis including 114 new referrals. Of these 90% had a non-malignant diagnosis.

Out-patient Clinics

There were 133 clinics held during the year with 55 at University Hospital Limerick, 17 at University Hospital Ennis and 61 at Milford Care Centre.

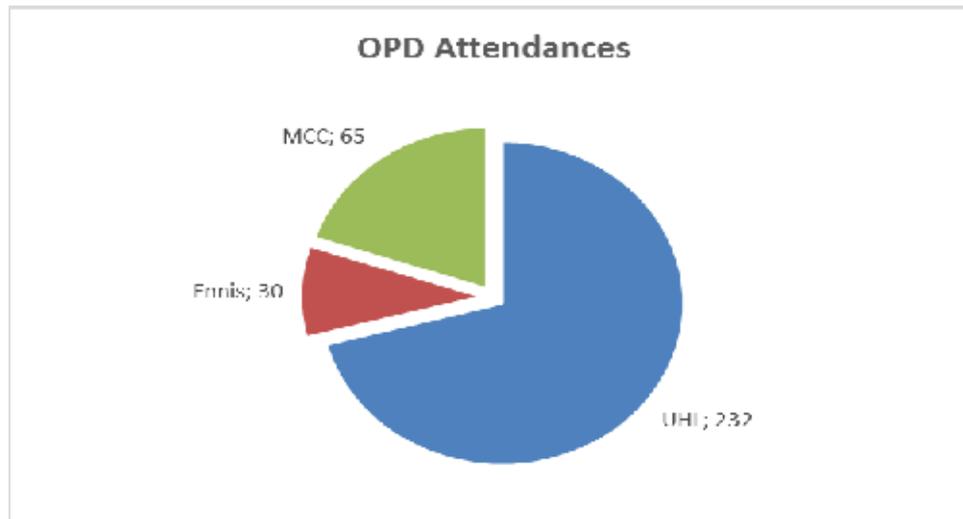
There were 113 first referrals and 177 reviews to the Palliative Medicine Out-patient Clinic at ULH. There were 232 attendances and in 58 instances appointments were cancelled or patients did not attend.

There were 30 attendances at the Ennis clinics with 20 first and 14 re-referrals. Four appointments were cancelled or patients did not attend.

61 clinics were held at Milford Care Centre with a total of 77 referrals (37 new patients), 65 attendances and 12 cancellations.

Total OPD attendances increased by 27.7% on 2016 (from 256 to 327).



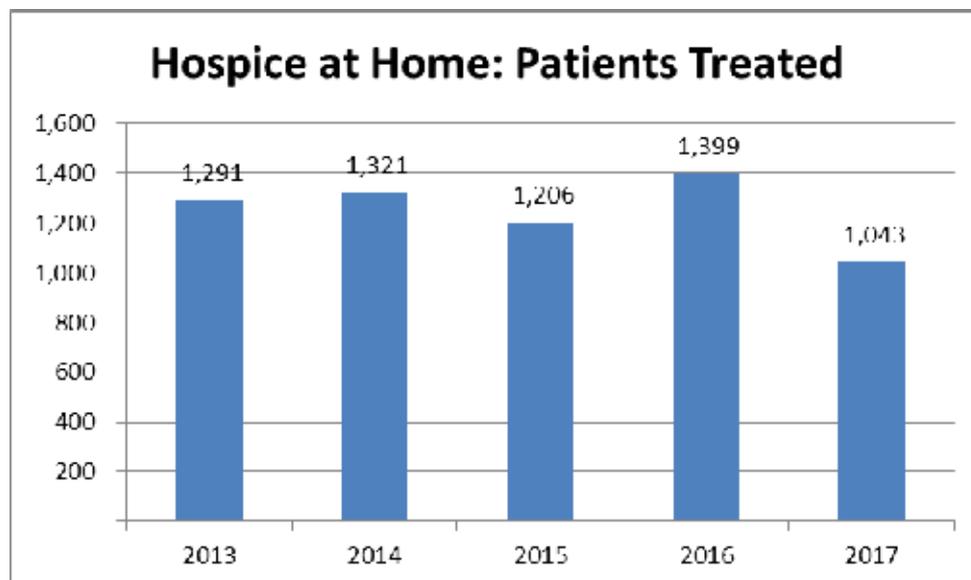


Out-patient Clinics: Attendances 2017

Hospice at Home

1,043 patients were in receipt¹¹ of care and support from the Hospice at Home service. There were 782¹² activated referrals of which 726 were new referrals and there were 56 re-referrals. A further 270¹³ referrals were received but not activated.

28.4% (206) of first referrals were of patients with a non-malignant diagnosis.



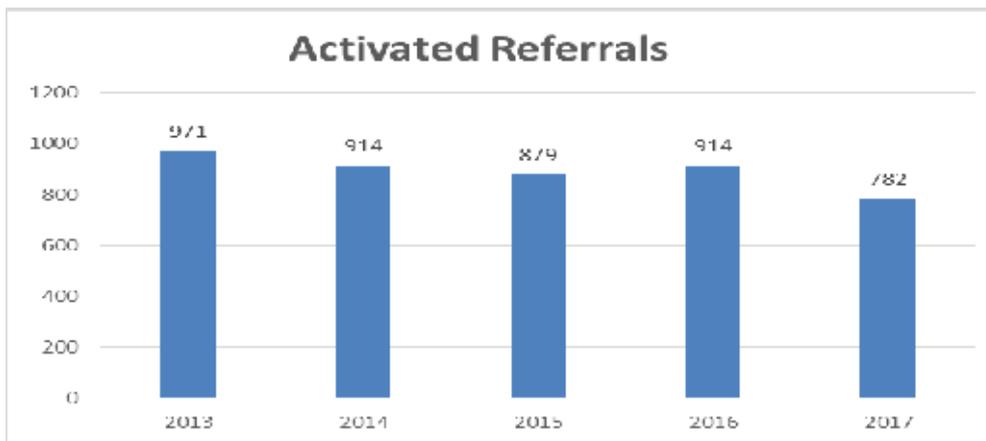
Number of patients in receipt of care by the Hospice at Home service 2013 – 2017

¹¹ "In receipt" includes existing patients at 1st January and referrals during the year.

¹² There was a change in the methodology for counting referrals to bring it into line with the Minimum Data Set definitions – now referrals are those referred and have received a face-to-face visit during the year.

¹³ 270 referrals were received and triaged. However for various reasons they did not receive a face to face visit. This could be because they died before a visit could be arranged, they declined a service or they left the area.





Number of activated referrals to the Hospice at Home service 2013 - 2017

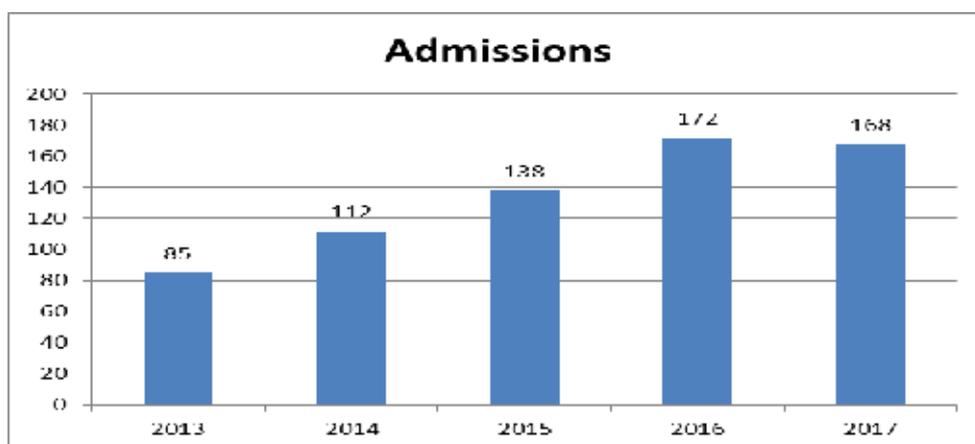
The Night Nursing service, funded by the Irish Cancer Society and the Irish Hospice Foundation, provided almost 900 nights nursing care.

Specialist Palliative Care Day Unit

Specialist Palliative Day Care has been described in the literature as bridging the interface between homecare services and Specialist Palliative Care Inpatient Units, so that patients can be referred smoothly from one to the other as required (Fisher and McDaid, 1996).

The Day Unit carries out symptom control and clinical surveillance, promotes independence for patients and enhances quality of life and rehabilitation. While the focus is on an 8-week programme this may be extended following re-assessment or the patient may be offered another cycle later in the year.

The Day Unit operates 3 days per week and there were 168 admissions, a 2.3% decrease on 2016, with 1,152 attendances (up 10.4%). 195 clients attended¹⁴ the Unit, up from 188 in 2016.



Admissions to Palliative Care Day Unit 2013 – 2017

¹⁴ “Attended” includes existing patients at 1st January and admissions during the year.



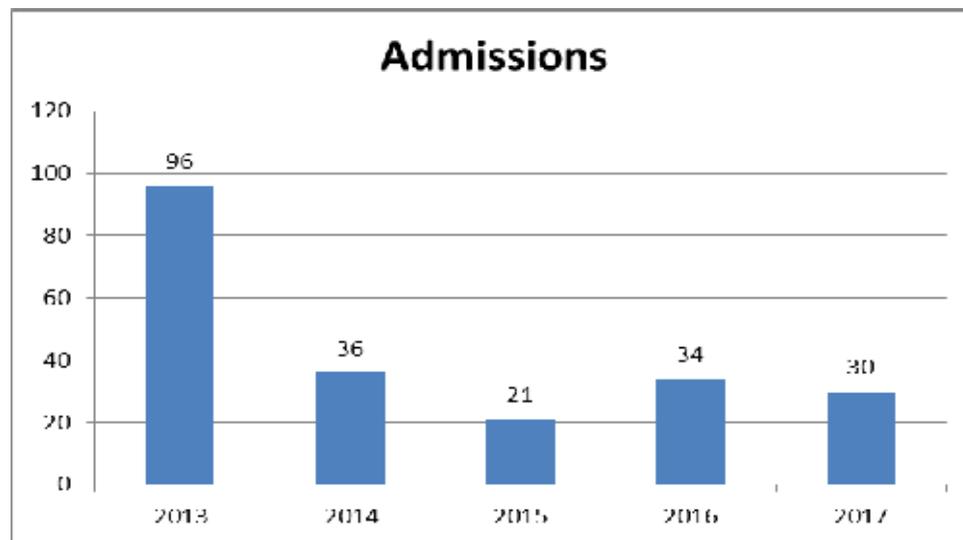
There were 133 discharges; an increase of 6.4% on 2016. There were 36 deaths, four fewer than in 2016.

Older Adults Services

Nursing Home

The Nursing Home had 47 beds at the start of the year, reducing to 46 in early July due to building works. This includes one contract bed and two reserved for Level Two palliative care patients¹⁵.

Of the 30 admissions, 18 were to long stay beds, 2 to respite and 10 were to the palliative care step-down beds.



Admissions to the Nursing Home 2013 - 2017

The significant decrease in admissions after 2013 reflects the closure of the convalescent beds on a phased basis by the end of April 2014.

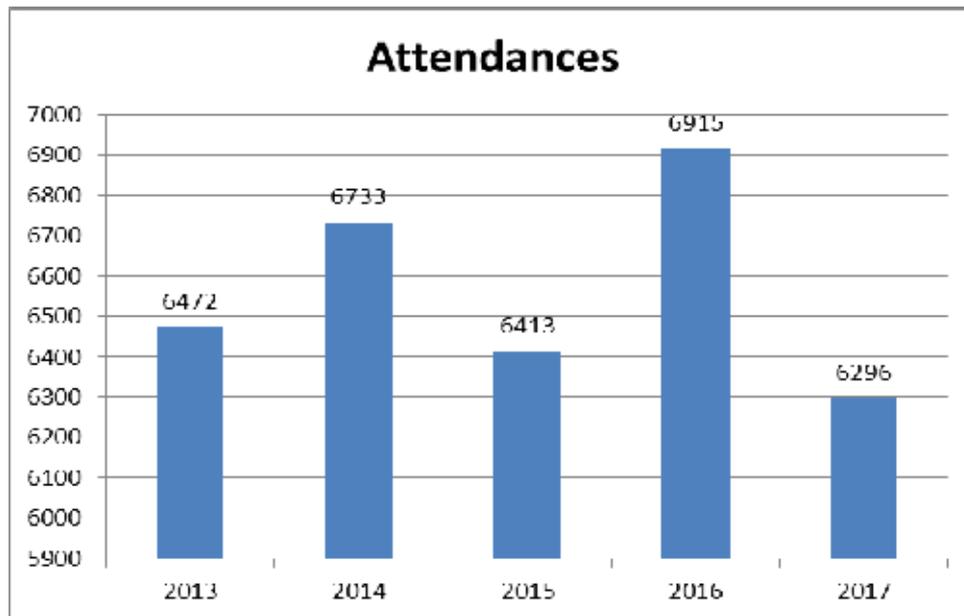
12 residents were discharged and 27 died. Average bed occupancy was 95.4% (up from 95.1%) and 16,159 (2016 = 16,353) bed days were used.

Older Adults Day Care

57 clients were admitted, a decrease of 39%. There was an 8.9% decrease in the number of attendances (down from 6,915 to 6,296). 49 clients were discharged and 13 died during the year. The average daily attendance was 27.

¹⁵ The Level Two Palliative Care Support Beds are designated step-down beds for palliative care patients no longer needing specialist care and facilitates discharges from the Specialist Inpatient Unit.





Attendances at Older Adults Day Care Centre 2013– 2017

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 is consultant delivered and is an integrated specialist service across five sites – Specialist Palliative Care Inpatient Unit, University Hospital Limerick, University Hospital Ennis, St. John’s Hospital and the community. A newly appointed fourth consultant manages the consultant-led interdisciplinary Hospice at Home service.

The Consultants were actively involved in the continued rollout of the standardised palliative care data collection and input across all of the acute hospitals in the University Limerick Hospitals Group (ULHG). Submission of minimum data set activity from University Hospital Limerick, University Hospital Ennis and St John’s Hospital is sent to HSE nationally. The addition of these statistics more accurately reflects the full range of Specialist Palliative Care Services in the Mid-West.

Following the pilot project in 2016 the DNACPR¹⁶ policy was launched within University Limerick Hospital Group.

The business proposal submitted to the HSE in 2016, for a fourth Consultant in Palliative Medicine post to support Specialist Palliative Care Community Services and the University Hospital Group, particularly Ennis Hospital, was approved on a temporary basis and an appointment was made during the second quarter. This approval was sent to the Consultants Appointments Unit and a permanent post is awaited.

¹⁶ DNACPR = Do not attempt cardio-pulmonary resuscitation.



The Department continued its collaborative work with Hospice at Home looking at triage of referrals, operational guidelines and educational needs.

The new **Nursing and Therapy and Social Care Department**, which became operational at the end of 2016, has strengthened multi-disciplinary team working arrangements.

The Department's staff were fully involved in completing planning for the new Hospice completion, fit out and transfer of patients. Planning for the changes to the old Hospice and the Nursing Home commenced in the latter half of the year as this work will commence in early 2018 with a target completion date of December 2018.

The Department completed its planning for the introduction of Nursing Metrics which will be implemented during Quarter 1, 2018.

HIQA carried out a registration renewal inspection of the Nursing Home in May and the recommendations of its report were addressed during the year. The Centre was registered for a further three year period ending in September 2020.

A computerised medical record, EpicCare, was introduced in the Nursing Home and will be fully implemented by the end of Quarter 1, 2018. This will improve record keeping and ease and timely updating of care plans.

Arising from the *What Matters to me* programme in 2016 a range of weekend activities for residents was introduced and has proven to be very popular.

The Hospice introduced recording of Admissions meeting data in Quarter 4 which prioritises allocation of available beds to patients on the basis of medical and psycho-social needs.

The Centre arranged a visit to the Nursing Home by Sage Support and Advocacy Service representatives. One person spoke about advocacy to assist residents make their voices heard and to help them participate in decisions that affect them. A banking representative gave a presentation about financial abuse in the elderly.

The Nursing Home's Residents Committee was restructured and it is now open to all residents.

A Leadership programme was developed in association with the HSE's National Leadership and Innovation Centre for Nursing and Midwifery. This will be implemented in early 2018.

The Specialist Palliative Care Community Services supported staff undertaking external courses including:



- RCSI's¹⁷ Future Nurse Leaders Development Programme
- ONMSD's¹⁸ Delivering Quality Initiative through Primary Community and Continuing Care Leadership
- MSc studies
- Introductory Workshops on Leadership
- Advanced Symptom Management programmes
- Advanced Communication Skills

The Hospice at Home service drafted a Strategy for Developing Nurses and Nursing 2017 and has begun the consultation process required before it is finalised.

The assessment documentation piloted in the Specialist Palliative Care Day Unit was rolled out to Hospice at Home, along with the introduction of a unified patient chart for patients under the care of the Community Services.

Practice Development/Clinical Placement facilitated 31 BSc student nurse placements in the Nursing Home and 13 in the Specialist Palliative Care Inpatient Unit as part of our ongoing link with the University of Limerick. This is an increase of 46.6% on 2016 (up from 30 to 44 placements).

Five post-graduate nurses were placed as part of the Higher Diploma in Palliative Care.

Haemovigilance activity decreased slightly with 136 RBC¹⁹ (140 in 2016) transfused in the Specialist Inpatient Unit.

The annual INAB²⁰ Inspection of Blood Transfusion Services in UHL Hospital Group took place 20-21st March 2017.

Ongoing Haemovigilance Education was provided to all nursing staff within the Inpatient Unit.

Haemovigilance Audits were carried out in accordance with criteria set down by UHL Blood Transfusion Dept.

Milford's Haemovigilance Officer attended regular Haemovigilance team meetings in UHL.

A *Checklist for suspected or confirmed outbreak* was devised to aid staff management of outbreaks.

¹⁷ Royal College of Surgeons Ireland

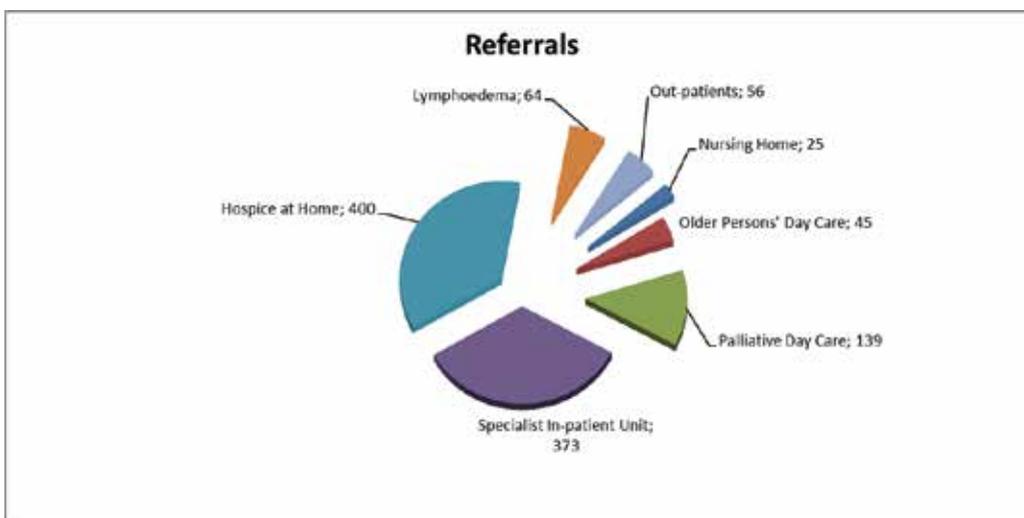
¹⁸ Office of the Nursing & Midwifery Services

¹⁹ RBC = Red Blood Cell

²⁰ Irish National Accreditation Board



Physiotherapy received 1,102 referrals (1,028 in 2016) which was a 7.2% increase on the previous year. 897 patients received care during the year, down 1.7% on 2016 (913 patients).

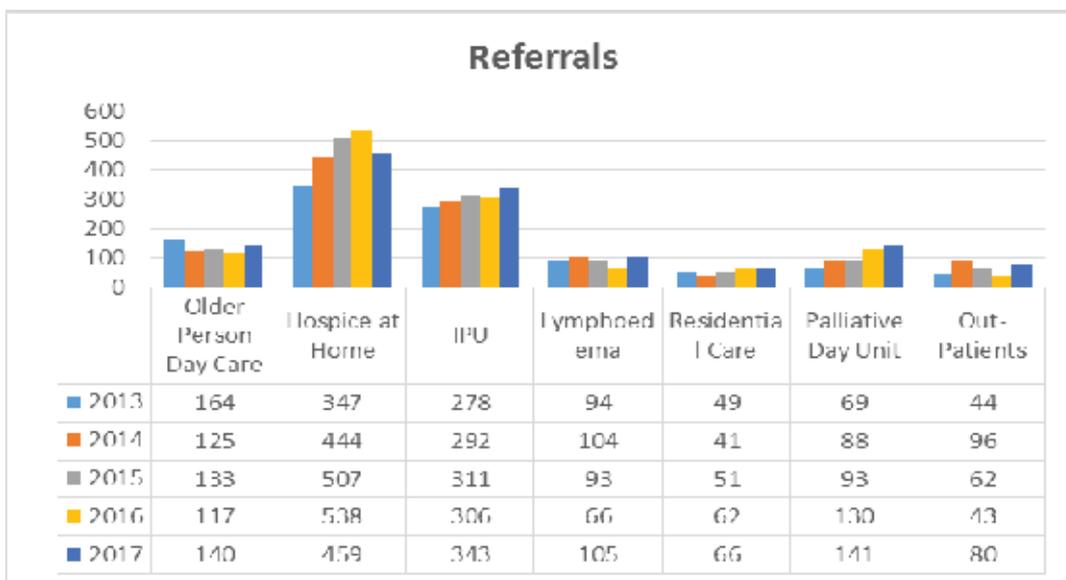


Physiotherapy referrals by area of intervention 2017

There was a decrease in patients seen by Hospice at Home due to staffing constraints (down 17.9%) and a 63.5% increase in referrals to Specialist Palliative Day Care.

Referrals to Outpatients increased by 100% with 80 patients treated (up from 43 in 2016).

The number of patients treated in the Hospice increased by 12% (306 to 343).



Physiotherapy referrals by area of intervention 2013 - 2017

The Department started Open Palliative Care Exercise classes for both Outpatients and IPU and developed a priority waiting system for referrals in Hospice at Home.



Physiotherapy implemented structured Reflective Practice on a monthly basis.

Occupational Therapy is viewed as having *‘the unique perspective of occupational therapy in promoting participation in meaningful life activities complements palliative and hospice care; its holistic and client-centred approach fosters a sense of independence and self-efficacy amidst the challenges of living with symptoms that can be debilitating’*²¹ (AOTA²².2015) and reflected the focus of the department’s work for 2017.

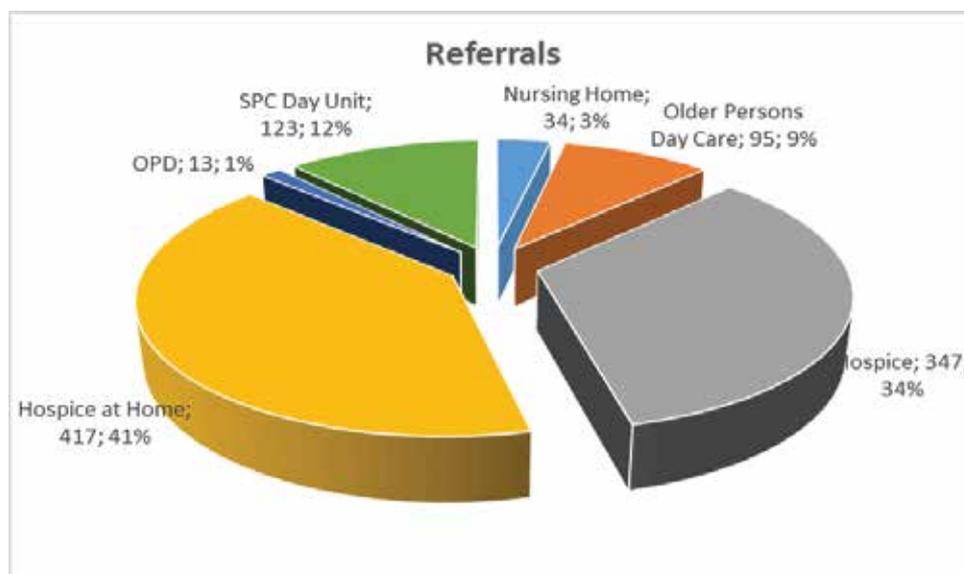
The specialist palliative care team completed the fatigue management data collection phase of their research project with initial feedback indicating positive results.

The department successfully implemented a cognitive stimulation therapy programme within the Older Adult Day Care Service. This programme aims to maintain cognitive function for those with mild or moderate dementia to enable them to maintain independent living in the community.

It has continued its commitment to the development of future OT’s with an annual workshop on Death and Dying for the School of OT in University of Limerick as well as facilitating student placements.

Staff have also contributed to the Occupational Therapy stream feeding into the development of the National Model for Palliative care.

The Department received 1,029 referrals and treated 1,105 patients. The bulk of activity (74.2%) was in the Hospice and Hospice at Home Service with virtually all service elements recording an increase in activity.



Referrals to Occupational Therapy by Service Element 2017

²¹<https://www.aota.org/~media/Corporate/Files/AboutOT/Professionals/WhatIsOT/PA/Facts/FactSheetPalliativeCare.ashx>

²² American Occupational Therapy Association



The **Social Work** Department continues to aspire to maintain the core competencies set out for those working in Hospice Palliative Care (HPC). Its focus is on providing psychosocial support and change management.

The staff work with palliative patients and their families in the Specialist Palliative Care Inpatient Unit, the Specialist Palliative Care Day Unit and the community based Hospice at Home service. The social workers also carry an educational role and bereavement caseload in conjunction with service development. It works in partnership with a number of external bodies including the Irish Hospice Foundation, Anam Cara and the Samaritans.

Social Workers are part of the interdisciplinary team to support the process of adjustment to a life limiting diagnosis/prognosis with all the social, emotional and practical implications involved. They have a particular role with families and carers and focus on a systems approach to maximise the work we do with them.

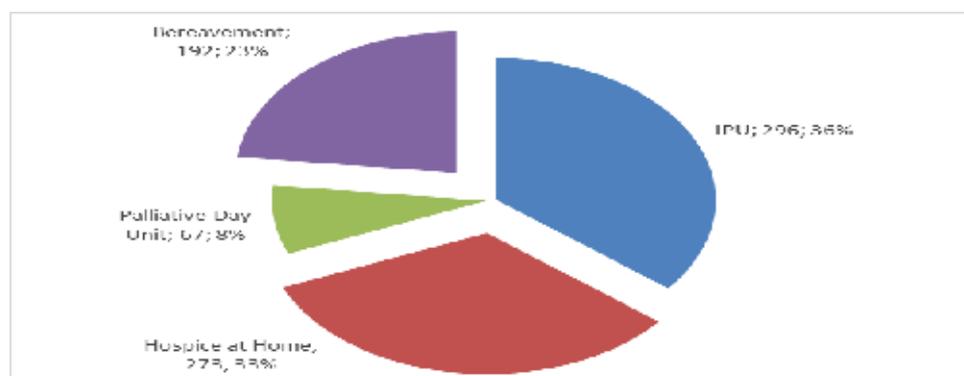
Following on from the assessment process, the following services are offered:

- Pre-admission planning for complex cases
- Psychosocial assessment of the patient/family situation, resources and goals
- Counselling services to patients and families, in particular grief and loss and solution focused therapy
- Provision of education and training programmes for carers together with other members of the MDT
- Extended family/sibling support, as appropriate
- Sourcing of and liaison with all possible entitlements and community services.

Internally the department provides:

- Child protection and welfare training and consultation to staff
- Designated Child Protection Officer role within Milford.

Within the Specialist Palliative Care Service the Social Work team received 636 new referrals (excluding Bereavement), an increase of 24.7% on 2016. This comprised 77% of their caseload with a further 192 bereavement referrals, (a decrease of 7.2%).



Breakdown of Social Work referrals by service element 2017



While the Bereavement Support service is offered in several ways by different disciplines within Milford Care Centre, the primary responsibility for it rests with the Social Work Department. The range of services that has been developed over many years recognizes that the need for bereavement support varies greatly from person to person.

Social Work team with a team of volunteers provide the following services:

- Bereavement information evenings
- Individual support
- Counselling and peer group support for adults and children
- Parenting programmes for those caring for bereaved children
- Information and consultation regarding bereavement issues
- Education sessions on loss and grief.

The Pastoral Care Department offer support to bereaved families through monthly Masses for families whose relative has died in the Inpatient Unit and an Annual Ecumenical Service. They are also available to meet with bereaved relatives individually. Inpatient Unit and Day Care staff welcome bereaved families who may wish to revisit the Centre after the patient's death. Similarly, Hospice at Home staff visit bereaved families in their home to manage the ending of the contact with the service.

Bereavement support is available to relatives and carers of patients who were cared for by Milford Care Centre.

Art ...therapy is a form of psychotherapy that utilizes an individual's own creative process in order to improve their overall sense of wellbeing. It can take many forms – including drawing, painting, sculpting, and fabric arts. Within palliative care, art therapy supports people in many different ways. Through the use of art making, people are able to release emotions and anxieties leading to a sense of catharsis, and so improving their quality of life²³ AHPCA²⁴.



A highlight of the year was the mural project which was coordinated by one of the Art Therapists and a group of volunteers from the Limerick College of Art and Design. The driving force for the artists was to enable residents, whose view of the gardens was blocked temporarily by hoarding surrounding the building works, to experience the vivid designs and colours of nature from within.

The *Christmas Market* is an ongoing initiative whereby clients from the Older Adult Day Care Centre plan and run stalls with the guidance of our Art Facilitator. Following the successful extension of the Market to 5 days in 2016

²³ <https://www.ahpca.ca/art-heart-role-art-therapy-palliative-care/> Dorothy Mackintosh, 7th December 2016

²⁴ Alberta Hospice Palliative Care Association



it was decided to continue that arrangement. Once again it was a highly successful and enjoyable event with the funds raised being donated to the Centre.

The joint Art Facilitation/Art Therapy research project with the Music Therapy team "Time to unwind" has now completed the data collection. The report will be published during 2018.

An art group begun with residents of the Nursing Home in 2016 resulted in a 20% increase in referrals from that service element.

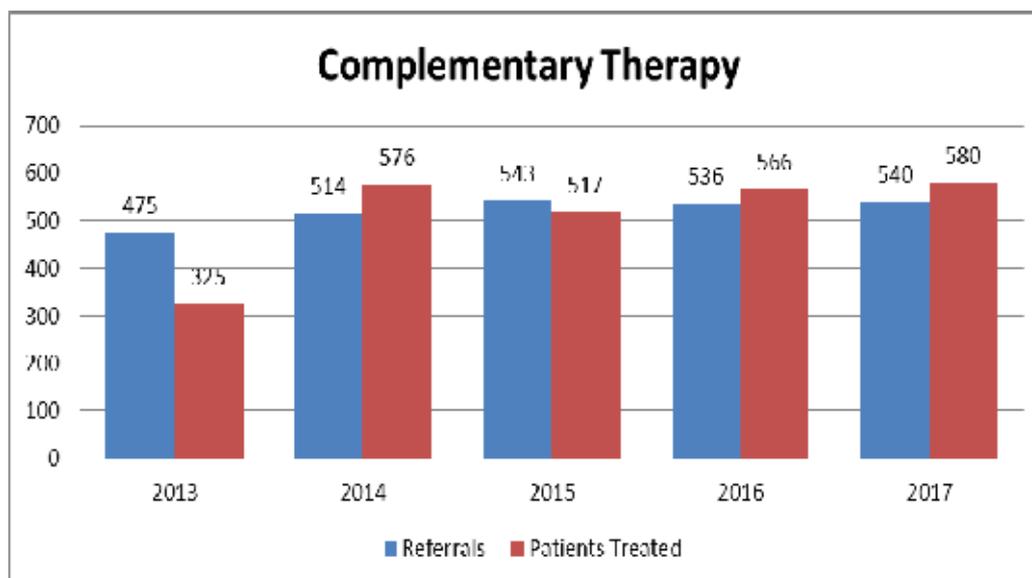
Art and Music Therapy co-authored a book chapter '*Time to Unwind: Meitheal at the Crossroads*' which will appear in '*Handbook of Art Therapy in Hospice and Bereavement Care: International Perspectives on Working with Individuals, Communities and Nations*'

There were 285 referrals (up 18.7%) to the Art Department. The following table shows how these figures break down by clinical area.

CLINICAL AREA	2013	2014	2015	2016	2017
Specialist PC Inpatient Unit	68	66	43	56	90
Older Adults Day Care	64	44	97	134	114
Palliative Care Day Unit	31	36	54	38	57
Nursing Home	4	14	4	12	24
TOTAL	167	160	198	240	285

Art Department: Referrals 2013 - 2017

The **Complementary Therapy** Department received 540 referrals, a slight increase of 0.7% on 2016, and treated 580 patients, up 2.5% on last year.



Complementary Therapy: Number of referrals and patients treated 2013 - 2017



Therapists provided talks on complementary therapy for Music Therapy students and at a Medications Management and Care of the Older Person course run by the Education and Pharmacy Departments.

Therapists liaised with Complementary Therapists in Our Lady's Hospice regarding latest and best practice with expiry of essential oils.

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

There were 554 admissions to the Specialist Palliative Care Inpatient Unit and each patient had their medication histories verified by a pharmacist, when available and deemed necessary. Each of these patients had a pharmaceutical care plan written when seen by pharmacy staff.

There were 255 discharges from the Inpatient Unit and 175 of these patients were given printed Medicine Information Sheets to explain what medication they were on, what it was prescribed for and how to take it.

20,661 items were dispensed during the year.

Pharmacy staff were very involved in planning for both the temporary and new pharmacies associated with the Capital Development project. The department will be relocated for six months pending the renovation of existing space for their permanent base.

They also advised on the layout of the new clinical rooms in the Hospice and were involved in the proposed implementation of the robotic dispensing system *Omnicell*.

Prescription templates for patients being discharged from the Specialist Palliative Care Unit were redesigned and a Standard Operating Procedure on *Out of Hours Access to the Pharmacy* was developed and implemented.

Two new study days were developed in 2016 which, as they were well attended by pharmacists and nurses, ran again in 2017:

- Medication management in Palliative Care
- Medication management in the Care of the Older Adult.

The pharmacist taught on the I.V. study days, the Gastrostomy study day, the pain and syringe driver study day and the distance learning Certificate in Palliative Care on the topic of syringe drivers.

There was also the addition of education sessions for nursing and the medical team on medication safety.



One of the pharmacists sat on the Health Products Regulatory Authority (HPRA) advisory group to the Minister for Health on the topic of Medicinal Cannabis.²⁵

Music Therapy is the systematic use of music within a therapeutic relationship which aims at restoring, maintaining and furthering emotional, physical and mental health²⁶.

In response to the Department's commitment to best practice, a new method of documentation – Assessment, Plan, Intervention and Evaluation (APIE) - was trialled in the Specialist Palliative Care Day Unit. Following a review of its operation this form of documentation will be mainstreamed as it allows accurate documentation of the therapeutic process for clients.

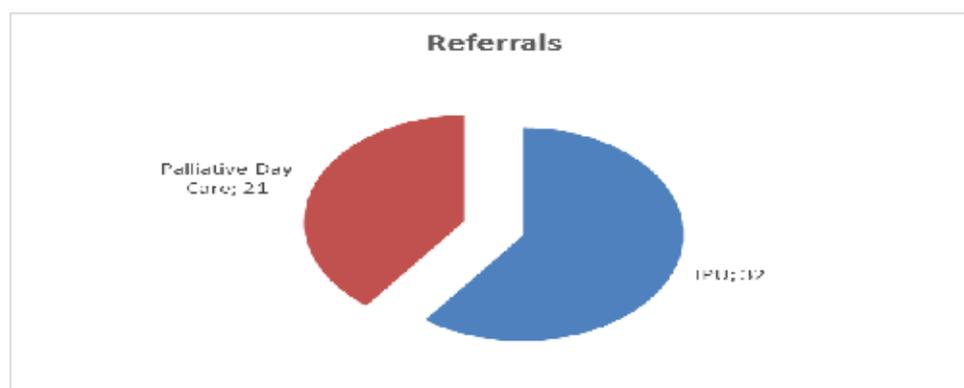
In the autumn, music therapists provided assistance to two therapists from St. Camillus Hospital, Limerick, to implement a similar 'Time to Unwind' project in their own centre.

Therapists were invited to speak at the inaugural Music Therapy Symposium in the University of Limerick, *Celebrating Music Therapy Research and Practice in Ireland*.

The department continued its strong links with the School of Music in UL providing a lecture and workshop on Music Therapy in Dementia Care and Receptive Methods in Music Therapy as well as facilitating two MA in Music Therapy students.

The part-time **Speech and Language Therapy** Department provides a service to inpatients and the Specialist Palliative Day Unit. An outpatient service is also available. Its WTE complement increased to 0.5 from 0.32.

Despite the post being vacant for five months 53 patients received an input from the Department (59 in 2016).



Speech & Language Therapy: referrals received by service element 2017

²⁵ The final report is available at: <http://health.gov.ie/wp-content/uploads/2017/02/HPRA-Report-FINAL.pdf>

²⁶ Warth, M., Kebler, J., Hillecke, T.K., & Hubert, J.B. (2015). Music therapy in palliative care: A randomized controlled trial to evaluate effects on relaxation. *Deutsch Arzteblatt International*. 112, 788-794.



The therapist is working to identify education needs for staff and to strengthen ties with community colleagues.

The **Nutrition and Dietetics** service is based in the Specialist Palliative Care Unit. Its role is to enhance the quality of life of patients and carers through individualised holistic assessment and management of dietary problems.

The service strives to improve the dietary knowledge of health care professionals providing care to patients through provision of education and support for the wider multi-disciplinary team in the Centre and for health care professionals nationwide.

Dietary related problems such as anorexia, weight loss, eating difficulties and cachexia are frequently reported in patients with life-threatening illness. Dietary related problems are significantly burdensome to patients, carers and health care professionals.

The Dietitian:

- Completed an audit on *Evaluation of the Dietetic Need in Milford Specialist Palliative Day Care* and the results will be available early in 2018
- Facilitated a joint community SALT²⁷/Community Dietetics/SPC²⁸ Dietetics meeting to support care of progressive neurological conditions in the community during May, including the delivery of a session on *Oral Feeding & Advanced Stage Progressive Neurological Conditions*
- Developed Palliative section in national HSE document *Prescribing Pathway for the Initiation and Renewal of Standard Oral Nutritional Supplements (ONS) for Adults Living in the Community*²⁹
- Developed *Guidance for Prescribing Oral Nutritional Supplements in Late Stages of Palliative Care in the Community Setting*³⁰ (HSE document)

The Dietitian reviewed pricing of all nutritional supplements available in the Hospice and negotiated favourable contract prices with suppliers.

Staff provided input to a number of internal study and training days.

The number of referrals to the service increased by 22.5%, on top of a 40% increase in referrals in 2016.

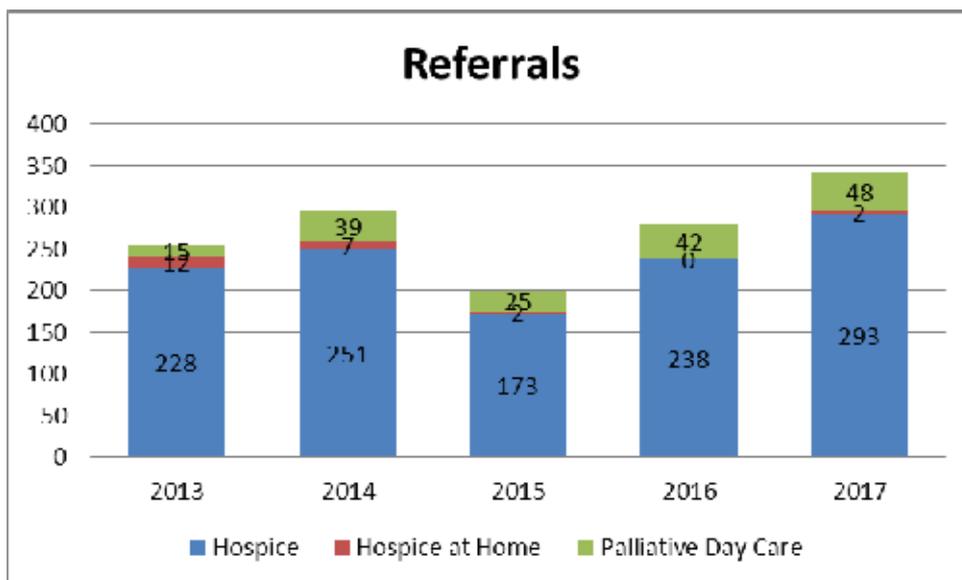
²⁷ Speech and Language Therapy

²⁸ Specialist Palliative Care

²⁹ <https://www.hse.ie/eng/services/list/2/primarycare/community-funded-schemes/nutrition-supports/oral-nutritional-supplements-prescribing-pathway.pdf>

³⁰ <https://www.hse.ie/eng/services/list/2/primarycare/community-funded-schemes/nutrition-supports/guidance-for-prescribing-ons-late-stage-palliative-care.pdf>

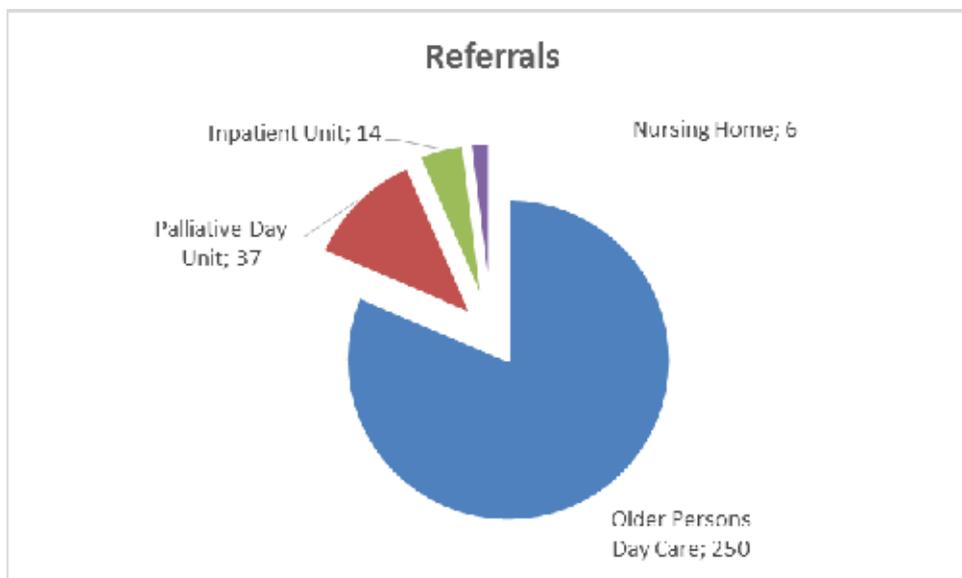




Breakdown of Dietitian referrals across service elements 2013 - 2017

Horticulture volunteers continued to play a vital supportive role in service provision.

Referrals increased by 44% (up 94 to 307) with Older Persons Day Care being the most active service element. Referrals to it increased by 48.8%, primarily due to better attendance and rigorous management of activity to ensure that vacant places were filled quickly.



Referrals to Horticulture by service element 2017

Phase 1 of the renovation of the Nursing Home Courtyard was completed with assistance of staff volunteers and volunteers returning from Cluid Housing in March 2017.



The Department continued working with the landscape architect who is planning the new Therapeutic Courtyard in the Hospice.

The **Pastoral Care** Department offers support to bereaved families through Monthly Masses for families whose relative has died in the Inpatient Unit and an Annual Ecumenical Service. They are also available to meet with bereaved relatives individually.

The Interdenominational Remembrance Service was held in Our Lady Help of Christians Church, Castletroy, in May. It remembered and celebrated the lives of patients who died while under the care of the Centre during the previous year.

Staff were very involved in the planning of the new Mortuary and multi-denominational Reflection Space, ensuring the provision of respectful and dignified areas for mourners and those of all faiths and none.

Staff gave talks on *Ethics and the Child with a Life-Limiting Condition* and *Culture and Cultural Diversity: Caring for the Child with a Life-Limiting Condition*.

Pastoral Care continued lecturing at University of Limerick and the podcast developed in 2016, *Death and dying: how to talk to patients and address family issues*, continues to be used for 4th year medical students. Similar talks on *Death, Dying and Bereavement* were delivered to a number of external groups.

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.

The department's provision of care and support included organising humanist services, private masses and services of reconciliation and healing. As part of the continuing support post-mortem the department attend funerals in the community as requested by families and have conducted services at the Shannon Crematorium for families whose loved one died in the Specialist Inpatient Unit.

BEREAVEMENT SUPPORT PROJECT

Milford Care Centre has provided a Bereavement Support Service to the families and friends of patients in the Mid-West for over thirty years and has grown exponentially during that time. It now offers education and training to the public, volunteers, community groups and professional bodies.

Arising from this a project has been initiated to link with other bereavement support providers to establish a Mid-West Bereavement Support Network. While still in its formative stage the group is working on its terms of reference



and exploring ways to collectively support and share their knowledge and training needs.

It is intended that the Network will grow in time to be a resource to all service providers and the people they serve in the Mid-West. In time the Network will link with other national bodies, making a contribution to the pool of education and research resources available. In this way it will endeavour to improve and develop services for the bereaved across all communities and needs.

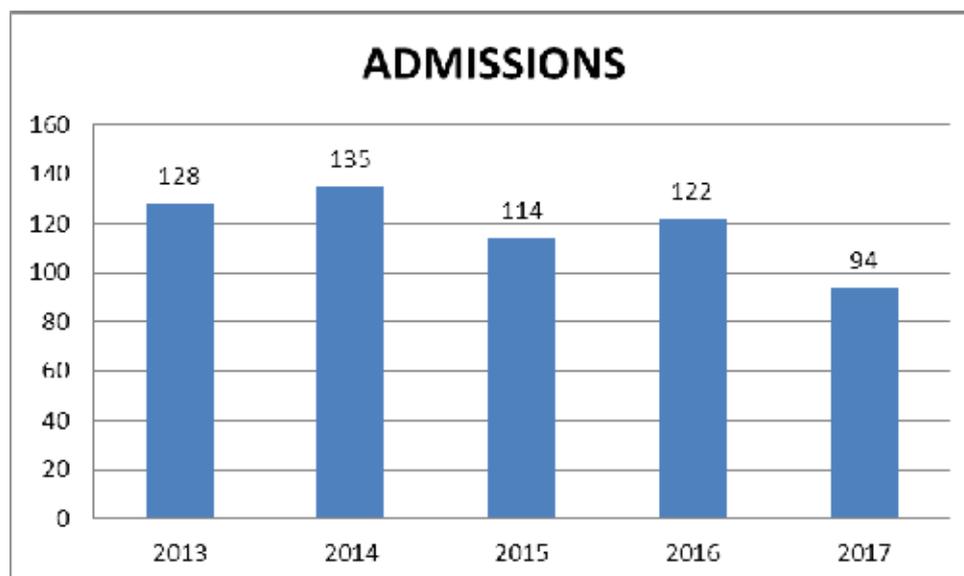
COMMUNITY SUPPORT BED NETWORK

The Community Support Bed Network provides 16 beds for end-of-life care and respite. Based in HSE and voluntary facilities they 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
Clare	Regina House, Kilrush (2), Ennistymon Community Hospital (1), Raheen Community Hospital (2), Cahercalla Community Hospital, Ennis (5).
North Tipperary	Dean Maxwell Community Nursing Unit, Roscrea (2), St. Conlan's Community Nursing Unit, Nenagh (2), Hospital of the Assumption, Thurles (2)

There are also two Step-down Palliative Care Support Beds in Milford Nursing Home, Limerick.³¹

Admissions decreased by 23% (94 v122) and there was a 24% decrease in the number of bed days used (down from 3,027 from 2,297).



Community Support Bed Network: Total admissions by year 2013 - 2017

³¹ The Step Down Beds in Milford Nursing Home support the activities of Milford Specialist IPU.



The decrease in activity is partly explained by the increase in the supports available to patients in their own homes, often combined with a patient's desire to die at home and/or by the presence of family members who are in a position to care for them in their last days.

NON-CLINICAL SERVICES

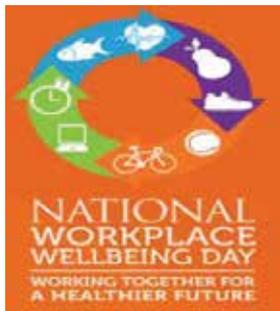
Human Resources

The Department had an active year in terms of recruitment and its continued implementation of its Quality Improvement Plans.

It continued to develop the Human Resources Plan with emphasis on:

- Employee skills training
- Management training
- Continued review of policies and procedures to meet current legislation
- HIQA Standards
- Induction training
- Pension presentations.

The Department continued its audit of staff files and the Garda Vetting Retrospective programme in accordance with the requirements of the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and associated 2016 Regulations³²



A Wellbeing Week took place in January with an emphasis on health screening and exercise. A series of talks and exercise classes were organized for staff along with a health screening check and eye sight test on site.

The focus on absenteeism and the annual leave carryover programme continued. An absenteeism management programme and portfolio of supporting documentation was piloted in the Nursing Department and a decision was taken to roll it out to all staff in 2018.

For the **Volunteer Department** it was a year of consolidation and compliance, Garda vetting became mandatory and retrospective, and there was a major emphasis put on training with *Safeguarding the Vulnerable Adult* training introduced to replace *Elder Abuse* training.

Despite resignations the number of volunteers remained stable with 30 new volunteers welcomed to the Centre. We bid farewell and thanks to those who retired or resigned. 18 volunteers assist with Bereavement Support programmes and another cohort of 18 volunteers and 3 Tus employees work in the Hospice Shop in Thomas Street. Eight escort volunteers accompanied patients to 95 hospital appointments during the year.

³² S.I. No. 223/2016 National Vetting Bureau (Children and Vulnerable Persons) Act 2012 (Section 21) (Prescribed Period) Regulations 2016



63 second-level placements were facilitated from 17 schools and colleges and two students from UL participated in the University's President's Volunteer Awards scheme.

The annual Volunteers Dinner was held in January to honour those who contribute so much to the Centre's activities.

The contribution of the Castleconnell Choir, which performed for 14 bereavement masses and in the Nursing Home and Hospice at Christmas, was much appreciated by all who heard them.

Eileen Cooke accepted the award for Sunflower Hero, she is 32 years volunteering with us started out in the original Hospice Shop and then when Harvest Fair started she was helping out with this event. She is 25 years doing Sunflowers and never missed a year.

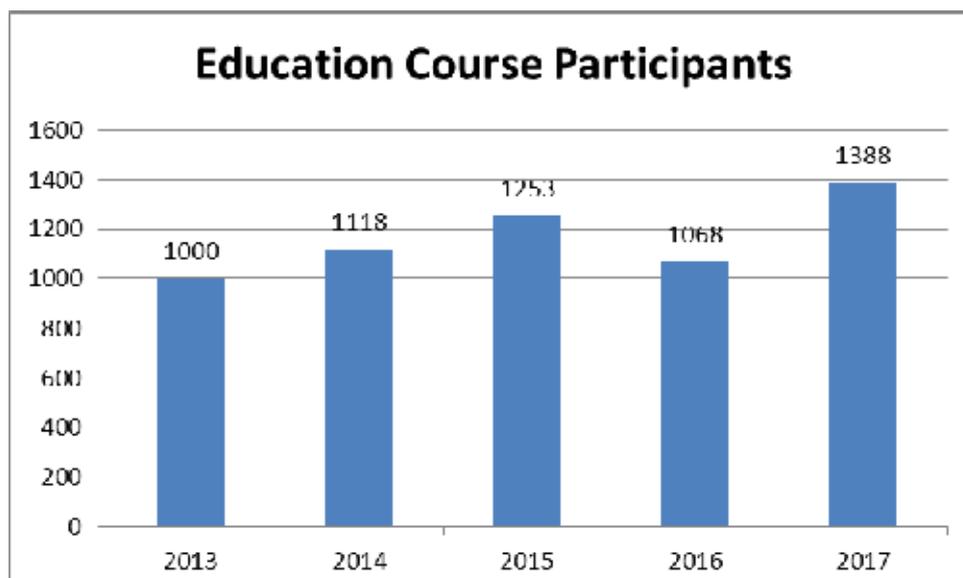
The Volunteer Department engaged with six local companies regarding corporate volunteering, fundraising initiatives and team building days.

Education, Research and Quality

The Department had another busy year with both on- and off-site courses, the introduction of Quality Walk Rounds and the Safety Pause, implementation of unit based Risk Register review and day-to-day operations.

Off-site educational programmes included:

Venepuncture	Introduction to Dementia Care
Male Catherisation	What Matters to Me
Subcutaneous Fluid Administration	Intravenous Medication Administration
Introduction to Palliative Care	Palliative Care & Pain Management
Responding to Behaviours that Challenge	



Participants at Education Courses 2013 – 2017



The bi-annual 8-week Distance Learning programme - European Certificate in Essential Palliative Care - and the Spring European Certificate in Holistic Dementia Care were successfully delivered with over ninety places being offered to candidates in Milford.

Planning and coordination of a Return to Nursing programme was initiated in collaboration with St John's Hospital based on feedback from previous course participants.

There is a continued increase in the uptake in our range of clinical skills programmes. This reflects the national trend in the need for role expansion along with supporting practitioners in adherence to evidence practice and fulfilling competency and accountability requirements.

In co-operation with the HSE, the Department facilitated a number of awareness raising sessions on the Assisted Decision Making (Capacity Act) 2015.

In response to a needs assessment conducted in 2016, Milford supported and organized specialist speakers on Parkinson's disease and Motor Neurone Disease.

The number of Safe Guarding the Vulnerable Adult workshops was increased in order to respond to internal and external demand.

Nurse tutors attended Basic Life Support (BLS) training in Dublin and are now course facilitators in BLS.

Children First training became mandatory for all staff and was facilitated through an online course provided by the HSE.

A number of new programmes became available during the year, including the Sonas Programme, Grief at Work for Managers, a Cognitive Stimulation Therapy Workshop and Creating Resilience in Tough Challenging Times.

The Library and Information Service continued to support education, research, quality and e-learning initiatives in Milford Care Centre and to develop its collection of print and electronic resources.

Education and training was provided by the Librarian in a variety of programmes such as staff induction, European Certificate in Essential Palliative Care, Reflective Portfolio Writing, QQI³³ Palliative Care Programme and utilizing the E-Learning platform (E-Life), particularly for mandatory training and for the IV Medication Administration programme.

Literature searches were conducted for different departments and 228 articles relevant to service provision were provided to clinical areas.

³³ Quality and Qualifications Ireland



The Librarian contributed content to the Quality Assurance and Safety (Care Aware) newsletters as well as setting up a Library blog to update staff on new information and resources in Care of the Older Person, Palliative Care, Bereavement and Education.

The Librarian was the co-editor of the HEAR (Health Evidence Awareness Report). Volume 3, Issue 2. Focus on Stroke, March 2017³⁴ and the HEAR Volume 3. Issue 4. Focus on Delirium, August 2017

Risk Management and Health and Safety. The Risk Management and Safety Officer continued to advise and support staff to comply, as appropriate, with current and developing health and safety legislation.

The Risk Management and Safety Department contributes significantly to health and safety training, risk assessments, auditing and incident report management within Milford Care Centre.

In January, the Department co-ordinated the second annual mandatory training days for all Hospice staff members. This full day's training included fire safety training, medical oxygen awareness e-learning, Risk Management, Safety Statement, incident reporting, Safeguarding the Vulnerable Adult, Data Protection and Children First.

Mandatory training days were also commenced with Hospice at Home in February and March, and training continued throughout the year to assist departments to get all staff up to date with their training. These very successful programmes will continue in 2018.

In addition, 79 mandatory and essential training sessions were offered and there were over 952 attendances.

Multidisciplinary Risk Reviews continue in both the Nursing Home and IPU including reviews of statistics, documentation and policies.

Health & Safety audits were completed in respect of:

- Fire register and fire doors
- Departmental Health and Safety checklists
- Dangerous goods

Dangerous Goods Safety audits were conducted in April and November and the findings were positive. Post-audit meetings were held with key stakeholders to review recommendations.

The **Catering Department** strives year on year to up-skill and improve its knowledge of the specialised dietary requirements of residents, patients and clients and works very closely with the Dietitians, Speech & Language Therapists, Nursing and Care staff and families to ensure that up to date

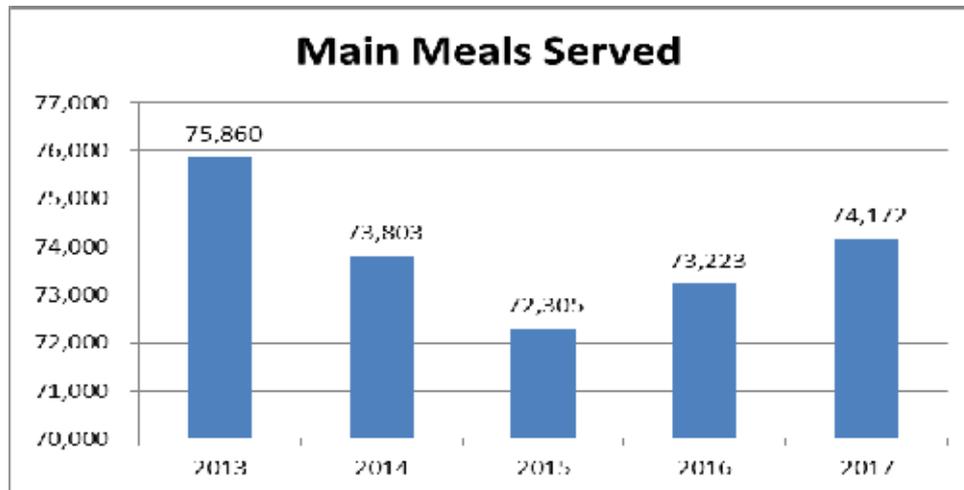
³⁴ <http://www.lenus.ie/hse/handle/10147/621146>



information on specialised diets and allergens is available for the benefit of those using the service.

The Department was actively involved in planning for the new catering facilities in the new Hospice.

The Department provided 74,172 main meals, an increase of 1.3% on 2016.



Number of main meals served 2013 – 2017

In addition to the main (and other daily) meals the Department catered for a range of functions and courses.

The Department, in conjunction with Support Services and an external consultant ran a very successful *Eatwise* programme in the first half of the year. Staff and volunteers were invited to take part in a diet and exercise programme with weekly weigh-in and dietary advice and recipes provided to support participants during the 8-week course. The project was jointly funded by the Centre and the participants and the feedback was very positive with 143 lbs lost in total.

General Services has a wide remit in the Centre and continued to avail of the assistance and advice of the Regional Waste Management Office in its efforts to reduce waste costs. There was an increase in the waste going to landfill (25.3%) and an associated 29.9% increase in landfill costs. Recycling disposal decreased by 26.55%.

Our clinical and cytotoxic waste cost decreased by 12.7% and the disposal rate was 11.8% lower.

The annual and quarterly reports required as part of the waste water monitoring programme were submitted to the County Council and interventions and changes in practice were implemented to ensure adherence to the sampling parameters.



The Department was actively involved in the planning work associated with the new Hospice.

The **Information and Communications Technology** Department had a very busy year finalising the upgrade of the ICT core infrastructure within the Centre, including installation of switches, SAN and Virtual Service upgrade and a replacement telephone system.

The ICT staff continued their close involvement in the planning the technology elements for the new Hospice.

A new patient administration system was introduced in the Nursing Home and will be fully implemented during Quarter 1 of 2018. This is a full electronic patient record system and will replace all paper based charts.

Administration continued to provide a high level of support throughout the organisation and its staff developed further enhancements to support statistical information gathering to meet revised National Minimum Data Set and the Centre's internal requirements.

Finance

As a whole, the financial targets for the year approved by the Board were achieved. During 2017 the Centre's fundraising focus was aimed particularly at maximising funding for the new Hospice Unit encompassed within the Centre's progressing Capital Development Project. In this context some of the new fundraising event initiatives yielded a satisfactory return whilst ongoing fundraising income sources also remained steady throughout the year.

All department heads and key budget holders maintained a clear emphasis on ensuring that value for money and cost effectiveness initiatives continued in many significant non-pay spending areas whilst all pay budgets and whole-time-equivalent (WTE) complements across all operations remained under review throughout the year within the Centre.

In accordance with annual statutory requirements, Milford Care Centre's Company Accounts were independently audited by PriceWaterhouseCoopers resulting in an unqualified Audit report. The consolidated financial statements for the prior year were approved by the Board of Directors at the Company's AGM held in May. The Company also complied with all the financial reporting requirements of the Charities Regulatory Authority.

MCC gratefully acknowledges the ongoing support of our partners in the HSE, reflected in the annual Service Level Agreement between the parties in respect of our Specialist Palliative Care and Day Care services. We also remain indebted to all other funders and grant providers who offered financial support to the Centre during the year. MCC remains committed to using all of its available resources as efficiently as possible to maintain and expand on its current service levels in line with service requirements and established aims.



Fundraising

Fundraising continues to play an integral role in assisting the financing of our services and development activities. For 2017 this gained an even greater significance in light of the funding requirements of the Capital Development of the new Hospice Inpatient Unit on the grounds of the Centre. Therefore it was satisfactory to note that Fundraising levels remained comparable with the previous year. This was owing to a vibrant fundraising activities' year which was reflective of the wonderful generosity of the people of the Mid-West region who yet again supported the Centre's various Fundraising events and organised many other fundraising initiatives within their own communities.

Milford's calendar of internally organised fundraising events commenced in January with the Annual Milford 10k Run / Walk. A new route was undertaken, which boosted interest and an increase in participation, the Centre was delighted to see so many supporters who jogged and walked their way throughout the UL Campus and surrounding environs in support of our services and it turned out to be a very enjoyable day. We extend thanks to Monami who kindly sponsored our specially designed running tops for this event.



Participants starting out at the Annual 10km Run/Walk

Church gate collections were organised and supported by community volunteers throughout Limerick City and County In February and March.

In early May, many marathon participants once again opted to run and walk in aid of Milford Hospice as their chosen charity in the City's Bon Secours Great Limerick Run event.

The Centre's 2nd Memorial Walk was led off by Minister Leo Varadkar and took place at the end of May. Participants were encouraged to seek sponsorship for the 5km walk or alternatively to make a donation.



The walk wound its way from the Plaza through the university campus before arriving at the grounds of the Centre where hundreds of hand-written tributes on colourful ribbons were placed on a special memorial tree by friends and family and a prayer service was conducted.



Participants walked to remember their loved ones who had been supported by the Centre's services over the years and was deemed to be an extremely popular event.

Sunflower Days, a national annual event took place over two days in early June, and was well supported throughout the City and County. With thousands of patients and their loved ones availing of hospice and homecare services in Ireland every year, every euro raised by Hospice Sunflower Days is used locally to support the growing number of people utilising the services



RTE's Mary Kennedy with Sunflower Girl, Seren Martin at the launch of the 2017 Sunflower Days.



Eileen Cooke, pictured left with Mary Kennedy and Anne Marie Hayes, was among 22 'Hospice Heroes' honoured at a special ceremony in the Mansion House, Dublin. Eileen had been nominated for her volunteer work with Milford Hospice for an outstanding 32 years, 25 of them dedicated to Sunflower Day. Hosting the ceremony, RTE broadcaster, Mary Kennedy commended Eileen on her achievement and presented her with the Hospice Hero award.

The 32nd annual Milford Hospice Harvest Fair took place on 27th August at the University of Limerick's Sports Arena. The Harvest Fair is part of tradition now and people love the idea of a traditional Fair with stalls offering books, toys and a variety of goods for all the family. Goods sell out fast and while the adults are shopping and getting their bargains, there is also fun and entertainment for the children. This popular event was a great community success, reflecting the efforts of all those involved in its organisation and the many volunteers who assisted with both the advance preparations and the operations on the day. We extend thanks to everybody associated with this key fundraising event.





Ireland's Biggest Coffee Morning together with Bewley's celebrated its 25th Anniversary took place in mid-September with Leanne Moore (Singer/Writer/Journalist/Fitness expert) and Pat Shortt (Comedian/Actor/Writer/Entertainer), pictured left with Pat Quinlan, Chief Executive, joining patients, residents, families, staff, volunteers and other guests at the Centre's Restaurant on that morning. We acknowledge and thank the Coffee Morning hosts and their guests from across the Mid-West region who joined in this fundraising initiative in support of

Milford Hospice.

Our Fundraising Event Calendar concluded with our Light up a Memory (LUAM) Christmas event and was very well supported by many who took the time and opportunity to remember their loved ones in a special way by sponsoring lights on this tree which remains illuminated throughout the Christmas season. Our range of Christmas Cards once again proved popular with our supporters and these can be viewed and purchased through our website or at various retail outlets throughout the area.



The Centre extends thanks to John Le Gear for his valued input through his Chairmanship of the Milford Hospice Friends and to his Committee for their work in assisting with scheduled fundraising events throughout the year. The Centre remains indebted to the numerous individuals and community groups who have continued to generously support us in all aspects of our fundraising efforts over the course of 2017 and we hope that this may continue throughout the coming year as the Centre continues in its efforts to provide the necessary on-going and developing specialist Palliative Care to its patients and families throughout the Mid-West Region.



Complaints

The Centre complied with its complaints obligations under Part 9 of the Health Act 2004, and Health Act 2004 (Complaints) Regulations 2006 (S.I. 652 of 2006) and forwarded bi-annual reports to the HSE. Complaints are reported now through the National Incident Management system (NIMS).

Twelve complaints were received in 2017, five relating to the Palliative Care Service and seven relating to the Care of the Older Persons' residential service. A complaint regarding care received from the Hospice at Home service was received in December 2017 and the investigation was carried over into 2018. All other complaints have been addressed and closed.

Freedom of Information/Data Protection

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.

Thirteen written requests were received during the year. Eight requesters were granted full release of the information they sought, one was refused, one was withdrawn, general information was supplied in one case and in two cases the information sought was not kept by the Centre.

DIRECTORS REPORT AND RELATED MATTERS

Governance Arrangements

Milford Care Centre (MCC) is a Company limited by Guarantee No. 291969 and as such is fully compliant with related legal requirements as determined by the Companies Registration Office. It is also a registered Charity with the Charities Regulatory Authority (CRA No. 20038113 and Charity Exemption No. 12761) and conforms fully to the requirements of the Charities Act. The organisation operates within strict governance structures with the Board having ongoing oversight of Milford's activities and strategic direction, whilst also fulfilling the role of Trustees for the fundraising activities of Milford Hospice. In this capacity, the Board is charged with ensuring that voluntary donated funds received are used only for their intended purposes and it can assure all of the Centre's supporters that this objective is met in all instances.

The Directors of Milford Care Centre provide their services on a voluntary basis and in this regard do not receive any remuneration or expenses from the organisation.

Financial Overview 2017

For the financial year to 31 December 2017 the total surplus was €5,572,311 (2016: €1,400,676). Of this figure, surplus associated with Restricted Fund activity was €5,140,441 and a surplus of €431,870 was recorded with regard to Unrestricted Fund activity. The Restricted Fund relates specifically to the ongoing Capital Development Project, incorporating both the newly developed



Palliative Care Unit and adaptation works to the Nursing Home and its income is derived from Capital Grants and Donations receivable strictly for the purposes of funding same.

Our 2017 total income was €24,157,147, however this included €4,425,000 specifically relating to the new Hospice development. Healthcare and related activities income were relatively on par with the previous year.

Overall, expenditure at €18,584,836 was marginally up on the 2016 reported figure €18,540,869. Expenditure relating to the direct provision of services totalled €18,263,967, reflecting a minimal increase of less than 1% on the previous year. Support costs totalled €1,357,118 while direct costs were €16,906,849. In all operating areas, efforts were made to maintain on-going efficiencies across the services in 2017.

Interest receivable, reported as €10,544 for 2017, reflected a decrease of 65% on the previous year's reported figure underlining the prevailing minimal deposit interest rates on offer from the mainstream investment institutions.

All issues relating to the remuneration of the Centre's Chief Executive is within the direct responsibility and governance of the Board of Directors. In this regard, the Directors can confirm that the total salary of the Chief Executive in 2017 was €119,883 and that the Chief Executive is a member of a contributory defined contribution pension scheme. Full salary details payable to the Chief Executive and the Senior Management have been made available to the HSE.

All in all, the year-end operational financial position of the Centre remained steady. In the context of increased patient referrals to the service during the year the Directors expect that the present level of activity will be sustained for the foreseeable future and the Centre's financial position will be managed accordingly.

PriceWaterhouseCoopers have issued an unqualified opinion for Milford Care Centre in respect of the financial statements for year ended 31st December 2017 which were prepared in accordance with the Companies Act 2014 and Financial Reporting Standard (FRS) 102, Charities SORP (FRS102) and which were approved by the Board of Directors on 30th May 2017. They were filed with the Companies Office by end September 2017 in line with Company Law requirements.

Company Reserves and Future Commitments

For the year ahead, the Centre has made provision of €1.551m from its voluntary fundraising reserves to cover operational shortfalls in its publicly funded services in order to fund current services and anticipated increased demand. In addition, fundraising will be required to cover the cost of any minor capital and / or equipment replacement and acquisition needs as these are not funded by HSE.



The overall budget approved by the Board for the Capital Development Project covering both Palliative Care and Older Persons services, carries an updated estimated total cost of €15.1m. This amount includes a provision of €3.161m in respect of adaptation work/expansion of Milford Nursing Home, which is a non-publicly funded service and this is to be funded directly by the Nursing Home. The Little Company of Mary have committed to financially contribute to the remedial works in the Nursing Home and also to the building of a new 34 bed specialist palliative care In-patient Unit for patients throughout the Mid-West Region.

This element of the Development Project on which work commenced in November 2016, has been generously funded by a combination of sources including a total of €3.4m from both the JP McManus Benevolent Fund and the JP McManus Pro Am Event 2010. HSE has contributed €1.5m towards this new Hospice facility, which was received during 2017. Other corporate and private donations received included general and specific contributions towards a new Therapeutic Garden, a complete overhead bed hoist solution for all patient rooms and to help fund the family overnight rooms. At this time, the Centre has also designated a total of €1.754m from within its existing reserves, and as part of its overall funding commitment of €4.002m towards meeting the balance of the project's costs.

The Board of Directors would like to acknowledge and thank all of its funders as outlined above and, in addition, to acknowledge and thank the general public for their ongoing generosity and support and remain committed to continuing the effective and efficient deliverance of high quality patient centred care both now and into the future.



STATEMENT OF FINANCIAL ACTIVITIES
Year Ended 31 December 2017

	2017	2016
	€	€
Income and endowments		
- Donations and Legacies	6,043,905	2,144,801
- Charitable Activities	16,596,437	16,244,780
- Other trading Activities	1,506,261	1,523,824
- Investments	10,544	28,140
	<u>24,157,147</u>	<u>19,941,545</u>
Total Income and endowments		
Expenditure		
- Raising Funds	320,869	328,285
- Charitable Activities	18,263,967	18,212,584
	<u>18,584,836</u>	<u>18,540,869</u>
Total Resources Expended		
Net Income	<u>5,572,311</u>	<u>1,400,676</u>
Net Movement in reserves	<u>5,572,311</u>	<u>1,400,676</u>
Reconciliation of Reserves:	26,265,073	24,864,397
- Total reserves brought forward		
Total reserves carried forward	<u>31,837,384</u>	<u>26,265,073</u>

Net Income arose solely from continuing operations.

There are no recognised gains or losses other than those listed above and the net movement in reserves for the financial year.

The financial statements were approved by the Board of Directors on 24th May 2018.



BALANCE SHEET

Year Ended 31 December 2017

	2017 €	2016 €
Fixed assets	<u>25,514,012</u>	<u>18,102,783</u>
Current assets		
Stocks	88,639	85,607
Debtors	1,516,470	1,253,443
Cash at bank and on hand (<i>*Note 1</i>)	<u>9,341,981</u>	<u>8,893,626</u>
	10,947,090	10,232,676
Creditors - amounts falling due within one year	<u>(3,623,718)</u>	<u>(2,070,386)</u>
Net current assets	<u>7,323,372</u>	<u>8,162,290</u>
Creditors - amounts falling due after one year	<u>(1,003,008)</u>	<u>(2,070,386)</u>
Net Assets	<u>31,837,384</u>	<u>26,265,073</u>
Reserves of the Charity		
Endowment Reserve	9,341,985	9,341,985
Restricted Reserve	13,487,864	8,347,423
Unrestricted Reserve	<u>9,007,535</u>	<u>8,875,665</u>
Total Charity Reserves (<i>*Note 2</i>)	<u>31,837,384</u>	<u>26,265,073</u>

The financial statements were approved by the Board of Directors on 24th May 2018 and signed on its behalf by:

Mr Pat Gilmartin
Mr Joe McEntee

Director
Director



BALANCE SHEET
Year Ended 31 December 2017

**Note 1*

Cash balances on hand as at 31 December 2017 comprise the following:

	2017 €	2016 €
Cash at bank	4,728,145	2,374,636
Designated cash	2,967,584	5,474,321
Restricted cash	1,646,252	1,044,669
	<u>9,341,981</u>	<u>8,893,626</u>

Cash at bank and in hand as shown above, together with other current assets and current liabilities result in Net Current Assets of €7,323,372 at financial year ended 31st December 2017. Reflected in the overall year end cash total is an amount of €2.967m which has been designated for both future Capital Development Projects and ongoing operational deficit requirements.

**Note 2*

Statement of movement in reserves

	Endowment	Restricted	Unrestricted	Total
	€	€	€	€
At 31 December 2016	9,341,985	6,922,672	8,599,740	24,864,397
Net Income for the year	-	1,424,751	(24,075)	1,400,676
At 31 December 2016	<u>9,341,985</u>	<u>8,347,423</u>	<u>8,575,665</u>	<u>26,265,073</u>
Net Income for the year	-	5,140,441	431,870	5,572,311
At 31 December 2017	<u>9,341,985</u>	<u>13,487,864</u>	<u>9,007,535</u>	<u>31,837,384</u>



APPENDIX 1

PUBLICATIONS/PRESENTATIONS/AUDITS

A systematic review of the effectiveness of palliative interventions to treat rectal tenesmus in cancer. Ni Laoire A, Fettes L, Murtagh FE. Palliat Med. 2017;31 (10):975-81.

An audit of the pharmacological management of cancer pain in adults in the Specialist Palliative Care Inpatient Unit. Ni Laoire A, Lucey M

Assessment, treatment goals and interventions for oedema/ lymphoedema in palliative care. International Journal of Palliative Nursing (INT J PALLIAT NURS), 2017; 23(3): 111-119. (7p) Cobbe, Sinead; Real, Shirley; Slattery, Sinead

Assessment, treatment goals and interventions for oedema/lymphoedema in palliative care. Int J Palliat Nurs. 2017;23 (3):111-9. Cobbe S, Real S, Slattery S.

Audit of documentation of CPR status in Milford Care Centre. Samafalava O, Conroy M, Twomey F, Lucey M, O'Reilly V.

Audit of Medication Prescribing and Administration in the Specialist Palliative Care Unit, Milford Care Centre. Buckley C, Kearns C, Twomey F.

Audit of provision of subcutaneous medication for use in the patient's home, by the Hospice at Home team. McAleer C., Conroy M.

Evaluation of Specialist Palliative Care Services from the perspective of bereaved persons, a mixed method study. O'Reilly M, Smyth H, Buckley C.

Evaluation of the completion of admission assessment documentation. King K, O'Neill B, Conroy M, O'Reilly M.

Improving the quality of nursing documentation in a palliative care setting: a quality improvement initiative. Int J Palliat Nurs. 2017;23 (12):577-85. Stewart K, Doody O, Bailey M, Moran S.

Pilot Study: The Effectiveness of Complex Decongestive Therapy for Lymphedema in Palliative Care Patients with Advanced Cancer. J Palliat Med. 2017 Dec 5. doi: 10.1089/jpm.2017.0235. [Epub ahead of print] Cobbe S, Nugent K, Real S.

Pilot Study: The Effectiveness of Complex Decongestive Therapy for Lymphedema in Palliative Care Patients with Advanced Cancer. J Palliat Med. 2017. Cobbe S, Nugent K, Real S.

Screening for Depression Audit. Buckley C, Twomey F.

Specialist palliative care services need feasible processes to monitor the outcome of their services from the patient's perspective using validated outcome measures. O'Reilly M., Lucey M., Smyth H., Kennedy C.



Systematic review of pharmacological therapies for the management of ischaemic pain in patients with non-reconstructable critical limb ischaemia. *BMJ Support Palliat Care*. 2017. Laoire AN, Murtagh FEM

Transfer of Information from Inpatient to Community Care on Discharge. Jordan E, O'Reilly M, Conroy M.



Milford Care Centre

MISSION STATEMENT

We in Milford Care Centre
as a Little Company of Mary Health Care Facility
aim to provide the highest quality of care to
patients/residents, family and friends, both in the areas
of palliative care and services to the older person,
as envisaged by Venerable Mary Potter.

We strive to live our core values

JUSTICE

To be rooted in integrity, honesty and fairness in all that we do.

COMPASSION

To seek to understand and to care for all with compassion.

RESPECT

To treat each person as a unique and valued individual.

COMMUNICATION

To be open, honest and sensitive in all our communications.

ACCOUNTABILITY

To provide a professional service that uses resources
economically, efficiently and effectively.



Milford Care Centre

(Under the auspices of the Little Company of Mary)

Castletroy, Limerick, Ireland. Tel: +353 (0)61 485800 Fax: +353 (0)61 331181 Email: info@milfordcc.ie

Website: www.milfordcarecentre.ie