

St Patrick's Hospital Waterford

Our Lady's Rehabilitation Ward



Patients Name:

Admission Date:

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Welcome

The Rehabilitation team and staff in Our Lady's Ward would like to extend a very warm welcome to you. We hope by working together, with you and your family/friends we will achieve your rehabilitation goals. The purpose of this booklet is to provide you with information about this rehab unit and to assist you with any questions you may have. Please ask any staff member if you have any further questions.

About Our Lady's Ward

Our Lady's ward is a 20 bed rehabilitation unit for individuals over the age of 65 years. Stroke patients under 65 years are also accepted as assessed by the Geriatric Consultants in University Hospital Waterford. The aim of the service is to provide a multidisciplinary team approach to individuals following injury or period of illness.



There are two gyms, a physiotherapy gym and occupational therapy gym with a therapy kitchen and bathroom to enable assessment of activities that are undertaken in the home environment.



What is Rehabilitation?

Rehabilitation is a process which aims to assist an individual to return to his/her maximum functional potential, after suffering a life-altering event, a period of illness or injury. Working in collaboration with your multidisciplinary team, you will develop goals that are aimed at enabling you regain as much independence as possible.

- The purpose of rehabilitation is to restore some or all of a patient's physical, sensory, and mental capabilities that were lost due to injury, illness, or disease.
- Rehabilitation includes assisting individuals to compensate for deficits that cannot be reversed medically.
- To deliver a rehabilitation programme that is person specific in order to support the individual to achieve their maximum potential in activities of daily living.
- Rehabilitation should focus on changes to functional disability and lifestyle restrictions based on an individual's own goals for functional improvement.



Who is on the Rehabilitation Team?

Our Rehabilitation team consists of highly skilled professionals dedicated to each individual's needs. We work together to develop the most appropriate treatment plan for each patient, with the aim to optimize your function and well-being, and to help integrate you back into your chosen lifestyle activities whether at home, work or leisure.

- **The patient** is the most important part of the rehabilitation team. The success of the rehabilitation program depends on your active participation in the treatment sessions and the important decisions you will make along with the interdisciplinary team.
- **Rehabilitation nurses** led by the Clinical Nurse Manager manage the patient's overall health and provide skilled care around the clock. They help patients learn about their illness or medical condition. They will help with medication management and other concerns patients may have about specific medicines. Nursing staff are available 24 hours a day 7 days a week, they will actively promote independence by teaching, coaching and supporting you to do as much as possible for yourself and provide training in catheter and colostomy care and education in maintain blood sugar levels.
- **Occupational therapists** will assess your ability and performance in daily activities that are meaningful to you and help you regain the skills used in these activities such as washing, dressing, cooking and driving. The OT may also assess your home and assist you in maximising your independence in your home environment in advance of your discharge, to ensure the safest possible discharge can occur.
- **Physiotherapists** will address specific impairments and activity restrictions in relation to transfers, mobility and balance. Individualised treatment programmes are devised to help strengthen weakened muscles, improve balance, and indoor/outdoor walking ability with prescription of mobility aids as indicated. Physiotherapy will also assess the patient's ability to manage steps/stairs and provide therapeutic input as required.
- **Speech-language therapists** will assess and treat difficulties with your communication skills including talking, reading, writing and listening. SLT's

will assess difficulties with swallow and will make recommendations regarding modified textures and fluids.

- **Dieticians** will assess and monitor nutritional status and provide an individualised appropriate diet plan for your nutritional needs.
- **Healthcare Assistants** work under guidance from nursing staff and provide care and general assistance to you during your stay. They will help and encourage you in doing certain daily tasks, as you progress through rehab such as toileting, showering and feeding.
- **Rehab Assistants** works under the guidance of therapy staff and will assist you and support you with some of your therapy sessions.
- **The support system** consists of family, friends and significant others. They play an active role in the rehabilitation process. They are encouraged to attend education and training sessions to help prepare each patient for their discharge.

Note about Staffing

Therapeutic input from Physiotherapy and Occupational therapy staff is provided Monday to Friday from 8.30 to 16.30. The Speech and Language Therapist is available when need is indicated and the Dietician reviews patients on a fortnightly basis.

As staffing levels vary and as patient needs change, at times some therapy services may only be available on a restricted basis. There may be agency care and nursing staff employed on occasion to ensure adequate staffing levels. If you have any questions regards staffing please ask any staff member who will redirect this to the clinical nurse manager of the ward.

Medical Care

The Medical Officer visits the hospital on a daily basis. In an emergency situation a transfer to the acute setting may be required, it will co-ordinated by the Medical Officer/ CareDoc on call and/or by the CNM/ Senior Staff Nurse to the Accident and Emergency Department in University Hospital Waterford by ambulance. If a patient is transferred family members will be contacted.



What will happen during my Rehabilitation Stay?

Initial Assessment

Upon admission to the unit, each individual is evaluated by the rehabilitation team and an individualised treatment plan is established. This plan includes detailed information on the goals of the rehabilitation stay, and how these goals will be achieved. We will encourage you to identify rehabilitation goals are meaningful for you.

Family Meeting

After two/three weeks, a meeting is held with you and your family (if you wish) with the team, to discuss your progress and to plan for a safe discharge. Timing of this meeting can vary for each individual. A member of the multidisciplinary will arrange this with you and your family. All family meetings will be held with the rehabilitation team and in complex cases will include Director of nursing or member of the nurse management team. Subsequent discussions with the consultant if required will be followed up by the Director of Nursing.





Weekly Team Meetings

There is a consultation visit to the hospital by the Consultant Geriatrician on a weekly basis (Every Thursday afternoon), the team meets with the consultant to determine the patient's progress towards rehabilitation goals and your estimated date of discharge will be planned.

Home Visit

If deemed necessary prior to discharge home, the Occupational Therapist may carry out a home visit to assess the patient's ability to manage safely in their own home environment and advise on any necessary adaptations and equipment which may be required. The occupational therapist can only supply equipment to medical card holders, please note it will be your responsibility to organise recommended adaptations.

Daily Routine

Time	Activity	Comment
8.30-9.15	Rise & Breakfast 	Occasionally as part of your therapy programme you will be expected to prepare your own breakfast with the Occupational Therapist in the OT kitchen.
9.30-10.00	Wash and Dress	Following assessment you will be encouraged to be as independent as possible during this activity. You may be provided with assistive devices to assist you with personal care tasks, if recommended by your OT and you are encouraged to use same.
10.00-13.00	Therapy Sessions	Therapy sessions will be scheduled according to your programme of care. *(If not attending therapy sessions planned activities are available at ward level if you wish to participate)
13.00-14.00	Lunch 	No Visitors please
14.00-16.30	Therapy Sessions	Therapy sessions will be scheduled according to your programme of care
16.45-17.45	Evening Meal 	No Visitors please
17.30-20.30	Rest and Visiting Times	

What do I need for my Rehab Stay?

A wardrobe and locker are by each bedside for an individual's use to store personal property. We ask that your family assist you with your laundry. In special circumstances only, we can arrange for clothes to be brought to the laundrette and each individual will incur the expense of this service, we cannot guarantee this service either. Please speak to the Clinical Nurse Manager regards assistance with laundry.

- ***Clothes***

We recommend individuals to wear comfortable day wear during your daily activities. We suggest you bring the following items of clothing with you:

- Tracksuit bottoms or slacks
- Warm jacket
- Jumpers or T-shirts
- Underwear
- Socks/stockings/tights
- 1 or 2 pairs of comfortable shoes/trainers/runners with broad flat heel
- Pyjamas or nightdress, dressing gown and slippers



- ***Toiletries***

Please bring your own toiletries. We suggest you bring:

- Toothbrush and toothpaste
- Denture tablets and adhesive cream
- Shower gel or soap and shampoo
- Deodorant
- Razors
- Hairbrush and comb
- Make up (if you wear regularly)
- Towels and facecloth



- ***Aids and Appliances***

- Hearing aids (with spare batteries)
 - Glasses
 - Dentures
 - Splint or special shoes
 - Walking aid or stick
 - Wheelchair and cushions
- } (When requested by therapist)



How can I make the most of my Rehabilitation Stay?

It is not what just happens 'in the gym' that is involved in rehab. You are encouraged to follow through on therapist recommendations and use the skills you have learned in therapy, during your daily routine on the ward to develop and maintain your independence in a safe way.

There is not a fixed daily treatment schedule for therapy sessions due to various factors throughout the day; therefore it is important you work with **All STAFF** to achieve maximum rehab results throughout the whole day.

How long will I stay?

Many people stay between 2 to 8 weeks. However everyone progresses at their own pace and an individual's length of stay can be dependent on a number of factors including:

- Active participation of the patient in the rehabilitation program.
- Ability to progress towards goals
- The involvement of family, friends and significant others
- A safe discharge plan

Valuables



Valuables and excess cash should be sent home with your relatives.

Where this is not feasible, please arrange with the Clinical Nurse Manager for your valuables/money to be placed in the hospital safe. The hospital can take no responsibility for the loss, theft or breakage of personal belongings, however please report if same occurs.

Mealtimes

We ask family and friends to avoid visiting during mealtimes. As part of the rehab programme we would encourage you to eat in the dayroom with all the rehab patients. There are menus available each day and you will have choice of dishes each day. There are vegetarian options available and meals can be altered to suit specific dietary requirements on a daily basis.



Extra Services Available

There is a hairdressing facility within the hospital, the cost of which will be incurred by you yourself. A Chiropody service is provided for individuals with a medical card and those who do not have a medical card and wish to avail of a chiropody service can hire a private chiropodist. Please ask a member of staff if you wish to avail of either of these services. There is a daily post service (Monday to Friday) to the hospital. All personal post will be delivered to you.



Planning Discharge

Planning for discharge begins in the early stages of rehab to enable goals to be set. It is vital for you and your family to work in collaboration with the multidisciplinary team to achieve a safe discharge home. A pre discharge home visit is arranged if indicated and the team may make specific personal recommendation on home adaptations that maybe required for safe discharge home.



Family are the first source of support to all patients who require support and care in their own home. There are HSE packages of care available to assist individuals to live independently in their home environment. However, the aim of these packages of care is to support the important role of the family and the informal carer in order for the older people to live at home in a supported environment for as long as possible. Approval of these packages of care is assessed on an individual basis and is based on an individual's actual need in activities of daily living. An individual is required to have a medical card to be approved for such service. The multidisciplinary team will liaise with your local public health nurse (PHN) with regards support services that you will need to support your discharge home. Please note that your PHN will provide regular review of this service once discharged.

Information can be provided regards buying private care at home to support you and your family, please ask a member of the multidisciplinary team for this information.

Falls

The 'fear of falling' can cause increased anxiety for many individuals and can limit therapy and progress in rehab. However, during rehabilitation you will be asked to try and do new things to enhance your independence and replicate your home situation. By adhering to the recommendations of your therapists and the ward staff your risks of falling will be reduced. Therefore it is essential you and your family follow staff instructions about moving and walking for your own safety. There is an increased risk of falls and risk of injury if you do not follow staff guidance and adhere to recommendations. The staff on Our Lady's ward aim to reduce the risk and fear of falls, however **you are in control** to whether you follow the recommendations or not.



Can I go home for the weekends?

This will depend on your medical condition and progress in rehab. Following assessment, when the team is confident that you will manage safely outside the hospital, with support from your family or friends, it may be possible for you to leave the unit for short periods.

We sometimes recommend a ***pre discharge home visit*** is completed prior to returning home for hours leave or weekend leave as there maybe unforeseen difficulties in the home environment. Prior to leave your family may require training to assist you with your care at home and we would also recommend completion and practice of car transfers with therapy staff. The appropriate members of the MDT will provide and arrange a suitable time to have these family training sessions. Therefore, if you **wish to have hours out or overnight weekend leave** please **discuss** this with a member of the **multidisciplinary** team in advance to enable adequate time for planning and training to occur. Prior to leaving the ward at any stage please inform a member of nursing staff.



What happens if I cannot go home?

If you are unable to return home to live independently, you will be assisted by the team to find appropriate care in another setting. There is a point in which the risks in returning home cannot be adequately or safely managed, because of the level of care and support you may require and this support cannot be provided by community services and family.

At this stage you may consider the option of long term care. A process called **FAIR DEAL** will need to be completed. The multidisciplinary team will discuss this process with you and your family and will provide you with the fair deal application form when this level of care is indicated. There is a wide arrange of nursing homes in the Waterford area in which we encourage you and/or your family to visit to assist your decision in choosing the most suitable one for you. Fair Deal, is a means tested scheme, therefore a financial assessment is completed. The financial assessments looks at your income and assets, in order to work out what contribution you will be required to pay for your care. For individuals deemed eligible for Fair Deal you must pay a contribution for your care and the state will pay the remainder of the cost. There is assistance available to complete the application in Waterford Community Services please ask member of Nursing Staff to provide you with contact information.



Visiting hours

Visiting hours are from **14.30-16.15** and **18.30 -20.15**. We ask visitors to respect and avoid visiting at meal times and during therapy sessions. If visiting during 14.30-16.15 please be mindful that a therapist may approach a patient for therapy and may not be able to reschedule the patient's time slot around visiting hours, **therapy sessions should be a priority** for patients and take precedence over visiting hours. The main hospital entrance is closed at 20.30. To gain access to the ward outside these hours, please discuss with the Clinical Nurse Manager. We recommend no more than two people should visit at any one time. Children must be supervised at all times while in the hospital and surrounding grounds. Additional restrictions may apply in exceptional circumstances as a precaution from time to time, e.g. during an outbreak of infectious diseases. We also ask visitors to respect that St. Patrick Hospital is a tobacco free campus and not to smoke on the grounds.

Advocacy Service

The residents advocate is a volunteer whose role is aimed at empowering the patient to effectively voice their needs and wishes in accessing their entitlements and asserting their rights. The advocate is an impartial voice on behalf of patient's to assist in resolving any issues/concerns which a patient may experience.

Charges

There are fees charged in accordance with the Financial National Guidelines. If there has been a total period of 30 Days or more within any public hospital, within a 12 month rolling timeframe, from date of admission, you will incur a charge of up-to €25 per day/€175 per week. This is a means tested scheme and a financial assessment maybe carried out if difficulty arises with due payment. Please discuss with the Clinical Nurse Manager who can arrange administration office to advise you regards same. The Accounts office is located on the ground floor of the hospital and is open Monday to Friday, from 9am-1pm and from 2-5pm.

Fire Regulations

A modern fire detection system is installed in the hospital. All staff must attend regular training in fire safety. The appropriate fire exits should be all noted. Please listen to staff and follow their guidance in the event of a fire.



Comments, Suggestions and Complaints

We are aware that there is always room for improvement within our service. Management of St Patrick's is continually working to enhance the quality of our facilities and care. If you have a complaint or recommendation about any aspect of the service or about the hospital environment please speak to the Clinical Nurse Manager on the ward or place them in the designated suggestion boxes located on Our Lady's Ward and at the main door of the hospital. Alternatively you can use the HSE facility 'Your Service Your Say' complaints procedure and information leaflets are available on all notice boards.



Your Rehabilitation Team

Discipline	Name
Clinical Nurse Manager	
Physiotherapist	
Occupational Therapist	
Rehab Aide	
Speech and Language Therapist	
Dietician	
Nurses	
Healthcare Assistants	
Other	

What are my Rehab Goals:

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2	
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