



# **THE ROYAL HOSPITAL DONNYBROOK**

## **General Rehabilitation Unit Information Leaflet**

**Patient's Name:** \_\_\_\_\_

**Admission Date:** \_\_\_\_\_

**Information pack given by (Sign):** \_\_\_\_\_

## Table of Contents

|      |  |    |
|------|--|----|
| 1.0  | Welcome .....                                    | 3  |
| 2.0  | About the General Rehabilitation Unit.....       | 3  |
| 3.0  | What is Rehabilitation?.....                     | 3  |
| 4.0  | Who is on the Rehabilitation team? .....         | 4  |
| 5.0  | What will happen during my rehabilitation? ..... | 7  |
| 6.0  | Admission to the Unit .....                      | 11 |
| 7.0  | What should I bring with me? .....               | 11 |
| 8.0  | Can I go home for weekends? .....                | 13 |
| 9.0  | How long will I stay? .....                      | 14 |
| 10.0 | Planning for my discharge .....                  | 14 |
| 11.0 | Infection control .....                          | 15 |
| 12.0 | When can I have visitors? .....                  | 16 |
| 13.0 | Information about you and how we use it.....     | 17 |
| 14.0 | Comments, Suggestions and Complaints .....       | 18 |
| 15.0 | Other useful information .....                   | 19 |

## **1.0 Welcome**

The Royal Hospital Donnybrook (RHD) General Rehabilitation team would like to extend a very warm welcome to you. We hope that by working together, you and your team will achieve your rehabilitation goals. The purpose of this booklet is to provide you with information on the General Rehabilitation service. It is designed to help answer any questions you may have. If you have questions that are not answered in this booklet, please ask any member of staff who will be happy to speak with you.

## **2.0 About the General Rehabilitation Unit**

General Rehabilitation for older people is one of the many services provided by The Royal Hospital Donnybrook. The aim of the service is to provide multidisciplinary and comprehensive rehabilitation to older people following an injury or period of illness.

The unit moved to its current location in 2002 and is located on the first floor of the hospital. It can accommodate up to 28 people. The unit is bright and modern with a small but well equipped air-conditioned gym.

## **3.0 What is Rehabilitation?**

Rehabilitation is a process through which you and your multidisciplinary team work together to develop rehabilitation goals,

aimed at helping you to regain as much independence as possible, relearn skills you may have lost, learn new skills and find ways to help you adjust to life following a period of illness or injury.

You and those close to you are central to the rehabilitation process. During your stay you and your team will make informed decisions about your rehabilitation and treatment plans, any follow-up care you may require and modifications to your home that may be needed when you are discharged.

## **4.0 Who is on the Rehabilitation team?**

### **4.1 Consultant Physician in Geriatric Medicine**

The Consultant is responsible for the overall treatment and coordination of your medical care while you are a patient on the General Rehabilitation Unit. The Consultant is supported by a Medical Registrar and, together with the Senior House Doctors, will provide your day to day medical care during your stay.

Your medical team will liaise with your GP regarding your care. Doctors are present throughout the working day in the hospital. At weekends and on public holidays, doctors are only here for part of the day. After 17:00 hrs they are available on-call.

## **4.2 Nursing Staff**

Led by the Clinical Nurse Manager, nursing staff are available 24 hours a day 7 days a week. Nursing staff will assess your nursing care needs on an ongoing basis and develop a nursing care plan with you. They will also actively promote independence by teaching, coaching and supporting you to do as much for yourself as possible.

## **4.3 Physiotherapy**

Your Physiotherapist will assess your individual needs and provide a treatment program to suit you. There are a number of different ways in which your Physiotherapist can help you, including strengthening weak muscles, improving your walking and working to increase your balance.

## **4.4 Occupational Therapy**

The Occupational Therapists will work with you to help you to regain skills used in daily living activities such as washing, dressing, eating and preparing meals. The Occupational Therapist may also assess your home and assist you with preparing your home for you in advance of your discharge.

## **4.5 Medical Social Work**

The Medical Social Worker will assist you and your family by providing help and support in adapting to life after your illness or injury and planning for the future. Your Social Worker will give you and your family information you may need in the future about

community agencies as well as helping you to solve personal problems that may come up as part of your discharge planning.

#### **4.6 Speech and Language Therapy**

The Speech and Language Therapists will assess and treat any difficulties you may have with communication including talking, reading, writing, listening. Your therapist will also assess and treat difficulties you may have with swallowing.

#### **4.7 Dietitian**

The Dietitian will assess and monitor your nutritional status and where appropriate will provide you with individual diet therapy, education and advice.

#### **4.8 Healthcare Assistants**

Healthcare Assistants work under the direction of the nurses and will 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 your rehabilitation such as dressing, toileting, showering and feeding.

#### **4.9 Therapy Assistants**

Therapy Assistants work under the direction of therapy staff and will assist you and support you with some of your therapy sessions.

## **4.10 Clinical Psychology**

You may be referred to the psychologist who will carry out specialized neuropsychological assessments, behavioural interventions and assessments of mood.

## **4.11 A note about staffing**

As staffing levels can vary and as patient need across the hospital can change, at times some therapy services may only be available on a restricted basis. Also, like all other hospitals, we occasionally have to employ temporary agency nursing and care staff.

Therapeutic input from the allied health professionals (Occupational Therapy, Physiotherapy, Speech and Language Therapy, Dietetics, Psychology and Social Work) is provided Monday to Friday from 08:00 – 16:30. Many of your therapy sessions will be carried out under the supervision of trained assistant therapy staff.

If you have any questions regarding staffing, please speak to a member of the team.

## **5.0 What will happen during my rehabilitation?**

### **5.1 Initial Assessment**

On admission, you will be assessed by members of the multidisciplinary team, usually starting with the doctor, nurse, Occupational Therapist, Physiotherapist and medical Social Worker.

You may also be assessed and treated by other members of the team depending on your specific needs.

During your period of assessment, we will encourage you to identify what goals are important to you and what you hope to achieve during your stay. The team will identify specific problems you may have and develop a rehabilitation and treatment plan with you.

## **5.2 Planning meeting**

After two / three weeks, a meeting will be held with you, your family (if you wish) and the multidisciplinary team. During this meeting, joint goals will be set by you and the team. These goals will be evaluated after a period of time and new goals may be set as appropriate before your discharge.

## **5.3 Weekly team meetings**

Your Consultant will review your progress during a weekly meeting with the multidisciplinary team. The Consultants are available (by appointment only) to discuss any concerns with you and your family after these rounds. Please ask a member of staff if you wish to make an appointment.

## 5.4 Day to Day

The following table gives an overview of how your day will be structured in the General Rehabilitation Unit:

| <b>Time</b>          | <b>Activity</b>         | <b>Comment</b>  |
|----------------------|-------------------------|---|
| <b>08:30 – 09:30</b> | Rise, wash and dress    | Following assessment, you will be encouraged to be as independent as possible during this activity                                  |
| <b>09:30 – 10:00</b> | Breakfast               | Occasionally, as part of your therapy programme, you will be expected to prepare your own breakfast with the Occupational Therapist |
| <b>10:00 – 12:30</b> | Therapy Sessions        | Therapy sessions will be scheduled according to your programme of care  |
| <b>12:30 – 13:30</b> | Lunch                   | No visitors please  |
| <b>13:30 – 14:00</b> | Rest period             |   |
| <b>14:00 – 16:30</b> | Therapy Sessions        | Therapy sessions will be scheduled according to your programme of care  |
| <b>16:30 – 17.30</b> | Evening Meal            | No visitors please  |
| <b>17:30 – 20:30</b> | Rest and visiting times |   |

## **5.5 How can I make the most of my rehabilitation?**

Rehabilitation is not just what happens “in the gym”. You are encouraged to practice the skills you learn in therapy during your daily routine outside of therapy times and at weekends. The nursing staff and healthcare assistants, as well as your family if possible, will help you to do this.

We adopt a flexible approach to daily treatment sessions rather than providing you with a strict individual timetable. This enables us to provide the maximum amount of therapy time whilst allowing for the many factors that change daily, e.g. patients may become too unwell for therapy sessions or patients may go for investigations to another hospital at short notice.

## **5.6 Falls**

During rehabilitation, patients are expected to try and do things by themselves, such as dressing, going to the bathroom alone or walking with a frame. These skills, which enable all of us to manage independently at home, need to be encouraged during rehabilitation. They are not without risk as there is always a danger of falls, slips or trips.

It is essential that you and family/carers follow staff instructions about moving, walking or not walking at all times. In the event of advice and recommendations not being adhered to, you will be at an increased risk of injury.

A call bell is available by your bed. There are also call bells in the toilets and bathrooms. You should use this bell to call a member of staff for assistance if you need it.

## **6.0 Admission to the Unit**

If you are being admitted to the unit from home, please go to the main hospital reception when you arrive. The receptionist will contact a member of staff from the General Rehabilitation Unit who will bring you to the unit. We ask that you arrive by 2.00pm where possible.

If you are being admitted from another hospital, you will be taken directly to the unit.

## **7.0 What should I bring with me?**

A wardrobe and locker are provided for personal property on the unit. We ask that your family take care of your laundry. In special circumstances only, we can arrange to have your clothes washed and dried in the hospital laundry. However, this service cannot be guaranteed. Please speak to the Clinical Nurse Manager if you require assistance with laundry.

### **7.1 Clothing**

You should wear comfortable clothing during your daily activities. We suggest that you bring the following items of clothing with you:

- 3 tracksuit bottoms or slacks or loose fitting skirts
- Warm jackets (loose fitting)
- Jumpers or T-shirts
- Underwear
- Socks/stockings/tights
- 1 or 2 pairs of comfortable shoes/trainers/runners with a broad flat heel
- Pyjamas or Nightdress, dressing gown and slippers

## **7.2 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.

## **7.3 Aids and appliances**

If you are using any of the following items, please bring them in, clearly labeled with your name:

- Walking aid or stick
- Wheelchair and cushions
- Splint or special shoe
- Dentures
- Spectacles
- Hearing aid (with spare batteries)

- Items that relate to your own interest or hobbies that may be incorporated into your therapy programme.

## **7.4 Medications**

If possible, please bring an up to date prescription with you. Please bring any medication prescribed for you in the original box / bottle with prescription label intact. You must tell the doctor or nurse on arrival to the unit about any other medicines you are taking including vitamins, herbal remedies.

## **7.5 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. You will receive a receipt for any money/valuables retained in the hospital's safe; please keep this safely. You should keep a small sum of money for your day to day needs. The hospital can take no responsibility for the loss, theft or breakage of personal belongings.

## **8.0 Can I go home for weekends?**

This will depend on your medical condition. Following assessment, if the team is confident that you can manage safely outside the hospital, it may be possible for you to leave the unit for short periods.

Please discuss your intention to leave the unit with a member of the multidisciplinary team and inform a member of the nursing staff before you leave. Permission to leave the hospital must be documented by the doctor in your medical notes. We generally advise that a home visit be carried out prior to your going home on temporary leave as there may be unforeseen difficulties; this can be discussed on an individual basis with your occupational therapist, physiotherapist or medical social worker.

## **9.0 How long will I stay?**

Many people stay between 2 to 8 weeks. However, everyone makes progress at their own pace; some people will stay for shorter or longer periods than others.

## **10.0 Planning for my discharge**

Your discharge is carefully planned and the process of discharge planning begins early in the rehabilitation process. The team will arrange an assessment home visit prior to your discharge. The team may make recommendations on home adaptations which will be specific to your needs.

Where necessary, the hospital Action Van Service may provide assistance with minor home alterations. Alternatively, the team will assist you in contacting the relevant organisations to carry out the necessary adaptations.

With your permission and involvement, you may be referred to community services such as the Public Health Nurse, District Care Unit, Meals on Wheels and Community Physiotherapy, Speech and Language Therapy and Occupational Therapy. Some of these professionals may come to visit you when you return home for follow-up care. If you require care services at home, the medical social worker will make the appropriate referral and will advise you and your family of more specialised care services, if appropriate.

You may also be offered a place in our Rehabilitation Day Hospital for a period following your discharge.

On the day of discharge, a summary regarding your medical condition, treatment plan and a prescription will be completed by your team and given to you for your GP. You are encouraged to attend your GP as soon as possible after discharge.

If you are unable to return to your own home to live, you will be assisted by the team to find appropriate care in another setting.

## **11.0 Infection control**

The aim of infection prevention & control is to prevent and reduce the number of infections and the spread of infections within The Royal Hospital Donnybrook. It is essential that you, your family and visitors

and the hospital staff work together to achieve this. There are a number of ways that this can happen:

- Please make sure to wash your hands after going to the toilet, before meals and after blowing your nose. Hand hygiene has an important role to play in Infection Prevention & Control and it is an effective means of preventing cross infection.
- Do not touch wounds, drips, cannulae (needle in your vein where the nurse or doctor gives you medication). If you require assistance with any of these, please call a member of the nursing staff.
- A clean environment is also crucial in stopping the spread of infection. Please do not over clutter your room or area around your bed. This may prevent cleaning staff being able to access and clean these areas.
- If any of your family or friends are experiencing symptoms such as nausea, vomiting or diarrhea please tell them not to visit.
- When you are being examined or treated by a member of staff, always feel free to ask them if they have cleaned their hands.

## **12.0 When can I have visitors?**

Visiting is from 12:00 to 20:30. However, we always ask that visitors avoid meal times and therapy sessions. The main hospital doors are closed from 21:00 to 07:00. By prior arrangement with the Clinical Nurse Manager, visitors to the unit outside of these times will be greeted by the Security Guard at the main entrance.

From time to time, we may need to place restrictions on visiting, for example during outbreaks of infection. We will always keep you and visitors informed of these restrictions and when they are lifted.

## **13.0 Information about you and how we use it**

During your stay in The Royal Hospital Donnybrook, your healthcare team will collect and record clinical information about you to ensure that we have a complete and continuous record about your past, current and future treatment. As well as clinical information we also hold your name, address and date of birth to identify who you are. You are given a unique patient identifier called your medical record number. This is how we locate your records and is used, where possible, in communications about you.

### **13.1 What about confidentiality?**

All personal information that you provide about yourself and your medical condition is held securely and confidentially by The Royal Hospital Donnybrook. All of our staff have a professional and legal duty with respect to the confidentiality of your healthcare record.

### **13.2 How is the information used?**

- It is recorded on our computer system and in your healthcare record;
- It is shared with other members of the multidisciplinary team in order to provide you with care and treatment;

- It is used when the quality of care we provide is reviewed through audit;
- It may be disclosed when referring you for treatment/care to another hospital or medical professional;
- Some information disclosure is a legal requirement e.g. court order or reporting of notifiable diseases;
- It can be used to teach doctors nurses and other professionals involved in patient care;
- It can be passed in an anonymised format, and in some cases, in an identifiable format for national and local returns. These returns are reviewed for quality of information and care, and treatment information.

### **13.3 Can I see my records?**

Yes. You have the right to view the information we have in relation to your care and to amend the information if it is found to be incorrect. If you wish to discuss or review your health and personal information, please speak to the Clinical Nurse Manager on your unit, who will contact the hospital's Data Protection Officer.

### **14.0 Comments, Suggestions and Complaints**

If we are doing well, please let us know. If you have a complaint about any aspect of the service or about the hospital environment, please speak to the Clinical Nurse Manager on your unit. When you are being discharged, the team will give you a questionnaire to complete. We ask that you take the time to complete the

questionnaire, as it will provide us with information on how to improve the care and services we provide.

## **15.0 Other useful information**

For general information on facilities in the hospital, please use the hospital General Information leaflet which we have enclosed in your admission pack. Also, we would encourage you to read the additional leaflets in your pack. Remember, if you have any questions at any time; please speak to a member of our staff.

## Your Rehabilitation Team

| <b>Discipline</b>                              | <b>Name</b> |
|--|-------------|
| <b>Doctor</b>                                  |             |
| <b>Clinical Nurse<br/>Manager</b>              |             |
| <b>Nurses</b>                                  |             |
| <b>Healthcare<br/>Assistants</b>               |             |
| <b>Physiotherapist</b>                         |             |
| <b>Occupational<br/>Therapist</b>              |             |
| <b>Speech &amp;<br/>Language<br/>Therapist</b> |             |
| <b>Dietitian</b>                               |             |
| <b>Therapy<br/>Assistants</b>                  |             |
| <b>Other(s)</b>                                |             |



