

# Midland Health Board NEWS

SEPTEMBER 2004

## The Count Down is Over - PPARS Phase II is Live

On the 30<sup>th</sup> July, 2004 the first payroll run under the new National PPARS system was processed inhouse by the Board. This day saw the end of a long wait by the Board for the PPARS Phase II system.

As Fr Colm Browne, Chaplain, St Loman's Hospital, blessed the new equipment installed in the Board for the processing of payroll, Mr Pat O'Dowd, Asst CEO paid tribute to everyone who had worked together to achieve the target date for Go Live. Mr O Dowd compared this achievement to the Westmeath Footballers giving the analogy of what can be achieved with a concentrated effort, commitment, good leadership, project management and excellent team work. Mr O Dowd thanked everyone involved in the implementation "It took great team work from everyone within the Board but also from many parties outside the Board especially



NIALL SINNOTT, NATIONAL TEAM; SARAH M'CORMACK, SAP PROJECT MANAGER; PAT O'DOWD, ASST. CEO; LARRY BANE, DIRECTOR OF HUMAN RESOURCES; KIERAN MADDEN, DIRECTOR OF FINANCE

our colleagues in the National PPARS Team". Mr O Dowd thanked the managers who have taken on the challenge of using the new time forms and procedures required for the operation of time and payroll in a SAP environment. "This is a historic day for the Board as we reach the end of using the CARA Bureau system which we have used from the early

1970s for the processing of payroll. However while everyone in the Board has done a lot to reach today's target there is still a lot more to do before we have completed the implementation". Ms Sarah McCormack, SAP Programme Manager also added her thanks and appreciation for the significant effort and the long and unsocial hours that many people

had to give in order to achieve this day. She added "The long awaited PPARS baby is born. The pregnancy was tough and the baby is in an incubator, very contrary and very hungry! This baby cries a lot and demands immediate attention because unlike other implementations this is our payroll system and unless we keep it fed with the accurate and timely

information our employees will not get their accurate payment on time. But given time we will get used to the new working environment and grow to wonder how did we manage without the SAP Time and Payroll modules. No doubt we have a lot done but we are not there yet and need to keep the great team work going to achieve the final goal". Mr O Dowd concluded saying "It is

important that we recognise this great achievement for the Midland Health Board. We have achieved the Go Live dates as defined nationally which were even more challenging due as they are within the peak holiday period. Now that we have made this achievement I ask for your continued support to ensure that the project continues and reaches a successful conclusion".

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## European Safety Week 2004 – 18<sup>th</sup> to 22<sup>nd</sup> October 2004

The European theme for this year's health and safety week in October is 'Building in Safety', a theme which focuses on safety in construction work and on construction sites. While this may not at first sight have an obvious connection to a healthcare organisation, there is a considerable amount of construction work being undertaken in the Board, such as the new hospital site at Tullamore which is currently the largest hospital construction site in the country outside of Dublin City.

As the model of safety and risk management adopted by the Board is one that integrates clinical, health and safety and occupational health safety, this year the Board's annual safety week will focus on aspects of Staff, Visitor and Patient safety.

There is international evidence that suggests that well-designed packaging, systems, communications and environments can reduce the numbers of adverse incidents that occur within healthcare. A recent report from the Department of Health in the United Kingdom (2003) which applied the design approach and experience of other safety critical industries to the NHS concluded that the NHS 'needs to think in broad design and system terms'. The report goes on to state that confusing, complex and unwieldy designed systems – which are all too often pres-

### 'BUILDING IN SAFETY'

ent in healthcare are at best less effective than they could be, at worst they are potentially dangerous to either the patient or staff – or both. In contrast when applied to healthcare, effective design thinking can deliver products, services, processes and environments that are simple to use, convenient, comfortable and consequently less likely to lead to accidental misuse, errors and accidents.

The aim of European Safety Week 2004 is to recognise and acknowledge those of the Board's services that have put in place developments, initiatives or innovations that improve patient and/or staff safety systems. In line with this, the themes for European Safety Week 2004 are:

- Recommendations of the Quality of Working life Survey which can be further broken down into the topics of – Back Care Management - Mental Health and work-life balance - People Management
- Records management and Consent policies
- Quality Team Working in Healthcare Systems (e.g. Implications of the Working Time Directive; Accreditation Process etc.)
- Construction Safety

As one of the themes for European Health and Safety week is 'Back Care Management' we would like to take this opportunity to welcome Ms. Carole Murphy the Board's new Back Care Co-ordinator, Carole can be contacted through the Healthcare Risk Management Service (contact details page 2).



Carole Murphy,  
Backcare Coordinator

The European Health and Safety Week Working Group has been meeting since early March and is made up of representatives from the Assistant CEO's office, General Managers, Medical Manpower, Clinical Audit, Technical, Corporate Fitness, Health Promotion and Healthcare Risk Management Services.

Links with and information to Health and Safety representatives in relation to European Health and Safety Week 2004 was provided through the Health and Safety representative training in June and representatives will be continually updated in relation to the event.

Continued on page 2

# EUROPEAN SAFETY WEEK

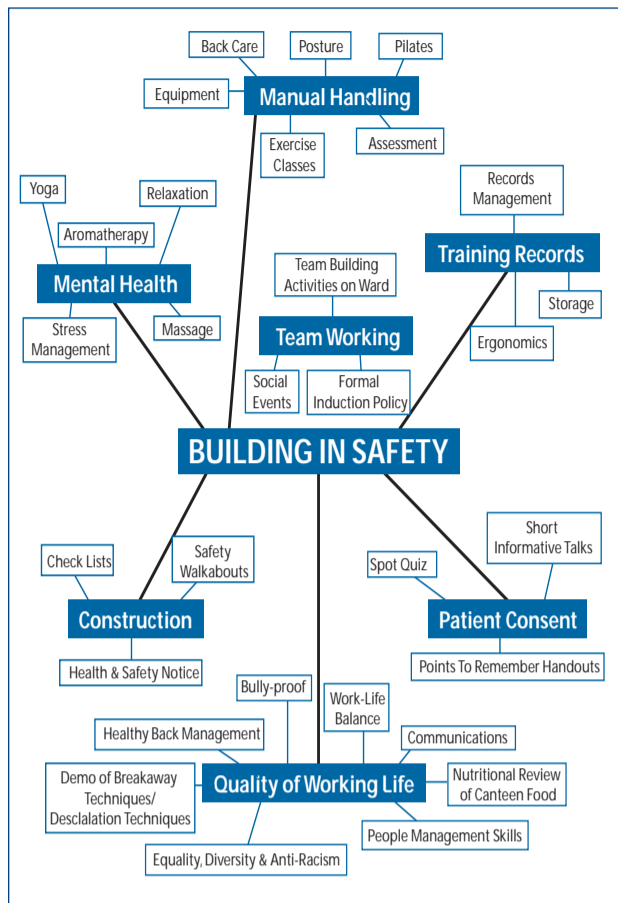
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This year road-shows will be taking place in the following sites during European Health and Safety Week:

Tullamore,  
Mullingar,  
Longford,  
Castlepollard,  
Portlaoise,  
Shaen,  
Mountmellick,  
Birr,  
Athlone  
and Abbeyleix.

Application forms and information packs for the week have been sent to all elected Health and Safety representatives and we are looking forward to entries from as many areas as possible this year.

Remember this is your chance to make a difference and to show-case what you've already done to improve safety systems! Please contact the Healthcare Risk Management at Unit 4,



Central Business Park, Clonminch, Telephone: 0506-57925 or your Health and Safety representative if you would like any more information. Reference: 'Design For

**Patient Safety – A system-wide design-led approach to tackling patient safety in the NHS', 2003, Produced by the Department of Health and the Design Council**

# Welcome Back Fiona!

After months of hard work and sheer determination to overcome her injuries sustained in a fall while holidaying in Italy last year, Fiona McCormack has rejoined her colleagues at work in Healthcare Risk Management.

One of her first thoughts on her return to the Board is to thank everyone who contributed to the fundraising effort, everyone who sent good wishes and all who supported her.

Fiona was very new to the Board when the accident befell her. She joined Healthcare Risk Management as a Risk Manager in July last year. That September, she took off on a long-planned holiday to Croatia and Italy.



It was in the small village of Sienna in Tuscany during the second week of her holiday that Fiona fell 20 feet off a wall. She sustained serious injuries including a fractured dislocation of her spine at L1 and L2 and bi-lateral fractured ribs. Fortunately Sienna had a university hospital with a spinal unit.

Fiona had surgery that night, and five days later was flown by air ambulance to the Mater in Dublin. Following two more surgical procedures at the Mater, she was moved to the National Rehabilitation Centre where began months of intensive physiotherapy and occupational therapy.

Despite her consultant's warnings that she would most likely never walk again, Fiona refused to accept that prognosis. "I had an excellent physio and I was just determined," she says. "When the accident happened I had to re-learn everything from dressing myself to walking with a frame. My aim was to walk with crutches and to come back to work, so those milestones have been achieved," she added. Fiona's colleagues at Healthcare Risk Management are delighted to have her back at work, and we join with them in congratulating Fiona on her courage and wishing her a long and fulfilling career.

## PPARS PHASE II IS LIVE



Left - From l to r: Oliver Smith, Partnership Facilitator; SAP Local Coordinators Paula Behan, Brid Feely, Paula Behan, Brid Feely, Maeve Flanagan, Caroline Carroll, Martina Gill and James Gorman Finance Specialist.

Below - from l to r (back) Pat Lynch, Westmeath Com Care; Jarleth Hoey, St. Joseph's Hospital; Michael Reynolds, Anne Reilly, Maura O'Farrell, Martina McGrath, and Martina Gill, Midland Regional Hospital at Mullingar; Mae Kelly, Health Centre, Longford. (front) Gerry Fagan, SAP Project Team, Yvonne Kane, MRH Mullingar; Paul Dolan, Westmeath CC, Melissa McDonnell, St Loman's Hospital and Kevina Kelly, Central Finance.



# LIBRARY Expansion

## Midland Regional Hospital at Portlaoise

The Library and Information Service (LIS) at the Midland Regional Hospital at Portlaoise is currently undergoing extensive refurbishment due to be completed by the end of September.

For health and safety reasons, it is necessary to close the library temporarily while building work is in progress.

If you require access to the following services:-

- Inter-Library Loan and Document Delivery Services
- Lending Facilities
- IT Facilities
- Internet Access

Please contact:-

Mary Thompson at [libghp@mhb.ie](mailto:libghp@mhb.ie) or

The Central Library and Information Service at the Midland Regional Hospital, Tullamore  
Email [sandra.keating@mhb.ie](mailto:sandra.keating@mhb.ie) 0506-46170

Please accept our apologies for any inconvenience caused as a result of this temporary closure. Library accommodation will be greatly enhanced as a result of the extensive renovations.

# Appointment of Hospital Accreditation Co-ordinators

**Hospital Accreditation Co-ordinators have been appointed to drive the accreditation process and to support the Self Assessment teams in each of the three acute hospitals in the Midland Health Board area.**

Margaret O'Donoghue, has been appointed as Accreditation Co-ordinator to work with Medicine, Surgery, Obs/Gynae, Paediatrics, Mental Health, Environment and Facilities Management Self Assessment Teams and Working Groups in the Midland Regional Hospital at Portlaoise. Margaret brings to the accreditation process her experience and skills in a number of areas. She has joined the accreditation team from her position as Nurse Tutor, Centre of Nursing Education and brings with her experience and skills in nursing education policy and strategies; identification of training needs; staff training and development; continuing

education; grading and rating of individual and group performance. Margaret trained in nursing in the UK and holds a Masters in Education (Health Sciences) from Trinity College. She also has qualifications in communications, health care management and graduated from the National Leadership Development Programme provided by the Office for Health Management.

John Joyce, has been appointed as Accreditation Co-ordinator to work with A&E, ENT, Orthopaedics, Surgery, Medicine, Cancer Services and Environment and Facilities Management Self Assessment Teams and Working Groups in the Midland Regional Hospital at Tullamore. John is a Senior Occupational Therapist and joins the accreditation team from his post as manager/co-ordinator of Aras Eoghain, Portlaoise, a centre for persons with physical disability. John is also a qualified

Orthotic Technician and was involved in providing OT services at MRHP and orthotic services at Portlaoise Health Centre. In addition to the above skills John has implemented ISO 9002 accreditation at Cloghan House and was a member of the team involved in development of the Recycling Project for Medical Appliances that generated savings of €165,000 in five months of operation. John graduated with a BSc in Occupational Therapy and also is in possession of a BSc in Geology and is a City and Guilds graduate in information technology and has developed computer systems in pharmacy. John is shortly embarking for a week in Cape Town, South Africa where he will be engaged in the Niall Mallon home-building project in townships (see story page 7).

Orlagh Claffey, formerly a senior radiographer at MRH, Tullamore has been appointed as Accreditation

Co-ordinator to work with Medicine, Surgery, Obs/Gynae, Paediatrics and Environment and Facilities Management Self Assessment Teams and Working Groups in the Midland Regional Hospital at Mullingar. In the past, Orlagh was selected by her Radiography Services Manager to lead the radiography team in preparing for the accreditation process while ensuring that the accreditation effort did not negatively interfere with service delivery.

As part of her previous work in accreditation Orlagh engaged in clinical audit within radiography services and worked with the MHB Regional Quality Co-ordinator in developing policies, procedures and guidelines for the service. Orlagh also served as a PACS radiography representative on the MRHT Capital Project Committee and was responsible for marketing support for PACS. Orlagh graduated in radiography in the UK.

Orlagh is membership secretary for the Athlone Musical Society, and in this capacity has been involved in the organisation of voice coaching and acting workshops and also in her life outside the health sector she served in Calcutta as a volunteer with the Missionaries of Charity (Mother Theresa) formulating and delivering an educational programme for street children.



Margaret O'Donoghue, Accreditation Coordinator, MRH, Portlaoise.

The Hospital Accreditation Co-ordinators will work with the Hospital Manager, and the chairperson and team leader of each Self Assessment Team to assess our acute hospital services against the Irish Health Services Accreditation Board (IHSAB) standard.

The co-ordinator will schedule the activities necessary to meet the deadline for submission of our Self Assessment Report and will collect, collate and index documentation as evidence of our compliance with the standards.

They will schedule the peer review survey and finally, will develop Quality Improvement Plans with each Self Assessment Team. After completion of the survey the co-ordinator will develop with Self Assessment Teams a range of Quality Improvement Project proposals for implementation within each hospital.



John Joyce, Accreditation Coordinator, MRH Tullamore.



Orla Claffey, Accreditation Coordinator, MRH Mullingar.

## INFO Link TEAMS *New Communications Initiative*



Pictured Left are the INFO Link team members for St Vincent's Mountmellick. From l to r: Teresa Lynch, assistant Director of Nursing; Lucy Campbell, CNM II; Catherine O'Keefe, Director of Nursing; Larry Dunne, Domestic Supervisor and Ann Norton Day Care.

INFO Link Teams are being established in all locations to ensure that communication is prioritised and to facilitate the dissemination of information between the Communications Team at Central Office and staff working in centres throughout the Board's area.

The teams many of which are already established are being set up on a

Partnership basis in that they represent both staff and management. The number of members on teams varies according to location but is generally between four and seven.

The INFO Link Teams were first mooted at the Quality of Working Life workshop in July. At the Workshop the Communications Group facilitated by

Dymphna Bracken, Director of Communications put forward the idea as a means of helping the free flow of information around the Board.

INFO Link Teams will also take specific responsibility in their locations for ensuring circulation of the Board's staff Newsletter, and keeping staff Notice Boards up to date and relevant.

The setting up of the Info Link Teams is being facilitated by the Communications Team, at Central Office. Any staff member wishing to have further information should contact Annette Fitzpatrick at 0506 46172 or e-mail [annette.fitzpatrick@mhb.ie](mailto:annette.fitzpatrick@mhb.ie) Full details of all the teams and their contact person will be published in the next Newsletter.

# EXCERPTS FROM HSE LINK NEWSLETTERS

## Issue 9 - Revised iHSE Change Management Team Structure

As the interim Health Service Executive moves into its third phase, the composition of the team has been revised to continue to ensure effective focus across all aspects of this phase of the health reform process. The teams will work closely with Hugh Cawley and Denis Doherty.

### Details of the revised Change Management Structure:

Team	Members	Overall Responsibility
National Shared Service	Laverne McGuinness (Team Leader) Willie Murphy, Kevin McConville, John Pepper, Emer Walsh	Hugh Cawley
Streamlining	Martin McDonald (Team Leader) Brenda Kelly	Hugh Cawley
Finance	Diarmuid Collins (Team Leader)	Hugh Cawley
Change Management	Laraine Joyce (Team Leader)	Hugh Cawley
Consultation	Helen Franklin, Tina Joyce Jackie Crinion, Wini Ryan, Orla McEvoy	
Service Planning	Tom Kelly (Team Leader)	Hugh Cawley
Corporate Affairs	John Cregan (Team Leader) Therese Dalchan, Alan Smith, Aoife O'Sullivan	Hugh Cawley
HR/IR	John Magner (Team Leader) Sile Fleming, Naomi Boland	Hugh Cawley
Procurement	Leo Stronge (Team Leader)	Hugh Cawley
National Hospitals Office	Tony McNamara (Team Leader) Noel Brett, John O'Brien, Louise McMahon, Suzanne O'Reilly	Denis Doherty
Primary, Community & Continuing Care	Aidan Browne (Team Leader) Cate Hartigan, Priya Prendergast Tadhg O'Brien, Ger Crowley, Colum Bracken, Geraldine Brady	Denis Doherty
Population Health	Tony Holohan (Team Leader) Hugh Kane, Antoinette Doocey, Tom Hogan, Marie Carroll Browne	Denis Doherty
ICT	Tom Carty (Team Leader)	Denis Doherty
Service Governance	Mary Culliton (Team Leader)	Denis Doherty

### New Members of Change Management Team

We would like to welcome four new members of the Change Management Team, who have joined us from the existing health system. As outlined above, Mary Culliton is leading the area of Service Governance, Leo Stronge is leading the area of Procurement, Tom Carty is leading the area of ICT and Alan Smith is joining the Corporate Affairs Team.

### Issue 8 - Change Management Update

In the near future, the interim Health Service Executive (iHSE) will present its proposed integrated design for the new unitary health system to the CEO group. Further testing of the proposals may be required before the design is brought to the board of the interim HSE and then to the Minister for Health & Children. In the coming weeks, the change process will be entering Phase 3, which will involve testing the implementation of the transition plans. This work is significantly different to what has gone before and may involve changes to the composition and tasks of the Change Management Team as we work closely with key stakeholders in the health system, including health boards, voluntary sector, trade unions and the Department of Health & Children. The Change Management Team would like to thank all involved throughout the system for their hard work and efforts which have been instrumental in bringing the design to this advanced stage.

### Regional Boundaries

The decision on the regional boundaries will be made in the Autumn, following identification and assessment of the implications of the proposed design for existing staff and locations.

### New Appointment to Change Management Team

Denis Doherty, Director of the Health Boards Executive (HeBE), has joined the iHSE to assist in the change management process. Denis brings vast experience in health management, as well as the resources and networks that HeBE has developed in recent years. Denis is the former CEO of the Midland Health Board, and currently is both Director of HeBE and the Office for Health Management.

### Super Thought Winner

We're delighted to announce that Anita Dillon from Galway, Clerical Officer with the Western Health Board, is the winner of the Super Thought Competition. The initiative invited staff from across the public health system to suggest a solution by post or email to a major issue they identified in the existing health services. The 472 submissions received covered a wide range of themes, including—Access for clients to services, clear roles and responsibilities for staff,

## Change Management Team

A revised team structure for the interim HSE Change Management Team has been announced with former and current senior management staff of the Midland Health Board taking prominent roles in the change process.

There are now four members of the Board's management team on secondment to the interim HSE, all heading up key change projects. The Board's deputy CEO, John

Cregan, is leading a project team overseeing Corporate Affairs; Diarmuid Collins, the Board's Director of Finance, is team leader for the Finance Project Leo Stronge, most recently on secondment to HeBE, will head the project team on procurement, Mary Culliton is leading the area of Service Governance and Tom Carty, is leading the team on ICT.

These latest appointments to the interim HSE's

Change Management Team follow the appointment earlier in the summer of Denis Doherty to the interim HSE.

Mr Doherty was formerly CEO of the Midland Health Board before becoming Director of HeBE.

"We are delighted to see our colleagues at the Midland Health Board contributing in such a major way to the health reform agenda," said CEO, Mr Pat Gaughan.



Dennis Doherty



John Cregan



Mary Culliton



Tom Carty



Leo Stronge



Diarmuid Collins

increased health promotion and prevention, improvements in ICT. Members of the Change Management Team considered submissions under a number of categories, e.g. Client Focus, Ability to implement and innovation. The Change Management Team would like to acknowledge the hard work and effort of all entrants and to thank them for sharing their views, experience and expertise. There were many imaginative and creative ideas put forth, which have been fed into the design of the new health system.

Anita's entry, looked at promoting positive attitudes and health services ownership among staff. It is particularly relevant in terms of what we aim to achieve in designing the new health system. As Anita rightly identifies - happy, confident, skilled staff are in a position to provide improved service experiences to patients, clients and service users. As Anita says: "Don't complain about it, do something about it - its our service, so promote it."

### Recruitment Update: HSE Senior Management Team

Eight of the HSE Senior Management Team posts were advertised in national press on 16 July 2004. The Senior Management Positions advertised are:

1. National Director of Population Health,
2. National Director of National Hospitals Office,
3. National Director of Primary, Community & Continuing Care Services,
4. National Director of Change Management & Organisational Development,
5. National Director of National Shared Services,
6. National Director of Finance
7. National Director of Human Resources,
8. National Director of ICT,

### Report on Streamlining

A number of existing specialist health agencies will be streamlined and integrated within the Health Service Executive as part of the reform programme. Comhairle na nOspidéal, the Health Service Employers Agency, the Health Boards Executive and the Office for Health Management were identified by the Department of Health and Children as being among the initial priorities. Over the past few weeks a number of meetings have been held between the interim HSE and senior officials from these agencies both on a plenary and bi-lateral basis. Representatives of the Department of Health and Children have also participated. A significant number of issues have been identified which will need to be resolved. The process of addressing these matters has commenced and will continue over the period ahead with the objective of ensuring appropriate arrangements are put in place.

### Locations of HSE and HIQA

The locations of the HSE (Health Service Executive) and of HIQA (Health Information and Quality Authority) were announced on Thursday 8 July 2004. The new National Headquarters of the HSE will be in Naas, Co. Kildare and HIQA will be located in Cork.

# NURSING SCHOOL CLINICAL TRAINING COURSE



From l to r: (front) Majella Robinson, Clinical Auditor, Maura Byrne, Kathleen Corcoran, Marie Minnock, Teresa McDonagh, Margaret Shine, Rosario Rabbitt (back) Patrick Glackin, Tony Duffy, Maria Geoghegan, Michelle Bergin, Claire Dowling, Eileen Early, Rosie Hassett, Maureen Keane, Rita Daly, Kathleen Coakley and John Bannon.

Fourteen Clinical nurse specialists recently completed their two day clinical audit course delivered by the Board. This is part of a regular training program to enable front-line staff carry out clinical audits/quality improvement projects in their own work areas. The CNS were from a variety of fields including mental health, acute hospitals and community palliative care. We wish them every success in their Quality Improvement / Clinical Audit projects in the coming months. For further details about upcoming Clinical Audit Courses contact the Clinical Audit & Research Department at (0506) 27924.

## QUALITY OF WORKING LIFE PROGRAMME

### NOTICE FOR STAFF

We are seeking staff at all levels within the organisation who are willing to give some of their working time to support colleagues - full training and support will be provided.

Staff can apply for either a Peer Support or a Support Contact Person role (Dignity at Work Policy)

Peer Supporters - Work/Life Balance Programme

Support Contact Persons - Dignity at Work

(Bullyproof) Programme

Application forms and further details from your Line Manager and will also be available on the Board's Intranet Site Notice Board.

## REPORT ON THE NEEDS OF ETHNIC MINORITY GROUPS IN LAOIS

A Report which provides detailed information on the ethnic minority community in County Laois covering issues such as education, disability, diet, access to services, including childcare, employment issues, religious practice and voluntary activity was launched recently in Portlaoise. The Board's Community Welfare Service established a dedicated asylum seekers and non nationals support unit in 2002, in order to meet the needs of increasing numbers of asylum seekers and non nationals in Laois/Offaly. The Board decided that it could not simply provide services for service users without taking a partnership approach and work with service users and other service providers to provide the most appropriate integrated response to needs.

Together with the Portlaoise Ethnic Minority Support Group, Laois County Development Board, and Laois County Council, a research initiative was instigated, the results of which were published in the report.

Speaking at the launch of the Report, Assistant CEO Community Services, Breda Crehan Roche said the model of partnership used was to be commended. "Stakeholders were involved at all stages of the initiatives - from the proposal, design, consultation, delivery and the production of the report. This is typified, for example, by members of the ethnic community administering the survey among their peers and Ms Yvonne Murphy of Laois County Development Board drafting the report," Ms Crehan Roche said.



At County Hall, Portlaoise for the launch of 'A Minority In Transition' a survey of the asylum seeker and refugee population of Portlaoise, from left: Jimmy Todd, Community Development Officer, Michael Cobbe, County Development Board; Rotimi Adebare T.C.; Michael Moloney, M.C.C.; Breda Crehan-Roche, Assistant CEO Community Services and Gerry Donlon, Community Welfare.

In addition to acknowledging the Board's partners, Mr Crehan Roche singled out Jimmy Todd, Community Development Officer and Mr Gerry Donlon Community Welfare Officer "for their input and guidance".

"This report provides a profile of a community in relation to family size, language spoken and demographic issues. It looks at the experience of the community in regard to interaction with agencies and with the general public, and also addresses issues such as racism and discrimination," Ms Crehan Roche explained. "The profile which this reports presents of the ethnic minority community here in Laois will provide to all service providers including the Midland Health Board valuable data in relation to quality of life issues which can be addressed with the local ethnic minority community when reviewing or devising services," she concluded.

### BRAINWAVE SEMINAR

Brainwave the Irish Epilepsy Association, are holding a 'Living with Epilepsy Loss' Seminar before the end of the year. The seminar is for families and carers who have experienced a sudden unexplained death in epilepsy (SUDEP) or other epilepsy related death.

For further information please contact your local community resource officer Margaret Bassett at 0506 28631.

### Letters to the Editor...

#### Thanks to Mullingar

To accident and emergency (mullingar hospital) myself and my family would like to thank the staff especially Doctor Connor Regan and the nurse who accompanied him in looking after my daughter. They were exceptional and very professional.  
yours thankfully,  
Paul & Claire Hanley

#### Thanks to Portlaoise

My wife and I live in Portlaoise and have done so for the past 5 years. Jenny my wife is employed by the Health Board at Portlaoise General Hospital. Our first baby was born at the General Hospital on Monday the 26th of July last and mother and baby are doing very well indeed. I would like to highlight to you and others the fantastic work that is carried out by the Maternity unit at the hospital. The care that my wife, our baby and even me as a husband / partner received was just wonderful. The staff are working at the highest level of professionalism 24 hours a day and the work that they carry out is to be commended. The staff were most helpful, kind and considerate at all times and gave advice and help when needed and comfort also. If possible I would like this to be conveyed to the staff at the maternity wing so that they know that their good work and great care is not going without notice. Most kind regards and thanks  
Regards, Pete Hardiman.

# Lifestyle Consultations for Staff



Clodagh Armitage Physical Activity Co-ordinator with Carmel Dolan during a recent Lifestyle Consultation

The Health Promotion Service in partnership with the Board's Occupational Health Service is now providing Healthy Lifestyle Advice Sessions for staff, the purpose of which is to assess a person's risk of Coronary Heart Disease and help them to make healthier lifestyle choices.

During the Healthy Lifestyle Advice Sessions staff receive advice on their lifestyle choices including physical activity levels, smoking status and healthy eating, and height, weight, body fat levels, aerobic fitness, strength, flexibility and lung function are all measured. Staff are then provided with a programme suitable to their needs, levels of fitness and are followed up for a six week period to see how they are progressing.

To date the evaluations of this service have been very positive and show that it has made a real difference for staff. Here are some of the comments from staff who have availed of the service.

"Helpful for health and exercise needs.....  
An excellent service for staff"

"Well worth a visit....Very helpful, made me more aware of diet and eating habits"

"Session was good and it motivated me to lose weight"

## HEALTH PROMOTION'S IRONMAN DOES THEM PROUD

Congratulations to Barry Lambe from the Board's Health Promotion team who participated in the "Ironman Austria" Triathlon in July. Over 2,100 athletes faced up to the challenge of a 2.4 mile swim in Lake Worthersee, a 112 mile bike ride through the Austrian Alps (climbing over 1500m in total) and a 26.2 mile marathon run.. Starting at 7am, Barry completed the swim in 1h 19mins, the bike in 6h 26mins and the marathon in 4h 23mins. By 7.25pm the long day was over and he had completed his first Ironman in 12h 25mins.

Barry would like to thank everyone in Health Promotion for their encouragement, support and beautiful crystal trophy which was presented to him on his return. Thanks also to all staff who contributed to his

fundraising. All money raised has been donated to AWARE to help sufferers of depression and their families.

If anyone is interested in triathlon or just being more active in general, you can contact Barry in the Health Promotion Service on 0506-57812 / barry.lambe@mhb.ie



Health Promotions Barry Lambe competed in the National Ironman in Austria in July.

The schedule for the rest of the year is as follows:

## Healthy Lifestyle Advice Sessions 2004

VENUES	DATE	TIME
Tullamore MRH	13 <sup>th</sup> September	10.00am to 5.00pm
St Mary's	24 <sup>th</sup> September	10.00am to 5.00pm
Abbeyleix District Hospital	28 <sup>th</sup> September	10.00am to 5.00pm
St Bridgid's Shaen	12 <sup>th</sup> October	10.00am to 5.00pm
Birr Community Nursing Unit	To be arranged	10.00am to 5.00pm
Mullingar MRH	22 <sup>nd</sup> October	10.00am to 5.00pm

### WHO SHOULD AVAIL OF Healthy Lifestyle Advice Sessions?

Staff who are inactive, feeling unfit or who feel that they could benefit from reviewing their lifestyle, including smoking, healthy eating or exercise levels.

If you would like further information you can contact Clodagh at:

Health Promotion Service, Midland Health Board,  
Unit 4 Central Business, Tullamore, Co Offaly.

0506 - 57824 or 086 - 3801099 or e-mail at [clodagh.armitage@mhb.ie](mailto:clodagh.armitage@mhb.ie).  
or Occupational Health Service on: (044) 84480

# Sixth Annual Conference on Integrated Care 2005

## FIRST ANNOUNCEMENT AND CALL FOR ABSTRACTS

Organised by the International Network of Integrated Care (INIC) and the Midland Health Board, February 14 and 15 2005, Dublin Castle, Ireland.

### Main conference topics:

- **Primary care: A core element in integrated services**
- **Chronic care across the continuum: the whys and whats of integration**

### Aim of the conference

To bring together researchers, policy makers and practitioners working with transmutal cooperation and coordination between different providers of health care and of social care in order to exchange knowledge and experiences and to generate new ideas, new research and new projects on integrated care.

Both researchers and practitioners are invited to present their current or latest research results and projects.

### Submissions

We are interested in presentations on the designated conference topics that follow one of the following formats:

**Research** - Results of a completed original research project. The material should not have been previously published elsewhere, except in a preliminary form, and it should be ready for publication as a journal article.

**Policy** - Any development in policy; governmental, organizational, or any other which affects the integration of care.

**Practice** - Projects and developments focusing on practice-oriented questions and reporting on recent experiences. These papers should present case descriptions of integrated care on the national, regional or local level.

All speakers are encouraged to submit a scientific article after the conference for peer reviewed publication in the International Journal of Integrated Care. For detailed information on the requirements for article submissions or to submit a paper for publication, please visit: [www.ijic.org](http://www.ijic.org).

### Poster prizes

The conference committee will award one cash prize each to the best student poster as well as the best professional or scientific poster presentation. To submit a poster, please follow the general submission procedure.

### Conference language

English

### Deadline for abstracts: 1 November 2004

If you would like to present your integrated care related research or project, please e-mail the following to Jennifer Smith at [inic@igitur.uu.nl](mailto:inic@igitur.uu.nl) :

- a structured abstract of 200 words maximum
- a preference for the type of presentation: oral paper or poster presentation

All submissions will be reviewed by the conference committee and you will be notified by e-mail of the result of your submission by 15 December 2004.

Due to the limited number of time slots available for oral paper presentations, the committee reserves the right to request that a presenter who submits a preference for an oral paper presentation, present their work as a poster presentation instead.

For further information about the 2005 conference and for more information on how to become a member of the International Network of Integrated Care (INIC) please visit our website: [www.integrated-carenetwork.org](http://www.integrated-carenetwork.org).

# DEMENTIA EDUCATIONAL AWARENESS PROGRAMME COMMENCES

## 80 staff take part in training workshop

Staff who completed training in Dementia Care will this month roll out an educational awareness programme on dementia in care centres throughout the Board's area.

Many of those who underwent training gathered together on the eve of the 'roll-out' where they were thanked for their hard work and commitment to improving care for patients with Dementia by the Assistant CEO Community Services, Breda Crehan-Roche.

The training was recommended by the Board's own Dementia Strategy Project Team. "The Dementia Strategy Project Team was set up in response to growing numbers of people with dementia, and in recognition of the fact that the effective management of dementia necessitated the

development of an action plan, incorporating the viewpoints of all major stakeholders," explained Ms Crehan Roche. The Project Team aimed to identify and address the needs of dementia sufferers and their carers, using the National Council on Ageing and Older People Action Plan for Dementia publication recommendations on their terms of reference.

"The needs assessment was to take account of the full spectrum of care required by this group and also take account particularly of accommodation needs, needs of carers and training needs for staff and carers. The emphasis is on providing high quality care geared to meet the individual needs of people with dementia both in the community and residential care settings." Ms

Crehan Roche said.

Eighty Midland Health Board staff participated in the training workshop in September last year. Speakers at the two-day workshop included Dr Graham Stokes, Consultant Clinical Psychologist, Head of Mental Health, BUPA London; Janice Barratt, Dietitian, Kingsway Hospital, UK; Jackie Pool, Occupational Therapist and Dr Jennie Powell, Speech and Language Therapist, Memory Team, Llandough Hospital, Cardiff.

Areas covered included Challenging Behaviour – triggers and explanations, Framing problem behaviours as positive needs and the culture and design of care environments.

Ms Crehan Roche took the opportunity to single out a number of staff for their par-



From L to R: Sheila Moynihan, St Peter's Castlepollard, Dorrie Mangan, General Manager Community Services Longford/Westmeath; Marian Mooney, Genevieve Beirne, speech and language therapist, Breda Crehan Roche, Assistant CEO Community Services; Pauline Dunne, community nutrition and dietetics, Godwin Magaisa, Senior Occupational Therapist, St Loman's; Josephine Abbott, Kathleen McColm, Evelyn Farreley, Midland Regional Hospital at Mullingar; Martina O'Dowd, St Loman's; Joan Ward, Margaret Feeney, Project Specialist Older People; and Mary Manning, Nursing and Midwifery Planning and Development Unit.

ticular contribution to the Dementia Strategy and staff training, namely Consultants in Psychiatry for Later Life, Dr Sabine Fahy and Dr Micheál O Cuill, Dr Pat Doorley, Liam O'Callaghan, who chaired the Dementia Project Team,

Mary Carmody, Secretary to Project team, Anna de Súin, Researcher for Older Persons, and Margaret Feeney, Project Specialist Older People.

She also thanked the Directors of Nursing, the Nursing and Midwifery

Practice Development Unit, and heads of departments who facilitated training; the Dementia Educational Committee, the Alzheimer Society, Carers Training Group and Novartis for funding the training workshop.

## BUILDING FOR THE POOR IN SOUTH AFRICA

John Joyce, new Accreditation Coordinator at Midland Regional Hospital at Tullamore, will travel to South Africa in October to build houses for the poor in South Africa.

"The Project consists of a team of Irish Workers travelling to South Africa to build houses on what is effectively a rubbish tip. There are 12,000 people living in tiny huts, all packed into an area of 50 acres. Their huts are generally made of wood, but some are made of corrugated iron," explained John.

"I am joining the team of builders and providing my carpentry skills to the project. It is expected that 300 volunteers will make the trip ranging from a wide variety of skills and professions. They include carpenters, electricians, plumbers, painters brick layers to general labourers. No one is excluded from joining in and the job allocation is matched to the skills present."

The project was the brainchild of Dublin property developer Niall Mellon. Niall was shocked at the level of poverty he saw in Imiazamo Yethu - a township on the outskirts of Cape Town, where people live in tiny huts, have no sanitation, effectively no social welfare and in truth little hope. However, Niall was impressed by the great spirit of the people, their happiness despite the fact that life has been cruel to them.

His aim is to give each of these families a proper house instead of their ramshackled huts. He put up a million Euro, encouraged some of his peers to do the same and immediately went on a fund-raising crusade to try to bring about change. In the last 15 months he has built 120 houses. He then got 150 Irish builders to pay their own way out, work for eight days, and build another 30

houses.

John learned of the Naill J Mellon Project through a friend who participated in the scheme last year, whose wife is a social worker with the Board. "She spent some time training in South Africa for her Degree and he wanted to return something to the community," John said.

The cost of each House is €5000 with each worker asked to fund raise a minimum of €4000 each. This money goes towards the flights, accommodation and building materials.

According to John, Niall Mellon has personally contributed upwards on a couple of million to the project and maintains a presence at the project all year round. Anyone wishing to contribute to the project can contact John Joyce at:

Coolnacart, MountrathGrange Road, Co Laois, Tel: 0502 30992 Mobile: 086 6012189

## YOUth MATTERS

Improving the lives of teenagers in south and west Offaly

The Board has joined with a number of statutory and non-governmental organisations in West and South Offaly in a unique partnership to respond to the needs of young people in West and South Offaly.

Youth Matters the title given to the partnership involves West Offaly Partnership, Foróige, Midland Regional Youth Services and the Gardai as well as the Board.

The West and South Offaly Youth Initiative started out with ad-hoc discussions among front line staff in each organisation. This led to four summer projects in West Offaly that had a social inclusion focus and direct involvement from staff in all the partner organisations.

The sharing of staff, expertise, experience and small resources has progressed the project to a formal agreement between



President Mary McAleese views YOUth MATTERS website.

West Offaly Partnership and Midland Health Board that enabled the employment of full-time youth workers for West and South Offaly.

Through consultation with the young people involved a YOUth MATTERS Website has been set up - a site for young people by young people. Breda Crehan Roche, assistant CEO Community Services launched the first phase of the website recently. "Sixty-five young people from different communities

have developed this website with hands-on support from the youth worker M.J. Grogan and Michael McKeown from West Offaly Training. The result is impressive, informative and interesting," Ms Crehan Roche said..

"It is a project that can continue to grow, attracting other communities and schools to develop their distinct elements that will enhance YOUth MATTERS even further," she added.

# MHB SAFETY AWARENESS

Welcome to the second edition of our Safety Awareness information articles. Over the forthcoming issues of the MHB news we will be addressing various topics which will include Child Safety and Fire Safety. In this article our focus is on Fire Safety, with particular attention on the use of Portable Pressure Fire Extinguishers, with a new competition for MHB staff members!

It is worth knowing that now the summer is as good as over, and we approach the winter months, that the potential of fire incidents may increase in the Midland Health Boards area. This is due to many reasons for example:

- Colder weather will increase the level of heating appliances used both oil and electrical, in many cases these units maybe operational 24 hours.
- Darker evenings will increase amount of extra lighting required.
- Additional levels of electrical products been used particularly during the Christmas period.

Every year in Ireland approximately 50 people die from uncontrollable fire outbreak - mostly in their own homes, and at work. Those at greatest risk are the under 12's and over 60. Every fire has a cause and most often, there's a common-sense, simple method of prevention. Careless attention to heaters, cooking equipment and work activities (using electrical equipment) are leading caused of fire-death and injury.

## UNDERSTANDING CAUSES OF FIRE IN IRELAND.

Below highlights the causes of fire deaths throughout Ireland, and focuses on two years 2001 and 2002.

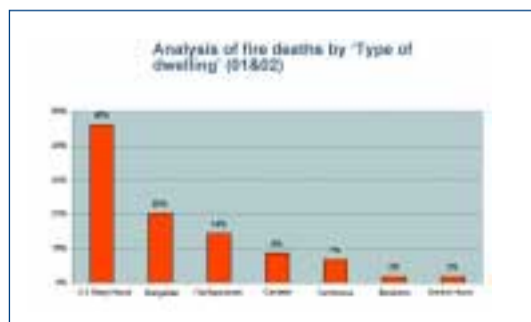
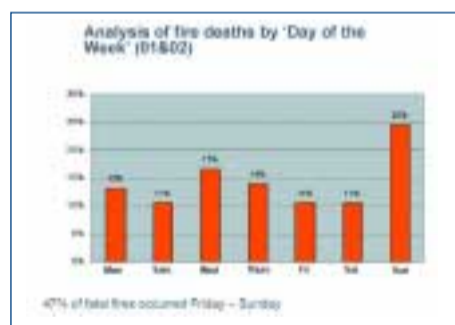
**Statistics of Fire Fatalities, in the year 2001 & 2002** Source: National Safety Council.

Summary;

- 2001: 63 deaths.
- 2002: 51 deaths.
- 36% in Winter, 32% in Spring.

Profile of most likely fire victim:

- Male (65%), Female (35%).
- Alcohol involved (39%).
- House fire (67%): Dwelling type, 2-3 storey, (46%).
- Fire will happen between 12 am – 6am on a Sunday morning (late Saturday night may be a factor).
- Very likely to NOT have a (working) smoke alarm (82%).



Fires in hospitals pose a major threat to the lives and health of everyone, particularly patients. Hospitals and health care premises use fire safety strategies based on avoiding fire, rapid detection and containment and fast evacuation through progressive horizontal evacuation where necessary are used. An essential part of this safety strategy is the safe use of Fire Fighting Equipment, i.e. Fire Extinguishers. The following article will provide practical advice, and outline the safe use of extinguishers. There are many types of fire extinguishers used in the MHB, which are used in different conditions and in various situations depending on the fire in question, as staff members its therefore very important know when and how to use them.

However in order to use extinguishers you must understand the different fire classifications that exist, having done so you will know what extinguisher is suitable to use.

## FUEL CLASSIFICATIONS

- Fires are classified according to the type of fuel that is burning.
- You must only use the correct fire extinguisher to attack and extinguish a particular fire.
- It is very important to understand the four different fuel classifications.



**Class A:** Wood, paper, cloth, rubbish, plastics: solids that are not metals.



**Class B:** Flammable liquids: Petrol, diesel, oil, paint thinners, grease, alcohol, etc.



**Class C:** Flammable gases such as methane, acetylene, natural or manufactured.



**Electrical:** Live electrical equipment as long as it's plugged in.

The advantage of the above symbols is that they are marked on the extinguishers bodies. This allows for easy identification of the fire classifications in which they can attack. When choosing an extinguisher always check its identification markings: text and pictograms. Failure to do so may result in injury or increasing the fire spread. From the above list can you identify what fuel classifications you are exposed to in your local work area? One, Two.... In reality you can be exposed to nearly all of the above, remember there are many hidden risks that maybe are not obvious to you, air conditioning units, refrigerator units contain pressure gas and liquid cleaning agents in storage presses can be highly flammable and so on.....It's worth remembering!

## THE SAFE USE OF EXTINGUISHERS

The first thirty seconds after discovering a fire is critical. Within those few moments a decision to fight a fire must be made and knowing when to fight and when to evacuate the area can mean the difference between life and death. The following describes how to best use an extinguisher.

### Understanding Fires

In order to have a fire, there must be three elements:

- **Fuel** ————— something which will burn
- **Heat** ————— enough to make the fuel burn
- **Oxygen** ———— air



These three elements are expressed as a triangle, called the Fire Triangle. Remember remove one or more elements from the fire triangle, will extinguish the fire. That is the principle of how Fire Extinguishers work, put simply they remove one or more elements from the fire triangle.

### Types of Pressurised Extinguishers



**1) Water Extinguishers:**  
Water extinguishers can only be used on Class A material.



**2) Foam Extinguishers:**  
Foam extinguishers can only be used on Class A and Class B material.



**3) Carbon Dioxide Extinguishers:**  
Carbon Dioxide Extinguishers can only be used on Class B and Electrical equipment.



**5) Multi Purpose Powder Extinguishers:**  
Powder extinguishers can be used on all Fuel Classes A, B, C, and electrical.



Remember\* when you attack a fire with a Powder Extinguisher make sure there are no people in the line of attack and your back is towards an exit. Powder can be very messy and fill a small room very quickly with a fine dust.

**HOW TO USE A FIRE EXTINGUISHER SAFELY.**

Knowing how to use an extinguisher correctly and safely will greatly reduce the risk of causing any unwanted injuries. Using the wrong extinguisher may cause physical injury and worsen the fire situation.

'The key to successfully attacking a fire is to knowing what kind of fire is burning first, then choose the correct extinguisher to attack it'

It is easy to remember how to use a fire extinguisher if you remember the acronym:



**PASS**

**Pull** - Pull the pin, with one hand on the neck of the extinguisher and pull the pin using the other hand (Pic 1). This will allow the pin to be removed easily. (Pic 2). All extinguishers have a tamper proof seals which will break off, when you remove the pin.



**Aim** - Remove the hose from the holster, make a firm grip and aim at the base of the fire (Pic 3).

**Squeeze** - Press down on the trigger to release the pressurised extinguishing agent (Pic 4).



**Sweep** - Sweep from left to right, when attacking a fire this is to ensure an even spray over the base of the fire, while remaining in a single position.

Carbon Dioxide is a non-flammable gas that removes the oxygen from a fire. Without oxygen the fire will extinguish. When using a Carbon Dioxide extinguisher rotate the horn to a right angle position and always place your hand at the bottom of the cylinder before operating the extinguisher (Pic 5).



Pressurise Carbon Dioxide (Pic 6) leaves the extinguisher at around - 20°C, therefore it is very important not to hold the horn when operating, this will result in a cold burn. The pressure in a Carbon Dioxide extinguisher is so great bits of dry ice may shoot out of the horn.



Finally picture 7 clearly shows a layer of ice along the shaft of the extinguisher. A typical 2kg Carbon Dioxide extinguisher will generally last around 18 seconds.

**Fire extinguishers have limits.**

Portable extinguishers are not designed to fight large or spreading fires. Even against small fires, they are useful only under certain conditions.

- Fires can be very dangerous and therefore the Health Board asks only of you when attempting to put out a fire that you will not endanger yourself or others.
- The operator must know how to use the extinguisher.
- The extinguisher must be within easy reach, in working order, and fully charged.
- The operator must have a clear escape route that will not be blocked by fire.
- The extinguisher must match the type of fire being fought. (Extinguishers containing water are unsuitable for use on grease or electrical fires.)
- The extinguisher must be large enough to put out the fire. Many portable extinguishers discharge completely in as few as eight to ten seconds.



The final rule is always position yourself with an exit or means of escape at your back before you attempt to use an extinguisher to put out a fire, and always stay low this will prevent you inhaling toxic smoke. In case the extinguisher malfunctions, or something unexpected happens, you need to get out quickly.

An Bord Sláinte Láir Tíre.  
Midland Health Board.

**Recap on the type of extinguishers and their uses**

Type	Mechanism	Effective Range	Discharge Duration	Classes of Fire			
				A	B	C	Electrical Fire
Water	cools temperature	6-12 ft	Up to 45 sec	Yes	No <sup>1</sup>	No	No <sup>2</sup>
Foam	Forms barrier from fire	6-15 ft	Up to 45 sec	Yes	Yes	No	No <sup>2</sup>
CO <sub>2</sub>	displaces oxygen	5-8 ft	8-10 sec	No <sup>3</sup>	Yes	No	Yes
Dry chemical Powder	blocks oxygen	6-15 ft	10-40 sec	Yes	Yes	Yes <sup>4</sup>	Yes

Notes:  
1 Never use water on a class B fire – Liquid Fires can splash and spread.  
2 Never use water or foam on a Electrical Fire – Electrocutation hazard.  
3 CO<sub>2</sub> may be ineffective in extinguishing a Class A fire because it may not be able to displace enough oxygen to successfully put the fire out.  
4 Always try to close the main gas valve first, then extinguish the fire in the direction of the burning gas.

Healthcare Risk Management – Fire Department

**COMPETITION**

In this issue of the MHB newsletter we have are giving away to four lucky readers a home Fire Safety Pack. This includes a 1.2x1.2m Fire Blanket, a 1kg Power Extinguisher and a domestic Smoke Detector. To be in with a chance to win these prizes just answer the following:

**QUESTION 1** What are the three elements required to produce fire (Fire Triangle)?

1) ..... 2) ..... 3) .....

**QUESTION 2** When should you not fight a fire (tick correct answer):

- A If the fire is spreading beyond the spot where it started.
- B If you can't fight the fire with your back to an escape exit.
- C If the fire can block your only escape.
- D All of the above.

**QUESTION 3** Name the four types of pressurised portable extinguishers used in the Midland Health Board?

- 1 .....extinguisher.
- 2 .....extinguisher.
- 3 .....extinguisher.
- 4 ..... extinguisher.

**QUESTION 4** Name which fire extinguishers are used on the different Fire Classes.

- 1 .....extinguisher can be used on a .....class fire.
- 2 .....extinguisher can be used on a .....class fire.
- 3 .....extinguisher can be used on a .....class fire.
- 4 .....extinguisher can be used on a .....class fire.

**QUESTION 5** The correct and safe way to operate portable extinguisher is by using the acronym PASS, please identify what each letter stands for?

- P .....
- A .....
- S .....
- S .....

Answers to be submitted to: Fire Safety Service, Central Office, Arden Road, Tullamore, Co. Offaly. Draw will be held on October 8<sup>th</sup> 2004. Good Luck!

Name: ..... Address: .....

Telephone: .....

Remember always use the correct fire extinguisher on the fuel class it is rated for, and never take chances, if in doubt ask.

**FIRE KILLS AND SO DO EXCUSE'S!**

# COMPUTER HELPDESK

## Information Systems and Services

**This month we are outlining how you can access your e-mail from another PC. We are also highlighting how to prevent Spam mail.**

### Recent Upgrade of MHB WAN Infrastructure (Wide Area Network)

ISS Department in conjunction with business partners ESAT and LANComms have over recent months upgraded data links between the major MHB campus networks of Tullamore, Mullingar and Portlaoise.

New Cisco data communications equipment was used to terminate the high bandwidth private wireless broadband links between Tullamore to Mullingar, and also Tullamore to Portlaoise.

Backup of these links is by ISDN digital phone lines.

This upgrade now facilitates the ever growing demands for MHB-hosted and Government VPN-hosted applications to run between these core MHB sites, and permitted ISS Dept to replace old comms equipment and links with a modern, managed solution.

In addition, WAN links and equipment in Athlone and Longford Hospital campuses were upgraded to meet similar demands.

### Future Upgrade of MHB LAN Infrastructure (Local Area Network)

The above work is only the first step in improving the quality of the overall MHB network in these locations. ISS plan to commence shortly the upgrade of internal LANs in the major hospital campuses of Tullamore, Mullingar and Portlaoise.

ISS will endeavour to upgrade as much of the older backplane-style hubs as possible with modern managed Cisco LAN switching equipment. In addition ISS will work closely with MHB Technical Services Dept to ensure all network cabling is of high standard to complement this new equipment. The importance of these upgrades cannot be overstated, and with adequate funding, ISS will continue to implement essential changes in these core locations and smaller MHB locations also.

The network needs to be reliable, efficient and easily managed and to allow MHB users to access a number of applications efficiently over the network

## Government VPN

This is a facility available to MHB and other Government agencies which facilitates sharing of data services, making them centrally managed and securely accessed.

ISS have managed the upgrade of MHB link into this facility over the last few months.

It is used for access to the core services of email and internet, and also for inter-agency services including SAP Financials and PPARS HR, GRO (Govt Registrations), EHO (Environmental Health) database, OGS Disability database, STARS (Risk Mgmt Clinical Indemnity) and Sharepoint Portal database.

MHB will have an ever-increasing reliance on this facility to conduct business, and more and more applications will be centrally hosted and accessible over the Govt VPN into the future

## How to prevent Unsolicited E-mail (SPAM / Junk)

Email has become an everyday means of communication for employees of the Midland Health Board. Although it is such an effective system for communication and transferring data, it also creates such problems as Spam/Junk mail and Viruses.

### ● What is SPAM?

Spam is the process of flooding the Internet with many copies of the same email message, in an attempt to force this message on people who would not otherwise choose to receive it. Most spam is commercial advertising, often for market products, get-rich-quick schemes, or other services.

They shower your e-mail accounts with advertisements for Hair Products, Weight Loss and gambling to name a few.

### ● How to tell if an e-mail is SPAM?

If you don't know the person who sent you the e-mail, there is a good possibility that it's unsolicited junk e-mail SPAM. **Don't open it. Delete it.**

If the e-mail subject line has misspelled words or odd characters, it's probably SPAM. **Don't open it. Delete it.**

### ● Do not respond to Spam e-mail

Responding to SPAM e-mail lets the unsolicited e-mail sender know that they have sent their

SPAM to a real, working e-mail address. These spammers may then sell your e-mail address to other spammers as part of a list of active e-mail addresses - thus making you a target for more SPAM. **If enough people just delete the SPAM, after a while spamming will not be a profitable business anymore.**

### ● Do not, under any circumstances, give out your Midland Health Board email address to anyone.

**Do not** subscribe to any mailing lists from web sites, or give out your 'Midlands Health Board' email address.

Not only will this make you susceptible to spam and junk mail, but as a 'Midlands Health Board' employee it is forbidden.

Please see the following excerpt from the document entitled "Midland health Board Acceptable use policies for Information Technology resources".

**"The Internet [email and Web] is to be used in a manner that is consistent with the Midland Health Board's standards of business conduct and as part of the normal execution of an employee's job responsibilities**

- **Corporate email accounts, Internet IDs and web pages should not in normal circumstances be used for anything other than corporate-sanctioned communications"**

**You can view this document in its entirety by clicking on the following link**

<http://mhbintranet/mhbint/OurServices/ManagementServicesDepartment/PoliciesProcedures/d2012.DOC>

## How to Access mail from another Computer

Outlook Web Access (OWA) is a means to view your mailbox from another computer using Internet Explorer. You might want to do this, for example, if your PC is in Tullamore and you have to go to Mullingar for the day. If you follow the steps below, you can gain access to your mailbox, check for new emails, send emails and even check your calendar. There are some limitations to using it.

You may not be able to view public folders properly or you can't copy emails to the computer you are using. When you want to send an email, you must type in the persons address, as you can't view the Global Address List of email addresses. Succinctly, Outlook

## REMEMBER

**IF YOU HAVE ANY "I.T." RELATED PROBLEM OR QUERY, PLEASE CONTACT THE HELPDESK SO THAT WE CAN HELP YOU - THAT'S WHAT WE ARE HERE FOR! (0506) 57999 or email your problem to MSD.HELPDESK**

Web Access lets you access your centrally stored emails from any PC. Any work carried out on emails via OWA appear exactly as is when accessed via Microsoft Outlook, your normal method of working with email.

## How to use Outlook Web Access

### Using your Internet Browser to access eMail.

- To start Outlook Web Access (OWA), you need to start-up Internet Explorer

- In the address bar at the top of Internet Explorer. Type in the following,

**Mhbmail/exchange  
Or  
10.1.60.4/exchange**

You will then be directed to the main Logon page.

### Logging into email

-In the log on box on the right of the screen type in your username i.e. **firstname.lastname** and then place your mouse cursor on **click here** At this point you will now be prompted to enter your username and password. Enter your Network login username as shown in, followed by your Windows password and click ok. You have now been granted access to your mailbox and your screen will look similar to Any emails that are in **bold** type are new emails that you have not read yet. To view any of your emails just double-click on the senders name (that's under the **From** section) and you will be able to read your mail.

### Reading an email

The mail will open up in a new window. When you have finished reading your mail, click on the **Close** button at the top right hand side of that window. By default, you will only be shown the last 20 emails on this page.

### Listing emails

To list other emails, look at the

top of the page, to the right of the word **Messages**, you will notice **PAGE 1 of?** (? Depends on the number of pages you have) and an arrow pointing to the right. If you click on this arrow you will be able to list more emails on the pages that follow.

### Sending an eMail

If you want to send an email all you have to do is click on **Compose New Mail Message** which is situated in the top right hand of the screen. After clicking on **Compose New Mail Message** a new window will appear. Here you type in the recipients email address, subject and message. When you are finished composing your mail click on the little envelope symbol, which is located on the top left hand side of the window above the word **Message**. You can also send it by clicking on **File** and **Send**. After you have clicked the envelope icon the window will close and your email will be sent immediately.

### Viewing other email Folders

To check your deleted items, sent items, contacts or calendar items, click on the small yellow envelope just above Inbox on the left-hand side. If you want to view the contents of these folders, just click on the appropriate folder.

### Setup Out of office messages

You can also set up an Out of Office reply by clicking on the Options icon on the left-hand side of your screen. Type in your Out of Office Message and anyone who sends you an email will receive this message. To disable it just click on the **I am currently in the office** radio button.

### Logging off

When you are finished using the Outlook Web Access click on the **Log Off** icon on the left-hand side of the screen and you will then see the log off screen. More information on this can be found on the MHB Intranet <http://intranet/mhbint/OurServices/InformationSystemsServices/ITSupportandHelpdesk/HowdoI/d1812.DOC>

## Next Newsletter...

The deadline for material for the next edition of Midland Health Board News is

**Friday 22nd October 2004**

Please send photographs, articles or suggestions to:  
**Annette Fitzpatrick, Central Office, Tullamore.**  
or email [annette.fitzpatrick@mhb.ie](mailto:annette.fitzpatrick@mhb.ie)

# PORTARLINGTON PRIMARY HEALTH CARE TEAM

The vision for the future of primary health care in Ireland is taking shape in Portarlinton, one of ten locations around the country selected by the Department of Health and Children to pilot a Primary Health Care Team Project. Primary Health Care is the first point of contact for health and social services for most people. The services provided in Primary Care have the potential to prevent the development of conditions, which might later require hospitalisation. "The Primary Health Care Team project is about giving people easy access to essential services in 'one-stop shop' settings. No longer will you be referred on to another service, such as physiotherapy, in another town some distance away by your GP. This new approach means the services you want are provided in one location, with all the professionals involved in your care talking to each

other. It's about shorter waiting times, better access and outcomes for clients."

#### Team Composition

The project involves five general practitioners from three GP practices, their staff and health board nursing, health and social care professionals and administrative personnel working as a primary care team. A premises is being rented to serve as the Team's headquarters. This building now incorporates all of the various services provided by the Team, with the exception of the GP surgeries, which are in close proximity.

New Primary Care Services in Portarlinton

#### Physiotherapy

#### Occupational Therapy

#### Enhanced Community

#### Nursing

#### Smoking Cessation Clinics

#### Falls Prevention Classes

#### Ante Natal Classes

#### Dietetic Clinics

#### Weekly Clinical Team

#### Meetings

#### ICON Pilot Project

The Team has been selected as a Pilot Project on the Health Board's ICON (Integrated Care One Network) Project. This is a model for integrated care for primary, community and mental health services which is being developed in the Board's area. Working closely with the ICON Team, the Portarlinton Primary Care Team has devised procedures and protocols on Information Sharing, Enrolment, Self-referral and Inter-referral between Team members and outside agencies. Multi-disciplinary care plans are put in place at the weekly clinical meetings that are attended by all clinical Team members. The Team commenced a system of voluntary enrolment in July 2004.

#### Team working and integration

Monthly meetings take place with members of the

entire Team and clinical team meetings are held each week. Team building sessions have been provided for all Team members. The GPs information technology software has been upgraded and all GPs now use the same system. The Team centre has been networked allowing all Team staff access to a computer and the MHB intranet. A laboratory transportation service to the Midland Regional Hospital, Portlaoise has been established. Network links have been established with the dietician, community welfare, addiction services, smoking cessation clinics and chiropody.

#### Community Involvement

The Implementation Team includes a community representative. There have been public consultation sessions regarding the Team and the process of enrolment. The Team are working closely with the



Members of the Portarlinton Primary Health Care Team at their weekly clinical meeting.

Community Development Officer on the following:

- Helping Hands Project—Assisting the elderly in Portarlinton
- Patient Satisfaction Questionnaire

The Team also have a notice board in the Community Centre that informs the public of new services and programs as they come on board.

#### Future Developments

The Team hopes to recruit a Social Worker by autumn 2004 and thus complete the Team staff complement. We plan to network further with the Mental Health Services to incorporate psychology and community mental health nursing. The Team wish to focus on Health Promotion and pre-

ventive measures in 2005. More programmes focusing on Men's Health, Diabetic Clinics, Ante Natal Classes, Parkinson's Groups are just some of the Team's priorities. The GP's in the Team have been selected by the Royal College of Surgeons as a training site for some of their medical students. These students will have first hand experience of a multi disciplinary team working environment. There will be an on-going evaluation of the service by the MHB's Clinical Audit Department including a patient satisfaction survey. In the longer term there is a requirement for a single primary care centre, which will function as a "One-Stop-Shop" for the Team.



## Celebrating the life of the Midland Health Board

Tullamore Court Hotel, Wednesday 27th October 2004

It is planned to hold a night of celebration to acknowledge the 30 years of Midland Health Board Existence. Throughout the Board there is a wealth of talent. The night would be a showcase of the entertainment potential of our staff.

Can you sing, dance (traditional or otherwise), tell a yarn, play an instrument or recite a poem?

Would you like to be part of a most exciting evening?

Maybe you know of someone with a talent...



#### CONTACT ANY OF THE FOLLOWING PEOPLE:

Mary Culliton.....	086 8157393
Pat Marron.....	086 8157371
PJ Smyth.....	086 8157282
Joe Whelan.....	086 8157303
Dymphna Bracken.....	086 8157222
Oliver Smith.....	087 8107198

If you have any old photos of staff of the board we would love to use them for the night!



## MIDLAND HEALTH BOARD Employee Assistance Service



#### CONFIDENTIAL COUNSELLING, SUPPORT AND REFERRAL SERVICE

If you are experiencing personal or work related difficulties, and you would like to speak to a counsellor in confidence, Please feel free to contact:

**Telephone: 0506 – 28033 Freephone: 1800 240 414**

**E-mail: [employee.assistance@mhb.ie](mailto:employee.assistance@mhb.ie)**

*Remember this is your service!*

#### OPENING HOURS

**Monday to Thursday: 09.00 – 17.00 • Friday: 09.00 – 16.45 • Closed for Lunch: 13.00 – 14.00**

Confidential Counselling services are provided regularly in Tullamore, Athlone, Longford, Mullingar and Portlaoise – contact the service for more information

To make an appointment telephone: 1800 240414 or 0506 - 28033  
Call in or write to our service at : O'Neill's Place, off High St., Tullamore, Co. Offaly  
E-mail: [employee.assistance@mhb.ie](mailto:employee.assistance@mhb.ie) Fax: 0506-28044

An emergency appointment can be arranged by contacting Monica at 1800 240 414 or 0506 – 28033.

External Counselling Services can also be accessed through the Employee Assistance Service – give us a call and we will give you the contact information – we don't need to know who you are.

#### STAFF OF THE SERVICE

Employee Assistance Service Manager and Staff Counsellor

Mary Dwyer, B.Sc. (Hons) Psych., M.Sc. Counselling Psychology, M.I.A.C.P., M.E.A.P.A.

Staff Counsellor Ms. Bernie Brady, B.Sc. Counselling & Psychotherapy; Advanced Diploma in Supervision; M.I.A.C.P., M.E.A.P.A.

Administrative Officer: Monica Lee, B.Sc. (Hons). Econ.

# LABHAIR GAEILGE LIOM!

## Speak Irish to me!

Bail ó Dhia oraibh go léir! Tá an Fómhair buailte linn agus daoine ag filleadh ar scoil agus staidéar is dóigh! Tá neart bealaí ann chun feabhas a chur ar do chuid Gaeilge má bheartaíonn tú. Tá an tOifigeach Forbartha Gaeilge ag beartú cúrsa Gaeilge a rith ar an r-phost ó mhí Deireadh Fómhair ar aghaidh. Más mian leat páirt a ghlacadh sa chúrsa seo seol t-ainm agus do sheoladh r-phost chugam ag an seoladh thíos.

· Is féidir téipeanna a cheannacht chun Gaeilge a fhoghlaim sa bhaile. – Usborne's Irish for Beginners, Buntús Cainte, Now You're Talking, Turas Teanga agus neart dlúthdhioscaí agus CDromanna eile ar fáil i siopaí leabhair timpeall an cheantar. Tuilleadh eolais ar an inlíon.

- Tá CD romanna ar fáil a chabhraíonn leat Gaeilge a mhúineadh do do pháistí:
- Cormac agus Orla agus Fionn Mac Cumhail – Fios Feasa
- Mo Chéad Choisceim – Fios Feasa
- Drochlá Ruaidhrí – Fios Feasa
- Seanfhocail – Fios Feasa
- An Scribhneoir Óg – Gael Linn
- An Rí Santach – www.ite.ie

Hello everybody! Autumn has arrived and it is back to school and study for many. If you plan to improve your Irish this autumn there are many resources available to you.

The Irish Officer plans to run an e-mail course in Irish starting in October. If you would like to take part in this course send your name and e-mail address to the address below.

- You can buy tapes to help you learn Irish at home. Usborne's Irish for Beginners, Buntús Cainte, Now You're Talking, Turas Teanga and many other tapes and CD Roms are available in bookshops throughout the Midlands to help you.
- There are CD Roms available to help you teach Irish to your children.
- Cormac agus Orla agus Fionn Mac Cumhail – Fios Feasa
- Mo Chéad Choisceim – Fios Feasa
- Drochlá Ruaidhrí – Fios Feasa
- Seanfhocail – Fios Feasa
- An Scribhneoir Óg – Gael Linn
- An Rí Santach – www.ite.ie

### Dréacht Treoirlínte

Eisíodh na Dréacht Treoirlínte ar Acht na dTeangacha Oifigiúla. Tá an téacs iomlán ar fáil ar www.pobail.ie Seo roinnt pointí suntasacha a thagann astu.

- Níl úsáid eisiach bhuan an Bhéarla inghlactha de réir an dlí ná de réir an Bhunreacht.
- Gur úsáid eisiach shealadach amháin a chomhlíonadh ceanglais an Bhunreacht.
- Tús le próiseas chun Scéim a dhréachtadh
- Tús foirmiúil le eisiúint an Aire faoi Alt 11 chuig Príomhfheidhmeannach Bord Sláinte Lár Tíre dréacht scéim a ullmhú.
- 6 mhí chun an scéim a ullmhú agus a aontú.
- Fógra go bhfuil sé ar intinn dréacht-scéim a ullmhú

### Próisis Comhchomhairle

Custaiméirí aonair

- Muintir na Gaeltachta
- Eagraíochtaí Ionadaíochta Tionscail
- Eagraíochtaí Gaeilge
- Grúpaí fócais
- Leasanna foirme, lena n-áirítear a bhfuil an cumas acu seirbhísí a sheachadadh trí Ghaeilge.

### Measúnú ar Éilimh Fóluitigh

- An leibhéal éilimh foluitigh ar sheirbhísí sonracha i nGaeilge
- Tosaíocht do sheirbhísí áirithe

- Acmhainní, lena n-áirítear Acmhainní Daonna
- Scála ama chun iad a chur ar fáil

### Riachtanais do scéim éifeachtach

- Ráiteas tacaíochta
- Seirbhísí a roghnú don scéim
- Conas a dhéanfaidh an Bord Sláinte Lár Tíre an cumas teanga is gá a chur ar fáil
- Spriocanna atá
- uailmhianach ach insroichte
- Tráthchlár
- Plean Ghníomhaíochta
- Faireacháin + Meastóireacht
- An dá theagachas a dhearadh

- Acmhainní a aithint
- Pobal ar an eolas
- Comhordaitheoir

### Draft Guidelines

Draft Guidelines on the Official Languages Act have been issued. Full text is available on www.pobail.ie

Some items of note are as follows.

- A permanent exclusive use of 'English only' is neither legally nor Constitutionally permissible.
- Only a temporary use of 'English only' will meet the constitutional requirements

### Initiation of process of drafting a scheme

- Process formally initiated when Minister issues a notice to Chief Executive Officer of Midland Health Board under Paragraph 11 to prepare draft scheme.
- 6 months to prepare and agree scheme.
- Publish Notice of Intention to prepare a draft scheme.

### Consultation Process

- Individual customers
- Muintir na Gaeltachta.
- Industry Representative Organisations
- Irish Language organisations
- Focus Groups
- Staff interests, including staff with ability to deliver services in Irish

### Assessment of Underlying Demand

- The underlying level of demand for specific services in the Irish language.
- Services which will be prioritized for provision in the Irish language.
- Resources – including Human Resources.
- Timescale set out for provision.
- Requirements for an effective scheme
- Support / statement of intent
- Identify services for scheme
- Set out how MHB will develop language capability
- Include goals and strategies that are ambitious/ attainable
- Timetable
- Action plan
- Monitoring and evaluation
- Bilingual layout +design
- Identify resources
- Inform the public
- Co-ordinating person

### Abair Amhrán

Do you remember this song from school? Go on have a go!

*An Poc ar Buille*  
 Ar mo ghabháil dom siar chun  
 Droichead Uí Mhórdha  
 Píce i m'dhóid is mé dul i meitheal  
 Cé chasfaí orm i gcumar ceo  
 Ach pocán crón is é ar buille.

*Curfa: Ailliliú, puilliliú, ailliliú tá an poc ar buille.*  
*Ailliliú, puilliliú, ailliliú tá an poc ar buille.*

*Do ritheamar trasna trí ruilleogach*  
*Is do ghluais an comhrac ar fud na muinge*  
*Is treascairt dá bhfuair sé sna turtóga*  
*Chuas ina ainneoin ar a dhroim le fuinneamh.*

*Níor fhág sé carraig go raibh scót ann*  
*Ná gur rith le fórsa chun mé a mhilleadh*  
*Is ea ansin do chaith sé an léim ba mhó*  
*Le fána mhór na Faille Brice.*

*Bhí gárda mór i mBaile an Róistigh*  
*Is bhailigh fórsaí chun sinn a chlipeadh*  
*Do bhuaíl sé rop dá adhairc sa tóin air*  
*Is dá bhríste nua do dhein sé giobail.*

*I nDaingean Uí Chúis le haghaidh an tráthnóna,*  
*Bhí an sagart paróiste amach 'nár gcoinnibh*  
*Is é dúirt gurbh é an diabhal ba dhóigh leis*  
*A ghaibh an treo ar phocán buile!*

### Suíomh idirlín dhuit:

Websites for you to check out:

[www.bbc.co.uk/northernireland/blas](http://www.bbc.co.uk/northernireland/blas)

Méabh Ní Mhuirí and Lynette Fay discuss the issues of the day in the Irish language magazine programme Monday - Thursday @ 7.30pm on BBC Radio Ulster Éist le BLAS Luan go Déardaoin @ 7.30pm beo ar BBC Raidió Uladh 92-94.5FM / 1341MW

[www.gaelachas.com](http://www.gaelachas.com)

Irish Primary & Post-Primary Schools & Summer Colleges in Cork Ireland

[www.pobail.ie](http://www.pobail.ie) Website of the Department of Community, Rural and Gaeltacht Affairs

[www.may.ie/language/vifax.html](http://www.may.ie/language/vifax.html) NUI Maynooth online learning for those who wish to learn Irish.

[Bairbre.uitheighneain@mhb.ie](mailto:Bairbre.uitheighneain@mhb.ie)  
 If you would like to be on the mailing list for the Midland Health Board Course in Beginners' Irish.

## BASIC CONVERSATIONAL IRISH BAIN TRIAIL AS CÚPLA FOCAL!

We have covered a wide range of topics in this section from Bookshops and Hardware Shops to Dining Out and Visiting the Gaeltacht. Perhaps now you would like to try some Irish at work – clerical, community or hospital based

Staff Midwife	.....	Bean Chabhrach Foirne	Chaplain	.....	Séiplineach
Staff Nurse	.....	Altra Foirne	Clinical Psychologist	.....	Siceolaí Cliniciúil
Student Nurse	.....	Abhar Altra	Consultant Anaesthetist	.....	Ainistéisi Comhairleach
Theatre Sister	.....	Banaltra Obrádlainne	Consultant Haematologist	.....	Haemateolaí
Ward Clerk	.....	Cléireach Barda	Consultant Histopathologist	.....	Histeapiteolaí
Ward Sister	.....	Banaltra Barda	Consultant Obstetrician/	.....	Cnaimhseoir/LiaBan
Physiotherapist	.....	Fisiteirpeoir	Gynaecologist	.....	Comhairleach
Porter/Attendant	.....	Giolla/Freastalaí	Consultant Paediatrician	.....	Leabhliá Comhairleach
Radiographer	.....	Raideagrafaí	Consultant Psychiatrist	.....	Siciatraí Comhairleach
Registrar	.....	Cláraitheoir	Consultant Physician	.....	Dochtúir Comhairleach
Security Person	.....	Slándálaí	Consultant Radiologist	.....	Raideolaí Comhairleach
Sister	.....	Siúr	Consultant Surgeon	.....	Máinliá Comhairleach
Cook	.....	Cócaire	Outpatients Department	.....	An Roinn Othar Seachtach
Dietitian	.....	Bia-Eolaí	Pharmacy	.....	Cógaslann
House Officer	.....	Óifigeach Tí	Physiotherapy Department	.....	An Roinn Fisiteirpe
Intern	.....	Dochtúir Conaithe	Recovery Room	.....	Seomra Téarnaimh
Matron	.....	Bean Tis	Stores	.....	Stórais
Medical Lab Technician	.....	Teicneoir	Theatre	.....	Obrádlann
		Saotharlainne Míochaine	Ward	.....	Barda
Night Nurse	.....	Altra Oiche	X-Ray Department	.....	An Roinn X-Ghathaochta
Nurse	.....	Altra	Admissions Department	.....	An Roinn Iontrálacha
Nurse Tutor	.....	Teagascóir Altranais	Canteen	.....	Caintín
Pharmacist	.....	Cógaiseoir			
Attendant/Domestic	.....	Freastalaí			

### SEANFHOCAL

Ná déan nós agus ná bris nós – Neither make nor break a custom.

Molann an obair an saor – The work commends the craftsman.

Bionn siúlach scéalach – Travellers have tales to tell.

Scinneann gráinne ón scilligeadh – A grain escapes from the shelling.  
*(Exceptional characters are to be found in all communities)*

An rud a scríobhann an púca léann sé féin é – What the pooka writes, the pooka can read.  
*(let the author interpret his own words) Said about indecipherable writing or unintelligible statement*

**AN TOMHAIS - €100 mar dhuais/prize**

Bhí an bua ag: Bernie Ashe, HIPE Office, Longford/Westmeath General Office, Midland Regional Hospital at Mullingar, Mullingar, Co. Westmeath. Comhghairdeachas leat!

**Freagra: Máthair Shúigh – Squid**

Gabhair mile buíochas le gach duine a ghlac páirt. Thankyou everybody who took part. Better luck next time!! Go n-éirí an t-ádh libh an t-am seo!!

COMORTAS eile :

Céard é an Gaeilge ar "Recovery Room"? What is the Irish for "Recovery Room"?  
 Nod:(hint) Breathnaigh ar na nathanna cainte thuas.

Check in the Basic Conversational Irish on this page.

Freagraí chuig: (answers to) Bairbre Uí Theighneáin,

Oifigeach Forbartha Gaeilge, Lár-Oifig Bord Sláinte Lár Tíre, Bothar Ardán,

An Tulach Mhór, Co. Ulbh Fhailí. (0506 27746 / 086 8157342)

## CONGRATULATIONS!

Well done to Barbara Tynan on winning first place in the Open Senior Singing Competition at the All-Ireland Fleadh Cheoil.



MIDLAND HEALTH BOARD NURSING AND  
MIDWIFERY DEVELOPMENT UNIT IN  
ASSOCIATION WITH THE UNIVERSITY OF ULSTER

# Developing patient-centred practices with nurses working in continuing care/rehabilitation settings for older people

## Introduction

The Nursing and Midwifery Planning and Development Unit of the Midland Health Board has teamed up with the University of Ulster to organise a collaborative practice development programme with nursing staff who work in services for older people. Supported by a grant from the *National Council for the Professional Development of Nursing and Midwifery*, this two year development and research programme will be undertaken in two care settings in the Board area – Birr Community Nursing Unit and St. Mary's Care Centre, Mullingar.

## Aims and Objectives

The overall aim of the programme is to: *Establish a programme of practice and professional development with registered nurses and care attendants that results in the development of patient-centred practices.*

## The objectives of the programme are:

1. Establish a shared vision for nursing practice in services for older people.
2. Develop an understanding of participating staffs' current perceptions of clinical practice development.
3. Determine the existing quality of service delivery and its focus on the achievement of patient-centred processes and outcomes.
4. Introduce a conceptual framework for person-centred practice (McCormack, 2002) and agree a programme of practice

developments that results in the operationalisation of the framework in practice.

5. Develop a programme of problem-based learning that enables registered nurses and care attendants to understand key principles of patient-centredness and their operationalisation in practice.
6. Evaluate the journey towards patient-centred nursing and the outcomes achieved.
7. Secure commitment to an ongoing programme of development activity.
8. Evaluate the impact of the programme on staff, practice and service development.
9. Work with participants as 'co-researchers' in the evaluation of the developments and disseminate this work.

## What the Programme Offers

This programme offers an exciting opportunity for nurses and care workers who work with older people to develop person-centred approaches to practice. Person-centredness is a complex concept and its working in practice requires sustained cultural change over many years. Through this programme, staff will be provided with the opportunity to explore their vision for practice and ways in which that vision can be turned into reality. Facilitators will work with staff to provide them with the opportunity to become empowered to change aspects of practice

that can result in more patient-focused service delivery. No matter how effective our practice appears to be, there is always more that can be done to develop person-centred care. But person-centred care is not just about the care that patients receive, it also focuses on the support and development infrastructure available to nurses and care workers to work in a person-centred way, thus enabling staff to achieve the highest possible satisfaction from their work.

## Programme Structure

The development framework of the programme is centred around three development cycles:

1. **Developing a shared vision:** this cycle is focused on developing a vision for practice at unit level in order to inform developments in practice.
2. **Developing the culture and context of practice:** this cycle focuses on developing specific aspects of practice and the culture of the participating workplaces to sustain these developments over time.
3. **Leadership development:** developing transformational leadership knowledge and expertise among participants to lead ongoing practice developments in their units.

## Programme Participants

Thirty registered nurses from across the two care settings will act as 'lead-participants' in the programme working closely with the

facilitators. In addition a further sixty nurses and care workers will participate in the programme in some way, determined by the needs of the service and the focus of the development activities.

## Programme Delivery

The programme will be facilitated by a team of practice development researchers who collectively have extensive expertise in:

- Practice development
- Practice development research
- Nursing older people
- Facilitation of learning in practice
- Team development
- Culture change

## The team members are:

- Professor Brendan McCormack, University of Ulster/Royal Hospitals, Belfast (Programme Leader).
- Mary Manning, NMPDU, Midland Health Board.
- Robert Garbett, Research Fellow, University of Ulster/Royal Hospitals, Belfast.
- Rita Devlin, Practice Development Facilitator, Belfast City Hospital.
- Janet Dewing, Senior Practice Development Fellow, Royal College of Nursing Institute, London.

The team members will negotiate a contract for working with staff in the participating units.

## Applied Suicide Intervention Skills Training – (A.S.I.S.T.)

**Suicide remains a major factor in Irish society today and a very real concern for parents, teachers, youth/sports leaders and anyone involved with young people in particular. While young people are currently the highest risk group in Ireland (young males in particular) the problem of suicide is not specific to any age group, social class or identifiable risk group. Suicide has taken more lives in Ireland than Road Traffic Accidents over the past number of years.**

Suicide prevention is an approach which must be addressed with sensitivity and applied across many different groups within society. While the Final Report of the Task Force on Suicide 1998 identified Health Boards as agencies with responsibility in this area, it also highlighted the range of other Statutory and Voluntary agencies which needed to be involved to have any impact against this societal problem.

A.S.I.S.T. is a recognised risk assessment tool to help those working with individuals at risk of suicide to assess the level of risk involved. It is envisaged that all healthcare personnel, school staff, youth and community leaders should be offered training in this method of risk assessment. Ideally the principles of this training should be made known throughout entire communities to increase awareness of risk factors and protective factors at play with individuals who may consider suicide as an option in times of crisis.

The incidence of suicide remains alarmingly high in Ireland, despite a slight reduction in 2003 - 444 compared to 451 in 2002, within the M.H.B. the incidence of suicide was 19 compared to 30 the previous year. These figures continue to show an increasing trend among young males, but figures for parasuicide (attempted suicides and deliberate self harm) show increasing trends among

the younger female population. As previous attempts are known to increase the risk of completed suicides, (4 of every 10 who die by suicide have made a previous attempt), therefore this must also be taken into account.

The South Eastern Health Board, has offered A.S.I.S.T. training to staff in the region since 2002. Two Training Officers working with the Suicide Resource Office in that region have delivered A.S.I.S.T. to almost 300 personnel during that time. Trainers are available in N.I. and A.S.I.S.T. is rolling out there also. A number of staff working within the Mental Health Services of the M.H.B. had the opportunity to avail of this 2 day training earlier this year when it was delivered by the S.E.H.B. trainers, and feedback from that was very positive. The National Suicide Review Group has endorsed this training module and has funded the training of two personnel from within each Health Board region to train

as A.S.I.S.T. Trainers. The training is delivered by Living Works Education Inc., the Canadian Organisation which has delivered the training for those already established here and in Northern Ireland. This week long intensive training for trainers is taking place in August and the two day training programme will be available for staff by the end of this year.

The Suicide Resource Officer with the Board has been providing Suicide Awareness Training for Health Board Staff on an on-going basis since that post was established in 1999. A.S.I.S.T. is considered a step up from that basic awareness training and looks more specifically at assessment of the level of risk involved, increasing awareness of available services for those at risk and generally to increase staffs' own level of confidence around dealing with this very difficult and sensitive issue. While staff working in certain settings are exposed to

these situations on a regular basis and are competent in dealing with them, a recognised and nationally standardised assessment tool will provide a greater level of uniformity among staff providing services for these clients.

For further information on this training or any concerns on this issue please feel free to contact Rita Kelly at The Suicide Resource Office, The Old Maltings, Coote St., Portlaoise. Tel: 0502 64513 Mobile: 086 8157320. The Suicide Resource Office is also the contact number for the Suicide Bereavement Support Service which provides support by trained facilitators for those who have been bereaved by suicide within the midlands region. This service operates from six centres throughout the Board's region at Portlaoise, Tullamore, Birr, Athlone, Longford and Mullingar and is a free and confidential service.

# ASTHMA MANAGEMENT IN ADULTS

by Dr. Aidan O'Brien, Consultant Physician with a Special Interest in Respiratory Disease, Midland Regional Hospital at Mullingar.

## Inflammation

Asthma is a chronic inflammatory disorder of the airways in which many cells and cellular elements play a role. People with asthma are genetically predisposed to react abnormally to various environmental stimuli. This leads to inflammation in the airways. This inflammation results in spasm of the muscles lining the airways, as well as swelling of the airways and also increased airway secretions. These events result in narrowing of the airways. It also leads to an associated increase in airway hyperresponsiveness. Because of these events one develops the typical asthma symptoms; episodic wheezing, breathlessness, chest tightness, coughing - particularly at night and the early morning.

## Health care expenditures very high

100-150 million people suffer from asthma world wide, the prevalence rates are increasing with some estimates of approximately 50% per decade. World-wide, the cost of asthma is greater than HIV and TB combined. In a recently published epidemiological survey on the prevalence of asthma in 30 different countries, Ireland had the 4<sup>th</sup> greatest prevalence. In 1985 the prevalence of asthma in Ireland was 3%. By 1996 the prevalence had risen to over 5.5%. A disproportionate amount of the monies spent on caring for patients with asthma is spent on exacerbations of asthma, especially on emergency room visits and hospitalisations. Thus, emphasis needs to be placed on preventative care, including both pharmacotherapy and environmental controls.

## Symptoms

How do you know it is asthma? The typical symptoms are:

- Recurrent episodes of wheezing,
- Troublesome cough at night - that may be the only symptom,
- Cough or wheeze after exercise
- Cough, wheeze or chest tightness after exposure to airborne allergens or pollutants
- Colds "go to the chest" or take more than 10 days to clear

## Diagnosis

The diagnosis is made based on the patient's history and patterns of symptoms, physical examination, and measurements of lung function. It is possible to have asthma and yet have normal lung function tests. In this situation specialised further testing can help confirm the diagnosis.

## Grading severity of asthma

Recent guidelines have created a new grading system for asthma severity:

**Step 1 Intermittent Asthma** - symptoms <1 time a week, asymptomatic with normal peak flows between attacks, nocturnal symptoms <2 times a month, normal lung studies

**Step 2 Mild Persistent** - symptoms >1 time a week but <1 time a day, nocturnal symptoms >2 times a month, normal lung studies

**Step 3 Moderate Persistent** - daily symptoms and attacks affect activity, nocturnal symptoms >1 time a week, lung studies 60-80% of predicted

**Step 4 Severe Persistent** - continuous symptoms and limited physical activity, frequent nocturnal symptoms, lung studies <60% of predicted

These new guidelines recommend a six-part asthma management program.

1. Education: a key issue; that a patient knows about their condition and what to expect, so that they're less afraid of it and have more control of it; know how to prevent and treat exacerbations.

2. Monitoring: monitoring of their asthma is important with regular recordings of symptoms and peak flows, and having regular appointments with their health care provider.

3. Avoiding exposure to risk factors: e.g. allergens, air pollutants, respiratory infections, exercise and hyperventilation, weather changes, sulfur dioxide, food, additives, drugs

4. Establishing medication plans: this is a joint decision between the patient and their health care professional. Making a joint decision on how to manage their asthma, as there are a variety of different drugs available, as well as how to address their environmental issues.

5. Establishing individual plans for managing exacerbations.

6. Regular follow up care.

## Therapy

At the present time there is no cure for asthma. Maybe some time in the future gene therapy will be an option, i.e. being able to adjust ones genes to help prevent or cure asthma. However, that is not likely to be a realistic option for many decades. Pharmaceutical therapy has changed with time because of having a better understanding of how asthma occurs. Initially asthma was felt to be mainly a spasm of the airways, that is why the bronchodilators were the mainstay of therapy. Further research discovered that this spasm was due to inflammation in a persons' airways, due to their abnormal response to agents in the environment, such as pollen, cats, smoke etc. This inflammation is detrimental and treating it is important as we now realise that if you don't treat this inflammation, it will lead to permanent scarring of one's airways. It is possible that a lot of people that have been diagnosed with chronic bronchitis or COPD may in fact have had asthma, which wasn't treated properly; it went from a disease of reversible airways obstruction, to partially reversible airways obstruction.

## Therapy

The aim of therapy is to control the inflammation and thus prevent symptoms and exacerbations and potentially prevent the progressive loss of lung function which asthmatics may experience with time. This is achieved by avoidance of aggravating factors, as mentioned above, and use of medication.

## Medications

Presently, a stepwise approach to pharmacological therapy is recommended, with the aim of accomplishing the goals of therapy with the least possible medication.



Dr. Aidan O'Brien

Medication is usually classified into two different categories; controller and reliever medication.

## Controller Medication

Controller medication, also known as preventors act to decrease inflammation and prevent loss of lung function, which can occur in inadequately treated asthma. These therapies improve symptoms, exercise tolerance, quality of life and decrease exacerbations. Drugs in this category include:

- Inhaled glucocorticosteroids
- Systemic glucocorticosteroids
- Cromones
- Leukotriene modifiers
- Long-acting inhaled 2-agonists
- Long-acting oral 2-agonists
- Methylxanthines

Though the latter three drugs may not have significant anti-inflammatory effects, they do share the other beneficial effects of the controller medications.

## Reliever Medication

Reliever medications act mainly to relieve symptoms, but may also help to prevent symptoms. They may not necessarily control the inflammation in the airways and thus may not prevent exacerbations. Drugs in this category include:

- Rapid-acting inhaled 2-agonists
- Systemic glucocorticosteroids
- Anticholinergics
- Methylxanthines
- Short-acting oral 2-agonists

## Bronchodilators

These agents act to decrease spasm of the muscle cells that line the airways; this increases the size of the airways and thus, one feels less short of breath. They may also help with clearance of airway secretions.

The most commonly used and most effective reliever medication are the 2-agonists. These include salbutamol which is the drug in Ventolin and in Salamol, and terbutaline which is in Bricanyl. These drugs are short acting medications; they have an onset of action within 10 minutes, but their beneficial effects wear off after about 3 or 4 hours. They have now developed a longer-acting form of these drugs so that they only need to be dosed twice daily. These drugs are formoterol (Oxis) and salmeterol (Serevent). As the effects last for up to 12 hours, they are very effective in the treatment of nocturnal

asthma. There are also long-acting oral 2-agonists; there is a general preference for inhaled therapies over tablets taken by mouth however, as there are less side effects with the inhaled medications.

## Anti-inflammatories

The most effective and commonly used anti-inflammatory agents used in asthma are the inhaled steroids. These drugs decrease the frequency and the severity of asthma exacerbations. They may actually prevent loss of lung function with time. One does not become resistant to them with long-term use. More recent research has shown that the majority of the benefit from inhaled steroids is obtained at low-to-medium doses of the drug, and that the benefits from going to higher doses is quite small. This is off-set by the increased risk of side-effects and increased costs. If higher doses are required because adequate control of a patient's asthma cannot be achieved with the lower doses, then the options are to go to higher doses of the inhaled steroid, or to add in long-acting inhaled 2-agonists or a leukotriene receptor antagonist or theophylline instead. These latter combination therapies have been shown to be more efficacious than the option of high-dose inhaled steroids.

## Other Controller Medication

Other anti-inflammatories include sodium cromoglycate (Cromogen, Intal). This is more commonly used for childhood asthma, but it can be beneficial in adults; it tends not to be as effective as inhaled steroids. Methylxanthines, the commonest of which is theophylline, act as bronchodilators but may also have anti-inflammatory effects. Unfortunately, this drug requires monitoring of its levels in the blood. At too-high a drug level, side-effects occur such as nausea, vomiting, irregular heart beat, and seizures. Though more recent studies have shown that lower drug levels than previously used provide almost as good an effect as higher levels, and thus avoiding the risk of toxicity. Finally there are the leukotriene modifiers; these drugs act mainly to block the effects of leukotrienes, molecules involved in inflammation in the airways. These drugs include zafirlukast (Accolate) and montelukast (Singulair). These drugs are taken orally and need only be taken once or twice a day. These products also help treat allergic rhinitis, if this is a co-existing problem.

## Compliance

A common problem in the management of asthma is that people do not use their medication, i.e. non-compliance. A recent study investigating this issue found that after 6 months of being started on asthma medication, only a quarter of the people who were prescribed inhaled medication were still using them. The numbers were slightly better for tablets (less than half were taking their tablets).

## Guidelines

- Intermittent asthma - inhaled short

acting 2-agonists. Cromones or leukotriene receptor antagonists before exercise or exposure to allergen are alternatives.

• Mild persistent asthma - regular inhaled steroids. If one has symptoms more than once per week, this indicates that they have on-going inflammation. This needs to be treated. Other options to inhaled steroids are, as mentioned above, leukotriene receptor antagonists, theophylline, or cromones. For immediate relief, then inhaled short acting 2-agonists on an as-needed basis in addition to the inhaled steroids should be used.

• Moderate persistent asthma - one can increase the dose of the inhaled steroids or instead, add in a long-acting 2-agonist or theophylline or a leukotriene receptor antagonist. Short acting 2-agonists again for immediate relief.

• Severe persistent asthma - similar to moderate persistent asthma management but one can go to even higher doses of the inhaled steroids as well as adding one or more of the other anti-inflammatories. Short acting 2-agonists for immediate relief.

Other management issues include continued monitoring by the patient's doctor or other health care professional to ensure that the therapeutic goals are met. This includes frequent follow up visits as necessary; how often one should be seen depends on how symptomatic they are and also how severe their asthma is. Checking one's peak flows at home, symptom records, and having their health professional check their technique, i.e. that they are using the inhalers properly, all need to occur to ensure good control, as well as addressing other risk factors, such as one's environment, second-hand cigarette smoke etc.

## The Future

What's in store for the future? IgE is the main antibody involved in the inflammatory process in the airways that leads to asthma. Blocking this antibody's action has been shown to be beneficial in patients with asthma. A new drug that does this is soon to come on the market; however it comes only in the form of an injection and it is very expensive. Most likely, it will only be used in patients who have failed most other therapies, and have to resort to this drug.

There are new forms of theophylline coming on the market in the next few years. They will have less of the side effects and more of the benefits of the original drug. Interestingly, a commonly used antibiotic has been shown to have anti-inflammatory effects in asthmatics. It has been demonstrated that some patients who have been dependent on steroid tablets for many years, have been able to discontinue them when put on this particular antibiotic. Larger studies are underway to study this effect further.

# APPOINTMENTS August 2004

## MANAGEMENT/ADMINISTRATION

Name	Grade	Location
Ms. Dawn Nance	Counsellor / Therapist	Adult Counselling Services
Ms. Kara McDermott	Clinical Psychologist	Westmeath Comm. Care
Ms. Kelly Hourihane	Child Care Leader	L/W Area
Ms. Teresa Coyne	Child Care Leader	Westmeath Comm. Care
Ms. Mai Ryan	Child Care Leader	L/W Area
Ms. Anne Flattery	Child Care Worker	L/W Area
Ms. Leanne Murphy	Clerical Officer	Primary Care
Ms. Grace Bergin	Clerical Officer	Medical Manpower
Ms. Roisin Berry	Clerical Officer	MHS Tullamore
Ms. Patricia Armstrong	Clerical Officer	St. Peter's
Ms. Louise Mangan	Clerical Officer	MRH Tullamore
Ms. Bridget Moroney	Clerical Officer	Pre-School Services
Ms. Pauline McDermott	Clerical Officer	MRH Mullingar
Ms. Deirdre Phelan	Clerical Officer	HR Department
Ms. Ashling Scally	Clerical Officer	MRH Mullingar
Mr. Donal Gibney	Clerical Officer	Primary Care Unit
Ms. Marian Murray	Clerical Officer	MRH Mullingar
Ms. Kathleen Smyth	Clerical Officer	MRH Mullingar
Ms. Lorraine Fox	Clerical Officer	MRH Tullamore
Ms. Helen Gallagher	Clerical Officer	Athlone Care Centre
Ms. Mary O'Donnell	Clerical Officer	MRH Mullingar
Ms. Martina Seery	Clerical Officer	MRH Mullingar
Ms. Christine Murphy	Clerical Officer	MRH Mullingar
Ms. Bernadette McNamee	Clerical Officer	MRH Mullingar
Ms. Sinead Lennon-Hewitt	Clerical Officer	Risk Management
Ms. Anna Emily King	Catering Officer	St. Loman's,
Ms. Niamh McGolderick	Risk Manager	Board's Area
Ms. Mary Molloy Corcoran	Domestic Supervisor	CNU Birr
Ms. Maura London	CWO	L/W Comm. Care

## MEDICAL

Name	Grade	Location
Dr. Nagabathula Ramesh	Cons. Radiologist	MRH Portlaoise
Dr. Richard Lynch	Cons. A & E	MRH Tullamore
Dr. Farida Rafai	Clinical Psychologist	Child Psychiatry, Mullingar
Dr. Kevin Reade	Gen. Dental Surgeon	L/W Comm. Care
Dr. Maeve O'Connor	Gen. Dental Surgeon	L/O Area

## NURSING

Name	Grade	Location
Mr. Ben Smith	Psy. Nurse	St. Loman's
Ms. Wilma Dobbyn	Staff Nurse	MRH Portlaoise
Ms. Catherine McCormack	Staff Nurse	MRH Portlaoise
Ms. Margaret Browne	Staff Nurse	MRH Portlaoise
Ms. Christina Piersie	Staff Nurse	MRH Mullingar
Ms. Bridget Lalor	Staff Nurse	St. Vincents Hospital,
Ms. Lisa Evans	Psychiatric Nurse	L/W MHS
Ms. Emma Mallaghan	Staff Nurse	MRH Tullamore
Ms. Monica Murphy	Staff Nurse	St. Mary's Hospital
Mr. William Harvey	Staff Nurse	MRH Mullingar
Ms. Caroline O'Shaughnessy	Staff Nurse	MRH Mullingar
Mr. Paul Brophy	Staff Nurse	MRH Mullingar
Ms. Julie Costello	Staff Nurse	MRH Mullingar
Ms. Joan Flynn	Staff Nurse	Lough Sheever
Ms. Siobhan Kelleghan	Staff Nurse	MRH Mullingar
Ms. Edel Dunne	Staff Nurse	MRH Portlaoise
Ms. Clare Malone	Staff Nurse	MRH Mullingar
Ms. Fiona Kelly	Staff Nurse	MRH Mullingar
Ms. Annette Hughes	Staff Nurse	MRH Mullingar
Ms. Geraldine Scally	Staff Nurse	St. Vincent's
Ms. Elaine Reilly	Staff Nurse	Lough Sheever
Ms. Michelle Price	Staff Nurse	Laois Comm. Care
Ms. Ann Jordan	CNM II	CNU Birr
Ms. Colette McGarry	Staff Nurse	MRH Mullingar
Ms. Michelle Morris	Staff Nurse	MRH Mullingar
Ms. Sinead Kennedy	Staff Nurse	MRH Portlaoise
Ms. Eimer McCormack	Staff Nurse	MRH Portlaoise
Ms. Joan Curtin	Comm. RGN	Offaly Comm. Care
Ms. Catherine McGovara	Comm. RGN	Laois Comm. Care
Ms. Sinead Fitzpatrick	Staff Nurse	MRH Portlaoise
Ms. Carol Quaine	Staff Nurse	MRH Mullingar
Ms. Elaine Grace	Staff Nurse	MRH Portlaoise
Ms. Hilary Lanzos	Staff Nurse	MRH Portlaoise

Ms. Elizabeth Dunne	Staff Nurse	CNU Abbeyleix
Ms. Elizabeth Donohoe	Staff Nurse	CNU Abbeyleix
Ms. Francesca Murphy	Staff Nurse	St. Joseph's,
Ms. Mary Connolly-Matthews	Staff Nurse	MRH Tullamore
Ms. Frances Molloy	Staff Nurse	St. Peter's
Ms. Gertrude Carr	Comm. RGN	L/W Comm. Care
Ms. Achuisle Doherty	Comm. RGN	Longford Comm. Care
Ms. Anne Shaughnessy	Comm. RGN	Longford Comm. Care
Ms. Tara Hogan	Comm RGN	Longford Comm. Care
Ms. Margaret Buckley	Comm RGN	Westmeath Comm. Care

## NON - NURSING

Name	Grade	Location
Ms. Anne McCormack	Attendant	St. Joseph's
Ms. Karen Fitzgibbons	Attendant	St. Vincents
Mr. Adrian Hibbits	Attendant	St. Vincents
Mr. Edward Hickey	Attendant	St. Vincents
Ms. Carmel Scully	Attendant	St. Vincents
Ms. Mary Coffey	Attendant	St. Vincents
Ms. Allison Donnelly	Attendant	Longford Hospitals
Mr. Martin Mulligan	Attendant	St. Joseph's
Mr. David Stringer	Attendant	St. Loman's
Ms. Marie Bogan	Attendant	St. Vincents
Ms. Bernadette O'Neill	Attendant	St. Joseph's
Ms. Mary Cunningham	Care Assistant	L/W Disabilities
Ms. Roisin Doherty	Attendant	St. Joseph's
Mr. Alberto Candrias	Attendant	MRH Tullamore
Ms. Nollaig Mahon	Care Assistant	L/W Intellectual
Ms. Linda Callaghan	Attendant	Disabilities
Ms. Elizabeth Phelan	Attendant	St. Vincents
Ms. Martina Lalor	Attendant	St. Vincents
Ms. Claire Conroy	Attendant	Alvernia
Ms. Catriona Lawlor	Attendant	St. Vincents
		St. Vincent's M/Mellick

## PARAMEDICAL

Name	Grade	Location
Ms. Kathleen Morris	Cardiac Catherisation Technician	MRH Portlaoise
Ms. Caroline Maguire	Radiographer	MRH Mullingar
Ms. Helena Haran	Physiotherapist	MRH Mullingar
Ms. Sherrie Bennett	Senior OT	Athlone Hospital
Mr. David Kelly	Physiotherapist	Psychiatry of Later Life
Mr. Adedayo Gbadeo	Physiotherapist	Athlone Hospital
Ms. Edna Faulkner	EMT	MRH Mullingar
Ms. Solveig Ashamar	Physiotherapist	Ambulance Services
Ms. Tanya Byrne	Vascular Technician	Mullingar
Ms. Ivy Kaise	Social Worker	MRH Mullingar
Ms. Iris Browne	Social Worker	L/O Area
Ms. Dearbhail MacFarlane	Social Worker / Team Leade	L/O Area
Mr. Noel Sheehan	Senior EHO	Regional Childcare L/O Comm. Care

## PROMOTIONS

### MANAGEMENT/ADMINISTRATION

Name	Grade	Location
Ms. Mary Baker	Staff Officer	L/W Comm. Care
Mr. William Toomes	HR Specialist	Comm & Con Care L/O
Ms. Mary Quinn	HR Specialist	Comm & Con Care L/W
Ms. Lorna O'Reilly	Child Care Leader	L/O Area
Ms. Catriona Browne	Business Manager	MRH Tullamore
Mr. Richard Stokes	Business Manager	MRH Tullamore
Ms. Kate Brickley	Risk Manager	MRH Mullingar
Ms. Margaret Quigley	Ward Based Clerical Officer	Clonminch
Mr. Martin O'Connor	Staff Officer	MRH Tullamore Finance Department

## NURSING

Name	Grade	Location
Ms. Catherine Torney	Assistant Director of Nursing	MRH Mullingar
Ms. Teresa Coman	CNM I	St. Vincents
Mr. Enda Naughton	CNM I	MRH Portlaoise
Ms. Delia Kenny O'Shea	CNM II	L/W MHS
Ms. Eileen Dempsey	CNM II	MRH Mullingar
Ms. Dolores Murphy	CNM II	CNU Edenderry
Ms. Olive Lynn	CNM II	St. Josephs

## NON - NURSING

Name	Grade	Location
Ms. Geraldine Menton	Cook (Grade II)	St. Josephs

## PARAMEDICAL

Name	Grade	Location
Ms. Sharon Ayres	Senior Medical Scientist	MRH Portlaoise
Ms. Mary McHugh	Senior Physiotherapist	MRH Mullingar
Ms. Frances Earley	Senior Medical Scientist	MRH Portlaoise
Ms. Judy Ennis	Senior Dietician	MRH Portlaoise
Ms. Frances Cunningham	Senior Pharmaceutical Technician	MRH Tullamore

## RESIGNATIONS

### MEDICAL

Name	Grade	Location
Dr. Etop Akpan	Cons. Obs / Gyne	MRH Portlaoise

### NURSING

Name	Grade	Location
Ms. Brigid Corcoran	Senior Staff Nurse	CNU Abbeyleix
Mr. Richard O'Hara	CNM I	St. Fintans Hospital
Ms. Mary Collins	Senior Staff Nurse	St. Vincents

### NON - NURSING

Name	Grade	Location
Ms. Mary Murray	Attendant	St. Vincent's Hosp,
Ms. Mary P. Farrell	Attendant	St. Loman's Hospital
Ms. Therese O'Farrell	Attendant	Lough Sheever
Ms. Phil Farrell	Attendant	St. Brigids Shaen
Ms. Mary Murray	Attendant	St. Vincents
Ms. Olive Carey	Attendant	MRH Mullingar

### PARAMEDICAL

Name	Grade	Location
Ms. Sarah Toner	Senior Pharmaceutical Technician	MRH Tullamore
Ms. Jane Tracey	Chief Medical Scientist	MHR Tullamore

### RETIREMENTS

#### NURSING

Name	Grade	Location
Ms. Mary P. Burke	CNM I	MRH Mullingar
Mr. William Phelan	CNM I	L/O MHS
Mr. Brendan McCauley	Senior Staff Nurse	St. Loman's, Mgar

#### NON - NURSING

Name	Grade	Location
Mr. John Byrne	Boilerman	MRH Mullingar

# New Regional Documentation Project Officer

Paula Phelan has joined the Board's Nursing and Midwifery Planning and Development Unit as Regional Documentation Project Officer for Older Persons sites. Paula gained her experience in care of the older person working as a Clinical Nurse Manager 2 both in the U.K. and in the South-Western Area Health Board. She has been with the Board since 2000 as an Assistant Director of Nursing in St. Vincent's Hospital Mountmellick.

In her new post, Paula aims to provide an understanding of the need for a best practice approach to care planning and documentation and to provide support and education to allow nursing staff in the Care of the Older Person sites within the Board to fulfil their professional and legal responsibility in regards to documentation.

Paula's objectives are;

- To establish a documentation

group in each of the nine older person sites.

- To develop a standardised care plan which includes input from the multidisciplinary team.
- To develop and implement guidelines for documentation, in line with best practice and risk management.
- To develop a user friendly guide to the care plan.
- To develop an education package, which includes input from

clinical audit and risk management and evaluate this programme.

- Phase in the care plan and provide support to staff to allow them to develop the care plan and audit regularly.

Paula Phelan  
Nursing and Midwifery Planning and Development Unit,  
Midland Health Board  
Clonminch Tullamore  
0506 57865 086 3806698



# Patients Transfer to New Community Nursing Unit, Birr

Patients and clients from St Brendan's Hospital and Ely House moved into the new Community Nursing Unit in Birr at the end of August.

The new state of the art Community Nursing Unit in Birr was built at a cost of €20 million. In addition to providing care for dependent older people, the Unit will provide enhanced day care services for the elderly from Birr and its environs. The adjoining health centre will cater for Birr and south and west Offaly and provide such services as:

- Full Public Health Nursing service
- Occupational Therapy
- Physiotherapy
- Speech and Language Therapy

The unit also includes a Rehabilitation Department which will accommodate a comprehensive range of therapies. Among those to make the move were long-standing staff members, some of whom have been at Ely House since the facility opened. They include chef John Coughlan, John Kennedy, maintenance, staff nurses Mary Fahey, Bridie Corcoran and Una Kealey, and attendant Jean Larkin.

"There are many members of the nursing and non nursing staff who have served here for many years, and will bring with them many fond memories, but we are all looking forward to settling in to the new hospital," said Kay Kennedy, Director of Nursing.

Kay thanked staff for their commitment, energy and enthusiasm in organising the move and helping with the transfer of patients.

The new telephone number for Birr Community Nursing Unit is 0509 23200. The new telephone number day care services is 0506 23227.



Top: Kay Kennedy, Director of Nursing; Breda Crehan Roche, Asst. CEO, Community Services; Mary Delaney, Community Care Administrator and Joe Masterson, Employee Relations Manager pictured with staff of the new Community Nursing Unit.



Left: The three longest serving staff members at Ely House prepare for the big move. L to R: Jackie Coughlan, Chef; Mary Fahey, Staff Nurse and John Kennedy, Maintenance.

## Australian MP Visits Staff and Clients at Loughloe House

A member of Australian state parliament paid a visit to Loughloe House recently to experience at first hand aged care in Ireland. Dympna Beard MP, a member of the Victorian State Parliament, had heard about the exceptional care provided at Loughloe House and asked to visit the facility and meet with staff.

She was impressed with both the staff and the care provided.

Dympna Beard MP pictured with staff at Loughloe House; from l to r: (front) Maura McArdle, Dympna Beard MP, Mary Fagan, Clinical Nurse Manager, and Nicola Gavin. (back) Bernadette O'Rourke, Ann Donoghue, Kathleen Kenny, Julie Bissett, electoral officer to Ms Beard, Bernie Mulvey, Nancy Carty and Ann Kincaid.

