

CONTACTS

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HEALTH CARE PERSONNEL

Ireland's latest export

The Irish Health Services Development Corporation (IHSDC) was established last year by the National Enterprise Agency to draw together both the public and private components which make up Ireland's health resource, and market and supply these services overseas. With access to the considerable personnel, training, management and academic resources of the Irish health care system, IHSDC provides comprehensive state guaranteed health care services for the international market.

IHSDC operates in close association with the Irish Health Services Export Co-ordinating Committee established by the Minister for Health, and with other professional organisations involved in the provision of health services in Ireland.

The establishment of the IHSDC reflects the recommendation of the recently published White Paper on Industrial Policy which indicated the need for 'strong' indigenous companies capable of trading successfully in the international market.

The contract

In December last, IHSDC announced that they had won a contract worth £22 million in a joint venture bid with Rezayat Company to provide comprehensive health care services over the next two years to the King Khalid Military City in Saudi Arabia.



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Our picture shows members of the Irish medical team who will manage the King Khalid Military City Hospital in Saudi Arabia before their recent departure: (l - r) Mr Michael O'Neill who is the Hospital's Chief Executive. Mr O'Neill has been Chief Executive of the Cork Voluntary Hospitals Board for the last six years. Mr John Duffy, who has been appointed Hospital Administrator, was previously Senior Hospital Administrator with the Midland Health Board, Tullamore, and Dr Kim Kiely, appointed Director of Community Care. Dr Kiely was Director of Community Care with the Mid-Western Health Board, Limerick.

The two-year contract involves management staffing and supplies for a 130-bed regional hospital as well as five clinics and dispensaries for army personnel and their families and other workers in the King Khalid Military City which has a population of about 30,000.

The senior medical and administrative positions will be held by Irish personnel and initially will provide employment for up to 70 Irish people.

This contract represents a major breakthrough as it is the first Irish move into the Saudi health care market which is undoubtedly one of the most competitive in the world today.

Fred Duffy, Commercial Marketing Director, IHSDC, believes that the early success of IHSDC in the Saudi health care market is, in effect, endorsement and recognition at the highest level in Saudi Arabia that Irish medical professionals are among the best in the world.

Our ailing finances

In November '84, the EHB was informed by the Dept of Health that its allocation for direct expenditure by the Board was £186.17 million. Thus, there was a shortfall of £5.35 million between allocation and estimate.

At its December meeting, the Board requested the Working Group which had been established by the Board to consider the Government's plan 'Building on Reality 1985/87' to meet and consider the Board's allocation for 1985. The Working Party met in January to do this, and also considered a background paper prepared by the CEO.

Background paper

In the course of the background paper the CEO pointed out that to cope with the inevitable reductions in services caused by declining resources over the last several years the Board had adopted three major policies:

- we should maintain services for those whose health and welfare was most at risk;
- we should move the delivery of health care services, where possible and practical from institutional settings to community;
- we should maintain basic staff employment to the greatest extent possible.

The CEO set out some of the major problems in looking at the 1985 allocation:

(i) *'the population in the EHB area is growing at a very rapid rate by national and European standards, and there is a continuing and significant increase in the dependency population ie children, those at risk and the elderly. In terms of economic difficulty, those most at risk in any country gravitate to the capital or major cities. This may be the reason why the increase in demand for services has not levelled out to the extent to which we had expected.'*

As a result we are unable to cope fully with the increase in demand in established areas or cope with the demands arising from the many new communities being built and developed within the Health Board area.

(ii) *The increase in the demand for our services is occurring at a time when our basic resources, both staff and money are declining.*

(iii) *Our basic staff resources in Community Care are, in most instances, the lowest in the country.*

(iv) *The fabric of our building stock is, in the main, very poor with the resulting high heating and maintenance costs.'*

At the January Board meeting, the CEO reported back to the Board on the Working Party's discussions. In the course of the report it was stated:

'Against the background of the basic policy to move to community care, the impetus given to psychiatric, geriatric and mental handicap services in the Plan and the need to consider the three year period as a planning cycle, the Working Party found itself in a dilemma. How could it propose to the Board a planned reduction in services considered priorities in the National Plan? In addition, many of these services had a statutory base and are directed at the most underprivileged.'

The Working Party felt that our efforts at achieving economies, which had been effective over the past four years, should be continued, although it was generally recognised that a point of diminishing returns had been reached in some areas.

The Working Party acknowledged the unique position of the Eastern Health Board in all of this. The main thrust of the Plan was to transfer resources from the hospital, mainly the acute hospitals, to community-based services. As the large proportion of acute hospitals in our area are not within our Board's domain we are unable to achieve this.'

ST LOMAN'S MENTAL HEALTH ASSOCIATION

are holding a

PUBLIC MEETING

Monday 25 March
8 pm

Spa Hotel, Lucan

The aim of the meeting is to increase public awareness of mental health and thereby involve more lay people in the activities of the Mental Health Association.

Everybody welcome

Admission Free

Refreshments

A letter from the Dept of Health stated that the Minister appreciated the Board's difficulties but: *'The situation, however, is that it will not be possible to increase the Board's allocation for 1985 except in respect of such pay increases as may be approved in the course of the year.'*

Conclusions

Following wide-ranging discussion, and in the light of the Department's advice that no additional funds would be made available to the Board in 1985, it was agreed at the meeting of 31 January:

- (i) that every effort should be made to achieve reductions in costs;
- (ii) that discussion between officers of the Board and officers of the Department should continue in the matter of our Board's finances and the National Plan;
- (iii) that the CEO would report on the progress of these discussions to the Working Party;
- (iv) that the Working Party would, in turn, report to the Board on a regular basis;
- (v) that the Working Party, with the advice and assistance of the CEO and the Management Team, should cooperate with the Dept of Health with a view to our Board continuing to provide to the maximum extent possible, institutional and community care services with particular regard to the needs of the poor and the underprivileged.

Dublin Corporation, Dublin County Council and Dun Laoghaire Corporation are being replaced.

New local authorities in Dublin

Because of its size, population and rapid rate of growth, Dublin presents unique problems insofar as the Irish local government system is concerned. The Government, therefore, have been considering ways of overcoming these problems and, at the same time, of making the local government system more efficient and more responsive to individuals and communities.

Four new authorities - a county borough for a revised city area and three county councils for the county area - will be established in place of the existing three authorities (Dublin Corporation, Dublin County Council and Dun Laoghaire Corporation). With a view to the further development of structures at the local level, each of the four areas will be subdivided into districts - six in the city and two in each of the new county areas.

A co-ordinating Metropolitan Council, which will be elected by the four new authorities and which will encompass the proposed Dublin Transportation Authority, will also be established.

Areas for proposed authorities

The areas for the four new authorities are indicated on the map. Basically, the area of Dublin Corporation will remain substantially as at present subject to certain changes designed to rationalise the boundary eg areas including Ballymun, Poppintree, Santry etc will be transferred to the city, and part of Rathfarnham, Howth etc will be transferred from the city.

Dublin Electoral Area Commission

A Dublin Electoral Area Commission has been set up and asked to determine, not later than the end of February, boundaries for 12 districts (6 in the city area and 2 in each of the proposed county council areas). The Commission will also recommend the division of the new authorities into electoral areas. No electoral area will have more than five seats. The districts will facilitate the more local administration of suitable services.

Local elections in 1985

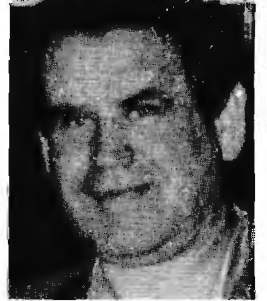
The local elections in Dublin in 1985 will be to the four new authorities. Legislation is being prepared urgently to provide for these authorities, define their boundaries and provide for consequential matters (such as changes in the register of electors). Further legislation will provide for other aspects of reorganisation in Dublin.

EXISTING AND PROPOSED NEW LOCAL AUTHORITIES IN DUBLIN



Existing Dublin County Borough and Dun Laoghaire Borough Boundaries

Boundaries of proposed new local authorities (except where they co-incide with existing Co. Borough boundary)



Tribute to John Gahan

A dark cloud descended on St Brendan's Hospital on hearing of the death of Johnny on 23 January '85. His death came in the prime of his life as Johnny had only been ill for a short period.

Johnny Gahan had many aspects to his life, as a family member, as a nurse, as a sportsman and as a trade union official.

As a nurse, Johnny commenced in 1954 and worked in Central Mental Hospital and St Brendan's, up to the time of his death. He was a Charge Nurse in the EEC Resocialisation Project. He had a great interest in the care of the homeless and was instrumental in setting up the programme for the care of the homeless in the hospital.

On the sporting field, he was a leader both in the GAA and Hockey. He was a founder member of the present GAA Club and won the Dublin Junior Football Medal in 1956. He also played senior Hockey with St Brendan's and St Loman's and last year, he played in the Minor Hockey Cup on the same team with his son John.

On the Trade Union side, along with his brother Paddy and some others he set up the 'House Committee' in St Brendan's, that led on to the foundation of the Psychiatric Nurses' Association in 1970. Johnny held various positions in the Branch, as Chairman, Secretary, Committee member to the time of his death.

In 1982, Johnny was elected as a member of the Health Board. In this office, as in all others, he was respected and listened to and having spoken, action was taken on whatever point he had raised.

Finally, as a family man, will be sadly missed by his wife, Frances, his son, John and daughter, Marian. The sympathy of the whole hospital is extended. I hope the messages of condolence and the personal turn out of staff at the funeral will be some comfort to the family in their sad loss.

Go ndeanfaid Dia trocaire ar a anam.

*Richard Bennett
Chief Nursing Officer*

Professor Tussing comments: '... fee-for-service method of physician remuneration in general use in Ireland not only fails to make physicians cost conscious, but on the contrary provides them with incentives for utilisation beyond levels which are efficient and economical.'

'The Department of Health makes its budget decisions affecting hospitals on an ad hoc basis in ways which are to the analyst, obscure.'

THE PROBLEM OF Controlling expenditure on medical care

Professor A Dale Tussing was Research Professor at the Economic and Social Research Institute 1979 - 1981. He is now Director, Health Studies Program, Syracuse University, New York, and recently delivered a paper dealing with medical care expenditure in Ireland to an ESRI Conference on:

'Public Social Expenditure - Value for Money'.

Control of expenditure

At the outset Professor Tussing stated that the principal problem facing the Irish medical care system is control of expenditure.

'There is a sense, however, in which the problem is described as one of economic inefficiency, rather than of inflation or costs per se. Had the rise in costs been accompanied by widely perceived improvements in the range, reach, extent and quality of medical care, comparable for example to those which occurred when most infectious diseases were conquered in developed countries, there would be substantially less concern.'

'But the cost increases have occurred with no corresponding gains. Moreover, the most rapid increases in outlays appear not to have occurred in the medical care areas most in need of expansion - preventive care, primary care, community care - but in the sectors which seem already to absorb too many resources - especially hospitals.'

Professor Tussing then indicated that shifts in health expenditure were required - the same resources devoted to medical care might yield

substantially more medical value in the system. Among possible shifts suggested were from costly in-patient hospital care to out-patient care; a shift within primary care from physician to non-physician care and a shift from treatment to prevention.

Incentive structure

In the course of discussing the incentive structure in health services, Professor Tussing observed:

'Physician remuneration has been a central concern of my study. My general conclusion, supported both by theory and by considerable statistical evidence, is that the fee-for-service method of physician remuneration in general use in Ireland not only fails to make physicians cost-conscious, but on the contrary provides them with incentives for utilisation beyond levels which are efficient and economical. Modification of the fee-for-service system is at the heart of any serious effort to control costs and bring economic rationality to the Irish medical care system.'

The main alternative to fee-for-service is capitation, under which physicians are paid according to the number of patients they have, rather

than the number of times they see them, or the number of services they provide. There is considerable evidence on a world-wide basis that capitation reduces utilisation, and further that it reduces pharmaceutical prescribing rates as well.'

Modification of fee-for-service

Professor Tussing went on to consider the Report (1984) of the Working Party on General Medical Services and its proposed modification of fee-for-service remuneration which is intended to reduce over consulting and over-prescribing. Doctors would as now, be paid a standard fee for each visit, but only until a monthly visiting norm was reached. The norm would be based on national patterns, adjusted for the age of each doctor's patients and his or her referral rates.

Beyond the visiting norm, doctors would be paid at a reduced rate, with the fee continuing to decline as the number of visits increased, though fees would always remain positive.

Professor Tussing congratulates the Working Party on 'their ingenious scheme', and believes that it should have a good chance of adoption.

'Depending of course on the visiting norms and fee schedules adopted, it has the potential to reduce consulting rates where they are high and excessive'.

Hospitals

Turning his attention to incentives and hospitals Professor Tussing observes that the way in which hospitals are budgeted or reimbursed are as important as, or more important than, the ways in which physicians are remunerated. Hospitals are the main resource users in the Irish medical care system; and while physicians determine the extent of patient use of hospitals, they have less control over the per day or per case cost of that care.

Dr Tussing outlines ways in which hospitals' income can be determined and goes on to state: *'The Department of Health makes its budget decisions affecting hospitals on an ad hoc basis in ways which are to the analyst, obscure. It is difficult to evaluate the present technique precisely because its incentive and allocational implications are not obvious without further research. Other scholars are strongly urged to take up this subject, which is the most important single item on the Irish health economics research agenda.'*

The present system tends to resemble prospective budgeting on an individual hospital basis. Hospitals receive annual budgets from the state or other third party payors. They have an opportunity to explain and defend their budgets, and to use whatever political strength and/or negotiating skill they possess. While prospective budgeting is generally thought to be superior, on economic grounds, to retrospective reimbursement, when it takes the form of review on an individual hospital basis, it may provide virtually the same result; whatever costs are incurred are reimbursed, and incentives to economise are lacking.

Future of Irish system

Dr Tussing reviews and assesses alternative models for reform which might be offered for a fundamental restructuring of the Irish medical care system, before concluding that the system stands today at a crossroads.

'It has grown and evolved to its present size and structure largely out of incremental changes.'

The economic incentive structure, implicit in it, was not always foremost when past decisions were made. While the system is fundamentally sound, it is often not cost-conscious. Instead of continuing to evolve, as in the past, on an incremental basis, the entire system should be reviewed as a single, coherent, integrated system.

That is not to say that the system should no longer evolve, step by step. Rather it is to say that the evolution should be guided by a strong concept or vision of the system towards which it is heading.'

DR DAVIS COAKLEY, MD, FRCPI, Consultant Physician in Geriatric Medicine, St James's Hospital, traces the history of one of Dublin's older hospitals. Sketch by Tony Coyne

Sir Patrick Dun & his Hospital

Patrick Dun was born in Aberdeen in 1642. At the age of 34 he came to Ireland as state physician. In the conflict between William of Orange and James II, Dun, as physician to the army, joined the campaign in William's camp. After the Battle of the Boyne, the Irish College of Physicians was given a new charter and Patrick Dun was nominated president. Under this charter anyone who practised in Dublin or within seven miles of it had to be licensed by the College.

Sir Patrick Dun was a popular president of the college and he was re-elected several times. No one since then has equalled his length of tenure. He collected a large library of books which he planned to leave to the College after his death. He made a will leaving his estate to fund professors to teach 'physic, surgery and pharmacy'.

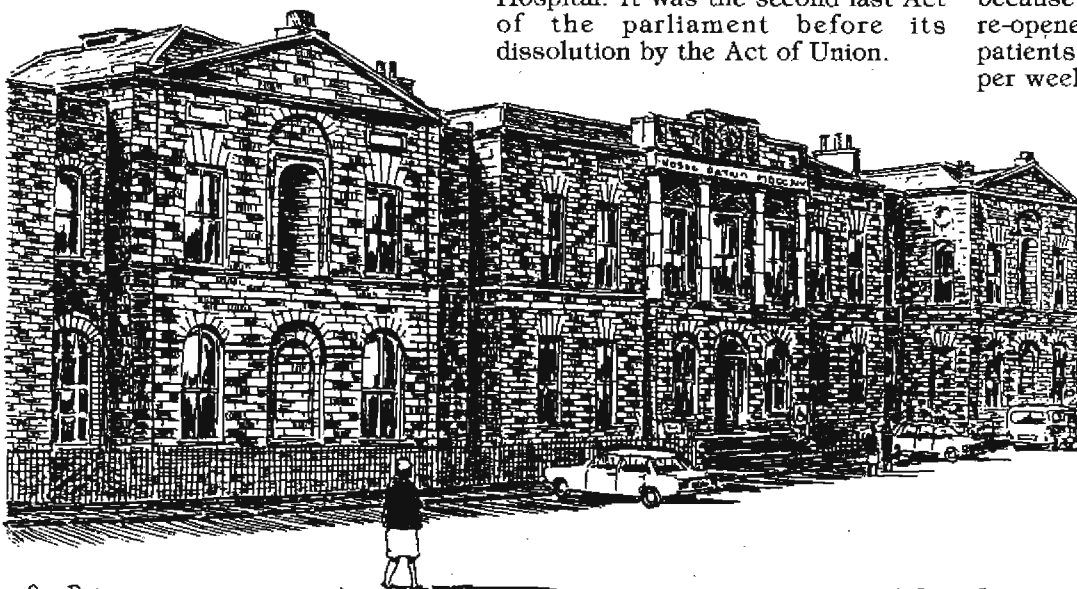
However, his death in 1713 was followed by nearly a century of legal wrangling. Much of his library was lost and funds were squandered. Eventually the Irish Parliament sequestrated most of the funds in order to build Sir Patrick Dun's Hospital. It was the second last Act of the parliament before its dissolution by the Act of Union.

In 1801, the Commissioners appointed to build the hospital, selected the site on Grand Canal Street. It was not a good choice as it took two years to drain the marshy ground before the construction of the hospital could begin. The foundation stone was laid by the Provost of Trinity College. The first phase was completed in 1809 and the first thirty patients were admitted. It was another seven years before construction was completed.

From the very beginning, the teaching of medical students was a major part of the work of the hospital. Some of the teachers became very famous, for instance Robert Graves, whose name is still frequently mentioned in medicine throughout the world, taught at Sir Patrick Dun's between the years 1829 and 1841.

The hospital played an important role in coping with the epidemic of fever associated with the famine. It was also beset by financial problems in the early years of its existence similar to those which we are experiencing today. In July 1850 it was obliged to close for three months because of lack of funds. When it was re-opened, a ward was set aside for patients who could pay ten shillings per week!

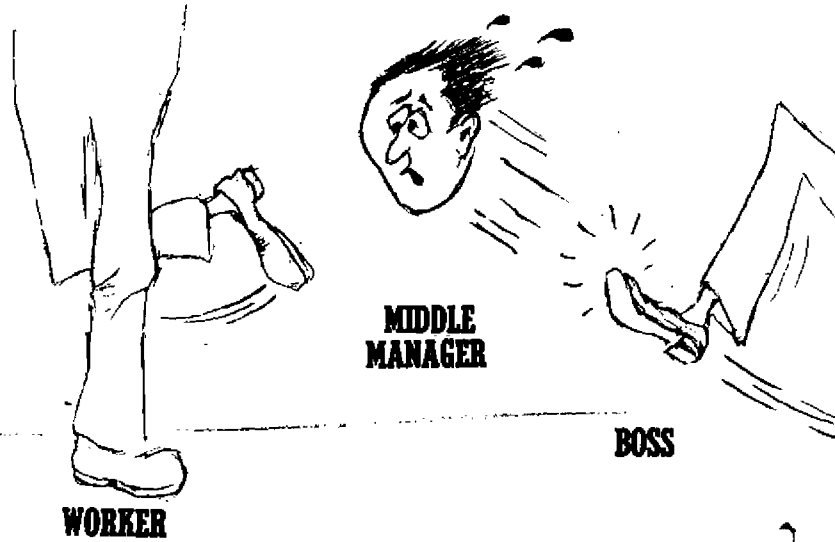
Today, Sir Patrick Dun's is one of the Dublin Federated Voluntary Hospitals, and its services will eventually move to the new St James's Hospital. In recent years, the sale of the nurse's home in the hospital made substantial funds available. These funds were used to build the new Sir Patrick Dun's Research Laboratory in St James's Hospital.



Sir Patrick Dun's Hospital

Tony Coyne

Is it all too much for you?



Work and Health

by Dr Andrew Melhish

Penguin Handbooks IR£3.20

This book will be of interest to many in the various disciplines that go to make up the health board work force, perhaps especially those involved in the personnel field.

Dr Melhish has engaged in general practice for several years and in 1971 was appointed Medical Officer to Administrative Staff College, Henley. In this post he is involved in the provision of medical care for managers attending the residential college and in lecturing on the subject of executive health; his work at Henley involves him in research into the causes and prevention of executive stress. This interest is reflected in many passages of the book.

He defines stress as 'a stimulus which imposes detectable strain that cannot be easily accommodated by the body, and so appears as impaired health or behaviour.' More simply, he writes, a pressure or stimulus which cannot be tolerated becomes a stress.

Excessive pressure

The natural response of animals to increasing pressure has been studied in detail by physiologists. The results have been summarised as the Yerkes-Dodson Law; as the level of pressure increases, performance improves - until at a certain level it abruptly falls away.

So pressure in moderation is helpful; in excess it is frankly harmful. The principle applies equally well to man's natural response to pressure. The excitement of overcoming a difficult challenge can be balanced by the despair encountered when insuperable problems block our progress.

Identification of individuals under stress

Dr Melhish refers to the work of Hyman Weiner to support the view that if the manager or worker suffering stress at work can be identified, he is best treated in the work environment. Work itself is one of the best cures for stress.

There is a need to educate personnel in an organisation on the identification of stress in an individual - those more likely to spot the signs are:

- (i) his superiors;
- (ii) his colleagues, who may not be in a position to provide practical help, but who can persuade him to seek early help;
- (iii) outside professionals such as industrial doctors, industrial chaplains or personnel officers, who should have the skill to recognise stress and the ability to help the individual under stress;

(iv) family, friends, and other individuals outside work.

All these potential helpers will be more likely to spot the worker under stress if they have some idea of the times in his working life when he is particularly at risk and the types of jobs which are potentially dangerous.

'At risk' periods

A change of job is a particular 'at risk' period because anyone at that point is likely to have rational fears about job-security, work satisfaction, status, pay prospects etc. He may also have irrational fears about his ability to cope with change - in general 'change' equals stress. Other examples of difficult times are:

- phases of adjustment such as middle age;
- the stage of promotion when the manager has reached his ceiling and no further promotion is likely;
- times when there is a change in the content or responsibility of the manager's job.

'At risk' jobs - the man in the middle

Some jobs carry a high risk of stress - for example, the foreman or middle manager under pressure from management and worker. Taking

decisions by top management, it has been argued, is an intellectual exercise - they weigh up the various costs and benefits and then decide to follow a particular course of action. For them there is relatively little stress involved; having looked at the question from all sides, they have arrived at their decision.

But the problems are only beginning for the middle managers - the foremen of the executive block - they have to pass on policy to their staff and thus find themselves assailed by the individual problems that will be posed. Often points raised have to be taken up with people on the next level up so middle managers are involved in carrying back and forth representations that centre on different points of view. Naturally, the messenger is blamed for the message, and the managers suffer the stress of being caught in the middle.

Research in America in the Du Pont Company and the Bell Telephone Company revealed that top executives had half the number of heart attacks experienced by their junior colleagues. This is probably explained by the fact that top management deals more often with policies than people. It may be much easier to make a decision involving millions of pounds than to terminate the employment of an enthusiastic 40 year old worker who you know has a heavy mortgage and a young family to support.

Social support in the organisation

Important factor connecting stress and work is social support within the organisation. Research at Kennedy Space Center has investigated social support and measured it with respect to:

relationship with superiors (confidence placed in superior, amount superior trusts you, willingness of superior to discuss problems etc.)

relationship with subordinates (ease of approach, mutual expectations with regard to quantity and quality of work etc.)

The following conclusions were drawn:

poor relationship with subordinates produced evidence of increased stress;

increased workload increased the blood pressure in those with poor relationships with their superior, while a good relationship with the work group reduced stress effects (as measured by blood pressure).

Bigger workload increased smoking in those who have poor relationships with their superiors, but did not affect smoking when such relationships were good.

Work and Health is well worth getting by people working in the health area, and indeed is a good read for the average reader who would like to know more about the health problems of the modern western world. Smoking, obesity, alcoholism, lack of exercise, diet, behavioural and personality disorders, heart disease and cancer are just some of the subjects examined by Dr Melhuish, apart from stress, the field in which he is particularly authoritative.

INTER HOSPITAL TRAVEL CLUB

Holy Week Pilgrimage to **LOURDES**

Dep. Sun 31 March (afternoon)
Return Thurs 4 April (p.m.)

Cost £229 No Extras

- Aer Lingus flight
- 4 days Full Board
- Coach transfers ● Tax & Insurance

Fantastic value! Only 20 seats left.

Ring Jimmy at 214143
or 744545 after 7 pm.

Nowhere to go and nothing to do in Dublin? KEALAN BOYLE found the answer to this one.

Dublin can be heaven ..

The Adventure Guide to Dublin

by Mary Finn,

Wolfhound Press - £3.95

When I started reading this book, I must admit I was soon flooded with memories of childhood; my first journey on a double decker bus; the sight of Nelson's Pillar and a walk through Clerys; the hulks of the old barges on the Royal Canal beside Boland's Mills.

But then this book was written with 'bored juveniles in mind, so that they can no longer say that there is nowhere to go and nothing to do in Dublin'.

Mary Finn was brought to the most unheard of places in Dublin by her father when a child, and has amassed a wealth of historical and topographical knowledge to guide the most unadventurous on the road to a greater appreciation of their native city.

I especially enjoyed the two adventure guides to trips (preferably on foot or bicycle). All the family can join in these excursions and now that we have the new DART electric railway one can indulge oneself to a greater degree than ever before. There are many hints in the book about the need to be cautious and have safety first in mind when going on the more rigorous trails.

This book is also a fantastic reference book to the many museums, parks and seaside

beaches, and of what restaurant one should go to after a day out. The book is written in a slightly bouncy idiom to appeal to young people and to stop it being consigned to some dusty shelf forever. (There is even detailed information on how one goes about getting a ticket to attend a Dublin Corporation meeting).

My first adventure trip was to Dalkey, and I looked up the reference in the book to guide me to the notable features of that lovely village. I found that I could get the No. 8 bus or the DART.

Dalkey was once Dublin's main trading port - between 1200 AD and 1600 AD. It has two harbours, Bullock and Coliemore. I found Dalkey Village was very old-world-like, and unspoiled by any modern monstrosities. Going up the road from Dalkey Village one comes to Killiney Hill, which has some of the most 'spectacular views in all of Dublin', the book says. I can vouch for that as well.

This is a very nice book, and one that can be recommended.

P.S. For those who may not have enough money left for the return trip home - you are always within your rights to board a bus or train without even a penny, as long as you give your name and address.

St Ita's produces the Late Late

*Gerry McCann
Social/Recreational Officer
St Joseph's Mental Handicap Service
Eastern Health Board*

By now most of you may be aware that St Ita's Hospital, Portrane, has its own radio station which has just celebrated a first birthday. However, most of you would be unaware that it also boasts a closed circuit television station on the Campus.

October 9 was our 'Opening' night when we presented our very own live Late Late Show in front of a capacity audience. The programme also went out live to all of the units in the main building of the hospital.

Planning for the venture had gone on over a period of two months. We were extremely lucky in already having a piped circuit in the hospital, so all that was necessary was to arrange a link-up to the main aerial. This was arranged by our Technical Services Department.

Now that we had the technical necessities what about operator, presenters and ideas?

Well, as I was already involved in video production with the health board, I was shouldered with the job of programme controller. I have a wide variety of programmes already produced which were to come in useful when we got on the air.

For presenters we had to look no further than our Hospital Radio Tony O'Rourke and Brendan Garrigan are our main presenters, supplemented by other members of the radio team and other staff members at St Ita's.

Mary Fitzgerald, Social/Recreational Officer at St Joseph's Mental Handicap Service fills the role of director and floor manager.

Most of our rigging is done by Larry McEvoy, one of the residents at St Joseph's Hostel.

Our programme timetables are compiled and printed by Mary Brown at St Joseph's Service. The whole service operates under the auspices of the Hospital/Radio/TV Committee chaired by Mark Wheeler.

There is five hours of regular programmes each week. Wednesday 5.30 - 7.30 pm, Sunday 2.00 - 5 pm

The content of these programmes is over 75% locally produced with feature films occasionally used. Each programme has a live presenter, who links various prerecorded tapes of staff and patients' activities at St Ita's and in the community. Programmes also include a Staff Education slot.

As well as regular programming on Wednesdays and Sundays, Hospital TV also covers special events at St Ita's live; an example of this was the recent remembrance Mass for retired and deceased members of staff and patients. The Mass and reception afterwards was relayed live to the units in the hospital.

The Church of Ireland at the hospital was the venue for a live relay of their Christmas Carol Service. Many of the variety shows presented by community groups have also been relayed live.

The hospital TV Service has, over the short period of its existence, been able to harness the many skills that exist in all departments of the hospital and present them in a unified way. We feel that our approach and presentation compares favourably with other channels available - it has to, otherwise no one will watch. As we develop we intend to expand our range of programmes. Hospital Radio/TV has not only utilised staff skills but also ensures the maximum use of equipment already in use in the hospital.

ST BRENDAN'S MENTAL HEALTH ASSOCIATION

Sheltered housing

Former psychiatric patients and socially vulnerable people may be enabled to live more independent lives if a proposal before the St Brendan's Mental Health Association goes ahead. The idea is that the MHA should form a housing association which would provide sheltered housing units/apartments/flats on suitable sites in the city or near suburban housing developments.

A properly constituted housing association would be eligible for a grant of up to £16,000 per unit of accommodation from the Department of the Environment if the accommodation was rented to certain specified disadvantaged people. Other grants would be available towards running costs and rent.

The housing association's activities would be integrated with the local

New Dept Health Secretary

The Government recently announced the appointment of Mr Liam Flanagan as Secretary of the Department of Health.

Mr Flanagan succeeds Mr Dermot Condon who retired from the Department of Health in December.

A native of Dublin, Mr Flanagan has been an Assistant Secretary in the Department of Health for some years, and was most recently in charge of hospital services, mental handicap services, and the Department's capital programme. He was educated at O'Connell's School in North Richmond Street and joined the Civil Service as an executive officer in the Department of Health in 1947. He is a member of Comhairle na nOspideal, the body with responsibility for determining the number of consultant appointments in hospitals around the country.

Mr Flanagan is married and has two children.

voluntary and statutory authorities as well as the local community.

Some twenty years ago the services for elderly people in the community were so inadequate that many were obliged to live in institutions. The problem was tackled by providing sheltered housing and a range of community care services, meals on wheels, home helps etc.

In the psychiatric area, the resident patient population in Ireland has declined from 19,801 in 1963, 16,661 in 1971 to 13,984 on census day, 31 March 1981. Most of the patients were over 55 years and resident for more than 5 years. This compares badly with international standards.

A study of the causes of prolonged stay in chronic wards showed that the main factors were lack of family support, inadequate community-based support and institutionalisation. This latter means that patients eat, sleep, engage in activities and pass the time with the same people in the same environment day in day out, year in year out. In essence, it is the very opposite of normal society.

The EHB's Special Hospital Care Programme set up hostels and sheltered workshops and organised resocialisation projects to ease them into everyday life.

However, in order to avoid a long-stay problem in the hostels there is need for the option of housing accommodation. This is hard to come by as rents are high and landlords are anxious to avoid 'difficult' tenants.

In proposing the formation of a housing association to make this accommodation available, the St Brendan's MHA would appear to have come up with the most sensitive and caring solution.

JOE CAHILL casts an irreverent eye on our board

All human life ..

Board meetings - most of us know they take place every month, and promotion-seeking clerks can quote you chapter and verse on the Board's composition, its reserved functions and its standing orders. But most of us never actually get around to attending a Board meeting, again with the exception of ambitious pen-pushers who crowd the gallery once a year when promotion (or regrading as its now called) rolls round.

As a service to all those who will never get there, your correspondent sacrificed the night (or at least two hours of it) of Thursday 7 February to go along and find out just what does go on at these mysterious meetings.

The Chairman, Cllr Sweeney, launches the meeting with a prayer, which can't do any harm, and we're off and running. Minutes of meetings 17 January and 31 January are proposed and seconded with the speed of light. The only matter of note arising is the Board's nominees for the South East Dublin Co-ordinating Committee. Nominations are quickly forthcoming but suddenly - a hiatus. Nobody nominated Kieran Hickey and already enough names have been put forward. But help is at hand (literally) and the eponymous councillor withdraws in favour of KH.

While this is going on, the latecomers are still drifting in. One or two of our parliamentarians in particular seem to have perfected the art of the nonchalant late arrival (and as I notice later, the equally insouciant early exit).

Next item up is a report from the Board's sub-committee to consider the Green Paper on Services for the Disabled. Cllr Freehill, who chaired the committee, gives an obviously well-informed report. The debate that follows throws up an old chestnut,

apropos employment for the disabled; Cllr Hynes asks how many of the Board's employees are disabled. The Management Team found it difficult to answer this one.

The meeting then turns its attentions to the final report of the National Youth Policy Committee. Mrs B Bonar launches the debate by remarking on the low esteem in which politicians are held by young people and intimating that she's not surprised. Mrs Bonar approves of the high esteem in which parents are held, according to the report (and indeed where would we be without the ma and da?)

But sex education now rears its ugly head. Mrs Bonar doesn't like this at all. She then produces a long list of statistics (which unfortunately were too boring to take down) proving mathematically that sex education and contraception will lead to the end of civilization as we know it.

Alice Glenn TD, who sits beside Mrs Bonar, now rises to get in her spoke. She agrees with Mrs Bonar, but is even more concerned about another major threat to Irish civilization - MT USA - a collection of video nasties which are broadcast on Sundays by RTE, and which, although she admits she hasn't actually seen it, are filthy, brainrotting etc. Mrs Glenn is also upset about something called the 'Sex Hot Line' (which I suspect sounds a lot more interesting that it actually is)

and suggests that its unconstitutional. During this digression, one councillor, who shall be nameless, has taken solace in the Evening Herald cartoons.

Reports of Visiting Committees and Local Health Committees, which contain much of the nitty-gritty detail of the meeting are next on the agenda. Cllr Stagg is worried about fraud in the area of Supplementary Welfare and a lengthy debate ensues, which threatens to become party political until Cllr Groome defuses the situation by announcing his total disillusionment with politics and hinting at the likelihood of his retirement from the arena before long. This seems to put everyone in good humour again.

Kilrock House, that palace in the heart of Dublin's stockbroker belt, is the subject of much controversy - how many patients are out there? asks Cllr Browne.

Dublin City Local Committee seem to be experiencing some qualms about nominating members to the Ethics Committee of the ICP.

The meeting is finally wrapped up just before 8 o'clock, although one or two members have already made their exits somewhat earlier. So there you have it, a typical (I think) Board meeting, all human life is there, and its well worth a visit some cold Thursday evening when you haven't got the price of the pictures.

Join your Credit Union and win a CAR!

The Health Services Staffs Credit Union came up with the bright idea of having a monthly draw for a car.

Drawing out the winning number are (top, l-r): Noel Maguire, Matt Travers, Gerry Jordan, John Bruton, Pat McDermott, John Molony, Colm Murphy, Peg Bennett, John Shelly and Teresa Egan.

Pictured below are Peg Bennett and John Molony handing over the keys to the first winner of the Toyota Starlet - James Mooney, Builders Operative, Engineers, St James's Hospital.



Ethiopia

Sister Genevieve of St Patrick's Home, Navan Road, is still receiving money for famine victims. The amount so far is in excess of £10,000. The money goes via their house in Addis Ababa to the famine relief centres.

A recent letter from Sister Zoë in Mekele, where some of Sister Genevieve's Sisters are working, describes conditions in a camp there which has a population of 10,000. Although the situation has improved with the supplies of food and medicines by the larger organisations, still 61 people had died in the camp the day before.

One of the main problems now is disease. They hope to give new clothes to the people and burn their infected clothing in order to lessen the cross-infection of dysentery, measles, scabies and tuberculosis, all of which are rife in the camp. Three of the Sisters are recovering from typhus.

Sister Zoë had a winsome little toddler friend, Desta. He used to play with stones - there being no toys. Within the space of one week both his parents and two brothers died from dysentery. She writes: 'Then Desta, the child who made me smile, succumbed to the same sickness. It was hard to watch the little life being snuffed out, with a tiny sigh he left us. There was no one to mourn him, but I still mourn for him inside and for all the little lives that leave us in this vale of suffering.'

Sr Angela of the Little Sisters of the Assumption wishes to thank the staff of the EHB and St James's Hospital for the proceeds of the annual collection which amounted to £688.



Pictured at the presentation of the cheque for £4,080 collected by the Ambulance staff for the Bone-Marrow Transplant Unit at St James's Hospital are (l. - r.): Nurse Ailish McFadden, Dr Shaun McCann, Nurse Jennifer Kerlin, and Messrs John O'Brien Jnr. and Harry Rowan, Ambulance staff.

Back row: Messrs Michael McManus and Willie Callaghan of the Ambulance staff, Mr Ian Temperley, Mr John O'Brien, Ambulance staff.

Ambulance Staff collection for Leukaemia Unit

A presentation was held on 7 February last at which a cheque for £4,080 was presented to the Bone Marrow Transplant Unit by the Social Committee of the EHB Ambulance Service.

The Bone Marrow Transplant Unit provides bone marrow transplantation as a form of treatment for leukaemia and severe aplastic anaemia.

The members of the committee (J O'Brien, A Rowan, W Callaghan, A King, F Fay, S O'Reilly, J Molyneux, M McManus) got the idea last year of doing something to help this very worthy cause.

There is a lot of hard work and effort involved in this type of venture. However, they set about their task relentlessly. They applied for the loan of an ambulance from T Brady, Chief Ambulance Officer, and then set themselves up in different shopping centres at weekends to make their collections (having got permission from the various supermarket managers, of course!). They also got permission for the sale of raffle

tickets in the Staff Restaurant once a month.

The times at which to attack the unfortunate public posed a problem as most of the men are shift workers. However, this was overcome with the help of some nurses from St James's, Cherry Orchard and JCM Hospitals. The collections were made on Friday evenings from 6 - 9 pm, and Saturdays from 9.30 am - 6 pm and, despite the cold and rain, everybody enjoyed meeting the public - even to the counting and recounting of the notes and the thousands of coins at the end of each day.

The members of the committee are very grateful to everybody who helped in any way, not forgetting the public who gave so generously.

Dr Shaun McCann, accepting the cheque on behalf of the Leukaemia Unit expressed sincere thanks to all who took part in the venture and praised the Ambulance Service on behalf of himself and Professor Ian Temperley for other involvements the Service has with the Haematology Unit.



Last year's large attendance agreed that it was the best fashion show in town.

Fashion Show

13 March 1985

ST MARY'S HOSPITAL
PATIENTS' COMFORTS FUND
PHOENIX PARK, DUBLIN 20

Fashions from (among others)

BUTTERFLY BOUTIQUE

JAN'S BOUTIQUE

CLERY'S (swimwear)

NEON GENTS OUTFITTERS

A SADIE GREENE PRODUCTION



St James's Social & Sports Club

The AGM of the above club was held in the Assembly Hall, 1 James's Street on Monday 18 February 1985. Even though there was a very small attendance we managed to alert the following people to serve on the Committee:

- Mary Murphy, Personnel
- Derek Bauer, Aston Quay
- Mary Brady, Medical Cards
- Siobhan McCrae, Central Path. Lab.
- Martina Murphy, CCA 3
- Conrad Cooper, GMS
- Seamus Mitchell, Aston Quay

We will also be co-opting three other people and anyone who might be interested should contact, Mary Murphy at ext. 2752 as soon as possible.

Membership forms will be available within the next week from any Committee member.

Special thanks

We have been very lucky in recent years to have such valuable people as Derek Greene and Derek Doyle on our Committee, but as all good things must come to an end, I now want to take this opportunity to thank them for their leadership and loyalty to the Club and we hope we can live up to the very high standard they have set for us.

Mary Murphy

EHB Hockey Team

The picture in our last issue of the EHB Hockey Team was, sadly, somewhat over-exposed. We now show them in all their sartorial elegance - designer strip, sponsored track suits, the lot!



ASTRA THEATRE GROUP

presents

The Rape of the Belt

A 3-Act Comedy

by Benn Levy

Directed by Michael Hanratty

ASSEMBLY HALL, 1 JAMES'S STREET
Monday 11 - Thursday 14 March 1985
at 8.00 pm

Tickets £2.00 each (or free to members)



Anyone interested in taking part
in the
1985 MANAGEMENT GAME
please contact -

John Brennan or Brendan Carr
Personnel or Computers



A new magazine called
PARA-POST
has just been published by the
Irish Sport Parachute
Association.

It is edited by Tony Coyne
from Transport Section and
covers all aspects of parachuting
and skydiving in Ireland.
For further information
phone 740940.

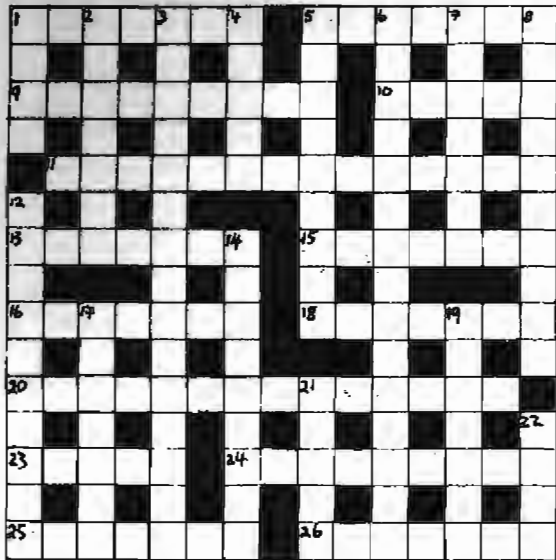
LOST IN TRANSIT

13 Clerical Officers
6 Clerk Typists
8 Grade 4s
12 Grade 5s

Anyone finding them
please contact Personnel Dept.

REWARD
(small)

CROSSWORD 53



ACROSS

1. Plot about dissolute rich punished (7)
5. Mocking Critas came back about one (7)
9. Apparel the French and the German waste by rubbing (9)
10. French philosopher is near stormy North (5)
11. Equality - a study of mind and things beyond to reach of mind (14)
13. Finished owing, but not yet paid (7)
15. To greatly please in the seventh rally (7)
16. Above the holy one - a time to outshine (7)
18. Schools cut down and disorderly seem to result in plots (7)
20. Public relations do have one competence and feasibility (14)
23. Island in the Atlantic or further West (5)
24. Stray horse in part of street, real rough (9)
25. Gloomy lake is cause of sorrow (7)
26. Old stronghold is delicate, almost in pieces (7)

DOWN

1. What the wind did, we hear, was colourful (4)
2. All trade gets muddled in branch (7)
3. Tough and quick regulation of strict law (4,3,4,4)
4. Acts are legal documents (5)
5. Notches climbing steps, holding crag (9)
6. Put into the dark night. True, th'lout is in disgrace (4,3,3,5)
7. Sped with ageless bravery and virulence (7)
8. American sweet, silky stuff and quite a mouthful (10)
12. Some say eleven is this conjuring trick (5,5)
14. Trains British Queen in duties (9)
17. Nearly frighten communist, bearing signs of battle (7)
19. Little Maureen led around the big race and got spotted (7)
21. Rob getting up, in charge of the powder (5)
22. Spoken in tones too superior altogether (4)

Name:

Address:

Entries to Crossword, *Contacts*, 1 James's Street. £10 to first correct solution opened on Friday 22 March 1985. (Prize sponsored by Astra and St James's Social & Sports Club).

Solution to Crossword 52

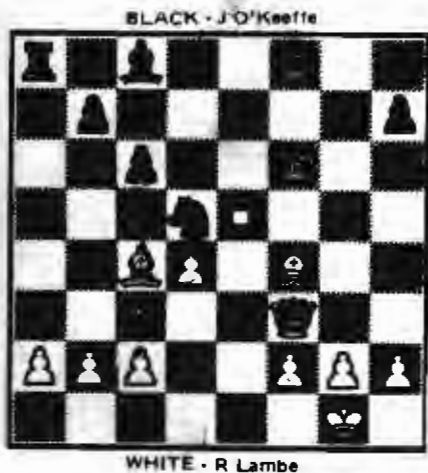
ACROSS: 1. Optic; 4. Pineapple; 9. Greener; 10. Dilator; 11. Telephotograph; 13. Triangle; 14. Bodkin; 16. Cry off; 18. Stitches; 21. Stumbling block; 23. Igneous; 24. Awesome; 25. Lowestoft; 26. Takes.

DOWN: 1. Olga; 2. The devil you know; 3. Canteen; 4. Porthole; 5. Nudity; 6. Allegro; 7. Put back the clock; 8. Earthiness; 12. Stockstill; 15. Stagnant; 17. Fibrous; 19. Tallest; 20. Fiasco; 22. Mess.

**Winner: Mary Farrell
Engineers, Cherry Orchard**

CHESS

Our latest problem is taken from an O'Hanlon League game between our own Ronan Lambe (W) and J O'Keefe (B) of the Inchicore Chess Club.



White is 2 pieces down!
How should he continue and win from this position?

1. P. K4 P. K4
 2. N. KB3 N. QB3
 3. B. B4 N. B3 -- Two Knights defence. An opportunity for White to launch a spectacular, though risky attack.
 4. N. N5 P. Q4
 5. P x P N x P
 6. N x BP K x N
 7. Q. B3 + K. K3 -- The only move to retain the piece.
 8. N. B3 N3.K2
 9. e - 0 P. B3
 10. P. Q4 -- The idea is to open the King-file for a direct attack on the exposed King.
- N.KN3

11. R.K1 B..N5
12. B. B4 R. KB1
13. R x P+ -- Again! to open the King-file. P x P would block the file.
- N x R
14. R. K1 B x N
15. R x N+ K. B3 -- Again to keep the King-file open.

Last month's winner:

**MAISIE WATTERS
Technical Services**

The key move was N. K5!

Entries to Chess, *Contacts*, 1 James's St. £10 to first correct solution opened on Friday 22 March 1985. (Prize sponsored by Astra and St James's Social & Sports Club).