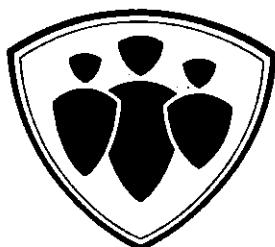
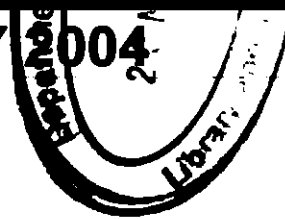


MONTHLY MEETING

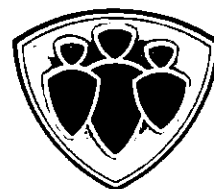
FRIDAY 13<sup>TH</sup> FEBRUARY 2004



**BORD SLÁINTE**  
AN MHEÁN-IARTHAIR

/lf

30/1/04



To: **Chairman & Each Member  
Mid-Western Health Board**

**MID-WESTERN  
HEALTH BOARD**

A Chara,

Is mian liom a chur in iúl dhuit go dtionólfar an céad chruinniú eile den mBord, **sa Ospidéal an Rathín, Tuamgréine, Co an Chláir ar dé hAoine, 13ú, Feabhra, 2004 ag 11.00r.n.** Tá an clár thíosluaite.

CENTRAL OFFICES,  
31/33 CATHERINE STREET,  
LIMERICK, IRELAND.  
TEL 00353 (0) 61 316655  
FAX 00353 (0) 61 483350  
WEBSITE : <http://www.mwhb.ie>

I wish to inform you that the next meeting of the Board will be held in **Raheen Hospital, Tuamgraney, Co. Clare, on Friday, 13<sup>th</sup> February, 2004 at 11.00a.m.** The Agenda is set out below.

Please arrange to attend.

Le dea mhéin,

**S. de Búrca**  
**PRÍOMH OIFIGEACH FEIDHMEACHÁIN**

## **AGENDA**

1. a. Urnaí Tosáí
- b. Vote of Sympathy
- c. Confirmation of Minutes of Meeting held on the 9<sup>th</sup> January, 2004 (herewith)
2. Correspondence
3. Report of the Chief Executive Officer [BUFF]
4. Presentation on Care and Case Management
5. Report of the Committee on the Dermatology Services (Report No. 05/04 herewith) [PINK]
6. "Home from Home? The Views of Residents on Social Gain and Quality of Life: A Study in Three Care Centres for Older People" (Report No. 06/04 herewith) [YELLOW]

7. Palliative Care Needs Assessment – Mid West Region [WHITE]  
(Report No. 07/04 herewith)
8. Old Age Psychiatry Services Review [LILAC]  
(Report No. 08/04 herewith)
9. Transfer of Mount St. Vincent's Residential Childcare Centre [BLUE]  
(Report No. 09/04 herewith)
10. Transfer of Property – Mount St. Vincent's Residential Childcare Centre [SALMON]  
(Report No. 10/04 herewith)

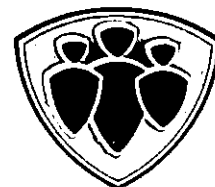
**Notice of Motion:**

**Submitted by** Cllr. J. Hennessy: "That the Mid-Western Health Board reject the Hanly Report in its present form"

**Hennessy:**

11. **Questions:**

- a. **Submitted by** Dr. Clinch: "Over what time scale will it be possible to ensure that there is no mixing of children with adults in wards which are primarily designated for adults with serious acute psychiatric conditions?"



**MINUTES OF THE MONTHLY MEETING OF THE  
MID-WESTERN HEALTH BOARD HELD IN  
THE BOARD ROOM, CATHERINE STREET, LIMERICK  
ON FRIDAY, 9<sup>TH</sup> JANUARY, 2004 AT 11A.M.**

**MID-WESTERN  
HEALTH BOARD**

**Presiding/** Cllr. S. Marsh, Cathaoirleach

**Present/**

Dr. Y. Begley	Cllr. J. Bourke
Cllr. T. Berkery	Cllr. P. Bugler
Mr. P. Burke	Cllr. J. Casey
Cllr. B. Chambers	Cllr. J. Clifford
Dr. D. Clinch	Cllr. J. Egan
Cllr./Dr. J. Hennessy	Cllr. S. Hillery
M s. M. Hogan	Cllr. M. Hourigan
Ms. A. Kenny-Ryan	Cllr. J. Meagher
Dr. P. McKenna	Mr. L. MacNamara
Cllr. K. Sheahan	Cllr. K. Walsh

CENTRAL OFFICES,  
31/33 CATHERINE STREET,  
LIMERICK, IRELAND.  
TEL 00353 (0) 61 316655  
FAX 00353 (0) 61 483350  
WEBSITE : <http://www.mwhb.ie>

**Apologies/**

Cllr. R. Butler	Cllr. P. Daly
Ms. N. Fitzpatrick	Mr. D. McAvinchey
Dr. J. Mullane	Ms. M. O'Donnell
Dr. J. O'Riordan	

**In Attendance/**

Dr. S. deBurca, Chief Executive Officer  
Mr. G. Crowley, Assistant Chief Executive Officer  
Mr. J. O' Brien, Assistant Chief Executive Officer  
Mr. Kevin Kelleher, Director of Public Health  
Mr. P. Brosnan, A/ Regional Co-Coordinator Mental Health  
Mr. T. Hourigan, Regional Manager  
Mr. J. O'Grady, Regional Manager  
Mr. P. McDonald, Director of Finance  
Ms. T. Fitzgerald, Staff Officer  
Ms. M. Woods, Senior Executive Officer  
Ms. J. Quinn, Section Officer  
Ms. M. Hogan, Staff Officer

**1(a) Urnaí Tosai**

**1(b) Vote of Sympathy** A vote of sympathy was extended to staff who had suffered recent bereavements. The Board and Executive extended a special vote of sympathy to the family of Archbishop Michael Courtney on his recent tragic death.

- 1(c) Minutes** Minutes of the Meeting of the Board held on the 9<sup>th</sup> January, 2004, were adopted on the proposal of Cllr. J. Casey, seconded by Cllr. J. Hennessy.
- 2. Correspondence** The CEO has been advised by Minister T. O' Malley's office that a response will be received next week in relation to the Notice of Motion regarding the operation of the Housing Aid for the Elderly Scheme.
- 3. CEO's Report** **The Chief Executive Officer briefed the Members on the following:**
- February Board Meeting**  
The CEO advised the Board Members that the Board Meeting on Friday, 13<sup>th</sup> February will take place in Raheen Hospital, Tuamgraney, Co. Clare at 11 a.m.
- Private Hospital**  
The necessary documentation is being finalised at present to enable the tender for the project to be advertised.
- Radiotherapy**  
The waiting time for access to Radiotherapy for patients from the Mid-Western region is now approximately five months. This matter has been brought to the attention of St. Luke's Hospital & the Department of Health & Children. The Mid-Western Hospital's Trust are seeking a further meeting with the Minister for Health & Children with a view to advancing the proposal to develop a Radiotherapy service in the Mid-West Region. It was unanimously agreed that a small group from the Board would meet the Mid-Western Regional Hospital Trust to agree a strategic approach to progress this issue. The Group will consist of Cllr. S. Marsh, Cllr. J. Bourke, Mr. P. Burke, Cllr. P. Bugler, Cllr. J. Casey, Cllr. B. Chambers, Cllr./Dr. J. Hennessy, Cllr. S. Hillery, Cllr. K. Sheahan, Cllr. K. Walsh.

### **Visiting Hours at the Mid-Western Regional Hospital**

The CEO updated the Board on the progress of implementing the visiting hours at the Mid-Western Regional Hospital. Dr. Clinch welcomed the regular updates to the Board Members.

### **PACS System at Croom Orthopaedic Hospital**

The CEO advised the Board that the PACS System, which is a digital X-ray archiving & distribution system at the Mid-Western Regional Hospital was extended to Croom Orthopaedic Hospital on the 16<sup>th</sup> December 2003. The Mid-Western Health Board is the first to link a satellite hospital using a 'microwave' link.

This development enables images of a patient to be viewed & reported on by medical staff at a remote location, which negates the requirement for X-ray film & reduces turn around times for results. It is hoped to extend the PACS system in the near future initially to Nenagh General Hospital & then to Ennis General Hospital.

### **Capital Projects 2004**

The CEO circulated the priorities for Capital Projects 2004. No formal notification has been received in relation to the Acute Psychiatric Unit at Nenagh General Hospital.

### **A& E Proposal for Ennis and Nenagh General Hospitals**

The proposal regarding the provision of Emergency Services at Ennis & Nenagh General Hospitals, which was sent to the Department of Health and Children in October, has been approved. This proposal includes the appointment of fully trained doctors to both A&E Departments.

### **Hospital of the Assumption, Thurles**

In response to Cllr. T. Berkery, Mr. G. Crowley stated that he would follow up on the provision of Palliative Care Beds in the Hospital of the Assumption.

### **Child Psychiatry Unit, Mid-Western Regional Hospital**

In response to Mr. Liam McNamara the CEO acknowledged the problems with children being admitted to 5B, but confirmed that progress in this area is dependent on funding from the Department of Health and Children.

### **Hanly Report**

Responding to Cllr. P. Bugler and Cllr. T. Berkery the CEO confirmed that a discussion will take place at the February Board Meeting on this issue.

### **Provision of Chiropody Services, Limerick**

In response to Cllr. J. Bourke, Mr. G. Crowley outlined that he was aware the Limerick Social Services will no longer provide Chiropody Services from June of this year. He outlined that discussions are taking place and that he would bring forward a report on this matter at a future Board meeting.

### **Health of Population of North Tipperary**

Cllr. T. Berkery and Cllr. J. Casey expressed their concern about the Health Statistics for people in North Tipperary. In response, the CEO indicated that research will be carried out by the Department of Public Health and a report would be issued in due course.

### **Freedom of Information Act, 1997**

In response to Cllr. M. Hourigan, the CEO stated that copies of the Act would be sent to Board Members.

4. **Chief Executive Officer's Overview of Financial Results 2003.  
Report No. 01/04**

Report 01/04 was noted.

5. **Adoption of the Service Plan 2004**
- The CEO outlined a brief summary of the Plan. The Members were advised that the format for the Service Plan, 2004 differed slightly to previous years as a National Template for Service Plans is now applicable to all Health Boards. A discussion followed to which a number of Members contributed. They expressed their concerns re the consistent underfunding of services, and the lack of additional funding to address key service deficiencies. The Members also highlighted the need for Multi- Annual Planning and Budgeting in order to increase the efficiency of service delivery. Following the discussion, the adoption of the Service Plan was proposed by the Cathaoirleach as a number of members disagreed with its' adoption the Cathaoirleach, Cllr. Sandra Marsh called for a vote to adopt the Service Plan, 2004. The result was
- |              |      |
|--------------|------|
| Present      | : 21 |
| For adoption | : 13 |
| Against      | : 8  |
- The Cathaoirleach consequently declared that the Service Plan for 2004 was formally adopted.
6. **The Male Perspective – Young Men's Outlook on Life Study. Report No. 02/04**
- Report No 02/04 was noted. Mr. P. Brosnan outlined a brief summary of this Report. A discussion followed to which a number of members contributed. They complimented the Board on carrying out this study.
7. **National Lifestyle Surveys, SLAN (Surveys of Lifestyles, Attitudes and Nutrition) and HBSC (Health Behaviours among School-Going Children) Report No. 03/04**
- Report No.03/04 was noted. Cllr. J. Bourke welcomed this report. He highlighted the increasing problem of obesity among children and suggested that the Board's Health Promotion Department could play a role in developing a specific programme to address this issue.



**8. Purchase of  
Property, Eircom  
Building,  
Gortlandroe,  
Nenagh, Co.  
Tipperary  
Report No. 04/04**

Mr. G. Crowley outlined the background to the purchase of this property in the context of the accommodation difficulties experienced in North Tipperary and the opportunity presented in acquiring this property and site. A price of €715,000 had been agreed following long negotiations.

The purchase of this property was adopted on the proposal of Cllr. J. Casey, seconded by Cllr. T. Berkery.

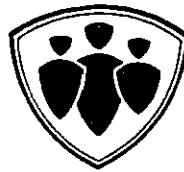
**Signed/**

\_\_\_\_\_  
**Cllr. S. Marsh, Cathaoirleach**

\_\_\_\_\_  
**S. deBurca, Chief Executive Officer**

\_\_\_\_\_  
**Date**

31/33 Catherine Street,  
Limerick



Tel: 061-483363  
Fax: 061-483516

**MID-WESTERN**  
HEALTH BOARD

30/1/04

**To: Cathaoirleach & Each Member  
Mid-Western Health Board**

**Item No 3 on Agenda**

**Report for Meeting of the Board to be held on Friday, 13<sup>th</sup> February, 2004**

**Report of the Chief Executive Officer**

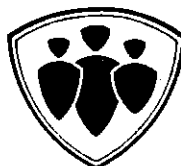
Dear Member,

I propose to brief you on the following items at our forthcoming meeting:-

- Radiotherapy Services
- Cystic Fibrosis Services
- Housing Aid for the Elderly
- Any Other Business

Yours sincerely,

**S. deBúrca**  
**Priomh Oifigeach Feidhmeacháin**



**MID-WESTERN**  
HEALTH BOARD

28 January 2004

To: Chairman & Each Member of the  
Mid-Western Health Board

Report No: 5/04  
Item No 5 on Agenda

**For Meeting of the Board to be held on Friday, 13th February 2004**

**Report of the Committee on Dermatology Services**

Dear Member,

The Comhairle na nOspidéal Committee on Dermatology Services commenced its review in February 2002. The work of the Committee initially focused on reviewing the implementation of the recommendations of the previous Comhairle report, which was published in 1998. All health boards and relevant voluntary hospitals were asked to make submissions to the committee.

The Committee included Consultant Dermatologists and managerial representatives from all relevant health agencies. Site visits to current dermatology facilities at the Mater Misericordiae and Beaumont Hospitals and a Centre of Excellence in Scotland were carried out. The Committee also consulted literature relating to dermatology service provision in the UK, Europe, North America and Australia.

The main principles identified by the Committee for the future development of Dermatology Services are:

1. An equitable and patient-centred service
2. No consultant dermatologist should work in isolation
3. Regional self-sufficiency should be encouraged
4. Collaboration between primary and secondary care.

In relation to the Mid-Western Health Board, the Committee noted that one Consultant Dermatologist services the region and recommended the initial appointment of one additional consultant dermatologist and the subsequent appointment of a third. It also recommended that the three posts should be based at the Mid-Western Regional Hospital, Limerick and that the consultants should provide outreach services at the acute general hospitals at Nenagh, Ennis and St. Johns.

The Report also outlined the following general recommendations for the provision of dermatology services:

1. A ratio of one Consultant Dermatologist per 100,000 population
2. A doubling of the number of consultant dermatologist posts from 19 – 38
3. The development of a Moh's micrographic surgery service
4. The development of academic posts in dermatology
5. The development of the role of specialist dermatology nurses.

I attach herewith a copy of the Report's Executive Summary for your attention.

**Signed:**



**JOHN O'BRIEN**  
**ASSISTANT CHIEF EXECUTIVE OFFICER**

## EXECUTIVE SUMMARY

The Comhairle na nOspidéal Committee on Dermatology Services commenced its review of dermatology services in February 2002. At that time, dermatology services were acknowledged to be underdeveloped nationally and two health boards – the Midland Health Board and North Western Health Board – were without a locally based permanent consultant dermatologist. The areas requiring development were clear from the outset. There are currently 19 posts of consultant dermatologist approved by Comhairle na nOspidéal, representing a ratio of one consultant dermatologist per 206,000 population.

The work of the committee initially focused on reviewing the implementation of the recommendations of the previous Comhairle report on dermatology services, which was published in 1988. In addition, all health boards and relevant voluntary hospitals were asked to make submissions to the committee.

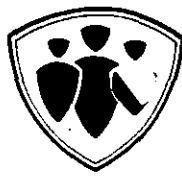
Over the course of a year the committee met with the Irish Association of Dermatologists, comprising the consultant dermatologists practising in the public hospitals in Ireland; managerial representatives from all of the health boards and relevant voluntary hospitals; carried out site visits to the Mater Misericordiae and Beaumont Hospitals; and visited a recommended centre of excellence for dermatology at Ninewells Hospital, Dundee. The committee also consulted literature relating to dermatology service provision in the UK, Europe, North America and Australia.

The main principles identified by the committee for the future development of dermatology services are

- An equitable and patient-centred service
- No consultant dermatologist working in isolation
- Regional self-sufficiency
- Collaboration between primary and secondary care

The key recommendations are as follows,

- A ratio of one consultant dermatologist per 100,000 population
- A doubling of the number of consultant dermatologist posts, from 19 to 38
- The immediate appointment of consultant dermatologists to the Midland Health Board and the North Western Health Board
- The priority appointment of 12 additional consultant dermatologists throughout the country and the subsequent appointment of an additional seven consultant dermatologists
- The development of a Moh's micrographic surgery service
- The transfer of Hume Street Hospital to the St Vincent's University Hospital campus
- The development of academic posts in dermatology
- The development of the role of specialist dermatology nurses.



Tel: (061) 483277  
Fax: (061) 483211

**MID-WESTERN**  
HEALTH BOARD

Date 21/01/04

To: Cathaoirleach & Each Member  
Mid-Western Health Board

Report No: 06/04.  
Item No on Agenda

**Report for Meeting of the Board to be held on Friday 13<sup>th</sup> February, 2004.**

**"Home from Home? The Views of Residents on Social Gain and Quality of Life: A Study in Three Care Centres for Older People". (Age and Opportunity, 2003)**

Dear Member,

I set out below a synopsis of the recent report "*Home from Home? The Views of Residents on Social Gain and Quality of Life: A Study in Three Care Centres for Older People*" published by the organisation Age and Opportunity.

#### **Introduction**

While many older people live independently in the community, there are a small number who spend some time living in residential-care settings. The study commissioned by 'Age and Opportunity' is concerned with the quality of life of the residents as perceived by the residents themselves. The Report does not deal with medical and nursing issues. The residents in the Mid-Western Health Board's facility at St. Ita's Hospital, Newcastle West were interviewed as part of this study/report.

#### **Terms of Reference**

The terms of reference stipulated that the focus of the research should be "*older persons' own definitions, feelings and opinions about the aspects of their lives which are socially and psychologically important to them, while living in the community, and their fears and worries about how these are affected by entering long term residential care*".

The agreed objectives for the review were:-

*"to develop a clear, qualitative picture of the views of older people in long term residential care on the perceptions of social gain or loss, and to identify their views on the factors and circumstances which contribute to this gain or loss;  
to provide informed suggestions for the development of a research instrument and for criteria by which social gain may be measured in residential care settings."*

OCS Consulting were commissioned by Age and Opportunity to conduct the research.

## **Profiles of the Institutions and the Residents Interviewed**

The main feature of the research was exploratory interviews with 31 older people residing in three Long Term Residential Institutions. The three institutions were selected by Age and Opportunity. Two of the residential-care settings came under the auspices of their respective Health Boards, while the third setting was an endowed institution administered by a Board of Trustees.

The residents interviewed were selected by the Directors of Nursing, based on a number of criteria provided by Age and Opportunity. Of the 31 residents, 21 were residing in the institution for less than 12 months, a further 5 less than 18 months and another 5 less than 24 months. The majority of the residents were aged between 80 and 89 years. There was one person under the age of 65 who was interviewed. Of the 31 residents interviewed, 19 were female.

In relation to the reasons for entering long term care, the following were the main ones outlined:

1. Poor health
2. Insecurity or fear of living alone
3. Lack of companionship
4. Inability to cope
5. Breakdown of family unit/inability to cope
6. Planning for the future while still in Hospital
7. Homelessness

In terms of selecting their preferred home, many of the people interviewed were not directly involved in the decision to move into long term care. However, for those who were involved, the following factors were considered important in selecting an appropriate home:

- a) Close to own home and neighbourhood;
- b) Religious ethos of the Centre;
- c) Reputation;
- d) Type of accommodation and facilities offered.

## **Recommendations**

Some of the recommendations outlined in the report in terms of improving social gain for residents in long term care can be summarised as follows:

- Older people should be involved in the decision to enter long term residential care.
- The issue of entering long term residential care should be discussed with the older person.
- The activities which the residents enjoyed in the community should be continued when the person enters long term residential care. Older people should be allowed to take part in planning and arranging these activities.
- Older People who need aids e.g. hearing aids, spectacles etc., should be able to access those that are appropriate to their needs.
- Links between the institution and the local community should be encouraged.
- People with limited mobility should be helped to sit with their fellow residents rather than remaining in bed all day.

- The residents should have more choice over their day e.g. food that is served.
- Interaction between staff and the residents is very important.
- Further research should be undertaken into quality of life in long term residential care which draws on views of friends and family, as well as staff in the institutions.

## Conclusions

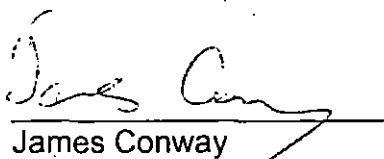
The researchers developed a definition of social gain within long-term residential care, incorporating the following eight domains which may impact positively or negatively:

- Companionship
- Personal identity and being part of the community
- Being involved in meaningful activity
- Contact with family and friends
- Being cared for
- Safety and security
- Religion
- Functional competence
- Control and autonomy

In relation to evaluating the performance of long-term-care institutions in the area of quality of life or social gain, the report quotes Rosalie Kane:

*"The quality of life for long term care consumers is compromised by a societal reluctance to come to grips with their flaws. Without collective agreement on what is a good or even an acceptable quality of life for someone who needs long term care, the gerontological community cannot even cast relevant research questions or conduct programme evaluations in a way that gets to the heart of the matter. And until a realistic view of the goals of long term care and the range of what is possible for a long term care provider to produce is forged, there is a danger of unfairly scapegoating long term care providers for their inability to bring about universal happy endings".*

Yours sincerely,



James Conway  
Assistant CEO





Tel: (061) 483277

Fax: (061) 483211

**MID-WESTERN**  
HEALTH BOARD

4<sup>th</sup> Feb. '04

To: Cathaoirleach & Each Member  
Mid-Western Health Board

Report No: 7/04  
Item No 7 on Agenda

**Report for Meeting of the Board to be held on Friday 13<sup>th</sup> February, '04.**

**"Report on Palliative Care Needs Assessment"**

Dear Member,

I set out below a recent report on the "Palliative Care Needs Assessment" prepared by the Steering Committee on Palliative Care in conjunction with Milford Care Centre.

**Introduction**

Palliative care is the active total care of patients and their families when the patient's disease is no longer responsive to curative treatment (WHO).

Specialist palliative care services are those services with palliative care as their core activity. This level of specialised service provided by an inter-disciplinary team usually under the direction of a consultant physician in palliative medicine is referred to as "Level Three – Specialist Palliative Care".

At an intermediate level certain patients and their families benefit from the care and expertise of health care professionals such as GPs, Public Health Nurses (PHNs), General Nurses etc. who though not engaged in full time palliative care, have some additional training and experience in palliative care. This level of care is referred to as "Level Two – General Palliative Care".

Finally "Level One – The Palliative Care Approach" deems that all health care professionals should appropriately apply palliative care principles.

**Aims and Objectives**

The aim of this study was to carry out a health needs assessment in specialist palliative care services in the Mid-Western Health Board Area and to thereby determine the potential for improvement in those services for the region.

The objectives of this study were:-

- To describe the epidemiology of cancer and other diseases which may have a palliative care component using morbidity data, mortality data and population projections.
- To describe the current service provision and service utilisation.

- To determine the views and estimate the satisfaction of both service users and providers with the present services and to determine their views on how the services should best be developed, using qualitative and quantitative techniques.
- To make recommendations on the future development of Palliative Care Services in the Mid-Western Health Board Area.

## **Conclusions**

The partnership of the statutory and voluntary sector, namely Milford Care Centre as the Specialist Palliative Care Centre for the region, Cahercalla Community Hospital and the North Tipperary Hospice Foundation and the Mid-Western Health Board, has achieved a certain level of success in the provision of specialist palliative care services in the Mid-West.

The care provided by staff from all sectors is of a high standard, as evidenced by the views of the patients and relatives interviewed in this study. However, gaps still exist and there is scope for improvement, a fact supported by the views of service providers during focus group sessions and in response to study questionnaires. In short the need is for patients to have time from experienced practitioners in palliative care in a variety of settings.

The current provision of specialist palliative care does not address all the needs identified by this study and the gaps in all areas of service provision have been recognised.

## **Recommendations**

A charter for palliative care for the Mid-West should be developed to clarify the principles governing service delivery for consumers and professionals. This should include principles of Equity (geographical, financial etc.) Quality, Accountability and Patient Centredness. A consultation process should now commence with major stakeholders to disseminate the findings of this needs assessment.

Following the consultation period a strategic plan for service development to meet the needs identified in this report, should be developed indicating priority developments and specification of exact requirements over a five and ten year period.

## **Co-Ordination of Care**

Because of the wide range of organisations involved in the provision of palliative care and the wide number of services, co-ordination is required at all levels.

## **Community Services**

There should be increased consultant input into palliative care in the community. Medical care should be provided in partnership between the consultant led palliative care team and the patients own G.Ps, a model similar to that utilised in the provision of out-patient services would be appropriate.

The Home Care Nurse Service should be extended to provide full seven day cover.

*Some of the key recommendations from the needs assessment process are described below:-*

### **Specialist In-Patient Unit**

Further specialist in-patient beds are needed. All patients who need specialist palliative based on their needs and irrespective of their diagnosis should be admitted to a specialist in-patient unit.

## **Acute Hospital Services**

The majority of patients receive the news about their terminal illness in a hospital setting, increased care and attention needs to be given to the mode and place where this takes place to ensure the continued dignity of the patient.

## **Education, Training and Research.**

In order that the principles of Palliative Care are accepted and practiced by all health professionals, Milford Care Centre should maintain its role as a centre for education, research and training. Consequently, there should be on-going funding for research positions in the medical, nursing and paramedical aspects of palliative care.

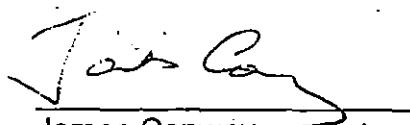
## **Audit and Evaluation**

Reliable, accurate, complete, up-to-date and secure information is critical to the delivery of a high quality palliative care service. Advances have been made in recent years using palliative care information systems. This needs to continue in order to evaluate services and make provision for their development.

Development and Consultative Committees have been established and their work is on-going. It is hoped to employ an additional Consultant Post this year along with a Palliative Care Co-Ordinator.

The recommendations from this report has and is forming the guidelines and pathways for service development in this field through the auspices of the two regional committees.

Yours sincerely,



James Conway,  
Assistant CEO.



Tel: (061) 483277  
Fax: (061) 483211

**MID-WESTERN**  
HEALTH BOARD

4<sup>th</sup> Feb. '04

To: Cathaoirleach & Each Member  
Mid-Western Health Board

Report No: 8/04  
Item No on Agenda

**Report for Meeting of the Board to be held on Friday 13<sup>th</sup> February, '04.**

**"Strategy Review in Old Age Psychiatry"**

Dear Member,

I set out below a Strategy Review in Old Age Psychiatry.

**Introduction**

Psychiatry of Old Age is "a recognised psychiatric speciality which is concerned with mental disorders arising anew in people over the age of 65 years" (Specialist Psychiatric Services for Elderly People – a Proposal for the Development of Services in Ireland, 1999). It aims to provide a community oriented approach to two main groups of people:-

1. Elderly people developing functional disorders for the first time over the age of 65 years.
2. Dementia sufferers with behavioural or psychological problems for which psychiatric intervention is required.

The Strategic Review Group was instigated by Mr. T. Hourigan, Regional Manager in Community/Elderly Care Services with the following terms of reference:-

- "To review the Board's existing Services for the Elderly Mentally Infirm (Organic and Functional) and Service Development Plans across the Care Continuum in order to develop a Strategy for Service Provision and a Six Year Action Plan (Capital and Revenue) having regard to needs assessment, evidence-based current thinking and best practice and literature review".

A previous review group on the Care of the Mentally Infirm "Who Cares" was published in 1992. This examined the arrangements in the Limerick Catchment Area in meeting the needs of the elderly with mental disorders and proposed cost effective options to provide a comprehensive and co-ordinated service for the elderly who require Psychogeriatric Care.

**Current Old Age Psychiatric Service in the Mid-Western Health Board**

There are currently Old Age Psychiatry Services at different stages of development in Co. Limerick and Co. Clare with no current specialist provision in North Tipperary.

## **Limerick**

The Old Age Psychiatry Service was initiated in 1996 with the appointment of a permanent consultant in Old Age Psychiatry in 1998. It accepts referrals for those people over the age of 65 years with new onset of mental disorder. It provides assessment and management of two main groups of people:-

- Those people aged 65 years and over who have developed functional illness for the first time.
- Those over the age of 65 years with dementia and associated behavioural disturbance or psychiatric disorder.

The service is hospital-based but community orientated, it aims to assess and manage elderly patients in the community with access to day hospital or hospital admission where necessary. It is based in St. Camillus' Hospital, Limerick.

## **Clare**

The Old Age Psychiatry Service in Clare was initiated in early 2000 with the appointment of a temporary part-time Consultant (4 sessions per week). The permanent full-time Consultant in Old Age Psychiatry took up post in October 2000. At the time of this report there is no multi-disciplinary team, the personnel currently consisting of:-

Consultant in Old Age Psychiatry  
SHO/Registrar  
Secretary

## **Needs Assessment & Qualitative Research**

The questionnaire survey of health and social care service personnel illustrates that, while there is a general consensus regarding the need for specialist mental health care services for older people in the region and the fact that current services are not adequate to meet the needs, there is ambiguity regarding the pathways to care in the system as it currently exists. The questionnaires also indicate a probable need for further education and training regarding some important basic principles in mental health (for example that depression is not a normal aspect of ageing).

Broadly speaking, the various submissions concentrated on particular areas of concern depending on the origin (see appendix). Thus the submissions from stakeholders involved in dementia care tended to draw attention to this specific area, those from the Chief Officers in the Region's Mental Health Service concentrated on operational and strategic specifics within their remit. The detail and relevance of the submissions is to be commended and all add significant weight to the force of the recommendations of this report.

## **Recommendations**

The recommendations from this group may be divided into four areas:-

- Recommendations regarding dementia care services
- Recommendations derived from the research
- Recommendations derived from previously accepted norms of specialist service provision
- Projected costings

## **Priorities**

The recommendations focus on a number of areas, all of which need urgent attention:-

- Define and implement organisational re-structuring of Old Age Psychiatry Services in consultation with, and providing for the active participation of the relevant senior clinicians.
- Provide the personnel and structural requirements for Psychiatry of Old Age in the three catchment areas, again in consultation with, and providing for the active participation of the relevant senior clinicians.
- Convene a multi-disciplinary strategy review group for dementia care services.
- It would be highly desirable that provision is made for on-going audit and research so that development of services can continue on the basis of local needs.
- A whole range of community support services in health and social care for older people need to be radically improved in order to provide the infrastructure on which a community-orientated specialist mental health service for older people can be established. These include accessible day care services, accessible and reliable home help and home care services and better provision of community physiotherapy, occupational therapy and speech and language therapy services. Alternative residential settings such as supervised community residential units would provide a sensible intermediate alternative to continuing care bed occupation in hospital or nursing home settings.

## **Conclusions/Current Status:**

The process culminating in this review has been extensive and involved wide spectrum of key "players" in this service.

Some of the recommendations within the report have involved discussions and will require on-going discussions with both the Department of Health and Children and the New Mental Health Commission.

A working group under the chair of Dr. Loane has been identified to progress a report on the region's dementia services.

I would like to acknowledge and thank the authors, working groups and all involved for their hard work in bringing this report to the Board.

Yours sincerely,

---

James Conway  
Assistant CEO



Tel: (061) 483277  
Fax: (061) 483211

**MID-WESTERN**  
HEALTH BOARD

30<sup>th</sup> January 2004

To: Cathaoirleach & Each Member  
Mid-Western Health Board

Report No: 09/04.  
Item No: 9 on Agenda

**Report for Meeting of the Board to be held on Friday 13th February 2004**

**Transfer of Mount St Vincent's Residential Childcare Centre.**

Members were previously advised that the Sisters of Mercy, South Central province intended to cease direct provision of residential childcare services within this region. This decision was taken following a review carried out by the Sisters and the reality of the reduced numbers in ministry.

The Board established a negotiating team to work with the Sisters of Mercy to oversee the transfer of residential childcare services to the Mid Western Health Board to be effective from 01/01/2004.

The overriding concerns in the negotiations have been to ensure the continuation of a quality service for those children currently in residential settings and to make appropriate arrangements for the staff involved.

There are currently 7 childcare centres with a current capacity for 28 children and a staff complement of 149.

The negotiation process has been conducted via monthly meetings over the past 12 months and has utilised sub groups to work on specific areas of the transfer.

The transfer of the service is governed by the Transfer of Undertakings Regulations, 2003, (S.I. 131 of 2003) whereby staff employed by Mount St Vincent's transfer to the employment of the Mid Western Health Board on their existing terms and conditions of employment. Appropriate arrangements have been put in place to facilitate this.

The Board's legal advisors have had negotiations with the legal representatives of the Sisters of Mercy in relation to ongoing insurance and liability issues and agreement has been reached in relation to these matters.

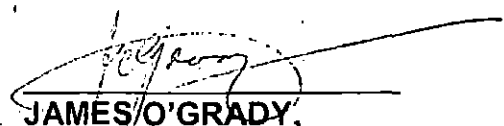
The Department of Health & Children has been aware of the negotiations and have been advised of the implications of the transfer.

A legal agreement has now been drawn up and executed between the Sisters of Mercy and the Mid Western Health Board which gives effect to all of the above arrangements.

In line with current developments in child care services the Mid Western Health Board is committed to ongoing development in its childcare service and the further enhancement of residential care.

The Mid Western Health Board would like to take this opportunity to thank the Sisters for their work in the provision of residential childcare services over many years in this region.

Yours sincerely,



**JAMES O'GRADY,  
REGIONAL MANAGER  
CHILDREN & DISABILITY SERVICES.**





Tel:  
Fax:

**MID-WESTERN**  
HEALTH BOARD

30<sup>th</sup> January 2004

To: Cathaoirleach & Each Member  
Mid Western Health Board.

Report No: 10/04  
Item No 10 on Agenda

**Report for the Meeting of the Board to be held on Friday, 13<sup>th</sup> February, 2004.**

**Transfer of Property – Mount St Vincent's Residential Childcare Centre**


Dear Member,

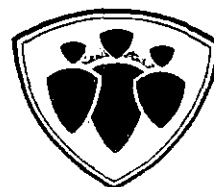
The following properties have transferred to the Mid Western Health Board from the Sisters of Mercy as part of the transfer of Mount St. Vincent's Residential Childcare Centre.

<b>Property</b>	<b>Circumstance</b>	<b>Size</b>	<b>Function</b>	<b>Consideration</b>
Tromora West, Quilty, Co Clare	The property was purchased in 2002 by the Sisters of Mercy with funds provided by the Mid Western Health Board and held by the Sisters in a Deed of Trust.	279 sq mtrs (c 3,000sq. ft.)	Childcare facility	Nil
Brookside Lodge, Knockadrehid, O'Briensbridge, Co Clare	The property was purchased in 2000 by the Sisters of Mercy with funds provided by the Mid Western Health Board and held by the Sisters on foot of a Declaration of Trust.	278 sq mtrs (c 2,989 sq ft.)	Residential High Support Unit	Nil
Green Meadow, Moyhill, Cratloe, Co Clare	The property was purchased in 1999 by the Sisters of Mercy with funds provided by the Mid Western Health Board and held by the Sisters in a Deed of Trust.	353 sq mtrs (c 3,800 sq ft.)	Residential High Support Unit	Nil

<b>Property</b>	<b>Circumstance</b>	<b>Size</b>	<b>Function</b>	<b>Consideration</b>
St Olivers, 1 Garravogue Rd., Raheen, Limerick	The property has transferred to the Board as part of the Sisters of Mercy contribution to the State under the Residential Institutions Redress Scheme.	119 sq mtrs (c 1,280 sq. ft.)	Residential Mainstream Unit	€228,550
6 Mount St Vincent's Terrace, O'Connell Ave., Limerick	The property will transfer to the Board as part of the Sisters of Mercy contribution to the State under the Residential Institutions Redress Scheme, subject to the consent of the Commissioners for Charitable Donations and Bequests.	190 sq mtrs (c 2,050 sq. ft.)	Childcare facility	€431,710

Yours sincerely,

  
**JAMES O'GRADY,**  
**REGIONAL MANAGER**  
**CHILDREN & DISABILITY SERVICES.**



CF

11/02/04

**MID-WESTERN**  
HEALTH BOARD

**For the Meeting of the Board to be held on Friday 13<sup>th</sup> of February 2004.**

CENTRAL OFFICES,  
31/33 CATHERINE STREET,  
LIMERICK, IRELAND,  
TEL 00353 (0) 61 316655  
FAX 00353 (0) 61 483350  
WEBSITE : <http://www.mwhb.ie>

**Question submitted by Dr. David Clinch.**

***“Over what time scale will it be possible to ensure that there is no mixing of children with adults in wards which are primarily designated for adults with serious acute conditions?”***

**Reply,**

The critical need for a dedicated Child & Adolescent Mental Health acute in patient facility in this region is acknowledged.

Following a detailed review in August 2002, a recommendation to provide a 14 bed acute in-patient Child and Adolescent Unit on the grounds of the Mid Western Regional Hospital was accepted by the Board.

The planning brief for this facility is being finalised by the project team. Application will be made later this month to the Department of Health & Children to approve the appointment of a design team.

The timescale for this development, subject to approval and funding from the Department of Health & Children, is a minimum 2 years development.

In the meantime, the acting Clinical Director of Adult mental Health Services has been asked to consult with colleagues in Child & Adolescent Mental Health Services to consider interim options, which will be considered by management and progressed with the Department of Health & Children as a priority need.

Yours sincerely,

  
**JAMES O GRADY**  
**REGIONAL MANAGER**  
**CHILDREN & DISABILITY SERVICES**

## Board Meeting 13<sup>th</sup> February 2004

### RECENT RESIGNATIONS

Name	Grade	Location
Ms. Joan Egan	Cardiac Technician	Mid-Western Regional Hospital
Dr. Mary Cahill	Consultant Haematologist	Mid-Western Regional Hospital
Ms. Catherine Dobbyn	PHN	Limerick Community Care
Ms. Anne Murphy	Community Welfare Officer	Limerick Community Care
Ms. Brenda Duhan	Attendant	St. Camillus' Hospital
Mr. Liam Ryan	CWO	Tipperary Community Care
Ms. Jacqueline Richardson	Snr. Occupational Therapist	Limerick Community Care
Ms. Rosemarie Crawford	Grade III	Mid-Western Regional Hospital
Ms. Mary Kierce	Attendant	St. Joseph's Hospital, Ennis
Ms. Anne O'Sullivan	Clerical Officer	Mid-Western Regional Hospital
Ms. Helen Morley	Child Care Worker	Mount St. Vincent's
Ms. Ellen O'Connell	PHN	Roxtown Health Centre
Ms. Stephanie Gunner	Grade IV	Mid-Western Regional Hospital
Ms. Aoife Caffrey	Snr Physiotherapist	Croom Orthopaedic Hospital
Ms. Marina Ryan	Attendant	Hospital of the Assumption
Mr. Malachy Sherlock	EMT	Ambulance Centre, Mid-Western Regional Hospital
Ms. Sarah Wallace	Child Care Worker	Regional Community Care

### RECENT DEATHS

Name	Grade	Location
Mrs. Jane Desmond	District Midwife	Limerick Community Care
Mr. Patrick McInerney	Charge Nurse	Our Lady's Hospital, Ennis
Ms. Kay Jennings	Matron	St. Joseph's Hospital, Limerick
Mr. John Ward	Community Welfare Officer	Limerick Community Care

### RECENT STAFF BEREAVEMENTS

Name	Grade	Location	Death of
Ms. Patsy Nolan	Staff Nurse	Mid-Western Regional Hospital	Son
Ms. Ann O'Malley	Staff Nurse	Mid-Western Regional Hospital	Brother
Ms. Teresa Hayes	Staff Nurse	Mid-Western Regional Hospital	Sister
Ms. Catherine Kinnane	Staff Nurse	Mid-Western Regional Hospital	Brother
Ms. Siobhan Scanlon	Staff Nurse	Mid-Western Regional Hospital	Mother
Mrs. Joan Rayner	Staff Nurse	St. Joseph's Hospital, Ennis	Father
Mrs. Mary Arthur	Staff Nurse	St. Joseph's Hospital, Ennis	Father
Mr. Eugene Canning	Grade VI	Child & Adolescent Mental Health Services.	Mother
Ms. Margaret Condron	CNMII	St. Ita's Hospital, NewcastleWest	Mother
Ms. Freda Treacy	Attendant	Hospital of the Assumption	Brother
Ms. Mary Rose Crowe	Addiction Counsellor	Kilrush Day Hospital	Father
Mrs. Frances Carey	Attendant	St. Joseph's Hospital, Ennis	Mother
Mrs. Mairead Doohan	Staff Nurse	St. Joseph's Hospital, Ennis	Father
Mr. William O'Brien	A/CNM1	St. Joseph's Hospital, Limerick	Brother

### RECENT RETIREMENT

Name	Grade	Location
Ms. Bridget McCarthy	A/Asst DON	Ennis General Hospital

31/33 Catherine Street,  
Limerick



Tel: 061-483363  
Fax: 061-483516

**MID-WESTERN**  
HEALTH BOARD

12<sup>th</sup> February, 2004

To: **Cathaoirleach & Each Member**  
**Mid-Western Health Board**

**Item No 3 on Agenda**

**Briefing Note for the Board to be held on Friday, 13<sup>th</sup> February, 2004**

**Briefing Notes for the Report of the Chief Executive Officer**

**Housing Aid for the Elderly**

The Board has received notification of this year's initial funding allocation from the Department of the Environment. The initial allocation for 2004 is €1,600,000. This represents an increase of 6% on the allocation for 2003, which was €1,509,063. The allocation will be split across the counties as follows, however this be reviewed on an ongoing basis throughout the year, to best serve the regions' need:

Limerick:	€640,000
Tipperary:	€480,000
Clare:	€480,000

The Board have also received a response from Minister for State Tim O' Malley, in response to the Boards Notice of Motion on Housing Aid for the Elderly this has been circulated for your information.

A review of the operation of the scheme in the Mid-West has commenced and this report will be brought forward to the Board on completion.



Office of the Minister of State

Ref: JCo377

Brd HAE, Nam.

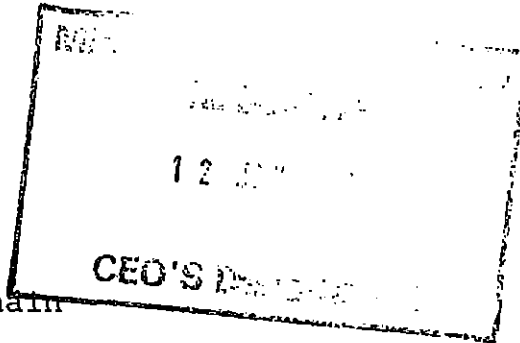
Feb 2004



DEPARTMENT  
OF HEALTH AND  
CHILDREN  
AN ROINN  
SLÁINTE AGUS LEANAÍ

Quality and Fairness  
A Health System for You

9 January 2004



Mr. Stiofán de Búrca  
Príomh Oifigeach Feidhmeachain  
Mid-Western Health Board  
Central Offices  
31/33 Catherine Street  
Limerick

Dear Mr. de Búrca

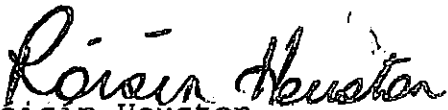
Mr. Tim O'Malley T.D., Minister of State at the Department of Health and Children, has asked me to refer to your recent letter concerning the recent motion passed by the Mid-Western Health Board proposing the amalgamation of the Disabled Persons Grant Scheme, the essential Repairs Grant Scheme operated by the Department of the Environment and Local Government and the Housing Aids for the Elderly Scheme operated by the Health Boards.

The Department of Health and Children acknowledges the merit in rationalising the grants that are aimed at the housing for people with disabilities and older people. As you are aware, the Disabled Persons Grant Scheme and the Repairs Grant Scheme are under the remit of the Department of Environment, Heritage and Local Government while the Housing Aids Scheme for the Elderly comes under the remit of the Department of Health and Children. The issue therefore should be addressed inter departmentally. However, currently, the Working Group on the Feasibility of introducing a Cost of Disability Payment is operating under the auspices of the Department of Health and Children and an interim report of that Group is expected in the New Year. I have been informed that this group will, in time, examine the feasibility of rationalising the various schemes aimed at assisting people with disabilities inclusive of older people. I have forwarded your letter to the secretariat of that group for their consideration. I will also forward your letter to the Department

of Environment, Heritage and Local Government for their consideration.

Furthermore I have arranged for a copy of your letter to be forwarded to my Minister's colleague, Mr. Ivor Callely TD, Minister of State in this Department for consideration by the inter departmental group, under his chairmanship, which is examining issues relating to the care and welfare of older people.

Yours sincerely

  
Róisín Heuston  
Private Secretary

31/33 Catherine Street,  
Limerick



Tel: 061-483363  
Fax: 061-483516

**MID-WESTERN**  
HEALTH BOARD

13<sup>th</sup> February, 2004

**To: Cathaoirleach & Each Member  
Mid-Western Health Board**

**Item No 3 on Agenda**

**Briefing Note for the Board to be held on Friday, 13<sup>th</sup> February, 2004**

**Briefing Notes for the Report of the Chief Executive Officer**

**Cystic Fibrosis Services at the Mid-Western Regional Hospital**



Work to upgrade three rooms at the Mid Western Regional Hospital for Cystic Fibrosis in-patient care is nearing completion. The new facilities are located on Wards 3C and 3D. The funding for this upgrade is funded by voluntary donations including kindly donated by the McManus Fund (€120k) and the Colleran family, Co. Clare (€20,000). The refurbishment consists of new en-suite bathroom facilities, upgrading of mechanical and electrical services, new furnishings and floor coverings. Final painting and fitting out is now in progress and all works are due for completion by 27<sup>th</sup> February 2004.



Care and Case Management

**Pilot Scheme Evaluation**

**CO. CLARE**



MID-WESTERN  
HEALTH BOARD

---

---

---

---

---


---

---

---

**What is Care and Case Management?**

Care and Case Management is a system of healthcare delivery that influences utilisation and cost of services and measures performance. The goal under Care and Case Management is to have a plan that maximises value, lowers cost and has improved outcomes.



MID-WESTERN  
HEALTH BOARD

---

---

---

---

---


---

---

---

**Existing Research**

The evidence indicated that it was possible to provide home-based care for a significant proportion of individuals who would otherwise have a high probability of entering residential care or long-stay hospital care, at similar or lower costs than would have been the case given the provision of the usual services they would otherwise have received



MID-WESTERN  
HEALTH BOARD

---

---

---

---

---

---

---

---

## Principles of Care and Case Management



- ◆ Promote an anti-ageist philosophy
- ◆ Be integrated
- ◆ Be needs focussed
- ◆ Be person focussed
- ◆ Be holistic
- ◆ Be flexible
- ◆ Build self-respect and self-esteem
- ◆ Facilitate choice
- ◆ Facilitate empowerment of both care recipients and informal carers
- ◆ Promote partnership
- ◆ Aim to maximise the health and well-being for all with minimal disturbance to the users.

---

---

---

---

---

---

---

---

---

---

## Target Groups



- ◆ Those at high risk of entry to institutional care (including those with chronic mental health problems)
- ◆ Those with stressed formal Carers
- ◆ Those who need to be transferred back to the Community from Long-stay facilities
- ◆ Those requiring intensive short-term support following acute illness and injury.

(Audit Commission, 1986)

---

---

---

---

---

---

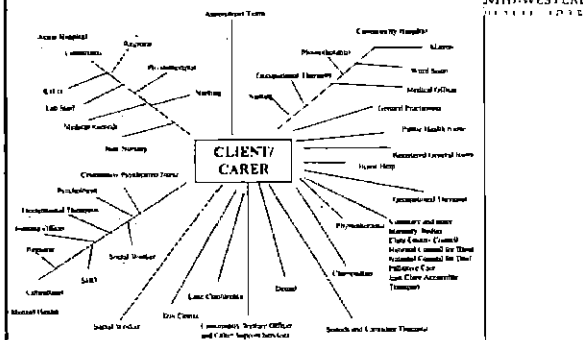
---

---

---

---

## Client/Carer Interaction with Services




---

---

---

---

---

---

---

---

---

---

Rationale for selecting Raheen Community Hospital Catchment Area was based on the fact that the infrastructure necessary to support the Care and Case Management Initiative was by and large available within the Community



MID-WESTERN  
HEALTH BOARD

- Consultant led Psychiatry of old Age In-patient and Out-patient led service
- Community Hospital
- Palliative Care
- Respite
- Rehabilitation/Short-stay care
- Day Care
- Physiotherapy
- Community Services – Medical, Nursing, Occupational Therapy, General Practitioner, Speech and Language Therapist, Podiatry, Dental Care,
- Mental Health Services
- Friends of Raheen
- Pastoral Care
- Active Voluntary
- Clare Care – Home Help, Social Worker
- Althimern Society
- East Clare Accessible Transport
- Schools
- Clare County Council – Alarms, Meals on Wheels, Housing needs

---

---

---

---

---

---

---

---

## Other Drivers



MID-WESTERN  
HEALTH BOARD

- ◆ Suggested a co-ordinated approach should be adopted included:  
Mountshannon Pilot Initiative
- ◆ Views of Recipients and their Carers
- ◆ Representations
- ◆ Complaints
- ◆ Anecdotal Evidence
- ◆ Pilot Initiatives in other Organisations

---

---

---

---

---

---

---

---

## National Strategy



MID-WESTERN  
HEALTH BOARD

“Quality and Fairness –  
a Health System for you” 2001

---

---

---

---

---

---

---

---

**National Goal 1  
Better Health for Everyone**



Objective 4  
Specific Quality for Life Issues

Action 26  
"An integrated approach to meeting the needs of ageing and older people will be taken"

---

---

---

---

---

---

---

---

**National Goal 3  
Responsive and Appropriate  
Care Delivery**



Objective 1  
The Patient is at the centre in the delivery of care

Action 49  
"Best practice models of customer care including a statutory system of complaint handling would be introduced."

---

---

---

---

---

---

---

---

Action 50  
"Individuals and Families will be supported and encouraged to be involved in the management of their own health care."

Action 51  
"An integrated approach to care planning for individuals will become a consistent feature of the system."



---

---

---

---

---


---

---

---

**Action 53**  
 "Initiatives will be developed and implemented to ensure that care is delivered in the most appropriate setting."

**Action 54**  
 "Community and voluntary activity in maintaining health will be supported".



MID-WESTERN  
HEALTH BOARD

---

---

---

---

---

---


---

---

**Background**

The Board in 2001 submitted a proposal to the Department of Health and Children to develop a Care and Case Management Project in the Raheen Hospital Catchment Area.

Funding was provided in 2002 to pilot this proposal.



MID-WESTERN  
HEALTH BOARD

---

---

---

---

---


---

---

---

**Approach adopted**

- ◆ Steering Group established
- ◆ Project Team established which included representatives of relevant health, social care professionals
- ◆ Criteria for the pilot agreed
- ◆ Baseline study completed
- ◆ Care and Case Management developed and implemented
- ◆ Continuous evaluation on developing format of Care Management in East Clare
- ◆ Comparative study undertaken in North Clare which was known as the control area.



MID-WESTERN  
HEALTH BOARD

---

---

---

---


---

---

---

---

### Profile Baseline Measurements

  
 MID-WESTERN  
HEALTH CARE

Profile of Experimental Area

Area	Ages 65-69	Ages 70-74	Ages 75-79	Ages 80-84	Ages 85+	Female Total	Male Total
Scariff	252	206	183	125	79	437	406
Tulla	86	83	75	62	32	174	164
Meelick	61	47	35	31	17	96	97
<b>Total</b>	<b>399</b>	<b>336</b>	<b>293</b>	<b>218</b>	<b>128</b>	<b>707</b>	<b>667</b>

---

---

---

---

---

---

---

---


---

---

---

---

### Profile of Control Area

  
 MID-WESTERN  
HEALTH CARE

Area	Ages 65-69	Ages 70-74	Ages 75-79	Ages 80-84	Ages 85+	Female Total	Male Total
Ernistymon	252	179	186	135	83	491	338
Ballyvaughan	125	123	90	58	63	260	205
<b>Total</b>	<b>377</b>	<b>302</b>	<b>276</b>	<b>193</b>	<b>146</b>	<b>751</b>	<b>543</b>

---

---

---

---

---

---

---

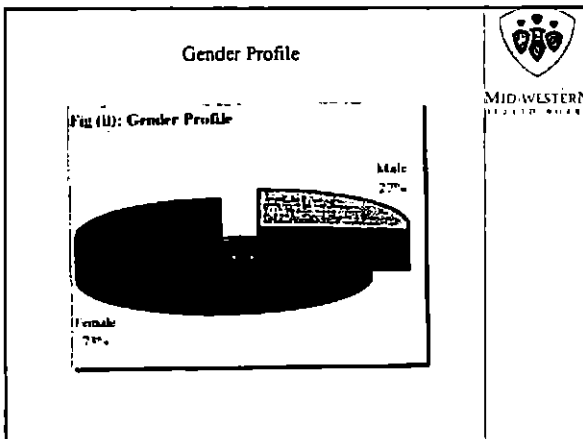
---

---

---

---

---




---

---

---

---

---

---

---

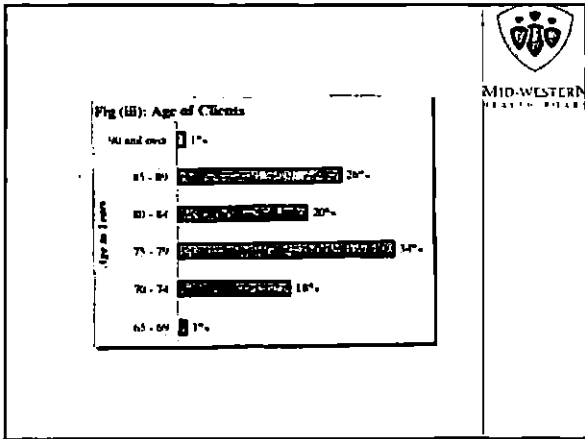
---

---

---

---

---




---

---

---

---

---

---

---

---

---

---

---

---

**Marital Status**

Marital Status	Number of Responses	% of total population
Single	14	18.9
Married	17	23.0
Widowed	43	58.1
Total	74	100

---

---

---

---

---

---

---

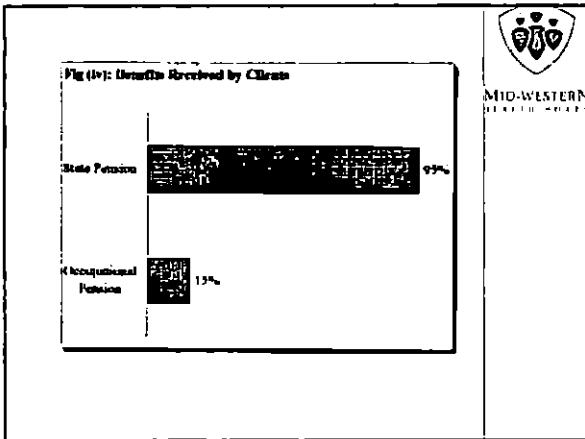
---

---

---

---

---




---

---

---

---

---

---

---

---

---

---

---

---

**Living arrangements**

Living with	Number of responses	% of total population
Alone	38	51.4
Spouse	16	21.6
Children	15	20.3
Sibling	2	2.7
Nephew/Niece	1	1.4
In-law relation	2	2.7
Total	74	100



MID-WESTERN  
STATE UNIVERSITY

---

---

---

---

---

---

---

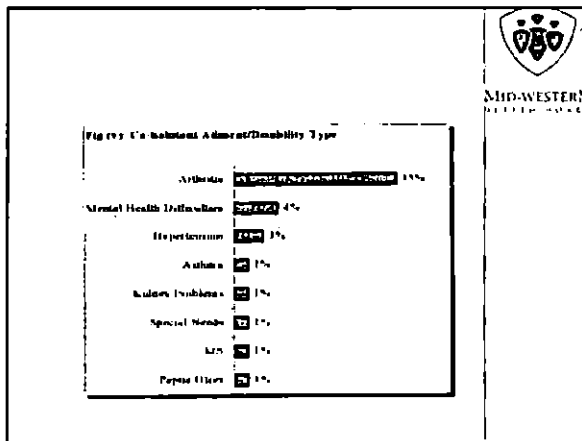
---

---

---

---

---



MID-WESTERN  
STATE UNIVERSITY

---

---

---

---

---

---

---

---

---

---

---

---

**Impact on Ailment/Disability**

Impact	Number of responses	% of total population
Poor mobility	30	40.5
Breathlessness	11	14.9
Recurring pain	10	13.5
Vertigo	3	4.1
Chairbound	2	2.7
Anxiety	2	2.7
Poor Vision	1	1.4
Total	59	79.8



MID-WESTERN  
STATE UNIVERSITY

---

---

---

---

---

---

---

---

---

---

---

---



**Clients with Regular Carers**

Do Clients have a regular carer?	Number of responses	% of total population
Yes	29	39.2
No	45	60.8
<b>Total</b>	<b>74</b>	<b>100</b>



MID-WESTERN  
HEALTH

---

---

---

---

---

---

---

---

**Age of co-habitants**

Age in Years	Number of responses	% of total population
31-40	5	6.8
41-50	10	13.5
51-60	2	2.7
61-70	4	5.4
71-80	6	8.1
81-90	9	12.2
<b>Total</b>	<b>36</b>	<b>48.7</b>



MID-WESTERN  
HEALTH

---

---

---

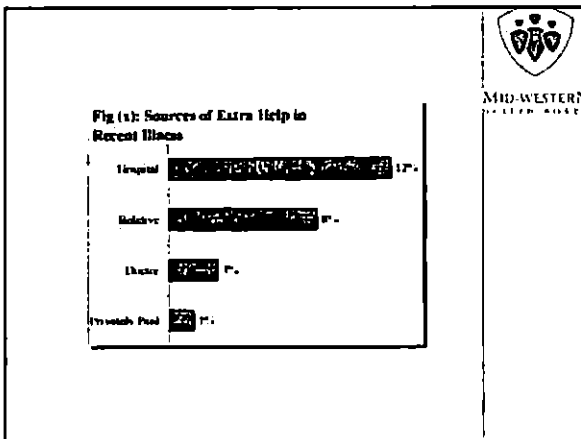
---

---

---

---

---



MID-WESTERN  
HEALTH

---

---

---

---


---

---

---

---



<ul style="list-style-type: none"> <li>◆ "There is no help for older people at night. I have to help my neighbours and what will happen to them when I am not able?"</li> <li>◆ " My house is in need of repair, the windows are poor and so is the spouting. I can't afford to pay."</li> <li>◆ I have no central heating and I have to pay for the electric. I don't get anything free.."</li> </ul>	 MID-WESTERN HEALTH CARE
--	---

---

---

---


---

---

---

---

---

<ul style="list-style-type: none"> <li>◆ "I feel day care has been very good for me."</li> <li>◆ "The Day Centre is very good. If I have a problem they sort it out".</li> <li>◆ I enjoy the Day Centre, It helps to meet people of my own age. I would like to come more often."</li> <li>◆ The only lifeline for older people is the Day Centre."</li> <li>◆ Day Care helps my mental health"</li> <li>◆ Day Care is very good for people like me who reside alone".</li> </ul>	 MID-WESTERN HEALTH CARE
---	---

---

---

---


---

---

---

---

---

<ul style="list-style-type: none"> <li>◆ "It is very isolated where I live, I don't get many visitors"</li> <li>◆ My son died recently and I can not get over it. I am so low"</li> <li>◆ I find caring for my husband very stressful, sometimes I feel I'm going mad"</li> </ul>	 MID-WESTERN HEALTH CARE
---	---

---

---

---


---

---

---

---

---

<h3>Costs</h3> <ul style="list-style-type: none"> <li>◆ The Evaluation clearly indicates that it is less expensive to maintain clients in the community with the necessary supports rather than admit them to residential care.</li> <li>◆ The evidence also suggests that clients not in a case management programme are admitted more frequently for respite care and eventually to continuing care beds in Community/Elderly Care Hospitals. To date the programme has managed the care of 200 clients.</li> </ul>	 MID-WESTERN HEALTH
---	--

---

---

---


---

---

---

---

---

<h3>Benefits</h3> <ul style="list-style-type: none"> <li>◆ Appropriate assessed service targeted at client needs</li> <li>◆ Multi-agency approach in providing services</li> <li>◆ One-named individual co-ordinates service inputs</li> <li>◆ Multi-disciplinary approach based on Care Planning and Discussions and client involvement</li> <li>◆ Flexible packages of care are provided to meet needs of clients</li> <li>◆ The majority of clients are maintained at home with Day centre provision (1,200 extra attendances in 2003)</li> </ul>	 MID-WESTERN HEALTH
--	--

---

---

---

---

---

---

---

---