

Midland Health Board



NEWS

April 2001

Taoiseach lays Foundation Stone for £25m Development at Portlaoise General Hospital

An important point in the development of the hospital and a demonstration of the government's commitment to the hospital's future role as a key provider of health care services in a thriving and prosperous county and region was how An Taoiseach Mr Bertie Ahern TD described his laying of the foundation stone for the new £25m development at the General Hospital Portlaoise.

Work on the development, which includes a new 50-bed acute psychiatric unit and a 25-bed paediatric unit, currently at an advanced stage of construction, commenced in early January. Taoiseach Mr Ahern said he was delighted to be in Portlaoise and thanked the Board for their invitation to perform this "Laying the Foundation Stone" ceremony for the major new development at the hospital.

"As we all know this great hospital has a well deserved and unrivalled reputation as an excellent health care centre. Since Sean T. O Ceallaigh first laid the foundation stone for this hospital as Minister for Local Government and Public Health back in 1936, the staff here have served the people of the town, the county and the region to the highest standards. I am delighted to have this opportunity to publicly pay tribute to you for the immense care you have

given to Laois and its people," said Mr Ahern. "It is a record which you can truly be proud of and it means that care and compassion are hallmarks of this hospital," he added.

New Development

Mr Ahern told those present that the new £25 million development will make a real difference to all who work so hard in the hospital to provide first-rate health services to the people of the region. It is a major capital development.

The new development will provide a 50 bed acute psychiatric unit and a 25-bed paediatric unit and a major upgrading of the medical ward. The project will also see a new Waste Management Department, and a major upgrade of catering facilities as well as improved car parking arrangements for staff and visitors. "When it is completed in two years, the acute hospital services in the midlands will include up to date technology and state of the



Staff of Portlaoise General Hospital, pictured with An Taoiseach Mr. Bertie Ahern, T.D. on his arrival at the hospital, (l to r): Jimmy Bergin, Aisling McCormack, Gerry Carroll, Gerry Keogh, Norma Buckley and Geraldine Graham.

art facilities which in the hands of this wonderful team means that patients will receive the very highest standard of care," said Mr Ahern. Senator Pat Moylan, chairman of the Board, thanked the Taoiseach for his kind remarks and his obvious commitment to developing services in Portlaoise and in the Board's area.

"It is a great pleasure for me to welcome you to Portlaoise General Hospital to lay the foundation stone for this

major capital development which is currently underway," said Senator Moylan.

Busy General Hospital

"This is a very busy general hospital with 141 beds. Last year 9,144 inpatients were treated in the hospital and 13,895 patients attended the A&E department and a further 23,095 patients were treated in the out patients department. All of these services are provided by skilled and dedicated staff. It is heartening to note that a recent Patient's

Perception of Care Survey which was carried out by an independent organisation has indicated a 94% satisfaction rate and tremendous thanks is due to the efforts of all staff who provide the many services", he added. Senator Moylan said this Board, wish to deliver the best possible services in a modern setting. "We are committed to putting the patient at the centre. We also enjoy good and productive relations with the voluntary organisations

CONTENTS

Organisational Change	2
Clinical Audit	3
Personal Development Planning	4
Ambulance Service . .	5
Stress Management . .	6
MHB/AIT Links	7
New Approach to No-Smoking	9
Partnership	11
Occupational Health	12
Euro Watch	13
Cuinnne Cabhrach . .	14
Derry O'Dwyer Tributes	16

who represent patients such as Friends of the Hospital and Laois Hospice Foundation. We know that there is a great public interest in this project and we have put in place a facility which will enable the public through the internet the internet to monitor, practically live, the progress of the work here," he added. The construction of the main block of the hospital, which commenced in 1937, cost £49,700. The total cost of the development now underway will be in excess of £25M. This said Senator Moylan is further testimony of the Board's commitment to the development of the hospital as part of the overall strategic capital development of the network of acute hospital services and ensuring that the widest possible range of services will be accessible to the people of the Midlands.

New Senior Management Team

Cont. on page 2



Mr. Denis Doherty, Chief Executive Officer.



Mr. John Cregan, Deputy Chief Executive Officer.



Dr. Pat Doorley, Director of Public Health and Planning.

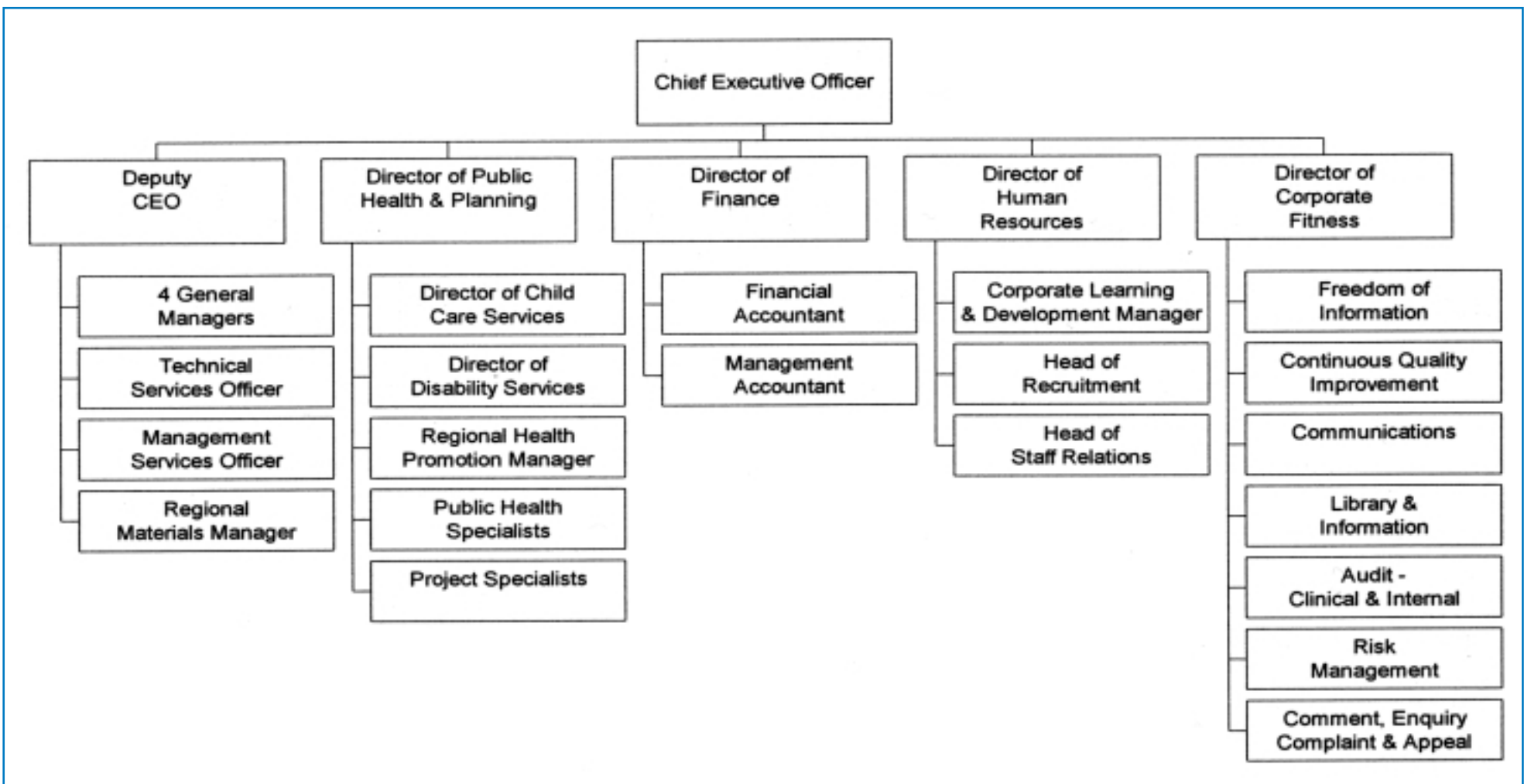


Mr. Diarmuid Collins, Director of Finance.



Ms. Mary Culliton, Director of Corporate Fitness.

Organisational change to meet new Opportunities



The Midland Health Board, faced with unprecedented opportunities to enhance the range and quality of its services, is seeking through a number of organisational and functional changes to move the organisation to a culture which is transformational rather than transactional and to facilitate decision making and initiative at the most appropriate level to the importance of the task.

New Senior Management Structure and Functions.

In addition to Mr Denis Doherty, CEO there will now be five persons on the senior management team.

Mr John Cregan Deputy CEO, Dr Patrick Doorley, Director of Public Health and Planning; Mr Diarmuid Collins, Director of Finance; Ms Mary Culliton, Director of Corporate Fitness and the Director of Human Resources soon to be recruited. Mr John Cregan, is Deputy CEO. He will also have responsibility for the overall delivery system to ensure the outputs and outcomes set out in the annual Service Plan are achieved within budget, at a high level of quality and with a high degree of service user/client satisfaction ensuring that;

- there is adequate support of consistently good quality.
 - a high degree of devolution in accordance with agreed policies, budget and process guidelines: clear and widely understood accountability, and a reporting system which concentrates on the essentials.
 - the arrangements for contracted services are clear, particularly in relation to outputs and accountability.
- Dr Patrick Doorley, Director of Public Health and Planning, will take the lead role in proposing and reviewing corporate strategy, medium and long term; developing and agreeing plans for the provision of services to all care

groups; co-ordinate the preparation and monitoring of the Board's Service Plan (including its capital development plans) and developing and co-ordinating the implementation of a system of evaluation with particular reference to outcomes and impact. He will also be responsible for;

- Engaging in negotiations with the internal providers and with the non-statutory providers with regard to the manner and terms of delivery most likely to achieve the results necessary to meet the assessed priority needs.

- Developing and supporting Board initiatives to promote health and working in partnership with other agencies.
- The Directors of Finance, Corporate Fitness and Human Resources will have roles and responsibilities across both the planning and operations functions.

Mr Diarmuid Collins, Director of Finance, has responsibility for ensuring that the Board's financial controls and processes are efficient, effective, customer focused and aligned to the Board's strategic objectives. He is responsible for providing the financial input to the planning process and ensuring the Board's financial information systems provide sufficient timely and accurate information to ensure the effective management of the Board's finances. Other responsibilities include;

- Improving financial awareness and competence throughout the Board through the devolution of financial responsibility which reinforces accountability
- Increasing the focus on costing of services, performance management and measurement and value for money initiatives.

Ms Mary Culliton, Director of Corporate Fitness, in her role will be ensuring that organisational structures remain relevant to the current tasks and that information, communications, decision and delivery systems are aligned with and supportive of the service strategy plans and operations. She will be responsible for:

- managing the Board's

A Human Resources Strategy

To ensure that the Board as a major employer has employment policies and procedures that are relevant to to-day's needs and are in keeping with best practice in human resource management, a detailed and well defined Human Resources Strategy will be published and made available to each member of staff next month.

The new strategy developed following wide consultation with staff, will address the opportunities resulting from internal and external forces such as new services, increases in staffing numbers, service planning, the need to decentralise authority, greater accountability and governance requirements and increased employment opportunities. The strategy will be implemented over a three-year period (2001-2004) and will seek to maintain the Board as an employer of choice.

This year additional resources will be provided for the human resource function in order to enable it to continue to function effectively in the present very competitive recruitment environment. A priority for 2001 is the appointment of a head of staff development.

The new organisational changes together with the involvement and co-operation of staff should enable the Board to meet new opportunities which lie ahead.

internal and external communications

- developing and maintaining appropriate policies and processes for reducing grievances and providing efficient processes for the handling of queries, complaints and appeals consistent with the ethos of strong service/user focus.

- further developing a risk management system to ensure the wellbeing and safety of patients, staff, visitors and suppliers and all others using the Board's services and facilities
- minimising the Board's exposure to financial risk through the effective implementation of controls and the development of an appropriate internal audit programme
- ensuring that there is ongoing commitment to Continuous Quality Improvement and Audit.

The Director of Human Resources will lead the implementation of the Board's Human Resource Strategy. This strategy is nearing completion following extensive consultation. He or she will:

- develop and review human resource policies consistent with the development of best people management in the health services
- develop and maintain recruitment/manpower strategies and plans which will ensure that the Board has available to it, staff with appropriate skills, knowledge and expertise to meet changing service needs.
- develop best practice in relation to the selection of staff taking account of requirements in relation to competencies and skills mix
- promote a culture of continuous learning within the Board so that individuals and teams have opportunities for self development within a clear

organisational structure.

- develop and maintain strategies and plans for employee relations activities with the objective of securing harmonious and effective relations and between the Board, service providers, staff and the representative bodies within the context of partnership.

- promote and participate in the development of partnership models which facilitate greater flexibility in service delivery and management of change in the context of a more efficient and cost effective service.

Background

The National Health Strategy, "Shaping a Healthier Future" was launched in 1994. That strategy marked a significant development in both the philosophy and approach to health service delivery in this country. In addition to recommending new arrangements for improved legal and financial accountability it included a requirement on those providing services, to take direct responsibility for the achievement of agreed targets in accordance with the underlining principles of equity equality and accountability. It also advocated a broader agenda of health and social gain.

There has been extensive devolution of executive responsibility from the Department of Health and Children to health boards and later to the Eastern Regional Health Authority (ERHA). The Health Act 1999 made provision for the establishment of a body corporate to be called the Health Boards Executive (HeBE). The Chief Executive Officers of the health boards have made a decision that the offices of the Executive will be located in Tullamore. Under the terms of the Act, the HeBE was established to further

improve the efficiency and effectiveness of health and personal social services. The Executive will respond to all aspects of the corporate governance of the health service. As such, the work of the Executive will be varied and wide-ranging and in particular it will:

- Systematically examine the strategic, policy and key work processes which will ensure that modern and progressive management and professional practices are in use in the health service.
- Promote the greater efficiency and effectiveness of the health services
- Consider developments in the international health environment with a view to adopting best practice in the Irish health service.

The Midland Health Board, through the Bridge Project Management Unit, adopted a management through projects approach in 1997 as a means by which change would be implemented by the Board, in seeking to improve the health and social gain of its population into the new millennium. Research studies carried out by the Board's staff, pursuing academic qualification, contributed to the change process. Through the project management approach, their findings and recommendations were explored to determine the potential for implementation, in order to bring about real change in health and social gain for the population served by the Board.

From a programme based structure, which served the Board, its staff, and population well since its establishment in 1971, the Board through the Bridge Project, moved towards a structure based on care groups, recognising the important and valuable contribution to be made in the

planning and implementation process by members of the public, staff and voluntary organisations. The five Care Groups are;

- Episodic Care
- Mental Health
- Disabilities
- Older People
- Children and Families.

General Managers

In tandem with the change to Care Groups a general management structure was adopted. The first general managers were appointed in 1998. The Board now has four general managers who have responsibility for the management and delivery of services in hospitals, care centres and the community in accordance with Board policy.

External factors considered in the Changed Organisational Structure .

• **Population Health.** The Board, not yet fully ready to service its current population, must be geared to respond appropriately, rapidly and effectively to the needs of a population that is likely to increase by perhaps over 50,000 over the next 10 years.

• **The National Development Plan 2000-2006** earmarks £2 billion for infra-structural developments in the health services. This represents a trebling of the previous rate of investment. For the first time, the capital is guaranteed, the time-scale is predetermined

and accountability arrangements are defined.

• **The Expectations of the Health System** and of each health board are growing and changing and are likely to continue to do so.

In order to position itself to better avail of all the opportunities that are likely to present the Board has taken some internal initiatives which include;

- the development of service planning based on the needs of care groups
- the development of processes to support continuous quality improvement and service user satisfaction
- the implementation of SAP (including PPARS) to provide a much improved information base.
- the enhancement of the Board's commitment to continuing education including personal development planning and action learning for staff.
- The achievement of progress in the Clinicians in Management initiative in the three acute hospital sites
- The development of Clinical Audit
- The establishment of a Corporate Team

Corporate Team

The Corporate Team was set up to advise the Chief Executive Officer on policy formation and to oversee the execution of Board policies. The Team comprises members of staff

who have a regional managerial remit. Each member of the Team undertakes to:

- act corporately
 - individually or jointly sponsor projects on behalf of the Team and report on their progress.
 - represent and brief the Team on internal and external assignments.
- Membership of the Corporate Team is as follows; Larry Bane, Personnel Officer; Dymphna Bracken, Communications Officer; John Bulfin, General Manager, Acute Hospital Services; Tom Carty, Management Services Officer; Brendan Colleary, Technical Services Officer; Diarmuid Collins, Director of Finance; John Cregan, Deputy CEO; Breda Crehan Roche, Project Specialist Disabilities; Mary Culliton, Director of Corporate Fitness; Davida De La Harpe, Specialist Public Health Medicine; Denis Doherty Chief Executive Officer; Pat Doorley, Director of Public Health and Planning; Sharon Foley, Health Promotion Officer; Phil Jennings, Specialist Public Health Medicine; David Reynolds, Manager, National Development Plan; Philip Lane, Chief Ambulance Officer; Patrick Lynch, Manager CEO's Office and Secretary to the Board;

Liam O'Callaghan, General Manager Laois/Offaly Community Care; Pat O'Dowd, General Manager Longford/Westmeath Community Care; Eileen O'Neill, Project Specialist Children and Families; Barry O'Sullivan, Regional Librarian and Project Specialist Older People; Leo Stronge, Regional Materials Manager; Richard Walsh, General Manager, Mental Health Services; Aidan Waterstone, Director of Child Care Services.

Since its establishment, the Corporate Team has also brought forward and developed a number of initiatives which affected large numbers of staff throughout the Board's area including;

- service planning.
- human resource and quality strategies - both of which will be launched in the first half of this year.
- a communication strategy which will be developed and launched before year end.

Contribution by Staff Recognised

Many initiatives and service developments would not have been possible without the significant contribution of staff at all levels of the organisation. Voluntary groups with whom the Board has close association have also responded very positively to the change. The relationships between those

involved in planning and evaluating services and those involved in their management and delivery have been constructive and co-operative. As part of the new organisational structure it is now planned to further strengthen and deepen those developing relationships. The work which the Board has already undertaken to focus on the needs of Care Groups; to enhance its own level of organisational fitness and to encourage reflection on its tasks has undoubtedly helped

to place this Board at a relative advantage in moving ahead. A strong ethos of service user/patient focus will underpin planning, evaluating, management and delivery of services in the new structure. The Board is now completing the changes necessary to fulfil the increasing expectations of the community it serves, the providers with whom it contracts for the supply of services and the Minister for Health and Children who provides the bulk of its resources

Continuous Quality Improvement

As part of its ongoing pursuit of quality, the Board has chosen a Continuous Quality Improvement approach. The achievement of quality is the shared responsibility of all who work for the Board. It must permeate all of what we do. It is driven by the Senior Management Team and is responsive to the patient/service user. The CQI process includes the following areas:-

- The formulation of policies, procedures, guidelines and protocols
- Clinical Audit
- Internal (financial) audit
- Complaints Management
- Claims Management
- Health and Safety at Work
- Fire Safety
- Security
- Contingency planning
- Control of Infection
- Research and Development
- Clinical information/intelligence

The Board will launch its Quality Improvement Strategy, in May. The Strategy makes recommendations on systems and structures required by the Board. The Strategy aims to change behaviours, culture and systems in the Board in order to deliver on the Board's objectives utilising the principles, tools and techniques of CQI. This year staff trained in CQI facilitation will train other members of staff.

Clinical Audit in the Midland Health Board

The Clinical Audit Department was set up in the Board in October 2000, led by Ms Majella Robinson, clinical audit officer.

To date the department has recruited Ms Samantha Tuohy, clinical audit facilitator and Sharon Gallagher, clinical audit assistant.

The department is aiming to introduce clinical audit on a multidisciplinary basis but will also support uni-professional audits.

Ultimately clinical audit should be multiprofessional, patient focused, leading to high quality, cost effective care delivery.

Multiprofessional audit is supported by the Department of Health. It is now also a requirement of the Royal Colleges. Two other health boards in the country have hospital based clinical audit departments established; Cork University Hospital and Sligo General Hospital.

Information Sessions

The department began introducing clinical audit to the Board by presenting information sessions at the three acute hospital sites over the last few months. These sessions provided information on what clinical audit is, explained the audit cycle and the assistance that the department will provide to members of staff carrying out audit projects. The department aims to provide assistance in the following areas:

- writing proposals in appropriate formats
- formulating specific

objectives for the audit and not losing focus during its progress

- designing and testing data collection instruments i.e. patient questionnaires & coding
- methods of collating, analysing and interpreting results
- The writing of the final report/document will be carried out by the department
- Feedback and presentation of results
- Drawing up action plans
- Re-audit

A clinical audit committee has been set up comprising of staff members from the CA department and members of staff representing the various departments, specialties and care groups. The committee currently holds monthly meetings. The committee ratifies proposals for clinical audit projects.

Common questions

Some questions put forward to the department regarding audit projects included:

- 1) What are and where do we find standards for relevant audit topics?
 - 2) How big should the sample size be?
 - 3) Who needs to be involved?
 - 4) What is retrospective/prospective/concurrent data?
 - 5) Do we need a computer?
 - 6) What is peer review?
- Most of these are answered in the guidance notes available from the department, but here are some brief explanations:
- 1) Standards** are statements of ideal care. Audit

compares what actually happens to a standard. They should be based on research findings, sources for them include protocols, national and local guidelines, Royal College Library, research articles, Medline and local consensus.

2) Sample Size: The sample should be large enough to address the audit objective confidently, but not too large - wasting effort and resources collecting data unnecessarily. Current literature on clinical audit shows that sample sizes most commonly used in audit projects (44%) lies between 30-69 respondents. A larger sample could also be accommodated. Again the audit department are here to advise on this issue and can be consulted for a more in-depth direction.

3) Who needs to be involved? This depends on the audit, whether it is uni-professional or multi-professional (whether there is more than one profession involved), and whether or not patients are approached for the project. All project team members must be identified and consulted with at the start of the project.

4) Retrospective data is collected after the patients have completed their treatment/care. Prospective data is collected on patients who will be receiving care in the future. Concurrent data is collected while patients are receiving their treatment/care.

5) Computers are not necessary for audit. Data collection could include notes review, patient questionnaire and observation to measure current practice. Some files may be on computer records already. The audit department as already outlined, will facilitate any data analysis and report writing that requires use of computers.

6) Peer review - this applies to a person in the same speciality or branch of medicine who has comparable experience or training, and who review case notes/audit data together.

Prime Function

The prime function of audit is to have a positive impact on the quality and effectiveness of care delivered to patients/clients,

whether its focus is on clinical interventions or, as a secondary but important consideration, on the organisation of the service within which these interventions take place. Audit is also about enhancing education and training of clinicians and fostering multi-disciplinary teamwork. The audit staff recently presented a lecture on clinical audit to the students of the extramural diploma course in healthcare management at Athlone IT. It is worth noting that audit projects may be useful in some educational courses as part of course requirement projects - may benefit your department as well as your course work load. The department is currently based on level 2 in the former School of Nursing in

the General Hospital Tullamore. Within the next few months it will be moving to offices on William Street, Tullamore. We can be contacted at (0506) 46281 or e-mail Sharon or Majella at sharon.gallagher@mhb.ie / majella.robinson@mhb.ie

* Finally audit isn't all about more work and trawling through charts! Occasionally it can throw up some humorous anecdotes:

- "the lab test indicated abnormal liver function"
- "She is numb from her toes down"
- "On the second day the knee was better and on the third day it had completely disappeared"
- "The patient had left his white blood cells at another hospital"

More in the next edition!



An Taoiseach Bertie Ahern, T.D. being welcomed on his arrival to St. Vincent's Hospital, Mountmellick by (l to r): Catherine O'Keeffe, Director of Nursing; Senator Pat Moylan, Chairman of the Board; and Mr. John Cregan, Deputy CEO.

Personal Development Planning in the Midland Health Board

In 1999, the Office for Health Management sought pilot sites to participate in a Personal Development Planning process. Some members of staff in the three acute hospitals took part in this process and there are now two more groups involved. One group is headed by the general manager, acute hospital services Mr John Bulfin. The other group, based in the General Hospital Portlaoise, is made up of staff from all nursing ranks with Alice Burke, Acting Director as the line manager. The process is a very exciting one, with potential benefits to the organisation, the department and each individual involved. Personal Development Planning is a tool which provides a framework for development. Initially this involves assessing your current situation (both work and personal), identifying where you would like to be in the future, identifying where the organisation would like you to be in the future and then putting a plan in place which will detail the development required to reach those goals. Miriam O'Callaghan, acting senior hospital administrator, General Hospital Tullamore, was a participant in the first PDP group. Miriam said, "It was an opportunity to sit down with my line manager and focus on my role in the organisation". Personal Development Planning will not be effective

if it is purely aspirational, or if it is led only by the organisation or the line manager. It will only work if the individual is committed to the process and this is why it is a voluntary activity. Some of the tools which assist the individual to develop their plan include 360 degree feedback, examination of learning styles, reviews of past achievements and an examination of the skills, competencies and attitudes required for the future. The outcome of this is a plan which sets out the development objectives for the individual, together with the activities and resources which will be required. The activities required to assist with development could be shadowing, mentoring, training courses, research or perhaps involvement with teams and projects. One of the most important things about a Personal Development Plan is that it should become a 'living document'. When the initial plan has been drawn up, it should be regularly reviewed. The objectives and activities can be added to, amended or deleted as appropriate depending upon changing circumstances or roles. As one participant discovered, taking time to investigate future career goals can sometimes lead to a change of direction. Michelle Murphy General Hospital Portlaoise, found that pursuing her initial ideas might have provided less job satisfaction than her

current role, and so she decided against a return to further education. Instead, Michelle agreed new goals with her line manager which she hopes will help her develop to her full potential in an area in which she achieves great satisfaction. Margaret O'Donoghue, co-ordinator of the Portlaoise group, concludes that individual's educational and development needs are now more focused as a result of PDP. All participants at Portlaoise have identified developmental opportunities to meet their specific individual learning needs, and some have initiated work-shadowing arrangements and enrolled on relevant courses. Through her research with this group, Margaret hopes to identify the factors which are critical to successful Personal Development Planning. The Office for Health Management assigned a facilitator to work with each group and assist them in moving the process. It is hoped to make Personal Development Planning available to all employees on a phased basis. This is a very exciting process and one which can help the individual to get the most out of their role in the organisation, whilst also helping the person to develop to the best of their potential. John Bulfin, general manager of acute hospital services, is also line manager for the two groups. Here are his views on the matter; "From a manager's

perspective PDP is, I believe, the most exciting opportunity to include staff in their own personal development and growth. 360-degree feedback offers the employee and manager the opportunity to discuss honestly and openly the performance of both. From a manager's perspective it can be a very humbling experience. PDP can be at the core of a learning organisation." Deirdre Healion, a participant in the current group, thinks that PDP can be of enormous benefit. She believes; "The PDP aims and objectives are excellent and receiving feedback was both nerve-racking and exhilarating. It let me know what my managers and colleges thought of me and my work and gave me a sense that we are all part of a team, working together. I would recommend participating in it whenever the opportunity arises." Here are some of the views of some other current PDP participants; "A very positive experience and an opportunity to receive positive feedback." Aine Smith. "Coming to work in a new environment meant that I had a lot of gaps in my knowledge. The PDP process helps me to see that I can follow an agreed route to dealing with those gaps. It is also great to have a forum for two-way feedback and for recognition of my achievements to date". Dee McKiernan. "I found the experience extremely rewarding. Particularly informative was the insight into the line manager's perspective of me." Barry Guckian. "The PDP process enables an assessment of an individual's competencies. It identifies personal development needs and plans to achieve same giving consideration to personal and organisational objectives." Miriam Horan. "Having had experience of a similar process in the UK, I thoroughly enjoyed the opportunity to set both short and long-term goals for myself. The shadowing arrangements which I put in place gave me a greater understanding of how other agencies such as Ambulance Control and the Gardai operate. Working in the A&E Department, this is of enormous benefit in my work. I have also undertaken activities to improve my customer service skills." Caroline Overton.



Teresa Kiernan, L/W General Hospital being presented with the keys to her new car by Sarah McCormack, Treasurer. Included (l to r): Banney Reynolds, St. Lomans; Kenneth Ediths, Mullingar and Pat Casserly, St. Loman's.

St Loman's Gaelic Football Club Draw

The St Loman's Gaelic Football Sports Society 1500 Club Draw has been in operation since August 1986. This draw is confined to a maximum of 1500 members. The annual subscription to the draw to the draw is £52 per year. Over 50% of the income to the draw is paid out per year in prizes. There is a draw every month and the prizes are as follows: January, March, May, July, September, November: 1st Prize £1,000, 2nd Prize £300, 3rd Prize £100, 4th Prize £100, 5th Prize £100. February, June, October: Holiday of your choice for two from a predefined range of holidays plus £100 spending money or £1,000 cash, 2nd Prize £300, 3rd Prize £100, 4th Prize £100. April, August, December: 1st Prize Car of your choice from a predefined range of cards or £8,000 cash, 2nd Prize £100, 3rd Prize £100, 4th Prize £100. There is a special "No Hoppers Draw" - £1,000 in all to be won consisting of 20 prizes of £50 which are drawn at the December Draw each year. These prizes are confined to those who have not already won a prize. The Draw is held at St Loman's GAA Club House on the first Friday of each month. The St Loman's GAA Club setup this draw in 1986 in order to raise funds to purchase the land from the Board to build a football pitch, dressing rooms, and club house with bar, function room and car parking facilities. The officials attached to the running of the draw are as follows: **Chairperson:** Mr Pat Casserly, community psychiatric nurse. **Secretary:** Mr Joe Martin, administrator, L/WGH. **Joint Treasures:** Sarah McCormack, SAP programme project manager and Barney Reynolds, psychiatric nurse, St Loman's. The 1500 Club was formed in 1986 to fund a major development of the St Loman's G.A.A grounds. The playing pitch was purchased from the Board,

and a fine clubhouse built with additional playing facilities which incorporate tennis courts, basketball courts and a full size running track. The main club pitch is now capable of hosting inter county games. The clubhouse is a popular venue for many Board retirement, 21st birthday parties etc. This year the club was honoured to be named as G.A.A Club of the year in Westmeath. Some of the MHB lucky winners of the car in the draw since it begun are as follows: Imelda Kelly, GHT, Gerry Bennett, St Loman's hospital, Maria Kerrigan, LWGHM, Pat Casserly, St Loman's hospital, Ann Masterson, St Loman's hospital - lucky enough to win the car prize twice, Liam Martin, St Loman's hospital, Mary O Doherty, LWGHM, Bridget Claffey, Lough Sheever Centre, Ellen Kelly, GHT, Mary Mulvaney, Health Centre, Mullingar, Teresa Kiernan, LWGHM, Frankie Fitzgerald, Health Centre Mullingar, Esther Kennedy, St Peter's Centre Castlepollard and Padraig Kilduff, St Loman's Hospital. **How do you join?** You can have your membership of £52 per annum deducted from you salary at £1 per week or you can have a standing order arrangement with you bank for the payment of £13 per quarter year to St Loman's 1500 Club Sports Society. If you wish to join please complete deduction authorisation card A if you wish to pay by having £1 per week deducted from your salary or complete deduction authorisation card B to have the standing order with your bank. Please send your completed authorisation card to Mr Joe Martin, Secretary St Loman's 1500 Club, St Loman's Club House, Delvin Road Mullingar. On receipt of your authorisation card and as soon as a place becomes free in the draw you will be allocated a unique draw number for the draw and will be notified in writing of this number. We look forward to having you as a member of this successful draw.



Staff at St. Vincent's Care Centre, Athlone discussing health promoting projects with Ms. Ann O'Riordan on her recent visit to participating hospitals in the midlands. Back row (l to r): Ms. Marian Keenan, Receptionist; Ms. ucy Kelly, CNMI; Ms. Tessa Guinan, Staff Nurse; Ms. Mary Coughlin, Attendant/Safety Representative; Ms. Julia McGrath, Staff Nurse. Front row: Ms. Carmel Brett, Domestic Supervisor; Ms. Margo Collins, CNMI; Ms. Ann O'Riordan, Director of the National HPH; Mr. Jim Dwyer, A/Director of Nursing; Ms. Kate Brickley, Regional HPH Co-ordinator; Ms. Mairead Campbell, A/Assistant Director of Nursing and Ms. Margaret Casey, Staff Nurse.

MHB AMBULANCE SERVICE

Changing for the future

Seven of the Board's Emergency Medical Technicians are the first operational ambulance personnel in the country to successfully complete the Paediatric Advanced Life Support (PALS) course.

The Bord has delivered new emergency ambulances to Longford, Portlaoise, Mullingar and Athlone and a further five new vehicles will be provided within the Board's area this year. These ambulances are designed to be the most modern specification and the upgrading of the fleet is part of the Board's comprehensive fleet management, maintenance and replacement policy. These new vehicles are equipped to deal with every type of emergency

regional service with its own management structure headed up by a chief ambulance officer.,

- The establishment of the country's most technologically advanced Command and Control Centre in Tullamore headed up by a communications officer, and staffed 24 hours a day, seven days a week by highly trained emergency medical controllers (EMC's).
- The establishment of a 24 hour on duty service to the public,

emergency ambulances with defibrillators.

- First service to introduce the new operational working uniform.
- First ambulance service in the country to be accredited as a training organisation for all types of resuscitation training.
- Since 1996 all five stations within the Board's area provide 24 hour on duty emergency cover.
- Since January 2001 all the Board's ambulances are now staffed by two qualified emergency medical technicians.



Members of the Midland Health Board Ambulance Service in their new uniforms with two of the new ambulances in the background, (l to r): Brendan Whelan, EMT, Tullamore Ambulance Service; Mr. John Cregan, Deputy Chief Executive Officer, MHB; Ms. Eithne Leonard, EMC Ambulance Command and Control Centre; Cora Brady, EMT Trainee, Tullamore Ambulance Service; Robert Morton, Operations Officer, Ambulance Headquarters; Kevin Murphy, EMT Portlaoise; Vincent Kelly, EMT Tullamore Ambulance Station; Mr. Denis Doherty, Chief Executive Officer, MHB and Ms. Una Piggott, EMT, Portlaoise Ambulance Station.



Members of the Ambulance Staff based in Athlone, (l to r): Thomas Mulligan, Emergency Medical Technician; Brendan Owens, Emergency Medical Technician; Joe Johnston, Emergency Medical Technician; Mark Finlay, Emergency Medical Technician; Padraig Glynn, Emergency Medical Technician; Darren Mulledy, Emergency Medical Technician; Hillery Collins, Emergency Medical Technician; Paul McCabe, Emergency Medical Technician; Pat Sammon, Emergency Medical Technician.

and specialised patient transport need. The internal design and equipment features are comparable to any ambulance currently in service in this country. To coincide with the delivery of the new vehicles, Emergency medical technicians throughout the Board's area, are now wearing the smart and stylish new green uniform. The Board's Ambulance Service is undergoing radical change and improvements to enable it to provide quality pre-hospital emergency care and transport to the population of the Board well into the future.

Developments Include;

- The establishment of the ambulance service as a

- The phasing in of 'two person' crewing on ambulances by EMT staff.
- The equipping of every ambulance with cardiac equipment.
- Renewal of the fleet and improvements in equipment levels.

In short when you dial 999, your call is answered immediately day or night. The ambulance is immediately dispatched reducing the overall response time. Pre arrival instructions may be given to the caller if the situation warrants.

The Board's ambulance service has achieved a number of firsts in recent years:

- First computer aided Regional Control Centre in Ireland.
- First service to equip all

The ambulance driver has been replaced with the emergency medical technician (E.M.T.) The new training programme is headed up by training and development officer. Existing ambulance personnel have been undergoing developmental training since 1997 with all new recruits to the service since 1997 entering the new training programme directly. Training consists of block school based training, clinical placements in theatre, accident and emergency, maternity, coronary care and paediatrics, experiential training including ongoing assessment, further school based training and final examinations.

The training programme is

accredited by the Faculty of Medicine, University College Dublin, who confers successful participants with a Diploma in emergency medical technology. Currently, all of Board's ambulance staff are cardiac trained; all of the staff have completed the required training programme while over 70% of staff have achieved the Diploma level making the Board's ambulance service one the most progressive in the country. This is the culmination of effort on the part of the ambulance service management and staff, the co-operation of the public, the support of Board members in Laois / Offaly

Westmeath & Longford and the willingness and co-operation of consultants, nursing managers, N.C.H.D's and staff nurses to become involved in the clinical placement training of E.M.T. - Trainees. Their involvement will be critical to the successful introduction of paramedic training in the near future. Those working "within the service" view the Midland Health Board as a very desirable employer. There are a number of reasons for this one of which is that personal development is actively encouraged. This is important to new recruits and existing staff alike, as all staff are anxious to see the further

enhancement and advancement of this fledgling profession. A recent example of this was when seven of the Board's E.M.T.s became the first operational ambulance personnel in the country to successfully complete the Paediatric Advanced Life Support (P.A.L.S.) course. To-date this year there have been a number of developments;

- The completion of two person crewing in Athlone
- The opening of a temporary Ambulance Station in Longford
- The introduction of a new working uniform
- Increased staffing levels in the Regional Control Centre.



Pictured at the launch of a wallet size Resuscitation Guide produced by the Midland Health Board Ambulance Service and issued to every member of staff of the Board and member of the public who completes a CPR (Pulmonary Resuscitation course) with the Ambulance Service, from left: Mr. Robert Morton, Operations Officer; Dr. Pat Doorley, Director of Public Health and Planning; Ms. Eileen O'Neill, Project Specialist, Children and Families; Mr. Pat O'Dowd, General Manager, Community Care Longford/Westmeath and Mr. John Cregan, Deputy CEO.

Practical Stress Management

Work, money and family are among the most common sources of stress. It may be tempting to say life would be better without stress, but the things that cause stress are often the things most important to us. In reality, daily chronic hassles cause the most stress.

Common stressors include:

- Work
- Parenting
- Pregnancy
- Stress And Change
- Caregiving
- Retirement
- Social Isolation

How To Determine Your Personal Stressors

As obvious as it sounds, stopping to think about what stresses you can help you cope - for several reasons:

- First, uncovering the roots of your stress gives you the information you need to avoid the stressful situation, if that is what you want to (and can) do.
- Second, knowing the sources of your feelings makes you feel more in control, and feeling more in control generally helps lessen stress.
- Finally, recognizing that the cause of your behavior is stress, not something else, can reduce your anxiety about the behavior itself.

Benefits Of Practicing Stress Management

The health benefits of practicing stress management include a reduction in your risk of heart attack and stroke and long-term improvement of medical conditions. Benefits such as lower anxiety and lower depression will provide more enjoyment in life.

Reducing Your Risk Of Heart Attack

A study of more than 100 people with coronary artery disease found that those who performed stress management techniques in addition to undergoing their traditional medical care reduced their rate of future heart attacks and cardiac surgery by 77 percent when compared with those who performed no stress management techniques.

Reducing Your Risk Of Stroke

A study of more than 250 healthy postmenopausal women found that those who suffered stress-related increases in blood pressure and heart rate may be at increased risk of arteriosclerosis, which, in turn, obstructs blood vessels and leads to stroke. Practicing stress management techniques may lessen these potentially dangerous reactions to stress, according to the lead author of the report, Karen Matthews, Ph.D., of the University of Pittsburgh. **Relaxation Techniques** Relaxation techniques are one of the most common approaches to stress reduction. These include meditation, progressive muscle relaxation, visualization and breathing exercises. Most are easy to learn.

Despite the fact that some people are cynical about the worth of such approaches, research has demonstrated consistent, powerful results. Stress researcher Hans Selye writes, "These practices should not be underestimated merely because science cannot explain them; they have worked for so long and in so many forms that we must respect them."

Practice The Relaxation Response And Similar Techniques:

Every day, plan to spend some time at rest (not asleep). Sit someplace comfortable, close your eyes and relax your muscles. Then focus on your breathing, making it very regular, and continuously repeat one word. You can repeat the word aloud or in your mind. But it should be either a simple word such as "relax" or "easy", a religious word or phrase, or a brief phrase that has no meaning - such as the "om" used in transcendental meditation - or one that simply does not make you think. Then just continue to breathe regularly, with your muscles relaxed.

Learn Progressive Muscle Relaxation

You can start from your head and work your way to your toes. Tense your facial muscles by biting

down and frowning your brow. Hold the tension for five to 10 seconds, then quickly release it. Next, tense your shoulder muscles by shrugging your shoulders and tucking in your chin. Hold the tension for five to 10 seconds, then release it. After that, tense your arm muscles by making a fist. Hold the tension for five to 10 seconds, then quickly release it. And so on. Simply continue to tighten a muscle and release it until you have worked all the way down your body. Mentally imagine the tension evaporating as you release the tension in each muscle. Focus on the warmth and heaviness of the body parts as they relax.

Visualization

Visualizing a pleasant place is a good way to mentally remove yourself from a stressful situation. To do this, sit or lie someplace comfortable and close your eyes. Practice the progressive muscle relaxation exercise. Allow whatever thoughts you have to pass through your mind without actually "thinking" about them. Breathe slowly and deeply until you feel relaxed. continue to visualize yourself there for five to ten minutes. Then gradually returnn your focus to the room you are in and end the visualization.

Practice Relaxed Breathing Exercises

Take a deep breath in and out. Did you feel your chest expand and contract? Did your shoulders go up as you drew air into your lungs? This is the way many adults breathe. But to breathe more efficiently - and in a way that promotes relaxation - we should look to the way we breathe while asleep. Typically, when in a relaxed sleeping state, we breathe from our diaphragm, the muscle between the abdomen and the chest. The chest does not obviously move in and out, and the shoulders do not move up and down. Instead, the abdomen rises with each breath we inhale and lowers with each

breath we exhale. It is both more effortless and more efficient than the typical waking approach to breathing - and, as a result, more relaxing.

How can you practice relaxed breathing? Lie on your back on a bed or recliner. Place your feet slightly apart and lightly rest one hand on your abdomen, just near your navel. Rest your other hand on your chest. Inhale through your nose and exhale through your mouth. Calmly exhale most of the air in your lungs. With each breath you take, focus on your breathing and recognize which hand is moving. As you slowly count to four, gently inhale, slightly distending your abdomen to make it rise about one inch. Imagine warm air flowing into your lungs and to all parts of your body. Pause for one second. Then as you slowly count to four, gently exhale, letting your abdomen slowly fall and your diaphragm relax upward. Pause for another second. Repeat this process five to 10 times. When you feel familiar with it, you can practice relaxed breathing while seated and, then, while standing.

• Write About Your Stress

Commenting on the value of writing about stressful experiences as a stress reduction technique, David Spiegel, M.D., in the Department of Psychiatry and Behavioral Sciences at Stanford University, wrote, "Ventilation of negative emotion, even just to an unknown reader, seems to have helped these patients acknowledge, bear, and put into perspective their distress." In other words, "it is not simply mind over matter, but it is clear that mind matters."

The most common experiences written about by subjects of this study were the death of a loved one, relationship difficulties, a serious problem affecting someone close to them and involvement in or witness to a car wreck or other disaster.

Express Your Feelings

Studies have shown that the alternative - suppressing negative

feelings and maintaining "an upbeat or a rigidly positive attitude" - does far less to reduce stress than letting your feelings out. Being assertive in communicating your feelings, which in turn can lower your stress level can have a significant *effect on medical conditions*.

Deflate The Danger Of Your Fears

The next time you feel yourself in the grip of a stressful situation, encourage yourself to look closely at your thoughts to see whether the situation merits as much stress as you feel. Ask yourself these questions:

- What is the worst possible outcome that can develop from the situation?
- Is it likely that the worst possible outcome will occur? If so, how likely is it?
- How would such an outcome change your life?
- Is there anything else you can do to influence the result, or have you done all that is possible?

Remove Stressors

Determine what you can realistically do and simply stop promising more than you can reasonably handle. Be polite when you do. Just say, "No. With the current responsibilities I have, I cannot take on more at this time."

Manage Your Time

One of the easiest ways to manage your time is by thinking about the demands or priorities you have and in what order you wish to address them. Some practical ways to take control of your situations is to write a list of items that need to be addressed, schedule time to work on the items you listed and organize the list and schedule by priority or necessity.

Maintain A Healthy Diet

If you're like many people, you probably have your favorite comfort food that you reach for when you're stressed. It might be ice cream, potato chips or a juicy hamburger. Whatever it is, chances are it's relatively high in fat, sugar or salt - in other words, from a health perspective, your comfort

food is probably bad for you.

Next time you're under stress, make a special effort to keep eating a balanced nutritious diet and eat comfort foods in moderation. Several studies suggest that maintaining a good diet may help reduce the stress you feel.

Exercise

For maximum effect, try an aerobic exercise (such as running, swimming or brisk walking) that increases your heart rate for 20 minutes or more. If you can't do that, even a 10-minute walk can help. Yoga and nonaerobic movement such as stretching also can reduce stress by inducing a calmer, meditation-like state. One reason exercise helps reduce stress is because it distracts you from whatever it is that is causing stress. It also helps you eliminate excess energy, which can stem from and contribute to stress. Exercise has a calming effect and can lead to decreased emotional distress and better concentration. And it makes you feel more capable of handling challenges, such as tackling the cause of your stress.

Socialise

Discussing your difficulties with someone you trust helps relieve tension and may also help you begin to solve your problems. Or you may prefer to participate in a larger social event, such as a sports team, a spiritual group or a group that gathers around a common interest in a hobby or some other activity.

Seek Therapy

If you've tried numerous stress reduction techniques but continue to feel more stress than is comfortable, you might want to talk to a therapist about:

- How to cope with stressful conditions with less difficulty
- How to better handle conflicts, manage anger or simply communicate with other people
- How to resolve some of the problems that are causing you stress.

Links between MHB and AIT Offer Exciting Educational Opportunities

Management, Communications, Nursing and Social Studies Courses

An Effective Partnership was how John Cusack Head of School of Business, Management and General Services, Athlone Institute of Technology, describes the close educational and training links which have existed between the Institute and the Board since their establishment 30 years ago.

Results over the years are proof of the success of this partnership said Mr Cusack who along with Ms Helen Fitzsimons Co-ordinator of Adult and Continuing Education Programmes at AIT have been involved in the organisation of a number of the courses. Mr Cusack thanked the Board for its support, commitment and participation in both the planning and delivery of various health service related staff development opportunity over the years. He explained that the Institute is always willing to receive requests for new courses provided there is an appropriate number

willing to participate. An example of the flexibility adopted by AIT is the National Certificate in Office Information Systems course which allows participants to select one subject and qualify with a NCEA single subject certification. *Courses offered by the Institute in association with the Board include:* **The NCEA- validated Bachelor of Arts in Healthcare Management** which is available on a part-time basis over four years. On successful completion of the first two years of this programme, the student is conferred with a National Certificate in Business Studies in Healthcare Management. The BA represents a key opportunity for health service staff to obtain a directly relevant third level qualification. The course is delivered by staff from the Institute and guest lecturers employed at a high level within the health service.

The first graduates were conferred in 1999 and to date a total of 22 students have obtained degrees. The opportunity to study for this much-valued and highly recognised qualification will commence again this October.

A feature of the course is the opportunity for shared learning between in-service employees from different disciplines. Among the other courses specifically for health service staff are; **Extra Mural Development in Management**

This interdisciplinary course is intended for prospective, appointed and acting supervisors who are employed in a range of functional areas. Subjects include:

- Budgetary control
- Human resource management
- Computing.
- Management theory
- Budgetary Control
- Human Resource Management



Studying for Extra Mural Diploma in Health Care Management, front Row (l to r): Mary Coughlan, Riada House, Sheila Kiernan, TGH, Anne Daly, TGH, Mary McEvoy, TGH, Mary Fitzpatrick, PGH, Marie Kearney, St Camillus Nursing Centre Killucan, Mary McDermott, WHB, Patricia Shine, St Vincent's Hospital Athlone, Ann Flanagan, Community Psychiatric Services. Middle Row: Mairead Lynch, St Vincent's Hospital, Brigid Ward, LWGH, Kirsten Fitzgerald, PGH, Geraldine Hoban, WHB, Marie Egan, WHB, Breeda Madden, WHB, Mary Creaton, WHB, John Cusack, Head of School of Business, Management and General Studies, Caoimhe O Connor Hughes, LWGH, Breege Donoghue, MGH, Dymphna Mc Donnell, WHB, Colette Quinn, LWGH, Helen Flynn, LWGH, Mary Hanna, St Vincent's Care Unit, Athlone, Ann Marie Mc Namara, WHB, Dorothy Hynes, St Joseph's Hospital Longford, Maura Belton, St Vincent's Hospital, Athlone. Back Row: John Hanily, WHB, Tom Raftery, WHD, Gerry Clarke, Ambulance Service, Brian Mc Caffrey, Ambulance Service, Donal O Sullivan, Irish Public Bodies.

- Computing
- Legal Aspects
- Marketing

Communications and Research Methods
It is delivered one day (2pm to 8pm) per week over a 20-week period. The next such course will commence in October.

Extra-Mural Diploma in Child and Family Health

This part-time course is intended for qualified and experienced nursing and other care staff. Successful completion may form part of the appropriate background for suitably qualified applicants for the Bachelor of Arts in Applied Social Studies in Social Care programme at the Institute.

- Content includes:
- Psychology
 - Research Methodology
 - Models of Family Therapy
 - Health Promotion
 - Computing
 - Legal Aspects
 - Stress Management
 - Substance Abuse.

Delivered one day (2pm to 8pm) per week over 20 weeks, this course is scheduled to re-commence in October next.

Extra-Mural Diploma in Communications Studies

A course designed for qualified and experienced staff who work in a range of functional areas. It is run on one day (2pm – 8pm) over an 18 week period.

- The content includes
- Communications
 - Research skills

• Computing
The next enrolment will be for a January 2002 commencement date. **National Certificate in Applied Social Studies in Social Care.**

A two year full-time course, which provides a knowledge and skills foundation for different aspects of social care work. It is followed by a one year National Diploma in Applied Social Studies in Social Care programme. Holders of the National Diploma at a required level or of an approved equivalent qualification may apply for the Bachelor of Arts in Applied Social Studies in Social Care Course which is available on a one year, full-time and two year part-time basis, at the Institute.

In addition to the above the School of Business Management and General Studies offers specialised computing courses for health service staff on demand.

On behalf of AIT Mr Cusack was highly confident that the strong links already established between the Midland Health Board and the Athlone Institute of Technology will continue to expand in the years ahead to the mutual advantage of both organisations.

Nursing Studies and Health Science

Nursing studies and Health Sciences is a new and growing department within the School of Science. In September 1998 the Department of Nursing Studies and Health Sciences at the Institute, in conjunction with the Board commenced the Registration/Diploma in General Nursing. The joint collaboration of the Midland Health Board, An Bord Altranais and the School of Science at AIT will equip the student nurses with the knowledge and competence to enable them to attain their goals within the profession of nursing.

National Diploma in Nursing General Nursing.

This three year full-time course is offered by the Institute in conjunction with the Board and An Bord Altranais. The course takes advantage of the various areas of expertise available in the Board's three acute hospitals. Each student undergoes a total of 85 weeks clinical study and 59 weeks theoretical study. Successful completion of the programme leads to the award of a National

Diploma in Nursing (General Nursing), from the NCEA, and prepares students from the professional examinations of An Bord Altranais. The award of An Bord Altranais, ie Registered General Nurse (RGN), is both nationally and internationally recognised. Graduates of this National Diploma may continue their studies on a part-time (ACCS) basis at the Institute for the National Diploma in Nursing in Gerontological Nursing or the Bachelor of Science in Nursing or related disciplines at other third level institutions.

National Diploma in Nursing

18 month part-time (ACCS) mode (1 day/week) This course validated by the NCEA, is designed to bring certificate registered nurses to the same educational standard as those who hold third level diplomas and also qualify them for entry to the degree programme. Students are allowed a maximum of five years to complete the programme and accreditation of prior certified learning may allow them to claim credit

for previous study undertaken at an equivalent academic level. **National Diploma in Gerontological Nursing** One-year part-time (one day/week)

The overall aim of this programme is to provide specialist education and training in the nursing care of older people.

Experienced nurses employed in the health service will acquire the knowledge and develop the skills necessary to provide a professional and human service for those in their care. This programme has been validated by the National Council for Educational Awards and granted Category 2 approval by An Bord Altranais. The course will involve attendance at the Institute, one day per week, 9am to 5pm.

Bachelor of Science in Nursing

Two-year, Part-time (ACCS) mode (1 day/week) This course validated by the NCEA, is designed to prepare graduate nurses who are able to reflect systematically on their practice and to contribute to the development of

nursing knowledge, theory and practice. This ACCS mode allows students to build a qualification over a period of time while receiving certification for each module completed successfully. Applicants are allowed a maximum of five years to complete the programme and accreditation of prior certified learning may allow students to claim credit for previous study undertaken at an equivalent academic level.

Application Procedure

Suitably qualified applicants should apply to: Department of Adult and Continuing Education, Athlone Institute of Technology, Dublin Road, Athlone, Co Westmeath. Tel (0902) 24606 Fax (0902) 24417 Further Information Aileen O'Connor, Head of Department of Nursing Studies and Health Sciences, AIT Tel (0902) 24523 Fax (0902) 24492 e-mail aocconnor@ait.ie Any person who wishes to have more information about the full range of courses available at AIT should view its Website at www.ait.ie



Guidelines for the Care of Children with Special Needs in Hospital

Guidelines for the Care of Children with Special Needs in Hospital, supported by the Midland Health Board, were officially launched by Mr Micheal Martin TD Minister for Health and Children.

The Guidelines are published by the Children in Hospital Ireland, who working in collaboration with over 50 support organisation, professionals and individuals, compiled the guidelines in response to the experiences of parents.

They are aimed at doctors, nurses, therapists, other clinical and non clinical support staff in hospitals and care institutions where children with special needs receive health care.

They are intended to augment, not replace those principles and practices embodied in professional roles or established good practice in the workplace. The colourful 30 page well illustrated and easy to read guidelines, prefaced by the guiding principles are divided into sections. These cover-

- Special Protection measures
- Communications with the children and with their parents
- Involving and supporting parents as part of the care team
- Physical care - positioning, feeding, toys and play.
- Special equipment
- Intimate physical care
- Mobility

- Making hospitalisation easier
- Compiling information relevant to a child's special needs.
- Contact list for over 50 support organisations.

Guiding Principles

- Ideally children should be with other children who have similar needs and not in adult wards unless necessary. Where there is no alternative, particular care and attention should be provided.
- Accommodation should be offered to all parents and they should be helped and encouraged to stay. Parents should not incur additional costs nor fear consequent loss of income.
- A child's dignity and rights must be respected at all times: while acknowledging a child's special needs he or she should always be accorded a sense of privacy and dignity.
- Via parents or carers, children with special needs must have the right to refuse, and be protected from, medical treatment the primary purpose of which is research, information or education rather than therapy.
- Children with special needs range from very

young children to teenagers and young adults. It is important to acknowledge this and treat each in a manner appropriate to their age.

- By creating an especially safe and healthy environment you give children with special needs the extra protection they require.
- You should strive to ensure that every child with special needs - and their family - is treated equally and without prejudice with regard to their culture, faith, lifestyle and social or marital status.
- It is in each child's best interest to establish and maintain clear two - way communications between children and their families on the one hand and staff, carers and relevant agencies on the other.
- Ensure that long term conditions do not mask other problems.
- Confidential and sensitive information must be respected.
- To maintain the highest possible quality of care, you should aim to provide a friendly environment in which each child has ready access to all necessary equipment and to parents or advocates.
- Never presume that you

know a child's needs and routines so well that you can anticipate what their daily needs will be. For many children, every day has the potential to be quite different.

• Both within and without your hospital or institution, you can help by actively promoting - in your day-to-day dealings - a positive, caring and optimistic image of children with special needs.

DOS AND DON'TS

- DO**
- Look at me when you talk to me
 - Use normal gestures and facial expressions
 - Talk to me frequently
 - Give me time to respond
 - Offer me choices whenever you can
 - Encourage me to chat
 - Observe my gestures and facial expressions
 - Please listen and watch: I'm trying hard to make myself understood
 - Speak normally
 - Try to ask questions that encourage me to give more than yes-or-no answers
 - Check you understand what I'm saying: ask
 - Remember my device is my voice
 - Face me when you talk to me
 - Talk to me at eye level
 - Do ask if I have finished

DON'T

- Shout or raise your voice
 - Stare at me
 - Pat my head
 - Patronise me
 - Make unrealistic demands
 - Anticipate the end of my sentences unless I ask you to
 - Stand behind me when I am trying to communicate
 - Read the display of my electronic device unless I ask or give permission
 - Ask and answer your own questions without waiting for my response
 - Ignore me
 - Touch my device unless I ask or give permission
 - Stand too close to me
 - Switch my device off
 - Lean on my device
 - Remove my device without my permission.
- Children in Hospital

Ireland personnel are distributing the guidelines with a personal presentation to senior staff in all children's wards and units. The booklet is also being distributed to heads of other departments

including X-ray, OPD A&E Physio, ect, where children with special needs are treated. Children in Hospital Ireland, can be contacted at 01.8780448.

Senior Audiologist

Ms Patricia Kilmartin is the Senior Audiologist - Adults, for the Midland Health Board. She covers the adult hearing aid clinics in Laois, Offaly, Longford and Westmeath for medical cardholders only.

The National Rehabilitation Board was dissolved in June 2000. There is now a transition period in which the audiology services are being transferred to each health board area. At the moment, the Northern Area Health Board of the Eastern Regional Health Authority manages the audiology services for the country. It is envisaged that the audiology services will be officially transferred to each individual health board by June 2002.

Patricia studied in both Middlesborough and in Belfast where she received her BATT Part 11 qualifications. She is married to Desmond. They have three children and live in Camross, Co. Laois.



Food Safety Certificates Presentation



Presentation of Food Safety Certificates at St. Fintan's Hospital (1 to r): Margaret Walsh, Shaen; Bridget Kavanagh, Shaen; Mary Redmond, St. Fintan's; Teresa Kennedy, Administrator, St. Fintan's; Margaret Dunne, Catering Manager and Joan Deegan, SEHO. Back row: Josie Daly, Joan Walsh and Anne Kelly, Birchwood House; Sally Hogan, Birr Community Health; Breda Guilfoyle, PGH; Gertrude Butler, Birr; Angela Ryan, Birr; Barbara Fitzpatrick, Derval Cleary, Norma Fitzpatrick and Mary Kelly, Erkina House.



At work in the newly refurbished library at St. Fintan's Hospital, (1 to r): Denise Connolly, St. Brendan's Hospital; Mary Redmond, A/CNO, St. Fintan's Hospital; Lorraine McHugh, School of Nursing; Sandra Keating, Librarian and Sean Fennelly, Training Officer, St. Fintan's.

MUSIC IN HEALTH CARE

Music Network, the ESB sponsored national music development organisation, is poised to embark upon a major piece of action research, with the active

support and full participation of the Midland Health Board, and the support of the Department of Health and Children.

Speaking at the launch of Music Network's Policy Document, Ms Sile de Valera T.D. Minister for Arts, Heritage, Gaeltacht and the Islands said she

has followed with special interest, how Music Network has imaginatively approached the task of bringing music to elderly people, living in healthcare settings.

This new project has evolved from a straightforward idea, based originally on presenting enjoyable concerts for people in various types of healthcare contexts, so that it is now focused upon providing older persons, in residential and day care settings, with a high quality and meaningful encounter with live music. The entire approach has the potential to make a significant contribution towards the debate on how to build an inclusive society, where disadvantaged groups of our fellow citizens can

enjoy, in the normal course of their lives, access to acceptable 'quality of life' benchmark standards. As befits a challenge of this nature, Music Network has chosen to work in a key partnership with the appropriate local and national agencies. The purpose of this research is to develop a transferable model for using live music in Care for the Elderly residential and day care settings. This model will be developed through extended project work in locations though the Board's a area including Riada House, Ofalia House, St Vincent's Mountmellick, St Joseph's Longford, St Mary's Mullingar; Birr Community Nursing Home, Athlone District

Hospital and Shean. Very successful and enjoyable concerts were organised with the full involvement of clients in a number of the Board's centres last year. For sure, this is an ambitious aim that demands seemingly endless amounts of both energy and patience in equal measure. But the prize is great, for if ultimately successful, these types of partnership informed models have the potential to make a meaningful impact on a national level, thereby significantly developing access to music in this country. Music Network's new website, www.musicnetwork.ie, provides information on all aspects of the organisation's work.



Pictured at the launch (l to r): Mr. John Kincaid, Administrator and co-ordinator of the Music Network activities within the Board; Mr. Sean Lynch, Manager Mullingar Arts Centre; Ms. Sile de Valera, T.D. Minister for Arts, Heritage, Gaeltacht and the Islands; Senator Pat Moylan, Chairman of the Midland Health Board and Mr. John O'Kane, CEO Music Network.

Community Approach to No Smoking

There is no simple way to prevent children and young people from taking up smoking.

A factor strongly associated with decisions to start smoking is the influence of family members and peers. Research suggests that approaches involving different interventions can influence smoking behaviour, particularly when multiple sites within a community are targeted. Programme implementation before regular patterns of smoking behaviour are formed is being acted upon by the Midland Schools Health project. Joe Whelan, Senior Health Education Officer explains that the community wide approach S.C.R.A.P. planned for Birr is aimed

at preventing young people from smoking. The project will target 8-18 year olds over the next 5 years. "These children will learn about the health risks of smoking as well as the skills in saying 'no' when put under pressure to smoke. They will be encouraged to pursue healthy leisure activities, which will reinforce their decision not to smoke," explained Joe. "Substance misuse prevention is a complex task. No one group holds the key to prevention, rather a co operative approach is required. Parents, teachers, sports and community organisations in partnership with the Board's support services will work together on this project," he added.

Over the past weeks the staff from the Board visited the schools involved in the project to survey smoking habits and attitudes among students. The Health Education Officers also trained pupils in sixth classes to deliver an anti-smoking presentation to the students in other classes in the schools. An information stand is to be set up in St. Brendan's Community School and it is hoped to provide assistance to those who wish to quit smoking. Smoking remains a priority health issue, particularly for those working with young people. The Sian report highlighted that adult smoking rates far exceed the target set for the year 2000 and that rates among young women are now comparable to men. 49% of children reported that they had ever smoked a cigarette. By age 15-17 years, one third of young people are smokers with an even higher rate of 40% of girls. These statistics highlight the importance of the development of initiatives to support those working in the school setting to provide education programmes and implement smoke free policies and to develop initiatives in the home and community.



At the launch were Caroline Bailey, PHN and Kathleen Griffen, PHN, with a jar of tar from the contents of 20 cigarettes a day for 1 year.



Pictured at the launch in Birr by All-star hurler Brian Whelehan (l to r): Caroline Bailey, Alan Browne, Clareen N.S.; Sharon Foley, Health Promotion Officer; Brian Whelehan and Evan Kennedy, Clareen N.S.

Mary Features on Radio World Book Day Special

Nurse Mary O'Hara, St Vincent's Hospital, Mountmellick, was selected from hundreds of entries and the only one outside of Dublin to reach the last four contestants on The Pat Kenny Show World Book Day Special.

Earlier this year The Pat Kenny Show asked all those communities, schools, and any organisation interested in having a library to write in 200 words outlining why they needed such a facility. Mary, who lives in Portlaoise, wrote about the social gain of a library for the patients and clients of St Vincent's Hospital. So successful was her writing that she was one of the four selected and given the opportunity to put forward her pitch in two minutes on The Pat Kenny Show, on World Book Day.

The competition was judged by Rosemarie Dawson, Publicist and Co-ordinator, World Book Week; Michael O'Brien, O'Brien Press; Seamus Hosey, Senior Arts and Features Producer, RTE radio and Marion Richardson, Series Producer, The Pat Kenny Show. Mary who is to be commended on her efforts on behalf of the patient's of St Vincent's Hospital, as one of the runners-up received a £100 book voucher for the hospital. "I am delighted that I took part in the competition which I hope in its own way will benefit and add life to years for the patient's in St Vincent's" said Mary.



ADULT COUNSELLING SERVICES

The **Adult Counselling Service** is for adults who have suffered physical, emotional, sexual or neglectful abuse during their childhood. It is a community based counselling service covering the four Midland Health Board counties of Laois, Offaly, Longford and Westmeath. It is linked with **National Counselling Service** and a similar service has been established in each of the ten health board regions. The recognition of the need for a **National Counselling Service** was administered by An Taoiseach, Mr. Bertie Aherne, in May 1999, when a national apology was made to the Survivors of Institutional Abuse and a package of measures to assist victims was outlined which included

- The establishment of the "Commission to Inquire into Child Abuse"
- The establishment of the **National Counselling Service** (i.e. Adult Counselling Service in each Health Board area.
- The establishment of the

National Office for Victims of Abuse (to give support, advice and assistance in an impartial and fair manner to those who, as children, suffered abuse which residing in institutions). The 'Commission to Inquire into Child Abuse Act, 2000' established a forum for:

- a) survivors to recount their abuse;
- b) the Committee to enquire into the alleged abuse of children in institutions;
- c) the determination of the causes, nature and extent of such abuse.

At the end of its enquiry period the **Commission** will report and make recommendations based on evidence given by survivors before the Investigation and Confidential Committees (working Committees of the Commission). In response to the establishment and work of the Commission, the **National Counselling Service** was launched on 11th September, 2000. Freephone 1800 Numbers

were advertised for each Health Board area which were manned by trained staff. Discussions were held at a national level with groups representing Adult Survivors of Abuse which indicated a preference for a localised community based counselling service, i.e. a service in each health board area. In the Midland Health Board the service is based at Tullamore with Outreach Counselling Centres in Mullingar, Athlone, Longford, Portlaoise and Birr. A Client who encounters difficulties in travelling to areas of these locations can also be seen at a local Health Centre closer to his/her own residence by arrangement with his/her Counsellor. The Service is currently staffed by a Director of Counselling, three accredited Counsellors and administrative staff. Counselling staff have a primary degree in Psychology, Social Work, Nursing or Medicine and a relevant post-graduate qualification in a

counselling or therapy field. All staff have over two years post-accreditation experience working with individuals who have survived traumatic incidences in their lives.

What is counselling?
Counselling endeavours to provide a person referred to the service with an opportunity to explore childhood experiences in a safe, confidential and non-judgemental place. Clients are supported on their path through counselling within an atmosphere of understanding, respect and trust. Abuse or neglect in childhood can have a very significant impact on an individual's adult life and each survivor is affected differently. The counselling process is not an easy task for survivors of abuse and frequently can be painful. The effects of abuse do not have to be permanent and when individuals are given the opportunity to be listened to within a counselling environment, the process can enable and

help them to live much better, more fulfilled and more integrated lives within their families and society.

Location of M.H.B. Adult Counselling Service:
"The Arches", 21 Church Street, Tullamore, Co. Offaly.
Telephone Number: (0506) 27141 / 27140 or Freephone Number: 1800 234 113.
Hours of Service:
9 a.m. - 5.00 p.m. (24 hour answering service on Freephone Number).
Referral process:
Clients to the Adult Counselling Service can self-refer by contacting the Freephone Number: 1800 234 113. (Advertised locally through Radio stations and local newspapers, as well as via information leaflets and posters in local health and civic buildings). Clients can also be referred by their G.P.'s, Social Workers or Consultant Psychiatrists. (A mental health report is required in situations where clients may have a history of psychiatric difficulties).

Number of Referrals:
In the first six months of the establishment of the M.H.B. Adult Counselling Service: (September 2000 - February 2001): 96 referrals were received. Of this number: 41 were self-referrals (through the Freephone), 25 from the Psychiatric Services; 17 from G.P.s., and 8 from other services.

Initial Appointment:
The Adult Counselling Service offers each person an initial appointment, prior to the commencement of counselling, at which he/she is briefed and given the information that will enable him/her to make an informed decision as to whether or not counselling would be beneficial. The Service provides individual counselling as well as group counselling (where appropriate) and also provides support to family members and spouses of an individual abused during their childhood. Further information: (0506) 27141/27140 or Freephone: 1800 234 113.

STEERING GROUP ON SUICIDE

An information evening for senior hospital staff in relation to the Board's involvement in a National Parasuicide monitoring study, was hosted by the Board's steering Group on Suicide.

The Board in partnership with the National Suicide Research Foundation have appointed a data collector to collect information on the

incidence of deliberate harm and attempted suicide in the Board's hospitals throughout the region. This study has been in operation since 1995 in the Southern and Mid-Western Health Board regions. Other health boards are now getting involved and it is planned to have the study extended nationally. The Midland Health Board is the

fourth board to come on board. The registry will be fully established as a paper based data collection system by the end of the year 2001. For some health boards the findings from the first full year's data will be available by March 2002 and for all Health Board's this information will be available by the end of



Billy Bland, Suicide Resource Officer; Anne Kelly, Unit Nursing Officer, Longford/Westmeath General Hospital; Richard Walsh, General Manager, MHS; Joe Martin, Administrator LWGH; Miriam O'Callaghan, Acting Senior Administrator, Tullamore General Hospital; Peter Waters, Portlaoise General Hospital.

2002.

Why establish a registry?
Suicide in Ireland is rising and is one of the fastest growing rates in the world. The number of suicides registered in 1996, 1997, and 1998 represents a 33% rise in just two years. Suicide is now the leading cause of death among young Irish people. Parasuicide is closely linked to completed acts of suicide.

- About one third of suicides in Ireland are preceded by parasuicide.
- One in five people who engage in parasuicide repeat within six months.
- Those who engage in parasuicide are approx. twenty times more likely to eventually kill themselves.

So learning more about

people who attempt suicide will help in learning more about how we can prevent completed acts of suicide.

Registry
This registry will enable the study of the general characteristics of people attempting suicide. Are they concentrated in particular geographical areas? Are they over-represented by people who come from particular social backgrounds? The registry will help to inform policy and plan preventative measures. The national monitoring system will provide better knowledge of suicidal behaviour and it's relationship to precipitating and predisposing factors, specifically trends in

parasuicide over time in different regions in Ireland. By analysing these general characteristics we can develop policies and implement measures which are more closely tuned to the needs of vulnerable groups. At health board level the registry will assist more effective deployment of resources. Geographical areas exhibiting high risk characteristics may be targeted. Social groups, identified as being particularly vulnerable, may receive focused attention. Well tuned and appropriate protective measures can be introduced with the assistance of collaborating agencies such as schools and colleges.



Milupa Ireland sponsor a national award each year for the student who achieves the highest overall marks in the Higher Diploma in Public Health Nursing. Ms Paula Duggan, a native of Ballina, Co Mayo and working as a PHN in Clara, Of Offaly received the award for 1999. Pictured receiving her award at a function in Hayfield Manor Hotel, Cork (l to r) Rose Howard Milupa, Paula Duggan and Professor Geraldine McCarthy.

MIDLAND HEALTH BOARD PARTNERSHIP COMMITTEE

The first meeting of the Midland Health Board Partnership Committee was held in the Boardroom on February 16 last. At the outset, Mr Denis Doherty, CEO took the chair as is provided for the Health Services National Partnership Forum. Oliver Smith, partnership facilitator, was also present. Members of the Committee are:

Ms Alice Burke, a/ director of nursing, PGH; Dr Patrick Murphy, consultant, physician, TGH; PJ Lawlor, director of nursing services, St Fintan's Hospital; Michael Smith, consultant, radiologist, L/WGH; Orlaith O'Brien, a/director of nursing, TGH; Catherine Samuels, occupational health section; Sharon Foley, health promotion officer; John Bulfin, general manager, acute hospital services; Seamus Hoyer, c/o St. Loman's Hospital; Pat O'Dowd, general manager; Veronica Gavigan, L/WGH; Larry Bane, personnel officer; Clare Mulligan, senior medical laboratory technician, L/WGH; Denis Doherty, CEO; Billy Reilly, St Mary's hospital; Mike Jennings, regional secretary, midlands branch - SIPTU.

Committee Structure
Members are nominated as follows: eight members nominated by management, eight members nominated by the unions. Any committee member can submit items for inclusion on the agenda. Any matter that effects the working of the organisation may be included as an item on the

agenda.

Decisions are reached by consensus ie there has to be agreement from all the groups represented on the committee ie management and unions. Where there is not such agreement, matters may be dealt with through the industrial relations process where appropriate or simply parked.

Consensus means:

- Everyone is treated equally
 - Everyone is listened to
 - Everyone need not agree 100 per cent with the decision but everyone must be able to live with it.
- The Committee will meet each month. Subjects discussed to date by the committee include, staff welfare, workplace health promotion and a possible staff savings scheme following the new savings scheme announced recently by the Minister for Finance.

Minister for Health and Children, Mr Micheal Martin TD has identified the National Partnership Forum and Local Partnership structures as having a key role in developing the new National Health Strategy.

Members of the Committee felt that the views of staff should be reflected in the new Strategy and that the members of the committee should take an active role in gathering information/feedback for the Strategy. All of the sub-committees will be facilitated by Mr Smith.

What 'Partnership' Means in the Health Service Context

Partnership is set in the context of the Partnership 2000 Agreement and the provisions of the National Health Strategy - Shaping A Healthier Future. The Partnership 2000 Agreement sets out general parameters which in the health service context requires a concerted and co-ordinated drive to improve responsiveness and flexibility in the delivery of services combined with a better response to staff aspirations for more fulfilling work and improved career paths. The outcome is seen to be an organisational climate conducive to better job satisfaction, motivation and commitment that will ultimately benefit those for whom the service exists to provide treatment and care. The partnership approach requires the introduction of structures to aid and verify implementation of action plans. It requires the development between management, staff and unions of processes to successfully progress and complete partnership projects. It is also accepted that the full remit of managerial accountability, consultants' clinical responsibility and statutory obligations cannot be dealt with through the partnership process.

The partnership approach does not replace or substitute national or local industrial relations systems and procedures. However, it would be expected that as the partnership approach evolves and develops it should progressively reduce the traditional adversarial approach to industrial relation issues. It may be necessary that implementation of some action plan issues be referred through industrial relations procedures to conclusion or, alternatively, that some issues may be channelled from industrial relations procedures to working groups or other processes under partnership

arrangements. Such referrals may arise at national, regional or local levels as appropriate to the issue involved.

National Partnership Forum

A National Partnership Forum was established in April 1999. Membership of the Forum comprises an equal number of management and trade union representatives. The role and purpose of the National Partnership Forum is as follows:

- To provide a national level forum within which health service management and trade unions can agree the broad parameters within which partnership is advanced at regional and local level;
- To support the partnership process within agencies and, if appropriate, support initiatives with service wide applications;
- To oversee a health service wide communication system which monitors progress and offers advice as required;
- To monitor relevant developments at national level in areas outside the health service;
- To formally verify progress in the health service context to implementation of the modernisation programme set out in the Partnership 2000 Agreement.

Subject to the latter provision the Forum will not function as a referral mechanism for industrial relation issues.

Communications and Training

It is recognised that the issues of communication and training are central to the partnership process.

Communication

A system of joint communication will be used with the objective of generating commitment to and understanding of the process among all participants and avoiding

potential for interpretative difficulties.

The H.S.E.A. will continue to work with agencies and trade unions to broaden the understanding of the partnership process within the health service. Further workshops/seminars will be organised in association with agencies. Liaison with the National Centre for

Training

It is recognised that specific training will be required to assist both management and staff representatives involved in Partnership Committees and/or Local Partnership Working Groups. Appropriate training initiatives will be developed. The National Partnership Forum will co-

Structures of Partnership Committees

Each Partnership Committee will be chaired by the Chief Executive Officer of the agency. By agreement among the Committee members, the position of chairperson of the Committee should be rotated to provide that the chair may be held equally by a staff representative or arrangements made for jointly chairing the Committee's deliberations. It is recommended that Partnership Committees should comprise 12 members approximately comprising balanced representation of management and staff. In the case of the Midland Health Board the number agreed was 16. Committee membership should reflect both the range of service provision and the range of staff interests. The Committee may, by agreement, establish sub-committees in respect of specific locations or programmes should it be deemed appropriate.

Role and Purpose of Partnership Committees

In general terms the role and purpose of Partnership Committees is to provide a forum which provides an overall focus for the partnership process and facilitates its development and implementation. Specifically, Partnership Committees will draw up action plans based on the provisions of the Partnership 2000 Agreement, organisational/corporate strategies and service plans. The Committee may invite individual staff or units within organisations to propose initiatives appropriate for inclusion in action plans. In drawing up action plans due regard will be had to issues specific to the agency involved and to other existing or planned partnership initiatives.

Partnership will continue with the objective of ensuring that the health service benefits from its initiatives.

Agencies will work to ensure, through Partnership Committees, that systems for communication, consultation and participation by staff in the development of key organisational goals and objectives are in place. It is recognised that open communication systems facilitate cognisance of both management staff view points and contribute to an enhancement of mutual respect and trust.

ordinate training initiatives which will facilitate members of either such groups in developing their competencies in areas such as:

- Communications appropriate to the Partnership process
- Group dynamics and interaction
- Problem solving
- Consensual decision making

It is recognised that members of Local Partnership Working Groups will normally have expert knowledge in relation to the issues being examined by their groups.

The National Health Services Partnership Agreement

Mission Statement

Working together for a better health service provides for a new active relationship in managing change characterised by employee participation and consultation, the development of joint objectives, co-operation and trust and the delivery of patient-focused quality health services.

Partnership Issues

Partnership is seen as an appropriate approach to modernisation of public services through engagement of all participants in development of a shared vision of organisational objectives and goals.

The partnership approach is seen as facilitating adaptability, change and innovation in methods of service delivery and in minimising or eliminating conflict in the resolution of difficulties - with the objective of improving the quality of service for those who receive treatment and care from health service providers.

The key principles underpinning the partnership approach are:

- Quality in the delivery of health and social services;
- Opportunities for staff to be involved in and contribute to meeting organisational challenges, the development of strategies and service planning;
- Skills development and training to improve services in line with the 'high trust, high skill, high quality workplace' principle;
- Co-operation with change including new forms of work organisation and/or service delivery including the effective use of new technology;
- Equal opportunities including reconciliation of family and work responsibilities;
- Workforce composition including possible evaluation of working arrangements or re-profiling work;
- Enhancing the quality of the work environment;
- Re-organisation of conventional structures or approaches to service delivery;
- Effective management of people at all levels and performance review;
- Communication and consultation.



The Midland Health Board Partnership Committee (seated l to r): Mr. Larry Bane, Personnel Officer; Mr. P.J. Lalor, Director of Nursing, St. Fintan's; Veronica Gavigan, LWGH representing IMPACT; Mr. Denis Doherty, Chief Executive Officer; Ms. Clare Mulligan, Senior Medical Laboratory Technician LWGH, representing Medical Laboratory Sciences Association; Ms. Catherine Samuels, Occupation Health Section representing INO and Oliver Smith, Partnership Facilitator. Back row: Billy Reilly UACAT; Sadie Hogan, secretary to the committee; Mike Jennings, SIPTU; John Bulfin, General Manager Acute Hospitals; Alice Bourke, A/Director of Nursing, GHP; Sharon Foley, Health Promotion Officer and Seamus Hoyer, PNA.

OCCUPATIONAL HEALTH ALERT

Commonest Hazard Faced by Staff

There were 52 reported needle stick/exposure incidents in the Midland Health Board last year. A needle stick injury is one in which there has been skin penetration by a sharp, which has been used on a patient or been in contact with a patient's body fluids. Other accidental exposure incidents include bites or splashes of infected materials on to the skin or mucous membranes. Exposure to blood and blood stained body fluids represent the most serious risk.

Needle stick injuries are caused by needles, such as hypodermic needles, blood collection needles, I.V. cannulas, to mention just a few. Exposure incidents are caused by splashes of body fluids coming in contact with the conjunctiva, broken skin or mucous membranes. Needle stick injuries/exposure incidents may cause potentially serious infections with blood borne pathogens, such as Hepatitis B virus, Hepatitis C virus, Human Immunodeficiency Virus (H.I.V.).

There are no vaccines as yet to protect against Hepatitis C virus and H.I.V. However, there is a vaccine against the Hepatitis B virus.

WHAT IS HEPATITIS B?

Hepatitis B is a viral disease which attacks the liver and causes jaundice. It is about 100 times more infectious than the AIDS virus and second only to cigarette smoking as a cause of cancer. Acute Hepatitis is rarely fatal but victims often need several weeks or months for recovery. Chronic Hepatitis B occurs in up to 10% of those infected and can lead to irreversible liver damage and liver cancer.

HOW DO YOU CATCH IT?

Infected blood is the commonest way the virus is transmitted from one person to another. This could be through even a small scratch or needle stick injury.

Hepatitis B has also been found in other body fluids, such as saliva, semen,

vaginal secretions, sweat and tears.

Persons exposed to blood or other body fluids regularly are at an increased risk from Hepatitis B infection and should take the necessary preventative measures.

WHAT ARE THE SYMPTOMS?

The symptoms of Hepatitis B can be vague and are often mistaken for mild flu, they include, tiredness, nausea, loss of appetite, tenderness in the abdomen and jaundice.

One-third of adults who contract Hepatitis B will display no symptoms. Another one-third will be only mildly affected with flu-like symptom, while the remaining third will suffer from increasingly severe symptoms and jaundice.

After six months, if a person is still infected with the virus, they are considered a chronic carrier. Approximately 5 to 10% of infected adults go on to become chronic carriers and are highly infectious to others.

COULD YOU BE AT RISK?

Hepatitis B is a recognised

occupational hazard for all health care workers such as doctors, nurses, dentists, care assistants, laboratory staff, paramedics, emergency medical personnel and first-aid workers.

This is why the following groups are also considered potentially at risk from Hepatitis B: residents and staff in institutions, cleaners, hospital porters and laundry staff.

It is important to evaluate exposure to blood and other body fluids when assessing whether or not you are at risk from Hepatitis B.

HOW CAN I BE PROTECTED FROM HEPATITIS B?

The vaccine is an injection normally given into the muscle of the arm. You will need 3 or 4 doses of the vaccine given over 6 or 12 months to become properly protected. Your doctor or nurse may feel it is better for you to have 4 doses if you need to be protected quickly. You will require a serological (blood) test to check your acquired immunity post vaccination. You may

need one booster injection 5 years later if you remain at risk from Hepatitis B. In an effort to reduce the number of needle stick injuries, the Occupational Health Service have recently introduced Needle Protectors for use with the Monovette needle system in the General Hospital, Portlaoise and the General Hospital, Tullamore on a trial basis. The Needle Protectors are available in all departments and wards and staff have been trained in their use.

Following a six month trial period, a clinical audit will be carried out on their use and effectiveness by Ms. Majella Robinson, Clinical Auditor. With your co-operation we can help reduce needle stick injuries.

In the event of a needle stick, Sharps injury or cut, the injured person should:-

1. Encourage bleeding under copious amounts of warm running water for at least 2 minutes. Do not suck the puncture site.
2. Apply antiseptic (e.g. Betadine) and cover with waterproof dressing if necessary.
3. Report the accident to your supervisor.
4. The injured person should then attend the nearest A&E Department.
5. The exposure incident report form should be completed on the initial visit to A&E.
6. This report form should be forwarded to the Occupational Health Sister who will then notify the Department of Public Health.
7. An IR1 form should also be completed in the A&E Department.

In the event of a splash to mucous membrane, conjunctiva or non-intact skin, the injured person is to:

1. Wash the exposed site immediately with copious amounts of warm water, or normal saline in the case of conjunctival contamination.
2. Follow steps 4 - 8 as above.

REMEMBER:

- Think safety.
- Don't take risks with your own health and other people's health.
- Know your immunity to Hepatitis B.

- Always adopt safe work practices. You may have acquired immunity to Hepatitis B, post vaccination, but you are not protected against Hepatitis C virus/H.I.V.
- Arrange an appointment with the Occupational Health Service if you have not been vaccinated or are unsure of your immune

status.

All staff employed in clinical setting have a responsibility to practice in a manner that reduces the risk to patient in their care, themselves and their colleagues.

We need to act now and with everyone's co-operation, we can reduce/prevent needle stick injuries.

For more information, please contact the Occupational Health Service at (044) 84482/44096 or (086) 8157401.

PROTECT YOURSELF - DON'T LET SOMEBODY ELSE'S PROBLEM BECOME YOURS!

Staff Consultation on the National Health Strategy

The development of the new National Health Strategy is underway by the Department of Health and Children, to provide improved health status over the next five to seven years.

The development of the new Strategy aims to be a highly participative process.

As a member of staff within the service, you are invited to contribute to the development of the new Strategy through the staff consultation process planned by the Board's Partnership Committee.

In carrying out the consultation process this Committee is anxious to have as wide a consultation as possible both in terms of geographical spread and grades covered but is mindful of the time constraints, as a submission must be prepared before the end of April. To carry out the consultation exercise the committee has decided to hold a number of seminars throughout the Board to which all staff are invited. It has identified the following locations for these seminars.

Tullamore 11 April; Longford 12 April; Portlaoise 17 April; Mullingar 18 April; Athlone 23 April; Birr 23 April

In most cases there will be three seminars held on each day to facilitate maximum opportunity to attend. The times proposed are 10.30 - 12.30, 2.00 - 4.00, and 5.30 - 7.30. Staff should see this as an opportunity to contribute to the formulation of a Strategy which may inform the approach to health in the country for the next 7 - 10 years. These seminars will be facilitated and assisted by the members of the Partnership Committee. More information on venues etc. will issue shortly.

It is intended that the new Strategy will build on the current Health Strategy, Shaping a Healthier Future (1994) which was underpinned by three principles; equity, quality of services and accountability. The new Strategy will take a fresh look at fundamental aspects of the health system to build on the progress made over the last seven years. The guiding principles underpinning the new Strategy are likely to emphasise a more people centred/consumer oriented system, an analysis of cross-sectoral issues affecting health status, the development of integrated sets of quality services, accessed on the basis of need as well as a strong focus on equity.

The key elements of the new Strategy are expected to include health promotion/population health, quality, information systems and e-health, health futures, delivery systems including human resource issues, funding and eligibility.

Ms Eileen O'Neill, Project Specialist, Children & Families is responsible for co-ordinating the consultative process involved in the development of this Strategy in the Board's area. The consultative process will involve staff at all levels within the Board, organisations/agencies outside the Board, hard to reach groups, users of services and the public.

EURO WATCH

275 Days to Euro Day (from 1st April)

BACKGROUND

The framework agreed for Economic and Monetary Union (EMU) was established in the Treaty of European Union (Maastricht Treaty) in 1992 and came into being on 1st January 1999. Eleven Member States of the European Union, including Ireland, formed the Economic and Monetary Union on 1st January 1999 and created a single currency, the Euro. The exchange rates of all eleven currencies were irrevocably fixed against the Euro.

On this day the Euro became usable for cashless transactions i.e. direct debits, credit transfers, cheques etc. The countdown to the Euro is now in its final phase and Euro notes and coins will become legal tender on the 1st January 2002.

THE EURO PROJECT TEAM

A Euro Changeover Plan was compiled and approved by the Board and a Project Team is now in place to implement this plan. The Project Team includes Karen Healy, who recently joined the Board as Euro Project Manager. Areas critical to the project include - Finance, IT, Training & Communications. The following people have

since been appointed to the above rolls on the project team:

Finance Specialist - Jason Henshaw
IT Specialist - Martina Martin

Training & Communications Specialist - Shiela Murphy
The team will be working under the guidance of the Euro Steering Group, which is chaired by the Director of Finance, Diarmuid Collins.

EURO AND THE MIDLAND HEALTH BOARD

The main objectives of the Euro project team is to prepare the Midland Health Board for the introduction of the new Euro currency so that it:

- supports all the Board's staff, clients and partners
- enables the Board to operate as though the Euro was always the currency of the Board

The Board's Euro Changeover Plan divides the project into three main areas:

Systems and IT

All systems, which hold any monetary value, will need to be either upgraded or converted to ensure Euro compliance. Subsequently these conversions or upgrades will require testing to ensure no problems arise on the day of conversion.

Finance and Business Processes

All business processes which deal with the handling of cash or financial information will need to be assessed and

accounts will be credited in Euro

- All withdrawals from accounts will be debited in Euro
- Social welfare payments will be in Euro

THE EURO TIMETABLE

1st January 1999

The Euro became the official currency of the state. The exchange rates of all member states were fixed. One Euro = IR£0.787564
IR£1 = E1.27

March - October 2001

All Midland Health Board IT systems impacted by the Euro will be assessed, upgraded or converted to ensure Euro compliance. Euro awareness campaign will be rolled out to all MHB staff.

October/November 2001

MHB go live with conversions of all critical systems i.e. SAP, PAS & Payroll.

1st January 2002 - Euro Day

Euro notes and coins will be introduced
Irish £ notes and coins will begin to be withdrawn from circulation

9th February 2002

End of dual circulation period - Irish notes and coins will only be exchanged by the Central Bank after this date.

revised to deal with the introduction of the Euro. Any documentation used within the Board, which carries either a monetary value or a £ symbol, will have to be withdrawn and issued in Euro.

Training and Communications

Any changes associated with the changeover to the Euro, will be communicated to all employees. An awareness campaign will be developed and communicated to all staff members, clients, patients, pensioners and suppliers.

HOW WILL THE EURO EFFECT YOU?

• Euro notes and coins will come into circulation on 1 January 2002 when Irish notes and coins will begin to be phased out.

• Irish notes and coins will be taken out of circulation on 9th February 2002

• From 1st January 2002 retailers will accept Irish notes and coins but will give change in Euro

• ATM's will dispense Euro notes only

• Accounts in Irish pounds held at banks, building societies and post offices will automatically converted to Euro

• Non-cash transactions for example credit cards, cheques and laser cards, will be dominated in Euro

• All lodgements to

Salaries, wages and pensions will be in Euro
It is estimated that by the end of the second week of January the majority of cash transactions will be carried out in Euro.

SUMMARY

The Euro is not simply a financial issue it will effect

A Shopping Basket in €uro

Sugar	£0.89.....€1.13	
Tea	£3.58.....€4.55	
Butter (Spread)	£0.89.....€1.13	
Sliced Pan	£0.84.....€1.07	
Marmalade	£1.12.....€1.42	
Jam	£1.15.....€1.46	
Rice	£0.79.....€1.00	
Ketchup	£0.66.....€0.84	
Cornflakes	£2.29.....€2.91	
Cheese	£1.69.....€2.15	
Tin beans	£0.47.....€0.60	
Tray eggs	£2.19.....€2.78	
Milk	£0.64.....€0.81	
Soup	£0.62.....€0.79	
Bag Potatoes	£4.75.....€6.03	
Large Chicken	£5.99.....€7.61	
Mixed Veg (Packet)	£1.29.....€1.64	
Pizza	£1.99.....€2.53	
Cola	£1.19.....€1.51	
Washing Powder	£3.29.....€4.18	
Fruit Juice	£2.69.....€3.42	

€1 = £0.787564

NOTE: The figures shown above are sample prices only.

More information from:

Euro Changeover Board of Ireland, 15 Lower Hatch Street, Dublin 2
LoCall 1890 20 10 50 Website: www.euro.ie

Think Euro -
The change is in your pocket.



all members of staff, customers, suppliers and partners.

As a public sector organisation it is important that all Board staff are aware of the issues surrounding the Euro and the boards changeover plan. Over the coming months the project team will be in contact with all sectors of the Board. All IT systems will be converted and the end-users expertise will be called upon to ensure testing is successfully

completed. End-users input will also be required to revise the many business processes which will be effected. Finally, all staff will receive training. However, the levels of training will vary from general awareness sessions to training on new business processes and converted systems. Despite the efforts of the Euro Project Team this project will only be successful with the kind co-operation of all staff.

WHAT IS THE EURO

How many notes will there be?

There will be seven Euro Notes, for amounts of 5, 10, 20, 50, 100, 200 and 500 Euros

What will they look like?

The Euro notes will show, how much the note is worth, a design showing windows or gateways on the front, and bridges on the back and a map of Europe.

How many Euro coins will there be?

There will be eight Euro coins. They will come in coins of 1, 2, 5, 10, 20 and 50 cents. There will also be a 1 Euro coin and a 2 Euro coin. There will be 100 cents to 1 Euro just as there are 100 pence to an Irish Pound.

Will there be an Irish design on the Euro Coins?

Yes. One side of Ireland's Euro Coins will have a harp, the word Eire and the year.

WHAT IS THE EURO WORTH?

- £1 = £0.787564

EURO CONVERTER

1p = 1 cent	£1 = £1.27
2p = 3 cents	£2 = £2.54
5p = 6 cents	£3 = £3.81
10p = 13 cents	£4 = £5.08
20p = 25 cents	£5 = £6.35
30p = 38 cents	£6 = £7.62
40p = 51 cents	£7 = £8.89
50p = 63 cents	£8 = £10.16
75p = 95 cents	£9 = £11.43
90p = ?1.14	£10 = £12.70

BOARDS PERSONNEL OFFICER TO TAKE ON NEW HIGHER ROLE

The purpose of the new role will be to ensure that present and future appropriate qualifications and skills necessary to provide a quality service. This will involve extensive collaboration with training and education bodies, professional regulatory and registration bodies and other bodies with responsibilities for health care professionals. In his new role he will work closely with line managers to ensure that the infrastructure and working conditions of staff will help to attract new staff and retain existing staff ensuring that the Midland Health Board is regarded as an employer of choice.

As a result of the Personnel Officer taking on this new role the Board has now advertised a post of Director of Human Resources. The filling of the post of Director of Human Resources will complete the new senior management structure for the Board.

Larry Bane



CUINNE CABHRACH

Rinne an Bórd Sláinte Lár Tíre iarracht mhór do Sheachtain na Gaeilge i mbliana. Bhí Tráth na gCeist dátheangach scríofa againn le duais urraithe ag Clonea Strand Hotel Gold Coast Golf Resort i nDúngarbhán i gCo. Port Láirge. Bhí Teirpe Athchuimhne le Gaeilge ar siúl i n-ionaid éagsúla ar fud an Bhord. Bhí póstaerí le seanfhocla scríofa i mBéarla agus i nGaeilge le feiceáil ar fud na háite.

The Midland Health Board made a big effort this year for Irish Week. There was a written bilingual Quiz with a prize sponsored by Clonea Strand Hotel Gold Coast Golf Resort in Dungarvan in Co. Waterford. There were Reminiscence Sessions with Irish in various locations throughout the Board. Posters with proverbs in Irish and English were on display around the Midland Health Board.

Bhí Teiripe Athchuimhne ar siúl i dTeach Uíbh Fháilín in Éadan Doire (toga amhránaithe), Oispidéal Naomh Uinsíonn i Móinteach Mílíc (áit ar chuir na cliaint iad fhéin, le cabhair ón bhfoireann, dráma gearr ar siúl as Gaeilge!); Oispidéal Naomh Mhuire i Muilleann gCearr (áit a raibh seisiún ceol againn freisin!); Oispidéal Naomh Bhríde i Shaen (áit a raibh cóisir againn!), in Oispidéal Naomh Uinsíonn in Áth Luain (Amhránaithe iontach!) agus Teach Uí Riada i dTulach Mhór (neart Gaeilge!).

There were Reminiscence Therapy with Irish sessions in Ofalia House in Edenderry (soloists galore), St. Vincent's Hospital in Mountmellick (where the clients staged their own short play in Irish!); St. Mary's Hospital in Mullingar (where we had a music session as well!), St. Bridget's in Shaen (where we had a hooley!), in St. Vincent's

in Athlone (great singers!) and Riada House in Tullamore (neart gaeilge!). Ba mhaith liom tréaslú leis an bhfoireann ar fad as ucht páirt a ghlacadh san Tráth na gCeist a ritheadh chun áird a tharraingt ar Sheachtain na Gaeilge agus chun eolais a bhailiú chun an seirbhís a chuirim ar fáil a fheabhsú agus a fhorbairt.

I would like to congratulate all staff who took part in the Quiz which was run to draw attention to Irish Week and to gather information in order to improve and develop the service I provide.

Ba mhaith liom buíochas a ghlacadh le Linda Plunkett a thug alán cabhair dhom an Tráth na gCeist a chuir le chéile agus comhgháirdeachas a rá léi ar ócáid a pósadh agus sliocht sleachta sliocht bhuir sleachta a ghuí ortha! Ba mhaith liom buíochas ó chroí a ghlacadh le gach duine a chabhraigh liom na h-imeachtaí éagsúla a reachtáil, agus dár ndóigh dóibh siúd a ghlac páirt iontu freisin.

I would like to thank Linda Plunkett who helped a lot with the Quiz and to congratulate her on the occasion of her marriage and wish them and their children's children all the best!

The winner of the prize of a Low Season Break for two persons in The Clonea Strand Hotel & Leisure Centre which is located in Dungarvan in Co.

Waterford (and overlooks an Rinn the Waterford Gaeltacht!) is:

*Eimear Ní Chárthaigh,
Health Promotion Service,
1st Floor, The Bridge
Centre.*

Má tá tú sásta páirt a ghlacadh i Seachtain na Gaeilge an bhlian seo chugainn nó/agus Féile an Earraigh i bPortlaoise déan teagabháil liomsa ag am ar bith. Céard faoi Taispeántas dátheangach a bheith againn i bparáid Lá Fhéile Phádraig?

If you would like to take part in Irish Week and/or the Spring Festival in Portlaoise next year, contact me at any time. How about a float in next year's St. Patrick's Day Parade

Má tá suim agat i seanfhocla, agus gur mhaith leat CD Rom a cheannacht, tá ceann mhaith ar fáil "Seanfhocail, seanráite, beannachtaí, mallachtaí, &rl.

Is féidir i a cheannacht ón Siopa Leabhair (01)4783814. Cuir glaoch ortha!!

If you are interested in proverbs and would like to buy a CD Rom there is a good one available called "Irish Proverbs, saying, blessings, curses, etc." It is available from An Siopa Leabhair (01) 4783814. Ring them!!

SEANFHOCLA (Proverbs)

An rud a bheathaíodh duine amháin is é a



Pictured at the Seachtain na Gaeilge debate which was held in the General Hospital, Portlaoise were (front row) Joan Croke, Catherine Beal and Bairbre Uí Theigheain. (back row): Olive Walsh, Ita Kinsella, Margaret Finlay and Matron Alice Burke.

mharódh duine eile.
One man's meat is another man's poison.

Más mall is mithid.
Better late than never.

Ní fhilleann an óige faoi dhó choíche.
You are only young once.

Namhaid don cheird gan a chleachtadh.
Practice makes perfect.

LEAGAN CAINTE (Phrases) Theme Illness
Cá bhfuil an t-Ionad Sláinte?
Where is the Health Centre?

An bhfuil sé oscailte?
Is it open?

Cá bhfuil an dochtúr?
Where is the doctor?

Tá mé tinn.
I am sick.

Tá pian agam.
I have a pain.

Teastaíonn cabhair uaim.
I need help.

Tá mé gortaithe.
I am hurt.
Tá tinnis cinn agam.
I have a headache.

Tá fonn muisce orm.
I feel that I am going to vomit.

Cá bhfuil an Cógaslann?
Where is the Pharmacy?

Tá bindealán ag teastáil uaim.
I want a bandage.

Gartharrtháil/ Garchabhair
First-Aid

Trealamh garchabhrach
First-Aid Kit

Stáisiún garchabhrach
First-Aid Station

The winner of the £50 for correctly spotting that Parthalán Ó hEachtairn is our Taoiseach Bertie Ahern is: Úna Harrington, St. Mary's Hospital, Mullingar, Co. Westmeath. Comhgháirdeachas leat a Úna!

PRIZE/DUAIS=£50
Tomhas eile
Another Quiz:

Céard é an Béarla ar Galar Crúibe a's Béil?
What is the English for Galar Crúibe a's Béil?
Freagraí do:
Answers to: Bairbre Uí Theighneáin, O.F.G., Lár-oifig an Bórd Sláinte Lár Tíre, Bóthar Árdán, An Tulach Mhór, Co. Uíbh Fháilín.
Nó :
bairbre.uitheighneain@mhb.ie

Nathanna cainte:

Bíonn daoine ag rá liom go mbíonn deacrachtaí acu le canúintí difriúla. Tá cupla pointí anseo a leanas a chabhroídh libh leis na deacrachtaí sin: People tell me that they have difficulty with dialects other than the one they learnt. Some points here to help you with those difficulties:

General points to note/ Pointí ghinearálta:

1. In the Donegal Dialect emphasis is similar to that of the Connacht dialect. The emphasis is generally on the first syllable in bisyllabic and trisyllabic words e.g. Fuinneog, múinteoir, fearúil, coláiste.
2. Adh/eadh, as in the Connacht dialect, are pronounced ú i.e. briseadh = brisú, glanadh = glaná.
3. Other pronunciations include - beidh(béi), bheadh (vé'), dubh (dú), iontach (eentach) etc.
4. As in the Connacht dialect, n is sometimes pronounced like r, e.g. cnoc = croc, mná = mrá, gnáth = gráth.
5. Some words/phrases are different from other dialects:

Dún na nGall

Cha
Char chuir
Tchím
Cha dtig liom
Bomaite
Pill
Gabhta/Goitse
Dóighiúil
Fosta
Ag déanamh ár scíste
Frid
Amharc
Ag dúil le
As an phionta
Ag an fhuinneog

Others

Ní
Níor chuir
Feicim
Ní féidir liom
Nóiméad
Fill
Tar anseo
Dathúil
Freisin
Ag lígean ár scíthe
Trí
Radharc
Ag súil le
As an bpionta
Ag an bhfuinneog

Connacht

Cé chaoi bhfuil tú?
Feicim
Tuige sin?
Chuille dhuine
Fataí
B'fhuil fhios 'ad?
Níl fhios 'am
Acub
Deabhal
Éanacha
Gach uile ('chuile)
Feiliúnach
Sa mbaile
Sa gclann
Céard a dhéanfas tú?
Ag breathnú

Others

Conas atá tú?
Chím
Cad chuige sin?
Gach uile dhuine
Prataí
An bhfuil fhios agat?
Níl fhios agam
Acu
Diabhal
Éin
Gach
Oiriúnach
Sa bhaile
Sa chlann
Céard a dhéanfaidh tú?
Ag féachaint



A Comhra session for staff of Athlone District Hospital, organised by the Midland Health Board in conjunction with Seachtain na Gaeilge, was conducted recently by the Board's Irish Officer, Bairbre Uí Theighneáin. Marian Keena, Receptionist; Margo Collins, CNMI; Miriam Doyle, Attendant; Jim Dwyer, A/Director of Nursing; Mary Payne, Attendant; Mary Donoghue, Attendant; Carmel Brett, Supervisor; Philip Light, Patient Comfort Fund; Bairbre Uí Theighneáin, OFG and Michael Creighton, Attendant.

APPOINTMENTS

NAME	GRADE	LOCATION
Ms Paula Turner	Staff Nurse	L/W General Hospital, Mullingar
Ms Joanne Byrne	Clerical Officer	Finance Department
Ms Paula Tanner	Staff Nurse	L/W General Hospital, Mullingar
Ms Joan McGarry	Grade IV	County Clinic, Mullingar
Ms Jillian Heslin	Clerical Officer	Primary Care Unit, Mullingar
Ms Ursula Murray	Clerical Officer	L/W General Hospital, Mullingar
Ms Annette Keogh	Attendant	St. Fintan's Hospital, Portlaoise
Mr Patrick Cleary	Psychiatric Nurse	St. Loman's Hospital, Mullingar
Ms Marie Moran	Staff Nurse	L/W General Hospital, Mullingar
Mr Thomas Reilly	Grade VI	SAP Programme
Ms Siobhan Cleary	Clerical Officer	St. Loman's Hospital, Mullingar
Ms Jacqueline Cahill Quinn	Clerical Officer	Personnel
Ms Mairead McGrath	Clerical Officer	St. Loman's Hospital, Mullingar
Ms Jacinta Beirne	Dietician	General Hospital, Tullamore
Ms Susan Hayes	Attendant	St. Fintan's Hospital, Portlaoise
Ms Mary McGuirk	Staff Nurse	St. Mary's Care Centre, Mullingar
Ms Valerie Monaghan	Clerical Officer	General Hospital, Tullamore
Ms Martina Sharkey	Cook Grade I	Longford Hospitals
Ms Alison Digan	Clerical Officer	L/O Mental Health Services
Ms Catherine O'Sullivan	Cook Grade 2	Community Nursing Unit, Birr
Dr Hugh O'Donnell	Area Medical Officer	L/W Community Care
Ms Tracey Dunne	Staff Nurse	St. Brigid's Hospital, Shaen
Ms Felicity Lynch	Clerical Officer	L/W General Hospital, Mullingar
Ms Eithne Connor	Clerical Officer	Resource Centre, Mullingar
Ms Carol O'Shaughnessy	Clerical Officer	General Hospital, Tullamore
Ms Deirdre Shortt	Cook Grade 2	Longford Hospitals
Ms Miriam Curran	Staff Nurse	Lough Sheever Centre, Mullingar
Ms Rosemary Noonan	Staff Nurse	Lough Sheever Centre, Mullingar
Ms Ciara Galvin	Basic Grade Physiotherapist	Offaly Community Care
Ms Aisling Heraty O'Brien	Clerical Officer	General Hospital, Tullamore
Ms Anne Duffy	E.M.T.	Ambulance Station, Tullamore
Ms Siobhan Corcoran	Speech & Language Therapist	L/O Community Care
Mr John Grimes	E.M.C.	Ambulance Station, Tullamore
Ms Katherine Buckley	Supplies Officer Grade C	Central Supplies, Mullingar
Ms Jenny Bowes	Clerical Officer	L/W General Hospital, Mullingar
Ms Maeve Flanagan	Grade IV	General Hospital, Portlaoise
Mr Pdraigh Murtagh	Foreman	St. Loman's Hospital, Mullingar
Ms Michelle Heslin	Clerical Officer	Primary Care Unit, Mullingar
Mr Patrick Tooher	Psychiatric Nurse	Laos/Offaly Mental Health Svcs.
Ms Jennifer Hardiman	Senior Cardiac Technician	General Hospital, Portlaoise
Mr Andrew Keely	Radiographer	L/W General Hospital, Mullingar
Ms Mary Tiernan	Social Worker Team Leader	L/W Community Care
Ms Jean Meredith	Medical Laboratory Tech.	General Hospital, Portlaoise
Ms Aideen Joyce	Medical Laboratory Tech.	General Hospital, Portlaoise
Ms Majella Deighan	Psychiatric Nurse	Laos/Offaly
Ms Vivienne Stack	Staff Nurse	General Hospital, Tullamore
Ms Eilish Lalor	Staff Nurse	General Hospital, Portlaoise
Ms Mary Fagan	C.N.M. 2	Loughloe House, Athlone
Ms Anne McGreal	Nursing Attendant	Lough Sheever Centre, Mullingar
Ms Elizabeth Coyne	Psychiatric Nurse	St. Loman's Hospital, Mullingar
Ms Frances Whyte	Medical Laboratory Tech.	General Hospital, Portlaoise
Ms Mary Coughlan	Clerical Officer	Technical Services Office
Ms Patricia Bracken	Psychiatric Nurse	Laos/Offaly Mental Health Svcs.
Ms Anne Marie West	Staff Nurse	St. Brigid's Hospital, Shaen
Ms Angela Keegan	Medical Laboratory Tech.	General Hospital, Tullamore
Ms Hiliary Lane	Health Information Officer	Health Promotion
Ms Yvonne Callanan	Public Health Nurse	Laos/Offaly Community Care
Ms Noeleen McTaggart	Staff Nurse	L/W Intellectual Disabilities
Ms Christine Carty	Cook Grade I	Loughloe House, Athlone
Ms Mary Hegarty	Health Education Officer	Women's Health
Ms Clodhna Collins	Clerical Officer	Laos Community Care
Ms Marion Leonard	Attendant	Lough Sheever Centre, Mullingar
Ms Eimear Grennan	Public Health Nurse	Laos/Offaly Community Care
Ms Deirdre Shortt	Cook Grade 2	Longford Hospitals
Ms Anne Hoctor	Clerical Officer	General Hospital, Tullamore
Ms Fidelma Bracken	Clerical Officer	General Hospital, Tullamore
Ms Orla Dolan	Public Health Nurse	L/W Community Care
Mr Seamus Maguire	Driver/Attendant - Stores	L/W area
Ms Rachel Brennan	Clerical Officer	Dept. of Public Health, Tullamore
Ms Lisa Kavanagh	Clerical Officer	General Hospital, Tullamore
Ms Monica McFarland	Radiographer	General Hospital, Tullamore
Ms Catherine Ramsbottom	Staff Nurse	Laos Community Care
Ms Catherine Walsh	Staff Nurse	Laos Community Care
Ms Anne Mahon	Staff Nurse	Laos Community Care
Ms Mona Moore	Staff Nurse	Laos Community Care
Ms Sadie Phelan	Staff Nurse	Laos Community Care
Ms Anne Gee	Staff Nurse	Laos Community Care
Ms Margaret McGuire	Clerical Officer	L/W General Hospital, Mullingar
Ms Elva Burns	Clerical Officer	L/W General Hospital, Mullingar
Ms Therese O'Connor	Public Health Nurse	Offaly Community Care
Ms Frances O'Dwyer	Staff Nurse	Laos Community Care
Ms Siobhan Pyper	Clinical Nutritionist/Dietician	L/W General Hospital, Mullingar
Ms Anne Mulligan	Staff Nurse	L/W Community Care
Ms Margaret Whelan	Environmental Health Officer	Laos/Offaly Community Care
Ms Anne Dach	Staff Nurse	General Hospital, Tullamore
Ms Rosemary Caulfield	Basic Grade O.T.	Westmeath Community Care
Ms Anne Tynan	Clerical Officer	Laos Community Care
Ms Gillian Thompson	Dietician	L/W General Hospital, Mullingar
Ms Clara Molloy	Clerical Officer	Westmeath Community Care
Ms Breda Dowling	Clerical Officer	Bridge Project
Ms Angela Duggan	Psychiatric Nurse	Laos/Offaly
Ms Paulette Fitzpatrick	Clerical Officer	Bridge Project
Ms Lisa Brennan	Senior O.T.	Westmeath Community Care area
Mr Michael Phelan	Medical Laboratory Tech.	General Hospital, Tullamore
Ms Louise Duffy	Clerical Officer	General Hospital, Tullamore
Ms Elizabeth Sweeney	Clerical Officer	Acute Hospital Services, T/more
Ms Rhonda Condron	Clerical Officer	Health Centre, Tullamore
Ms Maria Moran	Staff Nurse	L/W General Hospital, Mullingar
Ms Noeleen Deegan	Clerical Officer	Meningococcal Group C,
		Regional Primary Care Group
		Westmeath Community Care
Ms Margaret Gavin	Staff Nurse	L/W General Hospital, Mullingar
Ms Orlaith O'Donnell	Basic Grade Radiographer	St. Mary's Care Centre, Mullingar
Ms Nora Roche	Staff Nurse	Health Centre, Tullamore
Ms Anne Kennedy	Clerical Officer	L/W General Hospital, Mullingar
Ms Angela Beglan	Staff Nurse	

Promotions and Resignations/Retirements
will appear in June issue.

Mr Charles Clinton	Attendant	Lough Sheever Centre, Mullingar
Ms Martina Lawless	Senior Physiotherapist	Westmeath Community Care
Ms Julie McGrath	Staff Nurse	Athlone Care Centre
Ms Michelle Byrne	Clerical Officer	Personnel
Ms Tess Burke	Staff Nurse	Riada House, Tullamore
Ms Martina Murtagh	Environmental Health Officer	L/W Community Care
Ms Mary Hannon	Supplies Officer Grade C	Central Stores, Mullingar
Ms Breda Conroy	Environmental Health Officer	L/O Community Care
Ms Pauline Keshan	Clerical Officer	General Hospital, Tullamore
Ms Marie McGivney	Public Health Nurse	L/O Community Care area
Ms Aine O'Brien	Staff Nurse	Westmeath Community Care
Ms Therese Williams	Attendant	Lough Sheever Centre, Mullingar
Mr Patrick Maher	E.M.T.	Tullamore Station
Mr Gerard Nolan	Foreman	L/W General Hospital, Mullingar
Mr Luke McNamee	E.M.T.	Tullamore Station
Ms Marion Rooney	Attendant	L/W General Hospital, Mullingar
Ms Angela Lennon	Attendant	Lough Sheever Centre, Mullingar
Mr Pat Fay	Plasterer	Mullingar area
Ms Margaret Kearns	Staff Nurse	Offaly Community Care area
Ms Patricia Hickey	Staff Nurse	Offaly Community Care area
Ms Josephine Mooney	Staff Nurse	Offaly Community Care area
Ms Maura Kellegher	Staff Nurse	Offaly Community Care area
Ms Charlotte Johnston	Snr. Community Nutritionist	Board's area
Ms Dorothy Duignan	Clerical Officer	General Hospital, Tullamore
Ms Margaret English	Clerical Officer	National Development Plan
Mr Sean Ging	Labourer	St. Fintan's Hospital, Portlaoise
Ms Catherine Gilsenan	E.M.T.	Ambulance Station, Mullingar
Ms Niamh Smith	Clerical Officer	Mental Health Services, Portlaoise
Ms Mona Moore	Staff Nurse	L/O Community Care
Ms Marie Murtagh	Attendant	L/W General Hospital, Mullingar
Ms Deirdre Cuniffe	E.H.O.	L/W Community Care area
Ms Brigid Brickland	Clerical Officer	Public Health & Communications
Ms Mary Gath	Clerical Officer	Finance
Ms Elizabeth Flynn	Public Health Nurse	L/W Community Care
Mr. Stephen Loughman	Clerical Officer	Health Centre, Tullamore
Ms Julie Nicholl	Attendant	L/W General Hospital, Mullingar
Ms Dymphna Duignan	Public Health Nurse	Westmeath Community Care
Mr Richard Pierce Walsh	Grade VI	Management Services Department
Ms Frances Greville	Grade IV	L/W General Hospital, Mullingar
Ms Catherine Walters	Reg. General Nurse	Westmeath Community Care
Ms Maura Savage	Staff Nurse	Westmeath Community Care
Ms Mary Niland	Staff Nurse	Westmeath Community Care
Ms Marie Milton	Staff Nurse	Westmeath Community Care
Ms Christina Farrell	Staff Nurse	Westmeath Community Care
Ms Julia Conlon	Staff Nurse	Westmeath Community Care
Ms Mary Carley	Staff Nurse	Westmeath Community Care
Ms Mary Moran	Public Health Nurse	L/W Community Care
Ms Elizabeth O'Dwyer	Staff Nurse	Community Care Laos/Offaly
Ms Mary Maxwell	Staff Nurse	General Hospital, Tullamore
Ms Mary McCallion	Staff Nurse	L/W General Hospital, Mullingar
Ms Edel McDonald	Staff Nurse	General Hospital, Tullamore
Ms Joan Martyn	Medical Laboratory Tech.	General Hospital, Tullamore
Ms Patricia Moran	E.H.O.	L/W Community Care area
Ms Eileen Moore	Staff Nurse	St. Vincent's Hospital, M/mellick
Ms Sheila Slevin	Staff Nurse	General Hospital, Tullamore
Ms Darina Clifford	Staff Nurse	L/W General Hospital, Tullamore
Ms Lynda Finnegan	Attendant	Lough Sheever Centre, Mullingar
Ms Marie Moran	Nursing Attendant	Lough Sheever Centre, Mullingar
Ms Josephine Godfrey	Staff Nurse	St. Vincent's Care Centre, Athlone
Ms Siobhan Dolan	Clerical Officer	General Hospital, Tullamore
Ms Michelle McDonald	Public Health Nurse	L/O Community Care
Ms Bernadette Goode	Staff Nurse	Loughloe House, Athlone
Ms Caroline Foley	Staff Nurse	General Hospital, Tullamore
Mr Paul Crowley	Medical Laboratory Tech.	L/W General Hospital, Mullingar
Ms Elaine Boyne	Clerical Officer	L/W General Hospital, Mullingar
Ms Anna McIntyre	Staff Nurse	General Hospital, Tullamore
Ms Christina Maher	Staff Nurse	General Hospital, Tullamore
Ms Sinead Bowens Murray	E.H.O.	L/W Community Care
Ms Julia Nutt	Clerical Officer	L/W General Hospital, Mullingar
Ms Geraldine O'Mahony	Staff Nurse	General Hospital, Portlaoise
Ms Joanne Reilly	Speech & Lang. Therapist	Westmeath Community Care
Ms Denise Murphy	Staff Nurse	General Hospital, Tullamore
Ms Mary Heffernan	Clerical Officer	General Hospital, Tullamore
Ms Christine Giff	C.N.M. 2	St. Vincent's Hospital, M/mellick
Ms Anne Marie Larkin	Staff Nurse	General Hospital, Tullamore
Ms Brigid Byrne	Staff Nurse	General Hospital, Tullamore
Ms Cora McCarthy	Staff Nurse	General Hospital, Tullamore
Ms Teresa Kelly	Home Help Organiser	Laos Community Care
Ms Deirdre Connolly	Grade IV	Finance Department
Ms Mary Cassidy	Attendant	St. Mary's Care Centre, Mullingar
Mr Niall Murphy	Electrician	General Hospital, Tullamore
Ms Daphne Bagnall	Clerical Officer	General Hospital, Tullamore
Ms Martina Gill	Clerical Officer	L/W General Hospital, Mullingar
Ms Anne Marie Moore	Staff Nurse	St. Vincent's Hospital, M/mellick
Ms Mary Diamond	Clerical Officer	Health Centre, Tullamore
Ms Majella Larkin	Staff Nurse	General Hospital, Tullamore
Ms Marie Leahy	Grade 7	Health Promotion
Mr Eamonn Brady	Staff Officer	Westmeath Community Care
Ms Mary O'Riordan	Psychiatric Nurse	L/O Mental Health Services
Ms Margaret Keane	Clerical Officer	General Management, Com.Care
Mr Kenneth Donlon	Grade IV	L/W General Hospital, Mullingar
Dr Gerard Meagher	Area Medical Officer	L/W Community Care
Ms Finola Henry	Clerical Officer	Health Centre, Tullamore
Ms Teresa Gunnell	Clerical Officer	Health Promotion
Ms Breda Canavan	Staff Nurse	General Hospital, Tullamore
Ms Denise McAuley	Attendant	General Hospital, Tullamore
Ms Frances Masterson	Attendant	L/W General Hospital, Mullingar
Ms Bridie Keegan	Clerical Officer	General Hospital, Portlaoise
Ms Caroline Tyrell	Attendant	General Hospital, Tullamore
Ms Bridget Kavanagh	Attendant	St. Brigid's Hospital, Shaen
Ms Jacqueline Rushton	Clerical Officer	Primary Care Unit
Ms Martina Bannon	Clerical Officer	General Hospital, Tullamore
Ms Mary Ward	Clerical Officer	Finance Department
Ms Carmel McCoy	Grade IV	Finance Department
Ms Esther Hunt	Attendant	L/W General Hospital, Mullingar
Ms Anne Hartford	Dental Surgery Assistant	L/O Community Care area
Ms Jean Kelly	Staff Nurse	General Hospital, Tullamore
Mr. Kevin Darcy	Physiotherapist	Offaly Community Care
Ms Wendy Cooke	Grade IV	St. Loman's Hospital, Mullingar

Glowing Tributes Paid to Derry O'Dwyer

"You did the state some service Derry and we know it"

Glowing tributes were paid by representatives of all sections of the health service, to Mr Derry O'Dwyer, Programme Manager Community Care and Deputy CEO, Midland Health Board, who retired on December 31 last, at a function in the Bridge House, organised by the Board to mark his long, loyal and dedicated service.

In a number of wide ranging speeches by colleagues and friends many of whom travelled long distances to be present at the function, many tributes were paid to Mr O'Dwyer's generous spirit, wealth of knowledge, good humour, interspersed with the sporting analogies that were so much part of

working parties to report on National Sports Policy, Effects of Competitive Sport on Young Persons and the Future of Medicine.

Mr. Derry O'Dwyer was vice- chairman of the General Medical Services (Payments) Board for the past 15 years.

A keen sportsman, he served as president of Tullamore Rugby Club. He is also a former president of Tullamore Lions Club. Senator Pat Moylan, chairman of the Board described Mr O'Dwyer as a "very straight" public servant, who worked in community care in difficult times before the Celtic Tiger. "But" he said, "Derry always ensured that people who deserved a break were

Western Health Board, now retired, referred to Mr O'Dwyer's knowledge of procedure, his great sense of timing and his skill as a negotiator.

Dr Patrick Doorley, Director of Public Health and Planning described Mr O'Dwyer as a loyal and decent colleague who was very generous and kind to staff.

"It is thanks to his contribution and leadership that many of the community services in the health board grew and are as developed as they are to day" he said. Dr Larry Fullam, thanked Mr O'Dwyer for his service "to the Midland Health Board, to all of us here to-night and to Ireland".

Cllr Martin Rohan, who



Mr. Denis Doherty, Chief Executive Officer, Midland Health Board making the presentation of a Waterford Glass Lamp to Mr. Derry O'Dwyer to mark his retirement as Programme Manager Community Care and Deputy Chief Executive Officer, at a function in The Bridge House, (l to r): Mr. Larry Bane, Personnel Officer; Mr. Denis Doherty, Chief Executive Officer; Mr. Derry O'Dwyer; Dr. Patrick Doorley, Director of Public Health and Planning and Mr. John Cregan, Deputy Chief Executive Officer.



Mr. Liam O'Callaghan, General Manager, Community Care L/O; Ms. Susan Temple, Community Care; Mr. Derry O'Dwyer; Ms. Dymphna Bracken, Communications Officer; Ms. Mary Culliton, Director of Corporate Fitness and Mr. Pat O'Dowd, General Manager, Community Care L/W.

his descriptions.

Mr John Cregan Deputy CEO, introducing the proceedings, recalled Mr O'Dwyer's loyal and dedicated service to the Board's over 20 years and in a generous tribute described him as a loyal and supportive colleague. Apart from his service to the Board, Mr Cregan outlined Mr O'Dwyer's national involvement as chairman to government established

looked after in a fair manner. It if could be done it was done and it was done quickly and efficiently". Senator Moylan said Mr O'Dwyer deserved great credit for his work in the health board.

"You served the midlands well and I am speaking on behalf of all members of the Board," concluded Senator Moylan. Mr Martin Duffy, Programme Manager Community Care Mid-

served as chairman of the Board for eight years, on behalf of the Laois members, said no official could be more helpful than Derry O'Dwyer. He particularly thanked Mr O'Dwyer for his courtesy at all times.

On behalf of the frontline staff Ms Veronica Larkin, Manager Speech and Language Services, Longford/Westmeath, thanked Mr O'Dwyer most sincerely for the manner in

which he "encouraged, nurtured and grew members of staff in the Board".

"We all hope that you will grow upwards and outwards in your retirement" she added.

Cllr James Coyle, who spoke on behalf of the Longford members of the Board, thanked Mr O'Dwyer for his contribution to the health services in the midlands. Mr Jim Stone, CEO, Midlands Regional Authority, who admired Mr O'Dwyer for his "professional approach" said as a member of the Border Midlands and West Assembly he always ensured that health gain and health strategy was to the fore.

Mr Larry Bane, Personnel Officer, said many people owed a lot to Mr O'Dwyer for his work in the Local Government and Public Service Union.

Mr Denis Doherty CEO referring to Mr O'Dwyer's contribution to the Midlands Regional Authority said "when Derry was representing the Board as a public official he always gave it his all."

He described Mr O'Dwyer's career change from the local authority system to the health service as a "big challenge for him" but an advantage to the system in that one with his talents could carry them through from one service to another. He recalled Mr O'Dwyer's dedicated work for and service to the Board over the last 22 years.

On a personal level, Mr Doherty said he had particular reason to be grateful to Mr O'Dwyer who served as his deputy since 1988. "He fulfilled each engagement with great

commitment".

On behalf of everybody working in the Board, Mr Doherty thanked Mr O'Dwyer for "his huge contribution and his tremendous friendship" and wished him every good health and happiness in his retirement.

And paraphrasing Shakespeare, Mr Doherty concluded "You did the state some service, Derry, and we know it". Mr O'Dwyer said he was honoured and humbled that so many people representative of all the professions attended to pay tribute.

During his long and distinguished career Mr O'Dwyer would have had close association with the voluntary sector; the religious, all areas of the public service; elected representatives and the media each of which he singled out for particular praise.

Mr O'Dwyer described Mr Doherty as a "captain without parallel" and praised his analysis, farsightedness, awareness and emphasis on outcomes, talents he said, that have been recognised internationally.

"To me he was a mentor, a



Mr. Derry O'Dwyer chatting with Michael Tyrrell and Michael McAdden, Lough Sheever Centre.

"I am very conscious of the many heartfelt tributes". He recalled his working life in the County Council service in Tipperary, Meath and Roscommon and admitted that he never regretted his change of career.

"Working through the complexities of the hospital system or helping families just getting by, I felt made me a better person and I am glad to have had the opportunity to have been able to help some of those families"

motivator and a sympathetic friend and I thank him for his support."

Mr O'Dwyer thanked his staff, Dick Stokes, Mary Delaney, Adrian Ahern, Pat Marron and Susan Temple. And Helen, Mary and Margaret who "fielded the Garryowens while always maintaining a caring composure".

He thanked John Cregan, Susan Temple, Larry Bane, Liam O'Callaghan and Pat O'Dowd for the organisation of the very enjoyable function.



Mr. John Bulfin, General Manager Acute Hospital Services; Ms. Eleanor Cregan; Mr. Derry O'Dwyer; Ms. Pauline Stronge; Mr. Leo Stronge, Regional Materials Manager; Mr. Patrick Lynch, Manager CEO's Officer and Secretary to the Board and Ms. Emma Lynch.