



Positive to Disability Symbol

First Health Board to be Accredited

The Midland Health Board is the first health board to be awarded the Positive to Disability symbol.

Ms. Mary O'Rourke, TD Minister for Public Enterprise awarded the accreditation to Mr. Larry Bane, Personnel Officer, Midland Health Board, at a function in Athlone. Minister O'Rourke commended the Board and the members of its Equal Opportunities Committee for their innovative

approach and dedication to the promotion of positive attitudes to the employment of persons with disabilities. In seeking to provide employment opportunities for persons with disabilities it is the policy of the Board to concentrate on employees abilities rather than on any disabilities.



Ms Mary O'Rourke TD Minister for Public Enterprise presenting the Positive to Disability symbol to Larry Bane Personnel Officer, Midland Health Board with (1 to r) Rosarie Mannion, Equal Opportunities Committee; Brid McCarrick, National Rehabilitation Board; Catherine Gunning NRB and Breda Delamere, Equal Opportunities Committee.

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MHB - GETS READY FOR PPARS "GO LIVE"

October 1 is a very significant date for the Midland Health Board as it will join colleagues in other health boards, health agencies and many private organisations with the "Go Live" of Phase 1 of PPARS.

PPARS "Go Live" - what is this?
PPARS is the name given to the National Project for the implementation of the SAP HR (Human Resource) Payroll, Personnel, Attendance, Recruitment Systems. The Midland Health Board joined with a number of

other Health Boards/ Agencies to procure a HR system. The SAP HR system was selected and is currently being implemented in a number of the Health Boards and Voluntary Hospitals. The National Steering Group have named this Project "PPARS".

The PPARS project is extensive and will be implemented over a number of years. When PPARS is fully implemented the Board will have electronic support for recruitment, rosters, attendance, absence recording, automation of

the process from roster to cheque production, training and manpower planning. On October 1 The Midland Health Board will Go Live with Phase 1 of PPARS. **PPARS Phase 1 includes:** Organisation Management, Personnel Admin, Payroll Interface, Cost Planning, Basic Pay, Data Cleansing, Managers Desktop, Occupational Health & Safety, Pension History, On line Policy & Procedures,

Organisational Reporting Relationships, Qualifications, Training Management, Absence Recording, HR Info System. Phase 1 brings with it a lot of functionality and capability. It is these capabilities, when implemented and utilised successfully, that will deliver business benefit. Due to the effort that is

Continued on Page 2

1st ISO 9000 in the Midland Health Board

1st for GP Teaching in Ireland.



The GP Unit ISO Team - Maria Leahy, Assistant Programme Director; Dr. Ger Kidney and Caroline Farrell, Programme Secretary.

This is the first ISO accreditation for the Midland Health Board and the first in GP teaching in Ireland.
The accreditation has recognition throughout the world and is seen as an invaluable marketing aid to any organisation. Its presence will assure anyone who engages with the scheme that they will

get quality service first time and every time, thus establishing the Board's teaching scheme in General Practice as a "Centre of Excellence".
The service provided by the Board's GP Teaching Unit is to equip trainees with the skills and expertise to become competent GP's and to further prepare them to take their MICGP exams. During their three years, the trainees rotate within hospital placements and GP trainers. Each placement is evaluated by the trainee and adjustment made if it is necessary. Each trainee is also evaluated by the

consultant/GP trainer and any weaknesses addressed if it should be necessary. These quality tools aid the scheme to continuously monitor and evaluate the trainee and placements on a consistent basis in line with ICGP and the steering committee requirements. The unit commenced to put procedures in place in line with ISO 9000 in November 1999. And their first internal audit was carried out by Breda Crehan-Roche, Continuous Quality Improvement Co-ordinator, in April 2000. The Unit's ISO 9000 accreditation is effective since May 19 last.

FREE DRAW

£1000 holiday voucher to be won

Update personal details with local Administration Office before July 14th

see page 2 for further details

Continued from Page 1

required for an initial "Go Live" it is not feasible to utilise all of this functionality on day one. Therefore implementation will be on a phased basis.

Preparation

The implementation of PPARS consists of many tasks which are broken down into the following broad categories:

- Creation of the MHB Organisational Structure
- The assignment of all staff members to a position within the MHB Organisational Structure
- Validation/Collection of Personnel Details
- The integration of SAP HR with the CARA Payroll system.

Creation of Organisational Structure.

In order to implement PPARS it is necessary to set-up the Midland Health Board Structure. This involves the identification of each organisational unit within the Board e.g. Laboratory, Longford/Westmeath General Hospital, Mullingar; Dental, Community Care, Offaly; etc. Having identified each of these units the next task is to identify the approved staff positions for each of these Units e.g. Male Medical Ward = 1 Ward Sister, 1 Deputy Ward Sister, 5 Staff Nurses, 2 Attendants etc. Each position must be of a Grade that is listed on the Department of Health Grade code or approved Local Grade code listings **Currently members of the SAP Project Team are working with the Heads of the Departments in the collection of these details.**

Assignment of staff members.

Prior to "Go Live" on 1st October, 2000 the details of each staff member that is held on the CARA payroll active file will be imported to the PPARS (approx. 6,000). As the records are imported the staff member will be assigned to a position as originally identified in the organisational structure design. PPARS insists on a certain level of detail before it will accept the record.

Validation/Collection of Personal Details

In order to ensure that no records are rejected, which

could effect payment to the employee, a significant exercise must be completed in order to validate the details currently held on the CARA system and to collect the additional information required. This data validation is divided into two areas: (a) records to be verified and updated with each employee and (b) records to be checked by the Finance and Personnel Department

As stated above there is a core set of information which is required by PPARS in order to assign a staff member to a position. PPARS also validates certain information and will reject the record if the information is invalid. As the function of the CARA Payroll system is to process payment it does not have the functionality to ensure accuracy of HR details.

Currently the Finance and Personnel departments are working with the SAP Project Team validating each employees record to ensure that the information held on their CARA Payroll record is in a suitable format for importing to PPARS. Some of the details they are checking are Grade code, Grade description, contractual hours, employee group etc.

Our involvement in this project.

We need your support with this part of the project. A form setting out the details that is held on the Payroll System for you will be printed and available in your local payroll office from 20th June, 2000. During the period 20th June 2000 to 14th July, 2000, the administrative staff will be arranging sessions to facilitate you to update your details. They will hold sessions to facilitate staff who are on night duty. Please watch your local notice board for details of these sessions. Then drop into one of these sessions and complete the form with the administrative staff member.

In recognition of your participation.

The Midland Health Board is organising a draw for employees who are on Payroll at 14th June, 2000 and complete their form

with their local administrative staff between the 20th June, 2000 - 14th July, 2000. The first prize is a regional prize for a holiday valued £1,000 with 4 additional county prizes of a colour television for each county. The Administrative staff will continue to follow-up with employees who do not complete the form within these dates but these employees will be excluded from the draw. The draw will be held in August 2000. The exact date and details will be posted locally. We look forward to your co-operation with this part of the project.

The integration of SAP HR with the CARA Payroll system.

Currently there is no HR system in the Board and employees details are entered directly to the CARA payroll system to generate a payment. This procedure will cease from 1st October, 2000. From that date the PPARS will be "driving" the payroll for basic pay.



Back row (l to r): Michael Keane, IBM; Pat Marron, MHB; Ray Nooney, MHB; Michael Lane, MHB; Eoin O'Bearra, IBM; Gerry Fagan, MHB; Kieran Madden, MHB; John Cregan, MHB; Noel McGwynne, IBM; Leo Stronge, MHB; Adrian Cronin, IBM; Diarmuid Collins, MHB; Simon Daly, IBM; Liam McCormack, MHB; Tom Carty, MHB; Nick Connolly, IBM. Front row: Catherine Hoey, MHB; Sinead O'Neill, IBM; Clare Mooney, MHB; Sarah McCormack, MHB; Teresa Kennedy, MHB; Fidelma McLoughlin, MHB.

What will happen on 1st October, 2000.

The Finance and Personnel Departments will be using the PPARS as and from 1st October, 2000. Shortly after this date the Board will agree a plan for the "roll out" of the system to all locations. At that stage the system will be used locally for the recording of qualifications, absences e.g. annual leave/sick leave. The next phase of implementation will

include time management and automated support for rostering.

Keeping you informed.

A number of briefing sessions have been arranged for all Heads of Departments from 12th - 14th June, 2000. These sessions will give an update on the implementation of the SAP Financials, the PPARS implementation and the EURO project. Should you require any

further information please do not hesitate to contact me: Sarah McCormack, SAP Project Manager. sarah.mccormack@mhb.ie Tel: 044 84400.

Remember if you're not in you can't win - don't lose out on this free draw opportunity - complete your personal details form with your local administration office between 20th June, 2000 and 14th July, 2000.

INFORMATION AGE ACTIVITY



Pictured before the Presentation: Dr. Davida de la Harpe, Specialist in Public Health Medicine; Mr. Larry Bane, Personnel Officer; Ms. Breda Crehan Roche, Project Specialist Disabilities; Ms. Eileen O'Neill, Project Specialist, Childcare; Mr. Liam O'Callaghan, General Manager, Community Care Laois/Offaly; Mr. John Bulfin, General Manager, Acute Hospitals; Mr. Richard Walsh, Project Specialist, Mental Health; Dr. Pat Doorley, Director of Public Health and Mr. Barry O'Sullivan, Regional Librarian.

The Midland Health Board demonstrated its commitment to the Information Age with the commissioning of an integrated multi-media presentation facility incorporating a video conference capability.

Under the direction of the Library and Information Services within the Board, this system was first used when a multi-point video-conference link up was conducted. This involved a live broadcast of a seminar from Tullamore to the other health boards throughout the country. The seminar was entitled "Project Management: An Instrument for Change". This broadcast was a joint venture between the Board and the Institute of Health Service Managers in Ireland. The principal speakers from the Board were Dr Pat Doorley, Ms Breda Crehan-Roche, Ms Eileen O'Neill, Mr Richard Walsh, Dr Davida de la Harpe, Mr Liam O'Callaghan and Mr John Bulfin. Mr Martin Cowley, CEO Mater Hospital, and President of the Institute of Health Service Manager in Ireland, described the presentation as "absolutely terrific" and said his only regret was that there was no Dublin involvement. "Maybe a similar presentation can be organised in Dublin", he added. "It was a fabulous presentation. I certainly learned a huge amount from it," he concluded.

Advanced Training for MHB Ambulance Service

Seven EMT's from the Board's Ambulance Service are the first operational ambulance personnel in the country to successfully complete the Paediatric Advanced Life Support (P.A.L.S.) course.

The course under the medical directorship of Dr Patrick Loughran, Consultant Anaesthetist and Medical Director Daisyhill Hospital, was held in Co Down. Currently over 50 per cent of the EMT's have completed the neonatal resuscitation course with UCC in Cork. Three instructors, Declan Flowers, Tullamore, Paddy Mulligan, Mullingar and Robert Morton, Portlaoise, have also been trained. It is hoped to run the course locally by the end of this year.

Eight EMT's recently attended a course on Venipuncture and Cannulation in Cork. And a smaller number have completed the Advanced Cardiac Life Support (ACLS) course for which interest at the moment is intense.



The Successful Participants - Declan Flowers, Tullamore, Ivan O'Grady, Tullamore; Bernie Condron, Portlaoise; Brendan Whelan, Tullamore; Eithne Leonard, Portlaoise; Paul McCabe, Athlone; Robert Morton, Portlaoise; Dr Patrick Loughran, Consultant Anaesthetist, Daisyhill Hospital.

CLINICIANS IN MANAGEMENT

The Way Forward

The Midland Health Board's thinking about Clinicians in Management is shaped in the context of the following:

- The Government's initiative to improve further the level and standard of governance and management throughout the healthcare system by involving and empowering the professionals who deal directly with the patients.
- The need to define the most appropriate model for achieving this involvement.
- The evolving thinking about the future structure of services in the area (The Scharr Report).
- The increasing emphasis on clinical quality.
- The increasing demand for healthcare resources leading to the need for good quality service planning and service delivery.

The *Clinicians in Management Initiative* is happening throughout the Health Services. This is a change, indeed a cultural change, which will take time and which can engender anxiety. The management of the transition phase will be of concern to everyone involved. Simultaneously, clear changes are taking place in the nursing profession as a whole, and the changes envisaged by the Clinicians in Management Initiative are part of this wider change. Changes proposed in structures have the potential to affect all disciplines in the hospital and so all disciplines will be concerned at the individual and general implications of this change.

SO FAR...

Acknowledging the anxieties that might be engendered, a wide-scale consultative process has been undertaken over the last number of months. The consultative process has two strands;

- a review of current thinking among consultant medical staff carried out on behalf of the Board by Eilish McAuliffe, an Organisational Development Specialist, attached to the Haughton Institute in Trinity College and
- a consultative process with Allied Health Professionals, nursing and administration staff facilitated by Mr. George Nixon of Nixon Consulting.

The review of current thinking among consultant medical staff advised that in deciding the best approach, to take into account in introducing Clinicians in Management, there are a number of factors which need to be considered and these include: -

- Some Consultants are not convinced that management are serious about involving

them in the management of the Acute Services.

- Consultant motivation for becoming involved is primarily driven by their contracts and the belief if they do not actively engage in developing a model of management one will be imposed on them.
 - Consultants seem to have a genuine desire to find ways of improving their own practice/speciality.
 - Time constraints are identified by all as a major stumbling block to becoming more involved in management.
 - Locums may be difficult to arrange on a 1-2-session per week basis.
 - Good information management is necessary for Consultants to manage effectively.
 - The majority of Consultants identify the need for training/skilling and support.
 - A majority of Consultants were anxious to ensure that the service they provided was of good quality. They were also clear that they welcomed the introduction of audit as part of their contract.
- The consultative process with Allied Health Professionals, nursing and administration staff was in the form of workshops held in Portlaoise, Mullingar and Tullamore. Over eighty staff, mainly representing the clinical professions, attended the sessions. Each of the workshops were focused on three key issues:
- What involving Clinicians in Management could mean in practical terms?
 - Who should be involved?
 - The support which will be needed in order to develop and implement a model appropriate for the Midland Health Board.
- Overall, the level of participation was very good and there was a general welcome for the concept. The groups established some key principles including:
- The management arrangements should be as inclusive as possible thereby gaining the commitment and input of the full range of the clinical profession.
 - There should be equality among the team members.
 - Key members should be united by a commonly held mission and objectives though each may have different roles to play within the team.
 - The team should operate within the context of strategies, policies and procedures of the Board and the hospital.
 - The development of a suitable model needed to involve all clinicians working together.
- Following this wide-scale consultative process, seventeen "Champions"

were identified to participate in a project team to manage the introduction of the Clinicians in Management Initiative in the Midland Health Board Region.

These seventeen project team members participated in the Clinicians in Management Development Programme which was a joint initiative between the Office for Health Management and the Haughton Institute at Trinity College.

Project Team members also visited a number of sites in the United Kingdom. These sites were carefully chosen because they delivered services across hospital sites which is a key objective of the Scharr Report for the Midland Health Board region. During these visits Project Team members had an opportunity to speak to key individuals working in an environment where Clinicians in Management is now the norm and to experience how the process had developed at those sites. Areas of strength and weakness were easily identified with the objective of learning lessons from the UK experience.

The Team included the following:

Mr. J. Bullfin, General Manager, Acute Hospital Services; Dr. D. De La Harpe, Public Health; Sr. H. Cannard, Medical Ward Sister, TGH; Sr. A. Duignan, Theatre Superintendent, TGH; Ms. A. Smith, HIPE/Casemix Co-ordinator; Mr. D. Buckley, Consultant Surgeon, Longford/Westmeath GH; Ms. M. Finch Sen. Laboratory Technician, LWGH; Sr A. Kelly Unit Nursing Officer, LWGH; Mr. N. Brennan, Laboratory Technician, Portlaoise G H; Dr. J. Connaughton Consultant Physician, Portlaoise GH; Sr. E. Gallagher, Medical Ward Sister, Portlaoise GH; Ms. G. Graham Assistant Matron, Portlaoise GH; Mr. And P.J. Smyth, Assistant Hospital Administrator, Portlaoise GH;

WHY IS THE CLINICIANS IN MANAGEMENT INITIATIVE NEEDED?

One of the first issues addressed by the Project Team was the question of why the initiative is needed and they felt that there is a necessity to-

- Bring decision-making closer to the point of service delivery and involve those delivering care in the use and allocation of resources.
- Bring a co-ordinated patient focus approach to the management agenda.
- Facilitate multi-professional working on the ground.

CHARACTERISTICS OF SUCCESSFUL

ORGANISATIONS

The Project Team also looked at the characteristics of successful organisations both in the public and private sector and came to the conclusion that successful organisations;

- Use people better - they recognise their staff as their most valuable resource, who need to be empowered, motivated and developed.
- Above all, they recognise that their staff need to feel valued.
- They have a patient-centred focus - "In the private sector customer is King". In the Health Service provision sector it is important that patients are treated with dignity and respect. That goes without saying but who can say with surety that our services are organised for the convenience of the patient?
- They are concerned with efficiency - "Successful organisations are constantly searching for greater efficiency". Here it should be noted that the Project Teams emphasise that the Clinicians in Management Initiative must not solely be perceived as budgetary-driven.

AT PRESENT

The Project Team looked at the existing structure within the organisation

- Hierarchical Structure - The organisation is large, bureaucratic and sometimes cumbersome. It does not lend itself to the present environment in which healthcare is delivered and sometimes it is not as responsive as it needs to be.
- Central decision-making/autocratic management styles - The present structure lends itself to centralised decision-making and this centralised decision-making can cultivate autocratic management styles.
- Controlled Environment - This structure and centralised decision-making cultivating autocratic management styles can lead to a controlled environment with energy focused on doing things the way they have always been done with little time taken out for evaluation. In such environments power tends to rest in the hands of a few and initiative can be stymied.

Having looked at what needs to be done, where we are at present and how the most successful organisations remain successful, the next issue for the Project Team was to consider what the future might look like.

THE FUTURE

The future envisages: -

- Flatter organisation - the introduction at each of the acute hospital sites of a number of smaller units of management led by a

clinician and supported by a Divisional Nurse Manager and Business Manager.

These personnel will be given the resources necessary to manage their own areas of responsibility. Innovation is encouraged. These smaller units of management will encourage the development of more democratic styles of management with staff working in less controlled environments where innovation is encouraged.

- Less centralised control - these smaller units of management, managed in a more democratic style, will operate more local decision making leading to greater empowerment of staff and devolvement of responsibility to a much lower level. This will have the effect of bringing decision making closer to the point of service delivery. The central element of this new structure will be the concept of Personal Development Planning. Each individual manager will be required to agree a personal development plan with each employee leading to a learning contract between the organisation and the individual employee.

THE NEXT STEPS

The episodic care group service plan 2000 states that at least one unit of management will be developed at each of the three acute sites in the year 2000. The Project Team is confident that the process of introducing these units of management can commence in September 2000.

- Between now and September the following issues will be addressed.
- The communication of the Clinicians in Management Initiative will continue at each of the three acute sites (in this regard, anyone requiring further information is welcome to contact any individual member of the team over the coming months).
 - The process of identifying the number and kind of units of management at each site will be finalised. It is worth noting that experience in other places has been that as time goes on the structures and numbers of units may change as the services themselves move forward. Project members have copies of possible structures and would be happy to discuss these with interested staff members.
 - Job descriptions and person specifications in respect of the Divisional Nurse Manager and Business Manager posts will be finalised.
 - These posts will be advertised and filled following interview.
 - Further discussions will

continue on a group and individual basis with medical consultants with the intention of improving their participation in the Initiative.

CONCLUSION

The Project Team has invested much time and effort to arrive at the stage where it is in a position to go back to the three acute hospital sites and bring to the wider staff complement these proposals which will ensure that the Clinicians in Management becomes a reality. The Project Team and other staff are very keen at this stage to seeing something happening on the ground as a matter of urgency. So far this project has identified clinicians who are interested in progressing the initiative. To be successful will require the involvement now of others who are willing to invest time and effort in this change. Time is inevitably an issue for people but the final outcome should repay the time invested. The Department of Health and Children and the Midland Health Board are committed to this initiative and will endeavour to facilitate the work. As part of this process the OHM will be involved in helping assess, at local level, current skills and competencies, and skills and competency gaps, and developing a plan to ensure that gaps are addressed in a way best suited to the clinicians involved. It goes without saying that the successful introduction of these Units of management can only be achieved if the autonomy referred to in this document becomes a reality at the "coal-face". It will mean a significant change for some personnel who could feel threatened by the change process. There is an absolute necessity, if it is to succeed, to empower staff to the lowest level possible. It is acknowledged that will have to be managed very sensitively but at the end of the day the impetus for change must not be allowed to falter. The Office for Health Management has produced two discussion papers which may be of interest to any member of staff who wishes to read more about clinicians in management. Discussion Paper 1 is "Clinicians in Management: Introduction and Case Studies". Discussion Paper 2 is "Clinicians in Management: A Framework for Discussion". Copies of these documents have been circulated within the three acute hospital sites. However, further copies of these documents are available from the Midland Health Board library.

Three Midland Health Board Presentations for International Conference

Three presentations from the Midland Health Board have been accepted for the 17 International ISQua Conference, to be held in Dublin on September 13-16.

“Promoting Health by Developing Nutritional Guidelines and an audit checklist for Elderly Patients in Long Stay Hospitals”, compiled by Mary Mulvihill, Senior Dietician, Longford/Westmeath, General Hospital; Orlaith O’Brien, Matron, St Vincent’s Hospital, Athlone, and

Yvonne Dowler, Catering Projects Manager, and located in St Vincent’s Hospital, Athlone, will be presented as an Oral presentation, at the International conference. And two further submissions, “Teamwork in a Professional Bureaucracy - Measurement and Identification of options for

Team Development in Community Mental Health Teams” by Richard Walsh, Project Specialist Mental Health, and “Individual Care Planning for Persons receiving care provided by Multi-Disciplinary Mental Health Teams” co-authored by Richard and Dr Mary O’Hanlon will be presented as poster presentations.

Title: PROMOTING HEALTH BY DEVELOPING NUTRITIONAL GUIDELINES AND AN AUDIT CHECKLIST FOR ELDERLY PATIENTS IN LONG STAY HOSPITALS.

ORAL PRESENTATION

Author(s):

Mary Mulvihill, Senior Dietician, Longford/Westmeath General Hospital, Orlaith O’Brien, Matron, District Hospital Athlone, Yvonne Dowler, Catering Project Manager, Longford/Westmeath General Hospital.

Location: Athlone District Hospital, (80 bed hospital for elderly patients in long stay hospitals)

Programme Streams
Experience with Improving Quality

Rationale

The provision of nutrition and appetising food must be regarded at all levels of Health Service as a key component of effective high quality hospital treatment. In Ireland, there are no standard guidelines available for Catering Services for the provision of adequate Nutrition for Acute or Long Stay Hospitals.

Aim

This project aims to develop Nutritional

Guidelines for patients in Long Stay Hospitals and Audit Criteria for Catering Services to ensure that an adequate nutrition intake is provided.

Methodology

A Multidisciplinary Team was set up to plan this project. A literature review was carried out. A standard document was developed to set minimum daily requirements of nutrients intake. Audit Criteria developed. Nutritional Risk Assessment Screening Tool was introduced to assess and monitor nutritional status. Additions were made to the nursing care plan. Staff education was carried out.

Results

Nutritional analysis of the menu revealed: - low intakes of fruit, wholemeal bread, vitamin D foods, inappropriate foods, poor choice of soft diets, and residents not consulted.

Post Audit

New menus developed increased overall food intake including fruit intake by 303%, wholemeal bread by

70 - 80% and improved menu choice, catering practices and processes, increased staff awareness. Ongoing assessment and monitoring of patients nutritional status. Feeding practices were improved. Patients are consulted about food choices. Nutritional prescription supplements (sips) reduced by 75% (£799) and laxatives by 52% (£687) in the first 6 months of 1999, compared to the first 6 months of 1998.

Conclusion

It is an essential requirement that minimal nutritional standards are set for the provision of Catering Services. These Guidelines and Audit Checklist will serve, as a framework for setting and monitoring nutritional standards, will focus on importance of nutrition, menu planning and feeding and a nutritional assessment of the patient. This project has important implications for all hospitals throughout Ireland.

Title: INDIVIDUAL CARE PLANNING FOR PERSONS RECEIVING CARE PROVIDED BY MULTI-DISCIPLINARY MENTAL HEALTH TEAMS.

Oral Presentation

Author (s):

Dr. Mary O’Hanlon, Consultant Psychiatrist, Mr. Richard Walsh, Project Specialist - Mental Health Services,

Programme streams
Experience with Improving Quality Empowering Consumers

Objective

- To enhance multi-disciplinary working in delivering services for persons attending for mental health care.
- To identify the needs of persons attending the services.
- To ensure a co-ordinated approach to service delivery, planning and outcome measurement.
- To identify for individual’s in receipt of care who their named professional is and whom they might contact in crisis.
- To ensure seamlessness

of care between hospital and community services.

Methodology

A Project Team was established in May 1998 to define and determine a model of care plan to be adopted, the best means of implementing a multi-disciplinary care plan for individuals attending for care, and client groups to be targeted. The resource implications to the Board for implementing such a programme were identified.

Results

The care plan approach has been piloted during 1999 with some very positive initial findings from audit. Benefits derived include:-

- Demystifying health care and empowering patients.
- Promoting collaborative practices both intra and inter disciplinary.
- Enhancing multi-disciplinary understanding of roles of professionals

and voluntary bodies and contributions to the care process.

- Promoting consistency in clinical practice across service sites and between practitioners.
 - Building best practice into everyday practice.
 - Clarifying processes of care.
 - Clarifying outcomes of care, administrative, clinical and health outcomes.
 - Reducing duplication in care activities.
 - Managing risk.
 - All patients, carers and GP’s are provided with copies of the care plan as agreed with the patient.
- Conclusions**
The care plan approach has been adopted and implemented into the day to day working of this sector. It will be implemented Board wide and evaluation is planned at a future date.

Title: TEAMWORK IN A PROFESSIONAL BUREAUCRACY - MEASUREMENT AND IDENTIFICATION OF OPTIONS FOR TEAM DEVELOPMENT IN COMMUNITY MENTAL HEALTH TEAMS.

Oral Presentation

Programme Stream

Experience with improving quality

Author Richard Walsh, Project Specialist

Rationale for the research being undertaken

Successful organisations today have built

organisational climates which foster creativity,

harmony and teamwork, where continuous

improvement has become a way of life (Been & Eisenstat, 1990). Teams have attracted much attention from the literature ; Shiba., Graham., and Walden (1993), Ivancevich et al (1994), Sashkin and Sashkin (1994)

Team development is an integral part of the process of establishing teams which have as their focus the management of change through projects, delivery of a service, quality improvement initiatives.

Health services are increasingly recognising the value of teamwork in creating a structure for quality, client centred care. Organisational and cultural obstacles to effective team work must be identified and changes planned and implemented in order to

align the goals, values and outcomes of team interventions with those of the organisation.

In traditionally hierarchical organisations bureaucratic structures are common.

This creates its own cultural climate.

Health services which are delivered by teams, whose members are dependant upon each other to achieve quality outcomes for its service users, may be faced with the additional obstacles to co-ordinating care created by professional bureaucratic cultures. Team development was identified as a need by staff of the multidisciplinary teams providing community mental health services in a predominantly rural area. Six multidisciplinary teams service a population of 206,000 with each team serving a defined geographical area. The need for team development strategies to be implemented arose from a perceived lack of attention to all team members contributions to service planning by the management teams for each area.

Objective:

To measure team work

orientation in a traditional mechanistic / professional bureaucracy with a view to determining strategies for future development and improved quality of service to service users.

To establish a baseline measurement of existing culture, climate and team reflexivity in a clearly defined group of staff.

To determine the relationship between the findings of the research and the available literature To identify potential options for team development in order to develop teams to ensure co-ordination of effort in pursuing agreed desirable outcomes of care in accordance with corporate goals and values.

Methodology:

Literature review leading the development of a conceptual framework for the research

Qualitative self administered survey of all community mental health team staff across the Health Board using a validated questionnaire to measure team culture and reflexivity To analyse the findings and compare to the literature and identify best ‘fit’ options for team development.

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Minister Martin Opens Conference

Mr Micheal Martin TD Minister for Health and Children, on his first visit to the Board's area, officially opened the Association of Psychiatric Nurse Managers Conference, attended by over 130 delegates, in the Bridge House, Tullamore.

The Minister was welcomed by Mr Larry Ward, Director of Nursing, Mental Health Services, Longford/Westmeath, and chairman of the Association. The conference was last held in the Board's area, in 1985, when Mr Fionn Gallagher, current Chairman of the Midland Mental Health Association, was chairman.

Over the two days of the conference, many prominent professionals in the field of mental health address the delegates, including Dr Dermot Walsh, Inspector of Mental Hospitals; Dr Tony O'Sullivan, The Patient's Forum; Ms Patricia Seagar, Schizophrenia Ireland; Ms Alice Leahy, Co-founder and Director, Trust; Most Reverend Michael Smith, Bishop of

Meath; Mr Mike Fleming, Mental Health Programme Co-ordinator Janssen-Cilag; Mr Martin Rogan, Mental Health Association of Ireland; Dr Patrick McKeon, Consultant Psychiatrist, St Patrick's Hospital; and Dr Enda Dooley, Director Prison Medical Services. An interesting programme of topics included Psychiatric Services in the 21 Century; Technology,

the Nurse and Medication and Suicide, Can it be Prevented.

The sessions were chaired by Dr Oliver Leavy, Consultant Psychiatrist; Mr Richard Walsh, Project Specialist Mental Health; Mary Kerrigan, Nurse Therapist; Tom Jones ACNO; Mr Ted Harrington ACNO; Ms Mary Fahy, Clinical Nurse Manager; Mr Fionn Gallagher, Midland Regional Mental Health Association; Mr Billy Bland, Suicide Resource Officer, and Mr Michael McConnell, ACNO

Mental Health Bill to Create new Climate Claims Minister

Minister Micheal Martin spoke of the relevance of The Mental Health Bill to Psychiatric Nurses in his address to the conference.

Its purpose, he explained, is twofold. First of all, it provides a modern framework within which mentally disordered people can be cared for and treated and secondly, it provides mechanism to monitor, inspect and regulate the standards of care and treatment in the mental health services. The main vehicle for change, explained Minister Martin, will be the Mental Health Commission, to be established under the terms of the Bill.

suggestion that the scheme of registration of mental health services in the Bill is the first step towards privatising the psychiatric services. "No so. Nothing could be further from the truth," he emphasised.

The one purpose and one purpose only in the scheme, he said, is to make sure that all facilities both public and private, adhere to the highest standards. Since the Mental Treatment Act, 1945, private psychiatric hospitals have had to register with the Department and be inspected by the Inspector of Mental Hospitals. Minister Martin told the conference that he would not like to see private psychiatric hospitals

LARRY WARD OUTLINES THE CHALLENGES

Mr Larry Ward, Director of Nursing, Mental Health Services Longford/Westmeath and chairman of the Association, in his opening address referred to "major challenges" facing health care nursing managers, in planning the delivery of services into the 21st century. "Challenges are nothing new to us.

In 1972, the Condon Report first provided for the establishment of the unitary nurse management structure, which set the ground for change in the nurse management of the Mental Health Services", he pointed out. In 1984, he said, "Planning for the Future" was published and that document has served as the blueprint for the development of our Mental Health Services in the intervening sixteen years. In that time a great deal of change has occurred and

most of our services have now moved into the community in line with its proposals. Our hospital bed numbers have reduced from a high of over 20,000 to an all-time low this year of just on 5,000. There has been the continued expansion and development of our community programmes and services. Finally, he said, the National Development Plan is now allowing us to look forward to finishing the task of moving all of our acute psychiatric units into



Chatting at the Conference, Mr. Larry Ward, Director of Nursing, Mental Health Services, Longford/Westmeath and chairman of the Association; Mr. Eugene Donoghue, formerly from Portlaoise, now CEO An Bord Altranais and Mr. Denis Doherty CEO, Midland Health Board.

general hospitals by year 2006. Mr Ward said that The Commission on Nursing Report published in 1998, provides for a complete overhaul of the nursing

services of this country. Once again a change of title is proposed for Chief Nursing officers to Directors of Nursing, Mental Health Service. "This consolidates that Senior Nurse Managers are fully represented on Management Teams for all our mental health services and will play a key role in the further development of our services" he said. "We are pleased that the Labour Court endorsed our reporting relationship thereby reinforcing the key role we play. With Senior Nurse Managers now having a voice on the nursing education forum and the National Council for professional development and other initiatives arising from the Commissions, the ball is firmly in our court and it is up to us to play it", Mr Ward told the delegates.



Pictured at the Conference, Mr. Tom Jones, ACNO Mullingar Sector; Mr. Larry Ward, Director of Nursing, Mental Health Services Longford/Westmeath; Senator Pat Moylan, Chairman MHB; Ms. Liz Briody, EBS Mullingar, sponsors; Minister of Health and Children Mr. Michael Martin TD; Michael McConnell, ACNO St. Loman's; Ted Harrington, ACNO Athlone Sector.

The Commission's primary function will be to promote and foster high standards and good practice in the delivery of mental health services. The existing office of the Inspector of Mental Hospitals will be replaced with the office of the Inspector of Mental Health Services, who will be employed by the Commission. Both the Commission and the Inspector will operate independently of the Minister for Health and Children - and the Department. "This independent status will be crucial, in my view, when it comes to driving the change and modernisation in mental health services in the coming years," he claimed. Minister Martin completely denied any

exempt from inspection and regulation. "That is why the Mental Health Bill, 1999, allows for the registration of both statutory and private facilities". Concluding Minister said that he hoped that the Mental Health Bill will be part of a radically new atmosphere and climate emerging within the health services. A new, positive era, when: Instead of talking about demands, we can now look at possibilities. Instead of taking opposing positions, we can now act in partnership. Instead of being esteemed only in words, nurses and in particular psychiatric nurses you manage, can look forward to esteem-made-manifest in structures, career paths and legislation.



Pictured at the Conference in the Bridge House Hotel, Tullamore, Mr. Larry Ward, Director of Nursing, Mental Health Services Longford/Westmeath and Chairman of the Psychiatric Nurse Managers Association; Ms. Ann Masterson, Administrator Mental Health Services Longford/Westmeath; Ms. Siobhan Clery, St. Loman's Hospital; Ms. Sharon McDermott, St. Loman's Hospital; Mr. Tom Jones, ACNO Mullingar Sector and Mr. Richard Walsh, Project Special Mental Health Services with the Midland Health Board.

Intercultural Staff Awareness Programme

All 16 participants on the Intercultural Staff Awareness Training Programme were both enthusiastic and committed to the first programme of its kind organised in the Board's area

Seven weeks of intensive training in the areas of group work and facilitation skills, racism and discrimination, issues facing travellers, policy and practice and ways of

improving the health service for travellers among many more have just been completed. These trained facilitators will now in turn facilitate 2-day training workshops

to health board staff in various locations throughout the Board's area. This 2-day programme will provide those who attend a unique insight into traveller culture and ways of

improving health board services to those who need to utilise them the most. These workshops are being run during the month of June. This poem written by Teresa McInerney (Traveller on the training programme) probably best sums up the seven weeks for all participants.

Travellers and Settlers Working Together

We are doing a course from 10.00 till 2.00
We are enjoying it so far and shouldn't we do
We are presenting workshops to the health board staff
To make them more friendly and give travellers a chance
We need all the information that we can get
To make these workshops a success
And we hope that you are friendly and kind
And take travellers views and don't leave them behind
Some days it is fun, some days it is serious
But at the end of the day we are all curious
We'll do our best, that's all we can do
But for the changing system we will leave it to you
To change in your workplace
And to what you can make it a better service
And that would be grand
To suit the needs of the travellers to be taken into view
We are not asking for much but a little will do
More involvement and we will be happy to do that with you
We hope that ye can change a little
and if ye can that will suit us just grand
To work with settlers and traveller too
To acknowledge that they both have views
We enjoyed the course
and it was grand to work with such a lovely gang
So enjoy the workshops and just do what ye can
and believe me girls
that will suit us grand.



Participants at the Intercultural Staff Awareness Training Programme. Front row (l to r): Teresa Browne, Geraldine McDonagh, Jimmy Connolly, Teresa McInerney, Julie Mongan. 2nd row: Teresa Joyce, Sarah O'Donnell, MHB, Margaret Joyce, Tricia Riley, Bridget McInerney. Back row: Julie McDonagh, Margaret Carton, Bridget Myers, Janine Dunne, Cllr. Molly Buckley, Myra O'Loughlin, Christine Joyce and Colette O'Sullivan.

THE TRAVELLER COMMUNITY

The traveller community experiences significant disadvantage with regard to health, education, accommodation and social welfare services.

The Travellers Health Status Study: Vital Statistics of Travelling people 1987 and The Health Research Board in its research found that:

- Travellers have more than twice the stillbirth rate as that of the population as a whole
- Traveller women live, on

average, 12 years less than settled women

- Traveller men live on average, 10 years less than settled men
- Life expectancy for travellers is now what it was for the settled community in the 1940's

Travellers have significantly higher rates of

death from:

- Accidents
 - Metabolic disorders in the age group 10 - 14 years
 - Respiratory disease
 - Heart disease
 - Genito-urinary disease
- In 1999 the Traveller Health Unit of the Midland Health Board was established. In the Service

Plan for the Traveller Health Unit staff training in Intercultural Awareness was identified as a training need for front line staff and managers so that "health service providers will improve their understanding of and relationship with travellers" The overall aim of this programme is to increase awareness of the health status of travellers and their needs.

It is also aimed to improve the traveller-friendliness of health board services and increase the knowledge of traveller culture within the Board's area. Through the programme it is also hoped to heighten awareness of anti-discriminatory practice within the Board.

For more information on the above you can contact Sara O'Donnell Health Education Officer for Travellers at 0506-24099.

Midland Health Board to Promote Exercise Awareness for Schools at Moate Show

A first such venture for the Board

A cluster of 20 primary schools in the Board's Moate area are involved in an exercise promotion for staff and pupils alike which will culminate in the Moate Show competition the theme of which is Exercise for all: Action for life.

The display at the popular Show - a first for the Board - will be a point of contact with the wider community in promoting physical exercise.

The aim of the project is to raise awareness of the importance of physical exercise for all and to promote Action for Life. Teaching staff attended an in-service training on physical activity in Moate Convent Primary school. This was delivered by Donna Good, Health Education Officer for Primary Schools and June Boulger, Workplace Health Promotion Officer.

The active workshop covered a variety of topics;

- Which stage are you at on the wheel of change?
- Exercise activity with dyna bands

- Benefits of exercise
- Components of health related fitness
- How much exercise is enough ?
- Exercise for children: the importance of aerobic fitness and skeletal health
- Developing a fitness programme for yourself.
- Think F.I.T.
- Overcoming barriers to physical activity
- Getting started: on optional 6 week programme for participants
- Developing a fitness programme for children
- The Action for life programme for primary schools
- Entering the Moate show competition involving, writing, poetry, arts and crafts to promote exercise. The afternoon's proceedings were both

lively and informative. They gave the participants food for thought and hopefully new enthusiasm on how to improve and sustain physical activity for both themselves and their pupils. June will be delivering further workshops to staff around the Board on the benefits of exercise throughout the summer. Following the workshop, the Action for Life demonstrations are taking place. Teachers are being trained in the use of this resource by Teresa Sullivan S.P.H.E. Tutor. Also, arising from the workshop weekly introductory health promoting exercise activities have been arranged for the teachers themselves. These include strengthening, toning

stretching, walking and yoga which are being given by Donna, June, J.P. Leahy and Mairead Madden from Health Promotion. The date for final submission to The Exercise For All/Action for Life

Exercise competition at Moate Agricultural show is the 19th August 2000. The entries will be on display at the show on Saturday, 26th August 2000.

All welcome.

REGIONAL GOLF OUTING



Doctors supporting the Midland Health Board Regional Golf Outing in Tullamore Golf Club, Heading down the fairway are Joe Hynes, Kevin O'Regan and John Fahy.

Development of Quality Management Systems

The Development of Quality Management Systems within the Health Service Sector was the title of a workshop hosted by the National Standards Authority of Ireland for the Midland Health Board area.

The chairperson for the afternoon was Breda Crehan-Roche, Quality Improvement Co-ordinator. Mr John Coady from the NSAI gave a

comprehensive overview of the NSAI guidelines for the application of the ISO 9002 in a hospital environment. Mr Kevin Clancy, Deputy

General Manager, Galway Regional Hospital, talked about ISO 9002 in an acute hospital setting and how obstetrics and gynaecology implemented quality standards and achieved ISO 9002 accreditation. And finally Mr Brendan Byrne, Chief Nursing Officer, South Eastern Health Board, reviewed the benefits of ISO 9002 in the administration of the Rehabilitation Programme for Psychiatric Services. The workshop was well attended by staff members from the Board and some of the non-statutory service providers in the Board's area.



Pictured at the workshop hosted by the National Standards Authority of Ireland for Midland Health Board staff; (l to r) Jim O'Connor, National Standards Authority of Ireland; Dr Davida de la Harpe, Specialist in Public Health Medicine; John Coady, NSAI; Marie Leahy, Health Education Officer; Larry Bane, Personnel Officer and Kate Brickley, Health Promoting Hospitals Co-ordinator.



Pictured at the Workshop from Lough Sheever, David Barret, Regina McGarry and Ronnie Ball.

A PARTNERSHIP APPROACH TO PROMOTING HEALTH AMONG STAFF

This Health Promotion Project for staff of the Board, is based on a partnership approach and will be planned in consultation with staff. The project was initiated in 1999, and will run as a pilot project for three years.

The primary focus of the project will be on the promotion of physical activity, and stress reduction. A partnership-action group has been set up; this group will plan initiatives focusing on staff exercise and mental health. This group comprises of 20 members of staff from various work sites throughout the Board.

A staff health and lifestyle survey was carried out as the first stage of this workplace health promotion project. The research involved a needs assessment of a random sample of health service staff employed throughout the region. Information gained from the research will be used as baseline information on which to plan and evaluate

subsequent health promotion programmes. **Stress at work** The majority of respondents (74%) highlighted factors, which cause work related stress. The study pointed to six primary factors contributing to stress at work:

- Problems in work relationships
- Problems due to their

roles in the organisation

- Career development
- Organisational structure and climate
- Home - work interface
- Other factors intrinsic to the job

Based on the results of the health needs analysis and evidence of good practice the group is currently designing a comprehensive stress management programme for the staff within the Board.

How can we address stress at work?

There are three general approaches to addressing

stress at work, and the group is currently developing plans to implement effective programmes based on these general approaches:

- **Primary prevention** This approach is concerned with identifying and controlling sources of stress (as listed above) in the workplace rather than dealing with an individual's symptom.
- **Secondary prevention** This is aimed at providing advice and information to enable employees to cope more effectively with stress in their workplace, mostly provided in the form of stress management, time management training.
- **Tertiary prevention** This focuses on individual employees who are suffering from stress. Schemes such as the employee assistance programme or confidential counselling.

Promoting increased physical activity among staff at work

The results of the staff health and lifestyle survey, highlighted that 75% of staff felt that they need to participate in more physical activity. Almost half of all respondents mentioned the types of physical activity which they are most interested in,

the majority of people are interested in walking, followed by exercise classes and then swimming. The following includes some proposals for promoting increased physical activity among staff.

An educational and awareness programme

- Benefits of physical activity
- Components of health related fitness
- Overcoming barriers to exercise
- How much is enough

Physical Activities

- Exercise classes organised at lunch hour
- 10 minute flexibility and strength sessions at work
- Walking clubs set up around the Board
- Staff members trained as walking leaders to lead, design and organise walks
- Walking / cycling weekends organised

Environmental Support

- Support in work sites to encourage increased levels of exercise
- Showers and changing facilities to accommodate those who want to exercise

For further details about the project contact:

June Boulger, Workplace Health Promotion Officer, Health Promotion Service, The Mall. Tel: 0506-46740.

ST MARY'S STAFF GO TO THE DOGS!

St Mary's Hospital Recreational and Social club, set up with advice and support from the Health Promotion Unit, went on a social night to the Greyhound Track, in Mullingar.

The aim of the club is to encourage staff from all disciplines to socialise together, increase exercise levels and decrease stress levels in the workplace. The club consists of all grades of staff in the hospital, of varying ages, both male and female. The club members who attended the greyhound

track enjoyed the night thoroughly and even took home some winnings though none claimed to have won anything substantial enough to retire on. Afterwards the events of the night were discussed in detail over a few drinks. Plans are already under way to decide the next venture for members.



Members of St Mary's Hospital Recreational and Social Club who enjoyed a night out at the dogs; (l to r) John O'Dowd, Josie Kenny, David Noonan, seated, Marion Dalton, Marie Nea and Lucy Nugent.

Exciting Opportunities for Older People Highlighted at Conference

Activities already planned for Board's hospitals



The Organising Committee of the one day Conference on Creative Change for the Older Person in the Residential Setting, held in the Dunamais Theatre and Centre for the Arts, Portlaoise, (front l to r) Muireann Ni Chonaill, Arts Officer, Laois County Council; Tessa Guinan, St Vincent's Hospital, Athlone, Mary Culliton, Principal Speech & Language Therapist, Laois/Offaly; (back l to r); Mary Flannery, Age and Opportunity; Pauline Brophy, Athlone; Orlaith O'Brien, Matron, St Vincent's Hospital, Athlone; Ann Doherty, Matron, Abbeyleix District Hospital and Ellie McCrea, Conference facilitator.

Creative Change for the Older Person in the Residential Setting was the title of a National Conference, in the Dunamais Theatre and Centre for the Arts, Portlaoise, organised by the Midland Health Board, Age and Opportunity and Laois County Council. Its aims were to illustrate best practice in working in the arts with Older People and to provide a forum for discussion about how such work can be incorporated into care settings for Older People in a sustainable way.

Dr Tom Moffatt, TD Minister of State at the Department of Health and Children, who officially opened the conference, said everybody needs to have a sense of control over their lives and to find ways of continuing to grow in meaningful and fulfilling ways.

"What is often overlooked is that Older People are a resource to society. Greater participation in the arts has a major role to play in this process," he said.

The Midland Health Board works in partnership with a

number of agencies including for this project, Age and Opportunity and Laois County Council in order to maximise health and social gain for Older People.

Mr Denis Doherty CEO speaking at the Conference said it was a pleasure for the Board to be associated with such an event in the Board's own area.

This conference, he said, was an excellent example of the enduring effect of issues and events

highlighted during last year - International Year of Older People.

"It is a tribute to Laois County Council that they have spearheaded the development of opportunities and abilities for older people, through their excellent arts officer in their very fine arts centre".

The Conference was important in that it brought together health professionals, arts officers, arts administrators and

artists to learn about the possibilities of working together in order to devise arts programmes which will have a long term sustainable impact for older people in the residential setting.

A recent artist in residence programme devised by Laois County Council's Arts Office, involved singer Noirin Ni Riain working with the residents of Abbeyleix District Hospital.



Minister Tom Moffatt TD Minister of State at the Department of Health and Children, 2nd from left, who officially opened the conference, is welcomed by John O'Kane, CEO Music Network; Cllr. Joe Dunne, Chairman Laois County Council; Mr. Denis Doherty, CEO, Midland Health Board and Mamo McDonald, Age and Opportunity.

Children First Guidelines Outlined

The Board has conducted five briefing sessions for schools to outline the national Guidelines for the protection and welfare of children. The Guidelines are contained in the document "Children First" which was launched in September last year.



Helen Hanlon, Co-ordinator of Training Child Care; Joe Whelan, Senior Health Education Officer, and Donna Goode, Senior Health Education Officer, who conducted the briefing sessions.

The Guidelines aim to "clarify and promote mutual understanding among statutory and voluntary organisations about the contributions of different disciplines and professions to child protection". They are intended to support and guide health professionals, teachers, members of the Garda Siochana and the many people in sporting, cultural, community and voluntary organisations who come into regular contact with children and are therefore in a position of responsibility in recognising and responding to possible child abuse. The five briefing sessions took place in Athlone, Mullingar, Longford, Portlaoise and Tullamore. Helen Hanlon Co-ordinator of Training Child Care;

Donna Good, Senior Health Education Officer Theresa Sullivan SPHE Tutor, and Joe Whelan, Senior Health Education Officer conducted the sessions.

Approximately 200 teachers availed of this service which was run in partnership with the three education centres, Athlone Laois and Carrick-on-Shannon.

The new Guidelines place an onus on Boards of Management to implement procedures for dealing with cases of child abuse. This in turn means members of Boards should be informed of the guidelines and their implications. It is now hoped that members of the teaching professions would become part of the inter-agency training conducted by the Board.



Maria Leahy SRN, RM, ENB 997, DMS, MA Marketing, ISO Auditor, who as assistant programme director with the Board's GP Teaching Unit will this year co-ordinate meetings for the country's ten GP Programme Directing Teams. She is the only person currently involved in GP teaching in this country who is not a doctor or psychologist Marie who trained in the UK as a general nurse/midwife joined the Board in September 98 as Assistant Programme Director GP Teaching Unit and also works with the Board's Health Promotion Unit. She lectures on the BA in Health Care Management in the Athlone Institute of Technology.

Audit of diabetes Care in MHB reveals potential

Winner of The Jessica Lauden Prize

A project set up by the Board, while still relatively new, appears to have the potential to improve the health outcomes for people with diabetes.

In 1996 the Midland Health Board began a diabetes project to develop a model of care for people with diabetes suitable for the Irish health care environment, based on the St. Vincent's Declaration and on best evidence. The project aims are to raise the overall standard of care for people with diabetes in the region, to document the barriers to implementing the model, to develop methods to evaluate the effect of changed care processes on health outcomes for people with diabetes, to document the costs of implementing the changes and to maximise return per unit of resource consumed. During 1998 a pilot system of shared care prioritising Type 2 diabetes was set up. Ten percent of general practices in the Board's area participated in the project. The provision of services to the practices by community nutritionists and chiropodists was agreed. A baseline audit to give a clear picture of care

findings are, therefore, fundamental for future work on diabetes care. As part of the audit process individual practices were provided with their own individual practice findings. This allows each practice to compare their own initial results with the overall results from the other pilot practices and against international benchmarks. The audit process will continue as part of the Diabetic project. The audit itself has identified issues for the participating practices and for other practices that are considering becoming involved. These include practice organisation and education, patient selection, and targeting of patients with poor control. If the shared care pilot project is reviewed strictly in the terms of definitions of shared care, it is clear that the acute hospitals do not seem to be fully integrated into the process. The type of care being implemented is structured rather than shared care at

The future of the project, based on the work that has been done so far, will include improvement of linkages and the interface between primary care and the hospital services. There must also be further development of the multidisciplinary approach to care with attention to teambuilding between the various professional and professional groups working with people with diabetes. The Midland Health Board does not at present have an endocrinology service, but this project and the cardiovascular strategy for the Board have identified the need for provision of such a service and this is likely to be addressed in the near future. In summary, the Midland Health Board project, while still relatively new, appears to have the potential to improve the health outcomes for people with diabetes, and the experience gained in implementing the project may be of use to other



The Authors, Carmel Brennan, Department of Public Health, Dr Velma Harkins, The Health Centre, Banagher, and Dr Davida De La Harpe, Public Health.

processes and outcomes of care for patients in the Diabetic Shared Care Project was undertaken in 1999. The audit is linked to all of the initial aims of the Diabetic project. It draws on published research against which to measure current performance. The

present. Freedom of information and Data protection considerations have had to be taken into account both during the audit and for future development of the register and database, which is also part of the diabetic project

areas interested in developing care for people with diabetes or other chronic diseases. The Authors were Dr Davida De La Harpe and Carmel Brennan, Department of Public Health and Dr Velma Harkins, The Health Centre, Banagher.



June Boulger and Brid Broderick leading one of the Wednesday evening walks from Central Office.



Physiotherapists from Longford/Westmeath General Hospital who attended the study day. Front row (l to r): Anne Ryan, Mary Connell, Debbie Clogher, Marise Gilhooley. Back row: Irene Byrne, Mairead Mullaly, Fiona Curran, Mary Keeney, Eileen Tobin and Miriam O'Byrne.

PHYSIOTHERAPY STUDY DAY

Physiotherapists from Longford, Westmeath, Laois and Offaly recently attended a study day in Tullamore General Hospital on Cardiac Rehabilitation.

The speaker was Irene Byrne, Senior Physiotherapist

(Respiratory Care) at the Mater Hospital. Irene is one of two trained co-

ordinators involved in the Mater's Cardiac Rehab Programme, and a member of the Irish Association of Cardiac Rehabilitation. Physiotherapists are involved at many levels in the treatment of cardiac patients as well as the rehabilitation of those with a wide range of cardiovascular pathologies. As part of the Cardiovascular Health Strategy, the Midland Health Board is now creating three new positions for physiotherapists who will specialise in this area.



Physiotherapists from Portlaoise General Hospital, (l to r): Brid Dooley, Mary Gorman, Mary Kileen and Maureen Bradley.

Longford Phrenz Group launch “Life Forms” Exhibition

An exhibition entitled Life Forms created by the Longford Phrenz Group, a support group provided by Schizophrenia Ireland for people with schizophrenia and related illnesses, was launched by Ciaran Mullooly, RTE Midlands Correspondent.

Speaking at the Launch, Mr Mullooly described the exhibition as an example of the positive achievements of a group of people with mental health difficulties. “All too often were are presented with negative stereotypical images of schizophrenia. These negative images can play a part in discouraging people

from being open about their condition. As a result people with schizophrenia and their relatives are sometimes further isolated and marginalised,” he said. “It is refreshing to meet with a group of people who, with support and encouragement can produce such excellent artwork. I believe that through such

positive work as this in addition to people pride in their work that we can see the beginnings of a change in public perceptions of schizophrenia,” he added. The group’s facilitator Una Clarke spoke about her work with the artists. “The aim of the Phrenz Group is to encourage good mental health, combat

isolation and provide a space where people with mental health difficulties can talk about their experiences in coping with schizophrenia and other illnesses. Art has always been an integral part of our group’s meetings and has provided a means for group members to express feelings, emotions and experiences through artistic images” she said. This is the group’s fourth and they feel strongest exhibition.



Mr Ciaran Mullooly RTE Midlands Correspondent who officially opened the Longford Phrenz Group Exhibition, with Una Clare, Group Facilitator.

Music Opens-up Fresh Vistas for Older People

An exciting new partnership has been recently forged between the Midland Health Board and Music Network - the ESB sponsored national music development organisation.

Based on an appreciation of the importance of access to music and its therapeutic value within the healthcare contexts, the results of this unprecedented collaboration are now being seen, through the implementation, in six centres in the Board’s area, of a two phase pilot research programme exploring the impact of music within residential and day-care centres for the elderly. This project is being delivered by professional musicians and music facilitators, working closely with healthcare professionals through live performances and participative workshops. It takes place in association with the Board and is co-funded by the National Steering Committee of the UN International Year of Older Persons, the Department of Health and Children and other national and local bodies. It is informed by research and evaluation undertaken following the hugely successful Music Network 1998/99 Concerts in Healthcare Environments Programme. This took place in centres nationwide including Riada House, Tullamore, Ofalia House, Edenderry and Moore Abbey, Monasterevin. Participating centres in this new programme are Riada

House, Residential and Day Care Centre, Tullamore; St Vincent’s Hospital & Day Care Centre, Mountmellick; St Mary’s Hospital and Day-Care Centre, Mullingar, Ely House Residential and Day Care Centre, Birr; Ofalia House, Residential and Day Care Centre, Edenderry and St Joseph’s Hospital and Day Care Centre, Longford. Project performances are highly interactive in nature; the facilitated workshops focus on reminiscence of people’s prior experience of music, in addition to exploring Older People’s creativity through sound and movement. The sustainability of these projects is a key objective: training is therefore provided for key members of staff in order to lead to the evolution of a workable, sustainable model of presenting live music in healthcare environments for the future. Riada House, St Vincent’s, Mountmellick and St Mary’s, Mullingar have been resounding with music since their project commenced in early April. Facilitator Michelle Murphy, soprano Toni Walsh and pianist Tony Byrne are now just over half way through the first phase. Both clients and staff have wholeheartedly embraced a dynamic new approach to music making through workshop and

participatory performances. “The clients in St Mary’s are greatly enjoying this music programme. At the outset, they expected to sit and listen; however, they were not disappointed when they realised that they would have the opportunity to participate through singing, poetry and/or playing a choice of preclusion instruments. It is thoroughly enjoyable and we look forward to the next session” said Sister Mary Daly, St Mary’s Mullingar, Project Facilitator. “The Music Sessions in St Vincent’s Hospital have proved to be hugely enjoyable for both staff, hospital patients and day care clients. The opportunity to involve all types of patients has been greatly welcome. For many it has brought back treasured memories. For all it has been an opportunity to actively partake. This has been very important. We look forward to the remainder of the project” said Lucy Campbell, Day Care Centre, St Vincent’s Hospital, Mountmellick. Reacting to the project, Staff Nurse Markie Walsh, Riada House, Tullamore said. “This new music programme has brightened the lives of residents and day care centre clients. As a member of staff, I am keenly aware of the benefits of this work. It is a joy to see the reactions and obvious happiness written on the faces of the Older People in our care as they revisit memories of their youth through music. Seeing them clap and tap to music, seeing the rhythm come into their being has made us all so conscious of the living person behind the disability or illness. It brought tears to my eyes. Long may it continue”. Speaking after the most recent session, Mr Deirdre McCrea, Music Network said “This project is challenging all of us, musicians, healthcare professionals, arts administrators and clients by

taking us into new, uncharted territory. We intend that the music will touch people’s lives and be a positive experience, but we hope to go further and explore in a controlled environment if

music has a valid role to play in the therapeutic context. As musicians it is both exciting and moving to observe how the imaginative use of music can open up fresh vistas for older people, tapping their

personal reservoirs of experience and creativity. This is only the beginning of an exploratory process, - we are not quite sure where it will ultimately lead, and that is exciting too”.

MANAGEMENT EDUCATION

These part-time programmes are available through distance education or lectures at the Institute or at regional centres and attendance at seminars/workshops.

MA in Healthcare Management

Two years, part-time study through distance education only. Subjects include Health Strategy and Policy, Comparative Health Policy, Managing for Health and Social Gain, and Health Economics and Finance.

(Commences 1 September 2000 and 5 January 2001)

BA in Healthcare Management

Four years, part-time study. Subjects include Health Administration, Epidemiology and Health Planning and Comparative Healthcare; also has a strong Economics component, including Health Economics, and covers Law and Financial and Strategic Management.

(Commences 25 September 2000)

National Diploma in Healthcare Management

Eighteen months, part-time study through distance education and attendance at seminars/workshops, held in clients’ premises or at the Institute.

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Nora Scott, Lil O'Brien, member of staff and David Boland with Toni Walsh of Music Network leading in the singing in Riada House.

SUBSTANCE MISUSE EDUCATION AND PREVENTION POLICY

Background

On a Regional and National basis there is a clear indication of the increase in the levels of substance misuse. Alcohol remains the favourite substance of both the young and adults and smoking levels are on the increase particularly among young females. The cost to individuals, to families, and communities of substance misuse are high in terms of health, family, disharmony, employment, educational disadvantage and the legal implications. Much work is going on at statutory, voluntary and community levels to develop responses to substance misuse. The purpose of developing a Substance Misuse Education and Prevention Policy by the Midland Health Board is to build on the current valuable work being carried out, to look to future need and develop a long-term strategy. The Health Promotion Service and the Community Drugs and Alcohol Service initially developed a draft policy over a nine-month period. The draft policy was then discussed with the Regional Intersectoral Drugs Committee and senior management of the Midland Health Board. In addition external agencies such as the Department of Community Health, TCD, were asked to contribute and critically examine the policy.

Principles And Themes Underlying Substance Misuse

Multi-stranded And Multi-agency Approach

The issues associated with substance misuse are complex. The policy explores the principles and themes underlying substance misuse. In doing so the following three factors are crucial in understanding the core issues associated with substance misuse:

- The Individual
- The Substance
- The Environment or context in which the substance is used

Taking these factors into account, the policy outlines the need for a multi-stranded, multi-agency approach involving mainstream Health Service, the Gardai, Parents, Youth and Social and Community services in devising comprehensive education, prevention, treatment and rehabilitation policies and the development of

structures for their delivery.

The policy has as its aim the provision of a consultative framework for the development of a multi-agency strategy on substance misuse.

Nature And Extent Of The Problem

Effective substance misuse initiatives require that the responses be based on the knowledge of the extent and nature of the problem. The policy builds on existing national and regional policies and on more recent developments in the health service in the region. The policy contains information on the nature and extent of the substance misuse problem in the region. Such information shows that substance misuse is a problem for all groups, particularly for young people. Alcohol and tobacco are by far the most commonly misused substances; illegal substances such as Cannabis and Amphetamines are also being frequently detected. In order to continue to develop appropriate initiatives and properly tailor the delivery of services to local needs, it is important to have access to reliable information about the extent of the substance misuse problem and emergence of new trends and fashions. The policy outlines the need for research and the collation of prevalence figures. Allied with the need for information and research there is also the need to continually assess the extent of the problem so that trends can be tracked and to evaluate the impact of policies and interventions so that they can be adjusted when appropriate. It is also important that such interventions are evaluated to establish best practice. Only by building on proven techniques will the effectiveness of efforts to tackle substance misuse be enhanced.

Education And Prevention

Effective education and prevention will contribute to a reduction in the demand for substances. The development of education and prevention programmes must focus on in legal and illegal substances, which harm the physical, social or mental well being of an individual, group or society. Given the multiplicity nature of substance misuse

the policy emphasises that education and prevention programmes must be designed to reflect numerous factors and should be set in the wider context of Health Promotion. Along side providing information on the dangers of substance misuse, it is essential at the same time to build on the individual's confidence and skills process. Parents in particular should be provided with information and facilitated in developing skills to enable them discuss the subject of substance misuse with their children.

The concept of prevention employed by the Board in this policy acknowledges that different substances are used in different ways, with different intensities by different people, with different levels of risk and in many different circumstances. Any response in terms of education and prevention will require different levels of activity. Some activities will be aimed at preventing initiation into substance misuse and further activities, which discourage continuous, use or offer alternatives. At another level emphasis will also need to be placed on the prevention of dysfunctional substance misuse by individuals rather than simply eliminating the individual's use.

The Policy outlines the ultimate goals as:

- Delivery of effective education and prevention programmes
 - The Provision of a range of effective care, treatment and rehabilitation services.
- The Policy acknowledges that there are many approaches to substance misuse education, however, any approach must be evidence based on knowledge of good practice. The approach will be 'person' centred and based on the needs of the person as outlined below:
- Increase individual awareness of substance use in society.
 - Prepares individual for present and future experiences.
 - Enables individual to make their own informed decisions.
 - Minimises the harm from substance use to individuals and communities

Midland Health Board A Resource To Communities

The policy acknowledges that the health service cannot 'solve' the problem of substance misuse for communities it must be done 'with' communities. The Midland Health board recognises its role as a resource to the community and aims to consult and work with local people and groups in developing new and innovated projects in their communities. The Partnership approach enables the community to:

- Identify needs
- Source resources to meet those needs
- Implement demands reduction programmes
- Monitor Programme

The policy outlines the importance of creating a genuine partnership so that efforts are mutually reinforcing. There will be a need to share experiences and expertise so that respective skills and resources can be brought to bear on the problem in an appropriate and timely manner.

Where From Here?

The policy recognises that the Midland Health Board is in the front line of dealing with the problem of substance misuse by the provision of health promotion/education and prevention programmes, the provision of treatment, care, after-care and rehabilitation services through an integrated team approach. The Board will continue to work with other agencies - statutory, voluntary and community sectors in to developing locally based strategies and actions to deal with substance misuse problems in our region and to respond in a flexible manner to problems as they arise.

This policy will be evaluated within a period of five years. During this time it is expected that the policy will be translated into strategies for tackling substance misuse. A number of priority actions are outlined in the policy; various strategies will be developed to respond to the actions and will form part of the Annual Service Plans of the Board.

During the coming months the following five initiatives will begin:

(a). Partnership for Youth Health

It is proposed to establish a pilot Partnership for Youth Health in the Midlands region. This would be established as a 3-year pilot project. The aim of the forum would be to foster

good communication and joint working relationships both intersectorally and intrasectorally. The partnership in the first instance will provide a structure for communication between the stakeholders. Secondly, there will be an opportunity to develop joint projects across a wide range of youth health issues. Thirdly there will be opportunities for co-ordination and development of joint strategies to address youth health issues.

(b). Inter-agency Training

It has been clearly identified at both regional and national level, that there is a greater need to work in partnership in relation to substance misuse education. It has also been identified that there needs to be clear and concise messages given by those involved in this work to members of the public. The Midland Health Board in partnership with An Garda Siochana are at present developing a training module for Health Board and Garda personnel working with communities. In September training will be provided for designated staff from both agencies and from that point forward when workshops on substance misuse are being provided for communities they will be delivered jointly by both agencies. If this is successful in the midland region it will be adapted national.

(c). Walk Tall Programme

The Walk Tall Programme is a broad based life skills programme with a substance misuse focus, aimed at primary school children. The programme is at present being introduced to primary school teachers in the

region. The Board's substance education officers are playing an active role in the delivery of workshops on substance misuse issues to the teachers availing of the training. Workshops are also being presented to parents when requested by schools as part of informing parents of this new programme.

(d). Life As It Is

During 1999 the Midland Health Board and the Midland Regional Youth Service jointly carried out a piece of research into the needs of marginalized youth. The aim of this research was to analyse the needs and general lifestyles of marginalized youth in the Midland Region with a view to developing services of the Midland Health Board to meet the needs of young people. This research is now complete. Over the coming months the finding of the research will be fed back to local communities through the format of community forums.

(e). Substance Misuse Media Campaign

In the 2000 Service Plan we decided to run a media campaign in relation to substance misuse. From a discussion with the Health Education Officers - Substance Misuse and the Gardai, it was decided to focus on the following:

Summer: Solvents - Information target at parents

Winter: Alcohol - Information target at parents and young people

Spring: Cannabis and Amphetamines (General Awareness)

This campaign will run for a twelve months period from June 2000 to May 2001. An interagency team is presently identifying key messages.



Ladies taking part in the Midland Health Board Regional Golf Outing, held in Tullamore Golf Club, Jacinta Joyce, Tullamore; Pat Fleury, Edenderry and Marie Conlon, St. Vincent's Hospital, Mountmellick.

A PARTNERSHIP RESPONSE TO SUBSTANCE MISUSE

The Midland Health Board in partnership with the Athlone Drugs Awareness Group, the Midland Regional Youth Service, and Athlone Community Taskforce held a one-day Conference, opened by Minister Eoin Ryan TD for all community groups and interested individuals to consider opportunities for working together in partnership in developing a response to substance misuse.

Minister Ryan spoke of the need for a genuine partnership response between the various sectors and local communities. The Minister also acknowledged that illegal drugs are more freely available than before, but said no one should lose sight of the fact that alcohol is still the most widely misused substance available.

Mr Bill Ebbitt, Senior Health Education Officer, presented the response to substance misuse in terms of education/prevention and community initiatives. Mr Ebbitt also made the point that it is the policy of

the Board to involve local communities in the response to substance misuse as the health service cannot "solve" the problem of substance misuse for communities. It must be done with communities. Other speakers at the conference included Ms Emer Sheerin who outlined the findings of the research carried out by the Board and the Midland Regional Youth Service into the needs of young people. The findings were later discussed in small group settings.

Mr Seamus Boland, Regional Director of MRYS presented a paper

on Working in Partnership. He pointed out that there is a need for a multi-stranded approach involving individuals, parents, communities, voluntary and statutory services in developing programmes and responses to substance misuse.

Among the outcomes of the Conference, was the need to develop a purpose built youth building in Athlone for young people. This building would provide recreational activities alongside education programmes; there would also be a counselling service available with links to

mainstream services. The need was also identified to continue developing training/education programmes for

parents, youth people and those working with young people. Another recommendation was the provision of a facility for local

groups to come together to discuss issues of concern and learn about each other's work. The first to those meetings will take place in June.



Pictured at the conference (l to r): Chief Supt. Paul Tansey, Minister Owen Ryan, Cllr. Frankie Keena and Bill Ebbitt, Senior Health Education Officer, MHB.

Developments in Psychiatric Nursing

Arising from consultation with nursing staff, and nursing management in the course of the service planning process and from the recommendations of the 1999 Annual General Meeting of the Mental Health Services a priority Service Plan target for 2000 is to carry out a needs assessment for psychiatric

nursing education and development in the Board's Area.

As part of its commitment to providing appropriate services to the Board's population, the implementation of the recommendations of the Commission on Nursing, and to the professional development of its staff

the project has been initiated by the Board. The project is being managed in partnership with psychiatric nursing staff and staff representative groups.

Services in the Board are planned and delivered based on the needs of the population. Many diverse forms of health promotion,

treatment and rehabilitation programmes are required to effectively meet needs. The aim of the project is to develop an action plan for psychiatric nursing staff education and development which updates and enhances their unique skills and knowledge in order to provide suitable evidence based interventions and programmes across the care continuum from mental health promotion to care and rehabilitation. Opportunities for specialisation in many of these areas exist for psychiatric nurses now and in the future.

The strategic direction of mental health services includes the introduction of specialist services such as Psychiatry of Older Life; Special / Intensive Care nursing ; Occupational Therapy and Social Work services ; and Specialist Counselling Services. As additional funding to recruit additional grades are provided , new services introduced, and traditional hospital based services

reoriented, psychiatric nurses have recognised the need to proactively seek out new ways of developing their practice to respond to the needs of service users.

The project steering group under the chairmanship of Mr. Larry Bane, Personnel Officer met for the first time on April 6th . Steering group members include, Mr. L. Ward., Chief Nursing Officer, Longford / Westmeath Catchment Area, Mr. V. McNamara., Chief Nursing Officer, Laois / Offaly Catchment Area, Mr Barney Reynolds, SIPTU representative St. Lomans Hospital, Mr. Sean Melia PNA, St. Fintans Hospital, and Mr. Michael Mc Connell, ACNO St Loman's Hospital. The project is being facilitated by Richard Walsh project specialist - mental health services. It is anticipated that the Boards Director of Nursing and Midwifery Planning and Development will be a member of the group when appointed later

this year.

The first task of the steering group was to establish the terms of reference for the needs assessment. This assessment will be carried out by a researcher with a special knowledge of nursing, and will involve extensive consultation with nursing staff throughout the Board. Interested / potential researchers are currently being sought. The steering committee will award the contract to carry out the assessment once proposals based on the terms of reference have been received. Following the needs assessment and potential areas for action detailed planning will begin in order to develop an action plan for the future. All members of the steering group are available to answer any queries staff may have regarding the terms of reference or status of the project. Additional information will be available in the Midland Health Board News as the project progresses.



Mr. Michael Martin TD Minister for Health and Children, who officially opened the Association of Psychiatric Nurse Managers conference, in Tullamore pictured on his arrival with Tom Jones, ACNO, Mullingar sector; Mr. Larry Ward, Director of Nursing Mental Health Services Longford/Westmeath; Sharon McDermot, St. Loman's Hospital; Minister Martin, Siobhan Clery, St. Loman's Hospital; Michael McConnell, ACNO, St. Loman's and Ted Harrington ACNO, Athlone.

Domestic Violence Training Programme

The first five 2-Day multi-disciplinary and inter-agency training courses on violence against women and children in intimate relationships were held in various locations throughout the midland region. A total of 120 people have attended to date and feedback, both formal and informal has been very positive.

The courses have raised awareness of the issues and created much discussion. A broad range of disciplines attended and this enabled good networking. Participants expressed increased confidence in intervening in situations where they suspect domestic violence maybe an issue having completed the training course. The Report of the Task Force on Violence against Women (1997) acknowledges the

complexities of this issue and recognises that violence in close adult relationships is not a once-off occurrence - it is a process. Responses, therefore, cannot be once off but must be a continuous process of support and assistance, tailored to meet the needs of the woman at any point in time. In this context, the Task Force highlights the importance of a multi-disciplinary and inter-agency approach to

providing the range of both practical and emotional supports that a woman may need.

The Task Force also highlights the role various health and social services can play in identifying the existence of domestic violence, encouraging disclosure and providing services and support. Research has shown however that there is a significant discrepancy between the high numbers of women with symptoms



Laois/Offaly course facilitators. Front row (l to r): Kathleen Malone, CWO; Siobhan Rafter, PHN; Pauline Butler, Development Officer, Domestic Violence; and James Mulhall, Social Worker. Back row: Rosemary Kearns, Ward Sister TGH; Jacinta Nolan, Psychogist; Eileen Kennedy, Ward Sister PGH; Mary Holland, Portlaoise Community Centre and Anne Corcoran, Family Support Worker.



Longford/Westmeath Course Facilitators (l to r): Marie Corbett, Midwife; Pauline Butler, Dev. Officer, Domestic Violence; Anne Gerety, PHN; Janet Adams, Family Support Worker and Mary Henry, PHN.

related to living in abusive relationships who avail of health care services and the low rate of detection and intervention by health care staff. Against this background, the Task Force has made a number of recommendations particularly relating to the need to train staff not alone to deal with the symptoms of violence, but also to detect abuse, facilitate disclosure and provide services and support in

such cases.

Over the last 2 decades a wide body of knowledge, both at national and international level, has emerged on this issue. This course will endeavour to present some of this knowledge including research findings, current good practice and changes in legislation.

A further six 2-day courses are planned for September and October 2000 and each training course will be

delivered in a multi-disciplinary and inter-agency context that will allow for local networking of the key agencies involved.

For further information and bookings for these courses please contact: Ms. Pauline Butler, Development Officer-Domestic Violence Issues. Tel: (0506) 41301 Ms Helen Hanlon, Co-Ordinator of Training, Child Care Services. Tel: (0506) 46283.

DISABILITY DATABASE

The Physical and Sensory Disability Database is a set of information on people who are currently, have been or will be in receipt of, physical and sensory disability services. This information is stored on computer.

Purpose of the Database?

The database provides information, which identifies service needs. It records current services and future needs. This information then helps in the planning and development of appropriate services and in the co-ordination and delivery of these services.

Eligible

Based on the International Classification of Impairments, Disabilities and Handicaps (ICIDH), for the purpose of the inclusion in the Database "people with physical and sensory disabilities" are defined as anybody with a physical and/or sensory impairment (i.e. loss or abnormality of a physiological or anatomical structure or function) which restricts or prevents performance of everyday activities considered

normal for a person of that age, sex, gender, etc. People should only be included where they are currently in receipt of services or are likely to require services within the next 5 years.

How does it work?

A database form has to be completed for each individual. The information is gathered by service providers (statutory and non-statutory) who have contact with people with Physical and Sensory Disabilities. The information is sent to the Disability Database Administrator who puts all the information onto computer. The information is retained on the Database while the individual is in receipt of or in need of services. A person must consent to being included on the Database. Information is on the

database?

Personal details - name, address, date of birth, next of kin, etc.

Details of disability. Information in relation to services including education, training, employment, day services, residential services, respite services, therapy services, etc.

All information stored complies with the Data Protection Act 1988 and The Freedom of Information Act 1997.

Please notify any changes to Database Administrator.

Queries or further information, please contact Siobhan Regan, A/Disability Database Administrator, Tanyard Resource Centre, Tullamore. Tel: (0506) 23018/23054. FAX (0506) 23056.



The Catering Staff at Longford/Westmeath GH whose activities to highlight awareness during Healthy Eating Week including a quiz in the dining room (l to r): Ina O'Leary, Catering Manager; Mary Muhvihill, Dietician; Geraldine Delamere, Cook; Liz Daly, Cook; Siobhan Pyper, Dietician and Mary Moriarty, Catering Officer.

A Master Degree in Rehabilitation Studies

University College Dublin has added an applied Masters Degree in Rehabilitation Studies to the Rehabilitation Studies Programme for 2000/2001. The course aims to impart the core knowledge, skills and attitudes required for the effective delivery of rehabilitation services within the community. It is a two year part time programme of study leading to the award of

MSc (Rehabilitation Studies). The MSc (Disability Management) is a specialist research postgraduate degree designed to assist disability professionals to develop expertise in areas crucial to the economic and social integration of people with disabilities. The Higher Diploma in Social & Vocational Rehabilitation is designed to cater for people

from a wide range of professional backgrounds who are working in the fields of social/vocational rehabilitation or disability management at work. This part time programme runs for two years. Further information from. Programme Administrator, Rehabilitation Studies, UCD, Blackrock Campus, Co Dublin, Telephone 01- 7068865.

THE PERFECT PRESENTATION

What do we mean by presentation.

Many people would have you believe that giving a first-class presentation is incredible difficult-or that it's something best left to the experts. In fact making a persuasive presentation is all about technique - skills that you can learn to develop quickly and easily. Planning is the secret of persuasive presentation.

What needs to be planned?

- What you want to achieve by the end of the presentation.
- The key points to be made.
- The story you are going to tell.
- The room where you will give the presentation.
- Who will be listening and watching you.
- What visuals you will use.
- When and how the visuals will be created.
- What equipment you need.

People the world over enjoy a smile, a joke or an amusing tale. Try to put something a little light-hearted into your presentation but make sure it illustrates the point you are trying to make. People tend to remember a good

story or amusing anecdote, but only if it's relevant. If you tell a joke with no relevance to the subject, people will laugh (maybe) but may take your main message less seriously to.

When planning your presentation.

Make a note of every point you think is relevant and then go through the draft again weeding out the unnecessary material. Make sure you have a beginning, a middle and an end.

Begin with a headline or some other attention-grabbing sentence. And always introduce your self early on. Develop your story with supporting facts, figures, problems encountered and overcome.

Spread your key priority points over the whole presentation - not to many at once.

End by summarising the key points and by stressing your objectives. For example: "So my key message to your to-day is..."

Understand your audience

Giving a presentation is like being on stage - it's a performance. And to perform well, you must

know something about your audience.

- Who will be there?
- Do they want to see you or were they forced to attend?
- What responsibilities do they have?
- Are they decision-makers or will they have to persuade someone else?
- What to they already know?
- Will they understand you - how technical can you, or should you be?
- Are they likely to ask questions?

Preparing Perfect Visuals.

Research has shown that the spoken word accounts for a relatively small proportion of what people take in. Hearing plays second fiddle to sight when it comes to comprehensive ideas and information.

What has the biggest impact in terms of what audiences take in from a presentation?

- Over 50 per cent comes from what they see.
- Between 30 and 40 per cent comes from what they hear.
- Under 10 per cent comes from the actual content of the talk.

Poorly designed visuals can do major damage to

any presentation.

Some of the classic visual mistakes - make sure you avoid them.

- Dense photographs of badly photocopied text given out as notes.
- Fading whiteboard markers that cannot be read.
- Out-of-focus slides or ones that don't seem to be have any relevance to the talk.
- Slides or transparencies filled with indigestible facts, figures or text.
- Badly designed visuals that make you and your service look amateurish.
- Too much, or too little, colour.

Tips for preparing perfect visuals

- Think carefully about what you want the visual to do for you (helping you to define terms or to emphasise your key points) before you start.
- Practise using whatever equipment you intend to use- even a whiteboard - before the presentation.
- If you are using an overhead projector (OHP) a flipchart or powerpoint, prepare as much as you can before the event. Do not leave yourself with too much writing or drawing to do while you are speaking -

it can distract the audience and interrupt the flow of your presentation.

- Make sure the presentation looks as professional as possible and that all visual aids can be seen easily from everywhere in the room. Eye catching graphics, logos and illustrations will make your talk more authoritative.
- Avoid fancy, tiring unreadable typefaces. Text should be clear and easy to read. Make sure your hand-written aids are legible.
- Put your key message in the top two-thirds of an OHP transparency. Think about the layout of each page - make sure it is interesting to look at.

Typical openers

- Start with a short thank-you to the Chair for introducing you, if that's appropriate.
- Break the ice with a few words of welcome such as Thank you very much for coming to my presentation today. I hope you find it interesting and useful".
- Set the scene with a short summary of what the presentation is about and what you hope to achieve by the end.
- Give any practical details - when the session will

end, arrangements to follow, when and where the questions will be encouraged.

- Cast you hook. Grab their attention.

Managing the difficult question

- Thank the questioner but say "This is outside the scope of our talk to-day but I will happily discuss it with you after the session.
- Acknowledge the question and ask the questioner (or the audience) for his/her (their) opinion - That's a good question. What's your view/does anybody else have any ideas on this?.
- With a straight face say: "I'm sorry, I don't know the answer to that but I will find out for you".
- Keep it light. Try a little humour to get and keep the audience on your side - something like: "I knew things were going too smoothly this morning, that's a very tough question."
- Say that all questions will be dealt with at the end. This buys you some time to think.
- If somebody criticises your presentation, remind them that they've not heard it all yet.

Dymphna Bracken

ARE YOU A LEADER?

Would you like to become a leader?

A walking leader that is

The health promotion service of the Midland Health Board, is currently developing a workplace health promotion programme for Midland Health Board staff, as part of the initiative we are organising walking clubs for staff throughout the Board, so if you are interested in leading planning and designing walks in your area.

Contact:

June Boulger
Health Promotion Service
3rd floor the mall
Williamstreet
Tullamore
Co. Offaly
0506-46740

PAST TIMES

Orlaith O'Brien, Matron, St Vincent's Hospital, Athlone, in association with Pauline Brophy, produced an anthology of shot stories by the residents of the hospital.

Orlaith's innovative ideas for providing a stimulating environment for her patients led to poetry reading, story telling and

ultimately the booklet entitled Past Times. Pauline visited the patients in groups and on a one to one basis, recorded their

stories and views. Past Times reflects what was precious and relevant to their generation and how values have changed. The booklet is now available from St Vincent's Hospital or from Pauline Brophy.



Pictured at the launch Kate Brickley, Health Promoting Hospitals Co-ordinator; Pauline Brophy and Orlaith O'Brien, Matron, St Vincent's Hospital.

Walking Weekend in Connemara

Sat. 22nd & Sun. 23rd of July

Organised Walks to suit all Levels

• Hillwalking • Walks along the Coast • Walks in Forested areas

TRANSPORT AND ACCOMMODATION WILL BE ARRANGED

Contact:

June Boulger

**Health Promotion Service, 3rd floor The Mall,
Williamstreet, Tullamore, Co. Offaly
or 0506-46740**



Pictured at the launch of Media Guidelines on the Portrayal of Suicide, at a press function hosted by Mr Denis Doherty CEO; (l to r) Gillian Kavanagh, Westmeath Independent; Dr John Connolly, President of the Association of Suicidology; Mr Denis Doherty; Deirdre Collins, The Samaritans, Athlone; David O'Riordan Editor, Westmeath Examiner; Paul O'Hare, The Samaritans and Anne Marie Geraghty, Midlands Radio 3.

APPOINTMENTS

NAME	GRADE	LOCATION
Mr Ultan Hynes	Staff Officer	Finance De
Ms Elizabeth Sherlock	Attendant	St. Brigids Hospital, Shaen
Mr Seamus McNamee	Attendant	L/W General Hospital, Mullingar
Ms Annette Newman	Clerical Officer	L/W General Hospital, Mullingar
Mr Joseph Duffy	Electrician	L/W General Hospital, Mullingar
Ms Bernadette Leonard	Programme Analyst	Management Services Department
Ms Odette Harrington	Social Worker	L/O Community Care
Ms Bernadette Lalor	Attendant	Community Nursing Unit,
Abbeyleix		
Ms Maria T. Keogh	Staff Nurse	St. Vincent's Care Centre, Athlone
Ms Laura Murray	Assistant House Parent	Residential Services
Mr Dermot Seery	Electrician	L/W General Hospital, Mullingar
Ms Emer Finnerty	House Parent	Oakville, Mullingar
Ms Helen McCrann	Staff Nurse	L/W General Hospital, Mullingar
Ms Brigid Moran	Ward Sister	Orthopaedic, Gen. Hosp.,
Tullamore		
Ms Mary Dunne	Ward Sister	ICU, General Hospital, Tullamore
Ms Olive Shanley	Basic Grade Pharmaceutical Technician	L/W General Hospital, Mullingar
Ms Michelle Gilroy	Basic Grade Pharmaceutical Technician	L/W General Hospital, Mullingar
Ms Shirley Mooney	Assistant House Parent	L/W Residential Services
Ms Jean McDonnell	Attendant	Loughloe House, Athlone
Ms Caroline O'Reilly	Staff Nurse	L/W General Hospital, Mullingar
Ms Mary Major	Staff Nurse	General Hospital, Portlaoise
Ms Caroline Overton	Staff Nurse	General Hospital, Portlaoise
Ms Eileen King	Staff Nurse	General Hospital, Tullamore
Ms Mary Costello	Staff Nurse	St. Vincent's Care Centre, Athlone
Ms Margaret Galvin	Assistant House Parent	L/W Residential Services
Ms Deirdre McHugh	Assistant House Parent	L/W Residential Services
Ms Helen Cooney	Assistant House Parent	Residential Services
Ms Leona Delaney	Clerical Officer	General Hospital, Tullamore
Ms Sharon Weir	Staff Nurse	General Hospital, Tullamore
Ms Eithne Watkins	Staff Nurse	General Hospital, Tullamore

PROMOTIONS:

NAME	GRADE	LOCATION
Ms Pauline Igoe Poole	Staff Officer	Health Promotion
Mr Brendan Mulligan	Engineering Supervisor	Laois/Offaly
Ms Michelle Hughes	Social Worker, Team Leader	Laois/Offaly
Ms Eithne Leonard	Emergency Medical Controller	Command Control Centre, General Hospital, Tullamore
Ms Breda Dowling	Cook Grade I	General Hospital, Portlaoise
Ms Geraldine Gilhooley	C.W.O.	L/W Comm. Care area
Mr Ivor McDonnell	Maintenance Foreman	St. Peter's Centre, Castlepollard
Ms Imelda Finerty	Manager	Child Residential Services L/W area
Ms Marie Ruane	Staff Officer Grade V	Finance Dept
Ms Theresa Kennedy	Section Officer Grade VI	St. Fintan's Hospital, Portlaoise
Mr Frank Nicholson	Supplies Officer Grade B	Central Stores, Tullamore
Mr Denis Payne	Section Officer	Finance Dept.
Mr Brendan Nealis	Senior C.W.O.	Longford/Westmeath
Ms Clare O'Shaughnessy	Sen. Speech & Lang. Therapist	L/W Community Care area
Ms Diane Leavy	Sen. Speech & Lang. Therapist	L/O Community Care area
Ms Mary Cole	Sen. Speech & Lang. Therapist	Laois/Offaly
Ms Catherine Samuels	Ward Sister	Child & Family Centre, Mullingar
Ms Mary O'Connor	Ward Sister - Surgical Dept.	General Hospital, Portlaoise
Ms Valerie Coffey	Staff Officer	Freedom of Information,
Tullamore		
Ms Helen Forde Corrigan	Senior Lab. Technician	L/W General Hospital, Mullingar
Ms Breda Dooley	Ward Sister I.C.U.	General Hospital, Portlaoise
Ms Niamh Cleary	Senior Pharmaceutical Tech.	General Hospital, Portlaoise
Ms Emma Gonoud	Sen. Speech & Lang. Therapist	L/O Community Care
	Physical & Sensory Disability	
Ms Angela Loane	Team Leader	L/O Community Care
Ms Noeline Smith	Social Worker Team Leader	L/W Community Care
Ms Brigid C Moore	Asst. Matron	Longford Hospitals

Ms Eithne Lacey	T/fusion Surveillance Officer	General Hospital, Portlaoise
Ms Joan Brady	Ward Sister	Longford Hospitals
Ms Edna Blake	Grade IV	Finance Department
Ms Helen Daly	Grade IV	Community Care, Central Office
Ms Evelyn Hession	Grade IV	Health Centre, Mullingar
Ms Pauline Dunphy	Grade IV	St. Vincent's Hospital, M/mellick
Ms Olive Pyke	Grade IV	Technical Services Department
Ms Antoinette Connell	Grade IV	Health Centre, Mullingar
Ms Deirdre Grouden	Grade IV	Finance Department
Ms Teresa Kelly	Grade IV	St. Joseph's Hospital, Longford
Ms Katherine Buckley	Grade IV	General Hospital, Tullamore
Ms Eileen McLavin	Grade IV	St. Loman's Hospital, Mullingar
Ms Jacqueline McNulty Evans	Grade IV	Acute Hospital Services, General Hospital, Tullamore.
Ms Veronica Carr	Grade IV	Personnel
Ms Bernie Hand	Grade IV	Births, Deaths & Marriages, Health Centre, Longford
Ms Carmel Wallace	Grade IV	Health Centre, Mullingar
Ms Helen Galvin	Grade IV	Health Centre, Tullamore
Ms Mary Fitzpatrick	Grade IV	General Hospital, Portlaoise
Ms Maria Donohoe	Grade IV	C.N.U. Birr
Ms Mary Mulvaney	Grade IV	Health Centre, Mullingar
Ms Breda Carroll	Grade IV	General Hospital, Tullamore
Ms Mary Kelly-Kirby	Grade IV	Health Centre, Mullingar
Ms Therese Masterson	Grade IV	Department of Public Health
Ms Carmel Kelly	Grade IV	Personnel Department
Ms Frances Maher	Grade IV	Health Centre, Tullamore
Ms Miriam Murray	Grade IV	L/W General Hospital, Mullingar
Ms Dolores Casey	Grade IV	Health Centre, Tullamore
Ms Deirdre Cannon	Grade IV	Personnel Department
Ms Emily Rooney	Grade IV	St. Joseph's Hospital, Longford.
Ms Patricia Kavanagh	Grade IV	General Hospital, Tullamore
Ms. Breda Flynn	Grade IV	Finance Department
Ms Catriona Browne	Grade IV	C.E.O.'s Office
Ms Eileen Brophy	Grade IV	Hospital Care
Ms Ellen Rush	Grade IV	Health Centre, Portlaoise
Ms Joan Boyne	Grade IV	L/W General Hospital, Mullingar
Ms Ann Larkin	Grade IV	Materials Management
Department		
Ms Siobhan Arthur	Grade IV	L/W General Hospital, Mullingar
Ms Catherine Claffey	Grade IV	Finance Department
Ms Mary Murphy	Grade IV	C.N.U., Abbeyleix
Ms Paula O'Connor	Grade IV	Reg., Births, Death & Marriages
		Health Centre, Portlaoise
Ms Linda Doherty	Grade IV	Finance Department
Ms Theresa Boyle	Grade IV	Health Centre, Portlaoise
Ms Olive Mannion	Grade IV	Residential Services L/W area
Ms Elizabeth O'Rourke	Grade IV	Finance Department
Ms Bernadette Malone	Grade IV	X-ray Dept. Gen. Hospital,
P'laoise		
Ms Maureen Boland	Grade IV	C.N.U. Edenderry
Ms Mary Dooley	Grade IV	Out-Patients, Gen. Hospital,
P'laoise		
Ms Catherine Slevin	Grade IV	L/W General Hospital, Mullingar
Ms Eadoin Cooke	Grade IV	St. Fintan's Hospital, Portlaoise
Ms Madie Hogan	Grade IV	Finance Department
Ms Marcella Bell	Grade IV	L/W General Hospital, Mullingar

RESIGNATIONS/RETIREMENTS:

NAME	GRADE	LOCATION
Ms Breda Moore	Public Health Nurse	Laois/Offaly Community Care
Ms Julie Carrigy	Attendant	St. Joseph's Hospital, Longford
Ms Martina Melia	Clerical Officer	Finance
Ms Maureen Drumm	Social Worker	Health Centre, Longford
Ms Kathleen Booth	Staff Nurse	St. Brigid's Hospital, Shaen
Mr Thomas Daly	Psychiatric Nurse	St. Loman's Hospital, Mullingar
Ms Madeline Mills	Attendant	St. Loman's Hospital, Mullingar
Ms Anna Heffernan	Assistant House Parent	Residential Services
Ms Imelda Gaffney	Staff Nurse	Lough Sheever, Mullingar
Mr Kevin Mullen	Attendant	St. Vincent's Hospital, M/mellick

Regional Golf Outing Winners



The winners in the Midland Health Board Regional Golf Outing held in Tullamore Golf Club, Mr. Tom Kennedy, St. Fintan's Hospital, Portlaoise, winner of the Mens section and Ms. Jacinta Joyce, Tullamore, winner of the Ladies section, being presented with their prizes, by Mr. Denis Doherty, CEO.

Mullingar Golf Club Captain



Dr. Eugene Hill, 2000 Captain of Mullingar Golf Club.

St Loman's Hospital and Mullingar Golf Club have very strong links with more than 24 members of staff past and present indulging in the small ball craze over the beautiful Belvedere course.

The Mullingar Club Captain for 2000 is Consultant Psychiatrist Dr Eugene Hill following closely Chris Garry, Activation Therapist in the hospital who had the honour in 1998.

Both gentlemen have very long association with the club. Dr Hill's father, the late Dr John Hill (former RMS in St Loman's Mullingar and St Fintan's Portlaoise) won the captain's prize in Mullingar GC in 1951, while Chris Garry's late father Kit, worked on the building of the current golf course back in the thirties and was made an honourary member of the club in the seventies. Enjoy your year Dr Hill.

Irish Language Officer Appointed

Barbara Tynan is the Board's first Irish Language Officer.

Originally from Spiddal, Co Galway, Barbara has been working as a nurse with the Board since 1989. Her new role will involve the implementation of the proposed Irish Action Plan which was formulated using the guidelines set out by Bord na Gaeilge. These guidelines have been accepted by the state bodies and government departments to allow the government's bilingual policy to take effect. Her main responsibility will be to identify opportunities to strengthen and advance the Board policy in relation to the promotion of the Irish language. Barbara who lives in Clonaslee, is married to



Barbara Tynan, the Board's first Irish Language Officer.

Paddy and they have three children; Tadgh, (11), Padraigh (8) and Blaithin (5).

Bairbre Ui Theighneain is ainm dom. Is on Spideal in

geo na Gaillimhe dhoun. Is mise an t-Oifigeach Forbartha Gaeilge don Bhord Slainte Lar Tire. Bionn ionadh ar dhaoine go bhfuil a leitheid de phost ann. Is post nua e. Se an job a bheas againsa na an Phlean Gniomhaiochta don Ghaeilge a chur I bhfeidhin Rinneadh an phlean seo ag usaid na treoirilinte ata leagtha amach ag Bord na Gaeilge. Foilsiodh na treoirilinte chun feighin a thabhairt do pholasai datheangachas an Rialtais. Da reir sin ta polasai ag an mBord Slainte Lar Tire usaid na Gaeilge a chur chun cinn in ngach gne da guid seirbhisi. Ta me posta le Paddy agus ta triuir clainne againn Tadgh (11); Padraigh 8) agus Blaithin (5).

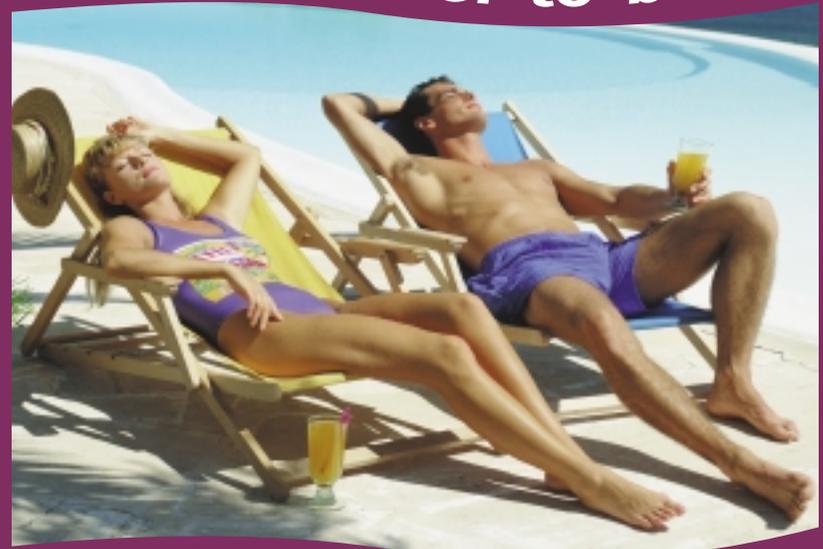


MIDLAND HEALTH BOARD

MIDLAND HEALTH BOARD PPARS SAP PROJECT

Free Prize Draw!

£1,000 holiday voucher to be won



+ 4 Televisions (1 per county)

That's right, the Midland Health Board are giving away a Regional Prize of a £1,000 Holiday Voucher and 4 Televisions, 1 per county in the PPARS SAP Project Free Prize Draw.

All you have to do is...

Update your personal details to your local Administration Section between 20th June and 14th July, 2000.

Contact your local Administration/Payroll Section after 19th June for more details.

Draw will be held during the month of August, 2000.

THIS PRIZE DRAW IS CONFINED TO STAFF SET UP ON CARA PAYROLL ON OR BEFORE JUNE 14TH, 2000.

Healthy Eating Winner



The Public Health Nurses, in the Health Centre, Tullamore, organised a number of events to highlight Healthy Eating Week. Valerie Hall, O'Molloy Street, Tullamore, the winner of the Healthy Eating Quiz, pictured with (l to r): Patricia McLoughlin, Public Health Nurse; Caroline Crudden, PHN and Bernie Gavin PHN.