

Health Sciences & Management

Research Bulletin

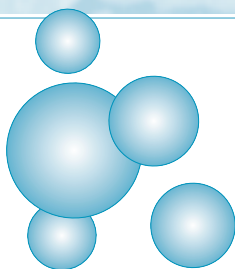


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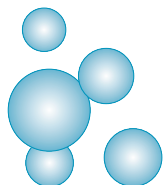
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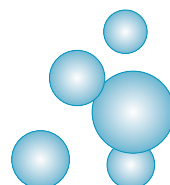
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Foreword

We are currently living in the information age. The effect of globalisation and rapid advances in information and communications technology combine to create the climate where the only constant is change itself.

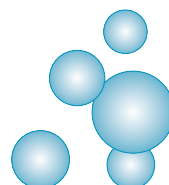
In the commercial domain the rewards are immense for those organisations that invest in their destiny through concentration on inventing the future and consolidation of research and technological advancement. In the business environment the creation and exploitation of intellectual capital are essential for growth and survival. This maxim can also be applied to a public service organisation. Healthcare providers who fail to secure growth through exploitation of their intellectual capital will eventually stagnate with a commensurate decline in the quality and level of their service.

This second publication of the Research Bulletin cements and confirms the commitment of the healthcare professionals in the Mid-West region to participation in both the creation and expansion of the intellectual capital base within the Health Board. As expected the size of this issue is not as extensive as the initial publication, however what is most encouraging is the quality and multi disciplinary nature of subjects and topics covered.

In the autumn it is intended to make this journal available in electronic format on the Internet with a corresponding increase in profile and potential exposure both at a national and international level. It is against this background that I would encourage potential contributors to prepare for future issues of the journal.

Stiofán de Búrca

Príomh Oifigeach Feidhmeachain



Funding Medical Research In Ireland

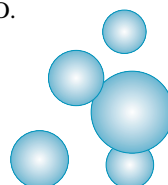
In the past a few rich men were able to indulge their interest in science by funding their own researches. The aristocratic Antoine Laurent Lavoisier (1743-94) was able to support the research that led to the discovery of oxygen, but that, unfortunately, was not enough to save him from the Committee of Public Safety and the guillotine. Similarly, very small amounts of 'seed' money have led to significant advances. Denis Burkitt's work that resulted in the discovery of Burkitt's Lymphoma started off with two research grants of £10.00 and £15.00, respectively. While it is possible to do good work with minimal funding, most medical research today requires significant financial support.

In Ireland various medical research funding opportunities exist, but like Oliver Twist, the constant plea is to have some more. The Health Research Board (HRB) is the statutory body that distributes funds provided by the Irish Government for medical research. In 1999 this amounts to £5.16 million for all medical research in the Republic of Ireland. This represents 0.11% of Gross Domestic Product, which is infinitesimal compared to the 2% recommended by the World Health Organisation. The HRB also has funded links with the Wellcome Trust and the National Institutes of Health (USA) who provide another £1.5 million, approximately, per annum. It should be remembered that the generous project and programme grants of the Wellcome Trust are all open to Irish, as well as

British applicants, and Irish researchers should be encouraged to avail of these opportunities.

Other sources of funding in Ireland include various charities associated either with a specific disease (e.g. The Irish Cancer Society for the Irish Heart Foundation) or a specific institution (e.g. The Charitable Infirmary Charitable Trust at Beaumont Hospital). The University of Limerick is no exception in having the University of Limerick Foundation. However, the amounts of money generated specifically for research by these groups, while very welcome, are relatively small. The pharmaceutical and medical devices Industries also sponsor research, but, frequently, research of interest to themselves. One has only to look at the profits of these companies to realise that medical and biomedical research has huge potential, not only in helping patients directly, but also indirectly in generating wealth and employment for the nation. Most companies Research & Development budgets are of a log order higher than the HRB's annual grant. If the Celtic Tiger is not to become an endangered species then it is incumbent upon this society to invest significantly more in scientific and medical research than it currently does. A good start would be to rapidly reach the 2% of GDP recommended by the WHO.

*Pierce A. Grace:
Professor of Surgical Science*



Title:

PFA-100 Platelet Function in stable angina patients: Is there a subgroup of aspirin non responders?

Author:

Crowe, B.H, Abass, S., Meany, B., Horgan, P., Cahill, M.R.
Department of Haematology and Cardiology, Limerick
Regional Hospital, Dooradoyle, Limerick.

Introduction

Patients with angina are at significantly increased risk of myocardial infarction. The anti-platelet agent Acetylsalicylic acid (ASA), known to prolong the in vivo bleeding time by the inhibition of platelet aggregation is of proven benefit in the prevention of further inchaemic events in this group of patients. Despite ASA therapy some patients will still suffer myocardial infarction.

Methodology

We investigated the effect of ASA on patients with stable angina using the in vivo whole blood platelet function test: PFA-100™ (Dade Behring GmbH, Marburg, Germany). We hypothesised that certain individuals taking ASA may have a demonstrable "non responsive phenotype" using this method. 19 patients with stable angina, symptom free for more than 7 days prior to sampling, were studied. All were taking ASA medication as confirmed by plasma salicylate concentrations. Platelet function was measured as closure time (CT) using test cartridges with collagen and epinephrine (PCE) or ADP (PCA). EPI induced CT is prolonged in the case of ASA intake, while DAP medicated CT is essentially unaffected.

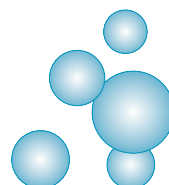
Platelet function of 63 healthy controls (C) and 19 patients with stable angina on ASA medication ranging from 75mg daily to 300mg on alternative days were compared.

Results

The reference range based upon 90% central interval of results (C): PCE=82-155sec. EPI mediated bleeding time was not prolonged by ASA ingestion in 9 of the 19 patients - "non responders" i.e. CT≤155sec. The control and "non responsive" results (median, interquartile ranges) were similar {C (n=63)vs. "Non responders" (n=9): 112, 96 - 126 vs. 114, 103 - 124} and showed little overlap with the group responsive to ASA therapy {(n=10) 226, 205 - > 300}. Patients with stable angina did not exhibit significant shorter CT induced by ADP compared to C [87.5, 78-101s vs. 86, 73-100s].

Conclusion

We have shown that patients with stable angina taking ASA may not differ from controls. This "non-responsive" group may represent a high-risk group for future inschaemic events and could benefit from more intensive anti platelet therapy.



Title: Large artery stiffness in old age, hypertension and stroke

Author:

Hilton , D., Moore, A., O'Mara, G. Jackson*, S.H.D., Swift*, C.G., Lyons, D., Dept. of Medicine for the Elderly, Limerick Regional Hospital & *King's College School of Medicine and Dentistry, London.

Introduction

Increased large arterial stiffness in old age results in amplification of reflected pulse waves. This is a potential independent predictor of cerebrovascular disease. We report on a study comparing pulse wave characteristics of five patient groups – healthy young (HYV), healthy elderly (HEV), elderly with isolated systolic hypertension (ISH), "mixed" hypertension (MHT), and CT confirmed lacunar stroke (LAC).

Methodology

Subjects were allocated to the above groups, based on age, BP, and CT brain data.

The carotid pulse wave augmentation index was measured using applanation tonometry.

Results

Results, with standard errors, are displayed below. Comparisons are by Student's test.

Conclusion

Our data confirmed the elevated augmentation index in the elderly relative to the healthy young ($p < 0.001$), and suggests a trend towards increased augmentation indices in the hypertensive and lacunar stroke groups compared with healthy elderly ($p < 0.2$). There was no evidence of a difference in augmentation index between lacunar stroke patients and uncomplicated hypertensive patients or between the "mixed" and isolated systolic hypertensives. These data support a strategy of pharmacological manipulation of large vessel stiffness in older patients as a means of altering cardiac risk.

Correspondence to:

Prof. D Lyons, Clinical Age Assessment Unit, Regional Hospital, Limerick, Ireland.
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| | HYV (n=14) | HEV (n= 9) | ISH (n= 8) | MHT (n=10) | LAC (n= 6) |
|-------------|-----------------|-----------------|-----------------|-----------------|------------------|
| Age | 27.0 (1.4) | 77.8 (1.2) | 76.3 (3.8) | 70.4 (1.8) | 68.6 (2.5) |
| BP | 131/72 (4/3) | 132/76 (4/3) | 174/92 (8/5) | 161/98 (6/4) | 152/100 (7/4) |
| Alx(%) | -2.1 (5.2) | 23.7 (5.2) | 30.1 (5.1) | 31.5 (4.8) | 31.3 (7.9) |
| Cholesterol | 4.4 (0.3) | 6.0 (0.4) | 7.1 (0.5) | 5.6 (0.4) | 5.6 (0.3) |

Title:

Lower Prevalence of pain associated with peptic ulcer in older patients.

Author:

Hilton, D., Iman*, N., Burke*, G.J., Moore, A., O'Mara, G., Banerjee, A.K., Clinch, D., Dept. of Medicine for the Elderly/ Gastroenterology*, Limerick Regional Hospital & Dept. of Medicine for the Elderly, Bolton General Hospital**.**

Introduction

Alteration of the prevalence of visceral pain with age is increasingly recognized as a factor contributing to atypical or late presentation of disease. We report the concluding phase of a prospective study on presentation of peptic ulcer disease (PUD) in various age groups.

Methodology

Prior to undergoing endoscopy patients of various ages were systematically questioned about their symptoms, as well as other factors including use of medications. All examinations were performed for specific indications as part of a routine endoscopy service.

Results

277 patients, 106 of whom had PUD, were included in the study proper and allocated to subgroups. Logistic regression analysis was used to compare the frequency of

pain between age groups, adjusting for sex and Non Steroidal Anti-Inflammatory Drug (NSAID) use.

Comparing the older group (mean age 70.9 years) with the younger group (mean age 33.6 years), there was a significant association of age with painless PUD ($p = 0.04$).

Table I shows the considerable variation in the prevalence of pain in various subgroups.

Conclusion

Absence of pain in upwards of 25% of older patients with PUD is confirmed in a prospective study in which any envisaged confounding factors have been outruled.

Correspondence to:

Dr D Clinch, Dept of Medicine for the Elderly, Regional Hospital, Limerick, Ireland.
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Table I
Estimated Pain

| | Older Age Group | | Younger Age Group | |
|----------------|-----------------|--------|-------------------|--------|
| Prevalence (%) | Male | Female | Male | Female |
| NSAID user | 61.9 | 51.0 | 89.9 | 85.1 |
| NSAID non-user | 76.7 | 67.8 | 94.8 | 92.0 |

Title: Satisfaction with in-patient psychiatric services

Author: Kirwan, P., Bennis, D., Department of Psychiatry, Regional General Hospital, Limerick.

Introduction

The assessment of patient satisfaction with the medical services has attracted increasing interest over the past number of years. Patient views are now being sought and incorporated into change in the health services.

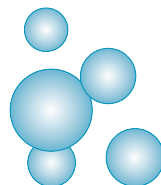
In this study we hope to assess patient satisfaction in the acute psychiatric unit in Limerick Regional Hospital. We are expecting both a high response rate and good sample size. Our aim is to measure overall patient satisfaction and to examine its relationship to patient factors.

Methodology

Patients are approached on the day prior to or on the day of discharge. It is stressed that refusal to participate will not affect their future care. An interview is conducted. Each patient is first asked a simple question - "overall are you satisfied with your treatment here". Subsequently each patient is interviewed in more detail about their stay, in a semi-structured interview, which incorporates all aspects of their medical, nursing and "hotel" sides of care. A series of patient characteristics are also noted.

Conclusion

We are hoping that our results will identify areas of satisfaction and dissatisfaction and possible reasons for these, and thereby improve our standard of care.



Title:**Getting to grips with breastfeeding: Developing a strategy for a health board region****Author:****Greally, T. Dept. of Public Health Medicine Mid-Western Health Board, Limerick****Introduction**

A Regional Policy Group surveyed mothers and the professionals involved in their care about the influences on their choice of feeding method. The aims were to establish the current levels of breastfeeding initiation and maintenance, to understand the factors affecting the decisions of mothers and professionals concerning breastfeeding, and to use this information in developing a strategy which would increase breastfeeding levels in the region in line with the targets in the National Breastfeeding Strategy. (1)

Methodology

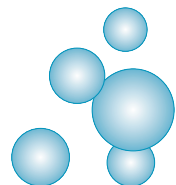
Three hundred and thirty nine (339) mothers who had given birth during August 1996 were interviewed by public health nurses at the time of the 7-9 month developmental check on their method of infant feeding and their reasons for choosing that method. A pre-tested questionnaire was used, followed up by a home visit, or if that failed, by telephone. Ninety seven per cent (97%) of eligible mothers completed the questionnaire. Sixty per cent (60%) of a one in four sample of midwives, public health nurses, G.P's and other doctors also responded to a pre-tested questionnaire on their training, attitudes and perceived barriers to breastfeeding. Responses were analysed using EPIINFO (6.04)

Results

Table 1 - % of mothers breastfeeding at different stages by Community Care Area (CCA)

| CCA1 | CCA2 | CCA3 | MWHB |
|-----------------------------------|------|------|------|
| Commenced breastfeeding | | | |
| 33.6 | 26.3 | 45.7 | 34.2 |
| Breastfeeding on discharge | | | |
| 28 | 25.6 | 40.7 | 30.1 |
| Breastfeeding @ 2 weeks | | | |
| 22.4 | 22.6 | 35.8 | 25.7 |
| Breastfeeding @ 6 weeks | | | |
| 16.8 | 19.5 | 33.8 | 21.8 |
| Breastfeeding @ 4 months | | | |
| 10.4 | 9 | 22.2 | 12.7 |
| Still breastfeeding | | | |
| 3.2 | 3 | 13.6 | 5.6 |

Significant variation was found between geographical areas (Table 1) while higher breastfeeding rates were associated with age, non-smoking status, higher educational levels, recent attendance at parentcraft classes and a positive family attitude to breastfeeding. Continuation rates were adversely affected by early fluid supplementation while in hospital but were improved by receiving an early home visit.



Mothers who chose breastfeeding were more likely to work outside the home before the birth of their baby than bottle feeding mothers although approximately four out of five in each group returned to work. However breastfeeding maintenance at four months was more than twice as likely in those who chose not to return to work. Only forty two per cent (42%) of mothers usually felt comfortable breastfeeding outside their own home.

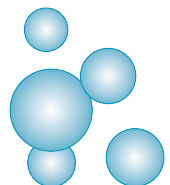
Midwives were more likely to worry about lack of time and early discharge from hospital while over half of the G.P.s cited lack of expertise and an unfriendly environment. Almost all Public Health Nurses believed that lack of access to mothers in the antenatal period was a problem. At least forty per cent (40%) of respondents considered that their basic and post-graduate training in breastfeeding had been fair to poor. Almost one in three professionals had advised a mother to stop breastfeeding ranging from one in ten midwives to over half of G.P.s. and almost one in four Public Health Nurses.

Conclusions

These findings identified the need for a regional strategy on breastfeeding by the Mid-Western Health Board which recognises that successful breastfeeding involves support to mothers from before conception through all their contacts with primary care, community and hospital services.

References

1. A National Breastfeeding Policy for Ireland. Department of Health 1994.



Title: Acute cholecystitis: An open or closed affair?

Author: Cheema, S., Bhageerutty, A., Johnston, S., Delaney, P., Keane, R., Waldron, D., Egan, T. Grace, P. Department of General Surgery, Regional General Hospital, Dooradoyle, Limerick

Introduction

In the present decade laparoscopic cholecystectomy (LC) has become the gold standard for the management of both acute and chronic cholecystitis (CC). However the laparoscopic management of acute cholecystitis (AC) remains difficult, with conversion rates of 15 to 40% being reported. The aim of our study was to review our operative management of cholecystitis, comparing the year 1992 and 1997, with particular emphasis on conversion rates from laparoscopic to open cholecystectomy (OC).

Methodology

The records of all the cholecystectomies performed in RGH were reviewed for the years 1992 and 1997. The following data were collected: demographics, diagnosis, treatment, conversion rates, outcome, post operative stay and complications. Parametric and non-parametric statistical analysis were used as appropriate.

Results

Results were; overall 179 patients had cholecystectomies but complete information was available only on 154 patients.

Diagnosis

No statistical differences were noted in the postoperative stay of patients in any of the groups. The reasons for conversion in acute cholecystitis were mostly difficulty with the dissection and there was one bile duct injury.

Conclusions

These data indicate that in spite of an established experience in LC a considerable number of patients with acute cholecystitis continue to require open cholecystectomy. There is a continuing need to maintain skills in open operative gallbladder surgery.

| Procedure | Acute Cholecystitis n=32 | | Chronic Cholecystitis n=122 | |
|-----------|-----------------------------|------------|--------------------------------|------------|
| | LC (% converted) | Primary OC | LC (% converted) | Primary OC |
| 1992 | 7 (28%)* | 2 | 46 (4%) | 6 |
| 1997 | 20 (40%)* | 3 | 66 (6%) | 4 |
| Total | 27 (37%)* | 5 | 112 (5%) | 10 |

* P < 0.03 v chronic cholecystitis

Title: Blood flow in grafts - The role of the computer modelling

Author: McGloughlin, T., Grace, P., Walsh, M., University of Limerick Biomedical Institute.

Introduction

The aim of the study was development of an improved understanding of the failure mechanism of vascular grafts by using computerised fluid dynamics (CFD) models of graft artery stenoses. At the distal anastomosis, intimal hyperplasia forms and grows predominantly at the heel, toe and bed of the junction and the current study examines possible methods of preventing the formation of this disease.

Methodology

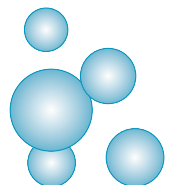
Steady flow and pulsed flow simulations of blood flow were conducted in arterial models. The models consisted of a series of graft artery junctions with varying graft angle and hood length. The geometry of the models was determined by reference to clinical data. The numerical simulations were performed using two Computational Fluid Dynamics (CFD) packages (FLUENT and FIDAP, (Fluent Europe)). Experimental work has also been carried out using Laser Doppler Anemometry (LDA) to measure in vitro blood velocities. Knowledge of the near wall velocities permit the calculation of a wall shear stress distribution within the in vitro models and the experimental values are compared with the numerical results from the CFD models.

Results

Initial results concur with those in the literature. Flow was found to impinge on the bed of the anastomosis and to form helical patterns in the distal segment. Separation and recirculation regions were also observed. These results were echoed by (Sumner, 1995). Investigations were carried out to determine the importance of various volumes of outflow in both the proximal and distal segments. The results also showed that even if there is zero outflow in the proximal segment, a recirculation region and thus a stagnation point is still present opposite the heel of the anastomosis.

Conclusions

The technique of Computerised Fluid Dynamics (CFD) for assessing blood flow in arterial grafts provides surgeons with a new way of evaluating the graft artery geometry. Possible techniques for reducing intimal hyperplasia are also being studied.



Title: Day case varicose vein surgery: Patient health outcome

Author: Sweeny ,K., Cheema, S., Johnston, S., Grace, P. Department of Vascular Surgery, Regional General Hospital and University of Limerick.

Introduction

Varicose vein surgery is an elective procedure which is of relatively low priority in most vascular units. This is despite the fact that the impact of varicose veins on patient's perception of their health is unknown. Traditionally, the success of day case varicose vein surgery (DVVS) is defined clinically. The health outcome of DVVS has not been established. The aims of this study were to document the patient's health perception prior to and following DVVS, to measure the health status change in-patients undergoing DVVS and, to assess the impact of surgery on symptoms specific to varicose veins.

Methodology

20 consecutive patients undergoing DVVS in a three-month period were enlisted for the study. Patients with bilateral or redo surgery were excluded, as were patients requiring hospital admission. The SF-36 Health assessment questionnaire, including additional questions relating to symptoms specific to varicose veins was given to the patients on the morning of surgery and at 7 weeks following surgery. The SF-36 health survey questionnaire is a well recognised tool for measuring health perceptions in a population. It is easy to use, valid reliable and sensitive.

| | Standard population | Preoperative group | Postoperative group |
|--------------------------|---------------------|--------------------|---------------------|
| N=20 | | | |
| Social Function | 87 | 75 | 80.6 |
| Emotional Role | 81.6 | 66.7 | 75 |
| Mental Health | 72.5 | 60.8* | 73.2 |
| Vitality | 60.8 | 47.8* | 56.5 |
| Physical Function | 86.2 | 72* | 86.3* |
| Physical Role | 82.2 | 42.5* | 81.3* |
| Health Perception | 71.2 | 55* | 72.7* |
| Bodily Pain | 79 | 62.6* | 75.4 |

*P<0.05

All patients in this study underwent a standard procedure consisting of Sapheno-femoral ligation and stripping to knee of the Long Saphenous Vein with avulsion of varicosities.

Results

The standard population scores higher than the preoperative group in all dimensions, significantly so in physical function, physical role, health perception, pain, mental health and, vitality. There is significant improvement in the postoperative group in physical function, physical role and health perception.

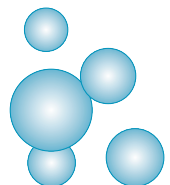
The scores for the postoperative and standard groups are similar. There was a large improvement in the symptoms specific to varicose veins experienced by the study group, with the number of asymptomatic patients increasing dramatically following surgery.

Conclusion

The health dimension for patients with varicose veins are worse than those of the general population. There is a significant improvement in several aspects of patients health following DVVS and there is no significant difference in the health of the postoperative group and the general public. Day case varicose vein surgery improves patient health perception and symptoms and is the treatment of choice for most patients with varicose veins.

Presented

By K Sweeney on 13th March 1999
at the Sylvester O'Halloran Surgical
Scientific Meeting.



Title: Computerised fluid dynamics of vascular grafts

Author: McGloughlin, T., Grace, P., Walsh, M. University of Limerick Biomedical Institute

Introduction

Vascular grafting is an important and necessary surgical procedure that restores hemodynamic flow to ischemic limbs. However, vascular grafting is a surgical procedure with moderate long-term patency rates. One major cause of graft failure is the formation and growth of atherosclerosis on the artery bed and intimal hyperplasia around the anastomoses. Understanding the failure of vascular grafts and the mechanisms by which they fail would be a major step in an investigation whose goal is increased graft patency. The goal of the study was to investigate the hemodynamic behaviour of Boston Scientific vascular grafts and to assess means of reducing the non-uniformity of hemodynamics at the graft / artery junction.

Methodology

Preliminary research demonstrated that graft / artery geometry had a strong influence on local fluid dynamics. These geometrical effects influence wall shear stress magnitude and distribution and can thereby contribute to graft restenosis. This study demonstrated that the defining of an optimum geometry for the graft / artery junction could result in a significant increase in patency rates for bypass grafts.

Results

The study found that the flow phenomena which occur in the human arterial system can have a significant effect on the long

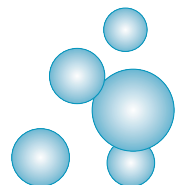
term patency rates of vascular grafts. In particular, pulsing flow, boundary movement and the non-Newtonian nature of the fluid were found to play an important role in the fluid dynamics of blood flow.

Conclusion

Many earlier studies have tended to underestimate these effects and the findings in this study relating to the fluid dynamics of blood offer new methods for assessing such influences.

Presented

EUROMECH Colloquium: Physiological Flows and Flow-Structure interactions TU Graz, Austria, April 1999



Surgical***Title:*****Combined Pubovaginal sling and Gynaecological Surgery:
An interdisciplinary co-operation*****Author:*****Varadaraj, H.; Alvi, A.; Burke, G.; Walsh, J.; Flood, HD.,
Department of Urology and Gynaecology, Regional General
Hospital, Limerick.****Introduction**

To assess the feasibility of performing pubovaginal sling (PVS) surgery for stress urinary incontinence (SUI) combined with gynaecological surgery.

Methodology

During a 26-month period, 117 patients underwent PVS. Of these 85 underwent PVS alone (Group I) and 32 underwent PVS combined with a gynaecological procedure (Group II). These procedures included total (n=9) and subtotal (n=8) abdominal hysterectomy, vaginal hysterectomy (n=2), anterior repair (n=2), anterior and posterior repair (n=1), cystocele repair (n=2), rectocele repair (n=2), minilaparotomy (n=2), tubal ligation (n=2), vaginal polyp excision (n=1), hysteroscopy (n=2) and Dilatation and Curettage (n=4). One urology team and 3 gynaecology teams were involved.

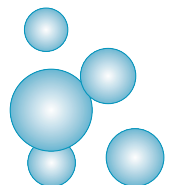
Results

There was no intraoperative or immediate postoperative complication. Mean hospital stay in Group I and II was 5 and 7 days respectively. Following discharge from hospital, 1 patient in each group had a minor abdominal wound infection and 1 patient in group II developed an abdominal wound abscess which necessitated readmission and drainage. The SUI cure rate at a mean follow-up of 8 months for group I (91%) and 10 months for Group II (96%) was not significantly different. De novo urgency

occurred postoperatively in 5 (6%) Group I and in 1 (3%) Group II patient.

Conclusion

Pubovaginal sling surgery can be performed safely and without loss of efficacy in combination with gynaecological procedures. This approach saves valuable bed days and resources for the hospital and considerably reduces patient morbidity.



Title:**Laparoscopic cholecystectomy experience at a non-teaching hospital*****Author:*****Mahmood, M.S., O'Ceallaigh, D.C.,
General Hospital, Ennis, Co. Clare****Introduction**

Laparoscopic cholecystectomy was introduced in 1988 by Mouret and Dubois in France and Reddick in the USA. It was introduced in the UK and Ireland around 1989-1990. Laparoscopic cholecystectomy has become the treatment of choice for symptomatic cholelithiasis within a short time. The introduction of a laparoscopic approach seems apparently superior to the conventional open cholecystectomy with its recognised benefits of less discomfort, shortened hospital stay and rapid return to normal activity. Laparoscopic cholecystectomy like any other new technique is also associated with certain morbidity. Efforts must continue to evaluate this technique by proper randomised controlled trials as has been stressed over the past few years.

Methodology

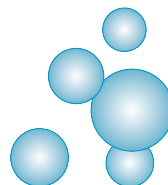
Between December 1990 and December 1996 patients who had laparoscopic cholecystectomy carried out by one consultant surgeon (including the first ten who were operated by the two consultant surgeons) were included in this study. The inclusion criteria for the operation were symptomatic cholelithiasis and acalculous cholecystitis. Preoperatively all patients were assessed by liver function tests (L.F.Ts.) and ultrasonography. For the initial two years all patients waiting for laparoscopic cholecystectomy underwent intravenous cholangiography but in later years it was abandoned.

Results

From 4th December 1990 to 31st December 1996 the total number of operations were 133. Records of four patients were not available so they were excluded from the study. Thus this study comprises 129 patients. Length of hospital stay (median) was 4 days. The rate of conversion to open cholecystectomy was 4.7%. Bile duct injury rate was 0.78%. One patient developed bile collection which was drained by laparotomy at day 10. One patient developed postoperative pulmonary embolism. Another patient presented with a retained stone who was successfully treated by endoscopic means. Two patients developed wound infections and two patients developed postoperative chest infections.

Conclusions

Laparoscopic cholecystectomy is the standard treatment for symptomatic gall bladder disease. It is because of the benefits of reduced post-operative pain, reduced hospital stay and a more rapid return to normal activity. The results of laparoscopic cholecystectomy experience in this study were comparable with other similar international published studies.



Health Related Professions***Title:***

Mental Illness in an elderly rural population in Ireland: A prevalence study

Author:

Kelleher, M., O'Sullivan, M., McMahon, N.

Introduction

The aim of this study was to provide the first Irish prevalence data on mental illness in an elderly, rural, community dwelling population.

Methodology

Subjects were identified from four general practitioners' lists. This included GMS patients, private patients and nursing home residents. Six hundred and fifty people aged 65 years or over were interviewed in their own homes using GMS-AGECAT, a standard diagnostic instrument.

Results

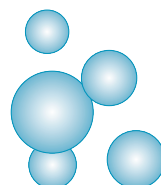
The overall prevalence of mental illness was 14.6%. The prevalence of depression was 9.4%. There was a significantly higher rate among women (13.2%) than men (4.3%). Depression in women was not age related. Of the total sample, 3.7% were classified as organic cases. Of the remaining cases, anxiety disorders occurred most frequently and represented 0.9% of all cases.

Conclusion

Elderly people in rural areas experience similar levels of psychiatric morbidity as those in urban centres.

Published

Ir J Psych Med 1998; 15 (4): 139-141.



Health Related Professions

Title: M.W.H.B. Parasuicide study: Study review of the second year.

Author: O'Sullivan, M., Regional Development Unit, MWHB & Kelleher, M.J. (deceased), Corocan, P., Keeley, H., Williamson, E., Byrne, S., Hennessy, A.M., Lawlor, M., National Suicide Research Foundation, Cork

Introduction

A Parasuicide study commenced on 1st July, 1995 in all acute hospitals in the MWHB and Limerick prison. The study aims to establish the frequency and characteristics of patients referred to A&E Departments because of acts of parasuicide in the region. The term "parasuicide" refers to those who engage in acts of deliberate self-poisoning or any other methods of self-inflicted injury, with the conscious intention of causing or risking death or bodily harm, or in order to give the impression of such intention. This study is being undertaken in conjunction with the National Suicide Research Foundation (NSRF), Cork. The same methodology and instruments of enquiry are being used in a Southern Health Board region study. Therefore, every hospital-treated episode of parasuicide is monitored for one quarter of the Irish population. Ireland, in turn, is one of 16 centres throughout Europe participating in a WHO/EURO Multicentre Study of Parasuicide.

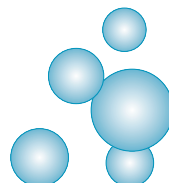
Methodology

A Monitoring Form, designed by the NSRF, is completed on every case of parasuicide seen either in A&E departments of acute hospitals or Limerick Prison. Patients' socio-demographic data, method of parasuicide, background stressors and other contributory factors e.g. alcohol and drug histories are recorded on this form. Additional information is gathered

from patients' medical and psychiatric records, where available.

Results

A total of 756 episodes of parasuicide were recorded in the second year of the study (July 1996 to June 1997). There were 528 individuals involved i.e. 231 (44%) males and 297 (56%) females. This compared to 701 hospital treated acts of parasuicide in the first year by 540 individuals, i.e. 235 (44%) males and 305 (56%) females. Therefore, while there was an 8% increase in the number of episodes in the second year of the study, there was a 2% decrease in the number of individuals. An overdose was the main method of parasuicide chosen by 50% of males and 75% of females. Paracetamol was the most commonly drug taken. When compared with the first year of the study, the age and sex distribution of individuals and economic status were very similar. Just less than 40% of males and 45% of females were in the 15 to 24 year's age group, while 52% of males and 28% of females were unemployed at the time of the act.



Health Related Professions

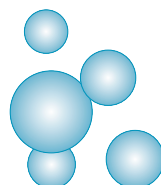
For males, in 45% of cases, acute intoxication was identified as the immediate precipitant, while an interpersonal argument was the reason given by 40% of females for the attempt. The two most common ongoing background stressors for both males and females were family conflicts and relationship problems.

Conclusions

This is a longitudinal study, research is ongoing and data are being collected for a fourth year. Findings from a study of this nature provide useful information in the planning of parasuicide prevention or reduction programmes. In response to the recommendation of the Report of the National Task Force on Suicide, the MWHB set out a Suicide Action Plan in February, 1999.

Presented

Presented at the Testimonial Seminar to the late Dr. Michael Kelleher, Limerick, February 1999.



Title: Family Support Workers: Do They Make A Difference?

Author: Gordon, G. Vocational Training Centre, Dooradoyle, Limerick.

Introduction

A piece of research was undertaken which aimed to look at the role of Family Support Workers within the Social Work Department and examine whether their intervention in cases made any difference to the outcome for families with whom they worked. The research was conducted to evaluate the outcome of the work of Family Support Workers and look at their functioning 5 years after the post was introduced through an examination of some individual cases.

Methodology

A rural sub-team within Limerick Community Care Area was chosen for the study. A preliminary study was conducted with all FSW's in this Community Care Area to gather quantitative data about perceptions of roles, amount of work done, current needs of workers and case profiles. A questionnaire was used initially. 100% response received. This set the context within which FSW's work.

The main study consisted of detailed analysis of three cases on the caseload of one FSW. These cases were tracked over a period of one year from referral./ The sub-team was the same on which the pilot project of FSW had begun 5 years earlier.

Results

In the three cases chosen, referral raised concern about the mother's coping capacity with their children. The families were lone parents, the children under 10

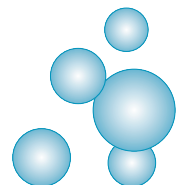
years old, there was little extended family support and none of the families were previously known to the Health Board's Social Work Department.

As a result of FSW involvement, there was clear indication that the intensity of sessions between FSW and parents, and the approach taken to them, helped produce results that identified their underlying difficulties within the family that had not emerged previously. This helped identify strengths that helped improve the overall functioning of families.

All work was carried out within the context of the family home. Parents indicated to social workers that the listening aspect of spending time with parents and the building of relationships of trust and openness were vital. They also indicated that FSW's helped them focus and face difficulties and gave them support, confidence and self-esteem.

Conclusions

All mothers benefited from stronger support and responded to liaison and openness. There was identified progress in self-esteem and confidence.



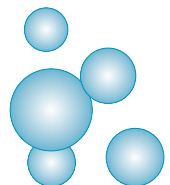
Personal and Social Services Professions

FSW involvement helped co-ordinate the approach and work of other services. The risk of the children coming into care was initially a priority. After intervention of FSW the option of care was no longer a priority. FSW achieved its primary goal in these cases of preventing children coming into care. The introduction of the service of FSW was achieving its aim 5 years on. Difficulties in families were dealt with openly and honestly, these were not minimised, problems were identified with parents, targets set and solutions identified that were achieved.

The study shows the value of this service with the Mid-West region as a strategy which attempts to encompass the current aims of social policy and child protection principles. It provides evidence of a shift from the curative to the preventative approach.

Presented

To the Mid-Western Health Board Senior Management and Social Work Team 1999.



Personal and Social Services Professions

Title:

**Quality of Life for people with long term psychiatric illness
Living in community residences**

Author:

Jennings, M., Quilter, P., Walsh, M., Social Workers, Mid-Western Health Board.

Introduction

The move from institutional care to a community-oriented approach for people with long-term psychiatric illness has been widely regarded as a positive development. Some critical comments have also surfaced in relation to the efficacy of this policy. This has sparked interest in assessing the quality of life of former long-stay patients of Mental Hospitals. This study looks at global wellbeing, using 3 variables: -

1. Demographic data, such as age, gender marital and educational status.
2. An objective assessment of certain life domains, such as work, finances, leisure activity and social relations.
3. A subjective assessment of those same life domains.

The results give an assessment of wellbeing at a particular point in time. This should facilitate comparison between various sample groups and enable some longitudinal research, if repeated at different intervals.

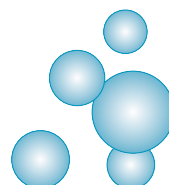
Methodology

A literature search indicated that Professor Anthony Lehman's Brief Quality of Life Scale (BQOL) was a suitable research instrument. The psychometric properties of the scales have been widely validated. The interview schedules included a computer programme which reads the data and creates a permanent data set

compatible with SPSS. Mary O'Sullivan, Research Officer with the Mid Western Health Board, converted our information technology to use the questionnaire. A pilot scheme was carried out among residents of hostels in Sector B, to test the computer programme and also to iron out methodological difficulties around inter rater reliability. The study consisted of using the questionnaire (BQOL), to interview a total of 73 people. The sample was taken from 1 rehabilitation hostel; 3 high support hostels, and 2 medium support hostels. The subjective data used the 'Terrible to Delighted Scale'.

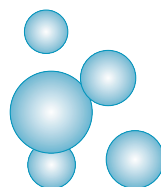
Results

The interviews have been completed, the results have been coded into the computer programme and the raw data is now the subject of a full analysis. Among some of the preliminary findings are 52% attained Primary Level education only, 84% were never married, 58% have contact with family more than once a month, 23% have no contact with family. A large majority indicated that they have enough each month for: - Food (89%), Clothes (76.7%), Housing (89%), Social Activities (68.5%).



Conclusions:

It emerged that, 72.6% are mostly satisfied, pleased or delighted with their general life situation, 60.3% with their health, 69.8% with their living situation, 72.6% with their daily activities and functioning. In addition to this 92% have never been a victim of violent crime, 83% have never been a victim of non-violent crime. A more detailed and extensive analysis and commentary on the data will be published for a future edition.



Personal and Social Services Professions***Title:***

Parents perspectives of the child sexual abuse investigative assessment service offered by the Child and Family Centre, Limerick.

Author:

Ronan, S., Child and Family Centre, St. Camillus' Hospital, Limerick

Introduction

The study looked at seven family's experiences of a child sexual abuse investigative assessment recently undertaken by the Child and Family Centre, with their children. Parents who participated in the study came from different social backgrounds, they comprised lone parents and two parent families and their cases concerned both alleged intra familial and extra familial child sexual abuse. None of the families had previously worked with the author.

Methodology

The methodological approach to the research was qualitative. In this regard semi-structured interviews were conducted with the parents. The study aimed to broadly describe parent's perceptions of the service. It also looked at among other things the factors affecting such perceptions (for example, the manner in which the alleged abuse came to light and how the initial contact between family and agency was conducted) and the perceived impact the intervention had on the entire family (for example, the extent to which parents considered a child sexual abuse investigation an appropriate intervention in their lives.) Ideas for future enhancement of the service were sought from parents.

Results

Finding from the study indicated that generally, parents found the service to be

very satisfactory and of benefit to their children and families. Key factors identified within the study as contributing to positive perceptions were (a) style of professional behavior (i.e. Empathic, non-judgmental, informative and accessible) and (b) self referral; the fact that the majority of families actively sought a service. Such findings mirrored those of recent research conducted on parental experiences of the child protection system in the United Kingdom. (Farmer & Owen 1995, Cleaver & Freeman 1995.) Perceptions of the service which were negative largely focused on the poor physical appearance of the building in which the Child and Family Centre is situated and as a consequence parents reported feeling stigmatised upon entering the building. Additionally and of concern is the finding that less than half of the sample considered that their family had unmet therapeutic needs, particularly in the aftermath of assessment. This finding also resonates with research from the United Kingdom (Hooper 1992, Hudson, 1992).

Conclusion

The study concluded with recommendations for future practice and especial significance is attached to parents ideas regarding same, for example, many of the parents spoke of their need for the issue of child sexual abuse to be seen and responded to by professionals in a systematic way, i.e. As requiring a focus on the whole family, not solely on the 'victim'.

*Personal and Social Services Professions***Title:****Practise Supervision within social work: Its place in child protection, perceptions and experiences****Author:****Keane, C., Social Work Team Leader, North Tipperary/East Limerick****Background**

This study looks at the practice of supervision in the field of child protection social work in the Mid-Western Health Board. It is not meant to be representative; rather it aims to give an impression of the current practices in terms of supervision.

Methodology

A sample number of Social Workers in the Mid-West took part in the study; five managers and seven front-line staff. The study was carried out in part fulfillment of an M.Sc. in child Protection and Welfare, undertaken at Trinity College Dublin. The research interviews were carried out over a two-month period, February - March 1997. The approach employed was the "Guided Interview" i.e. Semi-structured by means of a pre-prepared questionnaire. The aim was two fold,

1. To establish participants understanding and expectations of supervision and
2. To establish the format of supervision in operation. Although managers may be more identifiable due to their small number, the Social Workers interviewed are anonymous.

Context

In social work, the organisational context is very important. Health Board Social Workers in particular are publicly accountable. Equally, child protection work is a public activity. Intervention in families where there are child protection concerns is often met with resistance, anger, and on occasions hostility. This makes the work demanding and stressful. The emotional

impact of the work means that Social Workers require support. The public nature of their work means they need direction. Support and direction are provided through the medium of supervision. The key question explored in this study is "what extent is the level of supervision adequate?"

Discussion of Literature

The literature on supervision within social work would suggest there are five broad functions of supervision:

1. **Management:** monitoring of practice, ensuring adherence to agency policies/procedures, planning and allocation of work.
2. **Education:** encouraging staff to become familiar with new knowledge and methods.
3. **Support:** acknowledge achievements, listening, empathising with the emotional aspects of the work.
4. **Mediation:** representing the needs of the department to higher management.
5. **Professional Development:** encouraging further training and reflection.

As well as highlighting the functions or tasks of supervision, the literature pays close attention to the "Supervisory Relationship". Pithouse (1987) asserts that while supervisors/managers may have "organisational" power, supervises/front-line staff have other powers i.e. the power to withhold/embellish information and ultimately the scope to avoid supervision. Due to the "invisible" nature of social work, he contends that managers rely on the workers account of their actions and

Personal and Social Services Professions

interactions, in order to offer direction and support. Thus, if communication is not direct or honest, the advice proffered may be inappropriate.

Study Findings**1. Views and experiences of Social Work Managers:**

Managers reported supervision responsibility for large numbers of staff, from 12-40. A recurring theme seemed to be the less than ideal circumstances in which supervision takes place; i.e. cramped offices, constant interruptions (by phone or by other staff) due to the crisis nature of the work, and competing demands. All managers gave priority to the "management" function of supervision, due to high staff turnover, changing legal procedures (Child Care Act 1991) and new demands (public scrutiny). Managers spoke about their own lack of training to perform the task of supervision. They also spoke about the frustration of not being able to meet with staff formally on a regular enough basis.

2. Views and experiences of Social Workers:

Social Workers spoke about the lack of formal supervision. Some workers reported six-weekly sessions; others spoke about the almost complete absence of formal supervision. All those interviewed spoke about the availability of their managers by way of "on the hoof" consultation about a particular case. Workers spoke about the resultant frustration and stress which this caused. The lack of structure particularly with regard to the "recording" of decisions

was highlighted, especially in the context of the Freedom of Information Act 1998.

Recommendations

The study makes the following recommendations;

1. Realistic management levels - therefore more regular "formal" supervision for front-line workers.
2. Written protocols explaining the purpose of supervision within Social Work, paying particular regard to the recording of decision making.
3. A support group for social work managers to provide the forum of further discussion with regard to the issues of supervision.
4. Supervision training for social work managers.

Footnote

In 1998 the Mid-Western Health Board Child Care Unit, 87 O'Connell Street, Limerick, organised excellent "supervision" training for Mid-Western Health Board social work managers in conjunction with the Midland Health Board. In the same year, a support group for social work managers in the Mid-West got off the ground. This group meets quarterly. A draft written protocol on supervision has been drawn up by the group. This will be circulated to front-line Social Workers in 1999.

Reference:

Pithouse A. 1987 Social Work - The Social Organisation of an Invisible Trade Cardiff University Avebury.

Management**Title:**

An economic evaluation of inpatient treatment versus day hospital care for psychiatric patients

Author:

O'Shea, E., Hughes, J., Fitzpatrick, L., Dunne, E., O'Sullivan, M., Cole, M. Department of Economics, National University of Ireland, Galway

Introduction

To provide a methodology for the examination of costs and clinical outcomes in two distinct care settings for psychiatric patients - inpatient and day hospitals. The major emphasis is on the relationship between costs and outcomes in the two care regimes.

Methodology

The study is a retrospective cost-effectiveness analysis. People living in Sector B catchment area in the Mid-Western Health Board who were admitted to inpatient care, or treated as day hospital patients, between June 1st 1994 - February 28th 1995 are eligible for inclusion in the study. Information on resource use and clinical outcome is available for 92 of these patient.

Results

The average weekly cost of care for mentally ill patients in the inpatient setting is over twice the level of the cost of care for people attending the day hospital facility. Pay costs and hotel costs are higher in the inpatient facility. Day hospital care is also more cost-effective than inpatient care, when account is taken of the relationship between cost and clinical outcomes.

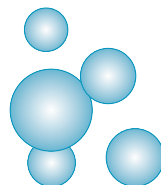
Conclusion

The study supports the general literature view of the superiority of community care settings for certain categories of mentally

ill people. However, the absence of randomisation in the study, incomplete data, and the retrospective nature of the analysis suggest that caution is needed in the interpretation of the results.

Published:

Ir. J. Psych Med, 1998; 15 (4): 127-130



Management

Title:

Document Supply in Irish Healthcare Libraries – Resource Implications: A Review of the Irish Healthcare Libraries Inter-Lending Co-Operative

Author:

Dillon, M., Regional Medical Library Service, Dooradoyle and University of Limerick.

Introduction:

The Irish Healthcare Libraries Inter-Lending Co-Operative (IHLILC) was established in 1991 as a co-operative venture between a number of Irish medical libraries. Founder members included large academic libraries e.g. Mercer Library, RCSI (MER) & Cork University Hospital Medical Library (CUH) as well as smaller hospital and Health Board libraries such as the Mid-Western Health Board's Regional Medical Library (LRH). Membership has expanded from 11 initial participating libraries to 46 in 1998. The raison d'être of the IHLILC is the free sharing of (primarily) journal resources between participating libraries in the interests of reducing inter library loan (ILL) costs and of quick or urgent response to requests. It is particularly valuable to libraries in clinical settings where information for a clinical case may be required urgently by a practitioner.

The cumulative or Union List of journals holdings facilitates access by member libraries to a total of c2,500 medical and allied healthcare journal titles. Prior to IHLILC the bulk of ILL traffic was one-way to the British Library Document Supply Centre (BLDSC) at a cost (current rate) of £5.00 per article supplied.

At the 1998 AGM of the Health Sciences Libraries Group (HSLG) of the Library Association of Ireland concern was expressed that too many new, small

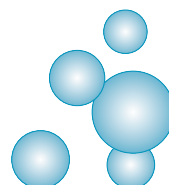
libraries were being admitted to the scheme, placing heavy demands on the journals holdings of the large libraries. Consequently it was decided to review and examine the operation of the entire scheme over the duration of one year.

Methodology:

A detailed national survey of ILL statistical data relating to all IHLILC members for the period Sept 1997 to Aug 1998 was conducted. All ILL transactions both requests and supplies were included whether BLDSC, BMA, TCD, UCD etc. The response rate from libraries was 78% and it was possible to use the 36 sets of submitted figures to create a full statistical picture. The actual discrepancy between declared items requested and supplied within the scheme was under 5%.

Results:

A total of 13,620 documents were supplied by scheme members during the period, an increase of 370% on similar transactions for the period 1993-1994. 53% of ILL requests of IHLILC members were satisfied from within the co-operative's resources, 32% by BLDSC, 4% by BMA and 10.5% by TCD, UCD & others. The busiest libraries



Management

were Our Lady's Hospital, Crumlin (OLH), Beaumont Hospital Library (BEA), MER and CUH in that order. 60% of all requests were made by the top ten libraries and 83% requested by the top twenty.

Results also showed that the price of usage for the large libraries is supply. The top users were also the top donors/suppliers, with OLH as an exception, ranking only 9th as a supplier. MER was by far the biggest supplier, supplying a total of 2,301, a thousand more than anybody else, yet of these 797 were supplied to BEA, its sister library.

Supply was shown to be directly proportionate to journal holdings. However the supply base was also shown to have broadened considerably since 1993-1994, with the top 5 libraries now supplying 50%, compared to the top 2 (MER and CUH) in 1993-4 and the top 10 now supplying 70% compared to the top 4 in 1993-4. The problem of disproportionate supply over use on a large scale i.e. supplying at a rate exceeding 2 to 1 was shown to seriously affect MER, An Bord Altranais, NUI Galway Medical Library and St Vincent's Hospital.

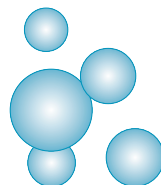
Conclusions:

IHLILC is a major resource, satisfying 53% of all ILL member requests, thus effecting significant savings for the larger libraries. However, the cost of usage is supply. Larger libraries must decide si le jeu en

vaut la chandelle – is the labour cost of participation too high for them? Do they withdraw from IHLILC and thus cut the labour intensive work of supply in favour of BLDSC use at high financial cost? On a positive note the supply base is broadening and projecting to the future should broaden even more as new collections recently commenced will become a better source of supply as they mature. The situation should thus improve for the larger suppliers.

Presentations/Publications:

Presented at the AGM of the Health Sciences Libraries Group of the Library Association of Ireland held at the Irish Nurses' Organisation, 30 April 1999.



Management

Title: Changing the managed outcomes

Author: DeBúrca, S. Chief Executive Officer, Mid-Western Health Board, Catherine Street, Limerick

Several issues arise in the transfer of business models into healthcare organisations:

- The context of provision
- The cultural dimension
- Leadership – lay and professional
- Resistance
- Change management

National strategies supporting institutional and system-wide quality improvement provide a reasonably secure foundation for patient centred and evidence based care. However, medical scepticism about the value of quality methods has to be overcome by emphasising the importance of formulating strategic goals with specific and actionable targeted outcomes. Furthermore, quality management requires a new style of leadership capable of delivering organisational change. This necessarily entails an alteration of the management system in health care and leadership behaviour. Partnership between managers and professional staff is essential. The ability to work effectively in interdependence in teams, in designing protocols and in engaging in collaborative exchanges with patients and lay managers are 'new clinical skills' that must be acquired by doctors.

Outcome, as a concept, should focus on the context of variations in achieved outcomes e.g. service settings and individual practice, and also reflect various perspectives on the outcome of care. Outcome measures are systematically and closely related to process. The alignment of process and outcome data requires precise, objective

definitions of what is to be measured. Process and outcome variations have to be tracked and traced over time. Moving pear group performance entails having explicit and clinically detailed projects which focus on the process of care and changing practice to improve outcomes. The Patient Outcomes Research Teams in the U.S.A. emphasise managing outcomes from different perspectives – clinical, economic, political and social. While the end result includes a targeted improvement of the medical status of each patient it is part of a total picture which gives meaning to the improvement of quality of care.

Integrating quality processes, research and development with professional skills and competence improvement programmes should contribute to outcome management. Essential skills and tools are required to measure the health status and well being of patients: the collection, analysis and dissemination of clinical and quality data and the capacity to view health care delivery as a system. A total system solution in health care combines total quality management with outcome measurement.

Changing to a managed outcomes orientation is in the business of transformational leadership in management and the professions in health care. Managing linked processes for results is a total systems approach.

Based on a paper presented at ECHHO Meeting in the University of Linköping, Sweden, June 1997 and published in Vang and Kristenson (eds) (1998) "Outcome Measuring" Spris Förlag, Stockholm.

Title: Crisis intervention in a community mental health service

Author: Cleary, P.J., Fitzpatrick, L., Halpin, M., Quinn-McDonogh, J.
Regional Development Unit, St. Camillus' Hospital, Limerick.

Introduction

The Limerick Mental Health Service is a dedicated community-based service. A previous study evaluating the community model indicated a need to extend community psychiatric services. Through methods of enquiry this project has confirmed this need. Benchmarking, through literature review into best practice internationally, acute crisis care is highlighted as an area of deficiency in community psychiatric services generally.

Objectives of study:

- Examine the present pattern of use of psychiatric services "out of hours" in one Sector of Limerick Mental Health Services through analysis of in-patient admission data for years 1994,1995, 1996.
- Through a process of consultation with key stakeholders, obtain primary data for this Sector on mental health service

needs "out of hours"

- Through literature, review existing models of crisis intervention or 24 hour community-based services.
- Recommend the implementation of a model appropriate to the Mid-Western Health Board context (including the evaluation of such a model)

Methodology

- Quantitative: Review of service activity data for the years '94, '95, and '96.
- Qualitative: Since a solution was likely to impact on a number of key stakeholders, it was important to use methods which would yield a rich depth and range of information.
- Benchmarking: Any solution would have to compare favourably against best practice nationally and internationally. An extensive literature review was undertaken to source an acceptable and realistic solution.

Table 1

| Stakeholder | Method |
|----------------------------|-----------------------|
| Users & Carers | Focus Groups |
| Management Team | |
| Acute Unit Nursing Staff | |
| Sector B | |
| General Practitioners | Questionnaires |
| Accident & Emergency Staff | |
| Accident & Emergency Staff | Individual Interviews |
| Voluntary Agencies | |

Management

Results

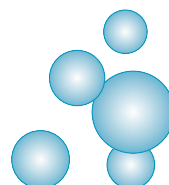
Analysis of findings show an increasing level of crisis activity within the psychiatric service "out of hours", with a peak activity from 5pm-12mn daily. The majority of patients are already known to the service. Carers want more support and counselling for relatives, reduced reliance on medication for patients, "someone they know" calling to them in a crisis situation, and direct access to the acute psychiatric unit. The Management Team want clarification of the need to expand the services and, provision of an on-call team in the acute psychiatric unit. GPs want extended opening hours in day hospitals, protocols for "out of hours" service, helplines, domiciliary visits, access to computer records. Nursing staff, A & E staff, the Sector B Team, and Voluntary Organisations want protocols established for the speedy and effective response to crisis admissions.

Conclusion

The need to extend community services is confirmed not only by service activity data but also through stakeholder opinion. Patients and carers want easier access to psychiatric nursing services. The major risk with a crisis intervention-type service is that they form a barrier rather than a bridge to care. The careful selection, extensive training and ongoing supervision of crisis intervention workers combined with detailed service evaluation is essential if this is to be avoided.

Published

IPA National Diploma in Health Management, Action Learning Project, August 1997.



Developments

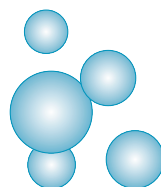
Title: The Wellcome Trust

Author: Grace, Pierce A., Professor of Surgical Science. Department of Surgery, Regional General Hospital, Dooradoyle, Limerick 061-482121

On the 22nd and 23rd of February 1999 a special embassy from the Wellcome Trust visited the Republic of Ireland to explore the possibility of providing specific infrastructure funding for medical research in this country. Michael Dexter and Andy Robertson led the Wellcome Trust team and were accompanied by Dr. Ruth Barrington from the Health Research Board. They visited University College, Cork and heard a presentation by Prof. Brian Harvey on behalf of the Atlantic Alliance group of Universities (i.e. University College Cork, The University of Limerick and The National University of Ireland (NUI) - Galway). The University of Limerick was represented by Prof. Pierce Grace (Surgical Science), Prof. Declan Lyons (Medical Science), Prof Phil Jakeman (Sports Science) and Dr. Tim McGloughlin (Mechanical & Aeronautical Engineering). The group then travelled to Trinity College, Dublin where an analysis of the current activities of the Dublin Universities, NUI Maynooth and the Royal college of Surgeons in Ireland was presented. The strengths of each university were identified and the case was made for infrastructure funding in biomedical research that would be useful to all higher academic institutions in Ireland. We await the decision of the Trust with interest.

The Wellcome Trust is a rich source of funding for biomedical research with a total investment asset base of £7 billion. The Trust was founded under the will of

Sir Henry Wellcome (1853-1936), who had founded with fellow American, Silas Burroughs, the company known as Burroughs Wellcome and Co. After Burroughs death in 1895, Wellcome became the sole owner of the company. In 1924 he registered his company as the Wellcome Foundation Ltd., from which evolved the modern Wellcome Trust. The objectives of the Trust are to support research in the biomedical sciences and in the history of medicine. The research supported is selected on the basis of scientific merit, its importance in applications for the welfare of mankind, and the understanding it may bring to the study of the natural world, and may not be for the direct benefit of commercial interests. Two points are worth nothing: the Wellcome Trust does not support cancer research, which is adequately funded from other sources, and all of its grants are available to researchers working in the Republic of Ireland.



Developments

A wide range of support is available from the Trust including grants for:

- short term (project grant) and longer-term (programme grant) research
- research training and career development grants
- travel for collaborative research, meetings and symposia
- equipment
- major capital awards and since 1996 to commemorate the 60th anniversary of Sir Henry Wellcome's death
- one year "high risk" projects

The Trust has a well-tested method of assessing grant applications. They strongly encourage applicants to contact them with a preliminary proposal before submitting a formal application. A short form is available from the Trust or preliminary proposals for project grants, the most frequently sought type of grant. If it is felt that the project might have merit, a formal application is invited. Following assessment by referees and the advisory committees to the Governors, a final decision is made by the Governors. This process usually takes about four months. About one quarter of all project grant applications are funded.

Researchers in the Republic of Ireland should be encouraged to apply for support from the Wellcome Trust, especially for project and programme grants. There is a view in the Trust that most of Ireland's biomedical research needs could be

funded through the currently available programmes but that relatively few applications are received from Ireland. Considerable funds are available and properly presented research applications from Ireland have a high probability of being funded. If a track record of good research is established with the Trust, considerable support (e.g. buildings) may be obtained through the major capital awards scheme.

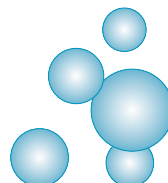
Further information and grant application forms may be obtained from:

The Wellcome Trust, 183 Euston Road,
London NW1 2BE, United Kingdom.

Tel: 00-44-171-611-8888

Fax: 00-44-171-661-8545

Web Site: www.wellcome.ac.uk



Developments

Title:

The Higher Education Authority (HEA) Programme in Third Level Institutions: A brief review.

Author:

McGloughlin, Tim, University of Limerick, Biomedical Institute

Following the announcement by the Government of the investment of £180 million in research at Third Level, all of the Universities and Institutes of Technology have prepared submissions for funding support to the Higher Education Authority (HEA). The Government programme is to be administered through the HEA (all Universities and Institutes of Technology) and will cover the next three-year period with investment of

1. £150 million capital for buildings and equipment made up of:
 - The Education Technology Investment Fund - £20 million
 - Additional exchequer finding - £30 million
 - £25 million in tax relief for capital investments in the scheme
 - £75 million to be raised from the private sector by the Colleges
2. £30 million current programme for strategic areas, scholarships and research programmes including Humanities and Social Sciences as well as Science and Technology that was covered in 1998 made up of
 - £22.5 million (£15 million up from existing £5m p.a. plus an additional £7.5 million)
 - £7.5 million to be raised from the private sector by the College

The process of selection and evaluation by the HEA will be in two phases with a deadline for initial proposals of 26th February followed by shortlisting and Phase 2. The invitation from the HEA to the Third Level Institutions was for the submission of integrated institutional proposals.

Within the University of Limerick the following key headings were identified and a number of Research Groupings which met these criteria were invited to submit proposals:

- Core of competence
- Sustainability
- Academic reputation
plus
- Compatibility with Mission / Future Strategy of UL
- Demonstrable Benefit to Society (incl. the Region, Ireland, Europe)

The main aim was to have coherence, credibility and quantifiable high quality performance.

The preparation of the UL submission involved a broad range of inputs from the various research groupings within the University which began in early December. The HEA had advised that the deadline for full submissions was February 26th, and since all submissions needed to be considered internally in terms of both academic excellence and the UL strategic plan, this proved to be an exacting deadline.

The proposals were honed into shape through a concerted effort by the Dean of Research, the Associate Deans of Research of each of the UL Colleges and the Steering Groups of each of the Research Groupings and the completed submission was forwarded to the HEA by the new President, Dr. Roger Downer on February 26th 1999. The HEA decisions on funding are expected during May 1999.

Development

Title:

EU - 5th Framework Programme for Research Technological Development (RTD) and Demonstration

Author:

O'Sullivan, F., Department of Public Health, Mid-Western Health Board

The Fifth Framework Programme (FP5) was launched in February in Essen this year. The EU has recognised that lifelong learning, curiosity and initiative are essential if our skills are to be fully exploited, as in the United States and Japan. The globalization of economies and the development of new technologies call for a model of society in which knowledge is the most precious human resource. The key to competitiveness is the ability to innovate. It is against this background that the Commission has decided to make a dual intangible investment in both research and training in order that the EU has the intellectual capital that it needs to adapt to this dynamic environment. This aspiration has been backed with substantial financial resources 14,960 million euros (approx. IR£12 billion). The duration of FP5 is 4 years running from 1999 to 2002.

FP5 is the EU's programme for the financial support of Research, Technological Development and Demonstration (RTD). It follows on previous research aided programmes but there have been changes in emphasis, structure and practical operation. There has been a shift in emphasis away from research for its own sake and towards research focusing on current socioeconomic problems especially projects with practical, European wide implementation prospects. It is intended to focus on research with the potential

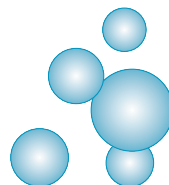
to accomplish the changes expected by society and the general public. Priority will be given to multi disciplinary collaborative research. FP5 is structured on a matrix-like basis and is comprised of four thematic programmes and three horizontal programmes.

Thematic Programmes (Vertical Programmes)

- Quality of Life and Management of Living Resources, Euros 2,413m
- User-Friendly Information Society, Euros 3,600m
- Energy, Environment and Sustainable Development, Euros 2125m
- Competitive and Sustainable Growth, Euros 2,705m

Horizontal Programmes (Cross-cutting Programmes)

- Confirming the International Role of Community Research, Euros 475m
- Promoting of Innovation and Encouragement of SME Participation, Euros 363m
- Improving Human Research Potential and the Socio-Economic Knowledge Base, Euros 1280m



Development

In practical terms the concept of key actions have been introduced and a total of 23 key actions have been identified within FP5. This key action approach is a change from previous programmes and attracts about 70% of the total budget. The objective of this approach is to combine the contributions of specialists from differing scientific fields, together with industrial researchers and focus on specific objectives.

FP5 will also support RTD principally in three different ways -

- collaborative RTD projects - collaborative between disciplines, between researchers and research users and between states and clustering of projects.
- improving the research infrastructure - including data as well as facilities.
- training and mobility of researchers through financing of both host and individual fellowships.

Without doubt there are extensive opportunities for biomedical and health research funding within FP5. The majority of openings are concentrated in Theme One, Quality of Life and Management of Living Resources. However Theme Two has a Key Action relation to Health, and Persons with Special Needs including the Disabled and the Elderly. An examination of the horizontal programmes provides for training and mobility of researchers

in Improving Human Research Potential and the Socio-Economic Knowledge Base.

Further Information:

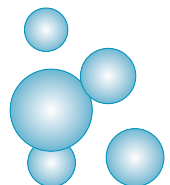
The primary source of information relating to FP5 can be located on the EU web site.

<http://www.cordis.lu>

In addition to this a team of national delegates responsible for all activities and programmes has been established. Details of this team and the expert individuals can located on email at lynchjo@forfas.ie

The Health Research Board commissioned Dr Vivian O’Gorman, to prepare a guide to the new opportunities in FP5 for the Irish health research community. This is an excellent report and is titled Opportunities for Biomedical and Health Researchers. This publication is available on the HRB web site and in addition to providing advice and giving other web site addresses it also contains a ‘do’ and ‘don’t’ section in relation to the applications procedure.

<http://www.hrb.ie>



Presented and Published Work**A comparative study between the use and non-use of birthplans for women in labour**

McInerney, M., Regional Maternity Hospital, Limerick.

International Conference of Midwives
25th Triennial Congress, Manila,
Philippines.
May 1999

The Ureteric Stone Basket: An obsolete instrument?

*Alvi, A., Varadaraj, H., Flood, HD.
Department of Urology, Regional General Hospital, Limerick*

Annual meeting of the Irish Society of
Urology, 17th April 1999, Glenlo Abbey
Hotel, Galway

Combined Pubovaginal sling and Gynaecological Surgery: An interdisciplinary co-operation

Varadaraj, H.; Alvi, A.; Burke, G.; Walsh, J.; Flood, HD., Department of Urology and Gynaecology, Regional General Hospital, Limerick.

Annual meeting of the Irish Society of
Urology, 17th April 1999, Glenlo Abbey
Hotel, Galway

Forthcoming Scientific and Research Meetings**International****International Conference of Midwives**

25th Triennial Congress, Manila,
Philippines.
May 1999

The British Association of Urological Surgeons, annual meeting, 25th and 26th
June 1999, at the Scottish Exhibition and
Conference Centre, Glasgow.

2nd International Interdisciplinary Conference on Women and Health

European Association for Research on
Women and Health. July 12-14, 1999.
Edinburgh, Scotland.

National

Annual meeting of the Irish Society of Urology, 16th and 17th April 1999,
Glenlo Abbey Hotel, Galway

Bi-Annual meeting of the Association of Psychiatric Nurse Managers,

Thursday 25th March 1999. St. Vincent's
Hospital, Fairview, Dublin.

Association of Psychiatric Nurse Managers, National Conference and

Annual General "Reflection and
Rejuvenation". 20th and 21st May 1999.
Newpark Hotel, Kilkenny.

An Bord Altranais, Scope of Practice Workshop. Wednesday 21st April 1999.

Limerick Inn Hotel, Ennis Road, Limerick.

Psychiatric Nursing: Where to now ?

Midland Health Board

Wednesday 28th April, 1999. Hudson
Bay Hotel, Athlone.

Research in Progress

Medical

Evaluation of contact screening for passengers on a flight with infectious case of TB. Kelleher, K., Devine, M., McKeown, P., Department of Public Health, Mid-Western Health Board and Department of Health, Belfast.

Food hygiene study: transmission of enteric pathogens within the home. Adley, C., and Devine, M., University of Limerick and Department of Public Health, Mid-Western Health Board.

Surgical

Joint replacement waiting list initiative: early results. Carey, M., Kingston, R., Masterson, E. Orthopaedic Hospital, Croom, Co. Limerick.

Personal and Social Services Professions

Evaluation of infrastructural and electronic information resources regarding substance use and related issues. McCully, M., McNerny, M., 'Slainte', Health Promotion, Department of Public Health, Mid-Western Health Board.

Evaluation study of day centres for older people in two areas of Co. Clare.

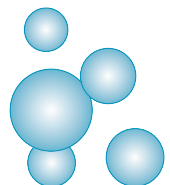
The first stage will assess potential attendee's attitudes towards the Day Care Centre. In addition, baseline measurements of their mental and physical health, overall quality of life, and use of other health care services will be recorded. The second stage includes follow-up assessments within six months of the opening of the Center, to re-evaluate how this service has impacted on attendee's lives. A random

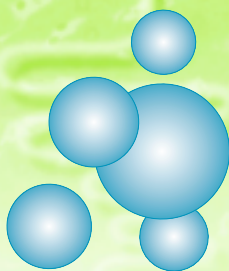
representative sample of all people aged 75 years or over will be interviewed. McNulty, S., Tobartaoscain, Ennis, Co. Clare, Grealley, T., MWHB, Catherine Street, Limerick, O'Sullivan, M., MWHB, Regional Development Unit, Limerick and Members of Home Help Working Group, MWHB and Clarecare. Social Work Dept. (Mid Western Health Board Clientele used for the following Research).

Management

A Review of Equity & Funding of the Mid-Western Health Board. Garavan, C., Braddish, M., Kelleher K., de Búrca S., Department of Public Health and CEOs' Department, Mid-Western Health Board.

Determining Priorities for a "Health Promoting College" Project: A Qualitative Study of Health Beliefs & Behaviours of Third-Level Students. Gleeson, M., Garavan, C., Kelleher, K., Department of Public Health, Mid-Western Health Board.





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