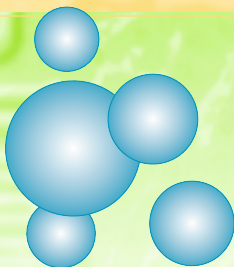


Health Sciences & Management

Research Bulletin

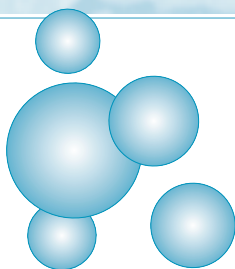


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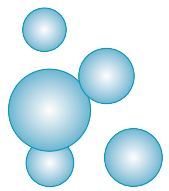
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Foreword

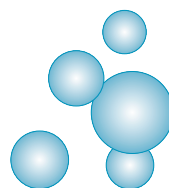
The Research Bulletin was developed in the context of the commitment of the Board's professional practitioners to a quality and outcomes orientation. The Board is demonstrating its determination to support and enhance its knowledge creating capacity through the development of a partnership with the University of Limerick.

This partnership is to remove the separation of knowing and doing through the formation of an integrating entity which can support knowledge generation and practice development in the lived experience of service delivery.

The development phase of this venture is currently being undertaken by a Steering Group representative of the University Of Limerick and The Board.

The quality and spread of the contributions to this third edition of the bulletin demonstrates the strengths which the Board will bring to this partnership for excellence.

Mr. Ger Crowley
Asst. Chief Executive Officer
Mid Western Health Board



It finally looks as if research funding in this country is about to increase to levels comparable to that seen amongst other western European countries. While long overdue, this is a very welcome development and for the health sciences it represents one of the necessary elements for the development of a vibrant health service. The adoption of the Technology Foresight Ireland report by the Government will result in an 8-10 fold increase in research funding for the Health Sciences. This combined with the proposed increase in the number of consultant posts and the growing success of the new training grade (for Doctors) - Specialist Registrar - offers for the first time, the opportunity for Ireland to contribute in a major way to the ever expanding knowledge base in health care

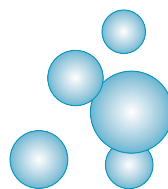
Much work will need to be done to engender and integrate the new research activity into clinical practice but our patients will ultimately be better off as we retain, train and appoint to senior positions the talented researchers which heretofore have left this country for North America and the UK.

The National Centre for Health Sciences and Management (NCHSM), to be based on the St Camillus Site should allow us in the Mid West to capitalize on the new research opportunities that lie ahead. The National Centre is a partnership initiative of the Mid Western Health Board and the University of Limerick. The key objectives of the Centre are to source research funding, to manage the joint research

initiatives of the MWHB and UL and to forge new strategic alliances with other academic and professional bodies.

The Centre will shortly appoint a Project Director who will project manage the development of the NCHSM and its initial research activities. The development phase of this venture will be undertaken by a Steering Group representing the MWHB and UL and will concentrate initially on a limited number of research areas where the MWHB/UL partnership has strength. It is hoped that the NCHSM will facilitate creative laboratory, clinical, health services and management research in the Mid West and allow us to compete successfully for the new research resources which are coming on stream.

Declan Lyons
Professor of Medical Science



Title:**HYPERACTIVE PLATELETS: SHORTENED CLOSURE TIME (PFA-100TM) AFTER MYOCARDIAL INFARCTION.****Author:****Crowe B.H., Abass S., Meany T.B., Fenton A. and Cahill M.R.
Department of Haematology & Cardiology, Limerick Regional
Hospital, Dooradoyle, Limerick.****Introduction:**

Platelets have a critical role in arterial thrombosis. Circulating in an inactive state they undergo a succession of changes which result in their activation. Measurement of the changes associated with activation is technically difficult. Non-manipulative assessment of platelets utilizing whole blood is preferred since it is more reflective of *in vivo* platelet function. Platelet activation is increased in patients following acute coronary events.

Methodology:

We assessed *in vitro* whole blood platelet function using the PFA-100™ (Dade Behring, Germany). This instrument measures the time - in seconds - taken for whole blood to occlude an aperture coated with collagen and ADP- the closure time (CT). Closure time was measured in 50 patients post myocardial infarction (MI) (mean time from presentation: 48 hours). This was compared with CT in a group of healthy volunteers (n=105) on no therapy, and a subgroup of these volunteers pre and post- ASA therapy.

Results:

The ADP mediated CT in the MI group was significantly lower when compared with the control group {median (IQR) 71 (60 – 83) v's 89 (82 – 102); $p < 0.01$ }. The CT in the MI group was also significantly reduced when compared with the ASA treated subgroup {71 (60 – 83) v's 96 (87 – 109); $p < 0.01$ }.

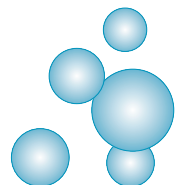
There was no significant difference in CT in the volunteer subgroup pre- and 2 weeks post ASA ingestion.

Conclusion:

In patients post myocardial infarction platelets are immediately activated when assessed with the PFA-100™. This affect is not blocked by standard doses of ASA therapy.

Presented or Published:

The above abstract has been submitted to the British Society of Haematology for presentation at the BSH Annual Scientific Meeting 2000 and publication in the British Journal of Haematology.



Title: The effects of Ropivacaine Hydrochloride on platelet function.

Author: Porter J.M.*, Crowe B.H., Cahill M.R., Shorten G.D.* Dept. Of Haematology, Limerick Regional Hospital, and *Dept. of Anaesthetics, University Hospital Cork.

Introduction:

Amide local anaesthetic agents are potent inhibitors of platelet aggregation in high concentrations. Platelet activation during platelet aggregometry may confound evaluation of platelet function. The platelet function analyser (PFA-100) allows evaluation of platelet function in whole blood without prior centrifugation. The aim of the study was to determine the effects of ropivacaine on platelet function in vitro in concentrations which occur clinically in serum and in the epidural space during ropivacaine epidural anaesthesia.

Methodology:

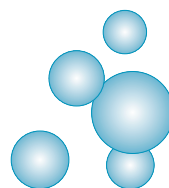
Blood was taken from 10 volunteers and 5 dilutions of ropivacaine produced (r3.75, r1.88, r0.94, r0.01, r0.001 mg.ml⁻¹), saline and blood controls. Platelet function was assessed using the PFA-100 by means of Closure time (CT). Within patient comparison was preformed using student's t-test to compare closure times, fisher's exact test to compare closure with non-closure.

Results:

r3.75 and r1.88 mg.ml⁻¹ differed from whole blood, $p < 0.001$.
r3.75 differed from r1.88 mg.ml⁻¹, $p < 0.007$.

Conclusions:

These results indicate that ropivacaine in concentrations similar to those found in the epidural space but not in plasma during epidural anaesthesia inhibit platelet aggregation.



Surgical***Title:*****Early results of a new method of prioritising Joint Replacement Waiting Lists*****Author:*****Carey, M., Joint Replacement Nurse Specialist
Masterson, E., Consultant Orthopaedic Surgeon, Limerick
Regional Hospital, Dooradoyle.****Introduction:**

Total Hip and Knee Replacements arthroplasty are a cost-effective means of improving the quality of life of patients with arthritis (1). An ageing population with rising patients expectations and an increasing willingness to perform joint replacements on younger patients have all contributed to increased waiting lists. The health service has a responsibility to ensure provision of a quality, evidence based, patient centered and cost effective joint replacement service.

Prior to January 1999, the waiting list for Joint replacement in Croom was 338 and access to this surgery was largely determined by the length of time on the waiting list. Indicators such as pain, loss of independence and disability were not objectively measured and thus outcomes and changes in health or social gain could not be accurately monitored following surgery.

The appointment of a Joint Replacement Nurse Specialist is a pilot project. The objectives are to convert the waiting list from a time-based waiting list to a need-based waiting list and to provide accurate clinical audit and long-term follow-up of joint replacement.

Methodology:

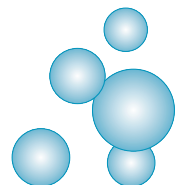
All patients on the waiting list for lower limb joint replacement were invited to attend an assessment clinic run by a

dedicated Joint Replacement Nurse at their local hospital. All patients completed the "Short Form 36" to provide a measure of general health status. In addition "Joint Specific" scores were ascertained using the Harris Hip Score (2), American Knee Society Score (3), Potential scheduling difficulties plus coexistent medical conditions were noted. All patients were routinely reassessed every 6 months while they remained on the waiting list. In addition, all patients are scheduled for post-op assessment using the same instruments at 3,12,24 and 60 months.

Results:

There were 240 patients awaiting hip replacements and 98-knee replacement at the commencement of the study. The validation process reduced the waiting list by 20% and 12% respectively.

For hip replacements, there were an inverse relationship between the immediate preoperative Harris Hip Score and the 3 month post operatively score, i.e. the worse the initial score, the greater the mean post operatively improvement.



Surgical

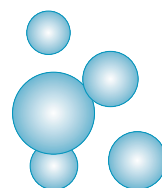
Complications of surgery for all patients having hip or knee replacement from January to July 1999 (n=238) included 1 dislocation, 1 DVT and 2 superficial wound infections.

Conclusion:

A fair and transparent method of prioritising Joint Replacement Waiting Lists has been introduced. This system admits the most disabled patients first. These patients show the greater health gain from their surgery as demonstrated by improvements in post operative “joint specific” scores.

The appointment of the Joint Replacement Nurse Specialist has enabled the adoption of routine pre and post-op assessment, include the introduction of clinical audit, post-op implant tracking and early detection of implant failures.

References available on request.



Title: 50 Year Follow- up of SUFE and Perthes Disease

Author: Khyat, G., Fitzgerald, P., Masterson, E., Limerick Regional Hospital, Dooradoyle.

Introduction:

50 year follow up of patients detailed with prolonged reaction for slipped upper femoral epiphysis and Perthes Disease.

Methodology:

Chart review and recall

Results:

High incidents of Hip Replacements in Perthes disease, lower incidents in SUFE

Conclusions:

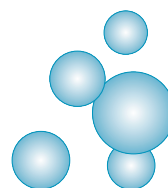
Prognosis, long-term of Perthes disease is to be is considered bad.

Published or presented:

Accepted for publication in "Social of Paediatric Orthopaedics" (JPO)

Research Personnel Secured:

Hip and knee anthroplasty research nurse.



Surgical**Title:****Delayed lower limb venous dysfunction following tibial fracture.****Author:****Gray, J., Castineiro, F., Tierney, S., Burke, P., Grace, PA.
Limerick Regional Hospital, Dooradoyle & University of
Limerick Biomedical Institute.****Introduction:**

Patients with tibial fracture demonstrate early venous pump dysfunction and are known to be at increased risk of deep venous thrombosis (DVT). However, the incidence of late venous dysfunction among those with tibial fractures but without DVT is unknown. This study was designed to determine the incidence of venous dysfunction among a cohort of patients more than five years after tibial fracture.

Methodology:

Following ethical committee approval, 70 patients admitted with tibial fracture during 1992 were identified using the Hospital Inpatients Enquiry (HIPE) system. All patients were sent a questionnaire and invited to attend for evaluation. Venous assessment consisted of a history and clinical examination (to identify deep and/or superficial vein reflux) and duplex sonography (to identify deep vein occlusion, deep or superficial venous reflux, or incompetent perforators). The fractured limb was compared with the contralateral un-injured limb as a control.

Results:

Forty patients have replied and 15 of these have been assessed to date. No patient had a documented DVT during their original treatment. Results were: (See Fig 1)

Conclusions:

There was a significant greater incidence of venous dysfunction in the fractured limb compared to the control limb using clinical or duplex criteria. In this population, photoplethysmography was an insensitive tool for the detection of deep vein reflux. These data indicate that venous dysfunction is a common complication of lower limb fracture even among those without evident fracture-associated DVT. We suggest that, in addition to thromboprophylaxis, all patients should be advised to wear compression stockings which have been shown to reduce the incidence of venous hypertensive skin changes following DVT in other patient populations.

Presented or Published:

First Joint Conference of the British Orthopaedic Research Society and the Section of Bioengineering, Royal Academy of Medicine in Ireland at the RCSI. Monday 5th-Tuesday 6th October 1998.

Fig. 1

Venous Dysfunction				
	n	Clinical	Duplex	Photoplethysmography
Fracture	15	6	5	2
Control	15	0	0	0
P value (Chi square)		<0.05	=0.05	ns

Title:

PMMA bone cement: effect of mixing technique on strength of the cement – implant interface

Author:

Mullett J.H., Hill R. Department of Material Science & Technology, University of Limerick

Introduction:

The aim of this study was to assess the effect of mixing technique on the strength and porosity of the cement-implant interface.

Methodology:

Aseptic loosening is the most common indication for revision arthroplasty. The effect of four mixing techniques on the distribution of strength of medium viscosity cement was tested. Specimens were moulded in an aluminum device to simulate the cement-metal interface. Four batches of thirty specimens were produced for each mixing technique. The specimens were either cured in physiological solution or air at 37°. Porosity was measured both macroscopically (by standardized radiographs) and microscopically (by scanning electron microscopy). Three point flexural bend test was preformed and mean strength was calculated by Weibull analysis. Bone cement density was calculated by Archimedes principle.

Results:

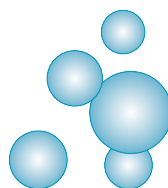
Focal distribution of voids was demonstrated at the metal-cement interface by scanning electron microscopy using all four systems. Differences in mean strength Weibull modules, density and percentage porosity between all four systems were not statistically significant.

Conclusions:

We conclude that porosity at the metal-cement interface is increased and may be a factor in initiation of implant failure which is independent of bone cement mixing technique.

Presented or Published:

First Joint Conference of the British Orthopaedic Research Society and the Section of Bioengineering, Royal Academy of Medicine in Ireland at the RCSI.
Monday 5th-Tuesday 6th October 1998.



Clinical Services**Title:**

Pre-testing Materials for use in Phase I of the Irish National Cervical Screening Programme in the Mid-Western Health Board.

Author:

Garavan, C., Public Health Research Officer. Gleeson, M., Public Health Research Officer. O'Reilly, M., Cervical Screening Project Team Leader, Mid Western Health Board, Limerick.

Introduction:

Pre-testing was originally developed for product marketing and is now a well accepted phase in the process of materials development for health promotion. A consumer orientation is now a fundamental part of health communication and health services. To be effective in influencing the target audience to follow the recommended advice, materials should be designed according to certain criteria of attractiveness, relevance, comprehension, acceptability, persuasiveness and usefulness. The pre-testing process provides a setting for the final proofing of printed materials designed to increase uptake of the cervical screening programme

Methodology:

This study used a qualitative methodology through a series of focus group interviews with 66 women between 25-60 years old from the MWHB region. Women's desire for a female smearer was included in the topic guide.

Participants suggested that the invitation letter could be clearer, more concise and less "*gimmicky*". Information leaflets should be "*colourful*" and "*positive*" and avoid the use of "*medical jargon*". Pictorial leaflets for low literacy populations must have a logical step sequence in the illustrations.

Results:

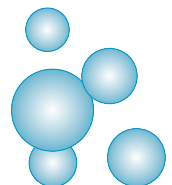
The results indicated that irrespective of educational or professional status, the majority of participants expressed a desire to have a female smearer. The Family Planning Centre was the preferred venue for women, particularly those from the travelling community.

Conclusions:

In light of the pre-testing, the printed materials can now be redesigned or edited to make them more acceptable to the target audience.

Published or Presented:

Presented at Cervical Screening Regional Committee Meeting, Friday December 3rd 1999.



Title: Can consumerism interface with the health services?

Author: Kearney-Bourke, V, Staff Nurse, Regional Orthopaedic Hospital (R.O.H.) Croom, Co. Limerick.

Introduction:

The concept of patient satisfaction is regarded as being one method of evaluating healthcare. It is recognised as an important element of consumerism. A patient satisfaction survey was undertaken at the Regional Orthopaedic Hospital (R.O.H.) Croom, Co. Limerick. Patient surveys are regarded as a vital component of feedback from the consumer. The 'patient' is now being referred to as the 'consumer' of the health service. The 'consumer' is a market term used to describe the patient. Consumers are viewed as adopting a more active social role associated with the notion of rights, power and empowerment. (Avis, 1992a)

There is a need to evaluate healthcare priorities using outcomes which are sensitive to user values. Consumer surveys are mentioned in the Health Strategy, "Shaping a Healthier Future". Surveys are an important means of obtaining the views of consumer/patients in relation to the manner in which services are delivered. To date, surveys are the only structured framework to determine patient satisfaction.

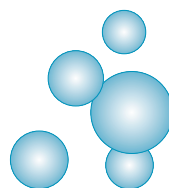
The main aim of this research study was to assess the level of patient satisfaction with information given, amenity services and catering services provided for the individuals who have undergone elective Total Hip Replacements at the R.O.H.

Methodology:

The study population consisted of patients who had elective Total Hip Replacements in the R.O.H. from January 1st to June 30th 1998. From the total number of hip replacements (n = 118) carried out during the six month period, a stratified sample of 40 patients were selected from all three wards in operation at that time. This figure is deemed representative of both public and private patients. The ratio of public to private patients was approximately 2:1. The survey took the form of a questionnaire. The questions were limited to simple 'yes/no' pre-coded responses or to scales ranging from excellent to poor and very satisfactory to unsatisfactory. Anonymity and confidentiality was guaranteed.

Results:

Of the 40 questionnaires sent out, there was an 82.5% response rate (n = 33). The majority of the hip replacements were carried out in the 65 + group. Results showed that by paying directly or through V.H.I., resulted in reduced waiting time for hip replacements. In general respondents



indicated dissatisfaction with information given in relation to where the patient would be transferred post surgery, 11% expressed dissatisfaction with information given on pain relief. Generally respondents were satisfied with both amenities and meals provided.

Overall 73% of patients rated their experience as being excellent, 21% as being very good and 3% as being good. Questionnaires were asked to be completed anonymously but one-third of the respondents provided names and address.

Conclusion:

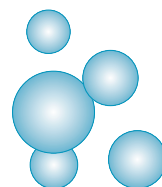
Patient satisfaction surveys provide one useful method of evaluating healthcare. It is also necessary to include the providers, who are also the users of the health service, and the taxpayers. More open-ended questions allowing the patients to express their own views may have been more appropriate than the use of pre-coded questions. It may be more beneficial to use focus groups to identify and prioritize the aspects of care most important to Irish patients.

Published or Presented:

Presented to the IPA May 1999 as part of the Institute of Public Administration, BA Degree Programme.

References:

Avis, A (1992 a) Patients Choice, Nursing Times, 88(30), pp.29-30



Title:

Examining the need to develop an awareness, policy to focus on “FALLS” in the acute hospital setting.

Author:

Fitzpatrick Laffan, B., Limerick Regional Hospital, Dooradoyle.

Introduction:

The purpose of this study was to examine the need to develop an awareness policy to focus on “FALLS” in the acute hospital setting. Due to our ageing population the risk of falls is increasing- 415,000 in 1996. It is projected that there will be over 521,000 people aged 65 years and over, constituting 14% of the population by the year 2011, an increase of nearly 26% (FAHY 1995). The largest increase will be seen in the number of those 80 years and over and at the present the very old will be predominantly women, mostly widowed (Adding Years to Life, Life to Years Health Promotion Strategy for Older People)

Aim:

- To examine the perceptions of ward managers and nursing staff in respect of patient falls.
- To ascertain the need for the development of a hospital policy on falls.
- To identify factors which contribute to falls following literature review.
- To motivate staff and set standards in delivering of care to identified patients.
- To raise awareness that accident prevention has to become an integral part of total patient care.

Methodology:

A review of internal information took place vis-à-vis retrospective audit of existing data of accident forms covering a nine-month period January 1997 – May

1997 and September – December 1997.

This quantitative research produced numbers and figures as follows

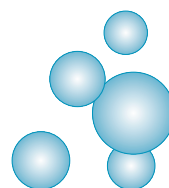
- (1) Incidents/Accidents.
- (2) Male/Female
- (3) Age
- (4) Environmental risk factors
- (5) Ward/Department (number of occurrences in each area)
- (6) Injuries sustained
- (7) Time of incidents

Results:

To prevent falls, the causes have first to be examined, and following these, appropriate measures adopted to reduce incidents. Most accidents occurred to patients in the following circumstances

- (1) Found on floor 15%
- (2) Found on the floor by the bed 11%
- (3) Found on the floor by the chair 11%
- (4) Tripped 11%
- (5) Cot sides in place on beds 5%
- (6) Found in the toilet 5%

The peak times when accidents occurred was during the day shift when maximum staff was on duty. Incidents occurred at break times when there was less



supervision on the wards. This is highlighted further-136 out of 186 accidents were not witnessed. There were no serious injuries in the audit. Patients had no apparent injuries sustained, grazed areas or bumps.

Conclusions:

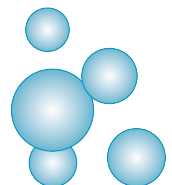
In order to address accident prevention in hospitals we have to identify those patients most at risk. The patients must be:

- (a) closely observed
- (b) examination of furniture - height of beds/chairs
- (c) equipment when faulty be reported and repaired/replaced
- (d) awareness protocol be drawn up for staff
- (e) Education in respect of documents/statements be addressed

From my questionnaire, and the retrospective audit of falls, I can observe that there is a need for an awareness protocol, writing reports and completing of risk management forms. The benefits of having an awareness protocol will reduce the level of falls. Staff experience fear of blame, anxiety, guilt and distress when patients become involved in falls/accidents. The aim of an awareness protocol will be assess patients on admission and daily while hospitalised. Falls can leave an organisation open to litigation; therefore the quality of care

provided in the evaluation of preventative measures needs constant examination of all factors which may contribute to these falls.

***Project for Diploma in Health Services Management University of Limerick, '98**



Title:

**Retrospective study of Reported Falls. St. Camillus Hospital.
August 1997 – April 1998**

Author:

Sr. Bowen, A., Moane, M. St. Camillus Hospital, Limerick.

Introduction:

A fall is defined as “an uncontrolled and undirected occurrence in which a patient comes to rest on the floor”. (Mion, 1989). All patients are at risk from falls by virtue of hospitalisation and treatment. Falls have been labelled “a disease of ageing”. (Lund and Sheaffer 1985). The causes of falls are multifactorial. Most recent studies have accepted that falls are related to age and tend to concentrate on other factors including impaired mobility, history of previous falls, cognitive impairment, medications and neurological causes.

Methodology:

The study was a retrospective review of Patient Accident Report Forms in St. Camillus Hospital from August 1997 to April 1998.

Results:

The retrospective reported falls were divided into categories i.e. long stay males falls = 11, long stay female = 17. Respite male = 6, Respite female = 7. Recent admissions rehab – male = 1, female = 6. (Fig.1)

- (2) Patient activity at time of fall: (Fig.1)
- (3) Types of injuries sustained as a result of fall.
- (4) Times or reported falls. Fig 1.

Conclusion:

There is an abundance of literature regarding patient falls. Consistently reported intrinsic variables that increase risk for falls includes a history of previous falls, increased age and gait problems. (Gross, 1990; Maciorowski, 1977). Several investigators found that gender and age significantly contributed to falls, with elderly women more likely to fall. (Feist, 1978, Overstall, 1977) Our review of falls at St. Camillus Hospital during that retrospective nine-month period, indicate similar findings as those documented in other studies. There are implications for further nursing research. Exploring systems that focus on nursing interventions in patients' susceptible to falls, in combination with the identified risks of “fallers” – may be the key to further eradication of preventable falls.

Published or Presented:

This study was presented by the researchers named above to nursing colleagues in July 1998 at. St. Camillus' Hospital.

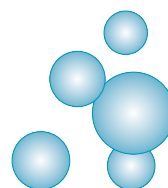
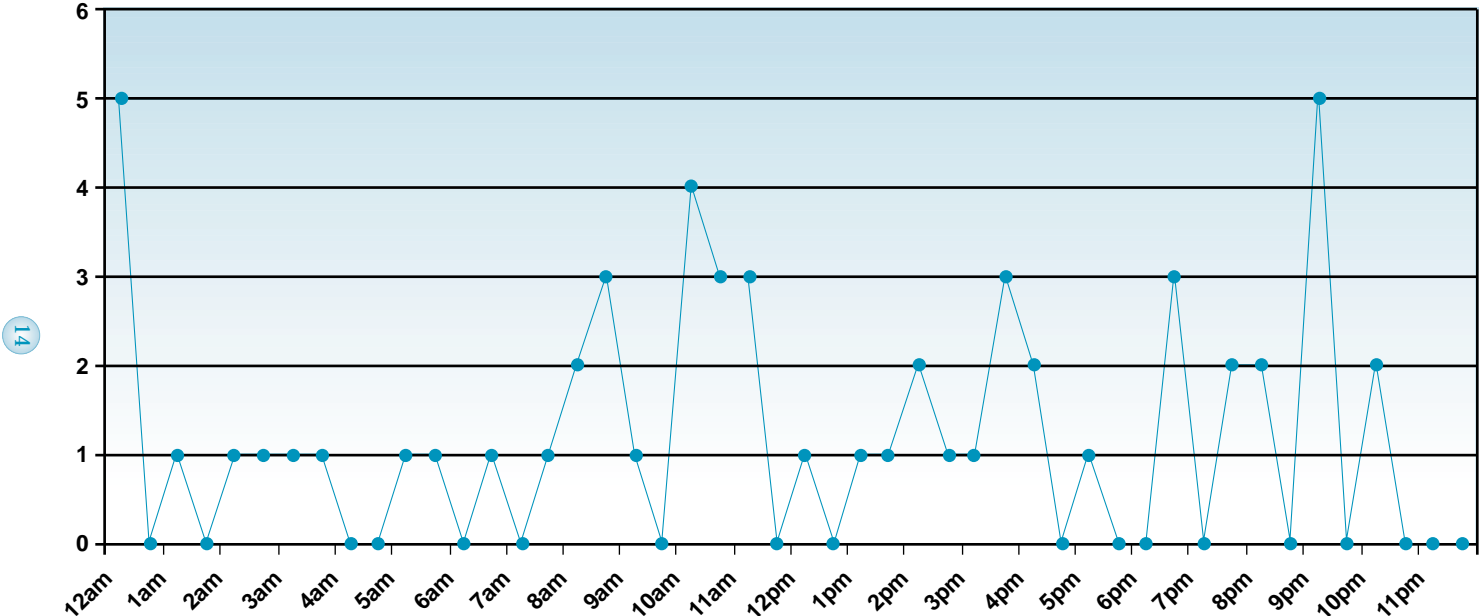


Figure 1



Health related Professions**Title:**

Models of continuing professional development and the views of psychologists working in the Health Care area regarding its introduction.

Author:

***O'Dea, E. , **Ryan, P., **Wale, S., **Murray, J.**

Introduction:

Continuing Professional Development (C.P.D.) is something that the majority of clinicians do. It includes a broad range of professional activities such as attending relevant conferences and workshops, taking part in supervision, and learning skills from others. A number of models are in place within the psychological profession around the world. This presentation identifies some of these models and presents data collected from psychologists in Ireland about introducing a model into professional practice.

Methodology:

The methodology used was a comprehensive literature review, together with a survey of a large population of psychologists working in the health care areas.

Results:

The response rate was 59% (N=156) of the total surveyed. 89% of the respondents were members of the Psychology Society of Ireland and 48% of these were members of the clinical division. 90% of the respondents commented that C.P.D. was of equal or greater importance to other activities carried out in their role as psychologists. 70% were currently satisfied with the current level of support given by their employers. Respondents identified a number of both directed and indirect activities that should be included as C.P.D. activities. 77% of the sample indicated

that C.P.D. events should be accredited. The average allocation of time to C.P.D. including supervision, was ninety hours per year. 71% of the respondents felt that the guidelines of C.P.D. should be linked to statutory registration and an equal number of respondents indicated that C.P.D. should be monitored by the use of a logging system.

Conclusions:

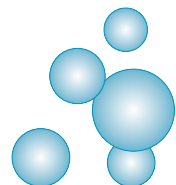
Most psychologists working in the health areas identify C.P.D. as an important part of their work. The activities that make up C.P.D. are both directed and indirect activities as well as supervision. Most of the respondents expressed a wish that C.P.D. events would be both accredited and monitored, however it is still unclear who should take on this task.

Published or Presented:

Not published as yet, hope to publish in Forum British Psychological Society.

*** Brothers of Charity**

**** Mid Western Health Board**



Personal and Social Services Professions**Title:**

Perceived self-efficacy of a sample of people with chronic mental disability in a Limerick City mental health facility.

Author:

Henderson, J. St. Anne's Day Hospital, Roxboro Rd., Limerick.

Introduction:

The objective is achieved by using a) the self efficacy gauge developed by Marie Gage (1994) and b) the Generalised Self Efficacy Scale developed by Schwarzer, R. It also gives a profile of their role involvement in order to give an understanding of their daily lives. This was achieved by using the role checklist developed by Francis Oakley (1986). The study takes the following format:

- a) Global results for the gauge and role checklist are presented.
- b) Global results for the Generalised Self-Efficacy Scale are presented and correlations are made between age and diagnostic groups.
- c) Global results are presented for a six-month follow up administration of the gauge. These results are compared to i) the first administration of the gauge, ii) the results of the Generalised Self-Efficacy Scale.
- d) Role involvement by the participants is described and analysed.

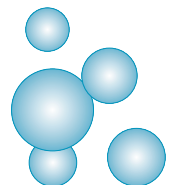
They had also been coping with their illness in excess of 3 years.

The study was carried out in St. Anne's Day Hospital. This day hospital is one of the service delivery units of the Limerick Mental Health Service. It serves an urban and rural based population. The criteria for selecting the participants was 1) they had a diagnosis of depressive disorder, schizophrenia or bipolar affective disorder, 2) they were not acutely ill, 3) they were in ongoing contact with St. Anne's through out-patient clinics and medication clinics, 4) their illness was of several years duration, 5) they were over 18 years of age.

In order to demonstrate the rationale for exploring perceived self-efficacy amongst people with chronic mental disability the literature surrounding the concept is described. This includes 1) chronic mental illness and differing views, 2) the impact of role involvement on their lives and the impact chronic mental illness can have on role involvement, 3) the psychology around self efficacy, 4) occupational therapy and self efficacy theory.

Methodology:

The population used for the sample had been diagnosed with the major psychiatric illnesses, which occur most commonly in Ireland. These illnesses are depressive disorder, schizophrenia and bipolar affective disorder. At the time of carrying out the study the participants were stable.



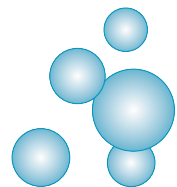
The method used for the study was a positivistic one. The three measuring tools were considered to be appropriate for this method as well as for the participants.

Results:

Results showed that the levels for perceived self-efficacy amongst the participants was high. Their mean level measured 8 on the gauge and 2.7 on the General Self Efficacy Scale. The participants were mainly involved in family roles and leisure roles.

Conclusions:

As a stable population the results would indicate that this sample with chronic mental disability were functioning quite well.



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

Psychopharmacology for persons with learning disabilities and mental health problems in residential and community care: an Irish perspective.

Author:

Coughlan, B.J. Department of Psychology, Brothers of Charity Service, Bawnmore, Limerick.

Introduction:

The administration of psychotropic and psychoactive medication for persons with learning disability and accompanying mental illness and/or challenging behaviour has undergone much critical review over the past two decades.

Assessment and diagnosis of mental illness in this population continues to be extremely problematic. Some of the common problems of psychopharmacological treatment include polypharmacy, irrational prescription procedures and frequent over-prescription.

It is clear that all forms of treatment of including non-pharmacological interventions need to be driven by accurate and appropriate diagnoses.

Where a psychiatric diagnosis has been identified, it greatly aids the selection of appropriate medication, although a specific medication for each diagnosis, as was once hoped, is simply no longer a reality in practice. The present paper seeks to address many of the current issues in mental health problems and pharmacological treatment to date.

These include classification issues, clinical presentation of the disorder and appropriate medication treatment regimens. The author draws on recent psychopharmacological research undertaken in two health care settings in the Republic of Ireland. Implications for research, diagnosis, treatment and outcomes are discussed.

Methodology:

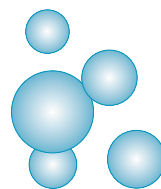
Case note review of all drug charts took place for all services users in the Brothers of Charity and Daughters of Charity services within the Mid-Western Health Board Region.

Results:

The combined population base studied was in excess of 600 hundred with over 75% of residential and over 30% of community clients currently being administered some form of psychotropic medication. On completion of both studies, data was analysed and compared to determine whether similar prevalence figures emerged in both organisations for the drug categories studied in addition to the rates of monopharmacy, polypharmacy and copharmacy. Results obtained and their implications are discussed in detail.

Conclusions:

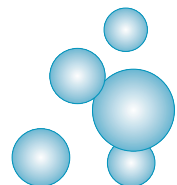
The implications of the present study are immense and wide ranging. Many issues need to be addressed in regard to prescribing practice in the present sample



of clients. The two main areas which require attention are the commencement of a drug withdrawal programme, especially in residential clients and there is also the need to investigate further aspects of dual diagnosis/psychopathology in this sample – this has begun to be addressed in both organisations. It is well established that the learning disabled population are at risk for developing both behavioural and a wide variety of emotional disorders. Such issues are discussed in the present paper.

Published or Presented:

Paper presented at The Second European Congress on Mental Health in Mental Retardation: Services, Training, and Research for People with Developmental Disabilities. September, 1999, London, England.



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

Historical & theoretical perspectives on the use of medication for persons with learning disability: a review.

Author:

Coughlan, B.J. Department of Psychology, Brothers of Charity Service, Bawnmore, Limerick.

Introduction:

The issue of prescribing for persons with learning disability has an emotive and somewhat controversial history. Many problems are evident including over-prescription, irrational prescribing procedures and polypharmacy. The question of whether medication such as the antipsychotics are prescribed primarily for the suppression of the symptoms of mental illness or for “behaviour control” has yet to be answered, and to date evidence of both arguments is substantially lacking. One reason for such lack of clarity may lie with the difficulty in determining a “clear cut” psychiatric diagnosis, and a second being the high rate of challenging behavioural amongst the learning disabled population. The present paper has sought to address such issues.

Methodology:

A comprehensive literature review was undertaken incorporating PsychLit, Medline and Social Citations.

Results:

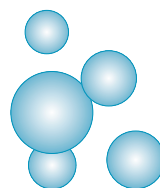
Results from studies undertaken to date show a high rate of prescribing for persons with learning disability. This is especially true of the antipsychotics. The present paper reviewed the literature in relation to drug prevalence studies to date and factors influencing prescribing in this population of clients.

Conclusions:

Much data has been published in relation to drug prevalence studies in the learning disabled population. Although many of the earlier published studies suffer from problems of methodology, more recent studies within the last decade are far more stringent. Two issues which need to be resolved and further researched are the issue of (A) psychopathology and (B) challenging behaviour and their links to prescribing. In relation to psychopharmacological treatment, if initiated, one cannot over-emphasise the role of the Inter-disciplinary team and the usefulness of medication monitoring procedures, to circumvent some of the common problems encountered and discussed in the present paper.

Published or Presented:

Paper presented at the Psychological Society of Ireland Annual Conference – Kilkenny, November, 1998. Submitted for publication to: Journal of: Mental Health Care (in press).



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

Issues in the assessment, classification & diagnosis of mental health problems in persons with learning disability.

Author:

Coughlan, B.J. Department of Psychology, Brothers of Charity Service, Bawnmore, Limerick.

Introduction:

The provision of mental health services for persons with learning disability has been receiving increased interest in recent years. One of the major breakthroughs in the field of dual diagnosis has been the realisation that persons with learning disability exhibit the full range of psychiatric disorders present in the general population. Research to date has highlighted that the presence of psychiatric disorders are more frequently reported in the learning disabled population when compared to the general population, although as yet, the precise magnitude of this is unclear. The present paper seeks to address a number of issues regarding classification, assessment and diagnosis of mental health problems in this population. Such issues include problems with current classification systems (DSM-IV & ICD-10), an over-reliance on client's linguistic abilities, difficulties with differential diagnosis and the absence of adequate referral systems.

Methodology:

The emphasis of the present discussion paper is to review and discuss the problematic areas in the study of psychiatric disorders in persons with learning disability and how these impact on assessment, diagnosis and treatment.

Results:

On reviewing the literature and published studies to date in terms of epidemiology

and prevalence, the findings are wide-ranging and varied. Much of this variety stems from inadequate definitions, the use of different classification systems, modifying the criteria in some way and the methodology used to formulate a diagnosis – clinical interview, case note review or psychometric instruments. All contribute to the mixed results achieved to date in the literature.

Conclusions:

Major problems exist with applying existing models of psychopathology developed for use with general population, to persons with learning disability. Such models of psychopathology are based around the DSM and ICD classification systems. The present paper discusses issues such as the under-reporting of the reliability of psychiatric diagnoses made, problems with transferring existing classification systems, the issue of psychiatric diagnosis in persons who are non-verbal, reliance on third party reports, issues pertaining to differential diagnosis and lastly the author discusses the relationship between diagnosis and treatment, which as yet is poorly understood.

Published or Presented:

Paper presented at the Psychological Society of Ireland Annual Conference – Cork November 11-14, 1999.

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

“Where do I go from here: the young person’s experience of aftercare”

Author:

Nee, L. , Health Centre, Shannon, Co. Clare.

Introduction:

This study looked at the experience of 13 young people who had been in the care of the Health Board. The study’s aims were to address deficits in aftercare provisions by examining the experiences and outcomes of care leavers and by taking direction from them on what they would recommend as an effective aftercare service.

Methodology:

An initial review of the legislation governing aftercare provision pointed to a facilitative, rather than obligatory, responsibility on health board’s to provide adequately for care leavers.

A review of pertinent literature identified common themes which suggested that care leavers are highly susceptible to homelessness, unemployment, involvement in delinquent activities, social isolation and depression.

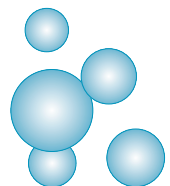
A piece of qualitative research was carried out, which involved interviews with young people who had been discharged from care (in Clare Community Care area) in the years 1995 to 1998. These interviews were semi-structured in nature and were assisted by a questionnaire which sought to gather data on the care histories of the young people, assistance received, prior to, and upon, departure from care and current living and social circumstances.

Results:

The study found that the majority of care leavers in this research population were making good progress in life and had a high level of support. This appeared to be due to the fact that they had experienced placement stability while in care, good quality care and the fact that transition to independence was not crisis driven.

These findings further underlined the need for comprehensive care planning for children, incorporating a “through care” approach, ensuring placement stability and preparation for leaving care.

The study also found that, although progressing well in other respects, depression was a feature in the lives of the young people interviewed. This was accompanied by issues regarding lack of contact with birth family, lack of information on personal histories and lack of opportunities to resolve past traumas.



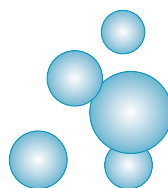
Personal and Social Services**Conclusions:**

The study concludes with recommendations for effective aftercare provision, which incorporates suggestions made by the young people who participated in the study. These included:

- Ammendment of the Child Care Act 1991, making aftercare provision compulsory for health board's.
- Support and training for foster carers.
- Preparation for transition from care to be adequately planned.
- Provision of an advocate for children in care and a complaints procedure
- Comprehensive investment in the educational needs of children in care, including leisure and social activities.
- Support groups for care leavers.
- Thorough life story work for children in care.
- Adequate and appropriate contact for children in care with their birth families.
- The appointment of an aftercare worker to co-ordinate services for care leavers and to provide support and guidance.

Published or Presented:

Presented to the social work departments in Clare Community Care in May 1999.



Personal and Social Services Professions**Title:****Children of the State – children in care in the Mid West region in 1998****Author:****O'Sullivan, M. Researcher, Child Care Unit, 87 O'Connell St., Limerick.****Introduction:**

This report provides an overview of children in alternative care at the end of 1998 in the Mid West region. Alternative care is provided and funded by the Mid Western Health Board and comprises residential care, foster care, foster with relatives and also includes the supervisory services for children living at home under supervision orders.

Section I of the report presents activity levels within the period and variations are examined according Community Care Area, type of care, age of children, basis for admission (legal/voluntary), primary reasons for admission, length of time in care, marital status of parents, place of care and admissions. Section II contains data relating to youth homelessness.

Methodology:

The data presented is derived from the reports made by the social work teams in each Community Care Area, from the *Children in Care Survey – Minimum Interim Database* made to the Department of Health and Children and from reports made by personnel in the youth homeless services.

Results:

The main findings show that the number of children in care was consistent with the general trend of a steady increase over the past decade. At CCA level, the proportion of children in care in the Limerick CCA

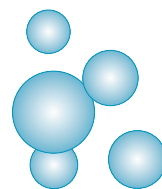
was seen to be higher than other areas with 5 children per '000 of the child population in Limerick CCA compared with 3 per '000 in Clare CCA and 3.8 per '000 in Tipperary NR CCA.

Regarding different types of care, there was a significant decrease in the proportion of children in 'Residential Care' reported between 1988 and 1998, with a corresponding increase in the proportion of children in 'Foster Care'.

The 6-12 year old age group had the highest proportion of children (43%) in care compared with 26% in the 0-5 year olds and 31% in the 13-18 year olds.

Over half the proportion of children were in care voluntarily, at the request of or in agreement with their parents whereas 43% were in care on foot of a Care Order and those 'in care' under supervision orders comprised 5% of all children in care.

Parents unable to cope/ parents' illness' and 'neglect' were the primary reasons children were in care. 67% of children in care were from lone parent families and



Personal and Social Services Professions

highlights the over representation of children in care from this population.

The number of youths presenting as homeless to Youth Homeless Services has remained stable. However, the gender difference has change significantly since 1991, so that the number for males and females presenting as homeless in 1998 was almost equal.

Conclusions:

This report draws attention to a number of trends that are of particular significance within the context of needs assessment and service planning. Most notably it was shown that on the night of the 31 December 1998, 408 children were reported as being in care reflecting a steady increase in the numbers of children into care in the region.

Residential care has transformed as a service to provide more intensive and specialised care, catering for a smaller number of children with very complex needs. Foster care on the other hand has emerged as the primary form of service provision and indicates the growing need for resources to recruit, train and support foster carers.

The high percentage of children in care due to parental reasons and the over-representation of children in care from lone parent households underpins the importance of increased family support

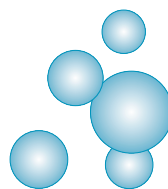
services particularly targeting lone parents and those at risk of teenage pregnancies.

The consistently higher number of children in care in the Limerick CCA indicates a need for specific services targeting disadvantage in urban areas.

Finally, the report underlines the importance for more comprehensive data on children in care. The development and enhancement of the present information systems within the Board is widely perceived to be essential to ensuring that services for children will be more clearly focused and responsive to their needs with the realisation of more effective and efficient outcomes.

Published or Presented:

This report has been presented in September 1999 to the Department of Health & Children, to all other Health Boards, Universities, etc. It also forms part of the Mid Western Health Board 1998 review of Child Care & Family Support Services published in October 1999.



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

An analysis of Public Health Nurse workload dedicated to child protection issues in Co. Clare.

Author:

**Neylon, M., Public Health Nurse, Co. Clare
Rouine, H., Public Health Nurse, Co. Clare**

Introduction:

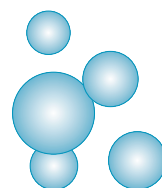
The Child Care Act (1991) is the basis for the most significant changes that have taken place in the Child Care Services since it was enacted. The implementation of the Act has major increased workload implications for the public health nurse. The P.H.N. provides a service to children and families in prevention, health promotion, treatment and care which includes family support and child protection. The motivation for this study arose from the PHN's experience of escalation in the amount of time being spent on families where there are child protection concerns. The study aimed to demonstrate the many dimensions of public health nursing involvement in child protection issues and to present a detailed analysis of the amount of time spent by PHN's on all interventions pertaining to child protection issues.

Methodology:

Data was collected utilising a questionnaire developed by the authors specifically for the purpose of the study. A descriptive and quantitative approach was utilised. All PHN's carrying a caseload in Co. Clare were invited to participate in the study. Response rate 62%, n = 18.

Results:

62% of PHN'S who participated in the study spent a total of 166 hours, equal to 4.25 whole time equivalents on child protection issues. The study reveals that PHN's spend a total of 4% of their time on child protection issues. Implicit in the findings is the opportunity cost to primary and secondary child protection issues and activities. There is also the opportunity cost to other care groups (e.g. elderly, young chronic sick).

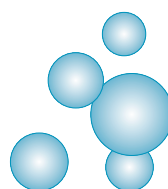
Appendix 2.

Appendix 2

TOTAL TIME (HOURS) SPENT BY P.H.N.'S IN EACH SUB-AREA ON CHILD PROTECTION ISSUES								
	Variable 1. Home Visits Clinic Work	Variable 2. Issues re CP	Variable 3. Referrals	Variable 4. Liaison	Variable 5. Meetings	Variable 6. Record Keeping	Total time in hours	% of Time in hours
West Clare	3.30	6.05	1.00	1.05	7.00	7.00	25.40	15
North Clare	8.45	7.00	0.15	5.05	6.00	7.00	34.75	21
South Clare	14.45	13.45	2.15	9.45	6.30	16.30	60.30	37
East Clare	9.00	10.30	0.45	10.45	0.45	14.00	45.45	27
Total	36.00	34.20	4.15	26.42	20.15	44.30	166.00	39 hr week = 4.25 WTE'S
% of Total Time	22	21	3	16	12	26		100

Conclusions:

The result of the study confirmed that PHN'S in Co. Clare are devoting a significant amount of time to child protection issues. The study revealed that tertiary protection accounts for the largest proportion of the PHN'S time spent on child protection issues. Secondary protection which refers to the early identification of child neglect and abuse and referral to appropriate services accounts for a small proportion of time. It is hoped that this study will serve as a baseline for discussion and further research



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

Community action to reduce the supply of alcohol to under-18's in the Mid-Western region of the Republic of Ireland: implementing and supporting the National Identity Card Scheme

Author:

O'Neill, A., Health Promotion Department, Mid-Western Health Board, Slainte Health Advice Centre, 57 O'Connell Street, Limerick, Ireland.

Introduction:

Research conducted in 1998 in the Mid-Western Health Board region revealed an increasing prevalence of alcohol use and misuse among under 18-year olds. While not a situation unique to this region or country, the results added to existing concerns among communities, statutory and voluntary agencies about this persistent issue.

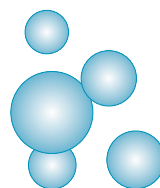
While demand reduction measures continue to improve in number and quality, issues of supply remain relatively untouched and are among the most important correlatory risk factors for alcohol use and misuse across all ages.

In December 1998, the Department of Justice announced a national identity card scheme for over-18's. This followed on the recommendation of the Intoxicating Liquor Act, 1988 and the National Alcohol Policy, 1996. The aim of the scheme is to reduce access to and availability of alcohol to under-18's. The scheme was greeted with much enthusiasm. The multi-agency Regional Drug Committee of the Mid-West region were later disappointed to find that local uptake had been poor. This presentation described the collaborative efforts of the Committee, together with other relevant organisations and communities themselves to maximise the potential of the scheme. The remit of the Committee is

to initiate and develop responses to drug and alcohol issues at a local level.

Presented or Published:

Oporto, Portugal at WHO European Alcohol Symposium on Community Action to prevent Alcohol Problems, November 1999.



Health Research Board Research Grants

Aim

The aim of the Health Research Board's research grant schemes is to support high quality, internationally competitive health research in Ireland and to promote the development of a world class research community in biomedical sciences, clinical research, health and health services research.

Areas of support

The HRB currently supports research in all areas of health and health services, including:

- basic biomedical sciences (cell biology, endocrinology, genetics, immunology, microbiology, molecular biology, neurosciences, pathology, physiology, virology);
- clinical research
- health services
- nursing
- mental health
- public health
- general practice
- epidemiology

Supporting research - a shared responsibility

A number of agencies share in the responsibility of promoting or conducting research for health. The Department of Health and Children, with its national role in health policy, priority setting and the distribution of resources, has an overall responsibility for the framework and funding of health research. The Health

Research Board has a statutory remit to promote research for health, but this remit is limited by the financial constraints of its budget.

The Health Boards, as the major providers of health services and employers of health professionals, have a responsibility to encourage and foster research. The voluntary health sector is also a significant source of support for health research. All health agencies, however, depend on the quality of the training and supervision provided by universities, third-level colleges and research institutes to produce high quality health researchers.

The Irish health research community depends for support not only on national agencies but also on international sources of funding, both public and charitable, such as the **Wellcome Trust**. The pharmaceutical and medical device industries, which have contributed so much to economic development in Ireland over the past twenty years, have a significant interest in applied research for health. The research activities of agencies outside the health sector impact on health too. This chapter describes the current responsibilities of different agencies for health research and identifies some shortcomings that need to be addressed in the context of a national strategy for health research.

Developments

Title: The Wellcome Trust

The Wellcome Trust

The Wellcome Trust is the largest medical research charity in the world. The Trust was established by Sir Henry Wellcome, the joint founder of the pharmaceutical company Burroughs Wellcome, to promote research of benefit to mankind. The Trust's assets are estimated to be worth Stg£13bn.

The Trust is by far the largest private source of support for health science research in Ireland. Sir Henry Wellcome constituted the Trust so that no distinction was made between the UK and Ireland in eligibility for research funding. Irish health sciences researchers are eligible to apply for Wellcome grants and many who have done so have been successful. It is estimated that the value of Wellcome grants to Irish biomedical research last year was £4m. For a number of reasons, however, Irish researchers do not take full advantage of the support offered by Wellcome.

It has been estimated that if Irish biomedical research were benefiting from the Trust's programmes on a pro rata basis with the UK, the value of grants from the Trust would be of the order of £14m a year. In addition to its on-going support for biomedical research, the Trust entered into an agreement with the Irish Government in 1997 under which the Government and the Trust are each making £3m available over three years to

support the development of biomedical research in this country.

The agreement, known as the Matching Funds Agreement, is in its third year and is providing opportunities, under a scheme known as the 'New Blood Fellowships' for top class Irish biomedical researchers to return to this country and to make their careers here. A condition of the granting of a fellowship is that the university or college to which they are attached must offer the Fellow tenure and must pick up the full cost of the salary after 5 years. At the end of 1999, eight world-class researchers were funded to carry out research in this country under the scheme.

In 1998, the Trust entered into an agreement with the British Government for a joint investment programme to restore the international competitiveness of British scientific research. The programme, known as the Joint Infrastructure Fund (JIF) provides for a capital investment of Stg£1.1bn over three years in the science research infrastructure of the UK. Of this total, £600m is being made available for investment in the biomedical sciences and Wellcome is contributing the bulk of this funding.

In February 1999, Dr Michael Dexter, Director of the Wellcome Trust, visited this country to see at first hand the deficits in the research infrastructure and to assess the extent of the commitment to invest in

Developments

research in the health sciences. Following that visit, the Higher Education Authority and the Health Research Board have jointly commissioned a study of the deficits in the infrastructure in the basic and health sciences. This study is being carried out by PREST, a consultancy group based in the University of Manchester that has carried out similar surveys in the United Kingdom, and will be completed early in 2000.

It is hoped that the study will provide the information on which a joint investment programme for this country might be discussed.

The Health Research Board invites applications for funding for research projects under the following headings:

Research Project Grants – General

Applications are invited for research projects in health related biological sciences, epidemiology, health services research and health research. The maximum value of each grant awarded will be £30,000 per annum for a maximum of three years. Due to additional funding provided by the Arthritis Foundation, the maximum value of a grant for arthritis related research will be £50,000 per annum for a maximum of three years.

Closing date: 18th February 2000

Research Project Grants – Co-Funded in Health Services Research

Applications are invited for research projects in health services research which have a commitment to matching funds from a health board, hospital or other health agency. The maximum value of each grant awarded will be £10,000 for one year.

Closing date: 24th March 2000

Research Project Grants - Interdisciplinary

Applications are invited for interdisciplinary research projects to improve human health from researchers in engineering, information technology, the humanities, medicine, science and the social sciences. The maximum value of each grant awarded will be £50,000 per annum for a maximum of two years.

Closing date: 24th March 2000

Application forms for research project grants are available on the HRB website at www.hrb.ie Application forms should be completed using standard size typescript and forwarded, unstapled, in hard copy to:

**Manager – Medical and Health Services Research
Health Research Board**

73 Lower Baggot Street

Dublin 2

Tel: 01-6761176 Fax: 01-6611856

e-mail: hrb@hrb.ie

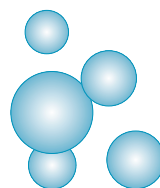
Developments**Title:****Clinical chemistry quality assurance programme quality assurance****Author:****Buckley, G. Medical Lab. Ennis General Hospital.**

Quality assurance is relevant to all aspects of patient care and is increasingly subject to scrutiny by the process of medical audit and accreditation. Quality assurance in clinical laboratories is well established with the objective of practice. This demands the application of internal and external quality assurance programmes for each discipline of pathology.

In clinical chemistry we use commercially prepared serum is used as part of the internal quality scheme. For external quality assurance we partake in the Murex Scheme operated by Abbott Laboratories. This is a process of objectively checking laboratory results by an external agency. The main objective is to establish inter laboratory comparability. This involves receiving 12 samples every six months. Every two weeks one of these samples is assayed for 23 clinical chemistry analyses. The results are sent to Murex for assessment and subsequent return of results to this laboratory showing our performance against 446 other laboratories. Of late our results have been very satisfactory.

In the period September '98 to March '99 we were rated 4th in Ireland and 110 out of 463 internationally. For the latest period April '99 to September '99 we achieved number one in Ireland and 23rd from 446 internationally. This is due to a few factors. In 1998 we purchased a new clinical chemistry analyser from Olympus

Ireland Ltd. This is a state of the art analyser and all the reagents used on this instrument are produced in O'Callaghan's Mills, Co. Clare. The scientific input of the staff in the laboratory has played a major role in achieving this high rate and it demonstrates the importance of continuing staff education.



Developments

Title:

Bí Folláin is a programme of social, personal and health education for primary schools. It aims to provide a holistic model of health education, defining it in the following way:

Health education in the primary school aims at providing each child with a foundation for healthy living in all its aspects. It is concerned with the social, mental and spiritual development of the child, as an individual and as a member of society, in the communal and global sense.

Bí Folláin has been extensively piloted in schools throughout the Mid-West region since 1987. It caters for all ages of primary school children, and specific programmes have been developed for each level, as follows:

Bí Folláin, Level 1 caters for junior and senior infant classes;

Bí Folláin, Level 2 caters for the first and second classes;

Bí Folláin, Level 3 caters for third and fourth classes;

Bí Folláin, Level 4 caters for fifth and sixth classes.

The programmes for each level present teachers with the following six units of material: Unit 1: Nutrition, Unit 2: Hygiene, Unit 3: Safety, Unit 4: Personal and Social Development, Unit 5: Environmental Care, Unit 6: Media Education.

It is recommended that teachers implement a different unit of their choice for each term of the school year. Therefore, a comprehensive health education is

provided for children over a two-year period. Further, it is recommended that each school would formulate its own school policy on health education, in which teachers, boards of management and parents can identify the most effective means by which the school can promote health and enhance the well-being of children.

Specifically, **Bí Folláin** advocates a carefully planned and systematic intervention in the classroom, through which it would be possible to:

- establish and maintain a desire for healthy living in the child;
- cultivate a sense of responsibility for personal and community health;
- develop a capacity for effective social intervention;
- promote a sense of identity and positive self-esteem, as well as an ability to cope with change in themselves and in their environment;
- help children to become aware of the extent to which they have control over their health, and to realise that, as past decisions have influenced their present health, so current decisions and choices will influence their future health.

Developments

An activity-based, child-centred approach is utilized throughout **Bí Folláin**. The child is the active participant in the learning process and all health messages are derived from the child's involvement with the work. Each unit of material presents the teacher with a number of themes, from which a selection is made. It is necessary for teachers to choose those themes and activities from the programme which suits their particular school circumstances and which meet their requirements. Ten educational activities have been developed for each theme.

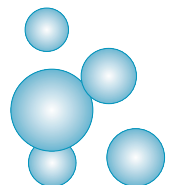
Each activity is structured so that the child receives the required learning outcome through the learning process. The focus throughout is on the child, and on his/her interaction with other children in the class. Thus, the child is required to engage in the work in a variety of group settings. The teacher's role is that of guide and the activities are accompanied by a set of objectives to be consolidated at the end.

Home-school links are established throughout the programme and opportunities for increasing the involvement of parents in the provision of health messages are indicated in the programme by way of the logo:



The design of **Bí Folláin** is such that the themes and educational activities can be integrated into the existing programmes of the other subjects in the curriculum. In addition, teachers are encouraged to utilize opportune times during the school day when incidental health messages can be provided.

The wide range of topics included in **Bí Folláin** makes it an invaluable resource for Social, Personal and Health Education at primary level. relationships and sexuality education is also addressed within **Bí Folláin**.



Presented and Published Research**Title of Research: Models of continuing professionals development****Author(s):** O'Dea, E. , Ryan, P., Wale, S., Murray, J.**Presented:** Psychology Society of Ireland (PSI) Annual Conference, Cork 11-14 November, 1999.**Title of Research: Stem cell transplantation - applications of and procedures involved.****Author(s):** Cahill, M.R. - Consultant Haematologist LRH, Dooradoyle.**Guest Speaker:** Wiggins, C.S.. - Stem cell and bone marrow transplant technologist. Department of Haematology. Royal London and St. Bartholomews Hospital.**Location:** South Court Hotel, Limerick. Nov 22 1999.**Title of Research: The effect of thrombopoietin on megakaryocyte ploidy differs when detected by glycoprotein 1b expression compared to glycoprotein 111a.****Author(s):** Wiggins C.S.*, Cahill M.R., Newland A.C*.

Department Of Haematology, LRH. * Dept of Haematology, Royal London and St. Bartholomews Hospital.

Presented: British Society for Haematology, Brighton 1999.**Published:** British Journal of Haematology, 1999: 105; 61 (supply 1).**Title of Research: Genioplasty : modifications of technique****Author(s):** Kearns, G. [et al]**Presented:** International Assoc of Oral and Maxillofacial Surgery Annual Meeting Washington, USA, April 1999.**Title of Research: The placement of endosseous implants in children and adolescents with hereditary ectodermal dysplasia****Author(s):** Kearns, G., Sharma, A., [et al]**Published:** Oral Surgery, 1999, 88: pp.5-10**Title of Research: The placement of endosseous implants in grafted alveolar clefts****Author(s):** Kearns, G., Sharma, A. [et al]**Published:** Cleft Palate Craniofacial Journal / Yearbook of Plastic Reconstructive Surgery 1999, pp 23-25.**Title of Research: Simultaneous maxillary and mandibular distraction osteogenesis using a semiburied device****Author:** Padwa, B., Kearns, G. [et al.]**Published:** International Journal of Oral and Maxillofacial Surgery, 1999, 28, pp.2-8

Presented and Published Research

Title of Research: Volume homeostasis and blood pressure in diabetic states

Author(s): O'Hare, J.A., Ferriss, B.J.

Published: The kidney and Hypertension in Diabetes Mellitus. Editor C E Mogensen, 4th Ed.
Kluwer Academic 1999, Ch 31: pp289-296.

Title of Research: Subjective and objective assessment of the temporalis muscle and fascia flap in previously operated TMJ, discussion

Author(s): Kearns, G.

Published: Journal of Oral and Maxillofacial Surgery, 1999, 57, pp.1065-1068

Title of Research: A regional study of lower limb amputations in diabetic versus non-diabetic patients.

Author (s): O'Hare, J.A., Burke, P., Grace, P.

Presented: Association of Physicians of Great Britain and Ireland.

Venue: University College Cork Ireland, March 25th and 26th, 1999

**Presentations at the Atlantic Orthopaedic Club, Galway Meeting.
Saturday 23rd October 1999.**

Venue: Clinical Sciences Institute, University College Hospital, Galway.

Title of Research: Acetabular fracture and central dislocation of the hip, (1) 12 year old boy with Grade III Acute SUFE (2) 46 year old male with multi-level spinal metastases from occult primary and subsequent complication.

Author: Mr. Shaju.

Title of Research: Synovial cyst masquerading as femoral aneurysm in a 77 year old lady.

Author: Condon, F.

Title of Research: Preliminary assessment of outcome using harris hip score following THR waiting list initiative

Author: Sankar, R.

Title of Research: A prospective study for evaluation of knee effusions after hip surgery.

Author: Shahid, M.S.

SECTION 6

HEALTH SCIENCES & MANAGEMENT RESEARCH BULLETIN

Presented and Published Research

Title of Research: **First intermetatarsal angle measurement in hallux valgus: inter and intra observer variation.**

Author: Condon, F.

Title of Research **Tinkhoff Lindberg: an alternative to forequarter amputation.**

Author: Conyhea, D.

Title of Research: **Outcome of opening a trauma theatre in patient management.**

Author: Conhyea, D.

Title of Research: ***Removal of metal: a consensus of opinion**

Author: Murphy, D.

Title of Research: **A comparison of subtrochanteric fracture of the femur treated with delta reconstruction nail only, versus delta reconstruction nail and cerclage wiring.**

Author: O'Donnell, T.

Title of Research: ****Delayed lower limb venous dysfunction following tibial fracture.**

Author: Gray, J.

(Also presented at the Irish Orthopaedic Association, Autumn Meeting, 10th October 1999, Newcastle Co. Down.)

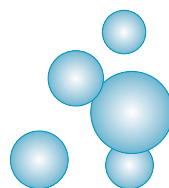
*** Best Presentation**

**** Best Scientific Paper**

Title of Research: **Community action to reduce the supply of alcohol to under-18's in the Mid-Western region of the Republic of Ireland: implementing and supporting the national identity card scheme**

Author(s): O'Neill, A., Education Officer (Drugs and Alcohol), Health Promotion Department, Mid-Western Health Board, Slainte Health Advice Centre, 57 O'Connell Street, Limerick, Ireland.

Venue: W.H.O. European Symposium on Community Action to Prevent Alcohol Problems: 'Youth, Family, Community and Alcohol Problems' Oporto, Portugal. 18th 19th 20th November, 1999



Forthcoming Scientific and Research Meetings**National**

Title: **National Scientific Medical Meeting**

Venue: The Royal College of Physicians of Ireland.
31 March - 1 April 2000.

Title: **Setting up a Health Promoting Hospitals (HPH) Programme in an Acute Hospital Setting**

Presenter: Boyce, B.

The above Presentation will be delivered to staff at the Regional Hospital Limerick each Monday commencing Monday Jan 17th 2000 at 10.30.am and continuing until Monday March 27th 2000.

Venue: Sylvester O' Halloran Room, Regional Hospital, Limerick.
It has also been submitted for a workshop at the International HPH Conference in Athens, Greece on June 14-16th 2000.

Title: **ISQua's 17th International Conference**

Venue: Conference will be held at the Royal College of Surgeons in Ireland, Dublin, Ireland, from 13 to 16 September, 2000.

Title: **National Scientific Medical Meeting**

Venue: RCPI, Dublin; 31 March - 1 April 2000.

Contact: Jeff Chadwick, RCPI, Dublin.

International

Title: **British Society for Haematology Annual Scientific Meeting**

Venue: Bournemouth International Centre England 27 - 29 March 2000.

Title: **5th European Forum on Quality Improvement in Health Care**

Venue: 3 Day Conference Thursday 23rd - Saturday 25th March 2000
Amsterdam, The Netherlands

Title: **Pathology 2000**

Venue: Birmingham, England; 15 - 17 May 2000.

Pathology 2000 is organised by the Association of Clinical Biochemists and the Institute of Biomedical Science with the support of the Royal College of Pathologists. The meeting will be the first under the umbrella of the Millennium Festival of Medicine.

Contacts: E-mail: office@pathology2000.org URL: www.pathology2000.org

SECTION 6

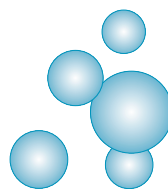
HEALTH SCIENCES & MANAGEMENT RESEARCH BULLETIN

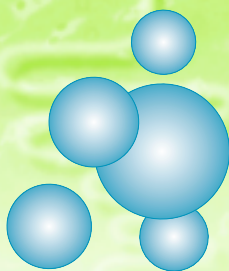
Forthcoming Scientific and Research Meetings

Title: **British Endocrine Society Joint Meeting**
Venue: Birmingham, England; 13 - 16 March 2000.

Contacts: Tel: 00 44 1454 619347 E-mail: info@endocrinology.org

Title: **ESQH 2ND SPRING WORKSHOP “State or the Union – Linking policy and actions, on healthcare between the European Union and Members States.”**
Venue: Utrecht, Netherlands on Wednesday, 22nd March, 2000.





BÓRD SLÁINTE
AN MHEÁN-IARTHAIR

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