People in Ireland are healthier than ever and are generally living longer. The vast majority of older people have little or no contact with the health services. For those who need health or social care, we are providing an increasing range and volume of services. We are making considerable progress in ensuring that all of these services are accessible, consistent across the country and reach the highest international quality and safety standards.

In the past, our focus was predominantly on hospital-based care. Today, we are providing more services within local communities. At the heart of this shift is community care. For those who need health or social care, we are providing an increasing range and volume of services. We are making considerable progress in ensuring that all of these services are accessible, consistent across the country and reach the highest international quality and safety standards.

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A team effort

The rollout of primary care teams around Ireland signals a move to integrated care between health professionals, ensuring that clients receive more accessible services in their own communities.

The HSE has come in for its fair share of criticism over the past few years, but there is a tremendous amount of work being done behind the scenes. In particular, a major new programme is changing the way our health services are delivered here. A focus is being placed on health in the community, and as a result is taking people out of hospital waiting rooms. There is also greater access to a variety of services, and this new primary care delivery is set to change lives dramatically. These changes will be of

particular benefit to older people, by making services more accessible.

When complete, there will be over 500 primary care teams (PCTs) covering the entire population in Ireland. Where possible, the HSE wants to provide ‘one-stop shops’ for healthcare services in local communities and bring services to them rather than having people travel. PCTs will streamline the services for older people so that they don’t have to make several phone calls to find out about available health services.

But, you may ask, what exactly is a primary care team (PCT) and does it matter? Primary care is an approach to care that includes a variety of services designed to keep people well. It involves your local general practitioner (GP) working in a team with local HSE professionals, all providing services to the local community. Primary care includes anything from health promotion and screening for disease to diagnosis, treatment and rehabilitation.

In the past, much of primary care was based around hospitals. A GP might need to refer the older person for blood tests, x-rays, physiotherapy or occupational therapy. Today, however, a number of primary care centres are springing up around the country, bringing care back into the community. These centres are smaller in size and don’t have to travel miles to the nearest hospital for simple treatments, for example, and long waiting times in hospitals are being eliminated.

Primary care is more integrated and services are much more co-ordinated. The HSE plans to roll out primary care centres across the country, and these very centres will be operated by PCTs. Put simply, a PCT is a multidisciplinary group of health and social care professionals who manage and deliver local and accessible health services. The PCT acts as a first point of contact for individuals with the health services.

Meet the team

A PCT generally consists of a variety of team members, including — but not limited to — a GP, occupational therapist, nurse, physiotherapist, speech and language therapist and social worker.

Each team will serve a certain area and, on average, it is estimated that each PCT will serve a population of between 8,000 and 10,000 people. A PCT’s main thrust is to improve integration of services and a team-based approach, members of a PCT will often be based in the one building.

A multidisciplinary approach will, where appropriate and feasible, see team members meet to discuss patients. Think of the new US TV show, The Practice, but without the drama.

Go for life

A national programme developed by Age and Opportunity has older people all over the country getting active and enjoying life.

Physical exercise is important for people of all ages, but as we get older it is just as necessary to remain active. Getting into a routine of regular activity is one of the most important ways we can maintain a good quality of life.

There are many benefits associated with physical activity, and it can help improve balance, flexibility, strength and aerobic fitness. Perhaps more importantly, however, are the health benefits that it brings, such as a decreased risk of coronary artery disease as well as improved cholesterol levels, blood pressure and quality of sleep.

Talk to your doctor before starting a physical programme. If you have been inactive for years build yourself up with five to 10 minutes of activity.

Age and Opportunity have developed ‘Go for Life’, a national sport and physical activity programme for older people. Funded by the Irish Sports Council, the aim of Go for Life is to get more older people more active where they live.

At local level, Go for Life is co-ordinated and delivered by the Health Promotion Department of the HSE and supported by local sports partnerships.

The programme aims to empower older people by reaching out to active retirement associations, senior citizens groups, day care and community centres around the country to ensure that older people remain active.

The Go for Life programme has been successful, for example, in the Cork and Kerry areas, where the Health Promotion Department, HSE South co-ordinates and delivers a variety of services.

These include one-hour group presentations, which promote getting active, better balance and strength to active retired groups, the Irish Countrywomen’s Association, day care and social centres.” explains Roger Coughlan, co-ordinator, Bishopstown Senior Social Centre, Co Cork.

Physical activity leader (PALs) training workshops are also held, providing an opportunity for older people who are interested in leading physical activities within their own groups to develop the necessary skills.

The HSE Health Promotion Department has implemented an equipment loan scheme where trained PALs can borrow equipment to try out new activities with their own groups.

Physical activity or Sportspoints days are held, where people from various active retirement groups come together to try out activities and equipment.

The HSE’s outreach team can also help set up a physical activity programme for a local group or organisation.

The ultimate aim of the PCT is also simple: to provide primary care services that are accessible, of high quality and meet the needs of the local population. PCTs will provide a simple integrated pathway for clients across all HSE services, so close to home as possible to clients’ homes — hence the phrase taking care into the community.

Delivering cost-effective and community-based services are the main priorities of PCTs, and the HSE hopes that by 2010 service users (ie you and me) will be able to access a range of health services — as close to home as possible — through the PCT.

It is anticipated that there will be 530 teams and 134 networks nationally.

Go for life

A national programme developed by Age and Opportunity has older people all over the country getting active and enjoying life.
Staying at home

As the HSE places more emphasis on taking care of older people in the community, many throughout Ireland are benefiting from home help and home care packages.

THE Home Help Service, delivered by or on behalf of the Health Service Executive (HSE), is a community service enabling people who otherwise might need to be cared for in long-term residential care to remain at home, where appropriate.

It is also a critical support to older people in facilitating their early discharge from hospital and in preventing inappropriate admission to acute hospitals.

Home help usually assist people with normal household tasks and, where necessary, with personal care.

The person requiring the home help service will have been assessed by a health care professional, normally a public health nurse, who will determine the needs and the appropriate level of home help that is required. The service is delivered in a flexible way to meet the individual needs of the person.

In some cases it may be that the home help will do the laundry, assist with washing or do some grocery shopping. In addition, the home help provides a valuable social contact for the person who may be housebound. Also the regular visits to the person’s home means that the home help can carry any concerns, for example, if the person feels unwell.

The development of this service nationally over the period 2006 to 2008 shows that over €211m is now being spent on the service per year and that, on average, 54,500 people benefit from the service each year.

In addition, day centres help relieve social contact among older people and it is essential support to many older people living in the community.

The main objective of day care is to provide a range of social activities and supports such as nursing, physiotherapy, occupational therapy, speech therapy, laundry, meals, shopping and housing.

Client-focused, the centres promote social contact among older people and the wider community. Many day care centres throughout the country are in the process of being modernised or extending their range of services.

In addition, day centres help relieve caring relatives of the responsibility of caring for older people.

Day care packages are delivered in a flexible way to meet the individual needs of the person who requires the service.

In 2007 a quality initiative to promote health in older people was launched at St Martin’s Day Centre, St Brendan’s Home, Loughglen, Co. Galway. A project introducing information and communication technologies (ICT) to older people attending the centre was put in place and is now up and running.

The aim of the project is to educate older people in the use of word processing, email, to use the internet and consequently stay in touch with family and friends throughout the world.

The centre is a centre of creative living, taking full cognisance of clients’ physical, emotional, creative, social and spiritual needs.

At the centre we are greatly inspired by the older people attending the centre. They continue to perform and contribute to the daily activities and workshops at the centre.

One can only imagine how proud our older people were of their achievements and how they created such a social life in our community,” says Ms Callaghan.

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Dealing with dementia

A seminar series hosted by St Brigid’s Home in Dublin and a training course for trainers in Cork are both providing support and advice to those interested in and caring for people with dementia.

Dementia explained

Dementia can be very distressing for older people, but treatments are available that can reduce symptoms.

Alzheimer’s disease

Alzheimer’s disease is the most common form of dementia. As there is no straightforward test for it, making a diagnosis can be difficult, particularly in the early stages. A diagnosis is usually made by excluding other causes, such as infection. Alzheimer’s disease generally progresses through three stages: mild, moderate and severe. People experience the three stages at different rates, and there can be an overlap in symptoms from one stage to another.

Some of the most common symptoms include: memory loss, difficulty in performing everyday tasks, changes in mood and behaviour, and alterations in personality. A person with Alzheimer’s disease may also become disoriented in familiar surroundings, have poor or decreased judgment, have problems with language, and find it difficult to solve problems.

Vascular dementia

Vascular dementia is a type of dementia caused by small or mini strokes that may be so small they go undetected, but eventually result in a deterioration of cognitive functioning. It is more common in men than women and less common in people after 75 years. It may also coexist with Alzheimer’s disease.

How to help

If you are worried that a family member may be experiencing the early symptoms of dementia, you should contact your general practitioner (GP). The GP may refer you on to a specialist, such as a geriatrician, neuropsychiatric psychiatrist in the psychology of old age services, who will conduct a full assessment to try to establish the cause of symptoms.

A diagnosis is important as treatments are available that may help some of the symptoms. Early diagnosis also allows the person and their family to make plans for their future needs, including legal matters such as making a will.

The seminars explain exactly what dementia is, the kind of behaviours to expect, and provide practical tips on how to cope with living with someone with dementia. They help families to improve the quality of life of the person with dementia as well as those carers and families.

Dr Siobhán Ní Bhriain

Dr Siobhán Ní Bhriain is a consultant psychiatrist who presents the seminars and who currently working at St. Vincent’s University Hospital in Tallaght. She says there are quite a lot of things that can be done for people with dementia. Whether it’s in the early or later stages, getting help is very important, according to Dr. Ní Bhriain.

“We’re trying to improve quality of life and the quality of the years that people with dementia will have,” she explains.

South Lee programme

A training programme for family carers of people with dementia is being organised by a senior clinical psychologist in South Lee Mental Health Services for Older People, Cork, with input from a number of HSE professionals, the Alzheimer Society of Ireland and University College Cork. The funding for the course is provided by HSE South Services for Carers.

The course was held twice this year, with places available for up to 20 carers. It consists of a two-and-a-half hour session held on a weekly basis for six weeks.

Comments by carers who were asked what was useful about the course include: “Meeting people who are in the same boat and learning from them, as well as from the professionals,” “learning about what happens to the person with dementia,” “help and advice on coping with my caring responsibilities,” and “knowing that I am not alone and that the HSE has our welfare in mind.”

The next course will run in spring 2009, and is open to family carers of older people with a diagnosis of dementia. It will be held in Wilton, Cork.

Enquiries should be made to the Development Manager Services for Carers at St.Vincent’s University Hospital, 1400 41 231, 311, email helpline@alzheimer.ie or visit www.alzheimer.ie.
A €112m investment by the Government means that huge improvements are being made in residential care

While emphasis on care for older people has shifted towards the person’s home over the past few years, for some people, residential care is the right option. Residential care in Ireland is provided in a range of public and private facilities throughout the country. There are approximately 1,630 registered, private nursing homes, which provide a total of almost 20,000 residential care beds.

In addition to private nursing homes, there are 412 public facilities providing over 10,050 beds. A public facility is one that is provided by and staffed by the HSE, or that is owned or managed by voluntary providers, with substantial financial support being provided by the HSE, explains Michael Fitzgerald, specialist, Services for Older People, HSE.

The HSE is also engaged in a multimillion euro replacement refurbishment programme away from residential care. For example, at St John’s Hospital in Ennis, the refurbishment of a 156-bedded unit has significantly improved the physical infrastructure, structure and dementia care. The HSE is examining the option of piloting a household model in care, called the ‘Teaghlach’ model, in future developments, the essence of which is that residents will be provided with care in a home-like atmosphere. The vision is to create a model of residential care that supports our right to home.

“The vision is to create a model of residential care that supports our right to home”

The vision is to create a model of residential care that supports our right to home. Cherry Orchard Hospital, Dublin

Taking up residence

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Active care

Social centres provide older people with outlets for meeting friends and neighbours, enjoying activities, including tea dances

MARTY Doyle (pictured above) has been attending the Scartaglen Social Action Group in Co Kerry for the past 10 years. At 77, she loves the service, in particular the exercise classes. “People can do as much or as little as they like and we always have fun跳舞. It’s a great fun,” says Mary.

With 22 people in the group, ages vary from 70 to 90 years young. The group meets every Thursday from 10am until 1pm, and buses provide a collection and drop-off service, but Mary, who drives, makes her own way there.

“Lunch is provided, and according to Mary, there are great cooks and great leaders involved in the group.”

Members of the Scartaglen Social Action Group certainly have a busy social life. They are going to see Daniel O’Donnell in concert soon, and attend tea dances every month. The tea dances are one of the most enjoyable aspects of the group, Mary feels. “The tea dances are mighty; we all really enjoy ourselves, and have tea, bread and the musicians are great. The various social groups from around Kerry join us for the dances, and there are a couple of hundred of us in a few halls. It is great to get dressed up, to get that bit of style on and have the fun.

In addition, Mary is a committee member with Scartaglen Social Action Group, and is actively involved in the meetings and organising the committee’s books. She says the group makes a big difference to her life. “We’d miss it terrible if we didn’t have it. Long may it last.”

SENOR HELP LINE CELEBRATES ITS 10TH ANNIVERSARY

SENIOR Help Line celebrated its 10th anniversary with a national conference last month. The conference was followed by the official opening of a new centre in Galway by President Mary McAleese. The Help Line is also due to set up an office in New York, which will provide a confidential listening service for older Irish migrants there.

“Even if you are very lost, there are people there to make sure you can have a human connection to help you with your problem. The help line is a place to tell the deepest things in your heart, or just talk about anything at all,” said President McAleese at the Galway centre launch.

Senior Help Line is a confidential listening service for older people, for the price of a local call from anywhere in Ireland. Established in 1998, the service has taken over 30,000 calls since its inception. In 2006, 200 trained older volunteers work from 13 centres countrywide, and the helpline is open from 10am to 2pm and 7pm to 11pm every day. Senior Help Line receives its core funding from the HSE.

Volunteers are trained to listen empathetically and to help callers identify and explore what options they may have. Many people call every day and their conversations with the Senior Help Line volunteers may be the only human contact they have had that day. It is an important service for many older people.

Call the Senior Help Line on 1850 440 444.

THE CARING ROLE

HME-based carers provide an essential service, both to the people they care for and also to society at large. The care that family and other carers provide involves looking after the needs of people with a wide range of dependencies and physical conditions, including old, people with disabilities, people with mental health problems, the terminally ill and others. In many cases, the care provided is full time.

In the case of older people, many studies have shown that the vast majority wish to remain living in their own homes and communities as far as possible. In many instances, this is achieved only through the marvellous work, efforts and dedication of their carers. Obviously, the stresses and anxieties of being cared for can be significant due to their illness or disability. However, because of the care provided in the home by a carer, these and other stresses are minimised.

On a societal level, carers provide a very valuable and often unseen service. According to the 2006 census, there were over 161,000 carers in Ireland. Obviously, if these carers weren’t providing the level of service, many more people would be in residential care or relying on additional health and social services.

Through the development of community-based services such as home care packages, home help, day care services, respite care etc, the HSE has, in the past number of years, increased the supports available to the people the carers look after. In doing so these supports have also benefited carers and allowed many of them to increase their participation in other activities or to return to work.

In general, other statutory developments such as improvements in the provision of the Carers’ Allowance, have also proved invaluable in supporting carers.

A number of care representative organisations are also in existence, with many of their activities supported by the HSE. The HSE works closely with these organisations in supporting older people in their own communities. A National Carers Strategy is being developed as part of the Towards 2016: social partnership agreement. It is anticipated that any new legislation will bring about a greater capacity in the social care sector to support older people.

For more information on services and supports available in your area, contact your Local Health Office or see www.hse.ie.

>> Kerry cares

The search for success at these centres is that they are community led and based on the principles of community development, empowerment, participation and inclusion,” says Ms McElligott.

Transport is essential to the success of the service. In Co Kerry, older people are lucky to have a network of private providers and an excellent community transport initiative that provides transport from home to the centre. The social centres were developed in the past 25 years, and a recent development in the social centre of older people occurred in 2005 when tea dances were organised. These developed because it was felt that many older people today is a long, lonely day, particularly in isolated rural areas. In Kerry, the tea dances are supported by the HSE South, local development groups, community transport and the Rural Social Scheme and local business sponsors.

Tea dances are hosted by each local committee in their own local community facility and attended by over 750 older people. Music is supplied by local musicians, who offer top-class entertainment.

The average age of those attending the social centres and tea dances is 75 years, but many attendees are in their mid or late 90s. As well as improved connections for the older person and the attendant health benefits, the other benefits include more socially engaged people, better sleep, improved memory performance, improved health, staying connected mentally and providing a stronger sense of control, says Ms McElligott.

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Close monitoring of a person’s lung condition is provided for the first two weeks following discharge. Education on how to manage their condition is also provided.

When a person experiences shortness of breath, this can impact on their day-to-day lives, and can often lead to people becoming isolated in their own homes. To break this cycle and improve quality of life, we encourage people to attend a pulmonary rehabilitation programme, which has been shown to improve the ability to be active and reduce hospital admissions,” says Ms Lordan.

Pulmonary rehabilitation has been available in the physiotherapy department at the Midland Regional Hospital, Mullingar since 2005. Through the outreach service, programmes have also been provided in Longford at St Joseph’s Hospital and in Athlone at the Blyre Centre.

“The clinic allows for a client to have a full range of treatment — from admission to discharge — in one area. One of the key principles underlying this initiative is the delivery of the service by specially trained nurses. Patients may be directly referred to the wound clinic by any member of the multi-disciplinary primary-care teams working in the community, including GPs and nurses from all care groups in the community. Referrals are also accepted from the acute hospitals.

The establishment of the clinic has led to improved assessment and treatment of clients, who can expect reduced waiting periods for diagnosis and treatment of leg ulcers as a result.

Patients can expect a high level of service, which includes a comprehensive, holistic assessment of the wound, the development and implementation of a plan of care and the evaluation of their treatment.

A comprehensive wound service is provided for all wound types, with a strong emphasis on patient empowerment,” says Linda McDermott-Scales, one of the nurses responsible for the vascular-wound clinic at Cherry Orchard.

It also places a strong emphasis on education, involvement and choice of treatment. The wound clinic acts as a direct link for clients between acute hospitals and community-based services.

Also, a healed leg-ulcer clinic is provided, promoting health awareness, skin and wound checks and compression hose compliance.”

Vaccination is vital
Older people are vulnerable to catching the flu, but vaccinations are available

Flu can be a serious illness, especially for older people, and older people are at greater risk than the general population of getting the flu.

Each year, flu affects 5–15% of the population in the winter months. Flu is a highly infectious viral illness of the respiratory tract that can be life-threatening. A person carrying the virus can spread the illness by coughing or sneezing. A person can spread the virus from one to two days before they develop symptoms, and for up to a week after symptoms develop.

Symptoms of the flu come on suddenly and include fever, muscle aches, headache and fatigue. You can also get chills and often feel a sore throat and dry cough.

The best way to protect yourself from flu is to get the flu vaccine. It will give you the flu. The vaccine reduces infection and associated illness. It can also reduce the need for hospitalisation and, in some cases, can prevent death.

Flu viruses change each winter as a new vaccine is needed each year. It is important to get vaccinated this year and to make sure you are protected against this winter’s flu. Flu vaccina- tion is available from your family doctor (GP). Get the vaccine, not the flu.

More information is available from www.immunisation.ie or www.hpsc.ie.
Teamwork has been a huge component of Bringing it all back home and created a practical alternative model of accessing specialist medical care for frail older residents in long-term care in the Midlands. Nurses in the Midlands have been trained in replacing gastrostomy tubes for older people in residential care settings. Each individual patient was provided with specialist input into their care at the best and most appropriate location for them – where enhanced community nursing services can make a difference. Examples of CIT referrals are clients with chronic obstructive pulmonary disease exacerbations, limb injuries, mild dehydration, acute confusion due to infection and various other conditions.

As the CIT service has evolved, the nurses have developed and enhanced their nursing skills, which have traditionally been unavailable in the community. We can now provide phlebotomy and subcutaneous fluid injections at home to patients meeting certain criteria under the direction of the patient's GP. This ensures we can give good end-of-life care, particularly to older people who wish to die at home, says Ma Byrne.

In Limerick, a need was established for home-based catheterisation service, and in partnership with the urologists in the Mid-Western Regional Hospital, this service is being delivered very successfully, according to Geraldine Keary of the Limerick Community Intervention Team.

Currently, the CIT nurses are undergoing training to enable them to deliver intravenous treatments at home, in partnership with the Mid-Western Regional Hospital Staff, she says. CITs around the country operate seven days a week, from 8am to 10pm. The Limerick team operates from 8am until midnight.

Referrals can be made by GPs or acute hospitalists, particularly A&E departments, to relevant local CITs. To date, CITs have been established in Limerick, Dublin North, Cork and Dublin West.

The CIT focuses on delivering a rapid response nursing and/or home help services to older people in their own homes. Hospital avoidance and/or early discharge from accident and emergency (A&E) or the acute ward is the goal of the CIT, and the team works closely with the general practitioners (GPs) and the hospitals to deliver this, says Cathryn Ryan, nursing co-ordinator for Limerick Community Intervention Team.

The CIT is a nurse-led service, the role of which is to provide a rapid response from community services to patients so that unnecessary referrals to A&E or hospital admissions can be avoided. Instead, patients can be cared for at home, where most prefer to stay. The CIT also works to facilitate early discharge from hospital.

The aim of the CIT is to provide immediate support through a team of nurses and home help or home care assistants who have dedicated commitment to it. Patients who are medically assessed and deemed to be suitable for care in their own home are provided with nursing and home help services from the CIT until mainstream community services are in a position to take over. The aim is that this transfer of care should occur within 72 hours, says Mary Byrne, director of public health nursing, Dublin North Community Intervention Team.

Our goal is to prevent avoidable hospital admissions, where enhanced community nursing services can make a difference. We take referrals from the A&E department of the Midland Regional Hospital, as well as from GP and community nursing providers,” she adds.

To date, over 200 referrals have been received, and the CIT team has provided home help, phlebotomy, or subcutaneous fluid injections to over 200 clients, with great feedback from older people. While many are referrals for clients suffering from chronic conditions or an emergency requiring rapid assessment and intervention, the vast majority are to facilitate end-of-life care, particularly to older people who wish to die at home, says Ma Byrne.

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Falling can have serious consequences for older people, but prevention programmes can help to minimise the frequency and effects of falls.

**Information age**

**KNOWLEDGE** is power, they say, so a number of falls and injuries will increase.

The culture of the team is one of partnership between all of the stakeholders involved. By promoting the healthcare interests of older people and ensuring access to information about local health services and plans, older people have a greater knowledge of services available and how to access them,” says Dr Ahern.

The team is representative of management and staff from St Luke’s and community services, the Active Retirement Association, and Age Action Ireland.

Since the beginning of the year, the first ‘Falling for You’ information day was held, focusing on falls prevention and bone health. Over 600 members of the public attended.

"It was a great day, and feedback was hugely positive," says Dr Ahern.

Since then, two more information days have been held, in May focusing on bladder awareness, and the second in September to coincide with Positive Ageing Week. University College Dublin has been awarded the contract for a state-of-the-art podiatry clinic, staffed by qualified podiatrists.

"The programme will be of benefit to all areas of the HSE, with the first students qualifying in 2012," says Ms Walsh.

As part of the joint partnership approach, the HSE West is providing a state-of-the-art podiatry clinic, staffed by HSE personnel, on the grounds of Meath Park University Hospital, Galway, where students will receive their clinical training.

The occupational therapist provided education and training for the staff.

Some 16 clients aged between 75 and 80 years of age were entered onto the falls prevention programme – ‘podiatry’ and balance classes. It consisted of 16 weeks of supervised exercise based on the ‘later-life training falls prevention programme’.

The Faculty will also provide out-patient podiatry services, and will enable the delivery of between 23,000 and 25,000 treatments each year. A multidisciplinary specialist foot clinic will be developed to manage foot disorders.
A mighty man

The story of Pat O’ Sullivan is an inspiring tale that highlights the enormous work and dedication of health care employees countrywide.

Within a short period, Mr O’ Sullivan, together with the care team, became determined to overcome the hurdle. Ms O’ Conner says the success of the entire process was dependent on melding hope and self-belief.

Mr O’ Sullivan worked with the nurse specialist on his self-esteem, but throughout the entire process, his focus was placed firmly on his daughter and two grandchildren.

He says: “I was focusing on getting better; when I came in I was hope, but you must have something to focus on and you must set your mind on something. I was my mother’s only grandchild and my daughter, Vicki. They’re my life.”

The hospital was close to Mr O’ Sullivan’s home, which ensured his daughter and grandchildren could visit regularly. His daughter was accustomed to contact via the telephone, which was central to his eventual discharge.

The team approach with the staff’s constant and persistent commitment to enabling Mr O’ Sullivan’s recovery goals was essential to his success. The Case Conference Team decided to reinstate him in accessing rehabilitation services.

Everyone began to see the progress fairly rapidly because Mr O’ Sullivan began to lose weight very fast. Ms O’ Conner credits his recovery to both his intense motivation and the motivation of staff.

Mr O’ Sullivan was in St Ita’s for 12 months in total.

It’s showtime! Residents of Ballinglass Hospital

Before he could be discharged from the hospital, the occupational therapist met with the local authority. This resulted in the building of a new home specifically adapted to meet his needs, to ensure he had the proper facilities at home.

The result of his treatment has been dramatic. He has lost some 15 stone, which has stayed off. He can now transfer himself from his bedroom to the bathroom, to the transport chair, and he can now wash and dress himself. The researcher noted: “The rich examples of how residents’ quality of life have been improved do not end with the intervention of medical staff and their families. Many other residents have benefited from the intervention of various members of the care team.”

At the launch of the report, Professor Fiona Doherty, chair in dementia studies at Bristol University, said: “This report will be extremely useful for health-service professionals working in the area of dementia care, and for all those contemplating refurbishing or designing new specialist care units.”

The rich examples of how residents’ quality of life improved significantly following the move and how staff, specially trained in dementia care, were able to treat the best in the residents, is truly inspiring. The research was cosponsored by the voice of people with dementia who were residents of this unit and who experienced the change.

The new residential units at Clonakilty Community Hospital are just one aspect of the recent upgrades at the hospital. A new café opened on site last month. Ms McCann says: “This café is a welcome addition to the hospital. It will provide a space for patients, staff and visitors to meet and socialise and enjoy the fresh, pleasant surroundings.”

The cafe, which can accommodate up to 44 people, provides hot and cold meals, snacks and tea and coffee, either in the café or in the decked garden outside. Ms McCann says it is having a positive impact on patients and relatives.

A new special care dementia unit in Clonakilty is producing very positive results, with residents’ quality of life greatly improved.

A recent study by the HSE South and the Alzheimer Society of Ireland has revealed that patients with dementia benefit from living in a customized residential unit.

Between the folds

Innovative projects providing ‘Housing with Care’ units for patients needing residential care. Existing hospital wards were transformed into bedrooms, and living space now reflects a patient’s home rather than typical hospital accommodation. Images of shop fronts in Clonakilty were painted on corridor walls.

According to the hospital director administering, Carol McCann, there are over 35,000 people living with dementia in Ireland today, of whom a sizeable proportion are in residential care – 7,000 in fact. “More than anything, people with dementia in residential care need to feel safe, secure, occupated and connected to their former lives. In a frightening, sometimes bewildering world of uncertainty, they need to help rebuild an environment that is familiar to them, supportive, makes sense and resonates at home. Sadly, for the majority this is not a reality in the Irish context.”

The study, the first of its kind in Ireland, explored the effects of relocating from a traditional ward to the new specialist care unit in Clonakilty. The research captures some of the experiences the relocation has had on the residents, their relatives and health-care staff employed in the setting.

Elizabeth Myers, principal researcher, Mercy University Hospital, says: “Results provide rich and compelling evidence about the very positive effects the relocation has had. For the residents, the move in some cases meanttimeout skills were regained and sleeping patterns improved, with less need for night-time medication. Functional independence also increased. In one case, there was a noticeable reduction in agitated or aggressive behavior.”

“The good news is that health care staff now have more time to get to know their patients, their families and their life stories, and more time to take on recreational and individualized activities. For relatives it means that they can see their loved ones face-to-face, the number of weekly costs increased, visiting times became more purposeful and meaningful. Family caregivers lost less strain, so they know their relatives were calmer, less lonely, had more autonomy and were less inclined to want to take home.

Carol McCann, director of nursing, Mount Carmel Hospital (inset: one of the shop fronts)

‘Health care staff now have more time to get to know their residents and their life stories’

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The cafe, which can accommodate up to 46 people, provides hot and cold meals, snacks and tea and coffee, either in the café or in the decked garden outside. Ms McCann says it is having a positive impact on patients and relatives.

The story of Pat O’ Sullivan is one of the most inspiring many people are likely to hear in their lifetime. It illustrates a combination of courage, determination and multi-disciplinary effort that saved Mr O’ Sullivan but adds the odds to enjoy a life he never believed possible two years ago.

At the age of 63, Mr O’ Sullivan had endured a bilateral above-the-knee amputation, and had diabetes. His age 25 stone, he had developed heart failure, suffered from recurring chest infections, and had difficulty with mobility, as well as pressure sores. He had no life left to him for some time.

However, thanks to his determination and the dedication of the staff of St Ita’s Community Hospital in Newcastle West, Co Limerick, his life was to change dramatically.

Established in 1989, the rehabilitation unit at St Ita’s Hospital normally cares for people over the age of 65. Nobody could have known for definite if Mr O’ Sullivan’s treatment and rehabilitation programme would be a success, as it was made when given a chance. Thus commenced anew a real for a short period in rehabilitation with a view to planning a long term care needs.

Mr O’ Sullivan’s rehabilitation posed a significant challenge for staff, explains Imre O’ Conner, director of nursing at St Ita’s. “This medical condition posed a number of difficulties on his journey to rehabilitation.”

The Housing with Care project of its kind to incorporate SMART technology – an assistive technology programme, technology by a 2-hour TotalCare call centre.

These developments augur well for the care and support with independent living.

Between the folds

Fruits of the project, which involved a £1.5 millionmodel of accommodation and care, have shown that many people with dementia are able to live independently.

Residents at Clonakilty and Tinahely who had been confined to their homes can now live in self-contained units where they can be assisted by the most advanced, non-intrusive care.

Each individual receives a personalised care plan, devised and implemented by a multidisciplinary team.

FOLD’s philosophy of creating independence enables many people who are closely involved in dementia care.

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Carol McCann, director of nursing, Mount Carmel Hospital (inset: one of the shop fronts)
Understanding aphasia

A communication difficulty, aphasia is more common than many people think, and the HSE is trying to raise awareness.

About a third of people who have a stroke will have aphasia. So even though you might not hear of the word aphasia, you probably know of someone who has it,” says Dr Rozanne Barrow, speech and language therapist.

Everyone who has aphasia experiences it in a different way. For some people it might be difficult to find the right words when they are talking, for others they might find it hard to follow a conversation. Also, people with aphasia may find spelling, writing and numbers challenging. The type and severity of aphasia varies hugely. People with aphasia can think clearly but they experience difficulties in getting messages in and out. They know what they want to say but can’t get to the words.

People with aphasia is a subfield for speech and language therapy (SLT) regardless of the severity of their difficulties, notes Dr Barrow. The SLT will assess the individual’s communication abilities.

“If you, or someone close to you, has aphasia there are a number of things to keep in mind. Think about what works well - for example, a slow, calm, relaxed manner, a quiet environment, or writing down key words. The SLT may be able to give you some tips to the easiest ways to have a conversation,” says Dr Barrow.

“Many people with aphasia are very isolating as it can deprive an individual of opportunities for conversations and social interaction. Therefore, it’s everyone’s responsibility to adapt their communication in order to support the person with aphasia, so that the conversation is enjoyable for all concerned.

“Techniques such as introducing one idea at a time, recapping on what’s been said, and asking people with the aphasia that you have understood correctly, can be very effective,” says Ms Ruddle.

The more that the general public become aware of aphasia the easier it will become for the person with aphasia.

Increased awareness is essential. Useful websites are: http://aphasia.org.uk http://www.aslct.org

HEALTHY FOOD MADE EASY

SALMON FISHCAKES

Ingredients:
- Two medium tins of salmon
- Two large potatoes
- One egg
- A pinch of cayenne pepper
- Broad beans
- Spring onion, chopped

Small tin of sweetcorn

Method:
1. Drain the salmon and cut into pieces with a fork. Drain the sweetcorn.
2. Mix the salmon with the mashed potatoes, sweetcorn and spring onion.
3. Add the beaten egg. Stir in a pinch of cayenne pepper.
4. Shape the mixture into six to eight fish cakes. Dip into the breadcrumbs.
5. Place on a baking tray and bake in a moderate oven for 20-25 minutes.

BUILT in 2006, the Marlay Nursing Home in Ralsthan, Dublin 14, is offering the same level of care to older people that they would want from their own loved ones.

Ms Camden, director of operations at The Marlay, says it has been a welcome development to the local community in Rathfarnham and beyond. The private residential home (not just off the M50), offering easy access to all parts of the Dublin region, is aiming that it would, going forward, meet the new HIQA standard, and in every respect it meets those standards,” she adds.

These high standards include clinical nurse managers on duty 24/7 – a service that is of particular benefit to relatives, who can talk to a manager when they come to visit in the evening or at weekends.

Indeed, the entire staff at The Marlay is quite experienced, and all have many years’ experience caring for older people. And it is that experience and extra attention that detail that shines through.

While they may have the warmth and security of their home, older people also get the added advantage of professional care. Services include physiotherapy, occupational therapy, speech therapy, psychiatric care, and social care.

“The nutritional needs of a person with aphasia are different to the average person’s. The nutritional requirements can be different as the person may need more protein, as aphasia can affect swallowing and chewing. The nutritional needs also depend on the individual’s personal preference,” says Dr Barrow.

THE HSE and older people throughout the country are set to get technical, thanks to new innovative programmes. In a creative and unprecedented move, the Nintendo Wii, a home video game console, which is popular the world over, is now being used as a therapy tool with stroke patients.

The aim of the Stroke Rehabilitation Unit at Bagshot Street Community Hospital was to bring the technology with their patients, and has recommended it to many patients for them to enjoy at home.

The Nintendo Wii is proving very popular among patients of all ages, according to Ann Kavanagh, community staff nurse. "It’s particularly popular because it’s interactive and there is a competitive element involved. Tennis and bowling are the most popular games," she says.

The Nintendo Wii was funded by a small grant scheme from the HSE’s Health Promotion Department.

The Nintendo Wii was funded by a small grant scheme from the HSE’s Health Promotion Department.
How can we help? We hope you have found this magazine informative. The HSE would like your feedback about how it can improve its services for older people. We welcome your suggestions and comments.

Please contact your local health office or email your thoughts to servicesforolderpeople@hse.ie