




# Sharing best practice in the Midland Health Board and throughout the Health Promoting Hospitals Network: developing a healthier organisation thorugh culture and structure

MIDLAND HEALTH BOARD

# HEALTH PROMOTING HOSPITALS

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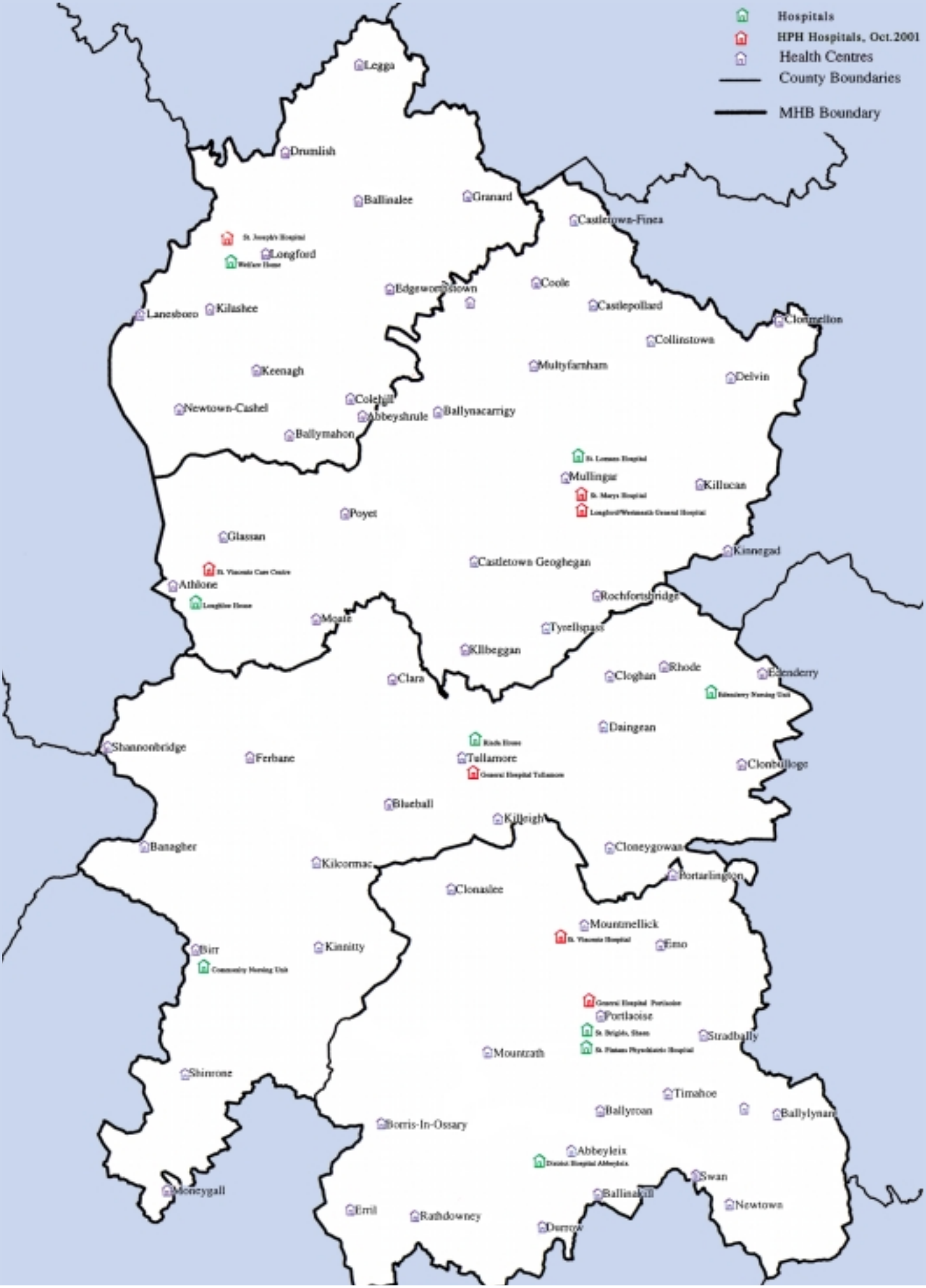
# SHARING BEST PRACTICE

## MIDLAND HEALTH BOARD

IRISH NATIONAL HPH NETWORK

October 2001

HEALTH PROMOTING


Hospitals
HPH Hospitals, Oct.2001
Health Centres
County Boundaries
MHB Boundary
Leggo
Drumlish
Ballinalee
Granard
Castletown-Finea
St. Joseph's Hospital
Longford
Welfare Home
Edgeworthstown
Coole
Lanesboro
Kilashee
Castlepollard
Cloonmellon
Collinstown
Keenagh
Multyfarnham
Delvin
Colehill
Newtown-Cashel
Abbeyshrule
Ballynacarrigy
Ballymahon
St. Loman's Hospital
Mullingar
Killucan
St. Mary's Hospital
Longford/Westmeath General Hospital
Poyet
Glassan
Kinnegad
Castletown Geoghegan
St. Vincents Care Centre
Athlone
Longford House
Rochfortsbridge
Moate
Tyrellspass
Kilbeggan
Clara
Cloghan
Rhode
Edenderry
Edenderry Nursing Unit
Daingean
Shannonbridge
Ferbane
Rinds River
Tullamore
General Hospital Tullamore
Clonbullogo
Bluehall
Killeigh
Banagher
Cloneygowan
Kilcormac
Portarlington
Clonaslee
Mountmellick
St. Vincents Hospital
Emo
Birr
Kinnitty
Community Nursing Unit
General Hospital Portlaoise
Portlaoise
St. Brigids, Shaen
Stradbally
St. Fintans Physiokinetic Hospital
Mountrath
Shinrone
Timahoe
Ballyroan
Ballylynan
Borris-In-Ossary
Abbeyleix
District Hospital Abbeyleix
Swan
Moneygall
Ballinakill
Newtown
Errill
Rathdowney
Durrow

# Sharing Best Practice in the Midland Health Board and throughout the Health Promoting Hospitals Network

*DEVELOPING A HEALTHIER ORGANISATION THROUGH CULTURE AND STRUCTURE*

Prepared by Health Promoting Hospitals, Midland Health Board

# Contents

# Foreword

The Midland Health Board is committed to providing a quality service and improving health outcomes, which are valued by the population we serve. The **Health Promoting Hospitals Project** is one of many initiatives contributing to these desired outcomes.

The mission statement for the National Health Promoting Hospitals Network is:

***"To support hospitals in the attainment of Health Gain for all"***

A key objective of health promoting hospitals is to facilitate co-operation and exchange of experiences between hospitals. This includes the identification of common areas of interest, through a health promotion culture that actively promotes and supports ***patient, staff and community***, health and well-being. The ethos of the Regional Health Promoting Hospitals Project centres around quality issues, human resource strategies and good communication practices. Consequently it dovetails with quality initiatives and clinical audit along with communication functions. This comes within the remit of the Midland Health Board's Corporate Fitness function and the Clinicians in Management Initiative.

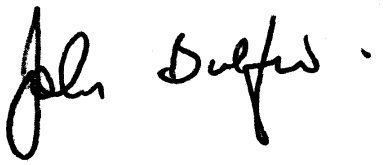
A key criterion for Health Promoting Hospitals is to document and evaluate all projects initiated which strive to be excellent examples of best practice to be shared. Projects may be selected for presentation at national and international conferences, thus leading to subsequent publication. This publication ***"Health Promoting Hospitals- Sharing Best Practice in the Midland Health Board"*** is testament to the many innovative and creative projects initiated through the Midland Health Board, Health Promoting Hospitals Project.

The Regional H.P.H. Steering Committee is extremely proud of the high standard achieved by Midland Health Board staff which is reflected in their contributions for the National Conference ***"Partnerships –Pathways to Population Health Gain"*** in Galway, on the 18th and 19th of October 2001. These contributions represent 35% of all accepted abstracts by the Scientific Committee for this National Conference.

I would like to thank and congratulate all contributors to this first publication of its kind in the Midland Health Board, the Clinical Audit Team for their input into project evaluation, the Project Manager, Regional Cardiovascular Strategy and the Health Promotion Service. Thanks is also due to the Regional Health Promoting Hospitals Co-ordinator and administration staff who facilitated and co-ordinated this publication.

Health Promoting Hospitals is alive and vibrant in the Midlands. We, the Steering Committee, look forward to its continual development and are always willing and open to new ideas and the development of new partnerships to enhance the process. To further facilitate the sharing of best practice, the Regional Health Promoting Hospitals Project, in consultation with regional stakeholders, will facilitate the uniformed documentation of projects with a view to setting up a regional database of projects. This datebase will mirror the Irish Society for Quality in Healthcare, Health Promoting Hospitals and Irish Clearing House for Health Outcomes database.

I would strongly urge staff with an interest in quality issues to communicate and share these activities for inclusion in future publications through the Regional Health Promoting Hospitals Project.



***John Bulfin***
***Chairperson***
***Regional Health Promoting Hospitals Steering Committee***

# Brollach

Tá ceangal ar an Bord Sláinte Lár Tíre seirbhís den scoth a chuir ar fáil agus torthaí sláinte a fheabhsú, rud a shásóidh an pobal a ndéanamid fónamh orthu. Bunaíodh an **Tionscnamh Ospidéil Chothú Sláinte** mar cheann de na tionscnaimh a cuireadh tús leo chun na torthaí oiriúnacha seo a aimsiú.

Is é an ráiteas misean don Líonra Náisiúnta Ospidéil Chothú Sláinte ná:

***"Ospidéil a neartú chun Biseach Sláinte a bhaint amach do gach duine".***

'Sé'n phríomh aidhm atá ag na n-ospidéil cothú sláinte ná éascaíocht agus comhoibriú a chothú idir na n-ospidéil, chomh maith le cabhrú leo cabhrú lena chéile, sna nithe a bhfuil an tsuim céanna acu iontu, tré chultúr sláinte a chothaíonn agus a chúdaíonn leas agus sláinte na n-othair, an foireann agus an pobal. Díríonn éiteas an Tionscnamh Ospidéil Chothú Sláinte Réigiúnach isteach ar cheisteanna cáilíochta, straitéis acmhainní daonna agus cleachtadh mhaith chumarsáide. Dá bhrí sin ritheann sé leis na Túsanna Chumais agus na h-Iniúchadh Cliniciúla chomh maith le feidhmeanna Chumarsáide a thagann faoi Fheidhmiú Inniúlacht Chorporáideach an Bord Sláinte Lár Tíre agus Tionscnamh Bainistíochta na gCliniceoirí.

Tá an Coiste Stiúrachán Réigiúnach de na n-Ospidéil Cothú Sláinte an-bhródúil as an t-árd-chaighdeán atá bainte amach ag foireann an Bhord Sláinte Lár Tíre agus is féidir é seo a fheiceáil go soiléar sna síntúisí a tugadh don Comhdháil Náisiúnta ***"Rannpháirtíocht- Cosáin chun Biseach Sláinte do Chách"*** a bhéas ar siúl i nGaillimh ar an 18ú agus 19ú Deire Fómhair.Den iomlán de na síntúisí ar glacadh leo tháinig 35% ón mBord Sláinte Lár Tíre.

Ba mhaith liom buíochas a ghlacadh agus comhgháirdeachas a ghuí ar chuile dhuine a ghlac páirt san foilseachán seo, an chéad ceann dá leithéid ariamh ag an Bord Sláinte Lár Tíre. Don fhoireann Iniúchadh Cliniciúil, an Bainisteoir Tionscnaimh, An Straitéis Réigiúnach Chairdiach agus an Seirbhís Cothú Sláinte táim buíoch as ucht an méid cabhair a thugadar dhom. Tá buíochas ag dul freisin do Cho-ordaitheoir na n-Ospidéil Cothú Sláinte Réigiúnach agus an foireann riarachán a rinne éascaíocht agus co-ordaitheacht ar an bhfoilseachán seo.

Tá Ospidéil Cothú Sláinte beo beathaíoch san cheantar Lár Tíre. Tá an Choiste Stiúrachán ag súil go mór go mbeidh forbairt ag teacht air i gcónaí. Táimid an-oscailte do smaointe nua agus d'fhorbairt páirtíochtaí eile chun feabhas a chuir ar an bpróiséas. Chun an méid seo a chur chun cinn beidh an Tionscnamh Ospidéil Cothú Sláinte Réigiúnach i gcomhair le grupaí réigiúnacha eile ag déanamh cinnte go mbeidh cáipéisí comhionannach ar thionscnaimh ar fáil, rud a dhéanfadh bunachar sonraí so-dhéanta don réigiún. Seasfaidh an bunachar sonraí seo leis Chumann na hÉireann um Cháilíochta i gCúram Sláinte, Ospidéil Cothú Sláinte agus an bunachar sonraí de Teach Imréitigh na hÉireann um Thorthaí Sláinte.

Ba mhaith liom a chur ina luí ar chuile bhall den fhoireann a bhfuil suim acu i nithe cumasacha dul i dteagmháil lena chéile agus na gníomhaíochtaí seo a roinnt ionas go mbeifear in ann foilseacháin a dhéanamh amach anseo tríd an Tionscnamh Ospidéil Chothú Sláinte.

## TITLE

# Integrated Care Pathways, for Psychiatry for Later Life - Development and Implementation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## RATIONALE

The multi-disciplinary approach to healthcare delivery may produce difficulties due to the use of different case notes for each discipline. Different notes for each area (inpatient/outpatient/day hospital) and, as the number of different assessments/interventions increases, raises the issue of monitoring if every patient is afforded the same level of quality of care and to keep track of which interventions have been carried out. These issues may be addressed by use of an Integrated Care Pathway (ICP) a multi-disciplinary outline of anticipated care, placed in appropriate timeframe, to help a patient move progressively through a clinical experience to positive outcomes. Variations from the pathway may occur as clinical freedom is exercised to meet the needs of the individual patient. Deviations from the pathway are monitored as variances are acted upon. An advantage of the ICP is that all information relating to a case is contained in one location.

## AIM

- To develop integrated care pathways for psychiatry for later life.

## METHODOLOGY

- The ICP devised for use by the Dept. of Psychiatry for Later Life included many quality and risk management outcome measures. Specific aims were (i) the initiation of a single set of multi-disciplinary case notes, (ii) reduction in waiting time for first assessment to no more than three calendar weeks and (iii) monitoring communication with general practitioners to ensure efficient transfer of information back to Primary Care.

## OUTCOMES

- The ICP was developed over a two-month period and commenced a three-month pilot period from March 26th 2001. Objectives (i) and (ii) were achieved.
- The care pathways were well completed and variances always documented.
- Achievement of specified standards varied. Many variances were out of the control of the service provider eg patient unavailable for an appointment, but several variances could have been avoided if service provision became more streamlined and more staff were made available. Further audit would be required to examine whether these variances are consistent.

It may be concluded that the introduction of the ICP has improved team efficiency by eliminating unnecessary duplication of information and also improved service delivery by reducing waiting time. It is anticipated that its introduction will also have improved communication with the area of primary care.

## TITLE

# Developing a Model of Care and Quality Standards in relation to Social Gain in Residential Care


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## BACKGROUND

This project emanated from the author's interest in patient focused care and a requirement to fulfil an educational project.

## AIMS

- To ensure that residents are the primary focus of efforts.
- To highlight the need for a systematic quantifiable approach to identify and improve the quality of life for the residents in care at St Mary's Care Centre.

## OBJECTIVES

- To develop a set of quality standards in relation to social gain.
- To develop and devise a model of care which will assist health care professionals to evaluate performance in residential care.
- To provide training for staff in accordance with identified quality standards/values.

## METHODOLOGY

- The research base of quality variables to address the divergent needs of residents was highlighted.
- With the use of a multi-disciplinary approach a model of care delivery for older person in residential care is being developed.
- This project involves the redesigning of care systems, job responsibilities, so that all roles are effective. It also involves reviewing and analysing workload patterns, skill components, and the specific tasks associated with each role.
- Programmes of excellence in education, research, patient care and health promotion are initiated and will be further developed.

## OUTCOMES

- A set of researched indicators for social gain have been adopted by St Mary's Care Centre such as dignity, privacy choice, rights, fulfilment, independence and engagement in social activities of interest.
- An innovative partnership has been created between St. Mary's Care Centre, Mullingar and Age & Opportunity will conduct action research into the monitoring and evaluation of the quality of life enjoyed by older people in residential care.
- A University Department will lead this research; Age & Opportunity will present findings and results in publications developed by them.

## TITLE

# The Introduction of the Care Plan Approach (CPA) to 400 Patients in the Tullamore Mental Health Services


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Funded by the Midland Health Board.
Data analysis by Midland Health Board, Clinical Audit Department.

## THE CPA

This is a multi-disciplinary needs assessment drawn up jointly by the involved care professionals, the patient, plus relatives / advocates. It consists of assessment, care planning, key working and review.

## AIMS AND OBJECTIVES OF PROJECT

- To acquire basic demographics, perform a needs assessment, formalise patients' input into their own plan of care, rationalise agencies (voluntary and statutory) involved, develop outcome measures and provide informed service planning.

## METHODOLOGY

- A Board-wide Project Group was set up to look at feasibility and format.
- An initial pilot project was performed on n= 70 patients.
- CPA and The Health of the Nation Outcome Scale (HONOS) was subsequently performed on n= 400 patients.
- Data was analysed.

## OUTCOMES

- This is a Sector with high morbidity and many unmet needs.
- The audit provided a baseline level of functioning and information regarding the services required by patients in the authors care area.
- A number of recommendations were made relating to service provision.
- For ease of future audit, future care plans will be computerised.

Aims and objectives were met. Costly in the short-term but should contribute to best-practice in the long-term. Repeat CPA (following the Audit Cycle) will measure the impact of this approach in 6 months time.

**TITLE**

# Quality Initiative – Care Planning for Older People and Standardising Protocols for Care Centres.

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**SCOPE**
This Quality Initiative Project applies to everyone directly or indirectly caring for older people. It also involves patients, their carers and family.

**AIM**
- To develop a new patient assessment and nursing care package for older people.
- To update and standardise care centre policies and clinical guidelines.
- To maintain and improve the quality of care, meeting or exceeding patient/family expectations.

**OBJECTIVES**
- To implement a formal care planning approach in caring for older people
- To identify the relevant stakeholders internally and externally.
- To research and review current policies / guidelines and update accordingly.

**METHODOLOGY**
- Formation of a project team, clarification of terms of reference.
- Communication with all disciplines involved.
- The project group liaised with regional and national stakeholders.
- Delegation of work in accordance with knowledge, specialised training and expertise.
- Research and purchase of literature as appropriate.
- Circulation of draft documents for discussion and feedback, with amendments as required.

**OUTCOMES**
- A new care package has been developed, which is both patient focused and user friendly.
- Care centre policy/guidelines development have been put on the agenda of all line managers.
- New partnerships have been developed within the board and sharing of information has been enhanced.
- A multi-disciplinary approach has helped improve the communication systems within the hospital through the involvement of staff at all levels.
- All staff members are aware of policy, guidelines and best practice.

The process of researching and drafting new policy, guideline documents and encouraging/motivating change in practice, is time consuming. The care package was assessed at ward level at each draft and amended on feedback provided. This project will be shared with other care centres to facilitate sharing of best practice.

## TITLE
# Developing a Community Rehabilitation Unit


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## RATIONALE
The emphasis for this project is on improving and achieving the greatest possible health and social gain for patients and carers. A pilot site was selected which was funded by the waiting list initiative. There are currently four units developed. Preventing hospital re-admission by providing a multi-disciplinary rehabilitation home programme and support also empowers clients and carers. The initiative also facilitates availability of in-patient beds for elective surgery.

## AIM
- To develop a community based service to rehabilitate and facilitate early discharge of selected elderly patients who have the potential to rehabilitate.

## OBJECTIVES
- To provide a multi-disciplinary team approach to support rehabilitation in the home setting for a period of 12 weeks.
- To educate and support carers in the patients condition and management with an emphasis on empowerment.
- To monitor the impact of the multi-disciplinary approach.
- To make available hospital beds for elective surgery.

## METHODOLOGY
- Consultation and negotiation took place between relevant stakeholders including General Practitioners in the catchment areas.
- The Team leader researched successful District Care Units. Meetings were arranged with the relevant stakeholders to outline the aims of the service and the selection criteria of patients and referral procedures.

## OUTCOMES
- Evidence based research shows that elderly patients rehabilitate in an environment familiar to them and therefore enjoy more fulfiled life in their own home[1].
- Qualitative feedback indicates that patient and carer well-being has improved.
- There is also improved communication between hospital and community.
- Reduced duplication of information has been noted and patients are now visited in a timely fashion on discharge from hospital.
- The Clinical Audit Department are currently carrying out a retrospective audit of this service and its impact on care givers and providers.

[1]*Foundation of Gerontological Nursing, Chapter 4 Easton.Kristen 1999 et al.*

## TITLE

# Developing a Home Based Phase II Cardiac Rehabilitation Programme


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## BACKGROUND

An audit carried out in 1999 on existing cardiac rehabilitation services identified the need for a client friendly phase II programme.

## AIM

- To provide an evidence-based phase II programme for post myocardial infarction clients on discharge.
- To provide a programme which compliments existing phases .

## OBJECTIVES

- To improve morbidity and mortality through lifestyle changes by improving clients risk factors
- To train a facilitator to deliver the programme
- To collect data on outcomes

## METHODOLOGY

- A project proposal was developed to 1) Seek approval
  2) Gain funding for the programme
- The service is based around the Heart Manual[1], which is a comprehensive six weeks home based structured programme, facilitated by a specially trained cardiac rehabilitation Co-Ordinator
- It is based on a cognitive behavioural model.
- The programme demands a multi-factorial approach involving exercise, education, relaxation etc,
- The selected clients are introduced to the Heart Manual in their own homes

## OUTCOMES

- A database has been developed and set up to collect, record and store
  - Clients details
  - Tests results
  - Assessment scores
  - Outcomes of treatments which will be used for audit purposes
- The participating clients are introduced to the Heart Manual in their own homes
- Contact is made by phone during the six weeks, after six weeks the clients are visited and assessed by the facilitator
- Clients are either referred to phase III or discharged to their GP
- Improvements in integrating European Society of Cardiology guidelines into cardiac rehabilitation

[1]*Heart Manual Fifth Impression 1997 (Revised 1999), Edinburgh Health Care NHS Trust 1994,1996*

## TITLE

# A Partnership for a Health Heart Exercise Maintenance Programme


## FIRST AUTHOR(S)

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## BACKGROUND

Phase III cardiac rehabilitation clients expressed difficulties in sustaining motivation and participation in physical activity when they had completed the programme. Survey carried out among past clients showed similar trends. A need for a client/volunteer led maintenance programme was identified by ex clients.

## AIM

- To establish a maintenance exercise programme for ex-cardiac rehabilitation clients, which is local, accessible and led by the clients themselves.
- To foster empowerment on clients by encouraging an active and participatory role in health-gain oriented activities
- To enhance the provision and quality of information,communication and skill training for the clients
- To develop this project via a project management approach

## OBJECTIVES

- To improve the quality of life of clients with heart disease by providing quality sensitive information,counselling and support
- To integrate achievable changes into peoples every day lives in a format which is acceptable to them
- To augment 1) Regional physical activity campaign
  2) National get a life, get active campaign
- To resource and facilitate a training programme for volunteer leaders
- To empower ex cardiac rehabilitation clients to take an active and participatory role in secondary prevention

## METHODOLOGY

- The healthy heart exercise maintenance project is a community led programme supported in partnership with Tullamore Cardiac Rehab Dept, Physical Activity project Health Promotion Dept, Midland Cardiac Support Group and Bridge House Hotel leisure club.
- It is being developed on a phased basis by a project team with the help and support of the participants
- Cardiac clients are invited to join the programme
- The ethos of this Healthy Heart Exercise Partnership project is geared to the individuals exercise ability,working from where the person is at,rather than a set programme which might be difficult to follow and give a sense of failure

## OUTCOMES

- The users choose which physical activity they would like to integrate into their lifestyle eg walking, cycling, swimming, gym or a combination.
- Clients are now self supporting and family and friends join in events organised
- 25 post phase III clients entered a special training programme to enable them to participate in a 50 mile cycle challenge and 10 K walk which was organised over a bank-holiday weekend
- All participants completed both the cycle and the walk.20 of these went on to complete Croi cycle in Galway
- A sustainable exercise programme has been developed.Participants now meet frequently to share experiences and exercise together.They also have access to advice and support on addressing other modifiable risk factors eg smoking cessation,etc
- The next phase of the project will be addressing obesity and hypercholesteraemia.

## TITLE

# Developing a Team Approach for Stroke Rehabilitation in an Acute Hospital setting


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## RATIONALE

Stroke is the third leading cause of death and the most common cause of acquired physical disability[1]. Research recommends that there is a need for a quality stroke service in the acute and rehabilitative setting with access to diagnostic technology and a defined path of care.

## AIM

- To create a multi-disciplinary team approach with a clearly defined continuum of care for the treatment and rehabilitation of acute stroke patients.
- The project also aims to provide a patient centred service with documented performance indicators.

## OBJECTIVES

- To set up a multi-disciplinary team to develop the project.
- To identify best practice elsewhere.
- To document current practice in relation to stroke patients for each relevant discipline.
- To develop an information leaflet about the service for clients/relatives.
- To identify resources required to develop the project.

## METHODOLOGY

- A literature review was conducted outlining the benefits of team approach to care. The relevant stakeholders formed a team and clarified the aims and objectives of the project. A need for a co-ordinator with dedicated time was identified. Current practice for each discipline in relation to stroke rehabilitation was documented. The duties and job description for the co-ordinator were clarified. The project proposal was submitted to the regional Health Promoting Hospitals Steering Committee for consideration.

## OUTCOMES

- Resources for a co-ordinator are allocated.
- The team approach compliments the existing Community Rehabilitation Project. An information leaflet about the service is developed for clients/relatives.
- Phase II will commence in October and the objectives of the project will be reviewed in consultation with clinical audit after six months implementation.

[1] *Horgan et al, 1996; Council on Stroke of the Irish Heart Foundation, 2000).*

## TITLE

# Planning, Developing and Implementing a Catering Action Plan for the Acute Hospitals Sector of the Midland Health Board


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## RATIONALE

Catering services are an integral part of every hospital. This service can present complex and varying challenges and therefore embarking on a wide- ranging strategy will ensure that the service meets the needs of it users and compliments the hospital image.

## AIM

- Develop and implement a food and nutrition policy
- Assure food safety using the principles of HACCP (Hazard Analysis Critical Control Points).
- Co-ordinate a continuous quality improvement programme which encompasses value for money.
- Develop a Human Resource Strategy reflecting the Midland Health Board's Human Resource Strategy.

## METHODOLOGY

- A project manager was appointed to plan and develop a catering action plan. A project team based on a partnership strategy was established. Two sub projects teams are in place - A Nutrition Team and A Food Safety Team. Both teams use the tools of project management. Activity lists were identified and work breakdown structures were developed. Gantt Charts, Linear Responsibility Charts and Milestone schedules assisted in structuring the project. Conditions and constraints were identified and concise communication strategy was essential. The Nutritional team includes Nursing, Dietetic, Catering, Administration and a patient representative. The Food Safety includes Environmental Health Officers, Maintenance Supervisor, Catering, Nursing and Administration Staff. A Human Resource Strategy is assisting in the change management process and is an essential element in motivating staff.

## OUTCOMES

- Outcomes include appropriate food for staff incorporating a food cost control system in place.
- A personal development plan for key stakeholders, training in food hygiene and nutrition for all relevant staff has been developed.

## TITLE

# Engaging Partnership for Benchmarking Nutritional Care of Patients and Staff in an Acute Hospital Setting


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## RATIONALE

Nutrition plays a major role in the overall strategy for health care in hospital. Well nourished patients are likely to recover more quickly. Part of this strategy includes the implementation of a "Healthy Eating Programme" for staff.

## AIM

- To provide nutritionally appropriate safe food and develop policies on core aspects of nutritional care.

## METHODOLOGY

- A multi-disciplinary project team was set up. This team includes representatives from Catering, Dietetics, Nursing and Administration including a patient representative. The Nutrition Team is involved in planning appropriate menus, reviewing meal times, food availability, patient feeding and nutritional screening. Programmes for staff education and training are being developed. The strategy will be implemented on a phased basis.

## OUTCOMES

- Outcomes include menu policy, standard recipe file, three-week menu cycle, provision of therapeutic diets, menu card and nutritional education modules. Staff are aware of the importance of hospital food as treatment.

A multi-disciplinary team approach is crucial if improvements in catering services are to be enhanced and the development of nutritional care policies are to be implemented. Staff training and education should be part of the strategy, which is in keeping with the Board's commitment to continual learning and participation in the planning and delivery of high quality services. The Midland Health Board will co-ordinate it's catering services by using common elements of this project to other acute hospital sites.

## TITLE

# Peer led education and nutritional knowledge levels in the post-primary school setting


## AUTHOR(S)

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## INSTITUTION

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## OBJECTIVES

- To assess nutritional knowledge levels of first year students in the post-primary school setting.
- To harness peer-led education, with a view to raising nutrition knowledge identified as being poor.
- To challenge schools to encourage nutrition and healthy eating promotion in the post-primary setting.

## METHODOLOGY

- Anonymous self-completion questionnaire and innovative transition year student centred project.

## OUTCOMES

- Nutrition knowledge of recommended portions for protein, carbohydrate, iron and calcium was poor. Lack of knowledge existed about iron sources and function; fibre sources, and difference between fat levels in foods.
- Transition year students created many varied innovative projects to promote nutrition messages including website creation; tuckshop interventions; video production and health days.

Lack of basic nutrition knowledge seemed to exist amongst first year post-primary school students. The implementation of awareness raising projects by transition year students created much interest and action with regard to healthy food in the school setting.

## TITLE

# Assessment of Current Breastfeeding Rates at the Maternity Unit - General Hospital, Portlaoise


## FIRST AUTHOR

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## CO-AUTHOR(S)

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## BACKGROUND

Data relating to the number of children born and their method of feeding was recorded using a specially devised recording sheet designed by the Clinical Audit Team in consultation with staff from the maternity unit. The ongoing co-operation of staff facilitated this audit.

## AIM

- To have accurate assessment / measurement of breastfeeding rates at initiation stage and on discharge

## OBJECTIVES

- To develop an audit tool for data collection at ward level
- To develop a system for analysis and provide regular feedback to staff.

## METHODOLOGY

- Audit tool was developed through consultation with staff and clinical audit team to prospectively collect data. The tool identifies exclusive breastfeeding rates and partial breastfeeding rates at birth and on each successive day until date of discharge. Qualitative Data is also recorded.
- This was analysed on a monthly basis using a Statistical analysis package SPSS by the Clinical Audit Department and feedback of results is given at regular intervals to staff.

## OUTCOMES

- A user-friendly questionnaire was developed.
- Results also revealed a steady rising trend in the numbers of breastfeeding mothers particularly in first time mothers.
- Staff are now more positive to audit as they are involved in the results and feedback.
- Feeding methods were recorded for 567 babies born during the first 6 months of 2001 at the General Hospital, Portlaoise. The mean percentage of mothers breastfeeding at birth was 35.6% (202/567), this fell to a mean of 29.4% (167/567) breast feeding on discharge for January to June 2001.

The data for Portlaoise Maternity Unit is well recorded and of very good quality which enables an accurate picture of feeding methods in the unit at birth and discharge to be obtained.

## TITLE

# Developing the Baby Friendly Hospital Initiative at Longford/Westmeath General Hospital


## FIRST AUTHOR

Early, Eileen, Staff Nurse, Maternity Unit.

## CO-AUTHOR(S)

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## AIM

- To implement three actions at Longford\Westmeath General Hospital which are consistent with the Baby Friendly Hospital Initiative and the Midland Health Board Breastfeeding Policy 2000-2005

## OBJECTIVES

- To train twelve maternity\paediatric staff in the 18 hour Breastfeeding Training Programme 2001.
- To remove all infant formula advertisements and promotional material
- To review the current statistical analysis of infant feeding

## METHODOLOGY

- A local implementation group was identified to liaise with the Regional Steering Breastfeeding Group and the Regional Health Promoting Hospitals Steering Committee.
- A review of all staff trained was undertaken.
- A staff member was released for training to deliver the 18 hour programme in conjunction with the existing training team.
- Commercial companies were communicated with by senior management in relation to their attendance at antenatal classes and distribution of promotional material. A staff member was also appointed to monitor and remove all formula advertisement and promotional material.

## OUTCOMES

- New Midland Health Board posters, pens, ‘post its’, cot cards and gestation wheels with breastfeeding promotions were designed and printed to replace commercial brands.
- Bounty packs are reviewed on an ongoing basis.
- A review of the data collection of breastfeeding rates was undertaken and a system for collection was designed.
- Staff are more aware of the breastfeeding policy.
- A local implementation group liaises with the Regional Breastfeeding Committee which enhances and secures resources for the agreed initiatives. Actions are now built into service plans. Communication between hospital, community and voluntary groups is enhanced.
- A suggestion box for staff and mothers is now in place to generate new ideas.

## TITLE

# Providing an Appropriate 18 Hour Breastfeeding Course for Staff


## FIRST AUTHOR(S)

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## RATIONALE

The Midland Health Board's Breastfeeding Policy identifies the need for training for health professionals in giving accurate and consistent information to pregnant women. The need for this training has also been highlighted in the National Breastfeeding Policy for Ireland.

## AIM

- To provide an appropriate 18hour breastfeeding training programme which is adequately resourced.

## OBJECTIVES

- To review the existing programme with relevant stakeholders and update accordingly.
- To identify staff to be trained.
- To identify a suitable revision programme for staff already trained.
- To identify the training needs of the trainers.
- To identify costs/ resources for the revised programme.
- To identify an evaluation process for the revised programme in consultation with the clinical audit team.

## METHODOLOGY

- Consultation took place with the relevant stakeholders. An action plan was drawn up and presented to the Regional Breastfeeding Steering Committee and the Regional HPH Steering Committee for consideration. Areas identified to be resourced included training the trainers, release cover for trainers and staff attending the courses, venue, travel and subsistence.
- Two Public Health Nurses and two midwives have developed a team approach to deliver this programme. A budget has been allocated and the annual target is to deliver two training programmes per year and provide revision programmes. An evaluation of the revised programme has taken place by the clinical audit team using the University of Lancashire Skills Acquisition Tool.

## OUTCOMES

- The initial results from the audit indicate that areas of the 18 hour breastfeeding course need to be reviewed and recommendations have been given to all stakeholders.
- In addition the effectiveness and validity of the audit tool used to evaluate the effectiveness of the course will be assessed and modified accordingly.
- An action plan will be put in place involving regional/national stakeholders to devise the most appropriate 18 hour course for staff.
- Following the implementation of the audit recommendations a further evaluation will be carried out to assess the effectiveness of these changes.

## TITLE

# Workplace Health Needs Assessment Survey at St. Vincent's Hospital Mountmellick, Co. Laois


## FIRST AUTHOR

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## CO-AUTHOR(S)

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## INSTITUTION

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## INTRODUCTION

This survey was developed in partnership with the Midland Heath Board Health Promoting Hospitals, The Department of Public Health, The Occupational Health Service and the Health Promotion Service. It was funded by the Midland Health Board Cardiovascular Strategy and the Regional Health Promoting Hospitals Project and the Health Promotion Service.

## AIM

- To develop a Workplace Health Needs Assessment in a hospital setting and develop sub - projects to address the issues raised.

## METHODOLOGY

- A project co-ordinator was appointed. A budget was agreed for printing, data inputting and external analysis of the survey. The questionnaire was adapted from a Stobhill Scottish Survey. It was piloted, developed, and conducted in consultation with staff. Ethics approval was sought and granted by the Midland Health Board Ethics Committee. An external analysis of the results was conducted at Trinity College, Dublin.

  ***The questionnaire invited staff to:***
  - Identify issues affecting their personal health in the workplace;
  - Suggest ways in which the organisation can help them;
  - Suggest ways in which the workplace/organisation can be improved;
  - Propose appropriate forms of action and priorities for action.
  - Describe their individual lifestyles (e.g. smoking, drinking and exercise)

## OUTCOMES

- Some recommendations relate to individual lifestyles, others pertain to the work environment. The sub-projects identified from the recommendations include:
  •Lifestyle Health Project, •Stress Management, •First Aid / CPR Project, •Communications Project,
  •Policies/Guidelines Project, •Workplace Environmental/Structural Project, •Bullying Project.
- The Lifestyle Health Project was the first project to the implemented. A health information day was organised. Personalised programmes for fitness and nutrition were developed in consultation with staff, based on need.
- The project has been shared with Laois County Council and a partnership for this project has been formed between the two organisations.

Staff have identified a number of strengths and weaknesses in relation to their health behaviour, lifestyle and work environment. An evaluation of the fitness and nutrition programme is currently in progress. The ongoing commitment at hospital and board level to implement the identified needs in a phased approach will be crucial. Sub-projects are prioritised and stakeholders within the hospital and the organisation are identified to develop the agreed projects. The partnership between Laois County Council and the Midland Health Board is a valuable alliance for sharing best practice.

## TITLE

# Promoting Increased Physical Activity Levels for Staff in a Hospital Setting


## AUTHOR(S)

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## INTRODUCTION

This project emanated as a sub-project from the Health Promoting Hospitals, Health Needs Assessment at St Vincent's Hospital Mountmellick.

## OBJECTIVE

- To target sedentary staff, or staff who were not in the maintenance stage of the Transtheoretical Health Behavioural Model, at St. Vincent's Hospital, Mountmellick,
- To increase their physical activity levels.

## METHODOLOGY

- One on one consultations, educational group interventions, and environmental support were the modalities used to promote the increase of the physical activity levels of the staff. Fitness assessments were conducted on 81 staff members who had volunteered, which was 50% of the total hospital staff. The assessment looked at the health related components of fitness, being cardiovascular endurance, body composition, muscular strength, and flexibility. The tests used involved the Rockport I Mile Walking Test, Peak Flow Meter, BMI, Hand Grip Dynamometer, and the Sit and Reach Test.

## OUTCOMES

- Each staff member received a personal report and an individual consultation which dealt with their report results, and looked at how they might be able to improve on these results and increase their activity levels. Individualised exercise programs were also administered. In the six weeks following the assessments, the hospital staff had access to professional physical activity advice if they needed to go over anything in their programs or wanted more information on exercise in general. Educational sessions were also conducted dealing with injury prevention during exercise, exercise for weight loss, motivations and barriers to exercise, and tips on how to have more energy in their day. After nine weeks, one on one consultations were conducted to evaluate their progress and also the progress of the Heart Health Program itself.

A holistic approach to increasing the staff physical activity levels is adapted by:

- The ongoing promotion of physical activity in the workplace
- Workplace Physical Activity Policy
- Creating a supportive environment for physical activity - the Health Promotion Service has now funded shower and changeroom facilities
- Further developing personal skills and empowerment through information and education on physical activity
- Strengthening the workplace physical activity action.

The results of the process evaluation yield important information, which will help with the design, implementation and delivery of further initiatives within the board.

## TITLE
# Evaluation of a Commercial Weight Loss Programme


## AUTHOR(S)
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## CO-AUTHOR
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## BACKGROUND
Levels of over weight and obesity are growing at an alarming rate. The most recent data indicates that 18% of the adult population is obese and 39% overweight.[1] This has very serious health implications. Experts are predicting an epidemic of adult-onset diabetes. Current Dietetic therapies to manage overweight are limited. A key factor here is that very few Dieticians are working in the area of weight management. Therefore commercial weight management groups deserve consideration. The Weight Watchers programme includes a food plan and a behaviour modification plan focused on cognitive restructuring. This study assessed the immediate effectiveness of Weight Watchers at work in St. Vincent's Hospital.

## AIM
- To assess the effectiveness of the Weight Watchers programme in a health-promoting environment.

## METHODOLOGY
- A number of weight management programmes were reviewed - staff selected Weight Watchers as their preferred programme.
- Staff with BMI > 25 were given the opportunity to enrol in a 9 week programme facilitated by Weight Watchers with the support of a Community Dietitian.
- The following measures were taken before and after the 9-week weight loss programme: -
  Weight, Body Mass Index, Waist Circumference, Hip Circumference
- All participants were asked to volunteer a personal target – these varied from weight and waist circumference to clothes size.
- All participants were asked to complete a 7-day food record before and after the programme.
- The Catering Department supported the campaign and provided the Weight Watchers "zero points" soup daily. The vending machine company was also contacted with a view to providing lower "point" snack foods, and all snacks in the machine were also "pointed" to facilitate lower fat and calorie purchases.
- Those who registered for the programme but did not attend were sent anonymous postal questionnaires to investigate why they did not attend.

## OUTCOMES
- Of the 34 people who registered for the programme, 22 attended.
- Final data for 18 (17 female, 1 male) of these was possible. Sickness and leave being reasons why four individuals could not be assessed.
- Mean weight of participants reduced significantly by 3.81kgs over 9 weeks. Wilcoxon $Z=-3.354$, $p<0.001$.
- One third of participants lost between 5-10% of their original body weight. This has significant health benefits.
- One third of non-attendees returned the postal questionnaire, with expense and busy schedule being the most common reasons cited.
- 75% of participants plan to continue attending Weight Watchers classes held in their locality.

Valuable lessons were learned for future projects. Class times at lunch were unsuitable. Most participants did not attend for the full class duration and often missed classes. Attendance at classes and successful weight loss are closely linked. On reflection participants agreed that evening sessions would be more appropriate.Barriers to participation must also be addressed. Future subsidisation must be investigated. However it is important that participants pay something towards the sessions. Men figured poorly. Alternative methods to promote weight management in men must be investigated. The programme will be revisited in 6 months time to assess the long-term success of the programme.

[1] North/South Ireland Food Consumption Survey, IUNA 2001.

## TITLE

# Developing the Minimum Standards for a Smoke Free Hospital - A Partnership Approach


## FIRST AUTHOR(S)

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## CO-AUTHOR(S)

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## AIM

- To implement the Midland Health Board Smoke Free Policy in line with "The Minimum Standard for a Smoke Free Hospital" by means of an incremental approach and identify the necessary resources within the Board and the hospital settings to implement change.

## OBJECTIVES

- To develop a project proposal for funding to the Regional Cardiovascular Strategy to create the necessary change in culture.
- To develop uniform briefing sessions for staff in the workplace on the rationale for a Smoke Free Hospital.
- To pilot designated smoking facilities in four hospital settings and review the effectiveness.
- To train staff in Smoking Cessation and Brief Intervention Training.
- To develop hospital and community links which will deliver a sustainable Cessation Programme.
- To develop protocols for Smoking Cessation Services.
- To develop a system for capturing smoking status of clients.

## METHODOLOGY

- A partnership has been developed between Health Promoting Hospitals and the Regional Tobacco Control, Health Promotion Service.
- Consultation and development of a uniform briefing session took place and piloted with relevant stakeholders.
- Community and hospital staff training programmes were developed and delivered.
- Designated facilities for smokers have been identified and put in place.

## OUTCOMES

- Funding through CVS has been identified and delivered to staff.
- A uniform briefing session for staff has been developed.
- Community facilitators to sustain Cessation Services have been recruited.
- An audit of the four pilot smoking facilities (Gazebos) was undertaken.
- New standardised signs were developed regionally and put in place.
- A multi-disciplinary team was identified to develop protocols around Smoking Cessation Services.
- A documentation process has been developed for capturing smoking status which aims to facilitate continuity of care.
- Cessation programmes are now in place for staff and patients.
- All initiatives have been developed using Thorax Recommendations and other researched based findings.

In order to deliver to the strategic objectives co-operation and planning is required at operational and organisational level between multi-disciplinary staff and clients. On-going monitoring and evaluation of each specific project plan is in progress.

## TITLE

# Establishing a Smoke Free Hospital - An Incremental Approach


## FIRST AUTHOR

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## AIM

- The aim of the project is to develop a policy which reflects the aim and objectives of the Midland Health Board Smoking Strategy and to improve health by achieving a smoke free, safe environment in the hospital setting with a designated smoking facility.
- To adopt an incremental approach as outlined by the National Health Promoting Hospitals, 'Minimum Standards for a Smoke Free Hospital'.

## OBJECTIVES

- To create awareness among staff, patients and visitors of the rationale for smoke free zones.
- To train staff in brief intervention and smoking cessation.
- To develop an effective pathway of communication for change.
- To provide adequate support systems for those who wish to quit.
- To develop linkage of services internally and within the board.

## METHODOLOGY

- A project team of multi-disciplinary personnel was established. An incremental approach is being adopted, and the project was divided into three major milestones; Staff, Patients, Visitors.
- Data collected and analysed in relation to smoking status of staff. Cessation programmes designed based on findings. Support and a designated area for staff are provided. Cessation clinics for patients were established as a pilot project linking in with a community referral pathway. Leaflets designed for staff induction pack and there is an information day once a month. Policy designed to monitor and review.

## OUTCOMES

- Staff are more aware of guidelines, legislation and the rights of the non -smoker, to breathe clean air. A Multi-disciplinary group liaises with other regional groups to identify, and compare problems. Resources are allocated through the regional cardiovascular funding for this project.

Quantitative data is being collated to monitor and review progress against the stated objectives. The key elements are; Commitment, Communication, Support, Education, Prevention, Monitoring and Review.

**TITLE**

# Developing a Smoke Free Hospital in a Long Stay Setting

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## AIM

- To provide a smoke free environment for clients/staff in a long stay setting.

## OBJECTIVES

- To promote health of patients, staff and visitors.
- To support those who wish to quit smoking.
- To set up a multi-disciplinary team to develop the project.

## METHODOLOGY

- A multi-disciplinary team is leading the process.
- The focus is on staff initially.
- Areas for improvement were identified and designated areas for smokers were put in place.
- The local committee is informed of the regional developments in relation to smoking policy by the Health Promoting Hospitals committee.

## OUTCOMES

- The hospital is now a smoke free environment from a visitor perspective. No smoking signs are now very visible. Briefing sessions for staff clarified the importance of smoke free zones which enhanced commitment. Through effective communication opposition has reduced significantly. Staff and patients now only smoke in designated areas. Visitors are prohibited from smoking. Compliance is an on-going problem.

## TITLE

# Developing Arts in Care in the Midland Health Board - A Regional Strategy


## FIRST AUTHOR(S)

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## CO-AUTHOR(S)

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## INSTITUTION

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## RATIONALE

The Midland Health Board is exploring means of improving the quality of life/social gain of older people in long stay settings. The Arts in Care Project is one such means. This project is a unique partnership between Age & Opportunity, the Midland Health Board and Laois County Council Arts Office. As participation in the arts has been shown to improve the quality of life and health of older people, it is fitting that it should be integrated into the health care setting.

## AIM

- To provide training which is designed to enable staff in residential care settings for older people to explore their own creativity through process art and drama;
- To create an environment where older people can express themselves;
- To facilitate the creative process among people in their care.

## METHODOLOGY

- Training consists of two modules of fifteen one-day workshops. Trainees can apply for certification under FETAC National Vocational Certificate Level II.
- To date 24 staff, from eight different settings in the Midlands have participated in ten one-day workshops facilitated by senior tutors. Current trainees will complete Module 1 and a repeat training course for new trainees is planned. Training under Module 2 will commence in October 2002.
- The terms 'process drama' and 'process art' are important because drama workshops do not necessarily conclude with a finished product but are unplanned experiences where people express themselves with their own words or movements. Art workshops provide older people with an opportunity to express themselves working with materials such as paper, paint etc. as part of an ongoing self- developmental process.

## OUTCOMES

- An evaluation process has commenced and is ongoing. Preliminary results indicate that trainees have benefited personally. Opportunities for applying the training has been facilitated by management. Art and Drama for clients is integrated into the participating settings.

**TITLE**

# Empowerment Through Leisure Time Activities

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## AIM

- To design implement and maintain appropriate leisure time activities to meet the physical, mental and social needs of clients in care.

## OBJECTIVES

- To provide a range of social activities in an appropriate setting which will initiate social interaction and encourage a feeling of well being among clients.
- To identify an appropriate venue for activities.
- To develop a team approach with a community link to provide these activities.

## METHODOLOGY

- Assessment of current activities was conducted and constraints to participation were identified. Consultation on planed programmes with input from patients, ward staff and relatives. Key resources were identified. Programmes already in place were identified and appropriate links to the community were developed i.e. Arts Centre, Library, Voluntary Organisations and Local Schools.
- An existing premises was renovated and furnished. A mobile unit for use at ward level to facilitate non-ambulant clients was put into place. Funding was sought– Links are created to a regional strategy for older people to identify resources to sustain this project.

## OUTCOMES

- Patients are assessed for functioning level from care plan. Programmes are offered to match the patient's interest, needs and ability. Aromatherapy, Massage, Reflexology, Snoezelan, Painting and Flower Arranging, Music, Exercise, Gardening and Drama are some of the many activities incorporated into daily living at St Mary's Care Centre Mullingar.
  Empowerment, self-expression personal responsibility and choice are key elements of this programme, which reflect the ethos of the Health Promoting Hospital project.
- Comply with patients care plan, personal choice and self-expression.
- Plan, structure and alternate activities, which are safe.
- Identify resources and promote socialisation in advance.
- Be aware of communication, special needs, mobility, interests, and motivations.
- Staff consultation and involvement and patient feedback are crucial.
- Take advantage of natural surrounding and resources.

A focus group facilitated by clinical audit will record the satisfaction levels of participants through comments from relatives, heads of department and clients themselves.

**TITLE**

# Getting in Touch with the Elderly using Massage to Enhance Quality of Life

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**AIM**

- To develop massage - an alternative therapy in longstay care

**OBJECTIVES**

- To identify a co-ordinator with dedicated time
- To help manage pain in chronic painful conditions.
- To promote self-esteem and improve body image.

**METHODOLOGY**

- Staff member given dedicated time to develop the project.
- Discussion with individuals in relation to needs assessmen prior to treatment.
- Evaluation and review following same. Treatment altered depending on response.

**OUTCOMES**

- The use of massage in communicating reassures clients who have difficulty in verbalising their emotions.
- Feedback from clients, relatives and staff indicates that the programme has been well received.
- Demand for treatment has increased.
- Referrals from multi-disciplinary team increased, which indicates that benefits are forthcoming from this treatment.

Massage is a way of spending quality time with clients without taxing their communication abilities. It also helps to restore human dignity. The familiarity of the client with his / her therapist is a factor for success.

**TITLE**

# Access and Involvement to Live Music Experience in an Elderly Setting - A Partnership Approach

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**CO-AUTHOR(S)**
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This project is co-funded by the Midland Health Board, the Department of Health and Children Lottery Fund and the Arts Council.

**AIM**

- To provide older people living in healthcare environments access and involvement in live music experiences which impacts favourably on the therapeutic environment.

**OBJECTIVES**

- To provide a suitable environment for music activities which meets the need of clients
- To provide training /development for professionals involved: musicians and staff
- To raise awareness of the positive impact music has towards health and social gain of residents.

**METHODOLOGY**

- This unique action based research project in the Midland Health Board was developed in partnership with Music Network at six locations within the board one of which is St Mary's Care Centre Mullingar.
- The project presented a programme of performance and participatory workshops at its centres led by two facilitators and two professional musicians. The musicians received special training in collaboration with the Guildhall School of Music in London. A music liaison person was appointed from staff. The music sessions took place weekly for six weeks. Clients / participants experimented with a variety of different "wind" instruments in a format which is inclusive to all clients.

**OUTCOMES**

- Workshop participants, musicians, staff and observers were all deeply moved by the performances. Qualitative research has been undertaken. Focus groups revealed comments such as "It raised our spirits and brought us together". "It relieves me of pain and relaxes me" Participants developed their talents through the medium of music.

The Midland Health Board together with Music Network will continue this project for the next three years. It is also hoped that this project will result in a model of best practice for use with music in elderly settings.

## TITLE

# A Joint Partnership Plan for a Community Childcare Creche


## FIRST AUTHOR

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## CO-AUTHOR(S)

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## INSTITUTION

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## RATIONALE

Area Development Management Limited (A.D.M.) is a company set up by the EU and the Irish Government to administer grant aid schemes for disadvantaged areas, through the Department of Equality Justice and Law Reform.
In 1998 A.D.M. under it Child's Care Programme developed a plan to stimulate employer interest and involvement in supporting childcare through the initiation of a limited number of strategic employer led childcare projects. The Midland Health Board applied to A.D.M. for funding to establish a crèche facility for St Vincent's Hospital Mountmellick and the wider community.
This is one of eight nation wide projects funded under the Department of Justice, Equality and Law Reform.

## AIM

- To develop a quality crèche facility which is affordable particularly for those experiencing poverty, discrimination and social exclusion.

## OBJECTIVES

- To develop a partnership between Mountmellick Development Association, Community Care Midland Health Board and Health Promoting Hospitals at St Vincent's Hospital Mountmellick.
- To appoint a pre- school resource worker to carry out a needs analysis.
- To develop a strategic plan for childcare, which fulfils the national criteria, set down by the Department of Justice, Equality and Law Reform and A.D.M.
- To identity the resources required to develop the project.

## METHODOLOGY

- Limited company formed representing all stakeholders.
- Research was conducted analysing existing data and local childcare needs.
- A SWOT analysis of childcare in Mountmellick was undertaken.
- An action plan was developed for 2001-2003 using all the relevant expertise of stakeholders.

## OUTCOMES

- An action plan has been submitted to A.D.M. for consideration for further funding.
- Planning permission granted by Laois County Council to build a crèche facility.
- Childcare Development Officer appointed.
- The valuable partnership created has potential to develop other projects between the community and the hospital.

## TITLE

# Devising a Bicycle Safety Programme for Children - A Bobby Bear Initiative


## AUTHOR(S)

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## INSTITUTION

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## AIM

- To devise a road safety programme for children which includes the rules of the road and a demonstration exercise around the practical use of bicycles on the road.

## OBJECTIVES

- To develop the project with relevant stakeholders
- To identify other programmes which have been developed
- To devise a set of rules around bicycles safety which are suitable for children
- To devise a demonstration exercise session.

## METHODOLOGY

- The project is developed in partnership with the Gardai and Laois County Council. Meetings were held with the Local School Sergeant, Traffic Sergeant and the Red Cross and the Portlaoise Ambulance Station. A project plan has been put in place and the programme was launched in September 2001.

## OUTCOMES

- A basic rules of the road for bicycles was developed which are suitable for children. The programme is piloted and tested. A bicycle check by a local bike expert is incorporated into this programme.
- All children taking part in this programme receive a Certificate of Attendance.

**TITLE**

# Environmental Health Promotion, Health & Safety - A Maintenance Project

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## RATIONALE

Work occupies much of the active populations time. Therefore it is clear that workers coming into contact with occupational risk factors is constant. It is therefore essential to ensure that there is constant evaluation of maintenance up-keep to ensure a safe environment for both staff and clients within the hospital setting. It is also important for clients that their environment is bright, comfortable, safe, and that it enhances their quality of life.

## AIM

- To provide an environment which is health enhancing for clients, staff and visitors from a maintenance point of view.

## OBJECTIVES

- To develop a consultation process for the project
- To identify priority areas for development which are needs based and include an element of health promotion
- To comply with the regulations that pertain to listed buildings.
- To identify a budget for development of projects

## METHODOLOGY

- A situation analysis regarding risk factors was carried out. A Health & Safety Committee was set up within the hospital to oversee compliance with legislation and hospital policies.
- A team approach to the maintenance project was adopted and line managers were invited to meetings to discuss areas for development.

## OUTCOMES

- Health & Safety education of workers and safe work practice sheets were developed.
- An awareness of health promotion principals was created among staff.
- Staff identified areas for improvement, which would make the environment more health enhancing.
- Control systems were developed to ensure a safe environment for clients, staff and visitors.

A control system is in place to ensure that all staff attend relevant lectures.
The development of a good information system has provided the necessary support when it comes to planning the activities and resources required to deal with problems. A maintenance audit system is in place. A maintenance plan of action is on target, with positive feedback from both staff and clients.

*The Regional Health Promoting Hospitals*
*always welcome new ideas and projects,*
*and for further information, comments or to register a new project,*
*please contact:*

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# MHB HEALTH PROMOTING HOSPITALS STEERING COMMITTEE - OCT. 2001

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Hogan, Ms. Mairead, Director of Nursing, Longford/Westmeath General Hospital.

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***Lane, Mr. Roy, Director of Nursing, General Hospital, Tullamore.

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** Member of the Committee until August 2001*
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