

Healthwise SVUH

Issue 62 Autumn 2010



HEALTH FAIR

LAUNCHING SEPTEMBER 29TH!
10 am– 2pm
1st floor ADCC, SVUH.

The Health fair will provide an opportunity for SVUH staff, patients and visitors to obtain information on a wide variety of health topics. Stands will be manned by healthcare professionals on the launch day, Wednesday September 29th, from 10am-2pm, providing health information and leaflets. A raffle will take place for all attendees for 2 nights B&B at a luxury hotel. Stands will be unmanned for the remainder of the fair until October 6th, with leaflets and displays available for viewing.

SVUH staff attending: Bike to Work, Breast Clinic, Cardiology, Catering, Dermatology, Diabetes, Dietetics, Health and Safety, Occupational Health, Patient Safety, Physiotherapy, Preventive Medicine and Health Promotion, Psychiatry, Respiratory Technicians, Active Retirement, Rheumatology, Sleep Apnoea, Social Work, Sports clubs/ Societies, St. Vincent's Foundation, Staff Benefits.

National organisations attending: Aware, Citizen's Information, DeafHear, Diabetes Federation of Ireland, Irish Cancer Society, Irish Heart Foundation, Irish Osteoporosis Society, Irish Water Safety, National Centre for the Protection of Older People, University College Dublin's Sports Department.



Ms. Christa Rustler, pictured with SVUH staff

Members of the European Network of Smoke Free Hospitals (ENSH) visit SVUH

On the 17th June, Ms. Christa Rustler, board member of ENSH visited SVUH from Germany. She was accompanied by Ms. Miriam Gunning, ENSH National Coordinator. This meeting explored how the experiences and research findings from SVUH could support future development of the ENSH process.

Hospital Challenge Day

Wednesday Sept 29th: *The Stairs challenge*

We all need a little more physical activity in our day, and what easier way to do it than to take the stairs. This year's Hospital Challenge Day, try the stair challenge. First, collect a stair card at the main hospital reception or SVUH intranet. Then walk each stairs beside Cardiology, St. Christopher's and St. John's wards up each floor to the fourth floor. Collect stickers located on each windowsill (12 in total) of the stairs and fill your card with the stickers. Just bring your filled card along to the Health Fair in the ADCC between 10am-2pm to continue your healthier day and to enter a raffle for a night in a luxury hotel.



Our homes are meant to be our castles: For some people it can be a prison.

by Kieran Buckley, Principal Social Worker

The spectre of domestic violence is very evident in our Ireland of today. News on television, radio and reports in the papers, have sometimes shocked us, as we hear of how events have spiralled out of control behind closed doors. Domestic violence is not new. It has always been there but was just not spoken about. Yet it seems to be on the increase and often with tragic consequences for families.

Recently we read and saw on television the unfolding story of a family tragedy in Howth with very sad consequences for the immediate and extended families and friends involved. We also heard of the terrible tragedy in County Kilkenny in December of 2008 where a young mother and her children lost their lives in a fire deliberately started by a male acquaintance after an altercation.

Statistics produced by Women's Aid in 2008 reported that 15,000 incidents of domestic violence were disclosed to their national helpline. The breakdown of these disclosures can be categorised into 9,101 incidents of emotional abuse, 3,355 incidents of physical abuse and 1,900 incidents of financial abuse. Incidents of sexual abuse were 802.

Violence is not always perpetrated by strangers. The person who does the bullying, threatening, or the hitting is often well known to the victim. It may not only be a family member but perhaps a friend or colleague. The victims are often compelled to secrecy and are often ashamed of what happens. This can be repeated over time and then often escalates with terrible consequences. The victims invariably have very low self-esteem. They consider themselves to be worthless and unfortunately sometimes believe that they deserve what they get.

In practically all cases the aggressor wants to control the person. They do not believe in trust, respect, partnership or compromise. They want to control everything concerning the victim, money, movement, even sometimes sex. Aggressors will use excuses to justify their behaviour for example "I am very good to her/him when I am sober". The victim may also tell the same story. However there is no justification for any of this behaviour. It is not acceptable. In our society, women, older people and children are the main victims of domestic violence. There are however a small percentage of men who are also victims. Indeed for men it is particularly difficult to admit being treated violently by a woman, particularly to another man.

A Crime is always a Crime

Even if it occurs in the home it is a crime. Therefore, recourse to the full weight of the law of the land to act on this unacceptable behaviour is there for all to access. The Domestic Violence Act 1981 enables victims to take out protection orders and barring orders to prevent contact with the aggressor and help stop the behaviour. However, victims are often scared to do anything about their difficult situation and this is understandable. They often have to leave the family home, sometimes leaving their children behind. Marital rape is also recognised by law since 1991 but there has been only one conviction in all that time.

In our hospital we have patients who come to us, usually through our Emergency Department who are victims of domestic violence. They may however choose not to disclose this information, even when we have strong suspicions that they have been bullied and sometimes beaten. Often the aggressor may be in the immediate vicinity and this makes it particularly difficult for people to speak out. It is a very vulnerable time for the victim because if the aggressor suspects that disclosure has taken place, they may take drastic action. This can have fatal consequences for the victim in every sense of the word. Also the children of the relationship may be at risk as there could be a threat of violence to them.

What can a Health Professional do?

Our task as health professionals is to firstly acknowledge that this problem exists. We ourselves can simply deny the problem or not want to deal with it. We can also be afraid of the consequences for various reasons. We need to be healthily suspicious when the story we are being told does not add up. We need to be supportive and sensitive in our approach to victims at all times. When discussing sensitive issues with patients we should always be guided by what the patient is comfortable in disclosing. If there is a risk to children then it is a different matter. If that is the case, we have to report to Medical Social Work.



Nurses and Care Assistants, are usually the professionals that are with patients when they are most vulnerable and they can be privy to disclosure. This can be very difficult for staff members. Remember there is support for you also through your Line Manager, the Medical Social Work Department or Occupational Health.

It is vital that, with the permission of the patient, recording of the facts is written down by the healthcare professional in either the medical or nursing notes. Patients will initially be relieved that the burden of secrecy has been lifted. However fear often follows disclosure. Patients need to be supported and can be encouraged to talk with our Social Workers who are trained to deal with these difficult issues.

Any staff member can refer or patients can be told that they can either approach us directly or phone the Social Work Dept. The contact list of Social Workers should be available on every ward.

Doctors and Nurses can help patients in this difficult situation, by noting bruising or injuries that are non-accidental in the medical notes. This is vital evidence for any future prosecution.

Finally victims need a safe place to go while they are making decisions about the best way forward for them. Refuges are safe havens for women and their children when they need to be away from home and their abusive partner. There are six of them in the Dublin area alone.

If patients are seen by a Social Worker while in hospital, options can be discussed with the victim. Supportive agencies such as Women's Aid who run a 12 hour Helpline can give ongoing support for the person in this difficult situation

The phone number is 1800 341 900. The service operates from 10.00 am to 10.00 pm. The National Women's Council of Ireland also has resources available at www.nwci.ie.

However despite all the negativity associated with the problem we are now much more open about the issue than in the past. As Fintan O'Toole alluded to in his article on the Women's Movement earlier this year in The Irish Times, both women and men have progressed greatly in a social justice sense in the past three decades.

Women are not treated as second class citizens anymore. They are respected and cherished. Children also are listened to more but as we know they still can be very vulnerable in our Ireland of today.

Date for your Diary: Wednesday, September 15th:

The Re Launch of St Vincent University Hospital's Policy-Care of Frail Older Patients

Venue: Lecture Theatre, ERC

Time: 10.00am-11.00am

All welcome to attend.

World No Tobacco Day May 31st 2010

Theme: Gender and tobacco marketing to women

World No Tobacco Day 2010 took place on May 31st.

This annual event drew particular attention to the harmful effects of tobacco marketing to women and girls.

On the day of the event, staff from the Department of Preventive Medicine and Health Promotion manned a stand at Centre Point and were available to advise hospital staff, patients and visitors on all matters relating to smoking. Carbon monoxide monitoring was offered and a wide variety of information and handouts were available.



RAIN, from Padraig O'Morain's Mindfulness Newsletter

RAIN is a simple but effective practice to help you use mindfulness to gain a little distance from excessive anger, craving, excessive fear and so on. Here's how it works:

R is for Recognise. Just recognise that you have the emotion, that you're very angry for instance.

A is for Allow. Allow the emotion to be present, accept it's there. No need to get into a fight with yourself over it.

I is for Investigate. Notice how the emotion manifests itself physically, emotionally and in your thoughts. So with anger, your jaw might be clenched, your thoughts might be 'This is so unfair' and your emotion might be anything from mild annoyance to outrage.

N is for Non-identify. Notice that there is more to you than these thoughts, feelings or physical experiences. You might say, for instance, 'This is not all of me'

This mindfulness exercise doesn't get rid of your experiences - it changes your relationship with them.

Try it. RAIN- Easy to remember in Ireland!

"All that glistens is not gold": SVUH received Gold Level Nomination Award in 2010

On the 13th July 2010, Dr. Tony Holohan, Chief Medical Officer, Department of Health and Children signed the Tobacco Free United (TFU) Charter. This showed his commitment to contribute actively to the reduction of tobacco consumption and to include tobacco control in the public agenda.



Dr. Tony Holohan, pictured with SVUH staff

At this event, SVUH was acknowledged for its work in implementing a comprehensive smoke free campus policy with a presentation by Dr. Holohan of the *European Network of Smoke Free Health Services Network (ENSH) Recognition Award*. Earlier this year, SVUH received an international *Gold Level "Nomination" Award* from the ENSH ó Global Network for Tobacco Free Healthcare services in recognition of the work on developing a smoke free hospital campus and the high quality implementation of the ENSH standards.

SVUH has a smoking shelter which is strictly for patients who have been given an exemption from the smoke free campus policy by their Consultant for a specific reason e.g. terminally ill or acutely traumatised. Only these patients are permitted to smoke in the shelter. No hospital world-wide can say that they have reached the "Gold Level" if they have such a facility in place. However, it is felt that ethically SVUH should have such a facility to deal with these exceptional circumstances should they arise. So while SVUH's achievement of implementing a smoke free campus policy has been recognised and awarded both nationally and internationally, all that glistens is not gold.

In 2006, prior to the introduction of the smoke free campus policy, an early majority of *over 5 out of 10 patients and staff were in favour of the policy*. In 2010, one year post-introduction, that figure has shifted considerably to *over 8 out of 10 patients and staff now supporting it*. Almost 80% of staff who smoke reported that complying with the policy was ok to not very difficult (78%). A majority of staff reported the visibility of people smoking on the campus has reduced and thought compliance with the policy was better amongst staff than patients. Whilst every effort is being made to inform patients, staff and visitors of the policy and reduce breaches of the policy, *visibility and compliance can only be improved with the support of all hospital staff*.

While a lot of staff supported the policy, paradoxically fewer saw themselves as having a personal role to play in its implementation. The policy* sets out clearly the *role of staff members in the implementation of the policy*:

Role of all staff

- * *Adhering to the policy.*
- * *Informing patients and visitors* of the smoke free policy.
- * Where practicable *politely asking a person who is breaching the policy to stop smoking or leave the hospital grounds.*

Additional roles of Medical and Nursing staff

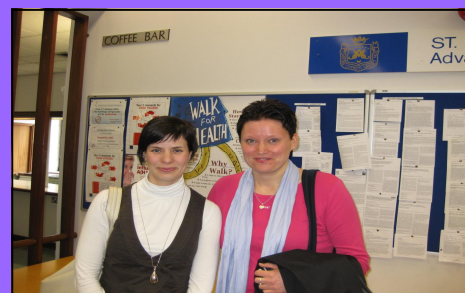
- * *Advising their patients to quit* smoking.
- * *Ensuring patients receive appropriate care* including nicotine replacement therapy to manage smoking while in hospital.
- * *Referring to the Smoking Advice Service* if the patient wants to quit smoking.

Smoking is a clinical issue. It is one of the leading causes of mortality and morbidity and will kill up to half of all users. However, *only half of all patients who smoke reported being advised to quit during this admission*. SVUH is a health promoting hospital which is committed to providing a healthy and supportive environment for patients to be cared in and staff to work in. As part of this commitment, SVUH offers smoking cessation programmes to patients, staff and to members of the community.

*If you would like to quit smoking or would like information on how to manage your smoking while at work, please contact the Smoking Advice Service on 221 4958. * SVUH Smoke Free Policy is available on the SVUH intranet.*

Finnish Health Promotion Officers visit Ireland

Nina Peranen and Tanja Onatsu, both working in health promotion in Finland, travelled to Ireland in April to visit a number of hospitals and community based health promotion organisations. They visited the Department of Preventive Medicine and Health Promotion in SVUH, sharing their experiences in health promotion with staff, in what was a successful visit to Ireland.



*REMINDER: 6 week stop smoking course: Sept 7th – Oct 19th

Venue: Education and Research Centre, SVUH.

Time: 6.45-8.15 pm. For more information, contact: Department of Preventive Medicine and Health Promotion.

Phone: (01) 221 4958 Bleep: 508 Email: smokingservice@svuh.ie.