

Bridging the Gap

Anne Copeland

Stroke by its very nature has a sudden onset and has variable levels of recovery. Most people with stroke live at home usually with a spouse or family member.

In order for people with stroke to live to their maximum level of function within their disability it is important they are offered co-ordinated rehabilitation services.

Stroke rehabilitation starts in hospital. At this point it's important that the therapy is both physical and psychological. Many people who use the service of the Volunteer Stroke Scheme feel there is a gaping need for better counselling services.

Regardless of the level of disability or the age of the person affected the primary aim of rehabilitation should be to improve the quality of life of the person with a stroke. This may not necessarily mean major improvements but could be something so simple as learning how to button a shirt or a blouse or learning to control posture.

Close attention must also be paid to the needs of carers usually spouses whose world has been shattered by the stroke. It is crucial that professionals take a human approach and that recovery is dealt with in terms of human dignity with a close eye on the morale of both the person with stroke and his/her carers. The Volunteer Stroke Scheme in its daily work deals with many people affected by stroke and their families. It is obvious to



us through this work that community services are not as supportive as one would expect.

There is still a great need for fully staffed multidisciplinary teams to work in community in each health board area. The response of the teams should be tailored to meet the needs of the users and their carers. They should be accessible and their intervention should be timely. The team should be well resourced. Inside this edition of VSS News we carry the response to a survey by the Volunteer Stroke Scheme on acute stroke services in Ireland.

It is obvious from the outcome that, like rehabilitation services, the response can be something of a lottery.

There is however one major factor which leaves us optimistic, that is the dedication of the individual health professionals working in the area of stroke. This year sees the publication of the report 'Towards excellence in stroke care in Ireland'. This is an interdisciplinary initiative from the Council on Stroke of The Irish Heart Foundation of which the VSS is a member.

It is under the direction of Dr. Des O'Neill

from Tallaght Hospital. The Neurological Alliance of Ireland have also published a report on 'Standards of care for people with Physically Disabling Neurological Conditions in the Hospital and Community'. Both reports deal with the best practice in all areas of care. The Volunteer Stroke Scheme would like to congratulate both groups and are grateful for the opportunity to participate in both reports.

What is needed at this point is a commitment from Government to respond to this work and to implement and resource these recommendations. We all have a duty to make the provision of stroke services a political issue. Could there be a more basic right than the right to live with dignity?

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Hospital Services For Patients with Acute Stroke in Ireland: The Volunteer Stroke Scheme Survey of Consultant Opinion

Dr. Morgan Crowe, Dr. Mark Delargy

Abstract

A national postal survey of hospital based consultants with responsibility for acute care of stroke admissions was performed in November, December 1998. Of 162 survey forms, 140 (86.4%) were returned representing consultants working in all 38 acute general hospitals (total 10,067 hospital beds) of whom 135 indicated that stroke patients were admitted under their care. Patients were admitted under 11 different sub speciality groups to various medical and surgical wards. Only 18.5% of consultants worked in hospitals where there was a physician/neurologist with specific responsibility for stroke, whilst only 19.5% were aware of a policy in their hospital for implementation of minimum standards of care for stroke patients or a recent audit of stroke care (9%). A substantial number of hospitals in certain health board areas have no access to a consultant led rehabilitation unit within their own health board area whilst 18/38

hospitals have no on-site CT brain scanning.

Despite the proven value of organised hospital stroke care, this survey documents major deficiencies in this country. We suggest that each health board would review its services to include in each hospital a consultant physician with special responsibility for co-ordination and development of appropriately staffed and funded stroke services.

Introduction

Stroke is a major cause of mortality and morbidity in Ireland.¹ Despite the proven value of coordinated stroke care in improving outcome,^{2,3,4} we have little information about services for patients admitted to hospital with stroke in this country. In the United Kingdom, a survey of consultant⁵ opinion identified a number of deficiencies leading to recommendations about improvements in stroke care.

The aim of this Volunteer Stroke Scheme (VSS) survey was to document the provision of hospital services for patients admitted with acute stroke with a view to formulating recommendations about improved stroke care in this country.

Methods

The names and hospital addresses of consultant physicians working in acute general Health Board and Voluntary Hospitals were obtained from the Medical Directory.

A questionnaire adapted from the Stroke Association survey of consultant opinion in the UK⁵ was sent to all consultants under whose care patients with acute stroke were likely to be admitted. This included consultant physicians in cardiology, endocrinology, gastroenterology, general medicine, geriatric medicine, infectious diseases, nephrology, neurology, respiratory medicine, oncology, haematology and rheumatology. Each consultant received a questionnaire, a personal letter from two of us on VSS headed note paper and a stamped addressed envelope. Non responders were followed through via postal and telephone communication.

For the purpose of the questionnaire, stroke was defined as a sudden onset of focal, and at times, global neurological deficit with symptoms lasting greater than twenty four hours, with a presumed vascular cause but excluding subarachnoid haemorrhage. Acute stroke was defined as onset of symptoms within the previous seven days.

Results

162 consultants were identified to whom the questionnaire was sent in November 1998. Over the three months 140 questionnaires (86%) were returned. Of these one consultant had retired whilst 4 indicated that stroke patients were not admitted under their care and were not required to complete the remainder of the forms. Of the remaining 135 questionnaires available for analysis, the main speciality stated by consultants were general medicine 39 (28.9%), gastroenterology 23 (17%), geriatric medicine 22 (16.3%), endocrinology 12 (8.9%), respiratory medicine 10 (7.4%), rheumatology 9 (6.7%), cardiology 8 (5.9%), nephrology 6 (4.5%), oncology 2 (1.5%), infectious diseases 2 (1.5%), neurology 2 (1.5%). Consultants worked in 38 hospitals (EHB 9, NEHB 5, WHB 5, SHB 6, NWHB 2, SEHB 4, NWHB 4, NHB 3) representing a total of 10,067 acute hospital beds.

127 (94%) consultants usually admitted their patients to general medical or occasionally general surgical wards; 4 to geriatric assessment units; 2 to neurological units; 1 to ICU; and 1 to a specialised area of a general medical ward.

25 (18.5%) consultants worked in

hospitals where there was a physician or neurologist with special responsibility for stroke. 31 (23%) consultants worked in hospitals where there was a multi-disciplinary team which had special responsibility for stroke. In 5 hospitals (St. Vincent's, Tallaght, Roscommon, Tralee, Waterford) there was a designated consultant physician with special responsibility for stroke patients mainly associated with a stroke team. In 2 other hospitals (Cork University Hospital, Beaumont) a similar service for patients less than 65 years of age was provided by the neurology department.

For older patients (Table 1), access existed to a consultant led rehabilitation unit in 8 out of 9 hospitals in the Eastern Health Board. In only 3 of those hospitals was the rehabilitation unit on the general hospital campus whilst in the remaining 5 cases, the rehabilitation unit was not located on the general hospital campus. Similar results are shown for each health board area (Table 1). It is noted that only a minority of hospitals in the SHB, SEHB, MHB and WHB have access to a consultant led rehabilitation unit whilst there is no such unit in the NEHB.

All hospitals in the EHB have access to the National Rehabilitation Hospital (NRH). However, only 15/55 (27%) of consultants in the EHB stated that they had access to a consultant led rehabilitation unit for younger patients perhaps reflecting

the limited number of beds and long waiting lists for admission to the NRH. In the other health board areas consultants in 0/5 hospitals in NEHB; 1/5 hospital in WHB, 2/6 hospitals in SHB, 1/2 in NWHB, 1/4 in SEHB, 0/4 in MWHB, 1/3 in MHB has access to a consultant led rehabilitation unit for younger patients within their own health board areas.

CT Scanning

97 (73%) consultants reported that they had on site CT scanning in their main hospital. 36 (27%) consultants worked in hospitals with no on site CT scanning. These included 18 hospitals (EHB 3, NEHB 3, WHB 2, SHB 3, SEHB 3, MWHB 3, MHB 1) representing 2,517 acute hospital beds (25% of national total). 65 (49.6%) consultants considered their access to be unrestricted whilst 66 (50.4%) felt that they had partial or very restricted access. 73 (55.6%) consultants obtained CT scan on the same day or next day following admission of the stroke patient. The majority of consultants had access to non invasive carotid imaging (duplex, carotid ultrasound). However, 7 (5.3%) consultants (NEHB 4, WHB 1, NWHB 1, SEHB 1) stated that they did not have access to this service.

Policy, Standards and Audit

Only 12 (9%) of consultants were aware of a formal audit of stroke care in their hospital within the past year whilst only 26 (19.5%) were aware of a policy for implementation of minimum standards of care for stroke patients. 10 (7.5%) consultants provided written information for patients or their carers about stroke. 130 (98%) consultants stated that they would want a CT scan if they had a stroke.

Discussion

The response rate of 86% to the questionnaire in this survey indicates that any bias due to non response is likely to be low. The majority of consultants stated that patients with acute stroke were admitted under their care. Furthermore replies were received from physicians working in

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Table 1 Access for stroke patients in Acute Hospitals in each Health Board area to Consultant led Rehabilitation Unit (CLRU) for patients >65 yrs and <65 yrs within their health board area.

No. of acute Hospitals	CLRU for pts. > 65 yrs		CLRU for pts. < 65 yrs	
	On Site/Off Site		On Site/Off Site	
EHB	9	3	5	1
NEHB	5	0	0	0
WHB	5	0	2	0
SHB	6	1	1	2
NWHB	2	0	1	0
SEHB	4	0	1	0
MWHB	4	0	3	0
MHB	3	0	1	0

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all 38 acute general hospitals in the 8 health board areas indicating the representative nature of the survey.

Our results indicate that patients with stroke are admitted under and looked after by a large and diverse group of hospital specialists. Most patients are admitted to general medical or surgical wards. The low audit rate for stroke, low implementation of a policy for minimum standards of care and the low provision of written information for patients and their carers suggests a lack of organised consultant led care. This is consistent with only 25 (18.5%) consultants stating that they worked in a hospital where it was possible to identify a physician or neurologist with special responsibility for stroke.

It is now generally accepted that organised care in a stroke unit or mixed assessment rehabilitation unit compared to non organised care on a general medical ward reduces death and need for subsequent institutional care for acute stroke patients.^{3,4,6} Regrettably, access to a consultant led rehabilitation unit (CLRU) for older patients is particularly deficient in certain hospitals in the MHB, SEHB, WHB, and non existent in the NEHB. Even in areas such as the EHB with identifiable consultant led rehabilitation units, these are mostly not on the general hospital campus and the bed numbers are relatively small compared to the needs of the population.⁷

For younger patients the situation is worse with only 27% of consultants in the Eastern Health Board hospitals stating that they had access to a consultant led rehabilitation unit for younger patients. Similarly consultants working in the majority of hospitals in other health board areas stated that they had no access to a CLRU within their own health board for younger patients. Whilst stroke is predominately a disease of the older age group, 20% of those in a recent Survey in South East Dublin/East Wicklow were less than 65 years. The deficit in rehabilitation for younger patients has been highlighted in the recent report of the advisory committee on rehabilitation.⁷

Whilst the majority of consultants and hospitals had access to prompt on site CT brain scanning, 36 (27%) consultants worked in 18 hospitals representing 2,517 acute hospital beds (25% of national total) without on site CT brain scanning. This often necessitates the transfer of a significant number of older and at times medically unstable patients to other hospitals for brain imaging. Furthermore 65 out of 131 consultants felt that their access was partially or very restricted. The importance of early CT brain scanning is becoming increasingly recognised as the place of Aspirin, Heparin, and Thrombolytic therapy is being slowly defined. Clearly the physicians recognise the potential benefits since the vast majority (98%) would want a CT brain scan themselves if they had a stroke. Furthermore 18 (17%) predominantly in hospitals without CT scanning felt that 24 hour access to CT scanning would most improve their hospital care with stroke patients.

The relatively small number of consultants (5.3%) without access to non invasive carotid imaging compared to 20% in

the UK⁵ may represent the increasing recognition of the importance of identifying patients with severe symptomatic carotid artery disease who may benefit from carotid endarterectomy.

This survey describes for the first time patterns of care and services for patients admitted to hospital with acute stroke in this country. Our results suggest that despite the general consensus about the value of co-ordinated stroke care, there are still major deficiencies in hospital stroke services. We suggest that each health board should review its own services and where appropriate, reorganise hospital services to include a consultant with a special responsibility for co-ordinating and developing appropriately staffed and funded stroke services for patients of all age groups within each hospital. Such stroke services would include easy and prompt access to investigations including CT brain scanning and non invasive carotid artery imaging with coordinated stroke care in a consultant led stroke unit, assessment rehabilitation unit or by a multidisciplinary stroke team. Furthermore, such a service should involve regular audit and include implementation of a policy of minimum standards of care for stroke patients, which, based on evidence to date^{3,4,6} may be the most effective way of improving stroke outcome.

Acknowledgments

We thank all the consultants who found time to complete this survey and are grateful to Ms. Clare Loftus, Ms. Lorraine Murray and Ms. Pauline Treacy for secretarial assistance. The survey was sponsored by the Volunteer Stroke Scheme.

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Clubs Build Confidence- North Dublin in 1999

Erica O'Mara, North Dublin Supervisor.

Confidence is a strong and powerful word in our Monday and Wednesday Clubs in North Dublin. If I had the time and space I'm sure I could count 2000 ways by which the Clubs encourage confidence in our members.

I could talk to anyone there about my stroke

Not long ago I brought a new lady to Club. On our way home she remarked "This was only my first morning at Club but already I feel that I could talk to anyone there about my stroke or listen to anyone talk to me about theirs". She was very quick to sum up the situation, because of course that is the most important part of each Club - the support and friendship that is so evident and so important for rebuilding confidence. Here in Club it is not so much the stroke that matters but the efforts made to overcome it.

Confidence is shattered by a stroke but in Club there are many ways of improving - getting out of the car is made easier by the willing and good-humoured help offered by volunteers. Coming in either by wheelchair or tripod can gradually be improved upon and when a stroke person makes it into the Club room with no helping hand or get out of their wheelchair it is a triumph noticed and appreciated by everyone.

Our trips away also provide opportu-

nities to extend independence, sometimes simply by virtue of the fact of being away from the family for the first time since the stroke happened.

The chats over the cups of tea and coffee are not just idle conversations but contain many swapped stories and helpful hints. Of course when hints and tips come from another stroke person it's a different story and worth listening to. Such topics range from clothing to bathrooms and kitchens, ranging from such items as elastic shoelaces, non-slip grabrails and safe ways of making a cuppa. Also important is information on where and how to get such things.

With confidence goes the word and feeling of trust, both earned by our drivers who do a wonderful job every week, not just driving their passengers to Club but in being real friends in every sense of the word.

Club Volunteers are the same real friends, without the wheels, and all our Volunteers are so caring and cheerful and give of their time so generously.

In March 1999 the Committee of the VSS gave awards for to Volunteers for 5 years and even 10 years service to our Stroke Clubs.

It was a most enjoyable evening starting with a talk and demonstration of lifting techniques followed by a lovely meal. Then we had the presentations by Anne Copeland, certificates for 5 years service and beautiful crystal dishes for 10 years service. Counting those years and the years



given by previous Volunteers and those now with us for less than 5 years - it all counts up to a very impressive total of years of commitment. Thanks to all of you. The gifts of your time and caring are immeasurable and mean so much.

Vincent Marquess from our Monday Club sadly died in April 1999. He had been in hospital for a long time following a fall at home and was eventually transferred to a Nursing Home. Vincent came regularly to Club and always enjoyed it. He was a real gentleman and always appreciative of anything done for him.

Our team won amid great rejoicing

Thanks are due to his driver Michael who was his true friend indeed. From money left by Vincent, a shield trophy for an Annual Darts Competition was purchased and a Northside team played a Southside team. Our team won amid great rejoicing and I'm sure Vincent was beaming a happy smile seeing his friends on target.

Our Summer outing held in July, as always combined both Clubs and as in the last few years we went to Ardgillen Castle and then the Windmill Restaurant. It was a glorious day and the time spent in Ardgillen was mostly spent enjoying the sunshine in such beautiful surroundings with a vista across the grounds giving a glimpse of the Mourne Mountains.

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So on to the Restaurant where a warm welcome and a scrumptious meal awaited us. Music and dancing with some solo singers filled out the rest of the evening and was very enjoyable for participants and the audience. Definitely a great day.

Donegal was the destination for our trip in September 1999- it was a long journey but broken by several stops. The Abbey Hotel was in the centre of Donegal Town and therefore accessible to local shops. Our rooms were luxurious, the food was more than delicious and the evening entertainment was very lively.

What more could we want - well we had our coach and were blessed with a glorious day to go to Glencolumbkille which was truly memorable. The scenery everywhere was fantastic and our trip to the home of Bealeek china was both interesting and exquisite with regard to the china itself. They also had a lovely cafe with scrumptious cakes.

All too soon it was time to leave for home and I for one left part of my heart in Donegal - the birthplace of my grandfather.

Well in advance of Christmas a competition was held for the design and painting of Christmas cards. Three were chosen from each side of the city to be printed and sold on behalf of the VSS. They were quality cards and we all took pride in them. Sales were great and served to publicise the VSS as well as make some money.

Our Christmas Party involved both Clubs and some friends and family members who are always welcome. Our venue as usual was the Hollybrook Hotel in Clontarf - where we always find a good welcome and good food. Everyone arrived in great style and even better form and all 75 of us enjoyed our turkey and ham dinner with a luxurious dessert to follow. The Monday choir gave an outstanding performance ably directed by Tess Harrington, who in a finale took part in a Cookery Comedy with Bill Hilliard. Unfortunately Brian Hoey was sick and unable to be with us but we carried on regardless with

our own talent. A monster raffle took place leaving many people happy.

Pauline Downey celebrated a Zero birthday with a cake and candles presented to her by the Wednesday Club. A few other birthdays were also celebrated and as we broke up Happy Christmas wishes were exchanged all around with promises to be back in the Club after New Year and the Millennium.

St Valentine's Day fell on a Monday in this year of the Millennium and both Clubs met in the Sheaf of Wheat in Coolock Village. Some aspiring Romantic Poets entered our competition and the Head Barman and the Chef both sang for us. The only complaint was that the morning went too fast.

Sometimes Birthdays come around so fast that they seem to happen several times a year. We have two club birthdays a year and the Monday one in April 1999 was the thirteenth birthday, but there was nothing unlucky about this celebration. Of course Monday Club was the Pioneer Club (not of course, teetotal!) and set standard's that the other Clubs have followed. We celebrated the Birthday in the Club with some extra goodies and of course the presentation of the awards for extra achievement. This year's recipients were Sandra Hannon and Paddy Parkes.

***Superquinn, as always
have provided biscuits and
birthday cakes for both
Clubs and that for over
13 years.***

The Wednesday Club's ninth Birthday saw us back in the Sunnybank Hotel again and also once more with the company of the Southside Club from Taney in Dundrum. The huge cake was cut and shared after the candles were blown out. The annual awards were given to Brigid Darby and Miley Byrne to their surprise and delight and well earned too. When Miley got his home it was christened "Miley's Oscar".

Superquinn, as always have provided biscuits and birthday cakes for both Clubs and that for over 13 years - take a bow please, and a heartfelt thank you from all of us.

Appreciation has already been expressed for our Volunteers and Drivers, so it simply remains to say a sincere thank you to Sr Margaret and her helpers, and also to Anne Copeland, Chairperson and the Committee who work on everyone's behalf with such dedication.

We extend our sympathy to the families and friends of the following Club Members who sadly died during the year:

**Vincent Marquess
Brigid Flood
Lily Sheehy
Bob Dolan.**

In this year of the Millennium let us mark it by making just a little more effort to do everything a little better for a bit longer. To smile some more and to hug each other more often.

**YOU CAN MAKE THE A
MILLENNIUM MILESTONE AND
MAKE A START TODAY.**



*Mary Keogh & Friend, running for the
VSS '99.*



*R. Yvonne and her friend, Xmas Party
'99.*

Drumraney Stroke Club, Co. Westmeath

Lena Ward and Nora Lowry

Drumraney Stroke Club was started in 1992 and caters for the midlands area of Athlone, Moate and Ballymahon. Our club meets every month for two hours and we have music, a sing song, a raffle and a cup of tea.

The members love to meet each other and seem to have a lot to talk about and tell each other from the previous meeting. Every year we have a summer dinner and a party and a wonderful Christmas dinner. The highlight of 1999 was a visit to Áras an Uachtaráin along with the Mullingar Club. We were met by President Mary Mc Aleese who spoke to every one individually. It was the highlight of our year. Our sincere thanks to our County Chairperson, Jackie Murray and County Organiser, Mary Mahon for their help and



*Some of our patients at one of our parties.
From left to right: Nancy McManus, Johnny Carty, Joe Greene, Kitty Dwyer, Bridgie Nestor and Jimmy Walshe.*



From left to right: Nan Mc Dermot, Willie Reynolds, Julia Reynolds, Jimmy Heaven, and Tom Slevin.

guidance. Our Founder Mrs Annie Small is always at hand and visits the club every month. We value her presence and advice. We thank every one who helped during the years and look forward with hope to the future.

Pity, I Don't Want

Joe Daly

(Member of the VSS Northside Club)

The job was a builder's labourer since I was 17 years of age. Here I was at 37 renovating a house for a builder I had worked for the last three years. This was easy for me. The job consisted of a taking out wooden floor, going down 12" and removing the centre wall leave the floor 24 foot square, ready for concrete. All done, no problem, tomorrow we pour concrete. Concrete pour done, picked up wages and went for a few pints with my work mates - no problem, done this many times.

THE STROKE

The next day was Valentines Day. I got myself ready and went for a few pints - Valentines Day, who knows, this might be my big day. I remember up to 11 o'clock on 14th February - woke up next day in hospital. The next three days are hard to remember. After three days I tried to get out of the bed but couldn't. I was confined to a wheelchair- some Valentines day!

My day now: after getting out of the wheelchair, breakfast at 9 a.m.; 9.30 to bedroom to do lot of stretching exercises until 11; 11 to 2 o'clock Gym (exercise bike and treadmill) and then go home for lunch. From 3 o'clock till 5 o'clock more stretching in the garage and then I have my dinner and from 6 o'clock until 8 o'clock I practise occupational therapy writing and also more stretching for my hand.

It is hard but it has to be done and only for a good mother and family to put up with me on my bad days I would be lost. There is help out there 'Don't Feel Bitter Get Better'. As a man said to me 'You're Not Dead You Are Lucky'.

For Good Advice Contact :
THE VOLUNTEER STROKE SCHEME
TELEPHONE NO. 4559036



Around t



Summer outing July 1999: Lily and Paddy.



*Ballinteer - June 1999.
From left to right: Brendan Geary, John O'Callaghan and Ilse Geary.*



*Birthday party Wednesday Club, October 1999.
From left to right: Bridget, Anne Copeland and Miley.
Club Person of the Year Awards.*



*Awards for Volunteers May 1999.
From left to right back: Paul, Kitty, Tess, Anne and Erica.
From left to right front: Rose, Bridie, Nancy and Rosaleen.*



*The Winning Northside Darts Team June 1999.
From left to right: Bill, Paul, Joe, John and Michael Dowling
who presented the Vincent Marquess Trophy.*



Anne Barrett and Erica, Donegal 1999.

he Clubs



*Coming back from Donegal September 1999.
From left to right: Alex Tuohy, Charlie Dolan and George Long.*



From left to right: Eileen, Aine and Duncan.



In the Women's Mini-Marathon, June 1999.



*The Hostess-
Bridie Lyons- June 1999.*



*Ballinteer, June 1999.
From left to right: Tony, Jim, Jimmy, Irene, Emmet and Arthur.*



A Happy group in Donegal, 1999.

South Dublin Clubs

Eileen Murtagh, South Dublin Supervisor



The main request I receive from new VSS members is for a place where a person can meet with others who are in similar stages of recovery from stroke. Both of our Stroke Clubs south of the Liffey provide such a need. These Clubs enable those attending them to gain confidence through doing activities and going on outings and holidays together.

Volunteers keep the Clubs and Home Visits running each week by driving people to the Clubs, helping with club activities such as darts, card games, painting, devising questions for a quiz. There are many other ways in which they help such as sitting talking to a group who have severe speech difficulties and allowing them time to express themselves in whatever way they can. In March 1999 our volunteers availed of a training course. The course was held in the Tara Towers Hotel. We were shown good lifting practices and the correct way to help someone from a wheelchair on to a car seat and vice versa.

On 24 April stroke members, their carers and Stroke Club volunteers attended the Information Day on Stroke. The Day was organised by the Volunteer Stroke Scheme.

Bursting Out All Over-in June 1999

When the days got longer and warmer our Stroke Clubs took off on many outings, often in a convoy of cars. In June both clubs went on a lovely outing to the home of Bridie and Arthur Lyons at the foot of the Dublin mountains. Where did they get chairs for us all? After food and a drop of wine,

singing got under way until it was time to hit the road for home.

The presentation of medals at the finish made us all realise we were now athletes.

The women's marathon was also in June. Some of the lady members went along in their wheelchairs, having got themselves sponsored to do the 10 kilometres. It was a great day out. We were two hours walking.

The presentation of medals at the finish made us all realise we were now athletes.

On 21 June our dart players travelled for a darts match to Coolock Stroke Club. After an exciting game the honours went to our hosts in Coolock. They retained their beautiful new trophy. In a preliminary game our Kay McClorey won very easily but that game was not part of the match. Our team had to make do with winning the raffle prizes. We intend getting back that trophy and Paddy is putting them through their practice each week in Club.

Once again on another beautiful day in June our group of thirty-three descended on Marie and Shay O'Brien's home where there was good food and more singing. Tony Deegan sang for the first time since his stroke - he never lost it! He was assisted by volunteer George who was there as his backing group. The evening finished off with songs from most of the volunteers and members. The final day out before our Club took our summer break was on 21 July. Both the Taney and Kimmage Clubs went by coach to the Japanese Gardens and National Stud in Co. Kildare. There we followed the "path of life", taking the "easy path" with those using

wheelchairs.

Afterwards, we got a guided tour of the National Stud where we learned of how the mares give birth. It is too risky for them to have twins.

After the horses some of the group took a stroll in St Fiachra's gardens nearby. The gardens were fashioned on monastic lines at a cost of £1,000,000. Time went by very quickly. We had to get back on the coach to go the short journey to the Curragh Lodge hotel. There the staff served a fine three course lunch. It was back to Dublin that evening where carers were waiting patiently to bring their spouses home to various parts of the city. Volunteers who left their cars at the Stroke Club, brought the remainder of the people back to their homes after a good day out.

Holiday Time

Our volunteers met in Sayers restaurant Terenure for a meal before Club reopened in early September. This was great night out and an opportunity to talk about arrangements for those who were going to help on the holiday to Donegal.

The holiday in September was by coach to the Abbey Hotel, Donegal town. Tours were to Glencolumille Folk Park and Belleek Pottery visitors centre in Co. Fermanagh. Men and women from both Taney and Mount Argus clubs joined with the north Dublin Clubs for this annual holiday.

In October Fr Joe Kennedy, Mount Argus, celebrated Mass for club members who had died. During the year three people from Mt Argus club, Tom O'Connor, Billy Buckley and Rosaline Thorpe, died. They were all active club members and memories of them will always be with us.

The new club in Taney is going strong. It is now two years since it started. Numbers are increasing all the time. A group of ten from the club travelled to meet with Erica's Wednesday club for their celebrations in November. Some of them had already made friends with Erica and her group on the holiday in Donegal.

The final outing of the millennium was the Christmas Party. After a lovely dinner was served up by the volunteers the two Santas and Theo got the music going. Mick Hyland played numbers that everyone knew.

George Long and Eileen Girvin sang all day and were helped by all the others. We appreciate Steve Bennett for coming again and entertaining us all with his powerful voice. Guinness Ireland donated 72 cans of beer and Coca Cola donated 45 two litre bottles of minerals. These gifts oiled the wheels.

A special thanks to Sr. Una in Mt. Argus and Dennis Rice in Taney

We are into a new millennium and a new year. Thanks to all the volunteers who have continued to keep the Stroke

*Donegal 1999.
Left to Right: Sandra,
Erica and Nancy.*



*About to start a club
activity Taney '99.*



Clubs running each week. The input from both members and volunteers is what makes the Clubs successful. A special thanks to Sr. Una in Mt Argus and Dennis Rice in Taney for having everything in order each week.

Poetry Corner

THE BIRD-BATH

A sight so beautiful to behold
Is now before my eyes;
Painting incredible pictures
Of Nature's idyllic prize:

Sky of blue and warm as silk,
Garden patterned like a quilt,
Feathered friends in gay abandon
Toing, froing and advancing
To every branch and tree.

As I look, a cheeky starling,
Alighting on a bird-bath rim,
Sits awhile, then bravely enters
To swim and swim and swim.

At last he finished his ablutions,
Shook his shining feathers dry,
Then that cheeky courageous starling
Trilled as he soared across the sky.

Bernie Brady

SMILES AND HUGS.

When the troubles of the world
Lie heavily on your shoulders
And the sun lies hidden
Behind clouds of leaden grey
With all the strength you have
You must summon up your smiles.
The more of them you give away
Even to strangers that you meet
The more you get returned
Often with no word spoken.
Then you meet a friend
And the greeting smile
Is followed swiftly by a hug
A hug that needs no words
Because the caring contact
Says it all and more.
You can share the problem
Or simply share the friendship
Then go your way with burdens lightened
Knowing you gave a friendship gift as well.

Heather Gaffey

Update from VSS Office

Theo Davis, Hon. Secretary.



During the past year the increase in telephone calls to the office has been very noticeable - business is booming. The Information Pack has been requested and sent out to nearly all of those making queries to the office. It is lovely the number of people who put a few words of appreciation on the invoice when they are paying for the pack.

There was a great response from the Christmas Card fund raising venture. So many people either wrote or rang the office congratulating the VSS on both the quality and content of the cards.

The Marathon is another source of revenue for the VSS. Those participating on our behalf have great fun as well as losing a few pounds.

Reports received from the Supervisors indicate that all the outings, Christmas Parties and Annual Holiday were once again all a great success. Our thanks to all those involved in making these events both possible and such a success.

*I take this opportunity
to thank Mr Mike
Glynn and all his staff
in Brainwave*

I look forward to the year ahead and hope we will continue to go from

strength to strength. Once again I take this opportunity to thank Mr Mike Glynn and all his staff in Brainwave for being so helpful to me while affording us office space in their premises.

Set out hereunder is brief summary of the activities of the Volunteer Stroke Scheme.

The Volunteers Stroke Scheme was set up in 1983 to cater for stroke patients and their families. Priority was given to those with speech and allied problems. Over the years the scheme has progressed and we have four Dublin based clubs where groups meet on a weekly basis and participate in therapeutic activities as well as physiotherapy sessions. Annual holidays, outings and Christmas parties are also held.

Home visits are arranged by volunteers who co-operate in a speech programme given by the patient's Speech and Language Therapist.

An **Information Pack** costing £4, is available from Head Office. There is also a video produced by us a few years ago, available from any branch of Xtra Vision entitled 'UNDERSTANDING STROKE' or this can be purchased from the office for £9.

We produce an **annual newsletter** which is distributed to all our members and the GPs around the country. **Support Meetings** for carers and the families is also given, along with Volunteer Training sessions.

There is a **Technical Aids Loan Scheme** in operation whereby people can borrow technical aids for a three month period free of charge.

This is to covers the waiting time which is sometimes experienced while patients are waiting for equipment from their Health Board. It also enables people to try out an item before purchasing. These have to be applied for by an Occupational Physiotherapist, or Physiotherapist.

CONTACTS

Northside Supervisor:

Erica O'Mara,
Tel. 01-8481059.

Southside Supervisor:

Eileen Murtagh
Tel. 01-4519807.

**VSS Head Office (24 hour
answering service)**

Tel: (01)-4559036.

The telephone numbers of eight Stroke Clubs / Schemes outside Dublin are given below. These are independently run clubs doing great work in their areas.

Kildare Volunteer Stroke Club.

Tel. 045-875668.

Westmeath Volunteer Stroke Scheme.

Tel. 044-56216.

Wexford Stroke Club.

Tel. 053-23819.

Clonmel Stroke Club.

Tel. 052-26667.

Kilkenny Stroke Club.

Tel. 056-24418

Waterford Stroke Club.

Tel. 051-895416

Dungarvan Stroke Club.

Tel. 088-2708516

Leitrim Volunteer Stroke Scheme.

Tel. 078-20141



*Shay O'Brien and
Carmel Horgan,
Volunteers at the
outing in Ballinleer.*

We all have our bridge to climb

Gerry Horkan, Administration, U.C.D. Belfield, Dublin 4.

Gerry has been a great support to VSS News over the years. He had a stroke himself in 1990.

The adventure began in mid November 1999. After a twelve-hour flight from London, my wife Mary and I arrived in Singapore on the first leg of our journey to Australia to visit our youngest son David, who was on a one year working trip based in Sydney.

Singapore sling

During four days in Singapore we managed to see most of the sights including a cable-car trip to Sentosa Island and a visit to the famous Raffles Hotel where we enjoyed the traditional Singapore slings. It was interesting to see the streets and shops all brightly illuminated with Christmas lights and decorations although the temperature and humidity were very different from the Christmas weather at home. It was also strange to hear White Christmas and other carols in the large stores.

Australian delights

Leaving Singapore we arrived at Cairns in the state of Queensland after a short stopover in Darwin. During our stay here we visit the rainforest - going there on a rail-line carved out of the rockface in many places and returning on a gigantic cable car system suspended over the rainforest, which gave magnificent views of this natural phenomenon. We were fortunate to see the rainforest in pouring rain which increased our understanding of the whole rain -cycle, which- was clearly explained by excellent guides.

Back at ground level we visited Tjapukai - the Aboriginal Cultural Park which is the only authorised presentation of the aboriginal culture in the Tjapukai tribal area. Here we saw many aspects of aboriginal life, including demonstrations of spear and boomerang throwing and how to play the didgeridoo. We sampled some



Gerry and Mary Horkan with son David.

of the culinary delights of Cairns. The excellent food included delicious and succulent steaks in Dundee's Restaurant, where the menu included Kangaroo and Crocodile, we were ready for a trip to the Great Barrier Reef, which stretches for hundreds of miles along the Queensland coast.

Luck was with us again, as we got beautiful weather for our trip to a large pontoon moored at the Reef. The pontoon included facilities for underwater viewing, snorkeling, and scuba-diving. After a lovely meal we were ready for a highlight of the trip - viewing the Reef from an underwater boat with glass sides, in which you appear to be almost sitting on the Reef at times. It was a magnificent experience, not easily forgotten.

From Cairns we flew to Sydney, arriving on the 1st of December with the sun shining. From the rooftop pool of our hotel in the historical Rocks area we could view Sydney Bridge and the Opera House. David had taken time off from work for our visit and was the best guide we could have. Our daughter Pauline had been in Sydney the previous September and one of the highlights had been climbing to the top of Sydney Bridge which is featured in much tourist literature. I had said I would love to try it myself and David managed to book for the three of us to do the climb

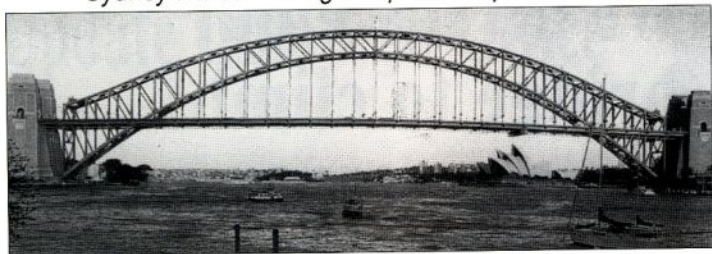
on the following Sunday evening.

Before that, we had a wonderful time exploring the sights of Sydney. We managed to attend a concert in the Opera House and to wind up the evening in the Opera House Restaurant, enjoying magnificent views over the Harbour. A night trip on a Showboat featured food, cabaret and the company of many Japanese visitors with cameras.

A trip to the Blue Mountains on Saturday began with a boat trip across the Harbour to Homebush Bay where we were met and conducted to the Olympic Games site which was at an advanced stage. We had a comprehensive tour with a very enthusiastic guide and saw all the features including the Olympic Stadium which had already featured some large events. On then to a Wildlife Park where we got close to kangaroos, wombats, snakes, loveable Koala bears and many exotic birds. The Blue Mountains Tour featured some early travel routes, old mining areas and a helter-skelter ride on an old coal mine railway which had been modernised. Travelling through the whole region, it was easy to visualise the experiences of the early settlers to this vast country.

Continued>

Sydney Harbour Bridge - Spot the Opera House.



the light below and the ships and ferries seemed an eternity away. It was all so calm and peaceful. The leader took photos with his digital camera, retaking as often as necessary to ensure that everyone would be happy with the results. Then we crossed horizontally over the Bridge at the top ready for our descent.

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Thrills on a Bridge

Our climb of the bridge was scheduled to begin at 7.30 on Sunday. Earlier we visited Bondi Beach, renowned for its size, large waves and surfers. Afterwards walking along the surf it was easy to see the enjoyment gained by young and old from this natural attraction, though it must be said the brilliant weather helped to keep people in good spirits.

Back to Sydney then, an early meal, (no alcohol) and off on a short walk to the Bridge Climb Reception area. The Bridge Climbs began in October 1998 and have surpassed all expectations. At Reception you are checked in. Tickets issued are for a specific time and day and are non-refundable. The experience begins with a video demonstration, followed by questions and answers and then its off next door where after a breathalyser test (0.05% or less), you sign an indemnity form to satisfy Bridge Climb's terms and conditions. These include a provision that you must be over 12 years old, physically fit and have the ability to climb ladders and steep slopes safely.

The climb is done in groups of 12 led by an experienced guide. So with forms all signed and everybody sober (none of the group admitted to having been breathalysed before!), we were off to meet our guide. We all gave our names and place of origin a process which helped to develop team spirit - important for an activity which takes approximately three hours. Everyone was given a Bridgesuit, communication equipment a safety harness and in our case, as part of the climb would be in darkness, a headlamp. All loose objects, cameras, watches, jewellery etc. were placed in individual lockers. Any necessary spectacles were held on by a special safety band. The whole emphasis is on safety and during the

course of the climb one learns to appreciate why. Fully kitted out, a short practice demonstration was held to ensure that everyone understood and could use the static line attachments comfortably on both vertical ladders and steep slopes.

At this stage the adrenaline was beginning to flow as we set off for the Bridge entrance. - Sydney Harbour Bridge, the largest steel arch bridge in the world - with its incomparable city setting - has become an enduring international symbol, not only of Sydney, but also of Australia. As well as holding a special place of affection in the hearts of Sydneysiders it epitomises engineering excellence and visionary planning at its best. The sweeping curve of its 503 metre long, 134 metre high and 49 metre wide span ladders from four granite pylons, is both the crucial centrepiece of Sydney's transport network and the majestic backdrop to thousands of attractive harbour-side views. The weight of Bridge steelwork totals 52,800 tonnes and includes six million rivets. The Bridge was officially opened on Saturday 19th March 1932 by the Premier of New South Wales, Jack Lang.

And so the climb began. Our fully professional climb leader led us initially over catwalks, up ladders and over arches until we reached the sweeping curve of the arch. As we progressed upwards the leader was in constant radio contact with each member. His concern and enthusiasm was infectious as he explained the intensive training course carried out by the climb leaders. From time to time he paused to point out landmarks. Finally we reached the top of the curve 134 metres above the water. Here we had the most incredible, 360 Degree view of the world's most beautiful harbour. At this stage darkness had fallen. The view was spellbinding in all directions. I had been apprehensive that it might very windy at the top but on that occasion it was mild and balmy. The Opera House reflected

Looking back

At this stage, it was strangely reassuring to reflect that nine years earlier, in September 1990, I had been taken in an emergency to St. Vincent's Hospital in Dublin suffering from a severe stroke caused by high blood pressure. Paralysed on my right side, I spent five weeks in the hospital during the earlier stages of told that things could have gone either way. However, thanks to the Good Lord, the Doctors and Nurses I was able to begin Physiotherapy within a short time. Following a gentle initiation in the Hospital, I was ready for the hard work in St. Anthony's.

Some spontaneous recovery, a lot of hard work, the wholehearted support of my sons, Gerald, John and David, my daughter Pauline, and my wife Mary, extended family and friends, belief in determination that full recovery was possible and a few brilliant physiotherapists, I was able to walk out of the hospital. Further visits to St. Anthony's, more hard work and I was able to resume employment in March 1991.

When we arrived back at the Bridge Climb Reception centre, discarded our equipment our possessions, I was elated to have completed the climb. The climb brochure with a photograph of our group will have a big place among my souvenirs. Being a stroke survivor undoubtedly enriched what the brochure describes as 'The climb of your life'. To have been accompanied by my wife who has always been a tower of strength and encouragement, and our youngest son made it the experience particularly special. I hope this story will encourage other stroke sufferers to believe that faith, determination and trust in their medical support groups, can go a long way to alleviating the effects of a stroke. We all have our bridge to climb.

MONEY MATTERS

John L'Estrange Reports

Once again we had a good year on the financial front in 1999.

The Eastern Health Board gave us £25,000 for 2000

- we express our grateful thanks.

A Table Quiz was held in UCD, Belfield on 8th March 2000. It was organised by Caroline Hussey, Anne Kelliher, Gerry Horkan and John L'Estrange, all from UCD. They were helped by Niamh, Una and Donal L'Estrange.

Many companies donated prizes.

First Prize: Leader Aisling Reynolds-Feighan from Economics.

Second Prize: Leader Fergus Gaines from Mathematics.

Third Prize: Michael McGinley's Team (VSS Editorial Committee for many years).

Anne Copeland spoke at the end of the evening. She made special mention of Caroline Hussey, Registrar UCD, who acted as quizmaster and Niamh L'Estrange, an efficient and amusing auctioneer. The net gain was £1,280.

A wide range of commercial firms helped us once again e.g. Banks, Building Societies, Insurance Companies, Manufacturing Firms and Retail outlets. We have listed below, in alphabetical order, the main companies who have helped us in 1999. We are grateful to them for their generosity.



Abbot Laboratories

Aer Rianta

Allied Irish Banks

Amdahl Computers

Arnotts

Bailey's Irish Cream

Bank of Ireland

Becton Dickinson

Bristol-Myers Squibb Co.

Burmah-Castrol

Bus Eireann

Calor Kosangas

Cassidy Wine

Clerys

Conways Pub

ESB

Fitzpatrick Castle Hotel

Fitzwilton

Fyffes

Gallagher

Wellcome

Glaxo

Grange Pub

Guinness

Hoechst

Heineken

Iarnród Eireann

IBM

Irish Cement

Irish Distillers

Irish Ferries

Irish Life

Jet Oil

Jurys Hotel

Killiney Court Hotel

Marks and Spencers

McCormacks

New Ireland Assurance

Novartis

Odlums

O'Neill Bros.

PMPA

Quinnsworth

Rhone-Poulenc Rorer

Roches Stores

Royal Insurance

Sealink

Smurfits

Stena Line

Stillorgan Bowling Club

Statoil

Zoological Gardens

Aims of the Volunteer Stroke Scheme

1. To help people who suffer from speech and allied problems as a result of a stroke.
2. To offer each patient a volunteer who will visit singly for about an hour at a time on a regular weekly basis.
3. To provide a club where patients can meet and be further helped.
4. To provide outings from time to time.
5. To create a greater awareness and understanding of stroke through effective and relevant publicity.

Volunteer Stroke Scheme

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Dr. Mark Delargy
Mr. Vincent Keaveney
Dr. Angela McNamara

Registered Charity
CHY 6989

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year**

This issue of VSS News has been typeset by Alex Tuohy.
Alex, a long time activist in VSS, has had a stroke himself and is well known in the VSS.

VSS News is distributed to
hospitals and Health Boards
throughout the country free of charge. Organisations
requiring copies of

VSS News please contact:

The Editor

249 Crumlin Road

Dublin 12.

Phone: 01 - 4559036,

between 10.00 am and 12.30 pm on Monday,
Wednesday or Thursday.

More **volunteers** and **drivers** are required by the VSS.

Contact us at the number given above or write for
further information.

I wish to subscribe to the Volunteer Stroke Scheme and I
enclose £10.00 for 2000.

Name

Address

Phone

Cheques should be made payable to the Volunteer Stroke
Scheme.

Signed

Date