Editorial

The National Council is committed to bringing to nurses and midwives in Ireland information on best practice in healthcare provision from around the world and to providing practical tools that will help to implement best practice throughout our health services. In line with this commitment, a new publication has been launched entitled ***Improving the Patient Journey: Understanding Integrated Care Pathways***. The publication provides information and guidance on the implementation of integrated care pathways. It has already been very well received throughout the health services and I would recommend it to all of you as an important milestone in professional development in Ireland.

This issue of the *NCNM Quarterly Review* continues to make evident the National Council's commitment to monitoring and informing our readership about developments in the reform and restructuring of the health services in Ireland. In January, the Health Service Executive published its national service plan for 2007. This year's plan is different from previous years in that it reflects the focus of the HSE's ***Transformation Programme 2007 – 2010***, with its particular emphasis on quantifiable outputs, outcomes and targets as part of an integrated approach to service delivery. In this issue, we look in particular at those aspects of the plan that relate to population health.

We focus once again in this issue on the practicalities involved in establishing an advanced nurse practitioner post. The article provides task lists, checklists and other practical tips that can be of great assistance to those involved in developing similar important posts. In the *News and Updates* section of this *Quarterly Review*, we report on a number of additional advanced nurse practitioner posts approved this year; we are particularly delighted to report on the approval of our first advanced midwife practitioner post in Ireland at the National Maternity Hospital, Dublin. There are now 67 advanced nurse/midwife posts in Ireland. The first advanced nurse practitioner, Valerie Small, of St James' Hospital, Dublin, who was approved in 2002, has also recently been re-accredited. Congratulations, Valerie! I would also like to acknowledge the enormous work Valerie has done throughout the country and in co-operation with the National Council to promote the role of the advanced nurse practitioner and to help organisations and individuals in getting involved in introducing advanced practice roles.

The National Council's seventh annual conference will again take place in Croke Park Stadium, Dublin on the 14th and 15th November 2007. The theme for this year's conference is ***Team Working to Support Excellence in Patient Care***. Speakers will include representatives from the Department of Health and Children, the Health Service Executive, and nurses and midwives involved in practice, education and management from Ireland and abroad. Every year, about 1,000 nurses and midwives attend the conference over the two days. The conference is an important element of the work of the National Council as it gives us an opportunity to address the key issues affecting the profession today and to provide nurses and midwives with a space for reflection and networking. Details of how to register are provided in this edition of the *Quarterly Review*. I would commend you in particular to consider the poster presentation element of the conference, which always attracts a very high standard of entries and is one of the most interesting and popular elements of the two-day event. So get your entries in early this year!

The *Quarterly Review* also contains all our regular features, including information on the activities of the nursing and midwifery planning and development units and tips and useful information on research. We also continue with our series which profiles each of the centres of nurse education around the country.

To keep in touch with National Council activities, don't forget that the most comprehensive source of information is our website.

Yvonne O'Shea
Chief Executive Officer

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Understanding Integrated Care Pathways

Improving the Patient Journey: Understanding Integrated Care Pathways (National Council, September 2006) was developed by the National Council in order to inform nurses and midwives in Ireland about the benefits of integrated care pathways (ICPs) and to provide guidance on their implementation. A considerable body of international literature on ICPs was examined to identify the best evidence and the most effective and efficient approaches to their implementation. In addition, the development of the document was informed by consultation with key professionals with expertise in and/or experience of ICPs in Ireland. Standardised terms and definitions have been incorporated into the document where possible to promote and build on the current body of knowledge and practice in the Irish healthcare system.

This document is divided into five sections.

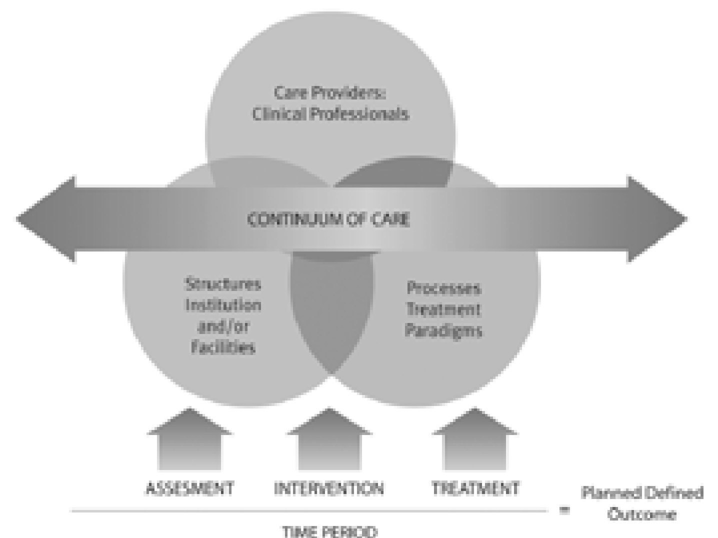
- **Section 1** provides the policy context and background information including definitions, advantages and barriers of ICPs. In addition, the main components of ICPs and clinical governance are addressed
- **Section 2** identifies the key considerations for developing ICPs including the factors that influence their successful introduction and inter-/multi-disciplinary teamwork, selecting the appropriate topic and activities that support development
- **Section 3** outlines the skills and tools required to analyse the patient's journey. It addresses the principles involved in establishing a process map to provide a structured approach and foundation to analyse care processes and service delivery from both the patient's and the service's perspective across demand, activity and capacity. The stages in process mapping are detailed and tools to ensure patient and/or carer participation are identified. The preparation and resources required to carry out a high-level and/or detailed process map and analysis are provided
- **Section 4** details ICP variation and possible approaches to analysing variation. In addition, the importance of professional clinical judgment and the use of ICPs are outlined
- **Section 5** provides a brief summary of key factors and steps to developing and introducing ICPs. A five-step summary identifies the key elements identified in Sections 1 to 4. In addition, a list of helpful Internet websites is provided as a resource for nurses and midwives and to assist with the development of ICPs for patients with specific health care needs.

Finally, **Appendix 1** provides a sample ICP. It is an outline of a chest pain ICP as developed by the Emergency Department in St James' Hospital, Dublin.

What are integrated care pathways?

ICPs are structured multidisciplinary plans of care designed to support the implementation of clinical guidelines and protocols, such as clinical management, clinical and non-clinical resource management, clinical audit and also financial management. They represent a continuum of care that identifies structures (institutions, facilities, etc), care providers (clinical professionals)

Figure 1: Continuum of care: structures, care providers and processes



and processes (treatment paradigms) that intervene at critical points to efficiently treat the patient and achieve a defined outcome. Therefore, they provide detailed guidance for each stage in the management of a patient (assessment, intervention and treatment) with a specific condition over a given time period, and include progress and outcome details. In particular, ICPs aim to improve the continuity and co-ordination of care across different disciplines and sectors. Figure 1 illustrates the continuum of care and the various factors involved to achieve the planned defined patient outcome.

Policy context for integrated care pathways

The health strategy, *Quality and Fairness: A Health System for You* (Department of Health and Children, 2001) established a vision for the future and the principles to guide everyone working in the healthcare system. This strategy for the healthcare system has four national goals:

- Better health for everyone
- Fair access
- Responsive and appropriate care delivery
- High performance.

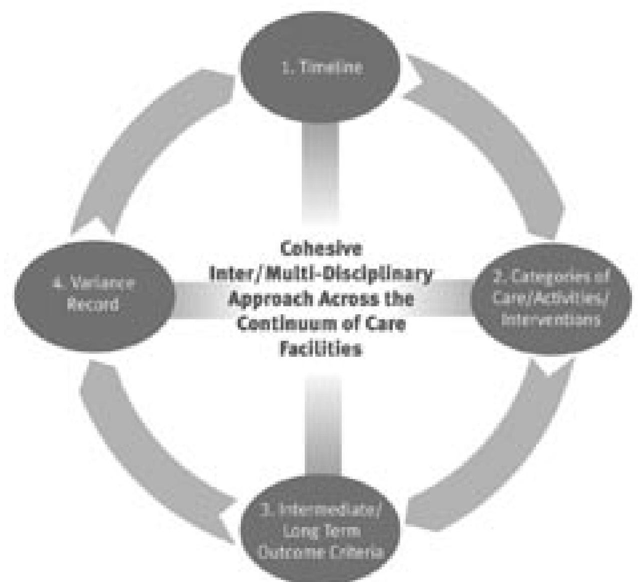
The National Council firmly believes that ICP development has enormous potential across every aspect of service delivery to contribute to driving and achieving the four national goals of the health strategy. Some of the principles that underpin the concept of ICP development, and thereby support the four national goals, include:

- Patient-centredness – ICPs focus on the individual patient, respecting the patient's choices, culture, social context and specific needs
- Safety and Quality – ICPs drive safety and quality by promoting evidence-based practice and factoring in continuous quality improvement at every point of healthcare delivery
- Effectiveness – ICPs match care to science, identify ineffective care and provide the most reliable and up-to-date evidence to sustain effective healthcare
- Timeliness – ICPs continually reduce waiting times and delays for both patients and those who provide healthcare
- Efficiency – ICPs reduce inefficiency and thereby reduce waste and the total cost of healthcare; for example, waste of supplies, equipment, space, capital, ideas, and human resources
- Equity – ICPs, because they are patient-focused, provide opportunities to address and close socioeconomic gaps in health status.

What are the main components of an integrated care pathway?

ICPs can be viewed as algorithms in as much as they offer a flowchart format of the decisions to be made and the care to be provided for a given patient or patient group for a given condition in a systematic sequence. ICPs have four main components: a timeline, the categories of care or activities and their interventions, intermediate and long-term outcome criteria, and the variance record (to allow deviations to be documented and analysed) (see Figure 2).

Figure 2: Four main components of integrated care pathways



Preliminary activities that support clinical pathway development

A number of activities may occur before or during the development of an integrated care pathway, including:

- Team member education and involvement
- Development of support systems
- Standardisation.

Integrated care pathways and process-mapping

The first step in developing an ICP is to map the patient's journey and the process involved in managing the clinical condition. Establishing a process map of the patient journey provides a structured approach and foundation to analyse care processes and service delivery from both a patient and service perspective. Therefore, in addition to providing an analysis of the patient journey, the process map can provide a clear picture of demand, activity and capacity.

Process-mapping:

- Is a tool to capture the delivery of care at every stage of the patient journey
- Focuses on care and service delivery from the patient's perspective
- Provides a detailed end-to-end view of the process and outcome of the patient's journey based on one person, one place, one time regardless of whether the focus is on the patient condition group (e.g., asthma), procedure (e.g., knee replacement), or state or issue (e.g., falls in older people)
- Has the capability to identify the strengths and weaknesses in both the service and delivery of care, while also providing evidence supporting the need to review and develop solutions for change.

Analysing variations from the integrated care pathway

ICPs are designed to be dynamic multidisciplinary plans of care that alter in response to new evidence, demographic diversity, patient needs and system re-design. Monitoring and analysing variations from the ICP is a powerful tool to assist in ensuring quality of care and identifying patterns and trends that require further examination.

The full text of ***Improving the Patient Journey: Understanding Integrated Care Pathways*** can be obtained on request from the National Council or by downloading it from www.ncnm.ie (follow the links to Publications/ National Council publications).

The Lismullin Institute's

7th Annual Nursing Now Seminar

Dementia: The Challenge for Nurses

Target audience: Nurses working with older people in long-stay facilities, nursing homes and the community

Date: Saturday 29 September 2007

Time: 09.00 – 17.00

Venue: Lismullin Conference Centre, Navan, Co Meath

Fee: €40

Contact: Mary Byrne
(Public Health Nurse)
T: 087-9959045
or
Lismullin Institute, 44, Westland Row, D2
T: 01-6760731
E: lismullin@eircom.net

Health Service Transformation Programme

The National Service Plan, 2007: Focus on Population Health

In accordance with the terms of the *Health Act, 2004,* the Health Service Executive (HSE) published its service plan for 2007 in January. The format of this year's National Service Plan (NSP) is different to that used in 2005 and 2006, in that it is designed to present a service plan firmly based on quantifiable outputs, outcomes and targets and presents a more integrated approach to service delivery. Where applicable, the different actions are linked to the *Transformation Programme* and project (s) that they are supporting (see *NCNM Quarterly Review, Issue 25, and Transformation Programme 2007-2010*, HSE, 2006). In this issue of the *NCNM Quarterly Review*, we focus on extracts concerning population health contained within this year's NSP.

When drafting the NSP for 2007, the HSE worked on the basis of a number of assumptions, one of which was that service delivery would be framed within a population health model. The traditional health and social care model is primarily *episode-based* and *demand-led*. A population health model, on the other hand, takes a more proactive approach by focusing on maximising the health and social well-being of the population and providing opportunities to plan for better health. Its primary focus is the promotion and protection of the health of the whole population and/or its subgroups, with particular emphasis on reducing health inequalities. It takes account of all the factors that can influence the health and well-being of the population such as demographics, socio-economic factors, chronic disease, health technology and legislation. It also recognises that everyone has a responsibility to promote and protect their own health and the health of others.

With the population health approach, the opportunities to sustain a healthy population can be increased when funding is rebalanced towards reducing health and social inequalities and disease prevention. Experience elsewhere suggests that this approach is likely to be the least expensive model in the long run. What the HSE terms the *full engaged scenario* also helps to prepare a health service that can meet the demographic and other changes that will take place during the next ten to twenty years.

Box 1. Factors Determining the Health and Well-Being of the Population and the Need for Services

Demographics
Population growth will require an increase in services for all age groups.
The ageing of the population will have implications for the provision of most services.
The increasing incidence and prevalence of chronic disease among the middle-aged and older groups will require, in particular, the development of new models of chronic disease management.

Changing society
Smaller family sizes will alter the ability of nuclear families to care for each other in a way that was possible in previous times.
The health and social care services will need to provide for a multi-ethnic mix of cultures in the delivery of health and social care.
Other changes, including increased marital breakdown, all affect the sense of well-being of adults and children; they also affect the pressures on the health and social care services.

Chronic disease levels and management
There is an increasing worldwide incidence and prevalence of chronic diseases and conditions.
The incidence of such diseases increases with age and many older people are living with more than one chronic disease.
Approximately 25% of the population has a chronic disease and 60% of deaths occur as a result of a chronic disease.

Changing health technology
New and highly effective health care interventions (i.e., drugs, diagnostic equipment and programmes of care) have added greatly to the cost of health care in Ireland in recent years.

Changing legislation
European Union Directives and new and changing legislation have major implications in terms of services and costs across all sectors from child care to care of older persons to tobacco control.

Source: Health Service Executive (2007), *National Service Plan, 2007.* Download from www.hse.ie

The population health model is a single, interconnected, integrated health and social care system with the primary and social care network at the heart of the system for a person accessing the required services. With this approach the primary point of contact between a person and the health and social care system is through their local primary care team (PCT). PCTs provide an expanded level of services and empower people to care for themselves and promote their own healthy lifestyles. This reorientation enables more care to be provided in more appropriate settings.

It is envisaged that each PCT will provide services to a population of approximately 4,000 to 10,000. Where necessary, the PCT will utilise services in the wider primary care and social network (PCSN) where a broader range of services will be available (e.g., speech and language therapy). The wider PSCNs will provide services to populations of approximately 30,000 to 50,000. Where required, the PCT will refer to specialist services provided within the primary, community and continuing care setting (e.g., child and adolescent mental health services) or acute hospital services.

The establishment of primary care services will allow hospitals to concentrate on those who need more complex interventions. In the hospital sector, there will be an emphasis on developing clinical networks and defined roles for each hospital.

Factors influencing the health and well-being of the population

The NSP identifies five key factors that determine the health and well-being of the population and subsequently the need for services: demography; changing health and social status of the population; the level and management of chronic illness; changing health technology; and changing legislation (see Box 1). These changes will require the HSE to engage with other relevant bodies, for example, local authorities in relation to social housing for older people.

Improvements achieved in health status in Ireland in recent years indicate the required approach for future service development. Heart disease is a good example, where Ireland has achieved major success in heart health status in the past fifteen years, with a 40% reduction in deaths from heart disease. Only 44% of the reduction in the deaths from heart disease can be attributed to effective treatment of established heart disease. Reductions in population risk factors such as smoking, cholesterol and blood pressure have had a greater effect. The wider determinants of health will continue to have a greater impact on health than health services. This highlights the need for investment in a model of care which includes health promotion, primary care, hospital care, emergency care and rehabilitation.

The care of people with chronic diseases consumes a large proportion of health and social care resources. Formal generic chronic disease management programmes are increasingly being implemented in health systems in Western Europe in various adapted forms. These programmes have been subject to evaluations which have shown positive improvements in service utilisation indicators, cost-reduction indicators and improvements in quality of care indicators. For example, there have been significant increases in patient and family satisfaction together with improvements in service integration, more appropriate referrals and faster response times.

According to the HSE, current provision of primary care services in Ireland is out of line with the epidemiology of chronic disease. Acute exacerbations of chronic disease are the cause of most emergency medical admissions to hospital in this country and contribute to the difficulties facing emergency departments. Chronic disease management is therefore one of the biggest challenges facing the HSE and is a pre-requisite for a sustainable solution to the most effective use of hospital resources.

Health technology is a greater driver of costs than demography. The future development of health care interventions is likely to have a significant influence in improving health outcomes for the population. These developments will require the HSE to be clear about the benefits of the existing technologies and to be able to predict, as far as possible, the potential costs and benefits of future technologies. The HSE will support the new Health Information and Quality Authority (www.hiqa.ie) in conducting health technology assessment, which is a methodology to consider the effectiveness, appropriateness and cost of technologies, and will ensure that such assessments inform the use of technology.

Population Health Priorities Used to Guide the Preparation of the NSP 2007

- Increasing the emphasis on primary care and health promotion
- Freeing up the hospital care system
- Ensuring integrated care is provided in the right place, at the right time
- Improving health outcomes
- Improving quality and safety
- Promoting equity as a strong value in the health system
- Developing services based on 'identified need' and evidence
- Measuring investment returns
- Improving user participation and empowerment.

Population Health Directorate

The Population Health Directorate is one of three service delivery units within the HSE's Health and Personal Social Services. This directorate is responsible for promoting and protecting the health of the entire population and target groups, with particular emphasis on health inequalities. It has developed in a manner that promotes strong inter-directorate working, particularly with the National Hospitals Office and Primary, Community and Continuing Care (PCCC). Key areas of collaboration include cancer services, chronic disease management, hospital configuration, emergency planning, healthcare, and the transition of staff in the transformation process. It is also responsible for immunisation programmes, infection control and the environmental health office and at local level its functions are organised through the LHOs and Hospital Networks.

Log on to www.hse.ie/en/AbouttheHSE/OurStructure/Population Health/ for more information about the Population Health Directorate.

Internet Resources for Population Health

The Ireland and Northern Ireland's Population Health Observatory (INIsPHO) established in 2003/2004 with funding from both Northern Ireland and the Republic of Ireland. www.inispho.org

Health Intelligence is responsible for capturing and utilising knowledge to improve health outcomes for the population. This website contains information on the activities and priorities of Health Intelligence within the Irish health service. www.ich.ie/hi_information.htm

HEALTH SERVICE EXECUTIVE (WEST)
MID-WESTERN REGIONAL ORTHOPAEDIC NURSING CONFERENCE

Date:
Wednesday
10 October 2007

Time:
8.30 – 16.30

Venue:
South Court Hotel, Adare Road, Limerick

Contact:
Susan Hogan or Ita Leahy
T: 061-485402 or 485408

Getting Set Up: Establishing an Advanced Nurse Practitioner Post (Part 2)

In the *NCNM Quarterly Review* (Issue 25), Bridget Roche described her work as a project officer with responsibility for completing the site preparation and job description for an advanced nurse practitioner (ANP) in the care of older persons at St Patrick's Hospital, Waterford. In this issue, Bridget outlines the progress made in the initial phase of the project and reflects upon the tasks involved in the intermediate phase.

I was pleased with the progress made in the initial phase of the site preparation work (see Box 1) and as I got to know the stakeholders, it made it easier to see how I would make further progress. Now I am getting on with the work of the intermediate phase (March to May 2007).

Box 1. Tasks Completed Initial, January-March 2007

• Key stakeholders identified	☑
• Steering group formed and project outline provided	☑
• Agreed three meetings with steering group for this period; agenda set out and terms of reference reviewed	☑
• Business case analysis reviewed; consultation meetings held with relevant stakeholders	☑
• Business case document finalised and submitted for financial approval of the post	☑
• On-going audits of current practice undertaken	☑
• Identified current gaps through service needs analysis to justify the post of ANP in care of older persons	☑
• Links established with other healthcare professionals.	☑

In this intermediate phase of the project, I have been working closely with the key stakeholders and also with all members of the steering group. So far the project has benefited from their expertise, valuable input and willingness to work together as a team.

At present I am kept busy arranging meetings to suit the schedules of the steering group. It is important to keep the momentum of the site preparation going – we're working within a six-month timeframe – so clear communications with the relevant stakeholders are vital. Steering group members have to be clear about their goals, responsibilities and what is to be delivered with certain timeframes.

At the same time, I am developing a job description for the ANP that matches the site preparation work and the objectives of the post (see Box 2). Referral pathways to the ANP and his or her case-load have been agreed in collaboration and negotiation with the relevant health professionals. The same process has applied to the development of protocols to be used by the ANP, which are based on the hospital's generic template.

I can see that I have made a lot of progress with the site preparation, but there's still some way to go (see Box 3).

Box 2. Key Points for the Job Description for the ANP in the Care of Older Persons

The ANP in the care of older persons will:

- Provide St Patrick's with a highly experienced, specially educated professional nurse who will be capable of managing a caseload comprising patients in rehabilitation, respite, community and continuing care settings
- Be able to attend to the nursing care needs of older people which tend to be complex and require co-ordination of different types of service delivery
- Act as an autonomous expert nurse practitioner, leading and managing the delivery of high-quality person-centred care to older persons who attend St Patrick's specialised services
- Respond to the changing needs of older persons by building on and enhancing the existing system and services to ensure that service-users receive an effective, more timely and integrated service in the appropriate setting
- Work in accordance with agreed protocols and referral pathways, and in collaboration with hospital and community staff to facilitate the treatment and management of the older person in their own home or other settings
- Act as an advocate for and seek to empower patients and their carers in the decision-making process when delivering patient-centred/-led care
- Lead on healthy ageing initiatives
- Have a consultancy role for the hospital and community on all aspects of care for older persons
- Develop and participate in educational initiatives for nursing staff and other healthcare professionals in the hospital and community setting
- Lead in health and illness management in order to deliver a timely high-quality service to the older person in the appropriate setting.

Box 3. Checklist of Tasks to be Completed, May-June 2007

- Submit site preparation documentation and job description to NMPDU (and National Council) for review ❑
- Finalise decisions with key stakeholders on areas of responsibilities ❑
- Formalise the collaborative protocols and guidelines ❑
- Meet steering group once to finalise documentation for submission ❑
- Identify role expansion and future evaluations of the post ❑
- Advertise the post in consultation with director of nursing ❑
- Follow up financial approval ❑
- Follow up service insurers and clinical risk team ❑

Steering Group Committee

Mr Joe Mooney – Hospital Manager
Ms Annette Gee – Community Care Manager
Ms Geraldine Tabb – Director of Public Health Nursing
Ms Sheila Doyle – Practice Development Co-ordinator
Ms Niamh McShane – Geriatric Liaison Nurse
Dr William Moore – Medical Officer
Dr Eithne Brenner – General Practitioner
Ms Bridget Roche – Project Officer
Ms Ann Coyne Nevin – Assistant Director of Nursing
Dr Josie Clare – Consultant Geriatrician
Ms Maggie Bolger – Staff Nurse Geriatric Day Hospital
Ms Anne Kennedy – Director of Nursing
Ms Joan Gallagher – NMPDU
Mr John Walsh – Service User

Anne Kennedy, Annette Gee, Sheila Doyle, Josie Clare and Bridget Roche working on the ANP post site preparation.

Guidelines for Good Practice in Adult Urethral Catheter Management

Rita Boyle is the nursing practice development co-ordinator (NPDC) in the Sacred Heart Hospital, Castlebar, Co Mayo. Along with her colleagues Teresa Moore (Nursing and Midwifery Planning and Development Unit, Galway), Moya Power (Nursing Urology Unit, University College Hospital, Galway), and Hannah Kent (an NPDC, also of UCHG), it was decided to review the existing guidelines for good practice in adult urethral catheter management.

Male catheterisation was identified by staff as a need that was not always dealt with satisfactorily, usually in older people's services, where male patients had to attend the accident and emergency department (AED) for catheter change and catheterisation.
Staff felt this was unsatisfactory in terms of the provision of timely care, the distress and inconvenience caused to patients because of having to travel to the AED, and the inappropriate use of accident and emergency and ambulance resources. From an early stage it became apparent that nurses needed to expand their roles in this area of care. It was recognised that there was a need for guidelines to support and standardise practice across hospital and community services.

A working group was set up to develop guidelines to support best practice and expansion of nursing roles. The group first conducted an extensive review of literature and guidelines concerning catheter care. The subsequent drafting of the guidelines involved a cyclical process of development, consultation, feedback and redrafting. The group consulted with, and sought feedback from, a wide variety of stakeholders including nurses, doctors, infection control specialists and nurse educators. The revisions to the guidelines were based on feedback received. Interest in this area of care increased throughout the consultation process. As a result, the guidelines were expanded to include all aspects of catheter management such as male catheterisation, changing supra-pubic catheters, and instructing patients in intermittent self-catheterisation. A collaborative working arrangement was fostered with the local centre of nurse education and a training programme was developed to coincide with the launch of the guidelines.

Feedback indicated that some staff had undertaken expanded nursing roles in catheter management in previous employment, but were unable to implement their skills due to a lack of guidelines.

Third-Level Education for Professional Development

An awareness of best practice was lacking in several aspects of catheter care. The need for a training programme to include both theoretical and practical components to enable nurses to enhance their skills and expand their roles in catheter management was identified. There was a need to standardise practice in all aspects of catheter management in line with evidence-based practice.

Developing area/regional guidelines can facilitate standardisation of practice across different settings. Guidelines alone, however, do not guarantee that practice will change; guidelines need to be discussed, implemented and monitored at local level to ensure best practice. Nurses willing to undertake expanded roles in catheter care should be facilitated to attend training and have their competency assessed before taking up the expanded role. Furthermore, expansion of nursing roles and their corresponding level of autonomy should be agreed collaboratively by the multidisciplinary team.

Launched in November 2005, the guidelines have the potential to enhance patient care through a uniform standard of evidence-based catheter management. A training programme is now in place to enable nurses to expand their roles in catheter care.

Have you or others in your organisation been involved in quality or practice development issues? Would you like to share your learning with others? Submission to the database is easy and a guidance booklet is available to help with the steps involved. The All-Ireland Practice and Quality Development Database can be accessed at www.ncnm.ie. The All-Ireland Practice and Quality Development Database was developed by the Northern Ireland Practice and Education Council (NIPEC) in partnership with the National Council to provide a focal point for gathering and disseminating good practice, recognising innovation and personal achievement, and raising awareness of practice initiatives throughout the island of Ireland. It is designed to provide information and encourage access to examples of good practice within the nursing and midwifery professions. Sharing of information in this way should avoid unnecessary duplication of effort and enhance networking opportunities.

School of Nursing, Dublin City University

The School of Nursing at Dublin City University (DCU) may be located on the perimeter of the university but its strategy *Leading Practice: Education, Research and Innovation 2004-2014* is central to the university's strategic direction in the twenty-first century. In 2006 the School celebrated its first decade of providing healthcare education to nurses nationally and internationally. During those ten years it has expanded exponentially and is now a major player in terms of university developments and healthcare research. These developments are steered by the Head of School, Professor Chris Stevenson (who is the first Chair of Mental Health Nursing in Ireland) and by a committed staff of over seventy academic and administrative staff.

The Healthy Living Centre

Academic practice is the deliberate integration of research, education and practice in an academic setting and to facilitate this development, the Healthy Living Centre (HLC), a School of Nursing initiative, was launched in 2006. This is an on-site facility where the academic practice agenda of the School of Nursing can be delivered. The HLC ensures that an integrated approach to service development is foremost, and contributes to the shape of healthcare services.

Amongst the developments are proposals in relation to:

- The provision of counselling and psychotherapy services
- The development of a health needs assessment unit for people with an intellectual disability
- The provision of comprehensive occupational health services
- The development of an intervention unit for people with early dementia
- The development of a strategic partnership with the clinic at the University of Ulster.

These specific clinical developments enable the development of a national profile in these areas and contribute significantly to the continued development of new partnerships with healthcare providers locally and nationally.

Postgraduate and Professional Development Programmes

The School of Nursing offers a wide range of postgraduate and professional development programmes to nurses and other

healthcare practitioners working in statutory and voluntary services nationwide. One example is the higher diploma programme in children's nursing offered by the School in collaboration with the Children's University Hospital, Temple Street. Thirty-seven nurses are currently undertaking this course of studies, the academic award for which is matched to Level 8 of the National Qualification Authority of Ireland's *National Framework of Qualifications*. Other academic programmes include the graduate diplomas and masters' degrees in various areas of nursing and healthcare practice. These were developed, accredited and validated in 2006.

Several professional development programmes for nurses and other healthcare practitioners are also run in the School. These programmes are offered in collaboration with such services as the Irish Blood Transfusion Service, Accord (the Catholic marriage care service) and the Irish Cancer Society. Entry requirements for these courses differ from the requirements for courses leading to an academic award.

As part of its on-going commitment to educational excellence, the School runs occasional events such as the workshops on evidence-based practice which took place in April 2007 as a result of collaboration with the Arizona State University and the problem-based learning summer school which will be held in June 2007.

Research Strategy

The School of Nursing in DCU is committed to the advancement of knowledge in both nursing and healthcare practice. It published and launched its inaugural research strategy, *Health4Life*, in May 2006, which represents the evolving and vibrant inter-professional research portfolio at DCU. This strategy incorporates an exciting range of over-arching research topic clusters, each with a number of research programmes and embedded projects. The mission of *Health4Life* is to:

- Promote inter-professional and inter-organisational research
- Push the boundaries in research innovation
- Enhance meaningful links between research, theory and practice
- Promote quality training and support for researchers.

The first *Health4Life* Conference took place in September 2006 and plans are well under way for a second conference in September 2007. Entitled *Thinking, Feeling, Being: Critical Perspectives and Creative Engagement in Psychosocial Health*, this year's conference will provide an opportunity for practitioners, service-users, carers, artists, academics and researchers to present innovative practice, research and/or lived experience relative to psychosocial well-being.

Research Events in 2007

The School of Nursing also plays host to the annual *Cochrane in Ireland* conference. The focus of the conference in 2007 was systematic review and evidence-based practice. From 9-13 June 2007 the School will also host its first qualitative research summer school featuring authoritative figures in qualitative research such as Kathy Charmaz, Martin Johnson, Tom Wengraf, Liz Stokoe, Samantha Punch, David Coughlan, Jonathan Smith and Jane Noyes. Workshop topics will include grounded theory, qualitative writing, ethnography, analysis of social interaction through conversation analysis, interpretative phenomenological analysis, the biographical narrative interviewing method, and quality appraisal in qualitative research. This will be a unique opportunity to join a panel of international experts and engage, debate and grapple with qualitative research issues.

The School of Nursing at DCU is moving steadily towards achieving the strategic objectives outlined in *Leading Practice: Education, Research and Innovation, 2004-2014*. This strategy provides a shared long-term direction for the School as it maintains its contribution to the development of high-quality healthcare for the people of Ireland; however, it can only achieve this through meaningful collaboration with its partner services locally, nationally and internationally.

For more information about academic and professional development programmes and conferences at the School of Nursing, Dublin City University, contact:

T: 01-7005000
E: nursingenquiries@dcu.ie
W: www.dcu.ie/nursing

Centres of Nurse Education

What Nurses and Midwives Want – Using a Training Needs Analysis

As today's healthcare environment becomes increasingly complex, current knowledge and skills are essential for nurses and midwives. While vital, updating knowledge and skills is costly in terms of human and other resources. A training needs analysis (TNA) is an effective means of identifying what continuing professional education can be provided at a service level and most efficiently with the resources available. The Centre of Nurse and Midwifery Education (CNME) in Sligo conducted a TNA over a six-month period in order to do just that for nurses and midwives working in the Sligo-Leitrim area. In this article, members of the CNME team have selected highlights from the their report *Continuing Professional Education: Nursing and Midwifery Training Needs Analysis, 2006-2007.*

The objectives of the TNA were to establish a baseline measurement of current in-service training provision, identify existing education and training needs, and customise future course provision to reflect local needs as closely as possible. Having obtained permission to conduct the TNA from the Board of Management (BoM) of the CNME, the project team conducted a literature review and began to gather quantitative and qualitative data. A semi-structured questionnaire specially developed by the project team (see Box 1) was distributed to 370 nurses and midwives working in general, mental health and intellectual disability services, public health nurses, nurses working in care of older person settings, and nurses and midwives working in private settings. A total of 188 questionnaires were returned giving a response rate of 51%.

Box 1. Objectives of the Semi-Structured Questionnaire

- To identify areas in which further education and training is required in relation to service need and service plans
- To assess discipline-specific involvement in continuing education programmes with particular emphasis on mandatory training
- To identify optimal scheduling of training and education activities
- To identify the levels of interest in facilitating, planning and delivery of continuing professional education programmes.

Findings

It is not possible to provide a full report on the findings here, but data collected from this survey have led the researchers to assume that nurses and midwives view attendance at continuing professional education (CPE) programmes as an essential and valuable experience. These programmes contribute to their personal and professional development. Nevertheless, it also appears that some nurses or midwives may either be unaware of the programmes provided or do not avail of them because of scheduling.

Respondents' most frequently stated desired CPE topics were care of the dying (n=69), intravenous cannulation/phlebotomy (n=52), medication management/pharmacology (n=43), management (n=40), and documentation (n=35). Their preferred times for delivery of CPE were weekday afternoons, with most respondents indicating that a central venue (i.e., their local hospital or base) was their preferred location (n=182).

Recommendations

The project team will present several recommendations to the CNME's BoM for consideration. These concern:

- The BoM's continuing commitment to and support for the CNME and CPE for nurses and midwives
- Further TNAs to inform the future work of the CNME
- The use of appropriate analytical tools (e.g., statistical packages) for future TNAs
- The involvement of key stakeholders in the planning, delivery and evaluation of CPE programmes
- Clarification of contractual arrangements between service areas and the CNME to facilitate the release of appropriate professional staff for CPE planning and delivery
- Specific CPE content issues
- Provision of the optimal learning environment both at the CNME and at satellite sites
- The development of a bank of trainers through the HSE (West) Trainers' Forum
- A comprehensive credit accumulation and transfer system applicable to learning activities offered by the CNME and reflecting the National Qualification Authority of Ireland's *National Framework of Qualifications* and the European Credit Transfer System.

Research Resource

Gilly Paul, Researcher, Department of Community Health, Trinity College, Dublin

Working in Health Research

In this interview with Sarah Condell (Research Development Officer at the National Council), Gilly Paul reflects on her transition from public health nursing into full-time health research.

SC: So, what is your nursing background?

GP: I qualified as a general nurse in 1994, after which I went to Wales to train as a midwife. I worked briefly as a midwife in both hospital and community settings before coming back to Ireland in 1997. After stints in care of the elderly and rehabilitation nursing, I did the public health nursing course at University College, Dublin.

SC: What attracted you to public health nursing?

GP: Well, I had always preferred community-based work to working in acute hospitals, and during my community experience I enjoyed working with people in their own homes. I felt I could build up a different kind of rapport with people. Public health nursing was great. I worked as a public health nurse for a year and a half in quite a busy, deprived area. Most of my work was with mothers, babies and children. I learnt a lot from my colleagues and from the people I visited.

SC: How did that lead you into further study?

GP: From my training and practice in public health nursing I became interested in the broader determinants of health. So I undertook the masters' degree programme in community health at Trinity College, Dublin [TCD]. For my research assignment, I looked at the problem of domestic violence, building on a study conducted by the Department of Community Health at TCD a few years earlier. When I had finished the degree, I was given the opportunity to work on another project in the department.

SC: What did that project involve?

GP: The smoking ban was due to be enforced at the end of January 2004 and the project involved looking at the effects of the smoking ban on people working in bars. The research team spent some time interviewing bar workers before the smoking ban came in and then revisited them afterwards.

SC: So you were collecting data for this study?

GP: Yes. I was working alongside Professor Shane Alwright (the principal investigator) and our collaborators in University College, Cork, National University of Ireland, Galway, St James' Hospital, Dublin and in Northern Ireland. In Dublin, we recruited bar workers who were members of a trade union representing people working in pubs. The bar workers attended a respiratory laboratory. I interviewed them and a respiratory technician conducted lung function tests. I also took salivary cotinine levels which are a biomarker for nicotine levels. We asked them to attend the respiratory laboratory within twenty-four hours of being at work so we could assess their recent exposure to smoke. After the smoking ban was implemented we contacted them again and repeated the tests. So it was a controlled "before and after" study. Then I merged the data collected from the four centres and was involved in some of the statistical analysis.

SC: Were the results of this study published by the research team?

GP: Yes. We wrote a report for the funding bodies and had a paper published in the *British Medical Journal*. We're planning to write a few more papers based on the data. This particular study showed how you can change things at a population level rather than at an individual level, which is one of the things that attracted me to public

health research. The smoking ban was an immense population-level intervention and it was a really good to see how effective it was.

SC: Are you involved in research now?

GP: Yes, I am now working on a five-year Health Research Board-funded project here in TCD. Dr Susan Smith, a general practitioner, is the principal investigator leading the inter-agency team. We are looking at implementing a peer support intervention in general practice for people with type-2 diabetes. It's a randomised control trial [RCT]. We are going to set up peer support groups in a number of general practices and then compare an intervention group with a control group of the patients attending those practices.

SC: What's your role within this project team?

GP: I'm the project manager. I organised the pilot project and at present I'm involved in training the staff we have recruited from twenty practices for the RCT. We are training practice nurses in research, how to recruit patients, how to collect baseline data and how to follow up the data collection. I'm involved in co-ordinating, training and supporting them. The general practitioners and the practice nurses will recruit patients and peer supporters and my team will then train the peer supporters in patient group facilitation. I won't have direct contact with the patients just yet but we may run focus groups with them at a later stage. Even though we're conducting an RCT we will also conduct a qualitative and economic analysis.

SC: Where did the idea for this project come from?

GP: The idea came from some work the principal investigator had done with patients in general practice who felt they might benefit from meeting other people with the same problem and get ideas from others on practical everyday life issues. Previous research has shown that sometimes professional advice does not transfer into patient action. The patients may have the knowledge but may find it difficult to put into action.

SC: Is there any work in this project that you are specifically going to focus on for your own research?

GP: I'll probably be involved in managing the data and dealing with the analysis, but not the economic analysis. I'm looking forward to doing some qualitative work as well as I don't have much experience in that area. I've done a course in it and I'll have support and advice from other people.

SC: Do you work with a multidisciplinary team in the department?

GP: Yes. There is another nurse, an epidemiologist, a statistician, general practitioners, public health specialists and psychologists. The mix is great!

SC: Has being a nurse helped you to work in a research environment?

GP: My nursing experience has been invaluable. What stands out for me is the ability to communicate and deal all the time with different people and in research to get things up and running. You gain a lot of organisational skills in nursing even though you might not realise it.

SC: Were you ever put off by quantitative analysis?

GP: I suppose you just learn things. In the masters' programme we covered statistics, epidemiology and research methods. When I first started I was just going to take whatever courses were on offer but I found that in epidemiology and statistics I was building on what I had already done in the public health nursing course. I was just very interested anyway.

SC: Finally, what advice do you have for any nurses or midwives who might be interested in going into your area of research?

GP: Postgraduate education has really helped me, particularly in managing research, but no one should underestimate their nursing experience. You need to just get involved with projects that are going on and be flexible in what you go for. You have to make yourself known in an academic department and show people that you're interested in what's going on. Working as a researcher may not have job security initially - your job is dependent on research funding. The working conditions and hours may vary so research work wouldn't suit everyone. It's also really important to have a good research supervisor and support from the people you work with. You need to be able to get advice from people who have more experience and be able to benefit from that advice. And it's good to work with an enthusiastic (preferably multidisciplinary) team in a progressive environment. I haven't looked back!

Nurse and Midwife Prescribing: Project Implementation

Implementation Updates

The National Council and An Bord Altranais (ABA) continue to implement their nurse/midwife prescribing project plan developed in 2005, while at the same time dovetailing with the national Resource and Implementation Group's plan. Current achievements for the realisation of nurse and midwife prescribing are summarised here:

- The regulatory frameworks of medicines legislation and nursing registration have been identified
- The educational structures to prepare the first cohort of students have been put in place as have An Bord Altranais's requirements and guidance for future prescribers and health service providers
- The issues for developing and ensuring clinical governance structures to support nurses and midwives in their prescribing practices are taking shape through a variety of approaches at national and local levels
- The importance of continued competence for nurse and midwife prescribers is acknowledged by all key stakeholders with the regulatory mechanisms for this evolving.

Other Developments

Other recent developments are outlined below.

Legislation Supporting Nurse/Midwife Prescribing

The *Medicinal Products (Prescription and Control of Supply) Regulations Amendment, 2007* gives legal authority to nurses and midwives to prescribe medications. However, this authority is based upon a number of conditions being satisfied. Requirements and restrictions on nurse/midwife prescribing of controlled drugs are stated in the *Misuse of Drugs (Amendment) Regulations, 2007*. These regulations require that the same conditions are met as for prescriptive authority. They also contain additional restrictions for the prescribing of MDA medications identified in Schedules 4 and 5. A specific four-part schedule (Schedule 8) has been devised which names the Schedule 2 and 3 drugs that a nurse/midwife may be authorised to prescribe. This new schedule also specifies the administration routes and care settings or conditions appropriate for nurse/midwife prescribing.

Professional Regulation

Changes were made to ABA's Nurses Rules so that a new division of the Register could be established. A nurse or midwife who completes the ABA-approved prescribing education programme and meets the conditions emanating from the legal regulations referred to above may apply to ABA to be registered in this new division as a registered nurse or midwife prescriber (RNP). (NB, Under the *Nurses Act, 1985* a midwife is registered within a division of the Nurses Register, therefore a midwife with prescriptive authority will be registered as a nurse prescriber.)

The pertinent abbreviation and the nurse or midwife's PIN must be used when writing a medication prescription. The Register is accessible to healthcare providers and the general public and may be used to confirm whether or not a nurse or midwife is registered as a prescriber.

The ABA Nurses Rules also provide for the approval of higher education institutions and health service providers in relation to the delivery of education programmes concerning prescriptive authority. The Rules can be viewed at www.nursingboard.ie.

Educational Preparation for Prescribing

ABA has recently published the *Requirements and Standards for Education Programmes for Nurses and Midwives with Prescriptive Authority*. This document stipulates:

- The minimum entry requirements for admission to the programme
- The competencies that must be achieved for successful completion of the programme
- The learning outcomes, syllabus, and theoretical and clinical instruction requirements.

The education programme for nurse and midwife prescribing commenced in April 2007 with the Royal College of Surgeons in Ireland and University College, Cork providing the first programmes for fifty students. The award from both colleges is a *Certificate in Nursing (Nurse/Midwife Prescribing)* (Minor Award, Level 8 on the NQAI Qualifications Framework).

Clinical Governance and Professional Guidance

The Resource and Implementation Group has identified essential criteria that must be met by health service providers in order to participate in the first phase of prescribing implementation. These criteria lay the foundation for the clinical governance structures

required for nurse and midwife prescribing. In tandem with these criteria, ABA has devised practice standards and professional guidance stating the requirements of the regulatory body for the RNP. The following publications by ABA also reference the responsibilities of the health service provider/employer to support safe professional prescribing practices:

- *Decision-Making Framework for Nurse/Midwife Prescribing*
- *Practice Standards for Nurses and Midwives with Prescriptive Authority*
- *Collaborative Practice Agreement.*

These publications can be viewed at www.nursingboard.ie or obtained by contacting ABA directly (see contact details below).

Continued Competence

As part of the professional regulatory framework for prescriptive authority by nurses and midwives, an RNP will be required to demonstrate evidence of continued competence in prescribing practice. A special two-year project managed by ABA has commenced for the purpose of establishing a process for assuring an individual prescriber's continued competence.

Medication Management Updates

E-Learning Project

The National Council and ABA are currently working in partnership to develop the Medication Management E-learning programme. Headed by Aine McHugh (on secondment from the UCD School of Nursing, Midwifery and Health Systems), the programme covers medication management and how it applies to nurses' and midwives' day-to-day practice.

The two statutory bodies have undertaken to provide an educational resource on medication management through the creation of an electronic interactive learning and assessment tool. The programme will be available presently from the websites of the National Council, ABA and the Health Service Executive's Learning Centre.

Medication Management Guidance

Guidance to Nurses and Midwives on Medication Management (ABA, 2007) has been revised to incorporate the recent initiatives for nurse and midwife prescribing and current medicines legislation. Guidance on such issues as the reporting of adverse drug reaction and aids to medication administration compliance has been updated and new sections have been added concerning the supply and administration of over-the-counter medications, medication protocol use, crushing medications and immunisations/vaccinations. This publication will soon be available from ABA.

Communication Strategies

The websites of the National Council, ABA and the HSE will contain updates on the progress of nurse and midwife prescribing. In addition to the quarterly updates published in the respective newsletters of the National Council and An Bord Altranais, readers can also download the HSE's dedicated nurse/midwife prescribing newsletter (www.hse.ie/en/nurseprescribing).

A communication booklet for the professions and health service providers has also been prepared jointly by the above organisations in association with the DoHC.

Further information about the project is available from Kathleen Walsh, Project Officer.
T: 01-6398502
E: kwalsh@nursingboard.ie or projectoffice@nursingboard.ie
W: www.ncnm.ie
(follow the links to Rx Nurse and Midwife Prescribing)
or
www.nursingboard.ie
(follow the links to New Developments for Nurse/Midwife Prescribing)

Disability Policy in Europe

The European Union's (EU) Disability Strategy calls for a society that is open and accessible to all and for the identification and removal of barriers to open access. This approach has been stimulated by the United Nations' *Standard Rules on Equalisation of Opportunities for Persons with Disabilities* (1993).

The EU's Disability Strategy has three main focuses:

- Co-operation between the European Commission and the Member States
- Full participation of people with disabilities
- Mainstreaming disability in policy formulation.

The EU's long-term strategy for the active inclusion of disabled people revolves around the *Disability Action Plan* (DAP) and the *European Disability Strategy* (2004-2010), with both empowering the EU to cope with an ever-changing social and economic environment. The DAP organises the actual delivery of mainstreaming of disability issues by structuring priorities in the wide range of EU policies and activities according to developments in the situation and environment of people with disabilities and new challenges.

Mainstreaming is at the centre of EU actions so that society as a whole recognises the needs, as well as the contribution, of people with disabilities. Mainstreaming involves analysing the relevant policy areas from the disability perspective, understanding the diverse needs of people with disabilities and taking them into account when developing policy. Various instruments are used to encourage fully integrated measures which meet the individual needs of people with disabilities and those of people without disabilities in the same way. Mainstreaming involves constant dialogue with public authorities, social partners, private sector and disability non-governmental organisations (NGOs).

The DAP structures priorities in EU policies and activities according to developments in the situation and environment of people with disabilities. Every two years, the European Commission issues a report on the overall situation of people with disabilities that provides the basis for identifying these priorities. It also guides Member States and stakeholders in their disability policies.

DAP Priorities 2006-2007

- Attracting people with disability into employment
- Providing access to quality support and care services
- Fostering accessibility to goods and services
- Increasing EU analysis of disability statistics

Source: European Commission (2007) *Including People with Disabilities. Europe's Equal Opportunities Strategy.* Available to download from http://ec.europa.eu/employment_social/index/7002_en.html

For more information on:

- The EU's Disability Strategy - log on to http://ec.europa.eu/employment_social/disability/strategy_en.html
- The *European Disability Action Plan, 2006-2015* – log on to the Council of Europe's website (www.coe.int) and follow the links to Social cohesion/Social affairs – public health/Integration of people with disabilities.

Irish Disability Act, 2005

Under Irish law, disability in relation to a person, means “a substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment” (*Disability Act, 2005*). The *Disability Act* is a key element of the National Disability Strategy, which builds on existing Irish and European policy and legislation and on the policy of mainstreaming services for people with disabilities.

A Guide to the Disability Act, 2005 (February 2006) is available to download from the website of the Department of Justice, Equality and Law Reform (www.justice.ie). Follow the links to Publications/ Equality.

Disability in Europe: Facts and figures

- People with disabilities represent at least 16% of the overall EU working age population
- More than 45 million people in Europe – one in six – aged between 16 and 64 have a long-standing health problem or a disability. Among young people aged between 16 and 25, the figure stands at around 7.3%
- On average only 50% of Europeans with a disability have a job, as compared with over 68% of non-disabled people
- Disability related benefits are claimed by 6% of the working age population. About one quarter of new disability benefits are due to mental illness.
- Segregation starts at an early age with children often pushed into parallel education networks or otherwise excluded from mainstream society

Sources:
European Commission (2007) *Including People with Disabilities. Europe’s Equal Opportunities Strategy*. European Foundation for the Improvement of Living and Working Conditions (http://eurofound.europa.eu).

Enhancing the Clinical Learning Environment through Technology

Letterkenny Institute of Technology (LYIT) and the NMPDU, HSE (West), Ballyshannon, have embarked on a collaborative initiative to examine technological supports aimed at aiding nursing students in the clinical learning environment.
The interagency project team is progressing the following:

- A dedicated intranet site within the HSE with all relevant documentation pertaining to national and local policies and procedures. This site profiles all clinical placement sites utilised by the undergraduate nursing programmes
- A nursing student laptop initiative. Nine student nurses representing each of the three undergraduate nursing degree programmes at LYIT have been chosen to take part in this initiative which involves the use of a laptop supplied by the institute during clinical placements and giving direct remote access to LYIT. Three radio access points (using wireless broadband) have been installed at key remote locations across Co Donegal to ensure students have a direct line to LYIT. From these locations, students have access to library journals and databases, e-mail contact with tutors and colleagues, personal folders, teaching and learning materials.

This initiative is being undertaken to explore how evidence-based practice can be encouraged in the clinical setting and to help maintain the level of academic research undertaken by nursing students at LYIT to be transmitted to the clinical setting.

For further information on the technological supports project contact Paula Kavanagh, Nursing Informatics Officer, NMPDU, Iona House, Main Street, Ballyshannon, Co Donegal.
T: 0719-822106 or 087-9090478 E: paula.kavanagh@mailb.hse.ie

Standards of Care and Audit Tools for Community Hospitals and Residential Care Units

The NMPDU, HSE (South) (Cork and Kerry) is co-ordinating the implementation of a clinical governance model, namely *Essence of Care: Patient-Focused Benchmarks for Clinical Governance* (NHS, 2001, 2003, 2006), in a project part-funded by the National Council. This model has been adapted for use in the Irish health service with the aim of setting standards, facilitating audit, providing advice,

guidance and support on effective clinical practice, and improving services for older persons.

The standards of care reflect the current emphasis on delivering care that is evidence-based and person-centred, and will be used in an attempt to reduce existing variations in practice and promote a consistent and cohesive approach to care. The key principles of the standards include:

- Patient and carer participation in decision-making about care
- Emphasis on quality of life as well as quality of care
- Sharing and comparing best practice and promoting interdisciplinary team working
- Emancipatory practice development principles and methods
- Local ownership and sustainability.

The *Standards of Care and Audit Tools for Community Hospitals and Residential Care Units in the Cork and Kerry Region* were launched at a conference in Cork by Dr Tracey Cooper, CEO of the interim Health Information and Quality Authority, in February 2007.

For further information on *Standards of Care and Audit Tools for Community Hospitals and Residential Units*, contact Margaret Buckley, Practice Development Facilitator (Older Person Services), NMPDU, HSE (South), Unit 8A, South Ring Business Park, Kinsale Road, Cork.
T: 021-4927469 or 087-9278953 E: Margaret.Buckley1@mailp.hse.ie

Keynote speakers pictured at the *Standards of Care and Audit Tools for Community Hospitals and Residential Units* conference.
Back row: Tom Leonard, Eamon Timmins, Bob Carroll and Prof Cillian Twomey.
Front row: Dr Tracey Cooper, Catherine Killilea and Margaret Buckley.

Sharing Best Practice Conference

Hosted by the Galway NMPDU in February 2007 and funded by the National Council, the fifth annual *Sharing Best Practice* conference again provided a platform for nurses and midwives to share practice initiatives with their colleagues and, equally importantly at this time of transformation in the Irish health services, to celebrate with their colleagues. The NMDPU views the delivery of healthcare as all-encompassing and involving a great number of people: the patient, their family, their community, and many grades of staff. Therefore, nurses and midwives need to engage in a collaborative and meaningful way to deliver the care and support to the communities they serve, enabling people to live healthier and more fulfilled lives in keeping with the Health Service Executive's mission.

The theme of this year's *Sharing Best Practice* conference was *Closing the Practice Development Loop – Outcomes and Evaluations*. Keynote speakers discussed this concept while presenters at the concurrent sessions demonstrated its applicability. Keynote speakers included Ms Paddie Blaney (CEO, Northern Ireland Practice and Education Council), Dr Kevin Connaire (Lecturer, St Francis' Hospice, Raheny, Dublin) and Ms Shalini Sinha (Life Coach and Irish Times Columnist). Drawing on the mission of the HSE, the poster presentations represented *Transformation in Action*. The level of creativity, lateral thinking and person-centredness demonstrated by the poster presenters reflected the ability of healthcare staff to make a difference and improve the quality of service in the best interests of the patients they interact with.

Sharing Best Practice conference organisers: Claire Welford, Helen Duffy, Mary O'Dowd, Mary McHale and Margaret Burke

Sharing Best Practice conference speakers and guests: Kevin Connaire, Kathy Murphy, Shalini Sinha, Mary F O'Reilly and Jenny Hogan

For more information on the Sharing Best Practice Conference, contact Claire Welford, Clinical Link Facilitator and Lecturer (Gerontology), NMPDU, HSE (West), First floor, HR Building, Merlin Park Regional Hospital, Galway.
T: 087-1224237
E: claire.welford@mailn.hse.ie

A Practice Development Strategy for the South-East

In February 2007 the NMPDU serving Carlow, Kilkenny, Waterford, Wexford and South Tipperary launched its strategy for practice development in the region. The strategy has been developed from a project that commenced in 2003 with funding from the National Council. This project has built on the practice development expertise already existing in acute, mental health, intellectual disability, care of the older person and community services, as well as incorporating the expertise of professional development officers in the NMPDU. It was recognised that in order for practice development to be managed strategically within the region, the relevant personnel would need to work together as a team and adopt a collaborative and standardised approach to practice development. Accordingly, the strategy document provides guidance and support for questioning, developing and evaluating practice at a local level in a structured, systematic and collaborative manner.

Back row: Robert McSherry, Patricia McQuillan, Ann Coyne-Nevin, Joan Gallagher, Andy Hebblethwaite, Sheila Doyle, Barry Walsh, Céire Rochford, Fiona McKeown, Helen Molloy, Joan Phelan and Una O'Brien
Front row: Eithna Coen, Christine Hughes, Anne Slavin and Miriam Bell.

A Strategy for Practice Development (HSE South, December 2006) is presented in four sections.

- Section 1 sets the scene for the development of the practice development strategy and states the aims of the strategy
- Section 2 provides an overview of the practice development team's aims
- Section 3 includes a framework for undertaking a practice development initiative and detailed guidance on conducting different aspects of the proposed initiative
- Section 4 concludes the strategy and sets out (in appendices) a sample practice development initiative using the framework and guidance given in Section 3, and a detailed action plan for the dissemination, implementation and evaluation of the strategy within the South-East.

The practice development personnel met on a monthly basis during the course of the project and the writing of the strategy document. Since the strategy was finalised and published they have continued to hold regular meetings in order to roll out and implement it, thus extending the relationships and networks that developed between the various agencies.

For further information on the practice development strategy in the South-East and to obtain copies of the strategy document, contact:
Patricia McQuillan, Professional Development Co-ordinator
NMPDU-SE
HSE (South), Office Complex,
Kilcreene Hospital Grounds,
Kilkenny
T: 056-7785629

Launch of Clinical Leadership Pilot Project

The NMPDU serving Limerick, Clare and North Tipperary launched a pilot programme in March 2007 aimed at developing clinical leadership among nurses and midwives working in HSE services. This programme is based on the Royal College of Nursing's (RCN) Clinical Leadership Programme, which has developed from a ward nurses' leadership project to an internationally recognised, multidisciplinary clinical leadership development programme.

News and Updates

Twenty-four clinical leaders working in acute, primary, community and continuing care services in Limerick, Clare and North Tipperary have been recruited to undertake the pilot project in Limerick. During the coming twelve months they will develop patient-centred leadership behaviours and will focus on:

- Managing themselves
- Developing and maintaining effective relationships with their team and others
- The patient and their relatives
- Maximising the use of available resources through effective internal and external networking
- Developing greater political awareness.

These core objectives have much in common with the HSE's leadership, transformation and service priorities. The pilot project will be evaluated utilising a method of *realistic evaluation*, which will enable the programme providers in Limerick to explore the context, process and outcomes of the interventions.

For further information on the clinical leadership project in Limerick, contact Cora Lunn, Clinical Leadership Facilitator, NMPDU, HSE (West), 31-33 Catherine Street, Limerick.
T: 061-464017
E: cora.lunn@mailh.hse.ie
For more information on the RCN's Clinical Leadership Programme, log on to www.rcn.org.uk/resourcesclinicalleadership.

Coral Lunn (Clinical Leadership Facilitator; bottom LH corner) and Kay Chawke (Assistant Director of Nursing, Mid-Western Orthopaedic Hospital; top LH corner) with participants in the RCN Clinical Leadership Programme.

Advanced Nurse Practitioner Post Development

The HSE has recognised the added value that advanced nurse practitioners (ANPs) have brought to the Irish health system and have urged services to support the development of these important roles. In April 2007 a further seven ANP posts were approved and four new post-holders were accredited by the National Council. The posts were:

- Two ANPs (Emergency), Mercy University Hospital, Cork
- One ANP in children's renal nursing and one in children's emergency nursing at the Children's University Hospital, Temple Street, Dublin
- An advanced midwife practitioner in women's health, National Maternity Hospital, Dublin
- Two ANPs (Emergency) at Sligo General Hospital.

The newly accredited ANPs are:

- Elizabeth Mead, ANP (Oncology), Midland Regional Hospital, Tullamore
- Frieda Clinton, ANP (Haematology/Oncology), Our Lady's Hospital, Crumlin
- Tracy McFadden, ANP (Emergency), Connolly Hospital, Blanchardstown
- Noeleen Casey, ANP (Emergency), St James' Hospital, Dublin.

Valerie Small, who was the first ANP accredited by the National Council, has now been re-accredited for a further five years as an ANP (Emergency) at St James' Hospital, Dublin. Mary Ryder and Gerald Kearns, both of St Vincent's University Hospital, Dublin, were accredited in February 2007 as ANPs in heart failure and cardiology respectively.

National Wound Management Guidelines

The HSE has recently initiated the development of national wound management guidelines for use within HSE services. These guidelines will be informed by a range of professionals from around the country and will build on work carried out earlier. They will be strongly evidence-based, and will provide a standardised approach to wound management in a unified health system to ensure best practice and high-quality patient care.

Membership of the steering group comprises representatives from various HSE agencies, the Health Information and Quality Authority,

the Royal College of Surgeons in Ireland, the Irish College of General Practitioners, the directors of nursing in acute hospitals, and the nursing and midwifery planning and development units. Membership of the clinical group is shown in the box below.

Clinical group members	Organisation/area represented
Eithne Cusack, Assistant Director, Nursing and Midwifery Planning and Development Unit, Dublin (Chair of clinical group)	
Geraldine Craig, CNS (Tissue Viability) **E:** geraldine.craig@maile.hse.ie	HSE (Dublin and North-East)
Helen Strapp, CNS (Tissue Viability) **E:** Helen.Strapp@anmch.ie	HSE (Dublin and Mid-Leinster)
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Zena Moore, Royal College of Surgeons in Ireland	Wound Management Association

For further information about the national wound management guidelines project contact the clinical representative within your HSE area.

All-Ireland Practice and Quality Database Launched by NIPEC

The Northern Ireland Practice and Education Council (NIPEC) hosted a one-day conference entitled ***Improving Patient Experience and Care through Practice and Quality Improvement*** in March 2007. This conference marked the launch in Northern Ireland of the All-Ireland Practice and Quality Database. This database provides a focal point for gathering and disseminating good practice, recognising innovation and personal achievement, and raising awareness of practice initiatives throughout the island of Ireland. It is designed to provide information and encourage access to examples of good practice within the nursing and midwifery professions. This should avoid unnecessary duplication of effort and enhance networking opportunities

Further information about the conference can be viewed at www.nipec.n-i.nhs.uk/p&qconference.htm.
You can also download the speakers' presentations.

To add a project to the database log on to www.ncnm.ie or www.nipec.org.

Publications Update

Print Media Coverage of Suicide in Ireland

Meanings, Messages and Myths: The Coverage and Treatment of Suicide in the Irish Print Media (Cullen, 2006) is a report on a research project conducted over a twelve-month period (June 2003-May 2004) and supported by the National Office for Suicide Prevention (NOSP). The author states that the media have an important role to play in health education, including informing on the areas of suicide and suicide prevention. Although interested organisations have produced guidelines for reporting suicide for journalists, Cullen found no evidence of adherence to such guidelines in Ireland.

Utilising both quantitative and qualitative methodologies the author has attempted to develop a robust picture of how the Irish print media reports suicide. The quantitative approach endeavoured to capture newspaper articles on the subject of suicide, classify and catalogue these stories under a number of headings, and analyse the data produced from this process. The qualitative research approach involved the close reading of samples of the items collected with a view to understanding the social and cultural messages they impart.

The initial quantitative research test found that most of the items sourced discussed suicide in terms that are primarily incidental or clinical rather than as a broad social issue that is worthy of analysis as a deeper sociological problem; the findings of the full research project supported this finding. As well as being informative on the topic of print media coverage of suicide, this report also provides a useful insight into conducting a content analysis of newspaper articles.

John Cullen (2006)
Meanings, Messages and Myths: The Coverage and Treatment of Suicide in the Irish Print Media
Health Service Executive
ISBN-13:978-0-9553854-0-7 or ISBN-10:0-9553854-0-7
Available to download from the website of the National Office for Suicide Prevention. **W:** www.nosp.ie

The *Media Guidelines for the Portrayal of Suicide* by the Irish Association of Suicidology and the Samaritans can be downloaded from the website of the Health Service Executive – www.hse.ie (follow the links to Publications/HSE Publications).

Nurse-Facilitated Discharge from Hospital

Nurse-Facilitated Discharge from Hospital (Lees, 2007) discusses nurse-facilitated discharge in the context of the acute hospital setting and contains contributions from nurse managers, consultant nurses and other allied health professionals. The *nurse-facilitated discharge* process is defined in the context of multidisciplinary team-working and service provision as “a process where nurses take responsibility for the proactive management of discharge or patients in their care from hospital”, whereas a *nurse-led discharge process* implies “a uni-disciplinary activity” with “nurses leading the whole process of discharge, following decisions made by nurses, using criteria, protocols or a given set of principles” (Lees, p12).

There are three distinct sections to the book: background and theory, clinical practice considerations and case studies; chapter contributors include nurse managers, consultant nurses and other healthcare professionals. Topics covered in the first section include educational support for discharge planning and competency and role development, while those in the second section include maintaining strategic organisational momentum through senior nursing input, the interface with the multidisciplinary team, and discharge and medication. Clear, well-spaced layout and diagrams enhance the user-friendliness of this book, but the seven case studies in the third section consolidate and shed new light on the theoretical issues discussed in the earlier sections.

Nurse-Facilitated Discharge from Hospital
Liz Lees (Ed) (2007)
M&K Update, Keswick
W: www.mkupdate.co.uk
ISBN: 978-1-905539-12-3

Mainstream Healthcare Provision for People with Intellectual Disabilities

You’re working in an acute general hospital, a children’s hospital, a psychiatric hospital or a public health centre: what are your initial thoughts when told that a patient with intellectual disabilities (ID) has been admitted to your ward or arrives in your department? This is the first challenge put to readers of ***Health Care Provision and***

People with Learning Disabilities: A Guide for Health Professionals (Corbett, 2007). Although the references to legislation, policy and practice are British, health inequalities and barriers to improved health for people with ID occur internationally. There is much here for nurses working in mainstream Irish services to draw upon when aiming to enhance services for and care of people with ID. Readers are urged to become aware of factors such as diagnostic overshadowing, and the importance of allowing more time to deal with individuals with ID.

This book is aimed at healthcare professionals working in and providers of mainstream healthcare services, rather than those already familiar with specialised ID services. Nevertheless, nurses working in ID services could use this book to guide collaboration with their colleagues in mainstream services when, for example, developing inter-agency admission, discharge and consent protocols.

Jo Corbett (2007)
Health Care Provision and People with Learning Disabilities: A Guide for Health Professionals
John Wiley & Sons Ltd, Chichester
ISBN-13 978-0-470-01986-3
ISBN-10 0-470-01986-7
W: www.wiley.com

Follow-Up Project on Women's Perceptions of Fertility, Sex and Motherhood

The Crisis Pregnancy Agency's (CPA) report ***A Follow-Up Project on Perceptions of Women about Fertility, Sex and Motherhood: Probing the Data Further*** (Murphy-Lawless, December 2006) presents the results of a follow-up study to a similar study published two years ago (Murphy-Lawless, Oaks and Brady, 2004). The follow-up study was conducted in order to address identified short-comings in the original. New fieldwork was conducted involving qualitative interviews with small numbers of women from rural and very small town backgrounds who had limited educational opportunities and with women who worked as health social service and youth service providers to the target group of women.

Significant findings from this part of the follow-up project include the following:

- Younger women living in rural locations and very small towns are sexually active like their counterparts in larger sites, but they are more constrained in their actions because in the settings where they live it is harder to be sexually active and preserve one's privacy.
- They live in a local social climate that, in the main, adheres to an older moral code that non-marital sex should not happen. Thus, a larger proportion of older adults, often including their parents and those in authority, are perceived to have attitudes to non-marital sex that tend to be negative.

The report concludes with recommendations around the provision of relationships, sexuality, education and developmental programmes for young men and women. Of particular interest to nurses and midwives is the recommendation which states that while general practitioners and other health care professionals need to have their own ethical and religious views respected, young women who are sexually active urgently require to have their contraceptive needs met, regardless of where they live.

A Follow-Up Project on Perceptions of Women about Fertility, Sex and Motherhood: Probing the Data Further. Report No 17. is available to download from the CPA's website www.crisispregnancy.ie (follow the links to the Research/Reports).

Events

MEETING OF THE EUROPEAN PSYCHIATRIC NURSING HISTORY GROUP

Date:
Thursday 21 & Friday 22 June 2007

Venue:
UCD School of Nursing, Midwifery and Health Systems, Health Sciences Centre, University College, Dublin (Belfield Campus)

Programme includes talks on historical aspects of psychiatric care and nursing in Ireland, Sweden, Switzerland, and the Netherlands

For further information contact:
Dr Ann Sheridan, Lecturer,
School of Nursing,
Midwifery and Health Systems, UCD.

T: 01-7166427
E: ann.sheridan@ucd.ie

11th International Philosophy of Nursing Conference

In association with the International Philosophy of Nursing Society

Identity and Difference in Health and Healthcare

Date: Sunday 2 - Tuesday 4 September 2007

Venue: Westpark Conference Centre, 319 Perth Road, Dundee, Scotland

Abstract submissions should be sent electronically to Dr John Drummond at j.s.drummond@dundee.ac.uk **by 21 July 2007** or by post **by 21 July 2007.**

For more information on abstracts contact:
Dr John S Drummond, Senior Lecturer, School of Nursing and Midwifery, University of Dundee
E: j.s.drummond@dundee.ac.uk
T: 0044-1382-388525

For information contact on bookings:
Jeanie Nowland, Marketing Co-ordinator, School of Nursing and Midwifery, University of Dundee
T: 0044-1382-385939
E: m.j.nowland@dundee.ac.uk

National Conference 2007

Poster Presentation

Have you initiated change in practice or service delivery?
Have you undertaken research that has contributed to patient/client care or service delivery?
Have you initiated innovative developments in management, education or clinical practice to support service delivery?

Present a poster at the Seventh Annual Conference of the
National Council for the Professional Development of Nursing and Midwifery
14-15 November 2007

Team-Working to Support Excellence in Patient Care

(Working Title)

The posters will be judged by guest speakers and prizes awarded.

Criteria for Judgement

- Appropriateness of content
- Clarity of text
- Visual presentation

THE CLOSING DATE FOR SUBMISSIONS IS FRIDAY 7 SEPTEMBER 2007

To apply log on to www.ncnm.ie or contact
T: 01-8825309 E:posters@ncnm.ie

National Conference 2007

National Council for the Professional Development of Nursing and Midwifery
National Conference 2007

Team-Working to Support Excellence in Patient Care

(Working Title)

Venue: Croke Park Stadium, Dublin 3
Dates: Wednesday 14 November and repeated Thursday 15 November 2007
Time: 08.30 – 16.00

Contributors will include representatives from ☐ the Department of Health and Children ☐ Health Service Executive ☐ the Health Information Quality Authority ☐ nurses and midwives from a variety of settings.

Presentations will cover ☐ developments in the health service ☐ innovations in the care of older people ☐ advanced practice ☐ effective teamwork ☐ community nursing ☐ chronic disease management ☐ mental health nursing ☐ careers in research ☐ and more.

There is no charge for the conference and lunch will be provided.
To apply for a place, please complete and return the booking form below. As places are limited, please book early.

✂...

National Council for the Professional Development of Nursing and Midwifery National Conference 2007 Booking Form

Name ____

Job Title ____

Address ____

____

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Place of Work ____

Tel. No. ______________________ Mobile No.______________________

Special Dietary Requirements ____

Please tick date you wish to attend: Wednesday 14 November ☐ OR Thursday 15 November ☐

Return booking form to: Conference Organiser,
National Council for the Professional Development of Nursing and Midwifery, 6-7 Manor Street Business Park, Manor Street, Dublin 7

T: (01) 8825300 F: (01) 8680366 E: conference@ncnm.ie