

AUTUMN / WINTER 2010 ISSUE 34

# NCNM REVIEW

LEADING PROFESSIONAL DEVELOPMENT TO SUPPORT HEALTH SERVICE DELIVERY



*National Council for the  
Professional Development  
of Nursing and Midwifery*

*An Chomhairle Náisiúnta d'Fhorbairt  
Chairmiúil an Altranaís agus  
an Chnámhseachais*

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## MISSION STATEMENT

The purpose of the Council is to promote and develop the professional roles of nurses and midwives in partnership with stakeholders in order to support the delivery of quality nursing and midwifery care to patients/clients in a changing healthcare environment.

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# Editorial

Welcome to the Autumn/Winter 2010 edition of *NCNM Review*!

In this edition we are availing of our regular slot on the Health Service Reform Programme to highlight the recent publication of the **Changing Cardiovascular Health: Cardiovascular Health Policy, 2010-2019** (Department of Health and Children, May 2010). The strategy was developed by the Cardiovascular Health Policy Group and arrives at an opportune time ahead of World Heart Day on 26 September and World Stroke Day on 29 October 2010. The Strategy recognises the progress that has been made in Ireland over the last ten years and maps out key priorities for the future. It contains many implications for the continued development of nursing roles within an increasingly integrated health service.

The launch of the Cardiovascular Strategy brings into relief the importance of developing clinical outcomes as recommended by the report *Building a Culture of Patient Safety* (Department of Health and Children, 2008). This is an essential requirement for enhancing the quality of our health services. The National Council has published a new discussion paper on clinical outcomes. The paper provides an update on the topics and issues covered in *Measurement of Nursing and Midwifery Interventions: Guidance and Resource Pack*, which we published in 2006. It is intended to provoke reflective discussion among nurses and midwives on how they need to adapt their roles and services to the ever evolving context within which they work.

A good practical example of this reflective discussion at work is provided by the update on a project in

Roscommon County Hospital. The project aims to increase communication within the hospital as a basis for improving quality. It is driven by the creation of a Professional Practice Committee (PPC) and a Nursing Forum within the hospital. A description of how they work is provided in this edition of the *NCNM Review*.

Our section *Third-Level Education for Professional Development* highlights a number of recent initiatives developed by the universities. I would like to take the opportunity here to congratulate the School of Nursing, Midwifery and Health Systems at University College, Dublin on the twenty-first anniversary of the specialist clinical training programme in cancer nursing in Ireland. This event was marked on 31 May 2010 at a celebratory seminar on cancer nursing entitled *Celebrating the Past, Shaping the Future*. All the items covered in this section of the Review are clear evidence of how far nursing and midwifery have developed in Ireland over the last twenty years.

Finally, I would like to invite you to book your place for this year's National Conference. The theme for this year is **Quality and Innovation: Achieving Excellence in Patient Care**. In a new departure, the conference programme now contains optional masterclasses with nurse experts in wound management and healthcare management. I look forward to meeting many of you again at Croke Park, on Wednesday 10 November 2010 between 08.30 and 16.00.

**Yvonne O'Shea**  
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Cover photo:  
The Burren National Park, Co Clare.

# Health Service Reform Programme: Changing Cardiovascular Health – An Overview



With the tenth anniversary of World Heart Day coinciding with the publication of this issue of the *NCNM Review* and World Stroke Day following next month, it is opportune that we provide an overview of the new cardiovascular health policy **Changing Cardiovascular Health: Cardiovascular Health Policy, 2010-2019**

(Department of Health and Children/DoHC, May 2010). Launched in June 2010 by the Minister for Health and Children, the policy was prepared by the Cardiovascular Health Policy Group, whose terms of reference were as follows:

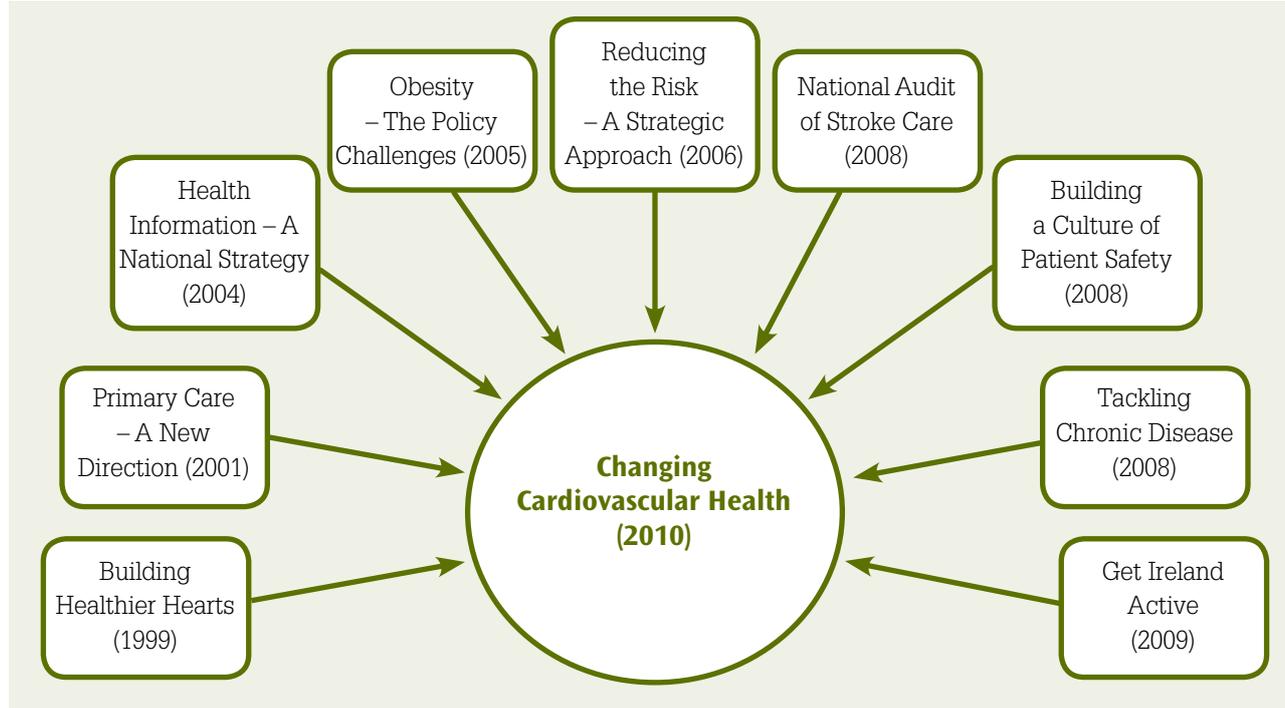
*Having regard to the audit of the implementation of the cardiovascular health strategy, Building Healthier Hearts, and the audit of stroke services, Irish National Audit of Stroke Care, and consistent with developments in relation to the management of chronic diseases and the Primary Care Strategy, to develop a policy framework for the prevention,*

*detection and treatment of cardiovascular disease, including stroke and peripheral arterial disease, which will ensure an integrated and quality-assured approach in their management (p36).*

Considerable progress had been made in the treatment of cardiovascular disease since the publication of the previous cardiovascular strategy, *Building Healthier Hearts* (DoHC, 1999). For example, between 2002 and 2007, the mortality rates for circulatory systems diseases such as heart attack and stroke decreased by twenty-five per cent. Services that were developed in the last decade include chest pain clinics, enhanced pre-hospital care and cardiac rehabilitation and there are plans to implement a higher level of care on a national, standardised basis, and to make this accessible in each region.

The management of cardiovascular disease covers all aspects of healthcare, from childhood through to old age; from pre-hospital emergency care, to rehabilitation and palliative care. *Changing Cardiovascular Health* is consistent with other recent policy documents in that it promotes greater levels of integration between primary

**Figure 1** National Policies and Reports Informing *Changing Cardiovascular Health: Cardiovascular Health Policy, 2010-2019* (Department of Health and Children, 2010). NB, sample titles only.



healthcare providers and specialist services. (Other Irish policies and reports that have informed the present policy are shown in Figure 1.) There are sixty-eight recommendations for actions relating to the different topics and issues discussed and the agencies charged with leading out on them are identified, e.g., the Health Service Executive, the Irish Heart Foundation, the Health Information and Quality Authority, local authorities and public representatives. The main thrust of the policy in relation to service delivery is the development of existing cardiac and stroke services into regional, population-based cardiac and stroke networks comprising general and comprehensive hospitals. This development will take place on an incremental basis as resources permit. Initially, new care pathways based on international and national evidence-based guidelines will be adopted for cardiac conditions and stroke, particularly in emergency settings. The complementary networks will follow and will consist of groups of smaller satellite hospitals providing general cardiac or stroke services and a hub hospital providing comprehensive services.

Inevitably the proposed changes present new opportunities for nurses in terms of developing new ways of working and adapting to new working environments. This may necessitate education and training for health professionals to facilitate their understanding of integrated working. The contribution of nurses to the development of the cardiac and stroke services is generously acknowledged in the Policy, and the requirement for nurses' participation in the multidisciplinary teams is underlined. Roles referred to specifically are clinical nurse specialists, advanced nurse practitioners, practice nurses, community nurses and public health nurses, especially in relation to cardiovascular nursing. Specific areas of practice and specific roles mentioned include anticoagulation services in acute hospitals and general practices, specialist heart failure nurses working in primary care, specialist nurses working in stroke units, nurses working in the area of in-patient stroke rehabilitation, nurses working in the community in early supported discharge (following stroke care), cardiovascular clinical nurse specialists in community liaison roles and stroke liaison nurses in general and comprehensive stroke centres. It is envisaged that nursing roles will evolve in line with the implementation of the policy.

### Context for *Changing Cardiovascular Health: The European Heart Health Charter*



In July 2007 the European Heart Network and the European Society of Cardiology, with the support of the European Commission and the World Health Organisation (WHO) Regional Office for Europe, developed the first European Heart Health Charter, which was designed to prevent cardiovascular disease (CVD) in Europe. Later that month the European Parliament adopted a motion for a resolution on action to tackle CVD. The European Heart Health Charter aims to reduce the burden of cardiovascular disease in the European population by mobilising national governments, health agencies, health professionals and public health non-governmental organisations, thus ensuring the best possible conditions to promote and preserve cardiovascular health for all European citizens. The Charter was conceived by the European Society of Cardiology and the European Heart Network, with the support of the European Commission and the WHO Regional Office for Europe, as the first Charter to prevent CVD in Europe.



### 26 September 2010: World Heart Day

World Heart Federation (Illustration © Jason Joyce)  
- [www.world-heart-federation.org](http://www.world-heart-federation.org)



### 29 October 2010: World Stroke Day

World Stroke Organisation -  
[www.worldstrokecampaign.org/](http://www.worldstrokecampaign.org/)

## Sources and Resources

These documents by the Department of Health and Children are available to download from [www.dohc.ie](http://www.dohc.ie):

- (1999) *Building Healthier Hearts. The Report of the Cardiovascular Health Strategy Group*
- (2001) *Primary Care – A New Direction*
- (2004) *Health Information – A National Strategy*
- (2005) *Obesity – The Policy Challenges. The Report of the National Task Force on Obesity*
- (2006) *Reducing the Risk – A Strategic Approach. The Report of the Task Force on Sudden Cardiac Death*
- (2008) *Building a Culture of Patient Safety. Report of the Commission on Patient Safety and Quality Assurance*
- (2008) *Tackling Chronic Disease. A Policy Framework for the Management of Chronic Diseases*
- (2009) *Get Ireland Active. The National Guidelines on Physical Activity for Ireland* (with the Health Service Executive)
- (2010) *Changing Cardiovascular Health: National Cardiovascular Health Policy, 2010-2019*

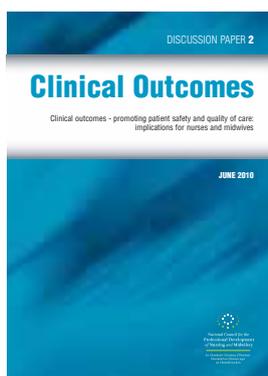
Institute of Public Health in Ireland (2010) *Making Chronic Conditions Count: Hypertension, Stroke, Coronary Heart Disease, Diabetes*. Download from [www.iph.ie](http://www.iph.ie)

Irish Heart Foundation (2008) *Irish National Audit of Stroke Care*. Download from [www.irishheart.ie](http://www.irishheart.ie)

## Websites of agencies cited in *Changing Cardiovascular Health*

- Department of Health and Children – [www.dohc.ie](http://www.dohc.ie)
- European Heart Health Charter – [www.heartcharter.org](http://www.heartcharter.org) or [www.heartcharter.eu](http://www.heartcharter.eu)
- European Heart Network – [www.ehnheart.org](http://www.ehnheart.org)
- European Society of Cardiology – [www.escardio.org](http://www.escardio.org)
- European Stroke Organisation – [www.esostroke.org](http://www.esostroke.org)
- Health Information and Quality Authority – [www.hiqa.ie](http://www.hiqa.ie)
- Health Research Board – [www.hrb.ie](http://www.hrb.ie)
- Health Service Executive – [www.hse.ie](http://www.hse.ie)
- Irish Association of Cardiac Rehabilitation – [www.iacr.info](http://www.iacr.info)
- Irish Cardiac Society – [www.irishcardiacsociety.com](http://www.irishcardiacsociety.com)
- Irish College of General Practitioners – [www.icgp.ie](http://www.icgp.ie)
- Irish Endocrine Society – [www.irishendocrinesociety.ie](http://www.irishendocrinesociety.ie)
- Irish Heart Foundation – [www.irishheart.ie](http://www.irishheart.ie)
- Irish Hospice Foundation – [www.hospice-foundation.ie](http://www.hospice-foundation.ie)
- Royal College of Physicians in Ireland – [www.rcpi.ie](http://www.rcpi.ie)

# Clinical Outcomes – Promoting Patient Safety and Quality of Care: Implications for Nurses and Midwives



Since the National Council published the two-volume *Measurement of Nursing and Midwifery Interventions: Guidance and Resource Pack* in 2006 (see Box 1, page 6), the term clinical outcomes has come to the fore in health service reform and quality improvement.

The achievement of desirable clinical outcomes has become an integral aim of healthcare provision and service delivery both in Ireland and abroad and this has implications for how different disciplines and grades of staff work together as members of uni- or multi-disciplinary teams within and across healthcare settings. In response to this development the National Council has published a new discussion paper entitled **Clinical Outcomes**, the purpose of which is to provide an update on topics and issues in the guidance and resource pack



and to provide an overview of the work undertaken by the National Council. In addition, it seeks to prompt discussion about and reflection upon the environment in which nurses and midwives work today. This environment is made all the more complex because of the interdependencies and interrelationships between trends in health care and service delivery, expectations of patient safety and quality standards, the increasing sophistication of research and evidence, and many other factors. The emphasis of this discussion paper is on making sense of the complex healthcare environment from nursing and midwifery perspectives, while not losing sight of the goals shared by everyone with a vested interest in ensuring that patients receive safe, high-quality care.

The discussion paper is divided into the following sections:

- *Clinical Outcomes in Healthcare – The Global Context*
- *Patient Safety and Quality of Service*
- *Evidence-Based Practice and Clinical Guidelines*
- *Health System Reform – Quality and Cost-Effectiveness*
- *Categorising Clinical Outcomes – The Nursing and Midwifery Perspective*
- *Sources and Resources for Clinical Outcomes*
- *Developing the Competencies Required for Clinical Outcomes Measurement.*

The principal driver of the use of clinical outcomes in Ireland is the report *Building a Culture of Patient*

*Safety* (Department of Health and Children, 2008), which identifies numerous factors that can enhance clinical outcomes for patients (see Figure 2). The National Council's discussion paper attempts to show how Ireland's agenda for quality and safety in healthcare is in turn driven by international developments and standards, and how these are relevant to nursing and midwifery (Box 6 on page 7 of **Clinical Outcomes** enumerates key publications and events that illustrate the emergence of patient safety, quality of care and clinical outcomes in nursing and midwifery role and practice development from 2001 to 2010). Pressure area maintenance is the topic used throughout the document to illustrate how international and national developments and policy affect clinical practice at a local level (see the Health Service Executive's *National Best Practice and Evidence-Based Guidelines for Wound Management*, 2009). Data from a desk research exercise conducted by the National Council in July 2009 has been used to show how nurses and midwives in Ireland might categorise the outcomes of their work as *care-related, patient-related or performance-related*.

Copies of **Clinical Outcomes. Discussion Paper No 2** (National Council, June 2010) are available on request from the National Council and can be downloaded from the website – [www.ncnm.ie](http://www.ncnm.ie). The bibliography is available separately as a PDF document and from the website only.

### Box 1 Measurement of Nursing and Midwifery Interventions: Guidance and Resources

Published in 2006, *An Evaluation of the Extent of Measurement of Nursing and Midwifery Interventions in Ireland* (National Council, 2006) was a report on a study of nurses' and midwives' interventions and outcomes measurement taking place in the multidisciplinary environment of the health services in Ireland. The study indicated that nurses and midwives were using various instruments to guide and measure their interventions and that the use of these instruments was likely to be enhanced by the user-friendliness of the instruments themselves, the provision of adequate resources and a supportive workplace culture.

You can download this report and the accompanying document *Development of Measurement of Nursing and Midwifery Interventions: Guidance and Resource Pack* from the National Council's website – [www.ncnm.ie](http://www.ncnm.ie) (follow the links to Publications or Nursing/Midwifery Interventions).

The National Council has used these documents as the basis for an on-line resource on its website.

To view and download the two documents from the National Council's website, log on to [www.ncnm.ie](http://www.ncnm.ie) (follow the links to *Publications*). To view the nursing and midwifery interventions and outcomes resource, follow the links to *Nursing/Midwifery Interventions*.

**Figure 2. Factors Enhancing Clinical Outcomes for Patients, Source: *Building a Culture of Patient Safety* (Department of Health and Children, 2008)**



## Nurses Developing Practice and Quality - Project Implementation at Roscommon County Hospital

*There are many demands on nurses and midwives in today's health service environment, with calls for enhanced patient safety and quality of care, cost-efficiency and evidence of clinical and other outcomes. At the same time nurses and midwives want to take the initiative and lead out on change, as well as respond to corporate-led change. This article illustrates how nurses in Roscommon County Hospital (RCH) have improved communication and are adapting international systems and resources in order to enhance the care and service they provide to patients and service users.*

Roscommon County Hospital (RCH) is a member hospital of the network in the Health Service Executive (HSE) (West), serving Co Roscommon, East Galway, and

parts of Counties Longford, Leitrim and Westmeath. Located on the Athlone Road, it provides eighty-four in-patient beds and nine day beds. Other services provided include an emergency department, a coronary care unit, an out-patient department and general medicine and surgery. Nurses comprise approximately forty per cent of the staff complement.

Margaret Casey and Mary Farrell are, respectively, the acting director of nursing and clinical placement co-ordinator at RCH. In 2007 they began working together to develop a strategic plan for nursing with short-, medium- and long-term goals (see Box 2, page 8). The strategic plan was informed by the results of a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis of nursing in RCH, from which they identified strengths such as the number of nurses undertaking

## Box 2 Sample Objectives from the Strategic Plan for Nursing, Roscommon County Hospital, 2009-2011

Objective	Time frame
Review of nursing documentation	Short to medium term (2009)
Incorporation of continence assessment tool and care plan in nursing documentation	2009
Review of management of controlled drugs and feeding guidelines	2009
Enhance quality of care through full complement of senior nurses	2010-2011
Development of portfolios for all nursing staff	2010
Implement training in management of absenteeism	2010

postgraduate studies, but also a need to develop a communication structure for nursing. They began by establishing two professional communication forums – the Professional Practice Committee (PPC) and the Nurses Forum. The PPC's membership comprises the

hospital's eight clinical nurse managers and two of its clinical nurse specialists (one each from surgery and medicine). The Forum's members are drawn at random from the staff nurse complement and different nurses participate at each meeting.

## Box 3 The European Network for Patient Safety (EUNetPaS) Project

Officially launched in 2008, the EUNetPaS project is funded and supported by the European Commission within the 2007 Public Health Programme. The purpose of EUNetPaS is to establish an umbrella network of all twenty-seven European Union (EU) member states and EU stakeholders to encourage and enhance their collaboration in the field of patient safety (culture, reporting and learning systems, medication safety and education), thus maximising efficiency of efforts at EU level.

The four main topic areas are: *Promoting a Culture of Patient Safety; Structuring Education and Training in Patient Safety; A Core European Curriculum for Patient Safety; and Implementing Reporting and Learning Systems*. A pilot project concerning the implementation of medication safety is in progress and involves identifying good practices, translating them into tools, and testing these tools in selected hospitals. Ireland is primarily involved in two work packages – Work Package 2 (education and training in patient safety) and Work Package 4 (medication safety).

One of the goals of the PPC is to standardise nursing practice throughout the hospital. A function of the Forum is to identify issues of concern among front-line nurses. Both the PPC and the Nurses Forum meet ten times a year, with the Forum meeting the day before the PPC (a colour-coded calendar of all nursing group meetings, hygiene committee meetings, etc, is circulated annually). This enables matters arising at the Forum meeting to be discussed at the PPC at the earliest opportunity. By co-ordinating meetings in this way and varying staff nurse participation, both forums have promoted understanding of and enthusiasm for a number of projects including Work Package 4 (medication safety) of the European Network for Patient Safety (EUNetPaS) which was piloted and adapted for use at RCH (see Box 3).

*The Productive Ward: Releasing Time to Care™* programme is the next project in which the nursing staff are hoping to participate later this year. Margaret and Mary first heard about *The Productive Ward* programme from a medical consultant who had come to work in the hospital, having spent some time in a National Health Service (NHS) hospital in London where the programme was running. It comprises a suite of modules (see Box 4) and is designed to provide long-term sustainable changes to ways of working, driven and implemented by ward sisters/clinical nurse managers. The focus of each change may be a simple idea, like altering



#### Box 4 *The Productive Ward: Releasing Time to Care™*

The *Productive Ward: Releasing Time to Care* programme was developed by the NHS Institute for Innovation and Improvement. The materials for the self-directed programme are contained in a boxed set comprising these thirteen modules: *Executive Leader's Guide, Ward Leader's Guide, Knowing How we are Doing, Well Organised Ward, Patient Status at a Glance, Patient Observations, Admissions and Planned Discharges, Shift Handovers, Meals, Medicines, Patient Hygiene, Nursing Procedures* and *Ward Round*.

The programme:

- Aims to empower ward teams to identify areas for improvement by giving staff the information, skills and time they need to regain control of their ward and the care they provide
- Draws on the principles of "Lean thinking"
- Originated through partnership working between the NHS Institute for Innovation and Improvement, nurse leaders and industry partners
- Is framed to appeal to service managers and ward staff
- Appeals to the intrinsic values of front-line staff
- Has the option of additional support for implementation.

Led by the National Nursing Research Unit at King's College, London, a learning and impact review of the *Productive Ward* programme was conducted in order to establish what the overall learning and impact has been so far, and to suggest how this can disseminated and sustained (see Sources and Resources).

patient handover times, reorganising storage facilities and making better use of data. One proposed change in practice at RCH derives from the *Patient Status at a Glance* module and involves the use of a "visual patient information management system." The use of whiteboards and colour-coded magnetic symbols has made information such as dates of discharge visible at a glance and reduced the time previously spent looking up paper files.

A number of factors have ensured that elements of the *Productive Ward* programme have been welcomed by nurses at RCH: their willingness to demonstrate and measure good nursing practice following the publication



Staff nurses Mary Flynn and Niamh Miley, St Coman's Ward, Roscommon County Hospital wearing "Do Not Disturb: Drug Round in Progress" tabards.

of reports on poor conditions in nursing homes (HSE 2006); the roll-out of the HSE's national integrated discharge planning programme (HSE 2008, 2009 and 2010); working to achieve the HSE's objectives; and the hospital's involvement in the EUNetPaS project co-ordinated in Ireland by the Health Information and Quality Authority (HIQA) (see Box 3). Margaret and Mary are interested in other *Productive Ward* programme modules – *Patient Observations, Meals* and *Medicines*. Some aspects of the *Medicines* module are similar to the requirements of the EUNetPaS medication safety project, in which the hospital has already participated (see photograph).

Both Margaret and Mary recognise the many benefits of networking and reviewing and sharing good practice. The National Council heard about their involvement in the *Productive Ward* programme because they had been invited to make a presentation about their hospital's achievements by the director of the nursing and midwifery planning and development unit in Galway. Their internal meetings have allowed nurses to voice their worries about implementing new practices. For example, nurses have expressed their misgivings about turning visitors away during drug rounds, but have been reassured that their managers will support them. The networking and communicating competencies of management and leadership are often invisible to front-line staff but are vital to the success of any project, as is gaining broad support at a local level. One way of making their successes visible – and those of their front-

## Sources and Resources

- Allsopp, P, Faruqi J, Gascoigne, L, and Tennyson, R (2009) Productive Ward 2: practical advice to facilitators implementing the programme. *Nursing Times*; 105: 24. Available at [www.nursingtimes.net](http://www.nursingtimes.net)
- Bloodworth, K (2009) Productive Ward 1: implementing the initiative across a large university teaching hospital. *Nursing Times*; 105: 24. Available at [www.nursingtimes.net](http://www.nursingtimes.net)
- Conklin, A, Vilamovska, A-M, de Vries, H, and Hatziaandreu, E (2008) *Improving Patient Safety in the EU: Assessing the expected effects of three policy areas for future action*. RAND Corporation, Santa Monica, CA. Available to download from [www.rand.org/pubs/technical\\_reports/TR596/](http://www.rand.org/pubs/technical_reports/TR596/)
- Department of Health and Children (2009) *Commission of Investigation (Leas Cross Nursing Home). Final Report\**
- European Society for Quality in Healthcare (Office for Quality Indicators) - [www.esqh-office-aarhus.dk/home/projects/eunetpas](http://www.esqh-office-aarhus.dk/home/projects/eunetpas)
- European Union Network for Patient Safety (EUNetPaS) - [www.eunetpas.eu](http://www.eunetpas.eu)
- Health Information and Quality Authority (HIQA) – [www.hiqa.ie](http://www.hiqa.ie). Follow the links to *Patient Safety*
- Health Service Executive (2006) *A Review of the Deaths at Leas Cross Nursing Home\**
- Health Service Executive (2008) *HSE Code of Practice for Integrated Discharge Planning\**
- Health Service Executive (2009) *Guideline for Nurse-/Midwife-Facilitated Discharge Planning\**
- Health Service Executive (2010) *HSE National Service Plan, 2010\**
- NHS Institute for Innovation and Improvement and King's College, London (2010) *The Productive Ward: Releasing Time to Care. Learning and Impact Review. Final Report*. Available to download from [www.institute.nhs.uk/quality\\_and\\_value/productivity\\_series/productive\\_ward.html](http://www.institute.nhs.uk/quality_and_value/productivity_series/productive_ward.html). (Please note that you may have to register on the Institute's website in order to access this report)
- National Nursing Research Unit, King's College, London - [www.kcl.ac.uk/schools/nursing/nnru/](http://www.kcl.ac.uk/schools/nursing/nnru/). Log on and follow the links for more information about the *Productive Ward* programme evaluation.
- \*Publications marked with an asterisk can be downloaded from the Irish Health Repository website – [www.lenus.ie](http://www.lenus.ie)

line colleagues – is by publishing them in the nursing annual report.

Margaret and Mary have to work strategically to gain and maintain support from their colleagues on the multidisciplinary team at RCH. They are currently working with their general manager to ensure that an intranet system will be available to nurses and other

front-line staff, thereby facilitating access to updates on and resources for current projects. Clear nursing objectives that match and endorse those of the local, regional and national service plans can play a vital role in making the case for continued participation in major projects, as can demonstrating patient- and service-related outcomes.

## Third-Level Education for Professional Development

### Professional Doctorates in Nursing and Midwifery at UCD

A professional doctoral programme, leading to a degree of Doctor of Nursing (DN) or Doctor of Midwifery (DM), will commence at the UCD School of Nursing, Midwifery and Health Systems in 2011. The structured programme of advanced education and training will incorporate taught modular elements, applied professional practice and supervised research and will complement the School's existing PhD and research masters'

programmes. The programme is aimed at experienced senior nurses and midwives who are already assuming new and challenging leadership roles in clinical practice or in the development and management of nursing or midwifery services. The programme will provide a structured and rigorous academic training aimed at enabling nurses and midwives to further develop their specialist professional knowledge and their leadership skills. It will also provide the requisite training to assist them to research and develop their professional practice

and to develop disciplinary knowledge in their respective fields of practice.

For further details, contact Gerard M Fealy, Director of Graduate Research, UCD School of Nursing, Midwifery and Health Systems, University College, Dublin, Belfield, Dublin 4; **T:** 01-7166461; **E:** gerard.fealy@ucd.ie; or log on to **W:** [http://www.ucd.ie/nmhs/research\\_degrees.html](http://www.ucd.ie/nmhs/research_degrees.html)

### **Incorporating Nursing Essentials within Electronic Healthcare Records**

The PARTNERS (**P**articipatory **A**ction **R**esearch **T**o develop **N**ursing **E**lectronic healthcare **R**ecords) project has been underway at Dublin City University (DCU) since 2008. It aims to integrate health informatics standards for shared care (ISO 13606) and reference terminology standards for nursing diagnoses and nursing actions (ISO 18104) into nursing records for patient-centred electronic healthcare record (EHR) provision. Led by the principal investigator Pamela Henry, the team comprises representatives from DCU, the Dublin Institute of Technology, the Mater Misericordiae University Hospital, Trinity College, Dublin and a number of primary and continuing care services.

The two-year study was undertaken in two local health organisation areas and has involved six primary, acute and continuing care service providers. Utilising mixed methods for data collection (i.e., interviews, focus group sessions and questionnaires), the main objective of the participatory action research study was to identify and evaluate the contextual and information technology requirements for the implementation of a shared discharge/transfer summary record to be used by nurses with people over the age of sixty-five.

The summary care record was developed, tested and evaluated with sixteen patients over a six-month period. The qualitative data was used to create context mechanism and outcome configurations in order to show the various roles that nurses engage in when delivering care. Analysis of the qualitative and quantitative data suggested that the preliminary version (or archetype) of the summary record was fit for purpose. The nurses who engaged in this study viewed the development and implementation of the archetype as a positive experience, while the participating patients liked the idea of having access to and holding their own records.

The researchers concluded from the study that nurses working in acute, primary and continuing care sectors need to have access to:

- Information about past, current and future health and social care initiatives undertaken with their patients by members of multidisciplinary teams
- Details of patients' medication regimes, particularly following transfer to and from different health service providers
- Records of activity and developments in out-patient appointments.

For more information about:

- The PARTNERS project, contact Pamela Henry, Lecturer in Health Informatics and Nursing, School of Nursing, Faculty of Science and Health, Dublin City University, Dublin 9; **T:** 01-7005698; **E:** pamelahenry@dcu.ie; **W:** [www.partnersct.com](http://www.partnersct.com).
- The ISO standards referred to above, log on to the website of the International Organisation for Standardisation – [www.iso.org](http://www.iso.org).
- Health informatics standards in Ireland, log on the website of the National Standards Association of Ireland and type "medical device standards" into the search box.

### **TCD Research Strategy, 2009-2014**

The School of Nursing and Midwifery at Trinity College, Dublin (TCD) has developed a new strategic plan for research for the years up to 2014, which will build on the achievements of the School's previous plan. The key objective of the current plan is to enhance further the school's international contribution to nursing, midwifery and healthcare research and the translation of research into policy and practice, while supporting TCD's convergent theme of a sustainable society and focusing on the next stage in the development of the School's researchers.

In order to achieve this objective, the School has undertaken a broad scoping and consultation process. The output from this process has led to the convergence and centralisation of the School's original seven pillars into a matrix of three key research strengths with multiple cross-cutting themes. The following items indicate the research strengths and main research programmes contained in the new matrix:

1. *Improving the Health and Wellbeing of Women, Children and Families* (maternity care; children's, families' and young people's health and wellbeing).
2. *Promoting Health Equality for Marginalised Groups* (ageing, health and wellbeing; intellectual disability; mental health and illness/distress; epidemiology of substance misuse).
3. *Preventing and Managing Chronic Illness* (cardiovascular health and wellbeing; informal and



formal care-giving in chronic illness; end of life and palliative care in malignancy and non-malignancy).

For further information about the research strategy, research portfolio, research programmes and research opportunities at TCD, contact Professor Catherine Comiskey, Director of Research and Associate Professor of Healthcare Statistics, School of Nursing and Midwifery, Trinity College Dublin, 24 D'Olier St, Dublin 2; **T:** 01-8962776; **E:** ccomiske@tcd.ie; **W:** www.nursing-midwifery.tcd.ie/.

### Celebrating 21 Years of Cancer Nursing Education at UCD

In 1988, University College, Dublin (UCD) established the first university specialist clinical training programme in cancer nursing in Ireland and on 31 May 2010, the UCD School of Nursing, Midwifery and Health Systems hosted a seminar to mark twenty-one years of cancer nursing education at the university. Entitled *Celebrating the Past, Shaping the Future*, the event was addressed by Mary Harney, TD, Minister for Health and Children. The Minister spoke of the importance of this programme in advancing nurses' knowledge and skills for the complex work of cancer nursing. She referred to the unique structure of the programme, which provides a range of modular pathways for nurses to specialise in their particular field of cancer nursing practice and gives the necessary training for specialist and advanced clinical roles. Dr Hugh Brady, President of UCD, acknowledged the advances made in cancer treatments and cancer nursing over the past two decades and said that cancer nursing education at the university had evolved to



Pictured at the seminar marking twenty-one years of cancer nursing education at University College, Dublin: Professor Pearl Treacy, Dr Hugh Brady, Professor Philip Larkin, Ms Mary Harney, TD, Minister for Health and Children, Professor Gerard Fealy, Dr Michelle Butler, Professor Abbey Hyde, and Ms Eileen Furlong.

reflect new therapeutics and new ways of supporting individuals and families in coping with cancer.

Topics of interest presented at the seminar included the nature of cancer disease and the therapeutic possibilities in modifying the signalling pathways that lead to tumour formation; recent developments in cancer clinical research; research into tele-health diagnostic devices; and the development of cancer nursing education and services in Ireland.

For further information on the Graduate Diploma in Cancer Nursing, contact Anne Waters, Executive Assistant, UCD School of Nursing, Midwifery and Health Systems, University College, Dublin, Belfield, Dublin 4; **T:** 01-7166491; **E:** Annel.Waters@ucd.ie.

### UCC Develops European On-Line Diabetes Course

The prevalence of Type 2 diabetes mellitus is increasing globally and, as part of its management, patient counselling is still directed towards the provision of relevant information to patients by healthcare professionals, including nurses and midwives. Along with universities in Estonia, Finland and Lithuania, the Catherine McAuley School of Nursing and Midwifery at University College, Cork (UCC) is participating in a project aimed at improving healthcare professionals' skills in educating patients about the condition. The *DIPRA – Counselling for Practice* project is one strand of the European Commission's Lifelong Learning Programme and aims to develop and improve healthcare professionals' skills in patient education.

The project's overall objective is to ensure a consistent approach to patient education and its focus will be consideration of the individual situation of each patient, and motivating and empowering patients. The main product of the project will be an on-line study module on patient education and counselling for healthcare professionals and postgraduate students. This module will comprise the following topics: evidence-based patient education and counselling, research methods and diabetes management, the professional as a counsellor and patient educator, development of the professional's own counselling skills, and development in using diverse education and counselling methods. It will be delivered on line using a blended approach, ie, on-line lectures, web-based learning assignments, interactive exercises, individual and group work, and on-line discussion forums. The Diabetes Databank located on the DIPRA website will contain resources for patient education.



For more information about the on-line diabetes education course, contact Aileen Burton, Lecturer, Catherine McAuley School of Nursing and Midwifery, Brookfield Health Sciences Complex, University College, Cork; **T:** 021-4901464; **E:** a.burton@ucc.ie

To find out more about:

- The DIPRA project log on to the DIPRA website - <http://dmkk.savonia.fi/dipra/>
- Patients' rights in European Union countries log on to <http://europatientrights.eu/>
- The European Commission's Lifelong Learning Programme and its sub-programmes log on to [http://ec.europa.eu/education/lifelong-learning-programme/doc78\\_en.htm](http://ec.europa.eu/education/lifelong-learning-programme/doc78_en.htm)

## News and Updates

### A Toolkit for Nurse and Midwife Clinical Competency Development

Building on *Guidelines for Portfolio Development for Nurses and Midwives* (National Council, 2003, 2006 and 2009) and *Service Needs Analysis: Informing Business and Service Plans* (National Council, 2008), the National Council has commissioned a research project which is currently being undertaken by the School of Nursing and Midwifery, Trinity College, Dublin (TCD), in association with a number of clinical sites. The research team consists of staff from TCD, the University of Lincoln and several health services in Ireland. The clinical research team members are from the Adelaide and Meath Hospitals incorporating the National Children's Hospital (AMNCH), St James's Hospital, Dublin, COPE Foundation, Cork, St Patrick's Hospital, Dublin, Our Lady of Lourdes Hospital, Drogheda, and the public health nursing service of the Health Service Executive.

The aim of the project is to develop and evaluate a clinical competency toolkit. This toolkit will assist service managers, nurses and midwives in determining and attaining necessary clinical competencies through the use of step-by-step guides, "handy hints" and other material. It is not intended as a component of any maintenance of professional competence activities that may be required by An Bord Altranais. Pilot testing of the toolkit commenced in August 2010 at fourteen clinical sites around the country which are representative of general, intellectual disability, public health, psychiatric, children's nursing and midwifery. Updates on this project will be published on the National Council's website.

For more information about the clinical competency toolkit, contact Celena McSweeney, School of Nursing and Midwifery, Trinity College, Dublin; **E:** cmcsweeney@tcd.ie.

The documents *Guidelines for Portfolio Development for Nurses and Midwives* (National Council, 2009) and *Service Needs Analysis: Informing Business and Service Plans* (National Council, 2008) are available to download from the National Council's website – [www.ncnm.ie](http://www.ncnm.ie).

### National Clinical Leadership Development Project

Commissioned by the Health Service Executive's (HSE) nursing and midwifery planning and development units and supported by the National Council, a national study using mixed methods was undertaken for the purpose of:

- Identifying and critically examining clinical leadership development as portrayed in the relevant literature
- Identifying the clinical leadership development needs of nurses and midwives in relation to improving patient/client care
- Examining and describing key nursing and midwifery stakeholders' views on clinical leadership development.

Focus group discussions were held with all grades of nursing and midwifery staff from each of five divisions of the register, yielding a large amount of rich data concerning their views on clinical leaders, clinical leadership, personal and professional development needs, and the development of clinical leadership capacity within the two professions. Based on a critical review of the relevant literature, a clinical





leadership needs analysis questionnaire was developed and distributed to a national randomly generated sample of 3,000 nurses and midwives, of whom 911 returned usable responses (response rate = 30.92%). The aim of this survey was to measure the respondents'

perceptions of their own clinical leadership development needs and of the barriers to this development.

The researchers from the School of Nursing, Midwifery and Health Systems at University College, Dublin concluded that clinical leadership is essential for achieving quality care and improving care outcomes, and can be demonstrated by nurses and midwives working at all grades, not just by those occupying formal leadership or management roles. The study will contribute to the national clinical leadership project initiated by the Office of Nursing and Midwifery Services Director (ONMSD) at the HSE. The aim of the new project is to implement a national approach to the development of clinical leaders in nursing and midwifery. The components of the initiative include the completion of a national clinical leadership development framework and the establishment of a national leadership and innovation centre for nursing and midwifery.

A report on the study (*National Nursing and Midwifery Clinical Leadership Development Needs Analysis: Final Report*, HSE, November 2009) was launched in July 2010 and is available to download from the website of the ONMSD ([www.hse.ie/eng/about/Who/ONMSD/leadership/](http://www.hse.ie/eng/about/Who/ONMSD/leadership/)).

### Integrating Palliative Care into Disease Management Frameworks

Palliative care has most frequently been associated with cancer, hospices and patients whose death is imminent, but there is growing awareness of the need to consider palliative care as an aspect of the management of all life-limiting diseases in all care settings, and not just in the final stages of life. The terms of reference for the Extending Access Study conducted by the Irish Hospice Foundation (IHF) and the Health Service Executive (HSE) (see *Palliative Care for All: Integrating Palliative Care into Disease Management Frameworks*, 2008) included reviewing existing palliative care provision for patients with life-limiting diseases other than cancer, identifying

potential strategies for extending the palliative care model to people with heart failure, dementia and chronic obstructive pulmonary disease, and prioritising project ideas or collaborations for future service innovation.



The researchers found that while nurses and other health professionals working in disease-specific and other services were open to including palliative care principles within their practice, clarity was needed on the nature and extent of palliative interventions and on when such palliative care interventions should

commence. Clarifying these matters requires a multi-faceted approach encompassing education, advocacy and policy initiatives as well as collaboration and shared care where appropriate. For these reasons the IHF is now supporting three two-year action research projects concerned with devising, implementing and evaluating palliative care responses for people receiving care for advanced respiratory disease, dementia, and heart failure. The research sites are St James's Hospital, Dublin (advanced respiratory disease), Clare Mental Health Services for Older People, St Joseph's Hospital, Ennis (dementia), and the Mater Misericordiae University Hospital, Dublin and Connolly Hospital, Blanchardstown (heart failure). A number of primary care and specialist palliative care services are also involved in the projects. Information is currently being collected by means of questionnaires in relation to the educational needs of staff and this together with focus groups, chart audits and literature reviews will help to inform action research cycles over the next six-month phase.

The anticipated outcomes of the projects include:

- Clarification of the nature, potential and timing of palliative interventions
- Development of educational material for key nursing personnel and information for staff, patients and families
- Guidelines on the introduction of palliative interventions and referral to specialist palliative care services
- Development of a nationally applicable framework for use in HSE services.

It is hoped that the evidence emerging from these action research projects will provide a practical information and guidance resource for nurses in services seeking to integrate palliative care in their practice.



For further information about the project on integrating palliative care, contact:

- Marie Lynch (Programme Development Manager) and Angela Edghill (Project/Research Assistant), Irish Hospice Foundation, Morrison Chambers, 32, Nassau Street, Dublin 2; **T:** 01-6793188; **E:** angela.edghill@hospice-foundation.ie
- Marissa Butler, Research Project Officer (Dementia and Palliative Care), Clare Mental Health Services for Older People, St Joseph's Hospital, Ennis, Co Clare; **T:** 087-2251218; **E:** marissa.butler@hse.ie
- Patricia White, Research Project Officer (Advanced Respiratory Disease and Palliative Care), Department of Respiratory Medicine, St James's Hospital, Dublin; **T:** 01-4103763; **E:** pwhite@stjames.ie
- Rosemary McDevitt, Research Project Officer (Heart Failure and Palliative Care), Cardiology Department, Mater Misericordiae University Hospital, Eccles Street, Dublin 7 and Connolly Hospital, Blanchardstown; **T:** 01-8545236; **E:** rmcdevitt@mater.ie

Project resources and updates can be viewed and downloaded from the Irish Hospice Foundation's website - [www.hospice-foundation.ie](http://www.hospice-foundation.ie).

### **Sustaining Person-Centred Dementia Care**

Nurses and other staff at Claremont Residential and Community Services and Cuan Ross Community Unit, Dublin have completed a work-based programme on person-centred care of older people with dementia. With funding from the National Council, the programme

was facilitated by Dr Jan Dewing (an internationally renowned expert in dementia care nursing) and Lorraine McNamee (a practice development co-ordinator at Claremont Services). Using a practice development approach and experiential learning activities, participants were given the necessary person-centred skills and evidence-based knowledge for making practical changes in care settings for older people with dementia. As a result, participants were equipped not only to improve the quality of life of the people in their care, but also to contribute to national learning, practice development and health service priorities.

Participants demonstrated high levels of creativity in the posters they made during the programme. Containing information about various aspects of dementia, many of these posters are now on display in the care settings for residents' relatives to view. Other outcomes of the programme include the formation of a working group on dementia at Claremont, the production of a booklet entitled *Information for Dementia Care Givers*, and the provision of further education sessions on dementia care for staff. The main emphasis has been on improving communication with residents, for example, through the use of picture signs on bathroom and bedroom doors. An overview of the programme will be presented at the *Enhancing Practice* conference, which takes place in Belfast in September 2010.

For more information about the person-centred dementia care programme, contact Lorraine McNamee, Practice Development Co-ordinator, Claremont Services, Seanchara Community Unit, St Canice's Rd, Glasnevin, Dublin 11; **T:** 01-7044468; **E:** lorraine.mcnamee@hse.ie

## **Nursing and Midwifery Planning and Development Units**

### **Vision into Action: Strengthening Psychiatric Nursing Capacity**

The Office of the Nursing and Midwifery Services Director (ONMSD) at the Health Service Executive (HSE), in partnership with all stakeholders in mental health, has initiated a national project, the overall aim of which is to develop and strengthen the capacity within psychiatric

nursing to support the implementation of the policy *A Vision for Change: Report of the Expert Group on Mental Health Policy* (Department of Health and Children, 2006) in Irish mental health services. Achieving this aim will enable psychiatric nurses to improve the experiences and outcomes of care for service users and carers within an integrated mental health service.



Building on earlier mental health service policy, *A Vision for Change* proposes a comprehensive model of mental health service provision in Ireland and recommends an integrated multidisciplinary approach to addressing the biological, psychological and social factors that contribute to mental health problems. It describes a framework for building and fostering positive mental health and for ensuring accessible, community-based, specialist services for people with mental health difficulties. Special emphasis was given to the need to involve service users and their families and carers at every level of service provision and to implement interventions aimed at maximising recovery from mental illness and achieving meaningful integration and participation in community life.

Supported by the National Council and the nursing and midwifery planning and development units, this project aims to identify those nursing skills and competencies which are required - and those which may need development - so that nurses can provide accessible, community-based specialist services for people with mental illness. In order to benefit service users, carers and the population as a whole, the work will be informed by the recovery model of mental health because of its emphasis on advocacy, user involvement, psychosocial interventions, education and mental health promotion. A national steering group comprising key stakeholders has been established which held its inaugural meeting in July 2010. Submissions will be invited from interested parties and registered psychiatric nurses throughout Ireland will be invited to participate in this project. The progress of the project will be reported in a newsletter to be circulated regularly by the ONMSD.

For more information relating to this project, contact Fionnuala Killoury, Project Officer, Nursing and Midwifery Planning and Development Unit, HSE (Dublin North), Quality and Clinical Care Directorate, Swords Business Campus, Balheary Road, Swords, Co Dublin; **T:** 01-8908792;

**E:** [fionnuala.killoury@hse.ie](mailto:fionnuala.killoury@hse.ie)

- *A Vision for Change* is available to download from the website of the Department of Health and Children - [www.dohc.ie](http://www.dohc.ie)
- *From Vision to Action? An Analysis of the Implementation of A Vision for Change* (Mental Health Commission, 2009) is available to download from the website of the Mental Health Commission - [www.mhcirl.ie](http://www.mhcirl.ie).

## National Guidelines for the Management of Pre-Gestational and Gestational Diabetes Mellitus

With the publication of its *Transformation Programme, 2007-2010* in 2006 the Health Service Executive (HSE) set itself the goal of achieving six transformation priorities, one of which (Programme 4) was the implementation of a model for the prevention and management of chronic illness (p14). Diabetes mellitus was identified as one such illness, the incidence of which continues to increase nationally and internationally. The health risks associated with diabetes are well known, and for women with pre-existing diabetes these may include an increased risk of miscarriage, foetal anomalies and pre-term labour.

In the first phase of a two-phase project led by the Nursing and Midwifery Planning and Development Unit, HSE (Dublin North) and supported by the National Council, the HSE has developed ***National Guidelines for the Management of Pre-Gestational and Gestational Diabetes Mellitus from Pre-Conception to the Postnatal Period*** (HSE, July 2010) for use in the management and treatment of women with diabetes mellitus (Types 1 and 2) in pregnancy who use primary, secondary and tertiary health services. The evidence-based guidelines were developed by a team mainly comprising clinical nurse and midwife specialists and advanced nurse and midwife practitioners in diabetes and in neonatology, and were launched in August 2010 by Professor Richard Firth, Clinical Lead for Diabetes in the HSE. They will be used to standardise the prevention, detection and treatment of women with pre-existing diabetes mellitus in pregnancy and gestational diabetes mellitus. By fostering best clinical practice and assisting clinical decision-making through the use of the guidelines, integrated care pathways will become more established within the health services.



At the launch of the *National Guidelines for the Management of Pre-gestational and Gestational Diabetes Mellitus*: Prof Richard Firth (Clinical Lead for Diabetes, HSE), Michelle Waldron (Project Officer, HSE), Dr Siobhan O'Halloran (Nursing and Midwifery Services Director, HSE) and Eithne Cusack (Director, NMPDU, HSE).

The second phase of this project will entail the development of a comprehensive health promotion campaign for health professionals, clients and the general public aimed at raising awareness of diabetes and the risks associated with pregnancy and supporting the implementation of the guidelines.

For more information about the **National Guidelines for the Management of Pre-gestational and Gestational Diabetes Mellitus** and to obtain a copy on CD-ROM, contact Eithne Cusack, Director of Nursing and Midwifery Planning and Development Unit, HSE (Dublin North), Quality and Clinical Care Directorate, Swords Business Campus, Balheary Road, Swords, Co Dublin; **T:** 01-8131800 or 8908765; **E:** eithne.cusack@hse.ie.

**National Guidelines for the Management of Pre-gestational and Gestational Diabetes Mellitus** (HSE, 2010), *Transformation Programme, 2007-2010* (HSE, 2006), the first report of the Diabetes Expert Advisory Group (HSE, 2008) and *A Practical Guide to Integrated Type 2 Diabetes Care* (HSE, 2008) are available to view and download from [www.hse.ie](http://www.hse.ie) and [www.lenus.ie](http://www.lenus.ie).

### Award-Winning Sexual Assault Care Project in Donegal

Nursing staff at Letterkenny General Hospital (LGH) have been presented with a Taoiseach's Public Service Excellence Award for a project aimed at developing care and services for patients who disclose recent rape or sexual assault. The award-winning cross-sectoral project involved ensuring the provision of a dedicated service and providing an appropriate environment for the treatment of the particular patient group, meeting staff educational needs and preparing guidelines for practice. This project is the culmination of a thirteen-year process in which hospitals and agencies throughout the country have participated. There are now sexual assault treatment units (SATUs) at LGH, the Rotunda Hospital, Dublin; South Infirmary-Victoria University Hospital, Cork; Waterford Regional Hospital; the Midlands Regional Hospital, Mullingar (see *NCNM Review*, Issue 32); and Galway University Hospital. These units facilitate equity of access and care for men and women who have been raped or sexually assaulted and provide medical and forensic care and links to advocacy groups for longer-term support.

A landmark event of the project was the introduction of the Higher Diploma in Nursing (Sexual Assault Forensic Examination) in 2008. This was co-ordinated by the Health Service Executive's (HSE) Office of the Nursing



Receiving the Taoiseach's Public Service Excellence Award, Dublin Castle, July 2010: Dr Susan Miner (Rape Crisis Centre), Dr Martina McBride (State Forensic Laboratory), An Taoiseach, Mr Brian Cowen, TD, Ms Moira Dolan (Clinical Midwife Manager, Rotunda Hospital), Dr Mary Holohan (Consultant, Rotunda Hospital), Dr Anne Flood (Director of Nursing and Midwifery, Letterkenny General Hospital), and Ms Anne McHugh (Project Manager, Higher Diploma Forensic Nursing, Rotunda Hospital).

and Midwifery Services Director in collaboration with the Department of Health and Children, the Royal College of Surgeons in Ireland and the Rotunda Hospital. The eight forensic nurse examiners (FNEs) who graduated in April 2009 are currently employed in the six SATUs. The FNEs liaise with patients from the time they enter the unit, carry out forensic clinical examinations and provide holistic care. Funding was made available to run the higher diploma programme in the current academic year (2010-2011).

For more information about:

- The *Sexual Assault Care Project*, contact Dr Anne Flood, Director of Nursing and Midwifery, Letterkenny General Hospital, Letterkenny, Co Donegal; **T:** 074-9125888; **E:** anne.flood@hse.ie
- The Higher Diploma in Nursing (Sexual Assault Forensic Examination) contact Mr Patrick Glackin, Area Director, Office of the Nursing and Midwifery Services Director; HSE; **T:** 071-9822106; **E:** Patrick.glackin@hse.ie.

### Marking the Contribution of Clinical Nurse and Midwife Specialists

Clinical nurse and midwife specialist services have contributed significantly to integrated working across public sector (HSE) and voluntary service providers, and across acute and primary care services. This contribution was acknowledged at a special event held in Sligo General Hospital (SGH) in August 2010. Clinical nurse and midwife specialists working in the North West made presentations on their respective specialist roles, their scope of practice and the challenges ahead to Dr Kathleen Mac Lellan (Head of Professional Development, ➔



Participants at the event marking the contribution of clinical nurse and midwife specialists at Sligo General Hospital, August 2010.

National Council), Ms Anne Gallen (Director, Nursing and Midwifery Planning and Development Unit, HSE (West)), and Ms Ann-Marie Loftus (Director of Nursing and Midwifery, SGH).

Specific topics included innovative ways of delivering ward-based education, supporting care delivery in primary care settings, the positive impact of the link nurse role, resources for audit and research, and the future of advanced nursing and midwifery practice in Ireland.

For further information about clinical nurse and midwife specialist roles in Sligo, contact Ann-Marie Loftus, Director of Nursing and Midwifery, Sligo General Hospital; **T:** 071-9171111; **E:** [annmarie.loftus@hse.ie](mailto:annmarie.loftus@hse.ie).

## Centres of Nursing and Midwifery Education

### Integrated Discharge Planning – A Local Perspective

A joint initiative between Mayo General Hospital and the county's Primary, Community and Continuing Care services is in progress, the aim of which is to create awareness of the importance of developing and maintaining an integrated approach to discharge planning. An education and training sub-group of the Mayo Joint Implementation Group was set up to ensure the implementation of the Health Service Executive's

(HSE) *Code of Practice for Integrated Discharge Planning* (HSE, 2008). With support from the Centre of Nursing and Midwifery Education (CNME) in Castlebar, the group set about developing a dynamic and interactive education session which would capture the imagination and attention of service users and service providers alike.

Following the launch of the *Code of Practice* in June 2010, a one-week programme of education and training on integrated discharge planning (IDP) took place at the CNME. Developed and facilitated by the education and training sub-group, the sessions were attended by a large number of healthcare professionals from Mayo and provided a forum for the introduction of IDP support documentation. The sessions generated much discussion on the challenges of IDP as well as offering the participants an opportunity to network and share experiences.

An IDP information leaflet for patients will be available in September and a local media campaign is planned aimed at promoting public awareness of IDP and of the "home by 11am" focus of hospital discharge planning in Co Mayo. The CNME will be facilitating more IDP education sessions in the autumn.



The Education and Training Sub-group of the Mayo Joint Implementation Group on Integrated Discharge Planning. Back Row: Ruth Hoban, Justin Kerr, Mary Prendergast, Ann Canning and Seamus Moran. Front Row: Ann Boland, Paula McGreal and Concepta Moroney.



For more information about the Autumn/Winter 2010 IDP education schedule, contact Mayo CNME Ruth Hoban, Specialist Co-ordinator, CNME, Castlebar, Co Mayo; **T:** 094-9042067; **E:** Maryruth.hoban@hse.ie.

For more information about the integrated discharge planning project, contact Paula McGreal, Discharge Co-ordinator and Chair of the Education and Training Sub-group, Mayo General Hospital, Westport Rd, Castlebar, Co Mayo; **T:** 094-9021733; **E:** paula.mcgregal@hse.ie.

The HSE's *Code of Practice for Integrated Discharge Planning (2008)* and *Guideline for Nurse-/Midwife-Facilitated Discharge Planning (2009)* can be downloaded from the websites of the HSE ([www.hse.ie](http://www.hse.ie)) and the Irish Health Repository ([www.lenus.ie](http://www.lenus.ie)). **Tip:** type "discharge planning" into the search box of both sites to find the documents quickly.

### Nursing and Midwifery Awards in Sligo

The Centre for Nursing and Midwifery Education (CNME) in Sligo runs a suite of programmes for nurses, midwives and other healthcare staff at its facility in Cregg House, Rosses Point. In May 2010 certificates were awarded to nineteen nurses and midwives who had completed the Principles and Practices of Infection Prevention and Control Programme, and to the twenty-nine participants in the Clinical Leadership for Clinical Nurse/Midwife Managers Programme. The infection prevention and control programme aims to equip nurses and midwives with the knowledge, skills and competencies required for safe and professionally appropriate practice. The six-module leadership programme will support the development of leadership attributes in front-line managers through the use of specific competency frameworks.

Further leadership courses planned in the Sligo CNME are as follows:

- *Leading Transformational Change in Health Care* - a four-day multidisciplinary programme for senior managers taking place 27-30 September 2010 and comprising *Leadership Capacity*, *Lean Thinking in Action*, and *Action-Learning Sets*
- *Lean Thinking Workshop* - a two-day multidisciplinary event taking place 6-7 October 2010 and covering the application of *Lean Thinking* in the workplace, supporting change and creating a safer environment for patients and staff.



Certificate recipients, course planners and co-ordinators, and service managers at the awards ceremony, the Centre of Nursing and Midwifery Education, Sligo, May 2010.

For information about the above programmes, contact Dr Mary Hodson, Director, Centre for Nursing and Midwifery Education, Cregg House, Rosses Point, Co Sligo; **T:** 071 9177090; **E:** mary.hodson@hse.ie.

### Infection Prevention and Control Programme for Link Nurses

The Centre for Nursing and Midwifery Education (CNME) in Letterkenny has provided the Infection Prevention and Control Link Nurse course since 2002. With seed funding from the National Council, the course was originally developed to prepare nurses to meet the needs of acute hospitals. It has since been expanded to address the needs of the wider community and to prepare nurses and midwives to implement the *National Standards for the Prevention and Control of Healthcare Associated Infections* (Health Information and Quality Authority, 2009). Among the eleven nurses who completed the professional development programme in 2010 were public health nurses and nurses from older persons services and private nursing homes, as well as those from acute services.

The programme is designed to enable nurses and midwives to achieve a culture of safe practice in



Certificate recipients and service managers marking the completion of the *Infection Prevention and Control Programme*, Letterkenny Centre for Nursing and Midwifery Education, 2010

relation to infection prevention and control within their own clinical setting. It runs over a six-month period with a total of twelve contact days. Sixty nurses have successfully completed the five courses that have been run to date, all of which have been evaluated favourably. Now a familiar feature in the CNME's annual prospectus, the programme has category 1 approval from An Bord Altranais and is currently being considered for Level 8 accreditation by the National Qualifications Authority of Ireland.

There are now link nurses based at each of the eleven community hospitals in Co Donegal, five in public health, and one in each of the five primary care network regions. The remainder are within the acute general hospital, intellectual disability services and private nursing homes. As well as ensuring that their own practice

meets the requisite standards in relation to patient safety and quality of care, they act as role models for other health care professionals. A forum has been established for the link nurses, consisting of six-monthly meetings where they share ideas and review their practice. These meetings take place in community and acute settings and are facilitated by infection control managers.

For information about the *Infection Prevention and Control Programme* in Letterkenny, contact Catherine Cannon, Acting Director, Regional Centre for Nursing and Midwifery Education, St Conal's Campus, Letterkenny, Co Donegal; **T:** 074-9123728; **E:** catherine.cannon@hse.ie

## Publications Update

### Group Homes for People with Intellectual Disabilities

Community-based homes (residential homes, group homes, supported living, semi-independent living, etc) are perceived as bringing many benefits to people with intellectual disabilities (ID), especially where these settings are set up in accordance with John O'Brien's five service accomplishments framework (i.e., community, choice, competence, respect and community participation; see O'Brien, 1985, *A Guide to Personal Futures Planning*). While favouring community-based homes for people with ID, the authors of **Group Homes for People with Intellectual Disabilities: Encouraging Inclusion and Participation** (Clement and Bigby, 2010) take a dispassionate view of the international evidence relating to the variable outcomes of group homes within the context of social inclusion and personalisation. The following "orientations" run throughout the book:

- Human service organisations are complex systems, which must be understood as a whole
- Outcomes for people with ID are a consequence of the way that the system was designed and enacted
- Many social policy goals can be conceptually weak and consequently hard to implement
- People with ID are not a homogenous group and organisations supporting individuals with severe and profound ID face specific challenges (p36).

Using evidence-based accounts of service-users' lives, the authors illustrate why people with ID need effective support and sufficient resources to make the transition from institutions into community-based settings. They also suggest that the staff involved in these transitions require effective leadership and support, especially in relation to reconciling *home* and *homeliness* with *workplace*, and reconciling the needs of the individual with the needs of the group. Front-line managers of community-based settings (in Ireland these could be clinical nurse managers) have particularly demanding and responsible roles, and need to be competent in a wide range of areas. These include providing direct support to residents, building inclusive communities and supporting residents' networks, promoting public relations as well as protecting health and safety, enhancing staff relations, rostering, providing staff development and carrying out administrative duties (see Chapter 7).

Ultimately, achieving "ordinary life" outcomes for service-users must be "led from the top" (see Chapter 8). *Issues for consideration* are listed in Chapters 3, 4, 5, 6, 7 and 8; for example:

- Do senior managers in every function department have a clear understanding of what makes a home?
- Can greater levels of decision-making be pushed downwards to allow service-users, direct support staff and family members as much control as possible?

- Are there planning systems that support effective work practices?
- Are there processes for regularly reviewing the routines in a house?

Although based on research carried out in Australia, this book is an important resource for nurses and others working in ID services in Ireland, whether already in community-based settings or preparing to make the transition.

Tim Clement and Christine Bigby (2010)  
***Group Homes for People with Intellectual Disabilities: Encouraging Inclusion and Participation***. Jessica Kingsley Publishers, London and Philadelphia. ISBN: 978-1-84310-645-6

### National Health Information Sources

Healthcare professionals and service managers need health information that is accurate, valid, reliable, timely and complete in order to plan and provide safe, high-quality care. Information and communications technology plays a critical role in ensuring that this information is available when and where it is required. The Health Information and Quality Authority has published a catalogue of existing health data sources, entitled ***National Health Information Sources in Ireland (Version 1.0)*** (July 2010), which offers, for the

first time, a one-stop shop of all national patient-level health and social care data sources and population health registries. The aims of the catalogue are to raise awareness of these sources and to provide all stakeholders (the general public, patients and services users, clinicians, researchers and healthcare providers) with a standardised description of them.

The sources have been grouped into five sub-categories: national sources (e.g., Breastcheck, National Registry of Self-Harm, etc); national censuses (e.g., Census of Children's Residential Centres, Health Service Personnel Census, etc); sources without national coverage or regional sources (e.g., cardiac surgery registers, Heartwatch, etc); secondary data sources (e.g., Ageing in Ireland, Eurostat Health Statistics, etc); and national surveys (e.g., Growing Up in Ireland, Lifeways, etc). The Authority plans to update the catalogue regularly. The next phase of the catalogue project will involve identifying the availability and uses of data, in order to inform the development of standards for national health information sources in Ireland.

Health Information and Quality Authority (July 2010) ***National Health Information Sources in Ireland (Version 1.0)***. HIQA, Dublin. Available to download from [www.hiqa.ie](http://www.hiqa.ie).

## Research Resource

### National Council's On-Line Research Database

As previously reported (*NCNM Review*, Issues 32 and 33), the National Council has developed an on-line database for completed research conducted by nurses and midwives in Ireland. To be accepted, the research abstracts submitted must have already been through a review process, e.g., a research funding or commissioning process, or have been completed in fulfilment of the requirements for a master's degree or doctorate. Additionally, details of journal publications based on the research can be included so that searchers can access further information.

At the end of July 2010, there were over seventy abstracts, all of which can be searched by keywords, subject area, titles and authors. Sample abstracts include:

- *An exploration of mothers' experiences of caring for children with complex needs* (PhD dissertation by Honor Nicholl, Trinity College, Dublin)
- *Participation in everyday activities and quality of life in pre-teenage children living with cerebral palsy in the South West of Ireland* (master's thesis by Vicki McManus, University College, Cork)
- *The person's experience of end-stage renal disease and haemodialysis therapy* (PhD dissertation by Aoife Moran, Dublin City University).

A guidance document on how to use the database (*A Guide to the NCNM On-Line Research Database*, National Council, 2009) and videos of the steps involved are available on the website. Log on to [www.ncnm.ie](http://www.ncnm.ie), click on the **ON-LINE RESEARCH DATABASE** button,



and follow the links to the *How this database works* page.

### Research Portfolios

Many of the third-level institutions in Ireland are publishing reports and portfolios of their research activity. These demonstrate the breadth and depth of current Irish nursing and midwifery research. These portfolios are also invaluable resources for those who may be interested in finding topical knowledge and identifying experts. Most portfolios are available from each specific institution's website.

### Research into Child Health in Europe

Professor Anthony Staines of the School of Nursing at Dublin City University is co-ordinating the European Commission's Seventh Framework Programme's (FP7) project concerning child health. The aim of the Research into Child Health in Europe (RICHE) project is to address the diversity and fragmentation of child health research in Europe, by establishing an innovative, iterative, and sustainable European platform for child health research across different disciplines. It will achieve this through a number of work-packages involving the collection

and classification of existing child health research, the identification of research gaps and existing priorities, and the development of indicators of child health. Project partners are located in most European countries.

For more information about the RICHE project, log on to the project website [www.childhealthresearch.eu/](http://www.childhealthresearch.eu/) or contact Jean Kilroe, Dublin City University; **E:** [jean.kilroe@dcu.ie](mailto:jean.kilroe@dcu.ie).

For more information about the European Commission's Seventh Framework Programme, log on to [http://cordis.europa.eu/fp7/home\\_en.html](http://cordis.europa.eu/fp7/home_en.html)

### HRB Funding

Did you know that you can sign up to be notified automatically of new grants from the Health Research Board (HRB) by an RSS ("really simple syndication") feed or by e-mail? For further details log on to [www.hrb.ie/research-strategy-funding/grants-and-fellowships/](http://www.hrb.ie/research-strategy-funding/grants-and-fellowships/). The call for *Research Training Fellowships for Healthcare Professionals* will be made in September 2010.

## Nurse and Midwife Prescribing Bulletin

**This issue of the *NCNM Review* contains articles by two registered nurse prescribers working in different parts of the country and in different specialised areas. Mairéad Holland Flynn works in a Dublin hospital easily accessed by road and public transport. Over 300 kilometres away Orla Noonan Sweeney is based in the North West and overcomes transport difficulties by bringing her service into the community.**

### Nurse Prescribing in an Occupational Health Service

***The principle function of occupational health (OH) nursing is the provision of care to employees in the workplace by means of health promotion, health surveillance, rehabilitation and management of health and safety, while working to ensure professionalism, quality and legal compliance in occupational health practice. The OH service at the Adelaide and Meath Hospital, incorporating the National Children's Hospital (AMNCH), Dublin contributes to the safety, health and welfare of the hospital's 2,800 employees and promotes the importance of health and well-being in the workplace. Having gained several years' experience as a clinical nurse specialist in OH, Mairéad Holland Flynn is now an advanced***

***nurse practitioner (ANP) candidate and the first registered nurse prescriber (RNP) with this clinical background. In this article she discusses how she became interested in becoming a nurse prescriber and how having prescriptive authority has enhanced the OH nursing service at the AMNCH.***

Early in 2007 I commenced the site preparation for an ANP post within the hospital's OH service and was aware of the imminent changes to existing legislation that would facilitate the implementation of nurse prescribing (see Box 5). At that time I was the president of the Occupational Health Nurses' Association of Ireland (OHNAI), and was working with the association

### Box 5 Primary Legislation and Supporting Regulations Facilitating Nurse and Midwife Prescribing of Medicinal Products in Ireland

- *Irish Medicines Board (Miscellaneous Provisions) Act, 2006 (Commencement) Order 2007 (SI No 194 of 2007)*
- *Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations 2007 (SI No 201 of 2007)*
- *Misuse of Drugs (Amendment) Regulations 2007 (SI No 200 of 2007).*

to raise the profile of OH nursing and to identify ways of expanding OH nursing practice. As my attention was focused on the concepts of advanced practice and service development, I could visualise how having prescriptive authority would enhance the ANP's autonomy and optimise the delivery of holistic patient care. So when I saw an advertisement for the Certificate in Nursing (Nurse/Midwife Prescribing) course at the Royal College of Surgeons in Ireland (RCSI), I immediately sought support from the director of nursing at AMNCH, Ann Donovan, and submitted an application. I was delighted when she informed me that I had secured a place on the course.

I envisaged – correctly - that this course would enable me to augment my knowledge of and practice in prescribing and that it would be both rewarding and challenging. As anticipated, I found the *Pharmacology and Prescribing* module particularly demanding, as it involved the acquisition of a whole new vocabulary in relation to pharmacokinetics and pharmacodynamics. That said, I now have a greater understanding of drug actions and interactions, and can relate the theory to my clinical practice more easily. The *Systematic Assessment and Evaluation in Patient Care* module has had the greatest impact on my practice. I am more conscious than ever before of the need to ensure that my prescribing practice is in line with current evidence and that decisions are undertaken rationally and holistically.

The current standards for prescribing education programmes require nurses and midwives undertaking these courses to be supervised in their clinical practice experience by a medical practitioner (An Bord Altranais, 2007, *Requirements and Standards for Education Programmes for Nurses and Midwives with Prescriptive Authority*, p26). My chosen mentor at AMNCH was Dr Alex Reid, Occupational Health Physician. Under his mentorship I acquired advanced

assessment and examination skills, and with his support I have become a competent and confident nurse prescriber. Armed with what I learned from him and from the course, I can provide accurate, appropriate and timely information to patients about the treatments I prescribe.

Within the OH department at AMNCH there are several examples of how the nurse prescribing initiative has contributed to the development of the services. We now offer a nurse-led OH clinic focusing on treatment and management of musculoskeletal injuries. I prescribe

### Box 6 Collaborative Practice Agreement for Nurses and Midwives with Prescriptive Authority: Key Points

The written collaborative practice agreement (CPA):

- Is used to “ensure that the requirements as outlined in the [relevant] medical legislation are upheld and that clear lines of communication have been identified within the health care setting.”
- Is used to “ensure that communication structures have been established between the RNP [registered nurse prescriber] and the medical practitioner regarding the care of the patients and [that these have been] agreed by the employer.”
- “Defines the parameters of the RNP's scope of practice.”
- “Is drawn up with the agreement of the RNP, the medical practitioner and the employer.”
- “Provides a template for the development, audit and evaluation of the RNP's prescribing practices within the health care setting.”
- “Should be developed prior to the health service provider/employer authorising the [RNP] to prescribe in the organisation.”
- Describes or references the categories of medications (approved by the organisation's drugs and therapeutics committee) that individual RNPs are authorised to prescribe
- Should include a “general description of the practice setting to include population and conditions for the [RNP] has responsibility.”
- Contains “the conditions, if any, the health service provider/employer has placed on the [RNP's] prescriptive authority.”

Source: An Bord Altranais (2007) **Collaborative Practice Agreement (CPA) for Nurses and Midwives with Prescriptive Authority** (2<sup>nd</sup> ed).



analgesia for back injuries, which means that patients receive prompt pain relief. Another aspect of my work is immunisation. As well as administering many vaccinations under medication protocol, I am authorised to prescribe the tuberculin skin test for tuberculosis and the vaccination for hepatitis A and hepatitis B. I also manage needle-stick injuries and a recent addition to my collaborative practice agreement (see Box 6) authorises me to prescribe post-exposure prophylaxis once I have conducted a risk assessment.

There are five other registered nurse prescribers working in the adult and children's services at AMNCH

## Nurse Prescribing in a Cardiac Rehabilitation Service

***The Cardiology Unit in Letterkenny General Hospital (LGH) provides a comprehensive cardiology service to a population of around 160,000 in the north west of the country. The unit offers cardiac rehabilitation services on site and at other locations in the community. Orla Noonan Sweeney is a clinical nurse specialist (CNS) at the hospital and her work involves co-ordinating cardiac rehabilitation in acute and community-based settings. In the acute setting her caseload comprises patients who have experienced a cardiac event. During the recovery period she and a clinical nurse manager educate these patients about risk factor modification, angiograms, angioplasty and cardiac surgery, as well as preparing them for discharge by giving advice on lifestyle modification and information on the relevant medications. The community-based setting in which she also works is located in Ballyliffin, forty miles from the hospital, and was set up to address transportation difficulties experienced by service users in more remote parts of Co Donegal. This service is delivered by Orla, a senior physiotherapist and a local general practitioner. In this article she describes her experience of the educational preparation for prescribing and comments on the difference prescriptive authority has made to her practice.***

I completed the Certificate in Nursing (Nurse/Midwife Prescribing) at the Royal College of Surgeons in Ireland (RCSI) in March 2009 and registered with An Bord Altranais as a nurse prescriber in October 2009. The course was demanding, but really well structured and I had excellent support from the programme co-ordinator and the tutors at the RCSI. I learned far more than I had expected about pharmacology and this has definitely had an impact on my expertise and my clinical practice.

and eight more of our colleagues are at different stages of the education and registration process. We all work within the governance structures that have been implemented within the hospital and details of our prescribing activities are submitted to the Health Service Executive's nurse and midwife prescribing data collection system (see Box 7). My own prescribing practice is audited biannually in collaboration with my mentor and collaborating medical practitioner. The audit tool has been developed in Microsoft SharePoint, via the AMNCH Intranet, in order to streamline the audit process.

I know more about drug interactions and I feel more confident when I am teaching patients about their medication regimes. Back at LGH I had tremendous support from Anne Flood (Director of Nursing), my line manager Janet Doherty (who was also the prescribing site co-ordinator) and my medical mentor Dr Santhosh David (a consultant cardiologist).

One of my colleagues (a CNS in heart failure) and I were the first nurses in LGH – and the first specialising in cardiac-related conditions - to undertake the prescribing course, so there was a need for extensive preparation work to get the hospital ready for nurse prescribing. The prescribing site co-ordinator played a pivotal role in these preparations, working closely with the multidisciplinary and management teams to ensure that the governance issues were introduced in accordance with the professional guidance (see Box 7). She attended meetings of the hospital's drugs and therapeutics committee, and spoke to all the hospital's consultants about nurse prescribing at their monthly meetings. With their help we were able to ensure that the collaborative practice agreements (CPAs) for myself and my colleague met An Bord Altranais' criteria (see Box 6) and that the appropriate clinical governance structures were in place.

As a registered nurse prescriber and in accordance with my CPA, I am authorised to prescribe thirty medicinal products appropriate to the area in which I work - mainly statins, beta-blockers and ACE inhibitors. Using collaboratively agreed European Cardiology Society (ESC) guidelines, I am authorised to write prescriptions for a specified case-load of patients attending the acute site and the community-based clinics, having completed a holistic assessment of each patient. In the event of an emergency (i.e. chest pain, arrhythmias or a cardiac arrest) I am authorised to administer first-line emergency

drugs. If cases present that are outside my scope of practice I consult the medical team.

Many patients who have had an acute event are discharged from the hospital typically after five days and their medications may need some adjustment. When they come back to the cardiac rehabilitation clinic I take bloods and, depending on the results, may change the dosage of statins or beta-blockers. In many cases, the treatment process has been expedited, particularly for those patients attending the cardiac rehabilitation programme in the community-based clinics. In the past, if medications had to be changed or a prescription revised in those clinics, I would have had to return to Letterkenny to discuss the care plan with the consultant and could not implement any changes until I went back to Ballyliffin the following week. Now I can make the necessary changes straightaway, so patients benefit more quickly.

Prescriptive authority has given nurses and midwives many opportunities for the creation of new roles and the expansion of existing roles. I am personally and professionally delighted to be a nurse prescriber. I was apprehensive about my first prescription, of course, but I know I have plenty of support from my colleagues. In turn, I hope to support the six nurses from LGH who are applying for the next nurse prescribing programme commencing in the autumn of 2010. My advice to anyone planning to do this course is as follows:

- Become familiar with evidence demonstrating the benefits of nurse prescribing

### Box 7 Governance of Nurse and Midwife Prescribing in Ireland: Requirements and Resources

For information and resources relating to governance of nurse and midwife prescribing, log on to the websites of:

- A. An Bord Altranais ([www.nursingboard.ie](http://www.nursingboard.ie)) for *Requirements and Standards for Education Programmes for Nurses and Midwives with Prescriptive Authority, Practice Standards for Nurses and Midwives with Prescriptive Authority, Collaborative Practice Agreement (CPA) for Nurses and Midwives with Prescriptive Authority* (2<sup>nd</sup> ed) and *Evaluation of An Bord Altranais Regulatory Framework for Prescriptive Authority*
- B. The Office of the Nursing and Midwifery Services Director, Health Service Executive ([www.hse.ie/eng/about/Who/ONMSD/](http://www.hse.ie/eng/about/Who/ONMSD/)) for *A Guiding Framework for the Implementation of Nurse and Midwife Prescribing* (HSE, 2008) and *National Independent Evaluation of the Nurse and Midwife Prescribing Initiative* (University College, Dublin, 2009)

- Be aware of the effects that studying and travelling for the course will have on your family and workplace
- If a colleague is doing the same course, be their ally and their travelling companion.

# National Conference 2010

## Quality and Innovation: Achieving Excellence in Patient Care

**Venue:** Croke Park Stadium, Dublin 3

**Dates:** Wednesday 10 November 2010

**Time:** 08.30 – 16.00

Speakers include:

- Ms Mary Harney, TD, Minister for Health and Children
- Dr Barry White, National Director of Quality and Clinical Care, HSE
- Ms Sue Smith, Director of Nursing and Patient Safety, North Tees University Hospital
- Dr Janice Redmond, ANP (Oncology), Letterkenny General Hospital
- Ms Margaret Brennan, Quality and Risk Manager, Integrated Services Directorate, HSE
- Prof Cecily Begley, Chair of Nursing and Midwifery, Trinity College, Dublin
- Prof Kathy Murphy, Head of School of Nursing and Midwifery, National University of Ireland, Galway
- Patricia Crocock, CNS (Diabetes), Sligo General Hospital and PCCC
- Dr Kathleen Mac Lellan, Head of Professional Development, National Council
- Ms Sarah Condell, Research Development Officer, National Council

### **Optional lunchtime masterclasses (13.00-14.00):**

- A. Dr Georgina Gethin, Research Co-Ordinator, Royal College of Surgeons in Ireland: *Clinical Practice Guidelines: Development and Dissemination*
- B. Ms Sharon Morrow, Programme Manager, Quality and Clinical Care Directorate: *Lean Management in Healthcare*

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